

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

Date: Monday, 9th September, 2024

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

Councillors: Dine Romero, Liz Hardman, Paul Crossley, Dave Harding,
Ruth Malloy, Lesley Mansell, Joanna Wright, Onkar Saini and Bharat Pankhania

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.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

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4. **Public Speaking at Meetings**

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

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:

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

5. **Emergency Evacuation Procedure**

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

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday,
9th September, 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 CHAIR

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 JULY 2024 (Pages 7 - 24)

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. PUBLIC HEALTH UPDATE (Pages 25 - 42)

This report updates the panel on the following three programmes of work, and outlines the key aims, current areas of focus, progress and achievements, issues and/or risks, and future priorities in relation to each:

- Be Well B&NES; a Whole Systems Approach to health improvement
- Social prescribing (including the Active Way)
- Sexual and reproductive health strategy and future commissioning proposals

11. KNIFE CRIME PREVENTION TASK GROUP UPDATE (Pages 43 - 46)

This report provides the Panel with an interim update on the work of its Knife Crime Prevention Task Group.

12. PANEL WORKPLAN (Pages 47 - 50)

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 July, 2024

Present:- Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Paul Crossley, Dave Harding, Ruth Malloy, Lesley Mansell and Joanna Wright

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

Cabinet Member for Children's Services: Councillor Paul May

Also in attendance: Mary Kearney-Knowles (Director of Children's Services and Education), Christopher Wilford (Director of Education and Safeguarding), Laura Ambler (Place Director, B&NES, BSW ICB) and Carla Cooper (Head of Youth Justice and Young People's Prevention)

11 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and those present introduced themselves.

12 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

There were none.

14 DECLARATIONS OF INTEREST

There were none.

15 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Greg Hartley-Brewer made a statement to the Panel, a summary of which is set out below.

Today, as elected councillors with no ties to health regulators, you have the chance to make recommendations that will confront and expose an ongoing cover-up of very serious alleged criminality by doctors in Bath.

In doing so 1000's of patients will finally be given a voice, all of whom have the right to know they were being treated by doctors with untested criminal allegations, which have been concealed from them, and to know of their potential risk of harm.

The place you should always be the safest is with your doctors. It took me a long time to process the true nature of the serious criminality that occurred. The cover-up began before I had even worked out what had happened.

Three senior staff at NHSE South-West were the ones who instigated it. They concealed evidence from the clinical reviewer which perverted his report. They concealed evidence from me. And then falsely claimed a full investigation had taken place.

The cover-up was then sustained by others at NHSE South-West in conjunction with senior staff from BANES CCG and what then became BSW ICB.

In the face of these very serious allegations these senior staff, who have a statutory duty to protect patients and uphold their safety, placed the reputation of the NHS first.

Senior staff who cover-up alleged serious criminal acts leaving 1000's of patients exposed to untested risk have no place working in the public health sector.

There is clearly enough evidence to indicate something wrong happened during the multiple consultations with the two infectious disease experts and which gives potential to the allegations.

This is why no statutory body investigated it, because they didn't want to expose the rarest of the rare, and the fall-out that would come with doing so.

All I have ever called for is an investigation in the public interest. And, as the Professional Standards Authority (GMC's regulator) states, even if there is no evidence, allegations of deliberate harm against doctors can't be left untested as it doesn't protect the public.

If the Committee wants to ensure that alleged criminal harm is never covered-up again at a local level then it might want to consider recommending to the ICB that they instigate an independent, external investigation into how this happened.

On the issue of the doctors, I would ask that the Committee recommends that the police investigate this matter in the public interest.

I would ask that your committee today acts with determination, resolve and fortitude to protect 1000's of people you represent, and to ensure that this never happens again!

The Chair explained that the powers of the Panel are limited, but she asked for the statement to be shared with Health colleagues, particularly the BSW ICB, and appropriate partners for them to consider what action should be taken.

The Chair, on behalf of the Panel, thanked Greg Hartley-Brewer for his statement.

17 MINUTES: 10TH JUNE 2024

Kevin Burnett commented that the Panel were still waiting to receive:

- A Community Summit summary from the Education team.
- A response to his question regarding changes to the HERS (Hospital Education Reintegration Service).

The Director of Education & Safeguarding replied that prior to the meeting commencing he had replied on these points to Kevin Burnett via email and asked the Democratic Services Officer to circulate this to the remaining members of the Panel.

He added that he had asked the St Johns Foundation to bring an update on their Children's projects for the September Panel.

The Chair thanked him for this update and said that they would discuss in their agenda setting meeting whether the Foundation should attend in September, or a subsequent meeting, as that meeting was intending to have a focus on Public Health.

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

18 CABINET MEMBER UPDATE

Councillor Paul May, Cabinet Member for Children's Services addressed the Panel and highlighted the points below from his update report. A copy of the report will be attached as an online appendix to these minutes.

Youth Justice Plan 2024- 2026

He said he was pleased to be able to present the Youth Justice Plan to the Panel and would discuss this further later in the meeting. He added that he would be willing to provide any feedback from this Panel to the Council meeting that takes place later this week.

Ofsted / CQC Thematic Review of Preparing for Adulthood

B&NES Local Authority and ICS were notified of an Ofsted /CQC thematic review of Preparing for Adulthood on June 10th 2024.

Colleagues across Children's Services, Public Health, Adult Social Care, the ICS (health colleagues) with support from a whole range of council services completed the significant submission requirements.

3 Inspections – 1 Health, 2 Ofsted, (1 Education and 1 Social Care lead) were on site in the Civic Centre from Monday June 24th – June 27th: there was a full timetable of meetings over the 4 days involving a whole range of staff.

He informed the Panel that he attended the feedback session on June 27th 2024 and was impressed at the positive feedback to Children's Services. The work of the SEND team and the improvements underway were noted as was the quality of social work practice.

The Local Authority and the ICS will receive a letter following the thematic visit, not a graded judgement. He said that the letter can be shared with the members of the Panel when received.

The Local Area Inclusion Partnership (LAIP), co-chaired by the LA and ICS will progress an action plan in response to the visit/letter.

Kevin Burnett asked if there were to be any resource implications for clearing the Culverhay site prior to commencing work on the building of the Special and AP Free Schools.

Councillor May replied that the site was a corporate site and that the Cabinet had taken a decision to be able to free up the land for these new provisions to be built. He said that there would be costs associated with the clearing the site, but these were contained within the Council's already agreed budget.

Kevin Burnett asked if the Ofsted Annual Conversation was a desktop exercise and how much work was required from officers to take part in it.

Councillor May replied that this was not a Member led meeting, but one that takes place annually and a lot of work is required from officers for them to submit information to Ofsted. He added that he felt that this was a positive process to be a part of.

Kevin Burnett asked for further information regarding the review of support to Children with Complex Needs and was this looking at who pays for what type of support.

Laura Ambler, Director of Place B&NES, BSW ICB replied that this was a joint review to attempt to understand the needs of our most vulnerable children. She added that the review would involve an assessment of our top 20 most expensive cases and seek to analyse if we are meeting their needs in the most appropriate way. She said that the outcomes of the review would be shared with the Panel.

Kevin Burnett said that he welcomed the feedback from the recent meeting of the Health & Wellbeing Board, but asked if future updates could include a little more detail on his thoughts following the discussion on the reports.

Councillor May replied that this particular meeting of the Board took place after the deadline to submit his update report. He added that Panel members were more than welcome to attend the meeting themselves.

Kevin Burnett asked if the ICB's SEND representative was involved in the review of support to Children with Complex Needs.

Laura Ambler replied that Gill May, Chief Nurse has been working alongside the directors within Children's Services as part of the review. She added that she and colleagues within her Learning Disabilities and Autism team were also involved.

Councillor May added that it was important that the Council and the ICB work together on this issue to be in the best position to help our most vulnerable residents.

Councillor Liz Hardman asked if the PINS project was connected to the Complex Needs review.

Laura Ambler replied that PINS has potential as a project to help meet some needs, but it was a pilot project and separate to the review taking place.

Councillor Joanna Wright referred to the update on Safety Valve and asked if the acronym ISOS could be explained and if more information about their role could be shared in future updates.

The Director of Education & Safeguarding replied that he did not know the meaning behind the name ISOS and would seek an answer for the Panel. He added that they were an organisation that includes people who used to work in local authorities and for the Department for Education and were now working as consultants in education, specifically for SEN funding and processes for local authorities. He said that they have successfully worked with them previously on a review of the first Safety Valve plan submission and subsequent second plan.

Councillor Wright asked for a question to be relayed to the Cabinet Member for Adult Services regarding the proposed savings within the Adult Services budget. She asked if providers have been consulted with, when would the review close and any findings be published.

The Chair commented that it would be useful to have an answer to this question prior to the Panel meeting in September.

Councillor Liz Hardman asked if there were plans to help with the relocation of the Hindu Temple that is currently situated on part of the Culverhay site.

Councillor May replied that the current lease for the temple runs year on year and that officers were working with representatives of the temple to seek another site for it or if it can be accommodated as part of the ongoing site.

The Chair referred to the current leisure provision on the site and asked what the process was for potentially retaining that to assist with positive public health outcomes for local residents.

Councillor May replied that the Cabinet decision regarding the site was taken with a focus on education provision and that other site uses were left open within the resolution. He added that subject to further agreement with the DfE it was hoped that any leisure provision included as part of the development of the Special and AP Free Schools would be able to be used by the public outside of school hours.

The Chair asked if officers from Public Health could address this point when they attend the September meeting of the Panel in terms of access to and proximity of leisure provision.

Councillor Lesley Mansell asked to be sent a copy of the Equalities Impact Assessment (EIA) with regard to the Youth Justice Plan. She praised the work of the Youth Hub in Radstock for its work in upskilling young people and said that she hoped that funding for it would continue. She added that she was aware that a lot of young people have been adversely affected by the Covid pandemic.

Councillor May replied that he would ask officers to circulate the EIA to the Panel. He added that addressing Social, Emotional and Mental Health issues for our young people was a main point for the Council and that they were working on suitable solutions. He informed the Panel that demand for such services has more than doubled.

The Chair asked if it was known yet how supportive the new Labour Government was of the Safety Valve programme and whether there is any contingency within the budget for any additional work planned as part of that programme.

Councillor May replied that any work involving the Safety Valve programme is intended to improve the services that are provided without cutting the costs. He said that should Safety Valve be stopped it would have serious implications for many Children's Services across the country and that they would struggle severely.

He added that it was important work alongside Parent & Carer Forums to make sure the right measures are in place and said that the pressure on the service is immense.

He stated that the new Secretary of State had indicated that she is keen to work effectively with the Association of Directors of Children's Services (ADCS) regarding Safety Valve and associated funding.

The Chair added that she expected the Local Government Association (LGA) to also share their view on the next steps of the programme.

The Chair asked why elected members were not part of the review carried out by Ofsted and the CQC.

The Director of Children's Services & Education replied that at the beginning of the Preparing for Adulthood review officers did ask if elected members could take part and were informed that it was to be an officer only review. She added that a subsequent request was made for the Cabinet Member to be allowed to attend the feedback meeting and this was allowed.

She said that she felt that the review had been a positive experience to have undertaken in advance of future inspections.

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

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

Laura Ambler, Director of Place for Bath and North East Somerset, BSW ICB addressed the Panel and sought to highlight four areas from the update report. A copy of the update report will be attached as an online appendix to these minutes.

Primary Care Access Recovery Plan (PCARP)

There are currently 221,645 patients registered with a GP Practice in BaNES (June 2024). The range of Practice Registered list sizes vary from 26,000 (Heart of Bath) to 5,258 (Westfield). There are six Primary Care Networks (PCNs) in BaNES covering between 69,709 (Three Valleys) to 26,000 (Heart of Bath).

The Primary Care Access Recovery Plan (PCARP) forms part of the Operational Planning guidance and supports the Fuller Stocktake vision focussing on the first element of streamlining access to care and advice. The national ambitions for the PCARP are:

- To make it easier for patients to contact their practice and;
- For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

BSW has made good progress with the delivery of PCARP in BaNES, as well as Swindon and Wiltshire during the first year of the programme and is in a good position regionally.

Second year of PCARP: as a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year.

British Medical Association (BMA) GP Collective Action

The BMA is currently balloting GPs on taking collective action in England. This ballot process will last until 29 July. GP members who run their surgeries will vote on whether to support the BMA's call for collective action. The decision to launch the ballot came after the BMA formally entered a dispute with NHS England following the member referendum on the 2024/25 GMS contract changes in March.

Collective action is not the same as strike action, but it could see GPs prioritising the focus of their work. While discussions are ongoing, nothing is fixed, and all plans being explored are subject to change.

The BMA will seek to direct action from 1st August 2024.

Partnership in Neurodiversity in Schools (PINS)

BSW ICB is working in partnership with our local authorities and parent carer forums to pilot the provision of support to primary schools to help them meet the needs of their neurodivergent children.

This is a needs-led approach without the need for a diagnosis. By supporting primary school-age children and helping schools to identify and support their needs, these tools can be carried through into senior school and adulthood.

Assessing and meeting the needs of children with Special Educational Needs and Disability (SEND) in mainstream schools is the foundation for improving outcomes, parental confidence and delivering the financially sustainable SEND system, as envisaged in the SEND and Alternative Provision (AP) Improvement Plan.

The PINS project is testing a new model for supporting good outcomes in mainstream schools for Neurodiverse students and strengthening parent, carer and school partnerships. The project will focus on strengthening knowledge, skills and improving environments to better meet the needs of neurodiverse children. Through a focus on supportive learning environments and well- equipped schools, we can improve the outcomes for this group of children.

Sulis Elective Orthopaedic Centre

Planning permission has now been granted by BaNES Council for the Royal United Hospitals (RUH) Bath NHS Foundation Trust (RUH) to build a new wing at Sulis Hospital, a fully operational independent hospital owned by the RUH that treats both NHS and private patients.

Situated at Sulis Hospital in Peasedown St John, just outside of Bath, the new Sulis Elective Orthopaedic Centre (SEOC) will act as an NHS elective surgery hub; it will serve NHS patients from across the South West, helping to tackle the region's backlog of elective, non-emergency surgery.

It will mean an additional 3,750 non-emergency, orthopaedic operations can be carried out for NHS patients at the hospital each year.

Surgery at the site will be protected from disruption and cancellations caused by surges in emergency hospital admissions because Sulis does not have an emergency department. This means that the SEOC will enhance the resilience of services in the future.

A breaking ground event is scheduled to take place on Wednesday 24th July.

Kevin Burnett referred to the figures listed within the update for the Primary Care Access Recovery Plan and asked how many other authorities they were being compared to.

Laura Ambler replied that the figures were a comparison to other authorities across the South West of England.

Kevin Burnett asked if the app referred to was the NHS App that was released first of all during the Covid pandemic, what was seen as its role now and how are the public being encouraged to use it.

Laura Ambler replied that it was the same NHS App and that there was a drive to increase registrations to enable people to manage their own health records in a proactive way.

Kevin Burnett asked if she was able to elaborate on the prospective records access enabled and the one care navigator course.

Laura Ambler replied that being digitally enabled and to have the ability to share records appropriately was critical to achieving integrated seamless care. She added that the role of the care navigator is to attempt to direct people to the most appropriate service.

Kevin Burnett asked if the ICB had any impact on the GP Collective Action.

Laura Ambler replied that this was an ongoing national discussion and that the role of the ICB is to have a watching brief and to understand what it will mean for local areas once a decision is made.

Kevin Burnett referred to the Partnership in Neurodiversity in Schools (PINS) and asked how many schools had signed up so far, how does this work fit in with the Council's new SEND and AP Advisory Service and what happens when any support required has been identified.

Laura Ambler replied that it was recognised that there has been an increase in the demand profile for children presenting with neurodiversity needs. She said that this was due to having a better understanding of such conditions and being able to identify them.

She added that there was an increase in the number of Autism only profiles coming forward.

She stated that 40 schools had signed up to take part and that when they did so they completed a self-assessment checklist to identify what potential areas of support would be needed.

The Director of Education & Safeguarding added that the SEND / AP Advice Service will be operational from September and that part of its role will be to signpost people / schools to the work of the PINS project.

Kevin Burnett asked if there was a limit to the number of schools that could take part in the PINS project.

Laura Ambler replied that this pilot version has stated that it wants to have a minimum of 40 schools involved and could possibly roll out further in the future. She added that 12 schools within B&NES had signed up to the project.

Kevin Burnett asked what happens once a school has completed the self-assessment and identified that certain areas of support are required.

Laura Ambler replied that this is when they will begin to receive the targeted support from the health and care specialists. She added that this is a nationally funded project with a direct amount awarded to the BSW footprint.

Councillor Joanna Wright asked how members of public can make complaints and challenge the behaviours of their GP surgeries if they are not happy.

Laura Ambler that this would normally begin with the Patient Advisory Liaison Service (PALS) and said that individual practices should also have their own complaints process to follow and that these should be available online to view.

Councillor Wright commented that she welcomed the reply as it was important to allow the public to feel able to make complaints should such issues arise. She added that she would welcome further information on how the process works and said that easier avenues to access should be made available.

Laura Ambler replied that she would take the matter away for further consideration and provide the Panel with a response at a future meeting.

Councillor Wright referred to the PINS project and said that she was aware of a letter from the Palladium Academy Trust that says the funding available will not match the spending required and that unfunded SEND provision will have to cease due to financial difficulties. She said that this highlighted the extreme pressure that some schools are working under.

Councillor May said that he was aware of this issue and had held a discussion with the Director of Education & Safeguarding regarding it. He added that funding is received through the Dedicated Schools Grant and that if a Trust feels that it is not adequate enough they must raise that directly with the DfE.

The Chair said that she felt that schools were being asked to do more with less resources and hoped that the new Government would address this.

Councillor Wright asked for the Panel's comments around the pressure on schools to be fed back as part of the PINS project. She also queried how many schools had decided to not take part in the project due to the pressure they feel that they are under already.

Laura Ambler replied that she would relay these comments as part of the evaluation of the project.

Kevin Burnett stated that it was his view that the funding given to schools was dire. He also said that he would welcome Ofsted playing more of a role in feeding back comments to the DfE following any reviews carried out with the Local Authority, especially with regard to funding. He added that he appreciated the work that the PINS project was trying to address.

Councillor Dave Harding referred to the Primary Care Access Recovery Plan and asked if further information could be received, to include figures in relation to B&NES rather than just the ICB and GP practices by deprivation quintiles as this could possibly identify any issues regarding access to IT.

He said that he would like to see the numbers over the past five years, and then ongoing, as part of this plan of fully trained GP's, new doctors and health professionals funded through the ARSS Programme to have a better understanding of the capacity levels.

Laura Ambler said that she would welcome those specific questions via email and then would supply a response.

Councillor Harding agreed to do so.

Councillor Lesley Mansell commented that she would appreciate the update reports being circulated earlier than they currently are to enable more time for Panel members to read them. She asked if the more isolated communities, such as boat dwellers, would be able to access the Dental Van.

Laura Ambler replied that they don't yet know what provision will be possible through the Dental Van and were being mindful of the groups that could benefit from it.

Councillor Mansell added that she had received feedback from residents within her ward that were worried about providing information electronically and using the NHS App.

Laura Ambler replied that she understood the concerns but stated that the NHS App was secure and was a way of enabling people to access their own records / data. She added that arrangements can be made so that a helper or carer could access them if required.

Councillor Mansell commented that PINS was seen as a positive way forward, but asked how that would relate to people who may need some form of diagnosis before receiving a service, giving Housing as an example. She asked what training and information would be provided as part of the project.

Laura Ambler agreed that it should be seen as a positive initiative that can provide support without the need for a complete diagnosis. She said that understood the challenges for those people that require a diagnosis to access a particular service. She added that through this pilot there would be shared learning opportunities for many members of staff.

Councillor Ruth Malloy asked how children that are in need of urgent dental care will be identified.

Laura Ambler replied that there is a Public Health programme that is looking at the oral health care of children. She added that it will also be recorded how many children present for emergency dental care, such as extractions at our acute hospitals.

Councillor Mansell asked how many of the 12 B&NES schools involved in the PINS project were in Radstock.

Laura Ambler replied that she would find out and reply in due course to the Panel.

Kevin Burnett asked if it was felt that there is now a better understanding of areas surrounding neurodiversity.

Laura Ambler replied that she believed that more people were now aware of these types of conditions and that it was now more about being able to identify the needs of individuals. She added that there is a Programme Board that has a schedule of work and she would be happy to supply an update to a future meeting.

The Chair asked if within the digital records area of work, there were any plans to be able to expand it across the whole country to allow for dual registration for groups of people, such as students.

Laura Ambler replied that there was a way to go on this matter and that both the ICB and NHS England were looking at this.

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

20 YOUTH JUSTICE PLAN 2024 TO 2026

Councillor Paul May, Cabinet Member for Children's Services introduced the report to the Panel. He said that it was important to recognise the report in terms of an impending inspection of the service later in the year and the need to put the child first. He added that the work undertaken as part of the Knife Crime Review has also been important and that overall the risk to our children & young people was relatively low.

The Director of Children's Services explained that this was a two-year plan and had been written from a child first perspective.

The Head of Young People's Prevention Services addressed the Panel and stated that whilst it is a two-year plan it would be reviewed annually. She informed them that the plan complies with the legislation and guidance and that putting the child first was at the heart of their work.

She stated that there were four strategic priorities within the plan.

- Reduce Disproportionality
- Strengthen Participation
- Embed Child First Principles
- Reduce Serious Violence

She explained how important it was to hear the voices of the children concerned alongside those of their parents and carers. She added that there were strong performance figures within the plan and highlighted that the custody rate is low as well as the rate for re-offending.

Kevin Burnett said it was thankfully pleasing that overall they were talking about low numbers, but asked if any further comment could be given to the rise in first time offenders.

The Head of Young People's Prevention Services replied that a small increase had been anticipated due to the new Police child gravity matrix which required consistency over the level of official cautions to be given.

Kevin Burnett asked if further information could be given around the strategies for schools for those children with SEND who offend and those who offend who have been excluded from school.

The Head of Young People's Prevention Services replied that with regard to exclusions she was part of a working group on this issue and they were looking into the matter of disproportionality and forming an action plan. She added that they were also seeking to work with those children who were being repeatedly suspended from school to prevent further exclusions.

The Director of Education & Safeguarding added that the increase in offenders with SEND is likely to be due to having their needs identified at an earlier stage rather than in previous years it would not have been the case. He explained that as part of his role he sits on the Youth Justice Board and they will be looking to work with the SEND & AP Advice Service to provide support to schools on suspensions, exclusions and training relating to race and ethnicity.

He added that there are additional resource bases in place in advance of the planned new AP school. He said that he believed that overall this year there have been fewer exclusions and would seek to try to do better again next year.

Kevin Burnett asked if the MATs CEOs are able to be kept informed of the decision-making processes.

The Director of Education & Safeguarding replied that CEOs are being given the opportunity address meetings of the School Standards Board. He added that involving them in the decision-making process was not as easy and would need to be discussed with the DfE regions group.

Councillor Liz Hardman asked what work could be done proactively with regard to exclusions from school. She said that the Virtual School receives a notification when potentially a Looked After child might be excluded and asked if this could be updated to include other groups of children. She asked if it was known why there had been an increase in young children becoming first time offenders and what actions were planned to address this.

The Director of Education & Safeguarding thanked her for the suggestion and replied that the Virtual School does oversee this work and was taking steps to provide additional support where possible. He said that he felt that the number of exclusions was likely to reduce this year. He added that the SEND & AP Advice Service will develop over the next three years and more arms of support will be put in place.

The Chair asked if similar bodies to the Virtual School could provide support to this cohort of children and asked if officers could explore this.

The Director of Education & Safeguarding replied that he chairs the Race Equality Task Force which is a partnership with the Local Authority and voluntary sector groups such as SARI and Black Families Education & Support Group. He said they provide a good approach to working with schools on areas such as racial equality and challenging exclusion disproportionality through the Race Equality Charter Mark that nearly all our schools have signed up to.

He added this work addresses having a more inclusive curriculum in place to cover issues of race and gender. He added that he hoped to roll out the work of the Race Equality Charter Mark even further over the coming year.

The Chair asked for an assurance that as well as hearing the voice of the child work was being done with them to co-produce and be included in attempting to address issues moving forward.

The Head of Young People's Prevention Services replied that they are committed to working in this way and do have children sit on our interview panels when recruiting practitioners. She added that they have also been involved in creating a child friendly space within their office area so that they can feel more comfortable when attending meetings.

She explained that they have also been supported in producing a number of child friendly leaflets on topics such as Knife Crime, Court Appearances and Referral Panel Meetings.

Councillor Paul Crossley asked if there was a reason why the first-time offending rates in B&NES were increasing whilst those in the Avon & Somerset area were decreasing.

The Head of Young People's Prevention Services replied that the figures in B&NES had decreased over the past 10 years and felt that the rates within Avon & Somerset had been slower to decline which is why that is seen as notable on this occasion against our increase.

Councillor Crossley referred to the KPIs and said that the two key things to help prevent further offending were housing and employment. He stated that he was pleased to see that over the past four quarters that 100% had been achieved in terms of housing and asked was this exceptional or the norm.

The Head of Young People's Prevention Services replied that this was a continuing trend as it was recognised the need for these children to be in suitable accommodation.

Councillor Crossley asked what could be done to address the reduction in numbers taking part in education, training and employment.

The Head of Young People's Prevention Services replied that when considering the data in this regard, the numbers can be quite small and therefore have a big impact

on the figures. She added that the suitability of the education and training will continue to be monitored.

Councillor Crossley asked if it could be explained as to what is meant by a Gravity Score of 5 or more.

The Head of Young People's Prevention Services replied that these would be offences such as Serious Assault, Robbery or Aggravated Burglary. She added that the number of offences of this nature within B&NES were low.

Councillor Joanna Wright said that she was pleased to hear of the work in relation to the voice of the child and asked if peers within each age group were involved to provide support to each other in any way.

The Head of Young People's Prevention Services replied that this one of the key elements, to enable young people to be able to let off steam in a safe environment and talk with either a trusted adult or alongside their peers. She added that the work of the Violence Reduction Partnership was also an important part of this structure.

Councillor Mansell asked if it was taken into account that English might not be the first language of some children and that some may use sign language or other forms of communication.

The Head of Young People's Prevention Services replied that if required, a translator or appropriate support would be booked for each session that took place.

Councillor Mansell referred to the subject of Free School Meals and asked how many children are accessing this resource that are eligible for it.

The Director of Children's Services replied that they would seek to provide this information so that it could be included within the minutes of the meeting.

Councillor Mansell asked what the protective characteristics of the case studies were with regard to reparation and restorative justice.

The Head of Young People's Prevention Services replied that she would attempt to find out this information and reply to the Panel.

Since the meeting has taken place the Head of Young People's Prevention Services has confirmed that one child has dyslexia, and one has ADHD - no other protected characteristics were identified.

Councillor Mansell asked what activities are in place for children from ethnic minority groups to attempt to actively change and seek to improve their outcomes.

The Head of Young People's Prevention Services replied that this is a big area of concern as the number of ethnic minority children within the justice system are over-represented. She added that they do have an Anti-Racism Action Plan in place to address such matters. She said that the plan does cover a number of strategic aspects that show how they work alongside Avon & Somerset Police and other local authorities.

She stated that one aspect of this work is to seek no disproportionality in their out of court offers and that they were linking in with education colleagues with regard to exclusions as these children were more likely to fall into the justice system.

In response to a query raised earlier in the meeting she said that there was an Equalities Impact Assessment (EIA) and that this would be shared with the Panel.

Kevin Burnett referred to the KPIs and asked the following questions. He asked with regard to the Mental Health Screenings for any information on outcomes or successful interventions.

The Head of Young People's Prevention Services replied that once the children have been screened and any needs have been identified there are a range of provisions that can be offered and would be detailed to their specific needs. She added that they could be offered support the School Nurse in terms of lower tier emotional and wellbeing support, anxiety and depression. She said that if there were higher level concerns they could be referred to Child & Adolescent Mental Health Service (CAMHS) or to other providers such as Off The Record.

Kevin Burnett asked what happens following the screening for Substance Misuse if anything is identified.

The Head of Young People's Prevention Services replied that all children that they work with are screened and depending on the level of need they could either be supported through the School Nurse to stop smoking or vaping. She added that if there were more serious concerns they could be referred to Project 28 which is a DHI service for children and young people.

Kevin Burnett asked if it was an exception that fewer children were engaging with wider services.

The Head of Young People's Prevention Services replied that this figure related to the end of an intervention and whether a child was involved in a service following it concluding. She added that it was possible that they did not require any further services.

Kevin Burnett asked if support services that were engaged with the Council also took part in the disproportionality training.

The Head of Young People's Prevention Services replied that the whole of the Youth Justice Service had undertaken the training around cultural competence and diversity. She added SARI offer regular workshops to staff within Children's Services.

Kevin Burnett asked if the service were able to offer a direct route to CAMHS.

The Head of Young People's Prevention Services replied that they do have a link between the two teams, and they do offer us consultations.

Councillor Hardman asked if the number of children entering the Youth Justice system was to be seen as a blip or a trend.

The Head of Young People's Prevention Services replied that it was too soon to say if this was to be seen as a continuing trend, but they are concerned by the potential outcomes. She added that they were unsure as to the reasons for these figures and posed whether it could be related to the pandemic.

The Chair asked what preventative work was being carried out outside of schools and asked if it should be considered that Public Health provide some funding into this area, especially around the prevention of knife crime.

The Director of Children's Services replied that they do work alongside Public Health colleagues in terms of reducing serious violence and have held events, which have been welcomed and plan to continue. She added that Public Health do contribute to the Multi Agency Team in terms of the Youth Justice Service by providing officers including a dedicated School Nurse and additional input from CAHMS.

The Chair said that she would address the Council meeting later in the week and relay some of the points raised during the debate today. She said that she would raise the matter of equity of funding and ensuring its continuation.

Councillor May said that in regard to funding he had approached the new Police & Crime Commissioner for a meeting to discuss a number of issues and that this was set to be held in due course.

The Panel **RESOLVED** to note the plans for the delivery of youth justice services in the year ahead.

21 PANEL WORKPLAN

The Chair introduced the workplan to the Panel and the following subjects were noted as potential future items of discussion.

- Public Health focus for 9th September meeting
- Community Support Contracts - Budget proposals update
- Complaints Feedback Process / Flowchart – ICB – September

Kevin Burnett raised the following issues for consideration.

- Whole Systems Health Improvement Framework – Public Health – September
- Cancer Services Update – ICB – September
- Schools Health and Wellbeing Survey – Public Health – January
- Birth Trauma – ICB – September

Councillor Lesley Mansell suggested the following items for the Panel to receive information about.

- Physiotherapy Services provided by HCRG – Uptake, waiting list, number of patients seen over past two years etc. – ICB – September

Councillor Liz Hardman asked for clarification if there would be an update on the Community Services procurement at the September meeting.

Laura Ambler, BSW ICB replied that the Director of Adult Services was leading on this matter and that an update would be provided for the Panel in September.

Councillor Ruth Malloy suggested that the Panel receive an update from the B&NES Fair Food Alliance.

The Chair suggested that this could be included in the Public Health report that the Panel will receive in September.

Councillor Paul May proposed that the Panel receives a report to a future meeting detailing any changes in priorities for both Adults & Children's Services following the General Election and the plans set out by the new Labour government.

Kevin Burnett raised two further items for the Panel to consider.

- IRO Annual Report
- Bath Community Safety Partnership Annual Report

The Director of Children's Services proposed that they be scheduled for the November meeting of the Panel.

The Panel **RESOLVED** to note their current workplan alongside these proposals for future work areas.

The meeting ended at 12.31 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Bath & North East Somerset Council		
MEETING:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	9th September 2024	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Public health and prevention update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Annex A: Further information about The Active Way		

1 THE ISSUE

1.1 This report updates the panel on the following three programmes of work, and outlines the key aims, current areas of focus, progress and achievements, issues and/or risks, and future priorities in relation to each:

- Be Well B&NES; a Whole Systems Approach to health improvement
- Social prescribing (including the Active Way)
- Sexual and reproductive health strategy and future commissioning proposals

1.2 All three programmes of work are undertaken in partnership with a wide range of partners across the Council and system, and including with B&NES, Swindon and Wiltshire Integrated Commissioning Board (BSW ICB) and the third sector. Public Health takes a lead role and has mandatory responsibilities for some elements of public health improvement and sexual and reproductive health. The Public Health team takes a supporting role within the system in relation to social prescribing.

2 RECOMMENDATION

The Panel / Committee is asked to;

2.1 Note the work underway for each of the three programmes of work.

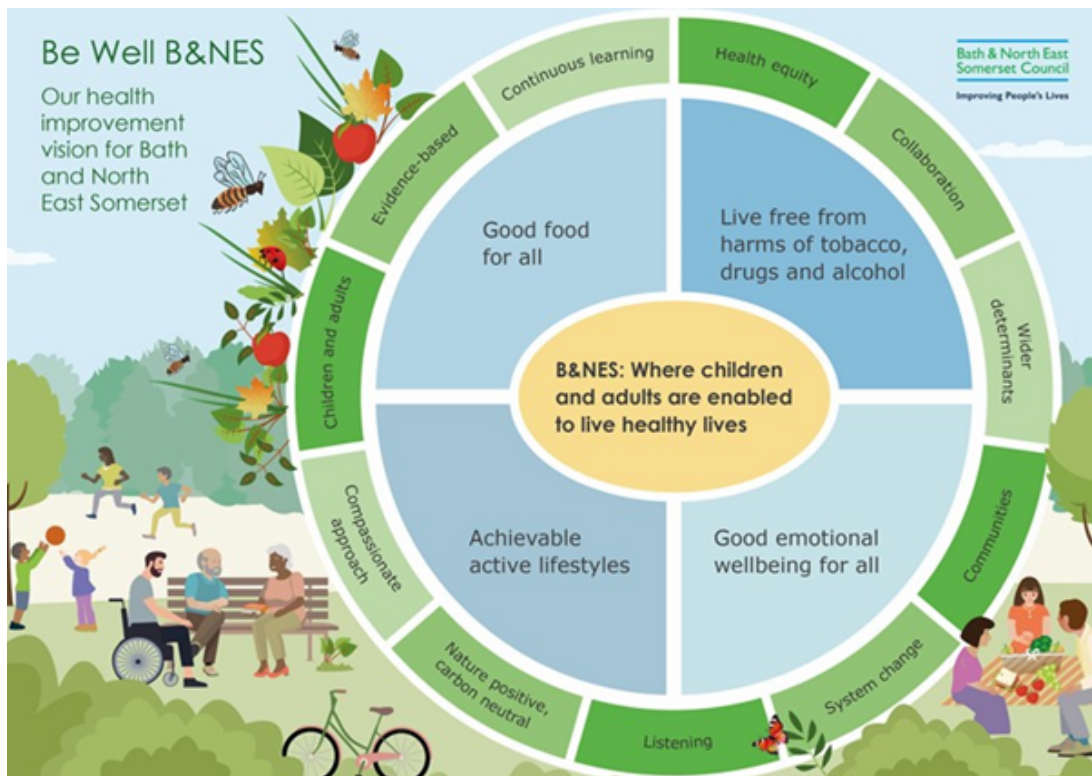
2.2 Note the risks to long-term sustainability of some of the interventions available for our residents.

- 2.3 Support the ambitions of each programme of work by considering opportunities to champion each programme and their alignment with wider Council work.

3 THE REPORT

BE WELL B&NES; A WHOLE SYSTEMS APPROACH TO HEALTH IMPROVEMENT

- 3.1 Be Well B&NES is a new Whole Systems Approach to health improvement in Bath and North East Somerset. It has been developed, and will be owned and delivered, by a collaborative network of partners including healthcare providers, educational settings, leisure providers, Council departments, and community organisations.
- 3.2 Be Well B&NES aims to take action on the biggest preventable risk factors for ill health, health inequity and premature death including obesity, tobacco, physical inactivity and the harmful use of alcohol and drugs. These risk factors are closely linked with emotional wellbeing and contribute to a wide range of health conditions including cancer and heart disease.
- 3.3 Bath and North East Somerset performs well in terms of health improvement outcomes, with lower than average rates of smoking and obesity reflected in lower rates of heart disease, cancer and hypertension, and longer life expectancy than the England average. However, the burden of these health outcomes remains significant and there are certain groups and geographical areas within Bath and North East Somerset that experience higher rates of preventable poor outcomes.
- 3.4 Studies have shown that Whole System Approaches work; when we tackle health issues across and at deeper levels of the system, we see better results. The approach we have used in Bath and North East Somerset is based on the Whole Systems Guide for Obesity commissioned by Public Health England and developed by Leeds Beckett University in 2015. We have been supported in the process of developing the framework by academics at the University of Bath.
- 3.5 A Whole Systems Approach views the local services, environment and people as a complex system which drives health outcomes. It brings partners from across the system together to examine the causes of the causes of health improvement outcomes, and allows us to:
- Take collective action on the commercial, social, economic and environmental factors that drive our health behaviours, as well as supporting individuals and communities to make healthier choices.
 - Work at different levels of the system to change not only the actions we take, but the structures that support them and the health beliefs that the system holds.
 - Exploit the value of working together on the building blocks of health that affect multiple areas of health improvement. For example, emotional wellbeing and physical health can both be improved by programmes which increase active travel.
- 3.6 The vision for Be Well B&NES is *Bath and North East Somerset: Where children and adults are enabled to live healthy lives*. This will be achieved through four health improvement aims: Good emotional wellbeing for all, good food for all, achievable active lifestyles, and live free from harms of tobacco, drugs and alcohol. Be Well B&NES has adopted 11 core values: promoting health equity, collaboration, wider determinants, communities, system change, listening, nature positive and carbon neutral, compassionate approach, children and adults, evidence-based decision making and continuous learning. This is illustrated on the following diagram:



3.7 Partners have co-developed the following initial priorities:

- Listening to residents,
- Working for target communities which have the greatest health improvement needs,
- Focusing on children and families at all levels of the system,
- Improving the reach of existing interventions, and
- Providing consistent, system-wide training opportunities.

3.8 Two network groups are proposed to bring together system stakeholders with relevant interest and expertise. One network group will focus on a geographical community and one on a children and young people's setting. These networks will co-develop and deliver action plans enabling prioritised actions across different levels of the system. A third operational delivery group will be created to ensure a universal health improvement approach is delivered, and to take forward targeted actions, for example improving the reach of training. Oversight will be provided by the Be Well B&NES Steering Group, who will report into the Bath and North East Somerset Health and Wellbeing Board and the B&NES Integrated Care Alliance.

3.9 This is an iterative way of working; regular review will enable the network groups to develop and change in response to the system. It is likely that over the ten-year span of Be Well B&NES, we will shift focus and work across several different areas and settings, learning from successes and challenges.

SOCIAL PRESCRIBING

3.10 Social prescribing, sometimes referred to as community referral, is a means of enabling professionals to refer people to a range of local, non-clinical services. Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. Social prescribing connects people to community-based and community-led social, practical and emotional support, as well as statutory services.

- 3.11 Under one of the Health and Wellbeing Board's four strategic priorities (*strengthen compassionate and healthy communities*) there is a commitment to developing "a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions". Whilst there are some excellent examples of social prescribing taking place in B&NES, this commitment recognises that there is no system-wide strategy or vision for social prescribing in B&NES. At a strategic level the system will benefit from having a shared framework so that all partners are working towards the same vision and priorities and are aligned with a shared approach and definition of social prescribing. At an operational level, having a joint strategic approach encourages and supports partners to further align their work, for example by integrating or aligning social prescribing projects and pathways and by developing joint bids for funding.
- 3.12 In order to deliver on the Health and Wellbeing Board's commitment to develop a strategic approach to social prescribing, a two-year Social Prescribing Project Manager post (employed by 3SG) has been funded to lead and coordinate system-wide work. In year one (2024/25) the post-holder will co-ordinate the development of the social prescribing framework. Current activities to support this include; working with partners to agree shared language and a definition of social prescribing that all partners can work to, undertaking scoping and mapping to capture the current social prescribing offer in B&NES, and undertaking a gap analysis to identify service duplication, inconsistencies in provision, unmet needs, and areas for improvement. Year 2 (2025/26) will focus on coordinating delivery of the framework and a subsequent action plan. A multi-partner Social Prescribing Task and Finish Group has been established to oversee and inform the work, joint-chaired by 3SG and B&NES Council, and with support from Bath Mind.

Existing good practice work

- 3.13 There are a number examples of social prescribing good practice underway in B&NES. The Community Wellbeing Hub delivers social prescribing by creating the infrastructure for residents to be referred to a wide range of community partners that offer support to connect with local services and activities. Partners work together to ensure that the right support is offered to meet the needs of the person, which can include referral to health and wellbeing promoting activities such as volunteering, group learning, arts and cultural activities, sports, and outdoor activities such as gardening. Primary Care Networks (PCNs) also undertake social prescribing by direct referral from professionals such as GPs and practice nurses and/or by Social Prescribing Link Workers .
- 3.14 Somer Valley Rediscovered provides a range of green social prescribing activities aimed at enhancing mental health, reducing obesity and contributing to the reduction of pharmaceuticals entering the water catchment. Activities include mindfulness, walking groups, and art and nature sessions amongst others. The Active Way is a 3-year pilot funded by Active Travel England, which aims to improve sustainability and health and wellbeing outcomes through social prescribing to a range of active travel interventions (see below for further information).
- 3.15 Whilst there is good practice social prescribing taking place, both Somer Valley Rediscovered and the Active Way are funded through short-term funding and so there is a risk that they will not be funded longer-term.

The Active Way

- 3.16 The Active Way is one of eleven local authorities selected for a three-year pilot to deliver social prescribing into active travel interventions, and aims to:
- Promote increased levels of physical activity through cycling and walking.

- Support modal shift to active travel by providing people with travel choices and supporting changes in behaviour.
 - Address local community need relating to under-represented groups and health inequalities.
 - Understand how infrastructure influences the uptake of active travel.
- 3.17 The Active Way is in year two of its three-year pilot and is currently delivering a wide range of walking and cycling related interventions within the Somer Valley, in priority areas such as Twerton, and in partnership with settings such as Pennard Court. To date, key achievements include the delivery of Beat the Streets in the Somer Valley, which 4,212 people participated in and together walked, cycled or wheeled a total of 37,542 miles. The Beat the Streets evaluation found that 59% of participants that stated they were “inactive” at the start of the 6-week game became more active. The University of West of England (UWE) is verifying results as part of their evaluation of the Active Way programme, and suggest that there were statistically significant increases in cycling and walking more than three times a week after the end of the 6 week game compared to at the beginning.
- 3.18 Other interventions that are demonstrating effectiveness include KiActive and Inclusive Cycling. Kiactive involves use of technology (worn as a wrist band) to enable residents to monitor their movement, combined with one-to-one mentoring, in order to support behaviour change to a more active lifestyle. 720 residents with long-term conditions (i.e. hypertension, type-2 diabetes, asthma) have benefited to date and initial Ki-Active analysis on the first 100 residents has found that on average, each person recorded a total additional dose of physical activity equating to 33 minutes per day. Inclusive Cycling has been able to expand its partnership working with settings such as Pennard Court and as of July 2024 have delivered cycling sessions to 119 residents with physical and/or learning disabilities.
- 3.19 A business case for the Active Way is currently under development, which will be used to try and secure longer-term funding for elements of the Active Way that demonstrate both effectiveness and cost effectiveness. Without further funding, the service will come to an end in Autumn 2025. For more information about the Active Way see **Annex A**.

SEXUAL AND REPRODUCTIVE HEALTH (SRH)

- 3.20 From 1st April 2013, Local Authorities have been mandated to commission comprehensive open access sexual health services, including free testing and treatment for sexually transmitted infections (STIs), notification of sexual partners of infected persons, and free provision of contraception. Sexual health is an important area of public health, and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England.
- 3.21 B&NES generally has good SRH outcomes, for example new STI diagnoses are lower than the England and SW averages, the teenage conception rate remains low and shows a significant reduction from 2009 to 2021, and total prescribed long-acting-reversible contraception (LARC) rates remain high. However, although HIV diagnoses are much lower than the England and SW averages, late diagnoses of HIV are increasing and double the England average. Sexual ill health is also not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

2024-26 Sexual and Reproductive Health Action Plan

3.22 The B&NES Sexual Health Board (SHB) is a multi-agency, multi-professional group with the purpose of bringing together commissioners, service providers and wider partners from across statutory and voluntary sectors to collaborate to ensure the diverse communities of Bath and North East Somerset have good sexual and reproductive health. The SHB sets aims and population-level outcomes that it seeks to achieve in improving sexual and reproductive health. The SHB has created a two-year action plan from April 2024 to March 2026, prioritising key issues identified by a range of SRH data, audit tools and patient feedback. The following actions have been agreed as priorities for 2024/25 in the action plan:

- Community transformation programme: procurement, commissioning and mobilisation of SRH services including GP LARC, Pharmacy sexual and reproductive health services, chlamydia screening programme, Clinic in a Box and LARC project
- Education, training and support: delivering the sexual health training programme and specialised training to services/professionals
- Focus on specific communicable diseases: particularly late diagnosis of HIV
- Intelligence and research: upgrading our indicator set to Power BI and adoption within Council Strategic Evidence Base (SEB) reporting; and improving outcomes-based reporting in services
- Sexual health inequalities, vulnerable populations and those with complex needs: delivering the mystery shopper exercise and young person's focus groups

Future commissioning proposals

3.23 The commissioning and procurement intentions for core sexual and reproductive health services are as follows. Our mainstream service/clinical hub Riverside Clinic is contracted with Royal United Hospitals NHS Foundation Trust until March 2029 with agreed funding until March 2026. Services currently delivered or subcontracted by HCRG are part of the community transformation programme, including Clinic in a Box, GP LARC and pharmacy sexual and reproductive health services, and will either be recommissioned or re-contracted from August 2024 with an aim for contract commencement in April 2025. The chlamydia screening programme is currently being recommissioned with an aim for contract commencement in April 2025. The Women's Health Hub-supported LARC training project is currently in the final stages of contract negotiation with an expected contract commencement date of September 2024.

4 STATUTORY CONSIDERATIONS

4.1 Through the work of Be Well B&NES, social prescribing, and sexual and reproductive health, the Public Health team, working with Council and wider partners, will promote health and wellbeing outcomes for our residents and take preventative action to address health inequalities.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 No additional resources have been secured or allocated at this time to support Be Well B&NES. By taking a Whole Systems Approach to health improvement, the aim is to improve health outcomes through increasingly collective and coordinated action across the system.

5.2 Short-term external funding has been secured to enable delivery of the Active Way three-year pilot, the two-year Social Prescribing Project Manager post to lead and coordinate system-wide work, and to commission social prescribing activities through Somer Valley Rediscovered. Funding for the continuation and/or development of interventions (i.e.

those that demonstrate effectiveness and cost effectiveness) will be the subject of a business case and funding bids.

5.3 Under the Directed Enhanced Service (DES) PCNs are required to co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at both PCN and practice level. This includes improving health outcomes for patients through effective population health management and reducing health inequalities, and through collaborating with non-GP providers to provide better care, as part of an integrated neighbourhood team.

5.4 Sexual and reproductive health (SRH) services are budgeted from the ring-fenced public health grant paid to local authorities from the Department for Health and Social Care (DHSC) budget.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 Aspects of health improvement are key drivers of health inequalities and differences in health improvement outcomes are seen across B&NES. Promoting health equity and prioritising the needs of underserved populations are core values in the Be Well B&NES Framework, sexual health programme and social prescribing work such as The Active Way.

8 CLIMATE CHANGE

8.1 Social prescribing has the opportunity to reduce pharmaceutical pollution through prescribing community based activities as an alternative or in addition to prescribing medicines.

8.2 Nature positive and carbon neutral is one of the core values of Be Well B&NES. The Bath and North East Somerset Decision Wheel based on the council core policies will be applied. This will prompt consideration of the impact of proposed change on climate, land, soil, air and biodiversity.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 This report has been approved by Cllr Alison Born, Cabinet Member for Adult Services and Liz Beazer, Senior Finance Manager, B&NES Council.

Contact person	Rebecca Reynolds, Director of Public Health and Prevention
Background papers	Annex A: Further information about The Active Way
Please contact the report author if you need to access this report in an alternative format	

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Project Manager: Tim Rawlings
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What is the Active Way?



- Bath & North East Somerset Council awarded £1.6 million from Active Travel England, following a successful bid by the council and supported by the West of England Combined Authority
- One of 11 Local Authorities selected for a three year pilot study (2022-2025)
- The Active Way will...
 - **Promote social prescribing** into a range of **active travel** activities
 - Have a **broad cycling, walking and wheeling offer** with interventions for all age groups and needs.
 - Emphasise building people's **confidence, motivation, knowledge and skills** to engage with walking and cycling activities long-term.
- We will also explore what **positive outcomes** we find in relation to **improved health and wellbeing**, any correlation to **reduced GP and Hospital visits from participants**, and any increases in the **use of local infrastructure** (cycle paths, use of parks and walking routes).

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Bath & North East
Somerset Council

Improving People's Lives



Active
Travel
England



ATSP Objectives



There are 4 key Active Travel Social Prescribing pilot objectives:

- To address local community identified need relating to underrepresented groups, high levels of deprivation and health inequalities.
- To actively promote increased levels of physical activity through cycling and walking.
- To understand how infrastructure influences the uptake of active travel.
- To support modal shift to active travel providing people with travel choices and supporting changes in behaviour.

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Pilot area – Somer Valley



Identified local need:

Deprivation - Midsomer Norton, Radstock, Westfield and Peasedown, located in the Somer Valley, are in the top 20% most deprived areas in B&NES

Physical inactivity – the % of inactive adults in Westfield (25.7%) and Midsomer Norton (25.1%) are higher than the England average (24.6%), with both Radstock (22.7%) and Midsomer Norton North (22.1%) being higher than the B&NES average (20.5%) (2).

Childhood obesity – between 2019/20 and 2021/22, 27.8% of year 6 aged children in B&NES were obese or overweight compared to 33.3% in Peasedown, 31.7% in Radstock and 31.6% in Midsomer Norton.

Lower levels of active travel, higher rates of car ownership, lack of sufficient public transport options

We are also working in other areas of higher need (i.e. Twerton) and with settings where there are groups of people under-represented in active travel



Who the Active Way is for



There is something for everyone, we want to be as inclusive as possible and are unlikely to turn anyone away, but we are targeting based on need and inequality;

- People living in deprived areas with low levels of physical activity
- People with long term conditions
- Underrepresented groups
- People with Multiple morbidity
- People with disabilities
- People suffering from anxiety and lack of confidence
- People not in education, training or (well paid) employment
- Ethnic minority groups



Our activities



Walking

- Active Steps (Sustrans)
- Wellbeing walks (Sporting family Change)
- Snap and stroll
- Other walking groups (Buggy Walks, Nordic Walking)
- Self-guided walk information and route signage

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Hybrid (Walking, wheeling and cycling)

- Digital physical activity behaviour monitor (KiActiv)
- Willson Grant (community asset building)
- Route planning
- Support for schools
- Family/ children active challenges i.e. “Beat the Street” mass community activities for children and families

Cycling

- Beginner and returning cyclist group rides (B&NES)
- Adult 1:1 cycle training in safe (off-road) spaces (B&NES)
- Inclusive cycling training and group rides (All Cycle Bath and West)
- Bikeability for schools (B&NES)
- Bike hire and e-bike hire
- Bike repair/maintenance
- Bike reuse
- E-Cargo Bike Hire

Infrastructure

- Some improvements to existing infrastructure
- Interpretation boards



Accessing the Active Way



There are several ways to self-refer or make a professional referral:

Integrated into the Community Wellbeing Hub as a mini hub:

<https://theactivewayreferrals.riviam.io/>

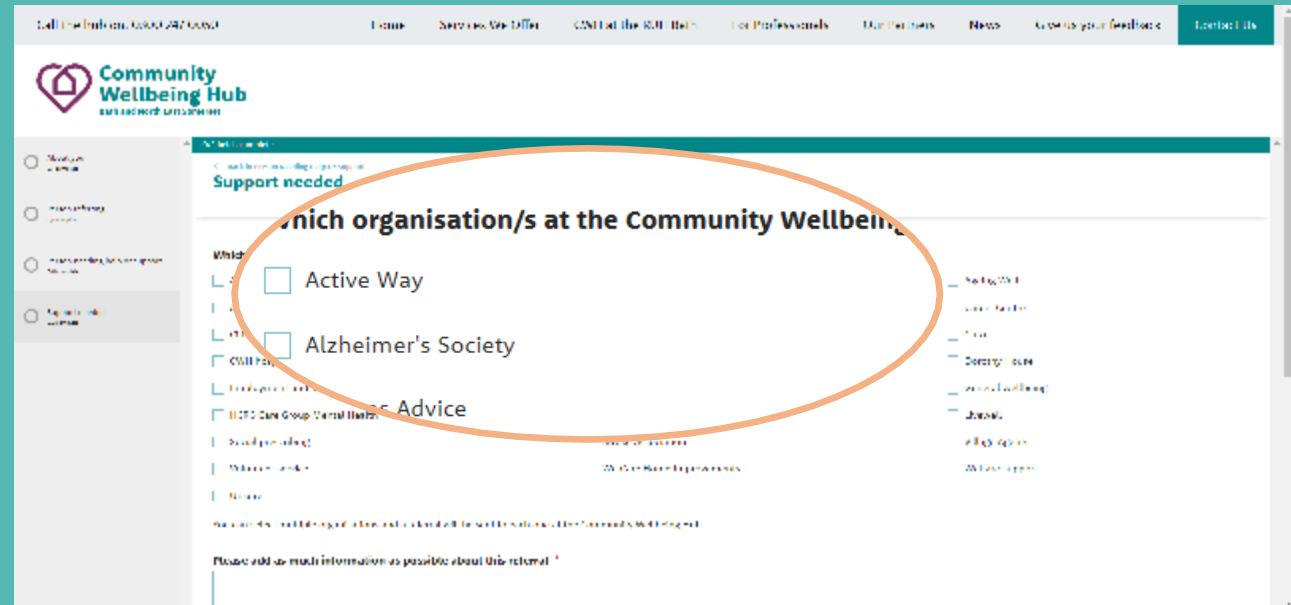
You can also refer via our website:

www.theactivewaybathnes.co.uk

Or pop in and contact our hub team at:

info@theactivewaybathnes.co.uk

We are based at Hope House Surgery in Radstock every Monday, Wednesday and Friday



Key achievements in 1 year



- Providers commissioned
- Referral forms and management system developed and launched <https://theactivewayreferrals.riviam.io/>
- Website went live www.theactivewaybathnes.co.uk
- Team and staff in place
- Storage locations and hubs established across the Somer Valley
- E-Bikes and pedal bike fleet procured
- Willson Grant projects awarded
- Activities underway
- Monitoring and Evaluation plan established, and evidence being gathered

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Wilson Grant



Grant fund of £70000 for active travel, creative, cultural and heritage projects in the Somer Valley – closed in September 2023. Active Way and WECA funded.

Awarded grants to 10 projects:

- Chat-E-Cycle
- Inclusivfit
- Creative ReveloutionHERies
- Timsbury Street Theatre Workshops
- Greeway Art Trail
- Handweaving
- Sing-a-ling
- Curiositree
- Skate Park – Radstock
- Creative Roots outdoor learning



Evaluation



We have commissioned the University of the West of England as our evaluation partner.

Monitoring activities planned to help us evaluate the impacts.

- Participation data (number of people and sessions)
- Participant questionnaire (to monitor physical activity, health and wellbeing before and after intervention)
- Infrastructure usage (Traffic count data, See.sense bike trackers, KiActiv data)
- Qualitative feedback (through interviews and focus groups)
- Health Economic data (through access to Social prescribers and some NHS data)

Informing the evidence base for the national evaluation programme being delivered by Active Travel England of ATSP. Also informing a business case for further funding where interventions are demonstrating effectiveness and cost effectiveness.



Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Children, Adults, Health and Wellbeing Policy Development & Scrutiny Panel
MEETING/ DECISION DATE:	09 September 2024
TITLE:	Interim update on the work of the Knife Crime Prevention Scrutiny Task Group
WARD:	All
AN OPEN PUBLIC ITEM	

1 THE ISSUE

1.1 To update Panel on the work of its Knife Crime Prevention Task Group.

2 RECOMMENDATION

The Panel is asked to;

2.1 Note the update

2.2 Consider any recommendations to help shape the future direction of the Task Group.

3 THE REPORT

3.1 [Council - 20 July 2023](#) invited scrutiny to review the impact of knives on Bath and North East Somerset's young people, with a focus on prevention.

3.2 In response, the Children, Adults, Health and Wellbeing (CAHW) Policy and Scrutiny (PDS) Panel at its meeting of [18 September 2023](#) established a Task Group to consider the work taking place to tackle and prevent knife crime in Bath and North East Somerset and to explore opportunities to further develop these approaches.

3.3 Membership

The Task Group membership is listed below:

Cllr Dine Romero (Chair)
 Cllr Karen Walker (Vice Chair)
 Cllr Liz Hardman
 Cllr Shaun Hughes
 Cllr Eleanor Jackson

3.4 Terms of reference

The Task Group was established with the following terms of reference:

- A) To identify the current position in relation to knife crime within Bath and North East Somerset, with a particular focus on young people
- B) To consider the local position in comparison to national and comparator data
- C) To review current approaches to the prevention of knife crime across Bath and North East Somerset
- D) To review knife crime prevention national best practice examples
- E) To consider opportunities for improving prevention of knife crime across Bath and North East Somerset

3.5 Meetings

The Task Group has met on 5 occasions to gather evidence:

Date	Focus	Witnesses
1 November 2023	Scoping the review	Supported by the Inclusive Communities Manager.
27 November 2023	Development of a plan to prevent and reduce serious violence in Bath and North East Somerset	Associate Director and Consultant in Public Health and Public Health Registrar
29 January 2024	Update from Avon & Somerset Police	Officers representing local policing, the Early Intervention Team and the Office for the Police and Crime Commission
19 March 2024	Update from St Giles Trust	Director of Development
19 April 2024	Updates from Violence Reduction Unit, Youth Connect and Project 28	Violence Reduction Unit Coordinator, Youth Connect - Head of Operations and Practice, Young People's Service Manager – DHI

3.6 Areas explored during evidence gathering

To date the following areas have been considered by the Task Group.

- i) The overall data context relating to knife crime within B&NES
- ii) The locations and timings that knife crime is most likely to take place
- iii) The work of Violence Reduction Partnerships and the importance of collaboration
- iv) The profile of perpetrators and victims
- v) The role of partners in promoting prevention
- vi) The importance of education and the risks associated with a poor school experience

3.7 Findings to date

The Task Group will provide a detailed narrative of the review's findings when it publishes its final report later in 2024. But some clear conclusions have already been established:

- The underlying risks behind knife crime are complex.
- Knife crime is increasingly being seen as a societal problem with a public health approach considered the most effective response.

3.8 Next steps

The Task Group anticipates holding one further evidence gathering meeting before it compiles its final report. The topic is likely to be the importance of early intervention in preventing violent behaviour, although Panel members may wish to discuss additional areas for consideration.

4 STATUTORY CONSIDERATIONS

- 4.1 The Task Group in their final report will ensure that any recommendations take account of statutory considerations.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 There are no resource implications related to this interim update.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 The evidence gathering to date has clearly demonstrated that equality issues are key to ensuring preventative strategies are successful. This will be addressed within the final report.

8 CLIMATE CHANGE

8.1 The Task Group review has been undertaken across Microsoft Teams, enabling witnesses to participate, some from as far as London, without requiring to travel.

9 OTHER OPTIONS CONSIDERED

9.1 This report is an interim update.

10 CONSULTATION

10.1 The final report of the Task Group will be agreed by Task Group members before being submitted to Panel for approval and onward referral to Cabinet/Cabinet member.

Contact person	Ceri Williams – Designated Scrutiny Officer <i>01225 396053</i>
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

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
9TH SEPTEMBER 2024				
9 Sep 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Public Health Update	Rebecca Reynolds Tel: 01225 394074	Director of Public Health and Prevention
9 Sep 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Knife Crime Prevention Task Group Update	Ceri Williams Tel: 01225 396053	
FORTHCOMING ITEMS				
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Support Contracts Update	Suzanne Westhead	Director of Adult Social Care
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation - Community Health Services offer from April 2025	Laura Ambler, Natalia Lachkou	Director of Adult Social Care
Page 47	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Child Sexual Exploitation / Modern Slavery	Mary Kearney-Knowles Tel: 01225 394412	Director of Children and Education
Page 47	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Attainment Gap Project Update - St John's Foundation	Christopher Wilford Tel: 01225 477109	Director of Education
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Safety Valve Update	Christopher Wilford Tel: 01225 477109	Director of Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
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