## **BATH AND NORTH EAST SOMERSET**

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

Monday, 9th September, 2024

#### Present:-

Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Paul Crossley, Dave Harding, Robin Moss (in place of Lesley Mansell), Joanna Wright and Onkar Saini

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

Cabinet Member for Adult Services: Councillor Alison Born

Cabinet Member for Children's Services: Councillor Paul May

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Rebecca Reynolds (Director of Public Health & Prevention), Ceri Williams (Policy Development & Scrutiny Officer), Annette Luker (Public Health Consultant), Amy McCullough (Public Health Consultant) and Laura Ambler (Place Director for the B&NES locality in the Integrated Care Board)

## 22 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and those present introduced themselves.

## 23 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

## 24 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Lesley Mansell had sent her apologies to the Panel, Councillor Robin Moss was present as her substitute.

Councillor Bharat Pankhania had also sent his apologies to the Panel.

# 25 DECLARATIONS OF INTEREST

Councillor Liz Hardman declared an other interest with regard to agenda item 6 (Items from the Public) as she has an involvement with a Community Support Group that is a part of 3SG.

## 26 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

The Chair agreed to hear the Cabinet Member Update from Councillor Paul May, Cabinet Member for Children's Services at this point in the meeting as he had a prior engagement to attend later in the morning.

Councillor May addressed the Panel and highlighted the following points from his update. A copy of the update will be attached as an online appendix to these minutes.

- The proposal is to re-purpose the now closed Charlton House into a new SEND School providing 12 residential places and an additional 18 day places for young people aged 11-17 with complex special educational needs in the area of autism with social, emotional and mental health difficulties.
- This project is directly linked with the Safety Valve work which includes the
  commitment from B&NES to increase the sufficiency of places for children
  and young people with an Education Health & Care Plan (EHCP). The project
  will reduce the overspend in the Dedicated Schools Grant (DSG) and increase
  the local offer, preventing expensive out-of- county placements and allowing
  the pupils to be educated within their own community.
- The average cost of an out-of-county day placement at an Independent Special school currently stands at £96k. The cost of residential SEND placements currently stands at £318k (average placement costs with a mix of 38 & 52wks). This project will result in estimated savings to the Council of £2,171,075 (education and transport) and £2,043,859 (residential) per annum, the latter directly benefitting the Children's Social Care budget.
- The proposed new school would be opened under the Dept. of Education's
  'Free School Presumptive Route', where a local authority identifies a need for
  a new school in its area. If approved through the PID and SMD process, the
  next step will be to publish the specification for the school and engage with
  prospective proposers (single or multi-academy trusts) who may wish to apply
  to establish the new free school.

Kevin Burnett asked if the funding involved was separate to that received through Safety Valve or was it all tied in together.

Councillor May replied that it was understanding that it is tied in with the Safety Valve funding. He added that a £4m grant had already been allocated to the Council by the Government and that an additional £6m Dedicated Schools Grant (DSG) funding has been added for this project.

He added that he still intends to bring to the Panel an update on Safety Valve once he has received further information from the Department for Education (DfE).

Councillor Joanna Wright asked the following questions of Councillor May.

How many ECHPs within B&NES are not issued within the statutory timescale of 20 weeks, after the decision is taken to carry out a needs assessment?

How does this number compare with the national average?

What are the main causes for B&NES not to issue ECHPs within the statutory timescale?

As VAT is soon to be included onto fees for private schools how will this affect young people with special needs in B&NES?

Councillor May replied that he would respond to those questions in writing.

The Chair asked if it was the expectation that the new SEND School provision would be for use by B&NES children only.

Councillor May replied that it was his view that that is the intention, to provide a better solution for the children and their families that live within B&NES.

Kevin Burnett said that he would welcome clarity on what the admission criteria would be for the new SEND School as he was of the opinion that for SEND schools they were not able to state it would only be B&NES children that could attend.

Councillor May replied that he would reply on this matter at the next meeting of the Panel.

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

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

Becky Brooks, Director, 3SG addressed the Panel. A copy of her statement will be attached as an online appendix to these minutes, a summary is set out below.

'On behalf of the Third Sector in B&NES, and as the Director of 3SG, which supports 250 charities across the area, I would like to update the Panel on the re-procurement of Community Contracts from the sector's perspective.

At the beginning of this year, we were told that there would be no 'cliff edge' in funding - and that the Council would work in collaboration with us as valued partners. Whilst I am grateful for the effort that has been made in opening up conversations with myself in the last month or so, until last week, the Sector was largely in the dark about timelines and as far as I am aware, has had little interaction in terms of collaboration or consultation. The Sector still doesn't know what cuts are coming and where - and this has created huge anxiety, uncertainty and difficulty in making plans for the future.

We are yet to see the outcomes of the Community Services review, despite having asked for it over several months - this is disappointing, because it would be helpful to know where cuts will fall, and to understand the Council's thinking. We hoped there

would be an open dialogue around this piece of work, and as far as I am aware, this has not been the case, as was promised by Cllr Mark Elliott at the beginning of this year. If this review is in another format, which I have been told that it is, we would still like to see it, where commercial sensitivities allow.

Whilst I appreciate that the Council has had a busy and pressured time with Adult Social Care coming back in house and now a CQC inspection, the Third Sector desperately needs the Council to start communicating more effectively, trusting it as equal partners to deliver services. Real change is needed for the future of procurement in B&NES and in January, we were asking for that brave and bold piece of work to be done.

I would like to direct members' attention to the recent Council tender in Swindon, in which the Swindon Carers' Centre, supporting residents for over 25 years, had to withdraw, because the ask was completely unachievable for the money offered. It also meant the charity would need to close as a result of losing such a large contract. I cannot imagine what B&NES would look like without its Carers' Centre, and I am genuinely concerned that this scenario could play out with other charities in B&NES. Who picks up services then?

As of last week we received confirmation that market engagement events are likely to take place at the end of September and early October. It is unlikely that would-be providers will go into procurement until the end of the year and that temporary contracts are likely going to be needed to sustain services. Whilst this creates more uncertainty for the Sector, I hope that commissioners use this time to listen and engage with the Sector in a more open way.

Members of this Panel hopefully know of B&NES' Community Wellbeing Hub - an example of where tearing up the rule book and cross sector collaboration has seen proven prevention results and is held up as good practice nationally.

We need to rekindle that pandemic spirit - to move away from transactional relationships, with an emphasis on co-production and trust on both sides and exploring the art of the possible. Bristol, North Somerset & South Gloucestershire (BNSSG) has managed to do some really interesting work in this space and we urge B&NES Council to look at its brave neighbours who recognise that ultimately we all have to evolve our systems to thrive in future. And that is what B&NES deserves - a strong, thriving Third Sector providing sustainable, exemplary services for residents.'

Kevin Burnett said that he was disappointed to hear these comments as he believed that the Council were due, before the summer, to look at the services involved alongside the third sector. He asked what the next steps should be.

Becky Brooks replied that they would like to have a period of engagement with the Council over the next few weeks as work on this issue should not be carried out behind closed doors.

Councillor Robin Moss said that it was worrying that talks between the third sector and the Council had not been taking place as promised. He asked if there was any

update on the budget situation as £802,000 was planned to be saved from within this service area over a now two year period.

Becky Brooks said that it was disappointing to have lost so much time since the original budget decision had been announced and that the sector are willing to do what is necessary to enable ongoing provision. She added though that they need to understand the challenges they might face in order to provide the best outcomes for residents.

The Chair commented that in his role as Chair of the Corporate PDS Panel Councillor Moss could monitor the progress of the budget plans.

Councillor Liz Hardman said that considering the number of services and providers involved the lack of consultation was a concern. She added that the prospect of interim contracts was not satisfactory.

Kate Morton, Chair of B&NES 3SG said that the staff involved need to know the precise situation regarding their contracts.

Councillor Joanna Wright said that she was confused as the Panel had been told previously that talks between the Council and third sector were taking place. She added that it was important that our residents are not failed due to the lack of consultation and that she understood the stance being taken by the sector from a business point of view.

Councillor Alison Born, Cabinet Member for Adult Services said that she appreciated that this is a difficult time for our Community Partners and that the budget decision was never an easy one to make.

She stated that a full review of services was being carried out and that recommissioning would commence on the conclusion of that, with potentially a smaller budget.

She explained that the budget savings were now due to phased over two years, £401,000 each year, and that his would be from within the whole of the Adult Social Care budget.

She said that there is still an intention to work with the sector with two workshops planned to take place in September / October. She added that the knowledge that the providers can give is valuable.

She said that at this point that interim contracts were still likely to be needed and that the Council will seek to provide the best outcomes for the public and the sector.

Kevin Burnett asked why the review was being carried out in isolation without the providers being involved.

The Director of Adult Social Care said that she was sorry to hear that the sector were currently unhappy with the present situation and that she would make attempts to turn it around.

She stated that a baseline assessment of all provision was being carried out to enable an agreement to be reached on the levels of funding that would be required. She added that a budget for this year has been agreed with Councillor Mark Elliott, Cabinet Member for Resources.

She explained that they were in the process of outlining the models of commissioning required.

She apologised again and said she would take up the matter with the Executive Director – Operations to assure that the sector are involved in future discussions.

The Chair said that she would like the Panel to be updated on this issue at least by November. She asked for clarity on whether £802,000 was being withdrawn from the budget within this year.

The Director of Adult Social Care replied that £401,000 was to be removed from across the Adult Social Care budget this year and the next.

Councillor Wright said that the Cabinet Member for Adult Services should provide leadership on this matter and asked what she was able to do.

Councillor Born replied that she was willing to speak with all parties on this matter.

Councillor Moss stated that if the £802,000 savings from the overall Adult Social Care budget were planned to be taken over two years then this needs to seen in the quarterly financial returns of the Council.

He added that he expected the 2025/26 budget discussions to begin in November 2024. He said that in January 2024 this decision had been highlighted as the most important to address and that there were lots to be proud of that the sector provides.

He stated that he believed that the Panel minutes from 10<sup>th</sup> June 2024 were not an accurate record given what the Panel have heard today from the sector.

Councillor Onkar Saini asked what steps were being taken to ensure that services continue.

The Director of Adult Social Care replied that the sector had not been in receipt of any uplift payment for the past 10 years and that this was an area of risk that they were analysing. She added that the Risk Assessment could be shared in November.

Councillor Saini asked if the Needs Assessment would address the issues of Housing and Mental Health.

The Director of Adult Social Care replied that they have a responsibility under the Care Act on these issues and that they do carry out work on prevention in relation to Mental Health.

The Chair asked if a timescale could be given for the next steps that are planned to be taken.

The Director of Adult Social Care replied that she would hope to have a timeline in place in November after speaking and agreeing one with third sector colleagues.

The Chair asked if the Care Quality Commission (CQC) were due to meet with any representatives from 3SG during their visit later in the week.

Kate Morton replied that some sector representatives were due to them during the week.

Councillor Wright stated that there should be no further drift on this matter and said that the Panel should be updated on progress prior to November.

The Chair said that she would follow this up on behalf of the Panel.

Becky Brooks commented that she was disappointed not to be involved in the baseline assessment and that the workshops were not a forum in which an open dialogue could take place. She added that the sector could find it difficult if they are told to work within a certain model and asked for an opportunity to be able to share their knowledge.

Rosie Phillips, Chief Executive, DHI asked where the Housing & Homelessness Review sits within this process and asked if the review outcomes could be shared. She added that third sector workers involved in this area should have at least been consulted as part of the review.

The Chair replied that she believed that the issue of housing is within the remit of the Climate Emergency & Sustainability PDS Panel.

The Chair asked that when the Panel is updated in relation to the budget for Adult Social Care that they also receive an update on the proposed savings for this year within Children's Services.

The Chair, on behalf of the Panel, thanked Becky Brooks for her statement and for other third sector colleagues for their contributions to the discussion.

## 28 MINUTES: 15TH JULY 2024

Kevin Burnett offered the following observations on the minutes for 15<sup>th</sup> July 2024.

- Page 7 Last paragraph Should read '3 Inspectors'
- Page 7 Waiting to receive:
  - A Community Summit summary from the Education team.
  - A response to his question regarding changes to the HERS (Hospital Education Reintegration Service).

- Page 9 Any response from Public Health regarding retaining leisure provision on the former Culverhay site.
- Page 16 How many of the 12 B&NES schools involved in the PINS project were in Radstock?
- Page 19 Free School Meals how many children are accessing this resource that are eligible for it?
- Page 21 Response required Should it be considered that Public Health provide some funding into Youth Justice prevention, especially around the prevention of knife crime.

The Chair asked for those issues to be resolved and for any additional information to be shared with the Panel.

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

## 29 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel and highlighted the points below from her update report. A copy of the report will be attached as an online appendix to these minutes.

# **CQC** Inspection

Following the Government's introduction of a new local authority inspection regime for Adult Social Care, B&NES was informed in April 2024 by the Care Quality Commission (CQC) that our adult social care services would be inspected within the next 6 months. Therefore, B&NES is one of the first 15 councils to be inspected by the CQC.

On 15<sup>th</sup> August the Adult Social Care Leadership Team delivered a 3 hour presentation to the CQC inspectors which also included inputs from public health and housing. We attended a logistics planning meeting with the CQC on 21st August to prepare in detail for the on-site visit in September.

The on-site Assurance Visit takes place this week with a team of 8-12 inspectors expected to be here from 10<sup>th</sup> to 12<sup>th</sup> September. They will be conducting interviews with a range of front-line staff across the Adult Social Care partnership.

Following the on-site visit to B&NES, CQC inspectors will provide high level feedback to the Director of Adult Social Care on 19<sup>th</sup> September.

# Age Friendly Communities

On the 18<sup>th</sup> June, BANES Full Council supported the motion for the application by the local branch of Age UK, to the World Health Organization for B&NES to become an Age Friendly Community. The initiative will be informed by data provided by

B&NES residents aged 55 and over, through the Aging Well community Survey which was also hosted by Age UK.

The goals of the programme are to transform B&NES into an inclusive, supportive and accessible place where everyone can age well, in whichever way they see fit. The programme will be supported by the newly re-convened Ageing Well Network which will bring together voluntary sector organisations that support people to age well and encourage older people to speak out about the issues that are important to them and their communities.

Kevin Burnett asked if the Panel could receive further information regarding the eight Domains of Age Friendly Community Framework.

The Director of Adult Social Care replied that there was link that she could circulate to the Panel to give them additional information.

Councillor Robin Moss said that he would welcome some feedback to Council at some point as to the progress made with regard to Age Friendly Communities.

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

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

Laura Ambler, Director of Place for Bath and North East Somerset, BSW ICB addressed the Panel and sought to highlight the following areas from the update report. A copy of the update report will be attached as an online appendix to these minutes.

# Blood pressure checking outreach clinics underway in B&NES

Bath and North East Somerset, Somerset and Wiltshire Integrated Care Board (BSW ICB) is hosting a series of free blood pressure checks across the local area as part of the national Know Your Numbers Week initiative.

Events have taken place at the Somerset and Dorset Heritage Railway in Midsomer Norton, Bath Rugby and the Alice Park Youth Music Festival with future events also scheduled at Bath City FC.

The Alice Park Youth Music Festival was also used to carry out some community engagement work to gather views of children and young people about access to local services.

<u>Awareness campaign uses mirrors in leisure centres in B&NES to highlight cancer risks</u>

NHS messages prompting gym-goers to look out for potential signs of cancer will appear in the changing rooms of some leisure centres in B&NES over the coming weeks.

The stickers will feature the messages 'Check you out' and 'Know what's normal for you' and remind people that if something in their body doesn't feel right, they should make contact with their GP.

Leisure centres taking part in the initiative are Culverhay Leisure Centre, Odd Down Sports Ground Bath, Bath Sports and Leisure Centre and Keynsham Leisure Centre.

# Flu and RSV vaccination programme underway in B&NES

A vaccination programme has started across B&NES to provide vaccines to protect against flu, COVID-19 and respiratory syncytial virus (RSV).

This year the Joint Committee on Vaccination and Immunisation (JCVI) has recommended adults aged 65 and over, residents of care homes for older adults and those with underlying health conditions aged 6 months to 64 years will be eligible for flu and COVID-19 vaccinations.

Vaccines for RSV, a common cause of coughs and colds which can be dangerous to older people and young children will be available to those aged 75 to 79 and pregnant women from 28 weeks.

## Official opening of the Dyson Cancer Centre at the Royal United Hospitals Bath

Her Majesty the Queen officially opened the Dyson Cancer Centre at the Royal United Hospitals Bath (RUH) on September 3<sup>rd</sup>. Patients, staff, supporters and guests from the wider community were on hand to mark the occasion. Her Majesty was given a guided tour of the new purpose-built centre, which brings together many of the RUH's cancer services under one roof, including the RUH's oncology, chemotherapy and radiotherapy services.

The new centre sees around 350 patients a day and is backed by over £40m in government funding as part of the New Hospital Programme.

The Dyson Cancer Centre was also supported by an additional £10m fundraising campaign from RUHX, the hospital's official charity, including a £4m donation from the James Dyson Foundation and £1m by the Medlock Charitable Trust.

## BSW ICB Compliments and complaints

BSW ICB is committed to responding to patient needs and encouraging a culture that seeks and uses people's experiences of care to improve the commissioning of services.

Our Patient Advice and Liaison Service (PALS) and Complaints Service offers advice and information if patients have concerns or complaints.

People wishing to make a complaint or raise a concern about the care received from a GP practice, dental surgery, opticians or pharmacy must contact the South-West regional complaints team or the healthcare provider directly.

People wishing to make a complaint about the RUH can visit the RUH PALS office next to the RUH main entrance, call 01225 825656 / 826319 or email <u>ruh-tr.pals@nhs.net</u>.

BSW ICB will do its best to resolve complaints, however, if members of the public are not satisfied with the way their complaint has been handled, and would like to take it further, they can contact the Parliamentary and Health Service Ombudsman which makes final decisions on unresolved complaints about the NHS in England. The Ombudsman is independent of the Government and the NHS, and their service is confidential and free of charge.

Patients can also get free help and support from an Advocacy Service when pursuing complaints. Advocacy services are independent charities which represent the interests of patients. They offer a free, independent and confidential advice and support services for people making a complaint relating to either health or social care.

The Chair asked what role the Panel can play in scrutinising Health Services.

Laura Ambler replied that from the ICB's perspective the Panel's role is to scrutinise their jointly commissioned services.

Councillor Robin Moss commented that he was curious about the qualifying criteria for the Covid and Flu vaccinations and the difference between those and for RSV as no vulnerable groups were identified for RSV. He also queried why pneumonia had not been included in this vaccination programme.

Laura Ambler replied that she would take this query away for discussion with colleagues and reply in due course.

Councillor Moss said that the updates received by the Panel are welcome, but that he would also like to hear where pressures might be building within the area.

Laura Ambler replied that a report on Winter Pressures had been taken to the Health & Wellbeing Board and said that summary of that report could be shared with the Panel.

Councillor Joanna Wright commented that pharmacists at Boots Southgate have noticed an increase in users from Lambridge who are accessing methadone in the city centre, rather than the Lambridge pharmacy, because the local pharmacy cannot hold enough methadone. She said that access to the city centre is challenging for many of these residents and asked if more methadone could be held at the Lambridge pharmacy.

Laura Ambler thanked Councillor Wright for drawing this to her attention, she said she that she would pass this onto colleagues in the ICB to see if anything could be done.

Councillor Wright said that she agreed with the comments made by Councillor Moss regarding the Panel receiving information about the likely pressures within the area.

Laura Ambler replied that she would consider what type of mechanism should be put in place for the Panel to receive such a report. She added that they had previously mentioned whether the Panel should be notified when such reports are published for the Health & Wellbeing Board.

Councillor Wright asked if there was any update regarding dentistry that could be given.

Laura Ambler replied that there was not on this occasion and that the work regarding Dental Vans was ongoing.

The Director of Public Health replied that she would discuss the issue in relation to methadone further with Councillor Born as part of an ongoing piece of work regarding pharmacies and our commissioned Drugs & Alcohol Services.

She added, in response to the comments made by Councillor Moss, that there is a National Committee for Vaccination & Immunisations which will have researched and identified the groups of people most at risk and made those decisions on who should be in receipt of these vaccinations. She said that she could share further explanatory information with the Panel.

Councillor Dave Harding asked if there were plans to expand the blood pressure checking outreach clinics and cancer awareness campaign to the rural communities.

Laura Ambler replied that they have recently reestablished an Engagement Team within the ICB and that they were seeking to highlight where there are themes, issues or groups of people that we need to reach out to. She added that she would be mindful of this when compiling future update reports.

Councillor Liz Hardman referred to the recent decision made by the Cabinet Member for Adult Services on the subject of the Bath and North East Somerset, Swindon & Wiltshire Integrated Contract Award and asked if the Panel could be informed of what services would be within the contract.

Laura Ambler replied that this decision relates to the Integrated Community Based Care Programme which is currently in an ongoing procurement process and therefore no further comment could be given. She said that an update will be brought to the Panel in due course.

The Chair, on behalf of the Panel, thanked Laura Ambler for the update.

## 31 PUBLIC HEALTH UPDATE

The Public Health Consultant(AL) outlined the following areas from within report in relation to 'Be Well B&NES – A whole systems approach to health improvement'.

 Be Well B&NES is a new Whole Systems Approach to health improvement in Bath and North East Somerset. It has been developed, and will be owned and delivered, by a collaborative network of partners including healthcare providers, educational settings, leisure providers, Council departments, and community organisations.

- Two well attended network events have been held and enabled a wide variety
  of partners to come together to think about how we can do health
  improvement better across B&NES.
- Be Well B&NES aims to take action on the biggest preventable risk factors for ill health, health inequity and premature death including obesity, tobacco, physical inactivity and the harmful use of alcohol and drugs. These risk factors are closely linked with emotional wellbeing and contribute to a wide range of health conditions including cancer and heart disease.
- Studies have shown that Whole System Approaches work; when we tackle health issues across and at deeper levels of the system, we see better results.
- Two network groups are proposed to bring together system stakeholders with relevant interest and expertise. One network group will focus on a geographical community and one on a children and young people's setting. These networks will co-develop and deliver action plans enabling prioritised actions across different levels of the system. A third operational delivery group will be created to ensure a universal health improvement approach is delivered, and to take forward targeted actions, for example improving the reach of training.
- This is an iterative way of working; regular review will enable the network groups to develop and change in response to the system. It is likely that over the ten-year span of Be Well B&NES, we will shift focus and work across several different areas and settings, learning from successes and challenges.
- The approach we have used in Bath and North East Somerset is based on the Whole Systems Guide for Obesity commissioned by Public Health England.
   We have been supported in the process of developing the framework by academics at the University of Bath.

Councillor Paul Crossley asked how the success of the programme will be identified, how would they monitor any long-term benefits and have any targets been set.

The Public Health Consultant(AL) replied that this a slightly different way of working although targets for individual based interventions would be set. She added that the project will seek to look at the reasons behind the actions that have been taken.

She said that there could be common factors such as access to facilities, transport needs or support as to why these issues are occurring. She added that they have heard from Community Partners in the preliminary stages of the programme and they will now seek to hear the views from the communities themselves.

She said that action plans will be developed as work progresses.

Councillor Crossley asked if any work was to be carried out that would look at whether there is an infrastructure deficit in the area. He gave an example of how the swimming facilities have been withdrawn from the Culverhay Leisure Centre and asked if there were any plans to replace them.

The Public Health Consultant(AL) replied that their ambition is to work with many partners to understand the needs of the particular community. She stated that no community had yet been specifically approached to commence this work. She said that she was not able to give any guarantees at this stage, but that they are aware of assets within the local area.

Councillor Crossley referred to the issue of obesity and asked if the programme would address making the best choices in terms of food that is purchased and cooked. He explained that a local chip shop is known to give larger portions to children / families that they know are on a particularly low income.

The Public Health Consultant(AL) replied that if a community were to identify that this was an area of concern then a discussion would take place with regard to what actions, if any, should be taken.

Councillor Dave Harding said that he would like to know more about how the particular geographical communities will be decided.

The Public Health Consultant(AL) replied that a data assessment has been carried out to attempt to assess where the greatest health improvement need is. She said that a discussion has taken place within the Be Well B&NES Steering Group with regard to how best to approach the identified community.

Councillor Harding asked if the Steering Group reports could be shared with the Panel.

The Public Health Consultant(AL) replied that the framework of the project has been reported to the Integrated Care Alliance and the Health & Wellbeing Board, but that Steering Group information has not been part of any public records to date.

Councillor Joanna Wright asked if any anthropological research had been used within the programme and whether any other areas of the country have used this approach successfully.

She also raised the issue of trust and how important it would be to build the right networks for the programme to succeed.

The Public Health Consultant(AL) replied that trust was indeed an important issue and the reason why community representatives and groups were identified as the best place to provide information and help build those networks.

She added that the approach used has been commissioned by Public Health England and developed by Leeds Beckett University in 2015. She added that she was aware of a number of other local authorities that were using it and that Swindon also use a Whole Systems Approach towards Obesity.

Kevin Burnett asked if this programme was linked to finding factors that impact a child's attainment at school and does it identify these factors in terms of the role of the school and the role of the wider network.

The Public Health Consultant(AL) replied that are two ongoing inter-linking pieces of work being carried out, this Health Improvement Framework and work around Educational Attainment and that the parties involved need to be aware of both.

The Public Health Consultant(AM) added that there was a crossover of people involved and that in terms of attainment there has been a previous commitment to update the Panel on this project. She said that they need to assess where best to input the provision as they recognise the importance of improving the lives of children and young people.

Kevin Burnett referred to section 3.8 of the report and asked if the 'children and young people's setting' was likely to be a school.

The Public Health Consultant(AL) replied that they have not assumed that it will directly be schools, but recognise that it needs to be a tangible setting to work within.

Councillor Onkar Saini asked what are the key health metrics that will be tracked in terms of Active Travel and health improvements.

The Public Health Consultant(AL) replied that Active Travel was given as an example as it shows the multiple of different departments and people that need to come together. She added though that no specific target has been set.

Councillor Saini asked how the programme can adjusted if further needs are recognised during the pilot period.

The Public Health Consultant(AL) replied that they are not viewing this as a pilot, it is a framework that they want to see and develop over a ten year period. She added that Public Health were not leading the programme, it is very much a systems partnership. She said that some priorities have been identified and envisaged that a number of action plans would be created and monitored.

She said that the hope over the ten year period is to see an improvement in the big metrics, such as smoking, physical inactivity and rates of obesity.

Councillor Saini asked what data sources were being used and how recent was this data.

The Public Health Consultant(AL) replied that many sources have been used, including national statistics that have been broken down to a local level. She added that information on subjects such as rates of overweight and obesity in adult populations and food insecurity are amongst those gathered.

She added that where possible they will try not to introduce new measures to monitor against as this can have an impact on resourcing. She said that they will also ensure that their data is qualitative.

Councillor Liz Hardman asked how secure the funding for the programme was, given that it is set to be over a ten year period. She also welcomed the work within her locality, such as Somer Valley Rediscovered.

The Public Health Consultant(AM) addressed the Panel and outlined some key areas in relation to Social Prescribing.

- In recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way.
- There are a number examples of social prescribing good practice underway in B&NES. The Community Wellbeing Hub delivers social prescribing by creating the infrastructure for residents to be referred to a wide range of community partners that offer support to connect with local services and activities.
- A multi-partner Social Prescribing Task and Finish Group has been established to oversee and inform the work, joint-chaired chaired by 3SG and B&NES Council, and with support from Bath Mind.
- To develop a strategic approach to social prescribing, a two-year Social Prescribing Project Manager post (employed by 3SG) has been funded to lead and coordinate system-wide work. In year one (2024/25) the post-holder will co-ordinate the development of the social prescribing framework. Current activities to support this include; working with partners to agree shared language and a definition of social prescribing that all partners can work to.
- A business case for the Active Way is currently under development, which will be used to try and secure longer-term funding for elements of the Active Way that demonstrate both effectiveness and cost effectiveness. Without further funding, the service will come to an end in Autumn 2025.
- The Active Way is in year two of its three-year pilot and is currently delivering a wide range of walking and cycling related interventions within the Somer Valley, in priority areas such as Twerton, and in partnership with settings such as Pennard Court.
- The University of West of England (UWE) is verifying results as part of their evaluation of the Active Way programme, and suggest that there were statistically significant increases in cycling and walking more than three times a week after the end of the 6 week game compared to at the beginning.

The Public Health Consultant(AM) addressed the Panel and outlined some key areas in relation to Sexual and Reproductive Health.

- From 1st April 2013, Local Authorities have been mandated to commission comprehensive open access sexual health services, including free testing and treatment for sexually transmitted infections (STIs), notification of sexual partners of infected persons, and free provision of contraception.
- B&NES generally has good SRH outcomes, for example new STI diagnoses are lower than the England and SW averages, the teenage conception rate remains low and shows a significant reduction from 2009 to 2021, and total prescribed long-acting-reversable contraception (LARC) rates remain high.
- However, although HIV diagnoses are much lower than the England and SW averages, late diagnoses of HIV are increasing and double the England average.
- Our mainstream service/clinical hub Riverside Clinic is contracted with Royal United Hospitals NHS Foundation Trust until March 2029 with agreed funding until March 2026.
- Services currently delivered or subcontracted by HCRG are part of the community transformation programme, including Clinic in a Box, GP LARC and pharmacy sexual and reproductive health services, and will either be recommissioned or re-contracted from August 2024 with an aim for contract commencement in April 2025.

The Chair asked if work is carried out with our local universities and colleges as well as our schools.

The Public Health Consultant(AM) replied that they do and have a good relationship in place with them and meet on a regular basis. She added that they will attend Fresher's Week events and have held webinars to provide information to students.

Kevin Burnett referred to framework and commented that in his opinion it was specific in some areas, but generic in others. He asked if this was based on the levels of Public Health funding or how was it agreed.

The Public Health Consultant(AL) replied that these are the health improvement aims that the system has come together and agreed upon. She explained that in the first workshop with partners they carried out a mapping exercise that included around 50 people looking at the causes and factors towards health improvement in B&NES and a number of common themes were identified.

She added that at the second workshop discussion then turned to how could this all be brought together. She said that it was not related to funding within Public Health.

Councillor Crossley stated that the Panel should champion this ongoing work, but would like officers to consider whether they were able to put any aims, goals or targets in place.

The Public Health Consultant(AM) replied that they will consider that and could return to a future meeting of the Panel to give them an update on progress.

The Chair thanked the officers for their work and for attending the Panel

## The Panel **RESOLVED** to:

- i) Note the work underway for each of the three programmes of work.
- ii) Note the risks to long-term sustainability of some of the interventions available for our residents.
- iii) Support the ambitions of each programme of work by considering opportunities to champion each programme and their alignment with wider Council work.

## 32 KNIFE CRIME PREVENTION TASK GROUP UPDATE

The Chair introduced this report to the Panel and wished to thank all those that had taken part in the work of the Group so far. She stated that there was not a simple solution to this issue and that they have heard from a number of groups and parents that have been affected by this issue and that at times it had been emotionally challenging.

Councillor Paul Crossley said that in terms of next steps he would encourage talks with the relevant Cabinet Member to ensure that a budget is in place to take this work forward. He said that an analysis should be undertaken to understand the costs to society from the effects of knife crime re: NHS, Social Services, Police etc.

The Chair said that the budget would need to involve a wider discussion with other partners and organisations. She added that she could ask about research into the society costs as mentioned.

Councillor Joanna Wright said that she would support the points made by Councillor Crossley. She questioned whether young people are now too frightened to go out because of knife crime and what measures are in place to provide support to our young people affected by this issue.

The Chair said she would ask the Group to explore these points.

Kevin Burnett referred to the Terms of Reference and asked if it was felt that the Group had covered all these topics in their work to date.

The Chair said that the focus has been on considering opportunities for improving prevention of knife crime across Bath and North East Somerset.

Councillor Wright asked if County Lines was in any way attributable in this scenario.

The Chair she would ask for that to be addressed within their report. She also raised an area for the group to discuss regarding the number of young people involved in serious violence and knife crime and the above average number of pupils that have been permanently excluded from school, and that these young people are particularly at risk of such crimes.

The Director of Public Health suggested that the Panel receives the Serious Violence Action Plan and discusses it at a future meeting.

The Chair acknowledged that and said that the Task Group would also like to see the Action Plan.

## The Panel **RESOLVED** to:

i) Note the update and the recommendations they have made to help shape the future direction of the Task Group.

## 33 PANEL WORKPLAN

The Chair introduced the workplan to the Panel and the following subjects were noted as potential future items of discussion.

Councillor Joanna Wright highlighted the lack of available disabled accessible taxis within B&NES and said that she was unsure of where to raise this issue within the Council.

The Chair said that she was aware that this is an issue, but was unsure of how to progress this from the point of the Panel.

The Director of Adult Social Care said that she would think of who best could address this matter in terms of accessibility.

Councillor Wright asked if the Council was prepared for how the change in Winter Fuel Payments will affect a certain number of our residents.

The Chair said that this matter should be addressed within the November meeting following the Government's announcement of the Autumn Budget Statement.

The Panel **RESOLVED** to note their current workplan alongside these proposals for future work areas.

Prepared by Democratic Services
Date Confirmed and Signed
Chair(person)
The meeting ended at 12.30 pm