

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

Date: Monday 17th November 2025

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

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

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.00am



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NOTES:

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

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

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

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday
17th November 2025**

at 9.30am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

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

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

At the time of publication no notifications had been received.

7. MINUTES: 13TH OCTOBER 2025 (Pages 7 - 20)

8. CABINET MEMBER UPDATE (Pages 21 - 28)

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 29 - 32)

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

10. ADULT SOCIAL CARE RESIDENTIAL SERVICES UPDATE FOR COMMUNITY RESOURCE CENTRES AND EXTRA CARE SERVICES (Pages 33 - 54)

This report outlines the service priorities for residential services and our commitment to continuous improvement of services to meet the needs of residents. The report provides an update on bed utilisation, governance and assurance, staffing, health & safety and wellbeing, property and regulatory compliance.

11. MODERN SLAVERY (Pages 55 - 68)

The Inclusive Communities Manager will deliver the enclosed presentation to the Panel.

12. PANEL WORKPLAN (Pages 69 - 74)

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

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

BATH AND NORTH EAST SOMERSET

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

Monday 13th October 2025

Present:- Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Paul Crossley, David Harding, Lesley Mansell, Joanna Wright, Onkar Saini and Bharat Pankhania

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

Cabinet Member for Children's Services: Councillor Paul May

Also in attendance: Jean Kelly (Director of Children's Services & Education), Christopher Wilford (Director of Education & Safeguarding), Ceri Williams (Policy Development & Scrutiny Officer), Laura Ambler (Place Director for the B&NES locality in the Integrated Care Board), Felicity Groves (Service Development Manager), Phoebe Holland (Interim Assistant Director) and Sarah Gunner (Head of the Virtual School)

38 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

39 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

40 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Michael Auton had sent his apologies to the Panel.

41 DECLARATIONS OF INTEREST

Kevin Burnett declared an other interest with regard to agenda item 10 (Ofsted Inspection Report) as he is a member of the National Association of Head Teachers (NAHT).

42 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Questions were submitted to the Panel by Councillor Saskia Heijltjes and Councillor Joanna Wright. A copy of this Q&A document is attached as an appendix to these minutes.

Jon Gore, Orchestra of Everything addressed the Panel, a summary of his statement is set out below.

He said that following his previous visit to the Panel in July he had been able to arrange for a number of music festival events to be held at St Michael's Junior School, Twerton and was pleased to report increased resilience, confidence, and focus among the children who had taken part, with 86% showing a more positive attitude to learning.

He explained that a volunteer group was now also in place to attend the school every Wednesday to offer all pupils an opportunity to practice their chosen instrument.

He informed the Panel that the group had received a small amount of funding to begin work with Year 6 pupils at Roundhill Primary School, Southdown until the half term in February 2026.

He said that discussions were also ongoing with Youth Connect South West to begin a pilot local youth club for young people that had left St Michael's.

He wished to express his thanks to The Roper Family Charitable Trust, Medlock Charitable Trust and Bath Rotary Club for their support and funding.

He stated that he was very hopeful of recruiting further volunteers at the Bath and North East Somerset Volunteer Fair that was due to be held on Friday 17th October.

He said that he had also visited the Bath University Music Society regarding their potential involvement with the group, and that he planned to meet with Bath Spa University in the near future.

Councillor Liz Hardman said that his enthusiasm was inspiring and was pleased to hear that the work of the group had helped with the focus of a large number of pupils at the school. She added that she had passed on his details to the councillors for Twerton and Whiteway, Tim Ball and Sarah Moore, to see if they would be able to offer any support or funding for his work.

She asked if there was any possibility to expand the programme to other schools within B&NES.

Jon Gore replied that he had received requests from other schools, but said that at the present time the focus remains on the Primary Schools within Twerton, Whiteway and Southdown. He added that the intention was for Roundhill to follow the programme used at St Michael's.

The Chair commented that as a councillor for Southdown she welcomed the group working with Roundhill Primary School. She added that the Council were awaiting further information for how £20m of government funding, as part of the Pride in Place programme, would be used in Twerton.

Councillor Bharat Pankhania asked if the group was linked to any work with Voices for Life.

Jon Gore replied that he was aware that Voices for Life were working with pupils in Year 4 at both St Michael's and Roundhill. He added that he had raised whether it would be possible for those pupils to also receive a light touch programme from the Orchestra of Everything and planned to discuss the matter further with Tessa Armstrong (Executive Director, Voices for Life).

Councillor Pankhania stated that he had also worked with Tessa Armstrong regarding plans for a longitudinal study to evidence the impact of music interventions on young people.

The Chair said that she would welcome further updates to the Panel on this matter.

44 MINUTES: 15TH SEPTEMBER 2025

Councillor Lesley Mansell referred to page 15 of the agenda pack and asked for an amendment to be made. She stated that she had asked for a separate Equalities Impact Assessment to be provided for service users, not whether one was required.

The Panel, with this amendment in mind, confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

45 CABINET MEMBER UPDATE

Councillor Paul May, Cabinet Member for Children's Services addressed the Panel and highlighted the following points from his update.

He confirmed that he had asked officers to work with John Gore and to see if any external funding bids could be accessed for the Orchestra of Everything project.

He informed the Panel of the progress that had been made on the School Streets initiative and said that funding had been provided through the Clean Air Zone funding (£250,000), one-off revenue funding for 2025/26 (£87,000) and WECA Active Travel Fund (£75,000). He said that further information on the participating schools would be circulated when known.

He announced that the Tree of Hope sapling would be planted in Alice Park in February 2026 and that Youth Guarantee Trailblazer funding would be used to allow young people to attend the event. He thanked Councillor Wright for her work on this matter.

He stated that the Council were awaiting a ministerial response regarding the local authority's recent Safety Valve submission.

He explained that discussions were ongoing with the St. John's Foundation to see whether support for the Language for Life could be extended beyond July 2026.

He informed the Panel that Councillor Romero had been added as a board member for the Virtual School alongside himself and Councillor Hardman.

He said that the Inspection of Local Authority Children's Services (ILACS) report was positive and that the support from officers throughout the inspection was fantastic. He added that the report gives the Council a good basis to set strategic targets.

Councillor David Harding asked about the impact of the SEND and AP Advice team on school exclusions and young people entering the youth justice system.

Councillor May responded that the team was working with schools to improve these figures, and a more detailed answer would be provided later in the meeting.

Councillor Onkar Saini asked about the number of eligible children not enrolled for free school meals following the auto-enrolment exercise and the steps needed to reach the remaining families.

Councillor May explained that a table had been circulated showing the numbers achieved and that he has asked the Director of Children's Services for figures relating to the number of opt-outs by ward.

The Director of Children's Services confirmed that further feedback would be provided.

The Director of Education & Safeguarding added that the Council had identified all eligible children, with only a handful opting out, and that the system would be ongoing to capture new eligible children.

Councillor Wright requested regular updates on free school meals, which Councillor May agreed to provide.

Kevin Burnett raised concerns about the pressures of Ofsted inspections on staff, referencing the national campaign following Ruth Perry's death.

Councillor May said that he recognised the tension that the inspections can bring and that all staff were committed to doing their best for local children.

The Director of Education & Safeguarding added that the Council was supporting headteachers and staff, providing risk assessments and wellbeing support, and working with Ofsted to promote a more supportive inspection framework.

Kevin Burnett asked about funding and resourcing for the Families First reforms.

Councillor May acknowledged concerns about sufficiency of funding and confirmed that the Council would work within the resources provided, while continuing to lobby for more support.

The Director of Children's Services explained that the Council had received government funding for the developmental year of the reforms. She added that the Council was realigning services to meet the new requirements, focusing on early intervention and multi-agency working.

The Chair reminded the Panel that Early Help Task Group remains ongoing.

Councillor Liz Hardman commented that the numbers of young people being identified with SEND or diagnosed with Autism have increased, whilst noting that all local Special Schools are full. She asked about the support for children under Section 19 of the Education Act 1996, which is a duty for local authorities to provide suitable full-time education for children of compulsory school age who cannot attend school due to illness, exclusion, or other reasons.

The Virtual School Headteacher replied that 90 children were currently accessing education other than at school, with tailored packages and regular reviews. She clarified that this provision was full time and not provided at home.

Councillor Hardman asked how schools are identified to receive support from the Mental Health Support Team.

The Director of Education & Safeguarding replied that a range of demographic information is used to identify the schools. He said that the direct support is such a benefit, and it is the Council's wish to have the provision available to all schools.

Councillor Hardman raised concerns about post-16 education and transport provision for young people with complex needs.

Councillor May acknowledged the challenges and asked Councillor Hardman to pass to him any information relating to individual cases.

The Director of Education & Safeguarding added that there was ongoing work to expand provision at Bath College and that he was willing to discuss transport options in partnership with WECA.

Councillor Joanna Wright commented that education was an important part of the role of WECA and suggested that an appropriate officer be asked to attend a future meeting of the Panel.

Councillor May replied that he believed that their remit was more around Adult Education, but that he would make an approach on behalf of the Panel.

Councillor Wright raised the need for a dedicated update on School Streets, highlighting its relevance to public health.

Councillor May agreed to circulate further information once available and acknowledged that the issue crosses the remits of two Panels.

Councillor Wright said that she was concerned over the potential cost implications regarding the Education White Paper.

Councillor May acknowledged the concern and said any implications were currently unknown as the paper had yet to be published. He added that a joint inspection of SEND by the CQC and Ofsted, scheduled for Autumn 2025, might be delayed until the New Year because of the White Paper publication. He said that a Peer Review regarding SEND had recently taken place.

Councillor Lesley Mansell commented that the ILACS report was a fantastic achievement. She said that she recognised the work involved regarding the Free School Meals enrolment project and hoped to see the benefits for the young people involved.

Referring to the Virtual School she said that it was good to see that no child in a protection plan was excluded from school in the last academic year.

Councillor May replied that the work of the officers and young people involved in the Virtual School was to be commended.

Councillor Mansell asked what training would be made available as part of the Families First reforms, and whether the Panel would have a role on their implementation.

The Director of Children's Services replied that the reforms will require some degree of training to be undertaken around the four key areas mentioned within the update. She said that Family Group Decision Making was an important part of the reforms and that the Council already has an established Family Group Conference service.

She added that work would continue on the realignment of services alongside learning from pathfinder authorities, such as Dorset.

She said that officers will seek to support families at an early stage and provide appropriate interventions if and when required.

Councillor Mansell referred to the Equalities Impact Assessment relating to Charlton House and asked if any further information could be provided regarding a new 30 place Special School.

Councillor May replied that this was part of the original proposal for Charlton House that would include an overlap of Social Care and Education functions. He said that the Panel would be provided with an update at a future meeting.

The Chair, on behalf of the Panel, thanked Councillor May for his update.

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

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

Uzoma Ibechukwu, Director of Pharmacy, Royal United Hospitals, Bath was also present at the meeting.

Chief Executive of new ICB cluster appointed

Earlier this month, Jonathan Higman was appointed as the new Chief Executive for the recently-established Integrated Care Board cluster covering Bath and North East Somerset, Swindon and Wiltshire, Dorset and Somerset.

Jonathan, who is currently Chief Executive of Somerset ICB, has more than 25 years of experience in both NHS provider and commissioning organisations.

Winter vaccination programme

Eligible groups are now able to receive a free flu and Covid-19 vaccination. Pregnant women, along with children aged two and three, were among the first to be called forward in early September. On Wednesday 1 October, the flu vaccination offer was widened to include over-65s, people with a weakened immune system, care home residents and frontline health and social care workers.

There are a number of different ways in which people can arrange their flu vaccine appointment, with bookings available online through the NHS App and at www.nhs.uk/bookflu, or over the phone by calling 119.

The eligibility criteria for Covid-19 vaccines has been changed, following a review by the Joint Committee on Vaccination and Immunisation. Now, only those people aged 75 and over, as well as older care home residents and those who are immunosuppressed, will be offered a vaccination against Covid-19.

Closure of the outpatients medicine courier service at the RUH

During the Covid-19 pandemic, the Royal United Hospital in Bath introduced the outpatients medicines courier service to support vulnerable patients who were shielding.

As of 2025, the service is still in operation and currently carries out between 300 and 350 deliveries each month, mainly for oncology, haematology and dermatology patients.

In June of this year, the RUH agreed to decommission the service, and transition to a modern, digitally-enabled model, which aligns with the requirements of the government's 10-Year Plan for the NHS.

The current model supports only a small number of patients. An electronic prescribing service will be able to support a wider cohort of patients, with the majority of users able to access medicines through other means, such as their local community pharmacy.

She explained that a discussion about the recent hospital league tables would be followed up at a future meeting.

Kevin Burnett referred to the outpatients medicine courier service and asked if patients had yet to be informed and had there been any pre-decision discussion with them.

Uzoma Ibechukwu replied that they have been working with the Patient Advice and Liaison Service at the RUH with regard to how communication with patients could be carried out.

Laura Ambler added that the Panel were being asked their view on the proposal and confirmed that patients in receipt of the service would be written to.

Kevin Burnett commented that as it was a relatively small number of people could a more direct form of communication be undertaken before the letter was sent, particularly in rural areas.

Laura Ambler replied that they would take the suggestion into consideration.

Kevin Burnett asked if there was target for the number of vaccinations to be administered.

Laura Ambler replied that no targets have been set with regard to herd immunity and that currently the vaccination figures in B&NES were above the national level.

Councillor Bharat Pankhania commented that it was good to hear that the uptake locally is good, but said it was important to improve them as the work regarding winter pressures begins now. He asked why there were different criteria for the Flu and Covid vaccinations.

Laura Ambler replied that they do intend to keep raising awareness of the vaccinations that are available and said that teams were in place to do so across B&NES, Swindon & Wiltshire.

She added that she would raise with colleagues the matter regarding criteria to receive a vaccination and update the Panel in due course.

Councillor Pankhania said that he was also concerned about the number of older people that should receive a vaccination for Shingles. He asked if a system was in place to monitor both that and the MMRV vaccine which is a combination vaccine that protects children against four diseases: Measles, Mumps, Rubella, and Varicella (chickenpox).

Laura Ambler replied that she would follow up this point with colleagues in the vaccinations team.

Councillor Onkar Saini asked how B&NES would retain a strong local voice under the new cluster arrangements.

Laura Ambler replied that the new structure had not been fully set out yet, but assured the Panel that the new ICB Chief Executive recognises the importance of Place. She added that the current B&NES Chief Executive was part of the ICB Board and that they work with all respective Council directors and the Health & Wellbeing Board.

Councillor Saini asked if there was a contingency plan should a drop in the uptake occur.

Laura Ambler replied that the vaccinations team were in place to monitor this and suggested a member of the team could attend a future meeting of the Panel to provide further information.

Councillor Saini asked if the ICB and RUH would monitor the proposed change to the medicine courier service and what would be the threshold to trigger a review.

Uzoma Ibechukwu replied that they will be closely monitoring the activity alongside the Community Pharmacies.

Councillor Lesley Mansell asked if work would be undertaken to attempt to increase staff uptake of vaccinations.

Laura Ambler that there is a direct communications plan in place for staff.

Councillor Mansell asked how the closure of the medicine courier service fitted in with the 10 Year Plan and how would it affect those members of the public that have a lack of internet access.

Laura Ambler replied that patient engagement has and will continue to take place and reiterated the rationale behind the proposed change.

Councillor David Harding asked if an update could be provided on the funding status of the ICB following the information received earlier in the year that they needed to reduce their running costs by 50%.

Laura Ambler replied that a reduction in costs was required to be identified by December 2025 and that she was unable to give any further details at this time.

Councillor Liz Hardman referred to the transfer of some adult services between AWP and HCRG and whether this would result in a drop in provision for autism services.

Laura Ambler replied that these services were jointly commissioned between three Local Authorities and two Integrated Care Boards and are formed with an end-to-end design to provide a range of support. She added that a new inpatient facility was due to open next year and would provide 10 beds under a model of shorter, therapeutic interventions.

The Chair asked how confident was she that the new ICB cluster arrangements would be finalised in their current proposed form.

Laura Ambler replied that from an ICB perspective the clusters have been agreed and that formal merger arrangements will be required to be undertaken in the future.

The Chair asked if B&NES should expect to continue to have representation on the Board.

Laura Ambler replied that in her opinion they should.

The Chair thanked Laura Ambler and Uzoma Ibechukwu for their update on behalf of the Panel.

47 OFSTED INSPECTION REPORT

The Director of Children's Services, Service Development Manager and Interim Assistant Director presented the report to the Panel and highlighted the following areas.

- The local authority received 'Good' in all areas, including the new judgment for care leavers.
- Strengths included timely support, trauma-informed practice, innovative fostering, strong participation, early establishment of family networks and working with children with disabilities.
- Areas for development: Return home interviews for missing children, clarity of the local offer for care leavers over 21, and management oversight documentation. It was acknowledged that the service were already aware of these matters.
- Officers confirmed that an improvement plan would be submitted by 21st November, with an interim visit within 18 months and a future inspection expected in three years' time.

Councillor Liz Hardman congratulated the team and said she was pleased to see that no major weaknesses had been identified. She added that she welcomed the honesty of the tone of the cover report.

The Director of Children's Services said that the judgement really was a team effort and that they wanted to be honest about intending to improve services.

Councillor Hardman asked if any comment could be given regarding the finding that the protocol for assessing homeless 16- and 17-year-olds was out of date.

The Interim Assistant Director replied that it was possible that the inspection team had viewed an outdated policy. She added that they have confirmed that the correct one is in place.

Councillor Hardman commented that some people over the age of 21 could still benefit from having access to work with a Personal Assistant.

The Director of Children's Services replied that the statutory duty to provide a Personal Assistant stops once a person reaches the age of 22. She added that if there is a wish to continue to do so then a further discussion can take place.

Councillor Hardman asked if the outcomes of the Being our BEST programme would have an impact on the Council's Social Workers.

The Director of Children's Services replied that she did not expect it to and that it was good to have dedicated officers in place across the service. She added that they are looking to use AI where possible to assist officers and gave the example of

Magic Notes that is being used to reduce some administrative work by producing notes via speech.

Councillor Paul Crossley referred to one of the slides shown and the wording 'Most children live in safe and suitable homes' and asked if any specific figures could be given and how this number could be raised towards 100%.

The Director of Children's Services replied that there are currently 116 children that are subject to a Child Protection Plan because we have assessed that the risk to them is higher than we would want it to be, but we believe that support can be provided to them to enable them to remain living at home.

She added that approximately 600 young people are also subject to a Child in Need Plan who have support needs above what would be deemed a normal level for a family to cope with. She explained that within B&NES there are 229 Looked After Children.

She said that she felt that unfortunately there will always be some children who are at risk of harm, need support and children where the risk to them is so great that they need to be removed from their parent's care. She stated that the Council resolve to take these actions only when absolutely necessary.

Councillor David Harding asked what resources would be required for the Council to receive a judgement of 'Outstanding'.

Councillor May replied that he would not be able to give a fixed figure as a response. He said that if their work is carried out to the same level, alongside providing the evidence of such work then the Council would be in a strong position. He added though that caseloads and demand would potentially have an effect on the Council, but the drive is there to try to achieve more.

Councillor Lesley Mansell commented that having reviewed the report she felt that there were six areas of improvement and that administration and record keeping could be attributable much of them.

She said that she was particularly concerned with the shortage of suitable homes for children under the age of ten and the early involvement of Adult Social Care officers ahead of young people transitioning from Children's Services.

She stated that she felt that the Equalities Impact Assessment (EIA) was lacking in information regarding any mitigations.

She added she felt that there had also been a shift in the type of language used and believed the words 'disabled people' should be used rather than 'young people with disabilities'.

She asked also for the format of the report to be addressed, in terms of accessibility, and to be justified only on the left.

The Interim Assistant Director replied that there was a national challenge in terms of sufficiency and said that a workstream to address this has been allocated to look at things such as how the Council recruits and retains in-house Foster Carers, residential capacity and short breaks provision for young disabled people.

She said that she felt that record keeping should be an easier issue to address moving forward and that a consistency was required across all files.

She acknowledged the points raised relating to language and accessibility and would seek for those to be addressed in future reports.

The Director of Children's Services added that further work would be undertaken on the EIA and that a workstream regarding the transition between Children's Services and Adult Social Care was ongoing.

The Panel **RESOLVED** to consider and note the findings of the inspection report and thanked all officers across the service for their work.

48 ATTENDANCE AND EXCLUSIONS ANNUAL REPORT

The Head of the Virtual School addressed the Panel and presented data to them on attendance, persistent absence, suspensions, and exclusions. She highlighted the following areas to them.

- Positive trends in attendance and reductions in permanent exclusions.
- Persistent challenges with suspensions, particularly among vulnerable groups and those eligible for free school meals.
- Ongoing work with schools, trusts, and the Race Equality Charter Group to address disparities and improve outcomes.
- Earlier interventions, especially when a young person receives more than one suspension – look at the plan in place for them.

Councillor Liz Hardman commented that she was concerned about the figures in relation to suspension and attendance for those young people in receipt of free school meals. She said that she hoped work would take place alongside the Multi Academy Trusts.

The Director of Education & Safeguarding replied that attendance was a regional priority and referred to phonics lessons being likely to take place earlier in the day, and therefore pupils arriving late might miss these.

The Head of the Virtual School said that she believed that there was always another option to suspension and that training was available for schools regarding a trauma informed approach.

Kevin Burnett referred to section 3.5 of the report and asked if the levels of authorised absence for pupils with an EHCP were as expected.

The Head of the Virtual School replied this was a pattern often seen due to health reasons.

Kevin Burnett asked if she was involved in any of the Public Health work relating to the wider determinants of educational disadvantage.

The Head of the Virtual School replied that she was.

Councillor Lesley Mansell said that she would like to see the exclusion figures reduce still, especially for those young people from ethnic minority backgrounds. She added that she felt that data regarding gender reassignment was lacking in the report and queried how much absence might be due to issues relating to this.

The Head of the Virtual School sought to reassure the Panel that issues relating to ethnicity were spoken of more widely than ever before and that she worked closely with Jason Pegg (Black Families Education Support Group). She added that no data was held by the Council with regard to gender reassignment.

Councillor David Harding asked if Multi Academy Trusts were suspending more pupils than expected.

The Head of the Virtual School replied that she felt that their numbers should reduce.

Councillor Paul May said that Multi Academy Trusts remain a competitive market place and that the Council would work with them on reducing the number of suspensions.

The Panel **RESOLVED** to note;

- i) Our pupils' overall positive attendance for 2023-2024. Our overall absence rate, % persistent absentees and unauthorised absence rate sits below national and regional data.
- ii) We are aware that our attendance for children open to free school meals is an area that we need to address and this is a target that sits across the local authority.
- iii) Last year we saw a drop in the permanent exclusion rate, placing us below the national and regional average. This was despite there being an increase in most local authorities and nationally.
- iv) Last year we did see a rise in suspensions and this is a target for the local authority, working alongside schools and MAT colleagues.
- v) Be assured that Local Authority Officers continue to collaborate strategically with schools and partners and the Regional Director's office to improve educational outcomes for all pupils in B&NES.

49 PANEL WORKPLAN

The Panel reviewed the workplan, noting items to be brought forward, including:

- Suicide Prevention update
- Long COVID
- Dementia Strategy update
- Inclusion report
- Food Access toolkit impact
- End of life - Council Tax (The Chair said this matter would be discussed at a meeting of the Panel Chairs & Vice-Chairs)

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

The meeting ended at 1.07 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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

Adult Social Care Update

Fair Pay Agreement

The Fair pay agreement process in adult social care consultation was launched on 30th September and will close on the 16th of January 2026. The fair pay agreement is part of the government plan to Make Work Pay policy and is part of the intention is to build a national care service. [DHSC consultation on the Adult Social Care Negotiating Body | Local Government Association](#)

The Employment Rights Bill which is awaiting royal assent will enable Adult Social Care (ASC) to set out the process for reaching fair pay agreement in secondary legislation. The ASC negotiating Body will be established as a public body using powers provided by the Employment Rights Bill. It will bring together trade unions and people representing employers to negotiate on pay, terms and conditions and related matters

In the consultation there is a recognition that achieving fair pay in ASC will come with a cost and £500m will be made available to manage the pressure for the sector. The fair pay agreement is expected to lead to increased labour costs for care providers. These increased costs are likely to be passed on through higher fee rates for councils, to people who pay for their own care and the NHS where it supports ASC services such as through funding nursing (FNC) and Continuing Health Care (CHC). Efficiencies from better recruitment and retention could enable providers to cover some of the increased labour costs

Exactly what the fair pay agreement will cover will be determined by the ASC Negotiation Body which will be made up of unions, providers, people by experience and the local authority commissioners

The consultation covers

- Who and what should be in scope of negotiations
- How the negotiation process could work
- How disputes are resolved
- How the agreement could be implemented and complied with

Anyone may participate in this consultation. The council plans to submit an official response. Commissioners are consulting with providers to include their perspectives, though many providers will also reply independently.

Newton House update

B&NES families who draw on care and support at Newton House continue to collaborate with council officers as part of the working group looking at options for future building-based respite services. The working group forms an important part of the all-age respite programme, and all families have been invited to take part. The

group is going to meet regularly over the next three months to start adding detail to the shape of future services. Confirmed dates are 14 November, 5 December, and 13 January.

Commissioning and procurement teams have started to develop a procurement approach to recommissioning these services. Possible routes to the market are being considered under the Procurement Act 2023 and look to explore flexibilities available in the legislation. Recommissioning of building based services, including residential respite, remains a priority for the council and timelines will be communicated at a future meeting.

B&NES Dementia Strategy Update for Scrutiny October 2025

Development of a new Dementia Strategy for B&NES has started, with the intention of improving outcomes for people living with dementia, their families, and carers. The strategy will be structured around the five domains of the NHS Dementia Well Pathway: preventing well, diagnosing well, supporting well, living well, and dying well and will also incorporate recommendations from the Alzheimer's Society Dementia Strategy Toolkit. To date, a first draft strategy scope, steering group terms of reference, and project plan have been produced, with the aim of developing the strategy within the next 9–12 months. The purpose of the strategy is to make B&NES a good place for people with dementia to live, ensuring access to the right information and support at the right time, and enabling people to live well with dementia.

A multi-agency steering group has been established to lead the development of the strategy. This group includes representatives from B&NES Council (commissioners and public health), the Integrated Care Board (ICB), Avon and Wiltshire Mental Health Partnership (AWP), ReMind, Alzheimer's Society, a carer with lived experience, The Carers Centre, Care Home and Home Care providers, Community Mental Health Team (CMHT), Peggy Dodd Centre, and Forget Me Not Familiar Friends. The first meeting of the steering group is scheduled for 27th November and will focus on agreeing the terms of reference, discussing the scope, and mapping current provision. This collaborative approach is intended to ensure joined-up support for people with dementia and their families across the area, and to give a strategic voice to people with dementia and carers in the design and delivery of the strategy.

Stakeholder engagement is central to the strategy's development. Meetings have already taken place with the Older Peoples Voice Network and Village Agents, with further engagement planned with BEMSCA to discuss co-production. A carer with lived experience will sit on the steering group. The strategy will be co-produced through a combination of focus groups and surveys (both online and one-to-one), ensuring that the voices of people with lived experience and carers shape the final scope, vision, and priorities for each of the five pathway areas. 'I statements' will be used to inform these priorities, and a clear, achievable action plan will be developed alongside the strategy.

Vocational Hub

The Vocational Hub transferred from HCRG Care Group to B&NES on 1 April 2024 and is part of the Learning Disability (LD) day service offer. Functions operate from Carrswood Day Centre in Bath

The service is made up of three elements:

- Voluntary work – through many hands which supports people in voluntary placements such as working in the reuse shop at Keynsham recycling centre(funded for people with LD)
- Vocational day services – rake up and grow which is a gardening service delivered in by people with Learning Disabilities working in the community on a voluntary basis (funded for people with LD)
- Employment Inclusion Service - Job Coaching (Employment Inclusion) funded from the day services budget and access to work funding, this service is supporting individuals who do not meet the criteria for day services

The service is currently supporting 55 individuals to maintain them in paid employment. Of the 55 individuals 48 receive access to work funding The funding can cover the cost of a Job Coach or support worker, specialist equipment, workplace or equipment adaptations, communication support, and additional travel costs to work this funding is used to offset some on the services staffing costs.

Community Support Contract Awards

The six Community Support Service tenders were delivered under the new Procurement Act 2023 using the Light Touch Regime for above-threshold social care contracts. Run concurrently through the Proactis e-tendering portal, they attracted strong market interest and concluded successfully.

Contracts have been awarded to the following organisations:

Service Name	Provider
Independent Living Service	Curo Choice Ltd
Older Peoples Information and Advice Service	Age UK B&NES
Step Up Step Down Accommodation	Curo Choice Ltd
Sensory Impairment Support Service	Sight Support West of England
Carers and Family Support Service	Bath and North East Somerset Carers Centre
Support at Home	Age UK B&NES

Contracts will commence in January 2026, with mobilisation and implementation activity now underway to ensure a smooth transition and continuity of support for residents across Bath and North East Somerset.

Better Care Fund Update

The Better Care Fund (BCF) is a national programme designed to integrate health, social care, and housing services, ensuring person-centred care and better outcomes for people and carers. It pools resources from the NHS and local authorities under Section 75 agreements, promoting collaboration to reduce hospital admissions, improve discharge processes, and support independence at home. Nationally, the BCF focuses on prevention, reducing health inequalities, and shifting care from hospital to home through joined-up services and digital innovation.

In B&NES, the BCF plays a vital role in supporting our local health and care priorities and underpins local strategies to improve health and wellbeing outcomes. The 2025/26 plan prioritises:

- **Prevention and early intervention** to ease pressure on urgent and emergency care.
- **Reducing inequalities** by strengthening community partnerships, supporting unpaid carers and access to services.
- **Effective discharge and interim care**, enabling residents to “wait well” and return home safely.

Schemes include reablement support, VCSE infrastructure in the form of Community Wellbeing Hub digital solutions and projects, and technology-enabled care, all aimed at helping people live independently for longer and reducing reliance on long-term residential care. Delivery is overseen by the Health and Wellbeing Board, working with the Integrated Care Alliance and partners across health, social care, and the voluntary sector and we are in the middle of a 1-year plan. A new framework for 2026 has been published earlier this month and will inform planning for the coming year.

Opening of New OT Assessment Centre

B&NES first OT Assessment Centre had its official opening last week. The centre is based on the Combe Lea site in Midsomer Norton and provides a specialist venue for B&NES residents to receive OT assessments and for family members to receive support. The centre offers residents the opportunity to trial pieces of equipment that will enhance their independence and quality of life. OT assessments are still provided in people's homes where the assessment centre is not the best option but this new service is helping to improve access to Occupational Therapy and reduce waiting times for the service.

Public Health Update

1. Suicide Prevention Update

Suicide rates in B&NES remain below the national average, with around 17 deaths annually (approx. 10 per 100,000 people). Rates among young people (10–24) are lower than England, though the South West region rates is above the national average. Real-time surveillance continues to monitor trends and identify emerging risks.

The refreshed B&NES Suicide Prevention Strategy (2024–2029) aims to reduce suicide and self-harm, ensuring no resident feels suicide is their only option. The strategy prioritises tackling stigma, building community resilience, and improving support for those affected. The multiagency action plan is currently being finalised, with input from partners and services. Next steps include further engagement and implementation of targeted actions.

On 16th October, B&NES hosted the 6th Annual Suicide Prevention Stakeholder Event in the Guildhall. The event was attended by approximately 100 people. The event brought together statutory, voluntary, and community partners to share best practice, raise awareness, and strengthen collaborative efforts. Feedback indicated the event was a success, with high engagement and positive contributions from attendees.

Key areas of focus:

- **Real-Time Surveillance System (RTSS):** Rapid notification and review of suspected suicides, enabling timely identification of clusters and risk factors, and informing preventative action. Data is shared with partners and discussed at strategic groups.
- **Training and Awareness:** Ongoing training on suicide awareness and emotional resilience for frontline staff and community partners has been commissioned and is available.
- **Role of Partners:** Suicide prevention is a collective effort, involving statutory, voluntary, and community organisations. Partners contribute expertise and resources, and community responsibility is emphasised in all work.
- **Bereavement Support:** Timely referrals are made to suicide bereavement support services for families and friends affected by suicide. Peer-led support groups and counselling are available, and postvention protocols are in place for schools and workplaces.

2. Oral Health

A dental service called At Home Dental has recently been commissioned (ICB funding) to deliver oral health training to workforces across B&NES, Swindon and Wiltshire. The online and face to face training is for workforces across children and adult providers. In B&NES the training has already been taken up by a number of early years settings, childminders, Children's Centre, elective home education team, and nurses from the Learning Disability team. At Home Dental are early into their contract and are continuing to recruit services/teams/organisations onto the training.

3. Odd Down Sports Ground

A planning submission was made in September to extend and refurbish facilities at Odd Down Sports Ground to support people to participate in sports and physical activity, so improving physical and mental health wellbeing. The submission includes proposals for an extension to the building to house a new gym, an outside training area, provision of an accessible nature trail on site, play equipment, pitch lighting, a mini cycle track, reorganisation of the car park and provision of a cycle paddock. A decision on the application is expected towards the end of November.

4. National pandemic planning exercise

B&NES Council has participated in a national pandemic preparedness exercise - Exercise Pegasus – between September and November. The core objectives of the national exercise include testing strategic coordination across national government and local systems, and our multi-agency response capabilities, in the event of a pandemic caused by a novel virus. Teams across B&NES Council participated in the exercise and key learning will be shared and will inform our local preparedness arrangements.

5. Long COVID / Post-COVID syndrome

Long COVID, sometimes called post-COVID syndrome, can affect people of all ages. Many people will experience COVID symptoms lasting up to 12 weeks, these usually resolve within this time, and it is common to experience an episodic or relapse/remission pattern.

The National Institute for Clinical Excellence (NICE) gives the following clinical definitions:

- ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from four to 12 weeks
- post COVID-19 syndrome: signs and symptoms that develop during or after COVID-19 and continue for more than 12 weeks and are not explained by an alternative diagnosis

The most common symptoms of Long COVID include extreme tiredness (fatigue), shortness of breath, difficulties with concentration and memory, joint pain and aching muscles.

There's currently no cure for long COVID and the condition is still being researched. Multidisciplinary COVID services can offer treatments and resources that may help ease and support self-management of symptoms.

HCRG are commissioned during 2025-26 to provide a Long COVID Community Assessment and Rehabilitation Service for patients registered with GP surgeries in B&NES, Swindon or Wiltshire. This specialist service provides assessment, signposting and short-term rehabilitation for adult patients who are experiencing new and long-lasting symptoms of COVID infection, suspected COVID infection or following a virus, which are significantly impacting how they are able to function in day-to-day life. (Under 18s are referred to a paediatrician). Referral into the service is via the GP or a secondary care clinician or via self referral. Individual treatment plans developed with patients are based on a comprehensive assessment of needs, and may include occupational therapy, speech and language therapy, physiotherapy, multi-disciplinary team discussion, signposting to self-help resources, and onward referral where required. Dedicated national funding for the service ends in March 2026 but patients with long covid will continue to be supported by community teams according to their needs.

Alison Born – Cabinet Lead Adult Services and Public Health

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**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel –
Monday 17 November 2025****Commissioning an all-age neuro-developmental pathway**

The ICB has commissioned an all-age neuro-developmental pathway to provide a needs-based approach to support children, young people and adults with autistic and/or ADHD traits.

This new pathway forms part of the integrated community-based care procurement, with the implementation of the new pathway at the end of March 2025.

This needs-based model was co-created with people with lived and living experience from across BSW, as part of workshop events who co-developed the pillar principles of:

- Understanding need
- Identifying need
- Meeting need
- Maintaining need
- Escalating need

As a pre-cursor to this model, as noted above, HCRG Care Group has been working with the ICB and partners as part of a longer-term test and learn programme to transform the children and young people neuro-developmental pathway to move from a diagnostic approach to a needs-based model to improve outcomes and access as documented above.

This has included the introduction of school and parent/carer referral, which has been welcomed by GPs, schools and parent and carers.

An outcome report was presented to the BSW LDAN Delivery Group to close the test and learn project and move the revised model to business as usual.

This report included feedback from parents, carers and system partners, which has been used to refine the incumbent model and fed into the transformation work for the newly commissioned all age pathway.

Within the pathway, adult patients awaiting an autism assessment were transferred from AWP to HCRG as part of the ICBC mobilisation.

The ICB has now concluded a review of the adult ADHD waiting list previously held by AWP.

This exercise was designed to ensure there was a clear understanding of the needs of people waiting.

All patients on a medication pathway have now been transferred to HCRG to ensure no gap in medication provision along with around 50 military patients, who are unable to access the NHS Right to Choose pathway.

The ICB also identified around 10 patients who needed an assessment expedited due to risk, and these individuals have also been transferred to HCRG.

This review included engagement with people awaiting an assessment to help understand people's ongoing needs.

Key feedback included people stating they needed a diagnosis to get support in higher education or at work and young adults feeding back that they now regret a diagnosis made in childhood and the impact it can have on their next steps in life.

The rich feedback received will form part of the transformation work to create the new needs-based all age approach.

The remaining patients awaiting an ADHD assessment have all been contacted and offered the NHS Right to Choose pathway in the interim, as well as support to wait well while transformation work continues to complete the previously mentioned all age pathway by the end of March 2026.

People have told us that they would like support to help them better understand how to live with neurodivergent traits without the need for a diagnosis, and as such the ICB is in the process of strengthening the VCSFE support offer for this cohort using £120,000 of SDF funding.

This increased offer will go live in quarter four across BSW, and will provide waiting well support for those still requiring a diagnosis and an alternative offer for those who do not.

The ICB is one of six systems selected to participate in the national ADHD Service Improvement Programme, which includes improved data collection and the influencing of national policy and legislation to address the national challenge of increased demand.

This work includes moving from a diagnostic model to a needs-based model, which the ICB has already commissioned through ICBC.

The ICB has reviewed the initial findings from the national ADHD taskforce and can confirm the collaborative approach is in line with recommendations.

Feedback sought on local weight management services

Across Bath and North East Somerset, Swindon and Wiltshire, a number of different services are available to support people living with obesity.

These services were designed at a time when rates of obesity were lower and before the introduction of new weight loss treatments, which have since grown in popularity.

In recent years, increasing numbers of patients have been referred to the specialist weight management services, which are provided by the region's hospitals, including the Royal United Hospital in Bath.

In light of the growing waiting lists, a review is needed to ensure services continue to meet the needs of patients and reflect developments in treatments.

As such, local people are being encouraged to share their thoughts on local weight management services in an online survey, which is now live on the ICB website.

Feedback from this survey will be used to develop a proposal on what services should look like in the future, and will be submitted as part of a wider application for funding to support local obesity initiatives.

The survey – which can be accessed at www.bsw.icb.nhs.uk/weightmanagementsurvey - is open until Sunday 7 November, and should take no longer than 10 minutes to complete.

Update on winter vaccinations

The ICB has agreed ambitions with NHS England for each of the key winter vaccinations and specific cohorts within that for flu, Covid-19 and respiratory syncytial virus.

These ambitions are set taking into account World Health Organisation guidance on herd-level immunity requirements, as well as national requirements for each individual programme.

These targets, and our local progress towards these, alongside any operational details are shared with the local authority health protection leads regularly on a weekly basis for operational purposes.

The ICB continues to encourage those people who are eligible for one or more winter vaccinations to come forward without delay.

Since the beginning of autumn, vaccines which offer protection against Covid-19, flu and RSV have been available to those who are eligible, such as older people, pregnant women and any person living with a weakened immune system.

As it stands, the three localities which make up the Bath and North East Somerset, Swindon and Wiltshire are all performing better than the national average in terms of uptake for the three main winter vaccinations.

[New opening hours at Trowbridge MIU come into effect ahead of schedule](#)

Extended opening hours at Trowbridge's Minor Injuries Unit have been introduced ahead of schedule, meaning residents now have access to a walk-in service that is open until 8pm every night of the week.

Since Monday 3 November, Trowbridge MIU, which is based within the town's current community hospital, has seen its opening hours extended to cover the almost-12-hour period between 8.30am and 8pm.

Plans had previously been in place for the longer opening hours to come into effect after the service had completed its move across the road to the new Trowbridge Integrated Care Centre, which is due to open in early 2026.

However, following discussions with the local council, and after listening to feedback from members of the public, HCRG Care Group, which runs the MIU, offered to introduce the extended hours early, which will bring the service's opening times back in line with what was in place prior to the Covid-19 pandemic.

Trowbridge Community Hospital's MIU is one of the town's most widely-used healthcare services, and can provide help and support to people when their condition, while in need of attention, is not serious enough to be classed as an emergency, such as sprains and strains, infected wounds and minor head injuries.

The service is one of many that will soon be moving to the new Trowbridge Integrated Care Centre, which is currently under construction on land adjacent to the existing community hospital building.

[Public reminded of services on offer at region's community pharmacies](#)

The ICB is reminding people that community pharmacies can offer advice on a range of illnesses and treatment options, as well as prescribe prescription medicine for a number of common health conditions.

People who are feeling under the weather from one of the seven conditions covered by the Pharmacy First scheme can get the help they need without having to make an appointment with their GP.

Conditions that pharmacists can offer prescription medicine for are:

- Impetigo (aged 1 year and over)
- Infected insect bites (aged 1 year and over)
- Earache (aged 1 to 17 years)
- Sore throat (aged 5 years and over)
- Sinusitis (aged 12 years and over)
- Urinary tract infections (women aged 16 to 64 years)
- Shingles (aged 18 years and over)

Helen Wilkinson, Community Pharmacy Integration Lead, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board, said: "Each of our 130 or so sites are headed up by a skilled team of trained health and care professionals, each of whom can offer advice on medicines, share information on how to manage illness at home and carry out private consultations for minor illnesses.

"Speeding up the time it takes to provide patients with the care and treatment they need helps people to start their recovery sooner, while also freeing up valuable GP time, which can then be used for seeing patients with more urgent symptoms."

People can find details of their nearest pharmacy, such as opening times and the services being provided, though the NHS website at www.nhs.uk/service-search/pharmacy/find-a-pharmacy.

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children’s, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	17 th November 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Adult Social Care Residential Services update for Community Resource Centres and Extra Care Services	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Attachment 1: Service Plan Priorities</p> <p>Attachment 2: Management Structure</p> <p>Attachment 3: Service CQC Ratings</p> <p>Attachment 4: Mandatory Training List</p>		

1 THE ISSUE

- 1.1 This report outlines the service priorities for residential services and our commitment to continuous improvement of services to meet the needs of residents. The report provides an update on bed utilisation, governance and assurance, staffing, health safety and wellbeing, property and regulatory compliance.
- 1.2 Adults Regulated Services include two Community Resource Centres (CRC's - Cleeve Court and Combe Lea - Residential Care Homes) and five Extra Care Housing Schemes across B&NES. Cleeve Court is a two floor 45 bed residential care home located in Twerton, Bath for older people with dementia and Combe Lea is a two floor 30 bed residential care home located in Midsomer Norton for older people with a range of physical disabilities and dementia support.
- 1.3 Extra Care is provided across 5 service locations (Avondown House, St Johns Court, Hawthorns Court, Greenacres Court and The Orchard). Extra Care services offer housing designed for individuals who value both independence and access to support services. It provides self contained accommodation (resident holds a tenancy agreement with a housing provider) that enable

residents to maintain a high levels of self-care with the added benefit of onsite support. This offers B&NES residents the freedom and privacy of independent living within a supportive community by combining the independence of a private home with the security of a care facility. A dedicated care team run by ASC is available in each Extra Care service 24/7 to provide scheduled care visits and respond to emergencies. These communities also promote social inclusion by offering shared communal spaces for social engagement, along with a daily two-course midday meal. The occupancy rate in Extra Care is 99% and there is a need for ASC to further invest in more Extra Care provision for older people as part of our Independence Strategy.

- 1.4 The Stepdown service is delivered in partnership with Curo as a social housing landlord. There are six stepdown flats at two Extra Care sites (Hawthorn Court and St John's Court).
- 1.5 The Stepdown service provides short term (up to 12 weeks) accommodation with care to people who are at risk of hospital admission or who are medically fit to leave hospital but are not ready to return to independent living. During an individual's stay, the Stepdown service will provide a reablement programme and support an assessment that will clarify ongoing care needs.
- 1.6 Since 2017, the Community Resource Centres and Extra Care services had been part of the Integrated Community Health and Social Care contract with Virgin Care Services Limited, but they were sub-contracted to Sirona Health and Care. The services returned to be directly delivered by B&NES Council in 2020, following the decision by Sirona Care & Health to cease delivery of that contract.

2 RECOMMENDATION

The Panel is asked to;

- 2.1 Note the update on Residential Services for Community Resource Centres (care homes) and Extra Care Services and provide feedback to inform continuous improvement.
- 2.2 Agree that a further update report will be presented to panel following the publication of the CQC report for Cleeve Court and any other relevant CQC inspection reports as they arise.

3 THE REPORT

3.1 Service Priorities

- 3.1.1 As part of the annual service planning process Residential Services have identified the following priorities (Attachment 1) which demonstrate our ongoing commitment to the B&NES Corporate Strategy (three principles):

- deliver high standards of care
- delivery of ambitious improvement plans
- support to our residents

3.2 Adult Regulated Services Bed Provision and Occupancy

3.2.1 Occupancy rate is 97% across Residential Services. Bed utilisation is monitored and reported at the Provider Services Quality and Performance Meeting and directorate finance meeting. The service works closely with the Brokerage Team and ASC Operations team to consider referrals into the services. Both CRCs are regularly contacted by Brokerage (or directly by Social Worker or Safeguarding Team managers), to source emergency respite or bed of safety. Residential services are quick to respond with help and admission, often at very short notice, and admission often takes place the same day/evening if we can accommodate. Currently 1 respite bed is utilised at Combe Lea and 1 respite bed and 4 D2A residents utilised at Cleeve Court.

A recent example of respite is a female resident who was placed at short notice in Cleeve Court following a breakdown in her relationship with her husband, both of whom had dementia. During her emergency respite stay, she expressed concern for her husband, who was on an end-of-life pathway. The service worked with their daughter to arrange for him to move into the room next door, allowing the couple to reunite for his final days. He passed away peacefully with his wife and daughter by his side. The service provided compassionate support to their daughter throughout this time.

3.3 Management Team

3.3.1 The Adult Regulated Services management team are highly knowledgeable and skilled with many years of experience working in older people's residential services. They demonstrate commitment, compassion and focus on the delivery of good outcomes for residents. The management of Extra Care and Combe Lea care home has been stable for some time. The Adult Regulated Services management structure chart can be reviewed in Attachment 2.

3.3.2 A new Registered Manager has recently been appointed for Cleeve Court and came into post in September 2025. The new Registered Manager is in the process of applying to CQC as per registration requirements and is fully engaged in an induction programme.

3.4 Commitment to Continuous Improvement

3.4.1 An independent provider has been commissioned to undertake unannounced mock inspection visits to both CRC's and each Extra Care service over the last year. A summary of the mock inspection feedback has been received by each service and included in the service's continual CQC action plan. This action plan is overseen by each Registered Manager and reviewed by the Head of Service and Business Development and Improvement Manager on a monthly basis with assurance on progress against the CQC action plan through the Community Resource Centre Improvement Group, Extra Care Excellence Group. It is also reported at the Provider Services Quality and Performance Meeting chaired by the Director of Adult Social Care.

3.4.2 A new digital visitor book in each CRC will be implemented in early December. This system will enhance General Data Protection Regulation (GDPR) compliance for all visitors and will provide us with an opportunity to collect feedback regarding the experiences and perspectives of individuals visiting our

care homes (families and professionals) which will inform our ongoing improvement journey.

- 3.4.3 Annual quality assurance questionnaires are undertaken in residential services. The data collected from these surveys provides valuable insight, enabling services to identify opportunities for continuous improvement. They show a 4.4 out of 5 satisfaction rating for Extra Care (74 responses from 135 residents) and Combe Lea care home (22 responses from 30 residents) from the surveys completed in July. The annual questionnaire for Cleeve Court care home will be undertaken in quarter 4 2025/26.

3.5 Extra Care Service Development – journey to excellence

- 3.5.1 Extra Care services are being strengthened through investment in staffing and targeted improvements. The focus on staffing and technological innovation is aimed at meeting the evolving and more complex needs of B&NES Extra Care residents.
- 3.5.2 Planned investments in additional care hours, digital compliance, and potential service expansion will enable the delivery of higher quality and more flexible person-centred care. These enhancements aim to reduce hospital admissions, boost tenant satisfaction, ensure compliance, and increase efficiency to provide better value.

3.6 Digital Care Planning

- 3.6.1 Since 2013, Extra Care has implemented a digital scheduling and monitoring system to organise care visits. This has provided carers with detailed, real-time information tailored to each resident's individual requirements and preferences which has supported consistency and reliable coverage of care delivery for residents. The systems help streamline administrative tasks, reduce paperwork, and offer immediate access to up-to-date care plans and schedules, enabling carers to focus on engaging with residents and managers to gain greater oversight of care delivery, which supports high quality care standards.
- 3.6.2 Over the last year the implementation of the Care Control System (CCS) platform has fully digitised care planning for all CRC residents, granting managers robust oversight of care activities and further reinforcing compliance, transparency, and continuous improvement at Cleeve Court and Combe Lea care homes. The system was implemented more quickly at Combe Lea, due to the stability of its management, but is now embedded in both services. Staff and managers have received training on the use of the digital platform alongside additional training opportunities on effective care planning practice.

3.7 Community Resource Activity Co-ordination

- 3.7.1 The service is currently refreshing the activity co-ordination programme that is delivered to residents within care homes. These programmes are designed around residents' needs and wishes and meet regulatory requirements. The activity-based programme of events brings a holistic approach to wellbeing, balancing physical, emotional, social, and cognitive stimulation. The services work closely with local schools and churches to either visit residents or support our

residents to visit them; for example, Cleeve Court residents visit the local church and enjoy a regular lunch there with other members of the community.

3.8 B&NES Commissioning Quality Assurance Visit

3.8.1 B&NES Commissioners were invited by the Director Adult Social Care to undertake a Quality Assurance Visit to each Community Resource Centre in July 2025. Combe Lea had a strong assurance visit scoring 85% for good level of compliance and standards. For Cleeve Court the assurance visit resulted in a robust service improvement plan to address criteria scored as requires improvement or non compliant.

3.8.2 Due to the change in Registered Manager at Cleeve Court it was agreed with the Quality Assurance Manager and Head of Service to hold the progress review visit in Autumn to allow the newly appointed Registered Manager adequate time to address key actions. As an interim measure the Head of Service met with the Quality Assurance Team in August to provide an update on progress.

3.8.3. B&NES Commissioners will be undertaking Quality Assurance Visits across Extra Care schemes, and the first service to be visited is The Orchard with a planned visit in December 2025.

3.9 Compliments and Complaints

3.9.1 Residential Services capture compliments received, and these are reported at the Provider Services Quality and Performance Meeting. Some recent examples include:

I couldn't ask for my Mum to be in a better place. A home that really feels like a home, amazing staff! Very grateful for Cleeve Court. (Family member feedback)

We were very apprehensive about KA going to respite care for the first time, but the moment we walked into Combe Lea we were welcomed by all the staff, and everyone seemed to know his name straight away, the feeling of caring by everyone was over whelming, the home itself is clean, tidy and welcoming, his room was lovely with en-suite facilities, TV and everything to provide a 'home from '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. (Family member feedback)

During his care review today, DK's son said, "I am very pleased with the support from the care team, and the fact that the manager CN came up and actioned things so quickly, we are very happy with all the plans that have now been put in place". (Tenant feedback Avondown House – Extra Care)

A client during a review stated "You guys make me feel safe, I know you are there if anything happens to me. There is time that I have been very bad (health) and it would be worse if staff didn't help, also a staff member J, brings light to the room". (Tenant feedback St Johns Court – Extra Care)

Residential Services work in accordance with the council's complaints procedure to log all complaints with the B&NES Complaints and Data Protection Team to ensure they are recorded, monitored and quality assured in line with the statutory

procedure and the complainant is told about their right to escalate to the Ombudsman.

In Quarters 1-3 2025/26 there have been 2 complaints in Extra Care and 1 complaint for Cleeve Court care home which followed the safeguarding process to address the complaint.

3.10 Safeguarding

3.10.1 Internal Auditors (One West) recently conducted an audit review of the Councils provider services duties in relation to safeguarding. The audit focussed on the '*safeguarding pathways from point of referral through to completion of enquiry and risk mitigation*'. Cleeve Court care home underwent the audit with the audit closing on 30th October. A final report of the audit findings, detailing adherence to procedure and any areas of improvement will be issued to the service in November. This will follow a feedback session with the Lead Auditor on 6th November 2025 between the Lead Auditor and Assistant Director Adult Regulated Services and Governance.

3.10.2 Safeguarding referrals are monitored by each Registered Manager and Head of Service and reported at the Provider Services Quality and Performance meeting. At the meeting held on 22nd September 2025 Extra Care reported 3 safeguarding referrals and CRCs reported 5 (1 Combe Lea and 4 Cleeve Court).

3.11 End of Life

3.11.1 Families are invited to participate in all stages of end-of-life care and may remain with their loved ones if they choose. The service has guest bedrooms available for families to use at this time. The Stepdown Service has enabled couples to stay together during this difficult period, as one partner approaches an expected death, the Extra Care Step Down Service provides wraparound support to ensure comfort, dignity, and continuity of care for both individuals.

3.11.2 Staff receive support for end-of-life care through regular supervision, peer support groups, employee assistance programmes, bereavement resources alongside wellbeing initiatives across services. Managers provide opportunities for staff to debrief following end of life to help maintain mental health and resilience. Staff training for end of life includes induction programmes, online modules, workshops, specialist courses delivered by Dorothy House, simulation exercises and regular refresher sessions. Staff feedback is used to update support and training methods to ensure that staff are compassionate, skilled and confident in providing end-of-life care to our residents.

3.12 Health, Safety & Wellbeing

3.12.1 Residential Services have had three assurance activities in recent months: the ASC Provider Services Fire Risk & Control Audit (May 2025), the Adult Social Care Site Safety Inspections (June–July 2025), and the Health, Safety & Wellbeing Regulatory Compliance Reviews (October 2025 - ongoing). The audits and inspections confirm a strong commitment to compliance and continuous improvement. Some areas for improvement were identified and clear recommendations have been taken forward to address these actions, including

regular fire warden training, improvements to housekeeping, standardised signage, GDPR-compliant visitor logs, and strengthened communication with property compliance. Overall services are well managed and compliant with targeted actions in place to further strengthen health, safety, and wellbeing for residents and staff.

4 STATUTORY CONSIDERATIONS

- 4.1 The current CQC ratings and date of last inspection for Community Resource Centres (Cleeve Court and Combe Lea) and Extra Care can be reviewed in Attachment 3. The five Extra Care schemes remain rated as 'good' and the two Community Resource Centres are rated overall as 'requires improvement' but with good in key areas such as 'caring' and 'responsive'.
- 4.2 CQC conducted an unannounced onsite inspection of Cleeve Court CRC in July 2025 with assessment activity running from 17 July 2025 to conclusion in early October 2025. The inspection concentrated on the domains of 'safe' and 'well led' as these were rated as requires improvement at the December 2022 inspection. As part of the CQC inspection methodology the service worked with the Lead Inspector to develop an action plan, and this was updated and reviewed with the Lead Inspector in early August, with subsequent progress updates being submitted by the service in August, September and October. The draft inspection report has been received by the Director Adult Social Care and this is in the process of being checked for factual accuracy by 14th November 2025 CQC deadline. Following this process the CQC report will then be finalised and published but we cannot anticipate CQC timescales for publication.
- 4.3 CQC notifications are monitored by each Registered Manager and Head of Service and reported at the Provider Services Quality and Performance meeting. At the meeting held on 22nd September 2025 Extra Care reported 1 CQC notification and CRCs reported 4 at Cleeve Court.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 Financial Performance

- 5.1.1 Financial performance for the care homes and Extra Care is well managed and there is good financial monitoring and forecasting across Residential Services. Financial performance is reported at the directorate finance meeting as well as the Provider Services Quality and Performance meeting.

5.2 Staffing

- 5.2.1 Residential Services has a permanent staffing establishment of 240 staff which equates to 43% of the total ASC workforce at B&NES. In addition to this, there are a total of 213 bank staff, including both dedicated bank staff (60) and permanent staff who also hold a bank contract (153). The bank function provides staff with the opportunity to take on additional shifts which support care continuity and reduces reliance on agency staff. Over the past six months, the bank staff function has increased coverage requirements by 17%. Use of agency staff is monitored by the manager in the service. Each year agency usage has decreased and use of our own bank staff is encouraged for the benefit of the residents and reduction of reliance on agency staffing.

5.2.2 There are currently 23 vacancies across the residential services (made up of 8 night support workers, 10 support workers, 2 senior leaders, 2 cooks and 1 catering assistant). Staffing vacancies are monitored and actioned with HR recruitment colleagues as well as reported to the Provider Services Quality and Performance meetings. This is managed through use of bank and agency staffing and where agency staff are required the service seeks continuity of agency staff.

5.2.3 Staff retention has improved across Residential Services with 16 leavers recorded from April-September 2025 compared to 23 staff leavers for the same period in 2024.

5.2.4 Sickness absence monitoring by service managers is an important management function to ensure robust oversight of sickness absence and staff support across services. Sickness management utilises monitoring and supervision of staff along with stress risk assessments, wellbeing action plans and occupational health referrals where appropriate.

5.3 Mandatory Training and Professional Development

5.3.1 Staff are required to complete a suite of mandatory training requirements (Attachment 4) as part of their induction and ongoing professional training to enable safe, efficient, and effective services to be delivered to residents. Completion rates for mandatory training are reported to the Provider Services Quality and Performance meeting.

5.3.2 Each member of the Residential Services workforce is provided with access to Clinicalskills.net. This online platform provides over 300 illustrated step by step guidelines to support clinical skills and provides links to enable further information and national guidance to be accessed.

5.3.3 The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors, consisting of 15 standards that require both theoretical study and practical application within the workplace, for those who are 'new to care'. For any new staff who have not completed the certificate previously, it is required that all elements of the standards are completed and assessed as part induction and completed within 12 weeks of commencing employment.

5.3.4 All service managers (inclusive of Registered Managers, Deputy Managers and Service Managers) are offered the opportunity to complete the Level 5 Apprenticeship in Health and Social Care. Currently 58% of the management team have achieved their Level 5 with another staff member enrolled to commence the course.

5.4 Property Update

5.4.1 The repair of the crib wall at Cleeve Court is now complete and works on the crib wall at Combe Lea is scheduled to commence in January 2026. Paving and walking path maintenance around the gardens will be carried out over the winter months to ensure that we are offering residents and their families improved outdoor spaces for recreation and social interaction. In collaboration with property colleagues, we are currently evaluating the most sustainable and energy-efficient refurbishment solutions for the conservatories and balconies at each care home.

These enhancements will address existing maintenance needs and provide additional areas for activities for residents.

- 5.4.2 Capital funding is being utilised to enhance resident quality of life by refurbishing bedrooms and doors in a manner that is dementia friendly. This programme of work includes features such as clear signage, contrasting colours, and easily navigable layouts, all of which help residents living with dementia feel more secure and independent within their environment. In addition, we are developing and implementing digital tools that are accessible and dementia friendly, supporting residents to maintain meaningful social connections and promoting overall wellbeing.

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 Residential Services Risk Register is held by the Head of Service and reviewed with the Assistant Director Adult Regulated Services on a monthly basis. The ASC Risk Register has an entry for Provider & Residential Services Quality Performance and CQC Inspection and this risk is mitigated through CQC action plan monitoring at Provider Services Quality and Performance Meeting and reviewed bi monthly.
- 6.3 Business Continuity Plans are held at each service and the Head of Service escalates key issues in relation to risk and business continuity via the directorate level ASC Risk Register and Provider Services Quality and Performance Meeting. The service works in close collaboration with the Council's emergency planning team to enact continuity plans where required i.e. adverse weather conditions and to ensure protocols in place for duty director access.

7 EQUALITIES

- 7.1 ASC workforce equalities data demonstrates that B&NES residential services staff are predominantly female (84%), white (75%), heterosexual (68%) and non disabled (78%). There are a high proportion of staff who are 50 years of age plus at 47%. Skills for Care demographics trends show that B&NES follows national trends for age, ethnicity and gender workforce composition.
- 7.2 Combe Lea has worked closely with BEMSCA (Bath Ethnic Minority Senior Citizens Association) to support a resident who was placed in Combe Lea on emergency respite. The resident has a Caribbean background and the Hospitality Manager worked with BEMSCA to understand particular dietary needs and wishes and regularly sourced appropriate foodstuffs and ingredients to enable to the resident to cook his preferred food himself or with support from staff.

8 CLIMATE CHANGE

- 8.1 Both care homes are equipped with heat pumps and solar panels, ensuring that their energy needs are met sustainably. Recently, the caretaker's van was upgraded to an electric vehicle enabling site visits to be carried out with zero emissions and each site is committed to recycling waste wherever possible.

Extra Care services collaborate closely with tenants, providing support and encouragement for recycling initiatives.

9 OTHER OPTIONS CONSIDERED

9.1 As part of our annual quality assurance process the Adult Regulated Services Self Assessment is scheduled for an update in January 2026.

10 CONSULTATION

10.1 Extra Care is delivered in partnership with three social housing landlords (Curo, Guinness & Livewest) to ensure we are delivering the best support we can to enable those tenants to live as independently as possible.

10.2 Both CRCs work closely with health system colleagues (GPs/District Nurses) and residents receive regular support from local opticians and podiatrists. ASC have recently opened an Occupational Therapy Assessment Clinic within our Midsomer Norton CRC (Combe Lea).

10.3 Residential Services have established a partnership with Bath College to offer work experience placements for health and social care students, thereby contributing to the development of the future workforce within the adult social care sector.

Contact person	Claire Thorogood, Assistant Director Adult Regulated Services and Governance
Background papers	Not Applicable
Please contact the report author if you need to access this report in an alternative format	

Service Plan Priorities

Attachment 1

November 2025



Meeting Residents Needs	Workforce Strategy – Right People, Right Skills	Service Improvement Planning	Financial Performance
People receive personalised care that is tailored to their needs and what matters to them	Understanding our workforce – review data for age, diversity, skills gaps and workforce challenges	Update, modernise and future proof our homes and create centres of excellence	Deliver quality services within the allocated budget envelope (value for money) that meet the needs of B&NES population
Treat people as individuals and ensure their care, support and treatment meets their needs and preferences by taking account of their strengths, abilities, aspirations, culture, background and protected characteristics	Value workforce diversity by embedding an inclusive and fair culture with equality for our workforce	Create community provision by expanding the offer across service and collaborate with community partners	Robust financial monitoring and assurance reporting (revenue & capital)
Protecting people's right to live safely, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect	Robust recruitment, induction and staff development	Robust systems and processes across services	Accurate forecasting combined with contingencies for future requirements
Share concerns quickly and appropriately in line with legal requirements	A qualified, skilled and experienced workforce who receive effective support, supervision and development	Commitment to annual mock inspection and ongoing delivery of CQC action plans	
People supported to maximise their independence by placing the person at the heart of choice and control	A valued workforce who operate with accountability, passion and care about our residents' aspirations and personal successes		
Providing the right housing at the right time to support people to live how they choose			

Corporate Strategy – 3 Principles

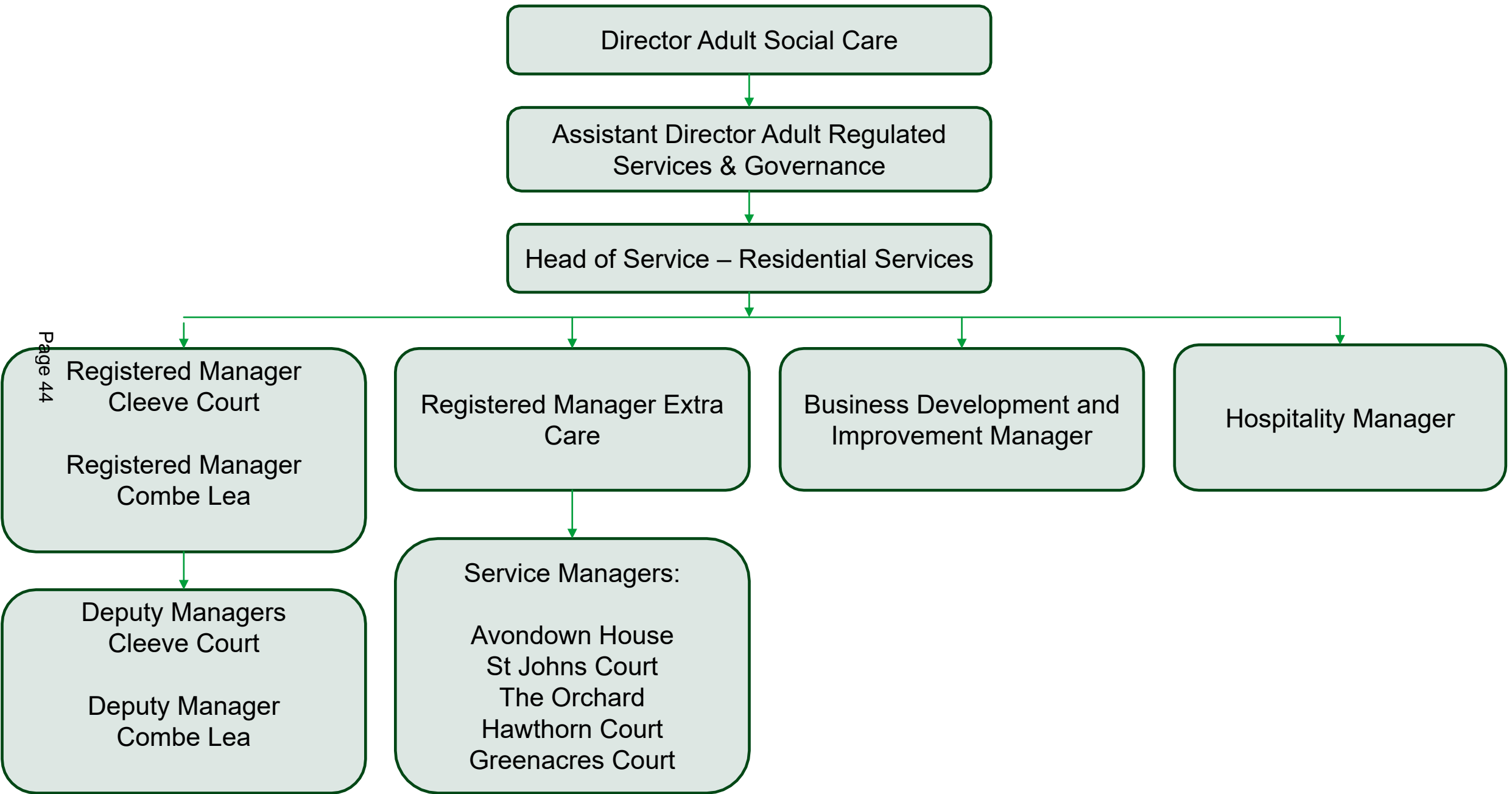
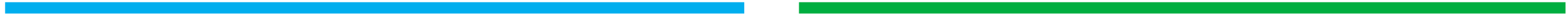
Prepare for the future	Deliver for local residents	Focus on prevention
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Adult Regulated Services Management Structure

Attachment 2

November 2025





Adult Residential Services Care Quality Commission (CQC) Inspection Rating Attachment 3

November 2025

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Bath & North East
Somerset Council

Improving People's Lives



Care Quality Commission Domain	Extra Care	Combe Lea - CRC	Cleeve Court - CRC
	June 2022	Sept 2022	December 2022
SAFE Are people protected from abuse and avoidable harm?			
EFFECTIVE Does the care provided meet people's needs and support their health and wellbeing?			
CARING Do staff treat people with dignity and respect, involving them in their care?			
RESPONSIVE Is the service person-centred, adapting to individual needs and providing meaningful activities?			
WELL LED Does the home have good leadership, a strong management structure, and a commitment to improving the service?			

































Bath and North East Somerset Council





Mandatory Training List for Residential Services

Bath & North East
Somerset Council

Improving People's Lives

Title	Staff Group	Platform	Annual Refresher	Tri Annual Refresher
Adult Safeguarding Level 2	All EC & CRC			✓
Adult Safeguarding Level 3	EC & CRC Managers			✓
Adult Safeguarding - Self Neglect	All EC & CRC			✓
Basic First Aid	All EC & CRC		✓	
Communication Skills	All EC & CRC			✓
COSSH (Control of Substances Hazardous to Health)	All EC & CRC			✓
Cyber Security	All EC & CRC		✓	
Dementia Awareness	All EC & CRC			✓
Dementia and Person-Centred Care	EC & CRC Senior Support Workers/ Managers			✓
Dignity in Care	All EC & CRC	Video		✓
Fire Safety Awareness	All EC & CRC		✓	
Fire Warden Training	Designated champions		✓	
First Aid at Work 3 Day	EC & CRC Managers			✓
Food Hygiene Level 2	EC & CRC Support Workers			✓
GDPR Introduction and Overview	All EC & CRC		✓	
Handling Information	All EC & CRC			✓

Title	Staff Group	Platform	Annual Refresher	Tri Annual Refresher
Introduction to Health, Safety and Wellbeing	All EC & CRC			✓
Infection Prevention Control	All EC & CRC		✓	
IOSH Managing Safely	Designated champions			
Manual Handling	All EC & CRC		✓	
Manual Handling of People for new employees (1 day)	New employees in EC & CRC Support Worker roles			
Manual Handling of People (Refresher – ½ day)	EC & CRC Support Workers		✓	
Manual Handling Train the Trainer (6 days)	Designated Champions			✓
Medication Control	EC & CRC Support Workers/Senior Support Workers/Managers		✓	
Mental Capacity Act and Deprivation of Liberty and Safeguards (DOLS)	All EC & CRC			✓
Mental Capacity Act - Undertaking Assessments	EC & CRC Managers			✓
Mental Health Awareness	All EC & CRC			✓
Nutrition in Care Homes (supporting people to eat/drink)	All EC & CRC			✓
Oliver McGowan training on Learning Disability and Autism	All EC & CRC			✓
Oral Health	All EC & CRC			✓
Safeguarding and Child Protection	All EC & CRC			✓

Key		eLearning	Access the course via Learning Zone
		Webinar on Teams	Book a place on the webinar through Learning Zone
		In Person Instructor Led Session	Book a place on a session at a location and date to suit you through Learning Zone
		Intranet	Access the Intranet via laptop or mobile device

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Modern Slavery

Samantha Jones

Inclusive Communities Manager

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Bath & North East
Somerset Council

Improving People's Lives



Agenda Item 11

References

- Data and graphics from: Unseen Helpline Annual Assessment 2024; [Unseen.org.uk](https://unseen.org.uk)
- Modern Slavery Helpline 0800 0121 700
- LGA Councillor Guide: Tackling Modern Slavery

Definition

Modern slavery is a serious and organised crime that destroys communities and causes significant harm to victims.

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It is the ***illegal exploitation of people for personal or commercial gain, and involve people being coerced and forced into providing a service to others.***

A person is enslaved if they are:

- Forced to work (physical / mental threat)
- Owned or controlled by an employer by threat of abuse
- Dehumanised, bought and sold as property
- Physically constrained, restriction on freedom

Types of slavery - examples

- Sexual exploitation
- Criminal exploitation
- Domestic servitude
- Child trafficking
- Forced labour
- Organ harvesting

Act	Means	Purpose
Recruit	Threat	Sexual exploitation
Transfer	Abduction	Slavery
Harbouring	Deception	Servitude
Movement	Abuse of power	Organ harvesting
	Giving payment or benefits	Forced criminality

Potential victims (PVs) by control method*

Control Method	PVs**	% PVs**
Confinement/restricted movement	2,334	58%
Financial control	2,146	53%
Tied accommodation	1,704	42%
Monitoring	1,277	32%
Emotional abuse - verbal/manipulation	1,164	29%
Physical abuse	1,127	28%
Sexual abuse	1,030	25%
Isolation	812	20%
Threat to harm subject, family or other	675	17%
Threat - other	525	13%
Threat to report to police/immigration	443	11%
Withheld/destroyed important documents	438	11%
Induced substance abuse	152	4%
Threat to abandon subject/ make homeless	103	3%
Threat to expose or shame subject	84	2%
Cultural/familial/religious pressure or coercion	70	2%

*Excludes 787 'unknown'

** Total exceeds overall number of potential victims as multiple control methods may be indicated per potential victim

Top 20 potential victim nationalities

Nationality	Potential Victims	% Potential Victims
India	219	15%
China	140	10%
Vietnam	106	7%
Zimbabwe	91	6%
Romania	62	4%
Albania	59	4%
Bulgaria	54	4%
Nigeria	47	3%
Bangladesh	46	3%
Pakistan	37	3%
United Kingdom*	37	3%
Brazil	35	2%
United Arab Emirates	30	2%
Afghanistan	26	2%
Eritrea	25	2%
Philippines	24	2%
Poland	23	2%
Ukraine	22	2%
Iran	21	1%
Ghana	21	1%

**United Kingdom was recorded where a UK national was indicated but the country was not specified*

Top 10 potential exploiter nationalities

Nationality	Potential Exploiters	% Potential Exploiters
Libya	75	16%
Albania	50	11%
United Kingdom*	40	9%
China	34	7%
Romania	31	7%
India	17	4%
Nigeria	16	3%
Pakistan	16	3%
Iraq	13	3%
Vietnam	12	3%

**United Kingdom was recorded where a UK national was indicated but the country was not specified*

Police force	2024		Cases by exploitation type						
	MS cases	MS Potential Victims	Labour	Sexual	Criminal	Domestic	Other	Various	Unknown
Page 62 England total	972	2,826	447	209	89	65	19	56	87
Avon & Somerset	42	96	17	9	4	2	2	6	2

Barriers to accepting help

- Language
- Debt bondage
- Voodoo and spiritual threat
- Threats to family
- Learning disability/neurodivergence
- Lack of trust
- Shame and guilt
- Stockholm syndrome

Support contract

Salvation Army

Page 64 0300 3038151

- Temporary accommodation
- Support worker

-
- Medical treatment
 - Help to cope with experience
 - Interpreting
 - Help to find legal advice



Questions

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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
17TH NOVEMBER 2025				
17 Nov 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Residential Services update for Community Resource Centres and Extra Care Services	Claire Thorogood Tel: 01225 477272	Director of Adult Social Care
17 Nov 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Modern Slavery	Cherry Bennett, Samantha Jones Tel: 01225 47 7203, Tel: 01225 396364	Director of People & Change
15TH DECEMBER 2025				
15 Dec 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	IRO Annual Report	Sarah Hogan Tel: 01225 39 6810	Director of Children's Services & Education
15 Dec 2025	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Families First	Jean Kelly	Director of Children's Services & Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
19TH JANUARY 2026				
19 Jan 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Improvement Plan	Suzanne Westhead	Director of Adult Social Care
19 Jan 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Annual Complaints Report	Sarah Watts Tel: 01225 477931	Director of Adult Social Care
19 Jan 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	B&NES Community Safety & Safeguarding Partnership Annual Report	Kirstie Webb Tel: 01225 396350	Director of Adult Social Care
FORTHCOMING ITEMS				
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Dementia Strategy Update	Suzanne Westhead	Director of Adult Social Care

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation - Community Health Services offer from April 2025	Laura Ambler, Natalia Lachkou	Director of Adult Social Care
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Attainment Gap Project Update - St John's Foundation	Christopher Wilford Tel: 01225 477109	Director of Education
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Safety Valve Update	Christopher Wilford Tel: 01225 477109	Director of Education

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