

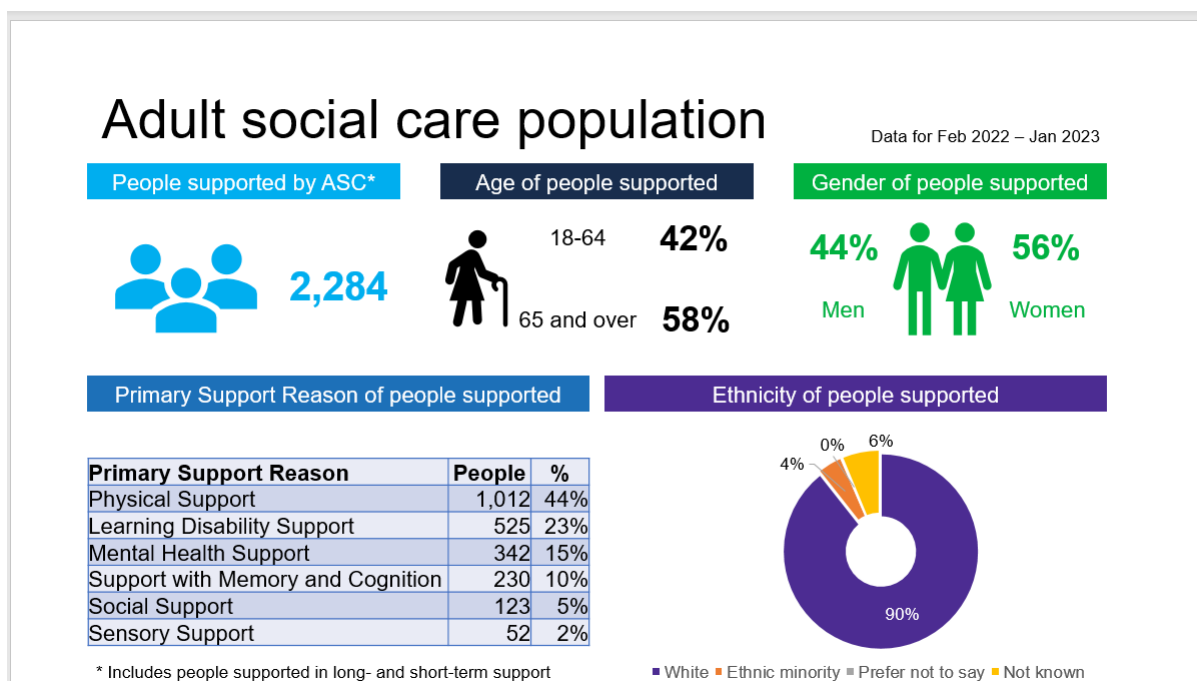
**Children’s and Adults Health and Wellbeing Policy Development and Scrutiny Panel -  
10<sup>th</sup> July 2023**

**Lead Member and Director of Adult Social Care Update**

**Adult Social Care in Bath and North East Somerset**

Adult Social Care (ASC) aims to help people with additional needs stay independent, safe and well so they can live the lives they want to. This includes people who are frail, have disabilities or neurodiversity, mental health and neurodiversity issues as well as the people who care for them.

Overview of the population funded by ASC in B&NES.



Adult Social Care services in B&NES is made up of the following:

- Council Provided Services

3 x Care Homes (Coombe Lea, Charlton House and Cleeve Court) with 105 beds for older people. Overall, these services have a Care Quality Commission (CQC) rating of Requires Improvement with elements of Good. Charlton House has improved its rating from Inadequate to Requires Improvement in the last 3 months.

5 x Extra Care Housing schemes (Greenacres, Avondown House, Hawthorn Court, The Orchard and St Johns which are located across B&NES) offering 110 flats to people over the age of 55 in partnership with social housing providers. All the schemes are rated Good by Care Quality Commission (CQC).

1 x Domiciliary Care Service (United Care B&NES) was formed in June 2022 and is delivered in in partnership with Royal United Hospitals Bath (RUH) providing circa 500 hours of care each week in peoples own homes. The service was set up due to a lack of care in market at that point in time. This service has not yet been CQC inspected.

- Integrated Mental Health Services with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

AWP provide Adult Social Care assessments to people with diagnosed Mental Health needs, support services and interventions to promote independence. The Local Authority also has a duty to provide Approved Mental Health Professionals (AMPS) who along with Doctor’s detain people under the Mental Health Act. The Local Authority is responsible for ensuring that people are not unlawfully deprived of their liberty (DoLs) and that decisions are taken in people’s best interests through our Best Interests Team and Mental Capacity Act (MCA) practitioners.

- HCRG Care Group

Under the current Integrated Community Services contract in B&NES (Adults and Children’s Community Health, ASC, Public Health and services delivered by Community Partners) HCRG Care Group deliver a number of ASC services to the B&NES population. These services include Adult Social Work, Learning Disabilities Day Services (including Shared Lives & employment support), Reablement, Hospital Transitions and young people who transited from Children’s services who require an ASC service.

The contract with HCRG Care Group will cease on 31<sup>st</sup> March 2024. Please refer to the section on Community Services Transformation later in the report for an update on future contracting arrangements.

### **The Councils Statutory Duties Under the Care Act 2014**

Local Authorities have statutory responsibility for safeguarding. In partnership with health, they have a duty to promote wellbeing within local communities. Local Authorities should cooperate with each of its relevant partners to protect adults experiencing or at risk of abuse or neglect.

Under the act, Local Authorities have safeguarding duties that have been created to protect vulnerable adults. They must lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. In B&NES the independent board is a combined children’s and adults safeguarding and includes community safety.

Care Act Assessments and meeting needs (including due regard to the impact of people’s needs on their wellbeing) is currently delegated to HCRG Care Group, except where the persons presenting needs relate to Mental Health as these Care Act functions are carried out by Council staff working in partnership with AWP. The teams in HCRG Care Group work with adults over the age of 18 and young people in transition in line with the relevant legislation.

### **Relevant Legislation**

<p><b>The Care Act 2014</b> Duties include: Prevent, delay and reduce, the need for formal care Provide information and advice to enable people to make informed decisions about their care To facilitate and manage the provider market to meet the needs of the population and offer choice</p>	<p><b>Health and Social Care Act 2012</b></p>	<p><b>Mental Capacity Act 2005</b>  <b>Mental Health Act 2005</b></p>	<p><b>Equity Act 2010</b>  <b>Human Rights Act 1998</b></p>
---	---	---	---

<b>Safeguarding Vulnerable Groups Act 2006</b>	<b>GDPR and the Data Protection Act 2012</b>  <b>Information Sharing: Advice for Practitioners 2018</b>  <b>Public Interest Disclosure Act</b>	<b>Working Together to Safeguard Children 2018</b>	<b>Criminal Justice and Courts Act 2015</b>  <b>Police and Criminal Evidence (PACE) Act 1984</b>
--	--	--	--

## Performance

Adult Social Care is required to submit annual performance reports to central government on defined areas of activity, this is known as Adult Social Care Outcomes Framework (ASCOF) there are 26 measures in this framework. Performance reports are generated by activity undertaken by ASC staff within the council and ASC services by HCRG Care Group.

B&NES performs better than the England and the South West average across 23 of the 26 domains. However, there is improvement work taking place in some areas including, direct payments uptake and support for and satisfaction of unpaid carers. This improvement requirement is detailed in the Directorate Service Plan for 2023/24.

Adult Social Care also report on Mental Health Activity and Safeguarding Activity. There is no centralised reporting on waiting times for assessments or reviews, but this is likely to change with the new CQC inspection framework for Adult Social Care. The Directorate continues to track these performance measures internally.

## CQC Assurance and Peer Review

Care Quality Commission (CQC) has a new role in relation to ASC which allow the CQC to look more effectively at how care provided in a local system is improving outcomes and reducing inequalities. The Health and Care Act gives CQC a role in reviewing Integrated Care Systems (ICS) and gives CQC a new duty to assess how Local Authorities are meeting their social care duties under Part 1 of the Care Act. Local Authorities have duties to people who live in their areas around prevention, information and advice and offering high quality and appropriate services.

The Local Authority Assessment Framework will go live in 2023/24 and the initial focus of CQC Local Authority assessments will be across four themes outlined below.

<b>Theme 1: Working with people</b>	<b>Theme 2: Providing support</b>	<b>Theme 3: Ensuring safety</b>	<b>Theme 4: Leadership and workforce</b>
Quality Statements: <ul style="list-style-type: none"> <li>Assessing needs</li> <li>Supporting people to live healthier lives</li> <li>Equity in experience and outcomes</li> </ul>	Quality Statements: <ul style="list-style-type: none"> <li>Care provision, integration and continuity</li> <li>Partnerships and communities</li> </ul>	Quality Statements: <ul style="list-style-type: none"> <li>Safe systems, pathways and transitions</li> <li>Safeguarding</li> </ul>	Quality Statements: <ul style="list-style-type: none"> <li>Governance, management and sustainability</li> <li>Learning, improvement and innovation</li> </ul>

The Ministerial steer is for a single overall rating at Local Authority level with narrative and scores to provide granularity on the assessment and the areas for improvement. CQC will use four rating levels for the overall rating - Outstanding, Good, Requires Improvement and Inadequate.

- Each of the Quality Statements will be scored 1-4, accompanied by a single word descriptor and indication of direction of travel
- Evidence categories within the Quality Statements will also be scored 1-4 and scores will be aggregated to Quality Statement level
- The overall rating and scores for the quality statements will be published alongside a narrative report
- Baselining period of initial assessments of all ICS's and Local Authorities, during which CQC will gather all required evidence and report on all 142 Local Authorities
- 5 Local Authorities have volunteered to be part of the first phase of inspections starting in Autumn 2023

To support our journey to outstanding ASC has commissioned a Peer Review (12<sup>th</sup> -14<sup>th</sup> September 2023) from the Local Government Association (LGA) as this will enable us to have independent analysis of our preparation for CQC inspection, which could take place for B&NES at any point from September 2023 onwards.

The purpose of a peer challenge is to be a constructive and supportive process to support improvement and act as 'critical friend' to promote sector led improvement. Peer Review is not an inspection and therefore no rating or score is given, it is a learning process that will help an organisation or group of organisations to assess current achievements and to identify those areas where improvements can be made. The Peer Review process will involve exploring ambitions, performance and delivery structures of ASC in B&NES in a supportive way that helps build a common purpose by reflecting on the present situation and future journey.

## **Finance**

The final 2022/23 outturn position for the Adult Social Care budgets was a break even position. Whilst the number of package placements has continued to be below previous levels seen, the cost has increased during the year due to the economic and market factors experienced during 2022/23. Arrangements for hospital discharges were in place all year, funding for these arrangements was jointly provided with Health and made use of the discharge grants received in 2022/23. This spend remained in line with previous years. These arrangements will continue in 2023/24 along with other jointly funded and agreed schemes between the Council, Integrated Care Board (ICB) and partners. This should continue to reduce any budget pressures and deliver improved outcomes in the longer term.

The current forecast position (reported at Quarter 1) is balanced as the underlying variances will be covered by a transfer from the Adult Social Care Reserve fund (£2.4m). The two main pressure points are for spend on learning disabilities packages and the use of agency staff.

Referrals to the services are increasing in complexity which adds to the budgetary pressure and work continues with health colleagues to review and agree the correct funding model for the services required.

## Commissioning Arrangements

In B&NES commissioning arrangements for a wide range of health and social care services are strategically led, managed, and delivered by an Integrated Commissioning Team that is jointly funded by the Council and the BSW ICB (Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board). This commissioning function follows the all-age approach and mirrors the BSW Care Model and life cycle model of Start Well, Live Well, Age Well and Dying Well. The function is led by the Assistant Director – Integrated Commissioning, B&NES locality. The team's activity is organised around strategic portfolios focusing on a life stage, population group or type of provision (e.g., Start Well, Complex Needs, Community Services). Each portfolio is overseen by a senior commissioning manager, responsible for commissioning officers who plan, buy, and monitor a range of NHS and Council services for children and adults with a variety of social, physical, and mental health needs. The team also includes a placement function that sources and arranges social care placements for children and young people and a brokerage function that brokers and sources care for adults such as packages of care delivered in people's homes or placements in residential and nursing homes.

Our close working with the NHS and our wider community partners ensures we continue to promote, maintain, and enhance people's wellbeing and independence so that they are healthier, stronger, more resilient, and less reliant in the future on formal social care services. We are also working with HCRG Care Group on continual improvement of the community health and social care services they provide in B&NES under the prime provider contract.

As a system, we are committed to building effective relationships informed by our shared ambition to improve the lives of our residents. Our approach to social care transformation and service improvement plans are underpinned by the following principles:

- **Offers choice, control, and independence to care users** – so that individuals are empowered to make informed decisions and live happier, healthier, and more independent lives for longer
- **Provides an outstanding quality of care** – where individuals have a seamless experience of an integrated health, care and community system that works together and is delivered by a skilled and valued workforce
- **Is fair and accessible to all who need it, when they need it** – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs

## Community Services Transformation

B&NES Council and the Integrated Care Board (ICB) made a decision not to extend the HCRG Care Group contract for the three-year extension term in May 2022 (Non-extension Decision Ref: E3362). Following the decision to end the current contract with HCRG Care Group B&NES and the ICB agreed to commence three programmes of work to deliver a new operating model for Community Health, Adult Social Care, Public Health and Community Partners:

- Programme One: ASC Redesign and Community Partners to develop a new operating model for adult social care services and agreeing commissioning priorities for services delivered by community partners

- Programme Two: Public Health for a review of the future commissioning framework of Public Health grant funded services
- Programme Three: Integrated Community Based Care for the future design of children's and adults community health across Bath and North East Somerset, Swindon and Wiltshire (BSW)

Each programme is interdependent for Community Services Transformation and there are two key stages of this work:

- Stage One: Secure continuity of services for 2024–2025

The Council has completed a detailed options appraisal, and a decision was taken to transfer Adult Social Care services for Social Work (including Direct Payments) and Adults with Learning Disabilities and their Families to B&NES Council as of 1<sup>st</sup> April 2024 (Transfer Decision Ref: E3393).

It is recommended that the council endorses the proposal for an interim arrangement for commissioning of Community Health, Public Health and services delivered by Community Partners with the ICB as Co-ordinating Commissioner and the Council as Co-Commissioner for a one-year period from 1<sup>st</sup> April 2024 with HCRG Care Group. Services commissioned in this new contract arrangement are to be delivered within approved policy and budget frameworks and subject to a Council Single Member Decision (on or after 17<sup>th</sup> July) and ICB approval in July 2023.

Below is a link to the Single Member Decision paper for Community Services Transformation Programme – Update on Contract Arrangements for 2024/25.

<https://democracy.bathnes.gov.uk/mgListPlanItems.aspx?PlanId=901&LLL=0>

- Stage Two: Procurement of services from 2025 onwards

Detailed options appraisals are being developed for the future service specification and delivery of Community Health, Public Health and services delivered by Community Partners. The intention is for both the Council and ICB to take decisions in the Autumn 2023 period. The ICB have run a series of workshops for the future design of community health services over the last 6 months and on 4<sup>th</sup> July a market engagement event is being held for providers.

### **Glossary of Terms**

The link provided is a helpful reference tool to explain the jargon used in health and social care. The jargon buster is a directory of Plain English definitions of commonly used words and phrases in health and social care.

<https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/>

**Cllr Born – Cabinet Member for Adult Social Care and Public Health**

**Suzanne Westhead – Director Adult Social Care**

**6<sup>th</sup> July 2023**