

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

Date: Monday, 13th January, 2025

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

Councillors: Dine Romero, Liz Hardman, Paul Crossley, David 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.

The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may 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.

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

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

**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday,
13th January, 2025**

at 9.30am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS
2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 5.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS
4. DECLARATIONS OF INTEREST

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

- (a) The agenda item number in which they have an interest to declare.
- (b) The nature of their interest.
- (c) Whether their interest is **a disclosable pecuniary interest** or **an other interest**,
(as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests)

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN
6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES: 16TH DECEMBER 2024 (TO FOLLOW)
8. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE (Pages 7 - 18)

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

9. ADULT SOCIAL CARE UPDATE (Pages 19 - 30)

This report provides an Adult Social Care Service update to the Panel on ASC performance measures, ASC commissioned services, ASC provider services and the report also includes an update on Public Health and the Community Wellbeing Hub.

10. BUDGET PROPOSALS (ADULTS & CHILDREN'S SERVICES) (Pages 31 - 42)

This report will present the draft revenue budgets together with proposals for increases in Council Tax and the Adult Social Care Precept for 2025/26.

11. PANEL WORKPLAN (Pages 43 - 48)

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.

**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny
Panel – Monday 13 January 2025****Vaccinations for measles in children living in Bath and North East Somerset**

Data relating to the number of children vaccinated against measles and flu is managed by NHS England at both a regional and national level.

The school-aged seasonal flu programme is effective at reducing transmission from as low as 30 per cent uptake, as long as there is widespread coverage and uptake is early in the season.

As of 30 December, uptake among primary school-aged children in Bath and North East Somerset is 65.09 per cent and 53.53 per cent among secondary school children. These are excellent outcomes for the school aged programme.

For measles, which is highly infectious, herd immunity can only be achieved by an uptake of 95 per cent.

The latest available uptake data on can be found on the [gov.uk website](https://www.gov.uk). The data shows that uptake of two doses of the MMR vaccine by the age of five in Bath and North East Somerset was 89.7 per cent, which is higher than the England rate and 0.3 percentage points below the efficiency standard of 90 per cent.

All systems in the south west have schemes in place to increase coverage across all ages. Published figures will only ever show the coverage up to the age of five.

Locally, there is still some resistance against the vaccine, which hesitancy rates increasing among areas of deprivation.

In 2025, there will be a significant change to the schedule planned which could improve uptake in the long term by bringing forward a child's second dose appointment to 18 months. This, however, will have a significant impact on the comparability of the year-on-year data.

Waiting times for physiotherapy care in Bath and North East Somerset

In response to the query of whether HCRG Care Group has produced an equality impact assessment (EQIA) for its physiotherapy waiting times, the ICB can confirm that health providers would not normally be expected to complete a task of this nature.

Instead, the process to be followed for all health providers is a clinical harm review process, which ensures patients who require urgent treatment, such as those in need of physiotherapy post surgery, are prioritised.

HCRG has its own clinical harm review process, and this is attached as appendix one.

The group has also confirmed that waiting lists in December are on target for recovery.

Name chosen for region's new mental health facility

The Kingfisher has been unveiled as the name of a new specialist mental health inpatient service for people across the south west with learning disabilities and autism.

Selected following a public vote, the Kingfisher, which is based in Bristol and scheduled to open in 2025, will provide tailored mental health care and support, and provide accommodation for up to 10 patients at any one time.

Dozens of names were originally proposed for the new facility, with a short list of the most popular taken to a second public vote.

The Kingfisher was chosen after securing more than 400 votes.

Ben Stunell, a peer mentor who has supported the project, said: "Choosing a name that felt accessible for all, connected to the local environment and representative of something beautiful and meaningful was very important for those of us with lived experience."

Building work on the new £20 million facility began in May of this year, and it is hoped that when open the unit will bring an end to long-distance hospital placements for mental health patients, making life better both for individuals who need hospital treatment, and for their families, friends, and carers.

The development of the Kingfisher is being supported by Avon and Wiltshire Mental Health Partnership NHS Trust, Bath and North East Somerset, Swindon and Wiltshire ICB and Bristol, North Somerset and South Gloucestershire ICB, with further support from NHS England.

[Emergency department at Royal United Hospital performing above average](#)

The emergency department at the Royal United Hospital in Bath has been recognised as performing better than expected.

Inspectors from the healthcare regulator, the Care Quality Commission, made the claim following responses to a survey in which people rated their experience of care in the department.

The number of people who rated their care as positive was found to be significantly above that of the national average.

Toni Lynch, Chief Nursing Officer, Royal United Hospitals Bath NHS Foundation Trust, said: "These are very positive results, and they are testament to the commitment and hard work of everyone in our emergency department, who go above and beyond every day for the people we care for and the people we work with.

"It was particularly pleasing to see that patients felt they were treated with dignity and respect, which reflects our trust's values.

"We are committed to communicating well, listening and acting on what matters most to our patients, while consistently delivering the highest quality care and outcomes."

The CQC survey looked at the experiences of people who visited the RUH's emergency department between 1 January and 29 February 2024.

[Update on BaNES Health Inequalities Funding evaluation](#)

An update on the evaluation of schemes that are being delivered using the ICB BaNES Health Inequalities Funding is being prepared and will be given at the Panel meeting.

Clinical Harm Review Process for Waiting List Management

Policy

Domain	Governance, Incident & Risk Management		
Lead author	Head of Quality & Risk		
Date written	July 2023	Review date	August 2026
Ratification date	10/08/2023	Ratified by	Clinical Governance Committee
Responsible committee	Clinical Governance Committee	HCRG Care Group Executive Sponsor	Chief Operating Officer
Version number:	Date distributed:	Supersedes version number:	
2	August 2023	V1.2 – April 2021 (updated Feb 2022)	

Policies and procedures are applicable to colleagues employed by and/or working for and/or delivering services to or on behalf of HCRG Care Group:

“HCRG Care Group” refers to each of the various entities that make up HCRG Care Group as a group. This includes HCRG Care Group Holdings Limited and its subsidiaries (as defined in section 1159 of the Companies Act 2006), as well as Peninsula Health LLP.

This policy / procedure applies to the following group(s) of colleagues:

Colleague group	Required level of acceptance	
	Awareness	Read
HCRG Care Group corporate colleagues	✓	
Clinical colleagues	✓	
Non-clinical colleagues in business units / clinical service	✓	
All colleagues	✓	
Specific colleague group(s) (if applicable, please state) Regional Directors, BU Heads & Operational Managers Quality, Governance & Improvement Leads		✓ ✓

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1. Policy statement

HCRG Care Group, referred to as “the organisation” has aligned this Clinical Harm Review Process for Waiting List Management to the Clinical Governance Policy which supports the delivery of safe and high-quality care for all service users.

This document details the process to be adhered to when business units are conducting harm reviews into waiting lists which is an NHS England (NHSE) requirement.

This Process should be read in conjunction with the organisation’s policy suite and with specific local policies and procedures.

2. Introduction

Harm reviews are defined as:

A review of the state of the health of a patient, undertaken by a clinician, in order to ascertain if harm has occurred due to the increase in waiting caused by not meeting mandated and contracted standards. Harm can be both physical and/or psychological.

Patients may be harmed not only by clinical treatment, but also as a result of the need to be on a waiting list for clinical treatment over the agreed time (as determined by each service) as this may result in deterioration of their physical or psychological condition (this does not need to be a formal diagnosis of a psychological condition).

NHS England have set expectations that such waiting list delays should be expected to trigger a review process, so that providers can understand the causes of these long waits and put in place processes to avoid them in future. Harm Reviews are critical for an organisation and service to learn from delays caused by any reason (can be due to the effect of various disruptions on business-as-usual waiting lists as well as any delays due to the management of the waiting lists for any reason.)

Given the nature of the services offered nationwide it is acceptable for Services to use the Clinical Harm Review Process approved within their local Health Systems and or Specialist areas however all governance process regarding learning and reporting must be adhered to as per this document.

3. Aims

The purpose of this Process is to identify a standardised approach to Harm Reviews for all Business Units and Services within the organisation in relation to waiting list management which then supports the organisation’s governance and assurance processes and maintains practice in line with national expectations.

Successful implementation of this process with robust governance will also provide assurance to external bodies that the organisation understands the risks that waiting for and/or delays in treatment can pose to patients and is taking steps to mitigate against these risks which may include further reviews and operational actions.

There is no requirement for either prospective or retrospective harm reviews to be routinely carried out rather they should be undertaken in response to an identification that patients and service users are waiting longer than is mandated/contracted for a treatment.

4. Definitions

4.1 Harm

Definitions of harm will differ according to the circumstances which are being reviewed, e.g., Referral to Treatment (RTT) pathway, or Cancer pathway.

However, NHSE have suggested definitions for the different levels of patient harm that may occur for these pathways, as demonstrated in the table below. There will be other condition-specific factors that could be used to contribute to the definition of harm at a specialty level. Each speciality must determine these definitions of harm within their local SOP (located on the Intranet).

Example Definitions of Harm –52-week RTT pathway

Severe	Irreversible progression of disease Death on the waiting list from index condition
Moderate	Increase in symptoms Increase in medication or treatment
Low	Prolongation of symptoms

Example Definitions of Harm – Cancer pathway

Severe	Delayed diagnosis Progression of cancer Death on the waiting list from index condition
Moderate	Increase in symptoms Increase in medication or treatment
Low	Prolongation of symptoms

For patients suffering from moderate or severe harm it is a legal requirement that the duty of candour process must be followed as per the Duty of Candour Policy. For the latter group the Patient Safety Incident Response Framework (PSIRF) and associated policy and plan, should also be followed in conjunction with the Management of Incidents Policy.

4.2 Patient Cohorts

This process is concerned with clinical harm reviews of the following patient cohorts:

Prospective	Patients who have waited over the prescribed required time period
Retrospective	Patients who appear to have been affected by waiting for access to a service, as above and may have been highlighted through incidents, complaints, feedback etc and those patients who have been apparently lost to follow up

The prospective harm review patient cohort concerned with 'Current long waiters of concern / breaching agreed wait time threshold' will be *defined by each specialty* and detailed in the BU/Service Process.

4.3 Harm Review Cohorts

The service will determine those service users who are within the cohort as per section 4.2.

4.4 Desktop Harm Review

The clinician assesses the identified “harm review” patient cohorts for their specialty i.e., 52- week breaches using records available. A harm review assessment is made based on this information i.e., no, low, moderate, or severe harm. This can be for prospective or retrospective reviews (see section 5.1.2).

4.5 Clinical Harm Review

The clinician conducts a more detailed assessment of identified harm review patient cohorts i.e., 52-week breaches which may involve reviewing patient records in more detail, contact with the patient’s GP and/or an appointment with the patient. This can be for prospective or retrospective reviews (see section 5.1.2).

4.6 Risk Stratification

The clinician identifies and predicts which patients are at a high risk or likely to be at a high risk and prioritises the waiting lists accordingly to mitigate potential harm and maximise all available capacity. This includes:

- Triaging referrals for new patients and addressing key questions such as ‘is the clinical need urgent or routine?’, ‘which specific specialty does the patient require an appointment in?’, ‘does the patient require any tests prior to their appointment?’
- Reviewing overdue follow up patients addressing key questions such as ‘does the patient still require a follow up appointment?’, ‘is the clinical need urgent or routine?’, ‘can the patient be seen by an alternative clinician – nurse, allied health professional, or doctor?’

5. Standards and Practice

5.1 Prospective versus retrospective clinical harm reviews

As per national guidance, there are two categories of clinical harm reviews for waiting list management:

5.1.1 Prospective reviews

A review which aims to ascertain what the risk is of a patient coming to harm.

Categories include:

- Patient waiting over 52 weeks
- New outpatients waiting over 24 weeks with or without an appointment
- Overdue follow ups over 6 months

Method required:

- Service to agree local thresholds (maximum acceptable waiting times for the conditions that they treat or procedures that they carry out taking into account contracted performance requirements) and incorporate this information into the SOP for their specialty
- Desktop review of patients using information available, assignment of 'level' of harm and subsequent actions taken
- 2nd clinical review to confirm level of harm as required (if either further clinical opinion / information is required and/or if harm review has initially assessed as either moderate or severe harm)
- Escalation and exception reporting of any cases of potential moderate harm or above
- Themes of findings from harm reviews reported through BU governance and management committees and quarterly to Clinical Governance Committee

5.1.2 Retrospective reviews

A review which ascertains the level of harm a patient has suffered and whether this was as a result of their increased waiting time.

Categories include:

- Emergency admissions on an outpatient waiting list
- Emergency admissions with a future booked appointment
- The requirement of further/more extensive treatment as a result of the delay
- Deaths on an outpatient waiting list (unless it is clear the death was not connected to any condition the patient was on the pathway/wait list for).

Method required:

- Review of episode where harm may have occurred (i.e. ED attendance) and 'level' of harm assigned
- Policy for incident reporting followed including Duty of Candour/ being open requirements completed and recorded
- Escalation and exception reporting of any cases of potential moderate harm or above
- Themes of findings from harm reviews reported through BU governance and management committees and quarterly to Clinical Governance Committee

6. Communications

It is not usually necessary to inform the patient and their GP of the result of harm reviews with an outcome of no or low harm unless a benefit in doing so can be demonstrated or the review has been undertaken in response to a complaint or other concern. This is to avoid causing unnecessary distress or upset, however, should always be considered as this is good professional practice.

For patients who have been deemed to have suffered moderate or severe harm, this should be communicated to them and their GP in line with the Duty of Candour Policy & Procedure and investigated in accordance with the Patient Safety Incident Response Framework (PSIRF) and associated policy and plan.

7. Governance and Assurance

An overview of the results of all clinical harm reviews will be reviewed at the next available Quality Governance Meeting (or similar) for the BU as well as local service quality meetings. All actions must be agreed by the service and be SMART with clear ownership and timescales. Action plans must be monitored to completion by the BU Quality Governance Meeting, or accountability for monitoring must be agreed within the BU if this is assigned to another group.

Learning from clinical harm reviews must be shared in all quality reporting for the BU and the Service must ensure all colleagues are able to review the learning.

A summary of findings and lessons learned will be presented at the next available Clinical Governance Committee and Quarterly Business Review (or similar).

8. Organisational arrangements and responsibilities

The Executive Team has overall accountability at Executive level within the organisation, with responsibilities including for operational performance, clinical quality and safety as outlined below.

8.1 Executive Team

The Executive Team will be responsible for effective operation of the policy as outlined in the Clinical Governance Policy with the Chief Operating Officer holding executive responsibility for Clinical Safety, supported by the Chief Nursing Officer.

8.2 Chief Nursing Officer

Responsible for:

- Ensuring there is a robust process for all BUs to follow to undertake appropriate harm reviews for waiting list management
- Seeking assurance from BU Heads/Regional Directors that all those undertaking harm reviews are suitably qualified and experienced
- Ensuring that there is a clear governance process for the reporting of harm reviews, management of action plans developed post harm reviews and providing assurance to the Executive Team and Board regarding the harm reviews

8.3 Head of Quality and Risk

Responsible for:

- Developing a robust process for all BU to follow to undertake appropriate harm reviews for waiting list management and ensure it is reviewed as required with a maximum 3 years
- Supporting the Quality Leads in all business units when required when they are undertaking or monitoring harm reviews/waiting lists

- Ensuring that all harm reviews are reported to the Clinical Governance Committee quarterly with an update on all relevant action plans

8.4 BU Heads/Regional Directors and Functional Directors/Heads of Function

Responsible for:

- Overseeing the implementation of the harm review for waiting list management process within their BU/Service
- Ensuring that those undertaking harm reviews are provided with all necessary data to enable Harm Reviews to be completed.
- Ensuring that the process for the notification of results of the completed clinical harm reviews are communicated to the patient and their GP as appropriate, and that any escalations are made internally in line with existing policies and procedures.

8.5 BU Quality Leads

Responsible for:

- Ensuring the process is followed in undertaking appropriate harm reviews for waiting list management and participate in review of the process with the Head of Quality and Risk where directed
- Supporting those undertaking clinical harm reviews in their business units
- Reporting all harm reviews to the Clinical Governance Committee and Quarterly Business Review (or similar) quarterly with an update on all relevant action plans
- Ensuring there is a governance process within the business unit for the reporting of harm reviews, management of action plans developed post harm reviews and providing assurance to the Senior Leadership Team within the BU

8.6 All Colleagues

Responsible for:

- Carrying out their duties in accordance with instructions.
- Reporting incidents/accidents and near misses in accordance with the organisation's procedures for the reporting and management of incidents.
- Being familiar with and complying with all appropriate policies and procedures.
- Being accountable for providing safe standards of clinical practice through compliance with the regulations of appropriate professional bodies.
- Escalating any concerns relating to clinical harm from waiting list management.

9. Key committees and working groups

The committees with responsibility for monitoring outcomes of harm reviews for waiting list management are detailed within the organisation's governance structure including agreed terms of reference which are reviewed annually. Formal reporting systems and a common membership within all committees supports the clinical governance process.

9.1 Executive Team

The Executive Team is responsible for overseeing operation of the business, including management of the corporate risk register, and for providing regular reports to the Board.

9.2 Clinical Governance Committee

Clinical Governance Committee reports to the Quality Committee and is responsible for oversight of clinical governance including systems to manage and mitigate clinical risk. The Clinical Governance Committee is supported by its reporting committees/working groups, namely the Infection Control Committee, Medicines Governance Group, Safeguarding Governance Group and Striving for Better Committee.

9.3 Quarterly Business Review/Integrated Performance Committee

The Quarterly Business Review/Integrated Performance Committee will be responsible for performance management of all BU Operations and monitoring action plans where waiting times have exceeded expectations and harm reviews are required. Clear trajectories for improvement will be monitored here.

10. Stakeholders

The organisation recognises the importance of involving their stakeholders in control of risk and will engage in consultation and discussion to agree and monitor key areas.

Appendix 1 Version Control

Version	Date	Main author(s)	Individuals/ groups consulted	Significant changes	Legislation/national guidance /best practice etc. reflected
1	Dec 2020	Cath Marsland	Quality Leads	New	
1.1	September 2021	Cath Marsland	Chief Medical Officer Ash Capel	Change to wording of section 6.3	
1.2	February 2022	Ash Capel		Rebranded. Amended 'Ops Board' to 'Quarterly Business Review'	
2	July 2023	Ash Capel – Head of Quality & Risk Beth Galley – Deputy Quality Lead (DaSH)	Quality Performance Group		

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children and Adults Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	13th January 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Adult Social Care Service Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
<ol style="list-style-type: none"> 1. B&NES Commissioning Model 2. CQC Timeline for B&NES Inspection 		

1 THE ISSUE

1.1 This report provides an Adult Social Care Service update to the panel on ASC performance measures, ASC commissioned services, ASC provider services and the report also includes an update on Public Health and the Community Wellbeing Hub.

2 RECOMMENDATION

The Panel are asked to:

2.1 Note the progress and updates for Adult Social Care.

3 THE REPORT

3.1 This report is an overview of the journey for B&NES Adult Social Care (ASC) since the services were transferred to the Council in April 2024 and also includes service updates as listed in 1.1.

3.2 ADULT SOCIAL CARE SERVICE UPDATE (PERFORMANCE DECEMBER 2024)

3.2.1 The latest National Adult Social Care Outcomes Framework (ASCOF) data was published 1st January 2025 (see <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2023-24>). 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. There is 1 measure where we are in the lowest quartile which is the number of people who choose to have a direct payment. The improvement of this measure is in our service plan.

3.2.2 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.

3.2.3 **1,131** carers were identified as receiving support from services that are funded wholly or in part by Adult Social Care. This shows a significant increase from carers reported in the previous 12 months as we are now including people supported through the carers centre in our figures.

3.2.4 **117** people are awaiting allocation for a Care Act Assessment. The median wait for allocation for an assessment to start is 51 days. A further 40 people are being supported through our care journey co-ordinators on interim funding through one of our discharge pathways they are either in hospital, a temporary bed or at home with reablement. The need for a Care Act Assessment will be determined following the period of reablement. This figure represents the increase in hospital pressures this winter which is 20-30% above our average referral rate.

3.2.5 **1,240** people have received a review in the last 12 months, there are **519** people whose review is overdue. Our completed review figures are 72% which is above the English national average of 58.77%. All reviews are risk rated and prioritised accordingly.

3.2.6 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. Since the transfer of the service back to the Council we have invested in 2 Occupational Therapist apprenticeships, and 2 additional agency Occupational Therapists will be in place from January – March 25 to further support people waiting for assessment.

3.2.7 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.

3.3 COMMISSIONING UPDATE

3.3.1 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. The new commissioning model is described in attachment one.

3.3.2 Officers previously working in Children's Social Care, Adults Social Care (older people and specialist), Education and Early Help Commissioning as well as the Brokerage function have transitioned to the new Strategic Commissioning Hub in November. Their efforts are focused on aligning commissioning portfolios to the new all-age model and developing new ways of working with external and internal stakeholders and partners. It is envisaged that new model will be fully operational from April 2025.

3.4 NEWTON HOUSE UPDATE

3.4.1 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.

3.4.2 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.

3.4.3 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.

3.5 COMMUNITY PARTNERS UPDATE

3.5.1 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 including:

- May 2024: VCS engagement event - well attended with joint communications to sector
- Early Help: Engagement to inform commissioning intentions
- Community Services: Market engagement events held in September and October, followed by individual meetings with incumbent providers
- Housing Services has since 2022 continuously engaged with providers via an already established multi-agency group focusing on improving the homelessness pathway
- Joint commissioning training workshop looking at new commissioning models – via 3SG
- Market engagement undertaken as part of Public Health and Prevention procurement activity

3.6 PUBLIC HEALTH AND PREVENTION PROGRAMME UPDATE

3.6.1 The Health and Social Care Act 2012 sets out a Local Authority's statutory responsibility for delivering and commissioning Public Health services. Below provides details of the Public Health services which are included in the Community Services Transformation Programme -

3.6.2 0-19 (25) Public Health Nursing Services

Following a competitive process, the incumbent, HCRG Care Group will deliver the new 0-19 (25) Public Health Nursing Service from 1st April 2025. Mobilisation has started and key meetings are scheduled with the provider to ensure delivery of the new service and key milestones as outlined in the comprehensive mobilisation plan are met. This will ensure that enhancements to the current service as outlined in the new service specification are delivered from April. These include introducing a new Child and Family Wellbeing App with on-demand advice, a single point of access for direct contact community drop-in hubs and school-based programmes and health promotion. Children, young people and families will be empowered to take an active role in their health and wellbeing and routine reviews will be complemented by extensive self-help resources, strong partnerships with schools, early years settings and wider organisations to ensure an accessible service for all. There will also be named health visitors for families with children up to the age of 4 and a named school nurse for each secondary school.

3.6.3 Drug and Alcohol Services

The procurement of Drug and Alcohol Services is ongoing, following an initial representation in relation to the intention to award made in November. A provider submission to the Independent Patient Choice and Procurement Panel (the 'Panel') has been accepted and an update in relation to advice received from the Panel is likely to be received early February. During this time, the local authority will continue to respond to and support the Panel in their review and the current standstill period will continue.

3.6.4 Wellness Service

Following a competitive process, a new provider has been awarded the contract to deliver B&NES Wellness Service from 1st April 2025 called Everyone Health Ltd. The B&NES Wellness Service will continue to provide high quality interventions to support individuals to stop smoking, increase physical activity and increase emotional health and wellbeing. From April 2025 the Service will move from delivery of individual weight management interventions to focusing on understanding and responding to the needs of local communities. The Service will work collaboratively with community organisations and members to co-develop health improvement initiatives with a focus on food, physical activity and emotional health and wellbeing. The Service will also strengthen its focus on health coaching. This means supporting individuals to identify their health improvement goals and working with them over time to achieve those goals. The local authority public health lead will be working closely with Everyone Health Ltd, HCRG Care Group and wider system partners to move to the new arrangements by April 2025. Any changes to the service offer and processes for referral and sub-contracting from April 2025 will be communicated in advance, during the mobilisation period from January 2025 – March 2025.

3.6.5 Remaining Public Health Contracts

Re-procurement of the remaining public health services is underway. This includes provision of LARC (long acting reversible contraception), Community Pharmacy Sexual Health Service, NHS Health Checks, Stop Smoking and Nicotine Replacement Therapy Dispensing from GPs and Community Pharmacies - all of which are being procured under a Direct Award process. A Health in Pregnancy Service is also being reprocured through a Most Suitable Provider process.

3.7 ADULT SOCIAL CARE PROVIDER SERVICES UPDATE

3.7.1 ASC have a large provider service, which includes Care Homes, Extra Care Housing, Learning Disabilities Day Services, Supported Living, Shared Lives and Employment Services.

3.7.2 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.

3.7.3 Adult Regulated Services include the two Community Resource Centres (Cleeve Court and Combe Lea) and 5 Extra Care Schemes (Avondown House, St Johns Court, Hawthorns Court, Greenacres Court and The Orchard). The 5 Extra Care schemes remain rated as 'good' by the Care Quality Commission and the 2 Care Homes are rated overall as 'requires improvement' but with good in key areas such as, 'caring' and 'responsive'. Extra Care was last inspected by CQC in July 2022, followed by Combe Lea in October 2022 and Cleeve Court in December 2022.

3.7.4 The team continue to focus on improvement of the service. Recently, an independent inspection was commissioned and Care 4 Quality were invited to undertake mock inspections in both Community Resource Centres and two Extra Care Schemes (St Johns Court and Hawthorns Court) in September and October. The feedback from the visits has been incorporated into the CQC action plan.

3.7.5 A new care planning system has been purchased to support residential services to migrate into digital care planning as this is recognised as good practice

by CQC. The system is becoming embedded, staff are receiving training and we are developing care planning champions at each service. The benefit of this approach is improved oversight of each resident's care needs and standardisation of care practice.

3.7.6 Over the last 3 months, Cleeve Court has been undertaking an intensive recruitment campaign which has resulted in the recent appointment of 2 Night Senior Support Workers and 3 Day Senior Support Workers. After a long standing vacancy at our Extra Care Avondown House service, we are pleased to announce that the new service manager commenced in post in November.

3.7.7 On the transfer of services from HCRG Care Group, the Council took over the responsibility for delivery of the Learning Disability provider services. This includes two day services supporting up to 70 people per day. The two Supported Living Services and Supported Living Outreach are rated 'good' by CQC. The Employment Support and Job Coaching Service, and the Shared Lives Scheme are also rated 'good' by CQC. The service has undertaken a comprehensive review of its delivery and costs following the transfer. Recruitment to the services remains positive with low numbers of vacancies across each service area.

3.8 COMMUNITY WELLBEING HUB UPDATE

3.8.1 The aim of the Community Wellbeing Hub (CWH) is to be the "front door" for Adult Social Care.

3.8.2 The Community Wellbeing Hub Partnership is delivering high impact for the population of B&NES. Activity through the referral process continues to increase exponentially, ensuring those needing support from partners are logged, tracked, and efficiently directed to the best offer of support available. In the past 12 months, the CWH has managed 9,532 referrals and supported 4,452 people with offers across a diverse range of needs including, for example, money, mental health, managing at home, carers, and exercise. This number of referrals is an increase of 237% for the same period in the previous year. Most referrals (80%) are direct from professionals across sectors (hospitals, police, GPs, DWP, Utilities etc), demonstrating the high demand for a centralised holistic partnership approach.

3.8.3 Ongoing goals for sustained development continue to build momentum and are far exceeding expectations about what can be possible through the deliberate collaboration, communication and commitment of all partners involved. Integration and system development has progressed to a roll out plan for access to the Integrated Care Record for third sector partners; the initial stages of development of an MDT dashboard; and building a social benefit calculator to reflect the ROI for the activity directed through the CWH. The door continues to widen to encompass a broad range of partners, this has increased from 22 to 35 voluntary, third sector and statutory partners in the past year, including encompassing Avon Fire and a new lottery funded partnership with Bath and West Community Energy, to support engagement with and access to renewable energy.

3.8.4 Outreach through the Hub and Spoke model has enabled more than 100 interactions with members of the public each month in RUH as well as increasing public engagement with information stands in various public and community sites across B&NES and sharing expertise at support groups and events. Creative solutions to a wide range of issues have been supported with successful ongoing projects, including the hospital discharge support work which has expanded into

community hospitals; trialling approaches to early identification of frailty working with 92 people experiencing frailty to support access to broad support and prevent deterioration; and AI solutions for access to services and accurate identification of needs.

4 STATUTORY CONSIDERATIONS

4.1 The Health and Care Act 2022 gave the Care Quality Commission (CQC) new powers to ensure Local Authorities (LA) meet their duties under part 1 of the care Act 2014. CQC inspections are assessing the performance of all Local Authorities to assure CQC and the Department of Health and Social Care (DHSC) about the quality of care and consider any improvement that maybe required.

4.2 Adult Social Care was inspected from April 2024 through to September 2024 and we are awaiting publication of the CQC report, this is expected to be by the end of January 2025. Attachment two details the inspection timeline for B&NES.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 ASC will deliver a breakeven budget in 2024/25. However, there continues to remain pressures in the ASC budget. In the older people’s budget, there has been an increase in demand and the care packages which are purchased are increasing in cost. The other main pressure on the budget is in learning disabilities where we continue to see growth in numbers and complexity of cases.

6 RISK MANAGEMENT

6.1 There is a suite of risk registers for Adult Social Care and the top 5 risks are reported as part of the Council’s overall risk register and this includes mitigation and risk owners. The ASC risk register is monitored and reviewed by the senior management team on a quarterly basis. The Council risk register is monitored and reviewed quarterly and ASC reports to the corporate risk group and CMT.

7 EQUALITIES

7.1 No specific issues have been raised about the Adult Social Care service delivery model. The service is very aware of the importance of delivering equitable services to all those people who have drawn on care and support and their carers.

8 CLIMATE CHANGE

8.1 No negative impacts are expected from the proposed new delivery models on climate change. The proposed service delivery arrangements will be comparable to the existing provision for Adult Social Care.

Contact person	Suzanne Westhead Director Adult Social Services
Background papers	These are available for inspection on B&NES Council website
Please contact the report author if you need to access this report in an alternative format	

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BANES ALL AGE COMMISSIONING

START WELL	LIVE WELL	AGE WELL	COMMERCIAL	QUALITY ASSURANCE
<p>Strategic Commissioning Transformational (eye to the future)</p> <p>Subject matter experts</p> <p>Focus on challenges of Children and Young people and families to achieve positive outcomes</p>	<p>Strategic and aligned with health commissioning</p> <p>Transformational</p> <p>Subject matter experts</p> <p>Evidence base for change</p> <p>Focus on co-production</p>	<p>Strategic and aligned with health commissioning (Pooled Better Care Fund)</p> <p>Transformational</p> <p>Subject matter experts</p> <p>Evidence base for change</p> <p>Focus on carers</p>	<p>All Age Brokerage including Continuing Health Care</p> <p>Category management</p> <p>Contract management</p> <p>Pipeline of procurement</p> <p>Community Partners</p>	<p>Quality Assurance Framework which will include a dedicated team working with Ofsted and CQC to oversee Good and Outstanding rated care. Kite mark by expert by experience</p>
<p>SEND</p> <p>Prevention</p> <p>Looked After Children</p> <p>Mental Health, Emotional Wellbeing and Young People with Disabilities</p>	<p>Learning Disabilities, Autism and Neurodiversity</p> <p>Mental Health</p> <p>Physical and Sensory Needs</p>	<p>Dementia</p> <p>Frail Elderly</p> <p>Older People with Mental Health</p>	<p>Supports commissioners</p>	<p>Joint Health and Social Care Quality Assurance Team which improves quality in the independent market and internal services</p>



MTFS – possible options

- Internal/external provision
- Early Help
- Emotional wellbeing
- Families

- Short term care
- Practice - Strength based
- Technology
- Preparing for adulthood

- Independent Living
- Carers
- Internal and externally commissioned provision

- Prevention - demand management
- Future market shaping
- Framework approach

- Maximising the Better Care Fund, Funded Nursing Care and Continuing Health Care

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Adult Social Care – Local Authority Assessment Timeline

Date	Inspection Activity
Sept 2023	Peer Review
15 April 2024	B&NES received notification of CQC inspection
3 May 2024	1st Stage; names of 2 people to upload evidence to the online portal, site planning template to detail the names of the teams, key partners and stakeholders, a Self Assessment and evidence against each of the 38 Information Returns – enabling inspectors to review key documents, information and data before the site visit by the inspection team
8 July 2024	2nd Stage Notification of on site visit 10 th -12 th September
15 July 2024	Information return - planning template submitted
22 July 2024	Information Return – 50 names for case tracking
15 Aug 2024	Senior Leadership Team Presentation to CQC inspector team
20 Aug 2024	Pre meet with CQC inspection team – logistics and planning session for on site visit
10-12 Sept 2024	On site visit
14 Nov 2024	DASS received draft report
27 Nov 2024	Submission of factual accuracy and completeness response to draft report
Jan 2025	CQC report to be published

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Bath & North East Somerset Council	
MEETING:	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel
DATE:	13 January 2025
TITLE:	2025/26 Budget and Financial Outlook – Draft proposals
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
Annex 1: 2025/26 Draft Savings & Income Proposals	
Annex 2: 2025/26 Draft Funding Requirements	

1 THE ISSUE

- 1.1 This report will present the draft revenue budgets together with proposals for increases in Council Tax and the Adult Social Care Precept for 2025/26.

2 RECOMMENDATION

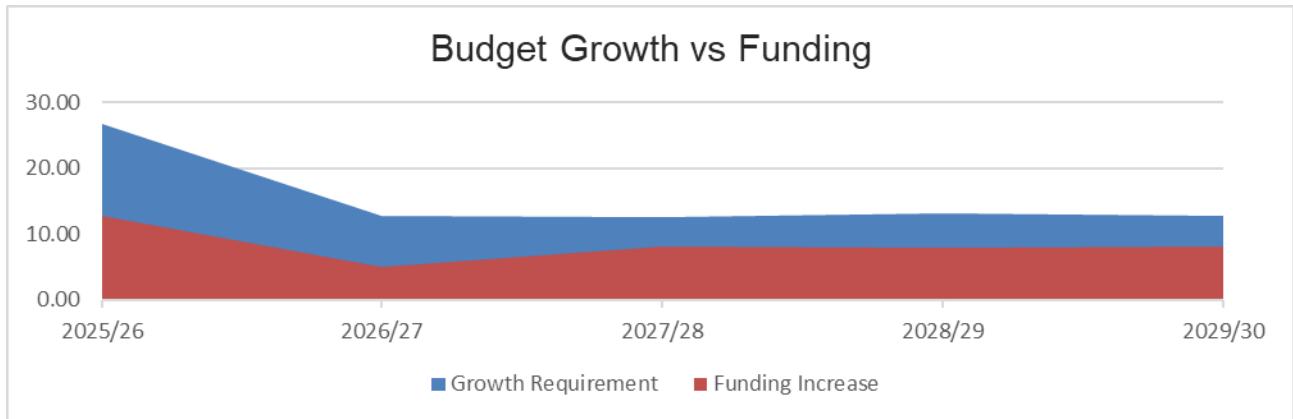
The Panel is asked to;

- 2.1 Note and discuss the proposals that impact the Council's 2025/26 revenue budget.

3 THE REPORT

- 3.1 The Councils' 2025/26 Budget and Council tax proposal will be considered by Cabinet on 13th February 2025 and presented to Council on 25th February 2025. This report includes the draft proposals that are relevant to the Children, Adults, Health and Wellbeing (CAHW) panel, the scrutiny of these plans will provide assurance on the completion of the Councils 2025/26 budget plans.
- 3.2 The draft budget funding and savings requirement over the next five years is as follows:

Budget Planning	Future years assumptions £m					Total
	2025/26	2026/27	2027/28	2028/29	2029/30	
Growth Requirement	26.78	12.81	12.52	13.19	12.81	78.11
Funding Increase	12.77	5.08	8.12	7.87	8.13	41.97
Annual Funding gap	14.01	7.73	4.40	5.31	4.68	36.14
Savings Proposals	14.01	2.34	0.85	0.10	0.10	17.41
Remaining Funding Gap	0.00	5.39	3.55	5.21	4.58	18.73



Indicative Budget Forecast

The budget detail, assumptions, and the future forecast is shown in the table below::

Budget Planning	Future years assumptions £m				
	2025/26	2026/27	2027/28	2028/29	2029/30
Budget Requirement (Previous Year)	135.85	148.63	153.71	161.83	169.70
Budget Adjustments	5.51	0.00	0.00	0.00	0.00
Pay & Pension	5.80	3.37	3.31	3.39	3.48
Demographic Growth	5.78	3.56	3.69	3.81	3.87
Contract Inflation	5.15	2.82	2.78	2.82	2.86
New Homes Bonus Pressure	(0.52)	0.00	0.00	0.00	0.00
Capital Financing	1.93	1.29	1.57	1.57	1.00
Settlement grant funding	(1.96)	0.00	0.00	0.00	0.00
Budget pressure / rebasing	5.09	1.77	1.16	1.59	1.61
Funding Requirement Sub Total	26.78	12.81	12.52	13.19	12.81
Draft Budget Before Savings	162.64	161.44	166.22	175.01	182.51
Proposed Savings Plans	(14.01)	(2.34)	(0.85)	(0.10)	(0.10)
Estimated Savings Required	(0.00)	(5.39)	(3.55)	(5.21)	(4.58)
Savings Requirement Sub Total	(14.01)	(7.73)	(4.40)	(5.31)	(4.68)
Budget Requirement	148.63	153.71	161.83	169.70	177.83
Funding of Budget Requirement					
Council Tax	129.63	135.76	142.58	149.76	157.17
Business rates retention*	26.42	18.55	19.24	19.94	20.65
Reserve transfers From	0.00	0.00	0.00	0.00	0.00
Reserve transfers (To)	(7.42)	(0.60)	0.00	0.00	0.00
Funding of Budget Requirement Total	148.63	153.71	161.83	169.70	177.83

The forecast includes the following cost pressures and assumptions:

- **Pay Inflation** – Estimated 4.00% in 2025/26 and 3% thereafter.
- **Council tax** – General assumed at 2.99% in 2025/26 and 1.99% in future years and Adult Social Care precept 2% in 2025/26 and future years.
- **Pension Costs** – Have been revised in line with the current revaluation no increase up to 2026/27.
- **Demographic Growth** – Additional demand from new placement and market pressures in Adult & Children Social Care;
- **Interest Rates** - Interest rate reductions to follow movement in Bank of England base rate currently 4.75% for treasury management cash investments. The Council will fix budget interest rates following the provisional settlement;
- **Inflation** – CPI projections modelled on current rates of 2%, with up to 5% provision for Social Care.
- **Budget Pressures / Rebasing** – 2025/26 budget rebasing takes into account current pressures identified in Q2 monitoring where emerging pressures cannot be directly mitigated.
- **Capital Spending** – an allowance has been made to fund previously agreed provisional schemes requiring borrowing.
- **Borrowing** – longer term borrowing costs have been factored into the MTFS however the authority will continue to optimise the use of cash balances subject to market conditions and the overriding need to meet cash outflows;
- **Reserves** – The Council's earmarked reserves have been reviewed with new allocations made for the implementation of the Being our Best programme and transformation and system improvement projects.

3.3 Savings and Income Generation

To deliver a balanced budget in 2025/26 savings and income generation plans total £14.01m, with income and savings to find of £7.73m in 2026/27. The Council has a good track record of delivering proposed savings, in relation to the Cabinet Portfolio's being Scrutinised by the CAHW Panel there are savings to find and income generation plans of £5.4m

The proposals for savings and income generation for this panels attention are outlined in Annex 1.

The material areas of new savings are:

- Making the best use of the Better Care Fund and Improved better Care Fund (£750k)
- Review of adult social care packages (£900k)
- Children's service family reunifications and step down from residential placements (£1.4m)
- Reduced reliance on high cost placements (£923k)
- Direct provision of home to school transport (£600k)

3.4 Budget funding requirements

Budget growth and additional pressures across all portfolios of £26.78m have been added to ensure that the budget remains robust and to add additional

budget funding to areas that require rebasing. This does not mean that savings cannot be found from these areas in future once savings opportunities are identified, but this ensures that spend and budget are aligned especially in high demand areas. In relation to the Cabinet Portfolio's being Scrutinised by the CAHW Panel there is budget growth from demand, inflationary pressures and new funding requests of £14.3m

Growth and pressures to bring to this panels attention are outlined in Annex 2.

The material items requiring additional funding on top of annual budget adjustments are listed below:

- Adult Social Care contract inflation £3.2m
- Adult Social Care funding of demographic growth £2.0m
- Home to School Transport rebasing to reflect demand and cost £1.7m
- Children's Services contract inflation £1.2m
- Children's Services funding of demographic growth £3.8m

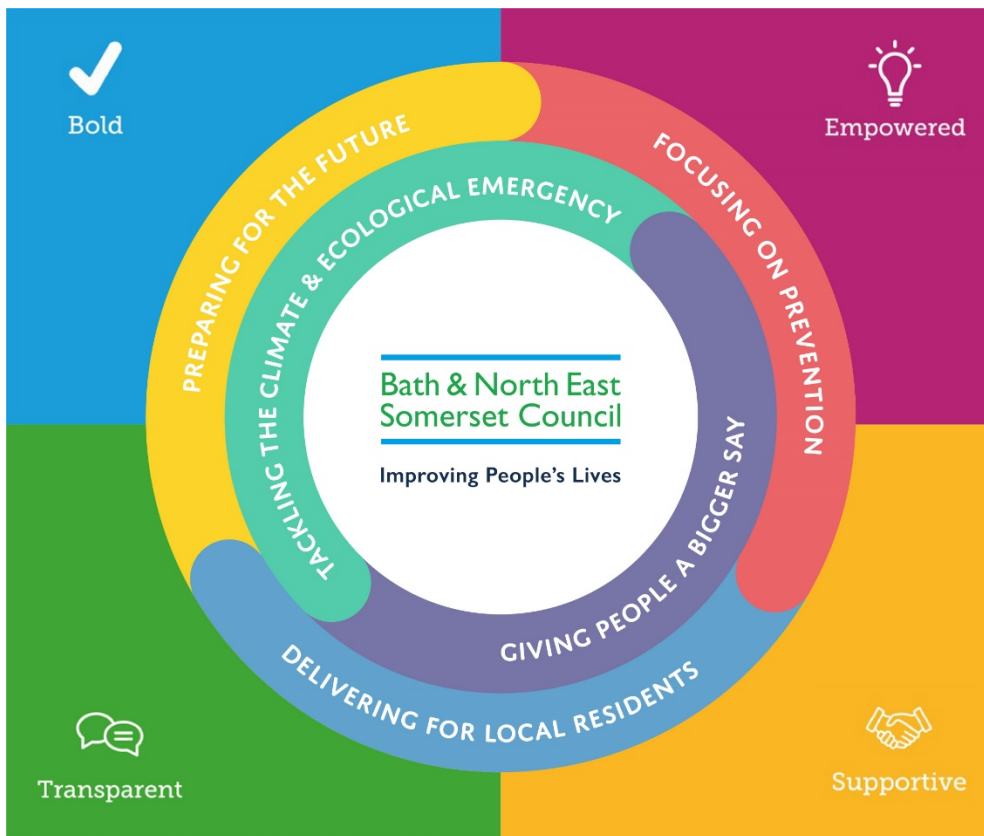
When developing these proposals, the budget settings principles below have been followed:

Budget Setting Principles

- New policy or service demand funding requirements need to be evidenced with robust and realistic estimates for future years.
- For additional budget funding, un-avoidable growth only – other growth will require a defined funding source / saving.
- New savings will need to be material and over £50k per item, savings below this value will not be accepted (no use of one-off service reserves).
- The focus needs to be on high value strategic areas of change enabled by Business Change delivering multiyear savings.
- Stop doing will need to demonstrate how risk is appropriately managed.
- Savings with reputational / political implications need early engagement with Cabinet portfolio holders, with early, proportionate equality impact assessments completed.
- Savings proposals will need to have a budget profile in line with delivery plans that span multiple years.
- Delivery cost and timescale for implementation needs to be fully understood and captured in the budget proposal.

3.5 Corporate Strategy and Council priority areas

The Budget Proposal sets out the financial framework for allocating resources across the Council. How this is achieved will require close alignment to the Council's Corporate Strategy as set out in the diagram below:



<https://beta.bathnes.gov.uk/document-and-policy-library/corporate-strategy-2023-2027>

Alignment to the strategy creates the “golden thread” which drives what we do ensuring that setting budgets and managing our people - our most valuable resource - are guided by the council’s priorities. It also means that our commitments are realistic and achievable.

Prioritising and allocating resources

To address longer-term financial planning and ensure corporate priorities shape our financial planning, for the 2026/27 and future years’ budgets we are developing a more strategic approach built around:

- Identification of key scenarios, particularly in the light of central government fiscal policy and approach to local government funding
- Agreeing key priorities which will support delivery of our Corporate Strategy, in the light of the resources available to the council over the medium term
- Establishing a longer-term approach to budget planning, including investing in prevention to address budget pressures and reduce costs
- Introducing a new operating model which delivers the council’s purpose through innovation in our ways of working

Within the budget proposals budget has been allocated to revenue at a Portfolio level to take forward the following initiatives that will contribute to the delivery of the Corporate Strategy:

- To provide essential support for our vulnerable adults and children

4 STATUTORY CONSIDERATIONS

4.1 The preparation of the Council’s budget proposals meet the relevant statutory requirements including Section 25 of the Local Government Act 2003 that requires each local authority, when setting its annual General Fund budget and level of Council Tax, to take account of a report from its Section 151 Officer on the robustness of estimates and adequacy of reserves.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 These are contained throughout the attached report and appendices.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations will be undertaken, in compliance with the Council's decision making risk management guidance and included in the final budget papers.

7 CLIMATE CHANGE

7.1 Addressing Climate Emergency is one of the two core policies within the new Corporate Strategy. The budget has recognised this priority through providing ongoing revenue funding for the Climate Emergency team and also introduced capital items to explore and implement renewable energy schemes.

8 OTHER OPTIONS CONSIDERED

8.1 None

9 CONSULTATION

9.1 The Cabinet Members for Resources, Adult Services and Public Health and Children’s Services have been consulted on the drafting of this report as well as the Chief Executive, Section 151 Officer and Monitoring Officer.

Contact person	<p><i>Mandy Bishop Executive Director (Chief Operating Officer)</i></p> <p><i>Mandy_bishop@bathnes.gov.uk</i></p>
Background papers	<p>2025/26 Medium Term Financial Strategy https://democracy.bathnes.gov.uk/documents/s83690/E3564%20-%20Appendix%201%20-%20Medium%20Term%20Financial%20Strategy%202025-26.pdf</p> <p>2024/25 Quarter 2 Revenue and Capital Budget Monitoring https://democracy.bathnes.gov.uk/documents/s84582/E3577%20-%20Revenue%20and%20Capital%20Budget%20Monitoring%20Cash%20Limits%20and%20Virements%20-</p>

[%20April%202024%20to%20September%202.pdf](#)

2025/26 Budget Consultation

<https://www.bathnes.gov.uk/budget-consultation-2025-2026>

Please contact the report author if you need to access this report in an alternative format

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Annex 2(i): 2024/25 - 2026/27 Savings and Income Generation Proposals

2025/26 - 2027/28 Savings and Income Generation Proposals								
Savings Proposal Title	Description	2025/26 £'000	2026/27 £'000	2027/28 £'000	Impacts to Service Delivery	Portfolio Holder / Director	Current Net Exp Budget / (Income Budget) £000	Category
Portfolio: Adult Services								
Adult Social Care Commissioning	This proposal will be achieved through maximizing the use of the Better Care Fund and Improved Better Care Fund to protect social care expenditure.	(750)			This will make best use of the Better Care Fund and Improved Better Care Fund to support better independence and support for people.	Clr Alison Born / Suzanne Westhead	4,900	Revised Budget Proposal
Adult Social Care Commissioning	This proposal will be achieved through efficient management of contracts for services and optimisation of commissioning resources.	(125)	(100)		This will make best use of the Better Care Fund and Improved Better Care Fund to support better independence and support for people.	Clr Alison Born / Suzanne Westhead	63,721	Revised Budget Proposal
Review of Care Packages	The approach to social care reviews under the Care Act will ensure people's needs are being met, their outcomes are being achieved and that support when needed is provided in the most cost effective way. Savings have been identified through matching levels of care to people's needs.	(900)			None	Clr Alison Born / Suzanne Westhead	63,721	Revised Budget Proposal
Technology Enabled Care	This proposal will be achieved by using technology enabled care to reduce social care resource requirements. Technology enabled care products such as personal alarms and pendants, bed and chair sensors, pills dispensers and door sensors support people to undertake daily living tasks and enable independence.	(50)	(75)		This will make best use of social care resources to support better independence and support for people.	Clr Alison Born / Suzanne Westhead	63,721	Revised Budget Proposal
Provider Services Income Opportunities	As a provider of Learning Disabilities Day Services, Community Resource Centres - Residential Care Homes and an Extra Care Service the council has always offered a service to self-funders. This proposal seeks to increase the level of income generated from self-funders, placements commissioned by other local authorities and Integrated Care Board (ICB) by charging the actual cost of delivering care.	(100)	(100)	(50)	None	Clr Alison Born / Suzanne Westhead	63,721	Revised Budget Proposal
Prevention and early intervention in adult social care	Deliver savings through efficiencies from services, recommissioning services within existing budget and maximising alternative funding sources for housing related support.	(402)			This will support better independence and support for residents needing support.	Clr Alison Born / Suzanne Westhead	63,721	Revised Budget Proposal
RVP Leisure Facilities	New contract in place for the operation of the leisure facilities in RVP including tennis courts, adventure golf, events spaces and café.	(15)	(20)		The new contract encourage investment in facilities, better health and wellbeing outcomes for residents and tackling health inequalities, along with additional income generation from the site linked to a 20-year business plan and lease.	Clr Alison Born / Rebecca Reynolds	289	Revised Budget Proposal
Adult Services Total		(2,342)	(295)	(50)				

Annex 2(i): 2024/25 - 2026/27 Savings and Income Generation Proposals

2025/26 - 2027/28 Savings and Income Generation Proposals								
Savings Proposal Title	Description	2025/26 £'000	2026/27 £'000	2027/28 £'000	Impacts to Service Delivery	Portfolio Holder / Director	Current Net Exp Budget / (Income Budget) £000	Category
Portfolio: Children's Services								
Reunifications	The savings will be delivered by an increase in family reunifications and step downs from residential placements.	(1,400)	(390)		All children within residential placements will be considered for reunification or step down. Any suitability criteria will be based on the availability of suitable placements or family reunification. The team monitors outcomes to address disparities, supports providers to promote equality and inclusion, and is working towards a co production model with parent carers.	Clr Paul May / Mary Kearney-Knowles	19,340	Revised Budget Proposal
Specialist Commissioning Saving	These savings will reduce reliance on high-cost placements, particularly out-of-area or unregulated provisions, promoting stability and better outcomes for children. However, achieving these savings requires a careful balance to ensure cost reductions do not compromise the quality, safety, or suitability of placements, which are essential for meeting the complex needs of Children Looked After.	(923)			By focusing on value-driven commissioning and stronger collaboration with providers, these savings could enhance service efficiency while maintaining high standards of care.	Clr Paul May / Mary Kearney-Knowles	19,340	Revised Budget Proposal
Home to School Transport Savings	Reduced costs as a result of investment in internal provision.	(600)			Some services will be delivered internally, reducing reliance on external providers.	Clr Paul May / Chris Major	9,322	Revised Budget Proposal
Early Help	Early help in B&NES aims to provide children, young people and families with the right support at the right time by the right service as soon as needs are identified to prevent them getting worse.	(150)	(150)		Our Early Help services are delivered through a mixture of internal Council teams and external organisations who are commissioned and have a contract with the Council. We are reviewing these services against population needs to consider future service provision and the impact in light of the budget reduction needed to meet the savings targets.	Clr Paul May / Mary Kearney-Knowles	889	Revised Budget Proposal
New Specialist Residential Provision	New Specialist Residential Units.		(1,383)	(450)	This will enhance local provision for some of our most vulnerable children and keep them closer to family and extended networks	Clr Paul May / Mary Kearney-Knowles	19,340	Revised Budget Proposal
Children's Services Total		(3,073)	(1,923)	(450)				
OVERALL SAVINGS AND INCOME GENERATION PROPOSALS		(5,415)	(2,218)	(500)				

Annex 2(ii): 2024/25 - 2026/27 Funding Requirements

2025/26 - 2027/28 Funding Proposals						
Funding Title	Description of Funding Requirement	Portfolio Holder / Director	2025/26 Funding £000	2026/27 Funding £000	2027/28 Funding £000	Category
Portfolio: Adult Services						
Contractual Inflation - Adult Social Care	The local authority commission placements and packages of care for people who have been assessed under the Care Act 2014 and have an eligible care and support need. This is the estimated inflation requirement to fund associated contracts.	Cllr Alison Born / Suzanne Westhead	3,155	1,379	1,379	Revised Budget Proposal
Contractual Inflation - Leisure Services	Annual increases in contract costs within the portfolio.	Cllr Alison Born / Rebecca Reynolds	12	12	12	Existing Budget Proposal
Demography	Adult Social Services have assessed the existing budget growth and demographics assumptions and have revised this figure to reflect rising demand, increased costs in the market and national policy directives.	Cllr Alison Born / Suzanne Westhead	1,958	1,316	1,342	Revised Budget Proposal
Pay Inflation	Salary inflation estimated at 4% in 25/26, 3% in 26/27, 3% in 27/28, and allowing for annual staff pay increments.	Cllr Alison Born / Suzanne Westhead	837	637	625	Revised Budget Proposal
Adult Services Total			5,962	3,344	3,358	
Portfolio: Children's Services						
Corporate Overhead Rebasing	Dedicated Schools Grant recovery phased over 3 years (£1m) from 2024/25 to 2026/27.	Cllr Paul May / Mary Kearney-Knowles	333	333		Existing Budget Proposal
OFSTED SEND Staffing	Recruit additional staff to support the team with increased levels of demand for statutory assessment and higher caseloads.	Cllr Paul May / Chris Wilford	179	(179)		New Budget Proposal
Home to School Transport Rebasing	To address the current cost pressures as a result of high demand and increasing costs.	Cllr Paul May / Chris Major	1,718		(300)	New Budget Proposal
Home to School Transport investment	Investment in council employed drivers and vehicles.	Cllr Paul May / Chris Major	350			New Budget Proposal
Business Rate Revaluation and Inflation Increases	Business Rate Revaluation and Inflation Increase on Corporate Properties.	Cllr Paul May / Mary Kearney-Knowles	2			Existing Budget Proposal
Contractual Inflation	The local authority must ensure every Child Looked After has a suitable and tailored placement, fulfilling Bath and North East Somerset's (B&NES) Sufficiency Duty. This statutory duty requires B&NES to secure appropriate placements for all Children Looked After.	Cllr Paul May / Mary Kearney-Knowles	1,193	561	580	Revised Budget Proposal
Demography	Children's Services have assessed the existing budget growth and demographics assumptions and have revised this figure to reflect rising demand, increased costs in the market and national policy directives.	Cllr Paul May / Mary Kearney-Knowles	3,824	912	930	Revised Budget Proposal
Pay Inflation	Salary inflation estimated at 4% in 25/26, 3% in 26/27, 3% in 27/28, and allowing for annual staff pay increments.	Cllr Paul May / Various	759	576	565	Revised Budget Proposal
Children's Services Total			8,358	2,203	1,775	
OVERALL FUNDING PROPOSALS			14,320	5,547	5,133	

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

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

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

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

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

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

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

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
13TH JANUARY 2025				
13 Jan 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Update	Suzanne Westhead	Director of Adult Social Care
13 Jan 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Budget Proposals (Adults & Children's Services)	Mandy Bishop Tel: 01225 39 4019	Executive Director - Chief Operating Officer
10TH MARCH 2025				
FORTHCOMING ITEMS				
	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
	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 44	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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