

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Monday, 5th February, 2024

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

Councillors: Dine Romero, Liz Hardman, Alex Beaumont, Dave Harding,
Michelle O'Doherty, Lesley Mansell, Joanna Wright and Ruth Malloy

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.00am



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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.

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4. **Public Speaking at Meetings**

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Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.

Further details of the scheme can be found at:

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday,
5th February, 2024**

at 9.30am 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 5.

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 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. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

At the time of publication no notifications had been received.

7. MINUTES: 15TH JANUARY 2024 (Pages 7 - 26)

8. CABINET MEMBER UPDATE

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

9. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues.

10. COMMUNITY RESOURCE CENTRES - OUTCOMES OF THE CONSULTATION (Pages 27 - 62)

The report will set out the outcomes following a consultation on the future delivery model for the Council's three Community Resource Centres (CRCs) at Cleeve Court, Combe Lea and Charlton House.

11. COMMUNITY SERVICES TRANSFORMATION PROGRAMME (Pages 63 - 72)

12. PHYSICAL ACTIVITY - IMPLICATIONS FOR PUBLIC HEALTH (Pages 73 - 88)

This report has been provided to update the Scrutiny Panel regarding the Physical Activity & Leisure Services in B&NES, setting the scene around the benefits of physical activity across a wide range of outcomes and data regarding current levels of activity across the local population.

13. PANEL WORKPLAN (Pages 89 - 92)

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

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk 01225 394458.

BATH AND NORTH EAST SOMERSET

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Monday, 15th January, 2024

Present:- Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Alex Beaumont, Paul Crossley, Dave Harding, Michelle O'Doherty and Joanna Wright and Robin Moss

Co-opted Members (non-voting): Chris Batten and Kevin Burnett

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Rebecca Reynolds (Director of Public Health & Prevention), Mary Kearney-Knowles (Director of Children and Education), Christopher Wilford (Director of Education), Laura Ambler (Director of Place, B&NES, BSW ICB), Victoria Stanley (Programme Lead, BSW Community Pharmacy, Optometry and Dentistry), Helen Hoynes (School Organisation Manager) and Graham Sabourn (Head of Housing)

Cabinet Member for Adult Services: Councillor Alison Born

Cabinet Member for Children's Services: Councillor Paul May

69 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

70 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

71 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Lesley Mansell had sent her apologies to the Panel. Councillor Robin Moss was present as her substitute for the duration of the meeting.

72 DECLARATIONS OF INTEREST

There were none.

73 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Councillor Eleanor Jackson addressed the Panel, a summary of her statement is set out below.

She informed them that Youth Connect South West were seeking an increase in their grant from Westfield Parish Council to provide services for the Westfield Youth Club. She added that she was also seeking to escalate a matter with Property Services on their behalf to enable them to establish a lease agreement for the Youth Centre in Radstock that they use.

She explained that a previous Liberal Democrat administration in 2014 had promised to carry out renovations on the premises and that she now wanted to attempt to progress this issue.

She said that she felt there was also a B&NES wide problem of parents parking their vehicles too near to schools and across the driveways of local residents. She said that she would welcome any plans for local walking to school programmes.

She stated that she was also concerned about the incoming parking charges within Radstock and the Somer Valley.

The Chair asked for the Cabinet Member for Children's Services to respond to the matter relating to Property Services.

Councillor Robin Moss commented that the Corporate Scrutiny Panel were assessing the Council's Commercial Estate and getting value for money from their premises, including support for use by the not-for-profit sector.

Councillor Liz Hardman asked how much local businesses will be affected by the new parking charges in Radstock & Midsomer Norton.

Councillor Jackson replied that she had been told that it was likely to have an adverse impact on a number of them and the Susan Hill School of Dance in particular.

The Chair suggested discussing the issue of walking routes to school with Councillor Jess David as she was aware that she had worked on a similar matter with Widcombe School.

Jeremy Palmer addressed the Panel and made a statement in support of Burlington Street Supported Housing and Detox. A copy of the statement will be appended to these minutes as an online appendix, a summary is set out below.

Before I found DHI, I spent a lifetime battling addiction to class-A drugs, struggling with alcohol problems, in and out of prison, and by the time I was released, I was homeless as well.

In 2012, I decided enough was enough. I was bailed on license after a three-year prison sentence, and I wanted to get clean. As part of my bail and license conditions, I had to engage with DHI's criminal justice team, and the sessions I had there really turned my life around.

DHI helped me become more independent. After completing my detox, I moved into Barton Buildings, which DHI also ran. They provided drop-in visits to make sure I was doing well but gave me the freedom to ensure I was prepared for an

independent future. I took cooking classes, started the HAP – or Home Achievement Programme – which significantly contributed to my long-term recovery and became ready to re-enter society as a new, better man and a productive member of society. All of that was possible because of what DHI did for me.

DHI gave me my life back. And when I was ready, I wanted to give back a little bit back to them, so became a Peer mentor to help other people who might be in a similar situation to myself. This was very rewarding because others could see the change in me.

Now, I live in my own home, have full custody of my two beautiful children and have done for over nine years, and have been employed by DHI within the Reach Service for the last decade! I regularly support others facing issues with drugs, alcohol, and homelessness and know the value of the support... not just for me, but for my children.

Councillor Joanna Wright asked what the impact would be to DHI if the proposed cuts within the budget were made.

Jeremy Palmer replied that believed that they would have negative impact to what services could be provided, especially in terms of housing. He added that this would likely lead to additional homelessness, crime and drug & alcohol abuse that would cost the Council more in the long run.

Councillor Liz Hardman asked if they knew the total amount of cuts being proposed directly to them.

Rosie Phillips, CEO of DHI replied that within the proposed 21% cut from the VCSE (Voluntary, Community or Social Enterprise), a disproportionate amount of that is proposed to come out of housing and housing related support services (34%) and that this would have a massive impact on their work.

Councillor Robin Moss commented that to obtain certain levels of grant funding there has previously needed to be an agreed amount of matched funding and so these organisations do need to know the true extent of these proposals.

Rosie Phillips replied that this was the case and that they need some assurances to be in place.

Alison Millar addressed the Panel and made a statement on behalf of DHI and Reach. A copy of the statement will be appended to these minutes as an online appendix, a summary is set out below.

Zahra (not her real name) and her family were at significant risk of becoming homeless when she was referred to Reach. Reach is the DHI service which provides practical and emotional support to help people live independently and develop useful life skills. Zahra's landlord wanted to take back their home to sell, issuing a Section 21 no fault eviction notice.

REACH advisors were able to quickly assess the situation, promptly setting Zahra up on BANES' Homesearch site, where she was awarded a B Banding. The banding did

not reflect the urgency and severity of Zahra's family situation and the REACH team advocated an A banding due to the close eviction date.

With the assistance of the team, Zahra was able to secure a new home before being evicted. With a high degree of legal housing knowledge and expertise, the team also applied successfully to court for an extension at her existing property while some essential repairs were made to her new accommodation.

Reach's support meant that the family were able to avoid having to move to temporary accommodation. This resulted in a significant financial saving to the council and minimised disruption to family life including schooling. The cost of temporary accommodation ranges from approximately £600 per week in Dartmouth Avenue (the local authority temporary accommodation) to approximately £1200 a week for a hotel if Dartmouth Avenue was full, which it generally is.

None of this begins to touch on the long term costs which would have been incurred by society had the family been evicted. The REACH teams actions – in this and in an average of 900 cases a year - contribute to prevention of many longer-term issues, avoiding massive cost to both the individuals and to the local authority.

The UK has an unprecedented national housing emergency. Developing Health and Independence's REACH Service is working hard to address this so that nobody must face homelessness. It has itself restructured and remodelled using charitable funding over the past few years in order to be as efficient as possible.

It would be very difficult for the council to apply for additional funding, for example for clients in rent arrears or needing resettlement packages or to develop services from the range of charitable trusts available to DHI, since many that fund DHI, Reach or its clients, do not allow statutory services to apply for funds.

Councillor Joanna Wright asked what percentage of their budget is given to DHI from the Council.

The Head of Housing replied that the Council in previous years had given £400,000 for the Reach project, that it is around 10%.

Councillor Robin Moss asked if there were any benchmark figures for the amounts given to similar organisations from other Local Authorities.

The Head of Housing replied that they do not have such figures in place. He added that the use of temporary accommodation within B&NES was low and that this was normally a good indicator.

Councillor Robin Moss commented that a potential under application for Lottery funding, £1m in 10 years, might also reflect on the grant potential.

Councillor Wright asked for the benchmarking figures mentioned to be supplied to a future Panel meeting.

Kate Morton, CEO, Bath Mind added that as an organisation they were also looking at similar work as their contracts had not been given any uplift over the previous number of years.

Rosie Phillips, CEO of Developing Health & Independence (DHI) addressed the Panel. A copy of the statement will be appended to these minutes as an online appendix, a summary is set out below.

We recognise and understand the difficult position the Council find itself in and DHI are committed to work with council colleagues to manage and mitigate the impact of cuts. Indeed, we have been remodelling services for years to ensure we can manage in the financial climate we have been faced with since Covid.

The VCSE on the face of it appears to be bearing a disproportionate amount of the cuts. I understand, in part, this is due to the Council discharging its statutory duties – however, the VCSE brings much added value, and plays a major role in preventing people from needing costly statutory provision.

Having worked for over the 30 years to promote social inclusion among vulnerable and marginalised groups, I know that a safe place to live is a prerequisite to achieving effective outcomes for those with a drug or alcohol problem, those suffering from mental ill health, fleeing domestic violence, for ex-offenders, not to mention hard working families on low incomes and their children. It is an essential foundation for any other intervention to succeed.

Children brought up in temporary accommodation are much more likely to experience all kind of negative outcomes and we know the trauma brings lifelong effects. They are more likely to be excluded from school, be a victim of knife crime, use drugs problematically, be exposed to exploitation by adults, and inducted into a criminal lifestyle...thus perpetuating the cycle.

I urge the Council to delay the cut, giving time for recommissioning and a sensible planned approach to managing reduced resources. In difficult times such as these I can see the temptation for the Council to focus on supply rather than demand.. However, prevention is not a luxury, you can afford to do without for 12 months. It is the rational approach to managing demand so statutory services can cope.

However, if a delay and recommissioning is really not an option, I urge the Council to rethink the current proposal that puts the biggest burden on housing and housing related support, to find a better balance, and to prioritise services that prevent more families and individuals falling into homelessness.

Councillor Paul Crossley commented that he was aware of other Councils, including Cardiff, that were putting in place modular units to tackle their housing needs. He asked if B&NES had considered such an approach.

Roanne Wooten, Julian House replied that they have approached officers from the Council regarding this and have been told that there is no land available. She added that they were awaiting a decision from the Government for a bid to fund a site within a car park in Somerset.

Councillor Crossley asked if they had been able to identify any potential land / sites themselves.

Roanne Wooten replied that they had approached a landlord about a specific piece of land, but unfortunately, he pulled out at a late stage in the process.

Councillor Crossley asked if they were looking at potential sites across B&NES.

Roanne Wooten replied that they were as people were now not expecting to stay in central locations as long as an access to services remains in place.

Councillor Crossley asked how they were going to be able to use the car park site within Somerset.

Roanne Wooten replied that the car park itself was quite underused and was next to a community hall which had access to local shops and services. She added that she had heard good feedback from modular units being used in Cornwall and Oxford.

Councillor Wright asked given the health implications of the potential cuts, how much has the Public Health team been involved in this process.

The Director of Public Health & Prevention replied that the team had worked closely with other departments in the preparation of the budget reports.

The Chair, on behalf of the Panel, thanked all concerned for their statements and for submitting their questions prior to the meeting. She explained that the questions and answers document had been circulated and would be taken into account as part of the discussion relating to the Draft Budget.

75 DEVELOPMENT OF DRAFT BUDGET 2024/25 - PROPOSALS WITHIN PUBLIC CONSULTATION (RELEVANT TO THE PANEL REMIT)

Councillor Paul May, Cabinet Member for Children's Services introduced this report to the Panel. He said that he had listened carefully to the statements that had been made and that the Council does value the work carried out by the 3rd sector.

He explained that the timing of any changes would be key and that the public consultation on these proposals closes today prior to further discussion at meetings of the Cabinet (8th February) and Council (20th February).

He stated that B&NES had, in his view, been given a poor local government settlement and that the Council is still required to provide a balanced budget.

He said that significant growth was planned across the services; £5.6m within Children's Services and £2.3m within Adult Social Care.

He added that there is a proposal to use £200,000 from the ring-fenced Public Health Grant across other services providing Public Health activities.

He stated that £9.4m of Capital Schemes are being proposed across both Children and Adult Services with £4m outlined for a SEND Residential School and £5m service supported borrowing for further Supported Living for Adults.

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel. She said that she believed that the Council has a good track record for enabling savings to be made.

She stated that demand for services across the Council has increased substantially, particularly within Home to School Transport.

She explained that they had not yet had confirmation of the Public Health Grant, but that in previous years this had been around £10m.

She said that the proposed reduction in non-statutory spend was likely to impact our local 3rd sector partners and the area of housing support the most. She added that the Council values the work of the 3rd sector immensely and that it will listen and engage with those that are likely to be affected.

The Director of Children & Education addressed the Panel. She echoed the comments made by the Cabinet Members about a significant increase in demand for their services.

She explained that there has been a 30% increase in children and young people that have SEND and this has required a proposal for additional staff at a cost of £90,000.

She stated that continued pressure is being seen in the area of Home to School Transport and that due to increased demand in routes, inflation costs and a lack of suppliers they are seeking a further £1.76m within the budget.

She said that contractual inflation from our residential and specialist providers has resulted in a proposal for a further £941,000 in this regard.

She said that an increase in demand across Children in Care, Child Protection, Looked After Children, Unaccompanied Asylum-Seeking Children and other service users has led to a proposal for an additional £2.786m.

She stated that the overall total growth within Children's Services was expected to be £6.879m.

The Director of Adult Services addressed the Panel. She explained that the savings required across the service were £2.1m, which includes the £802,000 for Community Support Services. She stated that they value the work of the 3rd sector greatly and continue to support housing grants unlike many other Local Authorities.

She explained that it has been a hard-fought budget to develop this year considering that the services provided by HCRG are coming back in house in April 2024.

She said that the savings were anticipated to be achieved by the way services are commissioned through changes to our commissioning structure, how packages of care are allocated and the funding of the Community Resource Centres.

The Director of Public Health & Prevention addressed the Panel. She explained that the Public Health Grant has normally increased slightly each year and that as previously mentioned it was anticipated to be around £10m for this coming year.

She stated that the grant would be used to facilitate a number of work areas, including Sexual Health Services, Health Visiting, School Nursing, Drug & Alcohol awareness, Stop Smoking Services, Healthy Weight Services and NHS Health Checks.

She said that as with other departments there was a growing demand for services and they will seek to continue the good work they have in place with the local providers.

She explained that the detail of the proposed movement of £200,000 from the grant by reducing health improvement project work and preventative measures had yet to be agreed.

She concluded by informing the Panel that a proposal to procure leisure services at Royal Victoria Park has been submitted, which if successful could benefit the Council by £10,000.

Councillor Robin Moss commented that this was not an easy budget to discuss in the context of the possibility of 1 in 5 councils now at risk of going bankrupt. He said that he disagreed with the comment that the Council has a good track record of delivering its budget as he was aware of big overspends that were currently in place.

He criticised the report for its lack of detail on the proposed savings and said that squeezing these budgets would only lead to further problems down the road.

He questioned whether capital could be used to spend to save over the next 4 - 5 years to assess potential impact.

He suggested that rather than a 21% cut being made, this was an opportunity to rebase the budgets and increase investment to the 3rd sector.

He questioned whether it was appropriate to propose moving £200,000 from the ring-fenced Public Health Grant and asked would this jeopardise the Council receiving the grant.

The Director of Public Health & Prevention replied that she was confident that this proposal would be acceptable and said that consultation on the decision was still ongoing.

The Director of Children & Education said that in year savings have been achieved in the past two years by completing successful transformation programmes within Children's Services. She added that detailed Equalities Impact Assessments have been carried in connection with the proposed £1.26m savings.

She added that a saving of £500,000 was being proposed through a commissioning review and their packages of support.

She explained that they were looking to increase the provision of in-house Foster Carers and Supported Lodgings Providers locally to reduce the need for residential placements.

She said that the £300,000 saving with regard to non-statutory services was only a proposal at this stage and that the detail would need to be worked through with our 3rd sector providers.

Councillor Moss asked that any additional information on the budget proposals be shared with Councillors ahead of the Corporate Scrutiny Panel on 23rd January.

Kevin Burnett said that all were aware of how difficult a time this is for councils currently, but suggested that prevention work should be retained as much as possible as he believed this would save more in the long term.

He asked if any of the proposed cuts were new or a continuation of a plan already in place.

He asked if the involvement of the ICB has been fully explored in terms of the proposals that have been made in the budget.

He asked what more could be done to alleviate the rising costs associated with Home to School Transport.

The Director of Adult Services replied that they have worked closely with the ICB on these savings plans and how they might be implemented if approved. She added that the proposed savings regarding Community Resource Centres were new and that the detail and the outcomes of the consultation will be shared with the Panel and Cabinet next month.

She added that the review of care packages was an ongoing piece of work and that the review of the commissioning structure was a new proposal being considered.

Councillor Paul May said that they are in discussion with the Cabinet Member for Resources and those organisations within the 3rd sector so that a review of services can be effectively carried out.

Councillor Alison Born explained that discussions were also ongoing as to whether any savings targets could be achieved over a longer period of time. She added that they want to limit the suffering as much as possible and do understand the consequences of their proposals.

Councillor Joanna Wright said that she understands that the Council needs to produce a balanced budget, but there was not enough detail within the papers to allow the Panel to have a proper discussion.

She thanked the 3rd sector organisations for highlighting the areas of concern and said that in future the Panel should be allowed to send the report back if they deemed it not adequate enough.

The Director of Adult Services replied that the same report had been issued to all three Policy Development & Scrutiny Panels and that they would take the comments made on board to see if there was a different way for the information to be supplied in future years.

Councillor Liz Hardman said that she agreed with the comments already made that this was a difficult report to analyse because of the small amount of detail within it. She stated that she was concerned about the proposal to remove £802,000 from the Community Support Contracts.

She asked if the proposed new SEND Free School would allow any savings to be made from children and young people not having to travel so far for their placements.

She said that she hoped the review of Home to School Transport would lead to some savings being achieved and suggested that the Cabinet Member and officers look at how this is carried out across WECA, the use of Dial-a-Ride vehicles and taxis.

The Director of Children & Education replied that she shares the cost concerns and said that a huge amount of work had been carried out on this matter over the past two years. She said that they have considered whether they have their own fleet of vehicles and how routes are organised in great detail.

She added that the main source of costs is linked to our children and young people with SEND who need to travel within B&NES and outside of it to access their daily provision. She said that they have been successful in gaining £4m in capital funding for a new residential provision which will hopefully be in place in 2 – 3 years' time and at that point they would be looking for a reduction in this budget area.

The Director of Adult Services said that a strategic review of Community Services was due to take place next year and that they would work with the 3rd sector to deliver the best service possible.

Kate Morton, CEO Bath Mind asked if the no inflation to 3rd sector contracts for the past seven years had been taken into account as part of this process and called for an assurance that the organisations involved in this work would be a part of the discussions to attempt to provide appropriate solutions.

The Director of Adult Services replied that she was aware of that issue and that a strategic approach will be needed from all parties to form future plans.

The Head of Housing said that officers are aware of how much these potential decisions will affect the organisations involved and that when a decision has been made on the budget they will engage further as to how the savings can best be made.

Councillor Paul Crossley asked how confident they were in being able to keep the pay inflation estimate at 5% when it is currently tracking at an average of 6.4%.

The Director of Children & Education replied that it had been kept at 3% over the past year and so it was hoped that this increase would be achievable.

The Director of Adult Services added that in terms of Domiciliary Care the Council were seen as good payers and that 5% was a level that would doable.

Councillor Crossley referred to Annex 3 and the proposed £20m to be spent over the next five years on supported housing and temporary accommodation and asked how many homes could be expected from this initiative and what type of units would they be.

The Director of Adult Services replied that in terms of Adult Services this was an exciting proposal as they would be able to assist more working age adults with disabilities to be able to live in supported accommodation with 24-hour support. She added that two projects were nearing completion that would see 22 extra units becoming available.

She added that they would also be looking to provide accommodation to those young people who are coming out of care to be able to let them remain in the local area.

Councillor Alison Born added that this has been a priority of the service to reduce out of area placements, enable people to live in their known localities and to make savings into the future.

Councillor Robin Moss reiterated his point about receiving more detail in these reports and the fact that the Labour Group have not been able to support the last four Liberal Democrat budgets because of that lack of detail.

He said that he appreciated that officers were doing their utmost to protect the most vulnerable within B&NES.

He stated that a large number of Local Governments are in crisis and that Health and Social Care had been neglected by central Government for at least a decade.

Councillor Paul May said that he felt the Council worked well across all of its services and with its partners and will engage further with them as requested once a decision on the budget has been made. He stated that it has been a difficult budget to set.

Jack Bailey, Curo called for openness and transparency to be maintained through this process and said that the passion was evident from all organisations on the need to find workable solutions.

Kevin Burnett referred to the Safety Valve programme and asked if any leverage can be gained from the LGA or other bodies to support a longer-term view on the impact on these savings proposals just to provide a balanced budget.

Councillor May replied that there is an intention to provide the Panel with a future report giving more detail of the Safety Valve programme. He added that there was potential for up to £19m of incoming funding, but that this would need to be used within specific timescales.

Councillor Wright asked if investment in the capital programme was sufficient to enable the Council to deliver services in a better way in the future.

The Director of Children & Education replied that the funding associated with a potential new Special School could lead to a reduction in spend in future years.

Councillor Alison Born added that the proposals relating to the Community Resource Centres would see those facilities being used in the best way possible.

Councillor Dave Harding asked if there were plans to use Council reserves as part of this budget setting process.

Councillor Alison Born replied that there were ongoing discussions relating to the budget and any potential use of reserves. She added that there was a need to have the right levels in place to protect the Council into the future.

The Chair summarised the discussion and began by noting that all were concerned at the level of detail that had been provided and the potential consequences of the savings proposals.

She stated that there was a real concern that cuts to preventative services will cost the Council more in the longer-term.

She said that savings within these services was the wrong place for the burden to fall for Local Authorities and that it should be addressed appropriately at a national level.

The Panel **RESOLVED** to recommend to the Cabinet that these proposed savings are delayed, as far as possible, until a better understanding can be provided.

76 MINUTES: 11TH DECEMBER 2023

Councillor Dave Harding referred to questions raised at previous meetings that he had not yet received a response to.

He asked about the Holiday Activity Programme that was held at the Chew Valley Rugby Club and asked how many young people had attended it.

He subsequently asked if any children had to pay to attend these sessions and if so, how many and what were the overall numbers of children who attended the Holiday Activity Programme sessions across the Council?

He had also asked if any information was available as to the gap in time between a young person beginning to provide care and them being formally identified as a Young Carer.

Councillor Liz Hardman asked if any response could be given to her question relating to the £90m savings required from the ICB and if the bank rate would be affected.

Laura Ambler, Director of Place, B&NES, BSW ICB replied that as mentioned previously this was a historical figure and there is an intention to bring a further report to the Panel regarding this and any implications. She added that colleagues

within HR were assessing whether a standardised bank rate would be possible as this would have to be balanced with maintaining services.

Alex Beaumont informed the Panel that he had himself established the location of the Community Pharmacy in Keynsham and asked that more work be done to advertise this and other locations.

The Panel, with these comments in mind, confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

77 CABINET MEMBER UPDATE

Councillor Paul May, Cabinet Member for Children's Services addressed the Panel, a summary of his update is set out below and will be attached as an online appendix to these minutes.

Home-to-School Transport

Education and Transport teams are drafting a new HTST policy. This policy is in response to the Department for Education's consultation on changes to the statutory Home to School Transport guidance issued by the DFE in 2014. In July this year, the DFE concluded this consultation and issued updated guidance for all local authorities. All LAs are expected to update their HTST policies per this guidance by September 2024.

As part of the development of the policy, we will go through a consultation process with parents and carers and our solicitors to examine our policy to ensure we comply with the new DFE guidance. I plan to ask officers to bring the draft policy to scrutiny in May 2024. We aim to implement the new policy in time for the new academic year in September 2024.

Corporate Parenting

A Corporate Parenting meeting is scheduled for Wednesday, the 17th of January. I reported to the last full Council that I am seeking protected status for care leavers (care experienced). At this meeting, I will discuss the reasons behind this recommendation and the need for a Council joint motion to promote and adopt this status. I have also spoken to Curo, seeking their similar support, though, of course, we will need the Council to adopt the proposal first.

Faulty concrete in schools (RACC)

So far, no RAAC has been identified in B&NES schools. However, the DFE have commissioned and instructed LAs and Trusts to conduct more intrusive RAAC examinations of school buildings. When findings of these reports become available, we will report anything that detrimentally affects education provision in B&NES.

DFE Safety Valve scheme

In previous Panel reports, you will have read about the DFE's Safety Valve programme and the work officers are doing to improve our placements and services

for children with SEND. Whilst this programme has challenging expectations from the DFE, there are many positive developments that the programme will deliver. I will ask officers to bring a full report to scrutiny to bring a spotlight on this work.

Councillor Alex Beaumont asked if there was a timescale for the RACC examinations to be completed.

Councillor May replied that he would inform the Panel as soon as any new information had been obtained.

Councillor Joanna Wright asked why the decision was taken to stop accepting Unaccompanied Asylum-Seeking Children (UASC) within B&NES.

Councillor May replied that the costs and performance of the service were being adversely affected. He added that during recent budget discussions it had become apparent that not all Councils within the South West were accepting their share of these young people.

The Director of Children & Education added that no formal request had been made to stop receiving referrals of UASC. She said that the Chief Executive had asked the Home Office for referrals to be paused until the end of March 2024 as B&NES had exceeded its quota whereas other Local Authorities had not.

She said that a briefing could be circulated to the Panel to provide further information.

Councillor Wright referred to the Scholar Scheme which enables A-Level students to access reduced train fares and called for support to make this more publicly aware. She said that a referral was required from a school or education establishment to Great Western Railway so that these price reductions can be obtained.

She questioned whether a review of the city centre security bollards was required as they failed to work properly to allow emergency vehicle access on one occasion recently. She added that if a review was required how much would it cost and what are the health implications if the bollards continue to fail.

The Chair replied that a response was likely to be required from the relevant Cabinet Member.

Councillor Liz Hardman asked if the new Home to School Transport policy would see a reduction in this budget area.

Councillor May replied that a summary of the DfE guidance was available that he was happy to share with the Panel. He said that with particular regard to young people with SEND, that the service was likely to need to increase and that having asked the question, no additional funding was planned to be received.

Kevin Burnett asked if the Council was involved in co-ordinating the RAAC surveys for schools.

The Director of Children & Education replied that they were not, it was for the schools to handle the matter directly.

Kevin Burnett asked if the Music Service for schools within B&NES was now safe and had the agreement between them, South Gloucestershire and North Somerset been approved.

The Director of Children & Education said that she was pleased to say that the agreement had been confirmed on 12th January 2024.

Kevin Burnett asked if the proposed role of a Designated Social Care Officer was within the current growth plans.

The Director of Children & Education replied that it was and that they were looking at how the role can be taken forward across Education and Social Care.

The Chair thanked the Cabinet Member on behalf of the Panel for his update.

78 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

A copy of the update will be attached as an online appendix to these minutes.

Councillor Liz Hardman said that she was pleased to read about the launch of the Paediatric Urgent Service Hub (PUSH) which will run until the end of March 2024, but asked how widely this had been publicised.

She also referred to the Women's Health Hubs and asked how many would be within B&NES, where they were to be located and when would they be open.

Laura Ambler, Director of Place, B&NES, BSW ICB replied that the PUSH clinics have so far been very successful with over 200 children having been seen within them. She added that a significant campaign to advertise them had taken place and that they were willing to see what more could be done.

She stated that along with all other ICBs across England, BSW ICB has received over £600,000 in funding until 2025 to expand or establish a Women's Health Hub that focuses on delivering more intermediate care in the community and that plans regarding this were at a relatively early stage.

She added that the Women's Health Hub will be developed by partners across BSW including the NHS, public health teams, the Voluntary, Community and Social Enterprise (VCSE) sector and engagement with local people. She said that they will bring further information to the Panel when it is available.

Councillor Joanna Wright commented that an issue had been raised with her about women receiving health visitor support after giving birth. She asked if all mothers should expect to have this support offered to them whether it be their first child or a subsequent child.

The Director of Public Health & Prevention replied that she felt sure that all women would be offered the service of a health visitor regardless of it was their first child or not.

The text below has been supplied following the closure of the meeting.

- *In terms of service offer, all subsequent babies / children are offered the same visits and support from the Health Visiting service as their first baby/child.*
- *Although families may be more confident in parenting subsequent children, each child is unique and will have their own needs which could require greater support from the service.*
- *The parents/carers may choose to not access / decline reviews, but the service is always offered.*

If a parent/carer has a question or is unhappy about the contact they receive from their Health Visitor, we'd encourage them to email into HCRG.bathnesspa@nhs.net so that the HV professional lead can register the issue as a concern if appropriate, and then investigate and speak to the family involved and offer further support as needed.

Kevin Burnett asked if further information was available on the Hospital Improvement Programme (HIP).

Laura Ambler replied there was none at this present time, but would update the Panel when any does become available.

Kevin Burnett asked if it could be explained what was meant by the term in the report 'restoring access to dental care for the population'.

Victoria Stanley, Programme Lead, BSW replied that she could address that point within the report when discussed in the next agenda item.

The Chair thanked Laura Ambler on behalf of the Panel for the update report.

79 DENTAL SERVICES PROVISION

Victoria Stanley, Programme Lead, BSW Community Pharmacy, Optometry and Dentistry introduced this item to the Panel. She began by referring to the point raised previously by Councillor Harding regarding dental extractions and said that she had made a request to be supplied that information and would share that with the Panel when it has been received.

She added that the advertising of the Community Pharmacies will be taking place and that a decision was taken not to do this over the Christmas / New Year period to avoid any potential uncertainty.

Councillor Liz Hardman asked what could be done in terms of the current capacity being insufficient to meet demand as only 60% of children and 33% of adults had seen a dentist within the last 12 months.

She added that she believed that issues relating to dental care were responsible for a substantial increase in hospital admissions for children.

Victoria Stanley replied that 39 dental contracts are commissioned across B&NES accounting for 213,032 Units of Dental Activity (UDA). She added that they were looking at plans to be able to utilise the flexible commissioning guidance and provide a service to those most in need; children, vulnerable people and looked after children.

She said that a conversation with one particular B&NES provider was due to take place very soon.

Kevin Burnett asked for an explanation for what the public can expect with regard to having access to dental care.

Victoria Stanley replied that the NHS measures access in terms of patient contacts and the utilisation of Units of Dental Activity. She added that each band of treatment equals a particular UDA. She said that they are working to try to increase the ability for the public to be able to access an NHS dentist and stated that as part of their current contracts they should be publicising when any such places do become available.

Kevin Burnett asked if the dental underspend mentioned within the report could be used to address these issues.

Victoria Stanley replied that this would be used to develop the flexible commissioning plans.

Kevin Burnett referred to page 33 of the agenda and asked if the complaints shown were to be expected and how are they addressed.

Victoria Stanley replied that this element had only transferred to the ICB in July 2023 and they did not have access to the previous data. She added that access to an NHS dentist was the main are of concern and that they were working alongside HealthWatch colleagues to gain an understanding of the feedback that is being given.

Councillor Joanna Wright asked what is meant by 'All proper and necessary dental care and treatment' within mandatory services and how can it be accessed if not in receipt of regular dental care.

Victoria Stanley replied that a dental triage service is available through calling 111.

Councillor Wright asked how many adults within B&NES had not received any recent dental care or were not registered with a dentist.

Victoria Stanley replied that only 33% of adults saw an NHS dentist in the last 24 months and that technically nobody is registered with a dentist, a patient is in receipt of regular dental care.

She added that they were looking at the issue of oral health care needs with Public Health colleagues across B&NES, Swindon & Wiltshire and that a toothbrushing programme was due to commence for children.

Councillor Wright commented that the debt of a newly qualified dentist was substantial and therefore to operate as an NHS dentist was not profitable to them.

Victoria Stanley replied that the UDA price had been set in 2006 and that they were unable to move away from this at this point in time.

The Chair asked for reporting on this matter to continue through the regular updates from the ICB.

The Director of Public Health & Prevention offered to work with the ICB on a future report to the Panel.

The Chair thanked Victoria Stanley on behalf of the Panel for her report.

80 SCHOOLS ORGANISATIONAL PLAN

Councillor Paul May, Cabinet Member for Children's Services introduced the report to the Panel. He said that demand for places within Secondary and Primary education had reduced, but that there has been an increase identified within provision for children and young people with SEND.

The School Organisation Manager added that birth figures had currently levelled off within B&NES, but the need for additional SEND provision has increased.

Councillor Paul Crossley said that he was concerned over the lack of use of the former Culverhay site and believed that young people within its locality have a poor deal in terms of accessing educational provision close to their homes. He stated that potential educational land should not be sold unnecessarily.

Councillor May replied that a meeting had been held recently to discuss the site in terms of education and other purposes and what could be achieved if additional housing was put in place as part of the Local Plan.

The Director of Education added that they were looking to maintain some form of education provision from the site, but that additional Secondary and Primary places are not needed at this time.

He added that more vocational offers would be welcome within Bath for those pupils in Year 10 & 11 and that they are providing support to Bath College to attempt to find somewhere to achieve this.

Kevin Burnett asked if Academies or Multi Academy Trusts (MATs) were able to apply for additional buildings to be built or to increase their Planned Admission Number (PAN).

The School Organisation Manager replied that they are able to apply for funding to expand, but that this was rare at the current time. She added that they do work

closely with all MATs and felt that they would share any such intentions with the Council.

Kevin Burnett asked if it was felt that sufficient provision would be in place if the additional SEND Free School, Alternative Provision and any initiatives through the Safety Valve programme come to fruition.

The Director of Education replied that he believed that a good level of sufficiency would be in place if all of those elements work out as planned.

Councillor Liz Hardman asked if the 203 children & young people with SEND that are placed out of county for their provision would be invited back into B&NES if new facilities were established.

The Director of Education replied that this would be the case for a number of them, but for others they would still need to access services out of area that could not be provided by us. He added it was possible that around 120 of these young people could be invited back for provision within B&NES and this could lead to cost savings.

Councillor Hardman referred to Paulton Infant School and its PAN of 90 and asked if pupil numbers were reducing in that area.

The School Organisation Manager replied that this was a bit of a challenge as numbers have decreased to an average of around the low 60s or high 50s, but that a degree of flexibility was required otherwise you would be at risk of removing a whole class from the PAN. She added that we also need to keep in mind whether children can travel to their local school sustainably.

Councillor May asked what would happen if new housing developments were approved through the Local Plan in the south-west of Bath.

The School Organisation Manager replied that they do work with colleagues in planning policy and that normally there is some early engagement and discussion relating to existing provision when new developments are being considered. She added that it would also depend on the type of housing that was being proposed and when it was planned to be built.

The Panel **RESOLVED** to note the proposed strategy for the provision of sufficient mainstream and SEND school places within the 2023 – 2029 Plan period.

81 PANEL WORKPLAN

The Chair introduced this item to the Panel. She said that through the course of the meeting they had identified the following items that could be considered to be added to their workplan.

- Further dentistry update
- Home to School Transport
- Safety Valve programme
- Covid – Deaths from hospital admissions
- Modern Day Slavery

The meeting ended at 1.19 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children’s and Adults Health and Wellbeing Policy Development Scrutiny Panel	
MEETING/ DECISION DATE:	05 February 2024	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	The outcome and recommendations following a consultation on the future delivery model for the council’s three Community Resource Centres	
WARD:	Keynsham South, Twerton and Radstock	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1 Community Resource Centres (CRCs) Consultation Report Appendix 2 Equality Impact Assessment		

1 THE ISSUE

1.1 The report will set out the outcomes following a consultation on the future delivery model for the Council’s three Community Resource Centres (CRCs) at Cleeve Court, Combe Lea and Charlton House. The online consultation took place between Thursday 9 November 2023 to 5pm on Monday 18 December 2023 and included the following proposals:

- To develop Cleeve Court residential home into a centre of excellence for dementia care including nursing care
- To enhance our offer at Combe Lea residential home to enable younger people with more complex needs to remain closer to home
- To close (de-register) the remaining 10 places at Charlton House Nursing home and then develop the site to provide alternative care provision and/or housing options that would meet the needs of the local community now and into the future
- To offer community groups/charitable organisations use of the day centre spaces at the community resource centres at a reduced rental rate if the organisations offer services that are accessible to the care home residents and the community

2 RECOMMENDATION

2.1 Scrutiny Panel is asked to give feedback to Cabinet on the following recommendations:

Recommendation 1: To develop Cleeve Court residential home into a centre of excellence for dementia care without nursing.

Recommendation 2: To enhance our offer at Combe Lea residential home to enable younger people with more complex needs to remain closer to home.

Recommendation 3: To de-register the remaining 10 places in use at Charlton House nursing home and then develop the site to provide a residential school for young people with complex needs.

Recommendation 4: To offer community groups/charitable organisations use of the day centre spaces at the community resource centres at a reduced rental rate.

Recommendation 5: To commence a full feasibility study in relation to the change of use for Charlton House to a residential school.

3 THE REPORT

3.1 Overview of Services

3.1.1 The Community Resource Centres (CRCs) were part of the original integrated community services contract held by Virgin Care Services Limited (jointly commissioned by B&NES Council and Bath and North East Somerset Clinical Commissioning Group which commenced in April 2017. In September 2019 Sirona, as a sub-contractor in the prime contract, gave notice on the CRC contract to Virgin Care. B&NES then undertook an options appraisal and Cabinet took the decision to transfer the service back to be run by the Council. The contract value at the point of transfer did not reflect the actual costs of delivering the service.

3.1.2 Since transferring the service back in-house in 2020, B&NES has invested significantly across all areas of CRC services, including increased pay for staff and training and equipment to support care.

3.1.3 The CRC provision includes Charlton House which is registered to provide 30 nursing care beds over 2 separate floors, Combe Lea which provides 30 registered care beds and Cleeve Court which provides 45 registered care beds. Following a CQC inspection in October 2022, which identified a number of concerns, the council took the decision to temporarily close 15 nursing care beds on one floor at Charlton House. Significant improvement progress has been made since this time and the Care Quality Commissioner (CQC) currently rate the service as 'requires improvement'.

3.1.4 However, the budget for the 3 homes remains underfunded and, when using the actual costs of delivery of care, the block budget is only sufficient to provide 1 floor at Charlton House. In addition, the budget does not cover any agency cost

pressures over and above 17% contingency costs. The 2023-24 CRC outturn forecast at Q3 is a balanced budget. If the second floor was opened there would be a budget pressure of circa £1 million.

3.1.5 It is worth noting that there is ample alternative provision of general nursing care home services for adults in B&NES but there are shortfalls in complex needs services and services for younger age groups. There are currently 25 available nursing care home vacancies and 30 residential care home vacancies in the B&NES area for over 65s. There are 3 nursing homes in the Keynsham area with available beds.

3.1.6 Links to the Care Quality Commissioner (CQC) inspection reports for each of the CRC's are provided below:

Charlton House - <https://www.cqc.org.uk/location/1-9633487397>

Combe Lea - <https://www.cqc.org.uk/location/1-9633487460>

Cleeve Court - <https://www.cqc.org.uk/location/1-9633487324>

3.2 Consultation Proposals

3.2.1 The online consultation took place between Thursday 9 November 2023 to 5pm on Monday 18 December 2023 and included the following proposals:

- To develop Cleeve Court residential home into a centre of excellence for dementia care including nursing care.
- To enhance our offer at Combe Lea residential home to enable younger people with more complex needs to remain closer to home.
- To close (de-register) the remaining 10 places at Charlton House Nursing home and then develop the site to provide alternative care provision and/or housing options that would meet the needs of the local community now and into the future.
- To offer community groups/charitable organisations use of the day centre spaces at the community resource centres at a reduced rental rate if the organisations offer services that are accessible to the care home residents and the community.

3.3 Outcomes of Consultation

3.3.1 A full report on the outcomes of the consultation is attached at appendix 1. The council received 45 submissions on the CRC proposals. Over half (53%) of responses were positive towards council proposals for CRCs, nearly a third (31%) disagreed and 16% were unsure. Pages 2-3 Appendix 1.

3.3.2 When considering those who supported the proposals, there was acknowledgement that the council needed to respond to the changing social care landscape, particularly around provision of specialist dementia nursing care. The importance of a stable workforce and its impact on morale, service provision and budget were also recognised.

3.3.3 The comments where respondents answered 'don't know' centred on staffing levels, the amount of information provided and requests for further information.

3.3.4 Negative responses focused on the impact on staff, residents, and family members if Charlton House were to be de-registered. It was felt families would be forced to travel further for visits and there would be a long term under provision if Keynsham was to lose a care home. Any potential future use for Charlton House was felt to be unclear.

3.4 Recommendations

3.4.1 As part of the approach to service development at CRCs, our aim has been to improve services for the most vulnerable and ensure we are focusing on areas of highest and most complex need.

3.4.2 Recommendation 1: To develop Cleeve Court residential home into a centre of excellence for dementia care without nursing:

- The proposal to develop Cleeve Court residential home into a centre of excellence for dementia care including nursing generated several positive comments. The delivery of nursing services however has been a considerable challenge given that it is unusual for a local authority to provide nursing care and nursing care can only be provided through a section 75 agreement with the ICB and RUH
- The respondents who did not agree with the Cleeve Court proposals felt that it would place additional pressure on staff who struggle to deliver existing services and would require further training
- The challenge associated with the recruitment of nurses was also highlighted, the council has struggled to attract qualified nurses despite market supplements and pay grades that are comparable to the NHS. Additionally, the council does not have the clinical infrastructure required to deliver nursing services within the budgets available
- Therefore, the recommendation is to continue to develop the service to support people with complex dementia who can be supported in a residential setting, including those with early onset dementia and to not seek nursing registration from CQC. As a specialist dementia home, Cleeve Court will be able to accommodate more complex dementia needs than a non-specialist facility which will reduce the need for transfers to nursing care

3.4.3 Recommendation 2: To enhance our offer at Combe Lea residential home to enable younger people with more complex needs to remain closer to home:

- When considering the supportive responses to the Combe Lea proposals, respondents welcomed the principle of enabling younger people with more complex needs to remain closer to home
- Concerns were expressed through the consultation, regarding younger and older people living together. However, there is significant research that demonstrates Intergenerational activities can provide a range of benefits for both older adults in care homes and younger generations. By bringing together

different age groups, this can combat loneliness, improve physical and cognitive health, and increase empathy and understanding

<https://www.carehome.co.uk/news/article.cfm/id/1694110/the-3-benefits-of-intergenerational-activities-for-care-home-residents>

- Therefore, the recommendation is to develop Combe Lea into a home that can offer placements to both older and younger adults, with care given to the mix of residents at any one time

3.4.4 Recommendation 3: To de-register the remaining 10 places at Charlton House Nursing home and then develop the site to provide a residential school for young people with complex needs. To work closely with residents and their families during the process of moving to ensure a smooth and safe transition:

- When considering the respondents who were positive towards the Charlton House proposals, they noted that delivering services from the home had been challenging. In November 2022 the service received a rating of inadequate from CQC this has now been revised to requires improvement, following significant changes to the operational running of the home, including the closure of 15 beds (1 floor) in December 2022
- The cost of delivering nursing care is significantly higher for the Council compared to the independent market, due to on-costs such as pensions and corporate overheads. There is sufficient capacity in the residential and nursing home market coupled with the commissioning plans for further nursing care
- Those respondents who did not support the proposals voiced concern about the impacts of relocating residents, losing the Keynsham based facility and staff having to move to work from the remaining CRCs. The lack of clarity around the future use of Charlton house was also raised

3.5 Vision for New Residential Special School

3.5.1 Through the Government led Safety Valve Project, B&NES was offered the opportunity to bid for additional capital funding. The bid is based on catering for the highest need children and young people (CYP) that are currently placed residentially out of the area and funded through the Joint Agency Panel (JAP). It was successful in securing £4m towards the project with an additional £1m being allocated through the High Needs Grant allocation. The bid was for a 16-place school (age range 11-16) with attached children's home catering for 8 places in two 4 bed units.

3.5.2 In-line with the SEND Education Strategy & Action Plan for Transformation and Sufficiency 2021-2024, B&NES is committed to increasing the number of places for children and young people with an Education, Health and Care Plan within the local area.

3.5.3 Following a review of the joint agency pool (JAP) funding arrangements in B&NES, one of the recommendations was for B&NES to have SEND residential provision within area. "There is currently no residential provision in the area that caters for the needs of the most complex and therefore most expensive placements made through the JAP panel".

3.5.4 As a unitary authority with a high number of EHCPs we need to ensure that the needs of the CYP can be met locally. Achieving this will ensure that the needs of this vulnerable young people can be met within their local area, supporting close family ties and giving these young people access to the local community, local friendships and local employment and training. We will be more efficient with the use of resources offering more local provision, freeing up places in our over-subscribed special schools and preventing out of county placements.

3.5.5 As part of the Safety Valve bid for additional capital funding, with no site or location identified, a high-level Feasibility Study (FS) has been completed by Council Officers, Project Managers, Quantity Surveyor and Professional Architects. The estimated full project cost to build a new small special school and residential unit has been calculated at £9.6m. This cost estimate did not include any specific site costs, to purchase a site would be an additional cost.

3.5.6 To ascertain the cost of adaptations to an identified building within the existing B&NES portfolio a full feasibility study will need to be carried out on the identified building. If Charlton House were available, the building does lend itself to a small SEND residential school in size and location and is already set up with a residential element. Expected costs of adaptations would fall well within the secured £5m budget and would be a cost neutral project for the council.

3.5.7 Education would work closely with ASC to utilise the kitchen within the building. This is currently used to cook the meals needed for various care homes. This could continue, with the addition of providing the meals for the residential school, together with some vocational opportunities for the young people attending the school.

3.5.8 The highest costs currently to B&NES are places for the most complex young people being placed in residential special out of county provision. The average educational cost per pupil for 2023 was £78,575 and for the care side the average cost per pupil for 2023 was £193,791. The highest cost placement being a total of £712,520. The cost per placement at the new provision would need to be agreed between the provider running the provision and the Local Authority. The educational element would be between £20k and £40k per pupil with the care side at approximately £170k per pupil for a 38-week placement. This would result in an overall saving in the region of £72k per pupil per year.

3.5.9 A change of use for Charlton House to a small residential school, catering for young people from the start of secondary school – NCY 7 (age 11) would be a positive use for this building. Due to the size of Charlton House, it is also proposed that the offer of day and residential placements would be increased. It is imperative that B&NES makes savings in relation to the Safety Valve Project in line with the proposals made. Savings would also be achieved in relation to the children's social care budget and the transport budgets. As a new build for this provision would cost in the region of £10m, repurposing of this existing building will ensure that a new residential provision is feasible within the allocated funding and within a shorter timescale.

3.5.10 The next steps to be agreed would be for a full feasibility to go ahead to ascertain exactly the adaptations required and the full costs. This could then be provided for a SMD on the potential for this project to go forward.

3.6 Recommendation 4: To offer community groups/charitable organisations use of the day centre spaces at the community resource centres at a reduced rental rate

- Over two thirds of respondents supported this proposal. This was illustrated within the written responses which identified how the proposal addressed local need, provided opportunity for intergenerational groups and offered benefits to residents
- This reinstates the original purpose of the CRCs as pre covid all the community space was used by a wide of voluntary and community groups

4 STATUTORY CONSIDERATIONS

4.1 There is a clear expectation in public law that a council will carry out a public consultation whenever it is considering making any significant changes to service provision. This is especially important where it is proposed that a service is withdrawn or reduced.

4.2 The proposed changes to CRC's within this report and in particular the de-registration of Charlton House referred to was the subject of consultation during the period 9 November 2023 to 18 December 2023. Care was taken to ensure that the consultation material was presented in an accessible format that could be understood by potential consultees. In addition, officers from Adult Social Care offered a consultation engagement event with residents and families.

4.3 In order that Cabinet Members take the outcome of the consultation process into account when reaching their decisions, they should read Appendix 1 where there is a detailed summary. In considering the recommendations in this report Members must give due regard to the outcome of the consultation and conscientiously take it into account when making their decision.

4.4 The public sector equality duty also applies to the decision that Members are being asked to make. Section 149 Equality Act 2010 requires them to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and
- Foster good relations between persons who share a protected relevant characteristic and persons who do not share it

4.5 An Equality Impact Assessment (EIA) has been completed and can be found in Appendix 2. Members must read the EIA and take its findings into account when reaching their decision. Members should note that negative impacts have been identified and they will need to take account of these and the mitigating actions that have been highlighted.

4.6 Article 8 Human Rights Act protects an individual's right to respect for private and family life. The implementation of the recommendations in this report will impact residents Article 8 rights. However, this right may be lawfully impacted having regard to the fair balance that has to be struck between the interests of individuals and the community as a whole.

4.7 The Mental Capacity Act governs consideration of Best Interest Decision making for those residents deemed as lacking capacity with no person with legal authority to

act in relation to health and welfare. The EIA confirms that Independent Mental Capacity Advocates duty will be appointed in the event any resident lacks capacity.

4.8 If Members accept the recommendations in this report and in particular the decision to de-register Charlton House, Members must be satisfied that a better use of public resources can be achieved.

4.9 Should recommendation 3 be upheld this would be undertaken in line with the CQC process to de-register Charlton House.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 In October 2022 a decision was taken to close the 2nd floor of Charlton House reducing the bed base to 15, as referenced in section 3.1.3 of the report. There are currently 10 people living at Charlton House all requiring nursing care. Following the closure of the second floor of Charlton House, the staffing was decreased and a focused recruitment drive enabled the service to reduce its reliance on agency staff. The budget available for the 3 CRCs is £5,031,349 gross. This budget was overspent in 2021/22 and 2022/23, this was largely due to increased overheads, staffing costs and agency spend.

CRC BUDGETS NET EXP	2020/21	2021/22	2022/23	Q3 2023/24
Profiled Budget CRCs	£922,500	£3,529,867	£4,706,431	£5,031,349
CRCs Outturn against budget	£637,392	£3,839,007	£5,769,873	£5,031,349
Overspend*	(£285,108)	£309,140	£1,063,442	£ 0

5.2 If all the recommendations were to be approved, there is estimated to be a total saving to the council of £300k in 2024/25, in line with the published budget saving proposals. This estimate assumes that if Charlton House is no longer used for nursing care, all current residents have (following an individual assessment of need) been accommodated in alternative nursing care at market rates.

6 RISK MANAGEMENT

6.1 A risk register related to the issue and recommendations has been developed in compliance with the Council's decision making and risk management guidance and monitored as part of the Adult Social Care Risk Register process.

6.2 A risk assessment for each individual, if they are impact by the outcome of the consultation, will be undertaken in line with the Care Act duties and best interest decision making process. There are no changes to the existing risk assessments for each of the services as a result of the recommendations.

7 EQUALITIES

7.1 The equalities profile of service users is:

- 66 people currently living at the CRC's (10 Charlton House, 27 Cleeve Court and 29 Combe Lea)

- 62 of the individuals are over the age of 65
- 66 of the individuals identify as White British
- 66 of the individuals have some level of physical disability
- Of the 10 people living at Charlton House 5 are originally from Keynsham, 3 from Radstock and 2 from Bath

7.2 An Equality Impact Assessment (Appendix 2) has been completed following the outcome of the consultation and subsequent recommendations.

- Overall, there are more females than males accessing support. We will ensure that we monitor the project through the equality impact assessment and record and consider sex in the allocation of people to the schemes.
- Primary need or disability is collected on the adult social care case management system. As would be expected, the reason for support recorded for the cohort is physical disability, dementia or nursing needs.

7.3 The report in Appendix 1 details the equalities breakdown of the 45 consultation submissions on pages 11-14.

8 CLIMATE CHANGE

8.1 The Charlton House, Cleeve Court and Coombe Lea buildings will continue to be owned by the council and have been retrofitted in line with the council's green agenda which helps reduce their running costs and reduces the council's carbon emissions.

9 OTHER OPTIONS CONSIDERED

9.1 The initial consultation for Cleeve Court was to develop the home into nursing dementia care however respondents who did not agree with the Cleeve Court proposals felt that it would place additional pressure on staff who struggle to deliver existing services and would require further training.

9.2 The challenge associated with the recruitment of nurses was also highlighted. The council has struggled to attract qualified nurses despite market supplements and pay grades that are comparable to the NHS. Additionally, the council does not have the clinical infrastructure required to deliver nursing services within the budgets available.

9.3 Therefore, the recommendation is to continue to develop the service to support people with complex dementia who can be supported in a residential setting, including those with early onset dementia and to not seek nursing registration from Care Quality Commission (CQC).

10 CONSULTATION

10.1 The CRC Consultation started on 9th November 2023 and closed 5pm on 18th December 2023 and the council received 45 submissions. The consultation was promoted through a number of channels:

- Posted on B&NES newsroom.
- Sent to the local and regional media (picked up by Bath Echo, The Week In and Keynsham Voice)
- Sent to all B&NES Councillors
- Sent to all B&NES town and parish councils.
- Sent to both MP's.
- Published in the weekly e-connect newsletter (about 6,500 subscribers)
- Is being regularly shared on B&NES corporate social media accounts with links signposting to the consultation page (
- Posted on Next-door
- Included in Interagency Bulletin

10.2 A range of consultation engagement activity has been undertaken by officers in the Adult Social Care Team.

Date	Engagement Activity
14.09.23	Staff briefing to inform of intention to consult
10.10.23	Relatives of Charlton House received an individual letter on proposals to consult
07.11.23	Letter to service user families for an invitation to attend consultation engagement session on 23 rd November 2023 at Charlton House
09.11.23	Consultation start date and mailbox opened (questions and responses managed by Assistant Director Operations)
23.11.23	Community drop in event and service user families invited to attend
18.12.23	Consultation end date

10.3 A community drop in event was held on 23rd November 2023 and 5 families attended the engagement event. Council officers and the Lead Member were able to speak directly to attendees and receive their feedback on the proposals within the consultation. Paper copies of the proposals for consultation were made available at the community drop in event for those that preferred this route over feedback online.

10.4 Engagement sessions have been held with staff at each of the 3 CRCs prior to the consultation questionnaire going live. All staff were given the link to the consultation and hard copies of the consultation provided at each of the CRCs.

10.5 Communication with residents, relatives and staff regarding the recommendations following the consultation and prior to publication of reports to scrutiny and to cabinet are planned for the week beginning the 22 January 2024.

10.6 This report has been approved by the Lead Member, Director Adult Social Services, Monitoring Officer and S151 Officer.

Contact person	Ann Smith – Assistant Director, Operations
Background papers	<ul style="list-style-type: none"> • Lead Member Update to Children’s and Adults Health and Wellbeing Policy Development and Scrutiny Panel on 9th October 2023 • E3488 – Single Member Decision Community Resource Centres: Proposals for Consultation 22nd October 2023 • 11th December 2023 report to Children’s and Adults Health and Wellbeing Policy Development and Scrutiny Panel - Community Resource Centres: Proposal for Consultation
<p>Please contact the report author if you need to access this report in an alternative format</p>	

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Appendix 1: Community Resource Centres (CRCs) Consultation Report

This report sets out the outcomes following a consultation on the future delivery model for the council's three Community Resource Centres (CRCs).

The online consultation took place between **Thursday 9 November 2023 to 5pm on Monday 18 December 2023** and included the following proposals:

- To develop Cleeve Court residential home into a centre of excellence for dementia care including nursing care.
- To enhance our offer at Combe Lea residential home to enable younger people with more complex needs to remain closer to home.
- To close the remaining 11 places at Charlton House Nursing home and then develop the site to provide alternative care provision and/or housing options that would meet the needs of the local community now and into the future.
- To offer community groups/charitable organisations use of the day centre spaces at the community resource centres at a reduced rental rate if the organisations offer services that are accessible to the care home residents and the community.

Consultation results on plans for Community Resource Centres (CRCs)

The council received 45 submissions on the CRC proposals.

Our thanks go to all those who participated in the consultation.

Results

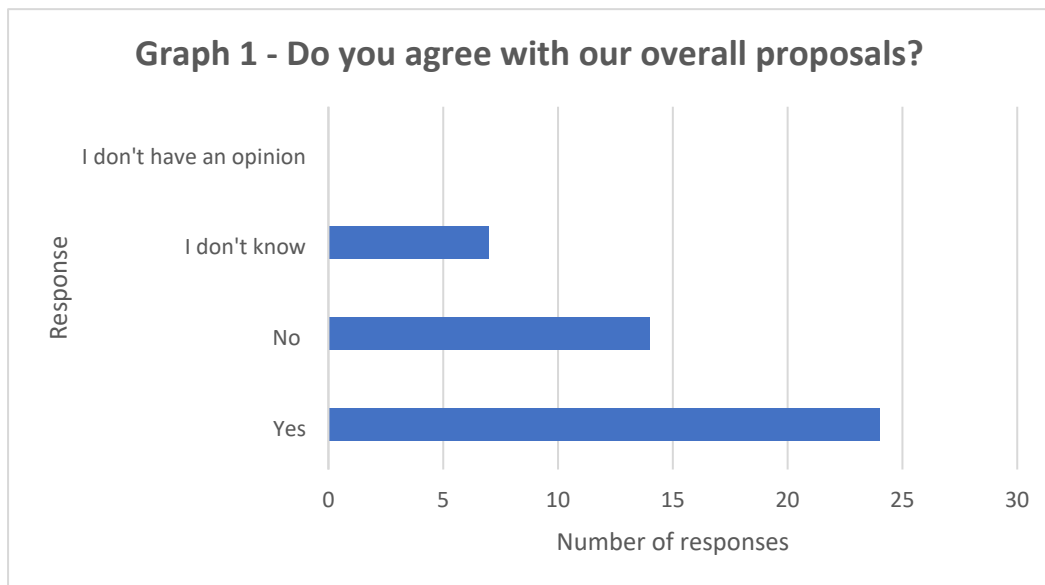
Q1: Do you agree with our overall proposals?

As illustrated in Table 1 and Graph 1 - over half (53%) of responses were positive towards council proposals for CRCs, nearly a third (31%) disagreed and 16% were unsure.

Table 1

Response option	Number of responses	Percentage %
Yes	24	53%
No	14	31%
I don't know	7	16%
I don't have an opinion	0	0%

Graph1



Participants were then invited to provide a comment on the overall proposals. 36 (of 45) respondents completed this part of the consultation.

Support

When considering those who supported the proposals, there was acknowledgement that the council needed to respond to the changing social care landscape, particularly around provision of specialist dementia nursing care. The importance of a stable workforce and its impact on morale, service provision and budget were also recognised.

'the nature of care needs is evolving...This shift, along with the trend of individuals remaining in their homes for longer before requiring care, necessitates a re-assessment of existing services.'

'plans make sense'

'Reduction in temporary and agency staff would allow for continuation of care for residents and good teamwork for staff.'

Don't know

The comments where respondents answered 'don't know' centred on staffing levels, the amount of information provided and requests for further information:

'Need more information'

'we have a poster left in Charlton House that doesn't really explain to the staff what the proposal is.'

'I feel in the past the Homes have not been staffed correctly only manned at a minimum guidelines'

Don't support

Negative responses focused on the impact on staff, residents, and family members if Charlton House was to close. It was felt families would be forced to travel further for visits and there would be a long term under provision if Keynsham was to lose a care home. Any potential future use for Charlton House was felt to be unclear.

'Its unclear how Charlton House will be used'

'how about the staff?'

'It will be further to visit...'

'Charlton House in Keynsham should remain as a residential care home'

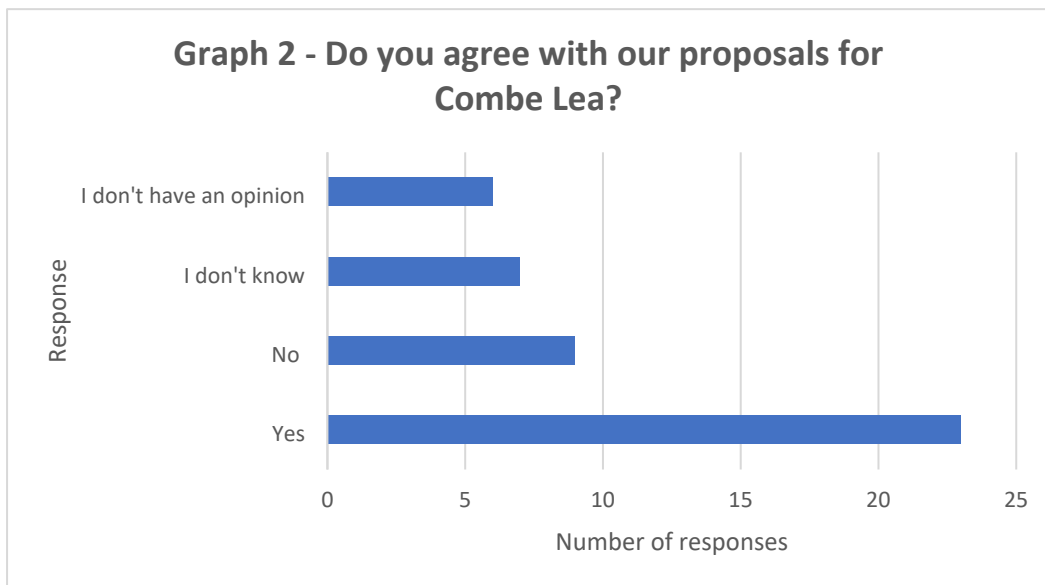
Q2: Do you agree with the proposals for Combe Lea?

As illustrated in Table 2 and Graph 2 - over half (51%) of responses were positive towards council proposals for Combe Lea, a fifth (20%) disagreed and 29% were unsure.

Table 2

Response option	Number of responses	Percentage %
Yes	23	51%
No	9	20%
I don't know	7	16%
I don't have an opinion	6	13%

Graph 2



Participants were then invited to provide a comment on the proposals for Combe Lea. 30 (of 45) respondents completed this part of the consultation.

Support

When considering the supportive responses to the Combe Lea proposals, respondents welcomed the principle of enabling younger people with more complex needs to remain closer to home.

'we are seeing increasing number of younger people with care home needs'

'I think it more beneficial that younger people requiring complex care are living together within their own age group.'

'is a commendable step towards fostering an age-friendly community'

'Its good to see plans for the residential home to remain as it currently is and allow future residents to remain "closer to home"'

Don't know

Respondents when completing this section generally cited a lack of understanding on the proposals.

'I don't understand what will be happening'

Don't have an opinion

Respondents who completed this section felt they had too little personal experience to form an opinion.

I have no personal experience of the residents at Combe Lea

Don't support

Respondents who answered negatively to the Combe Lea proposals felt that staff turnover was already too high and giving additional responsibilities to provide for younger residents would add to stress levels. It was also felt that it would be difficult for older and younger residents to live together.

'staff turnover speaks for itself'

'the added stress on staff would have a detrimental effect on the care standard'

'The very elderly and vulnerable residents, could well be concerned about younger people with varied needs'

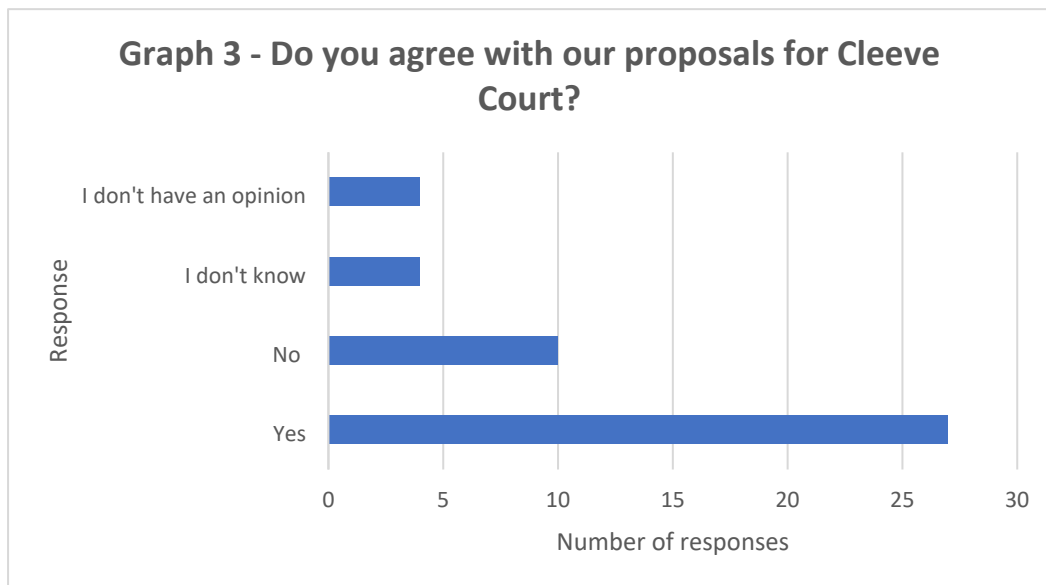
Q3: Do you agree with the proposals for Cleeve Court?

As illustrated in Table 3 and Graph 3 – 60% of responses were positive towards council proposals for Cleeve Court, 22% disagreed and 18% were unsure.

Table 3

Response option	Number of responses	Percentage %
Yes	27	60%
No	10	22%
I don't know	4	9%
I don't have an opinion	4	9%

Graph 3



Participants were then invited to provide a comment on the proposals for Cleeve Court. 34 (of 45) respondents completed this part of the consultation.

Support

The proposal to develop Cleeve Court residential home into a centre of excellence for dementia care including nursing care generated several positive comments.

'A positive proposal with an obvious need'

'Excellent for staff and residents'

'I think specialist dementia care is definitely a great idea.'

Don't know

The main comment generated from this option centred on welcoming the proposal whilst acknowledging the challenge of delivering a centre for excellence.

'the reality of the centre of excellence would mean more training for staff and more accountability from managers'

Don't have an opinion

Those respondents without an opinion felt they had insufficient understanding on Cleeve Court to comment.

Don't support

The respondents who did not agree with the Cleeve Court proposals felt that it would place additional pressure on staff who struggle to deliver existing services and would require further training. The challenge associated with the recruitment of nurses was also highlighted.

'Feel staff would require a lot of training when they are struggling to deliver existing services'

'If the home did not have a good rating last time how can it change from residential to nursing. This would mean staff would need a lot of training'

'Employment of nurses is very difficult'

'what development plans are in place to ensure this works well at Cleeve Court, and does not replicate what has happened at Charlton House?'

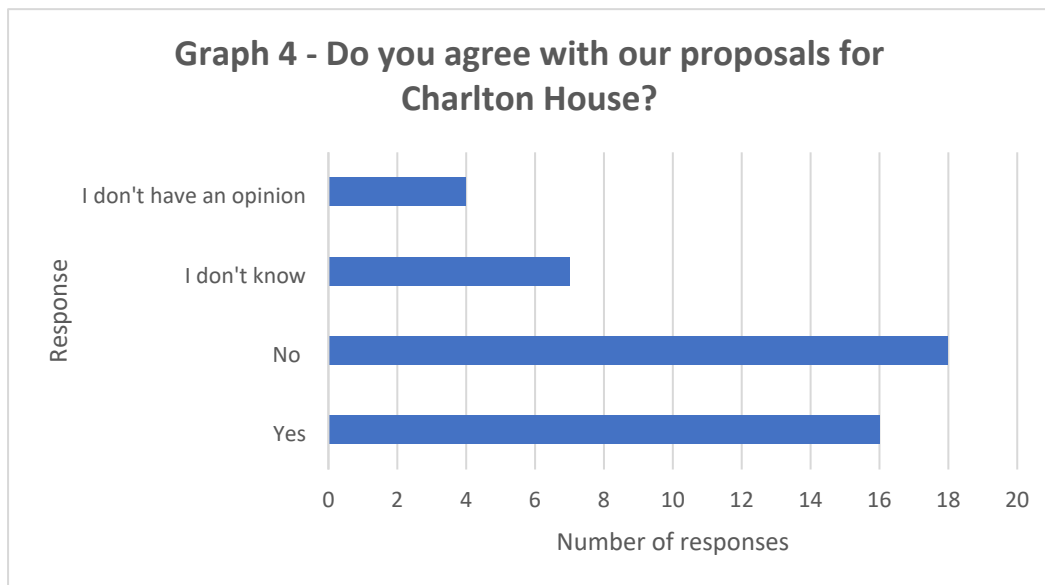
Q4: Do you agree with the proposals for Charlton House?

As illustrated in Table 4 and Graph 4 – 36% of responses were positive towards council proposals for Charlton House, 40% disagreed and 24% were unsure.

Table 4

Response option	Number of responses	Percentage %
Yes	16	36%
No	18	40%
I don't know	7	15%
I don't have an opinion	4	9%

Graph 4



Participants were then invited to provide a comment on the proposals for Charlton House. 33 (of 45) respondents completed this part of the consultation.

Support

When considering the respondents who were positive towards the Charlton House proposals, they noted that delivering services from the home had been challenging and the new model for delivery provided an opportunity to ensure high quality care provision:

'Too small to be viable'

'Closure of Charlton House, in the circumstances described, would be a sensible option in order to be able to address many of the needs of the other two centres.'

I think Charlton House has struggled for a while. The building is tired and the staff demotivated.

Don't know

There were limited comments for this option but some feedback was provided around the importance of thorough consultation:

'I agree that more research and consultation is needed to make sure the council gets it right'

Don't have an opinion

Limited comments for this response.

Don't support

Those respondents who did not support the proposals voiced concern about the impacts of relocating residents, losing the Keynsham based facility and staff having to move to work from the remaining CRCs. The lack of clarity around the future use of Charlton house was also raised.

'provides outstanding care to residents who have lived there for many years.'

'It will be a shame to lose a resource for the elderly population for that side of the authority'

'would be financially unviable for ... staff to relocate to Cleve or Combe

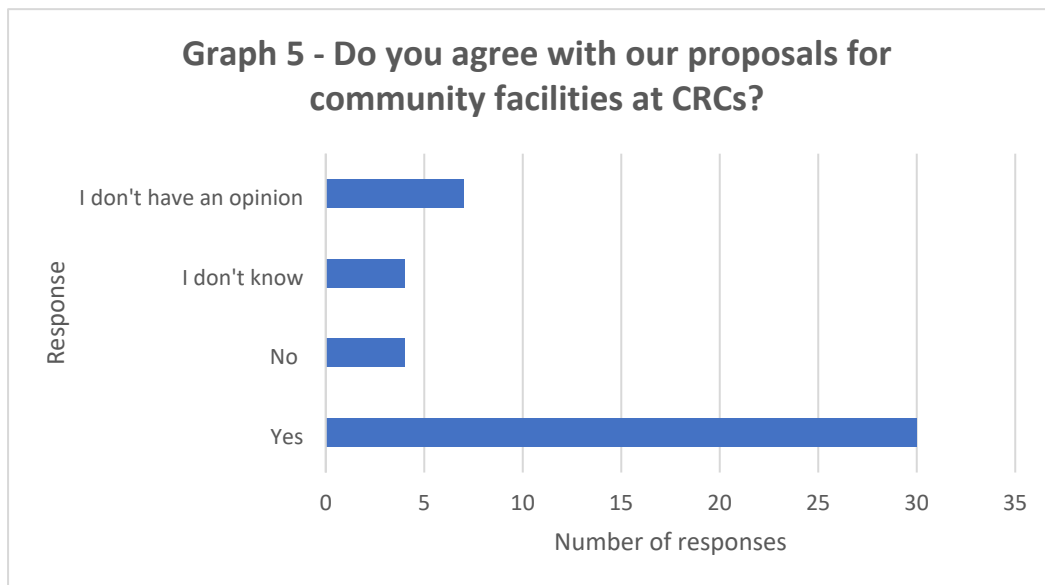
'unclear what Charlton House would be used for... a purpose built building, which is well equipped and has had recent additions of solar panels last March at some cost.'

Q5: Do you agree with our proposals for community facilities at CRCs

As illustrated in Table 5 and Graph 5 – 67% of responses were positive towards council proposals for community facilities at CRCs, 9% disagreed and 24% were unsure.

Response option	Number of responses	Percentage %
Yes	30	67%
No	4	9%
I don't know	4	9%
I don't have an opinion	7	15%

Graph 5



Participants were then invited to provide a comment on the proposals for community facilities at CRCs. 30 (of 45) respondents completed this part of the consultation.

Support

Over two thirds of respondents supported this proposal. This was illustrated within the written responses which identified how the proposal addressed local need, provided opportunity for intergenerational groups and offered benefits to local residents.

'There is a lack of daily facilities in the area so this would be advantageous'

'Yes - this would be the opportunity for intergenerational groups.'

'If it will enhance the life of the residents I am for it'

'I feel that utilising all of the facilities to get the best use is a good idea. Streamlining the facilities to offer opportunities to other groups sounds like a good use of resources.'

Don't know

The only comment received felt the proposal reflected the council's approach to management:

This reads like an admission of bad management.

Don't have an opinion

The only comment received for this option questioned the need for the proposal.

'I can't see the value of this as lots of facilities are already available and under used'

Don't support

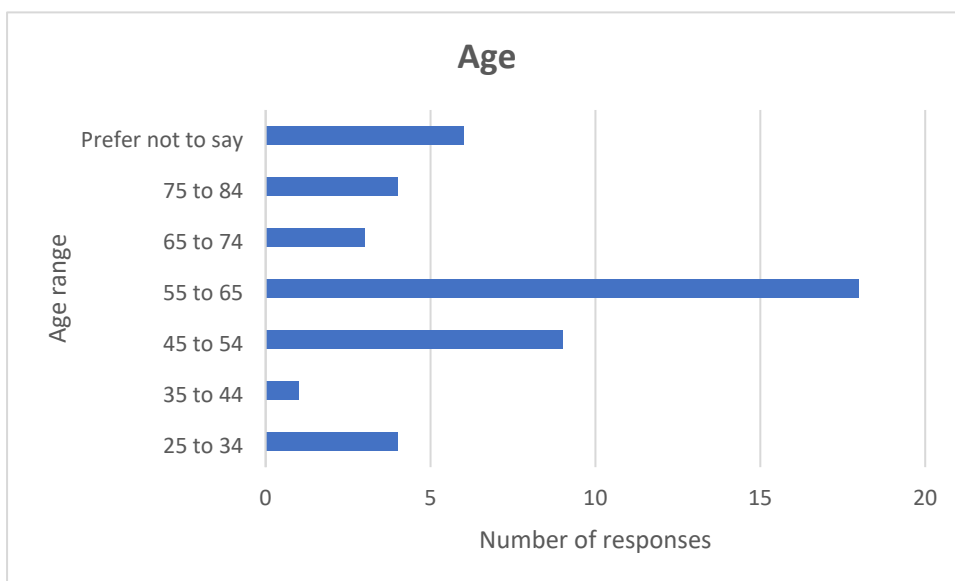
Limited comments other than a feeling that homes should not be used for day centre activities:

'No, I don't agree the homes should be used for ... offering day centres activities.'

Equalities questions

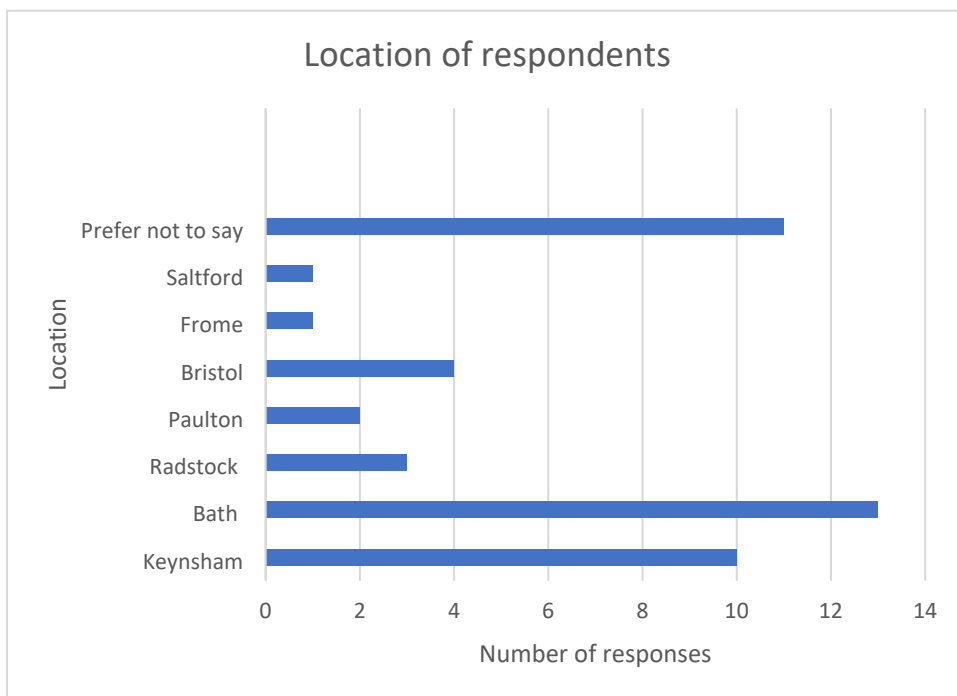
Age

Age range	Number of respondents	Percentage %
25 to 34	4	9%
35 to 44	1	2%
45 to 54	9	20%
55 to 64	18	40%
65 to 74	3	7%
75 to 84	4	9%
Prefer not to say	6	13%



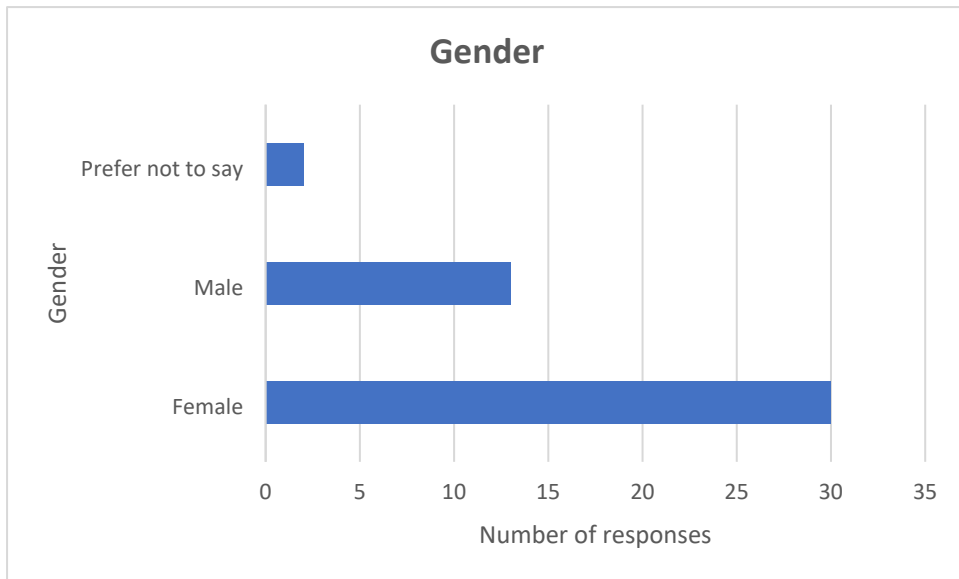
Location

Location	Number of respondents	Percentage %
Keynsham	10	22%
Bath	13	29%
Radstock	3	7%
Paulton	2	4%
Bristol	4	9%
Frome	1	2%
Saltford	1	2%
Prefer not to say	11	25%



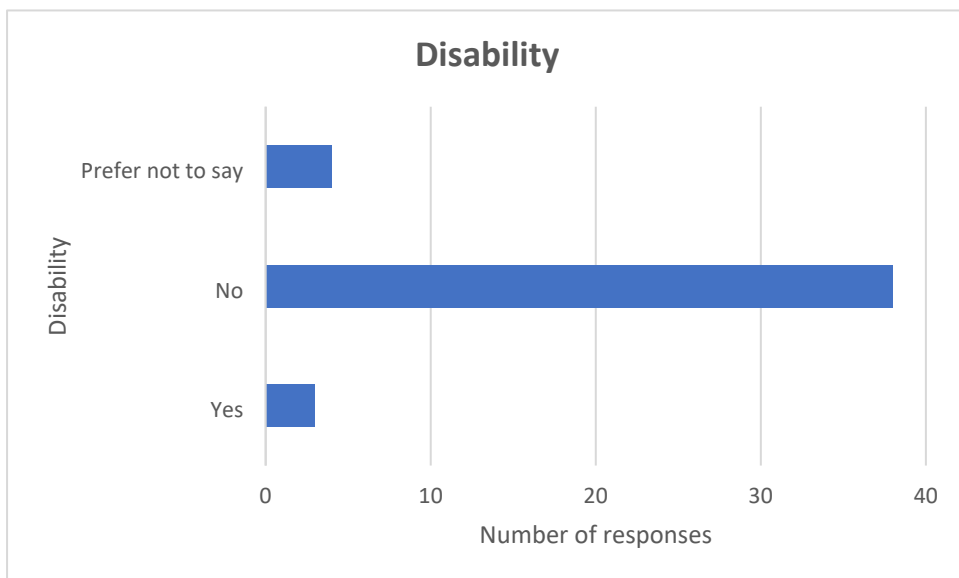
Gender

Gender	Number of respondents	Percentage %
Female	30	67%
Male	13	29%
Prefer not to say	2	4%



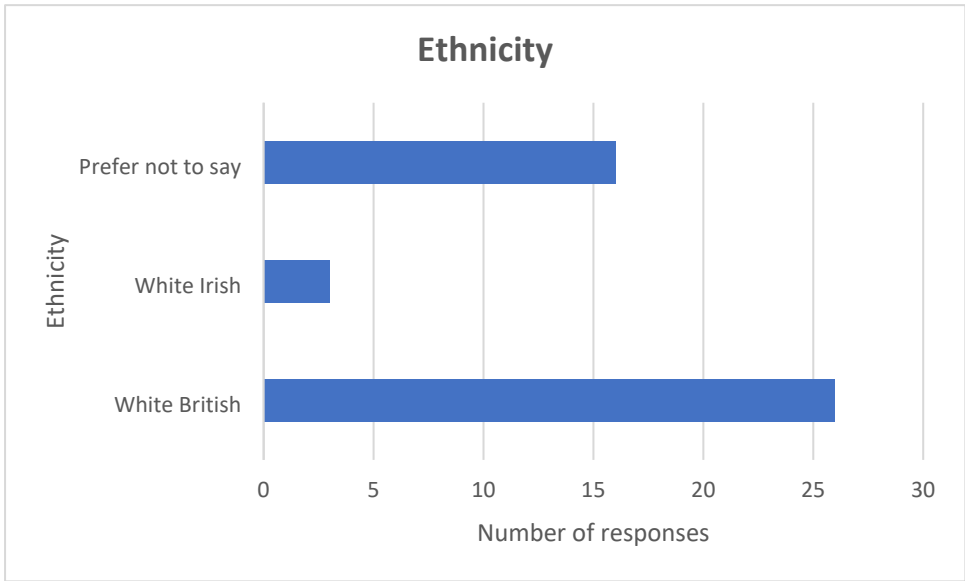
Disability

Disability	Number of respondents	Percentage %
Yes	3	7%
No	38	84%
Prefer not to say	4	9%



Ethnicity

Ethnicity	Number of respondents	Percentage %
White British	26	58%
White Irish	3	7%
Prefer not to say	16	35%



Equality Impact Assessment / Equality Analysis

(Updated December 2022)

Item name	Details
Title of service or policy	The outcome and recommendations following a consultation on the future delivery model for the council's three Community Resource Centres
Name of directorate and service	Adult Social Care – Provider Services
Name and role of officers completing the EIA	Ann Smith – Assistant Director Adult Social Care Operations
Date of assessment	12/01/2024

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The main aim is to identify any discriminatory or negative consequences for a particular group or sector of the community, and also to identify areas where equality can be better promoted. Equality impact Assessments (EIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis. **Not all sections will be relevant – so leave blank any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council’s website.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<p>The Cabinet is asked to approve:</p> <p>Recommendation 1: To develop Cleeve Court residential home into a centre of excellence for dementia care without nursing.</p> <p>Recommendation 2: To enhance our offer at Combe Lea residential home to enable younger people with more complex needs to remain closer to home.</p> <p>Recommendation 3: To close the remaining 10 places at Charlton House nursing home and then develop the site to provide a residential school for young people with complex needs.</p> <p>Recommendation 4: To offer community groups/charitable organisations use of the day centre spaces at the community resource centres at a reduced rental rate.</p>

	Recommendation 5: To commence a full feasibility study in relation to the change of use for Charlton House to a residential school.
<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? 	The council operates 9 distinct services under 5 separate Care Quality Commission (CQC) registrations. These include 3 CRCs, 5 Extra Care Schemes (EC) and a domiciliary care agency called United Care B&NES (UCB). The services operate on a fixed budget excluding any income from self-funders or out of area placements. This paper deals exclusively with the Community Resource Centres (CRCs) which are registered Residential and Nursing Homes.
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	No

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equalities training have staff received to enable them to understand the needs of our diverse community?	The online Equalities training is undertaken as part of the councils training offer for all staff. Several staff have also attended in-person Equalities training for Children's and Adult Services.
2.2 What is the equalities profile of service users?	There are 66 people currently living with the CRC care homes. 62 of the individuals are over the age of 65.

	66 of the individuals identify as white British. 66 People have some level of physical disability. Further data is available but would be personal identifiable data														
2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	CQC Inspection reports are available. https://www.cqc.org.uk/location/1-9633487397 https://www.cqc.org.uk/location/1-9633487460 https://www.cqc.org.uk/location/1-9633487324														
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	<table border="1"> <thead> <tr> <th>Date</th> <th>Engagement Activity</th> </tr> </thead> <tbody> <tr> <td>14.09.23</td> <td>Staff briefing to inform of intention to consult</td> </tr> <tr> <td>10.10.23</td> <td>Relatives of Charlton House received an individual letter on proposals to consult</td> </tr> <tr> <td>07.11.23</td> <td>Letter to service user families for an invitation to attend consultation engagement session on 23rd November 2023 at Charlton House</td> </tr> <tr> <td>09.11.23</td> <td>Consultation start date and mailbox opened (questions and responses managed by Assistant Director Operations)</td> </tr> <tr> <td>23.11.23</td> <td>Community drop in event and service user families invited to attend</td> </tr> <tr> <td>18.12.23</td> <td>Consultation end date</td> </tr> </tbody> </table>	Date	Engagement Activity	14.09.23	Staff briefing to inform of intention to consult	10.10.23	Relatives of Charlton House received an individual letter on proposals to consult	07.11.23	Letter to service user families for an invitation to attend consultation engagement session on 23 rd November 2023 at Charlton House	09.11.23	Consultation start date and mailbox opened (questions and responses managed by Assistant Director Operations)	23.11.23	Community drop in event and service user families invited to attend	18.12.23	Consultation end date
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18.12.23	Consultation end date														
2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include	Independent Mental Capacity Advocates will be provided for people who do not have the capacity to participate in the consultation and for whom there is no recognised decision maker. Relatives and families will be consulted on the specific impact on their loved one.														

equalities considerations within this?

3. Assessment of impact: ‘Equality analysis’

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	Eligible needs related to protected characteristics are considered as part of the care and support plan for people eligible for the service.	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The workforce predominately identifies as female. The residents are 75% female and 25% male. Residents/families are asked on admission if they would prefer male or female carers and as far as possible, we will meet these requests.	Overall, there are more females than males accessing support we will ensure that we monitor the project through the equality impact assessment and record and consider sex in the allocation of people to the schemes.
3.3 Pregnancy and maternity	There are no redundancies anticipated. For any staff who are pregnant or on maternity leave would be offered a range of employment opportunities across 8 other services.	

<p>3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people</p>	<p>This information is collected as personal identifiable information this information is held in individual care plans which are unique to each individuals preferences and wishes.</p> <p>We respect the chosen gender identity of residents and will use gender neutral language and pronouns where appropriate to do so Residents/families are asked on admission if they would prefer male or female carers and as far as possible, we will meet these requests.</p>	
<p>3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration both physical, sensory and mental impairments and mental health)</p>	<p>This project will impact positively on people who experience mental ill health specifically complex dementia The aim of the consultation is to provide a support service to meet the needs of this cohort.</p>	<p>Primary need or disability is collected on the adult social care case management system. As would be expected, the reason for support recorded for the cohort is physical disability, dementia or nursing needs.</p> <p>All the CRCs are fully adapted for wheel chair access with hearing loops and visual aids.</p>
<p>3.6 Age – identify the impact/potential impact of the policy on different age groups</p>	<p>Most people living in the CRC care homes are over the age of 65.</p> <p>The staff cohort who will be consulted have an age range between 18-67 the majority of the staff are over the age of 30.</p>	
<p>3.7 Race – identify the impact/potential impact on across different ethnic groups</p>		<p>Most individuals known to the service identify as White British, and this is reflective of the general population in B&NES. Broadly, the ethnic diversity of</p>

		<p>those known to ASC in BANES is in line with national trends. Of the cohort profiled, most of the clients are White British. Therefore, this project is more likely to impact White British people as they make up most service users. We will monitor all ethnicity information to ensure no group is adversely impacted.</p> <p>We make links to local communities and services such as churches/mosques if so required.</p>
<p>3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people</p>	<p>This information is collected as personal identifiable information this information is held in individual care plans which are unique to each individuals preferences and wishes.</p> <p>We do not anticipate any adverse impact on people based on their sexual orientation.</p> <p>Residents who are known to be in a same sex relationship/marriage or civil partnership will remain together.</p>	
<p>3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?</p>	<p>This information is collected as personal identifiable information this information is held in individual care plans which are unique to each individuals preferences and wishes.</p> <p>We do not anticipate any adverse impact on people based on this protected characteristic.</p>	<p>No information on marriage/civil partnership is available via our standard reporting for the staff group.</p>

	Residents who are known to be married or in a civil partnership will remain together.	
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	<p>Information on religion is collected religious needs are met on an individual basis within the homes.</p> <p>We do not anticipate any adverse impact on people based on their religion.</p> <p>Residents will be supported to access services relating to their faith.</p> <p>We recognise and celebrate residents religious based festivities or practice for residents and our staff.</p>	
3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).	The services offer several ways into employment that support people who may not have formal qualifications including, maths and English support, work placements, apprenticeships, care certificate training and nursing associates training.	
3.12 Rural communities* identify the impact / potential impact on people living in rural communities.	The CRCs have a fully flexible visiting policy which enables relatives and friends who are reliant on public transport to visit at times that suit them.	
3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the	There are residents who are veterans are supported in line with the Councils	

bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	commitments to the Armed Forces Covenant.	
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*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Suzanne Westhead



(Divisional Director or nominated senior officer)

Date: 25th January 2024

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development Scrutiny Panel	
MEETING/ DECISION DATE:	5th February 2024	<small>EXECUTIVE FORWARD PLAN REFERENCE:</small>
TITLE:	Community Services Transformation Programme – Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: There are no attachments to this report.		

1. THE ISSUE

1.1 Bath and North-East Somerset Council (B&NES) and what is now the Bath and North East Somerset, Swindon & Wiltshire Integrated Care Board (BSW ICB) made a decision not to extend the HCRG Care Group contract for the three-year extension term in May 2022 (Non-extension Decision Ref: E3362). The current B&NES Integrated Community Health and Care Contract will cease 31 March 2024. The Council completed a detailed options appraisal, and a decision was taken to transfer Adult Social Care (ASC – Adult Social Work, Direct Payments and Adults with Learning Disabilities and Their Families) to B&NES Council in November 2022 (Transfer Decision Ref: E3393).

1.2 Three programmes were set up to deliver Community Services Transformation across the Council and Integrated Care Board (ICB):

- Programme One: Adult Social Care Redesign and Community Partners (Council led)
- Programme Two: Public Health (Council led)
- Programme Three: Integrated Community Based Care (Integrated Care Board led for Children’s and Adults Health Services)

1.3 A robust governance framework is in place for Community Services Transformation through the establishment of Programme Boards. Programme One

Board is chaired by the Director for Adult Social Services and Programme Two Board by the Director of Public Health. B&NES is represented at the Integrated Community Based Care Programme Three Board by the Director of Adult Social Services.

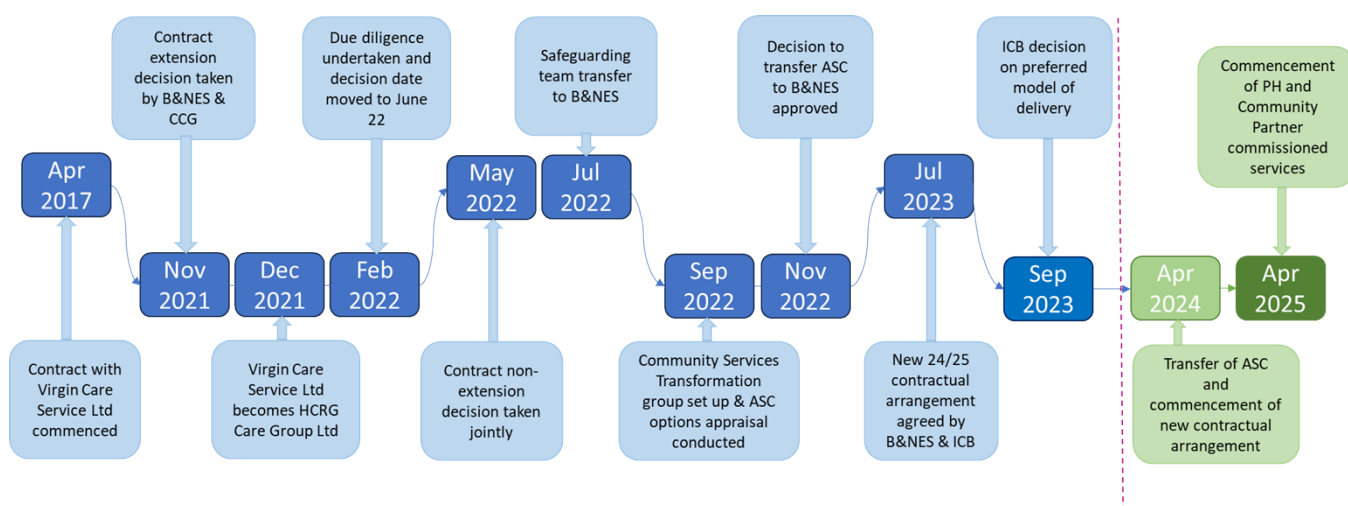
2. RECOMMENDATION

2.1 Panel are asked to:

- Note the progress updates for Community Services Transformation across Programmes One, Two and Three
- Note the progress update for the Community Wellbeing Hub and Direct Award 2024/25

3. THE REPORT

3.1 OVERVIEW OF THE JOURNEY FOR COMMUNITY SERVICES TRANSFORMATION



3.2 PROGRAMME ONE: ADULT SOCIAL CARE REDESIGN UPDATE

3.2.1 Approx 240 staff will transfer from HCRG Care Group to B&NES on 1st April 2024. The transfer will take staffing levels in the ASC Operations portfolio to 552, delivering 12 separate services. This level of staffing equates to ASC Operations being 19% and ASC Directorate 21% of total council workforce.

3.2.2 Since the last project update to Scrutiny on 9 October 2023, the project continues to make good progress and a safe transfer of services and workforce is on track for 1st April 2024. The final Employment Liability Information (ELI), which will provide detailed information about individuals who make up the workforce (such as names, terms & conditions and pay information) is yet to be received. TUPE guidance states that this final information will be received no later than 28 days prior to transfer, which in this case will be early March.

3.2.3 Officers from the project and operations team continue joint working with HCRG Care Group to exchange key information regarding services and the workforce due to transfer. Corporate support functions continue to be fully engaged in the project and these good collaborative arrangements underpin the transfer remaining on track.

3.2.4 The strong approach to project governance continues to work well and this was formally validated following an internal audit where the project governance and project management received a level 4 rating of substantial assurance.

3.2.5 During November, the formal staff consultation commenced and the 'measures' were announced. The consultation sessions were split between provider services (Learning Disabilities) and statutory Adult Social Care (ASC) functions. These formal consultations were jointly led by the Council and HCRG Care Group, with representation from trade unions and HCRG Care Group appointed staff representatives. In addition to the formal element of the consultation, presentations were given on Pensions, IT and Facilities. Questions were collated during the sessions and formal written responses have been provided. The project team continue to respond to any additional questions raised outside of the formal consultation sessions to support the transferring staff. The formal consultation will end on 29th January 2024.

3.2.6 Included in the 'measures' letter was a proposal to move teams currently based at St Martin's and in scope for transfer to B&NES corporate estate and these teams will be relocated to Cleeve Court. Representatives from these teams have been consulted separately and included in the planning and set-up of the space at Cleeve Court. It has now been confirmed where all teams and services will be based and this has been communicated to staff.

3.2.7 The project team continues to work positively with B&NES corporate functions to support the transfer with key project milestones being achieved in Jan 2024:

- HR workstream are working through critical TUPE requirements and other key HR & Organisational Development (OD) information
- Jointly agreed between both organisations that the council's recruitment process will apply for new vacancies from January 2024 onwards and will be jointly supported by representatives from both organisations during this interim period
- Development of a detailed induction and welcome pack for the transferring workforce
- All key elements of the payroll build have been completed and this is now in its testing phase. It is on track to meet the project deadline, with a caveat that this can only be fully completed once we receive the final ELI information (28 days prior to transfer)
- All required laptops and networking equipment have been delivered and in January the final IT procurement will be submitted and ordered
- Two of the services in scope for transfer are CQC registered - Shared Lives and Supported Living and both the Council and HCRG Care Group have submitted applications to CQC to notify of the change in provider
- For Learning Disabilities service the existing suppliers have been reviewed and the supplier list aligned with internal corporate functions where possible
- To ensure there will be no gap in service delivery for Learning Disabilities service users, we have entered into a one-year interim contract to continue to use the same five leased minibuses currently used across the day services

3.2.8 Key priorities for the final phase of the project will be IT set-up, installation and rollout of equipment and completion of the Business Transfer Agreement. Detailed plans are being developed to manage the IT process but much of this work will be completed once the final ELI information has been received. However, this has been planned thoroughly and remains on track for delivery. IT are working on a go-live

date of 2nd April 2024 as 1st April is a bank holiday. However, one of the provider services will work on that date and will therefore be prioritised for set up. The project team have recently received the first draft of the Business Transfer Agreement for review and will continue to work with HCRG Care Group to develop and finalise the agreement prior to transfer.

3.2.9 It is expected that details on Shared Lives carers from HCRG Care Group will be received by the end of January. Once received, all internal steps will be completed to ensure carers are set up for payment from day one as Shared Lives carers are not part of TUPE.

3.2.10 As the project enters the final pre-transfer phase, there remains a vast amount of activity to be completed to support a safe transfer and staff briefing sessions will continue with HCRG Care Group to share key information. Another key focus between January and April will be to work with HCRG Care Group to further develop and finalise a comprehensive communication plan for internal and external stakeholders.

3.2.11 The next Programme One Board meeting is being held on 15th February 2024 where the recommendation for the approach to quality assurance of the services post April 2024 will be endorsed. The project team will continue to provide assurance through monthly briefings to the Lead Member, regular review of the risk register, updates to Corporate Management Team, briefings to Trade Unions alongside the assurance of Programme One Board.

3.2.12 The three Community Partners who deliver subcontracted services to support the Adults with Learning Disabilities and their Families Service (Swallow, Keyring and Freeways) are included in the ICB Direct Award 2024/25.

3.3 PROGRAMME ONE: COMMUNITY PARTNERS UPDATE

3.3.1 During 2024/25 a full review of future commissioning intentions will be undertaken to inform new service specifications for the commissioning of Community Partner delivered services. This will support future service transformation and will enable a full value for money assessment across the services provided to ensure they best meet the needs of B&NES residents. This process will provide the strategic direction needed to inform the commissioning of these services within budgetary envelopes from April 2025.

3.3.2 Community Partners have been organised into the following strategic commissioning groups:

- Children's
- Adult's
- Public Health
- Housing
- and Health (which will sit with the ICB for commissioning)

3.3.3 Alongside planning this strategic work, engagement and involvement with the organisations currently delivering these services continues. This is delivered through the regular contract monitoring meetings and engagement events where partners come together to consider challenges experienced in the sector and identify opportunities for service improvement.

3.4 PROGRAMME TWO: PUBLIC HEALTH UPDATE

3.4.1 The Health and Social Care Act 2012 sets out a local authority's duty to improve and protect health. From 1st April 2013 the responsibility for commissioning public health services transferred from the NHS to local authorities and below provides details of the specific Public Health services which are included in the Community Services Transformation Programme:

- Public Health Nursing Services
- Substance Misuse Services
- Wellness Service
- NHS Health Checks
- Sexual Health Services (delivered through Primary Care and Community Pharmacies)
- Children's Safety Equipment

3.4.2 Due to the variations of delivery, service offers and interdependencies associated with each of the services, a dedicated workstream and Programme Board for Public Health was required and the first Public Health Programme Board (Programme Two) was held on 23rd September 2022 where an overview of the services, pathways, commissioning arrangements and emerging interdependencies was shared.

3.4.3 Strategic objectives for the Public Health Programme were agreed as follows:

1. To ensure future commissioning of public health services focused on prevention and tackling health inequalities.
2. To review, redesign and optimise public health contract delivery to ensure future models area based on evidence of effectiveness and good practice
3. Ensure public health services are able to meet both national requirements and emerging local priorities and needs in a timely manner
4. To ensure that the commissioning of future public health services and programmes is person-centred and based on identified population needs
5. To ensure statutory public health functions are undertaken
6. To build on learning from successful initiatives and integrated ways of working delivered within existing public health contracts
7. To collaborate and consider ways to achieve positive population health outcomes across the system.
8. Collaboratively encourage innovation for sustainable solutions

3.4.4 A Public Health options appraisal workshop was held in November 2022 and attended by colleagues from Programmes One and Three as well as Procurement, HR, Finance, Business Change and Global City Futures who have provided programme management support. As part of the initial options appraisal process, meetings also took place between Public Health Development and Commissioning

Managers and HCRG Care Group colleagues who oversee the delivery of public health services. These helped to identify interdependencies between services to inform areas to consider for future delivery models.

3.4.5 There has since been continued appraisal of the preferred options and robust outline business cases (OBCs) have been developed for each service, with the exception of the Children's Safety Equipment (CSE) service. The OBCs are based on the 5 Case Business Model and include a strategic, economic, commercial, financial and management case. In September 2023, the Public Health Programme Board endorsed the recommendation for all the services and existing contract arrangements (apart from the CSE service) to continue in the ICB led Direct Award until 31 March 2025. Responsibility for the Children's Safety Equipment (CSE) returns to the Council from April 2024 with the expectation that an alternative delivery option will be explored.

3.4.6 The Programme Board continues to meet every six weeks to consider updates and progress for each of the services and to review interdependencies, challenges and to oversee the Programme Two Risk Register. The top risk identified is associated with the available funding not being enough to cover future service delivery requirements, as all future commissioning needs to be covered by the Public Health grant.

3.4.7 Alongside the development of each of the Outline Business Cases, there has been ongoing consideration of future procurement and assessing the most appropriate procurement framework, particularly since the new Provider Selection Regime was announced as coming into effect from 1st January 2024.

3.4.8 On 9th January 2024, the Programme Board approved the commissioning intentions for the Public Health services. The Public Health Development and Commissioning Managers are now reviewing and confirming the available budget envelope, developing draft service specifications, and reviewing procurement plans and timelines with a view for new contracts to be in place from April 2025, with an alternative delivery model for the Children's Safety Equipment service from April 2024.

3.4.9 Programme Two will continue to liaise with Programme One (Adult Social Care Redesign and Community Partners) and Programme Three (Integrated Community Based Care) to ensure identified interdependencies are addressed and to finalise the decision-making gateways required to enable the commencement of activity to secure public health services from April 2025.

3.5 PROGRAMME THREE: INTEGRATED COMMUNITY BASED CARE UPDATE

3.5.1 On 9th November 2023 Cabinet endorsed the continued engagement and involvement of relevant officers in the procurement process for the Integrated Community Based Care Programme. As per the request from colleagues on the ICB Board, this included the approach to selection, timelines and public engagement for community services beyond April 2025, noting that any future decisions around commissioning decisions will be in accordance with existing delegations.

3.5.2 Programme Three continues to progress well, with co-ordination at a BSW level being provided by a dedicated Programme Team.

3.6 DIRECT AWARD UPDATE

3.6.1 On 9th November 2023 B&NES Cabinet approved the best estimate of funding contribution for the 1 year Direct Award, including contributions for Community Health, Public Health and Community Partner delivered services and the Council's contribution towards the Better Care Fund (BCF) for 2024/25. This is in accordance with the decision taken in July 2023 (Update on Contractual Arrangement Decision Ref: E3469).

3.6.2 The ICB as Co-ordinating Commissioner will finalise contract negotiations and issue a contract to HCRG Care Group covering services delivered in Wiltshire and B&NES. Commissioning intentions for services to be included in the new contract continue to be finalised and agreed with HCRG Care Group. The final funding allocation position from B&NES, as a Co-Commissioner, for services included in the Direct Award to be finalised in February 2024 when Cabinet approve the budget for 2024/25. B&NES has been working with ICB contracting colleagues to develop proposals for continued robust contract monitoring and governance arrangements for 2024/25. This was presented at the December 2023 Contract Quality and Performance Meeting to HCRG Care Group.

3.7 COMMUNITY WELLBEING HUB UPDATE

3.7.1 The aim of the Community Wellbeing Hub (CWH) is to be the “front door” for prevention and early help support for residents across B&NES. It does this by providing specialist triage, referral to community services, and enabling organisations (through a shared referral system and operating framework) to work together; seeking to “*sustain, support and improve the wellbeing of BANES residents by working together across partner organisations to be collectively responsive to the changing needs of our communities*” (from the *CWH Business Plan: Beyond 2024*, developed by the CWH Partnership).

3.7.2 In line with Cabinet approval in November 2023, an Outline Business Case (OBC) is being developed for the CWH that will set out a sustainable business model along with the recommended commissioning and partnership arrangements, to inform the securing of long-term funding for the Hub beyond March 2025.

3.7.3 There are a number of interdependencies with the wider Community Services Transformation Programme. Whilst the majority of CWH functions are not commissioned and rely on partnership working between B&NES Council, ICB and third sector partners, the specialist triage function of the CWH is currently provided by HCRG Care Group and commissioned through the Public Health-funded Wellness Service. The specialist triage function is a core requirement of the CWH as it consists of the Advisors that manage the online referrals and telephone calls to the CWH. There is therefore an interdependency with Public Health Programme Two of the Community Services Transformation work. As the existing specialist triage function works closely with the Care Co-ordination Centre (CCC, also provided by HCRG Care Group) commissioned by the ICB, and the favoured direction of travel is to integrate adult social care and health front doors further to maximise joined-up support and care for our residents, there are also interdependencies with Programme Three.

3.7.4 The CWH currently has agreed funding until the end of March 2025. The CWH has to date been funded via the Covid Outbreak Management Fund (COMF), Improved Better Care funding (iBCF), and BSW health inequalities funding. All of

these funding sources have either ceased (COMF) or are not a sustainable income source, so alternative income streams are being explored. Budget options and their implications for what functions the CWH can deliver and its scalability (i.e. referral capacity), are currently being considered to inform the OBC and future 2025/26 budget discussions.

4. STATUTORY CONSIDERATIONS

4.1 Statutory areas of consideration have been assessed to ensure there is a “safe landing” of services. Safe landing refers to delivery of a regulatory compliant service from day one, with continuity of service provision and no impact on service users, that prevents destabilization of the workforce and has a change process that is evidenced through audit.

4.2 On 9th November 2023 Cabinet approved the following for Programmes One and Two:

- Continuation of the delegated responsibility for the transfer of ASC services to the Director of Adult Social Services, in consultation with the Lead Cabinet member for Adult Services, noting the November 2022 Cabinet approval for the transfer of ASC to B&NES Council (Transfer Decision Ref: E3393), including the delegated responsibility for the transfer of ASC services to the Director of Adult Social Services, and the commitment held against the social care reserve as a mitigation against any financial risk associated with the transfer, following due diligence on current and future operating costs.
- Proposals for the Council to commission Community Partner delivered services directly (excluding those in the Health strategic commissioning group) as of 1 April 2025. Noting delegated authority for the future commissioning of these services sits with the Director of Adult Social Services and the Director of Public Health and Prevention services.
- Delegated responsibility for the commissioning of Public Health services to the Director of Public Health and Prevention, in consultation with the Lead Cabinet member for Adult Services and the proposal for the direct commissioning of services as of 1 April 2025 was endorsed.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 ASC Transfer mobilisation costs of £971k have been incurred up to December 2023. Work is ongoing to monitor future mobilisation costs required up to the end of March 2024 to ensure the safe landing of ASC services.

5.2 It is estimated that the transfer in of the ASC service will create a budgetary pressure of c.£1 million in the first year when it transfers back to the Council. Mitigations have been proposed and the practice framework that will support the management of these cost pressures is already in place. At the point of transfer there is overhead funding for corporate support services of £1.1m to transfer back to the Resources portfolio from Adult Services. This value will be passed to the appropriate corporate resources functions that will be supporting the service on going.

5.3 Public Health – all services to be managed within the Public Health grant envelope.

6 RISK MANAGEMENT

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

6.2 Risk registers are in place for ASC Transfer, Community Partners, Public Health, and the 1 year Direct Award. Risk registers are updated frequently and reported at Programme Board and the Lead Member is updated at a monthly briefing.

6.3 Community Services Transformation is also monitored for ASC Transfer and Community Partners through the ASC Risk Register. The Corporate Risk Register is updated for Community Services Transformation and ceasing of current contract with HCRG Care Group as of 31 March 2024. The project team provide updates to the Council's Corporate Risk Group on the ASC Transfer and wider implications of Community Services Transformation.

6.4 B&NES sought independent legal advice on the interim contractual arrangement (Direct Award) to help mitigate against procurement challenge and protect against some of the consequences of a procurement challenge. This advised that the Council will retain the procurement risk relating to the future award and provided advice on potential risk mitigating strategies. Noting such strategies should be coordinated with that of the ICB to agree a joint mitigation strategy.

7 EQUALITIES

7.1 The impact on health inequalities and duties to those with protected characteristics under equalities legislation has also been considered and documented in fulfilment of the legal duties in these areas.

7.2 The Council has completed proportionate EIA reviews for ASC Transfer, Public Health and Community Partner delivered services. The ICB will complete the EIA for Community Health services.

8 CLIMATE CHANGE

8.1 No negative impacts are expected from the proposed new delivery models on climate change. The proposed service delivery arrangements will be comparable to the existing provision for Adult Social Care, Public Health, Community Health and Community Partner delivered services.

9 OTHER OPTIONS CONSIDERED

9.1 All feasible options have been considered as part of the drafting of the business cases for Programmes One and Two. This includes an HMT Green Book compliant long-list to short-list options appraisal process. The options selected to be taken forward represented those that best met the Investment Objectives and Critical Success Factors. These then underwent an economic appraisal, and the preferred option is the one found to deliver the highest cost-benefit ratio (CBR) and net present social value (NPSV).

10 CONSULTATION

10.1 There has been extensive collaborative consultation between the Council and the ICB throughout the delivery of the programmes to date. Representatives from the ICB have been involved in all applicable workshops and have provided comments and review of all preparatory documentation to inform the options appraisal process and council decision making governance.

10.2 There have been detailed briefings and reviews through the delivery of the programmes carried out by internal council stakeholders including the council's Statutory Officers, Directors, and the Corporate Management Team.

10.3 The council has been informing and consulting Trade Union representatives monthly since November 2022 on the ASC Transfer.

10.4 HCRG Care Group invited Council officers and Trade Union representatives in November 2023, to attend their staff sessions to give information about TUPE, share information about the council service and respond to questions. There have been three staff sessions (22 May 2023, 8 June 2023 and 27 November 2023). The next staff briefing sessions are schedule for February 2024.

10.5 Council officers and the ICB have jointly held engagement events for Community Partners throughout the programme in September 2022, March 2023, June 2023 and a briefing session was also held on 28th November 2023.

Contact person	Suzanne Westhead Director Adult Social Services
Background papers	<ul style="list-style-type: none">• Non-extension Decision Reference E3362• Transfer Decision Reference E3393• Community Services Transformation Programme – Update on Contract Arrangements for 2024/25 Decision Reference E3469• Community Services Transformation Programme – Preferred delivery options for 2024/25 and 2025/26 Decision Reference E3489 <p>These are available for inspection on B&NES Council website</p>
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children’s, Adults, Health & Wellbeing Scrutiny Panel	
MEETING/ DECISION DATE:	5th February 2024	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Physical Activity & Leisure Services across B&NES	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1 – Additional Information		

1 THE ISSUE

1.1 To update the scrutiny panel regarding the Physical Activity & Leisure Services in B&NES, setting the scene around the benefits of physical activity across a wide range of outcomes and data regarding current levels of activity across the local population. An outline of how the local system in place is delivering against this agenda to address inequalities with links to national, regional and local strategies and frameworks.

2 RECOMMENDATION

The Panel is asked to;

2.1 Note the content of the report.

3 THE REPORT

3.1 Benefits of physical activity

Health benefits of physical activity: it can enhance mental and social health and well-being as well as provide cognitive health benefits at individual and community levels. Physical inactivity is related (directly and indirectly) to leading risk factors related to high blood pressure, high cholesterol and high glucose levels and to the recent striking increases in childhood and adult obesity¹

The International Society for Physical Activity and Health (ISPAH) takes the approach that physical inactivity should be tackled in a systemic (individual,

community, societal, political) way, recognising it as a complex public health issue with multiple interacting influences. It notes that no one single solution is likely to be effective. In this sense it recommends that stakeholders should come together at a local level to consider (and address) the root causes of inactivity via the eight noted areas for intervention.

- 3.2 Research shows that recent economic pressures, including reductions in household income have similarly impacted those groups (such as children and young people and those on lower incomes) that have already experienced inequalities in their opportunity to participate in physical activity and sport.
- 3.3 From a health policy perspective, the notion that undertaking regular physical activity leads to health benefits has been enshrined within CMO guidelines for more than a decade. There is agreement that inequalities in rates of participation across demographic groups need to be addressed at a systemic level, by multiple stakeholders and that there is no one single solution that is likely to be effective. Principles established within the ISPAH and Sport England strategies provide an evidence based framework around which to build and consider local insight and engagement, and to develop recommendations which can be tested in B&NES.
- 3.4 In B&NES it is estimated that 119,900 adults (74.6%) were active for the 150+ minutes a week recommended by the Chief Medical Officer. However, 25,600 adults (15.9%) are estimated to be inactive, doing less than 30 minutes of physical activity a week (active lives survey 2021/2022). While both figures suggest B&NES is more active and less inactive than England as a whole, there are still 25,600 inactive adults, which represents significant potential to improve health and wellbeing across the area.
- 3.5 The Active Lives Children and Young People survey (2022-23) suggests that the degree of positivity with which children view sports and physical activity declines with age and that boys are more active than girls. 49% of children in Bath and North East Somerset were classed Active (over 60 minutes of activity a day), 20.1% fairly active (30-59 minutes per day) and 30.9% less active (less than 30 minutes a day).
- 3.6 The survey also estimates that 54.3% of those who experience disability in B&NES are active.

3.7 Local Strategic Framework

In line with the Corporate Strategy, programmes and interventions are focused on improving people's lives through preparing for the future, delivering for local residents and focusing on prevention. The key priorities reflected in this work are, supporting vulnerable adults and children, more travel choices, delivering for our young people and Healthy lives and places, with a focus on inequalities.

Three important partnership strategies contain objectives which influence and are influenced by work to increase people's physical activity. These are: which – B&NES Health and Wellbeing Strategy, B&NES Economic strategy and BANES, Swindon and Wiltshire Together Integrated Care Strategy.

Bath and North East Somerset Council's Physical Activity Strategy *Fit for Life* was launched in 2014 and set out strategic aims and key actions to support the

continued development of Physical Activity within Bath and North East Somerset up to 2019. A wider integrated health improvement framework is currently being developed working, with local organisations as a whole system, mapping activities and connectivity in the system, using a proportionate universalism approach to aid in resourcing where there is greatest need. The mean actions should be universal, but with an intensity and a scale that is proportional to the level of disadvantage. This will include a physical activity element but aims to draw several different historically related strategies into one framework.

- 3.8 Leisure Services and Physical Activity Team are a small 'mini-team' that has been within the Public Health directorate since a restructure of services in June 2020. Embedding Leisure Services into Public Health in this way has been endorsed by the Chief Executive of Sport England as a positive step forward to improving people's lives locally.

As well as taking the lead on physical activity, the team oversees the commissioning of the council's leisure services and leads the council's strategic approach to the development of future leisure facilities. This includes the delivery of a refreshed/updated Playing Pitch Strategy, providing input into the local plan and Green Infrastructure Strategy development, and working with Sustainability colleagues to in contributing to the climate and ecological emergency.

Leisure services also give advice and guidance to planning colleagues with regards to any sport and leisure related planning applications

- 3.9 Leisure facilities, programmes and projects

Bath Sports and Leisure Centre and Keynsham Leisure Centre have undergone multi-million-pound refurbishments and now boast new and updated facilities designed to attract a wider range of users from the local community including two new learner swimming pools.

The facilities at Chew Valley Leisure Centre are now operated by Chew Valley School, and officers are currently working on the development of a new contract to bring the operation of Royal Victoria Park and the onsite Café together. Initial tenders have been submitted for review.

Odd Down Sports Ground is due to undergo a development in 2024 which will include the addition of padel tennis courts, a gym, outdoor fitness area as well as a new accessible perimeter path and ecological enhancements. Bath & North East Somerset Council has allocated £700,000 of investment to upgrade the site with match funding of £1m from strategic partners.

The pool at Culverhay Leisure Centre is currently closed and the long-term plans for the site are being explored.

Tennis courts have been refurbished at Sydney Gardens, Alice Park and Keynsham Memorial Park and are now operated by Wesport on behalf of the Council as part of their wider "Tennis in the Park" programme, which offers coaching programmes and family memberships for only £40 per year.

Midsomer Norton Leisure Centre which is operated by Dragonfly Leisure Trust has seen significant investment including extended fitness facilities, a new adventure park and community growing spaces.

The Leisure & Physical Activity team have recently commenced a project to develop an updated **Playing Pitch Strategy** for B&NES working with key sport's governing bodies to update the evidence base for their sports and other teams within the council and across the authority. This is a key piece of work that will feed into and inform the evidence base for the new/updated local plan in 2025.

Bath City Youth FC – Lansdown Pitches.

The Leisure and Physical Activity Team with Parks colleagues have been progressing a transfer via lease of the football pitches at Lansdown to Bath City Youth FC. The lease has enabled the club to offer increased activity on the site and draw down investment from the Football Foundation for pitch maintenance and new football goals. The council has been able to make a saving of £40K through no longer having to maintain the pitches. The site now sees over 400 participants taking part in activity each week including new women girls football coaching programmes, junior football matches and adult leagues.

Indoor Leisure Facilities Strategy – Officers have started to collect initial baseline data, commissioning Sport England to produce facilities planning modelling standard reports for both swimming pools and community halls.

Parkrun – officers have liaised with Parkrun volunteers to set up several events in the B&NES area, including Bath Skyline, Somerdale Pavilion (Keynsham), Five Arches (Radstock) and Odd Down Junior event (Odd Down Sports Ground). Parkruns take place on Saturdays at 9 am, and the junior parkrun takes place on Sundays at 9 am. We are currently exploring the possibility of setting up a second event in Bath to increase participation across the city.

Royal Victoria Park Leisure Facilities Procurement

To ensure best value, the leisure facilities (including the tennis courts, event space, adventure golf, café) at the pavilion and adjoining land are currently being re-procured in the market for a new provider from the end of the existing leases by 31 March 2024.

With both leases ending, there was an opportunity to lever private sector investment in the facilities, w improving the services and facilities offered to the local community and public.

Potential operators have been asked to demonstrate how their proposals supports the Council's required outcomes (including but not limited to increasing participation, community use, contributing to the Council's Climate and Ecological Emergency action plans and social value) as well as improving the Council income relating to the site. The contact term will be for 20 years.

Entry Hill

The Green Infrastructure and Nature Recovery Team are working with Leisure colleagues to scope and develop options for the former Entry Hill golf course located between Bear Flat, Odd Down and Fox Hill districts, to the south of Bath city-centre (some of the most deprived in the city). Potential alternative uses for the land are constrained by historic landfill.

Social Prescribing inc The Active Way

Public Health are working closely with the Sustainable Communities team to develop and deliver The Active Way pilot, which enables the referral (including self-referral) of residents into active travel instead of or in addition to the prescription of medicines and/or health care intervention, and funds interventions that engage residents in active travel. We are also using the pilot to build a legacy for social prescribing and active travel.

- 3.10 Public Health commissioned services** - GP's and other health care professionals in B&NES can refer people to the B&NES Wellness Service Exercise on Referral Scheme. This scheme is delivered locally by GLL and Dragonfly Leisure for those who are at risk of heart disease or are experiencing low mood and low self-esteem. An evaluation of the scheme by University of Bath showed that the service was effective at increasing activity levels up to 1 year post referral, and in addition other positive changes were observed that could help to sustain activity. Over 1000 people are referred to this scheme every year in B&NES.

3.11 Addressing inequalities

B&NES is ranked 269 out of 317 local authorities in England for overall deprivation, making it one of the least deprived in the country, but two areas (Twerton West and Whiteway) are within the most deprived 10% nationally (Strategic Evidence Base summary 2023).

Asian and Black children are most likely to do less than an average of 30 minutes activity a day. This pattern is also seen in adults.

Active Lives Survey (21/22) suggests that 15.9% of residents are inactive (<30 mins per week) on average in the most deprived decile this is 38.3% and in the least deprived decile this is 18.6% demonstrating the impact deprivation has on activity levels.

A range of targeted programmes are being delivered in partnership with other council services. This includes the Holiday Activities and Food (HAF) programme.

The Holiday Activity and Food (HAF) programme supported 481 unique* children and young people during the schools Christmas holiday period. 25 providers delivered sessions and activities including a meal across 32 sites in B&NES. A total of 1604 places were offered to children and young people eligible for benefits related free school meals, 1588 places were booked, and 1156 places were attended. The attendance rate overall was 72%.

Additional places were also available for vulnerable children and young people, not eligible for benefits related free school meals but who meet vulnerability criteria. Primary aged children attended multiple sessions ranging from theatre school, sports specific camps, forest school sessions and technology camps. Secondary aged children took part in Junior gym sessions, sport specific camps and trips to Bowling, ice skating, roller skating and little kitchen where young people prepared and ate a Christmas dinner.

The programme also partnered with Bath Leisure centre to offer crash course swimming lessons for children and young people.

GLL facilities in B&NES offer a 'Healthwise' physical activity referral programme providing a tailored physical activity and exercise programmes for patients with risk factors for medical conditions or for those with existing long-term conditions at an affordable rate. It is a programme designed to help people manage and improve their health. They also offer Healthwise Bowling and Heart Failure Rehab Group: - There have been over 400 Healthwise direct debit members, over 100 pay and play Healthwise members and 1,458 referrals since 2018.

In 2022 social value by the GLL Partnership in B&NES generated £7,565,801 with the social value per person calculated at £131.

B&NES School Sports Partnership – delivered the following activities and participants for 2022/2023, **60** events, festivals & competitions involving **7427** children including **721** children with a SEN/D.

3.12 Key local delivery organisations

A selection of the key delivery partners with Public Health includes Bath City FC Foundation, Bath Cricket Club, Bath Rugby Foundation, Bath Recreation Trust, Cleveland Pools, Dragonfly Leisure, Life in the Old Dogs, Somerdale Pavilion, Park Run, Sporting Family Change and Paulton Pool. More detail about the work of these organisations can be found in Appendix 1.

3.13 Future

Pivoting to active wellbeing and the transformation of leisure services. Future of public sector leisure report, Sport England, December 2022

B&NES are using this report to aid in 'pivoting' locally, but this is not a new thing and has been an ongoing process for several years, notably the Leisure and Physical Activity team becoming part of the Public Health Directorate and we are on an evolving journey to transition traditional leisure services to being focused on active wellbeing.

3.14 Through the Leisure & Physical Activity team merging with Public Health, closer relationships are already being built between health and leisure. Focusing on preventative activity opportunities, commercial determinants and providing convenient places to be active, aiming to tackle health inequalities by going 'upstream' in line with the Integrated Health Improvement Framework programme.

3.15 Older people

Working with Age UK and older partners via Integrated Neighbourhoods model to provide programmes to enable older people to live well for longer. This includes developing walking and cycling infrastructure with Transport colleagues.

3.16 Play

Develop a strategy for active play with the Green Infrastructure and Nature Recovery Team

Physical activity, through play and other activities, is important for children's physical health as well as their mental health and cognitive development. There is also some evidence that if children are physically active when they are young, they are more likely to adopt healthy lifestyles as they grow up.

Active play is the most common form of physical activity for children outside of school and children get more exercise from play than from time spent at clubs and organised activities. Children who walk and play a lot tend also to exhibit greater levels of activity in other areas of their lives. The aspects of physically active play most enjoyed by children include choice, fun, friends, achievement and the possibilities of competition. The element of fun tends to be the overriding factor in encouraging physically active play.

It is easier for children to be physically active outdoors, where there is space and opportunity for them to move more freely. Active outdoor play is essential for our children and young people to understand, value, enjoy and protect our natural world.

4 STATUTORY CONSIDERATIONS

4.1 Health inequalities are considered in all programme developments and delivery.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 Sustainable business planning used to develop projects and programmes with sink funds in place and ongoing maintenance of facilities resourced. This reduced liabilities for the council while providing sustainable community facilities.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 EIAs completed for Service changes

8 CLIMATE CHANGE

8.1 Bath Sport and Leisure Centre and Keynsham Leisure Centres have reduced energy use by 20% through a range of measures. Project plans in place to install solar PV at both sites and we are exploring with the Sustainability Team the use of data centres to help heat our pools.

8.2 Solar PV to be installed at Odd Down Sports Centre as part of the redevelopment along with an upgrade of the 3G flood lighting to LED.

8.3 Paulton Pool was awarded Olympic Legacy Funding from Sport England which has enabled the installation of solar and thermal panels, replacement doors, windows and energy efficient LED lighting, all of which reduces operating costs and energy use.

8.4 Solar PV being installed at Midsomer Norton Leisure Centre in partnership with BWCE. Energy saving measures implemented.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Director of Public Health; Cabinet Member Cllr Born.

Contact person	Martin Pellow, Head of Leisure & Physical Activity and Chris Chatten, Project Manager – Leisure & Physical Activity
Background papers	<i>Appendix 1 – Additional Information</i>
Please contact the report author if you need to access this report in an alternative format	

Appendix 1

Local Delivery Organisations

Bath City FC Foundation - The foundation programmes are always led by and tailored to meet the needs of the community in B&NES. They support people from all backgrounds, notably from target communities of Twerton, Whiteway and Southdown. The power and strength of the Bath FC brand enables them to make a positive impact on thousands of people's physical and mental well-being each year.

Twerton and Whiteway are within the most deprived 10% areas nationally. In Twerton men are likely to die 9 years earlier than men in the wealthier parts of Bath, and 35% of children in Twerton live in poverty. Suicide rate in B&NES is now higher than the average rate for England as a whole. Although, generally B&NES residents report high levels of happiness, satisfaction and worthwhileness. The foundation run a diverse range of projects to support these agendas.

A summary of the programmes which Bath City FC Foundation operate, and the number of people impacted during 2021/2022 - Schools (273), Primary Stars (294), Wildcats (203), Holiday courses (1,142), Sports days (134), Tournaments (180), Police Workshops (28), Dodgeball (26), Keynsham (62), SWALLOW (21), Mind (35), Walking Football (63), Woman Only (35), Man Vs Fat (153), Reconnecting Twerton (19), Work Experience (3)

Bath Cricket Club – The club has spent the last 160 years building a sustainable club for the community and in April 2023 became a registered charity. Their charitable objectives are to promote community participation by providing facilities and services for playing cricket and to advance the education of children and young people.

The club have significantly invested in the facilities with an indoor cricket centre which was completed in October 2022 at a total cost of £73,000, which included disabled access toilet facility. The centre has a year-round cricket programme including a bespoke junior autumn cricket programme (open to all), tailored 8-week programme for U19's aiming to keep young adults engaged with cricket, healthy & active life choices. Other clubs in the area also use the space for their winter training programme and Beechen Cliff School use for early morning pre-school coaching programme. This space is also important multi activity school holiday camps and specialist disability cricket sessions.

The club have also upgraded the Brownsword Ground, Lansdown Road which benefits all sections of the club. Bath Arsenal junior football club used the ground last summer as well as Star Cricket Club, Royal High School and University of Bath. The club invested £14,000 in a new netting structure to improve safety for all users and the local community.

Throughout 2022 and 2023 the club's community coaching team were able to provide coaching to several local primary schools all of whom were unable to provide any regular cricket experiences using their own resources. 330 hours of curriculum cricket delivered between September 2021 and July 2022, with 332 hours of curriculum cricket delivered between September 2022 and July 2023.

The community team also deliver cricket within the PE timetable at several local secondary schools, 114 hours September 2021 to July 2022, and 127 hours September 2022 to July 2023.

The club also offer a mentoring programme, free school meals camps, disability cricket, female cricket and cricket holiday camps.

Bath Recreation Trust - Bath Recreation has been running as a small charity in Bath for over 8 years, and in that time has laid the foundations for a long-term strategy, vision, mission and purpose. They aim to work in the recreation space to impact the lives of many people in the community and nurture positive lifestyles. The trust wants to support the 8,000 children in B&NES who live in poverty and improve the educational attainment gap. They also aim to plug the gap in provision where there is a need providing opportunities for the community to lead healthy, active and happy lives.

The trust embeds themselves in the community and help people to lead a better lifestyle through recreation to make a difference. Many of the organisation's activities and their impact support all age groups. The Glasshouse Academy programmes focus on future generations. The Glasshouse Academy programme provides children with the best opportunities to contribute to their communities for generations to come and involves fundamental movement skills being taught in 6 schools for ages 4 to 7 years old, skills are basic movements traditionally associated with physical activity. 1170 Physical Education sessions have been delivered throughout the year, with 640 children on average having experienced a weekly high-quality PE session. Intrinsic in the programme is an improvement in levels of numeracy, literacy and physical activity.

The Glasshouse Academy grounds also host Bear Flat, Combe Down and Somerset Disability cricket teams. The Palladian Academy Trust use the grounds for cricket festivals, sports days and other recreational use and the following organisations also use the grounds for recreational activity – Three Ways School, B&NES School Sports Partnership, Midford Road Nursery, No Regrets Running Club and SENSE Learning.

Bath Rugby Foundation - Their vision is that every child deserves a fair start in life. The charity that helps young people who need all kinds of emotional, practical, and physical support - but don't get it. They help any challenged young person stop feeling judged, crushed, or underestimated and start feeling self-assured, hopeful, and happy. They re-ignite confidence and self-worth in young people and give them the life skills and opportunities to survive and thrive in the world. Every year they change the lives of thousands of young people by being active in their communities, schools, or at our home at the Rec.

Cleveland Pool - Cleveland Pools is the UK's oldest public outdoor swimming pool. Built in 1815, the site first opened as a river fed pool, followed by a colourful history through the Victorian era to its heyday in the 1970s, until competition from the newly opened indoor Bath Sports and Leisure Centre saw Cleveland Pools finally close to swimming in 1984.

Thousands of supporters from far and wide, many of whom have happy memories of swimming here before closure, joined the campaign and today the CPT has many highly valued volunteers who give their time towards fundraising, local engagement, organising events and publicising progress.

With the exception of the river pontoon installation, restoration of the Pools is complete for the community of Bath and beyond to enjoy.

Dragonfly Leisure – operate leisure facilities at their primary sites of Writhlington School and Midsomer Norton, along operating facilities in community use time at the following school sites – Somervale, Norton Hill, Hayesfield. Their overarching objective is to provide sports and leisure facilities that help to promote a sense of community as well as provide opportunities for people to improve their physical and mental health. Their first site opened at Writhlington in April 2005, Midsomer Norton followed in 2015, with Norton Hill and Somervale in 2021 and Hayesfield in 2022. To date their combined sites have over 60,000 visits per month.

They provide a balanced programme of sessions/activities with over 100 workout classes per week, including Zest (gentle over 50's classes), post-natal and mindfulness classes (Yoga & Pilates). They also run a GP referral scheme and weight management (children & adults) commissioned through HCRG/B&NES public health team, pre/post-natal support, cardiac rehab, disability sessions and walking football.

Through public consultation, the organisation has been able to deliver a new 'free to use' outdoor space at the Midsomer Norton site including, a play park, a food foraging and picnic area as well as an outdoor table tennis table. Dragonfly Leisure have invested (including match funding) over £8m in developing the facilities at Writhlington and Midsomer Norton sites since 2005. They plan to develop an outdoor 18-hole adventure golf course at our Midsomer Norton site this year (anticipated Spring) as well as extend our gym facilities – Writhlington (July/Aug), Midsomer Norton (Nov/Dec).

Life in the Old Dogs – The aim is to get the over 50's to participate in exercise more by creating a safe environment where they play a team sport together creating great times, increased fitness levels and improving social engagement by meeting new friends in a team spirit. All the Old Dogs games are specifically for the over 50's and are team games which are competitive but fun. Played at a pace that suits the over 50's.

Future attendees may well be inactive at the moment with no incentive to exercise. Team sports give that incentive, especially if you are encouraged to join in by a friend. Numbers and games have grown organically and via very small and local social media channels. People taking part in walking sports may also want to 'trade up' as fitness levels increase. Life in the Old Dogs games are an excellent progression as fitness levels improve.

The whole ethos of the Old Dogs is to play team games for fun and laughter. Local entrepreneur David James runs these activities as a 'passion' project but also see the opportunity for the Bath activities to be a 'test and learn' to potentially offer Old Dogs licenses in other areas. Activities include Football, Rugby (Touch), Indoor Cricket, Basketball, Volleyball, Netball and Running. Players are encouraged to meet up after games for networking and making friends, and they also aim to have a social event once per month.

Paulton Pool – The facility is operated by a charity, opened in 1975, it reopened in 2011 after a significant redevelopment and upgrade, with a more diverse pool programme. Thousands of Adults and Children from the Paulton community have

learned to swim in this pool over the years. The parish council retains responsibility for the lease and fabric of the building.

Somerdale Pavilion is a sports, health and leisure centre in Keynsham, near Bristol and Bath. When famous chocolate producers Frys began moving their operations to Keynsham in the 1920's they created a true social hub around their Somerdale factory, complete with extensive sports grounds and social facilities. Nearly 100 years later Somerdale Pavilion proudly continue in that heritage, welcoming hundreds of local people each and every week. In 2019 the Somerdale Pavilion Trust, created by Bristol-based charity the St Monica Trust, took over the operation of the Somerdale Pavilion from the previous lease-holder Aquaterra, with the specific objective of running and maintaining the facility for the people of Keynsham. The site offers the following facilities - Gym and Fitness Classes, Sports Bar, Sports Grounds, Conference and Meeting Rooms.

National and Regional Strategic Context

Get Active: A strategy for the future of sport and physical activity (August 2023)

The new strategy places significant importance on tackling inequalities, which ties in well with Uniting the Movement, Sport England's long-term commitment to ensuring everyone, no matter their circumstances, has the chance to enjoy the physical and mental benefits of being active.

Health Equity in England: The Marmot Review 10 Years On- Feb 2020 - Fair Society Healthy Lives, the original Marmot Review, published in 2010, set out an analysis of the causes of health inequalities in England and what needed to be done to address them. It showed the importance of social determinants of health acting through the life course.

Marmot's foreword identifies that: Health inequalities are not inevitable and can be significantly reduced... avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those who say that our recommendations cannot be afforded, particularly in the current economic climate. We say that it is inaction that cannot be afforded, for the human and economic costs are too high.

Overall, inequalities in avoidable deaths increased markedly between 2010 and 2017 in the most deprived areas in England, by eight percent among females and 17 percent among males. The report recommends the following:

- Development of a national strategy for action on the social determinants of health with the aim of reducing inequalities in health.
- Ensure proportionate universal allocation of resources and implementation of policies.
- Early intervention to prevent health inequalities.
- Development of the social determinants of health workforce.
- Engage the public.
- Develop whole systems monitoring and strengthen accountability for health inequalities

Chief Medical Officer Physical Activity Guidelines 2019 Report - Since 2011, the evidence to support the health benefits of regular physical activity for all groups has become more compelling. In children and young people, regular physical activity is associated with improved learning and attainment, better mental health and cardiovascular fitness, also contributing to healthy weight status.

For adults, there is strong evidence to demonstrate the protective effect on physical activity on a range of many chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Regular physical activity can deliver cost savings for the health and care system and has wider social benefits for individuals and communities. The report emphasises the importance of regular activity for people of all ages. It presents

additional guidance on being active during pregnancy, after giving birth, and for disabled adults.

Sport England: Uniting the Movement (2021) - Sport England contends that sport and physical activity have a big role to play in improving the physical and mental health of the nation, supporting the economy, reconnecting communities and rebuilding a stronger society for all following the Pandemic. Its strategy contains a ten-year vision to transform lives and communities via sport and physical activity. In seeking to tackle the inequalities long seen in sport and physical activity, it suggests that providing opportunities to people and communities that have traditionally been left behind, and helping to remove barriers to activity, have never been more important.

As well as advocating sport and physical activity, via building evidence and partnership development, the Strategy identifies what it terms the five big issues which people and communities need to work together to address. They are cited as being some of the most significant challenges to an active nation over the next decade and the greatest opportunities to make a lasting difference. Each is a building block that, on its own, would make a difference, but when tackled collectively could change things profoundly. They are:

- Recover and reinvent: Recovering from the biggest crisis in a generation and reinventing as a vibrant, relevant and sustainable network of organisations providing sport and physical activity opportunities that meet the needs of different people.
- Connecting communities: Focusing on sport and physical activity's ability to make better places to live and bring people together.
- Positive experiences for children and young people: Unrelenting focus on positive experiences for all children and young people as the foundations for a long and healthy life.
- Connecting with health and wellbeing: Strengthening the connections between sport, physical activity, health, and wellbeing, so more people can feel the benefits of, and advocate for, an active life.
- Active environments: Creating and protecting the places and spaces that make it easier for people to be active.

To address these issues, the right conditions for change need to be created: involving people, organisations, and partnerships to help convert plans and ideas. This includes a range of actions, including the development of effective investment models and applying innovation and digital technology to ensure sport and physical activity are more accessible. The specific impact of Sport England's Strategy will be captured via funded programmes, interventions made, and partnerships forged.

The Rising Cost of Living and its Impact on Sport & Physical Activity, Sport England, January 2024

Headline participation rates in physical activity have remained stable compared to pre-Covid levels, showing resilience in activity patterns despite pandemic and cost

of living challenges. However, beneath this, inequalities in participation continue to persist.

The increased cost of living has entrenched behavioural changes, unlikely to reverse until household finances improve.

People from the most deprived areas and from lower socioeconomic backgrounds are more likely to say their levels of physical activity have been negatively affected by cost of living increases. Club activities are nearing pre-Covid levels, but cost pressures, especially from rising energy prices, affect club finances, which in turn, is making access less affordable for some.

The workforce in the sport and physical activity sector faces complexity. Some people are volunteering less due to time constraints, meaning that other people are volunteering more due to demand. Paid staff, especially those with low wages or in casual positions, are leaving for better opportunities elsewhere. Employers are considering redundancies and closures due to budget constraints.

So, while headline participation rates remain stable, increasing living costs are widening participation inequalities, impacting the supply of activities and affecting the sector's workforce, both volunteers and paid staff.

Additional Information

The Sport England Active Lives Survey (21/22) estimates that in B&NES 85.3% of 16–34-year-olds are active, decreasing to 77.5% of 34–54-year-olds and 76% of 55–74-year-olds. In the 75+ age group 47.6% of this population group are estimated to be inactive. Activity levels reduce with age.

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CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

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 (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
5TH FEBRUARY 2024				
5 Feb 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Resource Centres - Outcomes of the consultation	Ann Smith Tel: 01225 396212	Director of Adult Social Care
5 Feb 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation Programme	Suzanne Westhead, Rebecca Reynolds Tel: 01225 394074	Director of Public Health and Prevention, Director of Adult Social Care
5 Feb 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Physical Activity - Implications for Public Health	Rebecca Reynolds Tel: 01225 394074	Director of Public Health and Prevention
11TH MARCH 2024				
11 Mar 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Sufficiency Report - Fostering Placements	Mary Kearney-Knowles Tel: 01225 394412	Director of Children and Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
11 Mar 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Education Performance Update	Christopher Wilford Tel: 01225 477109	Director of Children and Education
11 Mar 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Education, Health and Care Plan (EHCPs) Overview	Christopher Wilford Tel: 01225 477109	Director of Children and Education
15TH APRIL 2024				
15 Apr 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid-19 - Care Homes Study	Paul Scott Tel: 01225 394060	Director of Public Health and Prevention
FORTHCOMING ITEMS				
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Child Sexual Exploitation		Director of Children and Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Children & Young People, Director of Public Health and Prevention, Director of Adult Social Care
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation - Community Health Services offer from April 2025	Natalia Lachkou, Laura Ambler	Director of Adult Social Care
Page 90	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	SEN Home to School Transport Policy	Gemma Vittozzi	Director of Children and Education

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