

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

Date: Monday 9th March 2026

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

Please note there will be a pre-meeting for Panel Members only from 9.30am.



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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>

Paper copies are available for inspection at the Guildhall - Bath.

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

3. **Recording at Meetings:-**

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

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

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

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4. **Public Speaking at Meetings**

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

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

Further details of the scheme can be found at:

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

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Additional information and Protocols and procedures relating to meetings

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday
9th March 2026**

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: 19TH JANUARY 2026 (Pages 5 - 20)

8. CABINET MEMBER UPDATE (Pages 21 - 44)

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 45 - 54)

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

10. FUTURE OF BSW LONG COVID SERVICE (Pages 55 - 64)

This paper sets out the context, options considered, preferred approach, and proposed engagement with local communities and scrutiny committees. It seeks the views of the committee on the scale of the proposed change and the approach to engagement.

11. THE EDUCATION ATTAINMENT GAP (Pages 65 - 82)

This report provides the Panel with an overview of early years and school education performance in the academic year 2024-25, and the work underway to address inequalities in educational attainment.

12. PLACEMENT SUFFICIENCY (Pages 83 - 106)

At the request of members, this briefing sets out the issues relating to placement sufficiency for Children in our Care, and the plans to address these through the work of the Bath and North East Somerset (B&NES) Children's Services Sufficiency Programme which launched in 2024.

13. SEND / EHCP UPDATE (Pages 107 - 140)

This report provides the Panel with an overview of Education, Health and Care Plans (EHCPs) in B&NES.

14. PANEL WORKPLAN (Pages 141 - 146)

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 19th January 2026

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

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

Cabinet Member for Adult Services: Councillor Alison Born

Cabinet Member for Children's Services: Councillor Paul May

Also in attendance: Jean Kelly (Director of Children's Services & Education), Rebecca Reynolds (Director of Public Health & Prevention), Claire Thorogood (Assistant Director for Adult Regulated Services & Governance), Christopher Wilford (Director of Education & Safeguarding), Ann Smith (Assistant Director - Operations & Safeguarding), Ceri Williams (Policy Development & Scrutiny Officer), Lucy Baker (Director of Place, CYP, LDAND, BSW ICB) and Darryl Freeman (Executive Director - People)

74 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

75 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

76 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

The Director of Adult Social Care had sent her apologies to the Panel.

77 DECLARATIONS OF INTEREST

Councillor Michael Auton declared an other interest with regard to agenda item 10 (Adult Social Care Improvement Plan - Progress Update) as through his work with Community Catalysts he works with many people involved in Adult Social Care.

78 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Cindy Carter addressed the Panel with regard to the current budget proposals, a copy of the statement can be found as an online appendix to these minutes, on the Panel's Minute Book and a summary is set out below.

"I recognise that the Council is operating in a challenging financial and operational environment, and I appreciate the difficult decisions adult social care faces. The current consultation proposes achieving savings through future recommissioning of learning disability services and through Care Act reviews with a stronger focus on cost-effectiveness. While these are described as efficiency measures, for people with learning disabilities—especially those with profound and complex needs—they have real consequences for how care is commissioned, reviewed, and delivered.

For people like my son, care is not optional or flexible. It relies on stable providers, skilled staff, and consistent, trusted support. Cost-driven changes can reduce staffing levels, lower skill mixes, disrupt continuity, or destabilise providers. These are not abstract concerns: they can lead to safeguarding risks, deterioration in health, loss of skills, and more restrictive support rather than greater independence.

A key concern is timing. I would welcome reassurance from the Committee on how outcomes for people with learning disabilities will be protected when the recommissioning framework is not yet in place.

People with learning disabilities are a protected group under the Equality Act. Small changes in commissioning or review practices can have disproportionately large impacts, so careful mitigation is essential as proposals develop.

Co-production is a statutory requirement under the Care Act 2014. At present, there has been limited meaningful involvement of people with learning disabilities, their families, or Court-appointed deputies. Strengthening engagement would help ensure decisions reflect how services work in practice, supporting continuity and stability for those most affected.

There are positive local examples to build on. The commissioning of respite provision at Newton House has shown the value of co-production, user choice, and continuity of care. I encourage the Council and the Committee to apply these lessons to the recommissioning of supported living services, so future models are shaped by lived experience and deliver the stability, quality, and outcomes that matter most to individuals and families."

Alan Carter addressed the Panel with regard to the current budget proposals, a copy of the statement can be found as an online appendix to these minutes, on the Panel's Minute Book and a summary is set out below.

"I am here as a Dad and as Court of Protection appointed Joint and Several Deputy for my son, who has a profound learning disability and complex health care needs. He lives in supported living and relies on commissioned care and support to meet his needs safely and lawfully.

The Committee will be considering proposed local authority budget proposals, which include changes affecting people with learning disabilities through care package reviews and the recommissioning of services.

We are seeing challenges between B&NES Council and BSW ICB in determining which organisation is responsible for meeting assessed needs under the Care Act. These are not abstract issues—they arise in day-to-day care planning. While funding responsibilities are clarified:

- Care can be delayed or questioned,
- Families and deputies are placed in the position of helping resolve funding disputes between B&NES Council and BSW ICB, causing uncertainty and stress,
- And people with learning disabilities may face increased risk.

The law is clear: Care Act assessed needs must be met, and funding disagreements must not disrupt care. We recognise the pressures on both organisations, but these duties remain critical and statutory.

It is equally important to consider how joint working between the local authority and ICB can be strengthened so that care delivery is not adversely affected.

This is not simply a financial issue—it is about ensuring that public bodies work together effectively to uphold their legal and ethical duties to some of our most vulnerable citizens. By approaching these challenges collaboratively, we can ensure that care remains safe, reliable, and person-centred.”

The Chair thanked them both for their statements on behalf of the Panel.

Councillor Liz Hardman asked if they had received any information regarding the recommissioning framework which has led to them seeking some assurances.

Cindy Carter replied that they had not as it had not been published. She added that it was because this remains unclear that they have raised their points as they would like to know the level of impact it will have.

Councillor Hardman asked if they would like to comment further on their concerns over the ICB and the Council to work together to provide continuity of care.

Cindy Carter replied that the concerns were around the organisations and how they differ in their ways of funding. She explained that some recipients have a combined social and health care package and some will just one of the two elements. She said that there was a need to fully establish which bodies cover which packages of care.

Councillor Joanna Wright asked if they were aware of any disputes regarding care packages. She said that she understood the level of complexity in the current system and that parents and carers have to do a lot of work to be able to navigate their way through it.

Cindy Carter replied that it was indeed very difficult to navigate, especially as the system evolves. She said that co-production should be supported as much as

possible and highlighted the importance of Care Act Assessed needs -v- other core needs.

Councillor Wright suggested the Panel analyse the issue further in a future meeting, including coproduction between the Council and the ICB.

Councillor David Harding asked if they could provide any practical examples of the difficulties of having to navigate between two systems.

Cindy Carter said that it was a statutory responsibility to provide needs identified under a Care Act Assessment, but that a difference of opinion could come about over Chiropody and whether that is accounted for under social or health care. She explained that a compliance process is in place, but that can be long and quite onerous.

She added that having a named Social Worker would be of a high benefit and that for those people who have complex needs a high level of experience is required.

The Assistant Director for Operations & Safeguarding stated that joint funding is in place for around 400 individuals across the Council and that they could bring a future report to the Panel about the funding process. She said that they would attempt to make clear what services Adult Social Care can and cannot fund.

She explained that despite it being a recognised recommendation to have a named Social Worker, there are not the resources available locally to provide this. She added that for those people who are deemed to be a complex case they were working towards all having a main contact within the Council.

Lucy Baker, Director, BSW ICB thanked them both for their statements and said that a full response would be provided regarding their concerns. She added that they were aware of their statutory responsibilities for funding and that services were delivered through health representatives and commissioners.

She stated that the process for making joint decisions between the ICB and the Council has been strengthened.

Councillor Eleanor Jackson addressed the Panel. She spoke about a charity, Swallow, in her own ward that enables children and young people to maximise their potential through education and training.

She said that as a councillor you can be presented with a complex situation and need to find out if it is typical and how or if it can be resolved.

She commented that the report written regarding Adult Social Care complaints had been well written by the Complaints and Data Protection Team Manager.

She stated that she was concerned about the proposed savings within the budget and how they were to be achieved. She said that input should be sought from service users to establish a better quality of care.

She said that she supported earlier comments made and would welcome further coproduction across the Council.

The Chair thanked her for her statement on behalf of the Panel.

Rosie Phillips, Chief Executive, Developing Health & Independence (DHI) addressed the Panel. She acknowledged that it was a difficult climate for many organisations at the current time and said communication was therefore key to making sure that all parties are aware of decisions or potential changes.

She stated that many local people depend on stable, local services for support and said that DHI had provided many services within B&NES over the past 25 years. She added that she felt that they had also delivered value for money services for the funding they received.

She explained that the loss of the Drug & Alcohol Treatment contract was a big issue for DHI and encouraged the Council to scrutinise their successor on the delivery of the contract.

She informed the Panel that funding for Reach, their housing support service, had recently changed from a contract to grant funding.

She stated that she felt let down by a lack of communication from the Council and said organisations need to be made aware of decisions or the potential for change in a timely manner to enable them to plan and structure accordingly.

Councillor Hardman said that she was sorry to hear of issues encountered as part of the procurement process and thanked DHI for their many years of work within the area.

Councillor Michael Auton commented that having previously been in contact with DHI he would welcome the opportunity to discuss with them the services they provide.

Councillor Wright asked when had been the last time that DHI had been able to have a meeting with the Council relating to funding and contracts.

Rosie Phillips replied that a meeting had been held in November 2025. She added that they were informed that funding to Reach was likely to be cut by a third, but are still unsure as to the timing of this decision.

Kevin Burnett asked what would be the main thing that the Council could do to improve the budget process.

Rosie Phillips replied that communication was the key area to improve upon. She said that organisations need notice to plan their work, fundraising, recruitment, structure – this all takes time to plan. She added that it was also disappointing that the procurement process was solely a paper exercise with no interviews carried out.

Councillor Alison Born, Cabinet Member for Adult Services commented that these matters would have been dealt with as part of the Public Health procurement process and said that Housing was not part of her portfolio.

The Chair thanked Rosie Phillips for her statement on behalf of the Panel and requested that the Panel receive a report on the procurement processes for both Adult Social Care and Public Health at a future meeting.

80 MINUTES: 15TH DECEMBER 2025

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

81 CABINET MEMBER UPDATE

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

Community Support Contract Awards

Following robust mobilisation and smooth transition, six Community Support Service contracts went live on 1st January 2026.

Two further Community Support Service tenders have concluded under the new Procurement Act 2023 using the Light Touch Regime for above-threshold social care contracts in December 2025. These two contracts will commence in April 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.

This concludes the recommissioning of the Community Support Service contracts undertaken in 2025.

Newton House update

Adult Social Care staff have continued to work with families who access care and support at Newton House to shape the future design of respite services. To date, they have held three dedicated sessions focused on service development and defining what "good" looks like for both families and individuals using the provision.

In parallel, we have engaged with our procurement and legal teams to explore the flexibilities within the Procurement Act 2023 and identify viable routes to market. In line with our statutory duties under the Care Act 2014 and the Procurement Act 2023, the Council has carefully considered the option of a direct award for respite provision at Newton House, utilising the User Choice provision. This approach reflects the expressed preferences of families and it addresses the critical need to ensure continuity of care for vulnerable adults and their carers.

The option to make a direct award for 5 plus 2 years under the User Choice provisions was not available under the previous procurement legislation and has only become possible with the flexibilities introduced by the Procurement Act 2023.

Families were informed about this development on 6th January via email, followed by a meeting on 13th January for commissioners to explain the details to the families.

Robust quality assurance processes will be embedded, and there is a shared commitment to maintaining family involvement throughout all stages of the commissioning process.

We are firmly committed to ensuring there is no gap in service provision from 1st October (when the current arrangement ends), guaranteeing continuous support for all individuals and families relying on respite care at Newton House.

Councillor Born thanked all involved, especially the parents and carers.

Councillor Liz Hardman said that she welcomed the good news relating to Newton House and praised all parties for their part in the process undertaken. She asked what lessons have been learnt so that a similar situation does not occur again in the future.

Councillor Born said that there was a recognition now to work more collaboratively with those in receipt of services prior to making a decision about any potential changes.

Councillor Hardman referred to the subject of Adult Regulated Services and asked what was needed for the Community Resource Centres to achieve a 'Good' rating from the CQC.

The Assistant Director for Adult Regulated Services & Governance replied that the CQC inspection at Cleeve Court had an overall score of 62%, which is 1% point below the threshold of 63% for a rating of Good. She added that they were working through their action plan and said that good progress was being made.

She said that a further report could be presented to the Panel in April that would include details of the 'Unexpected Visit' to Combe Lea.

Councillor Hardman asked for the Panel to receive a future report on the South West Good Food Local Benchmarking Exercise.

The Director of Public Health & Prevention replied that this was a cross-Council piece of work, including sustainability and transport, and that she would discuss a report timeframe with colleagues.

Kevin Burnett referred to the Community Support Contracts and the importance of the Voluntary Sector and asked how that was put into practice. He also asked when the next contract round would be due.

Councillor Born replied that there is a fantastic local provision in place through 3SG and that the Council has a close working relationship with them. She added that no advantage had been given to any organisation during the process and that the

Community Wellbeing Hub had also given support to providers. She said that the next contract round would be due in four years' time.

The Executive Director – People added that 3SG are also represented at the Health & Wellbeing Board and engaged in neighbourhood planning.

Kevin Burnett referred to Newton House and asked what hurdles were now left to overcome before October and would the families continue to be involved on an ongoing basis.

Councillor Born said that she was confident that there were no further hurdles as the current provider was onboard with the proposals and said that the families will be kept informed throughout the year.

Kevin Burnett referred to Adult Regulated Services and asked if there was one area of focus for improvement.

The Assistant Director for Adult Regulated Services & Governance replied that this would be Care Planning and that the action plan would highlight that.

Kevin Burnett referred to the Active Wellbeing Big Connect Event and asked is this was connected at all to The Active Way who had given a presentation to the Panel within the last year.

The Director of Public Health & Prevention replied that representatives from The Active Way were in attendance at the event as part of a whole systems approach to improving health and wellbeing. She added that work was ongoing to develop a Neighbourhood Health Plan.

Kevin Burnett asked if an update on Be Well B&NES could be provided to the Panel.

The Director of Public Health & Prevention replied that this could be provided and would expand on elements such as people's behaviour towards physical activity and how they access it.

Councillor Lesley Mansell said that she was shocked at the lack of available named Social Workers as referred to earlier in the meeting. She asked if any comment could be given regarding the ongoing union ballot relating to salaries in the Social Work teams.

The Assistant Director for Operations & Safeguarding replied that while reviews are ongoing a named Social Worker is in place, afterwards there would be a named point of contact.

The Executive Director – People added that conversations were ongoing with ACAS, but were not specifically relating to pay.

Councillor Mansell asked what safeguards are in place to ensure that there is a level playing field for all types of organisations in terms of the Community Support Contracts.

Councillor Born replied that steps were taken during the recent round of contract awards to ensure that smaller organisations were more aware of the process.

Councillor Mansell referred to Child Injury Prevention and asked if the Panel could receive further data regarding this at future meetings.

The Executive Director – People replied that he would seek if this information could be supplied by the Avon Fire & Rescue Service as they were now providing the service referred to.

Councillor Paul Crossley referred to the South West Good Food Local Benchmarking Exercise and said this had the potential for good outcomes if applied properly. He added that he would like the Panel to see some goals and objectives following the conclusion of the process at the end of January.

The Director of Public Health & Prevention replied that this information would inform our Local Food Strategy and suggested that the Panel could receive the survey findings prior to any decision relating to goals and objectives.

Councillor Michael Auton referred to the subject of Supervised Toothbrushing and asked if any areas of B&NES had a low take up and whether any work was also carried out with local dentists.

The Director of Public Health & Prevention replied that she did not have any figures to hand, but could provide them and would seek to find out whether dentists promote the scheme.

Councillor Wright said that she did not think that councillors had been informed about the ACAS discussions and asked how the possible drop in morale would impact their work.

The Executive Director – People said that it was his view that these officers still remain motivated, committed and passionate about their work and that it was a small number who were unhappy with certain terms and conditions.

The Director of Children's Services & Education replied that the majority of staff benefitted through the 'Be Our Best' process, but she was aware that some colleagues were unhappy and that they were working to find solutions to the issues raised.

The Chair asked that the Panel be informed of the outcome of the ballot on its conclusion.

She concluded the item by thanking Councillor Born for her update on behalf of the Panel.

82 2026/27 BUDGET AND FINANCIAL OUTLOOK – DRAFT PROPOSALS

The Executive Director – People introduced the report to the Panel and highlighted the following points.

- The Council's 2026/27 Budget and Council Tax proposal will be considered by Cabinet on 12th February 2026 and presented to Council for approval on 24th February 2026.
- To deliver a balanced budget in 2026/27 savings and income generation plans total £7.49m, with income and savings to find of £32.05m in the following four years covering 2027/28 to 2030/21. The Council has a good track record of delivering proposed savings, in relation to the Cabinet Portfolio's being Scrutinised by this Panel there are savings and income generation plans of £3.20m.
- The proposals for savings and income generation for this Panel's attention are outlined in Annex 1. Growth and pressures to bring to this Panel's attention are outlined in Annex 2.

He stated that it has been a tough process so far as both services are demand led. He said that the Council was committed to maintaining delivery of its high standard services.

He explained that the public consultation on the current budget proposals was to conclude later in the day.

Councillor Alison Born, Cabinet Member for Adult Services said that the Liberal Democrat administration has a history of committing investment into Adult Social Care whilst also seeking potential savings where possible.

She confirmed that contract inflation (£2.6m) and funding of demographic growth (£2m) would form part of the Adult Social Care budget for 2026/27.

She reminded the Panel that Adult Social Care accounts for the largest proportion of the Council's budget and that they continue to be committed to delivering quality services that are also value for money.

Councillor Paul May, Cabinet Member for Children's Services stated that the pressure on the service currently was enormous as demand continues to outstrip resources. He said that he was proud of the support that the Liberal Democrat administration has given to the service over many years.

He explained that the finance of the service is monitored every two weeks and that very good quality of services are in place.

Councillor Liz Hardman asked if the increase in family reunifications and step down from residential placements had been achieved for the current year as this was a highlighted area also for this proposed incoming budget.

The Director of Children's Services & Education replied that the figures for 2025/26 had already been achieved and was based on 10 children being able to return to their homes. She added that this outcome has resulted in achieving a saving of around £500,000 in this financial year.

Councillor Hardman asked if in order to achieve the £300,000 saving associated with transitions into Adult Social Care a dedicated team was required to be recruited.

The Assistant Director for Operations & Safeguarding replied that there is already a transitions team in place within Adult Social Care and that they seek to begin conversations with young people about this process from the age of 16 onwards.

She added that part of this proposal will look at whether any young people from the ages of 18 / 19 can move out of residential accommodation and into reduced dependency models which would lead to a saving on accommodation costs.

Councillor Lesley Mansell asked if there was an update available on the proposed Government White Paper.

The Executive Director – People replied that two pieces of legislation were in progress. The Children's Wellbeing and Schools Bill, to seek to strengthen provision about the safeguarding and welfare of children, this was currently being debated in the House of Lords. And, the Schools White Paper, which was due to set out the Government's planned reforms to the special educational needs and disabilities (SEND) system, this was now expected to be published by the end of January.

Councillor Mansell asked if additional SEND staff will be required to attempt to improve outcomes and monitor EHCP progress.

The Director of Children's Services & Education replied that our prevention approach requires the Council to better front load this work area. She added that Family Hubs are still in place to offer universal help and support and that funding is in place to develop further later in the year.

She stated that a team was now in place to improve the timeliness of applications for an EHCP.

The Director of Education & Safeguarding added that recent work has seen caseloads reduced for individual practitioners to 26, down from 30. He said that complaints relating to SEND have reduced and that teams are working very collaboratively.

Councillor Mansell said that she welcomed these improvements and would like to see information added to the relevant Equalities Impact Assessment. She asked if enough Health Visitors were in place to support the preventative measures planned.

The Director of Education & Safeguarding that he would seek for the Equalities Impact Assessment to be updated and for an update on SEND to be provided to the Panel in March.

The Director of Public Health & Prevention said that she was confident that enough Health Visitors and School Nurses are in place through arrangements made by HCRG.

The Chair asked for the proposed budget savings to be tracked and reported to future meetings of the Panel.

Councillor Paul May replied that the Cabinet Member for Resources regularly reports on budget monitoring to the Corporate PDS Panel and Cabinet and that he would provide such comment within his future updates to this Panel.

Councillor Joanna Wright asked if an explanation could be given for an unaccounted £6m in relation to children's transport in comparison to previous years.

The Executive Director – People replied that the £6m was in connection with the Home to School Transport budget and that this had moved into another directorate of the Council.

Councillor Wright asked if contingency measures were in place should the cost of family setting breakdowns rise.

The Director of Children's Services & Education replied that the budget has been set with the current demand in mind and said that officers will work hard to be able to keep children at their homes for as long as possible. She added that the numbers of Children in Care have been steady within B&NES and are expected to reduce.

Councillor Wright asked if the budget for Legal Services was available to comment upon.

The Executive Director – People replied that this was not within the remit of this Panel, but that he could send that information to her.

Councillor Wright referred to a saving attributable to Technology Enabled Care and asked if this would include Artificial Intelligence (AI) and what impact that would have on data governance and safeguarding.

The Executive Director – People replied that this was not solely about AI although a tool (Magic Notes) has been introduced within the past year to enable conversations during visits to be recorded and transferred into a case file note.

The Assistant Director for Operations & Safeguarding added that a governance process is in place and that consent is sought prior to any recording.

Kevin Burnett asked for further comment to be given in relation to Safety Valve and Charlton House in the context of the budget setting process.

The Executive Director – People replied that Safety Valve funding would be delivered under a separate budget area and added that DfE discussions remain ongoing. He also explained that savings attributable to Charlton House were not due to be seen until 2027/28 and therefore not in this current budget setting timeframe.

Kevin Burnett asked if the Council and the ICB were aligned on how the budget for complex need cases should be shared.

The Executive Director – People replied that there were well established processes in place between the Council and the ICB in relation to complex care packages.

Kevin Burnett asked if enough funding was in place for the work associated with Families First.

The Director of Children's Services & Education replied that confirmation had been received that funding for three years was in place.

Councillor Paul May commented that he would provide the Panel with an update on Home to School Transport via a future Cabinet Member report.

Councillor Wright asked if it was known where and why the demographic growth pressures mentioned (£3.3m) would occur.

The Executive Director – People replied that modelling has been undertaken due to an ageing population.

The Assistant Director for Operations & Safeguarding added that demographic analysis has taken place over the past 2 – 3 years and also takes into account those young people who are likely to transfer into Adult Social Care. She said that also some older people, between the age of 80 – 90, were presenting to the service for the first time.

Councillor Mansell asked if there was a proposed saving that a higher delivery risk.

The Executive Director – People reiterated that it was a challenging budget all round and that he could not single out a specific proposal.

Kevin Burnett asked if any elements of the budget were discretionary or were they all statutory.

The Executive Director – People replied that they were all statutory requirements.

The Chair said that she appreciated the role that both officers and Cabinet Members have played during this process.

The Panel **RESOLVED** to note the proposals that impact the Council's 2026/27 revenue budget.

83 ADULT SOCIAL CARE IMPROVEMENT PLAN

This report was deferred until the April 2026 meeting of the Panel.

84 ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT

This report was deferred until the April 2026 meeting of the Panel.

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

Lucy Baker, Director of Learning Disability, Autism and Neurodivergence, Children and Young People and the Combined Place Team, BSW ICB introduced the report to the Panel and highlighted the following areas.

- Restructure within the ICB continues and a period of assessing voluntary redundancy is ongoing. A commitment had been made to retaining a dedicated B&NES Place Director.
- During the first full weekend of 2026, each of the region's hospital emergency departments saw a surge in people attending, with the Royal United Hospital in Bath seeing 881 people between Friday 2nd and Sunday 4th January.
- An additional 20 beds have been commissioned at St Martins Hospital in Bath to provide further community capacity between the end of December and the end of March. These beds are now open with good patient flow and clear clinical admission criteria.
- A number of paediatric acute respiratory illness hubs are now up and running across BSW and are helping to provide additional community-based care, while also giving families with poorly children an alternative to hospital. As of Thursday 18th December, a total of 242 children and young people had been seen in one of the new hubs, which will remain in place until the end of February.

Councillor Paul Crossley referred to the uptake of the flu vaccine among health and care workers and said he maintained his view that these figures were still too low and asked if it was known why and whether staff were still being encouraged to be vaccinated.

Lucy Baker replied that figures for the RUH (61%) were above the national (46%) and said that it does continue to be promoted. She said that she would seek what information could be obtained from acute providers.

Councillor Joanna Wright stated that she was still awaiting a response from the ICB from questions relating to abortion and contraception figures.

Lucy Baker replied that she was aware that a response has been sought and would aim for it to be provided at the next meeting.

Councillor David Harding asked for assurance that rural areas would also be included in the proposed work of the Mobile Dental Clinics.

Lucy Baker replied that the aim will be to provide access to services where it is currently difficult to access. She added that the procurement process for the Clinics was just beginning.

Councillor Onkar Saini referred to the new mental health inpatient unit for people with a learning disability and/or autism and asked if staff have been recruited for the unit.

Lucy Baker replied that all posts have been recruited by AWP, including a dedicated outreach team.

Councillor Liz Hardman commented that the NHS capacity update was welcome and asked if the points mentioned in the update would continue after February.

Lucy Baker replied that the additional beds at St Martins Hospital would remain in place until the end of March, the paediatric respiratory hubs would continue until after February half term and that Hospital at Home would continue with its increased capacity.

Councillor Lesley Mansell said that she hoped that being shortlisted for an award would lead to further coproduction at the new mental health inpatient unit for people with a learning disability and/or autism and other future projects / work areas.

Lucy Baker replied that public involvement at the Kingfisher is intended to continue.

Councillor Mansell asked if the vaccination teams have used the Equalities Impact Assessment (EIA) process to find out more information relating to take up. She also asked for EIAs carried out by the ICB to be published on their website.

Lucy Baker replied that she would relay this info and request to the relevant teams within the ICB.

Councillor Mansell asked if the results of the RUH Accident & Emergency usage survey were yet available.

Lucy Baker replied that she was sure that a summary of the survey results could be provided to the Panel.

The Chair asked if the RUH was experiencing the same levels of 'corridor care' as was being reported nationally.

Lucy Baker replied that yes, on some occasions it has. She added that risk is analysed on each individual basis and that daily conversations are held across the system regarding the issue.

The Chair thanked Lucy for the update and attending the meeting on behalf of the Panel.

86 PANEL WORKPLAN

Councillor Joanna Wright asked when the Panel would be updated on the previously mentioned cross-Panel issues, such as School Streets and Home to School Transport.

The Chair replied that it remains her intention to discuss this further at the next meeting of the Chairs & Vice-Chairs of all three Panels.

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

- Procurement processes for both Adult Social Care and Public Health
- ASC Joint Funding Process
- Coproduction between the Council and the ICB
- Results of the South West Good Food Local Benchmarking Exercise
- Academy Management – Update on schools and their partnership / MAT
- EHCP Update
- Annual SACRE Report

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

Before the meeting closed the Chair took the opportunity to thank Becky Reynolds, Director of Public Health & Prevention for all her work for the Council as this had been her final Panel meeting before retirement.

The meeting ended at 12.20 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Councillor Paul May – Lead Member briefing – CAHW Panel – 9th March 2026

Education and SEND White Paper

As Lead Member for Children's Services, I want to update the Panel on the publication of the Government's new Education and SEND white paper, *Every Child Achieving and Thriving*, released on 23rd February 2026. This marks a significant national shift towards a broader, more inclusive education system, with a clear focus on re-engaging families, reducing persistent absence, and strengthening the services surrounding schools. The Government has presented this as a long-term reform programme designed to take the education system "into the 2030s and beyond," indicating that implementation will be phased and sustained over a number of years.

A major component of the reforms is the accompanying SEND consultation, *Putting Children and Young People First*. This consultation initiates the statutory process for reshaping SEND support nationally, including a reformed universal offer, Individual Support Plans, and strengthened early identification. Some elements already carry clear implementation timescales: the Inclusive Mainstream Fund (£1.6 billion) and the Experts at Hand specialist workforce programme (£1.8 billion) are planned across a three-year period from 2026–2029, allowing early years settings, schools, and colleges to build inclusive practice and access the right specialist expertise.

The white paper also includes the 6,500 additional teachers delivery plan, intended to be achieved by the end of this Parliament, giving an indicative timescale up to 2029. Meanwhile, the Government's ambition for all schools to be part of strong multi-academy trusts continues without a set deadline. Together, these reforms represent a staged programme of change across 2026–2029, with further system development expected into the early 2030s. As Lead Member, I will ensure the Panel continues to receive updates as this national programme evolves.

Officers will now begin interpreting what these reforms could mean for B&NES. The DFE has asked all LAs, including our Local Area Inclusion Partnership, to start working with partners and schools to complete a DFE Maturity Matrix to assist with advanced preparation for the reforms. I will report back to the Panel as this analysis and assessment develops. I have also asked Officers to prepare an information workshop to 'unpack' the reforms for Cllrs and Partners.

Important to note that we are expected to continue operating in the current SEND system until March 29, whilst preparing for the implementation of the reforms. We expect demand for EHCPs to increase during this period.

A link to the published Education & SEND white paper is included below.

<https://www.gov.uk/government/publications/every-child-achieving-and-thriving>

B&NES Safety Valve Programme

At the last Scrutiny Panel meeting, I advised Members that our Safety Valve agreement remained on hold pending further national announcements and that we were expecting clarity either ahead of or alongside the new Education and SEND White Paper. I also highlighted the Department for Education's intention to assume direct responsibility for funding SEND from 2028, signalling a significant long-term shift in the financial arrangements for high needs.

Since that time, we have received formal written confirmation from the DfE that the national Safety Valve programme has now officially closed. In addition, the DfE has confirmed that it will fund 90% of all remaining high needs deficits accumulated up to the end of the 2025/26 financial year. These accumulated deficits are currently held by all Local Authorities, but do not form part of the council's overall budget due to a Government statutory override. There has been growing sector concern about the financial risks they could pose if the Government makes these deficits the responsibility of Local Authorities. The Government's commitment to covering the vast majority of this historic debt provides substantial relief to Local Authorities nationally, including B&NES, who feared being required to absorb these deficits at the point the override ends.

What remains unclear—both from the DfE communication and the Education and SEND White Paper—is what will happen to the deficits expected to continue to accumulate between 2026 and 2028, when the DfE formally takes on direct responsibility for SEND funding. At present, the DfE announcements do not specify whether central Government will also meet these two years of additional deficits, whether they will be subject to new conditions, or whether they may fall back to individual Local Authorities.

I expect further information to emerge over the coming months as the Government provides more clarity on the future SEND funding model, the accountability arrangements that will accompany it, and how transitional years will be managed. Officers will continue to analyse each announcement carefully and will bring updates to Members as soon as they become available. This will help B&NES assess the local implications, understand potential financial exposure, and plan strategically for the period leading up to 2028.

SEND & Better Together

I am pleased to see that a report from Laura Donnelly is on the agenda today, covering a number of questions about EHCPs that have been raised at previous scrutiny panels. I have also previously updated the Panel that I attend Better Together meetings alongside our B&NES Parent Carer Forum and LA staff to look at how we continue to work together positively and constructively.

At the last Better Together meeting on 23 February, we engaged in a collaborative and constructive discussion focused on strengthening relationships with parents and carers, and on the continued drive for inclusive education across Bath and North

East Somerset. Three key items were highlighted: the Department for Education (DfE) Maturity Matrix, as mentioned above, a "You Said, We Did" response to parent carers to highlight how our SEND team continues to improve its communications in response to parent carers feedback, and the launch of a new "Ordinarily Available Provision" document (Link below) for all B&NES schools, outlining clear expectations for inclusive support in every setting. I am very supportive of these developments and welcome all steps toward inclusive education and strong partnership working that unite local education providers and communities.

<https://www.bathnes.gov.uk/inclusion-and-send-commitment-ordinarily-available-provision>

B&NES Free Schools – Update

As I write this update, officers are finalising our plans and response to the DfE regarding our commitment to the delivery of Free Schools on the Culverhay site. We are committed to making this happen and must provide a formal response to the DfE by 27th February 2026. I will provide a further update verbally at the PDS meeting on 9th of March 2026.

SACRE

The 2024–25 reporting year shows steady and positive progress for the Bath & North East Somerset SACRE, which continued to meet its statutory duties in monitoring and supporting Religious Education (RE) and Collective Worship. Key achievements included approval of the revised SACRE Constitution, completion and circulation of major updated Collective Worship guidance, and reconvening of the Agreed Syllabus Conference to begin the 2027. Schools continued to be supported through newsletters, CPD, networks, and access to syllabus resources, and no complaints or withdrawals from RE were recorded.

Standards across schools were generally positive. Ofsted inspections highlighted strengths in cultural and religious understanding, while all four Church of England schools inspected under SIAMS achieved Judgement 1. GCSE Religious Studies outcomes varied, with some schools performing strongly—such as Writhlington with a 90.9% pass rate. SACRE operations were strengthened through an improved action log, although membership vacancies remain. The standalone SACRE website is being discontinued due to low usage and high costs, with its content transitioning to an LA-hosted page.

Information on Academy Schools in B&NES.

One of the proposals in the Education White Paper is that all schools should join a Multi-Academy Trust and that LAs will have the powers to form new Trusts, where needed. As you know, B&NES is now nearly fully academised, with only 5 schools remaining maintained.

The remaining schools are in eight Multi-Academy Trusts (MATs). Three schools remain as Single Academy Trusts.

The MATs vary in size. The Midsomer Norton Schools Partnership has the highest number of primary and secondary schools in B&NES.

In terms of Primary schools, The Midsomer Norton Schools Partnership and The Partnership Trust are MATs comprised predominantly of schools located in B&NES. The Bath and Wells Diocesan Academies Trust also has a large number of B&NES primary schools, but more are located outside B&NES.

In terms of Secondary schools, the Midsomer Norton Schools Partnership has the highest number in B&NES.

Families First Programme of Reforms

Following recent reporting to this Panel, I want to briefly update all on continued progress. Transformation work continues towards implementing the key Family First Programme of reforms from July 2026. This programme represents a significant opportunity for Children's Services across the council to support earlier intervention that includes and supports families to work with professionals in a way that prevents the escalation of need and risk and need for acute service provision, including care. This work includes:

- a. Family Group Decision Making
- b. Family Help Teams to ensure more seamless support
- c. Multi agency Child Protection Teams to support effective decision making when children are at risk of or suffer harm.

In Bath and North East Somerset, we are combining these changes with our Smarter Structures work, the council wide approach to reviewing and developing our ways of working. The service has now entered a phase of formal consultation which will be concluded at the end of April 2026.

Industrial Action update – Children's Services

A joint statement was issued on 25th February 2026, in respect of the industrial action in Children's Services that following constructive talks where positive and productive progress was made, Unison agreed to suspend the proposed strike action scheduled for 2nd, 3rd, 11th and 13th March while further work is undertaken to try to resolve issues. Discussions at this stage remain strictly confidential. Further updates will be provided as soon as more information can be shared.

Permanent Assistant Director - Children's Services

I previously informed you that we have appointed a permanent Assistant Director for Children's Services. Paul Shallcross will be joining us on 13th April. Paul is an experienced Assistant Director and we look forward to welcoming him. I want to take some time to offer my thanks and appreciation for Phoebe Holland, who has been

the interim Assistant Director since June 2025. Phoebe stepped up into this role to support the service and when Paul joins us she will return to a Head of Service position. She has worked tirelessly to support the service during this time.

MJ Awards

I am delighted to share news that two services have been shortlisted as finalists for the upcoming MJ Awards in June 2026.

The Virtual School for Innovation in Children's and Adults Services

Fostering Families for Innovation in Children's and Adults Services.

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The Standing Advisory Council on Religious Education for Bath and
North East Somerset

Bath and North East Somerset SACRE Annual Report September 2024- August 2025

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Appendix A: Bath & North East Somerset SACRE Development Plan 2024-25

1. Introduction

1.1 From the Chair: Welcome to our Annual Report 24-25

This report covers the period September 2024 to August 2025. We have had another successful year of Standing Advisory Council on Religious Education (SACRE) work with the Council: continuing to meet online with an in person meeting in the summer.

Visiting schools in person has continued, especially where either Ofsted or School Inspection of Anglican and Methodist School (SIAMs) reports suggested support was needed, and several schools were encouraged to apply for the Widening Inclusivity in Religious Education (WIRE) award (See 3.1). Other support included on-line teacher training.

The SACRE meetings in general had reasonable attendance, although there were concerns at some absences, and the year saw some changes in membership. We are actively seeking to recruit when vacancies arise (see 5.2). There is a good link with the local Bath Interfaith Group, active in the area for over 30 years, and represented on the SACRE by myself. Local RE teachers are kept informed of local interfaith events, and can obtain or have access to speakers or visitors for their schools.

During this period we completed the review of the SACRE Constitution, and it was approved at the October 2024 SACRE meeting – the next review in 4 years' time (2028).

A substantial review of B&NES SACRE Guidance on Collective Worship was completed by a working group of several SACRE members. There was some lively discussion about how collective worship is implemented in local schools, suggesting that in time the legal requirement may need to change (see 3.2). Unfortunately we were unable to carry out our usual monitoring in this area (by school website reviews) due to time constraints etc.

Two changes ahead for the next year are the decision taken at the end of this period to discontinue maintenance of our SACRE website (see section 2.5), and the change of contract away from RE Today (see 5.1: we would like our RE Advisor to contract directly with the LA).

We are looking forward to further work with the local schools, developing our SACRE membership and continuing support for schools next year. In addition, with the start of the process for revision of our Agreed Syllabus this year (see 1.3), this review will form a significant part of our activities in the coming year.



Jane O'Hara

Chair of Bath and North East Somerset SACRE

January 2026

1.2 Overview – SACRE

A Standing Advisory Council on Religious Education (SACRE) is legally constituted by a Local Authority with the responsibility for overseeing Religious Education and Collective Worship in community, Voluntary Controlled Foundation schools, schools without a religious character and Trust schools. SACRE's key role is to advise the Local Authority (LA), monitor how this advice has been acted upon and then feedback. B&NES SACRE use an action log to support this process and keep track of the effectiveness of how this advice has been acted upon.

SACRE has met three times in the last academic year. Two meetings were held online and one was held 'in person' at the University of Bath. All meetings were quorate.

In meetings the following aspects were discussed:

- SACRE membership
- National Content Standard
- Standards in RE and Collective Worship
- WIRE award
- Local, Regional and National updates
- Agreed Syllabus Conference

1.3 Overview – Agreed Syllabus Conference (ASC)

Bath and North East Somerset SACRE has developed and shares a locally agreed syllabus with partner SACREs in Bristol, North Somerset, and the London Borough of Haringey. The current syllabus (Awareness Mystery and Value) was launched in March 2022 and it will run for a period of 5 years to 2027.

The Agreed Syllabus Conference reconvened to consider the options for the next syllabus review which will be due in 2027. An Agreed Syllabus Conference was formed in this academic year (2024-25) and work began on reviewing and updating the Agreed Syllabus, ready for schools to use in September 2027. During this year, teacher surveys were carried out in order to gain an understanding of how the current agreed syllabus is working in schools and to gather opinions about what teachers and pupils would like from a future Agreed Syllabus. Three meetings were also held regionally with other local SACREs (Bristol, South Gloucestershire and Swindon) to begin looking at options that could be used moving forwards. This decision making process will now continue into the academic year 2025-26.

2. Religious Education

2.1 Locally Agreed Syllabus

The locally agreed syllabus in schools is Awareness Mystery and Value ([Awareness Mystery Value](#)). This is shared by Bristol, North Somerset and the London Borough of Haringey. It is utilised by many schools across the authority, including Academies. However many academies are using alternatives in order to teach their own RE curriculum. This will need to be investigated further as part of the Agreed Syllabus Conference process.

2.2 Standards and Monitoring of Religious Education: Ofsted and SIAMS Reports

SACRE accesses Ofsted reports on local schools throughout the year. During the period of this report (2024-25), 21 schools received inspections. The following table highlights where RE or Collective Worship was noted. Where relevant, schools were contacted to celebrate success, encourage them to apply for the WIRE award or to offer support with their RE curriculum.

School	Date of inspection	Comments that might be of interest to SACRE
Stanton Drew Primary School	1 and 2 October 2024	“Pupils benefit from a rich and diverse education underpinned by a comprehensive personal development provision. They demonstrate tolerant and respectful attitudes to others. Pupils are knowledgeable about culture and faiths that differ from their own.” Some comments on content and sequencing of curriculum (not RE specific).
St Mary’s Catholic School	1 and 2 October 2024	No specific mention of RE or CW
Norton Hill School	8 and 9 October 2024	“The school community does not tolerate behaviours that are not inclusive. Pupils and students speak up against injustice.”
St Mary’s C of E Primary School	15 and 16 October 2024	No specific mention of RE or CW
St Philip’s C of E Primary School	5 and 6 November 2024	Some comments about essential

		knowledge (not RE specific).
Farmborough Church Primary School	19 and 20 November 2024	“The school is inclusive and welcoming to all.” Pupils are committed to their learning. Some comments about curriculum sequencing (not RE specific).
Combe Down CofE Primary School	19 and 20 November 2024	“The school has worked with the trust to develop and strengthen the wider curriculum. Some subjects are more securely embedded than others. For example, the curriculums for history and religious education set out the knowledge for pupils to learn and the order in which to learn it.”
Welton Primary School	10 and 11 December 2024	“Pupils reflect on the lives of others. They learn about cultures from around the world, including through international links. They welcome visitors from India and Ukraine. This helps pupils to understand the lives of others and the commonalities they have as well as recognising and celebrating differences. “
St Mary’s Church of England Primary School, Writhlington	10 and 11 December 2024	No specific mention of RE or CW
Newbridge Primary School	17 and 18 December 2024	“Pupils are proud of how they support all pupils to treat everyone with respect. They learn about each other’s faiths and the beliefs that they have. They discuss how everyone is different, and how this makes them unique.”
Wellsway School	17 and 18 December 2024	No specific mention of RE or CW
High Littleton CofE VC Primary School	21 and 22 January 2025	“Pupils have a strong appreciation of the challenges that some people face due to things such as their gender or race. They admire the positive contributions made by those who have challenged injustice or have come to Britain from other countries.”
Fosse Way School	14 and 15 January 2025	No specific mention of RE or CW

Bathford Church School	21 and 22 January 2025	“They (pupils) make pertinent connections between different religions. For example, pupils explain thoughtfully that most religions are ancient and usually have a higher power than humans.”
Oldfield School	21 and 22 January 2025	No specific mention of RE or CW
Whitchurch Primary School	4 and 5 February 2025	No specific mention of RE or CW
Oldfield Park Junior School	4 and 5 February	“The curriculum is engaging and ambitious. It sets out the essential knowledge pupils need to learn. This knowledge is connected, enabling pupils to revisit important content. For example, in Year 4, pupils learn why a mosque is special to Muslims. In Year 6, they study the Five Pillars of Islam and visit a mosque. However, the curriculum does not provide effective opportunities to extend pupils’ knowledge and deepen their understanding.”
Paulton Junior School	4 and 5 March 2025	Some areas of the curriculum need further development (not RE specific).
Widcombe C of E Junior School	18 March 2025	“Pupils demonstrate impressive knowledge of different cultures and ways of life. They show an extraordinary understanding of the protected characteristics and understand why discrimination is wrong.”
Oldfield Park Infant School	1 and 2 April 2025	No specific mention of RE or CW
Farrington Gurney Church of England Primary School	29 April 2025	No specific mention of RE or CW

In addition to Ofsted inspections, all Church of England schools are inspected as a designated church school through the Statutory Inspection of Anglican and Methodist Schools (SIAMS). The schools inspected during the timescale of the annual report are detailed below:

Date of inspection	School	LA & Trust	Previous outcome	Outcome
16/06/25	Trinity Church School	MSNP BANES	RI	J1
12/06/25	St Andrew's Church School	BWMAT BANES	Outstanding	J1
17/10/24	St Julian's Church School, Wellow	MNSP B&NES	Good	J1
17/10/24	St Stephen's Church of England School, Lansdown	BWMAT B&NES	Outstanding	J1

All schools inspected received Judgement 1 (J1): *'Through its vision and practice, the school is living up to its foundation as a Church school and is enabling pupils and adults to flourish'*.

2.3 Standards and Monitoring of Religious Education: Public Examination Results in Religious Studies

Our thanks to NATRE who have provided the KS4 data for 2025 below:

School Name	KS4 Entries Full Course (Percentage)	Percentage 9-4
Beechen Cliff School	12	47.6
Chew Valley School	1.9	100
Hayesfield Girls' School & Mixed Sixth Form	11.1	72
Norton Hill School	13.9	72.5
Oldfield School	16	88.6
Ralph Allen School	18	73.7
Somervale School	22.9	36.7
Saint Gregory's Catholic College		
St Mark's Church of England School	71.2	70.3
Wellsway School	6	76.9
Writhlington	8.4	90.9
Broadlands Academy	0	
Somerset Studio School	0	
Isambard Kingdom Brunel Studio School	0	
Aspire Academy	0	
Fosse Way School	0	
Three Ways School	0	

SACRE notes the following from the results:

- St Mark's entered the largest cohort for GCSE RS (71.2%) and attained pass rates of 70.3%.

- Hayesfield, Norton Hill, Ralph Allen, Chew Valley, Wellsway, Oldfield and Writhlington also obtained high pass rates.
- Chew Valley School obtained 100% 9-4 but only entered 1.9% of their cohort.
- 6 schools did not enter any students for GCSE RS.

As part of its monitoring role, SACRE will be congratulating those schools who have achieved excellent results, whilst working with other schools to ensure that – even if they are not offering all students the chance to study for GCSE – they are meeting the legal requirements to teach RE in Key Stage 4.

2.4 Support for Teachers and Schools: Syllabus Teaching Materials

The Agreed Syllabus website [Awareness Mystery Value](#) contains a wealth of resources for teachers as well as the statutory programmes of study.

2.5 Support for Teachers and Schools: SACRE Website

The SACRE website <http://banes-sacre.com/> was maintained and updated during the year. A co-opted member of SACRE receives a small stipend for managing the site and ensuring it is kept up to date. As well as information about SACRE, the site contains ideas for RE specifically for Bath and North-East Somerset schools, including lists of resources available to borrow, and reports on the use of local visits and visitors to support the agreed syllabus for RE. However, at the end of this reporting period the decision was taken to discontinue maintenance of this website, as apparently it is now little used by teachers, and domain and other costs have increased, making it less sustainable.

However, we do have a presence on the Bath and North-East Somerset local authority website, and we will use this to enable members of the public to have access to SACRE information via the link to our website: [Standing Advisory Council on RE \(SACRE\) | The HUB \(bathnes.gov.uk\)](#)

In addition the new RE Hubs [<https://www.re-hubs.uk/>] website is dedicated to supporting Religious Education (RE) teachers and practitioners in the UK. They have created a neutral platform that brings all stakeholders together - until now, there hasn't been a single place to equip, enable, and signpost everyone within the community. This is an excellent resource superseding what we could offer.

2.6 Support for Teachers and Schools: Communication and Complaints

Termly newsletters have continued, with all schools receiving a SACRE newsletter three times per year. The newsletter contains contact details for various communities and resources, as well as ideas for the classroom and information on upcoming events and CPD.

The Local Authority/SACRE received no formal complaints concerning RE nor was it notified of any disputes relating to withdrawal for RE. We are not aware of any teachers exercising their right not to participate in Collective Worship.

3. Collective Worship

We completed a substantial review of our Guidance on Collective Worship, and the updated version was approved in October by SACRE. It was circulated to all schools including CEOs, MAT Head Teachers and LA maintained School Head Teachers to raise awareness of the requirements, and of the specific role SACRE has in monitoring and evaluating.

Next review September 2029.

3.1 Training and Support

No training on Collective Worship was organised by SACRE during the year but information from other local providers, such as the Diocese of Bath & Wells was circulated to all schools through the newsletter.

The Wire Award - the Widening Diversity in Religious Education (WIRE) award is an opportunity available to all schools in the B&NES SACRE area. To achieve the Wire award a school must:

- Send a teacher to at least one continuing professional development (CPD) opportunity for RE. This could be the conference, or a local RE hub.
- Put on a 'faith day' or a celebration of RE to which a local SACRE member can be invited. Or a school might enter a national RE competition.
- Take pupils on a visit to a place of worship that is not the majority religion of their school. For most schools in B&NES, this will be from a faith other than Christianity.

The Award has been created to further SACRE's priority to encourage mutual understanding of different faiths, and to break down stereotypes and barriers. In the year 24-25, one school (Widcombe Infant School) met the criteria for the award.

3.2 Determinations

The updated guidance on Collective Worship clarifies the legal obligations including the right to withdrawal and explains the rich opportunities that collective worship offers students for spiritual, moral, social and cultural development. It explains that parents do have the option to withdraw their children from collective worship. In addition, if a school believes that it is not appropriate to hold mainly Christian acts of worship, it can seek a Determination from SACRE which will allow it to plan its acts of worship around a system of belief which is other than Christian.

B&NES SACRE recognises that some schools use the term 'assemblies' to refer to daily acts of collective worship, and we acknowledge that what is important is what happens during this time, ensuring that it is inclusive for their particular context and community.

However, the current situation presents some difficulties for SACRE since it is one of our responsibilities to monitor both Determinations and Collective Worship. No Determinations were brought to SACRE (and have not been for many years) and in some instances it is very difficult to understand how the content of 'assemblies' fulfils the requirement of daily acts of collective worship.

The Local Authority/SACRE received no formal complaints about the provision of RE, and there were no requests from schools to vary the legal requirement for Collective Worship. Information for schools on how to do this can be found at: <http://www.banes-sacre.com/collective-worship>

4. Links with Other Organisations

4.1 National Association of Standing Advisory Councils on RE (NASACRE)

The SACRE retains an annual membership of this organisation which provides access to important updates on national issues, training opportunities for SACRE members, and the use of recommended templates for policies and guidance documents.

The annual NASACRE Conference in May 2025 was attended by one member of SACRE (as well as the adviser) who then gave feedback to members at the next SACRE meeting.

4.2 Regional

Two SACRE members attended the online South-West Conference for SACREs in February, which featured a keynote address by Bill Moore on the future of SACREs. A full report on the conference was shared with SACRE members and implications for future SACRE work noted.

Bath and North East Somerset SACRE continued to take part in the regional Learn Teach Lead RE (LTLRE) project, aiming to provide training in religious education, especially through the building of communities of RE teachers across the region. The LTLRE conference ran in June 2025.

A member of SACRE represents the C of E Diocese of Bath and Wells and ensures we are updated on current training available from this source, as well as any updates and news of the SIAMS inspections of local Church of England schools.

The SACRE Adviser has worked closely with both the Diocese of Bath and Wells and other local MATs to ensure high-quality RE is being taught and that up to date CPD is available.

4.3 Local: Learn, Teach, Lead RE

The Bath and North East Somerset Hub is led jointly by Mary Patterson (Hayesfield School) and Paul Marvin (Farrington Gurney Primary school). Hub leaders have access to high quality training and facilitate three Hubs per year aimed at both primary and secondary teachers, and teaching assistants.

Two out of three meetings have happened online and have been mostly well attended. Feedback has been incredibly positive and there is a real sense of a shared RE community in this group with some innovative exciting ideas shared and visits to local places of worship undertaken.

4.4 Local: Faith Communities

We are fortunate to have representatives from a diversity of local Faith communities sitting on SACRE: Baha'i, Roman Catholic, Jewish, Hindu, Muslim and Humanist. We are in the process of approaching those who do not attend regularly to see if they are able to suggest another representative to attend in their place.

The current Secretary of Bath Inter Faith Group sits on SACRE and gives regular updates on local activities, which are circulated. The representation from local faith communities is a useful resource for RE teachers, and will be invaluable as a resource for review of materials in the review of the Agreed Syllabus.

5. SACRE Arrangements

5.1 Organisation and Support

Bath and North East Somerset Council contracts with an RE Adviser who offers professional advice to SACRE, arranges and clerks the meetings, maintains the website, organises monitoring of RE and Collective Worship, and writes the Annual Report. Rebekah Guy began as RE Adviser in November 2023. The contract is with RE Today Services, although they informed us they want to discontinue with the contract from September 2025, and we are hopeful the LA can contract with the RE Advisor directly. This has been confirmed from September 2025.

SACRE has instigated an Action Log to track communications with the LA. It was agreed that the information from the Action Log throughout the year will feed into the SACRE Annual Report which can then report on advice from SACRE submitted to the LA and how it was responded to.

The action log has been particularly useful as a working document for both the Adviser and the LA. For example, it has been used to record recommendations such as schools that might benefit from support with curriculum development or congratulating following an Ofsted inspection or exam results (see 2.2 and 2.3). Other areas that are recorded via the action log are SACRE membership and schools achieving the WIRE award.

5.2 Membership and Recruitment

Chair – Jane O’Hara

Vice-Chairs – Kevin Burnett and Dr Yuktेशwar Kumar

Local Authority link officer – Olwyn Donnelly, Head of Education Commissioning

Further recruitment for representation is needed on all Groups – see current composition below:

Composition of Committee A: 9 members: Bahá’i, Roman Catholic, Methodist, Hindu (2 members), Humanist, Muslim (2 members), Jewish. [Vacancies: Buddhist, Free Churches Group, Sikh]

Composition of Committee B **Church of England**: 2 members: one RE Teacher, one from Diocese of Bath and Wells [vacancy for 2 more]

Composition of Committee C Teachers’ Associations: 2 members: one Learn Teach Lead RE, one from National Association of Headteachers [vacancy for 2 more]

Composition of Committee D Local Authority: 3 members: one Head of Education Commissioning, two Councillors

5.3 Financial Report: 1st April 2024 to 31st March 2025

Expenditure is shown below (Development Plan for 2024-2025 is in Appendix A).

There was a budget of £17,853.50 for SACRE to meet its responsibilities.

Note that we were able to cover the expenditure expected from our Development Plan below, as we had £3,478.50 brought forward from the previous year.

Expenditure

Agreed Syllabus Review & Development	1300
Members' training, expenses, fees & NASACRE subscription	1024
Support for Primary and Secondary Schools	3980
Resource Centre	262.50
Monitoring of RE and collective worship and production of newsletters and annual report	1900
SACRE and Agreed Syllabus websites hosting and management	687
WIRE Award - transport grants	2000
Training for Holocaust Memorial Day	750
Professional fees	5950
TOTAL	17,853.50

Rebekah Guy

SACRE Adviser

November 2025

rebekahguy7@gmail.com

Appendix A: Bath & North East Somerset SACRE Development Plan 2024-25

Priorities	Targets	Payment	Cost £
A. To maintain and develop the Agreed Syllabus and began the review process	i. Clerking tasks: attend and minute agenda-setting and full SACRE meetings; prepare agendas, financial statements and book venues; distribute minutes, agendas and papers to members; liaise with Chair, Senior advisers and Support assistant; correspond with schools, partner and representative organisations; respond to inquiries on SACRE matters. Arrange members' attendance at training events and make payments to schools and members	RG	5950
	ii. To work with the AMV family of SACREs, or other SACREs, in the development of materials and online resources for the Agreed Syllabus (review by September 2027)	RG	1300
Page 12 To improve teaching and learning of RE within the authority	i. To provide support for Primary and Secondary schools, through a choice of activities (requested through the newsletter)	Venue, presenters, admin, schools	3980
	ii. Pro-actively build relationships with schools to act as 'friendly inquisitor' (e.g. meeting with Trust leads through School Standards Board, offering of Governor training)		
	iii. Reactive support for schools (in terms of Ofsted reports, website monitoring, or those raised by local authority). Schools to be offered 2.5 hour diagnostic to look at curriculum and suggest improvements in ordering and sequencing of knowledge.	RG	
	iv. Online training offered to school offering subject knowledge webinars to build teacher confidence in teaching key knowledge and progression.	RG	
	Resource Centre		262.50
	v. To enable B&NES schools to visit places of worship through the	Schools	2,000

	creation of a Travel Grant Fund to which schools could bid for up to £200 funding for Travel costs		
	vi. Increase teachers' self-confidence in combatting antisemitism through training event linked to Holocaust Memorial Day. Hold event with speakers and ideas for teachers	RG, Speakers, venue	750
C To develop the capacity of SACRE to monitor RE, CW, the effectiveness of the Agreed Syllabus and standards of teaching and learning	i. To fill the vacancies on the council		0
	ii. To develop the capacity of SACRE members to participate in the work of the council [Training, NASACRE subscription, travel expenses, room hire]	Members, venues	1024
	iii. To continue the cycle of regular monitoring of RE teaching and collective worship across the authority using self-evaluation and website surveys and to follow-up with schools as required	RG	1000
Page 43	iv. To Inform and update schools about local, regional and national RE developments through the Annual Report and the SACRE website	RG	900
	v. To develop and maintain the SACRE & Agreed Syllabus websites [Sam Cavender £120; SACRE Domain £193; Management £127]	MP / AR / Sam Cavender / Domains	687
	TOTAL Development Plan		14,375.00
	SACRE budget before deductions		15,000.00
	Bath & North East Somerset 'Matrix' fees & charges @ 5%		- 675.00
	Total:		14,325.00
	Brought forward from 2023-24		3,478.50
	TOTAL available for SACRE:		17,853.50

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Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board update for BaNES Council Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

March 9th 2026

BSW Integrated Care Board Five Year Strategic Commissioning Plan

BSW ICB has developed a new five year -year plan setting out how we will further transform health services over the next five years, working as part of a new cluster with Dorset and Somerset Integrated Care Boards.

The plan takes forward the work previously set out in the [BSW Integrated Care Partnership strategy](#), and articulated in our [BSW Care Model](#), and now incorporates the ambitions articulated in the last year's national [NHS Ten Year Plan](#).

It draws on the extensive local conversations held with our communities during the development of the NHS 10 Year Plan and detailed assessment of the health and care needs of our local populations. It focuses on delivering three major national shifts in health and care:

- more care provided in the community rather than hospital
- better use of digital tools
- greater focus on prevention and early support

Specifically, our commissioning intentions for the period focus on the following:

- A more joined-up system, with services commissioned around shared outcomes
- Neighbourhood-level health services, bringing support closer to where people live and strengthening links between the NHS, local authorities and Voluntary, Community and Social Enterprise organisations
- A full review of urgent and emergency care, making it easier to get the right care first time and reducing avoidable hospital admissions
- Improvements in planned, non-urgent care and bringing these services closer to people's communities
- Better use of resources, ensuring the 'BSW pound' goes further and more funding is directed toward prevention and community services
- A consistent digital offer, including use of the NHS App and improved shared health records so people don't have to repeat their story
- Strengthening primary care with improved same-day services for urgent patients, more integration with other services and increased use of community pharmacies
- A stronger focus on prevention, tackling factors such as smoking, obesity and cardiovascular risk, and improving access for groups who experience poorer outcome.

Our commissioning plan was signed off by the BSW ICB Board and submitted to NHS England on Thursday 12th of February.

It was also presented for endorsement to Health and Wellbeing Boards in BaNES, Swindon and Wiltshire during late January and early February along with the boards of our acute hospitals.

Neighbourhood Health in BaNES

Neighbourhood Health is about how health, care, local authorities and community organisations work together around people and communities, closer to where they live. It focuses on prevention, early support and reducing health inequalities, rather than responding only when people reach crisis.

In BaNES, just as in every local authority area across the country, work is underway to develop a BaNES Neighbourhood Health Plan. It will be developed in two stages: the Strategic Plan (likely to be required by April / May) and an Operational Plan (required by September). This is part of a national NHS planning requirement and is being taken forward collaboratively through existing partnership structures rather than creating new programmes.

The plan builds on work already happening locally, including community-based services, voluntary and community sector activity, primary care networks, and local authority-led wellbeing and prevention approaches. The ICB is leading the development of the plan on behalf of the Health and Wellbeing Board and is keen to work with Area Boards to understand what matters to local people.

Progress to date has focused on:

- Agreeing a shared vision and principles for neighbourhood working across B&NES with a multi-agency workshop held on January 29th 2026.
- Using local insight, including Joint Strategic Needs Assessment intelligence and population health data, to understand where neighbourhood approaches can make the greatest difference
- Engaging partners through the Integrated Care Alliance and Health and Wellbeing Board to shape the direction of travel
- Aligning neighbourhood health planning with existing community and wellbeing activity, rather than duplicating it
- Planning for new integrated neighbourhood teams across joining up our community teams, general practice teams, adult social care and other partners including VCSFE sector who will work together to support people with complex needs (for example people who are frail, those who attend ED frequently or who are likely to be admitted to hospital as an emergency). The first stage of these teams goes live in April 2026 and they will continue to develop over the next couple of years.

The BaNES Health and Wellbeing Board remains the formal governance and oversight route for the Neighbourhood Health Plan. Over the coming months, further work will focus on identifying local priorities and setting out how neighbourhood approaches will support healthier communities and reduce avoidable pressure on services. We are keen to work with Area Boards to identify local priorities.

Neighbourhood Health is not about creating a single model for every area. It is about supporting local solutions that reflect BaNES communities, strengths and challenges, while working towards shared outcomes for health and wellbeing.

A programme of public engagement is now underway across BSW to understand what our communities think about our plans for Neighbourhood Health and capture ideas, suggestions and feedback to inform decisions.

The first phase of this programme is focusing on capturing the views of Gypsy, Romany, Traveller and Boater communities and veterans. These communities are often mobile, experience health inequalities and often have difficulties accessing services.

Engagement sessions have taken place with boaters in Bradford on Avon and members of the City of Bath Veterans Breakfast group in Saltford. More sessions are planned over coming weeks including a visit to Carrswood View site in Bath.

Kingfisher Unit update

In partnership with Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust, BSW ICB is the lead commissioner for The Kingfisher. This is a new £20 million, ten bed specialist learning disability and autism inpatient and outreach service located at the Blackberry Hill Hospital site in Fishponds, Bristol. The service is a key part of regional plans to increase specialist inpatient capacity and improve admission pathways across the South West. It represents a modern model of care that focuses on therapeutic environments, shorter lengths of stay and a strong emphasis on recovery, with the aim of supporting people to return to independent living as quickly and safely as possible. Recruitment to the new service is underway and construction had been nearing completion.

Recently, there was a flood at The Kingfisher which has caused significant damage to the building. This is going to delay the completion of the build, its handover and ultimately its opening to patients. This is really disappointing for everyone who has been involved in the project so far, and those who have been preparing to commence work within the new service.

The project team have been working with construction partners since the flood was discovered to get a clearer understanding of how much damage has been caused, and the remedial work required. This is a complex process which has involved bringing in numerous specialists including flood damage assessment experts.

AWP is gathering further information to complete this process which will take several more weeks to conclude. It is essential that this assessment is detailed and thorough and when finalised, it should give us the clarity required to help us plan a revised completion, handover and opening timetable.

Importantly, The Kingfisher Outreach Service has been operational since September. It continues to provide specialist community support for people with a learning disability and autistic people who are at risk of admission in the community. This service helps to mitigate system risk while the remedial work on the building is underway.

Blood pressure roadshows visit Bath

High blood pressure affects around 1 in 3 UK adults with no clear symptoms. It often goes undetected, increasing the risk of heart attack or stroke.

During February and March, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board, working with pharmacy students from the University of Bath and other health teams, hosted drop-in clinics across the local area to offer free blood pressure checks.

The project has helped to raise awareness of the dangers of high blood pressure and furthers our commitment to prevent ill health in all our communities.

The drop-in sessions in Bath took place at Bath Central Library and Bath Sports and Leisure Centre

Executive team appointed to Bath and North East Somerset, Swindon, Wiltshire, Dorset and Somerset Integrated Care Board cluster

Following a comprehensive recruitment process, a new single executive team has now been formally appointed to the new Integrated Care Board cluster across NHS Bath and North East Somerset, Swindon and Wiltshire ICB, NHS Dorset ICB and NHS Somerset ICB.

The new executive team, members of which are listed below, each bring with them extensive skills and experience, which will prove invaluable.

The full list of executive team members is as follows:

- Jonathan Higman – Chief Executive
- Rob Whiteman – Chair
- Alison Henly – Chief Officer Strategic Finance and Resources
- Dr Bernie Marden – Chief Medical Officer
- Shelagh Meldrum – Chief Nursing Officer
- Dr Amanda Webb – Chief Officer for Population Health Improvement
- David Freeman – Chief Officer for Commissioning and Place
- Lucy Baker – Place Director, Bath and North East Somerset and Commissioning SRO for children and young people and maternity
- Dr Dean Spencer – Place Director, Dorset, Commissioning SRO specialised commissioning, ambulance, and contracts
- David McClay – Place Director, Somerset, Commissioning SRO for planned care
- Gordon Muvuti – Place Director, Swindon, Commissioning SRO for mental health, learning disabilities, neurodiversity, and primary care
- Caroline Holmes - Place Director, Wiltshire, Commissioning SRO for community services

The appointments mark the next step in the transition process and will help to continue work towards our shared ambition of bringing three Integrated Care Boards together to become an outstanding strategic commissioning organisation.

Oral health and dental update

BSW ICB remains committed to establishing a network of local mobile dental clinics that will make accessing dentistry easier and more convenient for people living in all parts of Bath and North East Somerset, Swindon and Wiltshire.

Work will start over the coming weeks to begin reviewing key populations to understand which groups of people would benefit most from mobile dental clinics. This review will be done together with colleagues from Local Authorities and supported by strong evidence and insight from local voluntary and community organisations. This will help us make sure the mobile dental unit reaches the people who need it most.

Our Big Brush Club supervised toothbrushing scheme is commissioned by the ICB and supported by BSW's three local authorities and delivered in schools by professionals. It aims to tackle deteriorating rates of oral health among disadvantaged young people. We are awaiting information on current activity and will offer an update at the next meeting.

We can confirm that there is no contractual requirement for promotion in dental practices as per a previous query but this will be reviewed with public health colleagues moving forward to explore any opportunities.

BSW health and care staff vaccination update

Royal United Hospitals (RUH)

RUH has worked proactively to increase vaccination uptake among health and social care worker (HSCW) staff, responding to an ambitious NHSE target to increase uptake by 5 per cent, which they successfully achieved. This was delivered through a coordinated staff vaccination programme focused on equitable access, consistency of offer, and targeted engagement, particularly aimed at staff who may not have taken up vaccination in previous years.

Key actions included:

- Engagement with maternity staff vaccinators, enabling extended hours and weekend vaccination offers
- Evening and roaming sessions targeted at catering and portering staff
- Personalised email follow-ups to non-responders
- Use of internal communications and executive advocacy to broaden awareness and encourage uptake

Outreach and Community Staff Groups

The BSW Vaccination Team works closely with the outreach provider to target staff groups where no established vaccination offer is in place. The outreach team has ongoing projects working with LA teams to ensure education and signposting to vaccine services is clear, focusing on vaccine confidence, alongside planned care home and domiciliary staff clinics.

While the RUH does not hold a full breakdown of individual clinics, across BSW 1,374 care home staff had been vaccinated against flu (as of 4 February 2026) with over 300 staff being vaccinated during roving clinics at care homes and domiciliary settings by the outreach team.

In BaNES specifically, all care homes have been contacted to ensure staff have access to vaccination regardless of GP registration status. This approach has identified a number of previously unvaccinated staff who chose to be vaccinated when offered vaccination in their place of work.

Communications and Access Support

The vaccination team has worked with the BSW communications team to ensure messaging and materials reflect all staff cohorts, including non-clinical staff with close patient contact.

Targeted leaflets for care homes were produced to:

- Confirm staff eligibility
- Reduce barriers to access
- Help prevent up-front costs to individuals, enabling staff to receive vaccination at a time and location convenient to them

Quality Impact Assessments and Equality Impact Assessments related to vaccination programme

The vaccination programme is supported by an overarching EQIA for the entire eligible population. BSW ICB does not undertake a separate QIA specifically to identify staff groups with lower flu uptake.

The EQIA highlights key barriers such as access, awareness and understanding, and vaccine fatigue. Variation in staff uptake is monitored at provider level, with acute trusts using workforce data to identify lower uptake groups and mitigate these barriers through targeted engagement, tailored communications, flexible clinic times and locations, and follow-up with non-responders.

This approach is complemented by the outreach team, who address similar barriers among care home and domiciliary workers, supporting equitable access across the wider health and social care workforce, this work is informed from NHSE data analysis to ensure all staff have access to both vaccine and vaccine information.

In terms of the wider approach to EQIAs in BSW ICB, a template and process guidance documents are in use and these can be shared with panel members if required.

Termination of Pregnancy information

The following update summarises activity across BSW and includes the British Pregnancy Advisory Services (BPAS) and Marie Stopes International. It focuses on the use of early medical abortion (EMA) through telemedicine/pills by post, a service allowing people to receive medication for an early medical abortion (up to 10 weeks gestation) via mail, after a phone or video consultation with a provider. It also includes the number of patients requiring treatment beyond 10 weeks' gestation, and the age profile of people accessing termination services.

BPAS Activity

Early Medical Abortion (Less than 10 weeks)

- 91% of BPAS patients received EMA.
- 1,020 of 1,068 patients were under 10 weeks and treated medically.
- 639 were eligible for, and chose, pills by post.
- Pills-by-post offered only to age 16+; ≤15-year-olds attend face-to-face.

Over 10 Weeks

- 48 patients over 10 weeks required out-of-area travel.
- Surgical treatment locations: Reading, Bournemouth, Richmond (BPAS Swindon does not offer surgical procedures).

Marie Stopes International Activity

Early Medical Abortion (less than 10 weeks)

- 333 telemedicine/pills-by-post abortions (Apr–Dec 2025).

Over 10 Weeks

- 110 surgical terminations.
- Local option: Bristol RTC.
- 6 patients chose to travel elsewhere (personal choice)

Total

The total number of terminations is 817. The breakdown across age brackets is shown below:

Age Range	Number
Under 16	6
16 to 18	13
18 to 24	269
25 to 36	413
36 and over	116

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A single South West Specialist Service



- **The Kingfisher** and **The Brook** operate as part of one South West specialist acute service model
- Shared clinical standards, governance, and pathways across both services
- Consistent approach regardless of geography

Purpose-led admissions



- Admissions are time-limited, therapeutic, and clinically justified
- Focus on assessment, treatment, and stabilisation
- Not long-term placements, substitutes for community provision or short break services

Appropriate admissions only



- For autistic people and people with a learning disability whose mental health needs cannot be safely met elsewhere
- Admission decisions informed by safety planning, formulation, and least restrictive principles
- Aligned with national policy on reducing inappropriate inpatient care

Robust clinical and commissioning oversight



- Regional clinical leadership and quality oversight
- Close working with Integrated Care Boards and community services
- Clear escalation and review arrangements

Discharge planning starts at admission



- Early and proactive discharge planning
- Partnership with community teams, commissioners, and families through a collaborative agreement
- Aim to return people to the least restrictive setting as soon as clinically optimised and safe

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Report on future of BSW long COVID service

BaNES Council Children, Adults, Health and Wellbeing Policy Development and Scrutiny
Panel: 9 March 2026

Report summary

1 Purpose

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) is reviewing the future of its long Covid service in response to significantly declining demand and increasing financial pressures. This paper sets out the context, options considered, preferred approach, and proposed engagement with local communities and scrutiny committees. It seeks the views of the committee on the scale of the proposed change and the approach to engagement.

The committee is asked to consider and comment on:

1. Whether the proposed changes constitute a substantial variation to services.
2. Whether the proposed engagement approach is proportionate.

2 Discussion

Background

Long Covid (post-COVID syndrome) affects a minority of people following COVID-19 infection, with symptoms such as fatigue, breathlessness and cognitive difficulties. While the national prevalence remains uncertain, referrals to the BSW long COVID service have reduced markedly since 2022.

The service, originally established in 2020 and currently delivered by HCRG Care Group, provides assessment, rehabilitation, specialist group programmes and the virtual seven-week Healthy Futures Programme.

Case for change

Referral numbers have fallen to an average of only 20 per month (as of April 2025), and uptake of group programmes is consistently low.

Given the low demand, the current standalone service is no longer considered good value for money.

Options appraisal

The ICB undertook an options appraisal considering clinical quality, value for money, equality impact, patient experience and deliverability. Four options were considered:

- Option A: Retain the standalone long COVID service.
- Option B: Cease the standalone service; integrate all care into existing pathways.
- Option C: As Option B but retain Healthy Futures and group support sessions.
- Option D: Expand scope to wider chronic conditions.

Preferred option

Option C is identified as the preferred option because it:

- Delivers better value for money by consolidating clinical assessment and treatment pathways.
- Retains the Healthy Futures Programme and group sessions, which are valued by patients and provide ongoing support.
- Minimises impact on patient experience while enabling a structured service transition.

The ICB proposes implementing this option initially for 12 months, with a formal review at six months to assess demand, experience and outcomes before making a final decision.

Engagement approach

The ICB plans a targeted four-week engagement period focusing on people with long COVID and those who have used the service. The approach includes:

- Surveys, direct outreach and engagement with patient support groups.
- Communication through ICB channels, system partners and Healthwatch.
- Ongoing monitoring of feedback from correspondence and social media.

Scrutiny committees across BSW will be briefed and their views sought before the engagement begins.

Next steps

- Complete scrutiny committee briefings by end of March 2026.
- Launch engagement in April 2026.
- Analyse feedback and confirm long-term model.
- Implement any changes by Q2 2026/27.

3 Conclusion

Demand for long COVID services in BSW has fallen significantly, and the standalone service no longer represents good value for money. The preferred option maintains key support elements while integrating clinical care into existing pathways. The ICB considers the proposed changes a limited variation in service and proposes a proportionate, targeted engagement process to inform final decision-making.

Report on future of BSW long COVID service

BaNES Council Children, Adults, Health and Wellbeing Policy Development and Scrutiny
Panel: 9 March 2026

1 Purpose of the report

This report sets out to the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel a proposal being considered by Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) for the future of the long COVID service. It describes the context, background and rationale for this proposal, as well as details of planned engagement with local people.

2 Recommendation/proposal

The committee is asked to consider and comment on the proposal for the future of the long COVID services and on the approach to engagement.

3 Background

3.1 About 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 Health and Care 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.

The numbers of people living with of long COVID is uncertain. March 2023 figures from the Office of National Statistics¹ estimated that 1.9 million people living in private households in the UK (2.9% of the population) were experiencing self-reported long COVID (symptoms continuing for more than four weeks after the first confirmed or suspected coronavirus (COVID-19) infection that were not explained by something else).

The University of Southampton published a paper in March 2025² that analysed GP Patient Survey responses from 759,149 patients aged 16 years+ in England, which showed that 4.8% of respondents reported having long COVID, and 9.1% were unsure if they may have it.

There's currently no cure for long COVID and the condition is still being researched.

¹ Office for National Statistics (ONS), released 30 March 2023, ONS website, statistical bulletin, [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK: 30 March 2023](#)

² Woodrow, M., Ziauddeen, N., Smith, D. and Alwan, N.A. (2025), Exploring Long Covid Prevalence and Patient Uncertainty by Sociodemographic Characteristics Using GP Patient Survey Data. Health Expectations, 28: e70202. <https://doi.org/10.1111/hex.70202>

3.2 Long COVID service in BSW

Since May 2020 a long COVID service has been provided across Bath and North East Somerset, Swindon and Wiltshire (BSW). The service was originally commissioned from Wiltshire Health and Care and transferred to HCRG Care Group in April 2025.

The long COVID 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 paediatric services). Referrals to the service are made by GPs or secondary care clinicians.

Following referral, patients are assessed by an allied health professional (typically an occupational therapist or physiotherapist). A full multi-disciplinary assessment can be completed by the long COVID team if required. Individual treatment plans are developed with patients, 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.

As symptoms often align with conditions managed by existing services, patients are often referred to appropriate secondary care services, for example respiratory services, for support with specific symptoms.

In addition, patients are offered a seven-week 'Healthy Futures Programme'. This virtual programme, currently delivered by a clinician in the long COVID team, offers weekly MS Teams session, and covers strategies for managing long COVID symptoms, including fatigue, brain fog, anxiety, physical activity, breathlessness, managing setbacks, diet, and sleep. Anecdotally, we know that the group dynamics usually help patients feel validated, and less alone with their symptoms.

The Long Covid team also facilitate separate group sessions on wellbeing (3 sessions per month), breathlessness (2 sessions) and physical activity (2 sessions) which are available to everyone referred to the service that don't sign up to the Healthy Futures Programme.

3.3 Service demand

From the launch in May 2020 to August 2022, the service received 2,111 referrals (an average of 78 referrals per month).

During 2022/2023, the service received a total of 810 referrals, averaging a referral rate of 67.5 per month, however actual referrals reduced from a peak at 93 referrals in November 2022, down to 33 referrals in August 2023.

The referrals into the service have continued to decline and since HCRG took over the service in April 2025, the referrals received averaged 20 per month.

In November 2023, around 36% of people referred to Healthy Futures accessed the programme, and this has remained consistent since, with around 7 - 10 people in a group.

Current uptake of the group sessions are less than the Healthy Futures Programmes, and demand is between 3 to 8 people on each course, with the breathlessness course running monthly, and the exercise and wellbeing group every other month.

Based on the current level of demand, a standalone service does not offer good value for money. As a result the ICB has decided to review options for the future of the service.

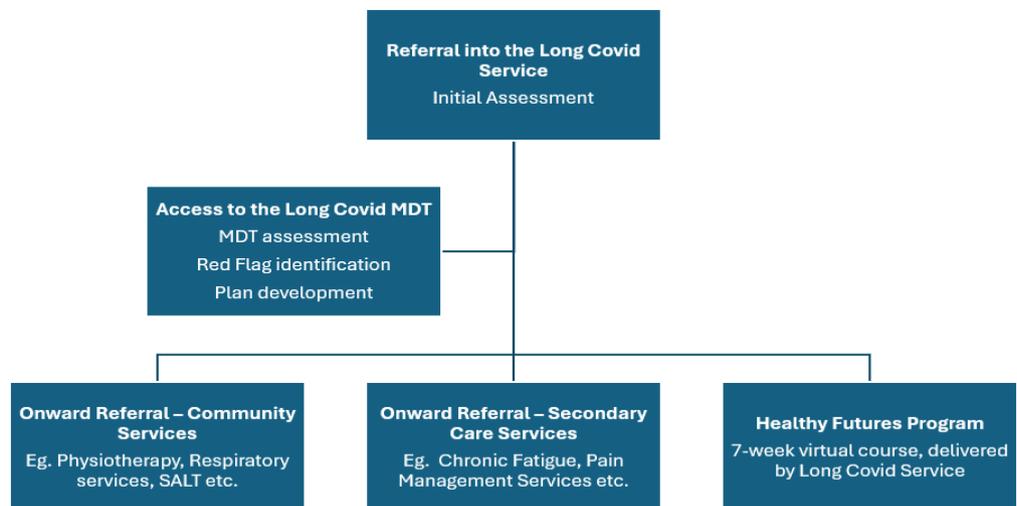
4 Potential options for future long COVID services

BSW ICB has considered four options for the future of the long COVID service. These were:

- **Option A:** Continue a standalone long COVID service (status quo)
- **Option B:** Cease a standalone long COVID service and meet patient needs through existing community services, via a single point of access for referrals
- **Option C:** As for Option B, but also continue to offer long COVID patients access to the Healthy Futures Programme and group support sessions
- **Option D:** Continue the long Covid Service but expand the scope of the service to include other chronic conditions.

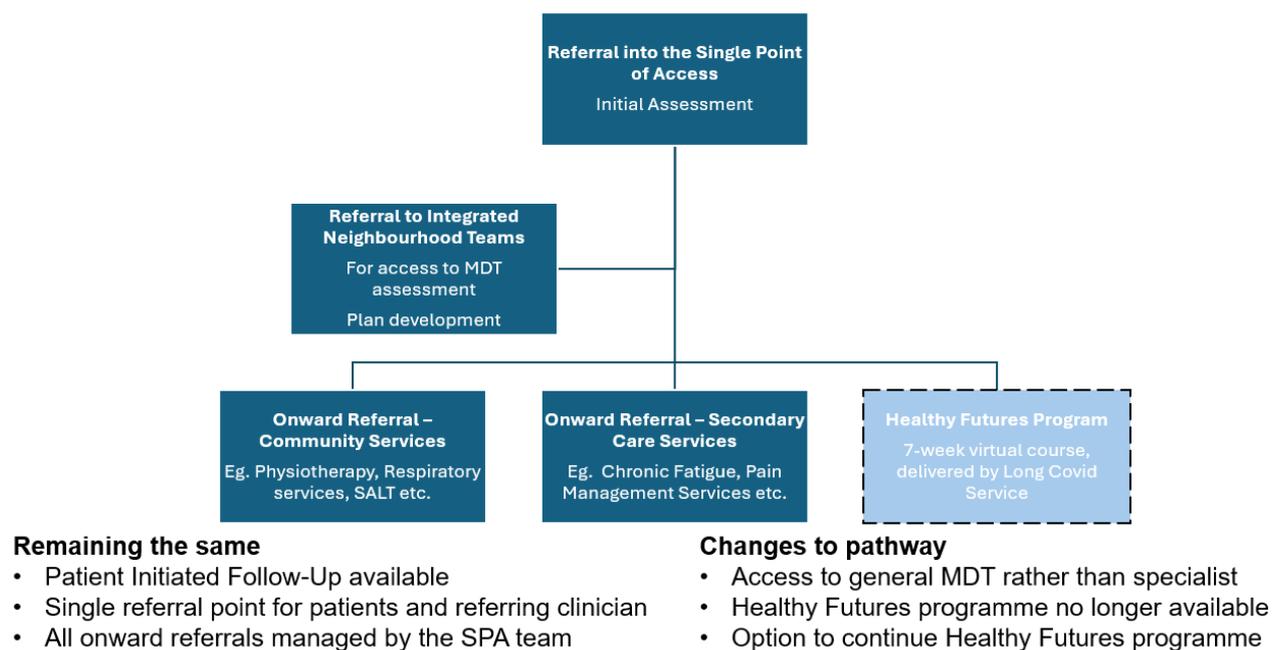
The patient pathway diagrams below provide further detail on each of the four options considered.

Option A: No change to current service

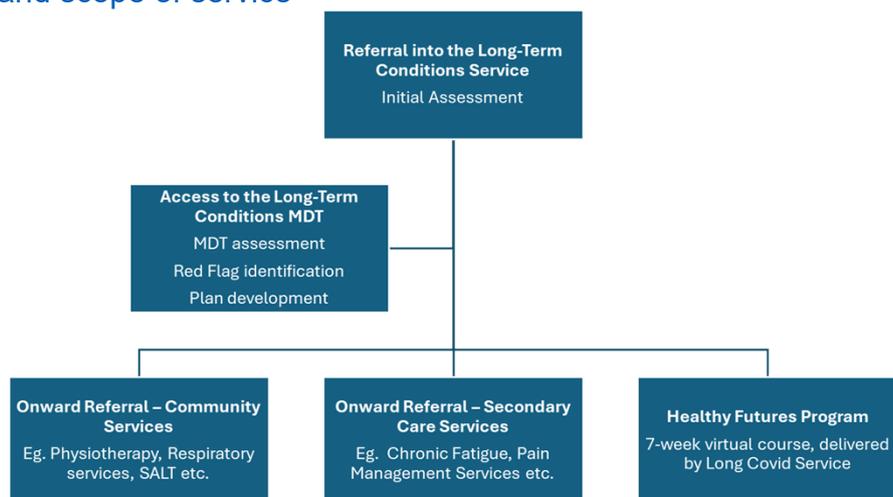


- Patient Initiated Follow-Up available
- Single referral point for patients and referring clinician
- All onward referrals managed by the long covid team

Options B and C: Cessation of current service (with option to continue Healthy Futures Programme)



Option D: Expand scope of service



- Patient Initiated Follow-Up available
- Single referral point for patients and referring clinician
- All onward referrals managed by the long covid team

4.1 Options appraisal including quality and equalities impact assessment

In order to identify a preferred way forward, the ICB has carried out an options appraisal, including a quality and equalities impact assessment. A summary is set out in the table on the following page.

Option	Option A: Continue standalone long COVID service	Option B: Cease standalone service; integrate all care into existing pathways	Option C: Cease standalone service; continue Healthy Futures & group sessions	Option D: Standalone service expanded to other chronic conditions
Benefits	Strongest specialist expertise and clinical quality; clearly defined service for referrers.	Most efficient; reduces duplication; supports sustainable workforce deployment	Preserves valued self management and peer support programmes; supports smoother transition.	Addresses unmet need; holistic MDT rehab; potential system-wide impact.
Alignment with national guidance	Strongest alignment with NHSE/NICE specialist model.	Broadly aligned with integration expectations but loses specialist component.	Strong alignment - integrated model plus structured rehab programmes.	Broadly aligned with wider NHS chronic condition strategy, but beyond Long COVID guidance.
Risks	Underutilisation; higher cost; sustainability and recruitment challenges.	Loss of specialist expertise; loss of group programmes; reputational risks.	Requires retaining skilled staff; small but ongoing funding needed; may be viewed as partial reduction.	Uncertain caseload; risk of diluting specialist focus; increased governance complexity.
Financial consideration and value for money (VFM)	Requires ongoing recurrent funding. Low VFM relative to demand	Lowest cost; only Q1 26/27 funding needed while decision making takes place; no recurrent cost. High VFM.	Low cost. Moderate to high VFM.	Higher cost; requires business case. Moderate to low VFM.
Equality/ quality Impact	Strongest outcomes; lowest risk of unmet need.	Risk of reduced support; mitigated by SPA training and clear communication.	Mitigates isolation and loss of structured support; supports fluctuating conditions.	Likely positive wider impact; improves equity; requires robust governance.
Patient experience impact	Offers strongest specialist experience.	Largest reduction in structured and specialist support.	Retains support groups/ programmes, minimising impact.	Potentially strong but dependent on successful expansion.
Deliverability	Deliverable with redesign and investment; may not be efficient due to low demand.	Highly deliverable; requires transition planning and SPA training.	Moderately deliverable; virtual programmes easy to sustain.	Most complex; dependent on modelling, workforce and mobilisation time.
Overall evaluation	Clinically strong option with highest service quality, but financially least favourable relative to demand.	A financially sustainable option with manageable clinical risk, though patient experience impacts will require close monitoring.	A balanced option offering good value for money while maintaining key elements of support that positively impact outcomes and patient experience. Preferred option.	High benefit, high complexity option with wider system impact but significant financial implications and operational risk.

4.2 Preferred option

Based on the evaluation of the options above, the preferred option is Option C. This is a balanced option that offers good value for money while maintaining key elements of support that positively impact outcomes and patient experience.

The ICB's preferred approach is that this option is initially implemented for 12 months, with a view to evaluating ongoing demand, patient experience and uptake after 9 months, before making a final decision about the long-term future of the service.

5 Approach to engagement

The ICB is proposing to undertake a targeted four week engagement on the proposed change to the long COVID service. The focus will be on seeking the views of people with long COVID and those who have used the long COVID service. We will use surveys, direct outreach and engagement with groups representing those with long COVID. We will also publicise the engagement more widely and seek views from the wider BSW population in recognition that long COVID can affect anyone who contracts the virus, and there may be people living with the condition who have not sought treatment.

The ICB is aware that national and local messaging around vaccination uptake for COVID continue to be a priority for national and local services and there is an important public message that while the pandemic has ended, COVID hasn't gone away. Awareness of the symptoms and impact of long COVID is relatively high across the wider public and within health care staff groups. Our engagement approach is sensitive to these issues and will focus on hearing from those affected by long COVID.

Our proposed engagement approach will be proportionate, targeted and robust and will include:

- Briefing local authority scrutiny committees through written and verbal updates, setting out the rationale for the proposed changes and the approach to engagement, and seeking their views to inform engagement and decision-making.
- Developing a core narrative, key and consistent messages, supported by FAQs and website content to explain the proposed changes to patients, stakeholders and the public.
- A targeted four week engagement period, focused on long COVID patients (but open to everyone who would like to respond), making use of surveys, direct outreach to relevant patient and stakeholder groups, and information-sharing to promote opportunities to respond via the ICB's existing communications channels and via system partner and stakeholder channels i.e. Healthwatch.
- Identifying local long COVID support groups or patient groups working in this area and approaching them about supporting this engagement work. These groups would include Swindon-based Foggys Invisible Illness Support, Long Covid South West Facebook group, Salisbury based Live & Breath support group for people with respiratory conditions, including long covid and the national Long Covid Support organisation.
- Informing wider stakeholders including MPs, system partners, Healthwatch etc about the engagement.
- Learning from other systems approaches to long COVID service provision and engagement, for example NHS Mid and South Essex ICB, NHS Lancashire and South Cumbria ICB and NHS Cheshire and Merseyside ICB

- Reviewing stakeholder and PALS correspondence for references to long COVID services and review related social media discussions.

5.1 Example engagement timeline

The table below shows an example of our anticipated engagement approach over the four week engagement period.

Timeline	Activity
Week 1	Launch engagement process: <ul style="list-style-type: none"> • Publish online survey • Promote through ICB and system partner channels where appropriate • Issue media release
Ongoing throughout engagement period	Promotion through existing and one-off channels of survey and other opportunities to engage Reviewing correspondence, social media and other channels for mentions of long COVID service experiences, feedback and themes.
Weeks 1 to 2	Targeted engagement with patient and stakeholder groups
Week 2	Mid-point review, adjusting approach as needed to address any gaps in engagement/responses
Week 4	Close survey
Week 5-6	Analyse responses
Week 7	Create a report and update programme/board
Week 8+	Update scrutiny committees on outcome of engagement and proposed next steps
Following scrutiny committee meetings	Publicise changes to patients, public and stakeholders

6 Next steps

The ICB is currently briefing the three health scrutiny committees across BSW on these proposals. Once we have met with all three committees to seek their views, we will finalise the proposed options and our approach to engagement.

Our intention is to begin the four week engagement later in April 2026. Once the engagement is completed we propose to update each of the scrutiny committees on the outcome of the engagement and which option (or new option) we intend to implement.

Our expectation is to introduce the new long COVID service by the second quarter of the 2026/27 financial year.

7 Conclusion

Long COVID services in BSW no longer represent a good use of limited resource or value for money. The demand for long COVID care has fallen significantly over the past few years and now just over 200 patients a year across BSW are referred for support.

The preferred way forward for long COVID services in BSW set out in this paper is a balanced solution that offers improved value for money while maintaining key elements of support for patients.

Given the relatively small scale of change being proposed, the ICB believes that the preferred option does not constitute a substantial variation to services, and that the proposed approach to engagement is proportionate considering the limited change to services and number of patients impacted.

The Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel is asked to consider and comment on:

1. The proposed changes to long COVID services and whether, given the scale of proposed change, this constitutes a substantial variation to services.
2. The ICB's proposed approach to engagement with local communities including whether the length of engagement and proposed activities are proportionate.

Caroline Holmes

Place Director, Wiltshire
Commissioning SRO for community services
BSW Integrated Care Board

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Policy Development & Scrutiny Panel – Children & Adults	
MEETING/ DECISION DATE:	9th of March 2026	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Early years & education performance 2024/25 (final SEB publication) and whole systems work to address inequalities in attainment	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		

1 THE ISSUE

- 1.1 This report provides the panel with an overview of early years and school education performance in the academic year 2024-25, and the work underway to address inequalities in educational attainment.
- 1.2 This report's summary of educational performance is derived from the Council's Strategic Evidence Base (SEB) on educational attainment, produced by the Council's Business Intelligence team. The SEB can be reviewed by following the link below.

<https://www.bathnes.gov.uk/strategic-evidence-base-education>

2 RECOMMENDATION

The Panel / Committee is asked to note the following;

- 2.1 Our pupils' overall positive education performance in B&NES early years settings and schools for the academic year 2024/25.
- 2.2 There was a slight improvement in KS2 educational outcomes for Free School Meal (FSM) eligible children during the academic year 2024/2025. However, the attainment gap between free school meal pupils in B&NES and nationally is significant: 36% of B&NES FSM pupils achieve the expected standard in reading, writing, and maths, compared to 48% nationally.

- 2.3 Unfortunately, performance in the Early Years Foundation Stage has dropped after a significant improvement last year.
- 2.4 Children with SEN Support and an EHCP perform better in all key stages than regional and national averages.
- 2.5 Local Authority Officers continue to collaborate strategically with schools, partners, and the DFE Regions Group to improve educational outcomes for all pupils in B&NES. The DFE Regions Group are in attendance today to provide an overview of their role with academies and the work they do to address academy and trust performance.
- 2.6 The Local Authority remains committed to delivering initiatives with education settings to enhance outcomes for Free School Meal (FSM) pupils. Our efforts focus on the early years, where the LA can have the most impact. This year's budget includes additional funding to expand the delivery of our Language for Life programme, now extended to more early years settings, and to provide targeted support for transitions from nursery to school.
- 2.7 The Local Authority also remains committed to tackling factors outside of education settings that contribute to the attainment gap, including the whole-systems work undertaken over 2025/26 and the work planned for 2026/27.
- 2.8 Support the ambitions of the work by considering opportunities to champion the work underway.

3 THE REPORT – SUMMARY

Early years & education performance 2024/25

- 3.1 Pupils in B&NES attained higher grades than regional and national figures at all stages of education, except at Key Stage 2 (KS2), where attainment remained in line with national averages.
- 3.2 In the Early Years Foundation Stage (EYFS), the percentage of children reaching a good level of development increased to 73%, higher than regional and national averages.
- 3.3 Key stage 2 performance for all pupils in the combined reading, writing and maths (RWM) was higher this year, rising from 60% to 63%, higher than the southwest average of 60% and in line with the national average of 63%.
- 3.4 In previous years, B&NES pupils have made good progress between KS2 and Key Stage 4 (KS4). However, for this academic year, the details of this progress for this cohort are not available, as they did not sit KS2 examinations due to the COVID-19 pandemic.
- 3.5 Key stage 4 attainment in grades 9 -5 English and Maths and in Attainment 8, though slightly down from 2023/2024, is once again higher than regional and national averages. This is to be commended.
- 3.6 B&NES A Level results were higher in all measures than regional and national measures.

- 3.7** Girls performed better in Key Stage 2 than boys and in the KS4 Attainment 8 measure, but for the first time since 18/19, boys did marginally better than girls in KS4 grades 9 -5 English and Maths.
- 3.8** Children with SEN support needs and those with an EHCP performed better than all regional and national averages in all Key stages. Particularly in KS2, where 35% of children identified with SEN achieved the expected standard in RWM, compared to 29% nationally. 12% of children with an EHCP achieved the expected standard in RWM, compared with 9% nationally.
- 3.9** Attainment in B&NES is lowest in the Black and Other ethnic groups at all stages of education and remains below national levels at KS2 and KS4. In KS2, 53 % of Black pupils achieved the expected standard in RWM, compared to 63% nationally. The gap reduces in KS4, with 39% of black pupils attaining grades 9-5 in english and maths, compared to 43% nationally. Whilst numbers in these cohorts are relatively low, this is a trend seen for a number of years.
- 3.10** In 2024/25, there was a slight improvement (4%) in the percentage of FSM children meeting the expected standard in Reading, Writing and Maths from 33% to 36%. However, B&NES remains significantly below the national average of 48% for this cohort of pupils.
- 3.11** When in secondary school, our FSM cohort does make much better progress. Whilst outcomes for this group of pupils in KS4 have previously been in line with national outcomes, this year they have fallen slightly below the national average. However, the progress this group makes in our secondary group is significant.

Whole systems work to address inequalities in attainment

- 3.12** There is a strong moral, socio-economic and strategic case for addressing inequalities in education attainment. We know that education attainment has broad benefits for wealth, health and happiness and so improving the attainment of disadvantaged pupils delivers substantial long-term economic and social returns. Addressing this inequality also speaks directly to our corporate commitment to improving residents' lives, and especially those most at risk of being left behind.
- 3.13** As was reported at the PDS Panel meeting in March 2025, work is underway to address the drivers of the educational attainment gap by both working with education settings and by addressing drivers outside of education settings. We know that both education settings and the wider environment in which children and young people grown up in matter and therefore, that a whole systems approach to addressing the education attainment gap is required.
- 3.14** Addressing the attainment gap is a shared responsibility and B&NES Council has an important role in leading a whole-systems approach to addressing the attainment gap by addressing the root causes across Council services, coordinating place-based action with partners, and aligning resources.

Public Health research and report

- 3.15** At the previous PDS Panel meeting, Public Health presented a report that set out why a whole systems approach to reducing the attainment gap is important and

key findings of research undertaken to better understand the drivers - outside of education settings - for the attainment gap in B&NES. Research included exploring the data, published evidence, and conversations with over 60 professionals working with young people in B&NES and young people themselves. The research and report were subject to a discussion with Professor Sir Michael Marmot in March 2025 and Sir Marmot endorsed the approach we are taking.

3.16 The research identified ten core drivers outside of education settings that are contributing to the attainment gap. Articulated as strategic goals these are as follows:

- Support families living in poverty to access and thrive in good work (aligned with the cross-cutting driver of poverty)
- Ensure sporting, social and cultural capital for all
- Advance social mobility and aspiration
- Increase engagement with services
- Improve the home learning environment
- Improve the home social environment
- Improve family and education setting relationships
- Improve the prevention and early intervention offer
- Ensure a comprehensive system wide approach to supporting mental health and wellbeing needs
- Improve community cohesion, inclusion and equality

3.17 PDS Panel members provided some helpful feedback and supported the whole systems approach recommended.

Work undertaken during 2025/26

3.18 Action plan: A B&NES Council action plan is currently being implemented, which takes action to address the core drivers highlighted above. Actions are led by Heads of Service and action leads across the Council, including in teams within the Place, People and Resources directorates. The actions seek to reduce education inequality across key stages and age groups, though priority actions focus more on addressing early years and key stage 2 inequality as this is where the inequalities are greatest and investment in these stages will benefit later stages. The Be Well B&NES Steering Group currently monitors progress made against the action plan. See **B&NES Council Action Plan** attached.

3.19 Securing financial investment: Public Health developed a business case to recommend investment in key areas that will help to address the education attainment gap. A growth request has subsequently been included in the 2026/27 budget which would enable the recruitment of a post to help drive forward action on education inequalities, funding to sustain and strengthen projects already delivering measurable progress (e.g. action learning sets with education settings and Language for Life), and funding for low cost pilots designed for rapid testing, with minimal financial risk, and scalable impact based on effectiveness. Other key areas recommended for investment are being funded through national Best Start and Family Hub funding. These include a Family Hub in Bath West, language for life toolkits, a Get Set for Schools Transition Programme pilot, and funding for Sunshine Circles in early years settings to support children with higher social and emotional need.

3.20 Work with systems partners: Action on education inequalities needs to take place across the wider system and so working with our system partners is crucial. In June 2025 B&NES Council held a conference to share good practice in addressing the attainment gap, with guest speakers presenting and schools sharing case studies. The Multi Academy Trusts have established a B&NES Disadvantaged Network Group to focus MAT efforts, particularly in relation to early years and transition, and a current focus of the Bath Education Partnership (a partnership of head teachers across state and privately funded schools in Bath) is to address the attainment gap. A Mayor of Bath research residency is also being undertaken with the University of Bath, with two PHD students undertaking a 3-month research project on education attainment inequalities.

3.21 Alignment with other key programmes: There is clear alignment between a whole systems approach to reducing the attainment gap and the Best Start in Life Strategy, Best Start Family Hubs, the Family First Partnership Programme and wider system work on neighbourhood health and prevention. Addressing the root causes of the education attainment gap requires investment in approaches and interventions that are important in all of these transformation programmes. This includes for example, a focus on early intervention and support to prevent problems from escalating, a family-centred approach, multi-agency collaboration and integrated services, and the need to target support for families (and in places) that are most vulnerable or facing challenges. As well as informing the work on Best Start and Family Hubs, the education attainment work is also informing other programmes of work, including Local Plan and social infrastructure requirements (e.g. need for places youth services can be delivered in), the delivery of Plans such as the Cultural Development Plan (e.g. taking cultural offers to communities and families that don't usually engage), and WECA's Child Poverty Action Plan.

Planned work for 2026/27

3.22 During 2026/27 the focus will be on continuing to implement the B&NES Council Action Plan, maximising use of additional investment, and aligning the capacity of system partners so that we are making best use of our resources to address education inequality collectively. Another event will be held to support the coming together and mobilisation of wider system partners.

4 CLIMATE CHANGE

4.1 This report contains information on academic outcomes in our early years, primary and secondary schools. No climate issues have been identified in the production of this report.

5 OTHER OPTIONS CONSIDERED

5.1 No other options have been considered for writing this report.

6 CONSULTATION

6.1 This report has been developed with the input and consultation of B&NES Council's Business Intelligence team. The research that informs the whole systems work on addressing the attainment gap is informed by qualitative interviews and focus groups with over 60 professionals that work with children and young people in B&NES and young people, and including care leavers.

7 EQUALITIES

7.1 An equality impact assessment has been completed and submitted to support this paper. This report reveals several areas where academic outcomes highlight inequalities between different groups of children in Bath & North East Somerset. The evidence in the SEB will continue to inform several work streams to address inequalities in outcomes and disproportionality in negative outcomes strategically.

Contact person	Chris Wilford - christopher_wilford@bathnes.gov.uk Amy McCullough – amy_mccullough@bathnes.gov.uk
Background papers	https://www.bathnes.gov.uk/strategic-evidence-base-education B&NES Council Action Plan to address the attainment gap: summary version
Please contact the report author if you need to access this report in an alternative format	

B&NES Council whole systems action plan to address education attainment inequalities: summary of actions

1. Strengthen Prevention, Early Intervention & Family Support

- Prioritise prevention and early-help budgets.
- Refresh Early Help pathways and integrate learning from Sure Start into Family Hubs.
- Strengthen system-wide social and emotional wellbeing approaches, including trauma-informed practice.
- Implement revised Public Health Nursing specification (named health visitors and school nurses).
- Expand Community Wellbeing Hub (CWH) as family front door; improve referral pathways and digital/AI access.
- Support NEET prevention via WECA bids; use exclusion panel insights.
- Coordinate social value actions for care leavers.
- Minimise use of temporary/B&B accommodation for families.
- Enable trusted professionals to support readiness, attendance and engagement.

2. Improve Access to Sporting, Social and Cultural Capital

- Embed attainment-gap priorities in Cultural Development Plan and leisure/physical activity planning.
- Build cultural social-prescribing pathways; enhance targeted cultural outreach.
- Expand work experience and volunteering in culture/heritage for FSM+.
- Develop Fashion Museum outreach post (subject to funding).
- Map and improve leisure offer for FSM+; embed inequalities focus in Physical Activity Plan.
- Create leisure-sector training and placements for FSM+; gather insight and co-design improvements.
- Encourage social responsibility in external leisure/sports providers.
- Improve HAF access; share digital wellbeing/screen-time resources.

3. Support Parental/Carer and Schools Engagement & Improve Attendance

- Map trusted professionals supporting families; strengthen multidisciplinary support.
- Use exclusion-panel learning to identify determinants of absence/exclusion.

To note: Other actions such as those focused on transport also support attendance

4. Create Inclusive, Healthy & Supportive Communities

- Embed FSM+ outcome expectations into project management.

- Enhance socio-economic lens of Sustainable Economies decision wheel.
- Ensure Local Plan prioritises thriving communities.
- Update S106/CIL approaches to fund community/youth infrastructure.
- Improve parks in deprived areas; deliver GI Framework actions.
- Deliver community events and regeneration to enhance cohesion and opportunity.

5. Improve Access to Services & the Home Learning Environment

- Expand Community Wellbeing Hub & Live Well, including AI navigation and multi-family referral systems.
- Improve professional awareness of CWH/Live Well.
- Strengthen library offer: reading, school readiness, digital access, quiet study spaces.
- Promote high-quality housing and social broadband tariffs; embed child-friendly design in planning.
- Expand automatic FSM enrolment, breakfast club access, and oral-health programmes.

6. Advance Social Mobility, Aspirations & Pathways into Work

- Use procurement/social value to encourage opportunities for FSM+/care-experienced young people.
- Strengthen apprenticeships, work experience, and 14–18 pathways with partners.
- Quantify missed economic potential associated with attainment gap.
- Ensure Employment & Skills leadership sits on Bath College Board.
- Bid for WECA Careers Hub funding; expand widening participation work with universities.
- Work with Future Ambitions Board on determinants of the attainment gap.

7. Make Transport Work for Children & Learning

- Review after-school club access and transport alignment.
- Explore resource-sharing with private schools (e.g., minibuses).
- Map community transport assets for shared-booking model.
- Make the case to WECA to align timetabling, routes and concessions with school patterns.
- Use The Hub for transport communications to education settings.
- Develop active-travel behaviour-change programmes for families.

Equality Impact Assessment / Equality Analysis

(Version 4)

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Item name	Details
Title of service or policy	Early years & education performance 2024/25 and whole systems work to address inequalities in attainment
Name of directorate and service	Education & Public Health
Name and role of officers completing the EqIA	Chris Wilford & Amy McCullough
Date of assessment	25th February 2026

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

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

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

Key questions	Answers / notes
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<p>This is a report on education performance in B&NES early years settings & schools and the whole systems work to address inequalities in attainment.</p> <p>The report is informed by the Local Authorities (LA) Business Intelligence (BI) Team's Strategic Evidence Base (SEB) on educational attainment, and the public health led research on the attainment gap. SEB: https://www.bathnes.gov.uk/strategic-evidence-base-education</p> <p>The report aims to inform Policy Development & Scrutiny (PDS) of the academic progress and attainment of children and young people in our schools, and work underway to address inequalities in attainment. The report is used to assist Cllrs and Officers in understanding where children do well, where attainment could be improved, and work underway to support this.</p> <p>An intended outcome of the work on education inequality is to reduce the attainment gap experienced by children and young people in B&NES that are defined as disadvantaged.</p>

<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? 	<p>This report is produced annually. It is not a statutory requirement. However, it is of significant interest to the Council to understand the performance of early years and education settings by key stage, and to focus on where performance for certain groups of children and young people is an area of concern.</p>
<p>1.3 Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>There is alignment with a number of other programmes and including Best Start in Life Strategy, Best Start Family Hubs, the Family First Partnership Programme and wider system work on neighbourhood health, prevention, and child poverty.</p>

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
<p>2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?</p>	<p>Cllrs received mandatory equalities training in 2023, and Council Officer's undertake equalities training. The Business Intelligence (BI) team produces the Strategic Evidence Base (SEB). In line with the Council's priorities around equality and supporting disadvantage, the BI team has focused on areas/groups of children and young people who do not perform as well in our early years settings and schools. The public health team led work included a focus on understanding the needs of diverse groups. The equalities officer has provided advice and support on this assessment.</p>
<p>2.2 What is the equality profile of service users?</p>	<p>The SEB has a section on the demography of our population in B&NES. The school performance results in B&NES apply to all children attending a B&NES early-years or school setting. A breakdown of the profile by gender/special educational needs & disabilities (SEND), ethnicity and free school meals (FSM) is available on our published SEB.</p> <p>https://www.bathnes.gov.uk/strategic-evidence-base-education</p>
<p>2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there</p>	<p>No surveys have been undertaken to inform this EIA specifically, though in-depth qualitative work was undertaken with professionals and young people in B&NES to inform the attainment inequalities work and this was reported on at PDS Panel in 2025.</p>

any gaps? Or differences in experience/outcomes?	
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	None undertaken for this EIA specifically, though as above, the work programme is informed by qualitative work with professionals and young people as reported to PDS Panel in 2025.
2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?	Not for this report or EIA, though engagement activities will continue take place as part of the wider programme of work on education inequalities and equality considerations will inform the approach and methodology used.

3. Assessment of impact: 'Equality analysis'

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

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

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	The LA provides a range of early help and preventative services to support all children and young people in engaging in their early years and educational establishments from the earliest opportunity.	

	<p>All education settings have access to a form where they can report all Serious Equality Incidents and request additional advice from Equalities Officers in B&NES: https://www.bathnes.gov.uk/report-serious-equalities-incident-service-staff</p> <p>The education attainment inequalities work has a focus on reducing inequalities for those children and young people that are defined as disadvantaged, which includes pupils eligible for free school meals in the last 6 years and care experienced children. Equity and intersectionality are important considerations within this work.</p> <p>.</p>	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The LA works alongside MATs and DFE Regions groups to develop strategies to improve outcomes in focused areas. A future focus will be boys performance in Maths at KS2.	The data show that girls outperform boys in educational outcomes across key stages. This is a national picture. Overall, boys' and girls' educational outcomes in B&NES are better than the regional and national averages.
3.3 Pregnancy and maternity	We have no data in this area. However, when the LA is notified of teenage pregnancies, the LA/School nursing provides advice, support and guidance to schools on their legal duties.	No current local data is available in this area.
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	No data on the educational outcomes from this group is available from our SEB. Nor does the Department for Education (DFE) produce this data.	No data on the educational outcomes from this group is available from our SEB. Nor does the DFE produce this data.
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of	The LA provides additional resources through Education, Health and Care Plans (EHCP) funding/inclusion support funding, the provision of SEND services, Education	The performance of children and young people with SEND is broadly in line with regional and national averages.

physical, sensory and mental health needs/differences)	Psychology, Early Years Area Special educational needs co-ordinators (SENCOs)/Portage, and Children's centres to assist children with SEND in their Education. B&NES special schools are rated as Good by OFSTED	The Local Authority is investing additional capital to develop additional resource bases to ensure that we have enough specialist placements for children with SEND.
3.6 Age – identify the impact/potential impact of the policy on different age groups	The LA is engaged in several initiatives to support schools to develop strategies to improve outcomes for children in the early years and in primary school. E.g. Primary Empowerment Project & Language for Life and Improving Disadvantage Educational Outcomes Project	The educational outcomes are broken down into relevant key stages and examinations. Outcomes in B&NES for FSM Early Years Foundation Stage (EYFS) & Key Stage 2 children are below national averages.
3.7 Race – identify the impact/potential impact on across different ethnic groups	The Council undertakes several work streams to support the improvement of educational outcomes of Ethnic minority children and young people in B&NES schools; this includes commissioning the Black Families Education Support Group, Stand Against Racism & Inequalities (SARI) and the promotion of the Race Equality Charter Mark. A focus of the education attainment inequality work going forward will be race as specific ethnic groups (whilst low numbers) do less well and this has been an ongoing trend.	Education outcomes for children from ethnic minority groups in B&NES schools are below those of their peers regionally and nationally.
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	No data on educational outcomes by sexual orientation is available in the SEB. Nor does the DFE produce this data	No data on educational outcomes by sexual orientation is available in the SEB. Nor does the DFE produce this data
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	NA	NA

<p>3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.</p>	<p>No data on educational outcomes by religious belief is available in the SEB. Nor does the DFE produce this data</p>	<p>No data on educational outcomes by religious belief is available in the SEB. Nor does the DFE produce this data</p>
<p>3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).</p>	<p>The LA is engaged in several initiatives to support schools in developing strategies to improve outcomes for children in the early years and in primary school. E.g., the Primary Empowerment Project & Language for Life and Improving Disadvantaged Educational Outcomes Project.</p> <p>The education attainment inequalities work has a focus on reducing inequalities for those children and young people that are defined as disadvantaged, which includes pupils eligible for free school meals.</p>	<p>Educational outcomes in B&NES for FSM EYFS & KS2 children have improved this year, they still remain below national averages. However, FSM outcomes improve in KS4, and attainment is broadly in line with the national average.</p>
<p>3.12 Rural communities* identify the impact / potential impact on people living in rural communities</p>	<p>The SEB does not break down education performance by geographical location</p> <p>The education inequalities has ensured a focus on attainment in rural as well as urban areas to better understand barriers related to place. The qualitative work included engagement with professionals and young people in rural settings/areas.</p>	<p>The SEB does not break down education performance by geographical location.</p>
<p>3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed</p>	<p>No education data is available for this group.</p>	<p>No education data is available for this group.</p>

<p>Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, Education and healthcare (to remove disadvantage and consider special provision).</p>		
<p>3.14 Care Experienced *** This working definition is currently under review and therefore subject to change:</p> <p>In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.</p>	<p>The educational performance of our care-experienced cohort is reported separately as part of our virtual school annual report to corporate parenting.</p> <p>The education attainment inequality work includes a focus on those that are care experienced as well as those on free school meals.</p>	<p>The educational performance of our care-experienced cohort is reported separately in our virtual school annual report to corporate parenting.</p>

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

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

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

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

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

Issues identified	Actions required	Progress milestones	Officer responsible	By when
<p>This broad and complex issue requires the collaboration of several partners, including the Southwest Regions group and trust leads.</p> <p>The LA continues to support initiatives to help schools and multi-academy trusts develop strategies to narrow the FSM attainment Gap in the Early Years & KS2.</p> <p>There are broader socio-economic factors that drive educational disadvantage, which the Council can influence.</p>	<p>Continued delivery of targeted interventions to support early years settings and schools. Including Early Years support, Targeted CPD and Support for 7 schools through St Johns</p> <p>The Council has developed a council-wide action plan to tackle educational disadvantage, led by Public Health. Work with system partners to mobilise collective capacity is planned for 2026/27.</p>	<p>Schools and early years settings are engaged in all available initiatives supported by the LA and the South West Regions Group.</p> <p>The B&NES Council Action Plan is being implemented.</p>	<p>Chris Wilford</p> <p>Amy McCullough, Consultant in Public Health</p>	<p>On-going</p> <p>Ongoing (Action Plan is for 2 years initially)</p>

5. Sign off and publishing

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

Signed off by:

Chris Wilford

(Divisional Director or nominated senior officer)

Date:

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	9th March 2026	EXECUTIVE FORWARD PLAN REFERENCE: <i>[Cabinet reports only]</i>
		E 9999
TITLE:	Children’s Services Sufficiency Programme	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption</p>		

1 THE ISSUE

- 1.1 At the request of members, this briefing sets out the issues relating to placement sufficiency for Children in our Care, and the plans to address these through the work of the Bath and North East Somerset (B&NES) Children’s Services Sufficiency Programme which launched in 2024.

2 RECOMMENDATION

- 2.1 The Policy Development and Scrutiny Panel is asked to consider and note the work of the Sufficiency Programme Board.

3 THE REPORT

- 3.1 The Local Authority is required to publish on its website, a Sufficiency Statement each year. Statement looking back at market conditions and achievements in 2025/26 is being produced and will be published shortly. We are also taking a more strategic approach and are producing a multi-year ambitious strategy through the work of the sufficiency programme in 2026.
- 3.2 The Sufficiency Programme Board (The Board) was established in Quarter 3 of 2025/26 to provide governance in addressing four key areas of sufficiency in children’s services: fostering, residential children’s homes, provision for disabled children and accommodation for young people aged over years. The Board is jointly chaired by the Assistant Director for Transformation and the

Assistant Director for Children and Young People's Services, and reports into the Children's Transformation Steering Group. The Sufficiency Programme consists of four workstreams:

(1) Fostering

- 3.3 The project aims to review the existing cohort of children and young people in foster care to understand their needs and their reasons for being in foster care. It will also review existing foster care provision, including geographical location, costs, accessibility, needs it can meet, capacity and availability of carers. Finally, it will look at the current offer to foster carers, how this offer compares across our neighbouring authorities and how this could be maximised to improve recruitment and retention.
- 3.4 The project will use this analysis to forecast needs for foster care in the future, and will support, if indicated, the delivery of a business case to further support the recruitment of in-house foster carers for looked after children in B&NES. It will also develop a policy, process and business case for housing alterations for foster carers, to increase the number of children and young people they can support.
- 3.5 Deliverables for this workstream include:
- Development of a strategic needs assessment that assesses the needs of children in foster care and supported lodgings, the existing cohort of in-house foster carers and supported lodgings, and the Independent Fostering Agency (IFA) market, including those commissioned by B&NES to ensure that we are achieving Best Value.
 - A review of our strategy and process for recruiting foster carers and supported lodgings carers through end to end mapping of the current process. Following this, a business case will be developed recommending changes to the process to improve customer experience and recruitment rates and reduce the cost of recruitment.
 - The development of a forward-looking plan outlining future fostering and supported lodgings requirements, including targeted recruitment for specific cohorts (for example, children currently in residential care with a plan to move to foster care), projected demand for in-house foster carers and supported lodgings provision, and a corresponding recruitment strategy to meet these needs.
- 3.6 Specific areas of work that are currently progressing through the fostering workstream are:
- A policy to support housing alterations for existing foster carers has been written and has been agreed in principle by Cabinet at its meeting on 12th February 2026, with full implementation expected by 1st April 2026. This approach provides opportunities to increase the capacity of our existing foster carers.
 - A review of the Council Tax reduction scheme for foster carers is currently underway. This work will assess how competitive the B&NES offer is in comparison with neighbouring authorities. Should the review

identify that our provision is less favourable, further work will be undertaken to develop a case for aligning the local Council Tax rebate with that of comparable local authorities. Strengthening this offer has the potential to support improved recruitment and retention of foster carers.

- A business case is being developed to align special guardianship allowances (financial support provided to special guardians who take on long-term care of a child under a special guardianship order) with fostering allowances. This work aims to ensure that financial considerations do not prevent children from achieving permanency within their wider family networks.

(2) Residential Children's Home

- 3.7 This workstream aims to review the existing cohort of children and young people in residential care to understand their needs and their reasons for being in residential care. It will also review the existing residential care provision, including geographical location, costs, accessibility, needs it can meet, capacity and available free capacity.
- 3.8 The workstream will use this analysis to forecast projected needs for residential care, and will support, if indicated, the delivery of a business case to develop and deliver in-house residential capacity for children in care in B&NES.
- 3.9 Deliverables for this workstream include:
- An assessment of the current need for residential placements for children in care, and what the anticipated future need will be.
 - An assessment of the current usage of residential placements.
 - A Best Value assessment of developing and operating an in-house children's home.
 - A review of the approach to working with the provider market.

(3) Resources for disabled children (primarily short breaks and Direct Payments)

- 3.10 This workstream focuses on ensuring that disabled children and their families have access to appropriate, high-quality short breaks and direct payment support. Local authorities have a statutory duty under the Children Act 1989 and the Breaks for Carers of Disabled Children Regulations (2011) to provide a sufficient short breaks offer for eligible families. A strategic needs assessment will be completed over the next six weeks to set out the current position in B&NES and identify future requirements. This assessment will ensure that all eligible children and families can access a varied, flexible and sufficient short breaks offer, supported where appropriate through direct payments

(4) 16+ support and care leavers accommodation

- 3.11 This workstream aims to review the existing cohort of children and young people aged 16 years plus, to understand their needs and equalities profile. It will also review 16+ accommodation provision, including geographical location,

costs, accessibility, needs it can meet, capacity and available spaces. The workstream will consider improvements in recruitment and retention of supported lodgings carers. Finally, it will look at the current accommodation offer to young people who are care experienced, working closely with colleagues in Housing.

- 3.12 The workstream will use this analysis to forecast projected needs for 16+ accommodation and will develop a plan to meet those needs.

Profile of children and their placements

- 3.13 A strategic needs assessment has been completed as part of the Sufficiency programme, the headlines from this assessment are set out below:

- (1) B&NES is generally providing good-quality care for its looked-after children. Ofsted (June 2025) rated services “Good” across all domains, confirming safe, suitable placements and timely permanence planning. However, the overall cohort continues to grow, with the number of children in care increasing at a slightly faster rate than that of our statistical neighbours. Unaccompanied Asylum Seeking Children (UASC) make up 10% of the cohort, rising to one third of all care leavers in the post-16 cohort.
- (2) While many children experience stable placements, there are areas of focus for Children’s Services around placement stability and missing from care episodes. Education outcomes are positive in the early years and at Key Stage 2, but more mixed at Key Stage 4, where a very small cohort and placement disruptions have affected results. Attendance is broadly strong for children in care at 88%, but persistent absence remains an issue for some. We have 28 pupils with persistent absence (below 90%) and 14 with severe absence (below 50%). Of the severely absent pupils, 3 had reduced attendance caused by placement breakdowns and long-distance moves, 3 showed an upward trajectory over the year (1 UASC, 1 transition to special, 1 Education Health Care Needs Assessment), 1 remains at severe absence, and the others have complex family and care arrangements which are currently impacting their ability to access education. Health checks are completed, but there is further work underway to aggregate data on children’s physical, emotional, or mental health outcomes to provide a clearer picture on compliance with health checks so that the service can focus on any identified areas of improvement.
- (3) Within B&NES, children and foster carers generally benefit from strong fostering support, trauma-informed training, and most young people progress into their chosen post-16 destinations. There are no permanent school exclusions for children in care, and suspensions are low. Community organisations play an important role in supporting UASC to integrate locally providing services such as collaboration with national charities like the Refugee Council and Asylum Aid, while local volunteer groups such as Bath Welcomes Refugees provide additional assistance with English lessons, housing, and social activities. Areas of focus for the senior management team relate to placement stability, the completion of timely and high quality, return-home interviews after missing episodes, culturally appropriate placements for UASC, and high levels of complex needs that put pressure on specialist education and therapeutic provision.

3.14 The table below sets out some further detail on the number of children we care for and the type of care arrangement they are in.

3.15 It is important to note that in B&NES there are currently no children placed in unregistered residential children's homes; this has been a priority area of work over the past year to achieve this.

	Number of children (as of 26th February 2026)
Total Children in Care	228
Children in Foster Care placements	87
Children in Kinship Foster care	48
Children in residential care (including residential schools)	49
Children placed with parents	7
Young people in 16+ provisions	28
Unregulated kinship care arrangements (overseen by the Assistant Director on a weekly basis). <i>See additional paper for details on the BANES Unregulated placement policy.</i>	3
Remanded in secure accommodation	1
Parent-child residential placements	2 babies
Placed with adopters	3

3.16 For those children in **residential care**;

- 4 children are living less than 5 miles from their parents' home address,
- 15 children are living within 20 miles of their parents' home address,
- 5 children are living 20-50 miles from their parents' home address.
- 22 children do not have the distance in miles recorded, however their homes are located in the following areas –

Oxfordshire (2 children)	Liverpool (2 children)	Devon (1 child)
Herefordshire (1 child)	Swindon (2 children)	Gloucestershire (3 children)
Manchester (2 children)	Northampton (2 children)	Cardiff (2 children)
Swansea (1 child),	Cheshire (1 child),	Peterborough (1 child),
Wiltshire (1 child)	Staffordshire (1 child)	

3.17 There are three children currently in residential care as a result of there being no suitable, available foster placements. The Alternative Care team continue to actively search for a suitable foster carer for these children and remains a key priority for the team.

3.18 For those children in **foster placements**;

- 49 children are living within 10 miles of their parent's home address;
- 15 children are living 10-20 miles from their parents' home address;
- 7 children are living over 20 miles from their parents' home address;
- for 16 children the number of miles is not recorded.

3.19 For those children in **kinship foster placements**:

- 35 children are living within 5 miles of the parents' home address;
- 7 children are living 5-10 miles from their parents' home address;
- 6 children are living more than 20 miles from their parents' home address.

3.20 Through the Sufficiency Programme, there is a focus on increasing the availability of local placements so that, where appropriate, more children can return to live within the local area. However, for some children it would not be in their best interests to move, as they have achieved stability in their current placement and have established education arrangements and professional networks that should not be disrupted.

3.21 There is a strong focus on supporting children in care to return to live with their families when it is safe and appropriate to do so. This process, known as reunification, involves carefully assessing whether a child can move back home and ensuring the right support is in place for both the child and their family. B&NES has an established Reunification Framework, based on National Society for the Prevention of Cruelty to Children (NSPCC) guidance. The in-house Systemic Family Therapist provides direct therapeutic support to families undergoing assessment. In the last quarter, six children have successfully returned home. To further strengthen this work, a Reunification Panel was introduced in October 2025 to bring together key professionals to

identify when reunification should be considered, and to plan the assessment, timescales and support required.

3.22 In parallel to the work underway to support our children in care, the Council continues to drive high quality support for families to enable children who are considered to be on the edge of care to remain living with their families. This includes:

- Social Workers and Family Support Practitioners offering interventions informed by the Practice Framework for Children's Services: Systemic practice, trauma informed, and using attachment theory.

3.23 Families Together – a systemic intervention using intensive visiting to support our children considered most at risk of entering care, typically our adolescent cohorts. These children are overseen by the Assistant Director through the Care and Resource/Families Together Panel.

- Fostering Families – an innovative support package using Adult Attachment Assessments to match parents with a fostering families carer. The carer offers 15-30 hours of support to the parent and child in the family home or in the community, led by the needs of the family. This often replicates a typical kinship support arrangement for families who are particularly isolated or do not have their own family networks to rely upon for support. The intervention has been shortlisted for two categories in the National MJ Awards 2026.

GOVERNMENT REFORMS, FOSTERING HUBS & REGIONAL CARE COOPERATIVES:

3.24 The Government has set out a national ambition to create 10,000 additional foster homes over the next decade. This is intended to reduce reliance on residential care, improve outcomes for children, and stabilise local authority budgets. The plan forms part of a wider programme of reform to modernise fostering services. As part of this, the government are advocating for a regional delivery model which will provide a shift towards regional delivery of fostering recruitment and assessment. Fostering hubs will play a central role in this model, reducing duplication across councils and ensuring that recruitment efforts are targeted where they are most needed. This regional approach is intended to create a more consistent and efficient system.

3.25 The new end-to-end fostering hubs are intended to operate as fully fledged regional fostering services, taking responsibility for every stage of the fostering journey, from recruitment and assessment through to approval, training, and ongoing support. This replaces the current model, where existing hubs mainly coordinate early recruitment activity and act as a single point of entry but then hand applicants back to local authorities for full assessment and support. By consolidating these functions into one regional service, the new hubs aim to create a more consistent, streamlined system that can plan and deploy resources across a wider area rather than being constrained by local authority boundaries. Please see the minimum requirements for the end-to-end fostering hub below.

- a) Targeted recruitment which focuses on driving up numbers and builds on recruitment good practice from best performing hubs;

- b) A single front door - one destination for all enquiries across a hub to remove any duplication and ensure the process is easy to navigate for prospective carers;
- c) A “journey guide” from enquiry to approval - responsive, dedicated support for prospective carers from first enquiry to decision;
- d) An established support network for carers - prioritising developing this and maximising the use of the foster carers and child’s existing network in doing so;
- e) Regional assessment function - managed by the hub, utilising embedded social workers to make quick progress and decisions;
- f) Enhanced regional data - many hubs already have regular pipeline data meetings with their partner Local Authorities (Las) to track progress and identify delays, leading to faster

3.26 The table below sets out the timescales associated with the development of end-to-end fostering hubs

Activity	Deadline
Region to submit interim version for hubs costed plan to show which LA’s will be moving forward end to end	31st March
Department for Education (DfE) to work with hubs to refine costed plan and ensure it meets all elements of design specifications	April
Deadline for hubs to have received relevant political clearance of final coted plan to return to DfE	Beginning of June
Implementation	July
Go Live	September

3.27 Regionalisation is part of a longer-term shift toward creating Regional Care Cooperatives (RCCs), with the new end-to-end fostering hubs acting as an interim step. While current hubs focus mainly on early recruitment, RCCs will ultimately plan, commission, and deliver a full range of children’s care services, including fostering, residential, and secure care, on behalf of all local authorities in a region. Their purpose is to reduce competition between councils, stabilise the care market, and secure better value for money. As RCCs become established, the new end-to-end fostering hubs are expected to be absorbed into this regional structure so that fostering recruitment, assessment, and placement functions sit alongside wider commissioning responsibilities. The Government expects local authorities to participate fully in this transition and align their services with the emerging regional model.

3.28 The South West regional group is proceeding with an application for grant funding to pilot a Regional Care Co-Operative. South Gloucestershire are leading on the application.

4 STATUTORY CONSIDERATIONS

- 4.1 Local Authorities (LAs) in England have a legal duty under **Section 22G of the Children Act 1989** (inserted by the 2008 Act) to take steps that secure, so far as reasonably practicable, sufficient accommodation for children in care within their local area. This duty requires strategic planning to ensure a mix of accommodation meets the needs of children, including those with complex needs or on the edge of care.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 Any areas of developing work through the Sufficiency Programme that may have resource implications, will be set out in a robust business case and taken through the relevant governance routes for approval.

6 RISK MANAGEMENT

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

7 EQUALITIES

- 7.1 The Sufficiency Equality Impact Assessment (EQIA) demonstrates that the programme supports the council's statutory duty to secure appropriate local accommodation for children in care by improving the availability, stability and quality of placements across fostering, residential care, short breaks and 16+ provision.
- 7.2 It draws on a comprehensive needs assessment highlighting the diverse needs of children in care—including disabled children, unaccompanied asylum-seeking children, and care-experienced young people—and shows that the programme is designed to enhance equity by increasing local placement options, supporting cultural and faith matching, improving short breaks access, and strengthening accommodation pathways for older teenagers and young adults.
- 7.3 While some transitional risks are identified, particularly for disabled children, UASC, and young people at key transition points, these are addressed through targeted mitigation such as phased implementation, targeted foster carer recruitment, strengthened partnership with housing, and improved training for carers and providers.
- 7.4 Overall, the EQIA concludes that the sufficiency programme has a positive equalities impact, reducing disadvantage and improving outcomes for children and young people who are among the most vulnerable in the community

8 CLIMATE CHANGE

- 8.1 Through our work to secure homes for children in care that are within the BANES area, or closer to the BANES area, there will be significant positive climate impact. The impact will be felt through reduced travel by professionals visiting children, children accessing education close to their home, and through the reduction in travel for the child when they spend time with their family.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 The matters in this paper have been presented to and agreed by the Transformation Project Board and Sufficiency Programme Board.

10.2 The S151 Officer and Monitoring Officer have reviewed and agreed the contents of the report.

Contact person	Phoebe Holland and Paula Sumner 01225 396907
Background papers	Sufficiency Statement: https://democracy.bathnes.gov.uk/mgConvert2PDF.aspx?ID=80779 BANES Unregulated placement Policy: https://trixcms.trixonline.co.uk/api/assets/bathnes/d2055e96-fca4-4da2-9f97-4e329ea1e70f/banes-policy-for-unlawful-unregistered-and-unregulated-placements-11.2025.pdf
Please contact the report author if you need to access this report in an alternative format	

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	Children's Social Care – Sufficiency Statement
Name of directorate and service	Children's Services
Name and role of officers completing the EqIA	Paula Sumner - Assistant Director- Children's Transformation
Date of assessment	26 th February 2026

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

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

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

Key questions	Answers / notes
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<p>The Sufficiency Programme is designed to ensure that Bath & North East Somerset Council meets its statutory duty under Section 22G of the Children Act 1989 to secure, “so far as reasonably practicable,” sufficient accommodation for children in care within the local area.</p> <p>The programme comprises four workstreams—fostering, residential children’s homes, provision for disabled children (short breaks and direct payments), and 16+ accommodation/care leaver support—and seeks to:</p> <ul style="list-style-type: none"> ● Understand current and future placement needs across all cohorts of children in care. ● Improve the availability, quality, and stability of local placements. ● Strengthen recruitment and retention of foster carers and supported lodgings carers.

	<ul style="list-style-type: none"> • <i>Enhance the accommodation and support offer for care-experienced young people.</i> • <i>Improve access to statutory short breaks and direct payments for disabled children and their families.</i> • <i>Reduce reliance on out-of-area and higher-cost placements.</i> <p><i>Delivery involves Children’s Services, the Sufficiency Board, commissioning, Housing, fostering services, and regional partners.</i></p>
<p><i>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</i></p> <ul style="list-style-type: none"> • <i>Is it a new service/policy or review of an existing one?</i> • <i>Is it a national requirement?).</i> • <i>How much room for review is there?</i> 	<p>In scope:</p> <ul style="list-style-type: none"> • <i>Analysis of current placement use across fostering, residential and supported lodgings.</i> • <i>Development of business cases (housing adaptations for foster carers; Special Guardianship allowance alignment; in-house residential provision).</i> • <i>Review of current foster carer offer, including council tax reduction.</i> • <i>Strategic needs assessments across all four workstreams.</i> • <i>Reunification activity.</i> • <i>Partnership working with housing, regional fostering hubs, and providers.</i> <p>Out of scope:</p> <ul style="list-style-type: none"> • <i>National policy changes (e.g., Regional Care Cooperatives, fostering reform).</i> • <i>Adoption services (except where children are “placed with adopters”).</i> • <i>Universal services beyond Children’s Services.</i>

1.3 Do the aims of this policy link to or conflict with any other policies of the Council?

- Corporate Parenting Strategy
- Placement Sufficiency Duties (Children Act 1989)
- SEND Strategy
- Housing Strategy (relevant to care experienced young people)
- Fostering Recruitment Strategy
- Short Breaks Duty (Breaks for Carers of Disabled Children Regulations 2011)

No conflicts identified.

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
<p>2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?</p>	<p>Children's Services staff receive:</p> <ul style="list-style-type: none"> • Mandatory equality and diversity training • Trauma informed practice training • Cultural awareness training (including Unaccompanied Asylum Seeking Children specialisms) • Systemic practice training • Training and consultations with Stand Against Racism (SARI) • Research in Practice – Cultural Humility

	<i>Additional training will be required for new models of support emerging through the programme.</i>
2.2 <i>What is the equality profile of service users?</i>	<p><i>Based on the strategic needs assessment:</i></p> <ul style="list-style-type: none"> • 228 children in care, including: <ul style="list-style-type: none"> • 87 in foster care • 48 in kinship foster care • 49 in residential care • 28 in 16+ supported provision • 10% UASC (with indications of rising numbers among care leavers) • <i>Children with complex needs requiring specialist residential and fostering provision.</i> • <i>Disabled children eligible for short breaks and direct payments.</i> • <i>Care experienced young people aged 16–25 with varied accommodation and support needs.</i>
2.3 <i>Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?</i>	<ul style="list-style-type: none"> • <i>Ofsted rated Children’s Services Good (2025), including placement quality and safety.</i> • <i>Feedback indicates strong relationships with foster carers and support teams.</i> • <i>A recent survey (Nov 2025 – Jan 2026) was sent to all in-house foster carers to gauge the interest and feasibility of housing alterations. These alterations would aim to optimise homes for fostering by increasing the number or size of bedrooms, therefore increasing the number of children that could be cared for. Insights include:</i> <ul style="list-style-type: none"> ○ <i>Many of the foster carers responding have been fostering for more than 2 years, which shows a level of commitment to both young people and to being an in-house foster carer.</i>

	<ul style="list-style-type: none"> ○ A significant majority (90%) of respondents indicated they would be interested in extending their homes to look after more children, or to learn more about it. ○ 53% of respondents said they would commit to an extra 10 years of fostering, should B&NES fund an adaptation. <ul style="list-style-type: none"> ● Areas for improvement include: <ul style="list-style-type: none"> ○ Placement stability ○ Timeliness and quality of return-home (missing) interviews ○ Meeting needs of UASC (cultural match, integration support) ○ Access to specialist provision ● As part of the wider fostering project foster carers are being invited to speak to the project team to understand their experiences from initial contact through to recruitment, retention and deregistering as foster carers.
<p>2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<ul style="list-style-type: none"> ● Strategic needs assessment engagement with practitioners, young people, and foster carers. ● Ongoing engagement with regional partners on fostering reform. ● Internal collaboration across commissioning, housing, fostering, and social care teams.
<p>2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?</p>	<ul style="list-style-type: none"> ● Targeted engagement with foster carers (existing and prospective). ● Engagement with disabled children and families on short breaks redesign. ● Consultation with care-experienced young people on accommodation planning. ● Ensuring accessible formats for families with SEND, language barriers, and digital exclusion.

3. Assessment of impact: 'Equality analysis'

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

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

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
<p>3.1 Issues relating to all groups and protected characteristics</p>	<p>Positive impacts:</p> <ul style="list-style-type: none"> • Increased access to local, stable placements reduces disruption. • Improved quality and sufficiency of provision. • Clearer pathways and improved support for care-experienced young people. 	<p>Potential negative impacts:</p> <ul style="list-style-type: none"> • Transitional disruption during changes in processes, business cases, or policy updates. <p>Mitigation:</p> <ul style="list-style-type: none"> • Careful sequencing of workstreams and ongoing communication.
<p>3.2 Sex – identify the impact/potential impact of the policy on women and men.</p>	<p>Positive Impacts :</p> <ul style="list-style-type: none"> • Strengthened fostering, residential and missing-from-care practice supports girls and boys equally; domestic abuse considerations integrated into reunification planning. 	<p>Risk:</p> <ul style="list-style-type: none"> • Disproportionate risks for adolescent girls in exploitation cohorts. <p>Mitigation:</p> <ul style="list-style-type: none"> • Targeted training and placement matching.
<p>3.3 Pregnancy and maternity</p>	<p>Relevant for:</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Temporary disruption

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
	<ul style="list-style-type: none"> • <i>Parent and child residential placements</i> • <i>Care-experienced young mothers</i> <p>Positive: <i>Better accommodation pathways and stability.</i></p>	<p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Case-by-case planning.</i>
<p>3.4 Gender reassignment – <i>identify the impact/potential impact of the policy on transgender people</i></p>	<ul style="list-style-type: none"> • <i>Improved placement stability and trauma-informed care supportive of trans young people.</i> 	<p>Risk:</p> <ul style="list-style-type: none"> • <i>Lack of specialist knowledge in some placement providers</i> <p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Training and provider engagement</i>
<p>3.5 Disability – <i>identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)</i></p>	<p>Positive:</p> <ul style="list-style-type: none"> • <i>Dedicated workstream for short breaks and direct payments.</i> • <i>Strategic needs assessment strengthens compliance with statutory duty.</i> 	<p>Risks:</p> <ul style="list-style-type: none"> • <i>Risk of gaps during transition.</i> <p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Prioritise disabled children in planning and commissioning.</i>
<p>3.6 Age – <i>identify the impact/potential impact of the policy on different age groups</i></p>	<p>Positive:</p>	<p>Risks:</p> <ul style="list-style-type: none"> • <i>Transition points (16–18 and 18–25) particularly vulnerable.</i>

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
	<ul style="list-style-type: none"> • <i>Improved sufficiency across all age groups (0–17).</i> • <i>Stronger accommodation planning for 16+ young pe</i> 	<p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Housing partnership and tailored pathways</i>
<p>3.7 Race – <i>identify the impact/potential impact on across different ethnic groups</i></p>	<p>Positive:</p> <ul style="list-style-type: none"> • <i>More culturally appropriate placements for UASC.</i> • <i>Regional fostering recruitment may widen diversity of carers.</i> 	<p>Risks:</p> <ul style="list-style-type: none"> • <i>Risk of poor cultural match in placements.</i> <p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Enhanced matching and targeted recruitment of carers.</i>
<p>3.8 Sexual orientation – <i>identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people</i></p>	<p>Positive:</p> <ul style="list-style-type: none"> • <i>Stability improvements support LGBTQ+ young people</i> 	<p>Risks:</p> <ul style="list-style-type: none"> • <i>Some providers may lack confidence supporting LGBTQ+ young people.</i> <p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Provider training and standards</i>
<p>3.9 Marriage and civil partnership – <i>does the policy/strategy treat married and civil partnered people equally?</i></p>	<p><i>No negative impacts identified. The service treats all families equally.</i></p>	

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
<p>3.10 Religion/belief – <i>identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.</i></p>	<p>Positive:</p> <ul style="list-style-type: none"> • <i>Cultural/faith considerations strengthened in placement matching.</i> 	<p>Risks:</p> <ul style="list-style-type: none"> • <i>Ongoing need to improve access to culturally suitable placements.</i> <p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Recruitment strategy includes diversity focus.</i>
<p>3.11 Socio-economically disadvantaged* – <i>identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances</i> (this is not a legal requirement, but is a local priority).</p>	<p>Positive:</p> <ul style="list-style-type: none"> • <i>Increased local placements reduce educational disruption and financial strain on families.</i> • <i>Support for SGO allowance alignment reduces inequality for kinship carers.</i> 	<p>Risks:</p> <ul style="list-style-type: none"> • <i>Carers made face financial pressures during policy transitions.</i> <p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Business cases addressing allowances and council tax reduction.</i>
<p>3.12 Rural communities* <i>identify the impact / potential impact on people living in rural communities</i></p>		<p>Risks:</p> <ul style="list-style-type: none"> • <i>Reduced availability of placements in rural areas.</i> <p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Targeted recruitment and localised provision planning where appropriate.</i>

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
<p>3.13 Armed Forces Community ** <i>servicing members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).</i></p>		<p><i>No adverse impacts identified.</i></p> <p><i>Potential to improve accommodation access for children from military families.</i></p>
<p>3.14 Care Experienced *** <i>This working definition is currently under review and therefore subject to change:</i></p> <p><i>In B&NES, you are ‘care-experienced’ if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.</i></p>	<p>Positive:</p> <ul style="list-style-type: none"> • <i>Enhanced 16+ accommodation strategy.</i> • <i>Cohort analysis supports tailored planning.</i> • <i>Reinforced reunification where safe.</i> 	<p>Risk:</p> <ul style="list-style-type: none"> • <i>Disruption during system changes.</i> <p>Mitigation:</p> <ul style="list-style-type: none"> • <i>Consistent personal adviser and placement stability planning.</i>

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

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

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

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

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

Issues identified	Actions required	Progress milestones	Officer responsible	By when
<i>Transitional disruption during sufficiency reforms</i>	<i>Sequenced implementation plan with risk controls</i>	<i>Workstream plans finalised</i>	<i>Programme Board</i>	<i>2026</i>
<i>Gaps in short breaks access</i>	<i>Complete strategic needs assessment and commissioning plan</i>	<i>Assessment completed</i>	<i>Programme Team</i>	<i>Summer 2026</i>
<i>Insufficient cultural match for UASC</i>	<i>Targeted foster carer recruitment strategy</i>	<i>New campaign launched</i>	<i>Care Outcomes Service/Programme Team</i>	<i>Spring Summer 2026</i>
<i>Variation in financial support for carers</i>	<i>Business cases for SGO allowance alignment and council tax reduction</i>	<i>Cabinet approval sought</i>	<i>Commissioning Hub</i>	<i>2026</i>
<i>Consistency of accommodation for 16+ cohort</i>	<i>16+ accommodation strategy with Housing</i>	<i>Final strategy signed off</i>	<i>Care Outcomes Services/Programme Team</i>	<i>Summer 2026</i>

5. Sign off and publishing

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

Signed off by: Jean Kelly
Date: 2nd March 2026

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	9th March 2026	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Statutory SEND Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption</p> <ol style="list-style-type: none"> 1) Position Statement – Compliance in Statutory SEND 2) Position Statement – Quality Assurance of EHCPs 3) Appeals Analysis 24-25 4) EQIA 		

1 THE ISSUE

- 1.1 This report provides the Panel with an overview of Education, Health and Care Plans (EHCPs) in B&NES.
- 1.2 This report's summary of EHCPs is drawn from dashboards managed by the Business Intelligence team. Regional and National data has been provided by the DFE through the Southwest RIIA.

2 RECOMMENDATION

The Panel is asked to;

- 2.1 Note the national, regional and local picture regarding the increase in applications for Education, Health and Care Needs Assessments (EHCNA) and the increase in issued plans as detailed in the attached reports.

- 2.2 Be assured that Local Authority Officers continue to work strategically with social care, health, settings and other partners in order to work within statutory guidelines and support settings in delivering the very best outcomes for our children and young people.
- 2.3 Note the improving picture within the service regarding statutory compliance.
- 2.4 Be assured as to the quality of EHC needs assessments and plans, as evidenced by multi agency quality assurance.
- 2.5 Be assured as to the commitment of officers to resolve disputes quickly and without the need for formal appeals process, noting the reduction in appeals for refusal to assess children and young people.
- 2.6 Direct questions to Laura Donnelly, Head of Statutory SEND who will welcome the opportunity to discuss these reports.

3 THE REPORT

3.1 Position Statement – Compliance in Statutory SEND Summary

Bath & North East Somerset Council remains committed to improving statutory SEND services, with the January 2025 SEN2 and subsequent data showing early progress alongside ongoing challenges, particularly around EHCP timeliness and annual reviews.

The local area ended 2025 with around 2,700 EHCPs, having issued 418 new plans that year, and saw a reduction in assessment requests for the second consecutive year, contrasting with national trends. Investment in workforce expansion, AI-assisted plan writing, improved dashboards, and strengthened early inclusion support has reduced average EHCP timescales from 31 weeks in 2024 to 27 weeks by February 2026, with a clear ambition to reach 60% of plans issued within 20 weeks by September 2026.

Multi-agency working has strengthened, especially with health partners and parent carers.

While needs assessment timeliness and annual reviews continue to require improvement, targeted investment, process reform, and clear milestones demonstrate a transparent, self-evaluative approach focused on delivering timely, high-quality outcomes for children and families.

3.2 Position Statement – Quality Assurance (QA) of EHCPs Summary

The EHCP quality assurance framework, introduced in March 2025, is strengthening the quality, consistency and statutory compliance of Education, Health and Care Plans through structured review, multi-agency moderation and targeted workforce development.

Since implementation, 115 EHCPs have been quality assured, with average QA scores rising by 25%. There are improvements across all sections of plans, particularly in health advice and growing strengths in social care contributions, supported by new templates and training.

Ongoing work focuses on improving the quality of outcomes and provision, embedding joint learning through a multi-agency QA group, incorporating parent and carer feedback, and extending assurance to amended and randomly selected plans. Tribunal and complaints data is also considered at this group and findings feed into work force development.

This process is underpinned by a clear commitment to continuous improvement and better outcomes for children and young people with SEND throughout the service.

3.3 Appeals Analysis 24-25 Summary

Bath & North East Somerset Council has a fair, transparent and legally compliant approach to SEND appeals, mediations and complaints, underpinned by recent investment in staffing, improved data quality and a strong focus on early resolution and learning.

In 2025, 165 mediations were lodged, with 60% resolved without appeal, with most appeals in settled collaboratively before tribunal. No extended appeals across education, health and social care were lodged. Refusals to assess and disputes over EHCP content and provision remain the most common reasons for appeal.

Targeted work with schools, clearer communication with families and strengthened quality assurance have reduced refusal-to-assess appeals and improved decision-making in all areas.

Complaints data shows progress in communication and securing provision, while ongoing challenges remain around statutory timescales, particularly 20-week EHCP timeliness and annual review paperwork, reflecting national pressures. Learning from complaints, appeals and the small number of Local Government Ombudsman cases continues to inform service improvement, with future plans to strengthen oversight of provision delivery in schools to reduce delay and frustration for families.

3.4 Peer review and Local Area Inspection Update

As part of the South West SEND Peer Challenge in October 2025, B&NES received constructive feedback that is helping to shape our ongoing improvement work. The review recognised our strong commitment to inclusive practice and co-production, particularly through initiatives like the Participation Promises and the SEND Commitment Audit. It also highlighted areas where further progress is needed—specifically, improving how we use data to evidence impact, and ensuring clearer, more consistent communication with families.

These findings are being actively addressed through our improvement planning and align closely with national inspection priorities, ensuring we are inspection-ready and delivering better outcomes for children and young people with SEND.

Ofsted and the CQC are due to conduct their joint area SEND inspection in B&NES, with the last inspection having taken place in 2019.

This inspection evaluates how well local partnerships meet the needs of children and young people with SEND. Under the new national framework (introduced 2023), these inspections focus on the effectiveness of multi-agency collaboration and the outcomes achieved for families, rather than just local authority compliance. In the South West region, several local areas have already been inspected under this framework (e.g. Cornwall and Plymouth), and common themes have emerged. These inspections have consistently highlighted the importance of strong leadership and governance, a clear joint strategy across education, health and care, effective co-production with families, ensuring the “*right help, right support, right time*” for children, robust commissioning arrangements, reducing waiting times for services, and improving the quality and timeliness of EHC plans.

These priorities provide a benchmark for B&NES, indicating the key areas an upcoming joint inspection is likely to scrutinise. B&NES is actively preparing under this context, aligning its self-evaluation (SEF) and improvement plans (SIP) to these focal areas with 3 key themes – Early Identification, “Waiting Well” (timely statutory processes and support), and Planning for the Future.

The next annual SEF review (due later in 2026) will incorporate the results the improvements outlined in 3.1-3.3 and any new data, ensuring that elected members and stakeholders have an up-to-date picture of how local SEND services are performing.

4 STATUTORY CONSIDERATIONS

4.1 None

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 None

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 See attached EqIA

8 CLIMATE CHANGE

8.1 None

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 S151 officer and Cllr Paul May.

Contact person	Laura Donnelly - laura_donnelly@bathnes.gov.uk
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

Position Statement: Statutory SEND Services in B&NES

February 2026

Review of the 2025 SEN2 and subsequent unpublished data

Bath & Northeast Somerset Council remains committed to delivering prompt, high-quality statutory SEND services. The 2025 SEN2 and subsequent unpublished data highlights both progress and ongoing challenges in meeting our statutory duties, particularly around the timeliness of the assessment of Education, Health and Care Plans (EHCPs) and prompt annual reviews.

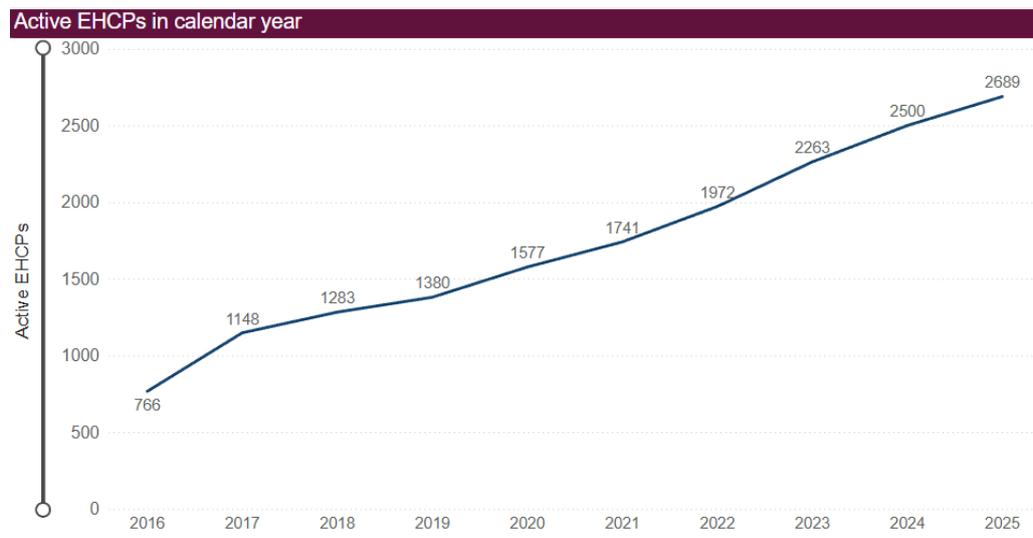
The full data from the Jan 2025 SEN2 is available at the following link:

<https://app.powerbi.com/groups/me/apps/6908d358-7c8f-4f29-aa36-3375bcac3736/reports/d3ff2c2d-6906-47b8-8de4-5b801f2d9149/f73539b79d64dcc94e93?experience=power-bi>

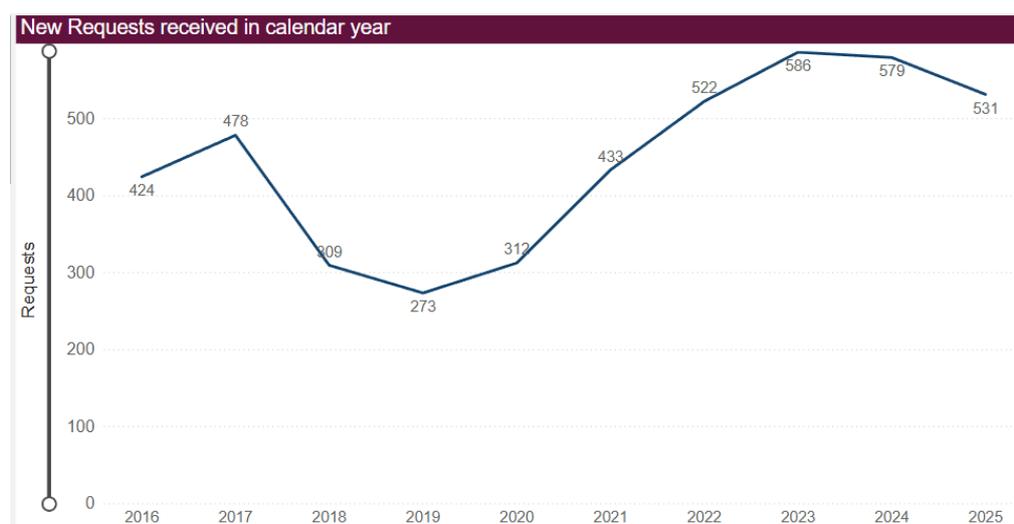
The Jan 2025 SEN2 data and our broader data analysis paints a picture of a local area working hard to improve its SEND services, with some clear strengths and ongoing challenges. Statutory compliance in EHCP processes, particularly the speed of issuing plans, stays the area in which we must make progress to meet the needs of children and families in a prompt way. We have not shied away from this fact – our position is one of transparent self-evaluation and determined action. The improvements seen in the SEN 2 2025 are encouraging early indicators that our interventions are on track. Our target is to achieve 60% of EHCPs within 20 weeks by September 2026, placing us within the top 5 performing LAs in the Southwest.

In parallel, we continue driving service transformation, bolstering inclusion, and expanding provision. We recognise that all these elements are interconnected: a more inclusive system will manage demand better, improved sufficiency will ease pressure on statutory processes (with fewer children waiting or in crisis), and a high-performing statutory team will build trust that allows more collaborative work with families and schools. Already, we see positive cultural shifts – for instance, multi-agency collaboration has been strengthened (our health partners through the Designated Clinical Officers and new health dashboard are more engaged than ever in SEND), and parents are increasingly involved in co-producing solutions (the Parent Carer Forum's input is woven through each workstream).

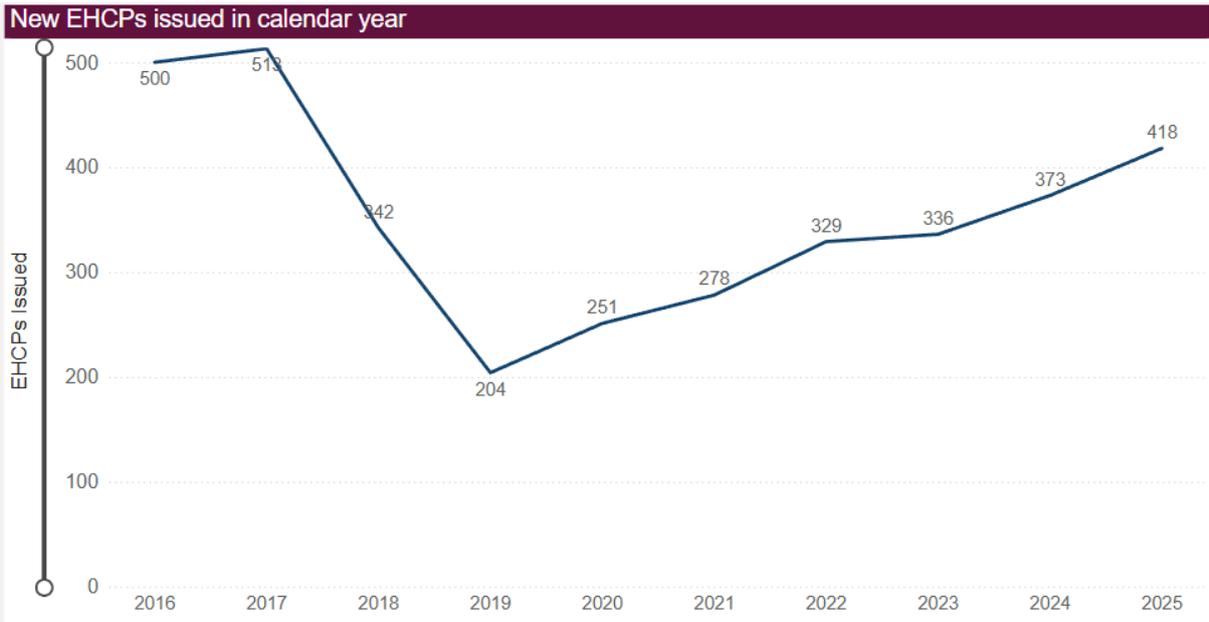
Key Metrics Summary:



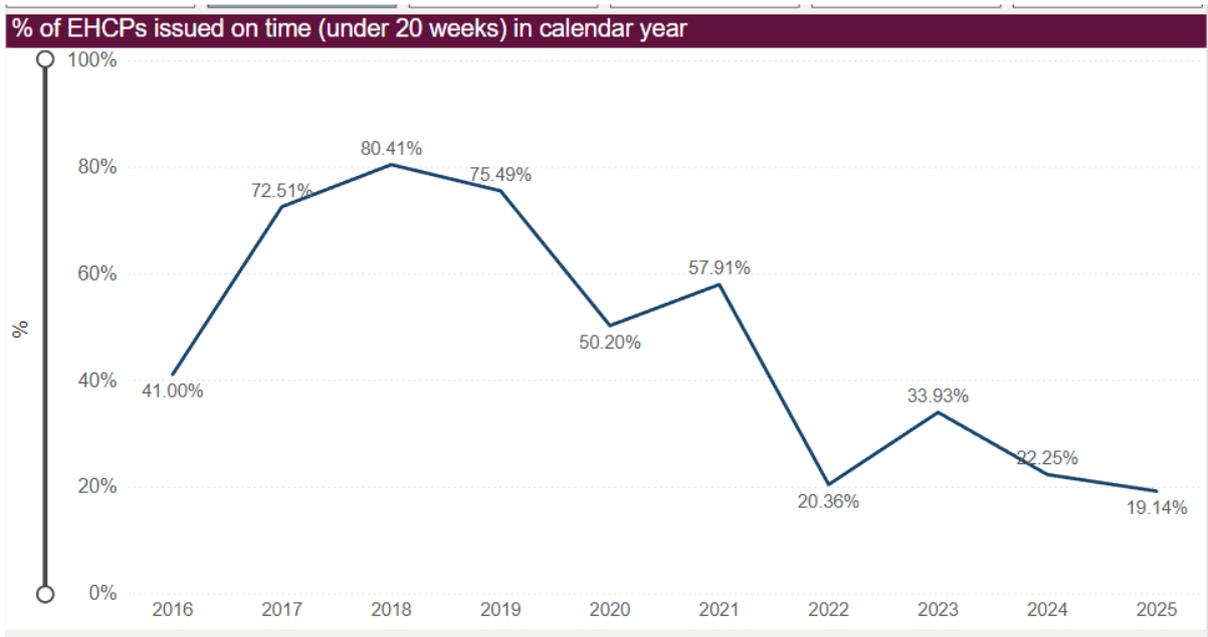
B&NES ended 2025 with c2700 EHCPs, having received 531 needs assessment requests in 2025. 78% of these requests resulted in a plan being issued. This represents the second successive year when the number of requests has reduced, in opposition to the national picture where request continue to increase. The Inclusion & SEND Advice Service, launched in 2024, has significantly strengthened early support and inclusive practice in mainstream settings, whilst providing significant support to our settings to ensure a 'right first time' application when a plan is required. This has contributed to the reduction in EHCP requests and also reduced the number of 'no to assess' decisions and repeat applications.



418 plans were issued in 2025. This shows 52% increase in new plans since 2019 and demonstrates an increase in issued plans for the 7th consecutive year.



The Council has invested in expanding the SEND team, introduced AI-assisted plan writing, and designed new performance dashboards to aid the team in meeting our statutory responsibilities. New team members joined in September and have recently completed their training. Their impact on statutory waiting times is evident in the reduction in the number of weeks families now wait for a plan to be issued, reducing from an average of 31 weeks in 2024, to 29 weeks in 2025 and 27 weeks in February 2026. The service is ambitious in its plans to improve this average waiting time and expects to have 0 plans over 20 weeks and an average wait time of 25 weeks, with 60% of plans being issued on time by September 2026.



B&NES is currently 10th in the Southwest for timeliness of needs assessments, with

ambitions to be within the top 5 by September 2026. This is a continued area of concern, however investment in our educational psychology team has provided an accelerated start to 2026, with support in place to ensure the 6-week advice timeframe for needs assessment advice is adhered to by April 2026. This is the key driver for improvement, alongside collaboration with our social care colleagues to ensure increased improvement in the timeliness of social care advice.

Our families tell us that our next challenge lies with the timely issuance of annual reviews. The service has committed to completing all key stage transfer annual reviews (Early Years, Year 2, Year 6, Year 11 and Year 13) in line with statutory timescales and has achieved this for the Early Years, year 2 and year 6 phase transfers in February 2026. The year 11 and 13+ deadline of March 2026 is expected to be met. This means ever child moving schools will do so with a newly issued, quality assured plan.

The service will then move onto reviewing processes for annual reviews with the ambition of being in line with national compliance to statutory timeframes by September 2027.

Position Statement: Quality Assurance of EHCPs (December 2025)

Bath & North East Somerset Council is dedicated to providing high-quality Education, Health and Care Plans (EHCPs) for children and young people with Special Educational Needs and Disabilities (SEND). The Quality Assurance Framework (QAF) offers a thorough and structured method for managers, leaders, partners, and stakeholders to oversee and continually enhance the quality of assessment, planning, and support provided. This framework guarantees adherence to statutory duties and national guidance, such as the Children and Families Act 2014 and the SEND Code of Practice. Furthermore, it promotes collaborative working and encourages ongoing professional development among all involved parties.

Progress Since Implementation of the Quality Assurance Framework

Since the introduction of the QAF in March 2025, there has been considerable progress. A total of 114 new EHC plans have undergone quality assurance, supported by a robust programme of practitioner training that encompasses both face-to-face and online sessions, including those delivered by the RIIA. The effectiveness of these initiatives is evident in the increase in the average QA score for plans, which rose from 42 in May to 52 by November 2025, demonstrating significant improvement in overall quality.

Key Areas of Progress and Impact

- **Social Care Contributions (Section D):** Section D, while still the lowest scoring area, has shown notable improvement since March 2025. There is a growing number of plans that now include social care advice rated at 5 out of 5, a development supported by the introduction of new templates and targeted workforce development for both social care and SEND practitioners.
- **Health Contributions (Sections C and G):** Health advice for the majority of plans is consistently both timely and of high quality. Robust procedures are in place to ensure that any missing advice is quickly identified and addressed, maintaining the integrity of the process.
- **Quality of Outcomes and Provision (Sections E and F):** Work to improve Section E is ongoing. In November 2025, comprehensive training was delivered to all practitioners as a joint effort between the Educational Psychology team and the QA manager. The impact of this training will be

reviewed in March 2026, and a team session is scheduled to develop a bank of outcomes and provision, drawing on examples from high-quality EHC Needs Assessments (EHCNAs).

Multi-Agency Quality Assurance

The Multi-Agency Quality Assurance group has met four times since the QAF was launched, reviewing eleven EHCPs that span a variety of key stages and SEND needs. This group plays a crucial role in fostering joint learning and moderation between the local authority and its partner agencies. Direct feedback from parents and the Parent Carer Forum is actively incorporated, helping to inform and shape ongoing improvements. The feedback from the group has been overwhelmingly positive, noting the value of robust challenge, insightful discussion, and shared learning. As a result of the group's recommendations, several process changes have been implemented. Moving forward, the group will broaden its remit to include randomly selected EHCPs and those amended through the Annual Review process. Efforts are also underway to enhance youth representation within the group.

Commitment to Continuous Improvement

Bath & North East Somerset Council remains firmly committed to improving outcomes for children, young people, and their families. The Quality Assurance Framework is built on the principles of participation, accountability, professional development, and strong governance. It provides a dynamic feedback loop that informs ongoing training and development. The service will continue to track progress, act on feedback, and refine its processes to uphold the highest standards in EHCPs for all.

Position Statement: Appeals, Mediations, and Complaints

January 2026

Our Commitment

Bath & North East Somerset Council is committed to delivering a fair, transparent, and legally compliant process for resolving disputes related to Special Educational Needs and Disabilities (SEND). We aim to ensure that every child and young person receives appropriate support while maintaining positive relationships with families and stakeholders.

The local authority has invested significantly in its statutory SEND team in recent years, increasing leadership capacity to 2 full time Service Managers (previously 1 Team Manager), recruiting an additional Senior Officer, 6 additional full time SEND practitioners and a tribunal officer. This investment allows for closer and more timely case management, better communication with parents and families, and faster resolution when challenges occur.

We continue to develop our systems to ensure we support our families with great communication and timely support, which includes ensuring all families 'wait well' for support.

We have improved our data quality and monitoring processes and are now better able to learn from and react to trends arising from complaints, mediations and appeals.

Principles & Legal Compliance

1. **Child-centred decision-making:** We prioritise the best interests and outcomes of the child/young person, ensuring needs are fully identified and provision specified and quantified in line with the SEND Code of Practice.
2. **Early resolution:** Mediation is actively encouraged prior to appeal; professional dialogue continues even where an appeal is lodged.
3. **Tribunal conduct:** We operate to the First-tier Tribunal's inquisitorial model, preparing clear, evidence-based cases and witnesses. Bundle and evidence handling follows SEND40 guidance (2018) and HESC SEND Practice Guidance (2025) on expert reports and page limits.
4. **Health recommendations:** Where Tribunal makes recommendations involving health, the ICB may respond under Regulation 6 of the 2017 Regulations.
5. **Implementation:** Final Tribunal judgments are implemented by the Local Authority; senior officers inform the Statutory Team Manager/Head of SEND promptly after hearings (per Scheme of Delegation, Jan 2026).

- 6. Quality assurance and learning:** EHCPs are quality assured using our quality assurance framework. The service monitor complaints, mediations and tribunals quarterly as part of Multi Agency Quality Assurance and learning is used for constant service development and improvement.

Mediation

165 formal mediations were lodged in the calendar year 2025. Of these 165, 36 were due to a decision not to assess (21%). 12 were due to a decision not to issue a plan following a needs assessment (7%).

The Inclusion and SEND advice service work hard with settings to provide advice and guidance regarding SEND support, Inclusive education and the EHCNA process. They support settings to ensure that needs assessment applications are 'right first time', to avoid delays in support for children and young people. This work is reducing the amount of re applications into the system, and the amount of no to assess decisions,

60% of mediations resulted in resolution without the need for appeal.

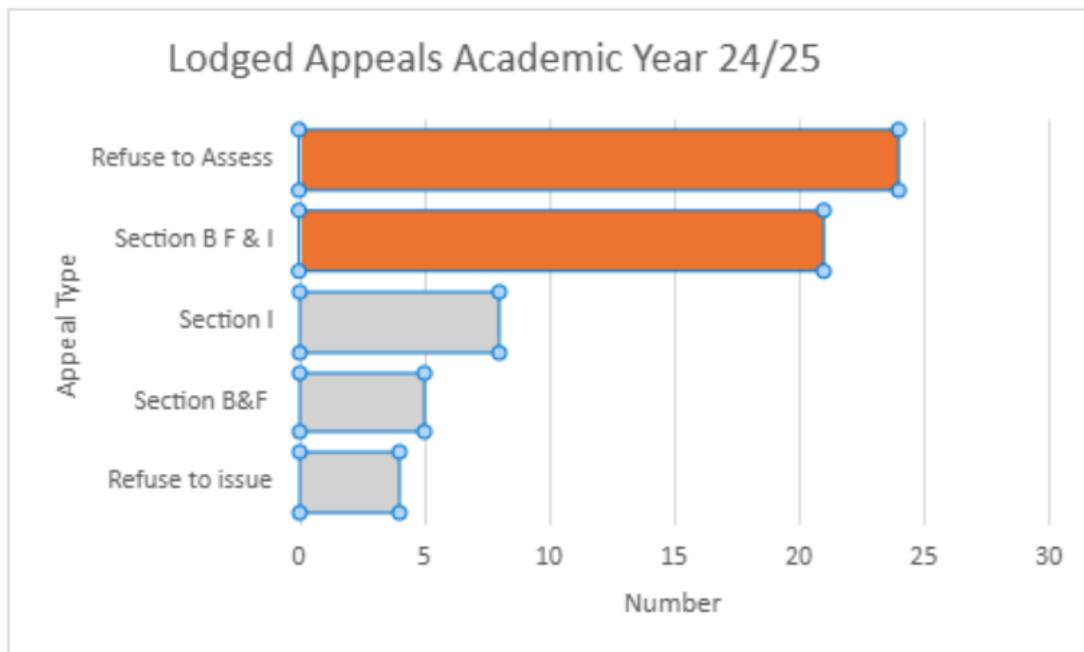
Analysis of Appeals Sept 24- Aug 25

Appeals data is used as a key source of governance and quality assurance learning within the partnership, through our multi agency quality assurance group. Learning is used to strengthen future practice, with decision-making subject to scrutiny and oversight to enable this to happen effectively. Governance arrangements enable reflection, monitoring of ongoing cases, and continuous improvement across the SEND system.

The appeals data shows that most disputes are resolved through collaborative agreement prior to tribunal, reducing the need for families to progress through a formal hearing. This enables clarity, quicker access to assessment or amended provision where appropriate, and helps limit the stress, uncertainty and delay associated with prolonged dispute processes.

No extended appeals were lodged in the 24/25 period, evidencing the effectiveness of the partnership in agreeing multiagency support for our families.

Reasons for appeals:



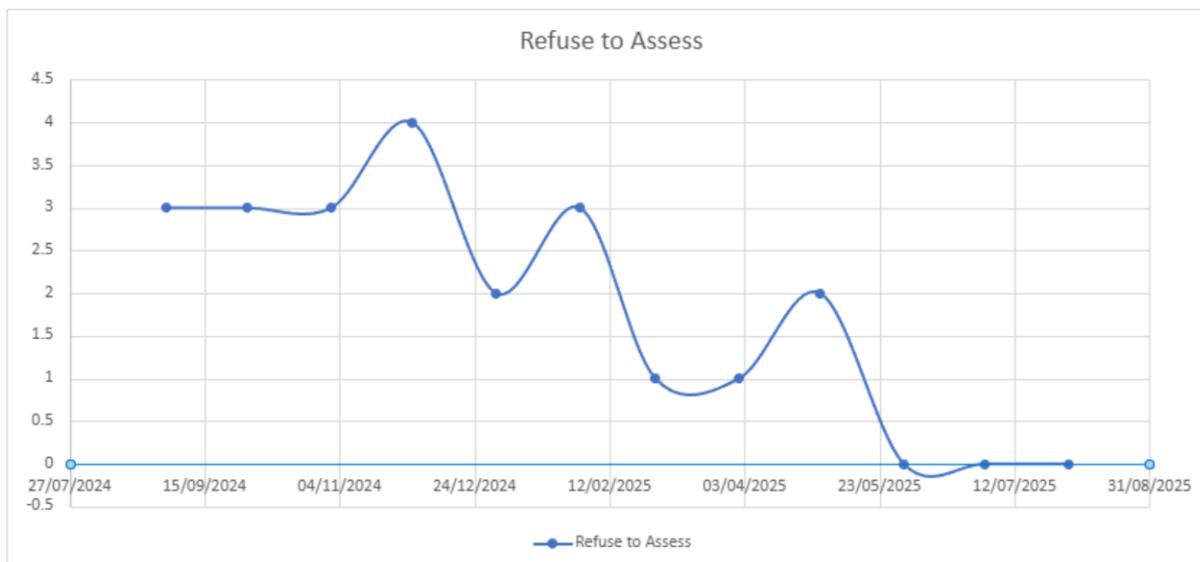
Refusal to assess and disputes relating to the content and provision of a plan are the most common reasons for appeal.

Refusal to Assess Appeals:

When there is a refusal to assess decision, each family and setting receive a telephone call from their allocated SEND worker to explain the decision and allow for an immediate resolution where appropriate. Families are offered a 'ways forward meeting' to meet with the LA team and discuss next steps, which may include referral to our Inclusion and Advice service or another commissioned service for additional advice at SEND support.

Where additional evidence is available, this is resubmitted swiftly and the decision is revised.

In 2024/25 the Inclusion and SEND support service was launched, working with our schools to deliver the very best support possible to families and children. Additional school training has been put in place, increasing the quality of needs assessments received, and this alongside the robust scheme of delegation has seen a significant decrease in the number of appeals lodged due to refusal to assess across the year:

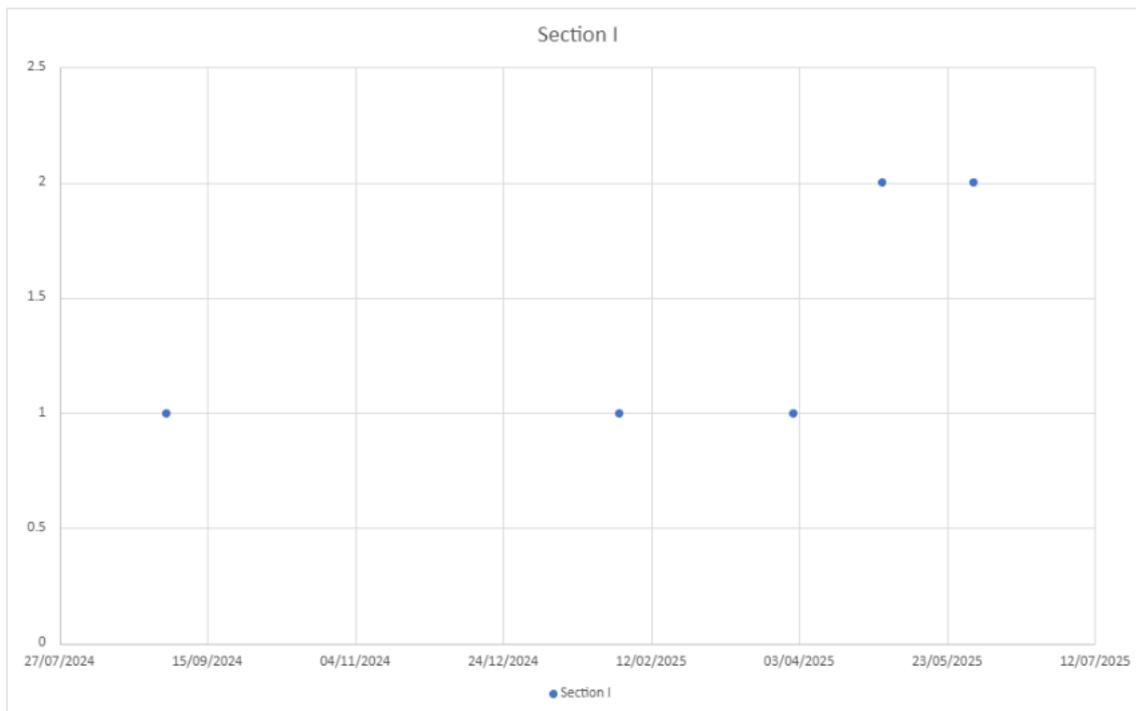


Out of the 28 appeals lodged due to refusal to assess, in 21 cases we were able to resolve the appeal without the need for the tribunal to intervene. 1 case was upheld, 1 dismissed and 5 remain live.

Section I Appeals:

Appeals related to Section I are clustered around the phase transfer period, which is to be expected given the volume of placement changes being agreed at this time. In the majority of cases, appeals against section I are not regarding placement type, but related to our agreement to name parental preference. Capacity issues in our local special schools are the reason for 4/8 of these appeals. These were all resolved prior to appeal through collaborate work across the partnership to accommodate parental preference.

3 appeals related to young people leaving 1 independent non section 41 specialist school requesting independent mainstream schooling for post 16. The local authority conceded these appeals.



Capacity in Special Schools and Resource Bases - by school

Est type Name	SEN capacity	SEN on roll	% capacity used	B&NES EHCPs	Available capacity	% from outside B&NES
Special	564	593	105%	521	-29	12%
Three Ways School	240	253	105%	226	-13	11%
Fosse Way School	220	232	105%	208	-12	10%
North Star 180°	104	108	104%	87	-4	19%

Appeals relating to content and provision:

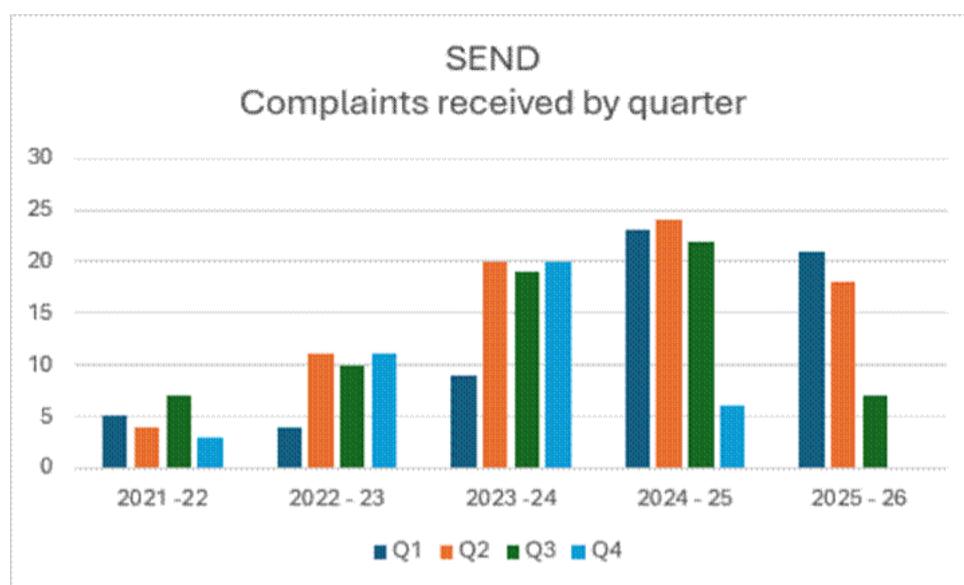
Section B, F and/or I appeals show the widest range of outcomes reflecting the complexity and individualised nature of disputes concerning needs, provision and placement.

Extensive work has taken place to quality assure our EHC plans. Please refer to annexe A 2.1 Approach to EHC plans for further information regarding our tier 1 (local) and tier 2 (multi agency) approach.

Complaints

Complaints are recognised by the service as opportunities to improve and are handled in accordance with the Council’s corporate feedback policy. Responses are timely, transparent, and include apologies where service failures are identified. Complex or contentious complaints are escalated to senior officers and, where necessary, involve legal advice to ensure compliance and fairness. Importantly, the service reviews complaints as part of their multi agency quality assurance approach and uses this data to inform continuing service improvement.

We review complaints in line with academic years:



Reasons for complaints:

	22-23	23-24	24-25	25-26 (Q1+Q2)	Comments
Delay issuing EHCP	5	16	15	6	Draft and final
Disagree with information in EHCP	1	1	4	5	e.g. no school named – named by type, inaccurate information recorded.
Delay with EHCNA decision	2	6	7	2	
Delay with Education psychology advice	1	1	0	0	
Delay securing provision	3	8	7	1	e.g. no special school placements available

Provision not being delivered	8	6	5	11	e.g. SALT, OT, alt learning
Disagree with decision	7	3	1	0	e.g. decision not to issue EHCNA, banding, disagree with type of provision offered, content of EPS report
Delay with issuing A/R paperwork or follow up	0	4	15	6	
Poor communication from SEND Service	3	4	7	2	
Personal budget issues	2	1	1	0	
Data Breach	1	1	0	0	
Transport issues	1	2	2	1	
Concern about quality of provision	0	0	0	1	

Our complaints data shows us that the service has improved communication with parents, and that work to address delays in decision making and in provision has been successful.

Our 20-week timeliness continues to be a challenge for the service, as demonstrated by the number of complaints we receive regarding a delay in issuing a plan. Similarly, delays in annual review paperwork are also highlighted as a concern. These challenges are in line with the national pressures on the statutory SEND system and are addressed in our waiting well statement.

In financial year 26/27 the Inclusion and SEND service will expand its remit to monitor the quality and accuracy of provision in schools, as stated in section F of an EHCP. This will allow us to support schools to implement provision quickly and effectively, reducing wait times and frustration with the system.

Local Government Ombudsman

In 2025, 3 appeals were taken to the LGO for decision, a reduction of 2 cases from 2024. We recognise that work needs to be done to improve our adherence to statutory timescales, and the service is working hard to ensure all families 'wait well' during this period of stretched resources.

Year	Number of cases with a financial remedy	Total amount paid
2022	0	0
2023	0	0
2024	5	£11,850
2025	3	£1,250

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	SEND Service Update
Name of directorate and service	Education and Safeguarding
Name and role of officers completing the EqIA	Laura Donnelly- Head of SEND
Date of assessment	17/02/2026

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

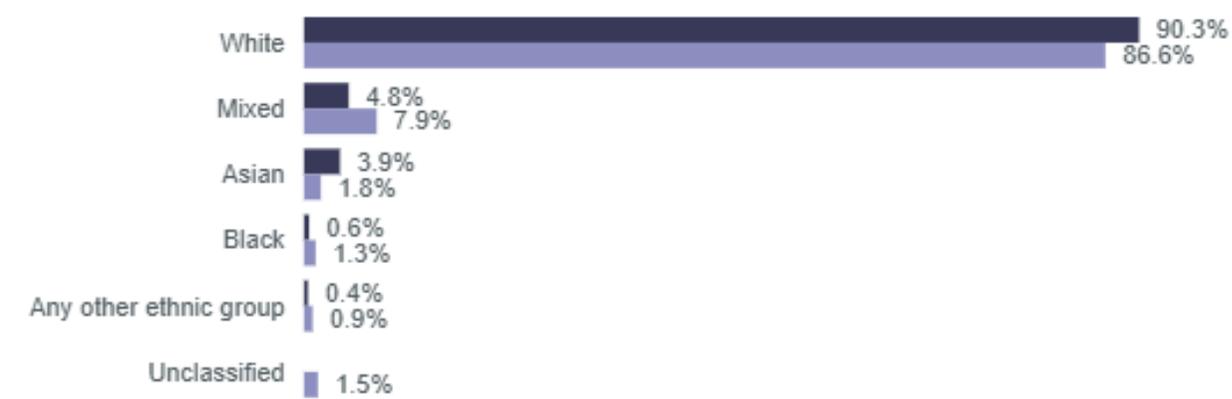
This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final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

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

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	This is an update from the statutory SEND team and does not include any changes to new or existing policy.
1.2 Provide brief details of the scope of the policy or service being reviewed, for example: <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? 	The statutory SEND service works to deliver the Local Authority's responsibilities under the Special Educational Needs and Disability Code of Practice 2015. This is a national requirement. How this is delivered can be reviewed.
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	No

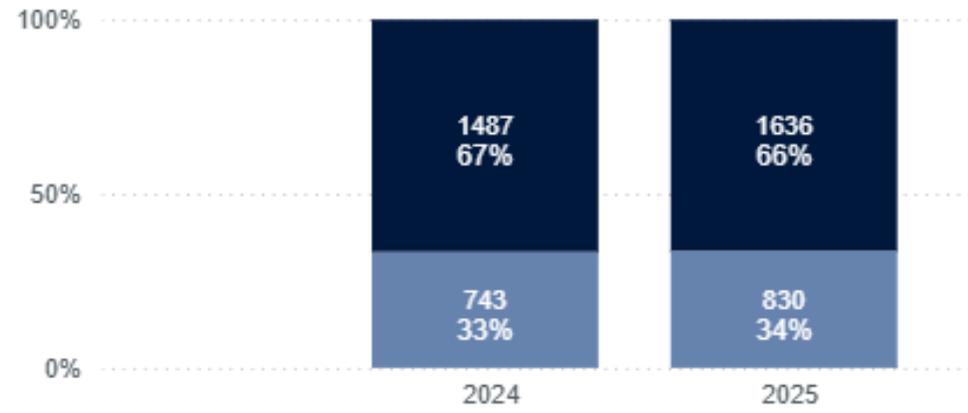
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2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to																					
<p>2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?</p>	<p>All staff have attended mandatory equalities training available on the Council’s Learning Pool. All staff have attended systemic practice workshops. Children's services and Education staff have access to additional training provided by SARI.</p>																					
<p>2.2 What is the equality profile of service users?</p>	<p>Children and young people with an EHCP have additional learning needs that may be considered a disability under the Equalities Act 2010.</p> <p>SEND2 Data: B&NES 0-25 Population and Active EHCPs in 2025, by Ethnic Group</p> <p>● B&NES Population (Census 2021) ● B&NES EHCPs in 2025</p>  <table border="1"> <thead> <tr> <th>Ethnic Group</th> <th>B&NES Population (Census 2021)</th> <th>B&NES EHCPs in 2025</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>90.3%</td> <td>86.6%</td> </tr> <tr> <td>Mixed</td> <td>4.8%</td> <td>7.9%</td> </tr> <tr> <td>Asian</td> <td>3.9%</td> <td>1.8%</td> </tr> <tr> <td>Black</td> <td>0.6%</td> <td>1.3%</td> </tr> <tr> <td>Any other ethnic group</td> <td>0.4%</td> <td>0.9%</td> </tr> <tr> <td>Unclassified</td> <td>-</td> <td>1.5%</td> </tr> </tbody> </table>	Ethnic Group	B&NES Population (Census 2021)	B&NES EHCPs in 2025	White	90.3%	86.6%	Mixed	4.8%	7.9%	Asian	3.9%	1.8%	Black	0.6%	1.3%	Any other ethnic group	0.4%	0.9%	Unclassified	-	1.5%
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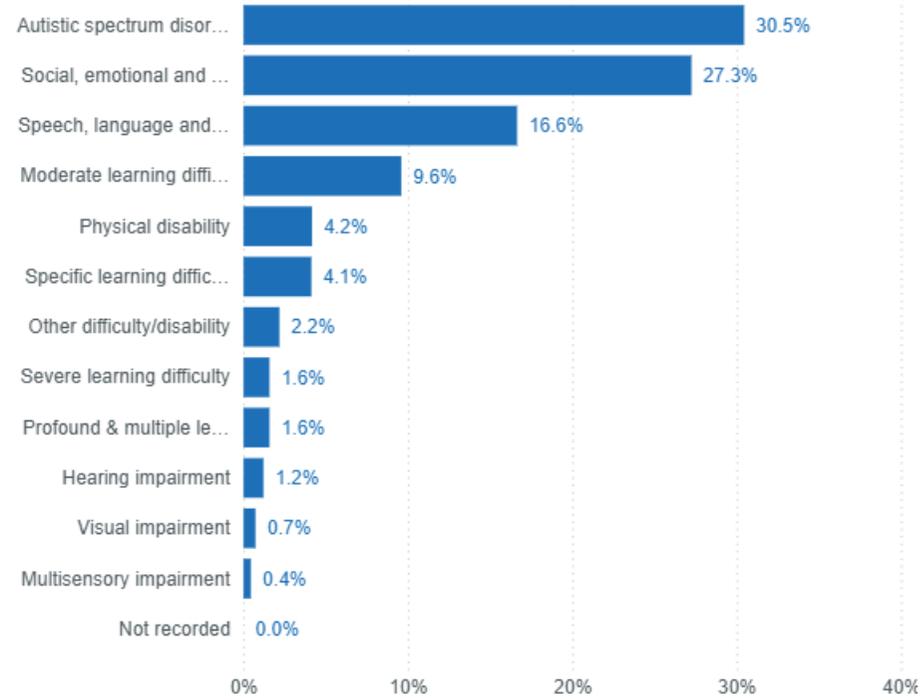
Active EHCPs by Sex, for B&NES CYP

● Female ● Male



Active EHCPs by Primary Need in 2025

● B&NES



	<h3>Active EHCPs for B&NES CYP, by Age Group</h3> <p>Age Group ● 0 - 4 ● 5 - 10 ● 11 - 15 ● 16 - 19 ● 20 - 25</p> <table border="1"> <thead> <tr> <th>Year</th> <th>0 - 4</th> <th>5 - 10</th> <th>11 - 15</th> <th>16 - 19</th> <th>20 - 25</th> </tr> </thead> <tbody> <tr> <td>2024</td> <td>~2%</td> <td>33%</td> <td>36%</td> <td>22%</td> <td>~7%</td> </tr> <tr> <td>2025</td> <td>~2%</td> <td>32%</td> <td>38%</td> <td>22%</td> <td>~6%</td> </tr> </tbody> </table>	Year	0 - 4	5 - 10	11 - 15	16 - 19	20 - 25	2024	~2%	33%	36%	22%	~7%	2025	~2%	32%	38%	22%	~6%
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<p>2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?</p>	<p>A recent survey of parents and carers tells us that whilst the service has improved its communication with families, we still have further improvements to make. The service is working with Zoom and CoPilot to improve communication and have recently moved to a call centre telephone model making us easier to reach. Booking links are now provided for all practitioners.</p> <p>Families also tell us that our adherence to statutory timeframes need to be improved, which is addressed in this paper.</p>																		
<p>2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>None</p>																		
<p>2.5 If you are planning to undertake any consultation in the future regarding this service or</p>	<p>The Statutory SEND Head of Service meets fortnightly with the parent carer forum for consultation, and monthly to discuss communications.</p>																		

policy, how will you include equality considerations within this?	Parent carers form part of our ongoing multiagency quality assurance group.
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3. Assessment of impact: 'Equality analysis'

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

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

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	<p>The needs of children and young people, as identified using a multi-agency approach, and are detailed in their EHC assessment and subsequent plan. Provision and placement is agreed using the process outlined in the code of practice section 9, underpinned by the CFA 2014 and associated case law.</p> <p>Families can access independent support from SENDIAS and the Banes Parent Carer Forum to help them navigate this process, and formal mediation is available, funded by the LA, should support a disagreement be required.</p> <p>The LA funds the parent carer forum to support families with this process if needed.</p>	<p>Children and young people are provided with support via an education health and care plan based on their assessed needs.</p> <p>Delays in the process may result in delays in provision, having a detrimental effect on the progress of children and young people.</p>

<p>3.2 Sex – identify the impact/potential impact of the policy on women and men.</p>	<p>34% of EHCPs in B&NES are issued to females. The percentage issued to females is higher than in our statistical neighbours (30%) and England (29%).</p>	<p>The local authority continues to work hard to address the imbalance in plans being issued between girls and boys and recognises that this is an ongoing piece of work that requires further attention.</p>
<p>3.3 Pregnancy and maternity</p>	<p>Pregnant young people will receive person centred planning to support them during pregnancy and maternity. This support is the responsibility of the school or education setting, who provide reasonable adjustments</p> <p>Pregnancy and maternity do not form part of an EHCP and would not be included in the plan.</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>
<p>3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people</p>	<p>The EHCP process promotes equality by signposted to inclusive and affirming services for children and young people. Services are designed to address challenges such as discrimination, stigma, or mental health concerns that may disproportionately affect young people who are questioning their gender identity.</p> <p>B&NES Commissioned services include: Off the Record provide LGBTQ+ support services. SARI to provide training and practice reflective sessions.</p> <p>All colleagues in the SEND team attend systemic relationship training.</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>
<p>3.5 Disability – identify the impact/potential</p>	<p>EHCP decision making within the Local Authority is made based on a robust and co-produced scheme of delegation.</p>	<p>Children and young people are provided with support via an education health and care plan based on their assessed needs.</p>

<p>impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)</p>	<p>This is audited via an internal and external (multi agency) quality assurance process and reports into the Local Area Inclusion Partnership (attached).</p> <p>The Local Authority commissions SENDIAS as an independent advice service for families, alongside peer support provided by the BANES parent carer forum who provide impartial advice for families should they need support to challenge decisions made by the Local Authority. Lines of redress include mediation, tribunal, local ombudsman review and judicial review.</p> <p>All colleagues in the SEND team attend systemic relationship training.</p>	<p>Delays in the process may result in delays in provision, having a detrimental effect on the progress of children and young people. Processes are in place to ensure families wait well.</p>
<p>3.6 Age – identify the impact/potential impact of the policy on different age groups</p>	<p>EHCPs are issued for children and young people aged 0-25.</p> <p>It is noted that there is a spike in EHCPs during key school transition times. This informs us that a focus on moving between schools, from school to college and into adulthood requires careful consideration to ensure a continuity of care and support.</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>
<p>3.7 Race – identify the impact/potential impact on across different ethnic groups</p>	<p>The SEND Team promotes equality by ensuring services are culturally sensitive and address the specific needs of children and young people from all racial and ethnic backgrounds. This includes commissioning placements and support services that respect and reflect the cultural, linguistic, and religious identities of children. The team works to address disparities by monitoring outcomes for children from minority ethnic backgrounds and ensuring equal access to high-quality services. Collaboration with culturally competent providers and</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>

	<p>community organisations ensures children feel valued and supported in their heritage, while also combating discrimination or bias within service delivery. The team commission SARI to provide training and practice reflective sessions for staff. Individuals and families are supported to access SARI for Race related issues or incidents.</p> <p>B&NES Race Equality Charter Mark is proactively acting within schools and education settings to:</p> <ul style="list-style-type: none"> • challenge racism and racial harassment • promote race equality and cultural diversity • foster good race relations <p>Fosseway School are members of this multi-agency partnership: https://www.bathnes.gov.uk/race-equality-charter-schools</p> <p>We do not use ethnicity data when deciding if a child/young person is eligible for support or placement.</p> <p>All colleagues in the SEND team attend systemic relationship training.</p>	
<p>3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual,</p>	<p>In relation to sexual orientation, the EHCP process promotes equality by signposted to inclusive and affirming services for children and young people of all sexual orientations. Services are designed to address challenges such as discrimination, stigma, or mental health concerns that may disproportionately affect LGBTQ+ children.</p> <p>B&NES Commissioned services include:</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>

questioning people	<p>Off the Record provide LGBTQ+ support services. SARI to provide training and practice reflective sessions. Individuals and families are supported to access SARI</p> <p>We do not collect sexual orientation data or use this in any part of our decision making.</p> <p>All colleagues in the SEND team attend systemic relationship training.</p>	
<p>3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?</p>	<p>In relation to marriage and civil partnerships, the EHCP process promotes equality by ensuring that services are inclusive and sensitive to the diverse family structures and legal partnerships that children and young people may encounter. This includes recognising the role of married or civilly partnered carers, such as foster carers or adoptive parents, in providing stable and nurturing environments. The team ensures that SEND services do not discriminate based on marital or partnership status and that all families are treated equitably</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>
<p>3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.</p>	<p>B&NES recognises its statutory duty to have a Standing Advisory Council on Religious Education (SACRE). The B&NES SACRE monitors standards of religious education and collective worship in our schools and to promotes interfaith respect and understanding. https://www.banes-sacre.com/about</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>

<p>3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).</p>	<p>The B&NES Affordable School Programme aims to 1) increase understanding of the barriers and challenges faced by pupils and families who are living with financial hardship and poverty. 2) help schools make positive changes to policies and practices https://thehub.bathnes.gov.uk/Page/21430</p> <p>All decision making panels consider decisions relating to children supported by social or who are in receipt of free schools meals before other children, and placement allocations are also considered for them first.</p> <p>All colleagues in the SEND team attend systemic relationship training.</p>	<p>It is recognised that children and young people from more affluent family backgrounds have access to private reports and services paid for by families.</p> <p>All such reports are reviewed by colleagues in NHS/LA services to review equity of offer, and when appropriate, over provision is challenged.</p> <p>There is inequity in access to tribunal services, which is addressed through support provided by BANES Parent Carer Forum and SENIAS, however inequality still remains in this area.</p>
<p>3.12 Rural communities* identify the impact / potential impact on people living in rural communities</p>	<p>Link to B&NES SEND Home to School Transport Policy https://www.bathnes.gov.uk/get-school-transport</p> <p>Link to the Equality Impact Assessment for the SEND Home to School Travel Policy for compulsory school age children https://www.bathnes.gov.uk/sites/default/files/SEND-HTST-Policy-Review-EIA.pdf</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>

<p>3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).</p>	<p>B&NES is a signatory to The Armed Forces Covenant https://www.bathnes.gov.uk/armed-forces-covenant</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>
<p>3.14 Care Experienced *** This working definition is currently under review and</p>	<p>The LA takes the view that the EHCPs of young people who are care experienced will continue until 25, unless requested to be ceased by the young person. This is to recognise the challenges faced by those who are care experienced and ensure adequate additional time is given to those young people to make decisions regarding education.</p>	<p>Due to the high number of young people who are in care out of county, it is acknowledged that returning to B&NES at 18 poses challenges for reintegration and education planning.</p>

<p>therefore subject to change:</p> <p>In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.</p>	<p>The SEND service works collaboratively with the care experienced team to ensure the very best transition to post 18 services, including additional support planning for future education and employment.</p>	
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*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

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

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

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

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

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Timeliness of needs assessments impacting support for disabled children and young people	An action plan is in place to improve adherence to statutory timescales	Educational Psychology service clear the backlog of assessments by April 1 st 2026 SEND service reaches its goal of 60% timeliness by September 2026 (above national average of 47%)	Laura Donnelly	September 2026

5. Sign off and publishing

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

Signed off by: Chris Wilford (Divisional Director or nominated senior officer)
Date: 25.2.26

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
9TH MARCH 2026				
9 Mar 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	SEND / EHCP Update	Christopher Wilford Tel: 01225 477109	Director of Children's Services & Education
9 Mar 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	The Education Attainment Gap	Christopher Wilford Tel: 01225 477109 / Amy McCullough	Director of Children's Services & Education
9 Mar 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Placement Sufficiency	Phoebe Holland	Director of Children's Services & Education
20TH APRIL 2026				
20 Apr 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

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
20 Apr 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Improvement Plan	Suzanne Westhead	Director of Adult Social Care
20 Apr 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	B&NES Community Safety & Safeguarding Partnership Annual Report		Director of Adult Social Care
18TH MAY 2026				
22ND JUNE 2026				
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
Page 145	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
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				

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