

Health and Wellbeing Select Committee

Date: Wednesday, 30th January, 2019

Time: 10.00 am

Venue: Council Chamber - Guildhall, Bath

Councillor Francine Haeberling

Councillor Sally Davis

Councillor Bryan Organ

Councillor Tim Ball

Councillor Lin Patterson

Councillor Lizzie Gladwyn

Councillor Robin Moss



Mark Durnford

Democratic Services

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: 01225 394458

Web-site - <http://www.bathnes.gov.uk>

E-mail: Democratic_Services@bathnes.gov.uk

NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

Paper copies are available for inspection at the **Public Access points:-** Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central and Midsomer Norton public libraries.

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control. Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators. We request that those filming/recording meetings avoid filming public seating areas, children, vulnerable people etc; however, the Council cannot guarantee this will happen.

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Health and Wellbeing Select Committee - Wednesday, 30th January, 2019

at 10.00 am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is **a disclosable pecuniary interest** *or* **an other interest**,
(as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES - 21ST NOVEMBER 2018 (Pages 7 - 18)

8. CLINICAL COMMISSIONING GROUP UPDATE

The Select Committee will receive an update from the Clinical Commissioning Group (CCG) on current issues.

9. CABINET MEMBER UPDATE

The Cabinet Member will update the Select Committee on any relevant issues. Select Committee members may ask questions on the update provided.

10. PUBLIC HEALTH UPDATE

Select Committee members are asked to consider the information presented within the report and note the key issues described.

11. HEALTHWATCH UPDATE

Select Committee members are asked to consider the information presented within the report and note the key issues described.

12. UPDATE ON THE TRANSFER OF SERVICES FROM THE RNHRD TO THE RUH (PAIN SERVICES) (Pages 19 - 44)

This paper has been prepared to ensure that the B&NES Health and Wellbeing Select Committee are kept up-to-date with the proposed relocation of the Royal National Hospital for Rheumatic Diseases (RNHRD) specialised pain services from the Mineral Water Hospital site to facilities on the RUH's Combe Park site.

13. RENAL SERVICES UPDATE

The Select Committee will receive an update on this issue at the meeting.

14. PREVENTATIVE HEALTH WORK

The Select Committee will receive a presentation on this item from the Director of Public Health.

15. CORPORATE & BUDGET PLANNING 2019-20 (Pages 45 - 90)

This report presents the Council's Organisational Plan 2019/20 to the Select Committee for consideration and feedback as part of the Council's operational planning and budget development process.

16. SELECT COMMITTEE WORKPLAN (Pages 91 - 94)

This report presents the latest workplan for the Select Committee. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Chair of the Select Committee and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on 01225 394458.

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BATH AND NORTH EAST SOMERSET

HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 21st November, 2018

Present:- Councillors Francine Haerberling (Chair), Bryan Organ, Tim Ball and Robin Moss

Also in attendance: Jane Shayler (Director of Integrated Commissioning), Dr Ian Orpen (Clinical Chair, B&NES CCG) and Deborah Forward (Senior Commissioning Manager - Preventative Services) and Rhiannon Hills (Women & Children's Divisional Manager, RUH)

Cabinet Members in attendance: Councillor Vic Pritchard, Cabinet Member for Adult Care, Health and Wellbeing

44 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

45 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

46 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Geoff Ward, Bruce Laurence (Public Health) and Alex Francis (Healthwatch) had sent their apologies to the Panel.

47 DECLARATIONS OF INTEREST

There were none.

48 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

49 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

Lewis Carson, Unison had registered to make a statement and would do so directly before agenda item 9 (Cabinet Member Update).

50 MINUTES - 26TH SEPTEMBER 2018

The Select Committee confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

51 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

A&E performance

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) during October was 81.7 per cent. The A&E Delivery Board continues to work on developing our plans for managing anticipated increases in activity and pressure during the coming months through the development of a system wide winter plan.

Winter Campaign

We are supporting roll out of the national *Help Us Help You* campaign this Winter. This family of campaigns includes NHS111 (which launched on 1 October), flu immunisation (launched 8 October), staying well in winter, pharmacy and extended GP hours, known as Improving Access.

Help Us Help You is based on the principle of reciprocity – by following their advice, patients can help GPs, pharmacists and other health professionals to help them stay well, prevent an illness getting worse, take the best course of action and get well again. *Help Us Help You* resource packs were sent out to all GP practices during October.

Improving access

From 1 October, patients in Bath and North East Somerset (B&NES) can book appointments with a local GP or nurse in the evening and at the weekend. These appointments will be offered at one of three existing local practices. All patients need to do to book an appointment is contact their surgery in the same way as usual. The practice receptionist will advise which surgery the appointment will be held at.

Greater collaboration between BaNES, Wiltshire and Swindon CCGs

BaNES, Swindon and Wiltshire Clinical Commissioning Groups share ambitions and plans to work more closely together, maximising the benefits afforded by working collaboratively and commissioning at scale.

To enable progress towards this vision, at a meeting in common on 4 October 2018, the three CCGs' Governing Bodies discussed four options for future arrangements for the commissioning and delivery of care services, recognising that some functions could be better done at scale to improve the consistency and quality of outcomes for patients, without losing local clinical decision making.

Of the four options proposed – no change; a formal joint committee for strategic issues; maintain three CCGs with one management team; formal merger of the three CCGs – the three Governing Bodies unanimously agreed that maintaining the three

CCGs with one management team would be the most workable solution at this point in time.

A new joint accountable officer will be appointed early in the New Year and a single management team will be introduced from 1 April 2019.

Proposed relocation of national, specialised pain service

The Royal United Hospitals Bath NHS Foundation Trust (RUH) is inviting feedback from those who use or have an interest in pain services currently provided at the Trust's Royal National Hospital for Rheumatic Diseases (RNHRD) site.

The Trust is proposing to relocate these services to the RUH in summer 2019. Patients will have access to the same high quality services, provided by the same team, in a dedicated environment. This is part of a careful and phased approach to relocating all RNHRD services to the RUH or appropriate community settings, to maximise patient benefit.

The Trust is seeking views from patients, carers, healthcare partners and anyone who has an interest in pain services to help their planning and to ensure that they continue to provide the best services for current and future patients. More information and a brief survey is available on the RUH website.

The Chair asked if the CCG collaboration was being embarked upon as a cost saving exercise.

Dr Orpen replied that the move is not driven by costs and is intended to streamline processes.

Councillor Robin Moss asked if the CCG were inputting to the proposal to introduce a Clean Air Zone in Bath. He said that he had already received concerns from residents and voluntary sector representatives regarding the possible charges for travelling through it or the additional time it will take to navigate around it.

Dr Orpen replied that he was aware of the proposal and that the CCG were watching with great interest regarding any impending decision. He added that there was clear evidence of the harm that vehicle emissions have on the human body.

Councillor Tim Ball asked if he was aware of the possibility of the Renal Unit at the RUH closing rather than moving to a smaller area of the site as had been previously proposed.

Dr Orpen replied that he was not sure whether a final decision had yet been made, but would seek to find out further information for the Select Committee.

Councillor Bryan Organ asked if there had been an issue with the supply of flu vaccinations and whether they should be administered earlier in the year than November.

Dr Orpen replied that the ordering process for these vaccinations had changed this year which had led to a slight delay. He added that it was hoped that sufficient

supplies would still be obtained. He said that with regard as to when best for the vaccination to be received it was not required as early as August as the primary number of cases were found to occur post-Christmas / early Spring.

The Chair thanked Dr Orpen for the update on behalf of the Select Committee.

52 CABINET MEMBER UPDATE

Lewis Carson, Unison made a statement to the Select Committee on the subject of Sirona. A copy of the statement can be found on the Select Committee's Minute Book, a summary is set out below.

The dispute over Sirona's plans to cut the pay of our members continues and there seems to be no end in sight. To briefly re-mind you of the details, our members have been issued with an ultimatum of being dismissed from their job or accepting a cut to their pay of up to £1000 a year or instead work numerous additional shifts completely for free. Our members do extremely challenging jobs looking after elderly residents with complex medical needs, including dementia.

We have just completed 4 full days of strike action, and have just received a mandate for a further 6 months of strike action. Our members remain resolute that they will not accept this cut to their pay. Sirona are maintaining that they are not able to resolve this dispute by any means due their financial shortages.

We still have 6 years remaining of the current Sirona contract, paid at a flat rate, which gave no consideration to inflation, costs rising or any kind of pay award for staff. It is telling that the troubles have already begun now, even before inflation and costs rises take effect. Our concern is 3 fold.

- In the immediate sense for the threat to our members pay and the ongoing impasse which renders strike action perpetually ongoing, without Council Intervention
- The conditions of our members will be further eroded over the following 6 years as there was no scope for pay increases in the contract awarded to Sirona. Our members are extremely low paid in Sirona, some paid as little as £7.85, just 2 pence above the minimum wage. It is extremely likely in the next few years minimum wage will rise beyond the pay of the majority of the care workers who will become minimum wage employees, and the act of paying minimum wage may hurt Sirona's finances.

It is extremely worrying that in explaining their rationale for this pay cut, Sirona have explained that they have made all of the efficiencies they can out of non-pay budget, so all further efficiencies must come from pay. Within the next 6 years, as inflation and general price rises kick in and any unexpected costs reach Sirona, they will keep on coming back- eroding conditions further, making the lowest paid poorer.

- For the residents of the 8 affected Care homes across Bath, Keynsham and Midsomer Norton. The deterioration of working conditions and the resultant impact on recruiting good staff is going to impact the residents.

We require urgent action to resolve this on-going dispute and prevent wave after wave of further strikes. We call on the Council to either bring the Residential and Extra Care services back in house, or re-negotiate the contract to a level which not only prevents erosion to our member's pay and working conditions, but facilitates year on year improvements, as equivalent to their Council employee comparators.

Councillor Robin Moss noted from Councillor Pritchard's written update that he says that it is rare for a provider to offer paid breaks and that by continuing to retain staff with paid breaks, Sirona were an outlier as a care provider. He said that as he understood it staff would accept unpaid breaks as long as their shifts were 8.5 hours long and were paid for 8 hours work.

He said that he believed that this was a rostering issue that needed to be resolved. He added that the Labour Group will continue to follow this dispute as it progresses and that he intended to talk to the Shadow Cabinet Minister regarding this issue next week.

Councillor Pritchard commented that the update provided shows the Council's position and set out how the contract was awarded. He said that he was committed to ensure that, within existing budgets and legal and regulatory constraints, Council officers continue to work with Sirona Care & Health to support them in resolving the dispute and moving forwards.

He added that Sirona noted that efficiencies would be expected when the contract was awarded and that the contract would only be revisited in exceptional circumstances.

Councillor Moss reiterated that in his opinion shifts should be increased from 8 to 8.5 hours with appropriate rostering to resolve this issue. He added that he felt this scenario was always likely to happen when a flat rate contract is agreed.

Councillor Pritchard replied that the pattern of shifts was a problem for Sirona to resolve as the Council cannot involve itself in operational issues. He added that the residents within the homes concerned are important to us and that he wanted to see the dispute end as quickly and as amicably as possible.

He then continued with the rest of his update to the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Virgin Care Performance Update

The Service Delivery and Improvement Plan (SDIP) is agreed between Commissioners and Virgin at the beginning of the financial year. In it, both parties outline: key transformation milestones for the year ahead, based on the Virgin transformation roadmap; unmet or unfinished milestones from the previous year; and commissioners' expectations of the provider. Every milestone has an agreed set of

measures, and every three months Virgin Care must provide commissioners with evidence to show that they have met the milestones agreed, which commissioners formally review.

Of the 6 Red milestones in quarters 1 and 2, 5 relate to Virgin's Integrated Care Record (ICR). The integrated care record platform aims to provide secure access to joined up, timely information from multiple health and social care providers enabling improved outcomes and experience for people whilst driving efficiencies across the local health and care economy as part of the wider transformation programme.

To date, Virgin Care has not met the majority of their delivery timescales for ICR. In September, Virgin Care was made aware that their provider Lumira would no longer be developing their product for an integrated care record purpose and this could therefore no longer be used as the platform for the B&NES system. The need to re-procure a system will now further delay progress against the milestones. Virgin Care currently estimates that they will identify a provider by the end of 2018, with the aim to start developing the system locally from April 2019 onwards.

The 18 Green milestones relate to a number of different work streams where Virgin have made significant progress, namely in relation to developing a performance management tool, embedding a strengths based approach across their Adult Social Care teams and working with key stakeholders to develop a care coordination approach to health and social care service delivery.

Councillor Pritchard informed the Select Committee that a meeting between the Boards of Virgin Care and the CCG took place last week with the Council's Chief Executive and Councillors Tim Warren, Charles Gerrish and himself present. He stated that there was a commitment from both sides to address issues that had been identified.

CAMHS Local Transformation Plan

The latest **CAMHS Local Transformation Plan**, dated October 2018, is currently in draft format and is available for review on the B&NES Council website: http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes_transformation_plan_oct18_draft.docx

Any corrections, omissions and/or comments are welcome and should be emailed to Margaret.Fairbairn@bathnes.gov.uk by 7th December 2018. After this date the plan will be updated and finalised.

Mental Health Pathway Review

Since the last update officers have been continuing to seek the views of a diverse range of groups across B&NES, including people who are seldom heard, and those who are vulnerable or have complex needs. The feedback they receive from people is being actively incorporated into our work to develop service specifications, ensuring that any new model will reflect the things that people have told us will improve the service for the community.

Commissioners and colleagues in Virgin Care and Avon and Wiltshire Mental Health Partnership NHS Trust have begun work to look at all our existing service specifications, identifying where there are gaps between what is currently commissioned and what people have told us will be important in the new model.

The most recent workshop being held in November focused on the development of a Collaborative Framework which sets out how those who work to provide mental health services either in the statutory or voluntary sector can work together to ensure that the experience for those who use our services is seamless, and there is 'no wrong door'.

For further information about the review, please visit the CCG's website, email banes.yourvoice@nhs.net or call 01225 831 800 and ask for the Communications and Engagement Team.

Councillor Tim Ball said that he was concerned about the transformation delivery issues raised regarding Virgin Care.

Councillor Pritchard replied that he was aware of the delivery problems with transformation, including the Integrated Care Record, and that all parties had agreed a commitment to work to alleviate these.

Councillor Tim Ball asked if the Council had made more funds available to Virgin Care.

Councillor Pritchard replied 'no'.

Councillor Robin Moss commented that he was also worried and echoed the comments made by Councillor Ball. He said that he was concerned at the time the contract was awarded and remained so.

Councillor Robin Moss added that regarding the CAMHS Local Transformation Plan it was important to remember that there is a cohort of young people who will need this support who do not attend school and therefore need to be engaged with appropriately.

The Chair thanked Councillor Pritchard for his update on behalf of the Select Committee.

53 PUBLIC HEALTH UPDATE

The Select Committee noted the written update supplied by Dr Bruce Laurence in his absence. A copy of the update can be found on their Minute Book and as an online appendix to these minutes.

54 BSW MATERNITY TRANSFORMATION PLAN

The Senior Commissioning Manager for Preventative Services was joined by Rhiannon Hills, Women & Children's Divisional Manager, RUH to give a presentation to the Select Committee. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary of the presentation is set out below.

Our Journey so Far

- We began talking to women and families in 2017 about their experiences of pregnancy, labour and birth across the counties of B&NES, Swindon and Wiltshire
- Their feedback, together with national guidance such as 'Better Births', has led to development of a proposal for future maternity services across the BSW region

Choice of place of birth

- 11,200 births annually in B&NES, Swindon and Wiltshire
- 85% Obstetric Unit (65% were high risk, 20% were low risk), 6% Freestanding Midwifery Units (RUH), 7% Alongside Midwifery Unit (Great Western Hospital), 2% Home Births.
- Increasing pressure on services in our obstetric units at Royal United Hospital and Salisbury District Hospital
- Lack of parity across the Local Maternity System

Changing clinical needs

- Average age of a woman giving birth is now 35
- More and more high risk pregnancies (eg high blood pressure, diabetes, obesity) which need medical support in a hospital setting
- 50% - First time mothers who need to transfer from midwife led community hospital unit to obstetric unit in hospital for extra medical support with their birth
- 9 Post-natal beds available in the community: 5 in Paulton, 4 in Chippenham: Empty 95% of the year

Right staff, right place, right time

- We don't always have right staff in the right place at the right time to offer the services women want to receive and we want to provide. This is a particular challenge for Royal United Hospital
- We have the right number and mix of staff, but they're not based in the right locations
- RUH staff currently support births across four community midwifery units, the hospital obstetric unit and home births, 24 hours a day, 7 days a week - often staffing empty buildings and empty beds

Issues

- Staff too busy looking after empty beds and buildings or travelling from community hospitals with very low births to extremely busy obstetric units, often at short notice, which they dislike. Frustrating for staff – effect on morale, retention and skills
- We want to increase opportunity for home births but staff are not able to promote and support due to existing working patterns
- We're not giving women the service they want

Our proposal

Element 1

- Continue supporting births in 2, rather than 4 Community hospital units. Women will be able to deliver their baby at Chippenham or Frome
- Trowbridge and Paulton proposed as pilot sites for our new community hub model of care
- Antenatal and postnatal clinics will continue at Chippenham, Trowbridge, Frome and Paulton

Elements 2 / 3

- To create two new Alongside Midwifery Units, one at Salisbury District Hospital and one at Royal United Hospital Bath
- Will provide more women with opportunity for midwife-led birth. Two new units will be in addition to the White Horse Alongside Midwifery Unit at Great Western Hospital

Elements 4 / 5

- We propose to improve our range of antenatal and postnatal services, eg more breastfeeding support, to women in their own homes, and to develop community hubs to enhance our antenatal and postnatal care
- We want to support more women to give birth at home if that is their preferred choice

Element 6

- We're proposing to replace our community postnatal beds at Chippenham and Paulton with support closer to or in women's homes.
- Women who need to be admitted for medical treatment after giving birth would continue to be treated at their local obstetric unit at one of the acute hospitals at Bath, Salisbury or Swindon

Benefits

- We can provide more choice for more women across our area about where and how they are supported before, during and after the birth of their child
- We can make better use of our resources and workforce so we can further improve our antenatal and postnatal and birth services
- We can improve continuity of care and carer for women
- We can enhance and improve our home birth service
- Free up our staff, so they are able to maintain their skills, improve their motivation and provide the services they want to women who need them

Future finances

- We are NOT planning to reduce how much we spend on maternity services
- We are NOT reducing the numbers of staff we have
- We are NOT closing any buildings

If we don't change ...

- There will continue to be a difference in choice, quality and access from across B&NES, Swindon and Wiltshire
- The current model will continue to cost us £1million more a year
- We won't be providing the changes that women and families and our staff have told us they want us to make

We want to hear your views

- Consultation runs from 12 November to 24 February 2019
- Information on our website: www.transformingmaternity.org.uk
- Consultation documents, key facts documents, response forms
- Public Consultation Events
 - Thursday 29th November 5.45pm – 7.45 pm, The Oasis Conference Centre, Building E6, RUH
 - Monday 10th December 2-4pm Victoria Hall, Church Street, Radstock

Councillor Robin Moss commented that the report highlighted a changing world and that the statistics included supported this. He added that on behalf of his fellow Labour Councillors that represent the ward of Paulton that there are concerns within the community as the hospital is seen as an important community resource. He said that he would encourage a public meeting to be held in Paulton during the consultation.

Councillor Tim Ball asked if within the proposals there had been some room for manoeuvre built in.

Rhiannon Hills replied that it was a five year forecast model and that the transition plan has suitable capacity.

Councillor Eleanor Jackson said that she welcomed the detail in the report and the acknowledgement of the need to use resources effectively. She added that safe outcomes are of course the primary concern and that is understandably why more women are choosing to be in hospital, at least for the birth.

She asked if the figure relating to numbers of child deaths due to transfer was available.

Rhiannon Hills replied that she did not have that information to hand. She added that she was sure that the local figure had been halved in recent years. She said that the RUH was involved in the 'Saving Babies Lives' work which focusses on reduction in smoking and tackling obesity in pregnancy. She stated that extra scans are provided when a baby is identified as being small during pregnancy.

Councillor Vic Pritchard commented that the proposals seemed very sensible. He added that he felt that the inclusion on one of the slides that the current model will continue to cost us £1million more a year weakens the overall proposals.

Dr Ian Orpen stated that he agreed with Councillor Pritchard and that it was the safety of births that was paramount and that the Plan is driven by providing a quality of service.

The Select Committee noted the report and its accompanying consultation document.

55 SELECT COMMITTEE WORKPLAN

The Democratic Services Officer informed the Select Committee that they could expect to receive a Service / Financial Plan report at their January meeting alongside the Prevention report listed on the workplan from Dr Bruce Laurence.

Referring to an earlier point in the meeting Councillor Eleanor Jackson asked if the Select Committee would consider asking for further information from the CCG regarding the future of the Renal Unit at the RUH.

The Director for Integrated Health & Care Commissioning replied that this service is not commissioned through the CCG, but if requested they could seek to find out further information on behalf of the Select Committee.

Councillor Bryan Organ asked for the Select Committee to receive a report on Non-Emergency Patient Transport Services.

The Director for Integrated Health & Care Commissioning replied that this request should be passed to the CCG to ask them to provide a consolidated report of what services are available within B&NES.

The meeting ended at 11.40am

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Health & Wellbeing Select Committee	
MEETING/ DECISION DATE:	30 January 2019	<small>EXECUTIVE FORWARD PLAN REFERENCE:</small>
TITLE:	Royal United Hospitals Bath NHS Foundation Trust update on the proposed relocation of the RNHRD's specialised pain services from the Mineral Water Hospital site to facilities on the RUH's Combe Park site.	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Appendix 1: Report on the outcomes of Patient and Public Engagement activities on the proposed relocation of the Royal National Hospital for Rheumatic Diseases Bath Centre for specialised pain services from the Mineral Water Hospital site to facilities on the RUH's Combe Park site.</p> <p>Appendix 2: Equality Impact Assessment</p> <p>Appendix 3: Summary Impact Assessment</p>		

1 THE ISSUE

This paper has been prepared to ensure that the B&NES Health and Wellbeing Select Committee are kept up-to-date with the proposed relocation of the Royal National Hospital for Rheumatic Diseases (RNHRD) specialised pain services from the Mineral Water Hospital site to facilities on the RUH's Combe Park site. Indicative timeframe to relocate these services is autumn 2019.

The attached report (see appendix 1) provides the Committee with the outcomes of Patient and Public Engagement activities completed relating to the proposal to relocate the RNHRD 's specialised pain services which include:

- Bath Centre for Pain Services
- Complex Regional Pain Syndrome Service
- Complex Cancer Late Effects Service

An Impact Assessment and Equality Impact Assessment are also enclosed (see appendices 2 and 3).

Committee members have received previous reports and briefings in relation to a phased programme of service relocations following the acquisition of the Royal National Hospital for Rheumatic Diseases, which outlined the rationale for change and provided an update on activities at their July 2015, November 2015, January 2016, July 2016, March 2017 and September 2017 committee meetings. In addition, the RUH Commercial Director invited panel members to suggest any questions they would like asked during patient and public engagement activities in a letter dated 25 October 2018 and circulated via the Committee's Policy Development and Scrutiny Project Officer. Bath and North East Somerset Health and Wellbeing Select Committee members did not indicate that they would like to receive reassurance around any specific aspect of the proposed relocation.

Relocating the RNHRD's specialised pain services represents the final phase in a planned programme of service relocation, following the acquisition of the RNHRD by the RUH in February 2015.

2 RECOMMENDATION

The committee are asked to:

- Note the outcome of the impact assessments and patient and public engagement activities which provided opportunities for patients, staff, stakeholders and the public to provide feedback on the proposed move, and which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change, for current and future patients.
- Endorse the proposal to relocate the RNHRD's Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services from the Mineral Water Hospital site to facilities on the RUH's Combe Park site.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

There will be no change in the level of service provision for patients of the RNHRD Bath Centre for Pain Services or Complex Regional Pain Syndrome or Complex Cancer Late Effects Services. The same range of services will be provided and patients will continue to be seen and treated by the same team to the same high standards, only the location would change.

There are no impacts on patient choice as a result of the plan to relocate the services to facilities on the RUH's Combe Park site.

In order to ensure the continued sustainability of the services currently provided at the Mineral Water Hospital site the ability to fully integrate and align services on a single site was a core component of the original business case for the acquisition of the RNHRD by the Royal United Hospitals Bath (RUH). It will improve efficiency and effectiveness, improve patient experience, ensuring continuity of care, and quality of service delivery as well as increasing value for money from the public purse. Clinicians continue to be integral to planning the future of their services to ensure the delivery of high quality effective services.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

Patient and Public Engagement (PPE) activities were conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010) and Section 242, Subsection (1B)(b) of the Health Act 2006 (as amended).

5 THE REPORT

A phased approach to support Patient and Public Engagement (PPE) relating to enabling the continued integration of the RUH and RNHRD hospitals has been undertaken over the last three and a half years and is considered most appropriate by the Local Health Economy Forum (LHE), providing general context of the full relocation at the outset but planning and completing each programme of PPE service by service. Relocating the RNHRD's specialised pain services represents the final phase of this programme of engagement.

The Trust has already undertaken public and patient engagement and received endorsement from the Bath and North East Somerset Health and Wellbeing Select Committee on the proposed relocation of the following services, all of which will relocate to the RUH site in autumn 2019.

- Rheumatology Services and Clinical Measurement
- Bath Centre for Fatigue Services
- Therapies Services
- Paediatric and Adolescent Rheumatology Services

The RUH has worked with Clinical Commissioning Group (CCG) and NHS England Engagement leads, and patients to ensure PPE is carried out in line with the Government's Consultation Principles for Public Bodies (October 2013). This phase of PPE activities relating to plans to relocate the RNHRD's specialised pain services is now complete.

There will be no change in the level or range of service provision for patients attending the RUH, patients will have access to the same services and support, provided by the same team.

There is no impact on patient choice, as relocating these specialised pain service does not reduce the number of appointments or clinics available. Satellite clinics will continue in their current location.

A detailed outline of the RNHRD's Bath Centre for Pain Services and Complex Regional Pain Syndrome and Complex Cancer Late Effects services, engagement methods and feedback captured throughout the engagement period can be found in Appendix 1.

Benefits for patients and staff

Relocating provides continuity for the RNHRD's high quality services and patients will continue to receive the same service, from the same team, in an enhanced location.

Patients and staff will have easier access to wider support services on the RUH site and staff will benefit from easier access to training and development opportunities and more opportunities for shared learning.

These are national services, which are accessed by patients across England and Scotland. The RUH's Combe Park site is located less than two miles from the Mineral Water Hospital site, any difference in cost or time associated with travelling should be minimal. The RUH has good public transport links and is accessible via the Odd Down Park and Ride. For some patients the

proposed new location will be easier to access due to the availability of onsite parking. The RUH provides over 600 visitor and patient spaces across the site, and around 70 blue badge spaces. Other than two Blue Badge parking spaces, there is no patient or visitor parking available at the Mineral Water Hospital.

Relocating from the City Centre to Combe Park may bring benefits for some patients – providing a more realistic environment for rehabilitation which more closely reflects their experience at home when accessing local shops and services – e.g. route planning, using public transport, etc.

The proposed new location for the Bath Centre for Pain Services is Bernard Ireland House, an existing building on the RUH's Combe Park site which will undergo significant redesign and refurbishment. This approach was developed in conjunction with staff and patients to ensure an appropriate environment, located on site but separate from the acute hospital building, in keeping with the ethos of the service to help patients live well with ongoing pain. The building will provide flexible residential accommodation to support different patient groups (e.g. single sex, parent and child etc). The building will include treatment areas such as therapy and group rooms, waiting areas and shared day areas as well as a therapeutic courtyard area. Location within a specially refurbished building can provide an enhanced environment with optimal spaces for treatment and accommodation including;

- Reduction of noise due to setting in Combe Park grounds, rather than city centre location
- Art, nature and greenery

The refurbished building will also provide separate accommodation for patients attending the Ankylosing Spondylitis or Complex Regional Pain Syndrome residential rehabilitation programmes.

The proposed new location for the Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services is the purpose built RNHRD and Therapies Centre. This will provide better facilities, including enhanced group rooms and improved waiting room facilities. There will be improved physical access, including flat access to the new Centre, and a purpose designed building which can better accommodate those with restricted mobility. Residential accommodation will be provided onsite at the RUH at Bernard Ireland House and appropriate transport will be provided to transfer patients the short distance between their onsite accommodation and the RNHRD and Therapies Centre.

The Centre will provide therapeutic surroundings to support patient recovery, treatment, wellbeing and the management of long-term conditions. The new Centre will continue to promote the RNHRD's trusted brand combining clinical excellence and therapeutic space, in an environment designed in conjunction with patients and clinicians, with the aim of reducing stress and creating a beneficial healing environment for patients and their families.

Disbenefits for RNHRD specialised pain services patients and staff

The RNHRD is more easily accessible from Bath Spa bus or rail station for those who access services in this way or for those whose condition prevents them from driving the distance.

For some patients, easy access to a city centre location is a welcome aspect of their rehabilitation programme.

Scale and scope

At present The Royal National Hospital for Rheumatic Diseases offers a range of services for people with chronic pain - where pain is persistent, disabling and not adequately helped by other treatments. These services are provided from the Mineral Water Hospital site in the centre of Bath.

Bath Centre for Pain Services (BCPS)

BCPS is one of the few providers of residential, group-based pain management programmes for adults, young people and children in the UK. The service aims to achieve significant improvements in patient functioning and self-management, particularly for people with long illness and who have tried many different treatments which have had little or no impact. Where patients attend residential programmes, accommodation is currently provided within the Mineral Water Hospital building.

The majority of activity is delivered in the Mineral Water Hospital building, located in Bath city centre, although residential programmes for adults or adolescents (11-18), outreach assessments and consultancy are available in exceptional cases for those patients who are unable to attend an assessment or for teams treating complex pain patients who would welcome an opinion from the chronic pain team.

As a specialist, national service, patients are referred to these services from CCGs across the country.

The table below outlines the number of patients attending the Bath Centre for Pain Services during 2017/18:

	BCPS
New attendance	534

Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation Services

Referrals are accepted locally, nationally and internationally, and are recognised as national specialist commissioned services by NHS England.

These services are tailored to those with a diagnosis or symptoms where physical rehabilitation may still be helpful even for those with long-term symptoms. The needs of patients are assessed on an individual basis and patients participate in rehabilitation as part of a residential programme which they continue to adhere to once they leave.

Patients are initially referred as an outpatient before a decision is made as to whether an inpatient programme is appropriate. If appropriate, patients attend a two week residential programme where they receive individual rehabilitation programmes from a multi-disciplinary team with an emphasis on optimising function and promoting self-management, allowing patients to return to activities that are important to them, whether their pain is reduced or not.

Patients are currently provided with residential accommodation within the Mineral Water Hospital Building.

The table below outlines the number of new referrals attending for assessment at the Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services on the Mineral Water Hospital site for 2017/18:

	Complex Regional Pain Syndrome	Complex Cancer Late Effects Rehabilitation
New attendance	179	12

As a specialist, national service, patients are referred to these services from CCGs across the county, patient numbers are too low to report on based on individual CCGs.

Impact of proposals to relocate the RNHRD’s Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation Services

The Trust is proposing to relocate the RNHRD’s specialised pain services from the Mineral Water Hospital site, to the RUH’s Combe Park site.

Clinicians and staff who work in these services have been involved in the design and planning process to ensure the new proposed new home for these services will continue to support the delivery of high quality effective services.

Feedback

Focussed clinical and patient and public engagement on the planned relocation ran from 25 October to 20 December 2018, a period of eight weeks, asking people to share their thoughts on the plans to relocate, including any benefits, concerns or anything additional people felt we needed to consider ahead of moving. An engagement questionnaire was developed for stakeholders of the Bath Centre for Pain Services, and a separate questionnaire for stakeholders of the Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services.

Information on the proposal including opportunities to provide feedback was made available through a range of channels including the RNHRD and RUH websites, social media, display boards, ‘have your say’ feedback boxes at the RNHRD and display screens at both hospital sites. Information and opportunities to provide feedback was circulated by the RUH and cascaded via relevant individuals and stakeholder organisations. The BCPS and Complex Regional Pain Syndrome/Complex Cancer Late Effects Rehabilitation service leads and Local Health Economy Communications Working Group provided guidance on additional stakeholder groups and individuals to seek feedback from as part of the process. (see appendix 1).

There was very little public or patient feedback provided during the formal engagement period. This may indicate that after a three year phased programme of engagement on plans to relocate RNHRD services (at an overall and service specific level) many stakeholders may already have had any concerns addressed and feel reassured that subject to commissioner intentions, the same high quality RNHRD services will continue and only the location will change. In addition, some stakeholders with experience of/an interest in pain services provided feedback at an earlier stakeholder event held in October 2016.

A total of nine people completed the 2018 engagement questionnaire – three Complex Regional Pain Syndrome/Complex Cancer Late Effects Rehabilitation stakeholders and 6 Bath Centre for Pain Services stakeholders. As there was such a low level of responses, only verbatim responses have been included in this report to give an indication of the views expressed.

There were positive opinions on the proposed relocation:

“This can only be good - the premises at the moment are very old would be great to have new up to date facilities” (BCPS stakeholder)

"More modern building so possibly better shower facilities, hydro pool not having so many issues etc."(CRPS/CCLER stakeholder)

"Don't know until I get there, hopefully everything will be new and easier." (BCPS stakeholder)

"I think that it's a great idea and could benefit the whole hospital and also update the service." (BCPS stakeholder)

"These people know what they are doing and do it well so leave the people who run it to plan and steer it's future development." (BCPS stakeholder)

Mixed with some sadness at leaving the Mineral Water Hospital site:

"Sad to leave town and the loss of the historic building for NHS use is also sad." (BCPS stakeholder)

Respondents could identify a range of benefits as a result of relocating services including newer facilities, better integration with other services, better access and easier parking.

"Purpose built accommodation. Better physio and hydro - when I was an inpatient there were problems with the lift that made me worry would be good to have modern up to date place." (CRPS/CCLER stakeholder)

"better parking. Able to access clinical services on one site. Older building was difficult to get to." (BCPS stakeholder)

"Updated building with working facilities like showers etc." (BCPS stakeholder)

"I can't see any disadvantages - I would be there to use the up to date facilities and hopefully this can only be good." (CRPS/CCLER stakeholder)

Potential or perceived disadvantages raised by respondents and the actions the RUH has taken or will take to address these concerns include:

"Parking at RUH is not good, even with new car park. Will have to drive to the park and ride and then get the bus to the RUH, which is only every 30 mins so will make my appts very long winded." (BCPS stakeholder)

The Trust has taken steps to improve parking facilities on the RUH site and has taken into account the increase in people visiting the Combe Park site when the new Centre is opened. The RUH provides over 600 visitor and patient spaces across the site, and around 70 blue badge spaces.

"keep the service offered to patients as similar as before as the staff all made us feel welcome and the programme runs smoothly." (BCPS stakeholder)

The same services will be provided, only the location will change.

"Removing it from the city centre environment removes the option for "real world" rehabilitation and turns it into acute hospital based rehabilitation which may not carry over into patients real lives when they return home." (BCPS stakeholder)

These specialised pain services will not be delivered from an acute hospital setting. The Bath Centre for Pain Services proposed location is Bernard Ireland House, on the RUH Combe Park site but separate to the acute hospital building.

The Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services proposed location is the RNHRD and Therapies Centre – a dedicated day patient centre.

The vision for the new RNRHD and Therapies Centre and Bernard Ireland House is to create a supportive environment with dedicated facilities for providing high quality care. The buildings are being designed in conjunction with clinicians and patients. The RNHD and Therapies Centre will operate exclusively as a day patient centre, with a separate entrance to the acute hospital. The interior design will sensitively reflect its heritage and the specific needs of its patient groups. The environment is an integral part of the design to reduce stress and ensure a healing environment, for patients and their families, acknowledging the importance of addressing psychosocial needs and will include:

- Use of natural light – to give bright, spacious interiors not dependent on harsh artificial lighting.
- Reduction of noise – (including ventilation and plumbing) and use of sound absorbent surfaces.
- Art, nature and greenery – appropriately located for a positive impact on patient recovery.
- Garden areas – creating an ‘oasis’ and offering a calming view / place to sit, reducing stress and providing a sense of normality.
- Improved staff links with research centres.

Engagement Events

We recognise that for many of these patients, due to the nature of their condition, travelling to and attending a feedback session can be a significant challenge. We took advice from service leads on the best way to engage with their patient group which centred on making patients aware the proposal and highlighting opportunities to provide feedback during their programme.

An outline of PPE activities and feedback can be found in the BCFS PPE Briefing Report.

Next steps:

Subject to the Committee’s endorsement of the plan to relocate the RNHRD’s Bath Centre for Pain Services and Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services to the RUH’s Combe Park site, services will relocate in autumn 2019.

6 RATIONALE

This paper has been prepared to ensure that the committee are kept up-to-date with the outcomes of impact and equality impact assessments and Public and Patient Engagement activities completed relating to the proposed relocation of the services from their current location. The rationale for this relocation is both to enable delivery of the promised benefits of acquisition of the RNRHD and provide opportunity to realise benefits of co-location with RUH services.

7 OTHER OPTIONS CONSIDERED

As part of the original business case for acquisition of the RNHRD, options were considered in relation to services continuing on the Mineral Water Hospital site or relocating services. The ability to integrate and align services on a single site, was a core component of the original business case for acquisition and sustainability of services.

8 CONSULTATION

The service related public and patient engagement activity outlined in this report to support proposed service relocations was agreed by the RUH, the Local Health Economy (LHE) Forum, which comprised Executives from B&NES, Wiltshire and Somerset Clinical Commissioning Groups (CCGs), NHS England and RUH Governor and patient representation, to agree the process for communication and engagement activities to support the relocation of clinical services from the Mineral Water Hospital Site.

To support this activity, the RUH established an LHE Communications Working Group (which is comprised of RUH and NHS England and CCG communications and engagement leads and a patient representative) to ensure all service related PPE is conducted in line with the Government's Consultation Principles for Public Bodies (Oct 2013).

9 RISK MANAGEMENT

An integration programme governance structure is in place to ensure that any programme issues are identified and, if required, added to the RUH risk register.

Contact person	<i>Clare O'Farrell, Deputy Chief Operating Officer, RUH</i> <i>Tracey Cox, Chief Officer, NHS Bath and North East Somerset Clinical Commissioning Group</i>
Background papers	<i>Update to Health and Wellbeing Select Committee 29th July 2015</i> <i>Update to Health and Wellbeing Select Committee 25th November 2015</i> <i>Update to Health and Wellbeing Select Committee 27th January 2016</i> <i>Update to Health and Wellbeing Select Committee 20th July 2016</i> <i>Update to Health and Wellbeing Select Committee 22nd March 2017</i> <i>Update to Health and Wellbeing Select Committee 27 September 2017</i>
Please contact the report author if you need to access this report in an alternative format	

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Public and Patient Engagement Report: Relocation of RNHRD’s Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services.

Background to the engagement

The Royal National Hospital for Rheumatic Diseases’ (RNHRD) Bath Centre for Pain Services (BCPS), Complex Regional Pain Syndrome (CRPS) and Complex Cancer Late Effects Rehabilitation (CCLER) services operate from the Mineral Water Hospital site in Bath, known locally as the ‘Min’. These are national, specialised services for people with chronic pain – where pain is persistent, disabling and not adequately helped by other treatments.

BCPS is one of the few providers of residential, group-based pain management programmes for adults, young people and children in the UK. The service aims to achieve significant improvements in patient functioning and self-management, particularly for people with long illnesses and who have tried many different treatments which have had little or no impact. Where patients attend residential programmes, accommodation is currently provided within the Mineral Water Hospital building.

The Trust is proposing to relocate this service, along with clinicians and staff to a specially refurbished building (Bernard Ireland House) on the RUH’s Combe Park site in autumn 2019. This building will be separate from the acute hospital building, in response to feedback from patients and staff, and in keeping with the ethos of this service. It will include specially designed residential accommodation, group treatment areas including therapy and group rooms, office space for the BCPS team and a dedicated therapeutic courtyard area.

Complex Regional Pain Syndrome (CRPS) is a chronic pain condition that often affects the limbs. It can cause a variety of symptoms, with pain starting following injury to the limb or sometimes for no obvious reason.

Complex Cancer Late Effects can include uncontrolled pain and poor movement. It can also include brachial plexus nerve damage as a result of radiotherapy treatment given for breast cancer in the past. The RNHRD offers a specialist rehabilitation service to people affected by Complex Regional Pain Syndrome or Complex Cancer Late Effects.

The Trust is proposing to relocate the CRPS and CCLER services along with clinicians and support staff, to a purpose built RNHRD and Therapies Centre at the RUH’s Combe Park site. The Centre will also house the RUH’s therapies and pain services, and the RNRHD Rheumatology and Therapies services.

The same range of CRPS and CCLER services would be provided from the RNHRD and Therapies Centre, and patients will continue to be seen and treated by the same teams to the

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same high standards, only the location will change. The new Centre will provide a supportive environment, designed in conjunction with patients and clinicians taking into account psychosocial needs. The Centre will provide therapeutic surroundings to support patient recovery, treatment, wellbeing and the management of long-term conditions.

Residential accommodation for those attending group programmes is proposed to be provided in a specially refurbished building (Bernard Ireland House), also on the RUH's Combe Park site. Transport between the onsite residential accommodation and the Centre will be provided for patients accessing these programmes.

These are national services accessed by patients in England and Scotland. The RUH's Combe Park site is located less than two miles from the Mineral Water Hospital site so differences for patients in the cost or time associated with travelling will be minimal, although for some patients this will be an inconvenience. For some patients the new location will be easier to access, due to the availability of onsite parking. The RUH provides over 600 visitor and patient spaces across the site, and around 70 blue badge spaces.

In order to ensure the continued sustainability of the services currently provided at the Mineral Water Hospital site, the ability to fully integrate and align services on a single site was a core component of the original business case for the acquisition of the RNHRD by the Royal United Hospitals Bath (RUH). It will improve efficiency and effectiveness, improve patient experience, ensure continuity of care, and quality of service delivery as well as increase value for money from the public purse. Clinicians continue to be integral to planning the future of their services to ensure the delivery of high quality effective services.

This report outlines what the Bath Centre for Pain Services and CRPS and CCLER services currently provide and the outcomes of the engagement work carried out to inform relocating these services.

What does the Bath Centre for Pain Services Currently Provide?

BCPS is one of the few providers of residential, group-based pain management programmes for adults, young people and children in the UK. The service aims to achieve significant improvements in patient functioning and self-management, particularly for people with long illness who have tried many different treatments which have had little or no impact. Where patients attend residential programmes, accommodation is currently provided within the Mineral Water Hospital building, located in Bath City Centre.

The majority of activity is delivered in the Mineral Water Hospital building, although residential programmes for adults or adolescents (11-18), outreach assessments and consultancy are available in exceptional cases for those patients who are unable to attend an assessment or for teams treating complex pain patients who would welcome an opinion from the chronic pain team.

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As a specialist, national service, patients are referred to these services from CCGs across the country. The table below outlines the number of new referrals and number of patients attending the Bath Centre for Pain Services during 2017/18:

	Bath Centre for Pain Services
New attendance	534

What do the CRPS and CCLER Services Currently Provide?

These services are recognised as national specialist commissioned services by NHS England. Referrals are accepted locally, nationally and internationally.

These services are tailored to those with a diagnosis or symptoms where physical rehabilitation may still be helpful even for those with long-term symptoms. The needs of patients are assessed on an individual basis and patients participate in rehabilitation as part of a residential programme which they continue to adhere to once they leave.

Patients are initially referred as an outpatient before a decision is made as to whether an inpatient programme is appropriate. If appropriate, patients attend a two week residential programme where they receive individual rehabilitation programmes from a multi-disciplinary team with an emphasis on optimising function and promoting self-management, allowing patients to return to activities that are important to them, whether their pain is reduced or not. Patients are currently provided with residential accommodation within the Mineral Water Hospital Building.

The table below outlines the number of new referrals attending for assessment at the Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services on the Mineral Water Hospital site for 2017/18

	CRPS	CCLER
New attendance	179	12

As a specialist, national service, patients are referred to these services from CCGs across the county, patient numbers are too low to report on based on individual CCGs.

What service changes are being proposed for the future?

Subject to the outcome of engagement activity, the RUH is proposing to relocate the RNHRD’s Bath Centre for Pain Services from the Mineral Water Hospital site to a specially refurbished building on the RUH’s Combe Park site.

Subject to the outcome of engagement activity, the RUH is proposing to relocate the RNHRD’s CRPS and CCLER services from the Mineral Water Hospital site, to a purpose built RNHRD and Therapies Centre on the RUH site. This building will bring together a number of outpatient services from the RNHRD and RUH which support patients to live independently in the community.

For all services, there will be no change in service provision and patients will still have access to the same clinical teams. There will be no adverse impact on patient choice.

The design of the new and refurbished buildings have been developed in conjunction with clinicians, staff and patients, over a two year period, to provide an improved environment, with better facilities for providing treatment, care and education for patients to recover from episodes of illness or injury, or to manage their long-term condition.

Methodology

A programme of Public and Patient Engagement (PPE) was carried out to seek the views of patients, staff, local health care providers and anyone with an interest in these services using a variety of channels to capture:

- benefits,
- concerns,
- what is good about the current service,
- how the service could be improved in the future,
- anything else people would like us to consider ahead of moving the service.

A questionnaire was also developed to address these key issues, and capture open ended information from stakeholders. Engagement activities on the plan to relocate these services ran for a ten week period, from 25 November to 20 December 2017, to allow people to share their views on the proposed move.

Engagement activities included;

- Writing to BaNES, Wiltshire and Somerset scrutiny bodies, to advise of plans and intention to carry out PPE and to invite additional questions.
- Providing information (posters, paper questionnaires, display boards, flyer with website link) at the RNHRD and to patients attending BCPS, CRPS or CCLER services, outlining the plan to relocate the Bath Centre For Pain Services and CRPS and CCLER services and inviting feedback.
- Providing information in GP matters newsletter, outline the proposal and inviting feedback.
- Providing information on the RUH and RNHRD websites, outlining the plan and encouraging feedback via an on online survey or comments via a dedicated engagement email.
- Providing a website link and poster to relevant stakeholders, for sharing with their staff groups, key individuals and associated groups including support groups, and offering opportunities to provide feedback or find out more.
- Discussing with service leads most appropriate ways to engage with patient and stakeholder groups.

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- Providing information via social media, to outline the plans and encourage people to provide feedback.
 - Providing a dedicated email address to provide feedback.
 - A detailed list of all engagement activities can be found at the end of this report.
 - Providing information at the RUH's Annual General Meeting, including a display board and feedback boxes.
 - Providing information in the RUH's community magazine, Insight, and outlining opportunities to provide feedback.
- Media release and local media coverage to highlight proposal and opportunities to provide feedback.

Engagement Feedback (you said)

Despite efforts to engage with stakeholders, there was very little public or patient feedback provided during the formal engagement period. These are national, specialised services seeing relatively low numbers of patients from a wide geographical area each year.

Engagement Events

We recognise that for many of this patient group, due to the nature of their condition, travelling to and attending a feedback session can be a significant challenge. We took advice from service leads on the best way to engage with their patient groups, which centred around making patients aware of the proposal during their programme, and highlighting opportunities to provide feedback, including providing an online questionnaire (paper copies were also available).

A total of nine people completed at least some of the engagement questionnaire. As the number of respondents is low, it is not possible to provide detailed analysis of the results, and data is therefore presented qualitatively in this report to give an indication of stakeholder views.

There were positive opinions on the proposed relocation:

"This can only be good - the premises at the moment are very old would be great to have new up to date facilities" (BCPS stakeholder)

"More modern building so possibly better shower facilities, hydro pool not having so many issues etc." (CRPS/CCLER stakeholder)

"Don't know until i get there, hopefully everything will be new and easier." (BCPS stakeholder)

"I think that it's a great idea and could benefit the whole hospital and also update the service." (BCPS stakeholder)

"These people know what they are doing and do it well so leave the people who run it to plan and steer it's future development." (BCPS stakeholder)

Mixed with some sadness at leaving the Mineral Water Hospital site:

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“Sad to leave town and the loss of the historic building for NHS use is also sad.” (BCPS stakeholder)

Respondents could identify a range of benefits as a result of relocating services including newer facilities, better integration with other services, better access and easier parking.

“Purpose built accommodation. Better physio and hydro - when I was an inpatient there were problems with the lift that made me worry would be good to have modern up to date place” (BCPS stakeholder)

“better parking. Able to access clinical services on one site. Older building was difficult to get to.” (BCPS stakeholder)

“Updated building with working facilities like showers etc.” (BCPS stakeholder)

Potential or perceived disadvantages raised by respondents and the actions the RUH has taken or will take to address these concerns include:

“Parking at RUH is not good, even with new car park. Will have to drive to the park and ride and then get the bus to the RUH, which is only every 30 mins so will make my appts very long winded.” (BCPS stakeholder)

The Trust has taken steps to improve parking facilities on the RUH site and has taken into account the increase in people visiting the Combe Park site when the new Centre is opened. The RUH provides over 350 visitor and patient spaces across the site, and around 100 blue badge spaces.

“Removing it from the city centre environment removes the option for “real world” rehabilitation and turns it into acute hospital based rehabilitation which may not carry over into patients real lives when they return home.” (BCPS stakeholder)

These specialised pain services will not be delivered from an acute hospital setting. The Bath Centre for Pain Services proposed location is Bernard Ireland House, on the RUH Combe Park site but separate to the acute hospital building.

Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services proposed location is the RNHRD and Therapies Centre. The vision for the new RNHRD and Therapies Centre and Bernard Ireland House is to create a supportive environment with dedicated facilities for providing high quality care. The buildings are being designed in conjunction with clinicians and patients. The RNHRD and Therapies Centre will operate exclusively as a day patient centre, with a separate entrance to the acute hospital. The interior design will sensitively reflect its heritage and the specific needs of its patient groups. The environment is an integral part of the design to reduce stress and ensure a healing environment, for patients and their families, acknowledging the importance of addressing psychosocial needs and will include:

- Use of natural light – to give bright, spacious interiors not dependent on harsh artificial lighting.

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- Reduction of noise – (including ventilation and plumbing) and use of sound absorbent surfaces.
- Art, nature and greenery – appropriately located for a positive impact on patient recovery.
- Garden areas – creating an ‘oasis’ and offering a calming view / place to sit, reducing stress and providing a sense of normality.
- Improved staff links with research centres.

The RUH have taken a phased approach to public and patient engagement to support the proposed relocation of all RNRHD services, beginning with a period of engagement around the overall proposal to relocate all services out of the Mineral Water Hospital site. Staff and clinicians have played a key role in shaping the future of these services, There have been numerous opportunities over the last three and a half years to hear more or provide feedback on the RUH’s plans and information has been available to patients and the public throughout this time.

The Trust has engaged with stakeholders at every stage, from the lead up to acquisition, acquisition and planning for service relocations. Stakeholders have also be involved in developing the design of the proposed new home for each service, and have help shaped the design of the RNHRD and Therapies Centre and Bernard Ireland House. Local media has reported extensively on the Trust’s plans to all relocate services out of the Mineral Water Hospital site and the development of the proposed new home for many of these services, The RNRHD and Therapies Centre. The low number of people choosing to provide feedback at this stage during the final formal engagement period, despite the opportunities provided, may indicate that many stakeholders are sufficiently reassured that services will continue to be delivered to the same high standard, in a new location.

Next Steps

This report will be provided to the appropriate Scrutiny committees for noting the proposal to relocate these services. Following the appropriate approvals services will relocate to Bernard Ireland House or the RNHRD and Therapies Centre in autumn 2019 subject to completion of the new build.

We would like to thank all of the people who took part in this programme of engagement and provided feedback on the planned relocation.

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Summary of communication and engagement activities:

Activity	Purpose
Throughout 2016/17/18 – information available on RUH and RNHRD website, outlining proposal to relocate specified RNHRD services to a purpose built RNHRD and Therapies Centre on the RUH site. Opportunities to provide feedback at any time.	To raise awareness of proposed relocations, and provide opportunities for feedback.
August – September 2018 meetings with service leads to develop Public Patient Engagement Template and discussion re most appropriate way to engage with patient groups.	To ensure the relevant clinical teams had input in engagement activity, so that engagement activity was meaningful and relevant. To develop a stakeholder list to ensure relevant individuals/groups could be informed of the plan to relocate and have the opportunity to provide feedback and to agree on the best way to reach stakeholders.
August - September 2018 Public Patient Engagement Template developed to support engagement activity circulated to LHE communications working group.	To gain feedback from group and agreement on engagement approach and key stakeholders to engage with.
September 2018 Informal engagement session as part of the RUH Annual General Meeting.	Opportunity for members and wider public to hear more about the plans for a purpose built RNHRD and Therapies Centre on the RUH’s Combe Park site/refurbished Bernard Ireland House and to provide feedback on the proposal to relocate pain service to the RUH site Over 100 attendees.
September/October	PPE template and approach shared with NHS England South Supplier Manager Specialised Commissioning for review, input and endorsement of approach.
25 October 2018, letter to BaNES CCG Wiltshire CCG Somerset CCG Swindon CCG	Update on the next stage of the RUH’s planned service relocations - relocation of Bath Centre for Pain Services, CRPS and CCLER services from the RNHRD. Request to cascade information within organisation as appropriate, and with scrutiny officer.

	Request for scrutiny to suggest any further questions to feed into PPE activity
October 2018 Information about the proposal to relocate BCPS, CRPS and CCLER services to the RUH available and opportunities to provide feedback, including via an online questionnaire, available on the RUH website.	Inform current patients, stakeholders and wider public of proposals and signpost opportunities to feedback and influence. 9 respondents completed questionnaire.
October 2018 Posters, display boards and paper copies of feedback questionnaires distributed and displayed at the Mineral Water Hospital site. Information about the proposal to relocate services to the RUH available and opportunities to provide feedback.	Inform current patients of proposals and signpost opportunities to feedback and influence.
October, information/weblink/poster circulated to relevant groups for onward cascade: Banes Healthwatch North Somerset Healthwatch Wiltshire Healthwatch Swindon Healthwatch Action on Pain CRPS UK Burning Nights (CRPS)	Outline proposal and invite feedback. To request onward cascade to other relevant stakeholders, to ensure broad reach of engagement
October 2018 media release circulated to local media	Outline proposal and invite feedback.
Winter Insight Magazine – article in RUH community magazine	Outline proposal and invite feedback.
October – December Information update and sharing via RUH/RNHRD social media and relevant stakeholders. Information on digital screens at RUH and RNHRD. Information available to patients attending programmes.	Outline proposal and invite feedback

Information in GP Matters newsletter.

Equality Impact Assessment (EIA) Template

1. Title of document/service for assessment	<ul style="list-style-type: none"> • RNHRD Bath Centre for Pain Services • Complex Regional Pain Syndrome (CRPS) and Complex Cancer Late Effects Rehabilitation (CCLER) services
2. Date of assessment	20 December 2018
3. Date for review	
4. Directorate/Service	
5. Approval Committee	Local Health Economy Communications Working Group

6. Does the document/service affect one group less or more favourably than another on the basis of:		
Protected characteristic:	Yes/No	Rationale
• Age	N	No major change. The services will be universally applied to patients and are not expected to have an impact relating to age.
• Disability	N	No major change. The services will be universally applied to patients and are not expected to have a negative impact relating to disability. As residential accommodation will be provided on the RUH site, transport will be provided for CRPS/CCLER patients to access the RNHRD and Therapies Centre, also on the RUH site. There will be improved access for patients with reduced mobility, due to the proposed ground floor location of services, increased availability of blue badge parking and modern purpose built or specially refurbished buildings designed in conjunction with staff and patients.
• Gender reassignment	N	No major change. The services will be universally applied to patients and are not expected to have an impact relating to gender reassignment.
• Pregnancy and maternity	N	No major change. The services will be universally applied to patients and are not expected to have an impact relating to pregnancy and maternity.
• Race	N	No major change. The services will be universally applied to patients and are not expected to have an impact relating to race.
• Religion and belief	N	No major change. The services will be universally applied to patients and are not expected to have an impact relating to religion and belief. The proposed new location will have access to a Multi-faith centre in the nearby RUH acute hospital building.
• Sex	N	No major change. The services will be universally applied to patients and are not expected to have an impact relating to sex.
• Sexual orientation	N	No major change. The services are universally applied to patients and are not expected to have an impact relating to sexual orientation.

<ul style="list-style-type: none"> Marriage and civil partnership 	N	No major change. The services are universally applied to patients and are not expected to have an impact relating to marriage and civil partnership.
7. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?N/A		
8. If the answers to the above question is 'no' then adjust the element of the document / service to remove the disadvantage identified.		
9. If neither of the above is possible, take no further action until you have contacted your EIA Divisional / Directorate link for review and support		

Signature of person completing the Equality Impact Assessment	
Name	Clare O'Farrell, Deputy Chief Operating Officer, RUH
Time	
Date	20 December 2019

Chair of decision making Board / Group / Committee approval and sign off	
Name	Emma Mooney, Head of Communications Approval on behalf of the Local Health Economy Communications Working Group.
Time	
Date	20 th December 2019

Appendix 3: Summary Impact Assessments

Patients, carers and public representative views – summary of the potential impact of proposed service changes

Patients, carers and public representatives are asked to comment on the following areas, in relation to the proposed service changes:

Bath Centre for Pain Services, Complex Regional Pain Syndrome (CRPS) and Complex Cancer Late Effects Rehabilitation (CCLER) services.

<p>Benefits of the proposed service changes</p>	<p>Continuation of RNHRD specialised services.</p> <p>Patients will have access to the same services and clinical teams.</p> <p>Proposed new location:</p> <p>Bath Centre for Pain Services – specially refurbished and redesigned building (Bernard Ireland House) on RUH Combe Park site, separate from acute hospital building.</p> <p>Complex Regional Pain Syndrome and Complex Cancer Late Effects services - purpose built RNHRD and Therapies Centre designed in conjunction with patients and staff will provide a supportive environment with dedicated facilities for outpatient care.</p> <p>Better facilities – enhanced group rooms, improved waiting rooms.</p> <p>For some patients with long-term conditions, potential for improved integrated care, with access to services on same site.</p> <p>Better physical access – flat access to new Centre and Bernard Ireland House.</p>
<p>Any disbenefits, including how you think these could be managed</p>	<p>None identified during PPE activities.</p>
<p>Any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested</p>	<p>Some stakeholders would prefer to travel to the city centre, rather than the RUH's Combe Park site.</p> <p>The RUH is less than two miles from the Mineral Water Hospital site, is accessible via</p>

	public transport from Bath city centre and elsewhere and provides over 600 onsite parking spaces for patients, carers, families and visitors to the Trust.
How do you think the proposed changes will affect the quality of the service	The quality of the services will be maintained. Improved environment and facilities.
Impact of the proposed changes on health inequalities	Positive impact for those with a disability who hold a blue badge – free parking on RUH site and around 70 dedicated spaces. Positive impact for those with a disability (physical) – purpose designed RNHRD and Therapies Centre, and Bernard Ireland House, with improved access and flow.
If you are a representative of an organisation, such as Healthwatch LINKs, please indicate how you have drawn on the views of others from your group	PPE activities have included liaising with BaNES, Wiltshire and Somerset Healthwatch.
Who have you engaged with in drawing together these views?	Patients Carers and relatives Public Clinicians Voluntary and charitable organisations
When was this consultation made?	PPE ran from 25 October to 20 December 2018.
Involvement of 'protected' equality groups	Wide ranging PPE activity to engage with all patient groups.
Summarise the outcomes of stakeholder involvement carried out to date	Feedback obtained during PPE activities indicates broad ranging support for relocation of service from across a variety of stakeholders. No potentially adverse impact to patients in relocating the services to the RUH site which cannot be mitigated against. Potential concerns raised include: Parking The Trust has taken steps to improve parking facilities on the RUH and has taken into account the projected increase in people visiting the Combe Park site when the new Centre is opened. The RUH now provides over 600 spaces for patients and visitors, and around 70 spaces for blue badge holders.

	<p>Access via public transport</p> <p>The RUH is less than two miles from Bath city centre and is accessible via bus from bus routes serving the city centre, or via park and ride services. Bath Spa train station is less than two miles away, and is located next to the bus station.</p> <p>Many service users felt there would be benefits to relocating the service, including a new purpose built building with better facilities.</p>
<p>Any other comments</p>	<p>There will be no change in the level of service provision for patients; they will have access to the same clinical teams and support, in a purpose built environment with improved facilities.</p> <p>Residential accommodation will be provided for patients on pain programmes in Bernard Ireland House. As Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation patients will receive their treatment at the RNHRD and Therapies Centre, transport will be provided across the Combe Park site.</p> <p>There are no impacts on patient choice for this service as a result of the proposal to relocate the services to RUH's Combe Park site.</p> <p>The vision for the new RNRHD and Therapies Centre is to create a supporting environment with dedicated facilities for supporting patient recovery, treatment, wellbeing and the management of long-term conditions. The building is being designed in conjunction with clinicians and patients and will operate exclusively as a day patient centre, with a separate entrance to the acute hospital. The environment is an integral part of the design to ensure a healing environment, for patients and their families, acknowledging the importance of addressing psychosocial needs and will include:</p> <ul style="list-style-type: none"> • Use of natural light – to give bright, spacious interiors not dependent on

	<p>harsh artificial lighting.</p> <ul style="list-style-type: none"> • Reduction of noise – (including ventilation and plumbing) and use of sound absorbent surfaces. • Art, nature and greenery – appropriately located for a positive impact on patient recovery. • Garden areas – creating an ‘oasis’ and offering a calming view / place to sit, reducing stress and providing a sense of normality.
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Notes: The RUH has completed this summary impact form on the basis of the responses received through the engagement activities. PART THREE – Impacts at a glance

Impacts	<i>NHS View</i>	<i>Patient/carer/public representatives' view</i>
Impact on patients	● = positive impact	● = positive impact for majority
Impact on carers	● = positive impact	● = positive impact for majority
Impact on health inequalities	● = positive impact	● = positive impact
Impact on local health community	● = positive impact	● = positive impact

- = significant negative impact
- = negative impact for some
- = positive impact

GLOSSARY

- list definitions of any technical terms, acronyms etc

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Health and Well Being Select Committee
MEETING/ DECISION DATE:	Wednesday 30th January 2019
TITLE:	Corporate and Budget Planning 2019-20
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <p>B&NES Organisational Plan 2019/20</p> <ul style="list-style-type: none"> • Appendix 1 – Core Offer • Appendix 2 – Revenue Budget Savings Proposals • Appendix 3 – Emerging Capital Schemes • Appendix 4 – Feedback from the Forums 	

1 THE ISSUE

This report presents the Council's Organisational Plan 2019/20 to the panel for consideration and feedback as part of the Council's operational planning and budget development process.

2 RECOMMENDATION

The panel is asked to;

- 2.1 Review and comment on the draft Organisational Plan.
- 2.2 Identify any areas or feedback the panel would like to refer to the relevant Portfolio holders and Cabinet for further consideration as part of the operational planning and budget development process.
- 2.3 Comment on the proposed Core Offer, budget savings templates, or Emerging Capital Bids as outlined in Appendices 1, 2, and 3.
- 2.4 Feedback any comments from this panel to the Resources PDS panel on the 4th February to allow the Resources panel to collate all PDS panel responses to the Cabinet and Council.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 The resource implications are contained within the draft Organisational Plan and its appendices.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 This report sets out the framework for the operational planning and budget processes which lead to the statutory and legal requirements for the Council to set a balanced budget in February 2019.

4.2 Proportionate equality analysis is being carried out on the proposals within the Organisational Plan by the Council's Communities Team.

5 THE REPORT

5.1 The Organisational Plan forms an important part of Bath and North East Somerset Council's strategic planning framework. The plan translates the Council's strategy and vision for the future into a more detailed annual Organisational Plan, setting its key activities and projects for the Council to achieve this.

5.2 The Organisational Plan is an annual plan, which has been aligned with the budget planning process, although it will reference the Council's longer term direction of travel.

5.3 The Organisational Plan for the first time introduces the Council's new Core Service Offer and its 3 new priorities which are outlined below:

- (1) Protect and Care for our most vulnerable
- (2) Nurture residents health, safety and wellbeing
- (3) Provide ways for everyone in the community to reach their full potential.

5.4 Full details of the Core Offer are set out in Appendix 1 to the report. In essence, a core services offer is the best service offer we can deliver based on the resources currently available to us. Council activity will be funded according to priority outcomes, but we will continue to fulfil our statutory duties, offer support to those most in need, and assist with the economic development of the area.

5.5 The plan outlines the draft budget savings proposals (Appendix 2) where appropriate, which will be proposed as part of the budget setting process for the Council 2019 – 20 budgets which will be considered by the Cabinet and Council at their meetings in February. The Medium Term Financial Strategy agreed in October 2018 outlined that savings would be delivered as part of the authority's assessment of its **long term delivery model and Core Services Offer** through:-

- **Priority based resourcing** to develop options to reduce spend by:-
 - Reducing or stopping services but maintaining a Core Services Offer;
- **Maintain commercial income to;**

- Increase discretionary charges only where appropriate;
 - Ensure statutory charges are based on full cost recovery.
- **Shared services where appropriate/ right sizing:-**
 - Review shared service opportunities with the CCG, WECA, and other local authorities;
 - Assess future staffing and management requirements through new ways of working/digital/estates to deliver the core offer.
 - **Targeted capital spend:-**
 - Minimise the impact of capital spend by reviewing schemes and minimising new additions through prioritisation.
 - **Managing Demand (and the processes surrounding demand)**
 - E.g. signposting and investing in self-help and early intervention to reduce demand on specialist roles.
 - **Contract Savings**
 - Review of all contract spend to reduce costs.
 - **Capital Programme**
 - A review of the capital programme is being carried out as part of preparing next year's budget with the following objectives:
 - To ease staffing capacity issues;
 - Ease financial pressures
 - Ensure schemes still meet key priorities;
 - Review financial and delivery risks;

5.6 The plan also outlines the Emerging Capital Bids for 2019/20 (Appendix 3) that will be proposed as part of the budget setting process to be considered at the same meetings. The key principles for new bids were outlined in the Medium Term Financial Strategy in October 2018 and agreed the following principles:

- To continue to review all existing schemes and simplify, reduce, pause or stop as necessary;
- Minimise new schemes except those that meet corporate priorities;
- Agree an affordable limit for new schemes requiring corporate borrowing;
- Ensure adequate investment in assets supporting key service provision (including meeting health and safety requirements or replace obsolete or inefficient assets/equipment);and
- Deliver or work with partners to deliver high priority government funded programmes and WoE programmes where they meet corporate priorities.

5.7 During November and December 2018 the concept of the Core Offer and the general direction of travel in terms of the Council finances were discussed at a number of Community Forums events (see section 8), Resources PDS panel and a number of staff events. The feedback from the forum events can be found at Appendix 4 to this report.

5.8 The final 2019/20 budget proposals will be presented to Cabinet on the 6th February 2019 for recommending to Council on the 19th February 2019.

5.9 Cabinet will consider the feedback received and prepare the Organisational Plan for final consideration and agreement at Cabinet and recommend a budget to the February meeting of Council. This plan will be effective once a balanced budget has been agreed.

6 RATIONALE

6.1 The Council is required to set a budget which identifies how its financial resources are to be allocated and utilised.

6.2 The attached Organisational Plan sets out the context and process for the Councils operational planning and budget development.

7 OTHER OPTIONS CONSIDERED

7.1 The Organisational Plan sets out a package of options that reflect the Council's overarching vision and Corporate Strategy

8 CONSULTATION

8.1 Meetings have been held with Officers and Cabinet Members during the development of the Operational Plan. A number of Community Forums were held during November and December 2018 (see below). The concept of the Core Offer and the general direction of travel in terms of the Council finances were discussed.

(1) Chew Valley Forum 26th November 2018

(2) Somer Valley Forum 29th November 2018

(3) Keynsham Area Forum 3rd December

(4) Joint 3SG, Bath City, Cam Valley and Bathavon Forum 10th December

8.2 A programme of engagement with staff affected will be developed and undertaken as appropriate

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	<i>David Trethewey, Director Partnerships & Corporate Services</i> <i>Donna Parham, Director of Finance</i>
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Background papers	
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Please contact the report author if you need to access this report in an alternative format
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Organisational Plan 2019-20

Executive Summary

Bath and North East Somerset continues to be a beautiful, highly sought after area with a vibrant economy and a strong Council that has delivered significant savings since 2010 without serious reductions to front line services. However, into the future Councils will no longer have sufficient resources to sustain funding for all of their current activity. This is because of reduced Government grant and increasing demand. We intend for Bath and North East Somerset to be known for the excellent health and overall wellbeing of its residents. This means we must carefully prioritise what we spend.

As part of the Council's strategic planning and budget process, the new **Medium-Term Financial Strategy** (MTFS) has set out the unprecedented scale of our financial challenge. This highlights the additional demands upon the Council, especially for social care, the scope to use new ways of working, notably digital communications, and the need for more prioritisation of activity and spend. For some services, this may also mean a different relationship with customers and communities.

This Organisational Plan pulls together the key activities that services will need to focus on over the next 12 months in order to deliver the Council's refocused corporate priorities:

- ➔ Protect and care for our most vulnerable
- ➔ Nurture residents' health, safety and wellbeing
- ➔ Provide ways for everyone in the community to reach their full potential

The Plan has been developed across all service portfolios and summarises the **Core Services Offer** that will be used to prioritise how resources will be used to deliver these corporate priorities to the public, it also outlines the proposals for budget savings. This will mean difficult decisions over what services B&NES can provide and how services will be delivered, with our local community groups, Parish Councils and the voluntary sector playing an increasingly important role.

The plan is divided into five main sections:

Section 1: Corporate Overview - Financial Context, Challenges and Achievements

Section 2: What we plan to do - Approach to Savings and Core Services Offer

Section 3: New Ways of Working - How the Council will do things differently

Section 4: Delivery of the Plan - Managing Risk and Performance

Section 5: Conclusions

Section 1: Corporate Overview

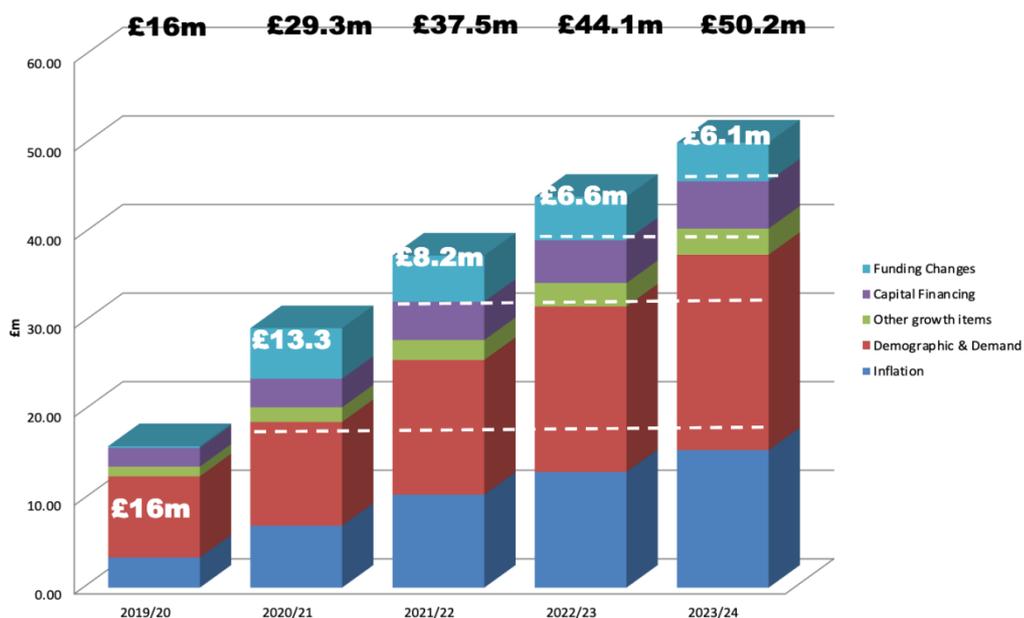
This Council, along with all local authorities, has experienced historically unprecedented reductions in funding. It faces difficult decisions about the services it should provide, and to what standard it should provide them. Some services remain a statutory priority whilst for others there is more scope for local discretion. Over the last few years the Council has been very successful in achieving efficiency savings and increasing commercial income. However, a further 'step change' is required given the size and impact of savings still to be made. The MTFS outlines the key areas of focus to deliver a balanced budget over the next five years including a review of priorities to ensure sustainable finances in the future.

1.1 Financial Context

Since 2010 all Councils have received less general grant funding from central Government each year. By 2020/21, Revenue Support Grant (RSG) will have reduced to zero from £21m in 2015-16. Government policy has been for local authorities to replace these grants with income from business rates, specific grants, the New Homes Bonus (a grant paid by central Government to reflect and incentivise housing growth) and increased commercial activity. This is in addition to running services more efficiently and embracing new technology to save money. Critically, in setting its spending assumptions for each local authority the Government assumes that each authority automatically increases Council Tax by the maximum amount allowed.

In reality, increasing service demand and demographic pressures continue to outstrip available funding. Our MTFS published in October 2018 outlined that the funding gap to 2023 was estimated to be £50.3 m, meaning the Council would need to reduce its net spend by around 44.5% (15.2% of gross spend) over the next five years. In the shorter term savings of £29.3m were required over the next two years.

MTFS 2019/20 - 2022/23 Cumulative Budget Gap (based on current assumptions)



Notes:

- *Inflation - Contractual and pay inflation allowance*
- *Demographic & Demand - Increased costs due to Demographic growth and increased service volumes (includes some rebasing of undeliverable savings items)*
- *Capital Financing- Revenue impacts of financing the Council's capital programme*
- *Funding Changes - Changes in Government grant funding, Council Tax and Business Rate income*
- *Other Growth Items - One-off costs and risk provision allowance for future savings delivery*

The budget gap outlined in the Strategy does not include any increases in Council Tax - an increase of 3% per annum reduces the overall five-year gap by £14.3m.

The Council has a good track record in making savings. Through efficiencies, good service planning and management, and new income streams, we have delivered savings of £55.4m between 2013/14 to 2017/18. A further £17m is expected in this financial year - a total of £72.4m over six years. This has been done with perceived minimal impact on frontline services.

For more detailed information on the Council's Financial Strategy, please read the Medium-Term Financial Strategy 2019/20-2023/24 which can be found online here:

<https://democracy.bathnes.gov.uk/documents/s53201/E3003z%20BATHNESMTFS.pdf>

1.2 The changing role of the Council

To keep pace with increased demand, rising costs and reduced funding, we have no choice but to change the way we do things. We no longer have sufficient resources to be a universal provider of all services. We have already become a smaller organisation and this will continue, this does mean that we can no longer try to provide everything that we have in the past and to that same level, less money and people will mean fewer and different services. However we still want Bath and North East Somerset to be known for the excellent health and overall wellbeing of its residents. This means we must carefully decide what we spend by prioritising what services we deliver directly, what services we will commission from others, how we will work with other agencies and communities and what services we will withdraw from and over what timescale.

We have developed our three **corporate priorities** to help focus and prioritise services for our most vulnerable adults, children and families, and we will continue to deliver a range of high-quality statutory services within available resources.

We will also continue to invest in important local priorities such as public health, public protection, waste collection and cleansing, transport improvements, leisure centres and economic growth.

1.3 Pressures and Challenges

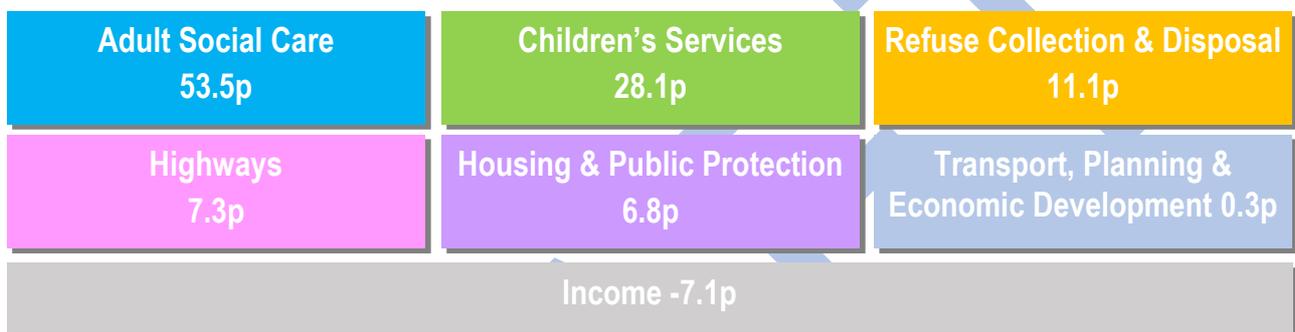
In common with all "upper tier" local authorities i.e. those that provide Adult Care and Children's Services we are experiencing increased demand for services and growing expectations at a time when there is less money

and fewer resources available. Both of these service areas have continued to improve efficiency and make changes to contribute to savings.

Rising cost and demand for social care

Social Care covers everything from protecting some children before they are born through to ensuring people without a family and/or financial means receive a dignified burial, obviously there are a huge range of requirements in between these two extremes. We have invested in and improved the efficiency and effectiveness of social care services for adults and children & young people. In future, we must continue to prioritise caring for our most vulnerable residents.

However, it's important to understand the impact of rising costs and growing demand in this area. For every £1 of Council Tax being spent by the Council, nearly **82p** is spent on Adult Social Care and Children's services:



Why is the cost of care rising?

- ➔ Older people are living longer with complex combined health conditions which are costly and reflects our rapidly increasing & ageing population profile.
- ➔ Number of looked after children has risen by 40% in the past 5 years - supporting the 21 children with the most complex needs will cost over £3m in 2018-19.
- ➔ A decrease in local fostering households has led to an increase in independent fostering agency nights at an average cost of £112 per night.
- ➔ An increasingly challenged care market, struggling to recruit and retain staff, which is impacting on the availability and sometimes the quality of care home placements.
- ➔ The ongoing impact of Government's laudable national living wage policy and other wage pressures which are above inflation.
- ➔ Greater responsibility for children & young people with special educational needs and disabilities (SEND); the number of those with Education, Health & Care Plans rose from 692 in 2014 to 1062 in 2017 (a 53% increase), also the age range for those entitled to such support rose from 2-19 years to 2-25 years.

Prioritising these services means that all of our other services have to be funded from what is left - requiring some really hard decisions on where our money is best spent.

Reduced funding and increased reliance on business rates

Local government has experienced continued reductions in funding, as mentioned earlier RSG will have reduced from £21m in 2015/16 to zero by 2020/21. We will have replaced around £8.8m of this through increased heritage and commercial income activities over the same time period.

The time horizon of the MTFS is five years with a detailed focus on the next two years for financial planning purposes. There is significant uncertainty beyond 2019/20 because the national approach to funding local government is under review. The Government's 'Fairer Funding Review' will assess the relative needs and pressures of local authorities to ensure the distribution of funding between them is fair.

The steady reduction in and eventual loss of RSG means the Council is under increasing pressure to become self-funding. This requires the Council to support economic growth to increase Business Rates receipts, support appropriate housing development to grow New Homes Bonus (note this is being replaced in 2020/21) and increase Council Tax receipts, raise money through commercial activities and by bringing in investment to the local area. This means a growing role for the Council investing in and securing a resilient local economy with new homes, offices and jobs. It also means we need to maximise Government funding via successful bids for specific projects and schemes.

Inflation and national living wage

We are conscious that any rise in inflation and the national living wage* will push up everyone's costs. Because we spend millions each year, even a small percentage rise in line with inflation impacts significantly on our budget.

**The National Living wage will rise by 4.9% from April 2019, increasing from £7.83 to £8.21 per hour, while the National Minimum Wage average rate for all age groups will rise by 4.4%.*

Rising maintenance costs

It's not only the costs of care that's rising. We are facing higher costs for disposing of our waste to landfill, and maintaining our buildings, roads and green spaces.

Loss of economies of scale to support children with SEND

Schools are funded separately via a dedicated grant given to the Council to administer. As schools become academies, Government takes back the element of the grant payable to the local authority in order to make payments directly to the academies. This means that the grant is progressively reduced and therefore the Council has to reduce the services provided to schools. It is estimated that over 80% of schools will have converted to academies by September 2019 and that all remaining schools will formulate plans to convert in the coming years.

It is important to note that our ongoing responsibility towards children and parents has not been removed. We remain responsible for supporting the growing number of children with SEND, we continue to have a duty to ensure there are sufficient school places to meet demand, to help to coordinate the schools admissions

system and to ensure that children leaving education have access to alternative provision, this despite losing many economies of scale. These responsibilities are funded through the Council's main revenue funding and allowed for in the budget proposals.

In summary, this means the Council continues to face a very real financial "squeeze" into the future. This is for reasons beyond our direct control and is no different to any upper tier local authority. Delivering future savings continues to be challenging and there are no easy choices which is why we have developed our three corporate priorities, so that we remain financial viable in the long term.

1.4 What have we already done?

In 2015 we started a rigorous review of spending aimed at cutting waste and increasing efficiency. We've also been growing our income opportunities through prudent investment in property, housing and the economy and capitalising on Bath's heritage and tourism assets.

We have already saved £55m

Since 2013, we've saved £55m, primarily through restructuring and re-designing services, social care efficiencies, reducing our estate, and improving our technology and capital financing arrangements.

In delivering these savings we have sought to minimise the impacts on front line services, for instance, we have used alternative delivery methods. We continue to be regarded as a good authority by independent inspectors (Ofsted). We have also kept Council Tax as one of the lowest in the South West.

We are investing in our economy and infrastructure

Key strategic development projects such as Bath Quays and the regeneration of the Somer Valley will bring new offices and homes to the area, providing more opportunities and jobs for local people, whilst generating extra income from Council Tax and Business Rates, and providing more opportunities and jobs for local people. In addition, the New Home Bonus (a grant paid by central government to reflect and incentivise housing growth) will bring in £5.1m in 2019/20 that we can spend on frontline services.

'Invest to save' opportunities

Some projects require us to invest significant funds in the short term so that they're sustainable, relevant and affordable into the future. The money saved (and income generated) over the longer term means that these investment projects make sound financial sense.

- ➔ We've combined our Library and One Stop Shop in Keynsham and Midsomer Norton. Along with investment in our community libraries, this work will save £450k a year from 2020 and ensure that all of our libraries thrive.
- ➔ New leisure facilities in Bath and Keynsham are an investment in health that will help reduce care costs in the future. The new contract with our partner GLL will deliver significant income back to the Council to offset (some of) the costs

- ➔ New waste services are designed to encourage residents to reduce waste and recycle more. On average a lorry load of rubbish costs us £1,000 to dispose of but we earn £100 for every load of recyclable waste; 75% of people's household waste is recyclable.

Good track record winning grants

We have a good track record of winning bids for Government grants that attract investment into the area and raise money which help to fund projects that people care about. Recent examples include:

- ➔ Up to £30m to support the Bath Quays and Somer Valley Enterprise Zone, helping to create up to 2,500 local jobs at Bath Quays and around 400 jobs in the Somer Valley
- ➔ £1.1m a year Disabled Facilities Grants to support aids and adaptations for disabled people
- ➔ £3.5m to support affordable homes
- ➔ £7m of highway and transport improvement, including £2m to resurface Keynsham Bypass
- ➔ A share in a £200m scheme to bring superfast Broadband to Bath and North East Somerset
- ➔ Being chosen to pilot a scheme aimed at supporting new industries, creating jobs and stimulating investment in the local economy
- ➔ £18.3m for new and expanded primary school provision.
- ➔ Bath's Sydney Gardens. The UK's only surviving Georgian Pleasure Garden – will be restored thanks to a National Lottery £2.7m grant.

Secured Investment from WECA

Having championed the creation of WECA, the Council and residents will benefit from extra revenue into the local authority budget and from a share of £1 billion investment in adult skills development and transport infrastructure, including major roads and rail networks, as well as cycling and walking routes:

- ➔ Annual revenue benefit of £2.5m per annum for the Business Rate Pilot.
- ➔ A share of £3.9m to help improve the skills of up to 3,000 adults
- ➔ £75k to progress the Safer Routes to Schools Scheme
- ➔ £400k towards improvements to the A39 / B3116 'Two Headed Man' junction
- ➔ £700k towards improvements to the A39/A368 'Bence's Garage' junction
- ➔ £40k towards improving cycle networks, including employer grants to encourage cycling to work
- ➔ Investment of £10m to support the University of Bath to establish a new Institute for Advanced Automotive Propulsion Systems
- ➔ Funds to develop the road improvements schemes at Freezing Hill Lane and Hicksgate
- ➔ £3.3m "love our High Street" initiative

We have become more self-sufficient

We are appropriately capitalising on Bath's heritage assets and tourist attractions, as well as raising significant income from our commercial estate and services. Finding opportunities to raise income from these activities will become increasingly important in the coming years. Some examples include:

- ➔ ADL Development - our property development arm buys unused council property, refurbishes it and puts it back on the market. Its sale or rental income is then ploughed back into Council services. ADL will make considerable financial contributions in future years.

- ➔ Heritage Services – our museums and galleries generate significant funds for the Council. The Roman Baths is the second most profitable museum in the country, in 2017/18 it is anticipated that this would deliver an extra £1.52m more than 2016/17*.

**These figures are based on estimates in the budget monitor as at October 2017.*

1.5 Pressing Government for Change

We have asked the Government to recognise the challenges we face and the solutions that might help, and have identified 20 key areas where a shift in approach or legislation could help us address pressures or mitigate additional future costs. We've included these as part of our response to the Government's Fairer Funding Review and have highlighted below four areas that we think are of particular concern to local people.

- ➔ **Council funding for student households** - Students are rightly exempt from paying Council Tax but Councils are no longer compensated by Government for this loss of income. As students in the city of Bath account for almost a quarter of all residents, such compensation would equate to over £3m in additional Council Tax income. In addition we receive no Business Rates on student accommodation, which is often run by highly profitable businesses.
- ➔ **Ability to introduce a Local Tourism Levy** - Visitors are important to our economy, but they also impact upon Council resources and services with around 5.8 million visitors every year. If a Local Tourism Levy was introduced, it would help. For example, a £1 nightly surcharge per room would bring in around £2.4m each year to be reinvested into the local area to help maintain over 5,000 listed assets and support the public realm, arts and culture.
- ➔ **Special Education Needs and Disabilities (SEND)** - We welcome the SEND reforms however we now face a significant increase in workload and support costs as a result and have asked the Government to transfer additional money to fund this important area.
- ➔ **Removal of non-domestic rate exemption for listed buildings** - This would not require a significant change in law and would enable us to bill for rates on empty, listed properties. We are currently missing out on £2.4m per year due to this exemption, income that could be used to provide services.

1.6 We are still delivering and improving good services

Despite the challenges, everyone continues to **'get the job done'** and provide residents and visitors with a high level of service, for example:

- 19,800 miles of road salted and 5,000 potholes repaired annually
- 17 parks, 60 play areas and 55 open spaces maintained
- 20,000 tonnes of recycling collected (including 5,000 tonnes of food waste) annually
- 2,400 care packages and 1,800 Education, Health and Care Plans
- Launched 'FixmyStreet' app with 687 fixes in one month

- Recycled 60% of the rubbish we collected
- Opened three community libraries and granted planning permission for the Hope House Centre
- Two 'South West in Bloom' gold awards
- Street Cleansing Apprentice of the Year in APSE Innovation Awards
- Launched our new combined staff and Chair's Community Awards with local partners
- Outstanding fostering and adoption services
- Good Child Protection services (Ofsted 2017)
- Some of the best schools in the South West
- 4 Green Flag parks and open spaces
- Exceptional award-winning heritage and tourist attractions
- Silver standard for our homelessness services

This is a very small sample of what we do for residents, workers and visitors every day.

DRAFT

Section 2 - What we plan to do

£12m of additional savings will be delivered in 2019/20-2020/21

In addition to the £55 m already saved to 2018, we are delivering further savings of £12 m to 2021. This includes:

- Digital redesign of services (£2.4m)
- Heritage Services additional income (£1.0m)
- Savings from reviewing contracts (£2.0m)
- Further public transport efficiencies (£0.5m)
- Savings in office accommodation (£0.6m)
- Restructuring our Youth Connect Services (£0.3m) - £0.2m delivered in 2018/19
- Managing increasing demand for Adult Care through new commissioning arrangements (£2.4m)

Savings templates for 2019/20 can be found in Appendix 2.

Summary of what else we need to do...

1. We need to find new ways of working which (i) support service delivery whilst radically cutting cost i.e. moving more services on-line (ii) rationalize our use of offices and (iii) cut travel time and cost.
2. We will prioritise the services we deliver in order to make the necessary savings while protecting our most vulnerable.
3. We must find better ways to work with residents, partners, voluntary organisations and parishes to help manage demand into the future and find ways to preserve locally valued services even if not provided or funded by the Council.
4. We need to become self-sufficient through increased commercial approaches and by growing and investing in our local economy (more homes, offices and jobs).

The scope for finding and delivering further large savings from efficiencies is limited and will require a radical shift around how services are delivered.

2.1 Core Services Offer

Central to the success of the savings strategy and the Council's health and wellbeing ambitions for Bath and North East Somerset's residents is the delivery of the services under the new **Core Services Offer**, details of which are set out in **Appendix 1**.

In essence, a core services offer is ***the best service offer we can deliver based on the resources currently available to us***. Council activity will be funded according to priority outcomes, however we will continue to fulfil our statutory duties, offer support to those most in need, and assist with the economic development of the area.

Key Messages:

Corporate Priority	Our Core Offer	What we can do as a Community
<p>Protect and care for our most vulnerable</p> <p><i>Fact: B&NES provides support which enables 1,551 vulnerable adults to live independently in their own homes and also provides residential care for 1,000 people</i></p>	<p>We will prioritise support for people's health and care needs with a focus on helping people stay in their own homes.</p>	<p>We can all be good neighbours! Going online to access council services saves money to protect the front line - each face-to-face enquiry costs £9.00 whilst the same online costs 15p</p>
<p>Nurture residents' health, safety and wellbeing</p> <p><i>Fact: The Council receives over 1,100 service requests for Environmental Protection each year, ranging from noise complaints to filthy and verminous premises</i></p>	<p>We will work with the community and businesses to support health and safety, and provide public health functions and advice.</p>	<p>We can take responsibility for promoting our own good health and also consider how we can contribute at local level, whether recycling or being involved in litter picking</p>
<p>Provide ways for everyone in the community to reach their full potential</p> <p><i>Fact: Last year, 8 of the 9 interns in our Project Search programme went on to employment</i></p>	<p>We will promote a strong local economy, affordable homes and local transport. We will focus our support on young people to develop their skills.</p>	<p>There are a whole range of ways we can get involved in our communities – this could range from helping out at a community library to helping a child with their reading, or paid fostering</p>

As part of the Core Services Offer, we are introducing the **Bath & North East Somerset Deal** (the 'B&NES Deal'). It is based on the very successful approach adopted by other Councils and is an informal agreement between the Council and everyone who lives or works in the area to work together to create a better place to live work and visit.

2.2 Our Commitment to achieve the Core Offer

For the B&NES Deal, we need to be clear about:

- ➔ What we can realistically deliver within foreseeable resources
- ➔ How we listen to and work with communities
- ➔ What you will see us start to do less of - letting you know in advance about changes, and trying to work things through with you
- ➔ How the council would like communities to work with us as we look for new ways of delivering our priorities

Above all, we need to encourage listening and engagement, find ways to work together, and focus on our priorities using mechanisms like our new Parish Charter. This was developed jointly between our Parish Councils and B&NES, and encourages listening and working together.

2.2 Additional Areas of Focus

The time horizon for the MTFS is five years and the key strands for savings are:-

- ➔ **Maintaining commercial income** to increase discretionary charges only where appropriate, and ensure statutory charges are based on full cost recovery.
- ➔ **Shared services** where appropriate / right sizing:
 - Review shared service opportunities with the CCG, WECA, and other local authorities
 - Assess future staffing and management requirements through new ways of working / digital / office estates to deliver the core services offer.
- ➔ **Managing Demand**, for instance, signposting and investing in self-help and early intervention to reduce demand on specialist roles. This includes through more integration with the CCG, reducing unnecessary referrals and ensuring that other statutory services play their full part in supporting vulnerable children and adults and building on our conversations with voluntary sector and local communities.
- ➔ **Reviewing Contract Spend** of all contracts for services to reduce costs.
- ➔ **Reviewing Capital Programme** to ease staffing capacity issues and financial pressures, ensure schemes still meet key priorities and reduce financial and delivery risks.
- ➔ **Achieving greater self-sufficiency** - we have asked Government for powers to raise more local funding such as through the tourism levy and incorporated this as part of our response to the Fairer Funding Review.
- ➔ **Being an enabler:** we will support the community to act locally. For example, the recent launch event of Compassionate Communities talked about how we can make the most of existing supportive family/friend/neighbour networks and to help people to build new ones.

The above strands of work will stretch over a number of years.

Section 3 - New Ways of Working

We recognise our core services offer will only be successful if we:

- a) **Change** how we currently do things;
- b) **Support** our service delivery partners in contributing to the overall wellbeing of the area; and
- c) **Work together** with residents on developing a sustainable offering for the future.

As part of our new approach, we have agreed a new **Organisational Vision** and a set of **values and behaviours** to help us stay focused on what matters and deliver our corporate priorities:

Our organisational vision...

We are outcomes driven, working to provide the right services and solutions for our communities.

Our culture is open, owns decisions and is resilient. We trust each other to act in the best interest of residents, customers and colleagues.

We will...

- ➔ **Learn** from everything we do. We apply our learning to continually make improvements.
- ➔ **Use evidence** to make informed decisions to find cost effective solutions and reduce demand.
- ➔ **Embrace** diversity and value everyone's contribution.
- ➔ **Be resourceful** and efficient by reviewing our processes, removing duplication and making digital preferences.



As part of their Directors' Plans, services have identified a number of new and improved ways that we can work together. The table below provides an example of these for each service area to show what this means for frontline services as they support the core services offer:

Directorate	Examples of New Ways of Working
Children & Young People	In line with the Children and Young People Plan 2018-2021, we will have a greater focus on: intervening early; on ensuring a 'Think Family' approach; and on providing support for families where adults are experiencing complex difficulties associated with poor mental health, drug and alcohol problems, and domestic abuse.
Development	Increase apprenticeships, graduate interns, graduate trainees etc.: ➔ Investigate the possibility of creating graduate trainees or interns in Planning, Environmental Health etc. ➔ Explore opportunities for apprenticeships to support succession planning for Pest Control, Planning and Environmental Health and other teams

Directorate	Examples of New Ways of Working
	➔ Use Local Authority Building Control approved apprenticeship training courses for Assistant Building Control Surveyor to be able to use the apprenticeship levy for training
Economy & Growth	We are increasingly working with Bath Spa University, the University of Bath and Bath College to make more of the teaching and research excellence and talent within those institutions to support the area's economic development, particularly linking to business. This includes the potential to develop and deliver a shared space in the Enterprise Zone and a Talent Institute, with a focus on health and well-being.
Education Transformation	Linking Early Years Leads in Multi Academy Trusts with the local authority to close the attainment and achievement gap for our most deprived children and raise standards.
Environment	We will continue to develop our local community and volunteer networks to support the added value and discretionary elements of our environmental services. We will continue to work with our public and private sector partners to identify innovative delivery models and work in more formal partnerships when we can demonstrate better outcomes and value for money for our communities.
Finance	We will continue to align to the new needs of the Council, improve financial reporting and complete the simplification of our processes and systems. We will be assisting with the enabling of all payments through the website as well as finalising our projects for centralisation of debt management and procurement.
Integrated Commissioning	The new domiciliary care service model will expect a "re-abling" approach from care workers, rather than a "do-for" approach. This will be developed as part of the new model during 2019-20.
Legal & Democratic	Look to develop a "shared service" model with at least one other local authority to deliver efficiency savings and build service resilience.
Partnership & Corporate Services	A joined up multi-disciplinary team has been set up to facilitate a new agile and customer focused way of working across the organisation including digital transformation.
Public Health	In order to manage essential work with current staffing levels, particularly involving commissioning, it is likely that some of the work of leading broader strategic partnerships (e.g. physical activity and food) and contributing health input to some of the wider determinants of health (such as spatial planning, transport and housing) will diminish.
Safeguarding & Quality Assurance	Changing the culture by implementing the 'three conversations' and iThrive model*.

** The iThrive model is based on tierless provision around key stages of staying well (which includes self management), getting help and Crisis, with the intention of recognising that people will need to move around those levels and be supported appropriately at all stages. This builds on the model already in place across children and adolescent mental health in B&NES, thus providing an integrated all age model.*

We have also committed to review all of the Councils access channels to deliver “digital by default” and to review our response time to our general enquires and complaints.

Section 4 - Delivery of the Plan

4.1 Corporate Risk Management

Delivering against the Council’s priorities with a smaller budget is challenging and not without risk. Increased demand, rising costs and reduced funding means we have to carefully prioritise so that key risks are managed or mitigated. The benefits gained in managing risk are positive and should deliver better quality strategic, operational and financial management, statutory compliance, improved service delivery and the avoidance of unnecessary costs or reputational damage.

However, we need to do this within a smaller organisation and our actions need to be proportionate. As a consequence, we are refreshing our risk management strategy to ensure that we continue to focus key management actions in the right areas to enable delivery of key priorities.

Our aim is to continue to manage risks at three different levels:

- ➔ **Corporate / Strategic** - Impacts are cross-Council or of very high significance
- ➔ **Operational / Divisional** - Impacts are localised on delivery of functional or team objectives
- ➔ **Major Projects** - Impacts are significant against delivery of key Council priorities

An overarching principle of our new strategy is to develop our risk management processes and procedures alongside existing and newly developing corporate arrangements. This should have the clear advantage of achieving and demonstrating an embedded risk management process, and reduces the need for additional reporting.

4.2 Performance Management

The Council’s new performance framework is based on a small number of high-level **vital signs**. This ensures that we keep clear line of sight of critical matters during the upcoming changes, with operational and delivery matters discussed through quarterly, narrative-based business review meetings.

The vital signs and contextual information are reviewed with Directors’ Group on a quarterly basis, with a written briefing taken to Cabinet. In 2019/20, this information will be published online.

5. Conclusions

The Council has a very good track record on making savings as our contribution to managing wide public spending. We have made some difficult decisions and continue to face further challenges. However, we have a robust approach which combines maximising efficiency, becoming more commercial, asking Government for greater freedom to innovate and working more closely with our communities and parishes. This plan sets out how we will deliver further savings whilst continuing to protect front line services into the future.

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Appendix 1 - Core Services Offer

We will protect and care for our most vulnerable

- ➔ Ensure a robust safeguarding system to protect children and adults at risk
- ➔ Assess and meet needs of children and young people where they have suffered significant harm or are at immediate risk of significant harm
- ➔ Provide an alternative home for children unable to live with their parents or extended family, and ensure all their needs are met into adulthood
- ➔ Assess and meet the needs of children with Special Educational Needs and Disabilities
- ➔ Assess and meet social care and support needs for adults
- ➔ Provide effective housing options for vulnerable households, including the homeless

We will nurture residents' health, safety and wellbeing

- ➔ Provide / commission services for families in our area that support them to raise their children
- ➔ Provide priority public health functions and advice to promote good health and reduce health inequalities
- ➔ Assess the needs of carers and provide appropriate support
- ➔ Help ensure our communities are kept safe
- ➔ Work with the community and businesses to support the health and safety of everyone who lives, visits and works in the area
- ➔ Provide a waste and recycling service and encourage all residents to reduce waste
- ➔ Maintain public buildings, highways and assets so they are safe to use
- ➔ Help to secure a sustainable, low carbon future

We will provide ways for everyone in the community to reach their full potential

- ➔ Secure sufficient school places in our area and identify school capacity issues
- ➔ Contribute to maintaining a viable and sustainable economy
- ➔ Plan for and seek local and national funding to support the delivery of homes including affordable homes, jobs and sustainable transport options to meet community needs
- ➔ Support those furthest from the employment market or experiencing a mental health crisis to gain and sustain employment
- ➔ Provide a modern library and information service
- ➔ Use the area's distinctive heritage, hot springs and natural environment to support economic prosperity and enrich the lives of the local community
- ➔ Contribute with partners towards early intervention to prevent, delay or reduce need and promote independence
- ➔ Monitor performance of all schools and early years settings with a specific focus on disadvantaged groups of learners
- ➔ Identify children missing out on education and act to meet their educational needs
- ➔ Support young adults that have left our care until the age of 25

Note: There will be some services that do not directly support the corporate priorities, but which the Council has a legal duty to provide, for example, enabling residents to register births, deaths and marriages. We will continue to deliver these services within the resources available.

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2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Portfolio: Economic & Community Regeneration

Efficiency Savings									
Economic & Community Regeneration	Commissioning of Destination Management	Supporting Bath Tourism Plus to become self sustaining. This will be achieved by continuing to reduce the contract sum by 20/21 by working with BTP to ensure they become self sustaining. Note this saving was agreed at Council in February 2018.	150	200	350	M/H	0	None	Improved co-ordination of visitor economy activities for resident and visitors.
Economic & Community Regeneration	Housing	Service efficiency and additional grant income to off-set revenue costs. Note saving agreed at Council in February 2018	7		7	L	0	None	None
Economic & Community Regeneration	Reduction in grants	Reduction in contribution to the World Heritage Enhancement Fund. Note saving agreed at Council in February 2018.	5		5	L	0	None	None

Sub Total - Efficiency Savings

162	200	362
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Income Generating Opportunities									
Economic & Community Regeneration	Heritage Services business plan	Continued progression of business plan in line with recent performance. A further £500k has been added to the target agreed at Council in February 2018.	1,000		1,000	M	0	None	To be managed through Heritage business plan.

Sub Total - Income Generating Opportunities

1,000	0	1,000
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Economic & Community Regeneration Total

1,162	200	1,362
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Portfolio: Transport & Environment

Income Generating Opportunities									
Transport & Environment	Transport & Parking Services review	The revised Parking Strategy Review was completed and implemented part-way through 2018/19. The amount shown is the full year effect of that strategy and saving agreed at Council in February 2018.	229.3		229.3	H	0	None	This additional income reflects existing performance and targets, which are in line with proposals arising from the parking review. This is the full year impact of changes to parking charges implemented August 18.

Sub Total - Income Generating Opportunities

229.3		229.3
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Service Redesign									
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2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Transport & Environment	Network Management	Redesign consultations	30		30	M		None	The impacts upon front line delivery will be minimal, this service re-design is about ensuring the right staffing resources are in place for future business priorities and ways of working. Options, risk assessments, EIAs will be developed at the relevant time
Transport & Environment	Transport - moving people from A to B	Continuation of the saving plan outlined and agreed at Council in February 2018 and reprofiled to look at the opportunities to improve customer options whilst also being cost effective	0	500	500	M	0	Infrastructure improvements to facilitate delivery changes.	Service delivery is being changed and structure reviewed to enable more interaction with the customer e.g. moving to more personalised budgets in relation to SEN transport options.
Transport & Environment	Capitalisation of Pot Hole Repairs	CIPFA guidelines allow authorities to capitalise relevant works and associated staff time. Permanent pot hole repairs above 2 x 3 ms (approx.). This will be required to be delivered within existing capital scheme allocation ≤50 - 150≥ Subject to analysis of 17/18 spend on pot	50		50	L	None, other than capitalisation of some salaries	Minimum investment levels to ensure steady state on the network will be monitored	Reallocation of some scheme funding Impact assessment completed

Sub Total - Service Redesign

80	500	580
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Transport & Environment Total

309	500	809.3
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Portfolio: Development & Neighbourhoods

Efficiency Savings									
Development & Neighbourhoods	Policy & Environment	Reduce funding to Avon Catchment. Note agreed at Council February 2018	3		3	L	None	None	
Development & Neighbourhoods	Parks & Bereavement Efficiencies	Reduction in vehicle fleet, increased operational efficiencies, partnership working and increased income generation throughout the parks & bereavement cost centre.	125		125	L	3 FTE posts deleted	Reduction in Vehicle Fleet	These proposals are based on service efficiencies and through benchmarking of charges
Development & Neighbourhoods	Various budget line savings across new Cash Limit	Savings are being taken from various budget lines across Building Control & Public Protection budgets	10		10	L	None	None	Minimal

Sub Total - Efficiency Savings

138	0	138
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Income Generating Opportunities									
Development & Neighbourhoods	Neighbourhood Planning applications from Parish Councils	Saving was for 2 years only and therefore requires reversing 2019/20	-50		-50	L	0	None	Increased quality and support to Neighbourhood Plans would further enhance the relationships with communities and parishes.

2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Development & Neighbourhoods	Determine Permitted Development applications	Planning applications that turn out to be PD are currently returned and refunded irrespective of how much work has been done on them. In future these applications will be validated and passed to a planning officer to determine, thereby keeping the fee	3.5		3.5	L	None	None	Minimal and some authorities already process in this way
Development & Neighbourhoods	Bath Casino Income share	Income from the Casino	95		95	L	None	None	None
Development & Neighbourhoods	S106 Planning Obligations Compliance Advice Service	Introduce a schedule of charges for seeking formal confirmation that planning obligations have been satisfied / discharged.	10		10	L	N/A	N/A	Minimal

Sub Total - Income Generating Opportunities

58.5	58.5
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Service Redesign									
Development & Neighbourhoods	Refuse Collection	Increase in charges for the garden waste service. Note saving agreed as part of 2018 budget at Council now amended to reflect increased charges.	35		35	M	None	None	Amended saving to increase charges rather than reduce service
Development & Neighbourhoods	Waste Strategy	Greater reliance on online material with a reduction in hard copies. Saving already agreed as part of the 2018/19 budget at Council February 2018.	20		20	L	None	None	Impacts should be low as residents are used to the new service and require less support/enforcement
Development & Neighbourhoods	Cleansing	Cease funding Parish sweeping schemes. Agreed at Council February 2018.	80		80	L	None	None	Following a working group with parishes, a transitional funding scheme has been put in place to phase out the scheme.
Development & Neighbourhoods	Core Service Redesign	Highway, Traffic, Transportation, Waste, Parks, Cemeteries and Crematorium, Leisure services will be redesigned in consultation with internal/external partners and in accordance with the council's operating model.		200	200	M	Unknown at this time	Unknown at this time	These proposals will be worked up during 2019 and relevant options, risk assessments, EIAs completed at the relevant time

Sub Total - Service Redesign

135	335
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Development & Neighbourhoods Total

332	331.5
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2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Portfolio: Adult Care, Health & Wellbeing

Efficiency Savings									
Adult Care, Health & Wellbeing	Community Support Services	Reduce cost of Community Support services through: Re-defining requirements - new specification with focus on maximising independence and reduce longer-term dependency on funded care. Utilise Prime Provider/DPS arrangement to achieve contracting efficiencies. Agreed at Council February 2018	25		25	M	0	None	Improved outcomes for service users as they are able to access services that are focused on maximising their independence and not building unnecessary dependency.
Adult Care, Health & Wellbeing	Residential and nursing re-commission	Reduce the cost of care home placements through: a) Refinement of eligibility criteria and active promotion of community based alternatives that focus on maximising independence; b) Ensuring consistency and equity in care home fees by implementing a new commissioning and contracting model informed by Fair Price of Care exercise undertaken in 2016/17; & c) Design and implementation of a brokerage service.	25		25	M	0	None	The assessed level of need is aligned with the cost of meeting that need avoiding "over-prescription" and increased dependency. Improved consistency and equity between service user groups. Improved cost control supported by efficient payment processes achieves better value for money.

2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Adult Care, Health & wellbeing	Purchased Care –Across Client Groups	<p>Accelerate existing transformation - Expedite existing savings plans and service transformation activities to realise benefits quickly through:-</p> <p>Process efficiencies including</p> <ul style="list-style-type: none"> • Review all social care packages to determine whether there is additional potential to reduce costs; • Review income collection processes and approach to increase income collection rate and reduce bad debts • Strengthen the monitoring and approval process of changes in package costs <p>Review service delivery approach including:</p> <ul style="list-style-type: none"> • Exploring the possibility of in-house care provision in response to challenging market conditions. • Review in and out of area placements – reduce the restrictions on where individuals receive their care package. • Care in the community v care in residential and nursing settings. <p>Agreed at Council February 2018</p>	1,271		1,271	H	0	None	Some initiatives are expected to improve service user experience and access to services whilst also achieving savings. For example, testing the "three conversations" approach to assessing need and support planning, which is being implemented by some other local authorities and is aimed at helping people lead independent lives. There may, in some instances, be a reduction in the range/type of services offered and the level of choice given to individuals, including the type of service put in place to meet their assessed/eligible need.
Adult Care, Health & Wellbeing	Food Policy	Remove the food policy role. Agreed at Council February 2018	40		40	L	1	None	Loss of key source of food policy and strategy work
Adult Care, Health & Wellbeing	Director of Public Health Award	Reduce Council contribution to DPH Award scheme and further explore options for recharging schools or redesigning the service. Agreed at Council February 2018	15		15	L	0	None	May result in less capacity to support schools and/or fewer schools participating in this health initiative.
Sub Total - Efficiency Savings			1,376		1,376				

2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Growth Avoidance									
Adult Care, Health & Wellbeing	Adult Social Care Demographic Growth - Older People over 65	Fair Price of Care and modelling of alternative fee structures for care home placements has informed development of new commissioning and contracting approaches. However, this is in the context of increasing pressures arising from demographic change. Also in the context of market conditions, which are a significant constraint when negotiating and agreeing new contractual arrangements and fee structures and ensuring that the Council's statutory obligations are met. Very close links with the mobilisation, transition and transformation of community services (your care, your way), the establishment of the Prime Provider/Dynamic Purchasing System arrangements and the agreement of risk and gain share.	333		333	H	0	None	A strengthened focus on maximising independence by focusing on individuals' strengths, interests, abilities and networks is designed to improve outcomes for service users and reduce longer term dependency. Potential reduced access to their preferred care setting for some service users and carers as the Council balances the views, preferences and wishes of the individual with ensuring that the assessed level of need is aligned with the cost of meeting that need, avoiding "over prescription" and building increased dependency.
Adult Care, Health & Wellbeing	Adult Social Care Demographic Growth - Mental Health over 65		190		190	H	0	None	
Adult Care, Health & Wellbeing	Adult Social Care Demographic Growth - Learning Disabilities		348		348	H	0	None	
Adult Care, Health & Wellbeing	Adult Social Care Demographic Growth - Mental Health Adults of Working Age		75		75	H	0	None	
Adult Care, Health & Wellbeing	Adult Social Care Demographic Growth - People with Physical Disabilities		46		46	H	0	None	
Sub Total - Growth Avoidance			992	0	992				

Service Redesign									
Adult Care, Health & Wellbeing	Public Health grant reduction	Redesign and reduction in Public Health work to absorb reduction in Grant funding. Agreed at Council February 2018	222		222	M	0	None	This would have to be delivered through further prioritisation of which local preventative initiatives and campaigns can be supported; stopping the test purchasing and intelligence gathering on illegal tobacco sales; reductions in office costs and reductions in contracted spend for health checks and other commissioned services
Sub Total - Service Redesign			222	0	222				

Adult Care, Health & Wellbeing Total	2,590	0	2,590
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2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Portfolio: Children & Young People

Efficiency Savings									
Children & Young People	SIAS /School Improvement & Achievement	Requirement for service will significantly reduce as Academisation increases. Also option to absorb admin roles within a corporate team / shared service. Agreed at Council February 2018	50		50	M	1	None	Capacity reduced to minimum statutory duty of monitoring school standards, admissions, place planning and sufficiency and champion for disadvantaged children including FSM and LAC
Sub Total - Efficiency Savings			50	0	50				

Service Redesign									
Children & Young People	Redesign Youth Connect Service	This saving reflects year 2 of a saving agreed at Council in February 2018 and is the full year impact of the changes made last year. The service has been redesigned and restructured, resulting in a reduction in staffing from October 2018. An in principal decision has been made by Cabinet to establish a Staff Mutual to allow the service to become independent and potentially enhance the available offer by enabling and encouraging other organisations (eg Town Councils) to take greater responsibility for local activities for young people.	300		300	L	No further reductions	There is ongoing work to transfer the future management of 3 Youth Service buildings	Changes to service already implemented in 2018.
Children & Young People	Capital & Organisation	By reducing the staffing structure of the team as the number of schools convert to academies. Agreed at Council February 2018	40		40	L	1 fte	Nil	Limited impact as responsibility for delivery of some aspects of team will transfer to academies
Children & Young People	Music Service	Explore options to combine back office support for the services across other local authorities (conversations already underway) and/or ensure charges to schools and parents enable full cost recovery to remove Council subsidy. Agreed at Council February 2018		40	40	H	None anticipated	Nil	The Music Service through its grant from Arts Council is responsible for providing support to low income families. Need to ensure this is not jeopardised by any changes in service delivery or charging.

2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Children & Young People	Childrens Equipment	Use of DFGs for Equipment	28	-28	0	H	An all age Community Equipment review is currently underway to support the re-procurement of the service in 2019.		TTThe council is required to ensure the Children with SEND have their needs accessed and met. The opportunity exists to cover this through capital grant for 2019/20. For 2020/21, it has been assumed that the revenue budget would be reinstated, pending the outcome of the Community Equipment review and re-procurement
Sub Total - Service Redesign			368	12	380				
Total Children & Young People			418	12	430				

2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Portfolio: Transformation & Customer Services

Efficiency Savings									
Transformation & Customer Services	Consolidation of Marketing and Communication function	As well as being held within the corporate communications team, there are also budgets for marketing and communications dispersed across teams in the council. This proposal seeks savings through more co-ordinated use of these resources. Approved at Council February 2018	60		60	M	Since the initial proposal was drawn up further work has taken place on project scope and on analysing staffing and non staffing budgets. The saving in 18/19 encompasses 1 FTE reduction. Further developments in this project envisage more co-ordinated working between communications staff across the organisation rather than significant structural changes, although this will be reviewed	Minimal	Savings resulting from new customer focused, more agile and digital ways of working resulting in real business improvements for customers and staff across the organisation facilitated and supported by a joined up multi-disciplinary transformation/change team.
Transformation & Customer Services	Consolidation of Performance / Intelligence function	A budget and staffing review and consolidation of relevant functions, followed by zero-based-budgeting exercise and development of new operating model.	250		250	M	5-10	None	Low
Transformation & Customer Services	Corporate Travel	Further reductions on the Council's spend relating to employee travel, including the so-called "grey fleet". This will build on savings already achieved through the implementation of previous phases of the Corporate Travel Plan. Savings will be delivered through further development of our "business travel hierarchy". In particular, there will be a managed increase in the proportion of operational miles undertaken through use of pool cars.	50		50	M	No impact on FTE- wider staff impacts summarised below.	This will make better and more efficient use of Council assets	The proposal aims to improve efficiency of service delivery through delivery of smarter ways of working
Transformation & Customer Services	Registrations	Increase number of registered venues for weddings/ ceremonies. Cross-selling and upselling of event packages. Estimated 10% increase in income.	9		9	L	0	None	This does require additional work but should be managed within existing resources
Transformation & Customer Services	Training	Training spend across all service areas will be centralised under the Human Resource & Organisation Development budget from 1 April 2019 and savings will be realised as a result.	350		350	M	There will be less overall spend on training, but training will be more focused on corporate priorities and delivered differently, ensuring a consistent and aligned approach for all staff development needs.	None	With the effective use of online training and pooling of resources alongside directed training there should be limited impact to service delivery. Ensuring staff have the relevant knowledge and skills to complete their roles effectively should in the long term impact on staff wellbeing, engagement and reduced absence which is currently an invisible cost.

2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Transformation & Customer Services	De Minimis level of work for the Chairman's office	Introducing a De Minimis model for the Chairman's role, which will involve the Chair taking part only in the following activities: <ul style="list-style-type: none"> • Chairing Council meetings • Community awards • Citizenship Ceremonies • Memorial Ceremonies (WW1, WW2 etc.) • Royal or dignitary visits • Any local or national significant events (planned or unplanned) 	40		40	L	0.75 FTE	None	Very little impact on service delivery. The proposal seeks to focus the role of the Chairman around core activities of the position and the Council such as chairing the formal Council meetings and items of Civic importance
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Sub Total - Efficiency Savings

759	0	759
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Income Generating Opportunities									
Transformation & Customer Services	Communications Hub & CCTV Income Generation	Approach the external market to use the spare capacity in our 24/7 Operation, including CCTV monitoring, Radio monitoring, Lone Worker Support, and Alarm Monitoring. Note Approved by Council in February 2018	50		50	H	0	None	Community benefits from increased security for those that use the service. Continuation of savings from 17/18 and 18/19.
Transformation & Customer Services	Energy services for B&NES	The Council to let concession type contract and in partnership with local community enterprise, to deliver a 100% local green energy tariff for local residents and a fairer option for low income households and those with pre-payment meter. Provides income through customer referral fees. Note approved by Council in February 2018"	15		15	M	None	None	Our Local Green Tariff enables residents to buy locally produced green energy, cutting local carbon emissions and stimulating the market. Provides a fairer deal for lower income, vulnerable and fuel poor households through separate Fairer power tariff

Sub Total - Income Generating Opportunities

65	0	65
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2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Service Redesign									
Transformation & Customer Services	Modern Libraries and Customer Services review	Continue to implement new ways of working to provide effective and efficient Library and Information Centres in our main urban areas to deliver our statutory universal offer to the community. Work with local communities delivering local library services to ensure they are sustainable and supported to deliver the service that their community needs. A new mobile library will be introduced in 2019 and routes constantly reviewed to ensure they meet community needs.	350	350	700	M	Staff reductions have been made by not filling vacant positions through natural attrition as a result of introducing more efficient ways of working and supporting technology. This will be continued where appropriate especially as the focus changes of front line services is impacted by the continued reduction in Housing Benefit work and growth in support of digital skills for Universal Credit and other initiatives	None	We will see an increased focus on the new digital agenda; helping people to access online resources and gain appropriate skills; with a focus on children and families and developing skills for the economy Access to 3 million books across Libraries West will be maintained and the delivery of our universal offers In rural areas the impacts will dependent upon local community solutions in an increasing number of vibrant community hubs.
Transformation & Customer Services	Staffing reduction in Strategy & Performance	As a result of further consolidation of policy functions the numbers of posts in the service will be further reduced. Note already agreed at Council in February 2018.	60		60	M	3-4	None	Previously agreed staff reductions from a corporate approach to functions delivered by this service.
Transformation & Customer Services	Service redesign/digital business improvement	Savings resulting from new customer focused, more agile and digital ways of working resulting in real business improvements for customers and staff across the organisation facilitated and supported by a joined up multi-disciplinary transformation/change team.	750		750	H	To be confirmed	Not known	Not known
Sub Total - Service Redesign			1,160	350	1,510				
Transformation & Customer Services Total			1,984	350	2,334				

Portfolio: Finance & Efficiency

Efficiency Savings									
Finance & Efficiency	Finance – Income and Debt Transactional Services	To consolidate the approach to income collection and debt recovery services across the Council. Note already agreed at Council February 2018 and reprofiled		10	10	M	0	None	Further alignment of practices and recovery between departments
Finance & Efficiency	Property Management	Closer working with the recently appointed Private Sector retail advisor to reduce voids and increase rental growth through active management of the commercial estate. Note already agreed at Council February 2018	300		300	H	tba	Greater efficiency within the Commercial Estate	N/A

2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Finance & Efficiency	IT Supply chain efficiencies and technology changes	Reducing spend through re-procurement and / or by changing some of the technologies we are using. Note already agreed at Council February 2018	112		112	L	0	None	Ongoing efficiency programme following insourcing of IT service and centralisation of IT spend
Finance & Efficiency	Procurement Savings	Review of all contractual and non-contractual spend.	388	1,500	1,888	M	None	None	Additional support will be provided to assist with delivery
Finance & Efficiency	Reduction in Pension Requirement	This saving is due a reduction in employer pension contributions for staff who were previously employed by B&NES	90		90	L	None	None	None
Finance & Efficiency	Salary Turnover Savings	The saving will be achieved through each Director managing vacancies within their staffing budget	250		250	L	Possible delay in recruitment	None	Possible impact but the overall saving target should be manageable at less than 1% of payroll costs
Sub Total - Efficiency Savings			1,140	1,510	2,650				

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Income Generating Opportunities									
Finance & Efficiency	Property development company	<ul style="list-style-type: none"> • To generate Revenue Income for the Council • To hold, manage and operate market housing for private short-term lettings. • To sell market housing for investment • Provision of other market housing related activity • Deliver and manage other commercial and property developments. • To deliver long term capital appreciation. Note already agreed at Council February 2018	280	270	550	M	0	Release of Council land and assets for development opportunities	This Council owned company ADL is now redeveloping the former Riverside offices in Keynsham and creating a pipeline of other development sites.
Finance & Efficiency	Commercial Estate	Active commercial property investment approach targeted at acquisitions in line with the Council's commercial estate strategy - which has been refreshed to include properties beyond B&NES boundaries and mainly in the WoE devolution area - and non retail investments. Note already agreed at Council February 2018	25		25	H	0	Increase in the Councils commercial holdings	An annual investment strategy will be developed to support the approach in line with emerging government guidance. Improved diversification of types of property holdings of the estate will be a benefit. This is the continuation of a new approach already proving successful and enables key services such as social care to be protected from the income generated.
Finance & Efficiency	City Deal Tier 3 Income	Recognition of projected Tier 3 income stream achieved from Business Rate growth in the Enterprise Area as part of the City Deal agreement. Note already agreed at Council February 2018 but a further £100k now achievable.	160		160	L	0	None	None

2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Finance & Efficiency	Office Accommodation	As staffing levels reduce due to current financial pressures, rent out vacated office accommodation esp. Lewis House. Note already agreed at Council February 2018 but reprofiled.	300	300	600	H	Staff will possibly need to relocate. No staffing reductions as a direct impact of this project	Bringing current corporate office accommodation into commercial use	Enables corporate estate to continue to be used as now with 3:2 desk ratios and (flexible) smarter working but also new income from space that becomes surplus.
Finance & Efficiency	Diversification and Longer Term Investment - Treasury Management	The Council has a successful strategy of using cash balances to minimise borrowing. The introduction of MIFID requires the council to retain a core investment balance of £10m to be able to comply with meeting the requirements needed for professional status. It is proposed that we diversify this £10m from short-term investments into longer term funds such as the CCLA (a property fund with a nationwide portfolio) and other combined funds.	200		200	L	None – but we will need to ensure we retain staff in this area to actively manage the investments	None	Additional investment income target of £250k net of funding required to maintain existing level of treasury management resourcing £50k.
Sub Total - Income Generating Opportunities			965	570	1,535				

Service Redesign

Finance & Efficiency	Establishment of Internal Audit Trading Company	As part of the natural evolution of the Audit West Partnership with North Somerset Council to establish the organisation as a local authority controlled trading (Ltd) company. Also possibly extend the partnership. Note already agreed at Council February 2018.	20		20	M	0	None	Possible TUPE implications - transfer of staff into B&NES owned company. Business plan at draft stage and new ways of working being established with partners inc. Devon and North Somerset
Finance & Efficiency	Parish Grants - Local Council Tax Support Scheme	Phased withdrawal / reduction in the Local Council Tax Support grant the Council currently makes to Parish & Town Councils and the Charter Trustees. Note already agreed at Council February 2018	41		41	L	0	None	Parishes will need to allow for the impact on their budgets, precepts and associated Council Tax increase. This phased change is already in progress having previously been notified.
Finance & Efficiency	Finance - Changes to Service Provision	This will depend on the demands on the service in terms of the success in reducing the number of capital and revenue projects. Note already agreed at Council February 2018 but revised and reprofiled		100	100	M	2.5	None	
Sub Total - Service Redesign			61	100	161				

Refinancing

Finance & Efficiency	Minimum Revenue Provision	A change in the Council's Minimum Revenue Provision (MRP) policy to move to a straight line basis over a period up to 50 years or the equivalent asset life. Already approved and the last year of budget adjustment.	-160		-160	L	0	None	None
Sub Total - Refinancing			-160	0	-160				

Finance & Efficiency Total

	2,006	2,180	4,186
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2019/20 Budget Savings & Income Generation Proposals

Portfolio	Savings Title	How to be achieved	19/20 Saving £000	20/21 Saving £000	2 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Note: The items shaded grey are existing savings and income generation proposals from the 2018/19 - 2019/20 budget, these have been reviewed for the 19/20 budget report.

Portfolio: Leader

Service Redesign									
Leader	Legal Service review of external legal spend and use of business partnering	Review use of external legal advice corporately and use of business partnering. Note already agreed at Council February 2018	50		50	H	0	None	Improved value for money

Sub Total - Service Redesign	50	0	50
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Leader Total	50	0	50
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OVERALL SAVINGS	8,851	3,242	12,093
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New & Emerging Capital Programme Items 2019/20 - 2023/24

APPENDIX 3

Project Name	COSTS			FUNDING		Approval	
	2019/20	2019/20 Onwards	Total 5 Year cost	Borrowing & Capital Receipts	Grants & External Funding		
Children & Young People							
Basic Need Grant	(150)	6,578	6,428	-	6,428	Provisional	Funding allocated to support the provision of sufficient school places which is a statutory responsibility of the Council. Funding Allocation in 19/20 made to Feasibility Studies below.
Basic Need Project Feasibility	150	-	150	-	150	Full	The feasibility budget allows officers to undertake feasibility studies and options appraisals to determine suitable solutions for school expansions and delivery of new schools.
SCPM (Schools Capital Planned Maintenance) Grant	2,790	-	2,790	-	2,790	Full	To address the worst condition issues at schools maintained by the Council. Allocations are made by the DfE on an annual basis.
Schools DDA & Minor Works (funded from SCPM)	250	-	250	-	250	Full	The budget is allocated to address smaller condition issues such as renewal of heating controls and replacement of obsolete distribution boards and other ad hoc issues as they arise throughout the year.
Schools Emergency Works (funded from SCPM)	250	-	250	-	250	Full	The Emergency works budget meets larger unforeseen condition issues as they occur throughout the year. This might include replacement of a failing temporary building or some major roof works.
Schools CIL	950	-	950	-	950	Provisional	Provision of sufficient school places from new developments to allow the Council to meet its statutory duties funded by Community Infrastructure Levy (CIL).
SEND Capital Projects	67	67	134	-	134	Provisional	Grant to support expansion of educational provision for children with Special Educational Needs & Disabilities (SEND).
Alternative Education Provision	1,234	-	1,234	1,093	141	Provisional	Refurbishment and renovation of a premises that was previously a primary school (St Johns, Lower Bristol Road), into alternative education provision for secondary age pupils in B&NES.
Children & Young People Total	5,541	6,645	12,186	1,093	11,093		
Development & Neighbourhoods							
Parks S106 and CIL	173	(273)	(100)	-	(100)	Provisional	An ongoing programme to ensure green spaces are safe to use and maintainable to a high standard.
Vehicle Replacement Programme	484	244	728	728	-	Provisional	Replacement end of life vehicles and additions to accommodate housing growth for the Waste, Recycling, Cleansing, Parks and Public Protection teams, subject to annual review of vehicle conditions.
Keynsham Leisure Centre	250	-	250	-	250	Provisional	A required addition to programme budget funded by CIL.
Air Quality monitoring equipment	-	40	40	40	-	Provisional	To achieve data capture in excess of 85% at the automatic monitoring locations to establish whether we meet the national air quality objectives and obtain data to establish the success of the Clean Air Zone.
Air Quality Study in Temple Cloud and Farrington Gurney	50	-	50	-	50	Provisional	Air Quality Management Areas have been declared in Temple Cloud and Farrington Gurney under the Environment Act 1995. The Council must develop plans to mitigate the levels of nitrogen dioxide.
Parks Foundation	50	-	50	-	50	Provisional	Parks Foundation projects to be included in the Council's capital programme as and when funds become available.
Public Tennis Improvements in Bath	715	-	715	-	715	Provisional	Capital improvements earmarked at Sydney Gardens, RVP and Alice Park to drive up participation in tennis in a sustainable way.
Tennis provision Chew Valley	120	-	120	-	120	Provisional	Public tennis improvements in the Chew Valley.
Bath Spa Water Monitoring	77	-	77	77	-	Full	Replacement of end of life water monitoring equipment to meet Avon Act obligations.
Waste Baler Replacement	350	-	350	350	-	Provisional	Replacement of equipment packing waste for disposal.
Development & Neighbourhoods Total	2,269	11	2,280	1,195	1,085		
Economic & Community Regeneration							
Disabled Facilities Grant	-	1,150	1,150	-	1,150	Full	The Housing Grants, Construction & Regeneration Act 1996 requires the Council to fund certain types of adaptations for disabled householders, subject to a financial means test.
Affordable Housing	-	635	635	405	230	Provisional	To support the Council's strategic aim of delivering Affordable Housing and, where required, the recovery of empty properties.
Bathscape	50	-	50	-	50	Provisional	Public Rights of Ways Improvements associated with Heritage Lottery award being progressed, representing Council matching funding.
BWR Phase 2	4,000	9,500	13,500	-	13,500	Provisional	To address viability issues relating to land assembly and infrastructure for the Bath Western Riverside (BWR) site.
Town & Local centres Public Realm	50	-	50	-	50	Provisional	Improvements to Public realm being developed to include Midsomer Norton and Keynsham.

Project Name	COSTS			FUNDING		Approval	
	2019/20	2019/20 Onwards	Total 5 Year cost	Borrowing & Capital Receipts	Grants & External Funding		
Bath City Centre Security	145	-	145	95	50	Full	This project involves coordinating public realm investment in Bath City Centre to increase security for residents and visitors.
Housing Infrastructure Fund & Housing Deal	2,000	-	2,000	-	2,000	Provisional	The Housing Infrastructure Fund (HIF) is Government's flagship national funding stream to enable and accelerate increased housing delivery for the commitments made in the Housing White Paper.
Bath Quays - Weston Island	100	-	100	100	-	Provisional	A key City centre site to enable comprehensive redevelopment to promote the aims and objectives of the EZ in terms of business rates income, housing delivery, job delivery and income growth.
Economic & Community Regeneration Total	6,345	11,285	17,630	600	17,030		
Finance & Efficiency							
Capital Contingency	5	-	5	5	-	Provisional	Replenishment of capital contingency.
Bath Area Form CIL	434	-	434	-	434	Provisional	Schemes to be agreed by the Area Forum.
Corporate Planned Maintenance	2,000	-	2,000	2,000	-	Full	Comprises a programme of individual projects across the Corporate estate which relate to corporate priorities and enactments relating to the management of the estate.
Customer Payments security and channel shift	68	136	204	204	-	Provisional	System and infrastructure developments to ensure compliance with Payment Card Industry Data Security Standards (PCIDSS), security measures & associated channel shift.
Commercial Estate refurbishment Programme	400	-	400	400	-	Provisional	The Commercial Estate provides a significant income to the authority through rental income and capital investment is required to secure new lettings.
Finance & Efficiency Total	2,907	136	3,043	2,609	434		
Transformation & Customer Services							
IT Asset Refresh	821	372	1,193	1,193	-	Full	Rolling programme to replace end of life equipment.
Digital Programme	1,000	-	1,000	1,000	-	Provisional	To provide the organisation with the digital technology and infrastructure to enable the ongoing transformation for both our workforce and citizens.
Transformation & Customer Services Total	1,821	372	2,193	2,193	-		
Transport & Environment							
Transport Improvement Programme	-	1,163	1,163	-	1,163	Full	Transportation schemes to support the delivery of the Joint Local Transport Plan and Transport Strategies objectives.
Highways Maintenance Block	-	7,353	7,353	-	7,353	Full	Department for Transport (DfT) Section 31 Annual Capital Grant allocation for Highway Structural Maintenance Block Programme for provisional capital programme entry.
Parking Services Vehicle Replacement	60	-	60	60	-	Provisional	Replacement of the vans at the end of their serviceable life, reviewed and evaluated annually. Realignment made from equipment below.
Parking Enforcement Equipment	-	(30)	(30)	(30)	-	Provisional	Hand Held Computer Terminals (HHCT), printers and related equipment used by Civil Enforcement Officers (CEOs) to issue Penalty Charge Notices (PCNs) for contravention of parking restrictions.
Additional Highways Maintenance Funding	1,000	-	1,000	-	1,000	Full	Additional capital investment to supplement the Department for Transport (DfT) Structural Maintenance Block Section 31 Capital Grant Funding for 2019/20.
Passenger Transport Vehicle Replacement	(135)	220	85	85	-	Provisional	Replacement of Passenger Transport fleet to provide accessible transport for home to school and social services requirements. Requirement for each year realigned following review.
Highways and Traffic Fleet Vehicle Renewal	-	325	325	325	-	Provisional	Rolling Replacement Programme for Highways & Traffic fleet, including the branded inspection vehicles.
Somerdale Bridge	200	2,000	2,200	-	2,200	Provisional	Somerdale development 106 agreements gives funding towards a new cycling and footbridge across the River Avon.
CIL Funding - Whitchurch Highways	200	-	200	-	200	Provisional	The A37 / Staunton Lane at Whitchurch traffic signal junction will be improved.
Transport & Environment Total	1,325	11,031	12,356	440	11,916		

Working Together on our budget, our plans and our communities

Budget Q&As 2018

Chew Valley Forum

Date: 26th November 2018

Venue: The Library Chew Valley School

No of attendees: 16

Presenters: Mike Bowden introduction, Cllr Charles Gerrish. The presentation given can be found [here](#). Following the presentation a question and answer session was held.

Question 1:	Assuming it were to go through will the Bath Clean Air Zone (CAZ) affect revenue?
Answer 1:	Any revenue raised from charges would first go towards the zone's on-going operating costs. Any surplus revenue would have to be re-invested in projects that encourage cleaner transport and travel in and around Bath.
Question 2:	Might the Clean Air Zone also come with bigger costs?
Answer 2:	The costs for implementing the Clean Air Zone are being met from central government funding.
Question 3:	What modelling has been done for Brexit given the income from tourism?
Answer 3:	The Local Government Association are providing advice to local councils. The fall in the pound has led to an increase in visitors from abroad and from UK visitors staying in the UK.
Question 4:	A significant number of carers come from overseas – are you concerned that the care sector could implode as a result of Brexit?
Answer 4:	We do share these concerns and lobbying has taken place through the LGA. It is recognised that caring should not be seen as a low-skill profession.
Comment 1:	Carers may have qualifications that may not be recognised here in future.
Comment 2:	There has been a massive increase in people with mental health needs but not all organisations can cope or are qualified to address these.
Response 2:	We are dependent on external funding to deliver services and work closely with organisations such as DHI (Developing Health and Independence). There is some funding from the Government to assist but demand is outstripping supply.
Question 5:	You mentioned a 40% increase in looked after children – this seems high – why the increase?
Answer 5:	There are a number of factors, including unaccompanied asylum seeking children and an increase in children with significant health conditions. our numbers were low to start with, but the increase has now brought us up to the national average. it is hard to pinpoint a single factor but we are a small population so one or two large families can impact the percentages.
Comment 3:	You said that 82p in the pound is spend on adult and children's social care but need to make a £50m saving over the next 5 years. By the time you get to this, you will only be delivering care and tiny bit of something else.
Response 3:	We hope not – we hope to generate more income, for example through our housing company. We are being very pro-active in this respect.
Comment 4:	The Wigan Deal was presented to the Clinical Commissioning Group and is a powerful story. Getting communities to work better together and the 'invest to

	save' model are critical.
Response 4:	Yes adult social care in particular is a national problem. We understand that the Government is preparing a green paper on this issue. We are still waiting for this but it could change things.

Somer Valley Forum

Date: 29th November 2018

Venue: Midsomer Norton Town Hall

No of attendees: 15

Presenters: Martin Shields introduction, Cllr Charles Gerrish and Ashley Ayre. The presentation given can be found [here](#). Following the presentation a question and answer session was held.

Question 1:	There needs to be a level playing field for businesses in the High Street. There are too many charity shops – can we do anything about this?
Answer 1:	There have been some recent changes for smaller shops in respect of business rates. Cllr Myers has also secured investment in Bath and Midsomer Norton High Streets from a WECA fund of up to £10m.
Question 2:	I'm very disappointed that the arts have been cut, especially in the light of escalating mental health issues – they can be very helpful with this. Is it worth cutting in light of this?
Answer 2:	If we continued to fund this service, we would have to cut something else. We don't want to cut services but we do need to balance the books.
Question 3:	The figure of £100 income for every lorry of recycling has been around for some time but the Chinese are becoming more discriminating on what they will accept. Will this figure change?
Answer 3:	We do not send our recycling materials to China - it is dealt with more locally. However, the costs of disposal of waste will increase so we do need people to recycle more. We can interest organisations in buying recyclable items that they can re-use and officers are currently looking at how to maximise these opportunities.
Question 4:	In terms of the Capital Programme Review, we know about Bath Central Library – are there any others?
Answer 4:	Some projects have been taken out of the programme as they have been completed. Other schemes have been reviewed so spend figures and profiles may be updated.
Comment 1:	Reporting via Fix My Street has been very successful. I reported a broken manhole cover at 8.45am and it was fixed by 11am the same day. It is easy to moan but many things do get done.

Keynsham Area Forum

Date: 3rd December 2018

Venue: Keynsham Community Space

No of attendees: 28

Presenters: Martin Shields introduction, Cllr Charles Gerrish and Ashley Ayre. The presentation given can be found [here](#). Following the presentation a question and answer session was held.

Question 1:	The media have led us to believe the Council will make an extra contribution to Policing – is this true?
Answer 1:	The Council collects the precept for a number of organisations including the Police. They set their own precept. The Council does not fund the Police directly – the precept comes from Council Taxpayers.

Question 2:	There is a budget line of £250k for Saltford Station. The Leader of the Council has been quoted as saying that no trains will stop there, so will this budget item be dropped?
Answer 2:	The Council continues to support the proposal.
Comment 1:	Saltford Parish Council has had a letter from Network Rail contradicting what the Council has said regarding a station's viability.
Response 1:	The proposal for a station at Saltford is now the responsibility of the West of England Combined Authority (WECA) and the Council has agreed to allocate a budget line. However, WECA is proposing a light rail which will include more stops with such a system.
Question 3:	Where will the traffic go if there is light rail on the road?
Answer 3:	The light rail would run alongside the existing rail line, not on the road.
Question 4:	I appreciate the work that Councillors and officers do to produce these budgets. I am dismayed at the £50m cuts over the next 4 – 5 years. The Government has been condemned by the United Nations. I am impressed that Cllr Gerrish is on top of his brief. However, I would have liked to see this information in a booklet beforehand. I propose that a meeting of the citizens of Keynsham be arranged so we can go through the budget and come up with suggestions. There are public loan boards – have we got anything like that? Do we fine bad landlords?
Answer 4:	<p>Yes we do fine bad landlords and there have been articles in the press about this. The Council does not have any PFI commitments and has reviewed its borrowing but the penalties of paying off loans sometimes outweigh the savings. The last borrowing in October was at a cheaper rate than a loan taken out in April due to the diligent work of officers.</p> <p>This Forum is not solely for the citizens of Keynsham but a wider geographic area. The whole point of the Forum meetings is to reach out to the community and there is a limit to what we can resource in terms of organising and holding further meetings. The Forum meetings are also non-political. The budget presentation will be circulated to the Forum and if you have any further questions or suggestions, these can be passed to officers. We will look at how we engage in the future.</p>
Question 5:	Is it correct that Business Rates go to Central Government?
Answer 5:	They did, with a proportion coming back to the Council – around 46% with the rest shared amongst other Local Authorities. When the Council joined WECA we were able to retain them which gave us £2m income. However, there is a review by the Government on the amount of business rates that local councils will be able to retain which has not yet been confirmed.
Question 6:	So, if we could retain 100% of Business Rates, we wouldn't have a deficit issue?
Answer 6:	The budget pressures continue, an example being that the law changed which required Council's to continue to support young people with Special Educational Needs until they are 25, not 18. There are no funds from Government to support this and we do not have the necessary educational facilities within our district. Therefore, we have to pay to transport such students to suitable colleges outside the area.
Comment 2:	There has been a reduction in Youth Services annually for years. Keynsham Town Council has taken them over here. It is good to hear about the staff mutual but you haven't told us how this works.
Response 2:	The staff mutual will be able to access external funding that the Council cannot. The staff will no longer be employed by the Council and the youth centre buildings the Council own will be run differently – this is how savings will be made. The Council will make a £500k provision to support the mutual.

Question 7:	So it is being done on a wing and a prayer?
Answer 7:	No – a business case has been prepared and will be ratified by the Council.
Comment 3:	Charities such as the Citizens Advice Bureau (CAB) get a grant to help the most vulnerable which you say is one of your priorities. However, if you cut their £5m grant by 10%, there will be a reduction in their services. I have volunteered with them for 12 years and they help a lot of people.
Response 3:	<p>We have no plans to re-negotiate our contract with the CAB as part of this budget.</p> <p>The Government recently announced that the CAB nationally will take on the advisory service for Universal Credit, so they will get funds from central Government. We commission £130m worth of services a year from the third sector and community groups and need to keep this under review but have not reduced the grant to the CAB. However, balancing the books does mean cuts elsewhere. With just over 81p in the pound going on vulnerable children and adults, this is a challenge.</p> <p>We have just signed with the CAB for the next year and as well as funding, we give them free access to our premises including office space.</p>
Comment 4:	The Keynsham Winter Festival took place last week and volunteers from Keynsham Wombles collected just 7 bags of litter. This is astonishing for an event that attracted 6,000 people. In previous years, they have collected 30 bags of litter so the messages around this are filtering through.

Joint 3SG Bath City, Cam Valley and Bathavon Forum

Date: 10th December 2018

Venue: Brunswick Room, Guildhall, Bath

No of Attendees: 32

Presenters: Ashley Ayre introduction and Cllr Charles Gerrish. The presentation given can be found [here](#). Following the presentation a question and answer session was held.

Question 1:	When Ben Howlett was MP the estimated no of jobs created from Bath Quay's site was 5,000 jobs and now you state that there will be 9,000 jobs created. How can you achieve those numbers?
Answer 1:	It is important that we create jobs locally particularly highly skilled jobs. There are a vast amount of people who travel out of the area for work and those travelling in. This will help reduce in and out commuting.
Question 2:	There are 43 empty shops in Bath what type of employment space will be created.
Answer 2:	We are looking at creating more office accommodation to attract new businesses into the area.
Question 3:	You talked about building affordable homes, can you confirm that there will be an increase and not a net decrease?
Answer 3:	I am unable to give the exact figures regarding housing growth numbers but it's important that we identified sites and current constraints such as lobby government about Air BnB and HMOs. Although it's not that straight forward, as HMOs are not always taken up as student houses, they are also used by young professionals.
Question 4:	Explain the thinking behind the housing company.
Answer 4:	The Council used to provide social housing. In early 2000, the Council took a decision to pass its housing stock to the social housing provider, which was Somer Housing, now known as Curo. From that point the Council ceased to have a housing revenue account. The property company is at arms length, although the Council is the sole shareholder. The company is converting a number of empty premises above the shops. These have remained empty for a number of years. This is an opportunity to convert them for residential uses. We are also converting our former

	Council offices in Keynsham into 95 new homes, some will be available for sale and some rented. The income will come back to the Council.
Question 5:	I understand the principle, but why can't the Council just deliver them?
Answer 5:	We cannot compete with the social housing provider. The property company can bring forward sites that wouldn't have happened otherwise. There is a site in lower Weston that we are working with the Duchy. It's a unique site and we are looking at developing sustainable properties.
Question 6:	Clearly there is a growing expectation for volunteers to step forward, is there evidence that there are enough volunteers to take up the slack
Answer 6:	There are never enough volunteers. Good neighbours and being neighbourly is different from volunteering.
Question 7:	There is advice that 15% of the transport budget should be allocated to cycling and walking, will you ensure that the transport budget is adequately split to fund cycling and walking initiatives?
Answer 7:	I suggest we take this away and find out more.
Question 8:	There is a shortfall in the budget of £6million before Council tax increases. What would 1% Council tax rise be?
Answer 8:	1% raises about £800k. Council tax rises are capped.
Comment 6:	There is often confusion between volunteering and the voluntary sector. Many voluntary organisations are quite sizeable and have paid professionals. It is very different.
Comment:7	There are many young professional and young vulnerable people who need housing to rent particularly those under 25.
Response: 7	We are working with the YMCA on a housing project.
Question 9:	In terms of working together, placed based commissions, health and education, what are you doing to help those young people who are excluded from school.
Answer 9:	The majority of schools in B&NES are now Academies. We commission alternative provision working with and involving schools and other partners. The education service is shrinking. We do monitor exclusions and challenge them.
Question 10:	Within the presentation you highlight the negative impact of the Universities on the Council tax and the loss of HMOs, what are you doing to ensure they pay their way?
Answer 10:	We are having conversations with both universities. There is a degree of engagement and we hope to reach a degree of understanding.
Question 11:	The average salary is £27.5k, how many properties in the Keynsham development will be within their price range?
Answer 11:	We are developing 95 new homes, some will be under £150k and will be available for local people. We will go back to the Board and ask for more information.
Question 12:	One good thing that has happened is the waste collection which must have saved money and is also good for the environment. Have you got other ideas to make improvements, such as encouraging businesses to recycle?
Answer 12:	This is a very good point. Our enforcement teams are very proactive and take action against businesses.
Question 13:	How do you guarantee that affordable housing doesn't get taken over by investment?
Answer 13:	This is a decision for the Company Board and it is an issue that we will be addressing with them.

Question 14:	In your presentation you refer to the Wigan Deal. They ask citizens to commit to doing their bit. Are you planning to roll out something similar? How can we help you with developing ideas and work with you?
Answer 14:	We are using the basis of the Wigan Deal. A meeting last month of the voluntary sector focussed on how we can work together and promote the services that are available locally. An example given was the Frome Model, there is an opportunity to create something similar in Banes. We are keen to hear new ideas.
Question 15:	In relation to your acquisitions for commercial property with another local authority are you also looking at property for housing and what is the % debt to the value of the property?
Answer 15:	The Council owns a number of commercial properties throughout the city, most of which are within retail. The retail sector is not very buoyant and therefore it's important to diversify our holdings. Rather than dispose of property we are acquiring additional property. The level of debt is lower than the private sector. The previous administration agreed to purchase an old bank building on Milson Street. The overall proportion of debt is 30% of the property value.
Question 16:	Does the Council subsidise refugees and can we accept further refugees? There is a family who is in unsuitable housing.
Answer 16:	The families accepted under the Government's scheme come with a funding package. Some of the grant is to help set up their accommodation. With regard to additional families this will be subject to suitable accommodation. We currently have 18 unaccompanied children in the resettlement scheme. With regard to the specific case you mention we should talk after the meeting about this.
Question 17:	There are more cuts that need to be found, at what point will we no longer be able to achieve the cuts?
Answer 17:	The Fair Funding review will be announced in the Spring. This may give us some answers. The model is currently unsustainable. We have first class special schools and therefore we do attract people from outside the area to relocate. The additional pressure to fund SEN up to the age of 25 have added further pressure on local authority budgets as there was no additional funding available.

HEALTH AND WELLBEING SELECT COMMITTEE

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (01225 394458). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Civic Centre (Keynsham) and at Bath Central, and Midsomer Norton public libraries.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
30TH JANUARY 2019				
30 Jan 2019	HWSC	Update on the Transfer of Services from the RNHRD to the RUH (Pain Services)	Caroline Kenny	Tracey Cox
30 Jan 2019	HWSC	Renal Services Update	Luke Culverwell	Tracey Cox
30 Jan 2019	HWSC	Preventative Health Work	Bruce Laurence Tel: 01225 39 4075	Director of Public Health
15 Jan 2019 21 Jan 2019 28 Jan 2019 30 Jan 2019	PHED PDS CTE PDS CYP PDS HWSC	Corporate & Budget Planning 2019-20	Steve Harman Donna Parham Tel: Mob: 07530263207 Tel: 0122539	Director Finance - Section 151 Officer
20TH MARCH 2019				
ITEMS YET TO BE SCHEDULED				
	HWSC	Local Care Home Staff Provision	Vincent Edwards Tel: 01225 477289	Director of Integrated Commissioning
	HWSC	Integrated Urgent Care Procurement	Catherine Phillips Tel: 01225 831868	Tracey Cox

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	HWSC	Dentistry Services	Ruth Bartram Tel: 01138 251522	
	HWSC	Non-Emergency Patient Transport Service		Tracey Cox
	HWSC	NHS 111 update		Tracey Cox
Page 93	HWSC	Loneliness		Director of Integrated Commissioning
	HWSC	Homecare Review		Director of Integrated Commissioning

The Forward Plan is administered by **DEMOCRATIC SERVICES**: Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk

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