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# Bath & North East Somerset Council

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Improving People's Lives

## Health & Wellbeing Board

**Update on ASC Transfer Evaluation & Care Quality Commission Inspection**  
**Suzanne Westhead, Director Adult Social Services**

**11<sup>th</sup> July 2024**

# ASC Transfer – Background & Context

**May 2022** – Decision taken to not extend the Integrated Community Services contract with HCRG Care Group for the three-year extension term and the contractual arrangement expired with HCRG Care Group on 31<sup>st</sup> March 2024

**November 2022** - A detailed options appraisal was completed, and the decision taken to transfer Adult Social Care Services to B&NES Council:

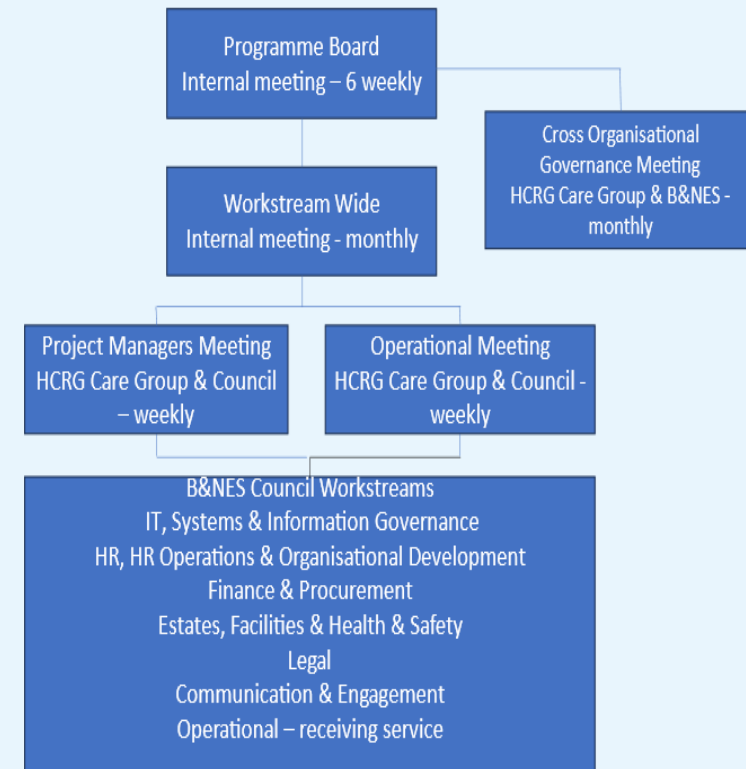
- Adult Social Work (including Direct Payments team)
- Adults with Learning Disabilities and their Families Day Services (including Shared Lives, Employment Inclusion and Supported Living)

**April 2024** - The transfer of ASC services saw a compliment of 237 staff from HCRG Care Group transfer to B&NES. The Adult Social Care Directorate now represents 19.5% of the council's total workforce

# ASC Transfer – Project Governance

From the outset of the ASC transfer project, the **commitment to ensuring a safe transfer** of services with minimal disruption to service users was paramount and underpinned decision making:

- Robust project management, governance & assurance
- Monthly briefing to Lead Cabinet Member
- Corporate workstream groups to mobilise the transfer
- Mapping of workstream interdependencies
- Operational meetings supported agile decision making
- Communication & engagement strategy
- Risk register with clear mitigation actions
- Cross Council working to deliver a safe transfer
- HCRG Care Group collaboration & partnership working
- Level 4 – Substantial Assurance
- Learning from previous ASC transfer projects
- Lessons learnt log maintained 3 months post transfer and continuation of ASC Transfer Assurance Board 6 months post transfer



# ASC Transfer – Engagement

## Service Users

- Service delivery maintained & business as usual activity has continued
- Service users continue to receive the support and care expected
- Since transfer, we have not experienced an increase in complaints and there have been no examples of service users or individuals not being able to access adult social care
- Prior to transfer, service users who were in receipt of an active service received a letter from HCRG Care Group, with input from B&NES, to advise about the change in provider as of 1<sup>st</sup> April 2024 - key message was to reassure service users that staff working in the services would also transfer and therefore individuals would continue to see the same people and receive the same level of care and support with no change to service delivery

## Staff

- Regular staff briefings - platform for transferring staff to raise questions, receive project updates and be updated on topics including Terms & Conditions, Pension, IT, Training & Development, Health Safety & Wellbeing
- Sessions overall were well received and provided an opportunity for 'getting to know each other' & plan the induction and welcome into the Council
- Engagement sessions jointly planned and hosted between HCRG Care Group & B&NES
- Monthly Trade Union briefing sessions
- Post transfer feedback is that staff felt welcomed to B&NES and supported through a well planned induction programme with a buddy system in place for managers (April – June)
- Welcome visits completed by Will Godfrey, Suzanne Westhead & Cllr Born
- Assistant Director Operations held daily huddles and has meet with all teams to better understand what is working well in services and areas for improvement

ASC Transfer Evaluation – Strengths	ASC Transfer Evaluation – Areas of Improvement
Robust project management framework with strong leadership	Receipt of key project critical information one month prior to transfer date impacted on the ability to allocate effective resource to resolve issues in preparation for day one
Lessons log maintained to record early learning & mitigate/escalate issues rapidly	TUPE information was not received by B&NES until the statutory 28 days prior to the transfer date - work compressed into a small window prior to transfer date & impacted on sign off of the Business Transfer Agreement
Effective project planning, engagement & mobilisation across all corporate workstreams	Missed opportunity by not having direct operational discussions with service managers during the final month of transfer to support more effective problem solving
Good post transfer planning - in-person IT support across all base locations, staff buddies and engagement from Chief Executive and Director Adult Social Services	Dedicated internal support to manage information requirements for the Business Transfer Agreement - work commenced in Autumn 2023 but majority of information requirement was compressed to 2 months before transfer
Dedicated project management resource from both organisations to support timely flow and management of information & agile decision making	More diligence on initial costs presented by corporate support services on required projected mobilisation & ongoing business as usual support costs post transfer
Scheduled staff briefing sessions were a positive way to respond to direct questions, plan how best to welcome colleagues to the council and start to build new working relationships that were different to the existing contractual relationship	B&NES corporate teams having direct access to HCRG Care Group national corporate team for IT/Systems, Finance & HR to ensure swift exchange of key data and information
Weekly input from operational leads from both organisations to support a safe transfer with no disruption to service users	Subject Matter Expert (SME) meetings involving both organisations should have been scheduled across key workstreams earlier in the project to reduce reliance on the project team to respond to technical questions & saved valuable project resources
Monthly update to the Lead Member to give assurance and oversight on key milestones of the project - high level of oversight and scrutiny of the transfer through frequent assurance progress reports to SLT, CMT, Cabinet and Scrutiny Panel	
Robust governance arrangements in place early on with clear terms of reference and escalation routes	
Monthly engagement sessions with Trade Unions providing assurance and progress updates on the project with specific focus on 237 transferring workforce	

# ASC Transfer – Resource Implications

The total projected cost of ASC mobilisation to 31<sup>st</sup> March 2025 is £2.28m, which is £1.165m less than original commitment against the adult social care reserve, giving a higher balance for funding service pressures and investment into social care improvement

Spend	2022/23	2023/24	2024/25	Total
Revenue	£324,932	£1,014,886	£597,173	£1,936,992
Capital	£0	£343,000	£0	£343,000
Total Project Spend	£324,932	£1,357,886	£597,173	£2,279,992
Cumulative Spend	£324,932	£1,682,818	£2,279,992	

Resource	Volume
IT & Equipment	Laptop Handover 141  Mobile Telephone Handover 182  Delivery of the following work from home equipment: 45 Monitors, 53 Mice/Keyboard & 42 Laptop Risers  Created 235 network accounts
Payroll run	Payroll run for 232 (not including 3 multiple employees, 1 maternity & 1 sabbatical) Staff payroll totalling: Gross £452631.67 and Net £361314.74

# Local Authority Care Quality Commission Inspection

The **Health and Care Act 2022** gave CQC new powers to assess how Local Authorities meet their duties under **Part 1 of the Care Act 2014**. CQC inspection will assess the performance of Local Authorities to assure CQC and the Department of Health and Social Care about the quality of care in the area and consider any improvements that are required

- CQC have created an **Assessment Framework** (2 stage inspection approach) to gather and use full range of evidence for inspection - tested and amended by using across 5 pilot sites
- **The Assessment Framework** explains how CQC will assess how well we are delivering our **statutory duties under Part 1 of the Care Act 2014**
- CQC have **38 Information Returns** they expect us to provide evidence against, to demonstrate how we meet our statutory duties. These can be found here: <https://www.cqc.org.uk/guidance-regulation/local-authorities/la-information-return/information-requested>

# Our Care Act 2014 Duties

The Care Act 2014 has six key principles:

- **Empowerment**
- **Prevention**
- **Proportionality**
- **Protection**
- **Partnership**
- **Accountability**

CQC will be looking for **evidence of how well we deliver our statutory duties** - the **Care Act 2014** breaks these down into:

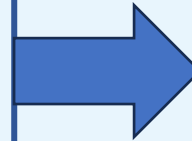
- General responsibilities such as how we promote wellbeing, prevent reduce and delay the need for care and support and offer information, advice and guidance
- Assess and meet needs
- Direct Payments
- Financial assessments, charging for care and deferred payment schemes
- Deferred Payments
- Continuity of Care
- Market oversight and provider failure
- Transition for children to adult care support
- Advocacy
- Safeguarding

Note: This is not a definitive list



# The CQC Assessment Framework

CQC will assess how well we deliver our statutory duties against **9 Quality Statements**. These statements are further broken down into **'I and We' Statements**. 'I statements' refer to what service users and carers have said they want from services, and 'We statements' refer to what we as a Local Authority should aspire to provide.



1. [Assessing needs](#)
2. [Supporting people to live healthier lives](#)
3. [Equity in experiences and outcomes](#)
4. [Care provision, integration and continuity](#)
5. [Partnerships and communities](#)
6. [Safe systems, pathways and transitions](#)
7. [Safeguarding](#)
8. [Governance, management and sustainability](#)
9. [Learning, improvement and innovation](#)

## Inspections are broken down into 4 themes:

1. Working with People
2. Providing Support
3. Safety within the System
4. Leadership

## CQC will consider all of these throughout their 6 evidence categories:

1. Peoples experience of health and care services
2. Feedback from staff and leaders
3. Feedback from partners
4. Observation
5. Processes
6. Outcomes

## These are broken down in 5 keys areas. CQC want to see that we are:

1. Safe
2. Effective
3. Caring
4. Responsive
5. Well Lead

# CQC Notification

On the **15<sup>th</sup> April 2024** CQC notified us of their intention to inspect B&NES Adult Social Care

## **First Phase – 3 week deadline**

CQC asked for a number of documents to be submitted by the 3<sup>rd</sup> May, this included:

- The **names of 2 people** to upload evidence to the online portal
- A **site planning template** to detail the names of the teams, key partners and stakeholders
- A **Self Assessment**
- **Provide evidence against each of the 38 Information Returns** – enabling CQC Inspectors to review key documents, information and data before the site visit by the inspection team as each LA's arrangements for delivery of Care Act duties are different

**All information requested by CQC was uploaded to the CQC online portal on 2<sup>nd</sup> May 2024.**

## **Second Phase – notification of site visit**

- ASC is awaiting a date from CQC of the exact date the site inspection will take place
- The regulator has advised they will give 6-8 weeks notification of the date before they will undertake the site visit

# Self Assessment - Our Strengths and Areas for Improvement

## Theme 1- Working with People Strengths

1. Well established integrated working in mental health (4)
2. Strong governance of integrated mental health services via a variety of performance meetings (8)
3. Good support for our ASYE social workers (9)
4. Strong focus on wellbeing and prevention (2)
5. Our commitment to provide 'exceptional' quality of care and support (4)

## Areas for improvement

1. Continue to reduce the DOLS and OT waiting list (1)
2. Improved practitioners legal literacy and focus on outcomes (6)
3. Increase the number of people receiving a Direct Payment (1)
4. Improve the quality of our recording practice (6)
5. To embed the staff and service user voice groups into our Quality Assurance Framework (9)

## Theme 2- Providing Support Strengths

1. Integrated Commissioning to support seamless person-centred care (5)
2. Robust and collaborative contract management and quality assurance (8)
3. A progressive and integrated approach to hospital discharge (6)
4. Strong impact from the Better Care Fund and Disabled Facilities Grant (8)
5. Coordinated and innovative approach to housing (3)
6. A strong and well-coordinated third sector (5)

## Areas for improvement

1. Increase the number of providers rated outstanding (4)
2. Reduce the number of people placed out of area (3)
3. Introduce more innovative ways of supporting people through the use of technology (9)
4. Giving residents a bigger say (3)
5. Improving integrated data (6)

## Theme 3- Safety across the System Strengths

1. Oversight of the end-to-end safeguarding journey for individuals and strategic lead for large-scale enquiries (8)
2. A Strong B&NES Community Safety and Safeguarding Partnership; and access to Professional knowledge, advice, support, and guidance from the safeguarding services (5)

## Areas for improvement

1. Improving our data to capture outcomes (3)
2. Ensuring our processes support practice (6)
3. Enabling feedback from service users (3)

## Theme 4- Leadership Strengths

1. Strong ASC leadership team supported by Executive, ICB and Political leadership (8)
2. Governance of our indicators of quality, performance, risk and financial management (8)
3. Well led organisation with a positive culture built upon mutual respect and values (8)
4. Financial management is strong, assured and supported (8)
5. Good relationships with statutory and system partners (5)
6. Committed to implementation of Equality, Diversity and Inclusivity corporate and service priorities (3)
7. Service planning demonstrates the Directorate is self-aware (8)

## Areas for improvement

1. Embedding the Quality Assurance Framework (8)
2. Giving people a bigger say through co-production (3)
3. To accelerate the work of Equality, Diversity and Inclusivity (3)
4. Focus on legal literacy to deliver responsibilities under the Care Act (1)
5. Refresh and implement the Preparing for Adulthood pathway (1)
6. Embed the council's new commissioning model (8)
7. Increase of the technology offer to individual, their carer's and our staff (9)