

## **BATH AND NORTH EAST SOMERSET**

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

Monday, 13th January, 2025

#### **Present:-**

**Councillors:** Dine Romero (Chair), Liz Hardman (Vice-Chair), David Harding, Ruth Malloy, Lesley Mansell and Joanna Wright

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

**Cabinet Member for Children's Services:** Councillor Paul May

**Cabinet Member for Adult Services:** Councillor Alison Born

**Also in attendance:** Suzanne Westhead (Director of Adult Social Care), Rebecca Reynolds (Director of Public Health), Mary Kearney-Knowles (Director of Children and Education), Claire Thorogood (Head of Contracting & Performance), Natalia Lachkou (Assistant Director - Integrated Commissioning), Ann Smith (Assistant Director - Operations), Laura Ambler (Place Director for B&NES, BSW ICB), Mandy Bishop (Chief Operating Officer) and Paul Scott (Associate Director for Public Health)

#### **70 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

#### **71 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

#### **72 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Paul Crossley, Councillor Onkar Saini and Councillor Bharat Pankhania had all sent their apologies to the Panel.

#### **73 DECLARATIONS OF INTEREST**

There were none.

#### **74 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

Gillian Taylor addressed the Panel on the subject of Special Educational Needs, a summary of her statement is set out below.

She informed them that she was a mum of two children with SEN and wished to share her experiences regarding both of her children. She stated that she felt that SEN was in a national crisis and hoped that by telling her story some simple improvements could be made within B&NES.

She explained that her son was born with a metabolic condition called PKU and that he was now 19. She said that they were made aware from 8 days old that their son may have cognitive learning difficulties. She said that he struggled a lot in school and that they tried to get support and a diagnosis with little help.

She said that she was told that her son was 'lazy' and that she was an 'anxious parent'. She added that after five years of seeking help and eventually winning a tribunal it was revealed that her son had severe processing problems – how had this been missed?

She stated that they had made an official complaint to B&NES and were promised that things would change in the future.

She informed the Panel that her son required CAMHs support due to the treatment at school and damage to his self-esteem. She added that this was despite multiple enquiries and refusals to be assessed.

She explained that her daughter, following another five year battle with the Local Authority and a tribunal, had finally been diagnosed with dyslexia and ADHD at the age of 15. She added that again they won this tribunal.

She said that her son required 1:1 support in school, her daughter only needed the diagnosis and work printed on blue paper to support her learning – a simple remedy.

She stated that both her children's reports were not passed on from schools to their respective colleges. She asked why B&NES would assess a child and then not share those findings. She added that this was surely a simple improvement that should be made.

She said that improvements need to be made to save time, money and stress on all sides and that more importantly it leads to better outcomes for those children with SEN.

She said that she felt that the attitude to SEN in B&NES's schools was not good and neither was the communication. She added that had she been listened to, the cost of the tribunals (2 x £30,000) could have been avoided.

She said that she hoped her comments would give the Panel some ideas to work on and to improve things for the future.

Councillor Liz Hardman asked what were any immediate actions that she felt the Council could take.

Gillian Taylor replied that the thing that must improve is the communication and the sharing of reports with other relevant bodies. She added that so much money and time has been wasted.

Councillor Joanna Wright asked if she was aware of other parents that have had similar experiences.

Gillian Taylor replied that she knew of at least eight.

Councillor Wright asked if having a readily available information sheet would be helpful and could the Community & Wellbeing Hub have a role to play.

Gillian Taylor replied that this would help in terms of any general concerns or enquiries and that having information at the Hub could be of help. She added that the four teams within the Council need to work together more.

The Chair thanked her for her statement and asked that the Cabinet Member for Children's Services be informed of it.

Wendy Lucas addressed the Panel on the subject of Newton House, a summary of her statement is set out below.

She said that over the past 28 years she had taken on many roles for her child as well as being a mother; Occupational Therapist, Carer, Teacher and Social Worker and had fought the system relentlessly. She added that her husband has also acted as a carer for their daughter for many years.

She explained to the Panel that her daughter has attended Newton House three times a week, every week, for the past ten years and said that the removal of this service would collapse their whole support plan.

She said that Newton House was the only short-term respite facility within B&NES, that the option of a facility in Minehead has been mentioned, but this would not work for them.

She said that one of the reasons that has been given for the potential closure is that the site is not meeting its costs, however we understand that it is only being utilised at 60% of its capacity and therefore could be used more to make up that deficit.

She stated that if Newton House were to close their family would not be able to continue their lives as they do now.

She said that it feels like the Adult Social Care system is broken and that families need good local care in place so that they can be safe, well and happy.

Councillor Hardman asked if an assessment of their daughter's needs had been carried out and had any alternative provision yet been offered locally.

Wendy Lucas replied that a Duty Social Worker had visited them, but no local provision had yet been offered. She added that they had been asked to consider whether Shared Lives would be an option but said that they felt that this would be too complex. She said they had also been offered a Personal Assistant, but was not sure how this would work in reality.

Councillor Hardman asked if she could briefly explain what she believed would be provided by a Personal Assistant or as part of the Shared Lives programme.

Wendy Lucas replied that Shared Lives do take young people into a family setting and provide some respite, but said that the needs of most people that attend Newton House, like her daughter, have complex medical needs and physical disabilities. She added that a Personal Assistant would normally look after somebody during the day, possibly take them out for a trip.

She explained that they have a three-bedroom house, all of which are occupied so there would be nowhere for the Personal Assistant to sleep if that were to be considered an option.

She stated that she believed that numerous families have been told that short-term respite is not available in B&NES yet Newton House has some spare capacity. She called for the Council to work harder to keep it open.

Councillor Lesley Mansell asked who pays for the service that they receive and has there been any consultation regarding its potential closure.

Wendy Lucas replied that the service is paid for by B&NES. She said that there had been no consultation with service users and that she had found out via a post on Facebook as the letter sent to her had never arrived. She added that she was so welcome for the efforts of another parent, Richard Franklin in raising the awareness of the situation.

She said that she understands that Dimensions cannot run the service at a loss, but said that the Council should be working to maintain the service in place as it will surely cost them more if it is taken away.

Councillor Joanna Wright asked if the Council has to provide respite care as part of its statutory duties.

Wendy Lucas replied that she believed that it was a statutory duty that our needs should be assessed and that as a result of that this would now be a service that could not be provided within the boundaries of B&NES. She added that more local respite is required, not less. She said that if they ever did decide to use a respite facility in another Local Authority and then somebody within that authority needed to use the service their booking could be bounced.

The Chair asked if she knew whether Dimensions only provided care for people that live within B&NES.

Wendy Lucas replied that she believed this to be the case and reiterated that it was being underutilised by 40%.

The Chair asked if they were to choose an alternative provision would B&NES pay for it.

Wendy Lucas replied that they had not received an answer to that question. She added that she has visited other Local Authorities but was yet to find anything suitable.

The Chair thanked her for her statement.

Derek Greenman addressed the Panel on the subject of Newton House, a summary of his statement is set out below.

He explained to them that his stepson has complex needs and that support for him was being lost bit by bit. He stated that he was completely stunned by the news of the potential closure.

He said that it was becoming harder to look after his stepson as he and his wife get older. He added that the respite that they access currently enables them to at least have a bit of a break.

Councillor Hardman asked if an assessment of his stepson's needs had been carried out.

Derek Greenman replied that they have had a phone conversation with a Social Worker and were waiting to hear more information. He added that they have not always felt fully supported, especially during the pandemic. He said that they were pretty much locked into their home during this time and had to pay for Personal Assistants from his stepson's allocated budget.

The Chair thanked him for his statement

Councillor Robin Moss addressed the Panel. He explained that the process of setting the Council's budget for 2025/26 was underway and that he holds the position of Chair of the Corporate Policy & Development Scrutiny Panel.

He said that Social Care accounts for the majority of the budget for B&NES and that from looking at the current proposals there was a lot of similarity to the previous year.

He stated that he would like an assurance that there would not be any overspend during the coming year.

He informed the meeting that the Corporate Panel would be hosting an all Panel's budget discussion on 28<sup>th</sup> January ahead of the Cabinet meeting regarding the budget on 13<sup>th</sup> February.

He said that it was upsetting to hear the stories from the members of the public and asked how we got to this position.

He said that he understood that Dimensions was a not-for-profit social enterprise.

He stated that he would welcome seeing a timeline of the correspondence between the Council and Dimensions as to how this situation was allowed to occur.

The Chair thanked Councillor Moss for his comments.

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

Laura Ambler, Place Director, B&NES, BSW ICB addressed the Panel. She referred the Panel to some presentation slides that had been circulated to them. A summary is set out below and a copy of the presentation will be attached as an online appendix to the minutes.

### BHIF Projects (2023/24)

Overview: In addition to 2022/23 infrastructure funding to address health inequalities, NHSE allocated £2.057m to the B&NES, Swindon and Wiltshire (BSW) Integrated Care System (ICS) in 2023/24. The funding was aligned to the three localities and B&NES ICA was allocated **£357,896** by BSW ICB to address health inequalities.

### BSW Priorities for BHIF allocation

BSW ICB Population Health Board identified the following priority areas for allocation of 2023/24 health inequalities funding.

#### **Core20Plus5 for adults**

- Smoking cessation
- Cardiovascular disease
- Serious mental illness

#### **Core20Plus5 for children and young people (focus on early years)**

- Mental health and wellbeing
- Asthma
- Oral Health

Prevention

Restoring services inclusively

Data and intelligence

### BHIF projects funded 2024-25 (deferred from 2023/24)

- Bath City FC Foundation
- Bath Rugby Foundation
- BEMSCA
- Bright Start Children's Centres
- DHI
- Dorothy House
- HCRG Care Group
- Mental Health Motorbike

- Off The Record
- Southside Family Project
- Soundwell Music Therapy
- VOICES

#### Primary Care Based Projects (Total value £36k)

In addition to the BHIF projects the following primary care focused projects have been funded from the initial 2022/23 infrastructure funding.

- **Autism Spectrum Disorder (ASD) Friendly GP Project (underway)**  
Development of a Toolkit to include resources and a Training and awareness Programme for primary care team
- **Primary Care Outreach at Pennard Court in Twerton & Whiteway (core20) Completed**  
Partnership approach to taking services to people in a manner that is acceptable to them – Pennard Court Care Home
- **Targeted Smoking Cessation Project (underway)**  
Identifying cohorts within target practices to run searches and explore innovative ways to engage patients to consider a quit journey, utilising the Swap to Stop programme

#### Evaluation of the BHIF Projects & Next Steps

BHIF projects have been running for 6 months and completed Q2 monitoring (Q3 due Jan 2025)

At System level there is a BSW group which has oversight of performance and monitoring

At locality level, a delegated sub-group of the B&NES Health Inequalities Group (BHIG) met for deep dive into performance with a focus on

- Project Status (RAG) Milestones Achieved
- Reporting by Exception
- Any Risks
- Good Practice and Lessons Learned

An annual report (June 2025) will present more detail with high level outcomes, expenditure and performance across all funded projects to demonstrate impact and share learning.

Councillor Liz Hardman asked how the uptake of the measles vaccination can be increased in local areas of deprivation.

Laura Ambler replied that over the Christmas period they had worked with colleagues in Public Health to attempt to target areas that might have a lower uptake of this vaccination. She added that B&NES typically is slightly above the national average in these figures, but would always look to improve where possible.

Kevin Burnett asked how the need for Pharmacies is assessed and what criteria is used to form this decision.

Laura Ambler replied that a Pharmaceutical Needs Assessment takes place annually and said that there are no gaps in provision that we are aware of. She added that she believed that a report was forthcoming to a future meeting of the Health & Wellbeing Board.

Kevin Burnett commented that he welcomed the news relating to flu vaccinations for children, but asked if more work was required for the adult programme given the current numbers being reported as being admitted to hospital.

Laura Ambler replied that she believed that there was a particularly nasty strain of flu in circulation at the moment and that this coupled with other respiratory illnesses had led to an increase in hospital admissions.

Councillor Lesley Mansell referred to physiotherapy care and asked for an explanation of the line in the report '... waiting lists in December are on target for recovery'.

Laura Ambler replied that this was reference to the recovery plan that they had put in place and that figures were returning to the levels that they would expect to see.

Councillor Mansell asked if it was known when the next Clinical Harm Review Process was due to be completed regarding physiotherapy.

Laura Ambler replied that she would seek to find out this information on behalf of the Panel.

Councillor Mansell asked if the name for the new specialist mental health facility, Kingfisher, would be confusing at all as another service locally for disabled people was named Swallow.

Laura Ambler replied that the name for the new facility was decided upon in collaboration with service users, their families and carers.

Councillor Mansell referred to an incident in another part of the country which had seen a nurse stabbed in a hospital. She asked what provision is in place at the RUH to protect its staff.

Laura Ambler replied that she would ask for an assurance on safeguarding at the RUH on behalf of the Panel.

Councillor Mansell asked what the current waiting times were for ambulances when arriving at the Accident & Emergency department at the RUH.

Laura Ambler replied that there are robust procedures in place in terms of waiting times for ambulances in respect of 4 hours, 6 hours or if a time of 8 hours is breached. She added that this is an area that is monitored daily and that they work closely with SWAST (South Western Ambulance Service Trust).



Councillor Joanna Wright referred to measles vaccinations and asked how the further 5.3% uptake could be achieved in order reach 95% which is the figure stated for herd immunity. She asked if this was an issue because of home schooling and any data associated with that. She also explained that a family member was unable to receive a flu vaccination in Lambridge as none were available and asked if there had been a reported shortage in the area.

Laura Ambler replied that she would ask colleagues within the Vaccinations team to provide a response on those points raised.

Councillor Wright referred to the presentation slides and asked who were the 'seldom heard groups' referred to on slide 20.

The Associate Director in Public Health replied that this was an area that the Health Equalities Manager had been working on to try to find best way to enable engagement. He said that an update on how engagement with local communities has progressed could potentially be available in June.

Councillor Ruth Malloy asked where in Bristol would the new Kingfisher facility be situated and when was it due to open.

Laura Ambler replied that it would be sited at Blackberry Hill and was due to operational by Autumn 2025. She added that there had been some delays due to the planning process and would provide further updates to the Panel through the year.

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

## **77 ADULT SOCIAL CARE UPDATE**

The Director of Adult Social Care addressed the Panel and highlighted the following points from report.

### Performance – December 2024

- The latest National Adult Social Care Outcomes Framework (ASCOF) data was published 1st January 2025. Of the 22 National measures B&NES performs better than the England average in 17 measures, better than the South West average in 18 measures and we are in best quartile in the country for 12 measures.
- The number of people with long-term services funded by Adult Social Care (ASC) at the end of December 2024 was 1,844. This was an increase of 26 on the previous figure of 1,818 as of December 2023. The service has completed 688 Care Act Assessments and 53 Carers Assessments in the last 12 months. 80% of Care Act Assessments lead to a service being provided to the individual.
- Occupational Therapy assessments continue to be a focus of high demand, receiving on average 85 new requests per month, robust management has

seen the numbers waiting for assessment reducing from 247 people waiting to 201 people waiting, with 137 people waiting for an assessment from an Occupational Therapy Aide and 64 people waiting for an assessment from an Occupational Therapist; this is the lowest figure for 12 months. All referrals are risk rated and prioritised accordingly and people waiting have a point of contact should their needs become more urgent.

- Our Mental Health teams continue to experience increased demand of approx. 10% more referrals month on month. Between April 24 and September 24, we received 244 referrals for detention under the Mental Health Act, with 197 of those referrals accepted by the Approved Mental Health professionals for a full assessment. The AMHP team works with people of all ages, although the numbers remain relatively low in comparison with other age groups, we have seen a 50% increase in requests for under 16s to be detained under the Mental Health Act in the last 12 months.

### Commissioning

- On 11th November, the Council introduced a Strategic Commissioning Hub that has oversight and responsibility for implementing a new all-age commissioning model across the Early Help, Special Education Needs, Children and Adult Social Care portfolios. This strategic initiative is aimed at improving efficiency, standardising commissioning processes, and enhancing service delivery for the residents of B&NES. The design for a single team was based on 5 core principles; Start Well, Live Well, Age Well, Commercial and Quality Assurance.

### Newton House

- Newton House is a 5-bed house in Twerton owned and operated by Dimensions. It provides residential respite for families of adults with learning disabilities and/or autism, also known as short breaks. In January 2024 Dimensions identified that the service had become financially unviable. Following a review by the commissioning team, Dimensions decided to change the service provided at Newton House and sent a joint letter to families of the current service users advising of the planned change of use from February 2025. This was an error because alternative provision had not been identified for all of the 22 existing service users, so the change of use has been put on hold while that work is done.
- In December the Council wrote to families to reinforce how important it is that families can access respite, and to offer reassurance that the council will work with Dimensions to ensure continued access to the current arrangements at Newton House until alternative arrangements, for those people who need them are in place. Following the letter to families, Dimensions confirmed that bookings for the service will continue until the review of each person is completed.
- While this work is underway, Newton House will continue to provide a respite service whilst alternative options are put in place. Of the 22 people who were using Newton House, three have moved into long term care so no longer

require respite. 14 people have had an alternative respite offer identified. No decision will be made about the future of this facility until suitable alternatives are in place for the families affected.

She thanked the public speakers for attending and addressing the Panel and said that in addition to the update, Dimensions have been asked to arrange a meeting for all the affected families to attend. She said that she wanted to find the right approach for all concerned.

#### Adult Social Care Provider Services

- ASC have a large provider service, which includes Care Homes, Extra Care Housing, Learning Disabilities Day Services, Supported Living, Shared Lives and Employment Services.
- From September 2024, management of the Care Homes and Extra Care Housing moved from the Assistant Director of Operations & Safeguarding to the Assistant Director of Adult Regulated Services and Governance.

#### Community Partners

- The Council continues to deliver a programme of recommissioning of community support services provided by B&NES third sector across Early Help, Housing, Adult Social Care and Public Health portfolios. Commissioning intentions have been developed and informed through ongoing collaboration with community partners and market engagement events.

Becky Brooks, Director, 3SG addressed the Panel. She said that a good working relationship had now been established with the Council and that they have listened to the concerns raised by the sector.

She added that it was important now to have a timeline in place so that the organisations concerned are able to plan, in terms of staffing, leases, budgets and pay.

She explained that one further meeting is planned to be held prior to the procurement process and that the Director of Public Health and Executive Director of Place, B&NES, BSW ICB have been invited to attend.

She stated that the sector will need to understand how decisions are made and for the regular dialogue to continue. She added that they remain concerned about the amount of savings required and frustrated by the Government regarding the impact that the increase in National Insurance contributions will have on the 3<sup>rd</sup> Sector.

Councillor Liz Hardman stated that she did not feel that the issues around Newton House had yet been properly addressed. She said that many families require this respite service and that it should remain open.

The Director of Adult Social Care replied that she was not in a position to give an assurance that there would be no changes to the current arrangements and that a meeting with Dimensions was planned to take place later in the month. She added

that she would attend a future meeting of the Panel and provide them with an update.

Councillor David Harding said that a timeline of how this decision was reached, and the possible next steps was required and suggested whether it would be appropriate for a representative from Dimensions to attend a meeting of the Panel. He added that if the service is being underutilised then efforts should be made to see which families would benefit from using it.

The Director of Adult Social Care replied that there was no future timeline at this stage as discussions were ongoing.

Councillor Joanna Wright commented that she felt that the public were not being listened to on this matter and said that those in receipt of the service currently should be asked what more is needed. She asked that the Cabinet Member for Adult Services and the Director of Adult Social Care return to the Panel with more detail.

The Director of Adult Social Care replied that they would bring a timeline back to the Panel. She added that she has heard the comments today that there is more demand for the service and would welcome service users involvement in potential future discussions.

The Chair asked that the Panel receive a report from Adult Social Care detailing the respite services that are available within B&NES.

Councillor Wright referred to section 3.2.6 of the report and the fact that 85 new requests for an Occupational Therapy assessment are received per month. She asked what was being done to review the level of staff required in this work area.

The Director of Adult Social Care replied that there has been a decrease in these numbers since April 2024 and that this area was very much part of the prevention agenda as those that do receive Occupational Therapy in a timely manner do benefit and are less likely to require further services.

The Assistant Director for Operations & Safeguarding added that they have made an investment in 2 Occupational Therapist apprenticeships and were looking at further ways to bring in support to help reduce the backlog. She added that a review of patient pathways was ongoing and that additional resources have been allocated to our first response team.

Councillor Wright asked if the ICB were involved in this work as it was known how important it is for people to stay at home for longer if possible and transfer back to home from hospital.

The Assistant Director for Operations & Safeguarding replied that the Reablement Service has access to its own Occupational Therapists and equipment and therefore they do not see the same level of delays.

Councillor Wright referred to section 3.3 and asked if an explanation could be given for the term 'commercial assurance'.

The Director of Adult Social Care replied that they have identified that further work needs to be done within the sector around having additional commercial expertise in order to increase the quality of service and decrease the price.

The Head of Commissioning added that they have reorganised their available resources in order to make sure that they have dedicated officers who can strengthen the relationship with the providers they use. She explained that it remains financially challenging and that every amount of the allocation from Government is invested in the sector.

She added that there is a strong, technical focus to their negotiations and that Quality Assurance is so important to both service users and staff.

Councillor Wright referred to section 3.6.5 and the remaining Public Health contracts and asked how the Council were making sure these services continue to run whilst this re-procurement was ongoing.

The Director of Public Health replied that the procurement process does take time but the majority of the contracts mentioned in the report will be decided through the Direct Award process which is quicker. She added that sufficient time has been allocated for those contracts that do need to go through the competitive process. She said that throughout the process they have been working with the local Medical and Pharmaceutical Committees.

Councillor Wright urged the local members of the Labour Group to contact representatives of the Government to reiterate the effect their decision on National Insurance contributions is going to have on charities and Local Authorities.

Councillor Lesley Mansell said that she was horrified to hear the accounts this morning from the public regarding the provision at Newton House. She said that if Dimensions had first raised viability concerns in January 2024 why were the Council not made aware earlier.

She said that if the service is being underutilised then more should be done to advertise it. She asked that officers make sure that an Equalities Impact Assessment is completed as part of the decision-making process.

The Director of Adult Social Care replied that the commissioners of the service were aware of the concerns from Dimensions in January 2024. She added that she welcomed the opportunity to review the options for respite offered locally. She stated that an Equalities Impact Assessment would be carried out as part of this process.

Councillor Mansell requested that any future report to the Panel regarding respite should detail how the procurement process works.

Councillor Hardman asked the Director of Adult Social Care if she was aware of the potential change of use decision by Dimensions in January 2024.

The Director of Adult Social Care replied that she was not. She added that the Cabinet Member and her now receive monthly briefings so that they are notified of any such changes. She said that the commissioners would have been working within

the policy and the budget framework which is why it had initially not been raised with her.

Councillor Hardman asked if the Strategic Commissioning Hub mentioned in section 3.3 could be confused in any way with the Community Wellbeing Hub and was there any overlap in this work.

The Head of Commissioning replied that she could supply the Panel with a separate briefing if required. She explained that five teams have been brought together to act as one to give flexibility to be able to respond to both local and national pressures. She added that the Council is a partner of the Community Wellbeing Hub and continues to provide investment and commission direct support through the Hub.

Councillor Hardman commented that it was good to hear that dialogue between the Council and the Community Partners had improved. She asked though what was the status of the previously proposed £802,000 cuts.

The Director of Adult Social Care replied that they hoped to establish a procurement timeline within this month. She added that she had been able to use some additional funding from the Department of Health to alleviate some of the pressure.

Councillor Ruth Malloy referred to section 3.2.5 and asked how frequently a review should be carried out.

The Director of Adult Social Care replied that a review should take place at least annually and that for some people it might be 3 – 4 times a year if their level of needs change.

Councillor Malloy referred to section 3.6.2 and asked that if there are to be ‘named health visitors for families with children up to the age of 4 and a named school nurse for each secondary school’ what arrangements are in place for primary schools.

The Director of Public Health replied that there was a smaller group of school nurses that are supporting a cluster of primary schools.

Councillor Malloy commented that she would be interested to see the Council’s plan for future respite services and said that options need to be considered for when the parents of a person requiring support become too old to look after them. She added that she would like the option of whether Newton House could have a flexible use of short / long term care to be explored.

The Director of Adult Social Care replied that a review of respite services for younger people, working age adults and older people would take place to make sure that we are able to manage the demand.

Councillor Alison Born, Cabinet Member for Adult Services added that regarding the older age parents of service users, this was something that they do need to have a better plan for and were looking into.

Kevin Burnett referred to section 3.2.1 and asked how the performance figures compare now with ones prior to the service coming back in house. He also asked for an update on how staff currently feel with regard to decision making / flexibility.

The Director of Adult Social Care replied that the biggest improvement is regarding reablement and the quality of it which has seen around 90 less days of people needing to return to hospital.

She added that where improvement was still required was the number of people who choose to have a direct payment.

She said that in terms of staffing that the majority of those that have moved across from HCRG have been offered B&NES terms and conditions and a consultation is about to begin on that. She added that some staff do struggle with the decision making processes of the Council by comparison.

Kevin Burnett referred to section 3.2.7 and asked if there was a reason behind a 50% increase in requests for under 16s to be detained under the Mental Health Act in the last 12 months and what actions have been taken to support this area. He added that around 20% of referrals were not accepted for a full assessment and asked what then happens for those people.

The Director of Adult Social Care replied that there had been a consistent increase in mental health numbers post the Covid pandemic. She added that their commissioning intentions are clear and follow the guidance of the Care Act and that they were now finalising this in order to make sure that nobody should be allowed to fall through the gaps.

The Assistant Director for Operations & Safeguarding added that there were some common themes and that a thematic review has been agreed to be carried out on behalf of the Community Safety Partnership to particularly look at needs of young females. She added that for the 20% of referrals that are not accepted they are referred to other services and supported by other teams.

Kevin Burnett referred to section 3.5 and asked if the Council were at a point where they know what services they want to commission, if any have been removed, and if so, what the knock-on effects will be.

The Director of Adult Social Care replied that a further meeting was due to take place on 28<sup>th</sup> January and that it was vital that we receive that information from 3SG.

Kevin Burnett asked if having a named school nurse for each secondary school would be a new way of working for the local Multi Academy Trusts.

The Director of Public Health replied that there has been no response that she is aware of from the Multi Academy Trusts regarding this point.

Kevin Burnett referred to section 3.6.4 and asked what work Everyone Health Ltd were going to focus on, was it weight management.

The Director of Public Health replied that they are looking to co-develop some work areas with Everyone Health Ltd and the local communities. She added that where previously issues such as individual weight management interventions have occurred and people had been issued with Slimming World vouchers this would now be replaced by attempting to have a more specific local community solution to help manage their weight more effectively.

Kevin Burnett referred to section 3.7.3 and asked when the two Care Homes that have been identified as 'requires improvement' would be inspected again and have the actions identified been carried out.

The Director of Adult Social Care replied that a robust improvement plan is in place and that they have been working on reducing the number of agency staff used within these homes.

The Assistant Director for Adult Regulated Services & Governance added that there is a continuous improvement plan in place that the Director of Adult Social Care has complete oversight of. She added that they intend to continue with unannounced visits from Care 4 Quality on these sites and said that good progress is being made. She said that the plan is discussed on a weekly basis.

Kevin Burnett asked how staff felt about the continuation of the unannounced visits.

The Assistant Director for Adult Regulated Services & Governance replied that it should be seen as part of their inspection preparation process and believed that staff were well supported within this process.

Councillor Lesley Mansell asked that the Panel receive information about what the process is for receiving any reasonable adjustments in school and their expected timescales.

Councillor Mansell asked what interventions were to be introduced to attempt to reduce the number of under 16s requested to be detained under the Mental Health Act.

The Assistant Director for Operations & Safeguarding replied that a piece of work was ongoing between colleagues in Children's Services and the Community Safety Partnership to understand the pathways into these assessments.

Councillor Mansell referred to the issue of equalities and said that within the report as well as stating that there were no adverse impacts, no positives had been listed either. She added that matter of any protected characteristics had not been addressed.

Councillor Wright commented that the signposting of services and facilities like the Community Wellbeing Hub needs to improve to help our families become more aware of what they could possibly receive in terms of support.

Councillor Alison Born stated that there was information relating to SEND on the Livewell B&NES website and was aware that the Community Wellbeing Hub were looking to expand their services with regard to Children & Young people.



Becky Brooks, Director, 3SG added that she was aware of these developments at the Hub and was looking forward to how the service can be enhanced.

The Panel **RESOLVED** to note the progress and updates for Adult Social Care.

## **78 BUDGET PROPOSALS (ADULTS & CHILDREN'S SERVICES)**

The Executive Director for Operations introduced the report. She explained that they were the first Panel to discuss the proposals for 2025/26 and that a public consultation was also ongoing.

Councillor Alison Born, Cabinet Member for Adult Services commented that public finances remain tight and will be challenging across the coming year. She added savings were still expected to be made whilst meeting their statutory obligations.

Councillor Paul May, Cabinet Member for Children's Services stated that the increase in care needs had also made the budget for the service very challenging. He said that there was a black hole with regard to SEND funding.

Councillor Liz Hardman referred to the proposed saving of £750,000 through maximizing the use of the Better Care Fund and Improved Better Care Fund to protect social care expenditure and asked how successful this similar proposal had been last year.

The Director of Adult Social Care replied that there is a Cabinet agreement in place to provide an additional £5.9m into the budget for Adult Social Care to allow for growth and inflation. She asked for members to bear with them over the coming year in terms of new proposals as they had recently brought staff back in-house and undergone an inspection from the Care Quality Commission (CQC).

She added that they had delivered their savings within the current financial year whilst ensuring quality of care.

The Executive Director for Operations added that the funding agreed by the Cabinet would be from core funding, not reserves.

Councillor Hardman asked how the proposed saving of £900,000 through a Review of Adult Care Packages will be achieved.

The Director of Adult Social Care replied that this would be a big challenge due to the growth in Mental Health needs, Respite and Learning Difficulties whilst remaining Care Act compliant.

Councillor Hardman asked how will the £1.4m savings be delivered with regard to family reunifications.

Councillor Paul May replied that they have worked on this issue in great detail into how we can reduce costs and enable young people to be reunited with their families.

The Director of Children's Services & Education added that she welcomed the growth in the budget for Children's Services. She added that progress is being made regarding reunification and is a subject that is raised with young people shortly after they come into care. She said that they were confident in achieving this target over the coming year and have identified the young people / families that they hope to reunite.

Councillor Hardman asked if there will be enough available drivers to achieve the proposed saving of £600,000 in relation to Home to School Transport.

Councillor Paul May replied that due to the increase in taxi prices they have begun a process to establish more in-house drivers in order to achieve these savings.

The Executive Director for Operations added that driver recruitment has been identified as one of the best ways in which the Council can manage this area better. She added that they were currently an outlier of single taxi journeys and were confident in the data they have to inform the decisions that are proposed.

Councillor May added that the savings relating to Early Help were previously documented in the Medium-Term Plan and said that the review was ongoing. He said that the Cabinet Member for Resources was committed to supporting this work.

Councillor Joanna Wright asked if it were known what the increase in National Insurance costs were for the Council.

The Executive Director for Operations replied that this was to be £2.6m per annum.

Councillor Wright asked how many reunifications were hoped for in the coming year.

The Director of Children's Services & Education replied that the projection is to reunify 12 young people.

Councillor Wright asked how the proposed savings will be measured against those young people / adults in receipt of those services.

The Director of Children's Services & Education replied that they work hard across Children's Services in order to attempt to make sure that a young person will only come into care as a final resort. She added that a lot of work has also been done recently regarding our Care Leavers and that a positive report on this work area was due to be published.

Councillor Wright asked how we know that the proposals made will not impact the public more.

The Director of Adult Social Care replied that she felt that there would be more opportunities to achieve the proposed savings with the numbers of staff returning in-house. She added that jointly with Children's Services they were looking at the packages of care required for when young people transition from Children's to Adult Services.

Kevin Burnett referred to Provider Services Income Opportunities and asked if there was a danger of them being priced out of this market.

The Assistant Director for Operations & Safeguarding replied that some of the in-house care provision costs were of a lower price level and that these were due to be increased, but not in such a way that would generate a profit being made.

Kevin Burnett asked if any savings relating to technology enabled care were net of any investment already established in AI.

The Director of Adult Social Care replied that they recently began a trial of Magic Notes which would help streamline their work and improve the quality of the records. She added that some officers within the Council have also started to use Copilot to aid with report writing and it has been positive.

Kevin Burnett asked if any discussions have been held with the Multi-Academy Trusts regarding any duplication of work with the SEND / AP Advice Service and possible savings of DSG funding.

Councillor May commented that he had recently spoken with the DfE Regional Lead and that she had agreed to attend a future meeting of the Panel.

The Director of Children's Services & Education replied that they work closely with the Chief Executives of the Multi-Academy Trusts (MATs) through the meetings of the Schools Standards Board and have discussed topics such as the Safety Valve Plans and the SEND / AP Advice Service. She added that funding is allocated through the Schools Forum and that a conversation had started as to whether the DfE and local MATs could put some funding into support the Schools Standards Board in place of the Local Authority.

Kevin Burnett asked if the proposed savings were tied in with the Safety Valve work or separate.

The Director of Children's Services & Education replied that the savings proposed in the report were separate from the work of Safety Valve.

Councillor Lesley Mansell asked why an Equalities Impact Assessment (EIA) had not been included with this report and what consultation was being undertaken prior to any decisions regarding the budget.

The Executive Director for Operations replied that each individual proposal has been subject to an EIA by the Council's Equalities Officer and that a public consultation was ongoing until 20<sup>th</sup> January. She said that she expected any issues surrounding equalities to be included in the final report to Council on the overall budget.

Councillor Mansell said that her concerns remain and would raise the matter further as any form of disability discrimination would not be defensible.

Councillor May said that he welcomed the comments from Councillor Mansell and was seeking to develop an appropriate system with officers in Human Resources and would welcome her involvement in that.

The Chair asked for an assurance that any introduction of AI would be compatible with the similar products of our partners.

The Director of Adult Social Care replied that as far as she was aware this was an issue that was being factored in when choosing the products that the Council will be using.

The Panel **RESOLVED** to note the proposals of the Council's 2025/26 revenue budget.

## 79 PANEL WORKPLAN

The Chair introduced this item to the Panel. The following subjects were noted as future items for their workplan.

- DfE Regional Lead attendance – MATs / Attainment / Performance
- CQC Inspection of Adult Services
- Healthwatch Update
- Respite Care Review
- Free School Meals – Auto Enrolment
- Sexual Exploitation / Government's Draft Statement of Strategic Priorities for online safety
- Home Education – Data / Health & Support needs / Visit frequency
- Attainment Gap Project Update - St John's Foundation
- SEND – Process / Timescales for reasonable adjustments within schools
- Schools Health & Wellbeing Survey outcomes

Kevin Burnett suggested two possible items for inclusion in future Cabinet Member Updates.

- Government Priorities – Adult Social Care / Children's Services
- Public Health – Improving health attainment for young people outside of a school setting

Councillor Paul May noted that the Panel had also requested further information regarding Home to School Transport and Early Help. He suggested that the DfE attendance and the Attainment Gap Project Update be linked to the same meeting if possible.

He added that when the inspection reports relating to the Youth Justice System and Care Leavers were published they should be shared with the Panel.

The Panel **RESOLVED** to note their workplan and items raised during the discussion.

The meeting ended at 1.35 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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# **B&NES Health Inequalities Work Programme**

- 1) B&NES Health Inequalities Fund (BHIF) Projects 2024/25**
- 2) B&NES Health Inequalities Network**

**December 2024**

# NHSE Health Inequalities (HI) Funding Investment in B&NES 2022/23 to 2023/24

## 2022-23 – B&NES Health Inequalities Network *Established through HI Infrastructure Funding*

- HI Manager (0.8) hosted by B&NES **Council** (Network Lead)
- HI Lead (0.8) at Royal United **Hospital** in Bath
- 2\* x HI and Population Health Management (PHM) Facilitators based with **primary care** organisation (BEMS)

Community Wellbeing Hub Outreach Coordination and improved data infrastructure

Part of the funding was originally allocated to support data analysis and this has been redirected to support Core20PLUS5 projects in primary care

## 2023/24 Health Inequalities Fund

B&NES allocation of NHSE health inequalities funding from BSW ICB in 2023/24 (deferred to 2024/25)

Twelve B&NES Health Inequalities Fund (BHIF) projects were selected reflecting a range across adult and children and young people healthcare inequality priority areas.

The projects commenced delivery Jan/March 2024



# 1. BHIF Projects (2023/24)

## Overview

In addition to 2022/23 infrastructure funding to address health inequalities, NHSE allocated £2.057m to the B&NES, Swindon and Wiltshire (BSW) Integrated Care System (ICS) in 2023/24. The funding was aligned to the three localities and B&NES ICA was allocated **£357,896** by BSW ICB to address health inequalities

A Task and Finish Group (TFG) was formed to develop a process for allocation of the funding. Membership of the TFG included representation from the following

- Local Authority: Public Health, Children's Services and Education, Sustainable Communities
- B&NES ICA
- BSW ICB
- 3SG/Third Sector
- Primary Care
- Community Health Services
- Royal United Hospital NHS Trust
- Avon and Wiltshire Partnership NHS Trust

A delegated panel was formed to review and score applications during October 2023.

# BSW Priorities for BHIF allocation

BSW ICB Population Health Board identified the following priority areas for allocation of 2023/24 health inequalities funding

## Core20Plus5 for adults

- Smoking cessation
- Cardiovascular disease
- Serious mental illness

## Core20Plus5 for children and young people (focus on early years)

- Mental health and wellbeing
- Asthma
- Oral Health

## Prevention

Restoring services inclusively

Data and intelligence

# BHIF Applications Received

- In total **forty** applications were received across a range of settings including third sector and NHS health service provider organisations including primary care and acute hospital trust.
- The total funding requested across all forty applications was more than **£1.6million** and the funding available **£357,896**
- Applications addressed the breadth of the BHIF criteria, although notably there were less applications relating to asthma and oral health among children and young people

## BHIF projects funded 2024-25 (deferred from 2023/24)

<b>Bath City FC Foundation</b>	Go Again, Health and lifestyle interventions at Bath City FC (1hr PA and one hour workshops)
<b>Bath Rugby Foundation</b>	Hi5! Inclusive afterschool clubs for children with SEND
<b>BEMSCA</b>	Community Connector at the Community Wellbeing Hub to support those from ethnic minority groups at hospital discharge
<b>Bright Start Children's Centres</b>	Perinatal Mental Health Support
<b>DHI</b>	Homeless Hospital Discharge (HHD) Service based at the Royal United Hospital. (1.0FTE)
<b>Dorothy House</b>	Develop new service/pathway for people experiencing homelessness to access palliative and End of Life care
<b>HCRG Care Group</b>	Community LD nursing capacity to support children's oral health
<b>Mental Health Motorbike</b>	Community based mental health support for motorcyclists (MHFA training and support)
<b>Off the Record</b>	1-2-1 mental health/listening service for CYP in Twerton and Whiteway
<b>Southside Family Project</b>	Targeted family support worker for vulnerable families in Twerton
<b>Soundwell Music Therapy</b>	Music/art therapy for people with psychosis and/or schizophrenia
<b>VOICES</b>	Trauma informed recovery service for domestic abuse survivors

## Primary Care Based Projects ( Total value £36k)

*In addition to the BHIF projects the following primary care focused projects have been funded from the initial 2022/23 infrastructure funding*

### **Autism Spectrum Disorder (ASD) Friendly GP Project (underway)**

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Development of a Toolkit to include resources and a Training and awareness Programme for primary care team

### **Primary Care Outreach at Pennard Court in Twerton & Whiteway (core20) Completed**

Partnership approach to taking services to people in a manner that is acceptable to them – Pennard Court Care Home (see *next slide*)

### **Targeted Smoking Cessation Project (underway)**

Identifying cohorts within target practices to run searches and explore innovative ways to engage patients to consider a quit journey, utilising the Swap to Stop programme

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## Pennard Court, an innovative partnership project

Pennard Court is a **35 unit supported housing residence** for people with sensory (primarily hearing) impairment and/or learning difficulties. It is located in Twerton, one of the localities which is among the **10% most deprived nationally** (IMD).

This was a **multi-agency partnership project** involving St Michaels surgery, BEMs, B&NES public health team, BSW ICB, The Active Way and BSL interpreters

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Project was identified and initiated through **engagement with the local GP surgery** to share PHM/HI data and agree shared priorities – the Practice highlighted the needs of their LD population and particularly low levels up uptake of vaccinations, screening and the annual health check.

Taking the services out to the community was an entirely **new way of working for the GP surgery** staff and the partnership approach was well received and residents felt more comfortable engaging in their own familiar environment

A full evaluation has been undertaken and **learning is being used to inform further outreach projects and scale up** across B&NES

# Primary Care – Pennard Court Highlights

## Vaccination:

Two residents who were apprehensive about having vaccines came to the first well being event. Following discussions with the staff there at the second event they came back and had their vaccinations. They fed back it was due to the relaxed and non-judgemental approach which enabled them to build trust in the healthcare staff.

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## Case Finding Hypertension:

Two residents were identified as hypertensive at the event and have already been followed up by their GP.

## Bowel Screening:

Four residents ordered bowel cancer screening kits who hadn't previously considered this. Residents and staff had discussions about how to do this and some of the practicalities involved, making it more accessible for the residents.

**25 MECC Conversations**

**6 residents signed up for  
The Active Way**

# Pennard Court Partnership Project

*(with St Michael's Surgery, BEMS, Public Health, The Active Way, BSW ICB, BSLI)*

## Identification

DNA rate of patients for Learning Disabilities Annual Health Checks was noted to be high at St Michael's GP surgery. Many of these patients were from the same address: an assisted living care facility for hearing impaired individuals.

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## Action

The main barrier identified was lack of appropriate translation and accessible information for this cohort. A multi-faceted approach of organisations across the health sector came together to do a health promotion day and a follow up clinical day providing vaccinations and health checks with provided translators.

## Outcomes

10 Covid jabs, 3 flu jabs, 1 cervical smear, 5 learning disability health checks, 4 bowel screenings ordered, 6 referrals for active way, 25 MECC conversations



# Evaluation of the BHIF Projects & Next Steps

BHIF projects have been running for **6 months** and completed Q2 monitoring (Q3 due Jan 2025)

At **System level** there is a **BSW group** which has **oversight of performance and monitoring**

At **locality** level, a delegated sub-group of the B&NES Health Inequalities Group (BHIG) met for deep dive into performance with a focus on

- Page 140 Project Status (RAG) Milestones Achieved
- Reporting by Exception
- Any Risks
- Good Practice and Lessons Learned

**An annual report (June 2025) will present more detail with high level outcomes, expenditure and performance across all funded projects to demonstrate impact and share learning.**

BHIF Project leads to be invited to attend future BHIG meetings to present a 'spotlight' on their project

# BHIF - Opportunities and Challenges

## Opportunities

The application process has engaged a wider network and raised awareness around health inequalities, CORE20PLUS5 etc and the 12 successful projects have formed a network which is 'greater than the sum of its parts'

Referrals/promotion, signposting and linking up e.g. SEND, Age UK/RUH Community Connectors project

The funding has provided an opportunity to innovate, pilot and develop a service e.g. *Bright Start children's centres & development of a PIMH network; Oral health project; Dorothy House – working with partners to co-create a pathway and a service*

Developing an evidence base of 'what works'

The Funding has provided a vital 'bridge' between funding streams and a catalyst to attract further funding

Wider prevention initiatives and MECC

## Challenges

Projects have highlighted the challenges of securing funding at a time of budget pressures

Short term funding presents difficulties in having time to demonstrate impact

Mobilisation & building trust can take time

Vulnerability of 3<sup>rd</sup> Sector means the landscape of support is changing



# Outputs: BHIF Projects

## Referral

- Referral pathways to local prescribers, family support services, and community well-being hubs.
- Supported access to specialized resources like trauma recovery centers and local agencies for complex needs.
- Connected individuals to mental health support, youth groups, and school services.
- Used RIVIAM and other tools to facilitate smooth referral processes for community and hospital services.

## Workshops

- Hosted weekly after-school sessions, parent workshops, and summer programs for engagement.
- Webinars and visual resources for oral health, and tailored music therapy for mental health support.
- Organized events like the Kingswood Bike Event and Bath Spa Uni "Unplugged" wellbeing event.
- Delivered listening support, counseling, and sessions like the Freedom Course and Recovery Toolkit.

## Health Promotion

- Delivered workshops and interventions on healthy living, smoking cessation, and best practices for mental health.
- Engaged in oral health awareness through resources and home visits for children, including those with learning disabilities.
- Raised awareness of socio-emotional mental health issues for children and young people.
- Offered free arts therapy for mental health recovery and distributed resources raising awareness of domestic abuse.

## Recruitment

- Recruited family support workers and youth mentors; trained staff as Mental Health First Aiders.
- Strengthened school partnerships and collaborated with local health connectors (e.g., Age UK BANES, BEMSCA).
- Engaged staff from frailty and children's centers, hospice partners, and homeless link workers.
- Recruited a Perinatal Family Support Worker and three practitioners for additional services.

## 2. The B&NES Health Inequalities Network

Core Network Team

**Sarah Heathcote,**

Health Inequalities Manager, B&NES

**Veronica Kuperman,**

Health Inequalities Lead, RUH

**Kieran Matley,**

Health Inequalities and Population Health Management Facilitator,

BEMs

# The HI Network supports local implementation of the 3 phases of the BSW Inequalities Strategy

The BSW Inequalities Strategy will be delivered in three phases from 2021-2024:

## 1. Awareness Raising

- Training
- Making inequalities 'everybody's business'
- Engagement

## 2. Healthcare Inequality and the C20+5

- Improving data quality
- Focus on 20% most deprived
- PLUS groups (adults, CYP)
- 5 clinical focus areas (adults, CYP)
- Equality Delivery System (EDS)
- Making Every Contact Count (MECC)

## 3. Social, economic and environmental factors

- Priorities at place including education and prevention (Swindon) and Transport and accessibility (Wiltshire)
- System priority: Good work and education, and skills for accessing good work
- Anchor Institutions
- Prevention
- Obesity
- Smoking

# Phase One: Awareness Raising Making Addressing Inequalities Everyone's Business

## Health Inequalities Network Approach

*Creating a legacy for sustained focus on HI through*

### GOVERNANCE

- RUH HI working group and steering group
- B&NES Health Inequalities Group (BHIG)

### INFLUENCE

- Health and Wellbeing Strategy implementation
- Whole Systems Health Improvement Framework
- PCN management meetings - HI agenda item
- PCN HI Data Packs
- RUH staff accreditation
- B&NES Health Inequalities Funding (BHIF)
- Commissioning (Community Services, Healthwatch)
- Research Engagement Network (seldom heard groups)

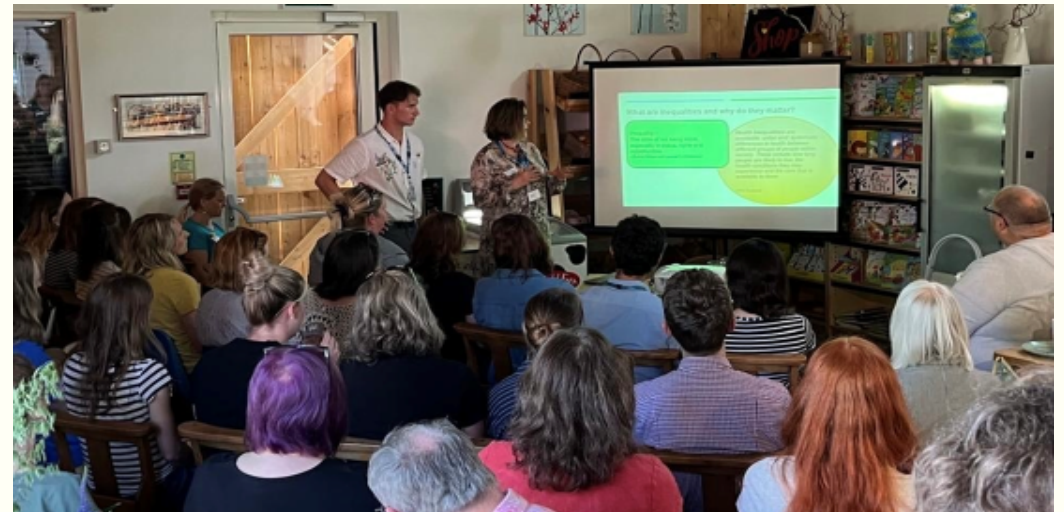
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## Training and Engagement

- Delivery of learning sessions on HI for staff groups
- Supported co-design of HI training programme for NHS analysts and clinical leads
- HI awareness raising campaigns at the RUH

Presenting and engagement at wider forums e.g. PCN Network Meetings, Community Events

*Nature Based Practice Event, Bath City Farm June 2024*





# Phase Two: Tackle Healthcare Inequalities – 5 NHS Priorities & CORE20PLUS5

## Implementing the NHS 5 Key priorities

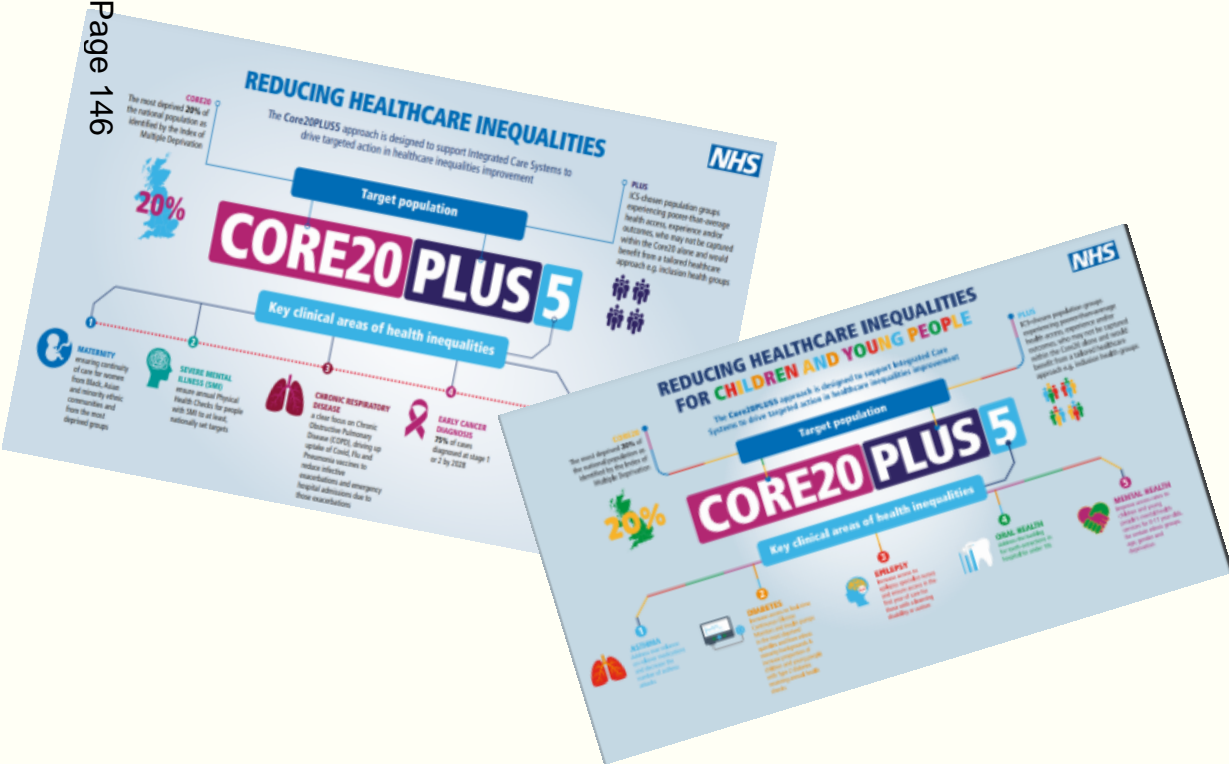
1. Restore service inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are timely and complete
4. Accelerate preventative programmes
5. Leadership and accountability.

## Network Approach

The BHIF (2023/24) guidance, application criteria, and allocation process addressed all 5 of these priority areas

## Other examples

- RUH digital inclusion pilot
- RUH Waiting Well Portal
- RUH Missed appts and waiting list analysis
- Population Health/ HI Packs for PCNs
- Screening and vaccinations outreach work in localities and population groups (Core20PLUS) where uptake is low
- Establishment of a governance systems e.g. RUH health inequalities working group and steering group. Health inequalities is now a standing agenda item at PCN meetings



# Addressing Healthcare Inequality at the RUH

Digital Inclusion and Treating Tobacco Dependence (health coach) projects are now well established and going well.

## CYP CORE20PLUS5

Established a CYP Core20Plus5 working group with Lead Paeds nurse, Paeds clinical lead and Paeds service manager. The group will report into CYP committee as a rolling item agenda

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## Ethnicity Recording Campaign *in development*

- Coordination of T&F group for to improve accurate recording of ethnicity information **(PLUS group)**
- Taking a network approach working with partners from 3rd sector, community groups and with primary care, acute, local authority to design and deliver the campaign.
- Plan to roll out the campaign to wider partners (primary care, community health services etc) following initial pilot at RUH.



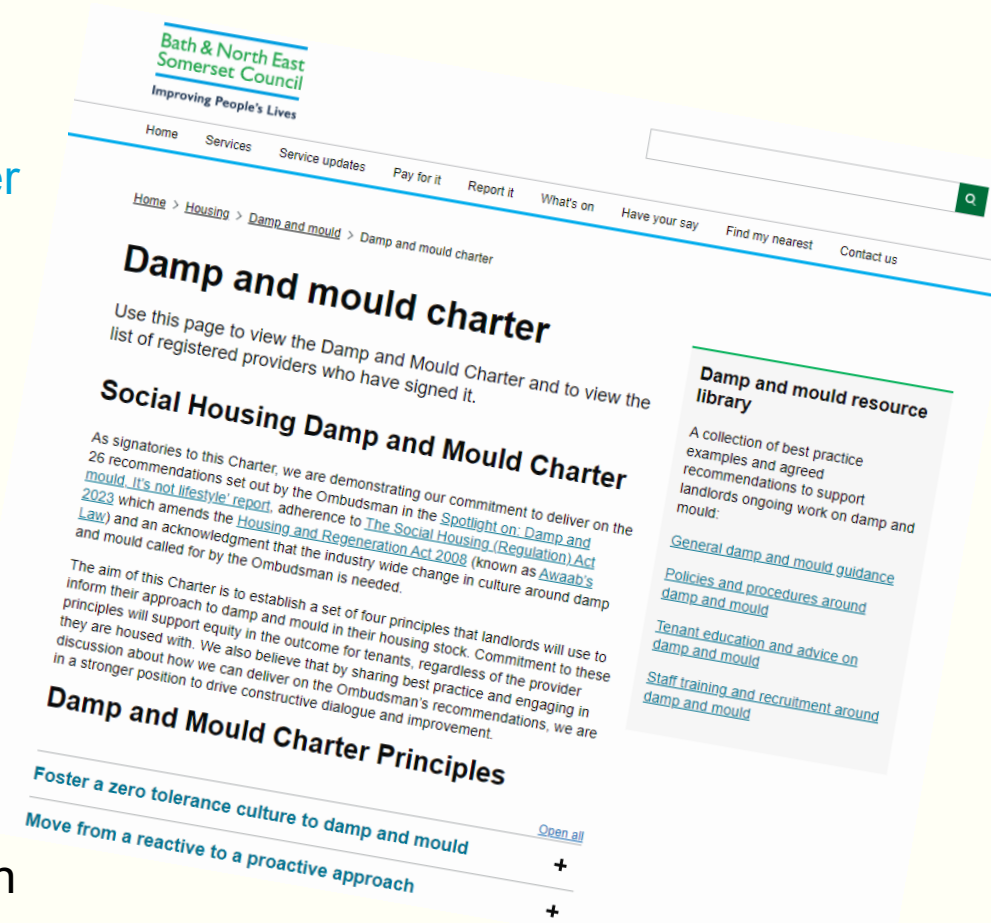
# Phase 3 - Social, Economic and Environmental Factors

Wider determinants will be considered as part of the Dynamic Delivery Plan

Some examples of Place-Based activity underway to address the wider determinants of health inequalities

- **The Active Way** three-year pilot to increase active travel via social prescribing in areas/settings in B&NES with higher health and wellbeing needs.
- The **Local Plan** is informed by community engagement work with seldom heard groups
- Programme of work on **food insecurity** in B&NES
- **B&NES Damp and Mould Charter**  
<https://beta.bathnes.gov.uk/damp-and-mould-charter>
- **Civic Agreement** signed 30th May – marking collaboration between B&NES Council, RUH, Bath Spa University and University of Bath
- **RUH Anchor Strategy** to deliver positive change across all domains of anchor influence including employment, procurement, and environmental impact

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# B&NES Health Inequalities Dynamic Delivery Plan

Working with the BHIG we are developing a delivery plan focused on implementation of key strategic priorities and specifically focusing on CORE20PLUS5 Adults and CYP

This includes:

- Addressing gaps in our understanding identified through PHM
- Continued training and awareness raising
- Oversight of the BHIF and additional primary care projects
- Continued work with PCNs to agree HI clinical priorities including progressing areas identified - uptake of cancer screening, smoking cessation, immunisations, High Intensity Users

- Inclusion of RUH Health Inequalities Lead work programme including digital inclusion, TTD, RUH as an anchor institution
- Ensure equal focus on CYP
- Community voice and co-production
- Ensure Social, economic, and environmental determinants of health are addressed in line with Marmot principles for health equity
- Legacy planning for a sustained focus on addressing health inequalities in B&NES