

# People Scrutiny Commission

## 13 December 2021

### Public Forum



#### Questions

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#### Statements and Petitions

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## **Questions**

### **Answers to Qs 1 – 12 provided to the Chair by the Director of Director of Adult Social Care**

#### **Questions 1 - 12: Clive Stevens**

When I was a Councillor I was lucky enough to attend the detailed Better Lives (Task & Finish) for Adult Social Care Scrutiny which ran in 2017. Additionally I spent three years on Budget Scrutiny where we followed the Better Lives outcomes costs and savings in detail. Many of those officers have moved on plus there are new Councillors; so I thought you might like a reminder of the learning gained and an update on progress. I'd also like to thank Cllr Helen Holland, who, as Cabinet Member, has been open, not defensive and welcomed all inputs even from non-Labour Councillors – thank you Helen. I appreciate the topic before you is Social Care recruitment and retention. It is important to deliver a cost-effective service. The wider picture could be useful. I am told I can ask wide ranging questions to a Scrutiny Commission. Here are twelve. Most of the Better Lives Program was aimed at care to the over 64s. It was hoped that much of the learning could be of use for those of Working Age Care too. That can even link into SEND provision at school before the person enters Adult Social Care. I leave those questions for another day. Thank you to whoever provides the answers to these questions

#### **Q1:**

During the Better Lives Scrutiny we discovered that Coventry was achieving much better outcomes and efficiencies than Bristol. One difference was their use of Occupational Therapists at many stages of the process and especially at the stage when the service user first enters the system (Front Door).

A couple of years back I asked; "what is the ratio of Occupation Therapists to Social Workers in ASC in Bristol and in Coventry". I was given the ratios of 1 in 11 for Bristol and 1 in 4 for Coventry.

What are the ratio's now? (Budgeted places and actual employees FTEs please).

#### **Answer**

In Bristol we have slightly increased the number of OT posts but not to the same level as Coventry so the ratio of OTs to SWs is only slightly increased. We have restructured our teams though to develop a more integrated service with OTs, Social Workers and Social Care Practitioners working closely to share their skills and expertise to maximise independence. This does include a small increase in number of OTs in our Front Door and Discharge to Assess teams who are now fully integrated and they are an invaluable element of the service. We have also appointed a Principal OT. This is working well.

#### **Q2:**

Has anyone been up to Coventry to study how they make the most effective use of Occupational Therapists (to maximise pathways 1 and 2 rather than pathway 3 which is into a long term care home)? If so is there a report available?

**Answer**

No we haven't visited Coventry as this hasn't been possible but we have looked at different models across different LAs in relation to their front door structures and how they integrate roles both within the service and with NHS partners which have informed the development of our structure.

**Q3:**

During Better Lives Scrutiny I was able to flowchart some of the processes (pathways). Even though it was rough and ready it assisted me no end in understanding the terminology, the flows and where the costs and bottlenecks lay. It also helped me to support some business cases for ASC investments. Flow charting is important tool to justify business cases, to better explain to other departments and identify where measures can be inserted to prove the investment is working.

- a) Has ASC management flowcharted top level processes yet?
- b) Has Scrutiny seen them?
- c) Are they used to explain to Finance how an investment in one area can benefit and reduce costs or demand elsewhere?

**Answer**

During the recent corporate programme to bring in Powerbi, which ASC have piloted, we went back and modelled our workflow at a high level from *initial contact, referral, assessment, support plan, brokerage* and finally right through to *review*. We used the flow charts attached to build our live workflow Powerbi accelerators working with Intelligent-I (the company brought in to work with us). We now have these visual 'accelerators' built and accessible to all ASC staff. They are complex as is the workflow volumes passing between teams so we are continuing to refine them. As we do we are linking the work to our standard operating procedures (SOP) work where we are asking our operational service managers to work on areas such as the front door and safeguarding workflow allocation where we have picked up immediate issues. The work was also considered when recently restructuring our teams into the 3 localities across Bristol to align with our local health partners and to get ready for Integrated Care Partners (ICPs) that will ultimately look at workflow right across the health and care system. Our processes and procedures need constant work not least due to legislation changes (the recent white paper requiring a care cap in 2023 being a case in point) so we see this as a continuous improvement journey. We'd be happy to demo the workflow accelerators that we have available.

**Q4:**

I understand that the NHS provide a Discharge to Assess service to empty hospital beds and enable Social Care staff more time e.g. up to two weeks, to assess the best pathway.

- a) Is this working well?
- b) Is BCC getting enough time and resource to choose efficient and caring pathways?

**Answer**

In line with the national NHS guidance that was implemented in 2020 we have implemented a full Discharge to Assess model across the Bristol, North Somerset and South Gloucestershire system. This is an integrated service between the Local Authority, Sirona Health Care, the two Hospital Trusts (NBT and UHBW) and the Clinical Commissioning Group. This means that the majority of patients who need support in order to be safely discharged are discharged into one of three pathways. Pathway 1 is home with support (Home First/Reablement); Pathway 2 is to a rehab reablement bedded unit; Pathway 3 is to a care home if the person is not safe to return home and doesn't present as having rehab potential at that stage. The length of time varies between pathways but generally P1 is up to 5 days Home First and up to 6 weeks reablement, P2 and P3 is up to 6 weeks. This has worked well as it has ensured better outcomes for people and opportunity to increase independence outside of Hospital and more people have managed to return home as a result. However recently with workforce pressures and issues with supply it has been more challenging to ensure there is flow through all the pathways which has meant people are sometimes waiting in Hospital for longer or unable to move on within the preferred time scales. We continually work with partners to manage this through commissioning additional capacity and supporting the care market to manage the demand.

**Q5:**

Sometimes adapting the service user's home can save the Council money, for example by installing wheelchair access and/or adapting their bathroom. In such instances this would reduce the cost of a care package, prevent accidents and enable people to live in their homes for longer; saving money and improving care. I understand that major adaptations are paid for via disabled facilities grants (via BCC Housing).

- a) Is the process for getting these adaptations done quickly enough?
- b) Are there any bottlenecks that need managing?

**Answer**

The installation of aids and adaptations are funded through different funding regimes depending on the tenure of the applicant. If the applicant lives in a private home/private rented or housing association property, the adaptation is funded through Disabled Facilities Grant (DFG). In Council homes, the home adaptation is funded through the Housing Revenue Account (HRA). The process for installing adaptations is slightly different and can take considerably longer if a DFG is applied for as the delivery of the work is controlled by the homeowner.

- a) Is the process for getting these adaptations done quickly enough?

Delivery of home adaptations was delayed during 2020 and 2021 as a result of the impact of the pandemic. Access to undertake assessments and install home adaptations was delayed during various lockdowns. The assessment process and installation of home adaptations has been unaffected for high priority cases (hospital discharge and end of life cases) and for minor home adaptations. There has been some delays in delivering standard priority cases. Work to resolve these delays is underway and our expectation that current assessment backlogs will be resolved by March 2022. A new framework

contract for contractors has just commenced and they will start receiving backlog 'standard' cases to install the adaptation will commence in early Jan 22.

b) Are there any bottlenecks that need managing?

There are no real bottlenecks in the process. The entire Accessible Homes delivery system was impacted during the pandemic lockdowns and resulted in the service having to target delivery to the most vulnerable residents. Following the lifting of restrictions work to clear the backlogs has commenced and we are aiming to have cleared the majority of backlog cases by the end of March 2022.

**Q6:**

There was an IT Project to equip ASC staff with mobile devices so they would be more effective when "out on the road".

- a) Has this been implemented?
- b) Has it been successful?

**Answer**

Yes, we deployed smartphones and more recently laptops (or 2 in 1 devices) to all practitioners which they can use in a more agile way. Due to the impact of the Covid 19 pandemic and associated restrictions, the original benefits of this have been compromised, e.g. need to remain 2m apart to show information to someone on a screen or inappropriateness of someone touching a screen to sign a document. However in other ways the mobile devices have supported people to work flexibly through the pandemic supporting home working and make use of different apps such as teams and zoom to communicate with each other and service users.

**Q7:**

There was a stage when there was such a shortage of Agency Homecare carers that many service users had to go into Care Homes rather than go back to living at home. They wanted to live at home, the Council wanted them at home but the carer staffing shortage meant they ended up following pathway 3 which is more expensive for all.

Have you got enough Carers now so this doesn't happen?

**Answer**

As we have outlined in the Scrutiny paper, we have had major challenges with workforce supply, recruitment and retention and this has meant that it has been challenging to source the support we need. We have worked really closely with care providers to manage this and support them to ensure that people have still been able to access the right support. In terms of Discharge to assess pathways we have tried to use the correct pathways but there have been cases where the Clinical Commissioning Group have purchased beds in care homes for people who are waiting for Pathway 1, which means they are waiting for a short time in a care home bed rather than in Hospital. These are

called transition beds. In a small number of situations we have had cases of people in the community waiting for a home care service when we haven't been able to source it quickly enough and they have had no other support, that we have arranged short period of respite in a care home until the home care support is available or other alternatives. This would be a last resort, when all other options have been exhausted (e.g. reablement, support through a DP) and with the agreement of the individual and is a small number of cases.

**Q8:**

One idea was to get the Agency to pay a rate that included travel time, did this happen?

**Answer**

We are using temporary COMPF (Public Health Outbreak Management Funding) and Discharge to Assess funding to support providers to cover the costs of additional travel time for homecares. This is also part of the Ethical Care Charter and it is currently understood that some providers to pay their carers travel time through blended payments decided upon by providers. BCC Ethical Care Charter Group meets quarterly and reviews progress on this and is about to commence a deep dive on provider approach to travel time and what more we can do to ensure this is paid through commissioned rates, block contracts.

**Q9:**

Another idea was to bring some Home Care carers in house so that better quality training and loyalty could help improve the cost effectiveness of Home Care.

Is that progressing?

**Answer**

We have not brought a home care service back in house. However we have invested in our in-house Reablement service which has been invaluable in supporting the Discharge to Assess model and in some cases our Reablement service have stepped in to support where we have been unable to source home care packages. We do not have plans to bring a home care service in house but are preparing for a future home care contract with close strategic partnerships with care providers that meet future demands and needs. The likelihood is that this model will be locality based homecare linked in with ICP developments.

**Q10:**

You are coming up to 2022 Budget time. In 2020 it seemed to me that the approach then was to starve ASC of revenue funding and so force ASC management to come to Finance to justify project expenditure. I think this is a poor management technique and I thought it showed a mistrust between ASC and Finance.

Will ASC be underfunded again this year?

**Answer**

ASC is doing all it can to improve its use of resources but faces significant financial pressures. This is a challenge faced by many councils. These are partially driven by the impacts of Covid- 19, increased demand and complexity of need, which are reflected in increased costs for care and support. The Council's Medium Term Financial Plan is being refreshed and budgets are being actively worked on and will be presented to Council in the new year. This will include growth assumptions needed to meet the cost of care including normal demographic and other inflationary pressures.

**Q11:**

In 2019 There was an approved capital budget amendment of £2m to buy some existing houses and equip them so they would be suitable as Extra Care Housing. I understand that this was more difficult than expected. But extra Care Housing has a very good payback.

What happened to this project please?

**Answer**

Bristol is fully committed to the Extra Care Housing model as part of our strategy to reduce bed based care and help people 55+ stay independent in their own home. We have 12 ECH schemes in Bristol. We have been working closely with Housing colleagues and using capital budget through Better Lives at Home (BLAH) to open a further two ECH schemes in the last two years and have plans to build a further two schemes.

**Q12:**

Eventually most service users will have to stay in a Care Home. Sometimes these are owned and run by charities and social enterprise. But other times venture capitalists and hedge fund managers have bought into a business. They thought it could be very profitable. I think a market dominated by financial institutions is not good. The 2014 Care Act enables Local Authorities to shape the market. Government guidance gives examples as to how the market can be shaped to be in favour of charities. I worked with Carol Watson (now in South Glos I think) to propose a detailed market shaping strategy. I know she was working on a market positioning statement but I wonder if this has progressed further.

Is anyone progressing market shaping in this way?

**Answer**

Our Market Position Statement (MPS) is due to updating. It was last drafted pre-Covid. The intentions we set out in that document for care homes and other forms of care are critical and need to pick up on issues of future predicted number of LA commissioned placements in different types of care homes; types of care to be specified as BCC ASC as commissioners; sustainability of care homes; alternative models of care and support at home and in communities. The mix of types of care homes and their ownership is not a MPS issue necessarily but is critical in commissioning.

## Answers to Qs 13 – 19 provided to the Chair by the Director of Education & Skills

### Questions 13 – 14: Kay Galpin

#### Q13:

The SEND Statutory Assessment Planning and Review Team Standard Operating Procedure states that "Health advice will not be provided within the 6 week timeframe."

6 weeks is a statutory timeframe. What steps are BCC taking to ensure compliance with the law in this regard?

#### Answer

The Standard Operating Procedure (SOP) was updated and the question relates to a previous version of the SOP. The new SOP being used by the team reads as follows:

#### **If the CYP is known to the specific health service (or has been known) to the health service in the last 12 months:**

- The health service will provide a thorough report answering all the aspects on the needs and provision required to meet the specified outcomes (if known) or should address the child or young person's needs, the special educational provision required to meet those needs, and the outcomes which this provision will aim to achieve. (SEND Regulations 6 (1))

#### **If the CYP is unknown (or has been unknown) to the health service in the last 12 months:**

If the CYP is not currently known to the specific health services requested by parent/ carer/ young person as above, then:

- The Local Authority decision is either that the request made by parents is:
  - Reasonable and therefore agreed : A request would be considered reasonable where for example a child or young person has been identified as needing an assessment already and they are on the waiting list or where the school/ college or other professional have said this advice may be needed.
  - Not reasonable and therefore not agreed.

Parent/carers are advised of this decision with reasons in writing.

#### **The Health Service contribution**

- If the Local Authority decision is reasonable, then the SEND team will write to the health service, providing all documentation regarding the assessment (including any private reports) and request advice and information that is necessary on the needs of the CYP, provision and outcomes.
- The health service will then undertake a triage consultation with the child/ young person/ family and respond to the LA's request within the set 6-week statutory timescale.



We work to the 6-week time frame with all our partners. Currently all services are experiencing significant capacity issues across the local area and are not always able to meet these time frames. Partners share their information and capacity concerns, and the leaders of the teams and services are actively working to address timeliness.

**Q14:**

“The Specialist Health Adviser Team, employed by Sirona Care and Health, was established earlier this year and comprise four multi-disciplinary team members who are providing health needs advice as a contribution to a child or young person's needs assessment for children and young people not known to community health services, or whose file was closed more than 12 months previously”

Between 1st Jan 2020 and December 2020, 241 children and young people did not receive advice about these needs as part of an EHC needs assessment. Where a child or young person requests speech or OT advice as part of a needs assessment and BCC agrees, clearly this advice is needed.

Who would provide that advice and is it currently being delivered within the 20 week statutory timeframe for EHCNA?

**Answer**

We work to 6 weeks’ time scale with all our partners in education, health, and social care. The process has improved since 2020 and all partners are monitoring their performance in relation to the 6-week advice period. Further advice on the specifics of the question has been sought from health colleagues.

**Question 15: Sally Kent**

The performance report states that there is an “increase [in] the percentage of Final EHCPs issued within 20 weeks, excluding exception cases” of 42.7%. It also states, “During the period April to June 2021, 124 new EHC plans were finalised of which 53 were within the 20 week timescale (42.7%).” **This is calculated using the formula number done in 20 weeks / number done in quarter x 100 = % achieved on time**

For example using the above formula, if you were meant to issue 10 EHCPs 20 weeks after a point in time and you issued 1 within 20 weeks but also 1 other outside of timescales, your % calculation would be 50%. **Number done in 20 weeks (1) / number done in quarter (2) x 100 = 50% achieved on time.**

How many you should have done in that quarter doesn’t seem to factor into the calculations?

For example if you were meant to issue 10 EHCPs 20 weeks after a point in time and you issued 1 within those 20 weeks; this would give you a 10% on time rate **Number done in 20 weeks (1) / number due to be issued in quarter (10) x 100 = 10% achieved on time**

The 2 methods paint a very different picture.

**Q15:**

Regardless of DofE suggestions, wouldn't it be better to calculate the % completed on time against the % due to be completed to give yourself a better idea of how this is impacting families, children and young people in Bristol?

**Answer**

Timeliness of EHCPs is calculated according to the DfE methodology which requires us to provide the proportion of plans issued that are within the 20-week timescale. This is the advised methodology and matches statutory reporting requirements for the SEN2. Full details can be seen here: [SEN2 2022 Guide \(publishing.service.gov.uk\)](#). Working in this way ensures all reported numbers are in line with statutory SEN 2 data and ensures comparable and consistent information within BCC. We do also record and monitor the number of requests due each month as part of our monthly reporting process.

**Questions 16 – 17: Jen Smith**

**Q16:**

How many pupils from each school below have been brought to Bristol Inclusion Panel to be moved to a different school in the city.

For each year from 2016 – 2021

Between the same dates, how many of these schools have been referred to the Education Skills & Funding Agency, Regional Schools Commissioner and / or Secretary of State for Education for refusing to take a pupil on as agreed by panel?

Bristol City Council does retain this data.

Ashton Park School  
Bedminster Down School  
Bridge Learning Campus  
Bristol Brunel Academy  
Bristol Cathedral Choir School  
Bristol Free School 25  
Bristol Futures Academy & Snowdon Village City School (AP)  
Bristol Metropolitan Academy  
City Academy Bristol  
Colston's Girls School  
Cotham School  
Fairfield High School  
Blaise High School  
Lansdown Park Academy (AP)  
Learning Partnership West Independent School (AP)  
Merchant's Academy  
Oasis Academy Brislington  
Oasis Academy Brightstowe  
Oasis Academy John Williams

Orchard School Bristol  
 Redland Green School  
 St Bede’s Catholic College  
 St Bernadette’s Catholic Secondary School  
 St Mary Redcliffe & Temple School  
 St Matthias Academy (AP)  
 Trinity Academy

**Answer**

Both questions are exactly the same as the Freedom of Information (FOI) request 16225729. The response has been supplied through the FOI.

**Q17:**

The paper 'Progress Update Relating to Key Performance Indicators' says on page 4:

'This weekly meeting has enabled SEND managers to better plan allocations of EPs and Assessment Coordinators and to also identify cases which will be issued within 20-week timescale.'

As EHCPs are being done out of order, what criteria is being used to determine which cases are being accelerated and which potentially trickier sounding cases are delayed, likely impacting on children with higher needs?

**Answer**

At the weekly meetings the current cases that are considered as urgent are Children in Care where the local authority has a responsibility as corporate parent, situations where additional urgent information has been provided about the severity of the child or young person’s needs (this could include those with life limiting conditions and or other urgent medical needs), and those at key transition points in their education. Cases are then allocated in chronological order of date received.

**Questions 18 – 19: Hayley Hemming**

Here is the data on Bristol and the number of initial EHC Needs Assessments requests made:

| Table 1: <a href="#">Source</a> |   | 2015  | 2016  | 2017  | 2018  | 2019 | 2020  |
|---------------------------------|---|-------|-------|-------|-------|------|-------|
| Bristol City of                 | Initial requests for an EHC plan                              | z     | 484   | 442   | 607   | 626  | 728   |
|                                 | Rate of EHC plans excluding exceptions issued within 20 weeks | 37.8% | 95.8% | 77.7% | 24.4% | 0.8% | 21.9% |

2017 saw a decrease of 8% in initial requests compared to 2016  
2018 saw an increase of 37% in initial requests compared to 2017  
2019 saw an increase of 3% in initial requests compared to 2018  
2020 saw an increase of 16% in initial requests compared to 2019.  
It is estimated\* that 2021 will see an increase of 13% in initial requests compared to 2020.

\*Between January 2021 and September 2021 there have been 621 initial requests received, an average of 69 per month (source: [Bristol Open Data](#)). Assume an average rate of 69 for October, November and December, the total requests for 2021 is estimated at 828.

The number of initial requests in England increases on average at around 12-13% each year. Whilst growth may be considered exponential, it certainly should not be unexpected and actually may have slowed slightly locally come the end of 2021.

**Q18:**

On average the rates seen locally match those seen nationally and should have been expected. Between Jan - Sep 2020, 515 EHCPs were issued. Between Jan - Sep 2021 381 EHCPs have been issued. This 25% dip has been attributed to staffing issues.

I am a school governor and SEND volunteer advocate and there very much now seems to be a narrative put out by BCC employees advising schools and SENCOs that, 'too many people' are applying for EHC Needs Assessments. As we can see from this data this isn't quite true.

A Needs Assessment is a legal right. What steps are Bristol City Council taking to ensure a EHC Needs Assessment is carried out and that an unlawful assessment criteria reliant on Bristol's new Ordinarily available provision document is not being applied?

**Answer**

As the number of requests received varies largely from month to month, an average across the year cannot be used to estimate the total number of requests for 2021. The number of requests received nationally also varies from one year to the next and will vary between local authorities. Last year some LAs saw a decrease in their overall number of requests whilst others, including Bristol, saw a significant increase. Data for 2021 has not yet been published so we are unable to draw comparisons nationally for the current year at this stage.

An application for needs assessment is a legal right and the legal criteria are clear, these are the criteria that are used. We are also working closely with our DFE advisor on our decision-making frameworks including statutory panel recommendations. Best practice is for educational settings to undertake reasonable adjustments, have an OAP in place, consider additional early intervention (or Top Up) funding when appropriate, and to have a Bristol Support Plan for CYP and to submit this information as part of an application for needs assessment.

The narrative that we are advocating *is the right assessment for the right child at the right time.*

This reflects that sometimes individual agency assessments under the school-based stages of the SEND COP, are the most appropriate steps to be taken. In Bristol we have the Ordinarily Available Provision (OAP) as a clear articulation of what is required at the school-based stages of the SEND COP, we also unlike many local authorities, fund early intervention support as part of OAP through Top Up.

We have articulated to our partners that the system is experiencing significant increases in demand and that demand is outstripping out capacity. This is a local but also a national issue.

**Q19:**

When you compare the number of requests month on month for 2021 and 2020 the numbers received are very similar until May 2021, June 2021, July 2021 and August 2021.

292 requests we made in this period for 2021 and 187 requests were made in this period for 2020. This is a 57% increase within these 4 months, this is a time when a lot of the SEND team are away on holiday.

As a school governor I sit on exclusion panels at schools, I usually sit on one every 2 years or so. In the last 3 months I have sat on 2.

Has any work been undertaken to understand the cause of the uptick in EHCNA requests in this specific period and any possible correlation with school exclusions between September-December when EHCNAs requested for in May-August were not complete; potentially leaving schools unable to support SEND learners?

**Answer**

The reasons underpinning exclusions are varied and often complex and therefore simple correlations may not provide a clear picture. Work is being undertaken to look at the intersectionality of factors underpinning exclusions. Over the period discussed schools were responding to the complexities of COVID-19 and the disruption to the education of children and young people. Nationally we have seen increases in exclusions and anecdotally some of the reasons given have been associated with COVID such as the introduction of bubbles, availability of support staff and disruption to learning. We are working with all settings to ensure reasonable adjustments are being made and the adoption of what is Ordinarily Available Provision.

The Data team have analysed relevant data and cannot identify any correlation.

**Answers to Qs 20 – 21 provided to the Chair by the Director of Adult Social Care**

**Questions 20 - 21: Clive Stevens**

**Q20:**

When I last looked in detail at the ASC performance and cost data (Budget Scrutiny late 2019) officers explained that they feared that the costs of care for 18-64 years would finally overtake the costs for the 65+. (Previously 18-64 care been less costly overall).

Combine the data on Q2 performance (page 11) and you now get Tier 3 costs of:

18-64 = 2538 x £710 x 52 = £93.7m/yr

65+ = 2664 x £541 x 52 = £74.9m/yr

Given that the Council's overall budget could be over £400m, these are pretty substantial, especially as they don't include all ASC costs.

- a) Has the increased use of OTs (following Coventry model) helped stem the increase in costs?
- b) Do you think OTs can be as effective in reducing care costs to the 18-64 age group?
- c) What are the underlying reasons for the long term increase in service users for ASC 18-64?

**Answer**

- a) Yes – it's also the way OTs are more integrated in the teams.
- b) Yes – they work with all age groups and have a positive impact in maximising independence in working with 18-64 age group
- c) The cost of 18-64 has overtaken the cost of supporting over 65s. The reason this cohort cost more day is:
  - While OP service users in long term care continue to fall and have done consistently for years now the reverse has been true of 18-64. This cohort has grown to 2,558 (end of Nov 2021) the number stood at 2,228 (Jan 2018) – 18-64 now make up 47% of all long term service users
  - 18-64 packages of care cost on average 30% more than a package of support for an over 65
  - 18-64 service users provide sustainably less service user contributions than over 65s (only around £6m as compared with OP £22m) making the net cost to the council more sustainably different than the gross figure before income
  - 18-64 service users rely on long term care on average for many more years than OP making their total support costs much higher
  - 18-64 supply is often required to be more bespoke addressing primary support needs of complex learning disability and mental health and that supply cannot always be found within the city and more placements for this age range are made outside of the city at greater cost e.g residential costs inside the city £1,541 per week compared with £1,769 outside the city
  - Nationally there is a lot of reference to level of complexity that exists, changing demographics and recently COVID impacts specifically on Mental health where we have seen an increase of 142 service users (8%) since the start of COVID.

**Q21:**

I am specifically asking about Homecare (agency) workers as they are highlighted in measure BPB285 (Q2) as the critical shortage. It states, "Home care providers have informed BCC that recruitment and retention of the workforce is at a crisis and unsustainable."

At the bottom of page 3 of your report you state, "variables that influence the likelihood of a worker leaving their role are travel,....." Travel could mean many things. To a Homecare agency worker needing their car each day it could mean that due to the affordability of housing they have to live too

far away, or it is too costly, it could mean the time taken travelling between each service user is too long, OR it could be that they aren't paid for travel. Or they worry about the Clean Air Zone and needing to get a newer car.

What do you take travel as a reason(s) for leaving to mean?

### **Answer**

In the context of the Scrutiny Report, this was quoted from the November 2021 Skills for Care Report as an important variable in the work of homecarers. Moving from one place to another is a key part of homecare and this needs to be factored into schedules, planning, pay rate considerations and a carer wanting to move about frequently between caring. There are many factors that affect 'travel' as suggested by the Councillor so this issue needs to be seen in its broadest context.

### **Petitions**

#### **P1: Hannah Summers**

Title: Horfield lack of Secondary school provision

Signatures: 439

Link: [Petition · Horfield lack of Secondary school provision · Change.org](#)

### **Statements**

#### **S1: Clive Stevens**

Dear People Scrutiny Commission and ASC Officers,

I see that in March you will be scrutinising Adult Social Care - again: Independent Living, Maximising Independence as well as the transition between child and adult social care. I think these are really important topics and I'm glad you have chosen them.

It has long been recognised that people in care prefer to live at home if at all possible. It is also generally true that the cost to those involved including the Council, the tax payer, the person receiving

care and their family is usually less if the “service user” can be at home too. And when recovery is possible, then recovery is often faster.

From my time on Scrutiny (Finance and People) it was clear that is where Council and NHS efforts should be aimed at.

Assuming this is still the case (is this true for 18-64s with mental health needs for example?) then People Directorate, Finance and their Scrutiny Commissions should all be working together to support officers and Cabinet Members to achieve this.

Care workers who care for those living in their homes (Homecare) are one important ingredient of success. They are primarily employed by agencies and so one step removed from the ability of the Council to improve their lot. In the Report before you I didn't see much mention of career opportunities for carers e.g. training, qualifications, apprenticeships and career routes from Agency Care into the Council to move into social work, occupational therapy or even management. It might be that such a career route could improve retention? I'd be grateful if a Councillor could ask a question about this please.

Thank you to ASC officers and directors for answering my questions and as always you have my support.

May I wish you festive greetings and a healthy New Year - Clive

## **S2: Hannah Summers**

I am a proud, born and bred Bristolian, having grown up in central/North, I am now settled with my own family in the area of Horfield. I work in Early years education and I am also a registered Childminder.

It is not unknown that Bristol faces a huge crisis in regards to the city's secondary provision.

I have witnessed more and more families gravitate to this community to make it their home, because of the excellent primary provision. My own children attend Bishop Road Primary, which is one of Bristol's largest and oversubscribed schools (4 class entry/120 per year group). Within a mile, you can also find St Bonaventures, Henleaze, Ashley Down and Brunel Fields. Therefore there are many families seeking ongoing secondary provision for their children.

It has come to my attention and concern that my portion of Horfield (spanning from Maple Rd) is worryingly uncatered for, once you take into account that the first three suggested Secondary schools are hugely oversubscribed. Bishop Road primary also has no feeder secondary school.

Catchment areas, or areas of priority stipulated by these local secondary schools are completely unrealistic in terms of what these schools actually offer.

Detailed below, I have shown how using my address I would stand no chance of obtaining a place at any of the 5 school options detailed to me (please note Montpelier High is all girl's therefore not an option for my Son).

I have gathered personal experiences within my local community and found in recent years, families have applied for the three local schools and been offered absurdly far alternatives, such as Oasis Academy Brightstowe, Shirehampton (5.47km away) and City Academy, Redfield (3.38km away). Every child in the city deserves a place at a school within a reasonable distance, therefore reducing the requirement to use polluting transport and encouraging greener and healthier options.

It is also vital for building supportive local networks and encouraging relationships to be forged with their neighbourhood peers, this in turn will help promote wellbeing and positive mental health which is currently lacking in secondary age children (mental health charity Mind's inquiry into secondary education and mental health - 'Not Making the Grade: why our approach to mental health at



secondary school is failing young people' - released in June revealed that almost all (96%) of young people surveyed across England, reported that their mental health had affected their ability to participate in education at some point).

I ask the Mayor, Marvin Rees, Cllr Asher Craig, the cabinet member for Education & Families and full Council to review the current Secondary school catchments to ensure all portions of the Horfield Ward are fully and realistically catered for.

Using the Bristol City Council website 'School finder', inputting my address, I am presented with the following information regarding my closest geographical secondary schools:

1. **Redland Green, Admissions distance: 1.360759km away**
2. **Fairfield High School, Admissions distance: 1.635647km away**
3. **Trinity Academy, Admissions distance: 1.728880km away**
4. **Montpelier High, Admissions distance: 1.790081km away**
5. **Orchard Academy, Admissions distance: 1.915552km away**

**Redland Green** (taken from BCC Redland Green Statement on 1st round allocation)

864 on-time applications (344 first preferences, 294 second preferences and 226 third preferences) have been received for Redland Green School which has a published admission number of 216. School has breached the admission number for Year 7 in 2021 to 232.

The furthest distance offered a place in this category was **0.874 km**.

**Fairfield High School** (taken from BCC Fairfield High statement on 1st round allocation)

604 on-time applications (192 first preferences, 228 second preferences and 184 third preferences) have been received for Fairfield High School which has a published admission number of 216.

The furthest distance offered a place in this category was **1.615 km**

**Trinity Academy** (taken from BCC Trinity Academy statement on 1st round allocation)

490 on-time applications (180 first preferences, 172 second preferences and 138 third preferences) have been received for Trinity Academy which has a published admission number of 180.

Of the 180 places available, Trinity was only able to offer those children who live in the outer priority area, 75 places.

**Orchard School**

Orchard School has no Statement on 1st round allocation that I could find, however the following information is available on the BCC website in reference to 2021 allocations

(<https://www.bristol.gov.uk/schools-learning-early-years/bristol-secondary-school-places-and-geographical-area-that-schools-cover>)

Admission Number: 185

Applications: 330

**S3: Jen Smith**

Families are continuing to have poor experiences around the SEND process.

The following excerpts are from a Bristol City Council stage one and two complaint regarding my child having no educational provision for the entire autumn term – despite having an EHCP.

I feel it also highlights the wider experiences families are having around the EHCP process. It shows there is a lack of capacity in the SEN team as well as continuing inability to hold school leaders to account.

'I must also apologise as your original email request for alternative provision got lost in the sheer weight of emails that your case officer has had since the start of term, which has been overwhelming.'

'Unfortunately, despite being legally obligated to ensure Plans are delivered, the Council's powers against schools in such cases are limited.'

'You are, of course, correct in that resourcing issues among the SEN team should not adversely impact service users. However, to put this in context, officers manage upwards of 200 cases each, all representing families and children with their own needs and priorities.'

The complaint also notes that I 'declined' the offer of a particular ALP. This ALP provided no academic provision and was only able to offer life skills. This was an exercise in time wasting and delay for weeks for both my family and the ALP who had to look at the case.

The council complaint response was also miffed that I had submitted a SAR in the summer, taken the council to SENDIST in the autumn and also made a complaint in the autumn.

Had the council responded to my initial communication, there's a strong chance that neither the SENDIST nor complaint would have been made.

So Bristol SEN caseworkers' workload is clearly 'overwhelming' and unmanageable. As an employer, this is completely inappropriate towards its own employees.

It is also damaging for families and traumatising for children.

These are continuing systemic barriers blocking access to education for children and young people.

And school leaders are clearly not being held to account for continued failings around Send provision and the implementation of EHCPS . Accountability was one of the areas of weaknesses Ofsted and the CQC highlighted in the 2019 inspection.

What is the actual point of spending a year going through the EHCP process to end up with a legal document that no one will enforce?

A continuing lack of accountability pervades this council from the very top of the administration. A city where families see millions thrown away on failed vanity projects, chummy and manipulative business interests and an administration jetting off to put Bristol on the world stage.

But sorry, we can't answer an email without legal action, make schools use their 'best endeavours' or create a SEN team that has a manageable workload.

Things were very bad before Ofsted and the CQC Joint Send inspection of 2019. In almost 2022, and five personal SENDISTs later, from a parental point of view, I don't see any improvement.