

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

**Date: Monday 15th September 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**



**Mark Durnford**

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Notes:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

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

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group.

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

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

5. **Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

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

**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday  
15th September 2025**

**at 9.30am in the Council Chamber - Guildhall, Bath**

**A G E N D A**

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

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

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

At the time of publication no notifications had been received.

7. PRESENTATION: EMPLOYMENT INCLUSION SERVICE / VOCATIONAL HUB FOR ADULTS

The Panel will receive a presentation regarding this agenda item.

8. CABINET MEMBER UPDATE (Pages 7 - 10)

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

9. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE (Pages 11 - 14)

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

10. CQC ACTION PLAN UPDATE (Pages 15 - 46)

This report will outline the progress that has been made towards the ASC Improvement Plan alongside key activity that the ASC Leadership Team is undertaking to enable sustainable improvement.

11. CHILDREN AND YOUNG PEOPLE HEALTH & WELLBEING SURVEY (Pages 47 - 52)

Bath & North East Somerset (B&NES) places a strong emphasis on understanding and addressing the health needs of children and young people. Central to this approach is a commitment to capturing their voices, and a key mechanism for this is the biennial Schools Health and Wellbeing Survey (SH&WS), which has used the "Health Related Behaviour Questionnaire" (HRBQ) since 2011.

12. MINUTES: 14TH JULY 2025 (Pages 53 - 62)

13. PANEL WORKPLAN (Pages 63 - 68)

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](mailto:mark_durnford@bathnes.gov.uk) 01225 394458.

### **Lead Member Report for Health and Well Being Policy Development and Scrutiny Panel – September 15<sup>th</sup> 2025**

#### **Adult social Care**

##### **Newton House update**

B&NES families who draw on care and support at Newton House came together on 18<sup>th</sup> July to share their experience and hear from the working group looking at options for future building-based respite services. The meeting was attended by 4 parents, managers from Dimensions and council officers, who recognized the value of continuing to regularly meet together to take this work forward.

##### **Key themes from the discussion:**

- Updated the group on the contract changes coming up in 2026 and a strategic piece of work to review current services and develop a Learning Disability, Autism, and Neurodiversity framework. This is a significant undertaking, encompassing community support, day support, and supported living services. Respite care is also part of this broader initiative.
- Recognized the importance of a well-planned and well-communicated transition from current arrangements to new ones. Acknowledged the role of social care practitioners in planning together with individuals and their families and confirmed ways to contact relevant practitioners.
- At the service level, the council and providers will continue to work together to ensure the market can meet the needs of B&NES individuals and families. The group agreed that sufficient time must be allowed for the transition from current to new arrangements. This includes giving individuals and families time to get to know new staff teams, buildings, or locations and to develop new routines as necessary following contract changes.
- Discussed the importance of long-term planning, including understanding future housing needs for individuals and families. By working together, we can ensure that the B&NES Local Plan reflects the housing needs of individual and families. Up to date information about the Local Plan can be found here:  
<https://www.bathnes.gov.uk/local-plan>

This update has been shared with all families who use Newton House support. The working group will continue its work on the all-age respite and all families will be invited to take part, with more opportunities for engagement opening in the autumn.

##### **Community Support Recommissioning update**

Recommissioning of community support services is progressing as planned. Several tenders were evaluated in August, with more evaluations happening in September, with good level of engagement from health and social care practitioners and carers, as relevant for each service. We are on time to finalise contract awards by the end of September. A communication strategy is being updated, and procurement outcomes will be communicated later in the autumn.

##### **Carers EQIA**

Work on delivering the improvements agreed in the Carers strategy is progressing across several areas, such as increasing number of people identifying as carers and improving

quality and timeliness of information and advice given to carers. An EQIA has been produced to support the delivery of the strategy. The assessment has been submitted for publication and will be published here: <https://www.bathnes.gov.uk/equality-impact-assessments> This assessment will be reviewed and updated at key points in strategy delivery.

## **Regulated services – Community Resource Centres & Extra Care Housing**

Adult Regulated Services include the two Community Resource Centres and 5 Extra Care Schemes across B&NES. The 5 Extra Care schemes remain rated as 'good' by the Care Quality Commission (CQC) and the 2 Care Homes are rated overall as 'requires improvement' but with good in key areas such as 'caring' and 'responsive'. Extra Care was last inspected by CQC in July 2022, followed by Combe Lea in October 2022.

CQC conducted an unannounced inspection of Cleeve Court in July following a 'test and learn' approach with an expert by experience as part of the inspection team. The inspection concentrated on the domains of Safe and Well Led as these were rated as requires improvement in the previous inspection. As part of the inspection methodology the service has worked with the Lead Inspector to develop an action plan, and this has been updated and reviewed with the Lead Inspector in early August. It is expected that the inspection report will not be available until mid-late September from CQC.

Regular Quality Assurance visits have been undertaken by the commissioning team at Combe Lea and Cleeve Court care homes in July and August. Actions identified through the quality assurance visit have been translated to a service improvement plan which is monitored by commissioners alongside the Registered Manager and Head of Service.

A new Registered Manager for Cleeve Court has been appointed and will commence in post on 17<sup>th</sup> September 2025. Two staff have received long service recognition within the service for 25 years and 40 years of service.

Combe Lea received a compliment from the wife of a respite gentleman who has now gone home; *'We cannot thank everyone enough, not just for your kindness and caring to him but to the whole family, I have absolutely no hesitation in recommending Combe Lea wholeheartedly.'*

In August a gentleman who had lived at Greenacres for 17 years moved out to live with his brother and upon leaving his home in Extra Care wrote a poem for the care staff called 'Greenacres Carers' to give thanks for all that they had done for him in his time living in the service.

**Visits** – Suzanne Westhead and I visited both Cleeve Court and Combe Lea during August and were delighted to meet staff, residents and some visiting relatives. Since taking these regulated services back in house in 2020, B&NES has invested significantly in both staff and infrastructure and I was struck by the many improvements since I last visited. Both homes are clearly offering high quality, person centred care in a comfortable and homely environment and staff are committed to ensuring that residents live fulfilling lives for the time that they are

there. Combe Lea has now fully embedded the new electronic record system, Cleeve Court is still in the process transitioning to the new system.

## **Public Health**

### **Cool Spaces**

With our Summer's becoming warmer, Public Health and Sustainable Communities have worked with partners to ensure residents' can access cool spaces. Companies and community organisations in Bath and North East Somerset who could provide a cool indoor space for residents to rest on hot days and shelter from the sun are being encouraged to register on a new [Indoor Cool Spaces Directory](#). Each Indoor Cool Space provider will agree to certain facilities being available such as toilets and drinking water, and will sign up to the Cool Spaces Charter which guarantees visitors respect, dignity and a warm welcome. An online map and directory has also been developed so that residents can look up where their nearest cool space is. This includes indoor spaces and outside shaded areas.

### **Chlamydia and gonorrhoea testing**

A new online free testing service has been rolled out for chlamydia and gonorrhoea, our two most prevalent sexually transmitted infections in under 25s. The online service, delivered by SH:24, is available to all women under the age of 25 living in Bath and North East Somerset.

### **Drug and alcohol services**

The council's commissioned community drug and alcohol service Turning Point launched the Recovery and Dependency Service on 1<sup>st</sup> July. This specific service is for all adult males on probation residing in Bath & North East Somerset. It allows enhanced joint working with probation, a first appointment within two weeks of referral and shared approach to intervention plans and a planned exit strategy after completion.

### **Update on Be Well B&NES**

Be Well B&NES (BWB) is a whole systems health improvement framework for Bath and North East Somerset which has four core aims: Good food for all; Living free from harms of tobacco, drugs and alcohol; Good emotional wellbeing for all; Achievable active lifestyles

Recent activity has focused on establishing programme governance with a central multi-agency Steering Group, technical health improvement workstreams, two networks and planning for ongoing monitoring and evaluation.

The Children's BWB Network is prioritising implementation of the educational attainment gap action plan over the next two years. Capacity has been identified to support the BWB Community Network to engage further and listen to communities within Twerton and Whiteway to capture, on an ongoing basis, feedback around assets, needs and health improvement more widely. Other recent activity includes starting work to update the physical activity action plan. The final priority action is to develop a comprehensive monitoring and evaluation framework to ensure

measurement of progress of BE Well B&NES and evaluation of impact on intended health improvement outcomes.

### **Holiday Activity and Food Programme (HAF)**

The Summer Activate Your Holidays programme has been offering families enriching activities alongside a free hot meal. This year, we've expanded our SEND provision through specialist local providers Recreate and Nova, and improved communication to families about how children with SEND can be supported to access mainstream activities where appropriate (45% of children and young people accessing the Easter HAF programme had additional needs).

The Easter HAF programme received positive feedback and successfully reached 607 unique\* participants (which is 13% of eligible children and in line with the national average). This included 115 children and young people with additional vulnerabilities, such as those with child protection plans, children in need, Ukrainian refugees, and individuals experiencing poor mental health. To maximise the 15% non-FSM allocation, we have continued to promote referral opportunities through children's services staff, elective home education families, and local providers via the Children and Young People's Network.

The programme continues to prioritise strengthening local partnerships and has also reached out to secondary aged pupils to hear about any participation barriers prior to confirming the summer activities as participation of teenagers is historically lower both locally and nationally.

In August the Government announced a £600 million extension to the HAF programme for a further three years, which is good news. Local authorities are awaiting confirmation of their individual funding allocations.

\*Unique – In B&NES, a central booking system is used, meaning a child may attend multiple HAF provisions but is only counted once in participation data.

**Alison Born- Cabinet Lead Adult Services and public Health**



**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel –  
Monday 15 September 2025****Chair announced for new integrated care board cluster**

Rob Whiteman has been announced as the new Chair of the Dorset, Somerset and BSW integrated care board cluster.

Previously Chair of NHS Dorset, Rob's appointment comes as ICBs across the country, including those in the south west, come together across much larger geographical footprints as part of the government's planned changes to the form and function of integrated care boards.

Rob has a proven track record of working in senior roles across both the NHS and local government, with some of his recent positions including Chair of North East London Sustainability and Transformation Programme, non-executive director and Chair of audit at Whittington Health NHS Trust and Chief Executive of the London Borough of Barking and Dagenham.

While work is continuing at pace to formally establish the new cluster organisations, the three existing ICBs remain focussed on delivering their respective operational plans and developing programmes that will deliver the improvements required by the recently published 10 Year Health Plan.

Speaking about the appointment, Rob said: "I am delighted to have been appointed as the Chair for our new cluster across NHS Bath and North East Somerset, Swindon and Wiltshire, Dorset and Somerset.

"My focus will be on continuing to work collaboratively with all our partners to make our communities the healthiest places to live."

**ICB Chief Executive Officer announces departure**

The ICB's Chief Executive Officer, Sue Harriman, will leave the organisation at the end of September 2025 to take up the post of Chief Executive of Hampshire Hospitals NHS Foundation Trust.

Speaking about Sue's departure, former ICB Chair, Stephanie Elsy, who left the organisation at the end of August, said: "I would like to extend my congratulations to Sue on securing this exciting opportunity to lead a major acute trust at a time of significant change for NHS provider organisations.

"I am of course very sad to see Sue leave BSW ICB, as she has brought exceptional leadership to our ICB over the last three years.

"It is under Sue's thoughtful leadership that we have forged strong working relationships with our partners across the complex and diverse BSW system, established our innovative community-based care contract – a shining example of the strategic commissioning advocated in the new NHS 10-Year Plan, and supported partners and providers during periods of unprecedented operational demand.

"Sue has been a visible and inspiring chief executive officer whose nursing background means that she has never forgotten what it means to serve on the front line of health and care delivery, and how the work we do every day makes a tangible difference to the way our local NHS operates."

A chief executive officer for the new integrated care board cluster is expected to be announced in the coming weeks.

## Overview of how decisions around local pharmacy provision are made

The purpose of the Pharmaceutical Needs Assessment is to understand the needs of a given population, and to help decisionmakers in that area plan new services and identify any gaps within current provision.

The PNA, which is valid for up to three years and publicly available through the Bath and North East Somerset Council website, is used by NHS England when making judgements on applications to make changes to a local community's pharmacy provision.

While a local area's Health and Wellbeing Board has a legislative duty to develop and update the PNA, the board itself is not responsible for making decisions around opening, consolidating or closing pharmacy services.

The Department of Health and Social Care sets out the approach for changing the provision of service within a given area, and states that gaps may exist in three ways:

- Geographical location of premises
- Geographical provision of services
- Timing of service provision

While there may be some changes over time in the location or opening hours of particular pharmacies, the PNA assesses provision across localities as a whole.

It also aims to ensure that gaps are not identified inappropriately, nor in locations where the market cannot sustain another provider.

PNAs will consider issues such as future housing developments, GP practice changes and major infrastructure projects which could affect the need for local services.

PNAs should also plan for potential pharmacy closures, if these are known.

It is also acknowledged that local areas may experience other problems with access to pharmaceutical services, which fall outside of the scope of the PNA.

These include availability of medicines, staffing levels and waiting times.

Concerns relating to these issues should be referred to the Commissioner of Community Pharmacy Services at the NHS South West Collaborative Commissioning Hub.

## Hospital passports for members of the Gypsy, boater and traveller communities who have a learning disability and/or autism

The ICB has worked with providers to help more individuals with a learning disability and/or autism, who are at risk of hospital attendance or admission, to receive a hospital passport.

These passports are used to help ensure people do not need to tell their story more than once, and that when people present to health services, their reasonable adjustments and needs can be met.

There are a small number of people with a learning disability and/or autism living in Bath and North East Somerset who are members of the Gypsy, traveller and boating communities who have such passports.

It is currently not possible to provide everyone with a health passport and this work is targeted at those at greatest risk, such as individuals who have frequent attendances and admissions to hospital under the high intensity user programme.

Working together to co-design the future of neighbourhood health, including the delivery of integrated neighbourhood teams, presents further opportunities to develop health passports.

### [Further opportunities to find out more about new Trowbridge Integrated Care Centre](#)

More drop-in sessions for people living in and around Trowbridge to find out more about the town's new integrated care centre have been planned.

Taking place throughout the autumn and winter months, this latest round of information events follows an earlier programme of community engagement, which saw representatives from the ICB speak to more than 170 residents about the new centre, share images of the finished article and listen to local people's views and opinions.

The new £16 million centre will replace the outdated Trowbridge Community Hospital and deliver the ICB's long-term strategic vision of putting more services in the heart of local communities.

When up and running in early 2026, the centre will act as a hub for multiple health and care services, with teams from different organisations working together under one roof to help provide local people with a seamless, more joined-up experience of the NHS.

The full list of upcoming drop-in sessions can be seen below:

- Friday 19 September, 9.30am – 1.30pm, Trowbridge Library, Bythesea Road, Trowbridge
- Friday 3 October, 11am – 3pm, Shires Shopping Centre, Bythesea Road, Trowbridge
- Friday 24 October, 11am – 3pm, Asda Supermarket, Bythesea Road, Trowbridge
- Saturday 8 November, 10am – 3pm, Trowbridge Town Hall, Market Street, Trowbridge
- Wednesday 10 December, 8am – 1.30pm, Trowbridge Market, Fore Street, Trowbridge

### [Update on region's new £20 million specialist mental health facility](#)

Work to put the finishing touches to a new purpose-built specialist mental health inpatient facility in Bristol is well under way.

The Kingfisher will be a state-of-the-art care environment, fully equipped to provide personalised support to autistic people and those with learning disabilities whose needs cannot be met by existing community mental health services.

Having this modern facility based locally will help to ensure that more patients living in Bath and North East Somerset, Swindon and Wiltshire receive the specialist care they need closer to home, while also reducing the likelihood of people being cared for out-of-area and away from family and friends.

The Kingfisher has been designed and built with input from service users, people with lived experience of the type of the care the new unit will be providing, as well as their families and carers.

On-site bedrooms will feature an additional living room space, containing desks and window seats, with the unit also offering many outdoor spaces, including individual gardens attached to each bedroom, which will provide an enhanced sensory environment.

When fully open in 2026, the facility will be able to provide short-stay admissions for those in genuine need of supervised hospital-level care.

### [Call for pregnant women and young children to get vaccinated against flu](#)

Flu vaccinations are now available for pregnant women, two and three-year-olds, children in school and youngsters with certain long-term health conditions.

Although flu is a highly infectious disease which can cause symptoms much worse than a heavy cold, the flu vaccine is a safe way of providing protection against the virus.

Pregnant women should get the flu vaccine to protect not only themselves, but also their baby, as pregnancy can alter how the body fights off infections.

Two and three-years-olds, children in primary or secondary school and those between the ages of six months and 18 years with a long-term health condition are also eligible for a flu vaccine.

The vaccine helps to protect children from flu and reduces its spread to others, such as classmates and family members.

From 1 October, the flu vaccination offer will be extended to include people aged 65 and over, those aged between 18 and 64 who are part of a clinical risk group, frontline health care workers, residents in long-stay care homes and those who are in close contact to immunocompromised individuals and carers.

While the NHS is sending out millions of invitations this month to remind those who are eligible to come forward as soon as possible, people do not need to wait for an invitation to book.

Vaccine appointments can be arranged quickly and easily on the NHS website, through the NHS App or by calling 119.

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Adults and Children’s Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	15 <sup>th</sup> September 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Care Quality Commission (CQC) Local Authority Assessment – ASC Improvement Plan Progress Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: Adult Social Care Improvement Plan Update		
Attachment 2: Equalities Impact Assessment		

## 1 THE ISSUE

- 1.1 The Adult Social Care Improvement Plan outlines progress already made and the steps that are being taken to further enhance services. It reflects our own assessment of priority areas for improvement, alongside the key findings and areas for improvement against quality statement scores from the CQC Local Authority Assessment Report for B&NES (January 2025) with a Requires Improvement rating. By aligning our efforts with national expectations and local needs, we are driving forward a shared vision for a more responsive, effective, and sustainable Adult Social Care service which delivers better outcomes for the B&NES population who drawn upon adult social care support.
- 1.2 Due to the Requires Improvement rating, B&NES has been assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care & Health (Southwest Region) who partner with the Local Government Association and Association of Directors of Adult Social Services.
- 1.3 This report will outline the progress that has been made towards the ASC Improvement Plan alongside key activity that the ASC Leadership Team is undertaking to enable sustainable improvement.

## 2 RECOMMENDATION

The Panel is asked to:

- 2.1 To note the summary of progress towards the Adult Social Care Improvement Plan which highlights main themes and action for achieving a good CQC rating.
- 2.2 Agree that a further update report on the progress against the ASC Improvement Plan is submitted to Panel in January 2026.

### 3 THE REPORT

- 3.1 The ASC Improvement Plan is aligned to specific CQC feedback and structured according to the CQC Local Authority Assessment Themes ensuring a clear and systematic approach to addressing identified improvement priorities. There are 9 improvement priorities across the four CQC Themes which are outlined in the table below. There are 15 projects/action plans to deliver the 9 improvement priorities.

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

- 3.2 The ASC Improvement Board commenced in April 2025 and is chaired by Suzanne Westhead, Director Adult Social Care. The board is held monthly to review progress made against the 9 priorities set out in the ASC Improvement Plan. Bath and North East Somerset Council's approach to improving Adult Social Care is structured around the Care Quality Commission (CQC) themes and quality statements. The Terms of Reference for the Improvement Board includes oversight that our improvements are aligned with national standards and best practices, providing a clear framework for delivering high-quality and person-centred care.
- 3.3 The governance arrangements for the ASC Improvement Plan are designed to foster comprehensive engagement beyond the ASC directorate, thereby establishing a robust framework for oversight and constructive challenge. The board, has had strong attendance since April and is attended by representatives from various departments within the local authority, including finance, legal, communications and marketing, public health. This broad participation facilitates the dissemination of information on a wide scale, enables the incorporation of diverse perspectives from across the organisation, and promotes effective collaboration in addressing challenges, assessing and mitigating risks. Such a collaborative approach ensures a holistic delivery of new initiatives, minimises the potential for implementation issues, and proactively reduces the likelihood of negative outcomes associated with the improvement plan.

- 3.4 The ASC Improvement Plan is making steady progress. Significant advancements have been achieved, with actions tracked through the monthly Improvement Board meetings and project oversight through robust highlight reporting including RAG rating on overall progress. The August 2025 Improvement Board was attended by the Lead Member. This approach ensures rigorous oversight, constructive challenge, and shared responsibility for required actions to achieve the desired outcomes. A detailed overview of Adult Social Care Improvement Plan Update (May-August) can be reviewed in Attachment 2.
- 3.5 The Improvement Plan and associated Board have already delivered notable progress. Improvement priority 2.1, which addresses waiting lists across all services, has yielded positive results. At the time of the CQC data return, 128 individuals were waiting for allocation for a Care Act Assessment; at the time of writing the report 71 people were waiting for allocation for a Care Act Assessment. The waiting time figures are reported in the context of adult social care receiving on average 255 requests for care assessments/reassessments per month. The number of people awaiting a Deprivation of Liberty (DoLs) authorisation has also decreased with a reduction from 509 in January to 469 at the time of writing the report. The Occupational Therapy (OT) waiting list has similarly reduced, supported by the opening of a new OT Assessment Centre on 29 July, which enables immediate provision of equipment and advice, and by the engagement of agency staff to eliminate backlogs. As a result, the OT waiting list fell from 229 in January 2025 to 80 in August 2025.
- 3.6 Ongoing collaboration with frontline staff is driving the development of our Social Care Practice Model, scheduled for introduction in September/October supported by a training and development plan. The Commissioning Hub has established a professional feedback form, which is being used already, enabling practitioners to formally share service insights, and practitioners are also closely involved in co-production initiatives to help shape commissioned services.
- 3.7 To enhance governance and risk management, a risk and RAG rating tool was implemented in Liquidlogic Adult Social Care System (LAS) in early July, with further risk assessment training planned. The new safeguarding pathway was collaboratively designed in three sessions and launched in mid-July. Regular staff briefings continue, with shared learning from Safeguarding Adult Reviews and ombudsman rulings to support ongoing professional development.
- 3.8 ASC are currently using a case audit tool which quality assures the work of our frontline operational teams. Part of this process includes seeking feedback from the individual receiving services, or in some cases their representative, regarding the experience of their contact with ASC. Of the 19 responses received so far, 89% rated their experience as positive. Areas of good practice from the feedback include people feeling listened to, supported and undergoing a positive review experience. All themes from the audits, both positive and where areas of improvement have been identified, will be discussed and fed back to teams for reflection and learning to drive best practice moving forward.
- 3.9 To date there have been three submissions (February, April and July) to the Department Health and Social Care (DHSC) via the Care and Health Improvement Advisor (CHIA). Future submissions are scheduled for October 2025 and January 2026. Feedback on our reports from the CHIA is positive regarding the level of robustness and assurance of the progress made against improvement priorities.

3.10 One West have been invited to undertake an internal audit (scheduled for late September start) of safeguarding pathways from point of referral through to completion of enquiry and risk mitigation. The audit will focus on providing assurance that our provider services uphold their duties in relation to safeguarding both for Care Quality Commission regulatory and quality assurance requirements.

3.11 Social Care Centre of Excellence (SCIE) will offer an independent review of co-production in B&NES. This includes a tailored review, a detailed audit of current practices, and support in building a robust co-production offer. The goal is to ensure that co-production is effectively integrated at all levels, leading to improved services and better results for those who draw on care and support. A planning meeting is being held mid September for the review to be undertaken late October.

3.12 Partners in Care & Health (PCH) have been invited to conduct a Peer Review (planned for January 2026) of the safeguarding pathway to enhance understanding and application of Making Safeguarding Personal. The review will document learning from Safeguarding Adult Reviews (SAR) and audits and highlight how practitioners continually promote improvements. The Peer Review will have 4 areas of focus:

- 1.Ensuring the data is being used to best effect
- 2.Ensure Making Safeguarding Personal is better understood and delivered, and we can evidence that we are listening and learning from what people tell us
- 3.Improve visibility of learning from audits and SARs demonstrated through improvements in practice
- 4.Improve approach to supporting people experiencing safeguarding risks who are on the “edge of care and support”

## **4 STATUTORY CONSIDERATIONS**

4.1 The Health and Care Act 2022 gave Care Quality Commission (CQC) new powers to assess how Local Authorities meet their duties under Part 1 of the Care Act 2014. CQC Local Authority Assessment Framework assesses the performance of Local Authorities to assure CQC and the Department of Health and Social Care about the quality of care in the area and consider any improvements that are required. CQC published their report for B&NES on 30th January 2025, assigning a rating of Requires Improvement.

4.2 The April 2025 report to panel confirmed the allocation of a Care and Health Improvement Advisor (CHIA) being mandated for all Local Authorities that are either Requires Improvement or Inadequate. The Director for Adult Social Care meets with the CHIA from Partners in Care & Health (PCH) allocated to B&NES on a monthly basis to monitor and give assurance on progress against the ASC Improvement Plan and prepare for submissions to Department of Health and Social Care (DHSC) as referenced in section 3.9 of the report.



## 5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 To resource the improvement journey ASC have committed an investment of £1.179m over a 2 year period (2025-2027) for the delivery of the ASC Improvement Plan which is being funded from the ASC reserve.
- 5.2 The resourcing of the ASC Improvement Plan covers activity to build capacity through a range of agency and fixed term posts alongside contracts to target reduction in assessment backlog, Occupational Therapy (OT) assessment backlog as well as Deprivation of Liberty (DoLS) and financial assessment waiting lists. Transformative resource has also seen investment in the areas of fixed terms posts to lead on communication, engagement, policy and procedure, Business Intelligence Data, Information Governance, Social Care Practice Framework and Partners in Care & Health Peer Review (referenced in section 3.12 of the report).

## 6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.
- 6.2 The ASC Risk Register has an entry for 'risk of capacity to deliver CQC improvement plan following September 2024 onsite inspection' which was entered on the Corporate Risk Register in December 2024. The ASC Risk Register was last reviewed for escalation to the Corporate Risk Register in July 2025.
- 6.3 Progress against ASC Improvement Plan milestones continue to be RAG rated for each project on a monthly basis and reported to the Improvement Board which commenced in April 2025. A summary of this can be reviewed in Attachment 1: ASC Improvement Board Summary.
- 6.4 The ASC Assurance Lead oversees the Improvement Plan Risk Register and this is reported at the monthly Improvement Board. The table below outlines key risks and mitigation activity.

Risk	Mitigation
Care Quality Commission (CQC) reinspection methodology and timescale is unknown	Assurance Lead for ASC attends regular Directors of Adult Social Services (ADASS) South West Assurance Leads forums and DASS holds regular meetings with Partners in Care & Health (PCH) Care and Health Improvement Adviser (CHIA) ensuring regular sector updates from CQC
Impact on future CQC rating of failure to deliver improvement priorities	ASC Improvement Board (15 projects delivering 9 improvement priorities) commenced April 2025 with RAG rated highlight reports Robust governance plan in place for progress reporting to Department Health and Social Care via Partners in Care and Health (PCH) Care - Health Improvement Adviser (CHIA) Robust governance plan in place for progress updates to CMT, Lead Member and Scrutiny Panel Robust communication and engagement plan in place for internal and external stakeholders
Capacity of corporate resource teams to lead on specific activity for delivery of improvement at pace	Continued engagement with Corporate Teams ensuring priorities are known an impact of delivery on corporate teams Effective utilisation of allocated improvement funding to address key resource requirements

Utilisation of the ASC reserve to fund additional resource to deliver improvement priorities	Funding allocation for improvement over 2 year period with monitoring oversight at ASC Improvement Board and by DASS and Senior Finance Manager Progress reporting to CMT for S151 officer oversight on utilisation of ASC reserve for resourcing improvement journey Effective utilisation of allocated improvement funding to address key resource requirements
Communication and engagement for internal and external stakeholders to update on key improvement activity	Assurance Lead for ASC oversees the communication and engagement plan (internal & external stakeholders) which is monitored at monthly ASC Improvement Board ASC workforce updated on progress at two weekly ASC Staff Briefing and regular progress reports to CMT Lead Member updated monthly at Lead Member Briefing & updated to scrutiny panel System partners updated via DASS, Assurance Lead and Assistant Directors through range of external meetings i.e. ICB, ICA, 3SG, Healthwatch & B&NES Community Safety and Safeguarding Partnership Executive Board Department Health & Social Care (DHSC) updated three monthly intervals via progress submissions from Partners Care & Health Care & Health Improvement Advisor
Operations staff capacity to engage and deliver on each improvement project whilst managing increased service demand and complexity	Monitored at ASC Improvement Board with highlight reports submitted for projects with RAG rating detailing potential impact on operational teams Effective utilisation of allocated improvement funding to address key resource requirements Funding allocation for improvement over 2 year period with monitoring oversight at ASC Improvement Board and by DASS and Senior Finance Manager
Some projects not fully aligned to Technology and Digital Strategy	Consolidation of capacity requirements of operational staff to determine projects being correctly prioritised and sequenced
Self Assessment Report for 2024/25 inclusive of improvement priorities with some projects not yet developed	Self Assessment is being updated as part of ASC annual Quality Assurance cycle to reflect outcome of CQC Inspection and reflect progress towards Improvement Plan CMT updated on development of 2024/25 Self Assessment report in June 2025 as the updated report will be finalised in Autumn and published
Leadership capacity to manage the multiple projects delivering the improvement priorities	ASC Improvement Board to inform capacity requirements of ASC leadership and management team in determining projects being correctly prioritised and sequenced Effective utilisation of allocated improvement funding over 2 year period to address key resource requirements

6.5 The Director Level Service Plan includes ASC Improvement journey to CQC Good as a key priority for 2025/26.

## 7 EQUALITIES

7.1 ASC are committed to evidencing how we ‘pay due regard’ to equality duties and have ongoing intent to undertake equality analysis throughout the implementation of identified actions within the Improvement Plan.

7.2 The aim for the ASC Improvement Plan is to improve outcomes for people who draw on care and support, which aligns with the local authorities’ core purpose of ‘improving people’s lives’.

7.3 An Equalities Impact Assessment (EQIA) has been undertaken for the ASC Improvement Plan, ensuring due regard in line with the public sector equality

duty (2011), to outline the approach for delivering the plan. The EQIA can be reviewed in Attachment 2.

7.4 The Corporate Equalities and Diversity Officer will be attending the ASC Improvement Board as of September 2025 to ensure an equality focus is embedded into the improvement journey and equalities implications are at the forefront of improvement planning and processes. Ongoing review and updating of this EQIA will reflect learning throughout the improvement journey.

7.5 The ASC Improvement Plan is underpinned by 4 overarching principles. Principle 3 is to embed consideration of equality, diversity, and inclusion into all activities, ensuring that these values are integral to our operations and enhance the opportunities available to everyone.

7.6 The intention is for the ASC Improvement Plan EQIA to be published.

## **8 CLIMATE CHANGE**

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

## **9 OTHER OPTIONS CONSIDERED**

9.1 As part of our annual quality assurance process the Self Assessment is in the process of being updated to reflect the outcome of the CQC inspection report published in January 2025 and reflect progress towards the ASC Improvement Plan. The updated Self Assessment for 2024/25 will be finalised in Autumn 2025 and published.

## **10 CONSULTATION**

10.1 The ASC workforce, wider council staff and system partners continue to be updated on the ASC Improvement Plan as per the communication and engagement plan which is reviewed as part of the ASC Improvement Board. A dedicated communications lead has been appointed to support the ASC Improvement Plan and will commence post in September 2025.

10.2 ASC staff continue to receive regular briefings in relation to the ASC Improvement Plan through team meetings with Assistant Directors and staff briefings led by the DASS, Assistant Directors and Quality Assurance Lead.

10.3 The ASC Leadership Team have provided regular updates on progress against the ASC Improvement Plan to the following external stakeholders; Healthwatch, B&NES Community Safety and Safeguarding Partnership Executive Board, Integrated Care Board, Integrated Care Alliance, 3SG, Lead Member and Scrutiny Panel. The ASC Leadership Team will continue to provide assurance and oversight of progress throughout the improvement journey.

<b>Contact person</b>	<i>Suzanne Westhead, Director Adult Social Care</i>
<b>Background papers</b>	The full CQC report with an overview of the rating and scoring can be accessed at <a href="https://www.cqc.org.uk/care-services/local-authority-assessment-reports/bathandnortheastsomerset-0125">https://www.cqc.org.uk/care-services/local-authority-assessment-reports/bathandnortheastsomerset-0125</a>

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

# Progress Update

## Adult Social Care Care Quality Commission Improvement Plan

September 2025

Bath & North East  
Somerset Council

Improving People's Lives





# Improvement Priority 1.1

<p><b>CQC Theme 1: How the Local Authority works with people</b></p> <p><b>Improvement Priority 1.1:</b> Improve public access to information, advice, guidance, and enhance our prevention services.</p>	<p>Conduct a thorough diagnostic assessment to ascertain our current provision of Information, Advice, and Guidance (IAG), as well as the methodologies employed by our partners.</p> <p>Identify existing gaps, evaluate the scope and urgency of the required work, and subsequently formulate a comprehensive project plan that outlines necessary actions to achieve the desired outcomes.</p> <p>Highlight areas of work where co-production and co-design would benefit service users and the council.</p>	<p>A full diagnostic report will outline where there are shortfalls and make recommendations on how to remedy them. The recommendations will be drawn up into a Project and the work will be managed through the project. Evidence of the impact of the work might be evidenced through customer satisfaction surveys, website analytics and feedback, call logs, social media engagement</p>
<p><b>Progress update</b></p>	<p>ASC has made good progress in completing a diagnostic assessment of its Information, Advice, and Guidance provision. Consultations and questionnaires have been held with several key teams, including the Web Team, Directory Team, Customer Service Team, and Operations Staff, all of whom have now completed their contributions. Engagement with external partners, such as Third Sector organisations and Social Prescribers, has also taken place. Members of the Directorate Management Team have also participated in the process.</p> <p>A resident questionnaire is underway in collaboration with Healthwatch, which is expected to provide valuable insight once the diagnostic is concluded. This aspect may require ethics panel approval before further steps can be taken.</p> <p>This structured approach ensures broad input from staff, partners, and residents, and will help shape future improvements in public access to information and support services.</p>	

# Improvement Priority 1.2

<p><b>CQC Theme 1: How the Local Authority works with people</b></p> <p><b>Improvement Priority 1.2:</b> Reduce waiting times for all services areas ensuring that people are prioritised according to risk</p>	<p>A single triage and prioritisation system will be in place, so people are allocated based on the level of risk.</p> <p>A training program is underway to broaden the BIA staff resource, enabling the wider staff group to become BIAs.</p> <p>Establishing a shared manager rota to approve BIA assessments to reduce wait times for Deprivation of Liberty Team waiting lists.</p> <p>Conducting an OT diagnostic exercise over a 3-month period to identify potential new processes. Implementing a waiting list backlog project while simultaneously developing a new OT clinic for in-person consultations.</p>	<p>The impact of this work will be measured using Power BI, specifically tracking the reduction in waiting lists in operational team and in the length of time from referral to assessment. Feedback from individuals who underwent an assessment indicated that it was conducted in a timely manner, as identified through audits. Applying interventions will give us assurance of active risk management and will see Risk Registers amended as our interventions take effect.</p>
<p><b>Progress update</b></p>	<p>At the time of the CQC data return, 128 individuals were waiting for allocation for a Care Act Assessment. On 18<sup>th</sup> August 71 people were waiting for allocation for a Care Act Assessment. The waiting time figures are reported in the context of adult social care receiving on average 255 requests for care assessments/reassessments per month. ASC has recruited 10 agency staff to help reduce the waiting list and have action plans in place for individuals who have the longest wait.</p> <p>The number of people waiting for an authorisation of a Deprivation of Liberty (DoLs) has decreased with a reduction from 509 in January to 469. 4 practitioners were undergoing BIA training, 2 started in March have now passed, 2 practitioners are awaiting the outcome of their assessment, due in September. Additional to this, there has been successful recruitment to 0.8 FTE BIA post which has been a long-standing vacancy.</p> <p>The Occupational Therapy (OT) waiting list has reduced, from 229 in January 2025 to 80 in August 2025 as a result of successful recruitment of 2 OT's and external support from an agency to reduce the waiting list. The new OT Assessment Centre opened on 29<sup>th</sup> July, which enables immediate provision of equipment and advice, and by the engagement of agency staff to eliminate backlogs.</p> <p>74% of people who require an annual reviews, have had their review within the 1 year timescale.</p>	

# Improvement Priority 1.3

<p><b>CQC Theme 1: How the Local Authority works with people</b></p> <p><b>Improvement Priority 1.3:</b> Implement a practice model that will support our staff to deliver an equitable and legally compliant offer to people who are in contact with adult social care</p>	<p>Implement our Practice Standards and evaluate. Establishing a Practice Development Group to coproduce a practice model with our staff and partners. Staff collaboration with the Principal Adult Social Worker to identify training needs, share insights from audits and complaints, and promote best practices in outcome-focused work and documentation.</p>	<p>The work of the Practice Development group will be documented through minutes of the discussions and a summary of the actions to be carried out. Application of the Care Act and equity in access to services will be identified through audits and the Practice Forum. An increase in the uptake of training is expected and will be evidenced by the Learning and Development Team. Although our current Direct Payment uptake is low compared to national figures, it is part of our core offer, and corresponding policies and procedures will evidence the progress made to make Direct Payments accessible.</p>
<p><b>Progress update</b></p>	<p>Since the Principal Adult Social Worker (PSW) was appointed, the new Practice Framework and Practice Standards have been co-produced with practitioners. Practice Frameworks and Standards provide a structured approach for guiding professional practice, ensuring quality, and promoting continuous improvement.</p> <p>A new Practice Development Group has been established and meets on a bi monthly basis.</p> <p>A new Direct Payment Lead has been recruited and will commence in post in September 2025.</p>	



# Improvement Priority 2.1

<p><b>Theme 2: Providing Support</b></p> <p><b>Improvement Priority 2.1</b> Work collaboratively with practitioners and partners to ensure we commission services that meet the needs of our population to ensure diversity and sufficiency in the local market</p> <p>Page 26</p>	<p>The Strategic Commissioning Hub's Quality Assurance Team will be responsible for reviewing the Commissioning Quality Assurance Framework and amending as necessary to ensure we capture information about how we support providers to maintain or increase the CQC rating. This will also include sharing of information and learning in Provider Forums. Alongside this, we will work with the Practice Development group to determine the best way of engaging with staff to understand the needs of the people they work with to develop the market accordingly; enabling us to support more people in B&amp;NES.</p>	<p>Evidence of our work with providers will be through the completion of Quality Assurance visits and corresponding documentation; however, where a provider's CQC rating changes, this will be outside the council's control. Minutes from meetings with frontline practitioners will evidence engagement and discussion about the needs of the local population and will pave the way for new market initiatives that the Commissioning Team will take forward.</p> <p>Feedback from providers will demonstrate the support we offer them, and they will be knowledgeable about the local Forum's they can attend for support.</p>
<p><b>Progress update</b></p>	<p>The Quality Assurance Review Plan for 25/26 is established with a target of completing a Quality Assurance Review on each commissioned regulated service within B&amp;NES every two years.</p> <p>A new professional feedback form has been developed and launched, which is now generating more feedback from practitioners.</p>	

# Improvement Priority 2.2

<p><b>Theme 2: Providing Support</b></p> <p><b>Improvement Priority 2.2</b> Introduce more innovative ways of supporting people, staff and stakeholders, through the use of technology and digital solutions.</p>	<p>The Technology Enabled Care Strategy has been developed over the last 12 months. Significant work has been done to understand different models and assess readiness for innovative ways of working. The strategy is now ready to be turned into a Programme of work, clearly defining the necessary tasks and involving the right staff and stakeholders to develop a service that meets the needs of the population. The B&amp;NES Safeguarding Adults Portal went live in November 2023, and there are plans to expand online portals to promote equity in experience.</p>	<p>Once the Technology Enabled Care (TEC) and Digital programme is complete and delivered into business as usual, it will enable reports on the number of people receiving TEC or digital solutions to meet their needs. This will include the impact on local services, such as smaller homecare packages required, and the impact on individuals achieving outcomes important to them. People's feedback and the consideration of TEC or digital solutions will be evidenced through practice audits and discussions at Practice Forum. Additionally, people who use a digital platform to access an assessment will be asked about their experience via an online feedback form.</p>
<p><b>Progress update</b></p>	<p>Drawing on the work done to develop the TEC strategy, ASC have developed a pilot project to implement innovative TEC solutions. Adopting a phased approach, we will first roll out TEC in the OT Assessment Centre and First Response Team, with a view to then phasing TEC into additional operational services.</p> <p>This targeted approach enables us to refine our offer and ensure we use the right approach during this time, where there is much activity happening to deliver the improvement priorities and while the ASC restructure is underway.</p> <p>The scope of the TEC Strategy has broadened to include digital tools to support the ASC workforce in delivery of services. As a result, the Digital and TEC Strategy is undergoing development with engagement from staff and managers across the directorate. We are also engaging with corporate colleagues to ensure alignment with priorities and strategies outside of ASC. To ensure we develop a service that will meet the needs of our residents, we have developed a resident survey, which is currently with the Ethics Panel. We will expand resident engagement opportunities, enabling them to shape future services.</p>	

# Improvement Priority 2.3

<p><b>Theme 2: Providing Support</b></p> <p><b>Improvement Priority 2.3</b> Giving residents a bigger say in local services and develop how we gather feedback on people's experience of Adult Social Care</p>	<p>We will develop and implement a system that allows all individuals to provide feedback in a manner that meets their access needs.</p> <p>Determine the most appropriate ways to communicate to staff and individuals how the learning from the feedback has been implemented.</p> <p>Create more opportunities for residents to participate in the planning and development of local services through collaborative design, planning, and evaluation.</p>	<p>We will use various methods to gather feedback, including written guidance from the Principal Adult Social Worker and minutes from resident groups. Our aim is to show that we adapt services based on individual needs. Feedback will measure our performance and highlight areas for improvement.</p>
<p><b>Progress update</b></p>	<p>An ASC Co-production Plan for 2025-26 has been developed, agreed and embedded across the directorate. Examples of how we are promoting co-production include:</p> <ul style="list-style-type: none"> <li>• Involving people in strategic reviews, such as the family's involvement in reviewing B&amp;NES's respite offer</li> <li>• Carers have also been involved in the specification and question setting process for our carers support service tender, and form part of the tender evaluation panel</li> <li>• Collaborating with Bath University in researching how we Make Safeguarding Personal. Interviewing adults with Learning Disabilities, who have had safeguarding involvement, and the staff that support them will be integral in our approach to people's involvement in their safeguarding enquiry</li> </ul> <p>A Service User Development and Engagement Lead will start in October. The focus will be on developing and implementing a system that allows all individuals to provide feedback and how this is shared with staff within the directorate.</p> <p>The Principal Adult Social Worker (PSW) has developed and implemented a new audit tool, which quality assures the work of our frontline operational teams. From 19 responses received so far, 89% rated their experience as positive.</p>	

# Improvement Priority 3.1

<p><b>Theme 3: How the Local Authority ensures safety within the system</b></p> <p><b>Improvement Priority 3.1:</b> Ensure our governance and risk management processes are used consistently to ensure safeguarding procedures are followed in accordance with making safeguarding personal principles</p>	<p>A safeguarding action plan is established to manage risk, detailing required steps. Some actions are currently in progress, while others will commence shortly based on urgency. The LAS and Controcc Development Group holds monthly meetings and has initiated discussions on a risk assessment tool. These efforts are ongoing and incorporated into the LAS Development Lead's Workplan.</p>	<p>Progress in this area will be indicated by various reporting methods. Compliance with MSP principles will be verified through the BCSSP annual audit and safeguarding audits, with data recorded on LAS and reported via the BI dashboard. Risk assessment creation on LAS and monitoring through governance structures like supervision and Practice Forum will demonstrate our advancement. Supervision notes and team meeting minutes will provide evidence of staff support in learning how to evaluate, reduce, and manage risk.</p>
<p><b>Progress update</b></p>	<p>ASC has made amendments to the documentation used to record safeguarding enquires, to now record whether the principals of Making Safeguarding Personal have been adhered to, which now allows performance reporting.</p> <p>A risk screening tool and new RAG rating system has been developed in LAS (the system used to record ASC activity). This provides more visibility for managers as a reporting mechanism, enabling greater management of risk.</p> <p>The Safeguarding Adults Collection and Bath Community Safety and Safeguarding Partnership Annual Report was completed and shared with staff in July, to celebrate the positive work carried out by ASC staff, as well as giving key highlights and planned improvements.</p>	

## Improvement Priority 3.2

<p><b>Theme 3: How the Local Authority ensures safety within the system</b></p> <p><b>Improvement Priority 3.2:</b> Refresh and implement a new pathway for people transitioning from children's services to adult services.</p>	<p>A public and professional portal will be developed for referrals for any young person or young carer with an appearance of care and support needs to be referred to ASC. Regular meetings will take place with ASC and the parent carer forum. Live well B&amp;NES and the public facing website will be updated to reflect the ASC transitions offer. A dedicated ASC transitions team will be recruited.</p> <p>ASC will form part of the multi-agency PFA group. There will be PFA strategy developed this will include clarity of the agency roles and responsibilities. This will link to work commenced on PFA pathways and transition policy which has been started but not concluded.</p>	<p>Referrals for young people are received and prioritised for ASC assessments. Parents and carers can access advice and information on ASC in various formats. Referrals and waiting times will be built into our new BI dashboards. This will include looking at the timeliness of referrals, the offer to young people and the experience of people on the pathway.</p>
<p><b>Progress update</b></p>	<p>The new Transitions Portal, which enables parent carers, young people and professionals to refer to ASC was launched in November 2024.</p> <p>The Preparing for Adulthood offer is a workstream within the programme and will be developed as part of a longer-term transformation programme, taking place of the next 6-12 months.</p>	



# Improvement Priority 4.1

<p><b>Theme 4: Leadership</b></p> <p><b>Improvement Priority 4.1:</b> Improve the quality of our data to ensure better oversight of individuals journeys through the use of the performance BI dashboard</p>	<p>We are committed to enhancing staff training to ensure accurate and timely information processing on LAS. We aim to clearly outline the current data and performance information we capture, as well as our future data and performance information requirements.</p> <p>We will conduct a diagnostic assessment to understand staff's current level of understanding regarding the data we collect and the reasons behind it.</p> <p>Our goal is to identify and address staff training needs to ensure effective use of BI Dashboards for performance understanding and improvement.</p> <p>We will ensure that the data resulting from LAS changes is prominently featured on the BI dashboard.</p>	<p>To measure the impact of these actions, we will implement several key evaluation methods. The Quality Assurance Board will use the BI Dashboards to provide a clear indication of how we are performing against our key performance indicators both national and local.</p> <p>Our case audit process will demonstrate areas of good recording practice and areas for improvement. Staff representatives are involved in LAS system and workflow changes from testing to implementation.</p> <p>Reports to the Quality Assurance Board that highlight trends in waiting lists and productivity will serve as another crucial metric. These reports will help us understand the broader organisational impact of our initiatives.</p>
<p><b>Progress update</b></p>	<p>There is now a dedicated Adults Systems Expert &amp; Service Lead responsible for coordinating LAS system developments to support practitioners. This enables both accurate and new requirements for reporting to be implemented, via the BI Dashboard.</p> <p>ASC has been working collaboratively with the Business Intelligence Team to define a comprehensive suite of data reporting requirements. 2 additional dedicated Business Intelligence Officers were recruited into post in May specifically for ASC, to focus resource on developing the new Business Intelligence Dashboards that are aligned to the KPIs in the Improvement Plan.</p> <p>3 Data Quality Workshops have been held with managers across the directorate, focusing on the use of the BI dashboard, to ensure understanding of the benefits of using data available as part of the management of caseloads and demand.</p>	

**Equality Impact Assessment / Equality Analysis  
(Version 4)**

Item name	Details
<b>Title of service or policy</b>	Adult Social Care, Care Quality Commission Improvement Plan
<b>Name of directorate and service</b>	Adult Social Care
<b>Name and role of officers completing the EqlA</b>	Suzanne Westhead, Director of Adult Social Services Ann Smith, Assistant Director for Operations Natalia Lachkou, Assistant Director for Commissioning Claire Thorogood, Assistant Director for Adult Regulated Services and Governance Nicola Pope, Adult Social Care Assurance Lead
<b>Date of assessment</b>	August 2025

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council’s website following relevant service lead approval.

### 1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. <ul style="list-style-type: none"> <li>• How the service/policy is delivered and by whom</li> <li>• If responsibility for its implementation is shared with other departments or organisations</li> <li>• Intended outcomes</li> </ul>	<p>The Health and Care Act 2022 gave the Care Quality Commission (CQC) new powers to assess how Local Authorities meet their duties under Part 1 of the Care Act 2014.</p> <p>From April 2024 to September 2024 B&amp;NES underwent it’s CQC Local Authority Assessment under a 2 stage inspection approach, with the onsite element of the assessment process taking place from 10th September to 12th September 2024.</p> <p>The CQC published their report for B&amp;NES on 30th January 2025, assigning a rating of Requires Improvement.</p> <p>Due to the Requires Improvement rating B&amp;NES has been assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care and Health (Southwest Region) who partner with the Local Government Association and Association of Directors of Adult Social Services. Partners in Care and Health (PCH) are responsible for feeding back to</p>



the Department of Health and Social Care (DHSC) the progress Adult Social Care is making against the improvement plan and giving assurance.

The ASC CQC Improvement Plan was developed January- March 2025. The Improvement Plan is broken down into the 4 Assessment Themes defined by CQC:

- Theme 1: How the Local Authority Works with people
- Theme 2: Providing Support
- Theme 3: How the Local Authority ensures safety within the system
- Theme 4: Leadership

There are nine identified areas of improvement, being delivered by 15 projects. Each project has a senior responsible officer, and a lead- either a project manager or Head of Service, who is responsible for ensuring progress is made to deliver the Improvement Priorities.

Each project collaborates with different teams across the council, as required, to ensure the project progresses and any barriers are overcome.

Bath and North East Somerset (B&NES) Council is committed to being a learning organisation, continuously evolving to meet the needs of our local population. We have bold and innovative plans to transform the way we deliver Adult Social Care, ensuring high-quality, person-centred support for our local communities.

This Adult Social Care Improvement Plan outlines nine Improvement Priorities we will work to deliver throughout 2025-2026 to further enhance our services. It reflects our own assessment of priority areas for improvement, alongside the key findings and areas for improvement against quality statement scores from the 2025 CQC Local Authority

	<p>Assessment Report for B&amp;NES. By aligning our efforts with national expectations and local needs, we are driving forward a shared vision for a more responsive, effective, and sustainable Adult Social Care service.</p> <p>This EQIA has been undertaken to provide assurance that oversight and management of the Improvement Plan and Board have no adverse effects on individuals with protected characteristics.</p> <p>This EQIA demonstrates we are paying due regard to our Public Sector Equalities Duty as we progress work within the Improvement Plan. This EQIA is a working document, and we aim for this to be updated if there are any changes to the management of the Improvement Plan and Board. Should there be any changes made to the management of the Improvement Plan, we aim to consider whether there is likely to be any impact on individuals with protected characteristics.</p>
<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> <li>● Is it a new service/policy or review of an existing one?</li> <li>● Is it a national requirement?).</li> <li>● How much room for review is there?</li> </ul>	<p>This is the first time we have been required to develop and implement Improvement Plan. This Improvement Plan is necessary to demonstrate to the Department of Health and Social Care that progress is being made on the areas of Improvement identified before the CQC Inspection took place and incorporates feedback from the CQC Assessment Report.</p> <p>As per the PCH and DHSC guidelines, ASC currently provides quarterly progress updates to the DHSC. There have been three submissions to date: 13<sup>th</sup> February 2025, 30<sup>th</sup> April 2025, with the latest submission being in July 2025. The next submission is due on 30<sup>th</sup> October 2025. The exact length of time that progress reports are required to be submitted to the DHSC is currently unknown.</p> <p>Local Authorities are awaiting further guidance on the CQC Assessment methodology for re inspection.</p>

	<p>The Improvement Plan applies to all adults aged 18 years and above who access care and support provided directly or commissioned by Adult Social Care, and/or are in receipt of direct payments, in any of the following categories:</p> <ul style="list-style-type: none"> <li>• Older People's Services</li> <li>• Physical Disability and Sensory Services</li> <li>• Mental Health Services</li> <li>• Learning Disability Services</li> </ul> <p>The Improvement Plan will also apply to some 17 years olds who are transitioning into Adult Social Care from Children's services.</p> <p>The Care Act 2014 defines the statutory duties placed on Local Authorities and can be found at:  <a href="https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance">https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</a></p>
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	<p>The overall aim for the ASC Improvement Plan is to improve outcomes for people who draw on care and support, which aligns with the Local Authorities' core purpose of 'Improving People's Lives'.</p> <p>There are no known conflicts with other council policies at this time.</p>

## 2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
<b>2.1</b> What equality focussed training have staff received to enable them to understand the needs	<p>All B&amp;NES officers are required to undertake mandatory Equality, Diversity and Inclusion Training.</p> <p>The project leads, many of whom are registered Social Workers have much experience in working within the Equalities Act, promoting anti-discriminatory and anti-oppressive practice, as per the <a href="#">Professional Capabilities Framework</a> set out by the British Association of Social Workers.</p>

of our diverse community?	
2.2 What is the equality profile of service users?	<p>The B&amp;NES Council Strategic Evidence Base provides the equality profile for the B&amp;NES Population: <a href="https://www.bathnes.gov.uk/sites/default/files/SEB%20Population%20%26%20Demography%20Apr25.pdf">https://www.bathnes.gov.uk/sites/default/files/SEB%20Population%20%26%20Demography%20Apr25.pdf</a></p> <p>Key highlights relevant to the ASC Improvement Plan:</p> <ul style="list-style-type: none"> <li>• The population of B&amp;NES is projected to increase by 8% from 2018 to 2028, from 192,106 to 207,919.</li> <li>• The 65+ population is projected to increase by 15% over the same period and within the 65+ group, the largest increase is projected to be in the 75-84 age range (33%), followed by the 85+ age group (20%).</li> <li>• In 2030, it is projected there will be 3,670 older people (65+) with dementia in B&amp;NES which is an increase of 36% since 2019.</li> <li>• Since 2012, there has been a 15% increase in people aged 65 years and over in B&amp;NES, lower than the national increase of 18%. We have also seen an increase of 10% in people aged 15-64 years</li> <li>• In the 2021 Census, 85.6% of people in B&amp;NES identified their ethnic background within the White British category, compared with 90.1% in 2011.</li> <li>• The largest ethnic group (detailed) in B&amp;NES other than White British (165,409) is 'White: Other White' (11,114), which excludes White British, Irish, Travellers and Roma.</li> <li>• In the 2021 Census, in Bath and North East Somerset, 96.9% of usual residents spoke English as a main language, compared to 91.1% in England and Wales and 95.4% in the South West.</li> <li>• In the 2021 Census, for the first time since 2001 'No religion' (47.9%   92,567) was the highest response in Bath and North East Somerset followed by 'Christian' (42.2%   81,553).</li> <li>• Self-reported disability in the over 50s has decreased from 33% in 2011 to 25% in 2021.</li> <li>• A larger increase in self-reported disability can be seen among the 16- 49 age group, from 7% in 2011 to 13% in 2021. Most of those self-report their day to day lives as limited a little.</li> <li>• In B&amp;NES, 88.3% identified as straight or heterosexual, which aligns closely with the national figure of 89.4% for England &amp; Wales.</li> </ul> <p><b>Data Specific to individuals in B&amp;NES receiving support from Adult Social Care:</b></p> <ul style="list-style-type: none"> <li>• B&amp;NES ASC Directorate currently provides long term support to 1885 individuals.</li> </ul>

	<ul style="list-style-type: none"> <li>• Of this total, 839 individuals are aged 18-64 and 1046 individuals are aged 65+</li> <li>• Of those aged 18-64, approx. 142 individuals live in a nursing/ residential home, and approx. 712 people receive community support. (note approximate numbers because some individuals receive more than one service)</li> <li>• Of those aged 65+, approx. 501 individuals live in a nursing/ residential home, and approx. 712 people receive community support. (note approximate numbers because some individuals receive more than one service)</li> <li>• There are more females (1034) receiving long term care than there are males (851).</li> </ul>
<b>2.3</b> Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	To date, no customer satisfaction surveys have been conducted by Adult Social Care (ASC) specifically as part of the management of the ASC Improvement Plan or Improvement Board.
<b>2.4</b> What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	<p>The governance arrangements for the ASC Improvement Plan are designed to foster comprehensive engagement beyond the immediate ASC environment, thereby establishing a robust framework for oversight and constructive challenge.</p> <p>The ASC Improvement Board, which convenes on a monthly basis to monitor progress against the improvement plan, is attended by representatives from a variety of departments within the Local Authority, including finance, legal, communications and marketing, public health, and Business Intelligence. This broad participation facilitates the dissemination of information on a wide scale, enables the incorporation of diverse perspectives from across the system, and promotes effective collaboration in addressing challenges, assessing and mitigating risks. Such a collaborative approach ensures a holistic delivery of new initiatives, minimises the potential for implementation issues, and proactively reduces the likelihood of negative outcomes associated with the improvement plan.</p> <p>The Corporate Equality Officer for B&amp;NES will be attending the monthly Improvement Board from September 2025.</p>

<p><b>2.5</b> If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?</p>	<p>Each individual project underpinning the delivery of the improvement priorities is supported by a dedicated project, work, or action plan, which specifies appropriate or required consultation necessary for successful completion. Projects that will deliver the improvement priorities will define any consultation and engagement requirements. Some projects will necessitate internal engagement with council departments, while others will require engagement, feedback, and co-production with individuals who use services.</p> <p>Some of the projects in place to deliver the improvement priorities are still in their infancy, as a result it is not yet quantified which projects will require consultation. Where projects do require consultation, equality analysis will be incorporated into the project's scope.</p> <p>This is an overarching EQIA for the management of the Improvement Plan and Improvement Board. Each project that delivers a change to the current operating procedures will be subject to its own Equalities Impact Assessment, which will be completed before the changes are implemented.</p>
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### 3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equality groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
<p><b>3.1 Issues relating to all groups</b> and protected characteristics</p>	<p>The nine Improvement Priorities listed in the ASC Improvement Plan aim to improve outcomes for individuals who access information, advice and guidance or care and support in B&amp;NES.</p>	

	<p>Any changes to practice, policy or process will be carried out in line with the Care Act 2014 principles of:</p> <ul style="list-style-type: none"> <li>• empowerment</li> <li>• prevention</li> <li>• proportionality</li> <li>• protection</li> <li>• partnership</li> <li>• accountability</li> </ul> <p>Each project that delivers a change to the current operating procedures will be subject to its own Equalities Impact Assessment, which will be completed before the changes are implemented.</p>	
<b>3.2 Sex</b> – identify the impact/potential impact of the policy on women and men.	The staff involved in managing the Improvement Plan and attending the Improvement Board are a mixture of men and women.	
<b>3.3 Pregnancy and maternity</b>	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone who is pregnant or on maternity leave.	Should anyone involved in the management or delivery of the Improvement Plan experience individual needs due to pregnancy or maternity, appropriate support will be provided by following HR guidance and sign posting to staff networks as appropriate.
<b>3.4 Gender reassignment</b> – identify the impact/potential impact of the policy on transgender people	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone who has gone through/ is going through gender reassignment.	Should anyone involved in the management or delivery of the Improvement Plan experience individual needs due to gender reassignment, appropriate support will be provided by following HR guidance and sign posting to staff networks as appropriate.

<p><b>3.5 Disability</b> – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)</p>	<p>Discussions necessary to the development of the Improvement Plan and Board have taken place both in person and virtually through MS Teams to enable attendance of staff. Management of the Improvement Plan and Board will continue in this way and attendance at the Board is monitored by the DASS.</p> <p>41 people out of the Adult Social Care Workforce have reported a disability.</p>	<p>The DASS and Assistant Directors are aware of the needs of the workforce delivering the Improvement Plan and Board and use this information to plan and action work accordingly.</p>
<p><b>3.6 Age</b> – identify the impact/potential impact of the policy on different age groups</p>	<p>The management and delivery of the Improvement Plan and Board is done by a diversely aged workforce.</p>	
<p><b>3.7 Race</b> – identify the impact/potential impact on across different ethnic groups</p>	<p>The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone due to race.</p> <p>Translation of the Improvement Plan is available on request or where a need is already known.</p>	<p>Should anyone involved in the management or delivery of the Improvement Plan experience individual needs arising because of the race, appropriate support will be provided by following HR guidance and sign posting to staff networks as appropriate.</p>
<p><b>3.8 Sexual orientation</b> – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people</p>	<p>The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone due to their sexual orientation.</p>	<p>Should anyone involved in the management or delivery of the Improvement Plan experience individual needs arising because of their sexual orientation, appropriate support will be provided by following HR guidance and</p>



		sign posting to staff networks as appropriate.
<b>3.9 Marriage and civil partnership</b> – does the policy/strategy treat married and civil partnered people equally?	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone based on their marital or civil partnership status.	
<b>3.10 Religion/belief</b> – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	We will be mindful not to hold meetings on days of faith based celebrations or events that would adversely impact or cause discrimination.	Should there be any meetings or Improvement Boards that take place on faith based days, we aim to ensure these are not meetings where not having representation from the workforce with this protected characteristic would adversely affect the workforce or the management of the Improvement Plan and Board.
<b>3.11 Socio-economically disadvantaged*</b> – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances <b>(this is not a legal requirement, but is a local priority).</b>	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone due to them being socio-economically disadvantaged.	
<b>3.12 Rural communities*</b> identify the impact / potential impact on people living in rural communities	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone because due to them being from a rural community.	

<p><b>3.13 Armed Forces Community **</b> serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).</p>	<p>The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone because their experience of being part of an armed forces community.</p>	<p>Should anyone involved in the management or delivery of the Improvement Plan experience individual needs arising because of their experience of being from an armed forces community, appropriate support will be provided by following HR guidance and sign posting to staff networks as appropriate.</p>
<p><b>3.14 Care Experienced ***</b> This working definition is currently under review and therefore subject to change:</p> <p>In B&amp;NES, you are ‘care-experienced’ if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.</p>	<p>The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone because due to them being care experienced.</p>	

\*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

\*\* The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay ‘due regard’ to make sure the Armed Forces Community are not disadvantaged when accessing public services.

\*\*\*The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

#### 4. Bath and North East Somerset Council Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Each project that delivers a change to current practice or process will be required to complete an Equalities Impact Assessment	Senior Responsible Officer	The ASC Improvement Board will identify and agree which of the projects delivering the Improvement Priorities will need an EQIA and the progress of these will be monitored through the Improvement Board.	Suzanne Westhead, Ann Smith, Natalia Lachkou, Claire Thorogood, Nicola Pope	Before changes are delivered into BAU

## 5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team ([equality@bathnes.gov.uk](mailto:equality@bathnes.gov.uk)), who will publish it on the Council's website. Keep a copy for your own records.

**Signed off by:**

(Divisional Director or nominated senior officer)

**Date:**

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	15 <sup>th</sup> September 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	School’s Health and Wellbeing Survey Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

## 1 THE ISSUE

Bath & North East Somerset (B&NES) places a strong emphasis on understanding and addressing the health needs of children and young people. Central to this approach is a commitment to capturing their voices, and a key mechanism for this is the biennial Schools Health and Wellbeing Survey (SH&WS), which has used the "Health Related Behaviour Questionnaire" (HRBQ) since 2011.

This established online survey provides robust data and insights into the health, wellbeing, and behaviours of children and young people, supporting evidence-based service planning and targeted interventions. The Council holds a contract with the Schools Health Education Unit (SHEU) to deliver this service, ensuring consistent and high-quality data collection and analysis across participating schools. Pupils are surveyed in Years 4, 6, 8, 10, and 12.

This work is supported by St John's Foundation, which has provided grant funding to B&NES Council to enable the continuation of the SH&WS for five survey rounds on a biennial basis, through to 2030.

The ability to generate comparative data over time is particularly valuable in identifying evolving needs and trends, especially in the context of the ongoing impact of the COVID-19 pandemic. The SH&WS continues to be a vital tool in shaping local priorities and

ensuring that services are responsive to the lived experiences of children and young people.

The data is primarily used by individual schools to identify and respond to the specific needs of their pupils, enabling them to prioritise actions that improve health and wellbeing outcomes. At a strategic level, the findings inform the Children & Young People's Plan which reports to the Health and Wellbeing Board and supports the work of the B&NES Community Safety and Safeguarding Partnership.

## **2 RECOMMENDATION**

### **The Panel is asked to;**

Promote and refer to the survey results when considering the needs of our local children and young people.

## **3 THE REPORT**

3.1 The latest survey results available are from 2024. 2036 primary-aged children in years 4 and 6 took part across 32 (58%) primary schools (55 state-funded mainstream primary schools were invited to take part in the survey, having the required number of pupils on roll in the necessary year groups).

3,299 pupils in Years 8 and 10 took part across all secondary schools (100% of the secondary schools) and 267 pupils from Year 12 across 4 sixth forms. One independent school took part in the secondary and sixth form survey. No SEND schools took part in 2024, and 1 independent school chose to self-fund participation.

3.2 Funding from St John's Foundation supports voluntary participation from state-funded primary, junior, secondary (including academies), and SEND schools. It also covers participation from Bath College's City Centre and Somer Valley campuses. Independent schools may choose to self-fund their involvement in the survey.

Whilst many schools sample the majority of pupils in each eligible year group (Years 4, 6, 8, 10, and 12), they are asked, where possible, to select a cohort that reflects the academic profile of the year group and includes an equal number of male and female pupils. Participation is voluntary, and both parents/carers and children and young people have the option to opt out.

As part of their contract, SHEU is responsible for recruiting schools to participate in the survey, this includes sending initial invitation letters, co-signed by the Director of Public Health and Prevention, to Headteachers. Recruitment will begin in September 2025, starting with secondary schools, who will be invited to complete the survey during March and April. Primary school recruitment will begin in January, with survey completion scheduled for June and July. SHEU will contact schools individually and follow up with phone calls to support participation. For further details, please see section 5.1.

3.3 The survey questions cover a wide range of themes including healthy weight, school travel, school engagement and aspirations, dental health, sexual health, substance use, emotional health, personal safety and injuries.

3.4 The results show that the majority of those who took part are living physically and mentally healthy lives.

3.5 Positive trends since the previous survey in 2022 were found in the following

- life satisfaction (67% of primary, 68% of secondary and 72% of sixth form students reported being satisfied with life),
- dental health, more pupils reported visiting the dentist (increased from 66% to 73% in primary and 73% to 80% in secondary,
- drinking alcohol in the 4 weeks before the survey had decreased among secondary pupils from 25% to 22%,
- higher self-esteem, has improved slightly for secondary pupils (62% - 68%)
- on-line searching for adults only/ pornographic films or games decreased from 10% - 8% in primary and 25% to 19% in secondary.
- Electronic cigarette/vaping has decreased amongst year 6 primary pupils from 7% to 5%

3.6 Areas of concern are:

- Vaping remains high with 27% of secondary and 54% of FE students having tried e-cigarettes at least once. This is a slight but not significant increase from 2022 – (26% in secondary and 53% for FE)
- Worry and anxiety are prevalent with 40% of primary and 50% of secondary pupils who worry “quite a lot”, or “a lot” about five or more of the issues listed
- Problem solving – self harm has increased from 14% to 17% in primary and 11% to 12% of secondary pupils. 5% of FE students said if they had a problem, they would deal with it by hurting themselves in some way “often” or “always”
- Nutrition – only 30% of secondary and 37% of primary pupils meet the “5 a day” fruit, vegetables and beans/pulses recommendation
- Body image – 29% of boys and 33% of girls in year 6 said they would like to lose weight. 53% of years 8 and 10 girls wanted to lose weight compared with 27% of year 8 and 10 boys. Boys were more likely to want to put weight on than girls and this increased with age.
- Sexual health knowledge among secondary age pupils has declined with awareness of how to prevent chlamydia reducing from 39% to 34% and HIV/AIDS prevention knowledge reducing from 48% to 43%.

3.7 The survey highlights persistent inequalities affecting vulnerable groups, including pupils eligible for Free School Meals (FSM) either now or in the past six years, those with s SEND, young carers, children looked after and those



identifying as LGBTQ+, pupils living with just one parent or from BAME backgrounds. These groups consistently report:

- Lower self-esteem and life satisfaction
- Higher levels of worry and hurting themselves in some way (self-harm)
- Greater exposure to risky behaviours (e.g. vaping and illegal drugs)
- Lower engagement and enjoyment in physical activity
- Less likely to have visited the dentist and cleaned their teeth
- More difficulty concentrating due to hunger or tiredness
- Increased fear of going to school due to bullying

These findings are routinely shared with key stakeholders and relevant strategy groups including the Children and Young People's Sub-Group, the Drug and Alcohol Partnership and Head Teachers Briefings.

Information is also used to inform resources and support such as utilising the opportunity from the DfE Holiday Activity Programme to use 15% of the allocation for those for those from under resourced communities who may not be in receipt of free school meals. Similarly, the Affordable Schools Programme promotes awareness of these findings and work is undertaken with both schools and commissioned services to ensure awareness of these inequalities.

#### **4 STATUTORY CONSIDERATIONS**

- 4.1 Whilst undertaking the School's Health and Wellbeing Survey is not a statutory requirement, it adheres to the corporate policy to improve people's lives and specifically giving children a voice to shape policy and practice.

#### **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 5.1 Recruitment of schools will begin in September 2025, starting with secondary schools. Methods include raising awareness through the Head Teachers Forum, writing to schools individually, promoting the opportunity to engage via the Hub and engaging with key partnerships including the St John's Foundation. Recruitment is led and implemented by the provider with support from the Public Health team.
- 5.2 Contract management meetings are scheduled with the provider and led by Public Health with representatives from St John's Foundation.

#### **6 RISK MANAGEMENT**

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

## 7 EQUALITIES -

7.1 An Equalities Impact Assessment has been undertaken and there are no adverse effects related to undertaking the survey. The Survey includes age-appropriate questions and support is available if needed to help pupils complete it. The survey addresses protected characteristics and vulnerable groups and has specific questions tailored to capture relevant data to monitor inequalities and inform reports produced for schools to inform targeted interventions and support.

## 8. CLIMATE CHANGE

6.2 The survey is completed online (although a paper copy can be made available if requested) and is undertaken during the school day so children and young people are not making any additional journeys to participate.

## 9. OTHER OPTIONS CONSIDERED

a. N/A

## 10. CONSULTATION

- a. Shortly after the start of the 2021 contract, consultation was carried out with the B&NES Youth Forum regarding the survey content and question design. This led to minor wording changes in a few questions. Young people also provided feedback on how they would like to be involved in sharing school-level results related to social norms, which is now reflected in the schools' briefing materials.

Furthermore, feedback from children and young people is undertaken as part of the survey delivery and is collated by SHEU. We also consider the feedback from schools, health & education professionals in the planning and implementation of the forthcoming survey.

<b>Contact person</b>	Marcia Burgham, Public Health Principal <a href="mailto:marcia_burgham@bathnes.gov.uk">marcia_burgham@bathnes.gov.uk</a>
<b>Background papers</b>	The latest 2024 Health and Wellbeing Survey results are available here: <a href="https://thehub.bathnes.gov.uk/Page/11031">https://thehub.bathnes.gov.uk/Page/11031</a>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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**BATH AND NORTH EAST SOMERSET**

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

Monday 14th July 2025

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

Apologies for absence: Councillors: Joanna Wright and Onkar Saini

**14 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**15 EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

**16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies for absence were received from Cllrs Onkar Saini and Joanna Wright.

**17 DECLARATIONS OF INTEREST**

Cllr Liz Hardman stated that she had visited St Michael's Primary School to see the music project that was the subject of items from the public.

**18 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

Becky Mellor Head of St Michael's Primary School, Twerton and Jon Gore, Orchestra of Everything presented a statement about a pilot project which had been taking place to bring music tuition to children in underserved communities and had resulted in an increase in the resilience and confidence of pupils across the curriculum. They asked for the panel's support in identifying future funding opportunities when the current funding ended in November 2025.

Panel Members asked questions about the project and received responses as follows:

1. Cllr Hardman: Educational attainment gaps are widening for disadvantaged children and 70% of children at this school are in receipt of

free school meals. This project has been beneficial in improving attendance at the school. What is the reason for the impact and what parts could you continue without funding? *The project has enabled teachers to build their confidence to run music sessions and so we could continue with group sessions, but without future funding we would not be able to deliver individual tutoring and so there wouldn't be the same level of impact. The success of the project was due to a combination of the enthusiasm and support from both the charity and the staff at the school.*

2. Cllr Auton: Do you accept donations of musical instruments? *Yes, this would be welcomed.*
3. Cllr Mansell: there may be music charities that will be willing to support the project? *The Chair suggested that members of the Panel contact any organisations that may be interested in supporting this project.*
4. Cllr Crossley: what is the policy of the MAT re-music and this the project? *The Bath and Wells MAT recognised this work, but support was focussed on curriculum rather than extra-curricular activities. There was a national focus on outcomes in reading, writing and maths in line with the inspection framework for schools. This project was more about the development of character, similar to participation in sporting activities.*
5. Cllr Hardman: were there opportunities for pupils to continue once they moved into Year 7? *There was work going on with the Southside Project and local police to develop a further pilot project for older children, but this was likely to be based in youth clubs rather than an education setting.*

Following a request from the panel, Cllr May, Cabinet Member for Children's Services undertook to investigate options to secure future funding for the project and to report back to a future meeting.

## **20 MINUTES: 16TH JUNE 2025**

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

## **21 TARGETED EARLY HELP AND PREVENTION TASK GROUP UPDATE**

The Chair/Vice-Chair gave an update as follows:

1. The Task Group had now met twice, and it was clear that the work of the Panel mirrored the work the Government wanted Councils to be doing around family help.
2. At the last meeting, the group heard from Paula Sumner, Assistant Director – Children's Transformation and Pheobe Holland, Assistant Director for Children and Young People about the transformational work they were doing around the whole family approach and wraparound support "family first partnership".
3. The Group was asking for regular updates and to make sure it could add value and provide steers.

4. One of key concerns was whether the £400k resource that has been allocated was enough to ensure that families had access to support. It was noted that this was additional money to build on what was already in place.
5. The Panel had discussed integrated front doors, the use of technology and ensuring there was no duplication in the system.
6. The next step was to look for examples of best practice in other local authorities across the country.
7. The next meeting would have early sight of the business case that the team are putting together.

The Chair invited members not on the group to contact her if they had any views.

## **22 CABINET MEMBER UPDATE**

### **Youth Trailblazer Scheme**

Cllr May welcomed officers from the Business Growth and Skills Team to update the Panel on the Youth Trailblazer scheme as follows:

- The scheme was a national pilot initiative that supported young people aged 18–21 who were not in education, employment, or training (NEET). In B&NES, the scheme had been extended to include 16 & 17-year-olds.
- The scheme was open to all young people in B&NES but there was a particular focus on rural areas where lack of transport had been identified as restricting opportunities for young people.
- The team was trying to support as many young people as possible with a range of projects such as support with interviews and free bus passes.
- The support of the Panel was requested to promote the scheme and make links in communities.

Panel Members asked questions about the scheme and received responses as follows:

1. Cllr Hardman - How do you define rural? Would Paulton qualify? *Yes, although the scheme was open to all young people, there was a particular focus on areas outside the urban areas of Bath and Keynsham.*
2. Cllr Hardman - Do you have any timetable of events? *WECA will be marketing the scheme, and we weren't able to publicise in advance of securing the funding in April. Since then, we have been going out to speak to local communities to publicise the scheme. Events include mock interviews planned for September. We have a target to secure 100 work placements.*
3. Cllr Harding - What work have you done in Chew Valley? *It would be useful for the team to publicise the scheme with Parish Councils. There had been engagement with Chew Valley School and the team had met with young people whose transition plans had not worked out as anticipated. Cllr May undertook to pick up the point relating to Parish Councils.*

4. Cllr Harding - What other options were available for young people in villages with limited public transport? *We have listened to feedback from young people, and we are looking at putting on a minibus to attend the mock interviews and also considering options around e-bikes and moped training.*
5. Cllr Auton - As well as transport, there is a lack of local employment opportunities, e.g., in Midsomer Norton where a lot of residents commute to Bristol or Bath for work. Have you worked with Youth Connect South West? *We are engaging with local employers and building on existing relationships. We are also working with key partners including Youth Connect South West to add value to what they are doing to support young people.*
6. Kevin Burnett –Who will evaluate the success of the project and how will this be done? *The scheme will be evaluated by the DWP. There is a detailed plan for evaluation including a target of engaging with 250 young people, 100 employers to offer work tasters/placements and referring young people on for mental health support recognising that this can be a barrier to being work-ready.*
7. Kevin Burnett - what are the criteria for the scheme? Is there an overlap with other projects? Are you coordinating work on youth hubs? *The criterion is to support young people in the local authority area. There are some projects that overlap but we can dovetail with these to ensure work is joined up.*
8. Kevin Burnett – do you find that young people being work-ready is a big factor? *Progression is the key, whether the person needs support with their mental health or with securing employment or training. We are using an evaluation tool “Outcomes Star” which will enable young people to see their progression.*
9. Cllr Mansell – welcome engagement with young people in Radstock. One impact of Covid is that some young people don’t have the confidence to travel on public transport and it is good to see you are working with local employers. There is a concern that it is a short-term scheme and welcome future information about outcomes. Would also welcome links with data around attainment gap/attendance/exclusions and ensure that disadvantaged groups are targeted.
10. Cllr Romero - are you aware of proposed funding for investment with youth service projects and would you expect to receive some of this funding? *Funding would be allocated to WECA, and our team would only receive some if there was a link with business skills, but it may be directed to another team in the Council.*
11. Cllr Romero – are you working with Bath College? *Yes, we work with the college and both universities.*
12. Cllr Romero – connectivity can be an issue in rural areas and young people may not be able to access digital bus timetables? *We are addressing this through our digital hubs.*
13. Cllr Harding – where are the digital hubs? Is there one in Chew Valley? *The hubs are in Twerton, Midsomer Norton and Paulton. We welcome other suggestions.* Cllr Harding - Chew Valley Community Library?
14. Are you doing any additional work for young people with SEND? *Yes, we are working with neurodivergent young people. We are adding value to the work of We Work for Everyone.*



The Panel thanked officers for the update and welcomed an update at a future meeting.

### **Free School Meals**

Cllr Paul May introduced officers from the Finance Welfare Support and Education Teams to answer questions about the new rules relating to free school meals.

1. Cllr Hardman: had the additional 666 students entitled to free school meals been identified? *This figure was based on the estimate by Government, we think there will be 1,128 additional children eligible for free school meals. We haven't identified them, that work will be done after we have completed auto enrolment process this August. We need to establish a baseline first. Also, we didn't contact households too far in advance in case the rules change, but this would be done in advance of the new rules being in place in September 2026.*
2. Cllr Romero: will the new rules affect Free School Meals Ever 6? *Yes, the DfE has stated that the transitional protection will come to an end in September 2026.*
3. Kevin Burnett: can you explain the conflicting messages about families getting entitlement for free school meals and schools not getting pupil premium funding and having to subsidise school meals? *There are two parts, when a child registers for free school meals, the schools get additional resources through funding formula. Under the new rules, pupils entitled to free school meals through universal credit will not get a pupil premium allocation on top. Some schools may get more money, and some may get less under the new rules, but it was difficult to assess the full impact at the current time.*
4. Kevin Burnett: If there is a shortfall, will there be additional resources for schools to pay for top up? – *This will be an issue for schools in setting their budgets. This is likely to be a challenge as there was an article in the media recently about schools struggling to find suppliers who could deliver the service for the contracted price.*

The Panel agreed that there should be a further update at the October meeting.

### **School Attendance**

The Director of Education confirmed that school attendance in B&NES had risen back up to pre-Covid levels but there was a group of children with long term health issues. It was noted that there would be an update in October and the Panel asked that this also include:

1. Data around respiratory infections including Covid/long Covid.
2. Data and details of work carried out to reduce exclusions.

### **Safety Valve**

Cllr May responded to questions as follows:

1. Cllr Hardman – I note that the submission is held up by the free schools issue, is there any way forward? *We have to respond to questions this week about mitigations if we don't get the funding for the provision for the 2 free schools at the Culverhay site. The provision is fundamental for us breaking even on SEND. Addressing SEND in mainstream schools would not be a solution for the students who would be served by the provision at Culverhay. £11m of safety valve money is being held back pending the outcome.*
2. Cllr Hardman – do you need to contact a different Government department re- Culverhay? *We have contacted different departments and have also asked the Labour Group Leader at B&NES for help in getting clarification about the position relating to Culverhay.*
3. Kevin Burnett: As projects applied for by the Local Authority are on hold, but some projects applied through by a Multi Academy Trust are progressing, could a B&NES MAT take on the applications for the 2 free schools or could the LA consider saving that money by putting capital up front? *The LA had already entered into a contract with a MAT to run the free schools and it had still not been possible to progress. In terms of putting capital into a school scheme, I don't know if there is an opportunity to do this, but I'll take this back.*

### **Baroness Casey Report**

The Chair asked for a future update on how the B&NES Community Safety and Safeguarding Partnership would be addressing the recommendations within the report.

### **ILACS Inspection**

The Panel noted that the inspection had been carried out and the report was embargoed until early August and would be brought back to a future meeting. The Chair thanked all staff involved in the recent inspection.

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

The Panel noted the report and presentation that had been circulated with the agenda papers and raised the following questions which were answered by Val Scrase, Regional Director of HCRG and Laura Ambler, Executive Director of Place, B&NES BSW ICB):

1. Cllr Hardman – I'm concerned about the large cluster arrangements for ICBs. How will you focus on day-to-day care? *ICBs have been directed to reduce running costs and to look at clustering. BSW has now formally been recognised as a cluster with Dorset and Somerset but there will be a focus on maintaining day to day operations. Any formal changes in governance will*

- require legislation. There was guidance that ICBs would still be responsible for winter planning but there was an expectation that ICBs identify how they will reduce operational running costs by the end of quarter 3.*
2. Cllr Pankhania – are you being clear that ICB clustering arrangements are taking place to save money? *We have been clear that ICBs have had a directive to make these changes to cut costs and there will be redundancies as a result.*
  3. Cllr Hardman – Residents have advised me that the RUH appointments system is not working; people are not receiving notification of an appointment until the day of the appointment and there was no coordination between different departments. *This concern will be fed back.*
  4. Cllr Pankhania – I agree that there is a lack of co-ordination in organising appointments. Appointments are sent out at the last minute and phone calls from patients trying to rearrange are left unanswered. *As part of the new contract there will be a digital front door and an opportunity for patients to manage their own appointments if they are able to do so. Alongside this there will be a care co-ordination centre and neighbourhood teams to allow for direct contact for those who need it.*
  5. Cllr Pankhania – there is a concern that the non-digital service will be wound down. Will there be an independent audit for this service? *We will have care co-ordination centre and care navigators as part of the model in addition to the digital front door. There will be an assurance process by commissioners. ICB and the 3 Local Authorities.*
  6. Cllr Hardman – is there any data about Health Passports? *I will bring this back to a future meeting with case studies.*
  7. Cllr Auton - How are you engaging with minority communities in relation to the Health Passports? What is your definition of a minority community? *We have focussed on people with learning disabilities, autism and the traveller and gypsy community. We recognise it can be used as a template for good practice and so would appreciate feedback if any other minority communities will benefit.*
  8. Cllr Auton - How will you engage with 40-year-olds around health checks? *This followed a campaign in June and there will be feedback at a later date.*
  9. Cllr Auton – in relation to the Big A&E survey, how do the statistics about people going to hospital compare with previous years? *There hasn't been a survey like this before but will report back on any comparable data.*
  10. Cllr Auton – I'm concerned about the Digital Front Door as I know a lot of elderly people do not have access to technology and have to wait 6 weeks for a letter as they are unable to download an app. It feels like there is a disconnect between people delivering the service and vulnerable people? Is this just about saving money? *The digital front door is important, people are asking for this service, but we know we have to provide other support. We have a care coordination centre, and we monitor calls and how long people*

*have to wait, we know it is an important service, and we will build on that, we recognise we need mixed access.*

11. Cllr Mansell – What will be in the new centre in Trowbridge? *Some facilities from the community hospital will be moving there but it won't be a bedded unit.*
12. Cllr Mansell – I'd like to see future feedback on men's health checks, health passports and equalities monitoring for the Big A&E survey.
13. Cllr Harding – have you yet worked out details of levelling out of resources across the BSW area? *Harmonisation was part of the bid, and we are currently in the discovery phase looking at data, policy, procedure, etc. It is difficult to say what areas would level up at this stage and this will become clearer over the next two years.*
14. Cllr Harding - How long is the contract? *7 plus 2 years*
15. Cllr Harding – You previously said that this would be an outcome based contract and you were going to come back with outcomes/milestones? *This will be a different type of contract in that we will be reporting outcomes as well as normal KPIs. We are working on outcomes and we need to measure and will report back on these in the longer term. The outcomes framework is referred to in the slides circulated with the agenda and we could also circulate the framework document after the meeting.*
16. Cllr Harding - Have you had chance to look at referral patterns with GPs – can they still refer to Bristol? Which elective referrals will be rationed and how (as mentioned in HSJ article to be forwarded to Laura Ambler)? *GPs could still refer patients to cross boundary providers, e.g., Bristol. There will be a report back to the next meeting on elective recovery plans including changes around the elective recovery cap.*
17. Kevin Burnett – I welcome the new facility at Trowbridge, but what is the state of the NHS estate under your care and what measures are in place to make buildings climate proof? *There is a mix, but some buildings are in a state of disrepair and there were significant challenges. There was a capital programme which prioritised works, but this was limited and there was a need to move forward in a partnership way and consider options such as co-location. From a policy and strategic perspective there was a sustainable green plan in place.*
18. Kevin Burnett – The Community based contract mentions charities are involved – how are they commissioned, and which charities are involved? *We have appointed Phil Walters as Head of Partnerships and Engagement, he has a background in the voluntary sector and will be linking with communities and voluntary sector, working with community hub and 3SG as well as communities not linked with voluntary sector. We have subcontracted elements of services to voluntary sector in recognising the importance of the voluntary sector to deliver these services.*

19. Kevin Burnett – what safeguards are in place for the digital service in view of recent high profile cyber-attacks? *There will be heightened security and HCRG is constantly reviewing and managing.*
20. Cllr Hardman – there is a commitment to engage Councillors but how? Have you coordinated transformation plan with public health team? *Every stage of our governance has local authority representation, including public health. We welcome additional feedback on how Councillors can be engaged.*
21. Cllr Romero – Can you give details of the overview group? *As part of our governance, we have a collaborative oversight forum.*
22. Cllr Romero - Healthwatch is being discontinued, will it be replaced? *Healthwatch and some other patient groups are not being taken forward as part of the ICB/NHSE changes, but we don't know timescales or who would provide the patient voice function in the future. Healthwatch representatives have continued to attend meetings and give a professional commitment to their role.*
23. Cllr Mansell – is there an equalities impact assessment? *There was an assessment as we went through the procurement process and there is now one for HCRG to take forward. This information could be circulated.*

## 24 PANEL WORKPLAN

The Chair introduced the item and referred to the following items that were already on the workplan/had been raised at this meeting:

### September (adults)

- modern slavery
- ICB pharmacy strategy and dental care - criteria to assess pharmaceutical needs assessment – *or to be circulated outside of the meeting*

### October (children)

- Child sexual exploitation
- School survey
- Free school meals update
- Youth Trailblazer update
- St Michael's Primary School/Orchestra of Everything update
- Attendance, including respiratory illness and Long Covid
- Attainment gap, to include wider determinants project from public health
- Safety Valve - DfE/Culverhay issue

The meeting ended at 12.49 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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

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

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

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

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

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

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





Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
<b>15TH SEPTEMBER 2025</b>				
15 Sep 2025	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>CQC Action Plan Update</b>	Suzanne Westhead	Director of Adult Social Care
15 Sep 2025	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Children and Young People Health &amp; Wellbeing Survey</b>	Rebecca Reynolds Tel: 01225 394074	Director of Public Health and Prevention
<b>13TH OCTOBER 2025</b>				
<b>17TH NOVEMBER 2025</b>				
17 Nov 2025	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Modern Slavery</b>	Cherry Bennett Tel: 01225 47 7203	Director of People & Change

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
<b>15TH DECEMBER 2025</b>				
15 Dec 2025	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>IRO Annual Report</b>	Sarah Hogan Tel: 01225 39 6810	Director of Children and Education
<b>FORTHCOMING ITEMS</b>				
Page 64	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Dementia Strategy Update</b>	Suzanne Westhead	Director of Adult Social Care
	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Covid 19 - Impact of Long Covid across our communities</b>		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation - Community Health Services offer from April 2025	Laura Ambler, Natalia Lachkou	Director of Adult Social Care
Page 65	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
The Forward Plan is administered by <b>DEMOCRATIC SERVICES:</b> <a href="mailto:Democratic_Services@bathnes.gov.uk">Democratic_Services@bathnes.gov.uk</a>				

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