

BATH AND NORTH EAST SOMERSET

MINUTES OF CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL MEETING

Monday 16th June 2025

Present:- **Councillors** Dine Romero, Liz Hardman, Paul Crossley, David Harding, Lesley Mansell and Michael Auton

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

Cabinet Member for Adult Services: Councillor Alison Born

Cabinet Member for Children's Services: Councillor Paul May

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Natalia Lachkou (Assistant Director - Integrated Commissioning), Laura Ambler (Place Director for the B&NES locality in the Integrated Care Board) and Timothy Rawlings (Waste Campaigns Officer) Natalia Lachkou (Head of Commissioning), Callum Graham-Robertson (Commissioning Project & Programme Manager) and Tim Rawlings (Active Travel Social Prescribing Project Manager)

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

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

4 DECLARATIONS OF INTEREST

There were none.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Wendy Lucas made a statement to the Panel under agenda item 9 (Respite Services Update).

Councillor Eleanor Jackson made a statement to the Panel under agenda item 10 (Carers Strategy Update).

Paula Riseborough (Protect Our NHS BANES) had submitted a question to the Panel. A copy of this and its response are attached as an online appendix to these minutes.

7 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel and highlighted the following points from her update.

Waiting times

In January 2025 there were 122 people awaiting allocation for a Care Act Assessment. The median wait for allocation was 53 days. As of 1st June 2025, there are 112 people awaiting allocation with a median wait of 34 days. Demand for adult social care continues to rise with the service completing 20% more assessments in the first quarter of 2025 than in the previous quarter.

Ageing Well B&NES Programme

The Ageing Well B&NES Programme, which follows the World Health Organisation's Age Friendly Framework is an initiative, led by age UK, that is supporting B&NES to become an age friendly community. The programme is overseen by a local steering group, of which I am a member and current priorities include travel, health, ageism, raising older people's voice, digital inclusion, and access to public toilets. Specific initiatives include an age friendly transport project (looking at accessibility) and an age friendly volunteering and employers' project.

The programme has also set up an Older People's Voice Forum to enable older people to share experiences, concerns, and ideas for ageing well policies and initiatives.

The work of the programme is further supported by the Ageing Well Network facilitated by 3SG. The network provides a platform for its members to share knowledge, engagement, drive programme delivery and promote better working together.

Annual Director of Public Health Report

Last year's B&NES DPH report on Food Security has been chosen as one of the top 5 (out of 67) public health reports in England which is a huge achievement for our public health team, the comms team, other council colleagues and many providers in the Fair Food Alliance, particularly as we are a relatively small authority.

Assurance

The South West DHSC Office for Health Improvement and Disparities is piloting a new approach to providing assurance back to Government ministers of the Public Health Ring-fenced Grant in local authorities. The approach is based on a structured submission of information prior to two in-person meetings. The first meeting is with each local authority involving as a core group the Regional DPH, DPH, Chief Executive, S151 Officer and lead Cabinet Member. The second meeting is with the ICB, involving as a core group the Regional DPH, DsPH, ICB Chief Executive, ICB Finance Officer, Chief Medical Officer and ICB prevention lead. The visits are designed to understand more about the overarching spend of the Public Health Ring-fenced Grant, be supportive in nature, and capture good practice. For B&NES the first of the two meetings took place on 9th June and positive feedback has been received. The date for the second is being confirmed.

Pharmaceutical Needs Assessment

Legislation requires that every three years every Health and Wellbeing Board assesses the need for pharmaceutical services in its area and publishes a statement of its assessment. The Public Health Team leads this work on behalf of the HWB. In May a public consultation for the 2025-2028 B&NES Pharmaceutical Needs Assessment was launched. This has already been circulated to all PDS members with an invitation to comment on the consultation. The consultation will close at 5pm on Tuesday 1 July 2025.

Councillor Hardman asked if an explanation of an 'unscheduled review' could be given to the Panel.

The Director of Adult Social Care replied that an unscheduled review will take place if a user's needs change and therefore the package of care needs to be reviewed. She added that annual reviews are also carried out.

Kevin Burnett asked what successful strategies have been deployed by Adult Social Care to cope with the increased demand for services.

The Director of Adult Social Care replied that demand for services continues to be managed by having extra Social Workers and Occupational Therapists in place. She said that the department currently has the ability move resources to where they are needed, but said that this needs to become sustainable. She added that they are beginning to use AI more to record user discussions to speed up the process of compiling reports.

Kevin Burnett referred to the Pharmaceutical Needs Assessment and asked for information regarding the criteria to judge whether there is enough provision currently.

The Public Health Consultant replied that the Assessment takes into account a number of factors, including transport and opening times. She said that she would seek further information relating to criteria specifics from the team involved and relay their reply to the Panel.

Kevin Burnett asked if the previously referenced ICB Pharmacy Strategy had been released yet.

Laura Ambler replied that it had not and that the Assessment would be used to inform the Strategy. She added that this work was critical to inform the level of provision required.

The Public Health Consultant added that the analysis will include discussions with Community Pharmacies.

Kevin Burnett referred to the Holiday Activities and Food Programme and asked how many of those who were eligible have taken part.

The Public Health Consultant replied that she did not have the information to hand, but would find it out on behalf of the Panel.

Councillor Paul Crossley stated that the Panel should receive a report on Child Sexual Exploitation / Modern Slavery soon as it had been on their workplan for some time.

The Chair replied that she would request for such a report to come to their July meeting.

Councillor David Harding referred to the upcoming changes to qualification for Personal Independence Payments and asked how these would affect those in receipt of a Carers Allowance. He said that he could foresee this having an effect on A&E, supported living and possibly care homes. He asked if there was an estimate of how many people this was likely to affect in B&NES and the potential increase in costs.

The Director of Adult Social Care replied that she did not have that information to hand and offered to supply details surrounding this to the September meeting of the Panel. She said that support on formulating this would be required from colleagues in Public Health.

Councillor Lesley Mansell said that she welcomed the good news in relation to waiting times, but asked if the data could be displayed in a chart to show the progress made.

The Director of Adult Social Care replied that a chart to show data could be included in the next Cabinet Member Update.

Councillor Mansell asked if there was a timeline for improvement regarding the backlog of the Deprivation of Liberty Safeguards (DoLS) waiting list.

The Director of Adult Social Care replied that the Council continues to work on streamlining its processes and are training 4 of our social work staff as Best Interests Assessors who will carry out a set number of renewals each year to support waiting list reduction.

Councillor Mansell asked how the action plans, that have been devised as a result of the mock inspections into Adult Regulated Services, would be tracked to ensure that improvements are being made.

The Director of Adult Social Care replied that each of the Community Resource Centres has a plan which is monitored and evaluated on a monthly basis.

Councillor Mansell asked if the Holiday Activities and Food Programme was meeting the needs of local disabled children and those from deprived areas.

The Public Health Consultant replied that SEND specific sessions are in place and held by a specialist provider.

The Chair asked if it was known what some of the barriers might be for families not accessing these activities.

The Public Health Consultant replied that she was aware of the following issues. The timing of the sessions being too short - not covering a whole working day, transport – activities being too far away and cost. She added that a deeper analysis is planned to take place and they would ensure that feedback is gained from across B&NES.

Councillor Paul May, Cabinet Member for Children's Services addressed the Panel and said that in his report to them next month he would have information regarding the Youth Guarantee Trailblazer which offers free tailored support to help young people into work, education and training across Bath & North East Somerset, Bristol, and South Gloucestershire.

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

8 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.

Future of Integrated Care Boards

Recent guidance from NHS England indicates that, to fulfil future functions effectively and sustainably, ICBs need to work across larger footprints, serve larger populations and take into account any new strategic local authority boundaries which emerge from the local government reform process, which is also under way.

As a result, BSW, Somerset and Dorset ICBs are exploring plans to cluster together. This proposal is still at an early stage and no decisions have been made.

Integrated Community-based Care

The BSW Community Delivery Group, which is a system-wide group made up of partners from local authorities, the third sector, acute and mental health trusts and primary care, will oversee the transformation happening within community-based care.

This group will seek to ensure that any changes or improvements being implemented in the community reflects the views and priorities outlined in the system's overarching integrated care strategy.

HCRG's methodology for transformation is based on a person-centred design approach, and follows a four-phase process of discover, define, design and deliver. This approach ensures that the service user is kept at the centre of all decisions along the journey, and co-design and co-delivery is built into the process.

HCRG Care Group intends to provide committee members with a more thorough, in-person update at the meeting in July.

Local uptake of Covid-19 booster vaccine

People living across all parts of Bath and North East Somerset who are eligible for the Covid-19 booster vaccination, which was first offered at the beginning of April, continue to come forward.

By targeting specific groups of the local population, the booster vaccine is not intended to generate herd immunity, but to ensure those most susceptible are adequately protected.

Since April 2025, approximately 60 per cent of eligible people in Bath and North East Somerset have had the booster vaccine, which is better than both the respective regional and national averages of 58 and 48 per cent.

Strong local appetite for routine MMR vaccinations in under-fives

Latest figures show that more than 96 per cent of under-fives in the local area have had at least one MMR vaccine. Nationally, the figure stands at just over 92 per cent, while the South West average is slightly better at 94.8 per cent.

It is recommended for young children to have two MMR vaccines, with the first being given as they turn one and the second coming just after their third birthday.

The vaccines can also be given to older children, as well as any adults, who may have missed out on getting protected as a baby. Late vaccinations can be arranged through a person's GP practice.

Publication of new 10-Year Plan delayed

The long-awaited 10-Year Plan for the NHS has been delayed, after initially being scheduled for publication in May 2025. It is now expected that the plan, which was produced following an extensive months-long engagement exercise with members of the public, will now be published sometime in the second half of the year.

When it does, the plan is expected to outline how the NHS will evolve and adapt over the coming decade, and how it will utilise the latest technology to improve services, reduce waiting lists and speed up patients' access to care.

Councillor Liz Hardman asked why the BSW ICB were exploring plans to cluster with Somerset and Dorset ICBs not Gloucester or Bristol. She asked if B&NES would have as much power within a larger area and were the staff implications known yet.

Laura Ambler replied that other options had been considered for clustering but said that the patient flow data for the proposed option does make sense. She added that national guidance continues to recognise the importance of 'place' and that they were committed to delivering the best services for the area.

She said that the full impact on staff was not yet known and that this work remains ongoing.

Councillor Paul Crossley said that it was his view that reorganisations rarely deliver what is needed and asked what priorities had been set so that any success or otherwise can be judged.

Laura Ambler replied that they remain committed to the delivery of the best services and the promotion of place-based services.

Councillor Dave Harding asked how a cluster with Dorset ICB would affect patients in Chew Magna.

Laura Ambler replied that integrated care remains in place across B&NES, Swindon and Wiltshire.

Councillor Harding asked for any comment on the Health Service Journal report that NHS England has told Integrated Care Boards that they need to slow down elective referrals.

Laura Ambler replied that they would provide a response to that point within their next update to the Panel.

Councillor Lesley Mansell asked what possible risks there could be with the potential new cluster arrangements.

Laura Ambler replied that it will be important to retain the local elements of work that have been established over the past few years of the BSW ICB should they cluster with others over a larger footprint.

Councillor Mansell asked how local accountability would be undertaken under any new arrangements.

Laura Ambler replied that current governance structures and arrangements with partners are expected to remain in place.

Councillor Mansell asked how transparent this process will be and what public engagement will be undertaken.

Laura Ambler replied that this was a process that was moving forward at pace and that the ICB had tried to share information when it has been received. She added

that at this stage she did not know what level of input from the public would be sought.

Councillor Mansell asked if there were to be any shared roles across the cluster.

Laura Ambler replied that it was too soon to say on how roles will be formed in the new arrangements.

Councillor Mansell asked if any early thoughts could be shared on the progress of the nine projects within the Transformation Programme.

Laura Ambler replied that a representative from HCRG was due to attend the July meeting of the Panel and would be able to provide an update.

Councillor Mansell asked how the national priorities of the NHS 10 Year Plan would affect local services.

Laura Ambler replied that she expected a focus on neighbourhood teams and points of delivery to remain a priority within the plan.

The Chair asked if there was any update to be given regarding the Secretary of State for Health and Social Care to use their powers to call in the 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, which was raised in March.

Laura Ambler replied that there was no update to be given at the present time.

The Chair asked if the footprint for the ICB does change, would a further tendering process be required in connection with these services.

Laura Ambler replied that this potential matter has not been looked into as yet.

The Chair asked if there was a timeframe for cluster arrangements to be in place.

Laura Ambler replied that there wasn't as such but said that cost efficiencies need to be shown by the end of Q3.

The Chair, on behalf of the Panel, thanked Laura for attending and the BSW ICB for their update.

9 RESPITE SERVICES UPDATE

Wendy Lucas addressed the Panel, she informed them that this was her fourth statement to them regarding the future of Newton House. She said that the formation of the Working Group has been helpful as families and officers have been able to share and learn from each other.

She stated though that she was concerned whether communications between departments were as good as they could be as despite the information contained within the report, she was aware of at least one family that were told that Newton

House was closed for referrals, and they would have to access a service in Gloucestershire.

She said that the parents involved are realists, understand the budgets involved and are aware that compromises need to be made. She added though that the users of Newton House were entitled to have their statutory needs met.

She urged the Panel to keep this issue firmly on their agenda and to ensure that all departments involved are made aware of any changes relating to the status of Newton House as soon as possible.

Councillor Liz Hardman asked if she knew why families were being turned away when within the report it is stated that Newton House is under occupied by 40%.

Wendy Lucas replied that the email she had seen was from a family who were desperate for respite care and were told that they could have a place, but that this would be around a two hour drive away from their home. She said that she felt this was unacceptable when places are available.

Councillor Hardman asked if she could confirm that families are supportive of Option 1 (Dimensions continue to run a respite service at Newton House post January 2026) as set out in the report.

Wendy Lucas replied that this was correct and said that they want the provision to remain in place for as long as possible. She said that they acknowledge that the Council cannot run a service of this type and therefore it must be done by a commercial provider.

She added that time must be built into the process for service users to transition should a new provider be required.

She said that trust between the families and the Council has been rebuilt to some degree since the beginning of the year, but that assurance was still needed over a continuance of service.

Councillor David Harding asked if she felt that the figures for demand to use Newton House were accurate.

Wendy Lucas replied that the figures being used were connected to those service users that had received a statutory reassessment, but she believed that some were still due to be carried out. She added that the packages of care involved are huge but said that full capacity respite would be even more expensive.

Councillor Lesley Mansell asked if families were being given a real choice.

Wendy Lucas replied that she felt that they were not and some were being told to take what is being offered or their case would be closed.

The Chair asked if the email she had seen had said that Newton was shut.

Wendy Lucas replied that the email said that Newton House was not accepting any referrals.

Councillor Alison Born, Cabinet Member for Adult Services thanked Wendy Lucas for speaking to the Panel and said that she had not been aware of the issues raised. She said that respite care is an important element of the services offered by the Council.

She said that the role of the Social Workers was to match the needs of the user with support and accommodation following the assessments and that she hoped that this was able to happen in the majority of cases.

She stated that she welcomed the discussions that have taken place between the Council and Dimensions and the meetings of the Working Group. She said that she hoped for a negotiated way forward could be agreed.

The Director of Adult Social Care said that she had been aware of one case that had recently been referred to Newton House. She said that any miscommunication had probably unfortunately occurred prior to the agreement that Dimensions will provide a respite service until the end of September 2026.

The Head of Commissioning said that a needs analysis for families that require respite services has been carried out and that she recognised that these services are a support line for all concerned. She explained that any service of this nature has to have flexibility within its capacity so that places are available at short notice. She added that the service continues to look at the needs of its most vulnerable adults.

She said that dialogue with Dimensions continues over whether Option 1 can be achieved and was pleased that an agreement had been reached so that the current service can continue until the end of September 2026, meaning that new referrals can now be expected.

She commented that Dimensions will need to think about how they continue to provide a service within B&NES and that the Council will provide them with information of the needs of our users for the next 18 months.

Councillor Hardman asked if the 40% under occupancy was an issue due to the contract.

The Head of Commissioning replied that the service would not ever be at 100% occupancy and that the contract with B&NES is for 60% of the service. She added that annual reviews can lead to changes in needs and that demand can also fluctuate. She said that emergency respite was also a factor that needed to be considered.

Councillor Hardman asked when a decision will be made on progressing one of the three options listed in the report.

The Head of Commissioning replied that the options appraisal has concluded and that a procurement exercise will take place.

Kevin Burnett asked if the timeline for a decision would allow for possible changes in provider and how long should be allocated for any transition.

The Head of Commissioning replied that time for possible transition would be built into the procurement process. She said that this would around 3-4 months and that commissioners would be involved in the decision. She said that an indicative timeline for the process needs to be developed.

Kevin Burnett asked if any flexibility will be built in so that services could continue beyond Oct 2026.

The Head of Commissioning replied that they are planning for there to be no gap in provision and that further discussions will take place as part of the procurement exercise.

Councillor Lesley Mansell commented that she was pleased that some progress has been made. She added though that concerns remain as there was not a complete Equalities Impact Assessment (EIA) published with the report.

She called for future communications on this matter to be transparent and inclusive of the public. She added that potential users must now be made aware that referrals might be possible.

The Director of Adult Social Care said that they were aware of some potential new users. She added that an EIA will take place during this next phase and said that they were tracking young people who were approaching the age of transition.

Councillor David Harding asked if another user within B&NES could access the service if we have reached our contracted 60% level of capacity.

The Director of Adult Social Care replied that they could as a degree of flexibility was now in place.

The Chair asked for a broad timeline of the next steps.

The Director of Adult Social Care replied that engagement regarding a service provider would begin in Autumn 2025 and that confirmation of provision would be known four months before September 2026. She added that under the Council's Care Act responsibilities there would be no gap in service.

She explained that a meeting with all 17 families was due to take place in July where they hoped to scope out the next steps of the process.

The Chair asked for the Cabinet Member to update the Panel on this matter at their September meeting.

The Panel **RESOLVED** to note the report having considered its content and provide comments upon it.

10 CARERS STRATEGY UPDATE

Councillor Eleanor Jackson addressed the Panel, a copy of the statement will be attached as an online appendix to these minutes and a summary is set out below.

'Thinking about the report which the Panel is asked to consider today, I was struck by the fact that we could not possibly know what it was like to care for someone 24/7 unless we had direct experience of it. The sheer mind-numbing fatigue I have observed in friends and neighbours is compounded by worry about finance and the future care which may or may not be provided for their partner or child when they are gone.

"It all adds to the stress", one Swallows mother told me last week, "when you just want to make sure the child you love is as happy and safe and secure as they can be."

Having a Carers strategy is a thoroughly good idea, not least because it will, I hope, set out clearly what BANES residents can expect from the Council, above and beyond what is set out in national law. I hope it works better than the 'parish charter', at least as Westfield parish council see it. There must be a way to reduce the 'bureaucracy' as the Swallows mums see it and bring together all aspects of caring for a disabled person.

If the dementia charities can do it, and Macmillan have a range of useful leaflets, not to mention the RNIB who have given me so much support, surely the Council can manage it, while also making residents with caring responsibilities feel valued, and not a nuisance or an unnecessary burden on the council tax payer.

It frustrates me when, as happened at my surgery on Saturday, a resident presents a terrible problem, and I have to give four (or more) different agencies who can help with some aspect of the problem. These papers illustrate the problem. First, there is the difficulty of getting a statement of educational and health needs, and the whole controversy over SEND.

Then we see that the school exclusions disproportionately affect children with special educational needs. In the Youth Justice report, the same inequality appears. Yet the government funding over the last decade has not been made available to address this.

It is assumed that everyone can find out all they need to know on the BANES website. 20% of my residents do not have internet access.

The Swallows mums told me to tell you that they want to be consulted, to have the annual reviews done promptly without months of delay and chasing, and not to have their gratitude taken for granted.'

The Commissioning Project & Programme Manager highlighted that it was clear that access to information and advice is crucial for our carers and potential carers. He added that the route to an assessment also needs to be made clear.

Councillor Liz Hardman said that she welcomed the forthcoming Strategy Activity Plan and asked if it would include a section on Young Carers.

The Commissioning Project & Programme Manager replied that the Strategy Activity Plan was specifically looking at adults. He added that a review of the Young Carers Strategy was due and planned for the Summer.

Councillor Lesley Mansell commented that she was pleased to see that the Strategy encourages support and engagement. She said that it was important to ensure that Annual Reviews are conducted in a timely manner.

The Commissioning Project & Programme Manager replied that they are pleased with the progress that has been made but recognise that more can still be done. He said that they work closely with the Carers Centre and recognise the need to stay engaged.

He added that work on the Carers Online Portal continues and that input from carers and the Community Wellbeing Hub will be sought during July and August.

Councillor Mansell asked how the Strategy will address the issues of poverty, SEND and health inequalities.

The Commissioning Project & Programme Manager replied that the Strategy was a broad strategy and also a living strategy that will develop over time. He added that two key objectives and two key priorities have been identified by carers and expected this to be added to as work progresses.

Councillor Mansell asked when the Panel could receive the Equalities Impact Assessment for the Strategy.

The Chair proposed that this should be available to the Panel in September.

Kevin Burnett referred to section 4.2 of the report and asked if the NHS bodies mentioned have an input into the formation or delivery of the Strategy.

The Commissioning Project & Programme Manager replied that the ICB has a role for when they work on priorities that have been identified by carers that will require a whole system solution. He said that they also work across different regions through the South West ADASS (Association of Directors of Adult Social Services) carer subgroup. He added that within the Activity Plan they are looking at how easy it is for a GP to refer or send a carer to a specific service.

Kevin Burnett asked what the role of the Carers Centre was, in terms of the Strategy.

The Commissioning Project & Programme Manager replied that when they began work on the Strategy it became clear that it had to be bigger than the work that the Carers Centre provides. He said that in no way should this diminish their work as it is incredibly valuable, but that they realised that they needed to reach as many groups and individuals as possible. He said that the Centre has been an integral part of forming the Strategy.

The Chair asked what work could be done to identify currently unidentified carers.

The Commissioning Project & Programme Manager replied that this was a national issue and that through the Strategy they were looking at how to get the system to work as well as possible for our carers. He said work was ongoing with the Community Wellbeing Hub to identify more carers. He added that the Hub has also been running an initiative in conjunction with the Royal United Hospital, Bath to raise awareness as to whether people qualify / identify as being a carer.

The Chair asked referred to the changes in Personal Independence Payment and asked what proposals were being considered as part of this process.

The Commissioning Project & Programme Manager replied that officers were still working through these potential changes.

The Panel **RESOLVED** to note the report having considered its content and provide comments upon it.

11 THE ACTIVE WAY

The Active Travel Social Prescribing Project Manager addressed the Panel and highlighted the following points from the presentation within the agenda pack.

The Active Way is...

- Promoting social prescribing into a range of active travel activities
- Offering a broad cycling, walking and wheeling offer with interventions for all age groups and needs
- Building people's confidence, motivation, knowledge and skills to engage with walking and cycling activities long-term.
- Evaluating any positive outcomes we find in relation to improved health and wellbeing, any correlation to reduced GP and Hospital visits from participants and any increases in the use of local infrastructure (cycle paths, use of parks and walking routes).

He explained that social prescribing was a very busy area of work that engages with both the local community and the 3rd sector. He said that the team has worked hard to achieve the levels of trust now in place.

Who the Active Way is for

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

- People living in deprived areas with low levels of physical activity
- People with long term conditions
- Underrepresented groups

- People with Multiple morbidity
- People with disabilities
- People suffering from anxiety and lack of confidence
- People not in education, training or (well paid) employment
- Ethnic minority groups (Global Majority)

We are offering activities to communities across the Somer Valley and Bath & North East Somerset based on need.

He said that the benefits of the Active Way are being realised by its users and that the University of West of England were monitoring and providing analysis on it.

Outcomes (qualitative and quantitative)

- Improved health and wellbeing
- Social Connections and improved life outcomes (employability, confidence and skills)
- Increases in physical activity levels
- Provided skills and resources to local charities and organisations to sustain active travel
- Greater awareness of local area, cycling and walking routes
- Investment in local economy
- Widescale engagement with stakeholders
- Successful targeted approach to those with the most need

He said that some gaps in provision have been recognised and that they were now seeking to pre-empt what next steps should be put in place. He added that nature-based walks have been suggested as an example.

Councillor Michael Auton said that he commended the work undertaken so far and that he recognised the positive impact it has had on the mental and physical health of those involved.

Councillor Liz Hardman thanked the team involved for their work and said she could see why the pilot has been so successful. She asked if the funding from Active Travel England was due continue.

The Active Travel Social Prescribing Project Manager replied that no further indication has yet been given regarding further funding. He added that they are considering making an approach to WECA (West of England Combined Authority) to see if they are in a position to provide any funding.

Councillor Lesley Mansell said that she felt that this was an important area of work to pursue and would encourage seeking whether WECA could provide some funding. She asked how the impact on users would be measured, what can be done with regard to affordability and how can the message about the service be circulated to more young people.

The Active Travel Social Prescribing Project Manager replied that sessions have been held with Youth Connect South West and local schools to raise awareness of

the service. He said that it was recognised that affordability is a factor and said that some bikes can be hired for a range of time periods. He added that they were looking at whether the e-bike and scooter schemes can be expanded across B&NES.

He said that UWE were providing an analysis on the pilot and also a participant questionnaire was in use to gather feedback.

Councillor Mansell asked if data related to age, gender and disability were being sought as part of the process.

The Active Travel Social Prescribing Project Manager replied that this was set to be captured in the questionnaire and that they were working on the best way to facilitate the responses.

Kevin Burnett asked how this work fitted in with the overall travel plans across the Council.

The Active Travel Social Prescribing Project Manager replied that they work with the Transport team and said that the Active Travel Masterplan work remains ongoing following its adoption by the Council in February 2025. He added that they were always looking for potential new routes.

The Chair asked if the data collected would show how many low-income families are participating in the service. She also asked how the service could be future proofed.

The Active Travel Social Prescribing Project Manager replied that he believed this information would be sought as part of the survey. He added that a feasibility study was carried out at the start of the process to show potential groups to work with / approach.

In terms of the onward journey, he said that it would be vital to continue to provide education on the issue at an early stage and to use the knowledge gained to build on what is required.

The Chair thanked him for the presentation on behalf of the Panel and wished the team well with their future work.

12 MINUTES: 12TH MAY 2025

Kevin Burnett referred to page 58 of the agenda pack and the matter of families that qualify for auto enrolment into Free School Meals. He said that he was seeking a response on what would happen if a family were informed that they have been enrolled, but this turns out to be a mistake and they do not qualify, what would happen in this situation.

Kevin Burnett referred to page 65 of the agenda and the matter of Trauma Informed Practice. He said that he had asked if this was a way of working that could be used across services within Education and Social Care.

He added that the word ‘seen’ was missing from the comment made by Councillor Paul May on the same page.

The Panel, with these amendments in mind, **RESOLVED** to confirm the minutes of the previous meeting as a true record and they were duly signed by the Chair.

13 PANEL WORKPLAN

The Chair introduced the item and asked for suggestions for future reports to the Panel. She also asked for report authors to make every effort to include an Equalities Impact Assessment with every report submitted to the Panel.

She highlighted the following items for consideration at their July meeting.

- Child Sexual Exploitation / Modern Slavery
- Youth Guarantee Trailblazer
- Children and Young People Health & Wellbeing Survey
- HCRG – Update on Integrated Community-Based Care

Chris Batten suggested the Panel receive updates on School Exclusion and Attendance and the Free School Meals auto-enrolment project.

Councillor Liz Hardman asked for an update on the Safety Valve programme.

The Chair suggested that this be covered by the Cabinet Member in his update to the Panel.

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

The meeting ended at 12.52 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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CAHW Panel – 16th June 2025

**Question to the Panel that has been submitted on behalf of Protect Our NHS
BANES.**

Question:

With reference to BSW ICB's report to the panel on HCRG's 'Transformation Programme' for integrated community-based care, which includes 'workforce transformation' (involving the 1,950 workers that were transferred to HCRG employment on 01/04/25), has the scrutiny panel been informed whether there are any expected redundancies or cuts planned to community-based clinical posts or administrative support posts across Bath&NES, Swindon and Wiltshire?

Answer:

On 1 April, colleagues from nine different organisations across BSW joined HCRG Care Group. This transition enabled the safe mobilisation of services, and these teams continue to provide high-quality care in the community.

We are now entering an exciting phase focused on transforming community-based care in BSW, with a strong emphasis on prevention, early intervention, and personalised support.

To deliver on this vision, we need to ensure our workforce is equipped for the future. As part of harmonising services, we will be undertaking a workforce redesign across both clinical and administrative roles. This will help us build the right team to meet the needs of our local population, in line with our contract.

This process may mean some changes for colleagues. However, more details will become available as the transformation programme develops, and we are committed to keeping everyone informed and supported throughout.

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Statement for the PDS panel 16 June 2025. Carers Strategy Update.

Thinking about the Report which the panel is asked to consider today, I was struck by the fact that we could not possibly know what it was like to care for someone 24/7 unless we had direct experience of it. The sheer mind-numbing fatigue I have observed in friends and neighbours is compounded by worry about finance and the future care which may or may not be provided for their partner or child when they are gone. It all adds to the stress, one Swallows mother told me last week, when you just want to make sure the child you love is as happy and safe and secure as they can be. (I will refrain from doing a commercial for the Swallows charity for young adults with learning difficulties, HQ in Westfield...)

Having a Carers strategy is a thoroughly good idea, not least because it will, I hope, set out clearly what BANES residents can expect from the Council, above and beyond what is set out in national law. I hope it works better than the 'parish charter', at least as Westfield parish council see it. There must be a way to reduce the 'bureaucracy'; as the Swallows mums see it, and bring together all aspects of caring for a disabled person. If the dementia charities can do it, and Macmillan have a range of useful leaflets, not to mention the RNIB who have given me so much support, surely the Council can manage it, while also making residents with caring responsibilities feel valued, and not a nuisance or an unnecessary burden on the council tax payer.

It frustrates me when, as happened at my surgery on Saturday, a resident presents a terrible problem, and I have to give four (or more) different agencies who can help with some aspect of the problem. These papers illustrate the problem. First, there is the difficulty of getting a statement of educational and health needs, and the whole controversy over SEND. I would have been very interested to see how many of the children who require one are on Free school meals. Disability is the fast route to poverty, as I am sure you all know. Then we see that the school exclusions disproportionately affect children with special educational needs. In the Youth Justice report, the same inequality appears. Yet the government funding over the last decade has not been made available to address this. Health is at the root of each individual's situation, but I cannot see Active Travel helping the disabled in Radstock-Westfield very much. I myself am fed up with the conduct of reckless cyclists.....

The Swallows mums need their cars, and there is no way they could safely cycle. And what about Home to School transport in this context

It is assumed that everyone can find out all they need to know on the BANES website. 20% of my residents do not have internet access

The Swallows mums told me to tell you that they want to be consulted, to have the annual reviews done promptly and without months of delay and chasing, and not to have their gratitude taken for granted.

Today is the 110th anniversary of the Battle of Waterloo I do hope that the blackhole in the council finance because of ASC costs and the needs of SEND children does not mean Section 14 and the Council's Waterloo.

Dr Eleanor Jackson

Westfield parish Council

And BANES Councillor for Westfield