

# Health and Wellbeing Board

**Date: Thursday, 2nd May, 2024**

**Time: 10.30 am**

**Venue: Kaposvar Room - Guildhall, Bath**

**Members:** Catherine Bailey (University of Bath), Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Scott Hill (Avon and Somerset Police), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Julia Griffith (B&NES Enhanced Medical Services (BEMS)), Nicola Hazle (Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)), Mary Kearney-Knowles (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), Kate Morton (Bath Mind), Rachel Pearce (NHS England), Sue Poole (Healthwatch BANES), Stephen Quinton (Avon Fire & Rescue Service), Rebecca Reynolds (Bath and North East Somerset Council), Val Scrase (HCRG Care Group), Richard Smale (Integrated Care Board), Alison Smith (Avon and Wiltshire Mental Health Partnership (AWP)) and Suzanne Westhead (Bath and North East Somerset Council)

**Observers:** Councillor Robin Moss (Bath and North East Somerset Council)

Other appropriate officers  
Press and Public



**Corrina Haskins**

**Democratic Services**

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## NOTES:

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

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

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.

The Council will broadcast the images and sounds live via the internet [www.bathnes.gov.uk/webcast](http://www.bathnes.gov.uk/webcast). The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

## 4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may ask a question or make a statement relevant to what the meeting has power to do. They may also present a petition on behalf of a group.

### **Advance notice is required as follows:**

**Questions – close of business 4 clear working days before the day of the meeting to submit the wording of the question in full.**

**Statements/Petitions – close of business 2 clear working days before the day of the meeting to include the subject matter. Individual speakers will be allocated up 3 minutes to speak at the meeting.**

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

## 5. **Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

## 6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

## Health and Wellbeing Board - Thursday, 2nd May, 2024

at 10.30 am in the Kaposvar Room - Guildhall, Bath

### A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer will draw attention to the emergency evacuation procedure.

3. APOLOGIES FOR ABSENCE

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.

(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 4.4 Appendix 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. UPDATES/URGENT BUSINESS AGREED BY THE CHAIR (Pages 7 - 8)

To note the following Chair's Updates:

1. At the Bath and North East Somerset Council meeting on 14 March, there was unanimous agreement (across political parties) to pass a motion to treat 'Care Experience' as if it were a 'protected characteristic'. (extract from minutes attached). Board members are asked to consider promoting a similar approach within their organisations.
2. To note that Bath & North East Somerset Council brought Adult Social Work, Learning Disabilities and Direct Payment Services back under its direct control from 1 April 2024. Update on the transition will be reported to the November meeting.

6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

Please see agenda note 4 overleaf.

7. MINUTES AND ACTIONS FROM PREVIOUS MEETING (Pages 9 - 14)

To confirm the minutes of the Health and Wellbeing Board meeting of 8 February 2024

as a correct record and note any outstanding actions.

### **ITEMS FOR NOTING**

8. HEALTH AND WELLBEING BOARD STATEMENT TO SUPPORT THE INTEGRATED CARE BOARD IMPLEMENTATION PLAN (Pages 15 - 16)

10 minutes

To note the statement from the Health and Wellbeing Board in support of the Integrated Care Board Implementation Plan.

Laura Ambler (Director of Place Bath and North East Somerset and BSW ICB)

### **FOCUS ITEM**

9. PRESENTATION BY ST JOHNS FOUNDATION/EARLY YEARS PROJECT TEAM

30 minutes

The Board to receive a presentation from Louise Harvey, St Johns Foundation and Julie Eden, Early Years Project Team on the work around Narrowing the Attainment Gap for Children and Young People.

### **ITEMS FOR COMMENT/SIGN OFF**

10. 2024 - 2030 CHILDREN AND YOUNG PEOPLE'S PLAN - PRIORITIES AND INDICATORS (Pages 17 - 38)

10 minutes

The Board is asked to sign off the 2024-2030 Children and Young People's Plan and terms of reference for the Children and Young Peoples Group and note updates to Priority 1 of the Joint Health and Wellbeing Strategy Implementation Plan.

Sarah McCluskey (Strategic Commissioning Officer) /Mary Kearney Knowles (Director – Children's Services and Education).

11. REPORT BACK ON GOVERNMENT CONSULTATION "CREATING A SMOKEFREE GENERATION AND TACKLING YOUTH VAPING" (Pages 39 - 44)

20 minutes

Cathy McMahon (Public Health Development and Commissioning Manager) to give an update on the Government consultation "Creating a smokefree generation and tackling youth vaping".

12. BETTER CARE FUND UPDATE (Pages 45 - 56)

10 minutes

Lucy Lang (Commissioning Programme and Project Manager) to give an update on the Better Care Fund return and timeline for the annual plan submission following the National Planning guidance received on 5 April.

13. SOCIAL PRESCRIBING

10 minutes

Kate Morton (Chief Executive Officer, Bath MIND) to give a verbal update on the Social Prescribing Project.

The Democratic Services Officer for this meeting is Corrina Haskins who can be contacted on 01225 394357.

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Extract from Council meeting 14 March 2024

### MOTION IN RELATON TO CARE EXPERIENCED PEOPLE

#### RESOLVED

Council notes that:

- 1 Care experienced people face significant barriers that impact them throughout their lives.
- 2 Despite the resilience of many care experienced people, society too often does not take their needs into account.
- 3 Care experienced people often face discrimination and stigma across housing, health, education, relationships, employment and in the criminal justice system.
- 4 As corporate parents, we have a collective responsibility for providing the best possible care and safeguarding for the children who are looked after by us as an authority.
- 5 All corporate parents should commit to hearing the voices of looked after children and young people and to considering their needs in any aspect of Council work.
- 6 This issue has been discussed at the Corporate Parenting meeting of 17 January 2024, at which all Councillors present supported the idea of treating care experience as a protected characteristic, and with care experienced people locally.
- 7 Councillors should be champions of the children in our care and challenge the negative attitudes and prejudice that exists in all aspects of society.
- 8 The Public Sector Equality Duty requires public bodies, such as Councils, to eliminate unlawful discrimination, harassment, and victimisation of people with protected characteristics.
- 9 75 other Local Authorities (cross party) have already adopted the motion to protect Care Experience.
- 10 The Independent Review of Childrens Social Care (2022) recognised that Care Experience should be considered a Protected Characteristic. The national advisor for Care Leavers, Mark Riddle (DfE) supported this recommendation in May 2023.

Council therefore:

1. Recognises that care experienced people are a group who are likely to face discrimination.
2. Recognises that Councils have a duty to put the needs of disadvantaged people at the heart of decision-making and include them in decisions which affect them.
3. Include a category of “care experienced” in all equality impact assessments, thereby ensuring that future decisions, services and policies made and adopted by the Council will be assessed to determine the impact of changes alongside those who formally share a protected characteristic.

4. Requests that in the delivery of the Public Sector Equality Duty the Council includes care experience in the publication and review of Equality Objectives and the annual publication of information relating to people who share a protected characteristic in services and employment.
5. Resolves that this Council will treat care experience as if it were a protected characteristic and that this shall be in addition to any other protected characteristic which may be relevant to an individual.
6. Formally calls upon other bodies to treat care experience as a protected characteristic until such time as it may be introduced by legislation.
7. Ensure Council departments continue to proactively seek out and listen to the voices of care experienced people when developing new policies and practices.



**HEALTH AND WELLBEING BOARD**

**Minutes of the Meeting held**

Thursday, 8th February, 2024, 2.30 pm

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Will Godfrey	Bath and North East Somerset Council
Nicola Hazle	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
Kate Morton	Bath Mind
Jon Nash	Avon and Somerset Police
Sue Poole	Healthwatch BANES
Stephen Quinton	Avon Fire & Rescue Service
Rebecca Reynolds	Bath and North East Somerset Council
David Trethewey	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Suzanne Westhead	Bath and North East Somerset Council
<b>Observer</b>	
Councillor Robin Moss	Bath and North East Somerset Council

46 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

47 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

48 **APOLOGIES FOR ABSENCE**

Apologies had been received from:

Sophie Broadfield – Bath and North East Somerset Council (David Trethewey in attendance as substitute)

Cara Charles Barks – Royal United Hospital

Jayne Davis – Bath College

Sara Gallagher – Bath Spa University

Julia Griffith – B&NES Enhanced Medical Services (BEMS)

Scott Hill – Avon and Somerset Police (Jon Nash in attendance as substitute)

Mary Kearney Knowles)

Alice Ludgate – University of Bath

49 **DECLARATIONS OF INTEREST**

Cllr Paul May reported that he was a non-executive Director of Sirona Health and Care which operated in Bristol, South Gloucestershire and North Somerset and if a conflict of interest arose at any future meeting, he would declare and withdraw from discussions.

David Trethewey declared an interest in item 9 “Better Care Fund update”.

50 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

51 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

There were no items from the public.

52 **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting of 4 December 2023 be approved as a correct record and signed by the Chair.

53 **PARENT CARERS' EXPERIENCE OF EMOTIONALLY BASED SCHOOL AVOIDANCE - REPORT FROM HEALTHWATCH**

Sue Poole (Healthwatch) and Rachel Hale/Helen Yates (Directors of Bath and North East Somerset Parent/Carer Forum) gave a presentation on their joint report on parent/carers' experience of emotionally based school avoidance, a copy of which was circulated with the agenda pack.

Board Members raised the following comments:

1. In response to concerns raised about accessing consistent support from GPs, there were alternatives to a clinical response, such as support from the Youth Forum and the Community Wellbeing Hub. Although the Community Wellbeing Hub was aimed currently at ages 16+ it was looking to expand to support younger people.  
It was noted that GPs may not be the best point of contact and a needs led approach was preferable, but parent/carers were often directed to GPs by schools.  
Representatives of the Parent/Carer Forum stated that although there was support available around the child, there was no support for parent/carers/siblings and extended family many of whom were struggling with mental health issues.
2. In relation to joined up working, it was also noted that from an ICB perspective, there was BSW Children and Young People Programme Board and a Learning Disabilities and Autism Programme. The Chair also suggested that this issue be brought to the attention of the B&NES Schools Standards Board.
3. It was recognised that there was an increase in emotionally based school avoidance, and it was important that school nurses/public health nurses were trained on EBSA to enable them to support students.

Nicola Hazle, Kate Morton, Becky Reynolds and Val Scrase offered to support Healthwatch and the Parent/Carers Forum develop the recommendations set out in the report. It was also suggested that Mary Kearney Knowles be involved as Director of Children's Services and Education.

**The Board RESOLVED to:**

1. **Note and raise awareness of the report.**
2. **Support Healthwatch/Parent/Carers Forum with developing the recommendations set out in the report.**

**54 BETTER CARE FUND UPDATE**

Laura Amber introduced the item which sought the Board's approval for the Better Care Fund Quarter 3 return.

In response to questioning, she confirmed that the fund was on track to deliver its targets this year.

**The Board RESOLVED to ratify the Quarter 3 return.**

**55 PRIMARY DENTAL SERVICES IN BATH AND NORTH EAST SOMERSET**

Victoria Stanley (Programme Lead: Pharmacy, Optometry and Dentistry ICB) gave a presentation on primary dental services in Bath and North East Somerset including an update on the new Government National Dental Recovery Plan which had been published on 7 February and covered funding arrangements, encouraging dental clinicians to work for the NHS, providing additional resources for oral health improvement and setting out the steps to make accessing dental care easier and faster (updated presentation attached as an appendix to these minutes).

The following comments were raised by Board Members:

1. It was noted that dentists were independent businesses and had no obligation to hold lists of patients. Patients were not registered with a dentist in the same way they were with a GP and dentists could meet contractual obligations by recalling patients more frequently than required.
2. It was noted that recruitment and retention was a challenge and there was a need to consider working with the nearby workforce providers for B&NES.
3. In relation to the priority of prevention, it was important to consider how to bring dental colleagues in to work alongside other health care providers.
4. It was noted that the challenges facing dental provision was a national issue and the situation in B&NES was better than a lot of other areas including Swindon and Wiltshire.

**The Board RESOLVED to note the presentation and note that further information would be available later in the year.**

## 56 **HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN**

The Board noted that:

1. This was the first meeting to receive the biannual exception reporting by designated reporting leads. The reports were signed off by sponsors who were HWB members.
2. The exception reporting was one of the new ways of monitoring the implementation of the JHWS.
3. Reporting leads also reviewed and summarised the health and wellbeing priority indicator set annually, and the summaries were included at the end of the exception reports.

The Board raised the following comments:

1. The exception reports were welcomed as an assurance that the priorities of the JHWS were being implemented.
2. The Development Sessions were also an opportunity to look at the implementation of priority themes in more detail.
3. The Council had recently adopted an Economic Strategy and there would be opportunities for connectivity with the JHWS. This would be discussed in detail at a future Development Session.
4. In relation to Priority 1, it was noted that some of the actions were dependent on Government however, it was important not to lose sight of the impact on families/parents on not meeting objectives and also the higher demands for children's services.

**The Board RESOLVED to note the exception reports.**

## 57 **PLAN TO PREVENT AND REDUCE SERIOUS VIOLENCE IN BATH AND NORTH EAST SOMERSET 2024-2025**

Joshua Khan (Public Health Registrar) introduced the report and drew attention to the four priorities:

1. Prevention and early intervention
2. Response and support
3. Community engagement and ongoing assessment of need
4. Alignment and collaboration within and across organisations

He confirmed that while there had been a national increase in serious violent incidents, these were relatively low in Bath and North East Somerset when compared with other areas, but there was a perception that there was a high level of incidents especially in relation to knife crime and anti-social behaviour.

Board Members raised the following comments:

1. The community events were welcomed to help address residents' concerns around serious violence incidents.
2. As well as the work by B&NES Council, Parish and Town Councils were also picking up work around community safety.
3. As one of the risk factors for serious violence was exclusion from school, it would be useful to link this work with the Schools Standards Board.
4. It was noted that there was collaborative work between different local authorities and police authorities in relation to perpetrators coming in to B&NES from outside the area.

**The Board RESOLVED to**

- (1) Note the key priorities set out in the Plan to Prevent and Reduce Serious Violence in B&NES 2024-2025.**
- (2) Note the governance structure of ongoing local serious violence work.**
- (3) Support the development of an implementation plan that will set out how to operationalise the determined priorities.**

#### **KEY MESSAGES FROM THE MEETING**

1. There was broad support for the Parent Carer Forum EBSA report recommendations and commitment for these to be shared with the CYP team, Community Wellbeing Hub and public health, and health visitors to be taken forward.
2. All Board members to raise awareness of/influence the EBSA report through existing networks and teams.
3. The Better Care Fund is on track to deliver its targets this year. Particular progress has been made in B&NES with hospital discharges with far fewer patients being unable to leave our hospital compared with last year. Joint working has achieved a steady position of below 20 in the RUH for B&NES, (a reduction from average of 60 last Winter). The system position remains under pressure across BSW ICB overall.
4. The Government's recent announcement about changes to the dentistry regime in the UK is still being worked through, and while some B&NES statistics are better than Swindon and Wiltshire, there are clearly significant problems in B&NES in terms of workforce, capacity, access and residents getting check-ups – we expect to hear more on this later in the year.
5. The first half-yearly update on the implementation plan was very well received, and consideration will be given on how it can be shared even more widely.
6. Serious violence and knife crime is lower in B&NES than neighbouring areas, but the perception of violence is relatively high, in turn fuelling violent behaviour; the HWB strategy and implementation plan will address many

of the causes of crime. The VRP report will be shared more widely, and an implementation plan developed in partnership with the BCSSP.

The meeting ended at 4.30 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

### **The Health and Wellbeing Board statement to support the Integrated Care Board Implementation Plan**

“The Bath and North East Somerset Health and Wellbeing Board welcomed the opportunity to work with Integrated Care Board (ICB) colleagues on responding to the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Strategy’s refreshed Implementation Plan.

We have a long-standing approach and history to joint working in this area, we have good representation on the Health and Wellbeing Board, and Integrated Care Alliance (ICA) and relevant Integrated Care Board (ICB) committees. We have developed close cooperation since early concepts with good communications, working with directors at both the Council and ICB and the Councils Health Oversight Scrutiny Committee.

This includes working together closely on the ICB Implementation Plan and we can confirm that it is reflective of and informed by the activity at local level and our Health and Wellbeing priorities.

In Bath and North East Somerset our Health and Wellbeing action plan maps across to the ICA key objectives and these have both informed the BSW ICB implementation plan.

We have a model of distributed leadership across our organisations who lead on relevant priorities in the Health and Wellbeing Strategy Action Plan and the refreshed ICB Implementation Plan.

We have provided specific comments around the prevention agenda which will be taken into account in the final version of the plan, and we recognise that there is further opportunity for comment on refining the plan in April and May.”

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<b>Bath &amp; North East Somerset Council</b>	
MEETING/ DECISION MAKER:	<b>Health and Wellbeing Board</b>
MEETING DATE:	<b>2<sup>nd</sup> May 2024</b>
TITLE:	<b>Children and Young People's Sub Group</b> <b>Report author:</b> Sarah McCluskey Strategic Commissioning officer.  <b>Presented by :</b> Mary Kearney - Knowles
WARD:	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b>	
<ul style="list-style-type: none"> <li>• Children and Young People's Plan (CYPP) 2024-2030 - Appendix 1</li> <li>• CYP Sub Committee of the Health and Wellbeing Board revised TORs for approval – Appendix 2</li> <li>• Brief updates to Priority 1 strategic objectives - Appendix 3</li> </ul>	
<b><u>For information:</u></b>	

## 1 THE ISSUE

- 1.1 The CYP Sub Group of the Health and Wellbeing Board has the overview of the delivery of services supporting the needs of children and young people in B&NES.

The Children and Young People's Plan demonstrates to the Board how Priority 1 and the Strategic Objectives of the Health and Wellbeing Strategy Implementation Plan will be met to ensure the best outcomes for children and young people who require additional support with their emotional, health and wellbeing and educational attainment.

- 1.2 To endorse and agree to the recommendations.

## 2 RECOMMENDATION

The Board is asked to.

- 2.1 Note and approve the CYPP 2024-2030 (Appendix 1)
- 2.2 Note and approve the revised TORs for the CYP subcommittee of the Health and Wellbeing Board. (Appendix 2)
- 2.3 Note and approve updates relating to the Priority 1 Strategic Objectives that were flagged as either RED or AMBER in the Q4 exception report. (Appendix 3)

### **3 THE REPORT**

- 3.1 The Children and Young People's Plan (CYPP) shows how partners will deliver services that will support children and young people with their emotional, health and wellbeing and educational attainment.
- 3.2 Review the TORs which reflect changes to membership for 2024/2025
- 3.3 We recognise that the exception report is presented to the H&WB in Q2 & Q4 however following the meeting in Feb it was felt that there were risks highlighted relating to a few strategic objectives that needed brief updates to reassure the Board on progress. A full exception report will be presented to the Q2 meeting.

*\*Safeguarding outcomes for children and young people are overseen by the B&NES Community Safety and Safeguarding Partnership via its various sub groups.*

### **4 STATUTORY CONSIDERATIONS**

- 4.1 Much of the work detailed in the CYPP and the Implementation Plan contributes towards meeting the statutory duties of the Council and the Integrated Care Board in respect of children and young people's health and social care.

### **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 5.1 The delivery of the Implementation Plan and its current priority areas are being delivered within the current financial envelope; and while there are challenges with capacity of some services there is no request for additional resources in this report.

### **6 RISK MANAGEMENT**

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

### **7 EQUALITIES**

- 7.1 An Equalities Impact Assessment has been undertaken on the Health and Wellbeing Strategy. Priority 1 focuses on the inequalities that our more vulnerable children and young people experience.

### **8 CLIMATE CHANGE**

- 8.1** The plan aims to maximise resources whilst minimising the impact on the environment, and as the CYPP is implemented it will aim to climate change reduction where possible.

**9 OTHER OPTIONS CONSIDERED**

- 9.1** None

**10 CONSULTATION**

This paper has been shared with the CYP Sub-Group, the Director for Children's Service and Education and the Lead Member for Children and Young People.

<b>Contact person</b>	Sarah McCluskey Strategic Commissioning Officer <a href="mailto:Sarah_McCluskey@bathnes.gov.uk">Sarah_McCluskey@bathnes.gov.uk</a>
<b>Background papers</b>	
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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**Bath & North East  
Somerset Council**

Improving People's Lives



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Integrated Care Board

# **Children and Young People's Plan**

**Delivering for Children and Young People on  
Priority 1 of the Health and Wellbeing Strategy  
2023 -2030**

**Children and Young People's sub committee of the Health  
and Wellbeing Board**

**The Health and Wellbeing Board's Health and Wellbeing Strategy is a seven-year plan setting out how the Health and Wellbeing Board aim to put in place the best conditions for people of all ages to live healthy and fulfilling lives.**

<https://beta.bathnes.gov.uk/document-and-policy-library/joint-health-and-wellbeing-strategy>

The Strategy has a vision for 2030 that sets out four priorities which they hope will help people have the best start in life, live well in caring, compassionate communities, and make it easier for people to live physically and emotionally healthy lives. The list of priorities is not exhaustive, but it provides focus to establish the right foundations for everyone's health and wellbeing over the next few years.

There are four priorities in the Strategy that will improve the health and wellbeing of all residents and reduce health inequalities.

- Ensure that children and young people are healthy and ready for learning and education.
- Improve skills, good work, and employment.
- Strengthen compassionate and healthy communities.
- Create health promoting places.

### **Principles that underpin all that we do**

In order for the Strategy to be a success and make the difference partnerships and organisations leading the implementation of the strategy will seek to incorporate the following principles in their work delivering on the priorities:

- Tackle inequalities
- Adapt and build resilience to climate change!
- Share responsibility and engage for change.
- Deliver for all life stages.

### **How we will know if we are making a difference**

We have a set of indicators which we will over time develop further so we can see if we are on the right track. The Health and Wellbeing Board will receive updates on actions taken by partners of the Health and Wellbeing Board to deliver on the indicators.

## **The Children and Young People's sub committee**

We have a Children and Young Peoples sub committee of the Health and Wellbeing Board who historically have ensured delivery on emotional health and wellbeing\* outcomes in previous Children and Young People's Plans.

***\*The assurance around children and young people's safeguarding sits with the Bath and North East Somerset Community Safety and Safeguarding Partnership BCSSP***  
<https://bcssp.bathnes.gov.uk>

This sub committee oversees the delivery of the Health and Wellbeing Board Strategy Priority 1 and Strategy Objectives giving assurance to the Health and Wellbeing Board that children and young people in B&NES in most need have good emotional, health and wellbeing support.

Members of the sub group include:

- Health and Wellbeing Board member (Chair)
- Head of Education Commissioning
- Head of the Virtual School
- Director of Children and Young People's Service
- Chair of the Children and Young People's Emotional Health and Wellbeing subgroup
- Chair of the Prevention and Early Intervention sub group of BCSSP
- Senior Commissioning Manager – Children's Public Health and Early Help Public Health Department
- Third Sector representative
- Children's Community Health Services, HCRG Care Group
- Specialist Safeguarding Nurse
- Designated Nurse for Looked After Children
- BCSSP Business Manager
- Senior Commissioning Manager Complex Care and Targeted Support
- Strategic Commissioning Officer Complex Care and Targeted Support (Support to the Sub Group)

The group meets 6 times a year and provides a quality and assurance report to the Health and Wellbeing Board in Q2 and Q4 and also in Q4 the Priority Indicators

### ***Our Vision***

***Children and young people will be well prepared for adult life, and we will listen to what they tell us, so they can influence change.***

Our Children and Young People's Plan (set out below ) outlines how we will deliver on the objectives set out in the Health and Wellbeing Strategy for our children and young people in most need , living in Bath and North East Somerset.

## Priority 1

**Ensure Children and Young People have the best start in life and are ready for education and learning**

**Intended outcome: All our children are healthy and ready for learning and education.**

### Implementation Plan Strategy Objectives

1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.

1.2 Improve timely access to appropriate family and wellbeing support

1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.

1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services)

**Objectives for Children and Young People's sub group that will help us to deliver against the better outcomes.**

1. Increase the proportion of children and young people living in safe, supportive families and communities.
2. Increase the proportion of children and young people experiencing good emotional and mental health, wellbeing, and resilience.
3. Increase the proportion of children and young people maintaining a healthy weight.
4. Increase the proportion of children and young people free from the harm of substance misuse, including alcohol and tobacco.
5. Ensure children who have an identified additional need are supported to have the best start in life and be ready for learning.
6. Ensure children and young people who have an identified additional need are supported to achieve and that gaps in their educational attainment are closed.
7. Ensure children and young people with SEND are well supported and able to access and maintain appropriate local education provision.
8. Children and young people with an identified additional need are supported through key transitions stages.



H&WB Strategy Implementation Plan Priority 1				
Strategy objective	Indicators to measure impact	Partnership responsible for leading delivery	Others involved in delivering the action	Update to Health and Wellbeing board
<p><b>1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.</b></p> <p>1.1.1 Implement Best Start in Life Action Plan</p> <p>1.1.2 Work towards a shared trauma informed resilience approach</p> <p>1.1.3 Ensure constant promotion of existing and new services so practitioners and</p>	<ul style="list-style-type: none"> <li>• Improve perinatal and infant mental health, especially for women with mild to moderate perinatal mental health needs.</li> <li>• Increase number of children accessing their entitlement to early education at age two, three and four</li> <li>• National Child Measurement Programme - reception and year 6</li> </ul>	<p>Prevention and Early Intervention sub group of the BCSSP</p> <p>Early Childhood Outcomes Group (ECOG) reports to Best Start in Life group (BSILG)</p>	<p>BSW Local Maternity and Neonatal System, VCSE, Early Years settings, Schools,</p>	<p>Exception report Q2 &amp; Q4</p>

<p>families know what support is available</p>				
<p><b>1.2 Improve timely access to appropriate family and wellbeing support.</b></p> <p>1.2.1 Ensure continuity of Early Help offer.</p> <p>1.2.2 Family Therapy provision</p> <p>1.2.3 Progress work towards a Family Hub/Multi-Disciplinary Team approach to support families linked to new Integrated Neighbourhood Team model.</p>	<ul style="list-style-type: none"> <li>Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) crude rate per 10,000.</li> </ul>	<p>Prevention and Early Intervention sub group of the BCSSP</p> <p>Injury Prevention Partnership ( Safeguarding)</p>	<p>BSW Local Maternity and Neonatal System, Schools, Early Years Settings, VCSE groups, CAMHS.</p>	<p>Exception report Q2 &amp; Q4</p>

<p><b>1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.</b></p> <p>1.3.1. Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to provide intensive support for children eligible for free school meals, Children Looked After (CLA), SEND and BAME to support them to achieve better outcomes at school</p> <p>1.3.2 Continue to work alongside schools and social care to reduce exclusions and suspensions for all children open to social care but with a specific focus on CLA and Children with</p>	<ul style="list-style-type: none"> <li>• Increase percentage of children on FSM achieving a Good Level of Development at EYFS</li> <li>• For at least 80% of children who are looked after to be making good or expected progress in their academic pathways.</li> <li>• For all children who are looked after to have an identified education or training pathway post 16.</li> <li>• To maintain no permanent exclusions for children who are looked after.</li> <li>• To develop an enhanced offer of support from the virtual school to include young people who are care experienced post 18.</li> <li>• To develop a strong graduated inclusive approach for all vulnerable children at risk of exclusion.</li> <li>• Embed the Tier 4 Approach in all schools to promote inclusion and prevent exclusions.</li> <li>• To reduce permanent exclusions for all vulnerable children.</li> </ul>	<p>Improve Educational Outcomes for Disadvantaged Pupils (IEODP)</p>	<p>SEND Inclusion Service Virtual School, VCSE, Schools, SEND Transitions.</p>	<p>Exception report Q2 &amp; Q4</p>
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<p>Protection Plans (CPP) in place</p> <p>1.3.4 Continue affordable schools' work.</p>	<ul style="list-style-type: none"> <li>• For all children open to social care to have a strong education focus within their plans supported by advice from the Virtual School.</li> <li>• To ensure that school attendance for all our vulnerable groups is in line or above the national average.</li> </ul>			
<p><b>1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services).</b></p> <p>1.4.1 Retain commissioned services.</p> <p>1.4.2 Influence ICA to invest and take action to address emotional wellbeing and mental health.</p>	<ul style="list-style-type: none"> <li>• Rates of under 18s alcohol related hospital admissions</li> <li>• Rates of hospital admissions as a result of self harm (10-24)</li> <li>• Mitigate the anxiety experienced by children and young people not attending school/college due to lockdown restrictions or due to above average levels of parental or child/young person anxieties (including children and young people with autism</li> <li>• Improve experience of, and access to, care and support for young people aged 16-25 transitioning to adult services by ensuring closer</li> </ul>	<p>CYP Emotional Health and Wellbeing subgroup</p> <p>Emotionally Based School Avoidance Steering Group ( EBSA)</p> <p>Mental Health in Schools Group</p>	<p>Children services B&amp;NES/Oxford Health, BSW, VCSE groups,</p>	<p>Exception report Q2 &amp; Q4</p>

<p>1.4.3 Use and refresh Dynamic Support Register and Care, Education and Treatment Plans to ensure support provided is needs led and tailored to child</p> <p>1.4.4 Improve transition processes between children and young people and adult services (Physical and MH provision)</p>	<p>collaboration and earlier involvement of services and ensuring system wide adoption of relevant standards</p> <ul style="list-style-type: none"> <li>• Improve the support for Children Looked After who need interventions to help with previous trauma</li> <li>• Improve CLA's emotional wellbeing, placement stability and educational attainment.</li> </ul>			
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Priority Indicator reported annually in Q4	Timescales (Period covered by data)	Summary Points (Pull out and summarise key points)	Comments (e.g., limitations of the data, links to actions being undertaken in JHWS implementation plan...)
Gap in School Readiness: the gap in the percentage of children with free school meal status achieving a good level of development at the end of reception compared to pupils who are not in receipt of free school meals	<i>Example</i> Sept 20- Sept 22	<i>Example</i> the educational attainment gap is increasing among boys but static among girls	<i>Example</i> There is now a stronger focus on gender in refresh of the plan
Child development: percentage of children achieving a good level of development at 2 to 2½ years			
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 yrs.), crude rate per 10,000,			
Hospital Admissions as a result of self-harm (10-24 years), DSR - per 100,000			
Smoking status at time of delivery ( <b>NEW</b> )			

**B&NES HEALTH AND WELLBEING BOARD**

**CHILDREN AND YOUNG PEOPLE SUB COMMITTEE**

**TERMS OF REFERENCE**

**1. Name**

- 1.1 The Children and Young People Sub Committee of B&NES Health and Wellbeing Board.

**2. Statement of purpose**

- 2.1 This group will operate as a subcommittee of the H&WBB and will support the H&WBB in delivering Priority 1 and the Strategic Objectives of the Health and Wellbeing Strategy for Children and Young People needing support with their emotional, health and wellbeing and educational attainment.

**3. Roles and responsibilities**

- 3.1 The subcommittee will be responsible for:
- The delivery and monitoring of the Health and Wellbeing Strategy Implementation Plan Priority 1 relating to children & young people from B&NES.
  - Provide an Exception Report to the H&WBB in Quarter 2 and 4 and in addition a report on the Priority Indicators at the Quarter 4 meeting.
  - Ensuring that the activity of relevant strategy groups will input into the CYP subcommittee who will then take decisions on what information, outside of the exception reports, needs to be escalated to the H&WBB.
  - Attend H&WBB development sessions where there is a focus on Priority 1, in relation to children and young people's emotional, health and wellbeing and educational attainment.
  - Promoting a Think Family Approach between adults and children's services.
  - Input to Strategic Evidence Base (SEB) as appropriate.

- Ensuring equality of access to services, so reducing inequalities in outcomes

#### **4. Safeguarding**

3.2 The BCSSP Business Manager will attend meetings to give updates to the sub committee on the work of the BCSP and its sub groups in relation to the safeguarding of children and young people.

#### **5. Membership**

5.1 Core members of the subgroup shall consist of the following:

- Health and Wellbeing Board member (Chair)
- Head of Education Commissioning
- Head of the Virtual School
- Director of Children and Young People's Service
- Chair of the Children and Young People's Emotional Health and Wellbeing subgroup – **Vacant**
- Chair of the Prevention and Early Intervention sub group of BCSSP
- Senior Commissioning Manager – Children's Public Health and Early Help Public Health Department
- Third Sector representative
- Children's Community Health Services, HCRG Care Group
- Specialist Safeguarding Nurse
- Designated Nurse for Looked After Children
- BCSSP Business Manager
- Strategic Commissioning Officer
- Senior Commissioning Manager Complex Care and Targeted Support

*(Other organisations/individuals may be invited to attend, depending on the meeting agenda).*

5.2 The Strategic Commissioning Officer will attend in a coordination and advisory capacity.

5.3 Subcommittee members should nominate a named substitute from an appropriate member of their organisation or service.

5.4 Members of B&NES Youth Forum/Partnership will be allocated a slot at the meetings to either attend in person, in which case, meetings should be scheduled in school holidays or after 4.30pm or provide a question on behalf of the B&NES Youth Forum/Partnership for discussion by the subcommittee relating to emotional health and wellbeing .

#### **6. Reporting and operating arrangements**

6.1 The subcommittee will be chaired by an Officer member of the H&WBB



- 6.2 It is anticipated that the subcommittee will meet at six times a year, with an annual development session planned as required. The agenda for these meetings will be circulated a week in advance.
- 6.3 The subcommittee will be declared quorate when six of its core members are in attendance. However, the six members must not all be from the same agency.
- 6.4 Agendas will focus primarily on contributing to the delivery of the Health and Wellbeing Strategy and other relevant children and young people strategies.

Agendas can be developed by:

- Discussion amongst members of the sub committee
- Learning from local and national practice reviews and surveys
- Following recommendations by the Health and Wellbeing Board
- Requests from young people

Reviewed and signed off CYP Sub Committee – Sept 2022

Signed off at H&WB September 2023

Next Review March 2024

### Membership 2024-2025

Name and email	Service/Agency/Organisation	Role	Other Boards/Partnerships attended	Links to other strategies
Anne Gray <a href="mailto:anne.gray6@nhs.net">anne.gray6@nhs.net</a>	Designated Nurse for Looked After Children  NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)	<ul style="list-style-type: none"> <li>• Operational Grp</li> <li>• PRG</li> <li>• Quality &amp; Performance</li> <li>• Training &amp; Dev</li> <li>• DAP</li> </ul>	BSW	
Caroline Haworth <a href="mailto:Caroline@bathareaplayproject.co.uk">Caroline@bathareaplayproject.co.uk</a> Page 34	Third Sector Representative for B&NES Children & Young People's Network Bath Area Play Project	<ul style="list-style-type: none"> <li>• Director</li> </ul>	Trustee of 3SG EHAP SEND Partnership Advisory Group	
Vacant	Bath & North East Somerset Council NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)	Commissioning Manager – Mental Health	Chair of the Children and Young People's Emotional Health and Wellbeing subgroup	Draft B&NES Mental Health Strategic Commissioning Intentions.  Draft BSW Mental Health Strategy  Community Services framework transformation
Fiona Finlay <a href="mailto:Fiona.Finlay@hrcrgcaregroup.com">Fiona.Finlay@hrcrgcaregroup.com</a>	HCRG/BSW/ICB	Designated Doctor – Safeguarding Children	PRG BCSSP Early Help & Intervention Sub group	Early Help and Intervention Strategy
Ian Tomlinson <a href="mailto:Ian_Tomlinson@BATHNES.GOV.UK">Ian_Tomlinson@BATHNES.GOV.UK</a>	Bath & North East Somerset Council NHS Bath and North East	Senior Commissioning Manager – Complex	SEND Strategy Board Children's	SEND Strategy 2020-2023 and the SEND Strategy Action Plan

	Somerset, Swindon and Wiltshire Integrated Care Board (ICB)	Care and targeted Support	NHSE SEND Board	Children's Transformation Strategy (Draft) BSW CYP Transformation Strategy (to be scoped)
Jude Sellers <a href="mailto:Judith.Sellers@hrcgcaregroup.com">Judith.Sellers@hrcgcaregroup.com</a>	HCRG Care Group – provider B&NES children's community services	Head of Universal Services and Deputy Head of Operations, Children.	BCSSP Early Help & Intervention Sub group	Early Help and Intervention Strategy
Kirstie Webb <a href="mailto:Kirstie_webb@bathnes.gov.uk">Kirstie_webb@bathnes.gov.uk</a>	B&NES Community Safety and Safeguarding Partnership	Business Manager	All of the BCSSP Groups/sub-groups, Avon & Somerset Strategic Safeguarding Partnership	BCSSP Strategic Plan OPCC Community Safety Plan
Marcia Burgham <a href="mailto:Marcia_burgham@bathnes.gov.uk">Marcia_burgham@bathnes.gov.uk</a>	Bath and North East Somerset Council	Children's Public Health Principal	Early Help and Intervention Sub-group	Early Help and Intervention Strategy  Injury Prevention Strategy  Oral Health Strategy
<a href="mailto:Olwyn_Donnelly@bathnes.gov.uk">Olwyn_Donnelly@bathnes.gov.uk</a>	School Standards Board School's Forum Local Area Inclusion Partnership (LAIP)	Head of Education Commissioning	School Improvement Board School's Forum SEND Strategy Board	SEND Strategy and the SEND Strategy Action Plan – Transformation & Sufficiency SEND & AP Improvement Plan
Mary Kearney-Knowles <a href="mailto:Mary_Kearney-Knowles@bathnes.gov.uk">Mary_Kearney-Knowles@bathnes.gov.uk</a>	Director of Children's Services and Education/DCS			
Sam Gillett <a href="mailto:sam.gillett@stjohnsbath.org.uk">sam.gillett@stjohnsbath.org.uk</a>	Head of Delivery and Impact St John's Foundation			
Sarah Gunner	B&NES Virtual School & AP	Head of Service –	CYP Emotional Health	Virtual School

<a href="mailto:Sarah_Gunner@bathnes.gov.uk">Sarah_Gunner@bathnes.gov.uk</a>		Virtual School, Alternative Learning Team and AWSS	and Wellbeing Group	Development Plan
Vivienne Cutler E: <a href="mailto:Vivienne.cutler1@nhs.net">Vivienne.cutler1@nhs.net</a>	Bath & North East Somerset Locality of NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)	Specialist Safeguarding Nurse		

## **Priority 1 Strategic Objectives - Updates on Q4 Exception Report**

**1.3.1 Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to provide intensive support for children eligible for free school meals, Children Looked After (CLA), SEND and BAME to support them to achieve better outcomes at school RED**

*Update - We have commissioned **Big Education** to deliver a project supporting our schools to improve the educational outcomes of disadvantaged children.*

*To date the project has:*

- *Produced B&NES Data Report re Disadvantage & Attainment*
- *B&NES Survey Responses re Inequality in Education*
- *Recruited and trained 6 school leaders to lead action learning sets across 13 schools. Each school is supported to design an intervention or change to practice to address the attainment gap, according to their context and based on best evidence.*
- *Impact evaluation data will be collected and analysed during March & April '25 and a final report issued.*

*The project will culminate with a B&NES conference in May'25 to present the findings from the ALS with the aim of leaving a legacy of best practice.*

**1.3.2 Continue to work alongside schools and social care to reduce exclusions and suspensions for all children open to social care but with a specific focus on CLA and Children with Protection Plans (CPP) in place. AMBER**

*Update - In terms of the 'Actions' we are delivering so this is now green but figures will fluctuate so continuing to work with schools to reduce exclusions and monitor those pupils at risk of suspension remains the focus for the work of the Virtual School.*

**1.4.1 Retain commissioned services AMBER**

*The revised Safety Valve plan focuses on three broad areas –*

- (i) strengthening the system of SEN support, to build capacity and help at a pre-statutory level and ensure needs can be identified and met in a timely fashion;*
- (ii) pro-actively developing local specialist provision that reflects local needs;*
- (iii) strengthening statutory decision-making to ensure consistent, high-quality decisions about access to support and the use of resources.*

Verbal updates from Laura Ambler to be presented at the meeting

**1.2.2 New Family Therapy AWP provision AMBER**

**1.4.2 Influence ICA to invest and take action to address emotional wellbeing and mental health. AMBER**

Verbal update from Mary Kearney-Knowles to be presented at the meeting

**1.4.4 Improve transition processes between children and young people and adult services (Physical and MH provision) - relating to resourcing of Designated Social Care Officer (DSCO) as recommended in the SEND Review.**

<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING</b>	<b>Joint Health and Wellbeing Board</b>	
<b>MEETING DATE:</b>	<b>2<sup>nd</sup> May 2024</b>	EXECUTIVE FORWARD PLAN REFERENCE:
<b>TITLE:</b>	<b>Smoke Free Generation</b>	
<b>WARD:</b>	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report: None</b>		
Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption		

**1 THE ISSUE**

1.1 This report updates the Board on national progress toward a Smoke Free Generation and measures to reduce the appeal of vapes to children and young people.

**2 RECOMMENDATION**

**The Board is asked to;**

**2.1 Proposal 1**

Note the contents of the report and consider how agencies/members can support the aim of achieving a smoke free generation, a reduction in youth vaping and supporting smokers to quit.

**3 THE REPORT**

3.1 Tobacco, and especially cigarette smoking, is the single most important, entirely preventable cause of ill health, disability and death in the UK. It is responsible for 80,000 deaths in the UK each year. It is estimated that approximately 350 people aged 18 – 25 years take up smoking every day in the UK . Smoking is highly addictive and the majority of smokers would never have started if they had the choice again. .

3.2 In B&NES, smoking prevalence is similar to regional, and lower than national levels, at 11.5% of adults. This equates to 18,300 current adult smokers, a significant proportion of which are in routine and manual occupations. Smoking prevalence amongst those in routine and manual occupations in B&NES is 28.4%. In B&NES, during the 3 year period 2017 – 2019, 479 deaths were

attributable to smoking. Smoking reduces life expectancy on average by 10 years. Life expectancy varies significantly in Bath & North East Somerset and smoking accounts for approximately half this difference in life expectancy.

### **Smoke Free Generation Consultation**

- 3.3 The Government's Smoke Free Generation consultation closed on 6th December 2023<sup>1</sup>. There were over 25,000 responses with the majority in support of the proposal to create a smoke free generation. This means there was majority support for legislation to make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products.
- 3.4 Respondents were mostly in favour of the proposed measures to tackle youth vaping, particularly restricting point of sale displays and restricting packaging. Although there were mixed views on how best to do this.
- 3.5 There was also support for extending these regulations to cover non-nicotine vapes as well as to other consumer nicotine products, such as nicotine pouches, to avoid loopholes and support stronger enforcement.
- 3.6 Respondents were strongly in favour of introducing a ban on the sale and supply of disposable vaping products.
- 3.7 There was significant support for enforcement across the tobacco and vaping measures including introducing new fixed penalty notices in England.

### **The Tobacco and Vapes Bill**

- 3.8 The Tobacco and Vapes Bill<sup>2</sup> had its second reading in the House of Commons on 16th April 2024. 383 MP's voted for the Bill, there were 200 abstentions and 67 MP's voted against the Bill. The Bill will now go to Committee stage where it will be debated further in detail and potential amendments put forward. The Committee will receive evidence in relation to the Bill on 30<sup>th</sup> April/1<sup>st</sup> May 2024. It will then go back to the House of Commons for further debate.
- 3.9 The aims of the Bill are to protect future generations from the harms of smoking, tackle youth vaping and strengthen enforcement of age of sale legislation for tobacco and vaping products.
- 3.10 The Bill will make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products. The Bill will also make it an offence to purchase tobacco products on behalf of someone born on or after 1 January 2009 ('proxy purchasing'). This is the smokefree generation policy.
- 3.11 The products in scope of the smokefree generation policy includes all tobacco products (including waterpipe tobacco, such as shisha), cigarette papers, and herbal smoking products would be subject to the new law.
- 3.12 On vaping products and other nicotine products, the Bill brings forward a number of measures to reduce the appeal and availability of such products to

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<sup>1</sup> <https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping>

<sup>2</sup> [https://www.gov.uk/government/collections/tobacco-and-vapes-bill-2024?utm\\_medium=email&utm\\_campaign=govuk-notifications-topic&utm\\_source=d2e22db8-445f-4e87-872a-e3a3eb5a03b8&utm\\_content=immediately](https://www.gov.uk/government/collections/tobacco-and-vapes-bill-2024?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=d2e22db8-445f-4e87-872a-e3a3eb5a03b8&utm_content=immediately)



children while ensuring such products continue to be available for current adult smokers to help them quit. Specifically, the Bill provides regulation making powers to:

- Regulate vaping and nicotine product contents and flavours
- Regulate vaping and nicotine product retail packaging and product requirements;
- Regulate displays of vaping and nicotine products.

These measures will apply to both nicotine and non-nicotine vaping products, as well as other nicotine products.

3.11 The Bill will also close regulatory loopholes by:

- Prohibiting the sale of non-nicotine vapes to under 18's
- Prohibiting the distribution of free samples of vaping and nicotine products to under 18s
- Providing powers to extend the above two provisions to other nicotine products.

### **Ban on disposable vapes**

3.12 The Government aims to bring in additional legislation to ban disposable vapes from April 2025<sup>3</sup>. The sale and supply of disposable vapes will be banned in England, Scotland and Wales. Northern Ireland will also consider introducing this in future. Any legislation will allow for a buffer period of at least 6 months, to allow businesses to adapt.

### **Enforcement**

3.13 To support implementation of the Tobacco and Vapes Bill the Government has also announced additional measures to support enforcement, including:

- £30 million additional funding per year (from April 2024) to support enforcement agencies such as trading standards, Border Force and HMRC to implement and enforce the law (including enforcement of underage sales) and tackle illicit trade.

3.14 HMRC and Border Force recently published an updated Illicit Tobacco Strategy<sup>4</sup>, which:

- sets out plans to target illegal activity at all stages of the supply chain to stamp out opportunities for criminals in light of the new rules.
- establish a multi-agency Illicit Tobacco Taskforce, led by HMRC and Border Force, to oversee future evolution of the illicit tobacco strategy.

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<sup>3</sup> <https://www.gov.uk/government/publications/the-environmental-protection-single-use-vapes-england-regulations-2024-draft-si>

<sup>4</sup> <https://www.gov.uk/government/publications/stubbing-out-the-problem-a-new-strategy-to-tackle-illicit-tobacco/stubbing-out-the-problem-a-new-strategy-to-tackle-illicit-tobacco>

- introducing new powers for local authorities to issue on-the-spot fines (fixed penalty notices) to enforce age of sale legislation of tobacco products, as well as vapes.
- enhancing online age verification to stop underage sales of tobacco products and vapes online.

## **Duty on vape products and tobacco**

3.15 As part of the Spring 2024 budget the government announced that it would introduce a new Vaping Products Duty from October 2026. A consultation on how the duty will be designed and implemented is currently live<sup>5</sup>. This duty will be accompanied by a one-off increase in tobacco duties. The duty aims to decrease the attractiveness of vapes to young people and non-smokers, whilst also maintaining a financial incentive to choose vaping over smoking.

## **4 STATUTORY CONSIDERATIONS**

4.1 The body of the report addresses the new legislative provisions.

## **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

5.1 The Government's impact assessment for the Tobacco and Vapes Bill estimates that raising the legal age of smoking will have an overall effect on society worth around £18.6 billion, mostly from productivity gains related to reducing levels of smoking. This does not include the cost to HMRC of reduced receipts from tobacco duty, but the assessment concludes that even if this were included the Bill's impact on society would still be positive<sup>6</sup>.

5.2 Alongside the Smoke Free Generation policy the Government has also announced additional investment and tobacco control policies. The investment includes an additional £70 million per year to support local authority-led stop smoking services and £15 million per year for new national campaigns which will include communicating the benefits of quitting and the support available. In 2023 other policies were announced which included the national 'swap to stop' scheme, which offers up to a million smokers across England a free vaping starter kit and funding for financial incentives for all pregnant smokers to encourage them to quit.

5.3 B&NES Smoking Grant allocation for financial year 24/25 is £202,171 based on an average 3 year smoking prevalence (2020 – 2022) of 10.83%. The funding has been committed for 5 years and will be calculated yearly based on rolling 3 year smoking prevalence and therefore is likely to decrease over time. The funding will be issued through a new Section 31 grant agreement in addition to the existing Public Health Grant.

5.4 A key criteria of the Grant is that Local Authorities must maintain their existing spend on stop smoking services, based on the stop smoking service data submitted for the year 2022 to 2023. For B&NES this was £302,322.

<sup>5</sup> <https://www.gov.uk/government/consultations/vaping-products-duty-consultation>

<sup>6</sup> <https://researchbriefings.files.parliament.uk/documents/CBP-9992/CBP-9992.pdf>

5.5 The Government ambition for the funding is for 360,000 additional smokers to set a quit date per annum and 198,000 smokers to quit, which is a quit rate of 55%. The suggested contribution to this ambition for B&NES is to generate an additional 2,800 people making a quit attempt over the 5 year period which equates to 560 additional smokers setting a quit date per year. Currently around 300 smokers set a quit date per year in B&NES.

5.6 Further announcements and consultation are expected on allocation of the enforcement funding over the coming months.

## **6 RISK MANAGEMENT**

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

## **7 EQUALITIES**

7.1 The Government has published an impact assessment for the Tobacco and Vapes Bill which is available online.<sup>7</sup>

7.2 Concerns around the introduction of age of sale legislation predominantly focus on treating adults differently based on age, in relation to policy. However it is important to note that current smokers will not be affected or criminalised by this legislation. Equally it will not be illegal to smoke. The Bill will make it illegal to sell tobacco to those born on or after 1 January 2009 so the focus is on retailers.

7.3 Smoking attributable mortality rates are significantly higher amongst smokers living in more disadvantaged areas than those living in more affluent areas<sup>8</sup>.

7.4 The Tobacco and Vapes Bill aims to protect future generations from the harms of smoking, tackle youth vaping and strengthen enforcement of age of sale legislation for tobacco and vaping products.

## **8 CLIMATE CHANGE**

8.1 DEFRA published a draft impact assessment on the disposable vapes ban for consultation in March 2024.<sup>9</sup>

8.2 The environmental impact of disposable vapes include leakage of hazardous substances into soil, ground water and waterways due to inappropriate disposal or littering and contribution to greenhouse gas emissions when incinerated. Critical raw materials such as lithium, oil and copper are used in the production of the product. The products are also made with non-renewable resources which are not designed to be reused or recycled. The aim of a ban on single use vapes is to reduce these negative environmental impacts.

## **9 OTHER OPTIONS CONSIDERED**

9.1 None

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<sup>7</sup> <https://assets.publishing.service.gov.uk/media/65f9bd0a9316f5001164c351/tobacco-vapes-bill-impact-assessment.pdf>

<sup>8</sup> <https://fingertips.phe.org.uk/profile/tobacco-control>

<sup>9</sup> <https://www.gov.uk/government/publications/the-environmental-protection-single-use-vapes-england-regulations-2024-draft-si>

## 10 CONSULTATION

10.1 This report has been agreed with Liz Beazer, Senior Finance Manager and Michael Hewitt, Head of Legal and Democratic Services.

<b>Contact person</b>	Cathy McMahon <a href="mailto:cathy_mcmahon@bathnes.gov.uk">cathy_mcmahon@bathnes.gov.uk</a>
<b>Background papers</b>	Single Use Vaping Item <a href="https://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=492&amp;Mid=6127&amp;Ver=4">https://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=492&amp;Mid=6127&amp;Ver=4</a>
<b>Please contact the report author if you need to access this report in an alternative format</b>	



# Better Care Fund 2023 – 5

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## Update and Questions



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board



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# Bath & North East Somerset Council

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Agenda Item 12

Improving People's Lives

- Key 24/25 Planning refresh updates
  - Note: No decision required

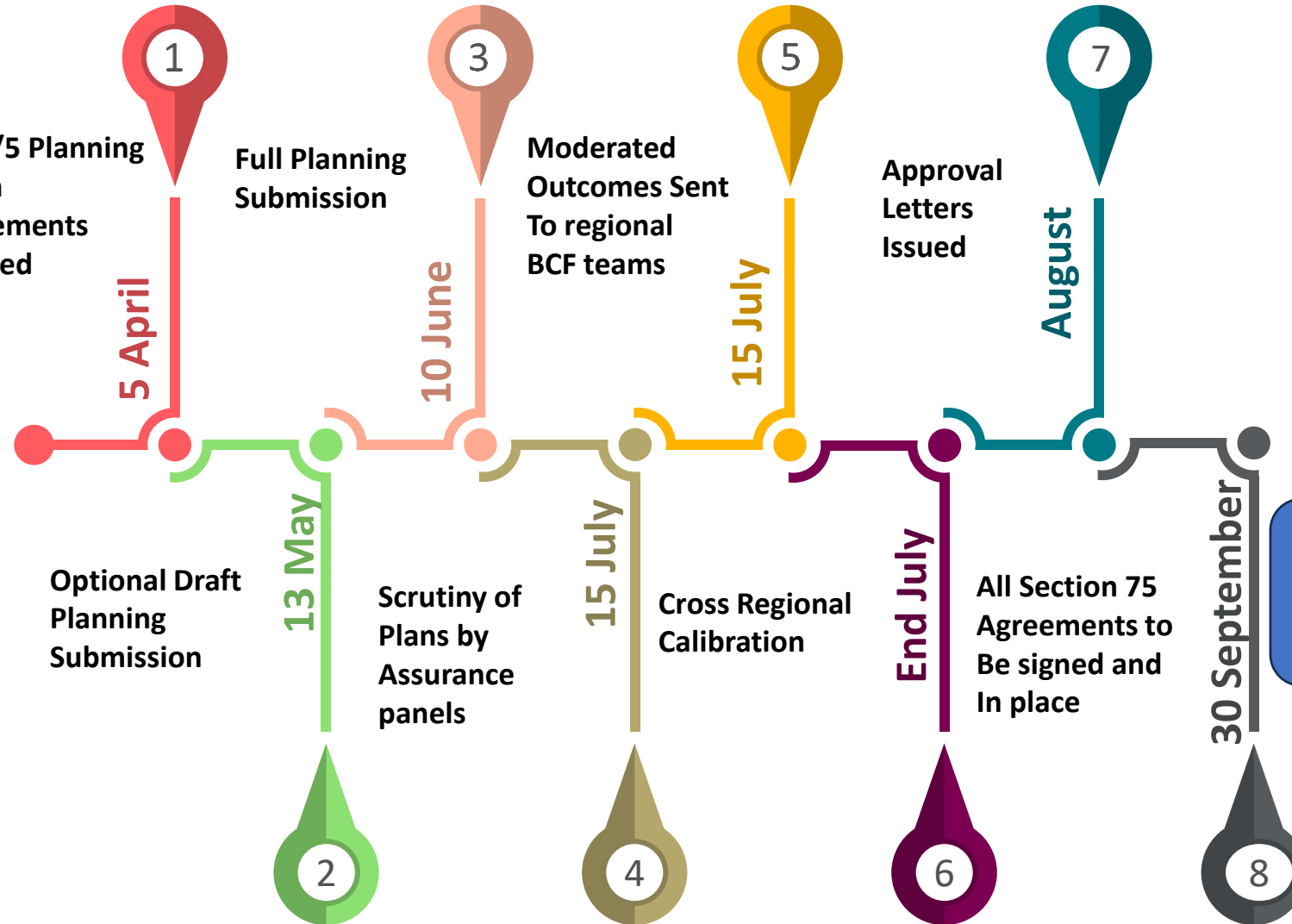
### **Further slides included for information**

- General BCF overview
- 23 – 25 areas of scheme funding
- National Metric data

# Timeline and process for planning refresh agreement

BCF 24/5 Planning Refresh Requirements Published

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# Key Updates for 24-25

- Addendum to the 2023-25 Policy Framework and Planning Requirements published which confirms the requirements for plan updates in 2024-25.
- Areas will be expected to submit plan updates around the following areas:
  - Ambitions for national metrics
  - Capacity and demand plans
  - Spending where applicable. Changes to 2024-25 spending plans as a result of:
    - Agreement to vary spending plans
    - Updates to/confirmation of allocations for the year
  - Demonstrating value for money



# Key Updates for 24-25

- Due to some changes to data collections in 2024-25, the BCF metrics have been updated for this year. The national metrics that will remain the same are:

Falls

Discharge to usual  
place of residence

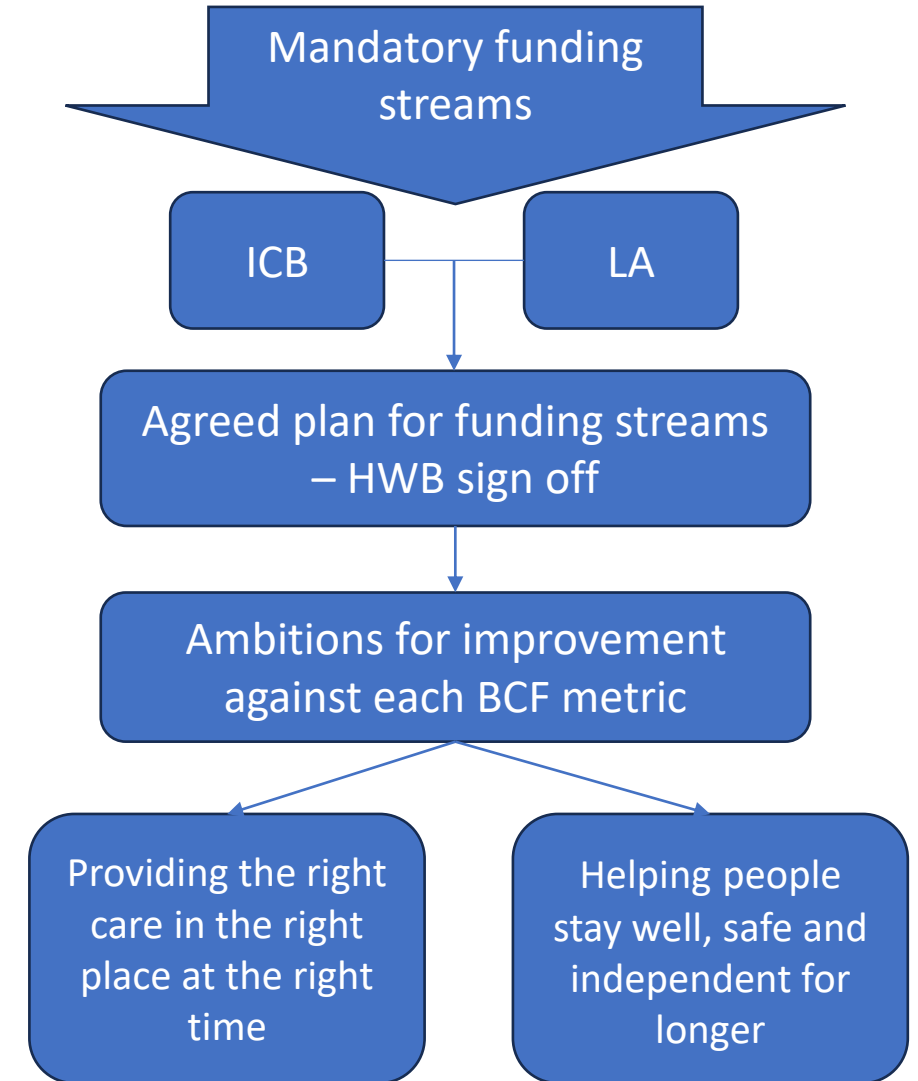
Unplanned admissions

- Areas are asked to set ambitions for the long-term admissions to residential care metric using the guidance for deriving existing SALT and ASCOF measures from CLD, which was published by NHS England.
- The metric on percentage of people 65 and over still at home 91 days after discharge will be stood down. The Addendum commits to introducing a replacement for this later in the year.
- Increased significance of Capacity and Demand planning
  - Additional data in hospital discharge planning aspect of the template on
    - Average time to commence service
    - Average Length of stay in intermediate care
  - Requirement to set out how BCF Capacity and Demand planning, NHS Demand Capacity and Flow planning and MSIF capacity planning are have been aligned.



## BCF – An overview

- The Better Care Fund is a partnership programme between Department for Levelling Up, Housing and Communities, NHS England, the LGA and Department of Health and Social Care.
- The programme has established BCF pooled funds between ICBs and Local Authorities at place level to drive integration.
- Every Health and Wellbeing Board is required to submit a BCF plan with the aim of working towards improved performance against the two programme objectives.
- BCF pooled funds must be placed into a section 75 agreement(s) in each HWB area



Better Care Fund (BCF) & Improved Better Care Fund (iBCF)



**BCF** planning process delivers the ongoing commitment of financial support to ASC from the NHS. ASC minimum funds longstanding commitments and/or core social care services.

**iBCF** must be spent on social care activity, pooled into BCF and use agreed with ICB. Use of the grant must be transparent to ICBs and in plans.

Page  
Additional Discharge Funding (ADF)



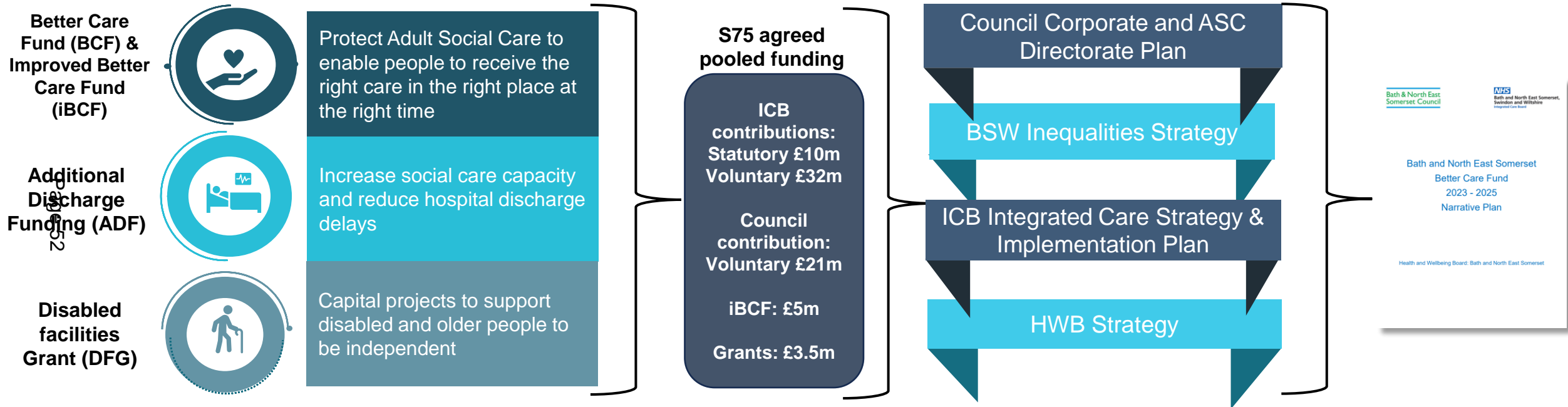
**ADF** is allocated equally (at national level) across ICBs and LAs. ICBs must agree with councils how they will allocate their portion of the fund to the HWB level plans within their patch. ICB required to submit a template confirming the agreed distribution of the fund (22<sup>nd</sup> April)

Disabled facilities Grant (DFG)



**DFG** is capital funding for home adaptations to help people remain independent at home, or to return home safely after a stay in hospital. Funding is for statutory Disabled Facilities Grants and can be used to fund adaptations and other capital spend to help people remain independent (discretionary).

# Planning for BCF delivery – The process



**Note – Current voluntary contributions due to community contracts therefore most funding committed**



## Inequalities Strategy

Outlines the 2021 – 2024 vision to tackle inequalities across the life course to ensure that every resident of B&NES, Swindon and Wiltshire can live longer, healthier, happier lives.



## Council Corporate and Directorate Plan

The **Corporate Strategy** is the Council's overarching strategic plan.  
The **Directorate Plan** highlights service priorities within the Adult Social Care directorate 2023-24, identifying key functions required to deliver in their day-to-day operations, or initiatives that are important to continually improve service delivery.



## HWB Strategy

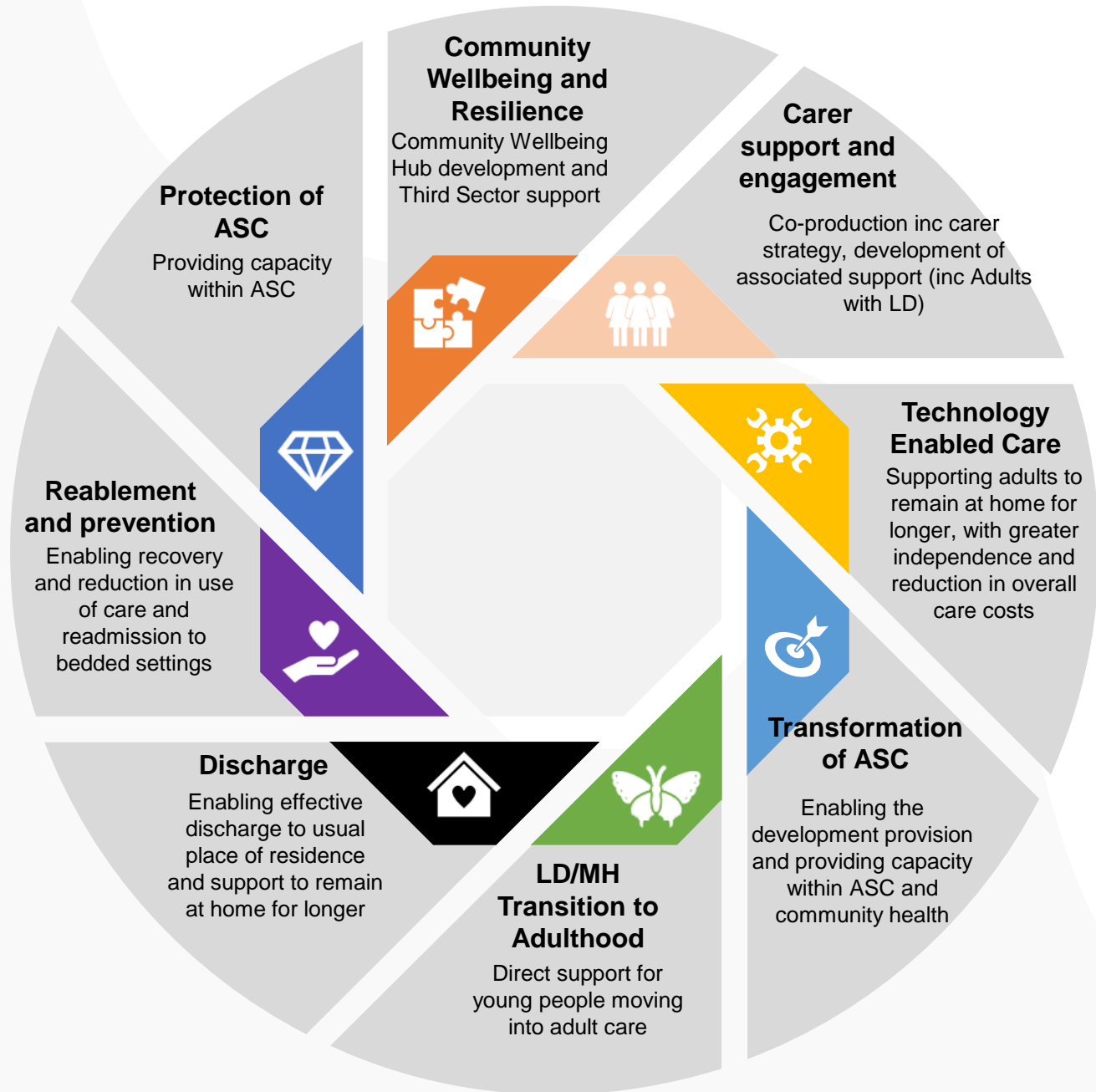
Identifies how we put in place the best conditions for people of all ages to live healthy and fulfilling lives, collectively addressing inequalities to enable people to have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives.



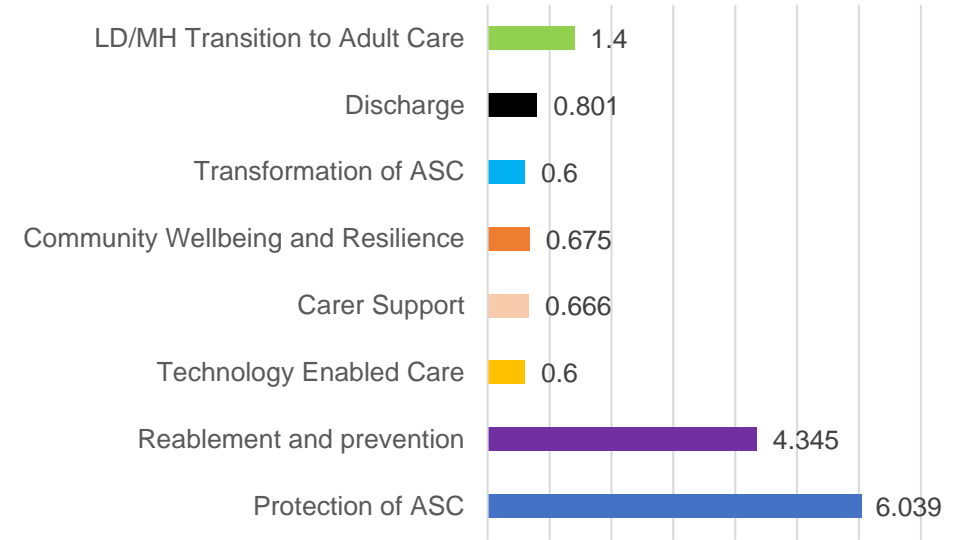
## ICB Integrated Care Strategy & Implementation Plan

Sets the direction of the system for the next five years, outlining how the NHS, local authorities, the private sector, voluntary, community and social enterprise (VCSE) organisations and other partners can improve integrated working to help people in BSW to live healthier for longer

	ICA Priority Categorisation	Inequalities Strategy	Corporate and Directorate Plan	HWB Strategy	Integrated Care Strategy	Totals	
Priorities	<i>Mental health support (18 – 65 yrs crisis support)</i>	Health Inequalities	3	2	3	2	10
	<i>Creation of a Digital and Technology enabled care strategy</i>	Neighbourhoods/Prevention	2	2	2	1	7
	<i>Engagement and user voice</i>	Neighbourhoods/Prevention	2	3	1	2	8
	<i>Carers support</i>	Workforce	1	3	2	1	7
	<i>Homelessness and development of extra care housing provision</i>	Community Services Transformation	2	1	2	1	6
	<i>Transitions from Children's to Adults Services (including LD &amp; Autism)</i>	Community Services Transformation	2	2	1	2	7
	<i>Admission avoidance for both health &amp; social care &amp; integrated neighbourhoods</i>	Neighbourhoods/Prevention	1	2	1	3	7
	<i>Transformation of Community Services</i>	Community Services Transformation	1	3	1	2	7
	<b>Totals</b>		14	18	13	14	



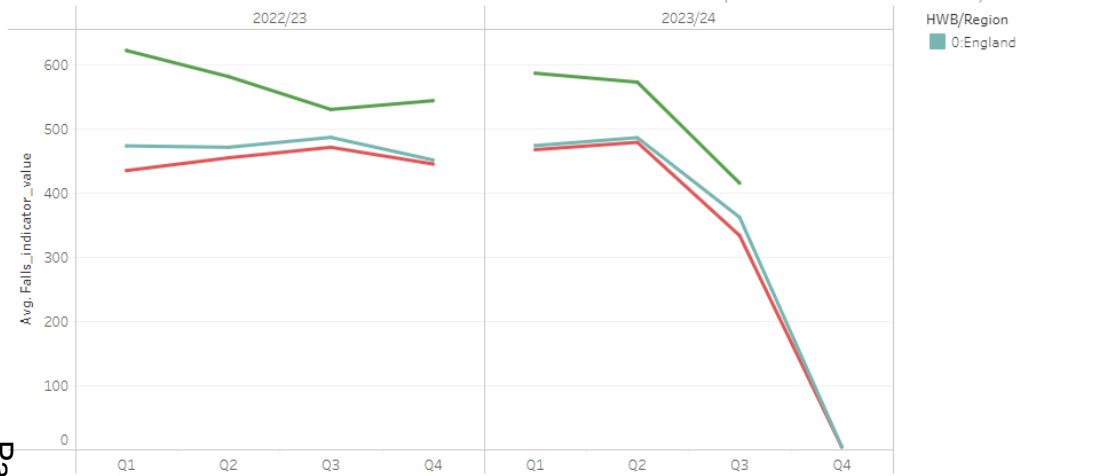
**B&NES BCF/IBCF current distribution of funding (£m) – total circa £15m**



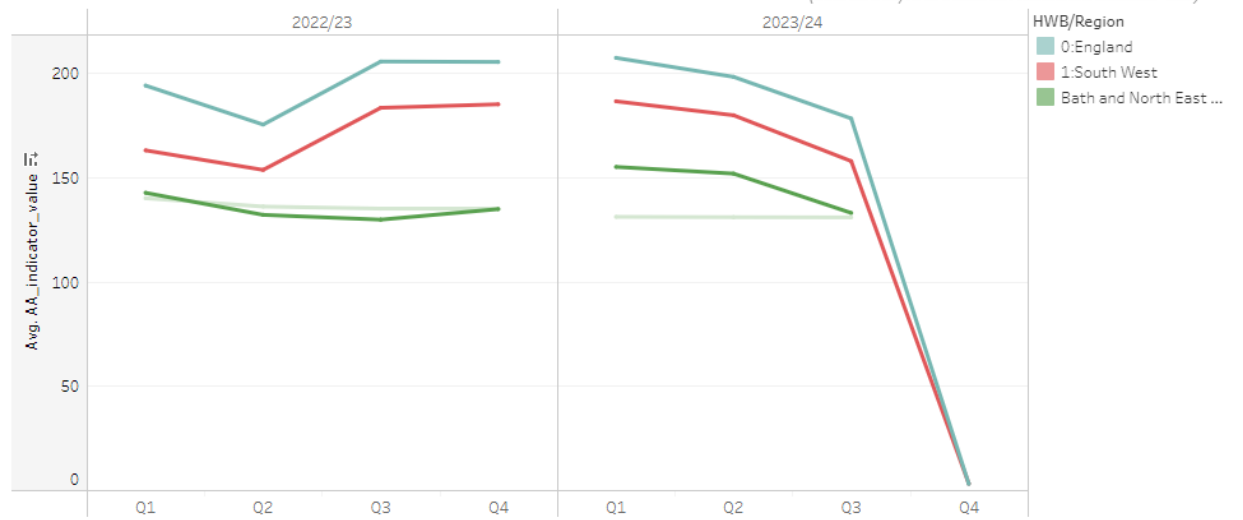
**Note - Indicative funding areas and distribution subject to further review and governance**

# Current National BCF Metrics: National and regional comparison

Falls - Actuals vs Plan



Avoidable Admissions - Actuals vs Plan



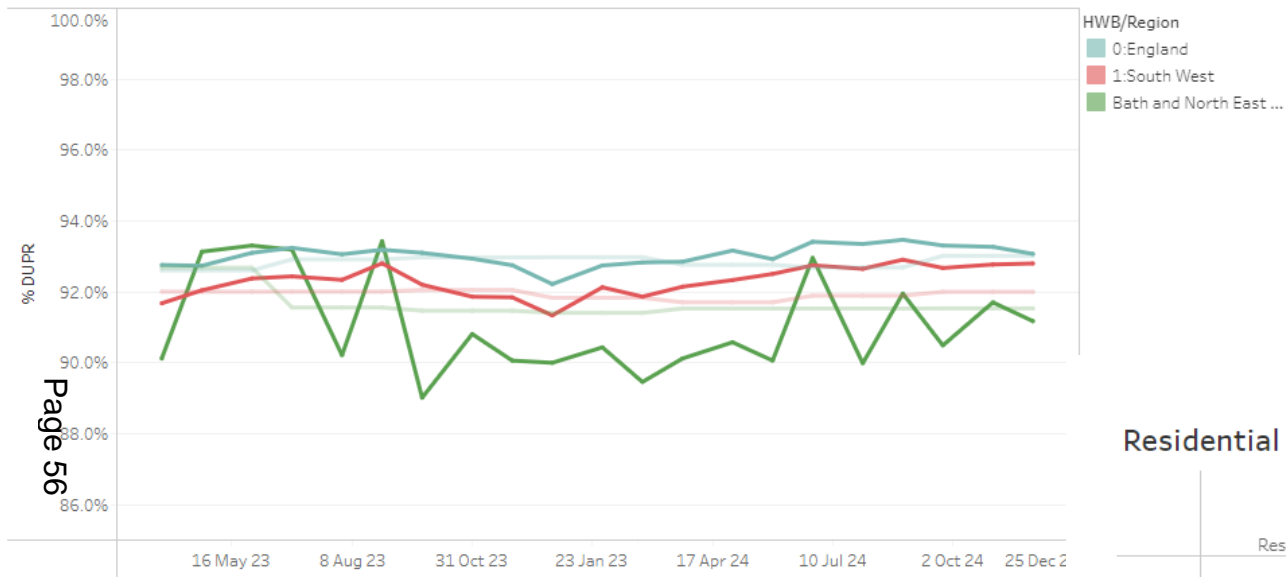
Reablement - Actuals vs Plan



# Current National BCF Metrics: National and regional comparison

**% Discharged to Usual Place of Residence - Actuals vs Plan**

*% of people (age>=18) who are discharged from an acute hospital bed to their normal place of residence. Excludes zero length of stay spells, regular day/night attenders and deaths (Source: SUS)*



**Residential Admissions - Actuals vs Plan**

*Rate of permanent admissions to residential care per 100,000 population (65+) (Source: ALT returns/ASCOF)*

