



## **Agenda for a meeting of the Executive to be held on Tuesday, 3 October 2023 at 10.30 am in the Council Chamber - City Hall, Bradford**

### **Members of the Executive – Councillors**

<b>LABOUR</b>
Hinchcliffe (Chair)
I Khan
Ross-Shaw
Ferriby
Jabar
Duffy

### **Notes:**

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

### **From:**

Asif Ibrahim  
Director of Legal and Governance  
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### **To:**

## A. PROCEDURAL ITEMS

### 1. DISCLOSURES OF INTEREST

(Members Code of Conduct – Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

#### **Notes:**

- (1) *Members must consider their interests, and act according to the following:*

<b>Type of Interest</b>	<b>You must:</b>
<i>Disclosable Pecuniary Interests</i>	<i>Disclose the interest; not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Directly Related)</i> <b>OR</b> <i>Non-Registrable Interests (Directly Related)</i>	<i>Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak but otherwise not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Affects)</i> <b>OR</b> <i>Non-Registrable Interests (Affects)</i>	<i>Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being</i>  <i>(a) to a greater extent than it affects the financial interests of a majority of inhabitants of the affected ward, and</i>  <i>(b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest; in which case speak on the item <u>only if</u> the public are also allowed to speak but otherwise not do not participate in the discussion or</i>

*vote; and leave the meeting unless you have a dispensation.*

- (2) *Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (3) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

## **2. MINUTES**

**Recommended –**

**That the minutes of the meeting held on 5 September 2023 be signed as a correct record (previously circulated).**

(Yusuf Patel / Louis Kingdom – 07970 411923 / 07890 416570)

## **3. INSPECTION OF REPORTS AND BACKGROUND PAPERS**

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Yusuf Patel / Louis Kingdom – 07970 411923 / 07890 416570)

#### 4. RECOMMENDATIONS TO THE EXECUTIVE

The following recommendation has been received from the meeting of the Shipley Area Committee held on 2 August 2023:

##### **CITIZENS' JURY CLIMATE CHANGE REPORT**

**Resolved –**

**That the report be referred to the Executive Committee of Bradford Council and the WYCA Climate, Energy and Environment Committee in order to share the objectives and recommendations of the Citizen's Jury.**

**Action: Shipley Area Co-Ordinators**

(Yusuf Patel / Louis Kingdom – 07970 411923 / 07890 416570)

### **C. PORTFOLIO ITEMS**

<b>CHILDREN AND FAMILIES</b>
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<i>(Councillor Duffy)</i>
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#### 5. OFSTED MONITORING VISIT OF CHILDREN'S SOCIAL CARE

1 - 12

The Strategic Director Children's Services will submit a report (**Document "O"**) which details the outcome of the Ofsted Monitoring Visit of Children's Social Care Services which took place on the 18 and 19 July 2023.

**Recommended –**

**For continued oversight and monitoring of improvements across all aspects of children's services including support and oversight relating to all improvement activity, in line with the council's statutory duties and responsibilities, in partnership with Bradford Children's Trust.**

Overview and Scrutiny Committee: Children's Services

(Picklu Roychoudhury - 01274 436064)

## REGENERATION, PLANNING & TRANSPORT PORTFOLIO

*(Councillor Ross-Shaw)*

### 6. SQUIRE LANE LEISURE, COMMUNITY, HEALTH, AND WELLBEING CENTRE

13 - 20

The Strategic Director Place will submit a report (**Document “P”**) which updates Executive on the progress of the Squire Lane Leisure, Community, Health and Well Being Centre and presents a revised proposal to ensure that the scheme can be delivered within existing financial constraints.

#### **Recommended –**

- (1) That the revised project scope which results in a capital budget requirement of £34.9m to be funded by £20m of LUF Grant, and £14.9m of Council capital financing be approved.**
- (2) That the associated future year revenue budget implications for proceeding with the Squire Lane project (subject to DLUHC approval of its continued funding) as outlined in section 4.3 to Document “P” be noted.**
- (3) That officers continue to seek to identify measures to reduce the revenue budget gap.**
- (4) That a further report be presented to Executive for approval following confirmation of the council’s 2024/25 financial settlement and when final scheme costs are determined.**

Overview and Scrutiny Committee: Regeneration and Environment

(Angela Blake - 01274 431735)

### 7. MINUTES OF THE WEST YORKSHIRE COMBINED AUTHORITY

To receive the minutes of the meetings of the West Yorkshire Combined Authority held on [27 July 2023](#) (Please click on the date to launch minutes).

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## **Report of the Strategic Director Children's Services to the meeting of the Executive to be held on 3 October 2023**

**O**

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### **Subject:**

Ofsted Monitoring Visit of Children's Social Care

### **Summary statement:**

To report on the outcome of the Ofsted Monitoring Visit of Children's Social Care Services which took place on the 18 and 19 July 2023.

### **EQUALITY & DIVERSITY:**

An Equality Impact Assessment is not applicable. However, this report will provide an update on the Monitoring Visit concerned with the Integrated Front Door who directly work with the most in need young people in the district with regard to consideration of equality and diversity.

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Marium Haque  
Strategic Director Children's Services

### **Portfolio:**

**Children & Families**

Report Contact: Picklu Roychoudhury  
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### **Overview & Scrutiny Area:**

**Children's Services**

## 1. SUMMARY

- 1.1 The purpose of this report is to inform the Executive of the details of the recent Monitoring Visit on the theme of Integrated Front Door (IFD). Bradford has been subject to a number of Monitoring Visits and a Focused Visit since the outcome of the full Inspection of Local Authority Children's Services (ILACS) in 2018, where services were judged to be Inadequate. A further ILACS took place in November 2022 and services were again judged to be Inadequate.
- 1.2 This Monitoring Visit reviewed progress made in the following areas of concern identified at the last inspection:
- The IFD and initial response to safeguarding and child in need requests for children.
  - Assessment and planning in the Duty and Assessment Teams.
  - Local Authority Designated Officer (LADO) response to allegations against people who work with children.
- 1.3 This report updates on the outcome of the Ofsted Monitoring Visit which took place on the 18 and 19 July 2023. The full Ofsted Monitoring Visit letter is attached as Appendix A.

## 2. BACKGROUND

- 2.1 Following Ofsted's Inspection of Children's Social Care Services in November 2022, this is the first Monitoring Visit since that inspection and the 9th visit since the service was judged inadequate in 2018. The new IFD was launched two weeks before the last full inspection and this was the first external oversight of how the implementation of the new arrangements and embedding of improved practice has gone, and how well the IFD was operating.
- 2.2 Since the last inspection, Bradford Local Authority have voluntarily transferred responsibility for Children's Social Care Services to Bradford Children and Families Trust. Senior leaders in both the Local Authority and the Trust have worked effectively together to minimise disruption for staff during this time. Overall, staff are positive about the change, and they recognise that there have continued to be improvements and greater engagement with the staff. It remains early days for the Trust to have had a significant impact on the quality of services for all children.
- 2.3 **Integrated Front Door (IFD)**

The Bradford Children's Improvement Board commissioned a new improvement plan which came into being from April 2022. Recognising that improvements to social care are most effectively carried out when they start at the front door and continue to follow the journey of the child, improvements to the IFD were prioritised. The Improvement Board decided that a conversations approach which built on the research carried out by Professor David Thorpe should be implemented as a priority. This work took place at considerable pace and was enabled and supported by a multi-agency implementation board and an operational in house group of key officers.



Additionally, the improvement plan included the introduction of a weekly quality assurance meeting to be followed in time with a monthly multi-agency meeting to focus on the quality of contacts made and practice and decision making. The improvements have been made in line with the plan.

A further improvement was agreed to create a discrete Emergency Duty Team (EDT) for children and young people (in addition to one for adults only). Children's EDT has been created.

At the November 2022 ILACS, Ofsted Inspectors recognised the improvements made at that time, but conceded that it was too early to make a judgement on how well the new arrangements were working.

For the July 2023 Monitoring Visit, Inspectors found that the IFD response to concerns at the IFD has continued to improve since the last inspection. Inspectors made very positive statements in the Monitoring Visit letter about practice, multi-agency working, quality assurance, management oversight, decision making, recording, and application of thresholds:

*'The conversations-based approach to receiving contact and referrals, initially introduced just prior to the last inspection, is now more embedded. This is having a positive impact on the understanding of concerns for children and the outcomes agreed.'*

*'Social Workers consistently make efforts to inform referrers of the outcome of referrals, and this is promoting more effective working relationships between partner agencies.'*

*'A weekly referral meeting, in which data and the quality of referrals are considered, is further assisting the improvement of work in the IFD.'*

*'Managers' oversight and decision-making in the IFD is timely and appropriate. Managers clearly record direction they give to social workers at the point of contact, and there is clear rationale for decisions.'*

*'Thresholds are being appropriately applied to ensure that children are directed to the right level of service at the earliest opportunity.'*

*'The responses to concerns out of hours have been strengthened with a dedicated emergency duty team (EDT) for children.'*

The Local Authority will continue to work in partnership with Bradford Children and Families Trust and the wider partnership to further improve the arrangements so that professionals make appropriate contacts to the IFD about children, and a quality response is provided based on the family's views and consent and that decisions about them will be appropriate to the presenting needs and issues.

## **2.4 Assessment and Planning in the Duty and Assessment Teams**

Inspectors found that although there have been improvements to recent work in the Duty and Assessment Teams, the quality of assessment, planning and

management oversight is not consistently strong at this point.

The improvement plan has a robust focus on assessment, planning and decision making as the next critical aspects of the child's journey. Improvements will be led by the Trust and supported by the Local Authority and the wider partnership.

## **2.5 Local Authority Designated Officer (LADO)**

Feedback from Inspectors on the LADO service was that an appropriate and timely response to allegations against professionals who work with children was being provided:

*'In those cases seen, the decision-making was clear and LADOs maintained effective oversight of the progression of investigations. The LADOs are monitoring trends and outcomes of referrals from children's homes, and where additional training or advice is required, this is provided. The outcomes of these referrals are reviewed monthly to ensure that responses are appropriate.'*

For those young people leaving our care we can be assured that stringent LADO support and subsequent QA activity continues to identify and take appropriate safeguards to ensure those who work with children are suitable.

## **3. OTHER CONSIDERATIONS**

3.1 Not applicable.

## **4. FINANCIAL & RESOURCE APPRAISAL**

4.1 There are no financial implications arising from this report.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

5.1 This report highlights the content of the Monitoring Visit and the full report is now available to the public.

5.2 What is clear in the report is that there are no safeguarding incidents and/or findings that identified any specific risks or issues for young people that are using the IFD and Bradford Children and Families Trust and Children's Services are working together for the benefit of all Bradford's children and young people. This is evidence that risks or previous Ofsted findings are reducing.

## **6. LEGAL APPRAISAL**

6.1 There are no legal issues arising from this report.

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

Not applicable.

## **7.2 TACKLING THE CLIMATE EMERGENCY IMPLICATIONS**

Not applicable.

## **7.3 COMMUNITY SAFETY IMPLICATIONS**

Not applicable.

## **7.4 HUMAN RIGHTS ACT**

The quality of children's services can have implications for a number of rights protected by The Human Rights Act 1998 including the right to respect for private and family life.

## **7.5 TRADE UNION**

Not applicable.

## **7.6 WARD IMPLICATIONS**

There are no specific ward implications as this report relates to all wards in the District.

## **7.7 AREA COMMITTEE LOCALITY PLAN IMPLICATIONS**

Not applicable.

## **7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE**

All the implications in this report are concerned with children and young people. The Local Authority and The Trust with its respective officers should make themselves aware of the issues raised in the letter.

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

Not applicable.

## **8. NOT FOR PUBLICATION DOCUMENTS**

8.1 Not applicable.

## **9. OPTIONS**

9.1 Not applicable. The purpose of this report is to provide a summary of the Ofsted Monitoring Visit held in July 2023.

## **10. RECOMMENDATIONS**

- 10.1 For continued oversight and monitoring of improvements across all aspects of children's services including support and oversight relating to all improvement activity, in line with the council's statutory duties and responsibilities, in partnership with Bradford Children's Trust.

## **11. APPENDICES**

- 11.1 Ofsted Monitoring Visit Letter.

## **12. BACKGROUND DOCUMENTS**

- 12.1 Not applicable.

22 August 2023

Marium Haque  
Strategic Director, Children's Services  
Margaret McMillan Tower  
Princes Way  
Bradford  
BD1 1NN

cc. Charlotte Ramsden, Chief Executive Officer, Bradford Children and Families Trust.

Dear Marium

### **Monitoring visit to Bradford children and families trust.**

This letter summarises the findings of the monitoring visit to Bradford Children and Families Trust on 18 and 19 July 2023. This was the first monitoring visit since Bradford children's services was judged inadequate in January 2023, and the ninth monitoring visit since Bradford Children's Services was judged inadequate in 2018. Bradford children's services transferred to Bradford children and families trust on 1 April 2023, and this is the first monitoring visit under the new arrangements. His Majesty's Inspectors (HMI(s)) for this visit were Matt Reed and Louise Hollick. Michelle Edge, HMI, acted as supernumerary for this visit.

### **Areas covered by the visit.**

Inspectors reviewed the progress made in the following areas of concern identified at the last inspection:

- The integrated front door (IFD) and initial response to safeguarding and child in need requests for children.
- Assessment and planning in the duty and assessment teams.
- Local authority designated officer (LADO) response to allegations against people who work with children.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework, inspectors were primarily on site.

### **Headline findings**

Since the last inspection, Bradford local authority have voluntarily transferred responsibility for children's services to Bradford Children and Families. Senior leaders in both the local authority and the trust have worked together to minimise disruption for staff during this time. Overall, staff are positive about the change, and they

recognise that there have been some improvements and greater engagement with the staff. It remains early days for the Trust to have had a significant impact on the quality of services for all children. The response to concerns at the integrated front door have continued to improve since the last inspection. The conversational approach to receiving new referrals has been further embedded, and this is assisting in most children receiving an appropriate and timely response to their needs. The IFD continues to receive a high number of Police Protection Notices (PPNs) which have not been triaged by the police, placing undue pressure on the IFD, and a joint solution is needed. There remain inconsistencies in the assessment and planning for children once work leaves the front door. For some children, this has led to delays in multi-agency plans being formulated. The LADO service provides an appropriate and timely response to allegations against professionals who work with children.

### **Findings and evaluation of progress**

Since the last inspection, there have been improvements in the response to initial contacts and referrals received at the IFD. The conversations-based approach to receiving contact and referrals, initially introduced just prior to the last inspection, is now more embedded. This is having a positive impact on the understanding of concerns for children and the outcomes agreed. Social workers consistently make efforts to inform referrers of the outcome of referrals, and this is promoting more effective working relationships between partner agencies. A weekly referral meeting, in which data and the quality of referrals are considered, is further assisting the improvement of work in the IFD.

Social workers complete detailed checks to inform decision-making. Previous history and involvement with families are considered during initial screening, and there are consistent efforts to speak with parents. Social workers understand the need for parental consent, and this is obtained wherever possible. When needed, parental consent is dispensed with, and, in most referrals, this is appropriate and clearly recorded. This prevents delay in responses when safeguarding concerns are raised.

There are some children who have been subject to repeat referrals. In all children's cases seen, the legacy of poor practice was evident, with failed interventions, overly optimistic assessments, and premature closure. Some children are now re-opened to children's services and more recent responses to referrals are meeting the children's assessed needs.

The responses to concerns out of hours have been strengthened with a dedicated emergency duty team (EDT) for children. Managers in the IFD are alerted to new referrals via the electronic recording system and email. The team manager effectively triages the referrals received out of hours and at weekends to ensure there are no delays in daytime responses.

The conversations-based approach has assisted in developing more effective working relationships with some partner agencies, but collaborative responses to domestic abuse concerns need to be strengthened. The IFD receive a high level of PPNs from the police which are emailed, with limited police assessment of risk for children. Not all PPNs are of a high quality and the outcome of police attendance is not always clear. Practice supervisors and managers spend a lot of time filtering information from PPNs to enable a prioritisation of response due to a lack of initial police triaging. Although they do this effectively, the system is inefficient, and the sheer volume of emails increases the risk of concerns for children being overlooked and delays in response. The daily risk assessment meeting, in relation to domestic abuse notifications observed by inspectors, was adult focused and did not add to the overall safety planning and risk management for children.

Managers' oversight and decision-making in the IFD is timely and appropriate. Managers clearly record direction they give to social workers at the point of contact, and there is clear rationale for decisions. Thresholds are being appropriately applied to ensure that children are directed to the right level of service at the earliest opportunity.

When children require a safeguarding response, decisions to convene strategy meetings and progress to child protection enquiries are timely. Children are transferred without delay to the assessment and duty teams. Strategy meetings are attended by the relevant professionals, who share appropriate information to inform decision-making. However, despite the outcome to progress to child protection enquiry being clearly recorded, specific actions from the strategy meeting could be more evident. The subsequent child protection enquiries focus on presenting risk; children are seen, and their views obtained. Family members are included, and consideration is given to how extended family can offer support. The records of the child protection enquiries vary in the level of detail and analysis of risk, but this did not affect the outcome, which, for most children, is appropriate.

When child protection enquiries result in children needing to enter child protection processes, not all children progress to initial child protection conference (ICPC) in a timely way. The oversight of children waiting to be discussed at ICPC is not consistent. Some children received additional visits with clear management oversight, but this was not the case for all. For others, there is no increase in visiting and a lack of clear management oversight, to provide assurance that children were not at increased risk. Although no children were found to be at immediate risk, there have been delays in effective multi-agency planning for these children. Senior leaders have identified this as an area of concern through performance management. Measures have been put in place, and performance is improving, with a clear acknowledgement by senior leaders that more improvement is required.

The work within the assessment and duty teams is not as consistently strong and there remain inconsistencies in the quality of assessments and management

oversight. There have been improvements to more recent work, but not all assessments are leading to timely multi-agency plans and interventions to support children, although some are detailed and include the child's voice and influence. Some assessments are overly descriptive and lack analysis of children's presenting needs. The views of children are not routinely captured, and when they are, it is not clear how they are influencing planning. Where assessments are delayed, management oversight does not give a clear indication of why or what services are in place to support families while assessments are ongoing. This results in families not receiving the right level of support at the earliest opportunity.

Safety plans are routinely devised with families, but it is not clear how actions in the plan offer additional safeguards to children. Many safety plans place the onus on vulnerable parents to make immediate changes to longstanding behaviours, which previously they have been unable to do. As a result, safety plans are not robust and do not give assurance that children are safeguarded to a greater degree.

In one locality, there has been a brief period, during increased demand and staff shortages, in which some children have not had an allocated worker. This matter has been resolved, and all children now have an allocated social worker. During this time, although the children were seen by duty social workers, there was a delay in plans to meet the children's needs.

When allegations are made people who work with children, the local authority designated officer (LADO) responses are timely and appropriate. In those cases seen, the decision-making was clear and LADOs maintained effective oversight of the progression of investigations. The LADOs are monitoring trends and outcomes of referrals from children's homes, and where additional training or advice is required, this is provided. The outcomes of these referrals are reviewed monthly to ensure that responses are appropriate.

Senior leaders in the trust and the local authority have worked together to minimise the impact on staff during the transfer of responsibility to the trust. There is an expressed commitment to work together as everyone adapts to the new working relationship. The self-evaluation provided by the trust highlights that leaders are getting to grips with the practice issues and the scale of improvements needed. Senior leaders acknowledge that it will take some time before the legacy of poor practice is resolved.

Auditing practice requires further development to assist leaders in identifying the improvements needed. New audit guidance has been developed but is too recent to have significantly impacted on audit activity. Compliance with audit completion is low, and leaders acknowledge that there remains 'over optimism' about what good practice looks like so as to enable the accurate identification of themes for practice improvement.



Some social workers have high caseloads. This is monitored by managers and leaders, and overall caseloads are reducing. Most social workers considered their caseload to be manageable, and they believe they are having more time to complete assessments and support families. Recruitment and retention remain a priority for leaders in order to provide stability in the workforce and consistency for families. The increased social work capacity in one locality has been welcomed.

Most social workers receive regular supervision, which they state helps them to reflect on practice and learning. However, the quality of recorded supervision is not consistent and is not always demonstrating clear direction to social workers, or providing challenge when tasks are not complete. Groups supervision is also available, which is providing additional opportunities to review children's cases and improve learning from rapid reviews.

Overall, social workers and managers in the IFD and assessment and duty teams were positive about the current situation. They acknowledge that there have been some improvements. Workers and managers are encouraged to attend a focus group and contribute to improvement work, which is assisting them to feel more valued. Workers report that managers are visible and supportive, they are consistent in their approach, and they encourage an open and supportive environment.

I am copying this letter to the Department for Education.

Yours sincerely

Matt Reed  
Senior His Majesty's Inspector

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## Report of the Strategic Director of Place to the meeting of Executive to be held on 3<sup>rd</sup> October 2023

**P**

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### Subject:

**Squire Lane Leisure, Community, Health, and Wellbeing Centre**

### Summary statement:

This report updates Executive on the progress of the Squire Lane Leisure, Community, Health and Well Being Centre and presents a revised proposal to ensure that the scheme can be delivered within existing financial constraints.

### EQUALITY & DIVERSITY:

A full Equalities and Social Inclusion Impact Assessment (ESIIA) will be completed as part of the project plan to ensure that the impact of any change is understood and mitigated where appropriate.

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David Shepherd  
Strategic Director, Place

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Development  
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### Portfolio:

Cllr Alex Ross-Shaw  
Portfolio Holder for Regeneration, Planning and  
Transport

### Overview & Scrutiny Area:

Regeneration & Environment

## 1. SUMMARY

This report updates Executive as to the revised scope of the Squire Lane project and the consequential financial implications. The revised scope has been assessed as being the most affordable option that would remain compliant with LUF grant conditions (subject to DLUHC approval) and that would provide an efficient and fit for purpose facility.

## 2. BACKGROUND

- 2.1 Executive approved the principle of developing a Leisure, Wellbeing and Enterprise facility at Squire Lane, with an available budget of £48.9m on 6<sup>th</sup> July 2021. This was subject to the award of £20m of Levelling Up Fund (LUF) grant which the Council subsequently secured.
- 2.2 A further report was considered by Executive on 21<sup>st</sup> February 2023 which updated on progress and sought approval for the project to move through the remaining Design stages and to proceed with appointing a contractor to ensure that the deadline for defraying the £20m LUF grant (March 2025) could be achieved.
- 2.3 Due to the extended timeline for confirmation of health funding via the Department for Health's 'Capital Departmental Expenditure Limit (CDEL) process, Bradford District Care Trust has been unable to commit at this stage to contributing towards the financial requirements of the scheme. The council is committed to continuing to engage with the Trust on the need for health facilities and the availability of resources to deliver improvements moving forward. However, the scope of the Squire Lane project needs to be reviewed given the withdrawal of the key partner in the project.
- 2.4 A decision is required on the re-scoping of the project to ensure that the scheme remains affordable whilst also continuing to meet LUF grant criteria.
- 2.5 If the revised proposal is approved, the council will submit a change request to the Department of Levelling Up and Communities to obtain their approval to the re-scoping of the project and the revised cash flow.
- 2.6 The Squire Lane project is part of the Sports Facilities Investment Strategy approved in January 2015 which sought to replace old facilities reaching the end of their design life with new, more energy efficient and cheaper to run facilities that will play a significant part in improving the health and wellbeing of Bradford's communities well into the future.
- 2.7 As part of the strategy, older, less efficient, and poorer quality pool / gym facilities have been closed at Queensbury, the Richard Dunn Centre and Bingley. A new, modern, and efficient leisure centre has been developed in Sedbergh and the creation of the long-planned Squire Lane facility would be the second new build facility developed in accordance with that strategy.
- 2.8 The process to appoint a contractor is underway and if the revised project scope is approved, is due to conclude during January 2024.

### **3. OTHER CONSIDERATIONS**

3.1 Originally, the scheme was approved with an estimated capital cost of £48m.

Aside from the capital estimates, the other major assumptions were that: -

- 1) The operating cost (i.e., noncapital financing costs such as staffing, energy, cleaning etc), of the Leisure Centre would be largely self-financing from user income.
- 2) The capital costs of the Council element of the scheme would be largely covered by LUF Grant, and existing capital approvals.
- 3) The capital costs and building operating costs of the parts of the building occupied by non-council (mostly NHS) tenants would be self-financing by recovering capital financing costs through long term leases, and operating costs through service charges.

3.2 As health partners have now withdrawn from the scheme, there will be no income generated to cover the prudential borrowing cost of the capital required to construct the health space. As a result, the re-scoping has focussed on reducing floorspace, continuing to provide community space, meeting rooms and a hall where health services could be delivered, but which reduces the overall revenue implications of development.

3.3 Construction inflation and energy costs have been high and remain volatile. Both have impacted on overall costs and these too have been revised. Projections on user income have also been revisited, acknowledging the reduction in usage that has been observed because of the cost-of-living crisis and the squeeze on household budgets.

3.4 The re-scoped development will provide a high quality, modern leisure facility which will contribute significantly towards delivery of the council's priorities in relation to health. It will also provide high quality community facilities that will enhance existing community provision within Toller Ward and provide the opportunity for a broader range of community related services to be delivered locally. The council's policies in relation to affordable access to leisure facilities for disadvantaged households remains in place however and thus people on low incomes will still be able to access the facilities provided within the new development.

3.5 The new facility will replace other, older, and less efficient facilities and provide significant opportunities to improve the overall health and wellbeing of the communities of the area and thus remains a key objective of the councils Sports Facilities Investment Strategy approved in January 2015.

3.6 The site is located in Toller Ward in the Bradford West Area. The catchment of the centre incorporates an estimated 70,000 residents. Current health data indicates that the area suffers from multiple health disadvantage. The level of childhood obesity / excess weight at year 6 is higher than the Bradford average at 41.5%. Deaths because of Cardiovascular disease are 117 per 100,000 compared with the Bradford average of 100. Deaths due to respiratory illness are 50 per 100,000 compared to a Bradford average of 41. The provision of high-quality health facilities

will assist to encourage residents to be more active and thus impact positively on the health of the local population.

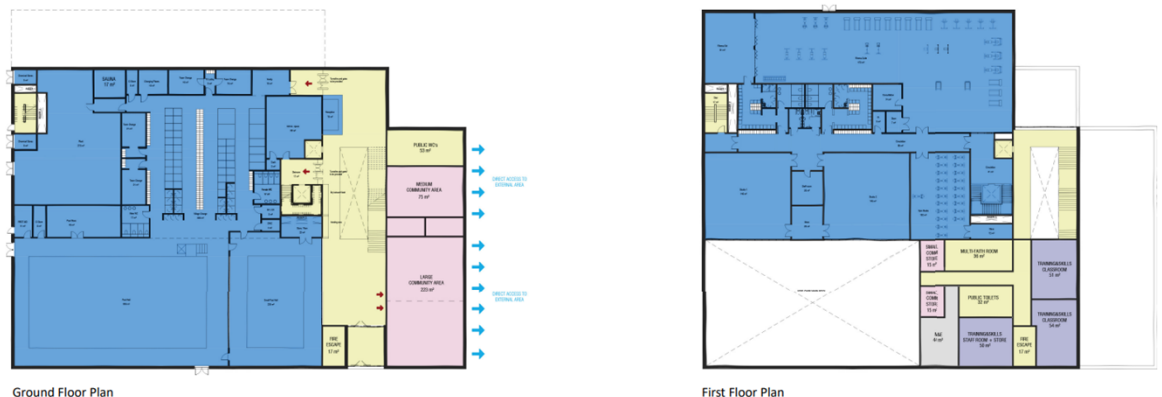
### Financial Summary

- 3.7 In summary, the factors set out above have changed the scheme's scope and financial projections. However, the council remains committed to deliver the new facility and to fully utilise the £20m LUF grant awarded by DLUHC to the project, subject to confirmation of a viable and sustainable financial delivery model.
- 3.8 All councils are subject to increasingly difficult financial constraints due to the issues set out in section 3.3 above. As a result, many councils are seeking to amend the scope of LUF projects to remain able to deliver financially sustainable developments within the budget envelope available.

### Proposed Scheme Changes

- 3.9 The project team has worked with the design team to reduce the scale of the building whilst also meeting LUF grant criteria.
- 3.10 An option has been produced which retains delivery of the leisure element as well as the community and enterprise spaces. Health outcomes will now be delivered flexibly from within the community and enterprise areas of the development. This new option reduced the floor space from 10,781m<sup>2</sup> at bid stage to 4,291m<sup>2</sup>.

### Revised layout to the Squire Lane facility as approved by the SRO and Project Board.



- 3.11 The revised option reduces the building size and thus has reduced the overall capital cost of the project to £34.9m, inclusive of £3.2m of contingency.
- 3.12 The impact on revenue costs has been assessed as being an additional c£1.19m per annum, to include the impact of increased construction costs, reduced income, and the revenue costs of servicing capital borrowing. £0.45m of this requirement has been factored into the capital financing revenue budget, leaving a further c£0.7m revenue funding gap to be added to the council's Medium Term Financial Plan (MTFS) as a budget pressure from 2026/7 onwards.

- 3.13 The revised option will require agreement from DLUHC about changes to planned grant outcomes on the basis that the overall changes exceed DLUHC 30% change threshold, To that effect a change request has been submitted to DLUHC for approval.

### **Options for closing the remaining Revenue Gap**

- 3.14 The council is committed to attempting to mitigate the full revenue pressure of £0.75m. This will be achieved by exploring further efficiencies, identifying additional sources of funding and by exploring options to commercially let the enterprise and community space in the building, thus generating additional income.
- 3.15 Energy consumption estimates will also be revised as the design progresses. The new building is planned to have Solar Panels, Air Source Heat Pumps, and other energy efficiency measures. Estimates of building energy consumption will be modelled as the design progresses and this should reduce the current revenue budget gap. Additional funding sources may be available to deliver new, innovative low carbon energy methodologies and these will be explored in full.

## **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1 The revised scope has been assessed as being the most affordable option that would remain compliant with LUF grant conditions (subject to DLUHC approval), and hence attract £20m of grant towards the c£34m capital costs.
- 4.2 As outlined, the project has had to be rescoped because of changes in requirements for the building following the withdrawal of key partners, and taking account of significant construction inflation, and energy cost increases amongst others.
- 4.3 The consequence of the above is that currently the most viable scheme option will result in ongoing revenue costs of circa £1.19m. This is inclusive of c£0.44m of net operating costs, and c£0.75m of annual financing costs associated with a £14m borrowing requirement (£34m capital cost - £20m LUF grant).
- 4.4 As the Council's capital financing budget already includes c£450k that is set aside for the Sports Investment plan, this would leave a c£0.7m budget gap that will need to be factored into the Medium-Term Financial Strategy, and future budgets (2026-27) unless otherwise mitigated.
- 4.5 As outlined previously the project team will continue to seek to identify ways to reduce the budget gap through efficiency measures/ additional income, and the scheme cost is very sensitive to interest rate changes. Indicatively for each 1% change in interest rates the financing cost increases/ decreases by c£120k per year.
- 4.6 It should also be noted that the Council is currently spending less on sports facilities than planned due to the timing difference between sites closing and new planned ones opening.

- 4.7 Indicatively, the net operating costs of the sites that have closed since the Sports Investment Strategy was approved (Richard Dunn, Bingley Pool, and Queensbury) was c£1.1m at 2022-23 prices. This compares to c£0.7m of net operating costs in 2023-23 at the recently opened Sedbergh site, which was also inclusive of c£250k of extraordinary additional electric and gas costs following the war in Ukraine.
- 4.8 Total spend on the project to date is c£2.4m, comprised of consulting and design fees. This includes design and consulting expenditure related to the original project design. All costs to date have been grant funded. Any abortive costs will have no budget impact.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 5.1 Governance arrangements on the project are well established with a project board chaired by the Strategic Director of Place. There are regular reporting arrangements in place to DLUHC.
- 5.2 Discussions have been held with the council's Procurement Team to ensure that the forms of contracts used will mitigate commercial and contractual risks to the council as far as is possible and embrace modern procurement methodologies. Regular risk workshops are undertaken with the Design Team so that the council can identify and manage all key risks.
- 5.3 Financial risks remain, and the project will require final approval when the council's budget settlement for 2024/25 is confirmed during December 2023 and when the procurement process crystallises construction costs. As a result, a further report will be brought to Executive during January 2024 to confirm the detailed and final budget implications of the project.

## **6. LEGAL APPRAISAL**

There are no specific legal issues.

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

The proposed development will be constructed to meet at a minimum Building Regulation Part L requirement, which specifies the minimum benchmarks to be met on energy efficiency.

Discussions are ongoing with the Council's Energy Team to ensure that the most suitable alternative technologies are considered within the current budget envelope.

### **7.2 TACKLING THE CLIMATE EMERGENCY IMPLICATIONS**

The plans for the proposed development include modern energy and cost-saving measures in the design and build. Working as close to the net zero carbon policy as is achievable.



### **7.3 COMMUNITY SAFETY IMPLICATIONS**

The building will be designed to meet the most modern standards in safety and will provide the users with a daytime and evening facility that can provide proactive services to encourage greater community pride and activity in positive activities related to health, education and employment and physical activity.

### **7.4 HUMAN RIGHTS ACT**

There are no implications for the Human Rights Act.

### **7.5 TRADE UNION**

There are no direct Trade Union implications arising from this report at present.

### **7.6 WARD IMPLICATIONS**

The development will take place in the Toller Ward. However, the facility is also likely to draw users from other adjacent wards. The development is accessible to residents living in the Manningham, Heaton, Bingley Rural and Bingley, Thornton, and Allerton Wards. Therefore, the completed scheme will provide access to vitally important services to a considerable proportion of communities in the central and southern areas of the District, beyond the boundaries of Toller Ward.

### **7.7 AREA COMMITTEE LOCALITY PLAN IMPLICATIONS**

Not applicable.

### **7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE**

Not applicable.

### **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT**

Not applicable.

## **8. NOT FOR PUBLICATION DOCUMENTS**

Not applicable

## **9. OPTIONS**

- (A) Approve the revised option for proceeding with the Squire Lane project.
- (B) Closing the project, terminating the current design appointments, and withdraw from the £20m LUF funding.

## **10. RECOMMENDATIONS**

- 10.1 That the revised project scope which results in a capital budget requirement of £34.9m to be funded by £20m of LUF Grant, and £14.9m of Council capital financing be approved.
- 10.2 That the associated future year revenue budget implications for proceeding with the Squire Lane project (subject to DLUHC approval of its continued funding) as outlined in section 4.3 be noted.
- 10.3 That officers continue to seek to identify measures to reduce the revenue budget gap.
- 10.4 That a further report be presented to Executive for approval following confirmation of the council's 2024/25 financial settlement and when final scheme costs are determined.

## **11. APPENDICES**

None.

## **12. BACKGROUND DOCUMENTS**

Executive Report 21<sup>st</sup> February 2023