

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

Date: Monday 14th July 2025

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

Councillors: Dine Romero, Liz Hardman, Paul Crossley, David Harding,
Lesley Mansell, Joanna Wright, Onkar Saini, Bharat Pankhania and
Michael Auton

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.

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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 July 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

Rebecca Mellor, Head, St Michael's Junior School, Twerton on the visible impact and benefits of musical instrument teaching at St Michael's.

Jon Gore from the Orchestra of Everything Foundation on the work of the OOE Foundation in B&NES.

7. MINUTES: 16TH JUNE 2025 (Pages 7 - 24)

8. TARGETED EARLY HELP AND PREVENTION TASK GROUP UPDATE

The Chair will verbally update the Panel on the work of its Targeted Early Help and Prevention Task Group.

9. CABINET MEMBER UPDATE (Pages 25 - 30)

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

10. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE (Pages 31 - 58)

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

11. PANEL WORKPLAN (Pages 59 - 64)

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

**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), Laura Ambler (Director of Place for Bath and North East Somerset, BSW ICB), Natalia Lachkou (Head of Commissioning), Callum Graham-Robertson (Commissioning Project & Programme Manager), Amy McCullough (Public Health Consultant) 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 be 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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Lead Member PDS Report 14/07/2025.

Senior Manager changes in Children's Services.

Jean Kelly will start as the new Director of Children's Services (DCS) for B&NES on Monday, August 18. Jean is currently the Deputy Director of Children's Social Care in Oxfordshire. Jean has a wealth of experience in Children's Services and will bring new expertise to our area to lead B&NES on our ongoing improvement journey.

Chris Wilford will remain as the Interim DCS until Jean starts, then return to his substantive role of Director of Education & Safeguarding. Phoebe Holland started her role as interim Assistant Director of Children's Services on June 2, 2025. I would also like to formally thank Leigh Zwyek, who has now left B&NES to join South Gloucestershire Council. Her leadership and support whilst in B&NES have been outstanding.

The council has also employed an interim AD for Transformation. Paula Sumner is supporting Children's Services with the implementation of Families First, improving processes for establishing placements and reviewing high-cost placements. Paula brings a wealth of experience from working at a senior level across several local authorities.

Inspection of Local Authority Children Services - ILACS inspection

B&NES received formal notification from Ofsted on Monday, 2nd June 2025 that a short ILACS (Inspection of Local Authority Children's Services) inspection would take place. This type of inspection is used when services are already judged to be good or outstanding and there are no significant concerns requiring a full inspection.

The inspection was conducted over two weeks:

- **Week 1 (off-site):** Review of performance data, audit samples, key documents (including the Self-Evaluation Framework), and interviews with senior leaders, including the Chief Executive, Lead Member, and CAFCASS
- **Week 2 (on-site):** Fieldwork including case sampling, staff interviews, and engagement with partners, parents, carers, and young people. There was a particular focus on education for children in care, children missing education, and those in elective home education.

Inspectors focused on three core questions:

1. Has the quality and impact of practice been maintained?
2. Are there areas where practice has improved?
3. Are there areas where practice has deteriorated?

The outcome of the inspection is embargoed until the report is published at the end of July. I would like to thank all the staff who were involved or supported this inspection. It was an incredibly busy time, and I am very proud of all the staff, young people, and parent/carers who participated in the preparation and interview weeks.

Public Health Young People Survey

The latest B&NES Children and Young People's Schools Health and Wellbeing Survey plans to commence recruitment for the 2026 survey with secondary schools in the autumn term and primary schools in the new year. Results won't be available until summer or autumn 2026. Public Health leads the survey, and a PDS slot will be arranged for the Director of Public Health to share the findings.

Free School Meals

Auto-enrolment.

We identified approximately 540 households with around 769 children who were potentially entitled to Free School Meals but had no current claim. Officers wrote to these households to confirm that we would automatically enrol their child unless we hear back from them to opt out of the service.

Seven households have opted out – most provided no reason. Some advised that their child would be leaving education, and some advised that their benefits had changed since we sent out the letters.

From July we will carry out a final check using the eligibility checking service and will log these claims onto the EYES system. This will be a large piece of work and will take around a month. We will then confirm in writing whether each household is eligible or not. We plan to conduct this process annually. Initial indications suggest that approximately 462 households will likely be eligible for free school meals. We don't know yet how many children will be brought into the scheme through this process.

New rules from September 2026.

Entitlement to Benefit related free school meals will be determined on whether a family receives Universal Credit, rather than whether they receive Universal Credit and have income below £7,400 per year.

The Government has forecast that this will mean an additional 500,000 children will be brought into the system, representing a 23% increase. Based on the current number of children on free school meals in B&NES, which stands at 4,906, this will result in an additional 1,128 children receiving free school meals from September 2026.

We believe that we will capture at least 462 of these children through our auto-enrolment process this year, so estimate that **666** additional pupils will qualify for free school meals from September 2026.

This is important because the rules regarding eligibility for the Pupil Premium are not changing from the current criteria, which are based on being in receipt of Universal Credit with a household income from earnings below £7,400.00.

Schools will face additional costs for providing more meals to children from 2026, but will not receive additional funding through the Pupil Premium to cover these costs.

Transitional Protection.

Families whose children currently receive free school meals will continue to be entitled even if their benefits cease until the child's next phase of education under Transitional Protection rules. These rules will end from September 2026, when entitlement will be based on eligibility to Universal Credit, and regular checks will need to be made to ensure that families remain entitled to free school meals. The Government have advised that further guidance will be issued in due course, but at this point the council plans to carry out a review of entitled families during the summer period each year, to enrol those who are entitled but not claiming, and to de-register those who are receiving free school meals but are no longer entitled.

The end of transitional protection will mean that some households will lose out on this support; however, it is not possible at this point to estimate the exact number of households that will be affected.

Baroness Casey report into Child Sexual Abuse.

This report will need to be examined closely, and its recommendations reviewed by the B&NES Community Safety and Safeguarding Partnership (BCSSP). At the BCSSP Children's Safeguarding Strategic Assurance Group meeting on 26th June 2025, we reviewed correspondence from the Avon & Somerset Police (A&SP) in relation to Baroness Casey's report into CSA, proposing a shared and proactive piece of work across our safeguarding partnerships.

Whilst some of the activity for the twelve recommendations will be driven nationally, the A&SP propose that they want to consider now the actions or interventions that need to happen at a local level and propose that the police coordinate the response to this under the leadership of Detective Superintendent James Wasiak. This work aims to consolidate and strengthen existing initiatives, rather than duplicate them, and, where possible, integrate improvements into Families First workstreams and JTAI preparation for sexual abuse.

A multi-agency task and finish group is being formed, with representation from police, local authorities, health, education and the voluntary sector. The group would scope the work and propose a practical delivery plan, with clear objectives and timelines which could align with local business plans. Actions could include:

1. Undertaking a gap analysis of the twelve recommendations to map and understand our effective practice and local areas of concern

2. Reviewing and consolidating information-sharing protocols to ensure consistency and timeliness across agencies
3. Building a shared understanding as to how we can improve the quality and consistency of data recording relating to group-based CSE, with a view to identifying themes and informing disruption and support strategies.

Whilst this needs to be an Avon and Somerset-wide approach to progress it, the BCSSP thinks this is a proactive and proportionate proposal. This will be monitored through the Strategic Assurance Group.

As this work progresses, the BCSSP will ensure that Policy Development and Scrutiny is updated through a comprehensive report.

School attendance and exclusions

Officers presented a report on school attendance and exclusions for the academic year 23/24 to this panel in October 2024. We will present the school attendance and exclusions report for the 2024/25 academic year again at the PDS panel in October 2025.

Implementation of Families First

As the Cabinet Member for Children's Services, I am fully supportive of the implementation of Families First, a significant piece of work that I will continue to update the panel on.

The Children's Transformation Steering Group has formally approved the Governance and Terms of Reference for the BANES Families First Partnership Programme as of May 2025. This approval delineates the specific workstreams and their respective leads. The programme encompasses areas such as Family Help, the Integrated Front Door, and Multi-Agency Child Protection Teams (MACPTs), ensuring that families receive prompt and effective support and intervention. Additionally, cross-cutting working groups, including Workforce and Systems, as well as Intelligence, will provide essential support to ensure the seamless implementation of these initiatives.

Consultative groups will be established, comprising internal staff, partner agencies, service users, to ensure that any changes are informed and co-designed. Discovery work has commenced to gather comprehensive data on demand, caseloads, staffing, financials, and commissioned provisions. The objective is to identify gaps and needs, ensuring that services can meet demands proactively, support families effectively, and reduce the escalation of needs and associated costs.

A temporary AD for transformation and Business Change staff are supporting the local transformation programme. These costs are partially covered by DFE funding, but the overall cost will not be. We are currently lobbying the DFE, alongside other LA's with small financial allocations for fairer funding that meets not just our set-up costs, but the costs of running truly multi-disciplinary teams.

The ultimate goal is to develop a holistic understanding of current and required services to meet early intervention needs, align with the national Families First Programme, and enhance support for families, thereby reducing the costs associated with acute services.

I am confident that these efforts will continue the progress our teams make to significantly improve the lives of children and families in our community.

Safety Valve

On 30 May, we received a response from the DfE following the resubmission of our safety valve plan. We were given encouraging feedback, including that our plan "places strong emphasis on early identification, inclusion, quality EHCPs, and local sufficiency, and aims to ensure needs are met closer to home in a timely, coordinated manner" and is "ambitious in its aims and scope and is supported by appropriate governance, realistic phasing, and a clear delivery structure." They said that it was "evident that [we] have made progress across all three key workstreams."

However, they do want us to consider parts of the plan to highlight programme benefits & tracking data for SEND sufficiency. We are already completing some of this work, so this is very deliverable for us. Frustratingly, the DfE also wants us to complete work on the impact of delays in capital projects, especially the two Free Schools (one special and one alternative provision site) on Culverhay. The panel is reminded that the current delay is caused by the DfE's pause in implementing all school capital projects that haven't yet 'broken ground'. This remains incredibly frustrating to me as the cabinet member, and despite repeated attempts to be provided with a date for when the decision on these schools will be made, the DfE will not commit to any information. Officers will work on the plan to demonstrate options for mitigating the DfE delays on these projects.

Youth Guarantee Trailblazer.

The West of England Combined Authority (WECA) Youth Guarantee Trailblazer is a national pilot initiative that supports young people aged 18–21 who are not in education, employment, or training (NEET). Bath & North East Somerset (B&NES) is one of eight participating regions, delivering a locally tailored work package focused on rural access and wraparound support.

The program addresses rural barriers through transportation options, such as bus passes and bike loans. It aims to provide meaningful training and employment opportunities, with a particular focus on rural areas. The program includes community-based support such as drop-ins, mock interviews, and a NEET engagement event. Running until March 31st, 2026, it is funded through a £5 million national allocation, with B&NES receiving a share to deliver its local model.

The initiative includes an Employability Coach and an Information, Advice, and Guidance Officer who offer personalised support and guidance. Collaborations with local employers and organisations help create job opportunities and ensure delivery in the areas where young people live. The program also involves working with Youth Voice

groups to gather feedback and promote available support. Efforts are made to address additional needs, such as mental health and well-being, and marketing materials have been developed to raise awareness of these issues. Currently, there are five referrals for various supports, and partnerships with local providers enhance the project's impact.

The scheme is led in the Economy & Skills part of the Council under Sophie Broadfield; however, it is of interest to me and a valuable area of work that I wanted to highlight to the Children's Scrutiny Panel.

**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel –
Monday 14 July 2025****Update on future of integrated community-based care**

An update from HCRG Care Group is included as an appendix to this report.

Also included is a set of slides, which will be presented to the committee at its meeting on Monday 14 July by Val Scrase, Regional Director, HCRG Care Group.

Update on the future of integrated care boards in England

At the last meeting, members were informed of the current plans to form a new cluster organisation with the ICBs in Dorset and Somerset, as part of the government's wider planned changes to the NHS in England.

These plans have now been formally approved by NHS England, and this new cluster group will be one of three in operation in the South West of England.

The other cluster groups have been confirmed as:

- Devon, Cornwall and Isles of Scilly
- Gloucestershire and BNSSG (Bristol, North Somerset and South Gloucestershire)

At a national level, a total of 26 cluster organisations have recently been formed, and since given approval by NHS England. There were previously 42 integrated care boards in operation across England, which shows the radical level of change that is happening across the country.

The formation of these cluster groups marks the start of a fundamental change in the way ICBs operate, with each organisation now expected to take on the role of strategic commissioner within its respective health and care system.

Locally, the ICB continues to work closely with its colleagues in Dorset and Somerset on next steps, while also remaining focussed on the day-to-day business and providing support to staff.

Further updates will be shared with the committee as and when developments occur and plans are confirmed.

Topping-out event held at site of new integrated care centre

The countdown to the opening of the new Trowbridge Integrated Care Centre is officially on, with construction of the £16 million site having reached its highest point.

Representatives from the ICB marked the occasion on Friday 6 June, and were joined on the roof by the Mayor of Trowbridge, as well as a number of NHS colleagues who will soon call the new centre home.

Caroline Holmes, Interim Executive Lead for Cancer, Planned Care and Community, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board, gave a rooftop speech to thank those who had come along for bringing the new centre to life.

She said: "This new centre is set to be a flagship location for local health and care, with teams from many different organisations, including HCRG Care Group, Avon and Wiltshire Mental Health Partnership and the Royal United Hospital, working together under one roof to help give patients a smoother, more joined-up experience."

Construction work on the new integrated care centre, which when complete will be one of the country's first completely self-sufficient NHS buildings, is expected to finish before the end of the year, with the doors opening to patients in early 2026

Once fully open, the centre will become the new location for all of the health and care services, including the minor injury unit and X-ray department, that are currently based within the nearby Trowbridge Community Hospital.

This means that patients will be able to continue accessing the same range of services as before, but in an ultra-modern health and care environment that is truly reflective of a 21st century NHS.

Find details of the next drop-in session, along with further information, at www.bsw.icb.nhs.uk/news-and-events/integrated-care-centres/trowbridge-icc.

[Plea for men over 40 to have free NHS health check](#)

Males over the age of 40 are being urged to take up the offer of the free NHS Health Check.

Coming forward when invited is important as the check can help to identify and diagnose conditions that could be quietly developing but not yet producing any noticeable signs or symptoms.

The ICB encouraged local men to get checked as part of the annual Men's Health Week, which ran between Monday 9 and Sunday 15 June.

High blood pressure and high cholesterol, both of which are often described as silent killers due to neither having any distinct symptoms, are just two of the conditions that are looked for during the NHS Health Check.

Dr Barry Coakley, Deputy Chief Medical Officer, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board, said: "Many of the conditions that are more common in middle-aged men only produce symptoms once it's too late, and these can often take the form of something quite radical, such as a heart attack or mini stroke."

The health checks are commissioned by local authority public health teams.

Invitations to the free NHS Health Check are sent automatically to both men and women as soon as they reach their 40th birthday, with follow-up invites then arriving in five-year increments.

[Health passports for patients in BSW](#)

The Health and Care Passport is a nationally-recognised document that supports people with learning disabilities when receiving care and treatment in a healthcare setting.

Patients are able to use the passport to record important personal information, including likes, dislikes and preferred methods of communication, which can then be handed to clinicians, who will use the information provided to make any necessary adjustments so that the patient's visit can be as comfortable as possible.

Health and care passports are available to all who would benefit from their use, with templates able to be downloaded from the internet directly or requested from the health and care provider.

Julian House in Bath works with people from minority backgrounds, including those belonging to Boater, Gypsy and Traveller communities, to ensure they are supported when accessing various local health and care services.

Staff from the charity are able to signpost patients, as well as their family members and carers, to a variety of resources, such as the Health and Care Passport, which can be used in all health and care environments in Bath and North East Somerset, Swindon and Wiltshire, including hospitals and GP practices.

The Big A&E Survey

At the beginning of April, the ICB launched an engagement programme to understand what had driven a 5.6 per cent increase in patients visiting A&E departments across Bath, Swindon and Salisbury during 2024.

The Big A&E Survey went live in April and has, to date, been completed by 1,204 people.

Since its launch, the ICB has been working with Healthwatch to complete face-to-face surveys in each of the region's A&E departments, with the team having visited the Royal United Hospital on two separate occasions.

Results will be used to develop a better understanding of what has driven walk-in visits to A&Es, and why people are visiting hospital rather than using other NHS services, such as GP surgeries, minor injury units or NHS 111.

The survey will run until the end of July, and a further update will be offered once results have been analysed.

For comparison, the total A&E attendances for the region's three acute hospitals for the three-month period of April, May and June can be seen below:

- Royal United Hospital: 24,327
- Great Western Hospital: 30,762
- Salisbury District Hospital: 13,847

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Integrated community-based care contract update

Purpose of report

This report is provided to update the committee on the mobilisation of the contract with HCRG Care Group Ltd for the provision of integrated community-based care services on 1 April 2025.

The report provides information on the ongoing management and oversight of the contract and transformation development and an update on the safe landing of services that have been transferred to the new provider.

Background

In October 2024, following a robust and legally mandated procurement process, BSW ICB on behalf of themselves, Swindon Borough Council, Wiltshire Council, Bath and North East Somerset Council and Somerset ICB appointed HCRG Care Group as the new provider of integrated community-based care for the area, under a contract that will run for at least a seven-year period.

Further detail on the ICB's ambition for integrated community based care is available here: [Transforming Community Based Care in Bath and North East Somerset, Swindon and Wiltshire](#).

On Tuesday 1 April 2025, HCRG Care Group took responsibility for community services across Bath and North East Somerset, Swindon and Wiltshire.

This is an exciting time for community-based care in BSW. HCRG Care Group will now develop and lead an innovative new partnership with the NHS, local authorities and charities that will transform the care and support that people get to help them with their health and wellbeing at every stage of their lives, with more health and social care provided in or near their homes, in a more joined-up and streamlined way.

As noted previously, 1 April marked a transition of services and colleagues to HCRG Care Group. No service change took place at this time. As explained further in this paper, HCRG Care Group are now beginning a four-phase transformation programme with full engagement within this process.

The plans to shift the dial towards community-based care is in line with the government's aims to move from hospital care to community care, to shift from sickness to preventative care, and to digitise the health service.

This will be set out more fully in the forthcoming NHS 10 Year Plan, which is due imminently.

Recently published neighbourhood health guidelines from NHS England also require a new way of working for the NHS, local government, social care and their partners, so that care and treatment is joined up and delivered close to people's homes.

Many of the requirements set out in the guidelines are reflected in the ambitions for community services, namely establishing multi-disciplinary integrated neighbourhood

teams, improving urgent care response in the community and ensuring that core community services are available across the whole of BSW.

The contract covers core community services currently delivered across Bath and North East Somerset, Swindon and Wiltshire, such as:

- Community nursing teams
- End of life services
- Hospices
- Reablement
- Community hospitals
- Minor injuries units
- Learning disability services
- Heart failure rehab
- Falls rehab services

Mobilisation assurance

Oversight of contract mobilisation was undertaken by the Integrated Community-based Care (ICBC) Programme Board. The board included representation from the local authorities in Bath and North East Somerset, Swindon and Wiltshire, and was chaired by the Chief Executive Officer of the ICB.

Mobilisation assurance was managed through a detailed programme plan and was assured prior to contract commencement. Ongoing assurance and management of the safe landing of services and staff was transferred to the agreed post mobilisation stage.

The oversight of the contract is now managed by the ICBC Collaborative Oversight Forum, which is a commissioning forum that includes representatives from each commissioner, including Bath and North East Somerset Council.

During the initial period of transfer, daily operational calls were led by HCRG Care Group with providers in the health and social care system to respond to queries and provide a rapid route for any escalation. This arrangement has now been stood down and issues are managed as business as usual.

The ICB and HCRG Care Group also met with NHS system partners weekly in order for any escalation of issues that would affect system flow or service delivery.

This arrangement is being stood down to be managed as business as usual.

Operational update and 100-day plan

On 1 April 2025, approximately 1,950 colleagues TUPE transferred to HCRG Care Group from several different providers across BSW including:

- Wiltshire Health and Care
- Great Western Hospitals NHS Foundation Trust
- Medvivo
- Bath and North East Somerset, Swindon and Wiltshire ICB

- Swindon Borough Council
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust

In the months leading up to the TUPE, all eligible colleagues (including bank colleagues) were provided with:

- Access to HCRG's Welcome Portal website via their employing organisation. The portal provided key information about HCRG, the TUPE process, and offered the opportunity for colleagues to ask questions, which formed an FAQ, as well as sign up for virtual live events covering a variety of different topics relating to the transfer
- An onboarding app called Pathways to support colleagues with the onboarding process, such as right to work, reasonable adjustments and pre-transfer checklists
- An invitation to attend a welcome event, held in a series of venues across BSW. These conference-style events were planned as an opportunity for all transferring colleagues to get a more in-depth introduction to the organisation and a chance to meet and talk to leaders and support functions

All colleagues were provided with a welcome pack containing a pothole pack, aimed at guiding them through the first 100 days. Where relevant, colleagues were set up with their laptop and/or smartphone on the day, as well as given an ID badge.

During the first month:

- All managers were invited to manager events, aimed at colleagues to learn more about the role of a manager in HCRG, hear from senior leaders and peers about their experiences and explore the resources, training and support available. Each event also had a talk from Stephanie Davies of Laughology. Feedback from these events was really positive, with managers going away understanding more about the organisational culture and feeling assured that there was structured training available to support them and their teams.
- A 100-day safe landing plan was created, along with daily operational and weekly programme team touchpoints to manage any arising issues and risks. Action plans to address any immediate clinical or operational issues have been developed and managed through this governance route.
- Onboarding navigators were deployed to colleague bases to support new colleagues with queries around logging in, accessing key information or support from IT or HR.
- First payroll run for new colleagues went well, with minimal issues.
- A first 100-day communication plan has been created, with a series of milestone touchpoints planned in for new colleagues, including a 50-day virtual update call.

- The 100-day safe landing project team will continue to monitor and manage issues through to the end of the first 100 days.

Governance of contract and transformation

Oversight of both the contract performance, including quality, finance, outcomes and transformation, is undertaken by the ICBC Contract Oversight Group, which in turn reports into the ICBC Collaborative Oversight Forum. As a co-commissioner, Bath and North East Somerset Council is a member of both meetings.

The BSW Community Delivery Group (CDG) is a system-wide group involving partners from the local authorities, third sector, acute and mental health trusts and primary care. The group oversees the programme where the majority of ICBC transformation will be delivered. The CDG will seek to ensure, and to get assurance, that all ICBC elements of the overall community delivery programme are delivered, as well as supporting achievement of the BSW Integrated Care Partnership Implementation Plan.

Some specific elements of ICBC transformation and activity will be led by other delivery groups, such as children and young people.

Transformation and engagement update

HCRG's methodology for transformation is based on a person-centred design approach. This approach follows a four-phase process of discover, define, design and deliver, which are colloquially referred to as the four Ds.

In approaching the transformation in this way, it ensures that the service user is kept at the centre of all decisions along the journey, and that co-design and co-delivery is built into the process.

There are nine projects within the initial transformation programme, covering the following areas:

- All age single point of access
- Digital front door
- Integrated Neighbourhood Teams
- Partnership development and community engagement strategy
- Community estates strategy
- Clinical pathway and service transformation and harmonisation
- Service identity and brand development
- Workforce transformation
- Outcomes framework development and benefits realisation

All of these projects are currently completing or have completed the Discover phase—with colleagues understanding the as-is state of the current services or functions, as well as conducting research regarding the art of the possible.

The next phase (Define) will involve engagement with service users, colleagues and system partners to understand our problem statement for each project, such as what we are trying to achieve or solve, as well as map the current user journey and experience.

A series of workshops, surveys and engagement opportunities will take place during June, July and August to capture both challenges and good practice.

This will then be used to inform the Design and Deliver phases, which will consist of iterative co-design and feedback loops.

An engagement website – www.startliveagewell.co.uk – has been established, through which engagement opportunities and news regarding the transformation of services will be shared.

Our Head of Partnerships and Engagement joined on 2 June and will lead on driving engagement with partner providers, as well as third sector organisations in BSW.

Implications, equality impact assessment and risk management

Financial and procurement implications were considered as part of the procurement process, and any contract modifications are managed under the terms and conditions of the contract and agreed through both the Collaborative Oversight Forum and ICB governance, under delegated financial limits.

Legal and human rights implications were considered as part of the procurement process.

All other implications, including staff, sustainability, health, rural, crime and disorder were considered as part of the procurement process.

A full equality impact assessment for the contract was developed at the start of the procurement, and has been updated at each stage of the procurement.

This EQIA is publicly available.

The impact assessment acknowledged that there may be short-term disruption during the change to the new provider, but that the long-term positive benefits outweighed the short-term disruption.

Risk management implications were also considered as part of the procurement process.

The ongoing oversight of risk and risk management is the responsibility of the ICBC Collaborative Oversight Forum.

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Integrated Community Based Care (ICBC) Transformation Update

Audience: B&NES HoSC

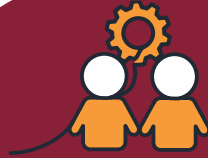
Date: July 2025

Revisiting the vision for community health services

Our vision for BSW ICBC



Personalised
care



Maximise
use of skills and
services within
communities



Innovate
and improve
at pace



Harmonisation
of services



Maximise
the value of informal
provision



**A culture of
collaboration**
centred around
communities

Our vision for BSW ICBC



Easy to access



Community-first



**Fair access
to services**



**High
quality**



**Outcome
focussed**

What will it feel like?

"I feel confident that I receive the right care, in the right place, at the right time, through truly integrated community health care services"

Service user

"It's convenient for me to manage my own health when I feel I can, but I also know where to go if I need extra help."

Service user



"I feel competent, confident and adequately supported to be able to meet the needs of service users."

Colleague

"My assessment is thorough and addresses my holistic needs, it is not driven by my diagnosis, but by what matters to me"

Service user

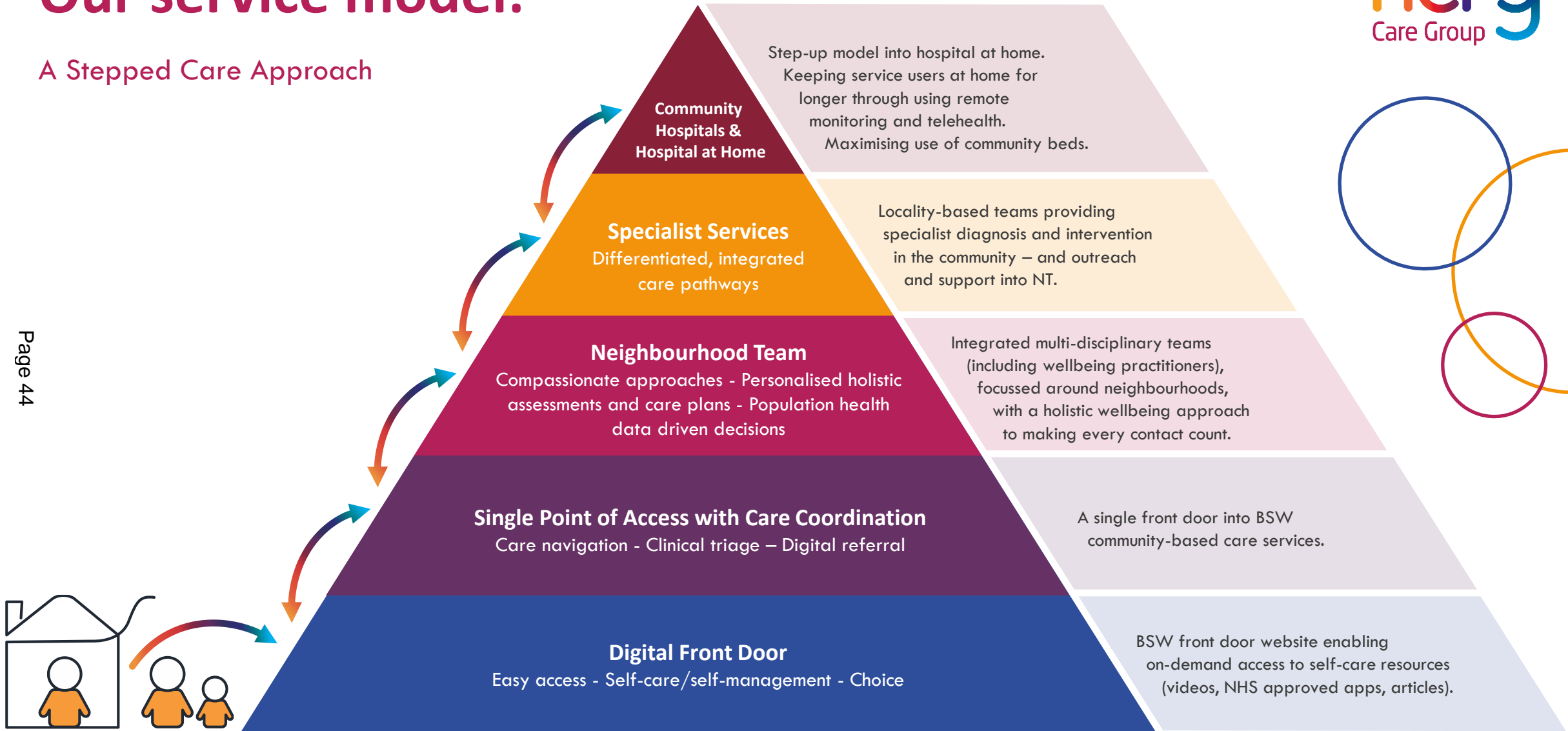
"I can self-refer, reducing the need to contact my GP and arrange for a referral to be made"

Service user



Our service model:

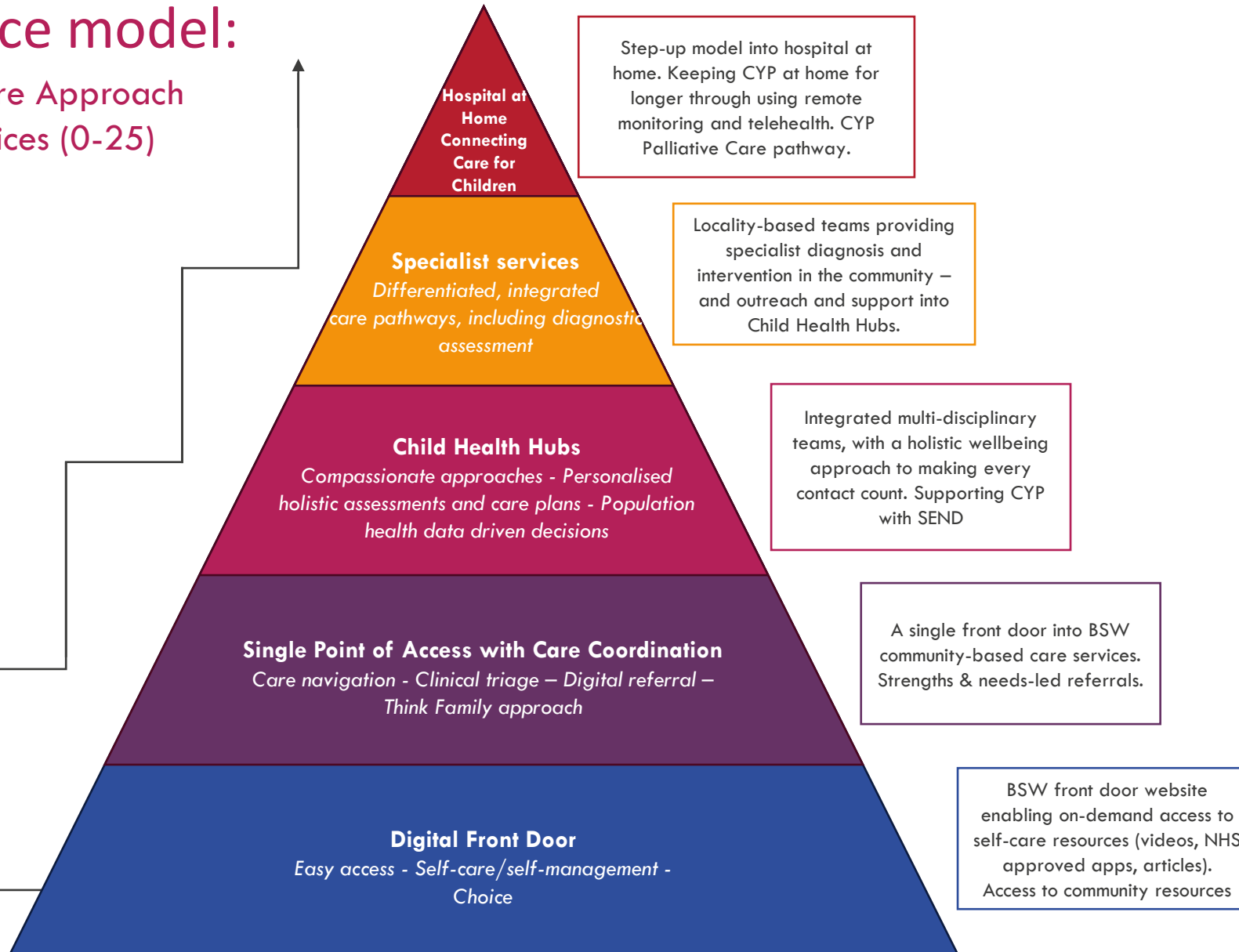
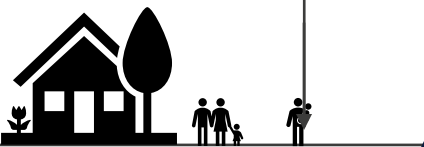
A Stepped Care Approach



Our service model:

A Stepped Care Approach for CYP services (0-25)

Page 45



“I feel that my care is needs-led, personalised to me and my family, our goals are heard and reviewed.”

“I feel confident that I receive the right care, in the right place, at the right time, through truly integrated community health care services”

“My assessment is thorough and addresses strengths and needs, it is not driven by my diagnosis, but by what matters to me”

“I can self-refer, reducing the need to contact my GP and arrange for a referral to be made”

“I can access community health and wellbeing support digitally 24/7, at a time convenient to me.”

The ICB's nine transformation priorities



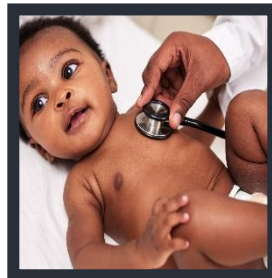
Neighbourhood teams

- Work in local areas to understand health and care needs of communities
- Prevent ill health
- Plan and coordinate personalised care
- Meet mental and physical health and wellbeing needs of most vulnerable in our communities
- Reduce health inequalities, improve access to care and improve outcomes.
- VCSE organisations will be key partners in neighbourhood teams.



All-age single point of access

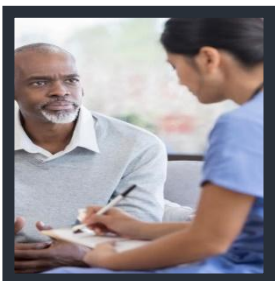
- Single 'front door' to direct public and health and care professionals to the most appropriate service for their needs
- Those with an urgent or emergency clinical need will receive the right help from the most appropriate clinician in the most appropriate place, at the right time.



Family child health hubs

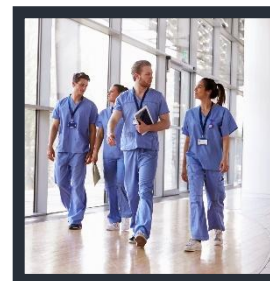
- Improve access to specialist child health and care professionals
- join up care by bringing professionals together
- improve quality of care
- reduce pressure on services and increase productivity.

Continued



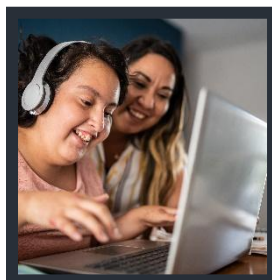
Care pathways and admission avoidance

- Do more to help people to stay as well as possible and avoid hospital admission
- Proactively identify those attending or being admitted to hospital that could be managed elsewhere
- Redesign planned care pathways so - where safe - people receive support closer to home.



Specialist advice and support in communities and primary care

- Specialist health and care professionals providing expert advice in community and primary care - more care closer to home
- Establish a children's single point of access offering one stop shop for all requests for support.



Specialist advice and support for people with LDAN

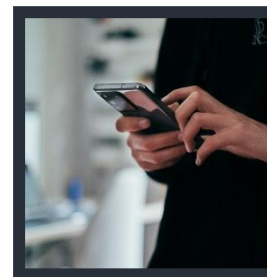
- Deliver improvements in identifying, understanding, meeting, maintaining and escalating needs
- Focus on early intervention and getting support as soon as possible
- Single point of access for LDAN.

Continued



A sustainable and innovative workforce

- Implement initiatives to improve recruitment and retention, encourage innovative ways of working, offer career development and positive working environment
- Organisations providing care will work in partnership with teams focused on prevention and proactive care.



Harnessing digital innovation

Make the most of modern technology, including:

- Secure digital patient records, accessible by different organisations
- Greater use of digital or remote health diagnostic and monitoring tools
- Making full use of the NHS App
- Considering how to best use artificial intelligence (AI) in patient care.



Shifting funding and capacity into community-based care

Working productively and effectively (e.g., by making best use of our estate) to create capacity to reinvest in our transformation priorities and shifting investment into community-based care, including VCSE organisations and preventative approaches.

Our transformation programme

Project structure



Project	Description
Single Point of Access (SPA) with Care Coordination and Digital Front Door	Establish one all-age front door into community services in BSW, improving access to self-help resources, ensuring service users are on a care pathway appropriate to their need, focussing on admission avoidance.
Digital Transformation	Investing in digital enablers to improve service user experience and drive operational efficiencies.
Integrated Neighbourhood teams	Providing personalised, holistic care that meets the needs of the local community, delivered close to people’s home.
Partnership Development and Community Engagement	Develop a partnership working and engagement strategy with key system stakeholders including service users. Encourage left shift through investing in 3 rd sector (VCFSE) partners.
Community Estates Strategy	Rationalising existing estate by working with system partners to share resources and create estates and facilities that meet the needs of the local population.
Clinical Pathway and Service Transformation	Ensuring integrated care pathways that focus on prevention with seamless transition points and shared caseloads. Harmonising policies and ways of working across BSW.
Service Identity and Brand Development	Co-designing a service identity and brand for the new BSW community services.
Workforce Transformation	Creating a sustainable workforce that is competent and confident in providing more holistic care. Using population health data and demand data to inform workforce needs, including transition to 7 day working.
Outcomes Framework and Benefits Realisation	Developing the outcomes framework and ensuring we realise the expected benefits for each project.

Our transformation programme

Aligned to the nine priorities

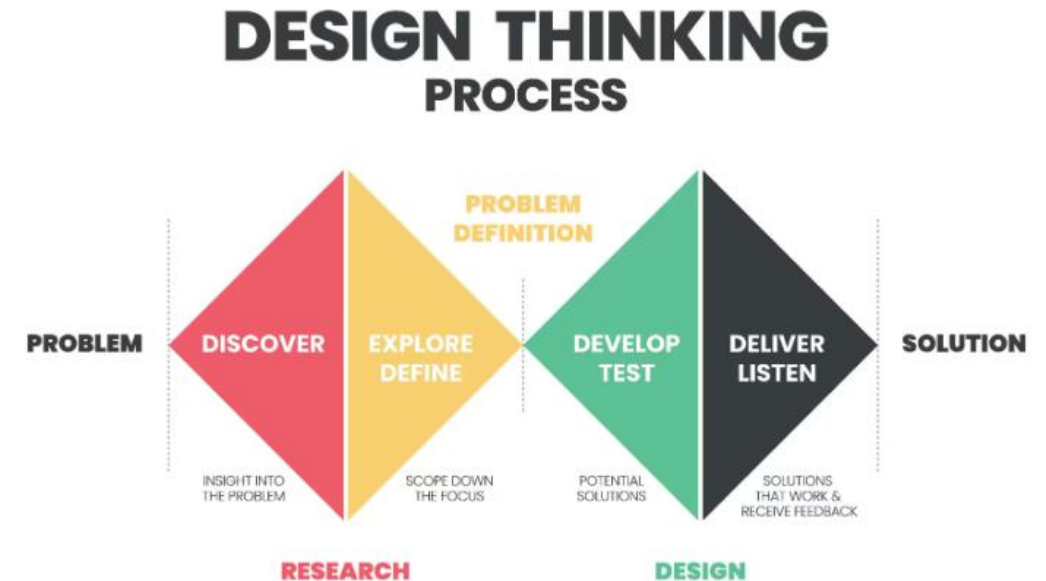
Project	Which transformation priorities are addressed?
Single Point of Access (SPA) with Care Coordination and Digital Front Door	All-age single point of access Care pathways and admission avoidance Specialist advice and support for people with LDAN A sustainable and innovative workforce Harnessing digital innovation Shifting funding and capacity into community-based care
Digital Transformation	All age single point of access Care pathways and admission avoidance Sustainable and innovative workforce Harnessing digital innovation Shifting funding and capacity into community-based care
Integrated Neighbourhood teams	Neighbourhood teams Care pathways and admission avoidance Specialist advice and support into communities and primary care Specialist advice and support for people with LDAN Sustainable and innovative workforce Shifting funding and capacity into community-based care
Partnership Development and Community Engagement	Care pathways and admission avoidance Sustainable and innovative workforce Shifting funding and capacity into community-based care
Community Estates Strategy	Covers all priorities
Clinical Pathway and Service Transformation	Covers all priorities
Service Identity and Brand Development	Covers all priorities
Workforce Transformation	Covers all priorities
Outcomes Framework and Benefits Realisation	Covers all priorities

Transformation programme structure and methodology

Transformation methodology

The '4 D' process

- Our transformation programme will use a person-centred design methodology to ensure we keep the service user at the heart of everything we deliver.
- Every project in the programme will follow a four-step methodology:
 - **Discover:** Understanding the as-is and researching art of the possible.
 - **Define:** Key user needs, pain points, and challenges based on research. What problem are we trying to solve?
 - **Design / Develop:** Innovative and iterative design, involving stakeholders to co-design and test potential solutions.
 - **Deliver:** Implementing the solution, getting stakeholder feedback and evaluating impact.



The 'double diamond' design thinking process

High Level Programme plan (Y1 – Y2)

Project / Workstream	FY 25-26		FY 26-27	
	Q1 – Q2	Q3 –Q4	Q1 – Q2	Q3 – Q4
BSW Service Identity and Brand Development	Discover and Define (Q1) Design & Deliver (Q2)			
Single Point of Access with Care Coordination and Digital Front Door	Discover & Define	Design & Deliver (phase 1) Ops and workforce models, digital front door website, Riviam referral management system	Design (phase 2) Patient and referrer portal, additional digitisation of assessments/forms	Deliver (phase 2)
Partnership development & community engagement	Discover and Define (Q1) Design (Q2) Service user & VCSFE engagement strategy	Deliver Service user & VCSFE engagement	Discover and Define (Q1) Design (Q2) Future delivery model	Deliver VCSFE procurement process
Community estates strategy	Discover & Define Estates strategy	Design	Deliver Initial rationalisation opportunities	Deliver Initial rationalisation opportunities
Digital Transformation	Discover & Define	Design & Deliver (phase 1) RPA, SystmOne, ICR, e-room booking, inventory and assets, Tableau	Design (phase 2) Assistive tech and other pilots	Deliver (phase 2)
Clinical pathway and service transformation / harmonisation	Discover & Define Priority 1 pathways	Design & Deliver Priority 1 pathways Discover & Define Priority 2 pathways	Design & Deliver Priority 2 pathways Discover & Define Priority 3 pathways	Design & Deliver Priority 3 pathways
Integrated Neighbourhood Teams	Discover & Define	Design & Deliver		
Workforce Transformation (cross-cutting)	Discover & Define Workforce transformation requirements mapped	Design & Deliver Workforce models developed, signed off and consultations completed		
Outcomes framework and benefits realisation (cross cutting)	Discover & Define OF mapped against expected programme benefits, baselining completed	Design & Deliver Benefits realisation matrix and measures	Deliver	Deliver

Clinical pathway transformation priority

Adult pathways

Adult services	Priority
Frailty	1
EOL & Palliative Care	1
Respiratory	1
Rehabilitation	1
Heart Health	1
Dementia	1
Falls & Balance	1
Dietetics / Healthy Eating	1
MSK	1 or 2
Neurology	1 or 2
Urgent Care: MIU	2
Urgent Care: HCP & Ambulance navigation (Medvivo Care Co)	2
Foot Health	3
Diabetes	3
Speech & Communication	3
Hearing	3
Continence	3
Wheelchair service	3
Tissue Viability, Lymphoedema & Wound Care	3
Community elective alternatives	3

CYP pathways

Pathway	Priority
Urgent care: H@H, Family Child Health Hubs, MIU	1
Speech & Communication	1
Neurodisability (e.g. Cerebral Palsy, Developmental Delay, Downs)	1
Sleep	1
Children Looked After	1
Hearing	2
EOL / Child Death / Palliative Care	2
Movement/Coordination/Rehab Integrated Therapies	2
Continence	2
Dietetics / Healthy Eating	3
Wheelchair service transformation	3

LDAN pathways

Pathway	Priority
All age diagnostic & medication/intervention	1
Community LD	1
Community LD forensic	1
Care Coordination	1
Transitions (18-25)	1

Priority 1: Complete pathway redesign by end Year 1 (March 2026)

Priority 2: Complete pathway redesign by mid-Year 2 (September 2026)

Priority 3: Complete pathway redesign by end Year 2 (March 2027)

- ✓ Wellness integration across all pathways
- ✓ Care coordination integration across all pathways

Communications & engagement strategy

Our methodology

Our strategy will be based around incorporating the **NHS Principles for Working with People and Communities** and the **NHS Engagement Cycle** to ensuring we deliver more inclusive, effective, and accountable healthcare services, placing people at the heart of decision-making.

NHS 10 Principles for Working with People and Communities

1. Reach out to people and communities
2. Provide clear and accessible information
3. Work with communities
4. Support people to be involved
5. Value people's lived experience and insight
6. Use co-production, co-design and shared decision-making
7. Be inclusive and tackle health inequalities
8. Work with voluntary, community, faith and social enterprise (VCFSE) organisations
9. Feedback and show the impact of involvement
10. Continue to learn and improve

NHS Engagement Cycle

1. Understand the population data and gather insight
2. Engage communities early to co-produce solutions and design services that reflect real needs.
3. Involve people in decision-making to ensure plans are inclusive, practical, and effective.
4. Co-design services and care pathways in collaboration with service users and stakeholders.
5. Include service users and the public in the commissioning and procurement process where appropriate. (e.g. VCFSE procurement in Y2/3)
6. Continue involving people in assessing service performance and identifying improvements.

Communications & engagement strategy

Group	Planned Activities	HCRG lead/s
Service Users	<ul style="list-style-type: none"> Co-define and co-design workshops for each project - reaching out to networks to bolt on to existing forums. E.g. LDAN lived experience, Parent Carer forums, Youth forums. Planning initial workshops from July onwards ICBC Service User Advisory Board 	Phil Walters – Head of Partnerships & Engagement Project Leads / SMEs (for each project)
VCFSEs and community groups	<ul style="list-style-type: none"> Engagement with organisations and groups across the system to identify key stakeholder Co-define and co-design workshops with VCFSE subject matter experts. Planning initial workshops from July onwards 	Phil Walters – Head of Partnerships & Engagement Project Leads / SMEs (for each project)
Partner Providers: <ul style="list-style-type: none"> Primary Care Networks Social Care Local Authority Acute providers Public health Mental health providers 	<ul style="list-style-type: none"> Establishment of the Partner Provider Group (first meeting 27/06) Planning drop-ins to existing forums e.g. Primary Care Delivery Group, outreaching to PCNs Running targeted workshops and engagement sessions for specific project outputs e.g. Neighbourhood Teams population health data review with Primary Care, LA & Acutes; Hospital @ Home pathway consultation with acute consultants. Planning initial engagement from July onwards Public Health, prevention and inequalities – linking with existing networks / strategies e.g. BSW and locality inequalities group 	Operational Leads Medical Director Project Leads / SMEs (for each project)
ICBC Service Colleagues	<ul style="list-style-type: none"> Monthly newsletter updating on key milestones and reflections from across the nine projects Fortnightly engagement update to highlight opportunities to get involved e.g. surveys, upcoming workshops, roadshow days MS Teams Collaboration space for each project, to Formal workforce consultations 	Penny Emerson – Transformation Director Matt Walker – Transformation Communications Lead Jenny Clayton – People & Change Lead Project Leads / SMEs (for each project)

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 JULY 2025				
15TH SEPTEMBER 2025				
15 Sep 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Children and Young People Health & Wellbeing Survey	Rebecca Reynolds Tel: 01225 394074	Director of Public Health and Prevention
13TH OCTOBER 2025				
13 Oct 2025 Page 59	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Child Sexual Exploitation / Modern Slavery	Kirstie Webb Tel: 01225 396350	Director of Children and Education
FORTHCOMING ITEMS				
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Dementia Strategy Update	Suzanne Westhead	Director of Adult Social Care

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
Page 60	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Attainment Gap Project Update - St John's Foundation	Christopher Wilford Tel: 01225 477109	Director of Education
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Safety Valve Update	Christopher Wilford Tel: 01225 477109	Director of Education

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