

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

Date: Monday, 14th April, 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.

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

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday,
14th April, 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: 10TH MARCH 2025 (Pages 7 - 28)

8. CABINET MEMBER UPDATE (Pages 29 - 34)

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

9. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE (Pages 35 - 38)

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

10. ADULT SOCIAL CARE - CQC INSPECTION - REPORT / ACTION PLAN (Pages 39 - 54)

11. RESPITE CARE (Pages 55 - 60)

12. CHILDREN & YOUNG PEOPLE - PARTICIPATION PROMISES (Pages 61 - 78)

13. PANEL WORKPLAN (Pages 79 - 84)

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

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

BATH AND NORTH EAST SOMERSET

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

Monday, 10th March, 2025

Present:-

Councillors: Dine Romero (Chair), Liz Hardman (Vice-Chair), Paul Crossley, David Harding, Ruth Malloy, Joanna Wright and Onkar Saini

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

Cabinet Member for Children's Services: Councillor Paul May

Also in attendance: Mary Kearney-Knowles (Director of Children's Services and Education), Christopher Wilford (Director of Education & Safeguarding), Ceri Williams (Policy Development & Scrutiny Officer), Laura Ambler (Place Director for the B&NES ICB), Amy McCullough (Consultant in Public Health), Tish Bourke (BANES lead, DfE) and Giles de Rivaz (Head of Somerset Sub-region and RISE SW, DfE)

80 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

81 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

82 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

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

83 DECLARATIONS OF INTEREST

There were none.

84 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

The Chair informed Panel that she had been made aware that the Department for Health and Social Care has received a request from a member of the public asking the Secretary of State to use the powers under Schedule 10A of the National Health Service Act 2006 to call in BSW ICB's proposed changes to community-based care in Bath and North East Somerset, Swindon and Wiltshire, particularly the appointment of HCRG Care Group.

She explained that the three Local Authorities were being asked if they would support the call-in.

The members of the Panel gave an indication that they would support a call-in of this decision.

Laura Ambler commented that this matter had been discussed previously by the Panel and was part of a service configuration, not a change in services or transformation. She added that their priority is to ensure a safe transfer of services on 1 April 2025.

She explained that any transformation after this date would be discussed with service users.

She informed the Panel that Wiltshire Council had also considered whether to support the call-in and that they had decided not to.

The Chair addressed the Panel and said she was considering whether the number of co-optees for the Panel should be increased and was thinking of approaching Healthwatch to discuss the issue further.

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

Wendy Lucas addressed the Panel on the issue of respite care and Newton House. She stated that she was thankful for the support she had received since this matter had been first brought to the attention of the public.

She explained that should any changes in provision be required then this should be in place by September 2025 ahead of implementation in January 2026.

She informed the Panel that from the point of view of all the families who were currently in receipt of services from Newton House that it remains their preferred option to keep this facility open and providing its services.

She said that they were aware of the budget figures being discussed, but asked the Council to consider what the cost will be should this service be removed from the people currently accessing it. She added that these are real people who need support and certainty in their life.

Councillor Liz Hardman asked if any meeting had taken place with the Council since January 2025 and had any other provision been considered.

Wendy Lucas replied that one meeting had taken place between the families, Dimensions and the Council and that this had been a little difficult / feisty. She said that there remained a feeling that they were being kept in the dark.

She added that she was due to meet the Director of Adult Social Care later this morning.

She informed the Panel that no alternative provision had yet been identified and that assessments had been carried out for most of the 22 service users. She added that her child had not received an assessment since 2017.

She stated that the need for the service is likely to remain, if not grow, as the parents become older.

The Chair informed the meeting that the Panel were due to be updated further on this matter at their meeting in April.

Emily Massey, CEO of The Partnership Trust addressed the Panel on the matter of Fosse Way House. She explained that the Partnership Trust is a Multi Academy Trust of 18 schools within the primary and special sectors, predominantly based in Bath and North East Somerset.

She informed the Panel that Fosse Way School is one of their special schools located in the Radstock area of Bath and North East Somerset, and as part of the school, they currently offer an educational residential provision based on the school site; Fosse Way House.

She explained that Fosse Way House offers a 24-hour curriculum for up to 11 students aged between 11-19 years with a diagnosis of autism. Students are accommodated for 39 weeks a year (the school year) from Monday to Friday, returning home every weekend and holiday.

She said that the aim of the residential provision is to provide a 24-hour educational curriculum that enables students to develop social and communication skills within a residential environment, develop independence skills e.g. personal care, develop community links and transfer educational learning into a different environment.

She stated that the provision has been rated as Outstanding by Ofsted for the past three years, most recently in January 2025 and is one of the strongest provisions, if not the strongest provision, of its kind in the South West.

She explained that the young people that attend take part in a wide range of educational and social activities they would typically not get the opportunity to benefit from, while simultaneously being able to learn and develop independence skills through activities such as shopping, using public transport and preparing their own meals. Students are encouraged on a daily basis to make decisions, both for themselves and for the group.

She said that Fosse Way House seeks to breakdown the barriers to learning for these vulnerable young people and provides students with an environment where they are supported by a team of staff to learn fundamental independence and life skills that allows them to practice and feel safe to fail as they begin to establish these skills.

She added that Fosse Way House provides that missing link to their education in preparation for adulthood and that for the families who have young people with these needs it allows them to continue to stay together as a family, care for their other children, work within the area as well as support their child with these needs.

She informed the Panel that since 2008, 48 young people have resided at Fosse Way House, all of the students had a primary diagnosis of autism and lived in the

provision for a minimum of one year (the longest being seven years and the average likely to be 3 years).

She stated that the average cost of a 52-week residential placement with SEND can be substantial, especially when their placement at school has broken down. According to a 2023 report by the Local Government Association, the cost of such placements can range from £3,000 to £10,000 per week depending on the specific needs of the child and support required. This means that the annual cost can be between £156,000 and £520,000.

She said that based upon a model of a minimum of 5 to a maximum of 11 students, Fosse Way House costs £30,000 a year per student for some of the most vulnerable young people in Fosse Way School. She added that this is exceptionally low in comparison to other national figures and provides a 24- hour curriculum that upskills the young people to be able to generalise what is taught within the residential setting to reduce future levels of care and associated public funds in the longer term. She explained that the figure of £30,000 per student allows us to run the provision to a break-even point as this is not a profit-making provision.

She informed the Panel that the Local Authority have, for nearly 20 years, funded students to attend the provision and that funding has been allocated through their individual Education Health Care Plans or equivalent which are aligned with their needs. She added that unfortunately, notwithstanding a number of needs assessments still requiring completion, the Local Authority have reached the decision that they do not feel that there will be any young people within the authority whose needs require a placement at Fosse Way House from September 2025. We dispute this. As an education provision which is wholly funded by the LA the provision will no longer be able to function.

She stated that they would welcome anyone to come and visit and meet our wonderful staff and students and that they want to continue running the provision so they can continue to change the lives of many more students and their families.

She said that like the Local Authority, The Partnership Trust and Fosse Way School are committed to improving young people's lives and especially the most vulnerable young people and their families in our local authority.

Councillor Joanna Wright commented that there appeared to be some disparity on this matter as the Panel had heard of a backlog in respect of processing EHCPs and that they were now being told that there is no need for this provision.

Emily Massey replied that this was not an issue in terms of the backlog as all the current young people that attend Fosse Way House have an EHCP which states that they require a residential provision.

Councillor Wright asked if she believed that there would be a new cohort of young people who would need and benefit from receiving the support provided by Fosse Way House.

Emily Massey replied that she believed that there were young people who should continue to receive this provision and others that would benefit from beginning to

receive it. She added that she felt that 6 out of the current 7 attendees should continue with the provision and was aware of 4 or 5 more that could begin to attend.

Councillor Wright said that she had been informed by a parent regarding this matter and that when she approached the Cabinet Member about it was told that it was not a decision based on the budget.

Emily Massey replied that they would not be able to provide the facility without the placements being funded (£30k per student) as they have been for the previous 20 years by the Local Authority.

Councillor Liz Hardman asked if the provision was only available to students that currently attend Fosse Way School.

Emily Massey replied that this was the case currently, but it could consider allowing other students to attend following the end of their regular school day – transport provision allowing.

Councillor Hardman asked if a residential provision formed part of the EHCP for all current attendees.

Emily Massey replied that it does.

Councillor Hardman asked if there was any other provision locally that the students could attend should Fosse Way House be not able to continue.

Emily Massey replied that the students would be able to remain at Fosse Way School but only attend for regular hours of schooling.

Councillor Paul May, Cabinet Member for Children's Services thanked Emily for making her statement and said that a response to it would be given at the next meeting of the Panel.

86 MINUTES: 16TH DECEMBER 2024 & 13TH JANUARY 2025

Kevin Burnett referred to the minutes of 16th December 2024, page 6 of the agenda pack, and said that it read Standing Advisory Council on Religious Education not 'Select Advisory Council'.

He further advised, page 7 of the agenda pack, that it was the Local Authority that needs to have a new Agreed Syllabus ready to be used by schools in September 2027, not B&NES SACRE.

He referred to page 13 of the agenda pack and stated that HERS is run by the Partnership Trust and that reference to the RUH should be removed.

With these amendments in mind the Panel confirmed the minutes of the previous meetings as a true record and they were duly signed by the Chair.

87 ANNUAL EDUCATION PERFORMANCE REPORT

The Director of Education & Safeguarding introduced the report to the Panel and highlighted the following points from it.

- In the early years foundation stage (EYFS), the percentage of children reaching a good level of development increased to 72%, higher than regional and national averages.
- Key stage 2 performance has not returned to the post-pandemic levels when performance in the combined reading, writing and maths (RWM) was higher than national and regional. This year, the percentage of pupils achieving this measure rose from 58% to 60%, higher than the southwest average of 58% but lower than the national average of 61%.
- Key stage 4 attainment in grades 9 - 5 English and Maths and in Attainment 8 is once again higher than regional and national averages. This is to be commended.
- B&NES A Level results were higher in all measures than regional and national measures.
- Children with SEN support needs and those with an EHCP in KS4 have educational outcomes that are marginally higher than national. In KS2, attainment has generally been in line with or slightly above national; however, this year, it has experienced a slight dip below the national average.
- KS4 attainment in the FSM cohort remained broadly in line with national. The attainment gap in B&NES does not widen in secondary education, and their KS4 outcomes align with national for this group.
- Despite a slight improvement in EYFS and KS2 FSM outcomes, attainment within this cohort remains in the bottom quartile compared to all local authorities in England. Attainment is currently ranked 16th lowest at EYFS and 6th lowest at KS2, showing progress from previously being ranked 3rd lowest and the lowest in the country, respectively, in 2022/23. However, the disparity between our area and the national average in terms of the percentage of FSM children meeting the expected standard in KS2 RWM remains substantial, at 33% and 46%, respectively.
- B&NES, as a partner in the structures that govern a highly academised area, remains committed to playing its part in improving outcomes for our most disadvantaged group of children. We continue to fund and deliver projects in hand with the St John's Foundation and with partners, such as Black Families Education Support Group, in the early years and all schools.
- Alongside these existing commitments, the council is now looking at a wider approach to improving disadvantaged education outcomes. As previously presented to the scrutiny panel, our Public Health team are leading this work and their final report and action plan will be presented later today.

Councillor Dave Harding asked if the data could be divided into specific areas of the Council to show any elements of rural deprivation. He also asked if the data could be categorised to show the performance of those young people who are also Young Carers.

The Director of Education & Safeguarding replied that he did not have to hand the data relating to Young Carers and said that the data is not yet broken down geographically, but it was in the process of being so.

Councillor Liz Hardman referred to the under-achievement in Key Stage 2 and asked if any outcomes could be shared regarding the support provided by the St John's Foundation. She also asked what future support measures are to be put in place to support the FSM cohort.

The Early Years Adviser replied that the Language for Life project has now been rolled out to all early settings in Bath & North East Somerset, providing additional language development support to targeted children, with a focus on speech and language. She added that training for all staff on this issue really does make a difference.

The Director of Education & Safeguarding added that there were reports from the Primary Parliament and St. John's that could be shared with the Panel.

Councillor Onkar Saini asked what interventions were planned to support progress within Key Stage 2.

The Director of Education & Safeguarding replied that it was the responsibility of the Multi Academy Trusts (MATs) to attempt to improve the levels of achievement for their pupils. He added that the Local Authority is funding a number of programmes to enable the MATs to know more about what is considered to be best practice.

Kevin Burnett asked if it was felt that there was any correlation between the data for FSM pupils in EYFS and Key Stage 2.

The Director of Education & Safeguarding replied that there had to be and felt that the Language for Life programme would be of help.

Councillor Robin Moss said that he wished to recognise where improvements in results had been achieved and where these figures were seen as above regional / national average. He referred to sections 3.11 – 3.13 of the report and asked why the gap for FSM pupils remains despite the projects in place.

The Early Years Adviser replied that she had recently been analysing the data over the past 20 years and that for B&NES it was not always easy to talk about the attainment gap as the top end continues to increase. She said though that it should be noted that while the top end results increased this year by 1.5% FSM pupils increased their results by 8%. She added that the cohort size in a particular school / class was also a factor to be taken into account as it was seen that having more pupils from that cohort in a class was leading to better outcomes.

Councillor Joanna Wright commented that she would like to see further evidence of a plan being in place to improve these figures and said a process was required that would recognise the wealth disparity across the area.

The Director of Education & Safeguarding replied that a plan was being developed and that he was willing to be challenged further, but again stressed that this was not something that solely the Council could solve.

The Chair said that she would welcome an update on the plan / its timescale in some form to the May meeting of the Panel.

The Panel **RESOLVED** to;

- i) Note our pupils' overall positive education performance in B&NES early years settings and schools for the academic year 2023/24.
- ii) Note that there has been a slight improvement in education outcomes for Free School Meal (FSM)-eligible children in KS2 during the academic year 23/24, but the gap remains significant.
- iii) Be assured that Local Authority Officers continue to collaborate strategically with schools and partners and the DFE Regions Group to improve educational outcomes for all pupils in B&NES. The DFE Regions Group are in attendance today to provide an overview of their role with academies and the work they do to address academy and trust performance.
- iv) Note that the Local Authority remains committed to delivering initiatives aimed at enhancing outcomes for Free School Meal (FSM) pupils. This includes direct collaboration with schools to offer Continuing Professional Development (CPD) and training, support for early years settings, and a partnership with the St John's Foundation to provide additional assistance to schools with greater numbers of FSM pupils.
- v) Note that this year, the Local Authority has taken additional steps by conducting extensive research through our Public Health team. This research aims to examine the broader determinants of educational disadvantage in B&NES and develop an action plan for the Local Authority.

88 REGIONAL OFFICE FOR THE DEPARTMENT OF EDUCATION - OVERVIEW OF ROLE WITH ACADEMY SCHOOLS

Tish Bourke (BANES lead, DfE) and Giles de Rivaz (Head of Somerset Sub-region and RISE SW, DfE) gave a presentation to the Panel, a summary of which is set out below.

The opportunity mission and Regions Group

The Opportunity Mission is focused on breaking down barriers to opportunity. We will deliver this through our four mission pillars.

- **Best start in life** - high-quality early education; early-child health; home-learning environment; family support.
- **Every child achieving and thriving** - high and rising school standards with a broad curriculum; excellent teachers; an inclusive approach to SEND; wider support and enrichment.
- **Skills for opportunity and growth** - a strong skills offer; pathways into work including youth guarantee, work experience, careers advice.
- **Family security** - removing underlying barriers to opportunity including tackling child poverty, improving housing and keeping children safe.

Roles and Responsibilities / How we Work

Schools:

- High quality trust delivery
- Addressing underperformance
- Enhancing school infrastructure and capacity
- Safeguarding in academies

Vulnerable Children: CSC and SEND:

- Intervention
- Improving performance
- Engaging with Local Authorities
- Care review implementation

BANES: Structure and performance

Structures

- BANES highly academised – 91.4 %
- 9 MATs, most with more than six schools; & 3 SATs

OFSTED performance

- Ofsted very strong with vast majority of schools with headline Ofsted judgement of Good or better, those with more recent inspections, performing well in sub-judgements.
- Trust with schools with less than Good are held to account for improvement, supported to improve

2024 Pupil outcomes

- KS2: ES RWM 60%, improving from 2023, but below NA of 61%
- KS4: Progress 8, 0.16 slight dip on 2023 but above NA of -0.03
- Disadvantaged: KS2 ES RWM 33% below NA of 46%; and KS4 progress 8 - 0.56, just above NA but still to improve

The Children's Wellbeing and Schools Bill

Keeping Families Together and Children Safe:

- Mandating local authorities to offer family group decision-making meetings
- Improving information sharing across agencies
- Strengthening the role of education in safeguarding
- Implementing multi-agency child protection teams

Driving High and Rising Standards for Every Child:

- Delivering commitments on school admissions, qualified teacher status, and the national curriculum
- Introducing new duties for schools and local authorities to co-operate on admissions and place planning; extending local authorities' powers to direct academies to admit children
- Changing the legal framework for opening new state-funded schools

Removing Barriers to Opportunity in Schools:

- Providing access to free breakfast clubs for every primary school child.
- Limiting the number of branded uniform items that schools can require

Accountability reform

- Two consultations published from Ofsted and DfE on 3rd February.
- Ofsted's consultation seeks views from parents, carers, professionals and learners on the way it carries out its inspections, and the way it reports them, with a new inspection framework and toolkits, and report cards.
- The DfE's consultation seeks views on the principles we propose should underpin an effective accountability system:
 - The approach to, and the principles of, school accountability;
 - The introduction of a new digital service – school profiles, which will be a one stop shop for parents; and
 - The approach to improvement and support, with a stronger more timely, proportionate and effective approach to intervention.

RISE (Regional Improvement for Standards and Excellence) Teams: Objectives

The goal of RISE teams will be to raise standards for all schools, as part of the government's Opportunity Mission. Through targeted intervention and a universal service, RISE teams will work to ensure that capacity and expertise from across the school system is used to deliver improvement.

- Schools facing particular challenges improve rapidly through bespoke targeted intervention for 12-24 months. Where necessary, RISE teams will

secure support high-quality organisations with a strong track record of improvement, such as an LA partnership or a MAT.

- Every school, with its Responsible Body, can navigate a path to improvement drawing on local expertise. RISE teams will make it easier for schools to do this by delivering a universal service to schools, signposting to hubs and best practice, facilitating connections between schools and trusts, and promoting peer review and networking.
- Every part of the country has a coherent set of local area priorities, working across local authorities and dioceses so that local partners work collaboratively to solve issues affecting children in their communities.

What does this mean for schools in BANES?

- Go deeper on disadvantage – South West Disadvantage Network / St John's Ten Year Foundation Fund / Big Education work
- Collaborate with each other and with the LA on SEND – It is only as a system that we will, together, solve the challenges around SEND and mainstream inclusion.
- Lead across the system – There is huge strength in schools in BANES. If you're not supporting others who need more support, why not?

Councillor Onkar Saini asked how schools would be identified for RISE interventions and how could it be ensured that the support given would be specific to that school. He also asked how they will address the challenge for maintaining standards after the intervention period has concluded.

Giles de Rivaz replied that the criteria was announced as part of the consultation that was launched on 3rd February 2025 and said that there were two categories of eligibility:

- Multiple 'Requires Improvement' judgements, with no structural change in status.
- 'Inadequate' judgement, with no structural change in status.

He added that from September 2026 if a school were to receive a judgement of 'Requires Significant Improvement' they would also be eligible to receive RISE targeted interventions.

He said that support would be tailored to the needs of each school, be collaborative and allow them to work within their current structure. He added that they would be matched with a supporting Trust / Local Authority and develop a bespoke package of measures.

He said that previously the amount of time available to provide support had been limited and that there was potential now for two years of provision which would hopefully lead to standards being maintained following the intervention.

Councillor Liz Hardman asked how the DfE Regional Office works with the Local Authority.

Tish Bourke replied that they are active in visits to local schools throughout the year and formally meet every term with the B&NES Director of Education & Safeguarding.

She explained that they have a standing agenda item for when the School Standards Board meets and also hold meetings with the Cabinet Member for Children's Services, local Diocese representatives and other partners.

Kevin Burnett commented that he felt that the current system was fragmented, and that responsibility should be given back to the Local Authority. He asked in what ways do they work with colleagues in terms of Health & Social Care and providing Support Services to schools.

Giles de Rivaz replied that the team's focus was on schools, but that there was a Vulnerable Children's Unit that has been established within the Regions Group. He explained that providing services to school was not part of their role / function, their role is to hold schools to account.

He added that it was hoped that the measures of providing school based nurseries and breakfast clubs would help local families. The free breakfast clubs will help ensure pupils start every day ready to learn, and in turn will improve behaviour, attendance and attainment.

He explained that within the work of RISE they will bring partners together and said that improving the outcomes for disadvantaged young people was a key issue to tackle.

Tish Bourke said that the Vulnerable Children's Unit was also working with the Integrated Care Board (ICB). She added that improving the outcomes for all children was important and that they will continue to work with the Trusts / Schools to seek these improvements.

Kevin Burnett stated that through government cuts and austerity measures services to schools have dissipated. He said that they need on the ground support to help our children as much as possible.

Councillor Joanna Wright said that she felt that more support was needed in schools and that support to young people in community spaces was lacking. She asked that they ensure that their priorities are coherent.

Giles de Rivaz replied that they were trying to bring cohesion to a fragmented system and bring schools back into the heart of their community. He said that the SEND system and school attendance were priorities for the team.

Councillor Paul May, Cabinet Member for Children's Services said that he welcomed the regular attendance of Tish at the School Standards Board and the work they are doing on SEND priorities. He added that they were working to reduce SEND costs by 2030.

He said that they had also inputted into some joint strategies with the ICB.

Councillor Ruth Malloy referred to the disadvantaged gap and asked if there was a South West Task Group.

Giles de Rivaz replied that there was not a single easy answer and that areas such as Devon & Cornwall will have different issues to tackle within their localities. He added that the Social Mobility Commission has also raised some factors to be considered.

The Chair thanked Giles and Tish for their attendance and proposed that they return to the Panel in around 12 months to update them on their work.

89 WIDER DETERMINANTS OF EDUCATIONAL DISADVANTAGE

The Consultant in Public Health introduced the report and highlighted the following areas.

The Challenge

Addressing inequality - At key stage 2: Disadvantaged pupils doing less well in B&NES than nationally e.g. 30% reaching expected standard at KS2 compared to 44% nationally. The gap between disadvantaged and non-disadvantaged pupils is large, with an attainment gap of 36% compared to 23% nationally.

At key stage 4: In 2022/23 in B&NES the attainment gap at KS4 had relatively narrowed and was more in line with the national attainment gap, though still wider. The gap between disadvantaged and non-disadvantaged pupils remains large.

Ambition - Reduce the attainment gaps by improving the performance of disadvantaged pupils across B&NES.

Whole system approach to reducing the attainment gap

In an average year, children spend around 20-24% of their waking hours in school and so around 76-80% of their waking hours outside of school. Socio-economic factors and the physical environment account for 30-55% of our health outcomes – the same factors also play a crucial role in education attainment.

The wider environment in which children and young people grow up in therefore has a huge role to play. As B&NES Council and system partners are in a position to influence some of these wider or core determinants, a whole systems approach to addressing the attainment gap helpful.

Project aim and methodology

Aim: Investigate the potential causes of the educational attainment gap in B&NES, with a focus on the core determinants of health outside of school settings, and make recommendations as to how a whole systems approach could help address the gap.

Research / potential solutions

What does the data tell us? What does the published and grey literature tell us? / What do professionals and young people tell us? / 60 + interviews and focus groups.

Multi partner task and finish group (Met 4 times – the final one as a workshop).

Triangulated findings inform Action Plan.

What the data tells us...

In primary schools in B&NES, the number of FSM pupils has almost doubled from 1,238 in 2015/16 to 2,407 in 2022/23 in B&NES (an increase from 9% to 18%). Poor attainment in the disadvantaged cohort is not restricted to a few schools in B&NES, but is more widespread, and across rural and urban areas.

There is a very weak association between the size of the disadvantaged cohort and attainment in the disadvantaged cohort in schools in B&NES. Schools in B&NES with 40% or more disadvantaged pupils have the lowest attainment for both disadvantaged and non-disadvantaged pupils (does not indicate causality).

Interviewees / Focus group participants

Education settings: The Hut / First Steps Twerton / St Martins Garden Primary / East Harptree and Ubley Primary / Oldfield School / Bath College / Director of Secondary, Lighthouse Partnership Trust.

B&NES Council: Head of Virtual School / Head of SEND / Education Inclusion Officer / Educational Psychologist / Welfare support.

Young people: Via Off the Record (care experienced young people) and Youth Connect.

Voluntary, Community and Social Enterprise: Brighter Futures / Nurture outreach service / Youth Connect South West / Mentoring Plus / Bath Area Play Project / Bath Mind.

Health and Care Services: School Nurses (multiple) / Family Nurse Partnership (multiple) Health Visitors (multiple) / Speech and Language Therapist / Early Years Community Practitioners (multiple).

Drivers of the education attainment gap

Many different factors and core factors are contributing to the education attainment gap - no one silver bullet. Can address by removing barriers and building protective factors - Poverty an over-arching factor.

Core Factors:

- Barriers to social mobility
- Barriers to community cohesion, inclusion and equity
- Inequitable social and cultural capital
- Under-resourced home learning environment
- More complex home social environment

- Reduced family and education setting relationship
- Health and wellbeing needs
- Reduced early intervention
- Limited engagement with services/settings

Specific challenges for B&NES:

- The visible gap between wealth and deprivation and its impact social mobility
- Difference in social, sporting and cultural opportunities that CYP access
- Focus on academia in schools and the impact of this on employment options and social mobility
- How different areas look (different investment in different areas) and the impact this has
- A lack of diversity and the impact this has on minority groups
- Large rural communities and challenges with public transport impacting access to education settings, public services and youth clubs

Action Plan

Approximately 65 actions / 5 priorities.

Takes an “equity-based approach” to reducing the attainment gap by suggesting that there should be a greater focus on removing the barriers to educational attainment to support those at greatest risk

Whole system approach

The following priority/outcome will be embedded in B&NES new Culture Plan: Help to address the educational attainment gap by increasing social capital, aspiration and social mobility in children and young people from disadvantaged families; for example, by supporting skills and knowledge development, enhancing identity and belonging, and reducing barriers to participating in the cultural and heritage offer.

This will also translate into practice... for example by being embedded in culture projects such as the new fashion museum; a national lottery bid for funding includes a CYP outreach post that (if the bid is successful) will proactively build relationships with communities, families and settings to support meeting this outcome.

Governance

Aligns well with the Be Well approach...

Take collective action on the social, economic, environmental and commercial factors that drive our behaviours, as well as supporting individuals and communities to make positive choices.

Work at different levels of the system to change not only the actions we take, but the structures that support them and the health beliefs that the system holds.

Exploit the value of working together on the building blocks of health (in this context the building blocks of educational attainment).

Both Be Well B&NES and the HWB have broad membership that aligns with the core determinants.

Update to and feedback from:

- School Standards Board
- School Heads Forum
- CDAS
- CYPs Sub-Group (reports to HWB)

Councillor Liz Hardman welcomed the report and said that she agreed with the recommendations. She asked what measures were likely to be put in place as part of the drafting of the action plan.

The Consultant in Public Health replied that a draft action plan was nearly complete and would look at expanding the culture and heritage offers to young people. She added that they would be working with schools to gather evidence with regard to funding as a larger cohort would equate to additional funding.

She said that they also planned to engage with private schools and external leisure providers.

Councillor Joanna Wright commented that she would like to see the report be given more of a profile, due to its importance, and suggested a press release be arranged in due course. She said that she was aware of the disparity across the area and that through her work on the Alice Park Trust that funding is not readily available.

She proposed a practical solution – all children / young people to be issued with a Discovery Card. She added that the Panel should seek an update on this work every six months.

The Consultant in Public Health replied that from a community element it was very important that there was wider awareness of the report. She said that she would take the suggestion regarding the Discovery Card away for further discussion with colleagues.

Kevin Burnett asked if they had considered involving Parish Councils in their plans at all.

The Consultant in Public Health replied that they had not and welcomed the suggestion. She added that they would also like discuss how the use of Section 106 funding through planning might be used for youth clubs or other elements of infrastructure.

Councillor Ruth Malloy said that she agreed with the suggestion of issuing a Discovery Card to all children and young people and also posed whether a Library Card should be considered as well. She said that young people also need supportive parents and carers so that they feel involved and encourage lifelong learning.

She referred to page 83 of the agenda re: Attainment by Ethnicity and said that they needed to be cautious with results as there are low numbers from the Black and Other ethnic groups in this cohort.

She said that support in languages should be promoted, especially for those young people that English is not their first language.

The Consultant in Public Health replied that as part of their work they intend to go out into the communities and discuss these issues across a range of generations. She said that opportunities relating to lifelong learning will be in the action plan.

She added that the relationship between parents, carers and schools will also be looked at. She said that an EIA would be required for when analysis of the ethnicity attainment is carried out.

Councillor Robin Moss said that he welcomed the report and agreed that for the KS2 figures there was no magic bullet. He stated though that the attainment gap has been there for quite a while and questioned why this remained an issue for B&NES.

The Consultant in Public Health replied that there were a number of Core Factors, in particular Poverty that remain factors within B&NES alongside the barriers associated with Social Mobility and geographical constraints.

The Chair commented that the Panel should be updated on the progress of this work in six months time.

The Panel **RESOLVED** to:

- i) Note the work underway on a whole systems approach to reducing the educational attainment gap.
- ii) Review the draft report and provide feedback.
- iii) Support the ambitions of the work by considering opportunities to champion the work underway.

90 CABINET MEMBER UPDATE

Councillor Paul May, Cabinet Member for Children's Services addressed the Panel and highlighted the following points to them.

HCRG

We are aware of an incident affecting the provider HCRG Care Group. We are working with them and others to fully understand the scale of the incident and any potential impact on health data. Patients should continue to access NHS care in the normal way. While investigations are ongoing and can take time, patients do not need to take any action or contact your care provider. Any individuals who are impacted will be contacted and advised in line with Information Commissioners Office (ICO) guidance.

Families First Partnership Programme

The Families First Partnership Programme (FFP) is a new national programme set up in the Department for Education, backed by over half a billion pounds of investment (£523.5m). The programme will work in partnership with local areas (local authorities, police, health, education and other relevant agencies) to improve their local services and systems that help and protect children and families.

Bath and North East Somerset have an engagement meeting regarding “readiness” with the Department of Education (DFE) on March 10th 2025. We will provide a regular update on implementation plans.

Councillor May announced that this would be the final Panel meeting for the Director of Children's Services & Education, Mary Kearney-Knowles as she was retiring. He thanked her for all the work she had done for the Local Authority.

The Chair, on behalf of the Panel, gave their thanks as well.

Kevin Burnett asked if any of the Families First work could dovetail with the work outlined regarding attainment.

The Director of Children's Services & Education replied that engagement sessions were planned to take place over the coming weeks and that transformation was planned to take place across 2025/26.

Councillor Liz Hardman asked if any further update could be provided regarding the Safety Valve programme.

Councillor May replied that he could not really add anything further to his written update and had asked the Director for Education & Safeguarding to provide an update to Cabinet as soon as any new information was available.

Councillor Joanna Wright asked if he was aware that the phonenumber for Bath Mind was due to close down on 31st March.

Councillor May replied that he believed that this was a contract issue for the ICB.

Councillor Wright said that she had been contacted by a resident who has been unable to make any contact with HCRG.

Councillor May asked if she would pass those details on so that the matter could be looked into further.

Councillor Robin Moss asked if any comment could be given regarding the number of local organisations, including Off The Record and Voices, who are set to receive less or no funding in the coming year.

Councillor May replied that he shared these concerns regarding funding, was not aware of the reductions for Off The Record and was due to meet with representatives from Voices later in the week.

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

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

Laura Ambler, Director of Place for Bath and North East Somerset, BSW ICB addressed the Panel and highlighted the following areas from within the update.

Engagement with local patients and community groups for NHS Ten-Year Plan

Community and patient groups in Bath and North East Somerset have taken part in a number of engagement sessions organised by the ICB throughout January and February.

The sessions have taken place as part of a national exercise to collect thoughts and opinions that will be used to develop the new NHS Ten-Year Health Plan. The plan will set out steps to create a health service that is designed to meet the changing needs of the country's population.

Panel members who wish to submit their own views for the plan can still do so via an online survey at www.change.nhs.uk . The NHS Ten-Year Health Plan is expected to be published in May.

Kevin Burnett asked if any feedback had been received from schools regarding the Big Brush Club initiative.

Laura Ambler replied that no formal feedback had been received yet, but said that all parties were aware of the programme and they expected a high take up of the initiative.

Kevin Burnett asked if any additional information could be provided on a number of previously raised matters, namely Pharmacies Review update, Alice Park Youth Festival and ICB budget deficit.

Laura Ambler replied that the Pharmacies Review was undertaken annually alongside colleagues from Public Health and that the outcome of that was not due yet. She reminded the Panel that the ICB's ability to be involved in direct provision was limited.

She said that they had received some initial headline feedback from the Alice Park Youth Festival, but was not aware of the need to provide any further information. She added that the event had been seen as a successful one and could liaise further with Councillor Wright if required.

On the matter of the budget she explained that the ICB were working on their annual submission alongside the Local Authorities. She said that all ICBs remain financially challenged.

Councillor Ruth Malloy asked if any comment could be provided on whether some local branches of Jhoots Pharmacies have had to close down recently and asked

what mechanisms are in place if a chain starts to have such difficulties and what advice can be given to residents.

Laura Ambler replied that she would take this matter away and ask for a response.

In response to an earlier point relating to Bath Mind she said that they were looking to recommission Breathing Space and that this was part of a current live procurement process. She added that they were aware of the issue relating to the phonenumber and were in the process of addressing that.

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

92 KNIFE CRIME PREVENTION TASK GROUP - FINAL REPORT

The Chair introduced the report to the Panel. She explained that part of the role of the Task Group had been to review current approaches to the prevention of knife crime across Bath and North East Somerset, to review knife crime prevention national best practice examples and to consider opportunities for improving prevention of knife crime across Bath and North East Somerset.

Councillor Eleanor Jackson addressed the Panel and explained that she had been a member of the Task Group. She said that incidents that have occurred in the local community have had a huge impact on residents.

She said that she felt that social media influence, the pandemic and exclusions from school were factors to be taken into account into the incidents that took place.

She raised three points for the Panel to be aware of:

- i) Deaths - The victims in a number of the incidents could be classed as innocent parties with no previous connection to their assailants or involvement in crime.
- ii) Mental Health support - need to take into account properly what is required to support young people with mental health needs.
- iii) Bullying – should more of a link have been made to this as a contributing factor.

She concluded by suggesting whether a module on Knife Crime should be included in the syllabus for schools to be able to raise awareness of the issue.

The Chair thanked Councillor Jackson for those comments and for her contributions to the work of the Task Group.

Councillor Joanna Wright asked why it was young males that were the main perpetrators of such crimes.

The Chair agreed that gender definitely was a factor and that girls seemed to be much less involved in incidents of this nature. She said the Task Group had looked at the factors such as peer pressure and the glamorisation of knife crime as part of their work.

She added that it was hoped that the steps being taken by the Council and its partners on Early Help would lead to the creation of better outcomes for our local children and young people.

The Chair commented that the ongoing work of the Violence Reduction Partnership would address these issues.

Councillor Paul Crossley asked if data was available on the types of knives used in these incidents.

The Chair replied that the data was not broken down to that level for the work of the Task Group.

The Panel **RESOLVED** to;

- i) Endorse the Task Group's findings and recommendations, and;
- ii) Agree for the recommendations to be forwarded to the Cabinet/Cabinet Member for response.

93 TARGETED EARLY HELP / PREVENTION SERVICES - ESTABLISHMENT OF A NEW TASK GROUP

The Chair introduced the report to the Panel. She explained that during the recent Task Group review looking at knife crime prevention, members recognised the importance and value of investment in early years and preventative services.

She said that the Group would be asked to learn about the work taking place around targeted early help and prevention for children and young people across the Children's Services department and to consider opportunities based on the evidence for the Council to improve its future provision.

The Panel **RESOLVED** to;

- i) Agree to establish a Task Group to consider targeted early help and prevention for children and young people;
- ii) Endorse the provisional terms of reference, as detailed in para 3.8;
- iii) Delegate authority to the Panel Chair and Vice Chair to finalise the Task Group membership;
- iv) Request that the Task Group's findings and recommendations are reported back to the Panel for endorsement within six months of its first meeting.

94 PANEL WORKPLAN

The Chair introduced the item to the Panel and asked for suggestions for future reports to the Panel.

Councillor Hardman suggested that they receive an update from the Violence Reduction Partnership.

Kevin Burnett reiterated that the Panel should be updated on the work of the Wider Determinates of Educational Disadvantage project.

The Panel **RESOLVED** to note their current workplan and these proposals for future reports.

The meeting ended at 1.15 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Lead Member (Adult Services and Public Health) report for Scrutiny – April 2025

A. Statutory Services

We are approaching the one year anniversary of the transfer of ASC statutory services back to B&NES Council. In order to minimise disruption, no changes were made to services at the point of transfer but managers have been working with practitioners over the past year to review and revise operational practices and to improve training and development.

Recent activities have included a “world café” at The Guild Hall to celebrate World Social Work Day On the 18th of March. This was attended by 40 social work practitioners who learnt and reflected on 6 facilitated topics, as follows:

- Making the most of community assets
- Supporting parents with a learning Disability
- Black History and current practice
- Deprivation of Liberty
- Deaf Awareness

This was followed by a meeting on Developing the ASC Practice Model on 19th March at the Civic Centre which was chaired by Ann Smith (AD Operations). The discussion focused on defining a practice model, reviewing past models, and selecting a preferred theoretical mode of practice. The group identified a preferred model for use in B&NES, the next steps are to engage with all frontline practitioners and align the model to the Care Quality Commission (CQC) framework. It will be implemented in the coming months.

B. Regulated Services

1. Adult Regulated Services

These include the two Community Resource Centres (Cleeve Court and Combe Lea care homes) 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.

As part of our continual improvement journey, an organisation called Care for Quality has been invited to undertake another round of mock inspections of services in late April/early May and the CQC action plan continues to be reviewed with the management team on a monthly basis. The Good Governance Plan has been

introduced in both care homes since February and the effectiveness of the governance audits continues to be tested through quarterly audit review meetings.

The 2025/26 Q1 Good Governance Audit will be completed by Suzanne Westhead. An Audit Summary has also been reviewed for Extra Care services in the same period.

We have introduced a new digital care planning system (Care Control Systems – CCS) into our care homes (the lack of an electronic record had previously adversely impacted on our CQC ratings). The platform is designed to enhance the monitoring of care provided to our residents, ensuring a higher standard of oversight and efficiency. To ensure a smooth transition, both care homes were allocated additional resources and support which included dedicated personnel and training opportunities to facilitate the transfer of resident and operational data from traditional methods to the new digital platform. This transition marks a significant step forward in modernising our approach to care and operational management. Staff teams have been engaged throughout the implementation phase and we will continue to evaluate the system's effectiveness, offering further training and refining processes over the coming months. This shift toward digitalisation demonstrates our commitment to using technology for the benefit of both residents and staff.

Cleeve Court continues to focus on an intensive staff recruitment campaign which has resulted in a number of new staff joining the team, 9 vacancies remain but this represents a significant improvement in recruitment and retention since services transferred back to the council. Robust inductions enable new staff to learn our systems, support the moving in of new residents and building person centred care plans. Cleeve Court continues to work with Brokerage colleagues to take on new admissions and has taken a number of emergency placements over the last few months, there are no bed vacancies at Combe Lea.

Overall spend on external agency staff across our residential services in 2024-25 is 27% lower than 2023-24 and strong absence management has helped to reduce days lost to unplanned absence by 12%.

2. Learning Disability Provider Services

Learning Disability Provider Services transferred back to the Council on 1st April 2024 and include the 2 day services at Carrswood and Connections, a vocational service, 2 supported living schemes which also deliver community outreach and our Shared Lives Service. The Services that are inspected are rated as 'good' by the Care Quality Commission. Care 4 Quality undertook a mock inspection in December 2024 and gave the services an indicative rating of good. We have continued to develop our audit and assurance process since the services transferred back into the council.

The delivery of the Learning Disability provider services continues to present a financial challenge to Adult Social Care due to the increased costs of delivery, and

the condition of the Connections building. In May we will be talking to people who use our services, operational teams and commissioners about the future focus of these services.

C. Commissioning

1. Carers

The B&NEs co-produced carers strategy was launched in September 2024. This highlighted key themes of particular importance to carers, and a set of principles for working together to effect change. Following the launch, the local authority has worked with 12 carers to develop an action plan for developing the carers offer in B&NES through a series of in person events that included carers and social care professionals. These events focused on the key themes outlined in the strategy, pinpointing areas of activity and actions that would improve the lives of carers. The findings were written up into an action plan which was taken to senior social care managers. It is now being embedded within service and improvement plans for 2025-26. During the coming months carers will be updated on progress towards completing these actions and invited to take part in further co-production work.

2. Community Partners

Community support related to adult social care

Responsibility for commissioning these services transfers from HCRG to B&NES council on April 1st 2025. The council has worked with community partners to complete due diligence processes and negotiate bridging contracts and grant funding agreements for 2025/26. Most of these contracts and agreements have been issued for signature and several have been signed by providers. A small number of contracts are in the final stage of negotiations, aiming to finalise as soon as agreements have been reached.

The commissioning and procurement team have developed a procurement strategy for community support services being recommissioned in 2025. These include provision of information and advice for older people, support to return home after a hospital stay, prevention and enablement support for adults living at home, and day opportunities for older people, amongst other services. This procurement strategy will be presented to the market at the next market engagement event planned in April.

Housing and homelessness related contracts

The commissioning team have issued letters of intent to providers, most of which have signed and returned. Bridging contracts for 2026/26 are being worked on and will be issued in early April.

D. Finance

ASC is projecting delivery of its savings targets for 2024/5 and a break-even position at year end. This is particularly noteworthy given the increased activity and complexity the service has faced, especially in Mental Health (MH), Older Persons (OP), and Learning Disabilities (LD). Congratulations to all involved as this will ensure that the service starts the new financial year from a position of strength.

E. Newton House

See separate report

F. CQC Inspection

See separate report

G. Public Health

1. New public health contracts

The new public health contracts for Drug and Alcohol Services (Turning Point), Wellness services (Everyone Health) and Public Health Nursing Services (HCRG Care Group) start from 1st April 2025.

2. Health protection issue in K&A Canal, Widcombe

The health protection team have recently responded to concerns from members of the public about an apparent mass poisoning of fish in Widcombe Section of the Kennet and Avon Canal. The team worked with the Canal and River Trust and the Environment Agency to identify the cause as an algal bloom with the recent lack of rainfall being identified as a significant contributory factor. Concerns also remain about the impact of alleged unlawful discharges from boats and a recommendation has been made to the Canal River Trust to investigate this. From the information provided by the CRT and Environment Agency Public health has confirmed that there is no immediate threat to human health.

3. Leisure services

Summer opening hours have started at Royal Victoria Park Golf with the course now open 7 days per week for Foot Golf (12 holes) and pitch and putt golf (currently 9 holes but due to increase to 18 once Green treatments are completed). Progress is also being made on the Adventure Golf Course at Dragonfly Leisure centre in Midsomer Norton with the course due to open later this month. Leisure services are currently working with Planning on a new application to further develop the Sports facilities at Odd Down. This includes more gym and studio space, a walking and running trail and padel tennis courts.

4. Children and young people's health and wellbeing

The Department for Education announced a one-year extension to the Holiday Activity Food (HAF) programme in February and an update regarding future funding beyond Easter 2026 is expected in the Autumn.

Five Outreach Family Health and Wellbeing Clinics with early years settings have been held in Twerton and Whiteway in the last few months involving different partner organisations. The clinics have taken a Making Every Contact Count (MECC) approach by taking other offers and including the promotion of childhood oral health by HCRG staff. Approximately 25% of the children attending received a flu vaccine, 50 MECC conversations took place, and 250 oral health packs were distributed

5. Smoke free grant to local authorities

The government has announced a further year's additional ring-fenced funding for local stop smoking services and support for 2025/26 for use on local stop smoking services. The B&NES allocation for 2025/26 is £216,795.

6. Cabinet visit to Somer Valley Links project

Several Cabinet members recently visited the Somer Valley Links Project/Active Way, which is a WECA funded collaboration between B&NES Sustainable Transport and Leisure Services/public Health. The scheme works closely with local GP practices and social prescribers and offers a range of activities that encourage exercise and accessible active travel to improve both physical and mental health. The offer includes opportunities for people with complex disabilities to ride a range of adapted e bikes in an off road environment. It works with many people in the Somer Valley area.

Councillor Alison Born – Cabinet Lead Adult Services and Public Health

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

**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel –
Monday 14 April 2025**

Transfer of community-based care services to HCRG Care Group

Community-based care services across Bath and North East Somerset, Swindon and Wiltshire are now being provided by HCRG Care Group.

Since 1 April, the group has taken on the day-to-day running of the services, and partnered with the NHS, local authorities and charities to transform the way in which community care and support is provided across the region.

Patients have been advised that there will be no immediate changes to current services, and care will continue to be provided as before.

This is an exciting time for community-based care in BSW, as the new partnership will be focussed on delivering better outcomes for the local population, providing greater support for people to live healthier lives, spot the signs of ill health earlier and help those with existing health and care needs live independently for longer.

Over the last six months, the ICB has worked closely with colleagues from across the local health and care system, including both HCRG and the previous providers, to ensure that the handover was able to take place as smoothly and as seamlessly as possible, and without any interruption to patient-facing services.

The gradual transformation of community-based care is now beginning, with HCRG committed to involving patients, staff and the wider population in any proposed changes, as well as working with the ICB on plans for formal consultation, should a need for such a process arise.

Further information about our vision and ambition for the future of community-based care is available on our website at www.bsw.icb.nhs.uk/news-and-events/integrated-community-based-care.

Future of integrated care boards

Over the last few months, both NHS England and the Department of Health and Social Care have been discussing closer working and avoiding duplication.

Work is now under way to reform the NHS to best support the frontline to deliver for patients and drive the government's reform priorities.

Changes are expected to take place, at pace, over the coming months.

As part of the need to make best possible use of taxpayers' money to support frontline services, NHS England has informed us that the running and programme costs of ICBs will need to be reduced by around 50 per cent.

While these plans are currently at an early stage, it has been confirmed that ICBs will continue to exist and work around developing a new ICB model, which outlines future functions and responsibilities, is already under way.

Ensuring that services are not disrupted and continuing to deliver ambitious transformational improvements locally, in collaboration with local partners, while also providing support to colleagues, will remain the focus of the ICB throughout this upcoming period of change.

Updates on the future of the ICB and the wider NHS will be shared with members as and when developments are announced, and plans put in place.

Eligible groups urged to come forward for vital Covid-19 booster vaccine

Local people who are most at risk of falling seriously ill from Covid-19 have been urged to book an appointment to receive their spring booster vaccine.

All adults aged 75 and over, as well as those over the age of six months and living with a weakened immune system, are eligible for the free vaccination.

Older adults living in care homes will also be offered the vaccine within their place of residence.

Having the booster vaccine is seen as the most effective form of protection for people who are more susceptible to the effects of Covid-19, especially as immunity from previous vaccinations fades over time.

Vaccination appointments are now open for booking, and can be arranged either over the phone by calling 119 or online at www.nhs.uk/bookcovid.

Invitations to book a booster vaccine are also being sent – either in the form of a text message or letter in the post – to all who are eligible.

Some vaccinations are being carried out at designated walk-in clinics, for which a pre-booked appointment is not required.

During the most recent Covid-19 booster drive, which took place between October 2024 and February 2025, more than 9.8 million vaccinations were administered across the country, including approximately 218,000 across Bath and North East Somerset, Swindon and Wiltshire.

Patient survey aims to find out why people visit A&E

Patient visits to accident and emergency departments within local hospitals rose by 5.6 per cent during 2024, mainly due to a rise in the number of walk-ins.

In order to bring waiting times down, the ICB needs to understand why more people are going to A&Es instead of using other NHS services, especially as the local population continues to grow.

Over the next three months, BSW ICB will be working with local Healthwatch groups, along with hospitals in Bath, Swindon and Salisbury, to conduct the Big A&E Survey.

Face-to-face questionnaires will be handed out at all three A&Es in BSW, with a digital survey also being launched across social media.

This survey will explore why patients choose accident and emergency departments and their awareness of other treatment options, while also looking for any health inequalities and service gaps.

The findings will be analysed and shared with system partners to understand the reasons behind the rising visits, to make recommendations on plans to reduce this demand and to improve communication with specific population groups who need support.

Residents of BSW help shape new 10-Year Plan

Over the last few months, the ICB has been actively gathering and speaking to local residents about what they would like to see in the forthcoming 10-Year Plan.

First announced by the Secretary of State in October of last year, the new plan aims to outline how the NHS will evolve into a truly modern health service, and one that can successfully meet the changing needs of the population.

The plan will focus primarily on three shifts that the government, along with clinical experts, agree need to happen. These are:

- Moving care from hospitals to communities
- Making better use of technology
- Focussing on preventing sickness, not just treating it

In Bath and North East Somerset, Swindon and Wiltshire, the ICB has held meaningful conversations with a range of diverse and dynamic community groups, including people from black and minority ethnic backgrounds, those from our local Muslim population and refugees and asylum seekers currently living in Swindon.

Engagement work has also been carried out with the Gypsy, Roma, Boater and Traveller communities in Bath and Wiltshire.

Their thoughts, feelings and opinions have now been shared with our national colleagues for inclusion in the plan, which is expected to be published in May.

Much of the feedback generated by these conversations centred around:

- Praise for the NHS, particularly:
 - That it's a universal service, available to everyone, free at the point of use.
 - That its staff are hardworking and dedicated, often doing incredible things in difficult circumstances.
 - That it's there when patients really need it, with emergency services saving lives every day.
- An acknowledgement of current challenges, such as:
 - A lack of available GP appointments.
 - Long waiting times in emergency departments.
 - Services not working together to support patients.
- Things that would help make the NHS better, including:
 - Easier and quicker access to appointments.
 - Better coordination between different health and care services.
 - Greater investment in staff recruitment and retention.

An online survey, in which people can share their ideas for how the NHS can be improved, is currently live at www.change.nhs.uk.

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Adults and Children’s Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	14 th April 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Care Quality Commission (CQC) Local Authority Assessment Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: CQC Assessment Framework – Local Authority Assurance		
Attachment 2: CQC Local Authority Assessment Timeline		
Attachment 3: Adult Social Care Improvement Plan		

1 THE ISSUE

- 1.1 The Health and Care Act 2022 gave Care Quality Commission (CQC) new powers to assess how Local Authorities meet their duties under Part 1 of the Care Act 2014. CQC Local Authority Assessment Framework assesses the performance of Local Authorities to assure CQC and the Department of Health and Social Care about the quality of care in the area and consider any improvements that are required. A full overview of the CQC Local Authority Assessment Framework can be found in Attachment 1.
- 1.2 From April 2024 to September 2024 B&NES underwent it's CQC Local Authority Assessment under a 2 stage inspection approach, with the onsite element of the assessment process taking place from 10th September to 12th September 2024. A timeline of the CQC assessment process can be reviewed in Attachment 2.
- 1.3 The CQC published their report for B&NES on 30th January 2025, assigning a rating of Requires Improvement. Prior to the final report being published a factual accuracy and completeness review was undertaken by the ASC Leadership Team on the draft CQC report. 75 points of factual accuracy and 69 completeness points were submitted to CQC on 27th November 2024. For factual accuracy 56 points were accepted/partially accepted and for

completeness points 20 were accepted/partially accepted. The rating for B&NES remained unchanged even though CQC accepted the majority of the changes.

- 1.4 CQC confirmed on 23rd January 2025 they had received the Director Adult Social Care (DASS) submission challenging the methodology of the inspection process and requested a review of the CQC Quality Assurance process being adhered to. On the 4th March 2025 CQC responded to the challenge submission stating that 'CQC have considered the B&NES submission against their rating assurance process review criteria and have determined there are no grounds for a review'.
- 1.5 The Lead Member wrote to the CQC Chief Executive, Sir Julian Hartley on the 27th January 2025, again on 17th February and with a further follow up email on the 3rd March 2025. She received confirmation of the contact on each occasion and the promise of a response but no response has been received from Sir Julian Hartley to date. The Lead Member also wrote to Penny Dash who had in 2024 been commissioned to review the effectiveness of CQC. Her response confirmed that the concerns B&NES identified were similar to those she had found in her review of the CQC.
- 1.6 Suzanne Westhead, Director Adult Social Care also wrote twice to the CQC Chief Inspector, James Bullion, about the poor inspection process and inexperienced inspectors but no response was received.
- 1.7 Due to the Requires Improvement rating B&NES has been assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care (Southwest Region) who partner with the Local Government Association and Association of Directors of Adult Social Services.

2 RECOMMENDATION

The Panel is asked to:

- 2.1 Acknowledge the CQC Local Authority Assessment report published with a rating of Requires Improvement.
- 2.2 Feedback on the Adult Social Care Improvement Plan with key themes and actions that outline our improvement journey to CQC rating of Good.
- 2.3 Agree that an update report on the progress against the ASC Improvement Plan is submitted to Panel in September 2025.

3 THE REPORT

- 3.1 Summary of strengths and areas of development from the CQC report are outlined below. The full report with an overview of the rating and scoring can be accessed at <https://www.cqc.org.uk/care-services/local-authority-assessment-reports/bathandnortheastsomerset-0125>.
- 3.2 This assessment took place during a time of ongoing transformation. The Local Authority had recently brought their Care Act 2014 functions in-house and many policies, processes and governance procedures were being reviewed and embedded. Following the transfer back in-house, adult social care was also reviewing job roles and team structures. In addition, the whole council was going through a transformation with the vision "Being Our Best" which was intended to

ensure every contact with the local authority was the best and improved each person's interaction with the local authority. Leaders and managers were also being introduced to an improved, more in-depth, version of their Power BI data system to support them with oversight and governance. The improved version had not yet been fully implemented at the time of our assessment however, leaders told us the original version was still being used by leaders and managers to support with oversight. The new version is now fully implemented

- 3.3 Feedback from staff regarding the technicalities of the transfer back in-house was positive. Staff told us the move went smoothly, and they felt well informed and prepared for the transfer. Staff told us the training offer has improved since moving back in house and that training was easily accessible, informative and relevant to their job roles. However, the overall council transformation, change in job profiles, and potential future structures of teams, were causing staff anxiety and staff did not feel the process was well communicated. Staff spoke positively about their managers and senior leaders and felt supported in supervision. However, staff told us they felt there needed to be more oversight and decision-making support in some teams.
- 3.4 Feedback from health partners was positive. We heard how health, adult social care, the HCRG group and the community and voluntary sector were working together in the Community Wellbeing Hub to prevent, reduce and delay people's care needs. Leaders identified a need for more collaborative working so people would only have to tell their story once more promotion of people's independence and to reduce the need for care and support. Health partners and leaders described positive working relationships and joint working to achieve shared aims. Health partners, leaders and staff understood the importance of the voluntary and community sector to meet their strategic aims around prevention. Feedback from the voluntary sector was positive. However, some organisations flagged issues around capacity and explained they had waiting lists due to the increase in referrals sent to them from the local authority.
- 3.5 National data showed the experiences of people living in B&NES were mainly positive or in line with national trends. Data showed people felt in control of their own lives and were satisfied with the care and support they received. National data showed the direct payment uptake was low.
- 3.6 Leaders had a good understanding of where they needed to improve. Where shortfalls were identified, plans were in place to address them though some plans and changes were yet to take place and embed. Changes had already been made to improve co-production, and leaders identified the need to continue to improve co-production and other ways to gain people's feedback on their experiences. The carers co- production was particularly positive, carers told us they felt listened to and respected. They were looking forward to seeing the changes and suggestions they made regarding the carer's strategy being put into practice.
- 3.7 Unpaid carers feedback was mixed, carers did not always know what support and advice was available to them and what impact a carers assessment could have. Some carers told us they had been in a caring role for some time before being offered a carers assessment. The local authority has identified the need to improve the carers offer.

- 3.8 There were gaps in knowledge of some leaders regarding the understanding of their diverse communities and seldom heard groups. We heard how adult social care, and public health had worked together to reach the boating and traveller community and how the Director of Adult Social Services (DASS) represented the local authority in the lesbian, gay, bisexual, transgender or queer (LGBTQ+) community group.
- 3.9 Data collected by the local authority did not support the identification of people whose voices are seldom heard. For example, it was not compulsory to add a person's religion or ethnicity to the recording system when creating a record at the front door, this meant there were potential inconsistencies in the monitoring of people from seldom heard groups and whether they had interacted with the local authority.
- 3.10 Waiting times for Care Act assessments and reviews varied from team to team. Some people waited longer than the adult social care targets set by the local authority. Staff told us staffing issues were having an impact on waiting lists for people awaiting an occupational therapy assessment, and the reviewing team had people who were waiting over a year for their annual review.
- 3.11 Leaders had positive and ambitious plans to improve adult social care in the future including improving performance, gaining people's voice, working collaboratively and improving governance, oversight and use of data to inform changes and improvements to practice. Leaders identified the gaps in governance and understood the importance of embedding changes in order to improve practice.
- 3.12 There are systems and processes in place to protect people from abuse and neglect and these have been reviewed and refreshed with partners and staff. We are in the process of reviewing multi agency policies with B&NES Community Safety and Safeguarding Partnership. All safeguarding concerns and enquiries are tracked and outcomes recorded. The number of people waiting for assessment or review is reviewed on a daily basis by managers and people are allocated based on level of risk and need.
- 3.13 The Adult Social Care Improvement Plan outlines progress already made and the steps that will be taken to further enhance services. It reflects our own assessment of priority areas for improvement, alongside the key findings and areas for improvement against quality statement scores from the CQC Local Authority Assessment Report for B&NES. By aligning our efforts with national expectations and local needs, we are driving forward a shared vision for a more responsive, effective, and sustainable Adult Social Care service. All Adult Social Care statutory duties are now performed directly by the Council following the transfer of staff from HCRG Care Group in April 2024. This means we have greater governance, oversight, and assurance over our performance. This also enables us to better understand how well we are meeting the needs of our community and where further improvements are required.
- 3.14 The following four principles underpin the 9 Improvement Priorities of the ASC Improvement Plan:

Principle 1: Foster equal partnerships and alliances with provider partners

- Principle 2: Ensure consistency of experience across the service, promoting highly personalised, strengths-based, solution-focused conversations, and micro-commissioning
- Principle 3: Embed equality, diversity, and inclusion into all activities, ensuring that these values are integral to our operations and enhance the opportunities available to everyone
- Principle 4: Fostering a culture of strong leadership grip, governance and risk management, creating a framework that enhances leadership practices, increased productivity and positive outcomes for individuals

3.15 The ASC Improvement Plan is aligned to specific CQC feedback and structured according to the Local Authority Assessment Themes listed in Attachment 1. This ensures a clear and systematic approach to addressing identified improvement priorities. There are 9 improvement priorities across the four CQC Themes which are outlined in the table below.

Theme & Reference		Priority Areas of improvement
Theme 1: How the Local Authority Works with People	1.1	Improve public access to information, advice, guidance, and enhance our prevention services.
	1.2	Reduce waiting times for all services areas ensuring that people are prioritised according to risk
	1.3	Enhance the quality offered to Social Care staff by implementing a new practice model. Establish a Practice Development Group focused on legal compliance, outcome-oriented practice, and enhanced recording and data output.
Theme 2: Providing Support	2.1	Work collaboratively with practitioners and partners to ensure we commission services that meet the needs of our population to ensure diversity and sufficiency in the local market
	2.2	Introduce innovative ways of supporting people, staff & stakeholders, through the use technology and digital solutions
	2.3	Giving residents a bigger say in local services and develop how we gather feedback on people's experience of Adult Social Care
Theme 3: How the Local Authority Ensures Safety Within the System	3.1	Ensure our governance and risk management processes are used consistently to ensure safeguarding procedures are followed in accordance with making safeguarding personal principles
	3.2	Refresh and implement a new Preparing for Adulthood Pathway
Theme 4: Leadership	4.1	Improve the quality of our data to ensure better oversight of individuals journeys through the use of performance BI dashboard

3.16 The ASC Improvement Board will commence in April 2025 and will be chaired by Suzanne Westhead, Director Adult Social Care. The Improvement Board will be held monthly to review progress made against the 9 improvement priorities set out in the ASC Improvement Plan. Bath and North East Somerset Council's approach to improving Adult Social Care is structured around the Care Quality Commission (CQC) themes and quality statements. The improvement board will have oversight that our improvements are aligned with national standards and best practices, providing a clear framework for delivering high-quality, person-centred care.

3.17 The Director Level Service Plan includes ASC Improvement as a key priority for 2025/26.

4 STATUTORY CONSIDERATIONS

- 4.1 The Health and Care Act 2022 puts the Care Quality Commission's (CQC) assurance of Local Authorities on a statutory footing. The new duty on the CQC to assess Local Authorities' delivery of their Adult Social Care (ASC) duties under Part 1 of the Care Act 2014 came into effect on 1 April 2023. Linked to this new duty is a power for the Secretary of State to intervene where, following assessment under the new duty, it is considered that a local authority is failing to meet their duties.
- 4.2 CQC Local Authority Assessment process assessed how well we deliver our statutory duties within the 6 key principles of; empowerment, prevention, proportionality, protection, partnership and accountability. The Care Act 2014 breaks these down into:
- General responsibilities, for example, how well we promote wellbeing, prevent reduce and delay the need for care and support and offer information, advice and guidance
 - Assess and meet needs
 - Direct Payments
 - Financial assessments, charging for care and deferred payment schemes
 - Deferred Payments
 - Continuity of Care
 - Market oversight and provider failure
 - Transition for children to adult care support
 - Advocacy
 - Safeguarding
- 4.3 The allocation of a Care and Health Improvement Advisor is mandated for all Local Authorities that are either Requires Improvement or Inadequate. The Director for Adult Social Care and wider ASC Leadership Team met with the Care and Health Improvement Advisor (CHIA) from Partners in Care allocated to B&NES on 28th January 2025 to review the ASC Improvement Plan priorities and plan next steps.
- 4.4 The CQC Assurance Stage One report to Department Health and Social Care was submitted by the Partners in Care CHIA by 12th February 2025. The second CQC Assurance report will be submitted to Department Health and Social Care by Partners in Care CHIA on 30th April 2025.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 The appointment of a Care and Health Improvement Advisor from Partners in Care has been welcomed by the ASC Leadership Team providing a valuable advisory resource to inform the B&NES ASC improvement journey and report on progress to Department Health and Social Care.
- 5.2 Initial scoping discussions have taken place regarding potential resourcing requirements through the development of the ASC Improvement Plan and additional resource requests will be managed through the ASC Improvement Board.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.
- 6.2 The ASC Risk Register has an entry for 'risk of capacity to deliver CQC improvement plan following September 2024 on site inspection' which has been escalated to the Corporate Risk Register in December 2024. The ASC risk register is reviewed on a quarterly basis.
- 6.3 Progress against ASC Improvement Plan milestones will be RAG rated on a monthly basis and reported to the Improvement Board which is planned to commence in April 2025.

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.

9 OTHER OPTIONS CONSIDERED

- 9.1 A key part of the CQC assessment process was the development of a Self Assessment report for 2023/24, which gave details on our identified areas of improvement. The Adult Social Care Self Assessment was published on 5th July 2024 and can be accessed using the following link - <https://www.bathnes.gov.uk/document-and-policy-library/our-adult-social-care-self-assessment>
- 9.2 As part of our annual quality assurance process our self assessment will be updated for reporting period 2024/25. The updated self assessment will be developed in April 2025 to capture the learning from CQC Local Authority Assessment and resulting ASC Improvement Plan.

10 CONSULTATION

- 10.1 Service users, ASC workforce, wider council staff and partners have been engaged in the CQC Local Authority Assessment process. A communication plan has been developed for B&NES staff and partners to socialise the ASC Improvement Plan.
- 10.2 ASC operations team (statutory services) met in December 2024 to review areas for improvement and commence action planning to inform the post CQC Assessment ASC Improvement Plan.

10.3 ASC staff have been briefed on the ASC Improvement Plan through team meetings with Assistant Directors, staff briefings lead by the DASS, Assistant Directors and Quality Assurance Lead and sent a copy of the ASC Improvement Plan.

10.4 The ASC Leadership Team will provide regular updates on progress against the ASC Improvement Plan to B&NES Community Safety and Safeguarding Partnership, Corporate Management Team, Integrated Care Board, Lead Member, Cabinet and Scrutiny Panel.

Contact person	<i>Suzanne Westhead, Director Adult Social Care</i>
Background papers	
Please contact the report author if you need to access this report in an alternative format	

Care Quality Commission (CQC) Local Authority Assessment Framework

Assessment Theme	Quality Statement	'I' Statements and Quality Statements used for Assessment
Theme 1: Working with people	Assessing needs	We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
	Supporting people to live healthier lives	We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support
	Equity in experiences and outcomes	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.
Theme 2: Providing support	Care provision, integration and continuity	We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
	Partnerships and communities	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
Theme 3: How the local authority ensures safety within the system	Safe systems, pathways and transitions	We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
	Safeguarding	We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.
Theme 4: Leadership	Governance, management and sustainability	We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
	Learning, improvement and innovation	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

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Care Quality Commission Local Authority Assessment Timeline

Date	Inspection Activity
12-14 Sept 2023	Peer Review
15 April 2024	Notification of CQC Local Authority Assessment
3 May 2024	1st Stage: Self Assessment and evidence against each of the 38 Information Returns
8 July 2024	2nd Stage : Notification of on site visit 10 th -12 th September 2024
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	CQC draft report issued
27 Nov 2024	Submission of factual accuracy and completeness response to draft report
2 Jan 2025	CQC final report issued (some changes following factual accuracy and completeness process)
23 Jan 2025	Review submitted to CQC for Quality Assurance process adherence
30 Jan 2025	CQC Report Published

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Care Quality Commission Local Authority Improvement Plan – Theme 1: How the Local Authority works with people

Key areas identified	Planned activity to address key areas identified	Commentary	Timeline/ key dates
Improvement Priority 1.1: Improve public access to information, advice, guidance, and enhance our prevention services.	Conduct a thorough diagnostic assessment to ascertain our current provision of Information, Advice, and Guidance (IAG), as well as the methodologies employed by our partners. Identify existing gaps, evaluate the scope and urgency of the required work, and subsequently formulate a comprehensive project plan that outlines necessary actions to achieve the desired outcomes. Highlight areas of work where co-production and co-design would benefit service users and the council.	A full diagnostic report will outline where there are shortfalls and make recommendations on how to remedy them. The recommendations will be drawn up into a Project and the work will be managed through the project. Evidence of the impact of the work might be evidenced through customer satisfaction surveys, website analytics and feedback, call logs, social media engagement	Commence April 2025
Improvement Priority 1.2: Reduce waiting times for all services areas ensuring that people are prioritised according to risk	A single triage and prioritisation system will be in place, so people are allocated based on the level of risk. A training program is underway to broaden the Best Interest Assessor (BIA) staff resource, enabling the wider staff group to become BIAs. Establishing a shared manager rota to approve BIA assessments to reduce wait times for Deprivation of Liberty Team waiting lists. Conducting an Occupational Therapy (OT) diagnostic exercise over a 3-month period to identify potential new processes. Implementing a waiting list backlog project while simultaneously developing a new OT clinic for in-person consultations.	The impact of this work will be measured using Power BI (Business Intelligence), specifically tracking the reduction in waiting lists in operational team and in the length of time from referral to assessment. Feedback from individuals who underwent an assessment indicated that it was conducted in a timely manner, as identified through audits. Applying interventions will give us assurance of active risk management and will see Risk Registers amended as our interventions take effect	Work has begun to reduce to the waiting lists.
Improvement Priority 1.3: Implement a practice model that will support our staff to deliver an equitable and legally compliant offer to people who are in contact with adult social care	Implement our Practice Standards and evaluate. Establishing a Practice Development Group to coproduce a practice model with our staff and partners. Staff collaboration with the Principal Adult Social Worker (PASW) to identify training needs, share insights from audits and complaints, and promote best practices in outcome-focused work and documentation.	The work of the Practice Development Group will be documented through minutes of the discussions and a summary of the actions to be carried out. Application of the Care Act and equity in access to services will be identified through audits and the Practice Forum. An increase in the uptake of training is expected and will be evidenced by the Learning and Development Team. Although our current Direct Payment uptake is low compared to national figures, it is part of our core offer, and corresponding policies and procedures will evidence the progress made to make Direct Payments accessible.	An initial meeting with staff took place on the 19 th March.

Care Quality Commission Local Authority Improvement Plan – Theme 2: Providing Support

Key areas identified	Planned activity to address key areas identified	Commentary	Timeline/ key dates
Improvement Priority 2.1 Work collaboratively with practitioners and partners to ensure we commission services that meet the needs of our population to ensure diversity and sufficiency in the local market	<p>The Strategic Commissioning Hub's Quality Assurance Team will be responsible for reviewing the Commissioning Quality Assurance Framework and amending as necessary to ensure we capture information about how we support providers to maintain or increase the CQC rating. This will also include sharing of information and learning in Provider Forums.</p> <p>Alongside this, we will work with the Practice Development group to determine the best way of engaging with staff to understand the needs of the people they work with to develop the market accordingly; enabling us to support more people in B&NES.</p>	Evidence of our work with providers will be through the completion of Quality Assurance visits and corresponding documentation; however, where a provider's CQC rating changes, this will be outside the council's control. Minutes from meetings with frontline practitioners will evidence engagement and discussion about the needs of the local population and will pave the way for new market initiatives that the Commissioning Team will take forward. Feedback from providers will demonstrate the support we offer them, and they will be knowledgeable about the local Forum's they can attend for support.	Commenced March 2025
Improvement Priority 2.2 Introduce more innovative ways of supporting people, staff and stakeholders, through the use of technology and digital solutions.	<p>The Technology Enabled Care Strategy has been developed over the last 12 months. Significant work has been done to understand different models and assess readiness for innovative ways of working. The strategy is now ready to be turned into a Programme of work, clearly defining the necessary tasks and involving the right staff and stakeholders to develop a service that meets the needs of the population. The B&NES Safeguarding Adults Portal went live in November 2023, and there are plans to expand online portals to promote equity in experience.</p>	Once the Technology Enabled Care (TEC) and Digital programme is complete and delivered into business as usual, it will enable reports on the number of people receiving TEC or digital solutions to meet their needs. This will include the impact on local services, such as smaller homecare packages required, and the impact on individuals achieving outcomes important to them. People's feedback and the consideration of TEC or digital solutions will be evidenced through practice audits and discussions at Practice Forum. Additionally, people who use a digital platform to access an assessment will be asked about their experience via an online feedback form	Commence April 2025
Improvement Priority 2.3 Giving residents a bigger say in local services and develop how we gather feedback on people's experience of Adult Social Care (ASC)	<p>We will develop and implement a system that allows all individuals to provide feedback in a manner that meets their access needs. Determine the most appropriate ways to communicate to staff and individuals how the learning from the feedback has been implemented.</p> <p>Create more opportunities for residents to participate in the planning and development of local services through collaborative design, planning and evaluation.</p>	We will use various methods to gather feedback, including written guidance from the Principal Adult Social Worker and minutes from resident groups. Our aim is to show that we adapt services based on individual needs. Feedback will measure our performance and highlight areas for improvement.	April- planned recruitment of communication resource.

Care Quality Commission Local Authority Improvement Plan – Theme 3: How the Local Authority ensures safety within the system

Key areas identified	Planned activity to address key areas identified	Commentary	Timeline/ key dates
Improvement Priority 3.1: Ensure our governance and risk management processes are used consistently to ensure safeguarding procedures are followed in accordance with making safeguarding personal principles	A safeguarding action plan is established to manage risk, detailing required steps. Some actions are currently in progress, while others will commence shortly based on urgency. The LiquidLogic Adults Social Care System (LAS) and Controcc (finance system) Development Group holds monthly meetings and has initiated discussions on a risk assessment tool. These efforts are ongoing and incorporated into the LAS Development Lead's Workplan.	Progress in this area will be indicated by various reporting methods. Compliance with Making Safeguarding Personal (MSP) principles will be verified through the BCSSP (B&NES Community Safety & Safeguarding Partnership) annual audit and safeguarding audits, with data recorded on LAS and reported via the BI dashboard. Risk assessment creation on LAS and monitoring through governance structures like supervision and Practice Forum will demonstrate our advancement. Supervision notes and team meeting minutes will provide evidence of staff support in learning how to evaluate, reduce, and manage risk.	This work started before the publication of the CQC report, it is an ongoing programme of reviewing and reporting.
Improvement Priority 3.2: Refresh and implement a new pathway for people transitioning from children's services to adult services.	A public and professional portal will be developed for referrals for any young person or young carer with an appearance of care and support needs to be referred to ASC. Regular meetings will take place with ASC and the parent carer forum. Livewell B&NES and the public facing website will be updated to reflect the ASC transitions offer. A dedicated ASC transitions team will be recruited. ASC will form part of the multi-agency Preparing for Adulthood (PFA) Group. There will be PFA strategy developed this will include clarity of the agency roles and responsibilities. This will link to work commenced on PFA pathways and transitions policy which has been started but not concluded.	Referrals for young people are received and prioritised for ASC assessments. Parents and carers can access advice and information on ASC in various formats. Referrals and waiting times will be built into our new BI dashboards. This will include looking at the timeliness of referrals, the offer to young people and the experience of people on the pathway.	Commence April 2025.

Care Quality Commission Local Authority Improvement Plan – Theme 4: Leadership

Key areas identified	Planned activity to address key areas identified	Commentary	Timeline/ key dates
<p>Improvement Priority 4.1: Improve the quality of our data to ensure better oversight of individuals journeys through the use of the performance business intelligence dashboard</p>	<p>We are committed to enhancing staff training to ensure accurate and timely information processing on LAS. We aim to clearly outline the current data and performance information we capture, as well as our future data and performance information requirements.</p> <p>We will conduct a diagnostic assessment to understand staff's current level of understanding regarding the data we collect and the reasons behind it.</p> <p>Our goal is to identify and address staff training needs to ensure effective use of BI Dashboards for performance understanding and improvement.</p> <p>We will ensure that the data resulting from LAS changes is prominently featured on the BI dashboard.</p>	<p>To measure the impact of these actions, we will implement several key evaluation methods. The Quality Assurance Board will use the BI Dashboards to provide a clear indication of how we are performing against our key performance indicators both national and local.</p> <p>Our case audit process will demonstrate areas of good recording practice and areas for improvement. Staff representatives are involved in LAS system and workflow changes from testing to implementation.</p> <p>Reports to the Quality Assurance Board that highlight trends in waiting lists and productivity will serve as another crucial metric. These reports will help us understand the broader organisational impact of our initiatives.</p>	Commence April 2025

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Adults and Children’s Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	14 th April 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Respite Care	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: N/A		

1 THE ISSUE

- 1.1 Respite care sometimes known as short term breaks is a crucial support system for families and caregivers. They help individuals cared for to stay at home while easing caregiving demands. Respite allows carers to rest and recharge, ensuring their well-being and maintaining the quality of care they provide.
- 1.2 The all-age respite offer within the B&NES area currently consists of respite within the home, in the community, day centres or building based services, and overnight stays outside of the family home.
- 1.3 Recent developments within the market have highlighted the need for a revised offer which has greater flexibility to meet the needs of the residents of B&NES.
- 1.4 In response, we brought forward commissioning work in this area and are reviewing the respite care services in B&NES across all ages to better support families and carers. This report describes the review methodology and updates on progress achieved to date.
- 1.5 It also updates on respite provision at Newton House and the working group set up to develop options for this service beyond 2025.

2 RECOMMENDATION

The Panel is asked to:

- 2.1 Consider content of the report and provide comments.
- 2.2 Agree that an update report on the progress of the respite care review, including the needs analysis, is submitted to Panel in June 2025.

3 THE REPORT

What is Respite Care?

- 3.1 Start Well (0–18 years) - Local authorities have a statutory duty to provide respite care, also known as short breaks, to children with disabilities or special needs.
- 3.2 Services provided can include day care, overnight care, and support within the home or in other settings. The aim is to provide flexible and responsive support that meets the individual needs of the child and their family. This includes ensuring that services are accessible, culturally appropriate, and tailored to the specific needs of the child and family.
- 3.3 Live Well and Age Well (18-100+ years) – In addition, the Care Act 2014 outlines the responsibilities of local authorities in providing respite care for adults aged 18-100+.
- 3.4 Services provided can include support in people's home or in the community, Shared Lives support, day care and overnight care or building based respite.

Review of Respite Care

- 3.5 We are reviewing the respite care services in B&NES across all ages to better support families and carers. This review has five stages:

1) Understanding respite care:
Respite care gives carers a break, allowing them to rest and recharge. It is important for everyone to understand how vital this service is.
2) Needs analysis:
We are finding out what carers and those they care for need. This includes understanding their daily challenges and how often they need breaks. We are talking to families and collecting data to see how current needs are being met and what might be needed in the future. We are reviewing what we know about families and people with eligible care act needs.
3) Current services in B&NES:
We are looking at the respite care services currently available in B&NES, both in buildings and in the community. This includes services like Newton House and Base House, which support people with complex needs and help develop independent living skills. Community services like Shared Lives also provide

daytime and overnight support as well as day services, community support and direct payments.

4) Identifying gaps:

We are identifying what is missing in the current respite care services. This includes looking at availability, accessibility, and specific types of care that are not being provided as well as ensuring that people have a range of services to choose from.

5) Exploring options:

We are exploring innovative solutions to meet residents' needs, fill the gaps in respite care services and develop plans to recommission respite care. This includes looking at best practices and learning from other areas.

- 3.6 To date the review team has gathered information about statutory frameworks and requirements, service descriptions and delivery models for respite care. Work to map current provision and collate current needs and demand profile is in progress across three areas of Start Well, Live Well and Age Well. We are gathering data on several areas such as the number of people currently accessing different types of services, predicted future demand for services and identifying any unmet needs.
- 3.7 This information will be correlated with feedback and insight from people using respite care and their carers, social care practitioners, providers, and other stakeholders. Population needs analysis from B&NES Strategic Evidence Base will be used to model future demand for respite care, a necessary step before moving to identifying areas for improvement, gaps, and opportunities to inform development of options for future models of delivery and commissioning.
- 3.8 We have also engaged in discussions with neighbouring local authorities to understand how they commission respite and what has worked well. Initial conversations identified common issues and gaps in respite service models. Other authorities are also reviewing and recommissioning their current models. We will continue to research best practice, identify, and share learning with regional and national commissioning networks to inform this review.

Newton House update

- 3.9 Newton House continues to provide building-based respite for individuals with complex needs. Bookings for 2025 are open and families are taking them up.
- 3.10 Since the January panel, Adult Social Care has communicated with all families either in writing or by telephone. Families have been informed that the respite service at Newton House will remain available for booking for up to one year. B&NES council and Dimensions have worked together to create joint letters to inform the people affected by the service redesign.
- 3.11 A meeting was held on January 29th, 2025, with families who used Newton House for respite. Twenty-two people attended to discuss their concerns with Councillor Born, Suzanne Westhead, Ann Smith, and senior managers from

Dimensions. During that meeting, it was agreed that representatives from the families would work with the council to help develop future options for residential respite for people with complex needs.

- 3.12 It was also agreed that two social care practitioners will work with the seventeen people currently using the service and their families to understand any changes to their needs and to put forward recommendations for support. Of the seventeen individuals, eleven have had a recent assessment or review, and care planning has commenced. The remaining six people identified as requiring a reassessment or review have an allocated worker and the process is progressing. An operational group, which includes brokerage colleagues is in place to jointly review the assessed needs of each person affected and to identify suitable service provision.
- 3.13 Suzanne Westhead invited representatives of families who use Newton House to join a working group to develop options for residential-respite for people with complex needs beyond 2025. The group first met on 10 March, in Guildhall, attended by three carers, Suzanne and two commissioners.
- 3.14 The meeting focused on respite care in B&NES, discussing various aspects of adult social care, difficulties in accessing respite services, especially during the pandemic, and the complexities involved in care arrangements for individuals with complex health needs. Carers shared their experiences and highlighted the importance of communication and collaboration among stakeholders to improve care for individuals with complex needs.
- 3.15 The group also began to explore options for future residential respite services for individuals with complex needs, including continuing current services, council-run options, and tendering for new services, all while stressing the need for thorough needs analysis and flexibility in care provision. The group agreed to meet again at the end of April to consider the draft needs analysis and explore options for the future further. Update on the work of the group has been shared with all families currently using respite care at Newton House.

4 STATUTORY CONSIDERATIONS

- 4.1 Local authorities have a statutory duty to provide respite care, also known as short breaks, to children with disabilities or special needs. This requirement is primarily outlined in the Children Act 1989 and further detailed in the Breaks for Carers of Disabled Children Regulations 2011.
- 4.2 Key requirements include:
- Assessment and Eligibility: Local authorities must assess the needs of the child and their family to determine the appropriate level of support. The assessment should be holistic, considering the child's physical, emotional, and social needs, as well as the impact on the family.
 - Service Provision: Services provided can include day care, overnight care, and support within the home or in other settings. The aim is to provide flexible and responsive support that meets the individual needs of the child and their family. This includes ensuring that services are accessible, culturally appropriate, and tailored to the specific needs of the child and family.

- Promotion of Welfare: The services provided should promote the welfare of the child and support the family in their caring role.

4.3 The Care Act 2014 outlines the responsibilities of local authorities in providing respite care for adults aged 18-100+.

4.4 Key requirements include:

- Assessment of Needs: Local authorities must assess the needs of adults who may require care and support, including their carers. This assessment determines the level and type of respite care needed.
- Duty to Meet Needs: If the assessment identifies eligible needs, the local authority has a duty to meet those needs. This can include providing respite care services such as day care, overnight care, and support within the home.
- Promoting Wellbeing: The Care Act emphasises promoting the wellbeing of individuals receiving care and their carers. This includes considering physical, mental, and emotional wellbeing.
- Support for Carers: The Act also recognises the importance of supporting carers, ensuring they have breaks from their caring responsibilities to maintain their own health and wellbeing.

4.5 Review of respite care described in this report is being undertaken under these legal frameworks with due regard to the key statutory requirements.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 Respite care for B&NES residents is being funded by children social care and adult social care budgets. These budgets are subject to the council's service and resource planning process conducted annually.

5.2 Resource implications of providing respite care will be explored and considered at the gaps analysis and options appraisal stages of the review.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue will be undertaken during all stages of the review in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

7.1 An equalities impact assessment is being developed informed by the information generated by the review to date. 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 At this stage of the review, it is too early to say what impact future models of respite care delivery might have on climate change.

9 OTHER OPTIONS CONSIDERED

- 9.1 Conducting a strategic review of services required to meet residents' needs forms part of the commissioning cycle of analyse-plan-do-review. Options for future models of delivering respite care will be developed and considered during the later stages of the review.

10 CONSULTATION

- 10.1 The review will be informed by feedback and insights from individuals using respite care and carers, social care practitioners, providers and other stakeholders. Engagement and communications plans are being developed and will be updated to reflect requirements at each stage of the review. Focus will be on seeking to develop deep understanding of what good respite care looks like, what works well and what could be improved, what is missing and then using this information and insight to co-design and develop flexible and resilient delivery models.

Contact person	Suzanne Westhead, Director Adult Social Care
Background papers	
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	14 th April 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	CYP Participation	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1 Participation Promises		
Attachment 2 Accessible version		
Attachment 3 Participation in B&NES.		
Attachment 4 One Page summary		

1 THE ISSUE

- 1.1 Participation is important for children and young people receiving services from B&NES as their experiences can give valuable insight into what they need. They have the right to influence their care, the services they receive and to be given the opportunities to do so.

2 RECOMMENDATION

- 2.1 The Panel is asked to consider and approve the proposed Participation Promises for Children and Young People in B&NES.
- 2.2 The Panel is also asked to acknowledge the overview of how we participate and engage with children and young people in B&NES.

3 THE REPORT

- 3.1 The attached Participation Promises are intended as a commitment for all staff working with children and young people in B&NES to sign up to and to share widely.

4 STATUTORY CONSIDERATIONS

- 4.1 Since 2000 B&NES has been signed up to the United Nations Convention on the Rights of the Child.

Article 12 states that:

Children and young people have a right to be involved in the all the decisions that affect their lives

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 There are no significant resource implications associated with this report. However the Promises may need to be translated in different languages, depending on the ethnic background of the child or young person.

6 RISK MANAGEMENT

- 6.1 There are no associated risks with this report.

7 EQUALITIES

- 7.1 An Equalities Impact Assessment (EIA) has not been carried out but all the young people who were consulted recognised the importance of these promises. They also reflected that making them available in accessible formats would mean that they would be fully inclusive of the needs of all young people.

8 CLIMATE CHANGE

- 8.1 Children and young people across B&NES are keen to support initiatives to tackle climate change and environmental issues. Many of them contribute to projects within schools and settings to improve the environment and make a small contribution to the overall achievement of carbon neutrality by 2030.

9 OTHER OPTIONS CONSIDERED

- 9.1 None

10 CONSULTATION

10.1 Several groups of young people have reviewed these promises including students from Chew Valley School, YCSW ,Mentoring Plus OTR and a small group from Youth Justice and Young People's Prevention Service.

10.2 The Chief Finance Officer has cleared this report and attachments.

Contact person	Sarah McCluskey – Sarah_McCluskey@bathnes.gov.uk
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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**We promise that all children and young people will
be listened to by the adults working with them.**

***When we meet with a child or young person, we will keep
these five promises***

Our promises

We will respect
you for who
you are

We will listen
to what you
say

We will share
our decisions
with you

We will help you
understand
decisions that we
make

We will let you know
what will happen
next.

The adults working with you want to do the best job. You have five 'rights' to help you feel more confident to ask questions , so that they can support you.

Your rights

The right to be treated fairly

The right to have a say.

The right to make some choices.



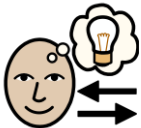


The right to information you can understand

The right to know how your views were used.



We promise that all children and young people will be listened to by the adults working with them.






When we meet with a child or young person, we will keep these five promises:

Our promises	
	We will respect you for who you are.
	We will listen to what you say.
	We will share our decisions with you.
	We will help you understand decisions that we make.
	We will let you know what will happen next.



The adults working with you want to do the best job.

You have five 'rights' to help you feel more confident to ask questions, so that they can support you.

Your rights:	
	The right to be treated fairly.
	The right to have a say.
	The right to make some choices.
	The right to information you can understand.
	The right to know how your views were used.

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Participation of children and young people in Bath and North East Somerset

This document demonstrates how staff in Bath and North East Somerset (B&NES) encourage the participation of children and young people aged 0-19 years of age (up to 25 if they have a disability or are included in the Looked After Cohort including Care Leavers)

This includes those staff who work directly with children and young people or who commission or manage staff, services and organisations whose work either supports or impacts on the lives of children and young people.

We also recognise that in many instances the participation of parents and carers is also key to ensure improvements to services.

Click on the embedded icon's for further information

Vision and Values

Since 2000 B&NES has been signed up to the United Nations Convention on the Rights of the Child.

Article 12 states that:

'children and young people have a right to be involved in all decisions that affect their lives'

Our Vision

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

Our strategic objectives for children and young people are set out in the B&NES all age Health and Wellbeing Strategy 2023 -2030 under

Priority 1 'Ensure that children and young people are healthy and ready for learning'
<https://www.bathnes.gov.uk/document-and-policy-library/joint-health-and-wellbeing-strategy>

Our delivery plan sits under this strategy and the implementation plan shows how we will focus on children and young people's emotional health and wellbeing

Children and Young People's Plan (CYPP) 2024 -2030
<https://www.bathnes.gov.uk/sites/default/files/2024%20-2030%20Children%20and%20Young%20People%27s%20Plan.pdf>

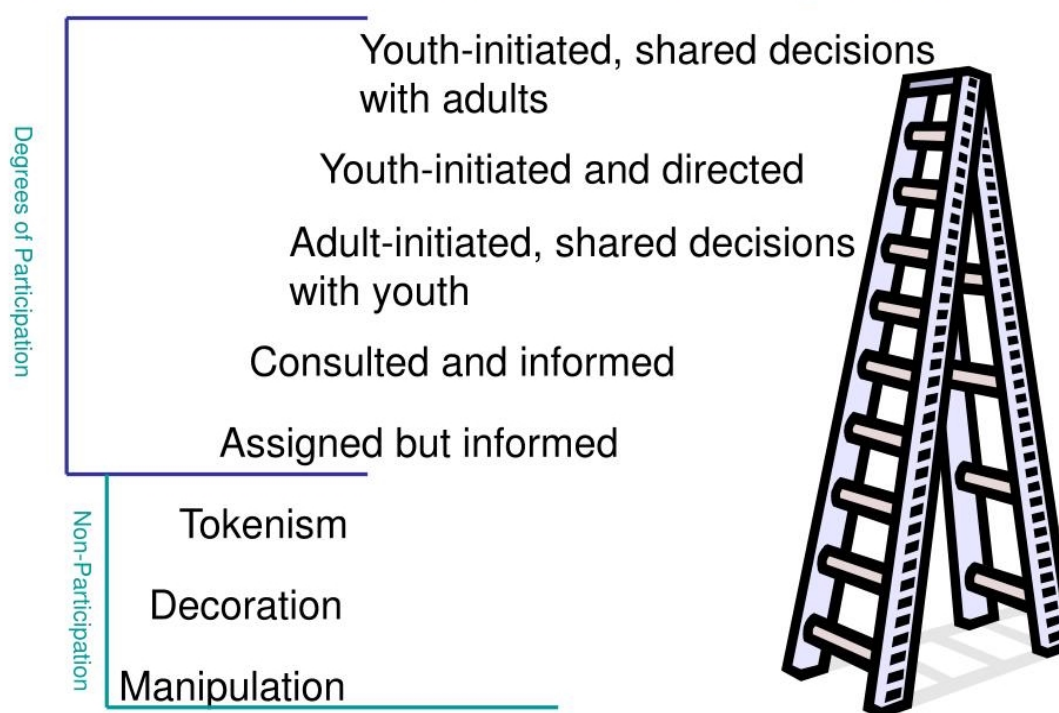
Participation in B&NES

In B&NES, we are committed to the active participation of children, young people and their families wherever possible. However, we recognise that children, young people and their families may want to engage at different levels with services that affect them. Some may wish to be *informed*, some may wish to be *consulted* while others may wish to be actively *involved* in both decision making and service delivery.

Roger Hart professor and children's right academic produced the **Ladder of Participation** for UNICEF in 1992.

The ladder describes eight ascending levels of decision-making agency, control, and power that can be given to children and youth by adults. ... It is important that all young people have the opportunity to learn to **participate** in decisions which directly affect their lives.

Ladder of Youth Participation



Staff within B&NES who are making decisions that will have an impact on the lives of children and young people, should have the skills, time and resources* to enable them to ensure that the 'Voice of the Child' is clearly heard and is evidenced in the work they do.

* This toolkit below is a useful and practical resource on how to deliver Participation.



B&NES Participation
Toolkit 2024 2025.pdf

Our Participation Promises

We promise that all children and young people will be listened to by the adults working with them.

When we meet with a child or young person, we will keep these five promises

Our promises

We will respect
you for who
you are

We will listen
to what you
say

We will share
our decisions
with you

We will help you
understand
decisions that we

We will let you
know what will
happen next.

**The adults working with you want to do the best job.
You have five 'rights' to help you feel more confident
to ask questions , so that they can support you.**

Your rights

The right to be
treated fairly

The right to have
a say.

The right to
make some
choices.

The right to
information you
can understand

The right to know
how your views
were used.

Widget Version



Updated Participation
Promise Landscape (T

Participation is important for the children and young people who are receiving services from B&NES. Only they have the insight into their own needs. They have the right to influence their care, the services they receive and to be given the opportunities to do so.

Participation brings many benefits and has been shown to improve outcomes.

Benefits for children and young include:

Increasing their self-worth, self-esteem and confidence

Being able to take control of their lives and influence the decisions being made about their lives.

Developing skills such as negotiation, problem solving, raising awareness of their needs and the needs of others.

Making positive contributions and long-term changes.

Benefits for adults include:

Gaining an insight from children and young people so that their needs can be met.

Changing our perceptions about ourselves as adults.

Shared decisions making.

Benefits for B&NES include:

Services becoming more responsive to the needs of all children and young people

Gaining fresh perspectives and new ideas about how services can be delivered.

Being more effective in delivering the right services.

Benefits for the community include:

Seeing children and young people as active and engaged citizens.

Where children and young people are heard they can influence what happens within their communities.

This gives the overview of the delivery of participation in B&NES.



Participation of
Children and Young P

In additional we have policy and strategy groups in B&NES that focus on SEND and global majority young people.

Participation for Children Looked After and Care Experienced young people in B&NES is a Commissioned Service. Off the Record will run our Participation Service and advocacy service. They work with the following groups:

In Care Councils

Youth Forum , working with the wider Youth Networks across B&NES

Off the Record run Participation training sessions for all staff twice a year.

All our commissioned services are required to adhere to the 6 Standards of Participation and undertake an annual review of these standards as part of their monitoring.

6 Standards of Participation for Commissioned Services

1.Young people are given a range of opportunities to give feedback on the service they receive and are clear about how that feedback will be used.

2. Young people are encouraged and supported to participate and contribute to service delivery.

3. How do you ensure that young people in minority groups have equal opportunity to participate within your organisation.

SEND

LGBTQ+

Ethnic minorities

Children Looked After /

Care Leavers (if applicable)

4. The impact of the cost-of-living crisis (and the repercussions of Covid) are affecting many young people and their families emotionally and economically.

How have your young people who are or whose families are facing challenges related this.

5. We have a clear commitment to Participation within our organisation, which all staff are aware of.

6 Sufficient budget is allocated to support participation.



External Report of the
Participation Standard

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Children and Young People's Participation in Bath & North East Somerset

Participation – Voice of the Child

The 'Voice of the Child' is evidenced in the following assessments and reports.

- EHA and Single Agency Assessments
- Statutory Social Care Assessments
- DCT / CIN / CP Plans / IRO reviews
- PEP's – Virtual School
- EHC Plans and reviews 0-14,14-25



Participation Contract Off the Record (OTR) B&NES

In Care Councils for CLA (Junior, Senior and Care Experienced)

- Report to Corporate Parents
- Consultations/Recruitment/Training

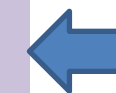
Youth Forum:

- Inclusive group of yp aged 11 -18
- Local campaign work
- Youth Forum inputs into the CYP Sub Committee of H&WBB

Other B&NES commissioned cyp service user groups

- Mentoring Plus
- Young Carers
- Black Families Education Support
- Southside Advocates
- Youth Connect
- CAMHS Participation

Commissioned Services report annually on 6 Participation Standards.



Participation – B&NES wide

- School Councils
- Keynsham Now (Youth Town Council)
- Bath Youth Networks

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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
14TH APRIL 2025				
14 Apr 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care - CQC Inspection - Report / Action Plan	Suzanne Westhead	Director of Adult Social Care
14 Apr 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Respite Care	Suzanne Westhead	Director of Adult Social Care
14 Apr 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Children & Young People - Participation Promises	Sarah McCluskey Tel: 01225 394464	Director of Children and Education
12TH MAY 2025				
FORTHCOMING ITEMS				

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People
	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
	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

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Safety Valve Update	Christopher Wilford Tel: 01225 477109	Director of Education
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				

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