

Democratic Services

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Date: 27 November 2012

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To: All Members of the Cabinet

Councillor Paul Crossley	Leader of the Council
Councillor David Dixon	Deputy Leader and Cabinet Member for Neighbourhoods
Councillor Simon Allen	Cabinet Member for Wellbeing
Councillor Tim Ball	Cabinet Member for Homes and Planning
Councillor Cherry Beath	Cabinet Member for Sustainable Development
Councillor David Bellotti	Cabinet Member for Community Resources
Councillor Dine Romero	Cabinet Member for Early Years, Children and Youth
Councillor Roger Symonds	Cabinet Member for Transport

Chief Executive and other appropriate officers
Press and Public

Dear Member

Cabinet: Wednesday, 5th December, 2012

You are invited to attend a meeting of the **Cabinet**, to be held on **Wednesday, 5th December, 2012 at 6.30 pm** in the **Council Chamber - Riverside, Keynsham BS31 1LA**.

The agenda is set out overleaf.

Yours sincerely

Col Spring
for Chief Executive

The decisions taken at this meeting of the Cabinet are subject to the Council's call-in procedures. Within 5 clear working days of publication of decisions, at least 10 Councillors may signify in writing to the Chief Executive their wish for a decision to be called-in for review. If a decision is not called-in, it will be implemented after the expiry of the 5 clear working day period.

If you need to access this agenda or any of the supporting reports in an alternative accessible format please contact Democratic Services or the relevant report author whose details are listed at the end of each report.

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

- 1. Inspection of Papers:** Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Col Spring who is available by telephoning Bath 01225 394942 or by calling at the Riverside Offices Keynsham (during normal office hours).
- 2. Public Speaking at Meetings:** The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. Advance notice is required not less than two full working days before the meeting (this means that for meetings held on Wednesdays, notice must normally be received in Democratic Services by 4.30pm the previous Friday but Bank Holidays will cause this to be brought forward).

The public may also ask a question to which a written answer will be given. Questions must be submitted in writing to Democratic Services at least two full working days in advance of the meeting (this means that for meetings held on Wednesdays, notice must normally be received in Democratic Services by 4.30pm the previous Friday but Bank Holidays will cause this to be brought forward). If an answer cannot be prepared in time for the meeting it will be sent out within five days afterwards. Further details of the scheme can be obtained by contacting Col Spring as above.

- 3. Details of Decisions taken at this meeting** can be found in the minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Col Spring as above.

Appendices to reports are available for inspection as follows:-

Public Access points - Riverside - Keynsham, Guildhall - Bath, Hollies - Midsomer Norton, and Bath Central, Keynsham and Midsomer Norton public libraries.

For Councillors and Officers papers may be inspected via Political Group Research Assistants and Group Rooms/Members' Rooms.

- 4. Attendance Register:** Members should sign the Register which will be circulated at the meeting.
- 5. THE APPENDED SUPPORTING DOCUMENTS ARE IDENTIFIED BY AGENDA ITEM NUMBER.**
- 6. Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

- 7. Officer Support to the Cabinet**
Cabinet meetings will be supported by the Senior Management Team.
- 8. Recorded votes**
A recorded vote will be taken only when requested by a member of Cabinet.

Cabinet - Wednesday, 5th December, 2012

in the Council Chamber - Riverside, Keynsham BS31 1LA

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

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

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

*(c) Whether their interest is **a disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)*

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. QUESTIONS FROM PUBLIC AND COUNCILLORS

Questions submitted before the deadline will receive a reply from an appropriate Cabinet member or a promise to respond within 5 days of the meeting. Councillors may ask one supplementary question for each question they submitted, up to a maximum of two per Councillor.

7. STATEMENTS, DEPUTATIONS OR PETITIONS FROM PUBLIC OR COUNCILLORS

Councillors and members of the public may register their intention to make a statement if they notify the subject matter of their statement before the deadline. Statements are limited to 3 minutes each. The speaker may then be asked by Cabinet members to answer factual questions arising out of their statement.

8. MINUTES OF PREVIOUS CABINET MEETING (Pages 7 - 16)

To be confirmed as a correct record and signed by the Chair

9. CONSIDERATION OF SINGLE MEMBER ITEMS REQUISITIONED TO CABINET

This is a standard agenda item, to cover any reports originally placed on the Weekly list for single Member decision making, which have subsequently been the subject of a Cabinet Member requisition to the full Cabinet, under the Council's procedural rules

10. MATTERS REFERRED BY POLICY DEVELOPMENT AND SCRUTINY BODIES

This is a standing agenda item (Constitution rule 14, part 4D – Executive Procedure Rules) for matters referred by Policy Development and Scrutiny bodies. The Chair of the relevant PDS Panel will have the right to attend and to introduce the Panel's recommendations to Cabinet.

11. SINGLE MEMBER CABINET DECISIONS TAKEN SINCE PREVIOUS CABINET MEETING

There were none.

12. DOMESTIC RETROFITTING AND THE GREEN DEAL (Pages 17 - 42)

The domestic housing sector represents 41% of Bath & North East Somerset's carbon footprint. Latest fuel poverty statistics show that 17% of the population are currently suffering from fuel poverty and the Council wants to play a leading role to ensure that maximum benefit is gained from Green Deal delivery for local residents – particularly the vulnerable – the local economy and carbon reduction.

13. PROPOSED VARIATION OF THE AIR QUALITY MANAGEMENT AREA FOR BATH (Pages 43 - 82)

The Environment Act 1995 introduced a requirement that every local authority is under a duty to carry out regular reviews of air quality. Several small areas of Bath were identified as exceeding acceptable limits and are not within the declared Air Quality Management Area. The authority is therefore required to vary the Air Quality Management Area to include these areas. A consultation exercise has been undertaken on the proposed changes and Cabinet is now being asked to approve the recommended option.

14. PROPOSED AIR QUALITY MANAGEMENT AREA FOR SALTFFORD (Pages 83 - 108)

Local authorities must carry out regular reviews of the air quality in their boundaries. An area within Saltford has been identified as exceeding acceptable limits and the authority is therefore required to declare an Air Quality Management Area for that part of Saltford. A consultation exercise has been undertaken to offer various options for the outline of the proposed area and to hear the public's views on what should be included. The Cabinet is being asked to approve the recommended option.

15. LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2011-12 (INCLUDING BUSINESS PLAN 2012-15) (Pages 109 - 194)

The Local Safeguarding Adults Board has produced an Annual Report which outlines the work its multi-agency partners carried out during 2011-12 and includes the Business Plan for 2012-15. The report requires the approval of the cabinet.

16. LOCAL TRANSPORT BODY (Pages 195 - 200)

The report considers the proposed Department for Transport arrangements for the devolution of major schemes funding from 2015/16. This includes proposals for an assurance framework to meet governance, accountability, financial management and evidencing value for money under a devolved major schemes regime to be overseen by a Local Transport Body.

17. SAFETY FENCING ALONG THE RIVER AVON IN BATH (Pages 201 - 204)

A RoSPA report published in November 2011 recommended provision of edge protection along an 850m stretch of the northern public footpath on the River Avon, east of Windsor Bridge in Bath. This report requests the release of capital funding to complete the installation of safety fencing before the 2012/13 financial year end.

18. BEECHEN CLIFF OPEN SPACE - FUTURE MANAGEMENT ARRANGEMENTS

To consider a funding arrangement intended to secure the future management of Beechen Cliff and associated areas.

Note: *The papers were not available at the time of despatch and will be published in due course.*

19. CHILDREN'S SERVICES CAPITAL PROGRAMME 2012/13 (Pages 205 - 210)

To seek approval for capital schemes to add capacity at primary schools to meet a projected growth in pupil numbers.

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These minutes are draft until confirmed as a correct record at the next meeting.

BATH AND NORTH EAST SOMERSET

CABINET

Wednesday, 14th November, 2012

Present:

Councillor Paul Crossley	Leader of the Council
Councillor Simon Allen	Cabinet Member for Wellbeing
Councillor Tim Ball	Cabinet Member for Homes and Planning
Councillor Cherry Beath	Cabinet Member for Sustainable Development
Councillor David Bellotti	Cabinet Member for Community Resources
Councillor Dine Romero	Cabinet Member for Early Years, Children and Youth
Councillor Roger Symonds	Cabinet Member for Transport

90 WELCOME AND INTRODUCTIONS

The Chair was taken by Councillor Paul Crossley, Leader of the Council.
The Chair welcomed everyone to the meeting.

91 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as set out in the Agenda.

92 APOLOGIES FOR ABSENCE

Apologies had been received from Councillor David Dixon

93 DECLARATIONS OF INTEREST

There were none.

94 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was none.

95 QUESTIONS FROM PUBLIC AND COUNCILLORS

There were 12 questions from the following people: Councillors John Bull (2), Anthony Clarke (2), Tim Warren, Geoff Ward, Paul Myers; members of the public Rae Harris, Colin Currie (4).

[Copies of the questions and response, including supplementary questions and responses if any, have been placed on the Minute book as Appendix 1 and are available on the Council's website.]

The Chair observed that questions #P02 and #P04 had in fact been answered by Councillor Cherry Beath. The Democratic Services Officer agreed to amend the sheet before publication.

96 STATEMENTS, DEPUTATIONS OR PETITIONS FROM PUBLIC OR COUNCILLORS

Clarice Corfield in a statement read by Mary Lambert [*a copy of which is attached to the Minutes as Appendix 2 and on the Council's website*] opposed the drilling for coal bed methane in the Keynsham area and gave a number of reasons for her concerns.

Laura Corfield (Transition Keynsham) in a statement [*a copy of which is attached to the Minutes as Appendix 3 and on the Council's website*] spoke of her concerns about possible drilling for coal bed methane in the Keynsham area, with particular reference to its effect on land and water systems.

The Chair thanked Laura Corfield for her comments and promised to respond to her in due course.

Ben Eve (Saltford environment group) in a statement [*a copy of which is attached to the Minutes as Appendix 4 and on the Council's website*] expressed his concerns about the impact which coal bed methane extraction in the Saltford area would have on the area. He particularly emphasised the unproven safety track record of the industry and the evidence of health risks to local people.

The Chair thanked Ben Eve for his comments and promised to respond to him in due course.

Pamela Galloway (Save Our 6/7 Buses Campaign) in a statement [*a copy of which is attached to the Minutes as Appendix 5 and on the Council's website*] thanked the Cabinet for the recent news that funds would be allocated to subsidise the 6/7 service. She committed to continue to fight to save the service into the future.

Councillor Roger Symonds asked Pamela Galloway for the source of her “reliable” authority that the funding might disappear.

Pamela responded that she would research the source of that comment and would get back to Councillor Symonds in due course.

George Bailey (Radstock Action Group) in a statement read by Colin Currie [*a copy of which is attached to the Minutes as Appendix 6 and on the Council's website*] raised a number of issues relating to the sum of £500K allocated for Radstock and how it was to be used.

Colin Currie (Chair, Radstock Action Group) in a statement [*a copy of which is attached to the Minutes as Appendix 7 and on the Council's website*] expressed concerns about how the membership of the Radstock and Westfield Economic Forum were appointed. He was not convinced that the Forum would make decisions in the interests of local people.

The Chair thanked Colin Currie for his comments and promised to respond to him in due course.

Trudie Mitchell (Chair, Compton Dando Parish Council) in a statement [*a copy of which is attached to the Minutes as Appendix 8 and on the Council's website*] appealed to Cabinet to bring forward plans to implement 20mph speed limits in Burnett, Queen Charlton and Chewton Keynsham; and submitted the results of a local survey showing public opinion about traffic speeds in the villages.

Cllr Brian Webber in a statement [*a copy of which is attached to the Minutes as Appendix 9 and on the Council's website*] referred to plans approved recently by Council for the introduction of a new local council tax benefit scheme. He felt strongly that families on incomes between £13K and £19K would suffer most from the proposals, and that the report submitted to Council had been inadequate.

Councillor David Bellotti asked Councillor Webber whether he felt that a report of 150 pages could be called "inadequate", and whether he would acknowledge that it was government policy to look at all benefits in the round, not one at a time.

Councillor Webber agreed, but said that the report had not been easily digestible.

97 MINUTES OF PREVIOUS CABINET MEETING

On a motion from Councillor Paul Crossley, seconded by Councillor Simon Allen, it was

RESOLVED that the minutes of the meeting held on Wednesday 10th October 2012 be confirmed as a correct record and signed by the Chair.

98 CONSIDERATION OF SINGLE MEMBER ITEMS REQUISITIONED TO CABINET

There were none.

99 MATTERS REFERRED BY POLICY DEVELOPMENT AND SCRUTINY BODIES

There were none.

100 SINGLE MEMBER CABINET DECISIONS TAKEN SINCE PREVIOUS CABINET MEETING

There were none

101 OPTIONS FOR THE FUTURE USE OF VICTORIA HALL RADSTOCK

Amanda Leon in an *ad hoc* statement welcomed the report and agreed that Victoria Hall had the potential to become a focus in the town.

Councillor Eleanor Jackson in a statement [*a copy of which is attached to the Minutes as Appendix 10 and on the Council's website*] cautiously welcomed the proposals and made some suggestions for developing its use, including a request that Radstock Youth Club and Radstock in Bloom be allowed use of the garden. She reserved her congratulations until the refurbishment had been completed.

Councillor Charles Gerrish in an *ad hoc* statement welcomed the proposals but observed that the revenue shortfall was understated and should read £49K, not £24K. He asked for the error to be corrected.

Leslie Mansell (Chair, Radstock Town Council) in an *ad hoc* statement welcomed the report and the Cabinet's commitment to the long-overdue refurbishment of Victoria Hall.

Councillor David Bellotti in proposing the item, said that the proposals would give the hall a 20-30 year life. He was excited about the plans for a community library with refreshments and Wi-Fi facilities. The consultation had brought out lots of ideas – not all possible. He expressed his disappointment that it had not been possible to fit in a full-size snooker table despite investigating a number of possible floor layouts. He was delighted however that the building would be fully accessible, with a lift to the upper floor. The total anticipated cost of £800K would be partly met from £160K from the Radstock Regeneration funds, £125K from the sale of the Library site, and another sum from the potential sale of the old caretaker house.

Councillor Simon Allen in seconding the proposals said he was very proud that Cabinet had reached this point. He felt that the renovation of the hall would put the heart back into Radstock.

Councillor Cherry Beath observed that the proposals were evidence that Cabinet was willing to deal with difficult long-standing issues. She committed to working closely with the Economic Forum and the Town Council to ensure the best outcome for the town.

On a motion from Councillor David Bellotti, seconded by Councillor Simon Allen, it was

RESOLVED (unanimously)

- (1) To NOTE the outcomes of the feasibility study;
- (2) To AGREE that Work is progressed on determining the viability of implementing a scheme for the relocation of the library, creation of community facilities with meeting room and exhibition space, accessed by a new lift;
- (3) To AUTHORISE the Chief Property Officer to finalise the preferred scheme for the development of Victoria Hall in consultation with Cabinet Member for Community Resources and Cabinet Member for Neighbourhoods and subject to:
 - A business plan being completed for the facility, which includes the library relocation, and which will be subject to the approval of the Section 151 Officer;
 - The sources of additional revenue liability resulting from any additional running costs being identified. Any additional revenue costs will represent a funding pressure for 2013/14 and prudent provision is being included in the Resources MTRSP;
 - Sources of external capital funding, including local grants, being fully explored.
- (4) To AUTHORISE the Chief Property Officer to dispose of the existing library;
- (5) To AUTHORISE the Chief Property Officer to maximise the financial returns from the caretaker's house to facilitate the development of Victoria Hall; and
- (6) Subject to the above, to ALLOCATE £160,000 from the Radstock Regeneration Budget and a maximum of £715,000 from the Capital Contingency, to facilitate the development; further subject to the Capital Contingency being replenished to an appropriate level as part of the 2013/2014 Budget.

102 REVENUE AND CAPITAL BUDGET MONITORING, CASH LIMITS AND VIREMENTS - APRIL 2012 TO SEPTEMBER 2012

On a motion from Councillor David Bellotti, seconded by Councillor Paul Crossley, it was

RESOLVED (unanimously)

(1) To NOTE the projected outturn position for 2012/13 and accompanying information;

(2) To ASK Strategic Directors to continue to work towards managing within budget in the current year for their respective service areas, and to manage below budget where possible by not committing unnecessary expenditure, through tight budgetary control;

(3) To NOTE the capital expenditure position for the Council in the financial year to the end of September and the year end projections;

(4) To AGREE the revenue virements listed for approval in the report; and

(5) To NOTE the changes in the capital programme.

103 TREASURY MANAGEMENT MONITORING REPORT TO 30TH SEPTEMBER 2012

On a motion from Councillor David Bellotti, seconded by Councillor Paul Crossley, it was

RESOLVED (unanimously)

(1) To NOTE the Treasury Management Report to 30th September 2012, prepared in accordance with the CIPFA Treasury Code of Practice;

(2) To NOTE the Treasury Management Indicators to 30th September 2012; and

(3) To REFER the Treasury Management Report and attached appendices to November Council and December Corporate Audit Committee.

[Councillor David Bellotti gave his apologies and left the meeting at this point]

104 BATH WORLD HERITAGE SITE SETTING SUPPLEMENTARY PLANNING DOCUMENT

Peter Duppa-Miller (Clerk, Combe Hay Parish Council) in an *ad hoc* statement [a copy of which is attached to the Minutes as Appendix 11 and on the Council's website] urged Cabinet to adopt the SPD.

Councillor Tim Ball in proposing the item, thanked the officers for the hard work undertaken during the consultation. Now that the consultation period had ended, he asked Cabinet to adopt the policy.

Councillor Cherry Beath felt that the SPD would be very important in the Council's aim to protect the setting of the city.

Councillor Roger Symonds agreed, and observed that the buffer zone around the city and the tremendous surroundings were worth protecting.

On a motion from Councillor Tim Ball, seconded by Councillor Cherry Beath, it was

RESOLVED (unanimously)

(1) To APPROVE the changes to the Draft City of Bath World Heritage Site Setting Supplementary Planning Document for adoption as a SPD to policies BH.1 of the Bath and North East Somerset Council Local Plan and B4 of the Core Strategy once it is adopted; and

(2) To DELEGATE authority to the Divisional Director for Planning and Transport Development, in consultation with the Cabinet Member for Homes and Planning, to make minor text changes and minor design changes to the layout, if required, and for the inclusion of the rest of the appendices and changes to the selection of photos to the SPD.

105 BATH & NORTH EAST SOMERSET GREEN INFRASTRUCTURE STRATEGY

Virginia Williamson (Convenor, Transition Bath Food Group) in a statement [*a copy of which is attached to the Minutes as Appendix 12 and on the Council's website*] referred to the fact that although DEFRA included agriculture within its definition of green infrastructure, the B&NES document seemed to ignore the role of agriculture despite being a substantially agricultural area.

Councillor Peter Anketell-Jones in an *ad hoc* statement welcomed the new strategy but warned that measuring “growth” and “progress” would always lead to more tarmac. He asked why the Park and Ride sites could not be included in the document, so as to encourage planting, wildlife and access to the countryside.

Peter Duppa-Miller (Secretary, Local Councils Association) in an *ad hoc* statement [*a copy of which is attached to the Minutes as Appendix 13 and on the Council's website*] asked the Cabinet to endorse the amended strategy.

Councillor Paul Crossley in proposing the item, thanked Councillor Peter Anketell-Jones for his suggestion about the inclusion of Park and Ride sites.

Councillor Tim Ball seconded the proposal. He referred to the comments made by Virginia Williamson by saying that he felt the need for food was outside the remit of a green infrastructure strategy. He was pleased to report however that the PCT had appointed a Food Project Officer which he felt was the right way to tackle the issue.

Councillor Roger Symonds observed that the document would form an important part of the Core Strategy. He reminded the meeting that Bath had been the site of the very first farmers’ market in the whole country and that it was still going strong.

Councillor Cherry Beath agreed that local food sourcing was very important. She reported that in Combe Down the local people had planted an edible landscape and had taken other initiatives to improve the area.

Councillor Dine Romero also reported the planning in Southdown of blackthorn and apple trees. Some local schools were using local produce in their kitchens where possible and in some cases that was coming from the school’s own garden, grown by the pupils.

On a motion from Councillor Paul Crossley, seconded by Councillor Tim Ball, it was

RESOLVED (unanimously)

(1) To APPROVE the Green Infrastructure Strategy “Valuing people, place and nature” for the Bath and North East Somerset area;

(2) To SUPPORT delivery of the Strategy by championing Green Infrastructure and commend the Strategy to the partners and stakeholders who have shaped it and invite them to continue to work with the Council to develop and deliver the action plan; and

(3) To DELEGATE authority to the Divisional Director for Planning and Transport Development, in consultation with the Cabinet Member for Neighbourhoods, to make

minor text changes and minor design changes to the layout, if required, and for the inclusion of the rest of the appendices and changes to the selection of photos to the Strategy.

106 HOUSING SERVICES ENFORCEMENT POLICY

Councillor Eleanor Jackson (Chair of the Housing and Major Projects Policy Development and Scrutiny Panel) in an *ad hoc* statement welcomed the policy and congratulated officers and Councillor Tim Ball for bringing the proposals to Cabinet.

Councillor Tim Ball in proposing the item, emphasised that the policy was not in fact based only on enforcement, but was a means of ensuring decent housing. It would enable the Council to deal with the problem of empty homes.

Councillor Paul Crossley seconded the proposal.

On a motion from Councillor Tim Ball, seconded by Councillor Paul Crossley, it was **RESOLVED** (unanimously)

(1) To ADOPT the revised enforcement policy.

107 CORPORATE PARENTING STRATEGY

Councillor Anthony Clarke expressed his support for the proposals but cautioned Cabinet to avoid the centrally driven pressure to put more children into care. He supported the improvement of support offered during the transition between care and adult life.

Councillor Dine Romero in proposing the item noted the concerns expressed by Councillor Clarke. She assured him that each child had a bespoke package of services, tailored to their needs. An audit had shown that the authority has spent less on some areas of corporate parenting than many other authorities, yet has ensured that during the last 8 years not a single young person has needed to be taken back into care after adoption.

Councillor Tim Ball seconded the proposal. He observed that he was a special guardian of 3 children but received no financial support from the authority. He emphasised that no child should ever be raced into adoption – the arrangements must be what is right for the child. It was a tragedy when a child having once been adopted had to be taken back into the system.

Councillor Paul Crossley said that the priority would always be to work with families. He praised the leadership given by Ashley Ayre (Strategic Director – People). He referred to paragraph 6 of the strategy, which dealt with the issues of moving on from care, in particular the fact that 55% of young people leaving care are in education, employment or training compared to 95% of the general population of the same age. He stressed that this was an area which would need action to break the cycle.

On a motion from Councillor Dine Romero, seconded by Councillor Tim Ball, it was **RESOLVED** (unanimously)

(1) To APPROVE the Corporate Parenting Strategy.

108 WINTER MAINTENANCE SERVICE – SNOW WARDEN PILOT REVIEW

Councillor Charles Gerrish in an *ad hoc* statement supported the proposals but pointed out that the cold season had started earlier than anticipated for 2 consecutive years. He asked Cabinet to reconsider the forecasting service being used, which had not always given adequate snow warnings.

Councillor Anthony Clarke said how confident the residents of Camden were after they had been provided with grit and salt on their steep roads.

Peter Duppa-Miller (Secretary, Local Councils Association) in an *ad hoc* statement [a copy of which is attached to the Minutes as Appendix 14 and on the Council's website] asked the Cabinet to continue the snow warden pilot scheme for the coming winter and to approve the winter service policy.

Councillor Roger Symonds moved the recommendations. He agreed to reconsider the forecasting sourcing in the light of the comments made by Councillor Gerrish.

Councillor Cherry Beath seconded the proposals.

Councillor Dine Romero asked whether it was too late to add extra snow wardens to the scheme, because she knew of some willing volunteers in her own ward.

Councillor Paul Crossley agreed with Councillor Gerrish that the forecasting needed to be improved. This had been the only cause of complaints. He said that extra volunteers could be included but their training would need to be funded by the local Ward members from their Ward Member Initiative funds.

On a motion from Councillor Roger Symonds, seconded by Councillor Cherry Beath, it was

RESOLVED (unanimously)

(1) To AGREE that the existing Snow Warden Pilot Scheme is continued across the winter 2012/13; and

(2) To AGREE that the arrangements for the Highway Winter Service during winter 2012/13 continue as set out in the Policy approved by Cabinet on 14th September 2011.

109 TENANCY STRATEGY

Councillor Tim Ball in proposing the item, explained that the report was a result of the Localism Act. Although he took no pleasure in bringing the paper to Cabinet, it was required by law. He said that the effect of the proposals would be that all tenancies would in future be fixed-term and that rents would be fixed at 80% of the market rate.

Councillor Roger Symonds seconded the proposal although he agreed with Councillor Ball that he took no pleasure in this.

On a motion from Councillor Tim Ball, seconded by Councillor Roger Symonds it was

RESOLVED (unanimously)

(1) To ADOPT the Tenancy Strategy.

110 HOUSING ALLOCATIONS REVISED SCHEME

Councillor Simon Allen in proposing the item, said that the revised scheme would be more transparent and fairer. It would enable people to move to smaller homes and in so doing would free up larger homes and reduce the waiting list.

Councillor Tim Ball seconded the proposal.

On a motion from Councillor Simon Allen, seconded by Councillor Tim Ball, it was **RESOLVED** (unanimously)

- (1) To ADOPT the revised allocation policy; and
- (2) To AGREE that the policy is implemented in phases starting 1st January and to be fully implemented by 1st July 2013.

111 SAFETY ADVISORY GROUP FOR EVENTS (SAGE) REPORT 2012

Councillor Roger Symonds in proposing the item, said it was important that event organisers must know what is required of them. The SAGE group were making that possible. He welcomed this, the first annual report.

Councillor Cherry Beath in seconding the proposal said that the report explained the value of the SAGE group. The year just past had been an excellent year for the group to operate, because of the Jubilee celebrations and Olympic events.

Councillor Paul Crossley asked that Cabinet's thanks be passed to Geoff Dicker (Senior Health and Safety Adviser) and the rest of the SAGE team.

On a motion from Councillor Roger Symonds, seconded by Councillor Paul Crossley, it was

RESOLVED (unanimously)

(1) To RECONFIRM s.101 of the Events Policy which states "If it is the collective view of the SAGE that the event should not go ahead then this will be communicated to the Public Protection Service Manager and Divisional Director of Environmental Services who will formally write to the event organiser. Each SAGE member retains the right to object to any event"; and

(2) To AMEND the Events Policy (November 2011) to include the following paragraph:

"6.2. The SAGE chair will have the discretion to determine which events are considered by the SAGE - based on risk. This decision will be dependent, amongst other things, on the nature of the event, location, participants and includes events which are likely to cause significant disruption to traffic and parking arrangements. This risk based provision will be exercised following consultation with other members of the SAGE where necessary."

The meeting ended at 8.10 pm

Chair _____

Date Confirmed and Signed _____

Prepared by Democratic Services

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Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	05 December 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2484
TITLE:	Approach to Retro-fitting & the Green Deal	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
<ol style="list-style-type: none"> 1. Executive Summary of the Green Deal Scoping Study Final Report 2. Equalities Impact Assessment 		

1. THE ISSUE

1.1.

- The domestic housing sector represents 41% of Bath & North East Somerset's carbon footprint;
- Latest fuel poverty statistics for Bath & North East Somerset show that 17% of the population are currently suffering from fuel poverty;
- Modelling indicates that locally the NHS could be paying around £3.8 million a year in healthcare associated with excess cold in homes;
- Household energy prices are predicted to rise by between 30% and 40% by 2020;
- The Administration wants the Council to play a leading role to ensure that maximum benefit is gained from Green Deal delivery for local residents – particularly the vulnerable – the local economy and carbon reduction.

2. RECOMMENDATION

The Cabinet agrees that:

2.1. In principle, the proposed approach to the Green Deal in Bath & North East Somerset will be pursued. The proposed approach is through the development of a Community Delivery Partnership, initially led by the Council in partnership with Curo Group and other relevant community and private sector organisations;

2.2. This approach will be supported through:

- partnership development, including cross-service and with partners in Bath & North East Somerset and, potentially, beyond;
- implementation of the starter projects (Housing Services);
- procurement strategy development for a partner Green Deal provider or providers;
- exploring potential for moving to a CIC model;
- development of the business case for potential capital investment and income generation (including from referral fees);
- building community engagement in energy efficiency retro-fitting;
- setting up an advice line to provide advice to all residents, including the vulnerable and the fuel poor, on home energy efficiency and the Green Deal;

2.3 A new Green Deal/Retro-fitting budget line for 2013-14 will be set up for £35,000 to cover the last two points in 2.2: community engagement work and the setting up and running of the advice line, whilst the detailed approach is developed, subject to the approval of the Budget by the Council in February 2013;

2.4 The Council and its partners will communicate these 'in principle' intentions early in 2013, in order to send a signal to the market and to inform local residents of future options.

3. FINANCIAL IMPLICATIONS

3.1 Project management and expert advice costs up until autumn 2013 of around £50,000 are proposed to be funded from a carry forward of remaining one-off Green Deal set-up funding; this will be requested in the out-turn report to Council in July 2013.

3.2 The unfunded elements that need to be in place regardless of the shape of the proposed Delivery Partnership are: community engagement work and the advice line. These are estimated to cost £35k, revenue, and will be a one-off bid to be considered by Council as part of the 2013/14 budget report in February 2013. How these will be funded in the future will depend on how the model is developed and what is included in the procurement of a Green Deal provider or providers.

3.3 Any further costs will require approval through the Council's normal approvals process.

4. CORPORATE OBJECTIVES

- *Promoting independence and positive lives for everyone:* Successful delivery of the Green Deal to trigger widespread home energy efficiency improvements and ensuring that the most vulnerable benefit the most will enable more people to move out of fuel poverty, will reduce the health impacts of cold homes and improve well-being.
- *Creating neighbourhoods where people are proud to live:* This work is directly relevant to creating resilient communities, by helping people to make their homes warmer, more comfortable and cheaper to run. Community groups and local champions have a key role to play in promoting energy efficiency action.

- *Building a stronger economy:* It is estimated that the domestic retrofit market could be worth £10 to £20 million per annum in Bath & North East Somerset, in order to meet government carbon targets. Successful delivery of the Green Deal should kick start that bigger retro-fit market, but local leadership is needed to ensure that the economic value is retained locally.

5 THE REPORT

The Green Deal and the Council

- 5.1 The Green Deal is the government's flagship scheme designed to kick-start mass home energy efficiency retrofitting to make the country's housing stock comfortable, cheap to run and low carbon.
- 5.2 The scheme will work by enabling householders to have energy efficiency work undertaken in their homes without having to pay any upfront costs. The costs are then paid back through a charge on the energy bill for the home at a rate not more than the savings on that energy bill gained by the energy efficiency measures (the Golden Rule). The pay-back liability remains with the house and passes on to the next occupant, who benefits from the work. Once the cost of the work has been paid off, the occupant will benefit from the savings and be protected from energy price rises.
- 5.3 The pilots across the country have demonstrated very strongly that the key issue will be persuading householders to participate and that local authority leadership and involvement will be key to the success of the scheme and to ensuring that local benefits are maximised. These local benefits are: alleviation of fuel poverty; economic benefits through reduced energy bills and increased work for local builders and other trades, including potential new jobs; reduction of carbon emissions.
- 5.4 The Administration wants the Council to play a leading role to ensure that maximum local benefit is gained and the Green Deal Scoping Project was set up to explore the best way for this to be done, in conjunction with our partners. The Council recognises that this will include partnership with local community and voluntary sector groups, who will be vital to successful roll-out of the Green Deal.

Timing, Starter Project & Service Links

- 5.5 The Green Deal is likely to be actively promoted to households by registered Green Deal providers from as early as late January 2013, although the main source of finance, The Green Deal Finance Company, will only be partly operational at this time. It is expected to become fully operational by September 2013;
- 5.6 Housing Services are developing a 'starter project' to be delivered in parts of Twerton and Southdown, targeting the areas that fall within the bottom 15% super output areas for the Index of Multiple Deprivation (IMD) in England. The project will use Energy Company Obligation (ECO – part of the Green Deal) funding to fund free and subsidised energy efficiency measures for this demographic. This project will deliver energy efficiency improvements to homes in these areas and enable us to test various aspects of the recommended model. The project is expected to start work in these areas from February 2013;

5.7 The emerging Sustainable Construction and Retrofitting Supplementary Planning Document is intended to provide support to householders to facilitate implementation of energy efficiency measures, including the Green Deal;

5.8 A separate piece of work is also underway to respond to the Secretary of State for Energy and Climate Change's request to local authorities to find ways to help their residents reduce their energy bills now through group energy supplier switching and bulk energy purchasing. A motion was passed at the 8 November Cabinet meeting that this should be investigated and we are currently in discussion with Peterborough City Council about joining their scheme alongside a dozen other local authorities, in conjunction with Curo Group. It is hoped that the emerging Community Delivery Partnership will be able to launch a switching scheme to residents in March 2013, as part of its offer.

Retro-fitting/Green Deal Local Opportunities

5.9 Local action to stimulate and support demand is needed to ensure that the Energy Company Obligation (ECO) is drawn down to provide free energy efficiency measures to the fuel poor – worth £4 million per annum in B&NES;

5.10 The housing retro-fit market in B&NES, if successfully stimulated through the Green Deal initiative, could be worth between £10 and £20 million a year (if we could achieve a rate of home retrofit sufficient to meet the government's carbon reduction target of 80% by 2050);

5.11 A successful retrofit programme would deliver new jobs and safeguard existing jobs; improve health & well-being; save millions on annual health costs; reduce fuel poverty if targeted correctly; help to mitigate the impact on vulnerable people of the reduction in other services due to budget cuts and welfare benefit changes; future proof residents against inevitable steep energy price rises; enhance local energy security and build community resilience.

Research Brief and Council Objectives

5.12 External funding was obtained to commission a Green Deal Scoping Study to determine how the Green Deal might best be delivered through a community based partnership in pursuit of the following objectives:

- Maximise uptake of Green Deal in order to maximise carbon reduction;
- Ensure the most vulnerable, those in fuel poverty or at risk of fuel poverty, gain maximum benefit;
- Ensure that the Green Deal strengthens the local economy by creating local business opportunities and local jobs – keeping the value within the local economy;
- Develop a role for community enterprise and other community interests;

5.7 During the course of the research, it has become clear that there is the potential for income generation through referral fees and return on capital investment, which the consultants were asked to explore further.

Research Findings and Senior Advisory Group/SMT Recommendations

5.8 The research has demonstrated that the best way for a local authority of our size and make-up to meet the above objectives is through a Delivery Partnership model, involving the procurement of a specialist Green Deal provider or providers to deliver the core financing and installation stages, with the Council and other partners providing the promotion & marketing (through enhanced community engagement and through existing front-line services) and aftercare (to ensure householders maximise energy reduction);

5.9 In this model, the partnership is rewarded by referral fees paid by the Green Deal provider or providers and there is the potential for return on capital investment in the Green Deal Finance Company;

5.10 The research, which included a number of focus groups with key sectors, and market testing amongst a range of registered Green Deal providers demonstrated that:

- Green Deal providers are very keen to work in partnership with local authorities because they know that this will lead to much greater uptake from householders;
- There are a wide range of providers out there with very different approaches, including many that would be compatible with our desired approach;
- Most Green Deal providers do not yet know exactly how they are going to do all aspects of the process and would be keen to work in partnership with a local authority and its partners to develop their approach;

5.11 The Senior Advisory Group (Tim Richens for Andrew Pate; Jane Shayler; Mike Grist) met on 5 October and agreed that the Delivery Partnership model was the best option and that more work should be done to develop the model and explore how it could be done with or without income from capital investment;

5.12 The Senior Advisory Group's recommendations were taken to the Senior Management Team on 6 November and agreed;

5.13 Alongside this, it was agreed that a parallel process be undertaken to understand how the Green Deal Finance Company will work and what the options for local authority investment are, with preparation of a business case for investment by mid-summer 2013.

6 RISK MANAGEMENT

6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance;

6.2 There is potential reputational risk if the Green Deal attracts negative publicity, or fails, which can be mitigated by promoting the work under the Retrofit banner and recognising that the Green Deal is just one part of the overall strategy;

- 6.3 A key risk, if we do not develop a robust approach to Green Deal delivery is that we will fail to generate sufficient referrals to draw down the Energy Company Obligation (ECO – part of the Green Deal) to provide free energy efficiency measures to the fuel poor – worth £4 million per annum in Bath & North East Somerset;
- 6.4 If we fail to communicate our intentions to the market and to residents, whilst we are developing our approach, there is a risk that local people will have a poor experience of the Green Deal through unscrupulous providers getting into the local market early; there is also a risk that businesses will lose trade to those providers moving into the area;
- 6.5 If we do not set up an advice line for the public, there is a risk of confusion through lack of independent energy efficiency advice to the public;
- 6.6 There is a risk of losing momentum in the work to engage the community on home energy efficiency that has been built up over the last two years, which is crucial to the development of Green Deal referrals, if funding for 2013-14 is not allocated.

7 EQUALITIES

- a) An Equality Impact Assessment (EqIA) has been completed. Adverse impacts were identified in the event that the Council does not take a leadership role and leaves retrofitting delivery to the open market. Taking a leadership through the Community Delivery Partnership approach gives us the best chance of ensuring that all groups in our community benefit appropriately from the Green Deal and any other retrofitting initiatives.
- b) It is understood that further EqIAs will need to be undertaken as decisions are made on specific delivery mechanisms.

8 RATIONALE

- 8.1 The recommendation to support the development of the proposed approach – through a Community Delivery Partnership - enables us to have real influence locally in pursuit of our objectives, whilst insulating us from risk and cost by procuring a partner to fulfil the ‘Green Deal Provider’ role. This option gives us maximum flexibility, enabling us to pull-out at any stage, whilst keeping the door open should the Council or any of its partners wish to become a ‘Green Deal Provider’ in the future.

9 OTHER OPTIONS CONSIDERED

- 9.1 The consultants examined two other possible options, both of which have been rejected by the Senior Advisory Group.
- 9.2 The first alternative option would be to simply allow the market to run its course with no action taken by the Council or its partners. This was rejected because it does not enable the Council to provide any leadership, as required by the Administration, and provides no opportunities to ensure any of the Council’s specific objectives were met. It was judged that, if left solely to the market, take-up would be very low. The consequence of this would be: that we would not draw down the full entitlement of free funding for more vulnerable residents; that we

would not be able to ensure the local economy benefitted or that carbon emissions from the domestic sector were cut.

9.3 The second alternative option would be for the Council or one of its partners to take on the role of 'Green Deal Provider', which includes providing finance, contracting with householders, administering the requirements of the Consumer Credit Act and more besides. This was rejected because at this stage neither the Council nor any of its partners is prepared to take on the risks and responsibilities this would entail. This may change in the future, once the Green Deal market has developed

9.4 The recommended option of a Community Delivery Partnership enables us to have real influence locally in pursuit of our objectives, whilst insulating us from risk by procuring a partner to fulfil the 'Green Deal Provider' role. This option gives us maximum flexibility, enabling us to pull-out at any stage, whilst keeping the door open should the Council or any of its partners wish to become a 'Green Deal Provider' in the future.

10 CONSULTATION

10.1 *Cabinet members; Staff; Other B&NES Services; Service Users; Community Interest Groups; Youth Council; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer*

10.2 The Steering Group includes members from: Housing Services; Corporate Sustainability; Economic Development; Corporate Procurement; Curo Group; Bath & West Community Energy and the Member Climate Change and Energy Champion. The Senior Advisory Group consists of Andrew Pate; Strategic Director, Resources & Support Services; Jane Shayler, Programme Director, Non-Acute Health, Social Care & Housing; Mike Grist, Director, Asset Management and Tim Richens, Divisional Director for Finance has attended this group. Briefings and discussions have been held with Cllr Crossley; Cllr Allen; Paul Scott, Acting Director of Public Health. Further services are now being involved in the Steering Group including Planning; Customer Services; Public Health; Building Control, Trading Standards.

10.3 The Senior Management Team, chaired by the Chief Executive, discussed these recommendations at their meeting on 6 November and approved them.

10.4 The Section 151 Officer and Monitoring Officer have seen this report.

11 ISSUES TO CONSIDER IN REACHING THE DECISION

11.1 *Social Inclusion; Customer Focus; Sustainability; Property; Young People; Health & Safety; Impact on Staff;*

12 ADVICE SOUGHT

The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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Sponsoring Cabinet Member	<i>Councillor Paul Crossley</i>
Background papers	
Please contact the report author if you need to access this report in an alternative format	



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Executive Summary

1. The Retrofit Opportunity for B&NES

Delivering a major programme of retrofit across the local housing stock has the potential deliver substantial social, economic and environmental benefits to Bath & North East Somerset. The introduction of the Green Deal provides an opportunity to develop a framework for a thriving local market which will continue to grow and prosper for years to come. The Green Deal should be seen as a central component in a wider retrofit market that is likely to be worth between £10-20 million a year across B&NES.

Such a programme can secure local employment, generate new jobs, improve health and well-being, save millions on annual health and social care costs, reduce fuel poverty, future proof residents against rising energy prices, improve property asset value, enhance local energy security, build community resilience, as well as substantially reducing carbon emissions.

2. The Green Deal: Making it Work

A wide cross-sector partnership will be needed to turn this vision into reality. The local authority is in a strong position to lead the establishment of such a partnership, bringing together relevant local authority departments, health and social care agencies, registered housing providers, local businesses, trade bodies, private landlords, universities and colleges, estate agents, local champions and community groups to work together and build on existing initiatives.

The Green Deal is the coalition Government's flagship policy for supporting energy efficient retrofit of the built environment, expected to be worth £1-2 billion per year. It will create a new framework for owners of homes, business premises and public and community buildings to access up front capital to carry out energy efficiency improvements, repaid through the energy bill. The Green Deal will be supported by the Energy Company Obligation (ECO), worth an expected £1.3bn/yr. The ECO obliges energy suppliers to meet targets through actions to encourage energy efficiency, and will work alongside the Green Deal by providing extra help for those most in need and for those measures that do not meet the Golden Rule.

3. Brief for this Project

Bath & North East Somerset Council commissioned a 'Green Deal Scoping Study' running from February to October 2012. Its purpose was to determine how the Green Deal might best be delivered through a community based partnership that maximises local assets, in a way which should also be accessible and relevant to other West of England Local Authorities. The project was required to determine how the four following aims could be met:

- Maximise the uptake of the Green Deal to enable large carbon reductions.
- Ensure that those in fuel poverty gain maximum benefit from the Green Deal and associated measures.
- Ensure that the Green Deal strengthens the local economy by creating local business opportunities and local jobs.



- Develop a clear role for community enterprise and other community interests within the Green Deal delivery model that can be rewarded by local income streams derived from the Green Deal value chain.

The project team was led by Verco supported by Carbon Data Resources and the National Energy Foundation. Stage I of the work focused on identifying a range of possible options while Stage II focused on one selected model in greater depth.

4. Local Delivery Options

There are three broad approaches that a local authority could take towards Green Deal delivery. These approaches draw on the roles outlined by Government for local authorities in Green Deal:

- **Promoter** – An LA could work with local organisations to promote the existence of Green Deal locally, but otherwise leave it to the market to deliver. This approach, while simple for an LA to deliver, risks low customer uptake as well as low community benefits in terms of impact on fuel poverty and the local economy. At worst, jobs could be lost or displaced and the local authority would suffer loss of reputation from being seen to ‘do nothing’.
- **Delivery Partnership** – B&NES Council could choose a more proactive role in the market whereby it selects one or a number of Green Deal Providers (GDPs) to deliver Green Deal in the local area. The Council forms a wider partnership to play an active role in promotion, rewarded by referral fees paid by the GDP. Conditions could be specified for the GDP to help maximise local benefits (such as % of local businesses used in delivery, etc.).
- **Provider** – A local organisation could become the Green Deal Provider, taking responsibility for local delivery of Green Deal in its entirety. The potential benefits are higher under this approach as it allows fuller control over local delivery and ensures profits can be captured and reinvested at the local level. However the resource requirement and level of risk is also increased under this model. Variants could include establishing a joint venture with a Green Deal Provider or forming a social enterprise.

Table ES 1 summarises the impact of the different delivery models on the four key objectives defined for Green Deal in this study, as well as the risks and rewards of the different approaches.

5. The Delivery Partnership Model

The Delivery Partnership model was selected for further study in Stage II and Figure ES 1 illustrates the recommended approach following a programme of research, market testing and local stakeholder engagement.

In this version of the Delivery Partnership model, the ‘LA-Community Partnership’ engages key local stakeholders to oversee procurement and delivery by the GDP(s) and co-ordinate local activity to stimulate Green Deal uptake. It generates customer leads which are passed on to the Green Deal Provider(s) in return for referral fees. The income from these referral fees is ring fenced and potentially combined with other sources of funding to support further promotional activity by the LA-Community Partnership. An Affordable Warmth Service is established in parallel to provide enhanced funding and customer support for certain eligible households, funded primarily through the ECO Affordable Warmth Obligation. A local assessment service and local SME procurement hub



could be established in order to maximise local economic and community benefits and to drive local uptake.

	‘Promoter’	‘Delivery Partnership’	‘Provider’
Carbon emissions and customer uptake	<ul style="list-style-type: none"> Likely to be low customer uptake as GDPs rely on national advertising routes only with no direct support from a local delivery partnership. 	<ul style="list-style-type: none"> Potential for high customer uptake due to local control over marketing and promotion. ‘Producer CIC’ model in particular has potential to build local trust. 	<ul style="list-style-type: none"> Likely to be highest uptake due to high level of control over delivery and local benefits.
Fuel poverty	<ul style="list-style-type: none"> Low impact on fuel poverty as ECO funding not maximised and GDPs might ‘cherry pick’ only most profitable projects. 	<ul style="list-style-type: none"> Potentially high impact due to local control over marketing and promotion. 	<ul style="list-style-type: none"> Likely to be highest impact as maximum level of control over local delivery.
Local economy	<ul style="list-style-type: none"> Low opportunities for local businesses to deliver as GDPs likely to rely on in-house supply chains. Jobs may be lost. 	<ul style="list-style-type: none"> Potentially high depending on choice of GDP and their willingness to use local assessors and installers. 	<ul style="list-style-type: none"> Highest impact as can ensure local businesses are used for delivery.
Role for community	<ul style="list-style-type: none"> Role for communities limited to promotion of Green Deal in general. No direct local value streams generated. 	<ul style="list-style-type: none"> Potentially strong role for communities and community enterprise, particularly if ‘Producer CIC’ approach taken. 	<ul style="list-style-type: none"> Strong role for community, particularly if a social enterprise model is used.
Rewards	<ul style="list-style-type: none"> Low reputational risk for Council & partners (i.e. of inferior quality installations under Green Deal). Low resources required. 	<ul style="list-style-type: none"> Opportunity to influence delivery to maximise community benefits. Generates local income stream that can fund promotion activity. Opportunity to test market. 	<ul style="list-style-type: none"> Maximum ‘local leadership’ and control over community benefits. Allows for the most input in terms of strategic planning for an area. Links with health and wellbeing and other agencies can be maximised.
Risks	<ul style="list-style-type: none"> No ‘local leadership’. Local jobs in SMEs displaced or lost. Lost opportunities for advice & signposting. Duplication of marketing effort as GDPs compete for same customers. Reputational risk from not taking action. 	<ul style="list-style-type: none"> Procurement process not able to deliver community benefits. Reputational risk to council & partnership if GDP does a bad job. Adoption risk if the partnership incurs set-up costs but cannot secure and deliver investment. 	<ul style="list-style-type: none"> High development costs. Highest risk of all options as responsible for consumer credit act, resolving complaints, technical failure, customer default, etc. Reputational risk if non delivery or things go wrong.

Table ES 1: Risks, Rewards and Impact of Delivery Models

The LA-Community Partnership could be established initially as a simple steering group. However, constituting it as a community interest company (CIC) would provide a stronger basis for local ownership and control and provide flexibility to leverage in a wider range of funding sources. It could be established initially on a light touch basis with staff seconded from other organisations as



necessary. In the longer term the LA-Community Partnership could expand its role, potentially developing into a local Green Deal Provider.

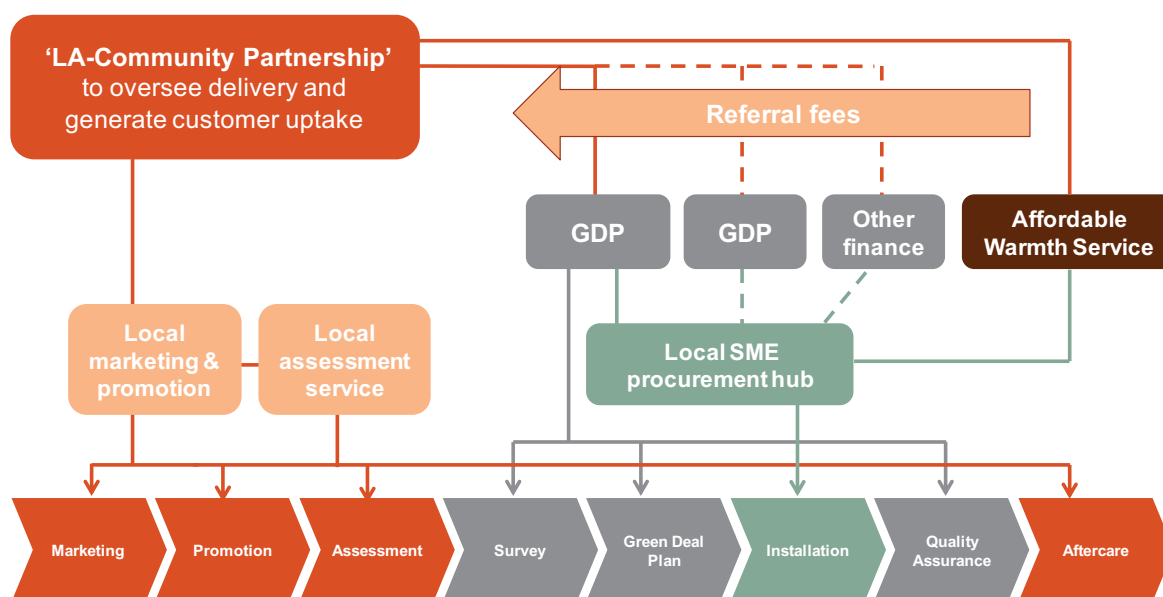


Figure ES 1: The Delivery Partnership Model

6. Resourcing the Delivery Partnership

The report outlines the core tasks likely to be involved for the local authority to support this Delivery Partnership model, as well as key roles which could be performed by a wide range of local stakeholders. There are a number of routes for resourcing activity by the local authority and the LA-Community Partnership:

- **Local authority core costs** – this might include core staff within housing or environment teams as well as a wider range of staff supporting marketing and promotion activities.
- **Referral Fees** – through income from Green Deal and ECO referral fees, as well as potentially from other sources of finance such as Feed In Tariff or the Renewable Heat Incentive.
- **Revenue stream from LA Investment in TGDFC** – the local authority could invest in The Green Deal Finance Company (TGDFC) to provide an annual return sufficient to support some or all of the operational costs of the scheme.
- **Grant funding** – local, national or even European funding could be used to support on-going operational costs or capital works (such as retrofitted show homes). This approach has greater potential where the LA-Community Partnership takes the form of a CIC, in which case other funding such as sponsorship, Section 106 Agreement income, or in future ‘Allowable Solutions’ funding from local Code for Sustainable Homes compliance could also be leveraged.

Combining and maximising all available funding streams to support marketing and uptake will be essential if the potential benefits from a major programme of retrofit in the B&NES area are to be realised.

Local authority seed funding will be required in order to support initial set-up costs such as procurement of the GDP and brand establishment. Since there is a time lag before referral fees are

received, seed funding is also required to cover initial working capital. Beyond this, the model has potential to be self-sustaining as well as repaying the initial seed funding through time. The exit strategy for the local authority should customer uptake not prove as expected would be to cease marketing and promotional activity, in which case the extent of losses would amount to initial set up costs plus approximately a year's working capital.

Figure ES2 shows how the different potential funding sources relate to each other in a Delivery Partnership model. The example given illustrates the local authority investing a portion (in this case 25%) of the total capital investment needed via The Green Deal Finance Company. The dotted lines indicate that this is an option which may not be available to (or preferred by) B&NES and further work will be required.

Financial modelling undertaken for this project suggests that such a model could provide sufficient return to support all necessary set-up costs and up-front working capital for a ten year programme (at 1% customer annual take-up rate, and when combined with referral fees from Green Deal and ECO), and could generate an internal rate of return in excess of 7%.

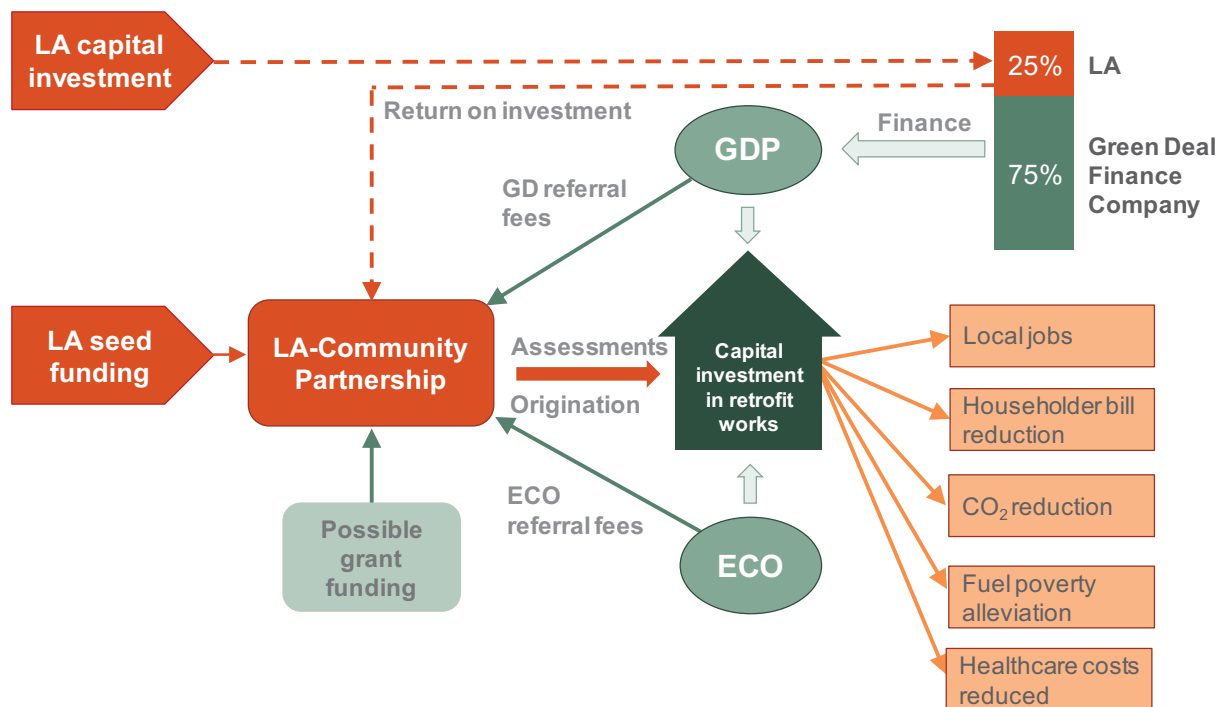


Figure ES 2: Resourcing the Delivery Partnership

7. Key Decision Points

Going forward, the key decision points for B&NES Council and its partners in relation to this Delivery Partnership model will be as follows:

- **LA leadership on Retrofit or Green Deal?** Should the Council's decision to take a leadership approach relate to Green Deal or to Retrofit more widely? A wider retrofit-based approach hedges against political and delivery risks of Green Deal.
- **RP stock in or out?** The inclusion of RP stock in the Delivery Partnership model could help drive uptake and deliver economies of scale.

- **LA-Community Partnership** – Steering group or Community Interest Company? A CIC approach requires greater set-up support but offers greater local control and engagement and provides flexibility to leverage in a wider range of funding sources.
- **LA investment in TGDFC?** LA investment could provide a valuable revenue stream to support ongoing operational costs such as marketing, promotion and co-ordination.
- **Single GDP or multiple GDPs on a panel?** – A single GDP may be able to invest more in an area and offer greater local concessions, while a panel of GDPs might increase competition and quality and allow a greater breadth of approaches and expertise.
- **Affordable Warmth Service** – A service could be delivered by the Green Deal Provider(s) or could be delivered by a separate organisation with fuel poverty expertise or local knowledge.
- **Marketing & promotion – LA-led model or GDP-led model?** An LA led model offers strong potential for maximising customer uptake and could generate referral fees as a source of local revenue, but requires local capacity and start-up funding.
- **Assessment – delivered by GDP or a local assessment service?** A local assessment service provides a strong platform for trusted, impartial and locally relevant advice, but requires start-up funding and sufficient local capacity to establish and manage it.
- **SME procurement – LA-led or GDP-led?** Local SME procurement could be left to GDPs but could deliver greater economic benefits and customer uptake rates if a wider procurement hub with integrated SME support was established.

8. Next Steps

Should a decision be taken to proceed with a Delivery Partnership approach in principle the next step would be to resolve the above key decision points and move towards procurement of one or more Green Deal Providers. While the Green Deal market is expected to be relatively slow to take off, the benefits of a local authority taking early action include:

- **ECO maximisation** – ECO funding is limited and by moving quickly a local authority can help maximise its' locality's share of ECO funding.
- **Early engagement and positioning** – A clear and early signal to the local market will help ensure that local stakeholders and businesses know what is happening and begin to align with this scheme. It will also potentially discourage other GDPs from aggressive local marketing.

One way of taking early action whilst also trialling elements of the Delivery Partnership model is to establish one or a number of Starter Projects. These could include projects on the following themes:

- **ECO Carbon Saving Communities** – this funding provides a perfect basis for an initial area-based starter project and is already under consideration in B&NES.
- **ECO Affordable Warmth Service** – this could be developed ahead of or in parallel to the full Delivery Partnership model with a GDP.
- **Council's own stock** – a local authority could demonstrate leadership on Green Deal and Retrofit by 'going early' with some of its own stock.



- **Retrofit exemplars** – available buildings such as empty shops or homes (e.g. owned by the local authority or local registered provider) could be the subject of early retrofits to inspire the public and local businesses about what is possible.

The key would be to ensure maximum opportunities for learning to be collated, shared and fed back into the action plan for the Delivery Partnership Model.



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Equality Impact Assessment / Equality Analysis

Title of service or policy	Domestic Retrofitting and the Green Deal
Name of directorate and service	Resources & Support Services, Policy & Partnerships, Sustainability Team
Name and role of officers completing the EIA	Sara Grimes
Date of assessment	09.10.12

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council’s and NHS Bath and North East Somerset’s websites.

1.	Identify the aims of the policy or service and how it is implemented.	
Page 36	Key questions	Answers / Notes
1.1	Briefly describe purpose of the service/policy	<p>The Council is committed to taking a leadership role in enabling residents and businesses to “retrofit” their buildings with measures such as insulation and new boilers to make them more energy efficient. Part of this role will involve using the Green Deal, the Government’s flagship programme which will enable energy efficiency works to be done at no upfront cost, and be paid for through energy bill savings. We are recommending that the Cabinet supports the development of a local Community Delivery Partnership in order to maximise community influence on the delivery of retrofitting in our area, to fulfil the following objectives:</p> <ul style="list-style-type: none"> • Maximise the uptake of the Green Deal to enable large carbon reductions • Ensure that those in fuel poverty gain maximum benefit from the Green Deal and associated measures • Ensure that the Green Deal strengthens the local economy by creating local business opportunities and local jobs • Provide a clear role for community enterprise and other community interests within the Green Deal delivery model that can be rewarded by local income streams <p>There is a real risk that if the Council and its partners do not take a leadership role, many of these objectives will not be fulfilled.</p>
1.2	Provide brief details of scope	The scope of Domestic Retrofitting and the Green Deal is to enable buildings throughout the district to be made more energy efficient. Our initial focus will be on homes of all tenures, but non-domestic buildings will also be able to take

		<p>advantage this work.</p> <p>However, the scope of the current request to Cabinet is to make an in-principle agreement to further develop a Delivery Partnership for retrofitting. Development would consist of the Sustainability Team working with partner services and organisations to create an approach that best fulfils the purposes above, and to identify the funding and resources needed. Different approaches will have different equality considerations, for example, the degree to which we can liaise with community groups representing different sectors of the population, or the degree to which we can provide support to those in fuel poverty and the methods for doing so. Due to this early stage of development, this EIA deals with how equality will be taken into account during the partnership development process. Equality issues arising from the chosen service delivery method itself will be considered with in future EIAs.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 37</p>	<p>1.3 Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>The aims of retrofitting will link to many Council services and policies, all of whom we are liaising with:</p> <ul style="list-style-type: none"> • Sustainable Community Strategy, the Corporate Plan, the Council’s Vision and Values and the Environmental Sustainability & Climate Change Strategy: Each of these documents emphasise the need to enable our district to move to a low carbon future. Since homes in the district are responsible for the largest portion of carbon dioxide, retrofitting is a key priority for achieving this aim. • Housing Services and the Affordable Warmth Action Plan, since this builds on existing fuel poverty work. • Public Health, the Health & Wellbeing Board and the emerging Health & Wellbeing Strategy: This work builds on Public Health’s fuel poverty work; currently it is estimated that an avoidable £3.8m per year is spent by B&NES NHS to deal with ill-health caused by cold homes. • Economic Development and the Economic Strategy: Retrofitting could generate an extra £10-£20m of work within the district, which could be done by local businesses • Planning and Building Control: Promotion of retrofitting could cause an increase in certain measures such as solid wall insulation that require planning, building control and listed building consent. Retrofitting is supported in the draft Core Strategy and Supplementary Planning Document on Sustainable Construction and Retrofitting (SPD). <p>There are no conflicts between retrofitting and other Council policies since a good deal of work has previously taken place to address former conflicts. For example, the new Sustainable Construction and Retrofitting SPD (including the Energy Efficiency and Renewable Energy Guidance For Listed Buildings etc) is intended to resolve the tension between conservation of our historic buildings and energy efficiency.</p>

2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service.

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	The team currently working to develop the Delivery Partnership consists of officers from many Council services and partner organisations Curo and Bath & West Community Energy. This group may expand during the development process. The equalities profile is adult white males and females aged between 30 and 60.
2.2	What equalities training have staff received?	For the current Steering Group, the Council staff have received equality training through the Corporate Induction process. The other members from partner organisations have confirmed that they have also received equality training, either through their organisation (Curo) or from management training (Bath & West Community Energy). However, if the Steering Group expands, we will ensure that members have also had equality training.
2.3	What is the equalities profile of service users?	For retrofit delivery, there will be a focus on vulnerable people and those living in fuel poverty or on lower incomes, to address the pressure of rising energy costs. However, we wish to encourage uptake amongst all sectors of the population.
2.4	What other data do you have in terms of service users or staff?	As part of recent Green Deal Scoping Study we conducted a focus group for residents on lower incomes and in fuel poverty. This rich narrative data will inform development of our promotional efforts. We have also had questions in the Council's Voicebox survey to investigate people's attitudes to retrofit and the report from the survey compares the views of different social groups.
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom?	This EIA will be circulated for comment to the members of the Steering Group who will be developing the delivery approach to retrofit.
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	We are not intending to undertake a formal consultation on the development of this service. However, we envision using MOSAIC profiling and data on housing stock to ensure those in fuel poverty are reached with our promotional efforts and will also consider the provision of a special support service for vulnerable and fuel poor residents, for example a single point of contact who liaises with them in person throughout the retrofit process. For the delivery of the service, we will ensure that any materials are clear and easy to understand for people with lower literacy levels and provide, upon request, any materials in printed form and a range of languages, large print,

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Braille, on tape, electronic and accessible formats.

3. Assessment of impact: 'Equality analysis'

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

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

		Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1	Gender, Transgender, Disability, Race, Sexual Orientation, Religion/belief, Rural communities	Rural communities which are often not on the gas network and as such have high fuel bills could benefit substantially from retrofit. To ensure that rural communities benefit fully, as part of the Delivery Partnership development process, we plan to engage with rural community forums such as at the Parish Liaison Forum with other community programmes being run by our Stronger Communities team such as Village Agents who address issues of rural isolation.	It will be important to take into account any cultural sensitivity associated with alterations to people's homes, and to invest effort in reaching rural areas. This will be mitigated by creating a local, responsive Delivery Partnership that will be able to address these issues more readily than if delivery was left to the open market.
3.4	Age – identify the impact/potential impact of the policy on different age groups	Elderly or very young residents in fuel poverty are at particular risk from cold homes. The Council's existing insulation programmes have put a lot of successful effort into reaching these people with insulation measures such as with promotions through GP surgeries.	Efforts must continue to reach the very old and very young to ensure they benefit. We intend our Delivery Partnership approach to build on our existing approach by enabling more frontline service workers to promote retrofitting.
3.8	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances	The Council's existing insulation programmes have put a lot of successful effort into reaching vulnerable and low income residents, for example the "Free for Everyone" insulation scheme that brought forward many new applications from fuel poor residents to get insulation by removing the stigma of benefit checking.	If retrofitting is left to the open market, it is widely accepted that vulnerable people and those on lower incomes could miss out. A Delivery Partnership approach could build on existing local work and involve more services in the drive to reach socially disadvantaged people.

“It is considered that the recommendations in this report, if followed, would not impact adversely on any of the provisions of the European Convention on Human Rights.”

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

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

Issues identified	Actions required	Progress milestones	Officer responsible	By when
The Steering Group has not yet had a chance to comment on this EIA	This EIA will be circulated for comment to the members of the Steering Group who will be developing the delivery approach to retrofit.	To be completed prior to submission of draft Cabinet paper	Sara Grimes	26 th November 2012
This EIA deals only with the development of the Delivery Partnership, not retrofit delivery itself.	Future EIAs will need to be conducted once the Delivery Partnership has been formed and an initial approach to retrofitting decided.	To be completed prior to the procurement of a Green Deal Provider partner (which will signal the commencement of the delivery phase)	Jane Wildblood/interim project manager	TBA during project planning process
New members of the Steering Group may need equality training	Ensure that all members of the Steering Group have equality training	To be reconsidered if and when the Steering Group expands	Jane Wildblood/interim project manager	As required

5. Sign off and publishing

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

Signed off by:

(Divisional Director or nominated senior officer)

Date:

Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	5 December 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2489
TITLE:	Proposed Variation of the Air Quality Management Area for Bath	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Appendix 1: Map showing proposed amendments to the Air Quality Management Area</p> <p>Appendix 2: Nitrogen Dioxide Air Quality Objectives</p> <p>Appendix 3: A Summary of Consultation Responses – Variation to the Air Quality Management Area in Bath</p>		

1 THE ISSUE

1.1 The Environment Act 1995 introduced a requirement that every local authority is under a duty to carry out regular reviews of the air quality in their boundaries. Following a review of the air quality across the whole of the local authority several small areas of Bath have been identified as exceeding the government's acceptable limits for air quality and are not within the declared Air Quality Management Area (AQMA). The authority is therefore required to vary the declared Air Quality Management Area to include these areas. A consultation exercise has been undertaken on the proposed changes to the area to hear the public's views. The Cabinet is being asked to approve the recommended option

2 RECOMMENDATION

The Cabinet agrees that:

2.1 The Air Quality Management Area in Bath is varied to include the blue/dotted areas on Appendix 1. Any residential property whose façade is within the area is deemed to be included.

2.2 The Air Quality Management Area in Bath be varied to include the 1- hour Nitrogen dioxide objective.

3 FINANCIAL IMPLICATIONS

- 3.1 The cost of carrying out the consultation and producing the report have been £3-4K in officer time which has been met from the Public Protection Environmental Monitoring budget.
- 3.2 Following the variation of the Air Quality Management Area (AQMA) or areas the authority is legally required to produce an Air Quality Action Plan, which states what measures the authority is going to take to reduce the levels of pollution in the affected areas.
- 3.3 An Action Plan has been approved for the wider Bath Area, the variation area was included in this Action Plan therefore, there is no additional expenditure as a result of the proposed extension.
- 3.4 Addressing air quality problems is one of the criteria used by the Department for Transport to allocate Local Transport Plan funds to local authorities through the Integrated Transport Block. Improving air quality is one of the main objectives of the Joint Local Transport Plan. Those schemes recommended in the Action Plan that provide good value for money will be considered for funding from the Integrated Transport Plan Block allocation.
- 3.5 Some funding has been awarded from the Local Sustainable Transport Fund and a Department for Environment, Food and Rural Affairs grant to carry out some of the measures within the Action Plan. This includes work on electric charging points, a feasibility study for a Low Emission Zone in Bath and work on a promotional website.

4 CORPORATE OBJECTIVES

- *Building a stronger economy*
 - *Where people are able to travel easily with reduced traffic congestion and pollution*

- 4.1 Varying the Air Quality Management Area will “Make Bath & North East Somerset an even better place to live, work and visit” by highlighting the area of high pollution which needs to be addressed. The Action Plan which has been developed following an early variation aims to reduce pollution in the specified area.

5 THE REPORT

- 5.1 The Consultation Report in Appendix 3 forms part of the on-going review and assessment of air quality within Bath and North East Somerset. Local Authorities are required under Part IV of the Environment Act 1995 to periodically review and assess the air quality in their area. Present and likely future quality of the air is compared to air quality objectives. The guidance issued by Department for Environment, Food and Rural Affairs (DEFRA) on how this should be approached has been followed in this assessment.

- 5.2 This report details the consultation which has taken place relating to the variation of the Bath AQMA to extend it to include the further areas highlighted as

exceeding the objective and the proposed inclusion of the 1-hour nitrogen dioxide objective (Appendix 2).

5.3 The consultation shows that 65% of the responses agree with the proposed amendments to the AQMA boundary. They also agree that the 1-hour nitrogen dioxide objective should be included in the AQMA. 54% of respondents agreed that the inclusion of the 1-hour objective should be over the whole area with, 8% selecting just the hotspots (area immediate surrounding the monitoring site which is exceeding the objective) and 34% not specifying a preference.

5.4 It is therefore recommended based on monitoring data and the consultation that the Bath AQMA be varied to 1) include the proposed extensions as described in Figure A4 and 2) to include the 1-hour objective for the whole area.

5.5 The full report is attached in Appendix 2.

5.6 The AQMA will be declared by means of an official order.

6 RISK MANAGEMENT

6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

An Equality Impact Assessment (EqIA) has been completed. Adverse impacts were identified and have been justified/mitigated in the following ways:

Air pollution effects on the very young, old as well as those suffering from poor health, this is mitigated by ensuring that Air Quality Management Areas declarations are informed by thorough monitoring and that all possible actions are fully explored in the Action Plans.

To ensure air quality is assessed effectively a program of monitoring air quality across the district is in place.

8 RATIONALE

8.1 The rationale behind recommending that the area outlined is declared as an Air Quality Management Area is that this meets the statutory obligation placed on the authority.

8.2 Varying the existing Air Quality Management Area to include the 1- hour nitrogen dioxide objective means that separate Action Plans will not be required for each new area.

9 OTHER OPTIONS CONSIDERED

9.1 Not to vary the Bath Air Quality Management Area. This is not an option as the Council would be in breach of Part IV of the Environment Act 1995.

9.2 To vary the Bath Air Quality Management Area to include the proposed extensions to the annual mean nitrogen dioxide objective but not to include the 1-

hour nitrogen dioxide objective (Appendix 2). This is not an option as the Council would be in breach of Part IV of the Environment Act 1995.

9.3 To vary the Bath Air Quality Management Area to include the proposed extensions to the annual mean objective and to declare separate Air Quality Management areas for each hotspot location for the 1-hour nitrogen dioxide objective. This is more difficult to manage and would require separate Action Plans for each area. The diffusion tube monitoring sites which measure above 60 microgrammes per cubic metre (indicating a possible breaching of the 1-hour objective) vary each year so the Air Quality Management Areas would need to be changed.

10 CONSULTATION

10.1 *Ward Councillor; Cabinet members; Parish Council; Staff; Other B&NES Services; Local Residents; Community Interest Groups; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer*

10.2 A leaflet and questionnaire was delivered to all houses along the roads in the proposed extension and several houses back on the side roads (approx. 1000 leaflets). Information was sent to all Councillors in Bath and relevant residents associations. Details were also posted on our website and sent electronically to all Statutory Consultees (list was taken from PG(09))

11 ISSUES TO CONSIDER IN REACHING THE DECISION

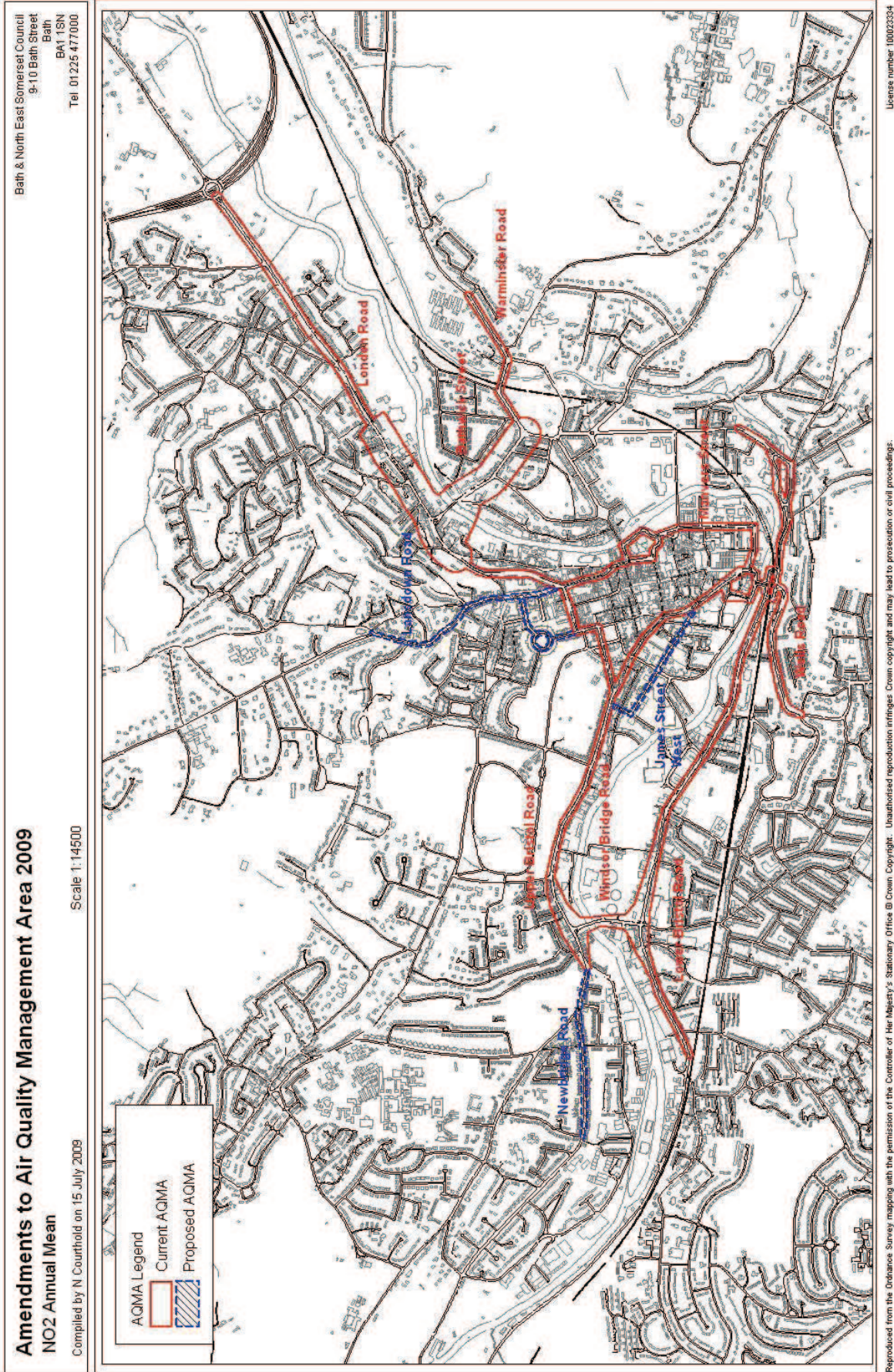
11.1 *Social Inclusion; Customer Focus; Sustainability; Human Rights; Other Legal Considerations (Environment Act 1995)*

12 ADVICE SOUGHT

12.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	<i>Dr Nicola Courthold, 01225 396622</i>
Sponsoring Cabinet Member	<i>Councillor David Dixon</i>
Background papers	<i>Further Assessment of Air Quality, Bath and North East Somerset Council (July 2009)</i> <i>2011 Air Quality Progress Report for Bath and North East Somerset Council.</i>
Please contact the report author if you need to access this report in an alternative format	

APPENDIX 1



APPENDIX 2

The air quality objectives for nitrogen dioxide applicable to Local Air Quality Management **in England** are set out in the Air Quality (England) Regulations 2000 (SI 928), The Air Quality (England) (Amendment) Regulations 2002 (SI 3043), and are shown below. This table shows the objectives in units of microgrammes per cubic metre $\mu\text{g}/\text{m}^3$ with the number of exceedences in each year that are permitted (where applicable).

Pollutant	Air Quality Objective		Date to be achieved by
	Concentration	Measured as	
Nitrogen dioxide	200 $\mu\text{g}/\text{m}^3$ not to be exceeded more than 18 times a year	1-hour mean	31.12.2005
	40 $\mu\text{g}/\text{m}^3$	Annual mean	31.12.2005

A Summary of Consultation Responses – Variation to the Air Quality Management Area in Bath

In fulfillment of Part IV of the Environment Act 1995
Local Air Quality Management

Draft August, 2012

Report Author	Dr N Courthold
Checked by	Mr A Jones

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Report Reference Number	R2CR2012
Date	August 2012

Executive Summary

This Detailed Assessment forms part of the on-going review and assessment of air quality within Bath and North East Somerset. Local Authorities are required under Part IV of the Environment Act 1995 to periodically review and assess the air quality in their area. Present and likely future quality of the air is compared to air quality objectives. The guidance issued by Department for Environment, Food and Rural Affairs (DEFRA) on how this should be approached has been followed in this assessment.

This report details the consultation which has taken place relating to the variation of the Bath AQMA to extend it to include the further areas highlighted as exceeding the objective and the proposed inclusion of the 1-hour objective.

The consultation shows that 65% of the responses agree with the proposed amendments to the AQMA boundary. They also agree that the 1-hour objective should be included in the AQMA. 54% of respondents agreed that the inclusion of the 1-hour objective should be over the whole area with, 8% selecting just the hotspots and 34% not specifying a preference.

It is therefore recommended based on monitoring data and the consultation that the Bath AQMA be varied to 1) include the proposed extensions as described in Figure A4 and 2) to include the 1-hour objective for the whole area.

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1 Introduction

This report forms part of the on-going review and assessment of air quality within Bath and North East Somerset. Local Authorities are required under Part IV of the Environment Act 1995⁽¹⁻²⁾ to periodically review and assess the air quality in their area. Present and likely future quality of the air is compared to air quality objectives (levels of pollutants which are to be met by a certain date), these are shown in Appendix 1. The Department for Environment, Food and Rural Affairs (DEFRA) has issued guidance on how this should be approached⁽³⁻⁴⁾.

Following Stage 3⁽¹²⁾ (Round 1) Review and Assessment, Bath & North East Somerset Council declared an Air Quality Management Area (AQMA) for nitrogen dioxide (NO₂) along the A4 London Road (Figure A1) in February 2002. From the results of the further assessment (Stage 4⁽¹¹⁾) the AQMA was widened in August 2005 from 7 m to 70 m from the centre of the road along the London Road from London Street to Hanover Place and 20 m from the centre of the road from Hanover Place to the Batheaston Roundabout. The area is also extended to include Bathwick Street (Figure A2).

Round 2 assessments⁽⁸⁻¹⁰⁾ identified a number of locations along main roads in Bath with the potential to exceed the annual mean objective for NO₂. This area was consulted on and the major road network (Figure A3) and the area was declared as an AQMA for NO₂ in July 2008. The further assessment⁽⁷⁾ indicated a minor extension to the boundary of the AQMA is required (Figure A4).

During Round 4^(5 & 6) it has been highlighted that results from several of the diffusion tube exceed 60 µg/m³. In this case it is recommended that the AQMA for Bath be varied to include the 1 hour NO₂ objective.

Setting the boundaries of an AQMA involves an element of judgement as to the extent of the exceedence based on monitoring data, sources, receptors and other local factors. An AQMA must encompass all known and predicted areas of exceedence where there is relevant exposure.

Objective	Concentration	Relevant Exposure
Annual Mean NO ₂	40 µg/m ³	All locations where members of the public might be regularly exposed. Building facades of residential properties, schools, hospitals, care homes etc. Not offices, gardens of residential properties or Kerbside sites
1-hour NO ₂	200 µg/m ³ with 18 exceedences per year. Guidance indicates that an annual mean NO ₂ concentration greater than 60 µg/m ³ may indicate an exceedence of the 1- hour objective.	As above plus hotels, gardens, any outside location where members of the public might reasonably be expected to spend 1 hour or longer.

This report details the consultation which has taken place relating to the variation of the Bath AQMA to extend it to include the further areas highlighted as exceeding the objective and the proposed inclusion of the 1-hour objective.

2 The Consultation

A leaflet and questionnaire was delivered to all houses along the roads in the proposed extension and several houses back on the side roads (approx. 1000 leaflets). Information was sent to all Councillors in Bath and relevant residents associations. Details were also posted on our website and sent electronically to all Statutory Consultees (list was taken from PG(09)):

- The Secretary of State
- Environment Agency
- The Highways Authority
- All neighbouring local authorities
- The County Council (if applicable)
- Any National Park Authority
- Other public authorities as appropriate
- Bodies representing local business interests and other organisations as appropriate

A copy of the leaflet and questionnaire are included in Appendix C.

3 Responses

We had 26 responses to the consultation (approx. 3% response rate). Details of the responses are given in Appendix E

Q1: Do you agree with the area shown for the amendments to the AQMA boundary? If not please specify what changes need to be made and give a reason.

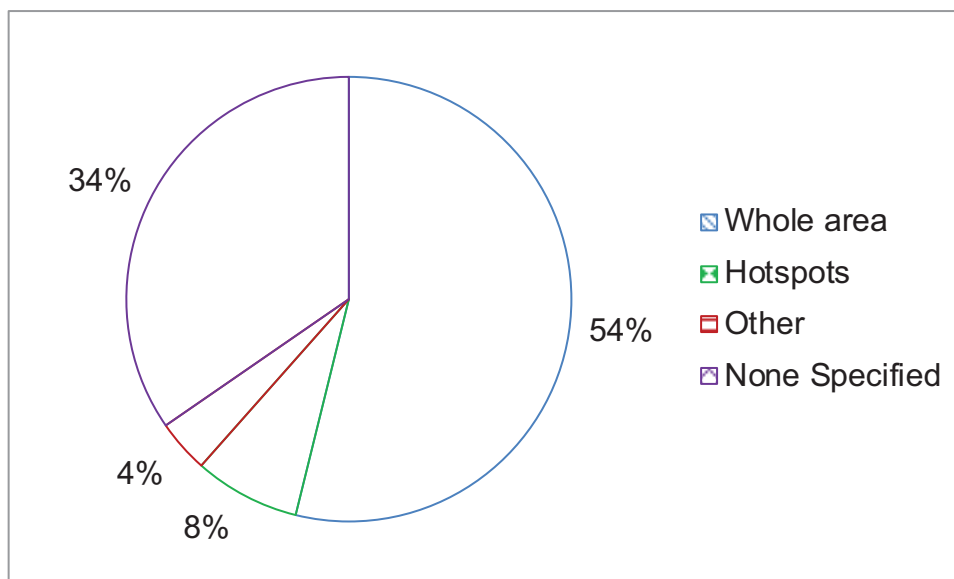
Option	Number of respondents selecting each option
Yes	17
No	0
None specified	9

Question 2: Do you agree that the AQMA should be extended to include the 1-hour objective?

Option	Number of respondents selecting each option
Yes	17
No	0
None specified	9

Question 3: Do you think the 1-hour objective should be declared for the whole area or for hotspots around the monitors which currently show potential breaches? Please describe any alternative areas.

Option	Number of respondents selecting each option
Whole area	14
Hotspots	2
Other	1 (either whole area or hotspots)
None Specified	9



4 Conclusions and Recommendations

The consultation shows that 65% of the responses agree with the proposed amendments to the AQMA boundary. They also agree that the 1-hour objective should be included in the AQMA. 54% of respondents agreed that the inclusion of the 1-hour objective should be over the whole area with, 8% selecting just the hotspots and 34% not specifying a preference.

It is therefore recommended based on monitoring data and the consultation that the Bath AQMA be varied to 1) include the proposed extensions as described in Figure A4 and 2) to include the 1-hour objective for the whole area.

5 References

1. HM Government (1995). Environment Act 1995 (Part IV). London HMSO.
2. Department for Environment, Food and Rural Affairs (2007) The Air Quality Strategy for England, Scotland, Wales and Northern Ireland. DEFRA, London.
3. Department for Environment, Food and Rural Affairs (2009a) Part IV of the Environment Act 1995, Local Air Quality Management, Technical Guidance LAQM.TG(09). DEFRA, London.
4. Department for Environment, Food and Rural Affairs (2009b) Part IV of the Environment Act 1995, Local Air Quality Management, Policy Guidance LAQM.PG(09). DEFRA, London.
5. Bath & North East Somerset Council (2011a) 2011 Air Quality Progress Report for Bath and North East Somerset Council
6. Bath & North East Somerset Council (2010a) 2010 Air Quality Progress Report for Bath and North East Somerset Council
7. Bath & North East Somerset Council (2009c) Further Assessment of Air Quality , Bath and North East Somerset Council
8. Bath & North East Somerset Council (2005a) Review and Assessment of Air Quality – Round 2, Progress Report.
9. Bath & North East Somerset Council (2005b) Review and Assessment of Air Quality – Round 2, Detailed Assessment
10. Bath & North East Somerset Council (2003a) Review and Assessment of Air Quality – Round 2, Updating and Screening Assessment.
11. Bath & North East Somerset Council (2003b) Stage Four Review and Assessment of Air Quality.
12. Bath & North East Somerset Council (2001a) Stage Three Review and Assessment of Air Quality.
13. Bath & North East Somerset Council (2006b) Air Quality Action Plan.
14. Bath & North East Somerset Council (2011) Bath Air Quality Action Plan,
15. Department for Environment, Food and Rural Affairs:
<http://laqm1.defra.gov.uk/review/tools/no2/baf-national.php>
16. AEA Technology: <http://www.airquality.co.uk/>

Appendix A: Maps of Air Quality Management Areas

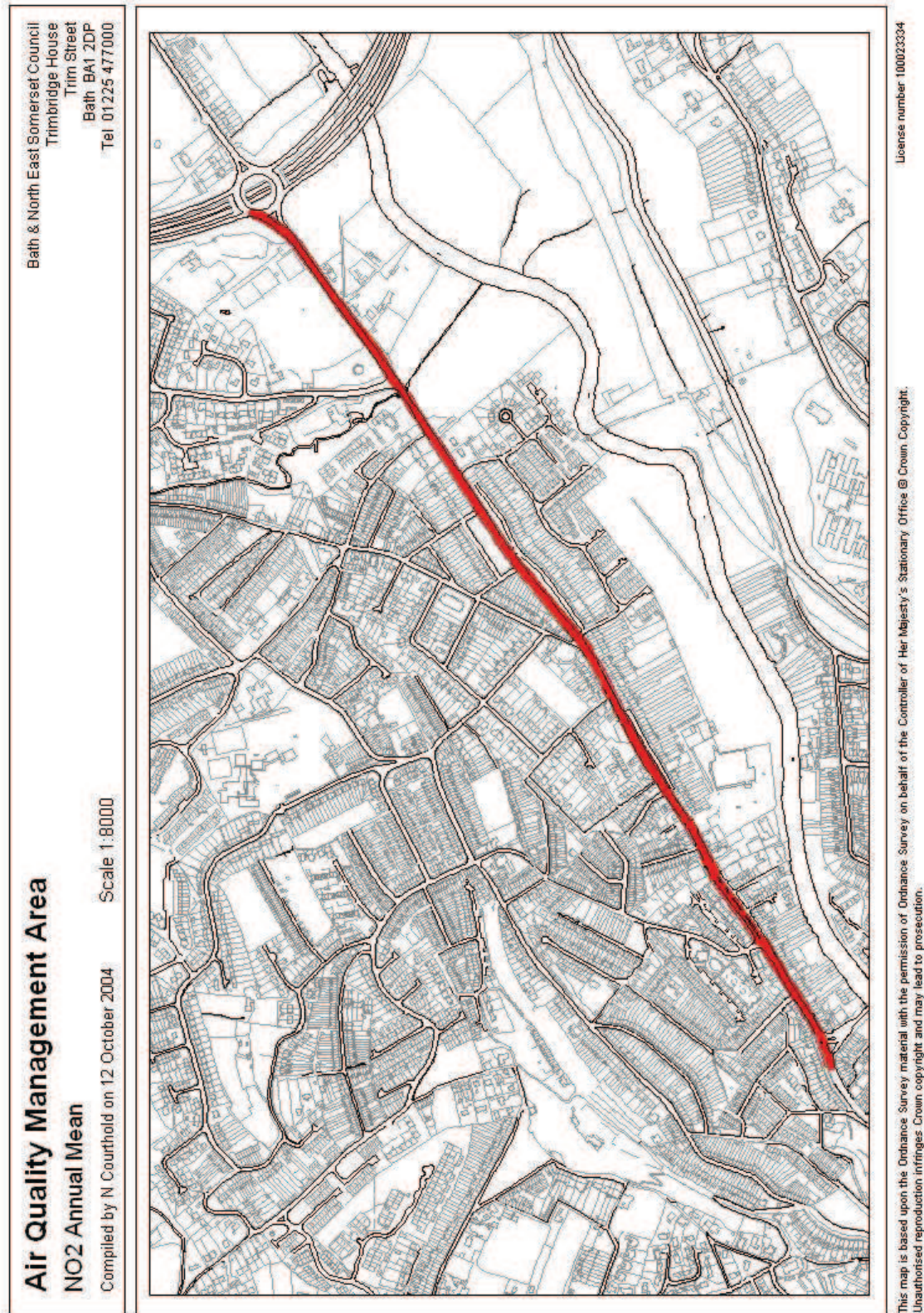


Figure A1: Map showing AQMA in Bath, valid 2002-2005

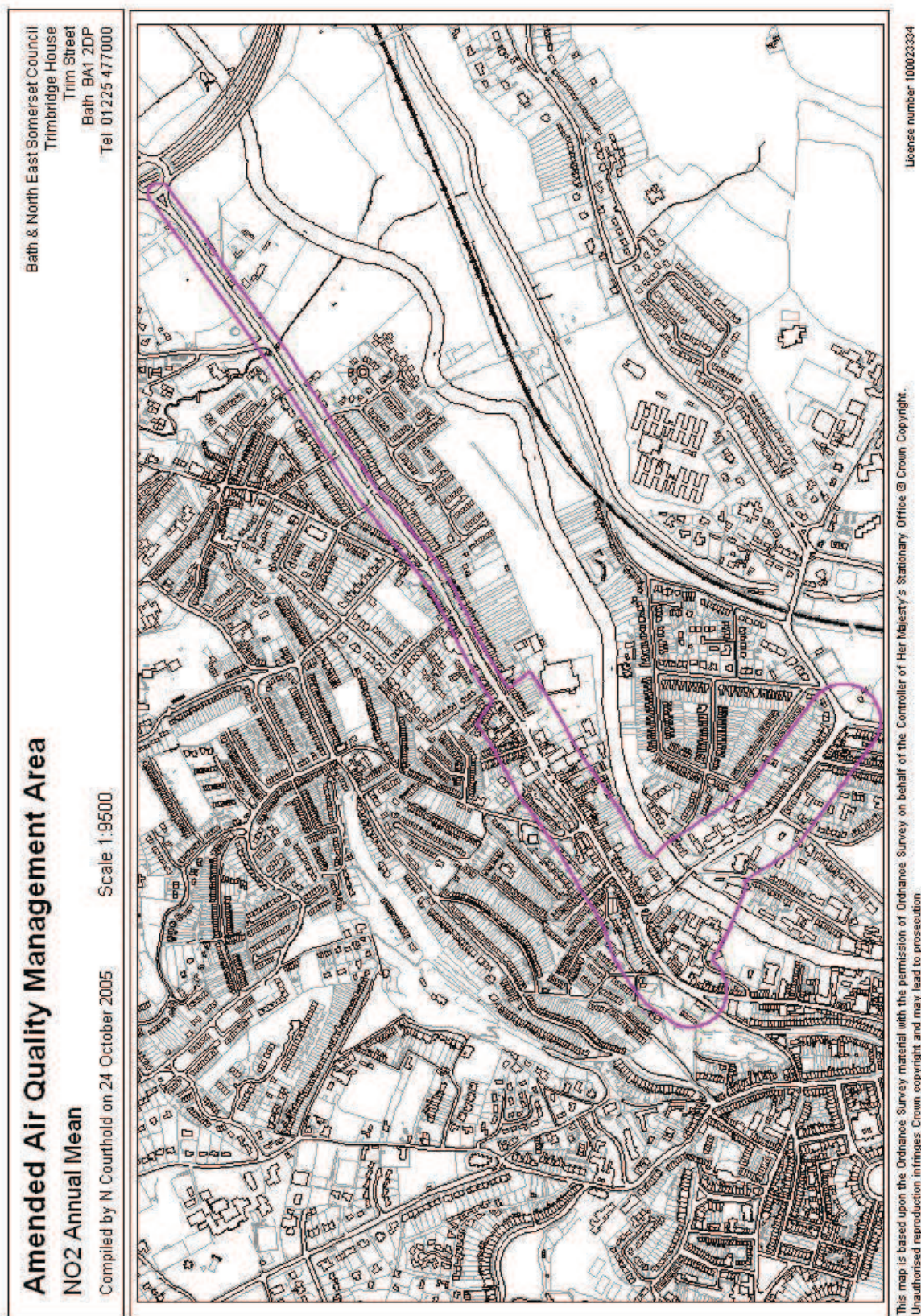


Figure A2: Map showing AQMA in Bath, valid 2005-2008



Figure A3: Map showing current AQMA in Bath, valid from 2008

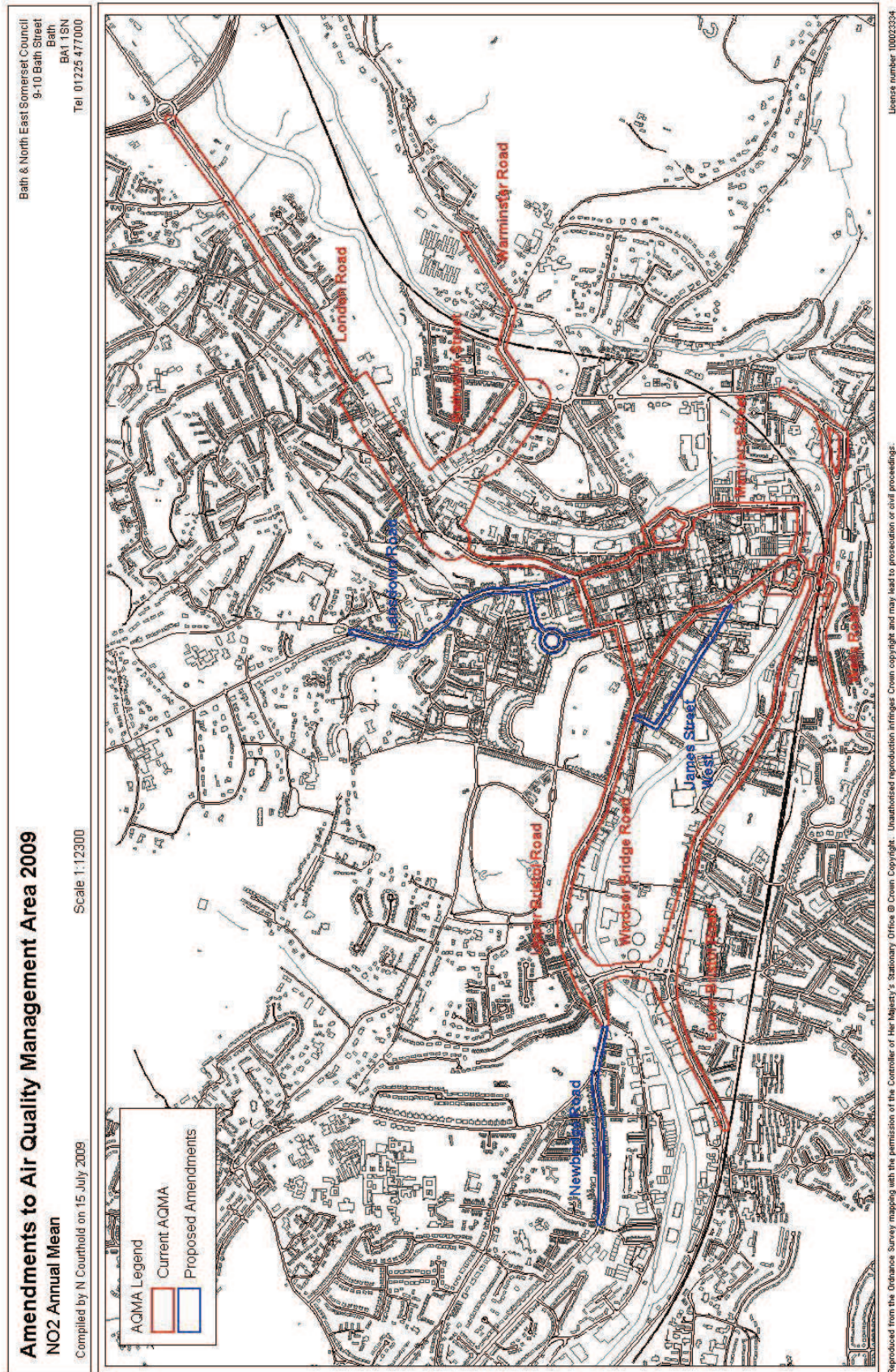


Figure A4: Map showing proposed changes to AQMA in Bath

Appendix B: Air Quality Objectives

Table B1: Current air quality objectives

Pollutant	Concentration	Measured as	Compliance
Benzene	16.25 µg/m ³ (5 ppb)	Running annual mean	31.12.2003
	5 µg/m ³ (1.5 ppb)	Annual mean	31 Dec 2010
1,3 Butadiene	2.25 µg/m ³ (1 ppb)	Running annual mean	31.12.2003
Carbon Monoxide	10 mg/m ³ (8.6 ppm)	Running 8-hour mean	31.12.2003
Lead	0.5 µg/m ³	Annual mean	31.12.2004
	0.25 µg/m ³	Annual mean	31.12.2008
Nitrogen Dioxide	200 µg/m³ (104.6 ppb)	1 hour mean	31.12.2005 (max 18 exceedences)
	40 µg/m³ (21 ppb)	Annual mean	31.12.2005
Fine Particles (PM ₁₀)	50 µg/m ³	24-hour mean	31.12.2004 (max 35 exceedences)
	40 µg/m ³	Annual mean	31.12.2004
Sulphur Dioxide	266 µg/m ³ (100 ppb)	15 minute mean	31.12.2005 (max 35 exceedences)
	350 µg/m ³ (131 ppb)	1 hour mean	31.12. 2004 (max 24 exceedences)
	125 µg/m ³ (46.8 ppb)	24 hour mean	31.12.2004 (max 3 exceedences)
Polycyclic aromatic hydrocarbons	0.25 ng/m ³ B[a]P	Annual mean	31.12.2010
Fine Particles (PM _{2.5}) Exposure Reduction	25 µg/m ³	Annual mean	2020
	Target of 15 % reduction in concentrations at urban background	Annual mean	Between 2010 and 2020
Ozone	100 µg/m ³	8 hour mean	31.12.2005 (max 10 exceedences)

Appendix C: Copy of the Leaflet

This was originally printed as a leaflet folded to A4.

Bath & North East Somerset Council

A Consultation on Air Quality

Bath's Air Quality and your help improving it

The Council is seeking your views on the extension of the AQMA. Please complete the questionnaire and return it using the address below. Alternatively please telephone or email us to discuss your response.

1. Do you agree with the area shown for the amendments to the AQMA boundary? If not please specify what changes need to be made and give a reason. The area needs to be where the Air Quality Objectives are exceeded and with relevant public exposure e.g. residential properties. You may wish to highlight these areas on the map.
YES: NO (please specify changes)

2. Do you agree that the AQMA should be extended to include the 1-hour NO₂ objective?
YES NO

3. Do you think the 1-hour objective should be declared for the whole area or for hotspots around the monitors which currently show potential for breaches? Please describe any alternative areas.
Whole area Hotspots Other (Please specify)

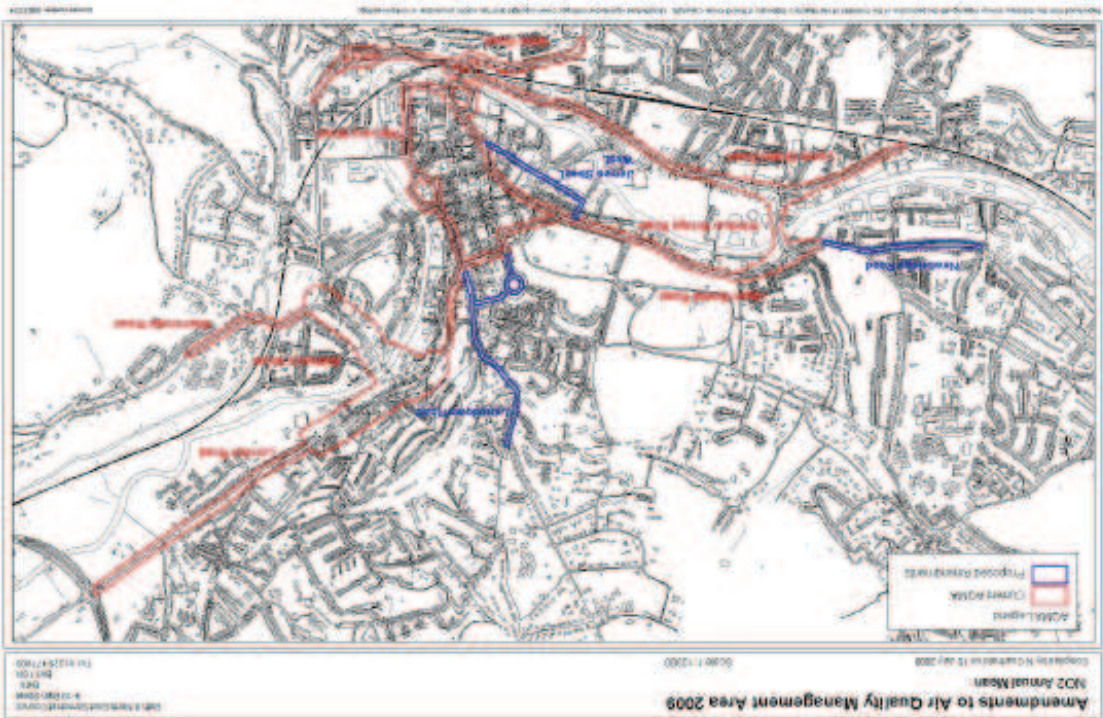
4. If you would like an Air Quality Officer to contact you to discuss your comments or provide further information please provide your contact details.

For further details or copies of the full technical documents please contact Environmental Monitoring. Telephone 01225 396622, email Environmental_Monitoring@bathnes.gov.uk.

Please return by 31 January 2012 to:
Bath & North East Somerset Council
Environmental Monitoring
Environmental Services
FREEPOST (BA1458)
Bath
BA1 1ZZ

This document can be made available in a range of languages, large print, braille, on tape, electronic and accessible formats from 01225 477435.

Pollution Prevention through Control



DUTY

Local Authorities are required under Part IV of the Environment Act 1995 to periodically review and assess the air quality in their area in line with guidance issued by the Department for Environment, Food and Rural Affairs (DEFRA). Present and likely future quality of the air is compared to the National Air Quality Objectives. Where the objectives are found to be exceeded and are identified as areas of public exposure, an Air Quality Management Area (AQMA) must be declared.

AIR QUALITY OBJECTIVES

Objective	Concentration	Relevant Exposure
Annual Mean NO ₂	40 µg/m ³	All locations where members of the public might be regularly exposed. Building facades of residential properties, schools, hospitals, care homes etc. Not offices, gardens of residential properties or Kerbside sites
1-hour NO ₂	200 µg/m ³ with 18 exceedences per year. Guidance indicates that an annual mean NO ₂ concentration greater than 60 µg/m ³ may indicate an exceedence of the 1-hour objective.	As above plus hotels, gardens, any outside location where members of the public might reasonably be expected to spend 1 hour or longer.

CURRENT SITUATION

Following previous review and assessments, an AQMA was declared for the annual mean nitrogen dioxide (NO₂) objective. In 2002 an AQMA was declared covering the London Road. Following further assessments this area has been extended and now covers the major road network within the centre of Bath. The current area is shown in red on the attached map.

THIS CONSULTATION

Further monitoring has been in place since 2007 to ensure the boundary is correct. Following the extension of the AQMA in 2008, a further assessment has been carried out. This shows that there are a few areas where the boundary needs to be extended, these areas are shown in blue on the attached map. An Air Quality Action Plan to identify actions to reduce NO₂ levels is being finalised.

The latest assessment also shows that at 3 diffusion tube monitoring sites levels exceed 60 µg/m³, and there is the potential of the 1-hour objective also being exceeded. One of the sites is co-located with a continuous analyser which is not exceeding the 1-hour objective.

To ensure compliance with the Environment Act we need to extend the AQMA to cover the areas where an exceedence of the Air Quality Objectives has been found.

Appendix D: Glossary

Annual Mean:	The average of the concentrations measured for one year
AEAT:	AEA Technology Ltd
AQMA:	Air Quality Management Area
AQS:	Air Quality Strategy
AURN:	Automatic Urban and Rural Network
DEFRA:	Department for Environment, Food and Rural Affairs
DETR:	Department of the Environment, Transport and the Regions
DMRB:	Design Manual for Roads and Bridges
EU	European Union
GIS:	Geographical Information System
LAQM:	Local Air Quality Management
LSO:	Local Site Operator
mm	Millimetres
NETCEN:	National Environmental Technology Centre (part of AEA Technology Ltd.)
NO ₂ :	Nitrogen Dioxide
NO _x :	Oxides of Nitrogen
Objective:	Target values set by the Government for the key air pollutants that are required to be achieved by a set date.
OS:	Ordnance Survey
PM ₁₀ :	Particulate Matter with diameter less than 10 µm
QA/QC:	Quality Assurance/Quality Control
TG:	Technical Guidance Note
UKAS:	United Kingdom Accreditation Service
µg/m ³ :	Microgrammes per cubic metre
WASP:	Workplace Analysis Scheme for Proficiency
WHO:	World Health Organisation

Appendix E: Responses received

Respondant	Q1	Comments	Q2	Q3	Comments	Q4	Other comments	Response
1						y		Letter sent
2	y		y	Hotspots		y		Letter sent
3	y	Extend to cover all four sides of Queen Sq not just North side and the roads leading south west and south	y	Whole area	A big option of course to reduce traffic in the affected roads	n		
4	y		y	Whole area		n		
5	y		y	Whole area		n		
6	y		y	Whole area		n		
7		Come on what is all this talk about an AQMA it doesn't mean a thing if you don't do anything about it, but, just put some more lines on the map			As for breaches what about them you can't do anything about them you can't stop all the cars		One day all the lines on the map will be in red and nothing will have been done about it. I will bet you.	
8	y		y	Whole area		n		
9	y	But as other thought Camden Road could be included as it is used as connection between Lansdown Rd and London Rd	y	Whole area			Already spoken to someone - thanks for clarifications	
10	y		y	Whole area		y		Letter sent
11	y		y	Whole area		y		Letter sent
12						y		Letter sent
13	y		y	Whole area		n		
14	y		y	Whole area		n		
15	y		y	Hotspots		n		

16	y		y	Whole area		y	email sent
17	y	But how is a layman supposed to answer this question knowledgeably without access to existing data from the diffusion tubes or knowing where they are located	y	Whole area		n	(Data was available online or would have been sent on request).

18	y		y	Whole area		
<p>Will the Action Plan as proposed earlier this year actually be able to deliver the necessary improvements? It proposed a number of actions, but events have moved on, and there may be a need to review what can do be done. For example, the revised BTP which has received DfT funding is different from what was included in the Action Plan. Furthermore, not all the CIVITAS measures will continue, and certainly some of the timescales assumed in the Action Plan have slipped. In my ward, I note that the AQMA covers Warminster Road, but not the section of Pulteney Road between the Bathwick Hill junction and the entry into Widcombe. With buses using North Parade and considerable traffic congestion at the traffic lights by the railway bridge, I would have thought it worthwhile to do some AQ monitoring in this area in order to establish whether there are exceedances. Also if the proposed changes to HDVs turning at the Bathwick Street/Beckford Road junction go ahead, we may see more HDVs along Pulteney Road. I know that transport CO2 emissions are not included in the AQMA requirements, but I am always keen to see what benefits there may be for CO2 reductions from AQ improvement actions. I would be interested in having a discussion with you and your colleagues about the on-going AQ Action Plan. Would it be possible to arrange a meeting sometime in the New Year?</p>						

19	y	The Council has a legal obligation to extend their polluted area. The area to be monitored should embrace the whole of the city centre that is within the monitored roads surrounding the centre.	y	Whole area	This is not an 'Air Quality Management Plan'. At best it is an 'Air Quality Monitoring Plan'. A management plan envisages taking some action to address the issues. For many years the Council has merely monitored the pollution but done nothing to comply.	y	Letter sent
20					I appreciate that the monitoring stations in the city centre comply with National Standards, but am worried that there are large car parks where many vehicles start up and pump out fumes, and these locations are not having their air quality monitored. Furthermore, these car parks are close to homes or places of work, and conditions could well affect health. I call to mind such examples as Charlottes Street car park and those at the RUH, St Martin's Hospital, the University of Bath and the Park & Rides at Newbridge and Odd Down.		Letter sent

21	y	<p>However, we propose that the AQMA should be defined to include the whole of the city centre surrounded by the roads in the AQMA, ie from Bennett street down to Churchill Bridge. It seems to us that there must be areas not covered by the AQMA as presently defined which suffer excessive levels of NO2 (for example, the south side of Queen Square is presumably as polluted as the north side). We also consider that defining the AQMA in this way would underscore the serious nature of air pollution levels in the city and the urgent need for action to reduce them. We understand that the city of Cambridge, which has similar problems, has adopted the approach of defining the whole city centre as an AQMA.</p>	y	Other	<p>We have no preference as to whether this is declared for the whole area or for the hotspots.</p>	<p>Finally, while we support the measures included in the AQAP approved in February 2011, we believe that the only effective way to reduce air pollution in the city is to reduce the volume of traffic, which is the main source of air pollution. We believe that projections of reducing pollution levels based on the adoption of new technology are likely to prove over-optimistic. The projections in the AQAP are also based on the assumption that the Bath Transport Package would have been implemented, and as you will know several key elements including the very important eastern park-and-ride were removed from the package after the AQAP was approved. Thank you for this. I will be putting together a response for FOBRA. I think it is safe to say that we will support the expansion of the AQMA based on the annual mean NO2 concentrations. I should be grateful if you could advise on a few other points which occur to me: a. Where are the three locations with the one-hour exceedances? b. What practical effect would there be, in terms of the Council's obligation to take action, of adding the 3 hot spots to the AQMA? c. Ditto, declaring the one-hour objective for the whole area? d. Looking at the map at p69 of the AQAP, the 40 mcg/m3 NO2 level is exceeded on many roads which are not included in the AQMA or the proposed expansion of the AQMA - for example, St John's Road, Sydney Gardens, Guinea Lane and many side streets off the main roads. I appreciate that these are modelling projections of NO2 levels, but do the actual monitoring data not indicate that the expansion of the AQMA should also cover these areas?</p>	<p>Email sent after initial questions</p>
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Respondent 22

Comments

Thank you for the consultation.

The link to the map failed on my iPad, so I am wanting to confirm that the London road, Cleveland place and Bathwick street are all in the area.

Secondly I would like to know what actions are planned or in hand to address the problem in this area. Monitoring is all very well but not sufficient.

Response

I have attached a copy of the map showing the AQMA area. I can confirm that London Road, Cleveland Place and Bathwick Street are within the current AQMA and will still be included in the amended AQMA.

The Air Quality Action Plan adopted in early 2011 details actions which are planned to address the problem, can be viewed online at <http://www.bathnes.gov.uk/environmentandplanning/Pollution/airquality/airqualityactionplan/Pages/default.aspx>. A paper copy is available on request.

The AQMA has already informed and strengthened the case for a number of operational and planned transport initiatives including:

- Freight consolidation service (an electric lorry delivers goods to central retailers in Bath, reducing half-empty large HGVs and thus pollution)
- Electric vehicle infrastructure (the council are working on introducing charging point infrastructure to reduce traffic emissions, particularly in the AQMA)
- electric/ diesel hybrid bus (in operation on P&R routes including Newbridge)
- Low Emission Zone feasibility study (investigating a way of reducing vehicle emissions in particular from HGVs in the AQMA);
- LED sign at Windsor Bridge directing inbound HGVs away from Upper Bristol Road;
- Park and Ride expansion at Newbridge, Odd Down and Lansdown;
- Bus waiting infrastructure (real-time information)

Comments

Is there a timetable for the LEZ feasibility report? London have had something similar for several years, and I am concerned that we should implement something rather than just produce reports and studies. Hopefully the report is just the first step.

Response

We expect the consultant to commence work on the feasibility study early next week. It is due for completion by June and should the report suggest an LEZ would be effective, it be decided that a Low Emission Zone will be implemented, then we would aim to implement it by 2015, as the implementation period would provide time for companies/hauliers to adjust. The London LEZ zone had a 7 year implementation period with considerable research and preparation undertaken prior to that. We're involved with DEFRA's LEZ network working with other authorities to ensure that we adopt best practice and learn from London and other authorities experience.

Response (Cllr)

I will be talking to Matthew Smith about how we can act on Air Quality to make real improvements.

Respondent 23

Comments

You recently sent us a consultation form about extending the Air Quality Management Area to include the stretch of Newbridge Rd we live on.

However, the form doesn't include any information on the implications of doing so. Why would it be a good thing? What negative implications are there for us from extending it? Would being in the AQMA mean the Council will actually do something about the air quality in the road or is just a hoop jumping exercise required by the government that has no real world significance?

Or is it deliberate to not include any information as that allows the council to do what it wants by way of changes and claim all were consulted beforehand so cannot now complain?

That is I hope overly cynical, but I would have though basic consultation best practice would require you to actually explain what the point of a change is, in plain English, so people who are not policywonks know what on earth you are talking about.

Please explain, because without an explanation the consultation is nothing of the sort, and just a waste of public resources.

Response

Thanks for your email. I apologise if the consultation form is not clear.

We are required by law to declare (and extend) an Air Quality Management Area (AQMA) where the national objective levels for nitrogen dioxide are exceeded.

There are no negative implications of extending the AQMA other than it highlighting air pollution levels. It assists the commitment of resources for improving air quality. The AQMA is a material consideration in planning decisions and air quality impact assessments are required as part of a planning application for larger developments, to quantify their impact and identify mitigating measures.

The AQMA has already informed and strengthened the case for a number of operational and planned transport initiatives including:

- Freight consolidation service (an electric lorry delivers goods to central retailers in Bath, reducing half-empty large HGVs and thus pollution)
- Electric vehicle infrastructure (the council are working on introducing charging point infrastructure to reduce traffic emissions, particularly in the AQMA)
- electric/ diesel hybrid bus (in operation on P&R routes including Newbridge)
- Low Emission Zone feasibility study (investigating a way of reducing vehicle emissions in particular from HGVs in the AQMA);
- LED sign at Windsor Bridge directing inbound HGVs away from Upper Bristol Road;

- Park and Ride expansion at Newbridge, Odd Down and Lansdown;
- Bus waiting infrastructure (real-time information)

For more information, the Air Quality Action Plan adopted in early 2011 can be viewed online at <http://www.bathnes.gov.uk/airquality> . A paper copy is available on request.

I hope this is helpful.

Please don't hesitate to contact me if you have any further queries.

Comments

Thanks for this. It does seem however that calling it a consultation is misleading given extending the AQMA is required by law, so it doesn't matter whether we say we want it extending or not -and I think in future the wording should make clear what the actual options available are.

That said, I am very strongly in favour of measures to reduce air pollution, and not just because of where I live. As you will know people will be dying every year in our city as a result of poor air quality - the invisible victims of traffic.

Here is a question for both you - So if the council is serious about reducing air pollution, presumably you have specific targets for improving air quality incl. for particulates, NO2 etc, with milestones and an accompanying timescale, and the specific measures required to deliver those improvements? Where can I see this plan?

I would strongly support the introduction of a Low Emission zone, and ultimately a congestion charge if necessary, or at least a hike in town centre parking charges coupled with measures to reduce bus fares (do you know it costs us as a family of five around three times as much to get the bus into town as to park for a couple of hours? - we can't always walk)

Frankly putting hundreds of new parking places in under the Southgate was a terrible idea and tells me that improving air quality was simply not a priority. It will surely have generated hundreds of thousands of additional vehicle movements into the centre of Bath each year.

Ultimately those of us who actually live in Bath surely want a balanced economy that delivers a good quality of life for all, not simply for Bath to become some kind of giant Cribbs Causeway out of town shopping centre for anyone who lives in the South West - it isn't all about what the retail trade wants!

Even for shop owners there has to be a limit - someone I work with in London said they no longer come to Bath because of the huge queue along the London Road - and I'm sure they aren't the only ones put off.

Response

Thanks for your email. It is true that we are obliged to declare an air quality management area, however there is some flexibility over the exact boundary of the declaration. For example, a junction could be included in the AQMA because it causes problems in other areas through congestion, even if it does not exceed air quality objectives.

The target is to reduce pollution to meet the National Air Quality Objective limit of 40 micrograms per cubic metre (consistent with EU Directive 2008/50/EC). We have an unofficial target trajectory for bringing the average concentration of nitrogen dioxide across the Bath AQMA from 49 down to 40 by 2015. Nowhere in the district are we exceeding the target limit for fine particles (PM_{2.5} and PM₁₀), however we shall model any initiative to check that any reduction in NO₂ does not cause an increase in PM (as can be the case).

The plan for how the Council will reduce nitrogen dioxide pollution is included in the link as per my last email (www.bathnes.gov.uk/airquality)(hard copy available on request). The Joint Local Transport Plan 3 (<http://travelplus.org.uk/media/205985/jltp3%20march%202011.pdf>) also provides some idea of the other measures, as you will have seen in the press with the award of £34.3 million for transport measures.

When taking into account the closure of the Ham Gardens (660 space) car park, small Dorchester St car park and removal of 130 spaces at Bath Spa; although Southgate has 876 spaces, the net increase in spaces is only 34 spaces with an extra 20,000m² of retail space.

Deregulation of the bus industry in 1986 has no doubt had some effect on high public transport fares.

Cllr Response

Thanks for your email and for a number of years now I have been asking as to what real action can be taken to reduce the air pollution levels in certain streets in Kingsmead Ward, for example Charlotte Street, Queen Square and Little Stanhope Street all exceed EU specified safe levels at certain times of the year. Extending the air monitoring will allow the council to identify other such areas.

In response to the points you raise;

Low Emission Zone.

The idea of a low emission zone would be a good one but I would like to see what this actually means in terms of costs. There is a clear ambition for this administration to increase pedestrian areas and reduce traffic into the city centre.

City Centre Parking charges.

There is a fine balance here between council revenues, transport planning, park & ride usage and potential development sites. Avon street and Manvers street car parks are both earmarked for development – obviously the right sort of development that would enhance and complement city centre usage/needs. In addition Saw Close or the Cattle Market car park sites are outline/potential Casino sites. This demonstrates that at some future point parking in the city centre will be reduced.

Public transport charges.

This is an issue that is also raised by many residents. Since the deregulation of buses many years ago the private sector provides bus services. However there is very recent legislation that allows local councils to again become responsible for some/limited bus services. However, I personally would not wish to see council tax

revenues being spent on services, but would wish to see greater usage by younger people.

Southgate parking spaces.

Underground parking was always part of the Southgate development proposal and the concept was to replace the Ham Gardens car park spaces. The previous administration decided to increase the number of spaces increasing city congestion. I am aware that Cllr Symonds and our new administration wish to tackle the bottleneck that is now caused at Southgate here all traffic from Avon Street and Southgate are funnelled into.

Retail business.

I echo your views that we do not wish Bath to become a bland shopping destination. However it must be remembered that to ensure vibrancy of the city centre with a mix of pubs and restaurants Bath needs to be attractive to local and overseas visitors alike. In addition we also need to be aware that the retail sector in Bath is now a considerable local employer, and the transport needs for these staff needs also to be considered.

One concern that you have not raised is that high air pollution together with the particulates in the air does considerable damage to our historic buildings made of soft limestone.

Respondant 24

Comments

I would very much like to have the Consultation of Air Quality questionnaire that I have received through the letter-box explained to me.

I would also like it explained why the questionnaire is almost totally devoid of useful information. It seems rather a nonsense to ask people's opinion on something that is not at all explained, which has unknown and unstated ramifications and upon which, frankly, the public can have no educated opinion. How many of us have air quality meters we can wave out of our windows? Or are we to base our response upon whether we have noticed that we have coughed more frequently of late?

The whole thing reeks of box ticking. I assume that by law you have to do a consultation and so here it is, but it is no more than that: an exercise in being seen to do the right thing. The timing of it - in the build-up to Christmas when most folks are running around like headless, err, turkeys - is also deeply suspicious. It seems to me that you hope that nobody notices or bothers about this, or at least forgets about it until it is too late.

What does it mean to the residents of Bath if the AQMA has its boundary changed? What are the implications? Or are you just letting us know that what we're breathing isn't too good for us. What gets done about an AQMA? Just monitoring? Or do you actually try to improve the situation by messing with traffic flow with, presumably, other side-effects?

I have a Masters Degree in Engineering and have spent a good deal of my working life dissecting technical literature and yet the booklet and questionnaire tell me next

to nothing. I can't begin to imagine how little it means to many other people. I expect most will simply put it in the bin. Perhaps this is what you wanted? If, however, you would have liked a useful response to your questionnaire, then perhaps you should have put some useful information and education in it.

I particularly like the use of the word "exceeded" relating to Air Quality Objectives. Sounds nice. We have exceeded our objectives - bravo! This is confusing language. *Healthy limits* have been *exceeded*. *Objectives* have *not been met*.

Response

Thanks for your email. I apologise if the consultation form is not clear.

As required by legislation, the consultation attempts to enable a dialogue between ourselves and those living within the existing / proposed AQMA. There is a limited amount that can be said to affect an alteration to the proposed extension of the AQMA. However, there is some flexibility over the exact boundary of the declaration. For example, a junction could be included in the AQMA because it causes problems in other areas through congestion, even if it does not exceed air quality objective limit values of nitrogen dioxide.

There is no sinister intention about the timing of the consultation. In fact, the period commenced from when the leaflets were delivered in mid December to 31st of January – at least 6 weeks.

There are no negative implications of extending the AQMA other than it highlighting air pollution levels. It assists the commitment of resources for improving air quality. The AQMA is a material consideration in planning decisions and air quality impact assessments are required as part of a planning application for larger developments, to quantify their impact and identify mitigating measures.

The AQMA has already informed and strengthened the case for a number of operational and planned transport initiatives including:

- Freight consolidation service (an electric lorry delivers goods to central retailers in Bath, reducing half-empty large HGVs and thus pollution)
- Electric vehicle infrastructure (the council are working on introducing charging point infrastructure to reduce traffic emissions, particularly in the AQMA)
- electric/ diesel hybrid bus (in operation on P&R routes including Newbridge)
- Low Emission Zone feasibility study (investigating a way of reducing vehicle emissions in particular from HGVs in the AQMA);
- LED sign at Windsor Bridge directing inbound HGVs away from Upper Bristol Road;
- Park and Ride expansion at Newbridge, Odd Down and Lansdown;
- Bus waiting infrastructure (real-time information)

The Air Quality Action Plan adopted in early 2011 details how the Council intend to reduce air pollution. It is available online here: www.bathnes.gov.uk/airquality , (hard copy available on request). The Joint Local Transport Plan 3 (<http://travelplus.org.uk/media/205985/jltp3%20march%202011.pdf>) also provides some idea of the other measures, as you may have seen in the press with the award of £34.3 million for transport measures.

The target is to reduce pollution to meet the National Air Quality Objective limit of 40 micrograms per cubic metre (consistent with EU Directive 2008/50/EC). So, yes perhaps 'exceeded objective limit' would be correct.

Comment

Thank you. I am now duly edified.

Why wasn't this information in the consultation booklet? I think you'd have got a much more useful response from local residents if it had been.

Respondent 25

Comment

The vast amount of information you have provided in your Consultation Documents takes a considerable amount of time to read and comprehend and, so far I have been unable to complete the task.

However at this stage, may I make just one point which is that from the information at present available, further air monitoring action must be taken.

It would seem that large concentrations of vehicles with internal combustion engines add considerably to the general background level of air pollution and, that polluted air can and does affect the health of the young, the elderly and those already suffering from respiratory illnesses.

I appreciate that there are already many monitoring stations within the city of Bath and, that their locations comply with the required National Standards but, as outlying areas and areas containing large car parks do not at present have monitoring facilities available, I suggest that additional monitoring stations be set up at these additional sites.

It would seem that the present levels of air pollution at sites not at present monitored, are either not known at all or, values have been obtained from 'modelling', these being considered insignificant compared with present day knowledge of the levels of air pollution causing problems with the health of various sections of the population.

I am sure you would agree, that had we known more about air pollution at the time the Royal Victoria Park Children's Play Area was constructed immediately adjoining the A4 Upper Bristol Road here in Bath, it would not have been sited in this position. I appreciate the large cost that would be involved in moving the play equipment to a much more suitable site, possibly within the park but, surely human life cannot be measured in terms of money. I request that very serious thought be given to re-siting this play area, which is used by many thousands of young children every year, not only from Bath but from outlying areas, without delay.

May I suggest that monitoring stations be set up at all schools and their playing fields, hospitals, park and ride car parks and other commercial locations where large numbers of vehicles congregate within the B&NES area, so that definite information may be made available on air pollution levels.

It may well be possible to encourage those responsible for these sites to receive detailed information from the Council on the method of collecting this pollution information and, for them to forward the samples obtained to you.

As far as schools are concerned, this method of collecting the required information could well be included within the normal school curriculum, making children aware of the dangers of air pollution. This could be done in a similar way to that which many of them already provide weather information to the National Weather Bureau but, in this case the samples would be returned to you for analysis.

Such a system would then provide real data on many of these additional sites at no additional cost to the Council, other than the initial cost of providing the sampling equipment and instruction on the retrieval of the samples.

Response

I note your comments with reference to the need for further monitoring in particular at car parks and schools.

Whilst a car park is a source of pollution particularly at peak time, the fact that car parks are spread over a large area means that the nitrogen dioxide pollution disperses before reaching residential properties. Nitrogen dioxide is an indicator for traffic pollution and is the main pollutant that we are obliged to monitor and monitoring shows that this drops off significantly over a small distance from the road. Nitrogen dioxide reacts with air to create ozone in different distances and to varying degrees depending on the weather. As the pollution drops off significantly over a small distance, the pollution levels within the park are not as high as one might expect.

We will consider placing a diffusion tube close to a residential building façade at a car park when we next review the monitoring locations this year.

The highest pollution in Bath is found where busy roads are lined with tall buildings that trap the pollution - preventing its dispersion. For example, Broad Street and London Road at Cleveland Place have annual average nitrogen dioxide concentrations at approximately 60 micrograms per cubic metre. On Upper Bristol Road in the vicinity of the park, there is no canyon effect and traffic pollution is more quickly dispersed. This and the slightly lower traffic levels than at places such as London Road mean that annual average concentrations of nitrogen dioxide are significantly lower at just over 40 micrograms per cubic metre (the national objective limit level). As the pollution drops off significantly over a small distance, the pollution levels within the park are not as high as one might expect. However, monitoring will continue on this stretch of road and measures have been put in place to enforce the Traffic Regulation Order that restricts heavy goods vehicles using the Upper Bristol Road, such as the weight restriction sign on the approach to Windsor Bridge. This is because heavy goods vehicles contribute a disproportionate amount of nitrogen dioxide pollution.

We currently monitor nitrogen dioxide levels at a number of schools in the district. The council also has a "Safer Routes to School" programme which aims to reduce the need for car travel to school and to make it easier and safer for children to walk or cycle instead, which help reduce peak congestion and pollution in the vicinity of schools. We are just commencing work on a potential partnership with the various

school and environment initiatives and further monitoring is one of the likely components.

For more information on what the Council are doing to improve air quality, the Air Quality Action Plan adopted in early 2011 can be viewed online at <http://www.bathnes.gov.uk/airquality> . A paper copy is available on request.

Comments

I note your comments about the dispersal of nitrogen dioxide in areas that are not contained by buildings, giving rise to easier dispersal from open car parks and roads.

I appreciate that the level of pollution depends upon a great many variable factors and, that you are working with the information at present available, concerning the acceptable levels of pollution.

Maybe in years to come, what is considered to be acceptable levels of pollution now, will be found to be far too high a value for the enjoyment of long healthy life.

I also note your comments regarding the Children's Play Area in the Royal Victoria Park and, would hope that any further expansion would take place farther from the Upper Bristol Road, so as to increase the area of dispersion.

It is good to know that you are already monitoring pollution at a number of schools within the district, promoting "Safer Routes to School" to encourage walking and cycling and, starting work on a potential partnership with the various school and environment initiatives, which is likely to bring about further monitoring.

Hopefully your review of the monitoring locations to take place this year, will include the Newbridge Park and Ride Car Park.

I wonder how the present acceptable levels of nitrogen dioxide and other pollutants were obtained and, what experiments were carried out on animals and/or human beings to arrive at these levels?

No doubt information on this aspect of pollution is available in various scientific papers but, if you have time, maybe you could advise me of your understanding of the situation. By doing so, I would feel even more confident that you and your colleagues have the health of the population in this area, as one of prime concern.

I have checked the site <http://www.bathnes.gov.uk/airquality> which you gave me and, it certainly does cover a great deal of your work in some detail.

Response

Of course the aspiration is always to have no air pollution at all. I hope technology will advance to such a position as speedily as possible.

In terms of justification of the air quality standards by the government, the health effects have been assessed in four main ways: i) by experimental exposure of volunteers with and without asthma to the gas; ii) by assessment of the effects on groups of people of variations in ambient concentrations of nitrogen dioxide, using

daily symptoms or lung function measurement; iii) by assessing changes in hospital admissions or mortality in relation to changes in ambient concentrations and iv) by comparing the health of groups of people who have had different long-term exposures.

Surprisingly, research on the effects of nitrogen dioxide and the detail of the health effects of particular levels of concentration is unclear. The evidence is complicated by the fact that nitrogen dioxide itself is a precursor for a number of harmful secondary air pollutants, including nitric acid, the nitrate part of secondary inorganic aerosols and photo oxidants (including ozone) and the reactions can take some time. However, it is known that it is an oxidising agent which can damage cell membranes and proteins. At high concentrations it can cause inflammation of the airways. There is currently some research being undertaken that the government (EU and UK) will take into account by Dr Heather Walton of King's College London.

The Department for the Environment, Food and Rural Affairs will continue to provide guidance in this field.

Comments

My initial reaction on receiving your E mail was one of great satisfaction, in that you have taken the trouble to answer my questions in great detail and with the commitment that I hope I demonstrated when I was Deputy Engineer to a nearby local authority for many years.

I obtained great pleasure from members of the public when they asked me questions about work that was proposed or was being undertaken in my area, giving me a sense that they did not consider me as some faceless bureaucrat carrying out the Council's policy, even though I was doing so to the best of my ability. I would hope Rob that you enjoy the same situation that I experienced and, that you will continue to do so.

I appreciate your comments concerning research on the effects of nitrogen dioxide and the detail of the health effects of particular levels of concentration. I note that the government [Eu and UK] will take into consideration research being undertaken by Dr Heather Walton and, hopefully the picture will become clearer.

It is good to be living in a country where The Department for the Environment, Food and Rural Affairs [DEFRA] operates for the good of the population, passing guidance to local authorities for officers such as you and your colleagues to protect our health.

Respondent 26 Comments (via form)

Response

Thanks for your returned consultation form. I apologise if the information is not clear.

We are required by the Environment Act 1995 to declare (and extend) an Air Quality Management Area (AQMA) where the national objective levels for nitrogen dioxide are exceeded. There is some flexibility over the exact boundary of the declaration. For example, a junction could be included in the AQMA because it causes problems

in other areas through congestion, even if air pollution does not exceed air quality objective limits.

There are no negative implications of extending the AQMA other than it highlighting air pollution levels. It assists the commitment of resources for improving air quality. The AQMA is a material consideration in planning decisions and air quality impact assessments are required as part of a planning application for larger developments, to quantify their impact and identify mitigating measures.

The target is to reduce pollution to meet the National Air Quality Objective limit of 40 micrograms per cubic metre (consistent with EU Directive 2008/50/EC). We have an unofficial target trajectory for bringing the average concentration of nitrogen dioxide across the Bath AQMA from 49 down to 40 by 2015. Nowhere in the district are we exceeding the target limit for fine particles (PM_{2.5} and PM₁₀), however we shall model any initiative to check that any reduction in NO₂ does not cause an increase in PM (as can be the case).

The AQMA has already informed and strengthened the case for a number of operational and planned transport initiatives including:

- Freight consolidation service (an electric lorry delivers goods to central retailers in Bath, reducing half-empty large HGVs and thus pollution)
- Electric vehicle infrastructure (the council are working on introducing charging point infrastructure to reduce traffic emissions, particularly in the AQMA)
- electric/ diesel hybrid bus (in operation on P&R routes including Newbridge)
- Low Emission Zone feasibility study (investigating a way of reducing vehicle emissions in particular from HGVs in the AQMA);
- LED sign at Windsor Bridge directing inbound HGVs away from Upper Bristol Road;
- Park and Ride expansion at Newbridge, Odd Down and Lansdown;
- Bus waiting infrastructure (real-time information)

For more information on what the Council are doing to improve air quality, the Air Quality Action Plan adopted in early 2011 can be viewed online at

<http://www.bathnes.gov.uk/airquality> . A paper copy is available on request.

Comments

Thank you so much for taking the time to respond and I hope you did understand that I was making light of a serious situation—in part. The dirt I enclosed in my survey came from my window sill, which gives out onto Lansdowne Rd, on the raised pavement just across from Bennett Street. That grit comes from traffic—buses and lorries as well as private vehicles. I have noticed a great difference in my lung capacity when I am away, which tells me that I am inhaling a lot of this junk. I know that there are often calls for curtailing city centre traffic and I don't expect it to be on my behalf, but I do hope those who make traffic decisions will understand that many of us do not commute into the city for a few hours, we live here.

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Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	5 December 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2490
TITLE:	Proposed Air Quality Management Area for Saltford	
WARD:	Saltford	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Appendix 1: Map showing the proposed Air Quality Management Area		
Appendix 2: A Summary of Consultation Responses – Air Quality Management Area in Saltford		

1 THE ISSUE

The Environment Act 1995 introduced a requirement that every local authority is under a duty to carry out regular reviews of the air quality in their boundaries. Following a review of the air quality across the whole of the local authority an area within Saltford has been identified as exceeding the government's acceptable limits for air quality. The authority is therefore required to declare an Air Quality Management Area (AQMA) for that part of Saltford. A consultation exercise has been undertaken to offer various options for the outline of the proposed area and to hear the public's views on what should be included. The Cabinet is being asked to approve the recommended option.

2 RECOMMENDATION

The Cabinet agrees that:

- 2.1 An Air Quality Management Area is declared which extends along the A4 Bath Road, Saltford from Beech Road/Manor Road to the Southern end of Saltford which is approximately 12 m from the centre of the road in each direction (as shown in Appendix 1). Any residential property whose façade is within the area is deemed to be included.

3 FINANCIAL IMPLICATIONS

- 3.1 The cost of carrying out the consultation and producing the report have been £3-4K in officer time which has been met from the Public Protection Environmental Monitoring budget.
- 3.2 Following the declaration of an Air Quality Management Area or areas the authority is legally required to produce an Air Quality Action Plan, which states what measures the authority is going to take to reduce the levels of pollution in the affected areas. Prior to declaring its Action Plan, the authority must consult with the local community on the proposed measures.
- 3.3 The Action Plan may commit the local authority to some measure of expenditure. However the Action Plan will require further approval by the Cabinet before being adopted and more detail on the estimated cost of the plan will be provided in that report. The cost of developing the Action Plan and carrying out the consultation will be in the region of £5-6K of officer time and this will be met from within the existing Public Protection service budgets.
- 3.4 Addressing air quality problems is one of the criteria used by the Department for Transport to allocate Local Transport Plan funds to local authorities through the Integrated Transport Block. Improving air quality is one of the main objectives of the Joint Local Transport Plan. Those schemes recommended in the Action Plan that provide good value for money will be considered for funding from the Integrated Transport Plan Block allocation.

4 CORPORATE OBJECTIVES

- *Building a stronger economy*
 - *Where people are able to travel easily with reduced traffic congestion and pollution*

- 4.1 Declaring the Air Quality Management Area will “Make Bath & North East Somerset an even better place to live, work and visit” by highlighting the area of high pollution which needs to be addressed. The Action Plan which is required following the declaration will aim to reduce pollution in the specified area.

5 THE REPORT

- 5.1 The Consultation Report in Appendix 2 forms part of the on-going review and assessment of air quality within Bath and North East Somerset. Local Authorities are required under Part IV of the Environment Act 1995 to periodically review and assess the air quality in their area. Present and likely future quality of the air is compared to air quality objectives. The guidance issued by Department for Environment, Food and Rural Affairs (DEFRA) on how this should be approached has been followed in this assessment.
- 5.2 The report details the consultation which has taken place relating to the extent of the proposed AQMA.

5.3 The consultation shows that 44% of the responses prefer Option 2 – Bath Road for the proposed AQMA. It is therefore recommended based on monitoring data and the consultation that an AQMA be declared for Saltford along the A4 Bath Road extending from the junction of Beech Road to the Southern extent of Saltford as detailed in Appendix 1.

5.4 The full report is attached in Appendix 2.

5.5 The AQMA will be declared by means of an official order.

6 RISK MANAGEMENT

6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

An Equality Impact Assessment (EqIA) has been completed. Adverse impacts were identified and have been justified/mitigated in the following ways:

Air pollution effects on the very young, old as well as those suffering from poor health, this is mitigated by ensuring that Air Quality Management Areas declarations are informed by thorough monitoring and that all possible actions are fully explored in the Action Plans.

To ensure air quality is assessed effectively a program of monitoring air quality across the district is in place.

8 RATIONALE

8.1 The rationale behind recommending that the area outlined in Appendix 1 is declared an Air Quality Management Area is that this meets the statutory obligation placed on the authority. The area selected encompasses the area around The Crown which is exceeding the limit value of 40 µg/m³ and the area around 562 Bath Road where the annual average nitrogen dioxide monitoring was 40 µg/m³ in 2011 (at the limit value but not exceeding). The area was preferred by 44% of the consultees.

9 OTHER OPTIONS CONSIDERED

9.1 Not to declare an Air Quality Management Area. This is not an option as the Council would be in breach of Part IV of the Environment Act 1995.

9.2 To declare an Air Quality Management Area along the A4 Bath Road, Saltford from Tynning Road to Rodney Road. This is not recommended as there is a further area at 562 Bath Road which is close to the limit value and could lead to a further declaration if levels rise.

9.3 To declare an Air Quality Management Area along A4 Bath Road, Saltford from Grange Road to the Southern end of Saltford. This area includes a section from Grange Road to Beech Road which currently doesn't include any exposure as the houses are set back from the road. However it would prevent possible variations

being required to the Air Quality Management Area if development occurred close to the road.

10 CONSULTATION

10.1 *Ward Councillor; Cabinet members; Parish Council; Staff; Other B&NES Services; Local Residents; Community Interest Groups; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer*

10.2 A leaflet and questionnaire was delivered to all houses along the A4 Bath Road, Saltford and several houses back on the side roads (approx. 190 houses). Further leaflets were left in Saltford Library and sent to the Parish Council. Details were also posted on our website and sent electronically to all Statutory Consultees (list was taken from PG(09))

11 ISSUES TO CONSIDER IN REACHING THE DECISION

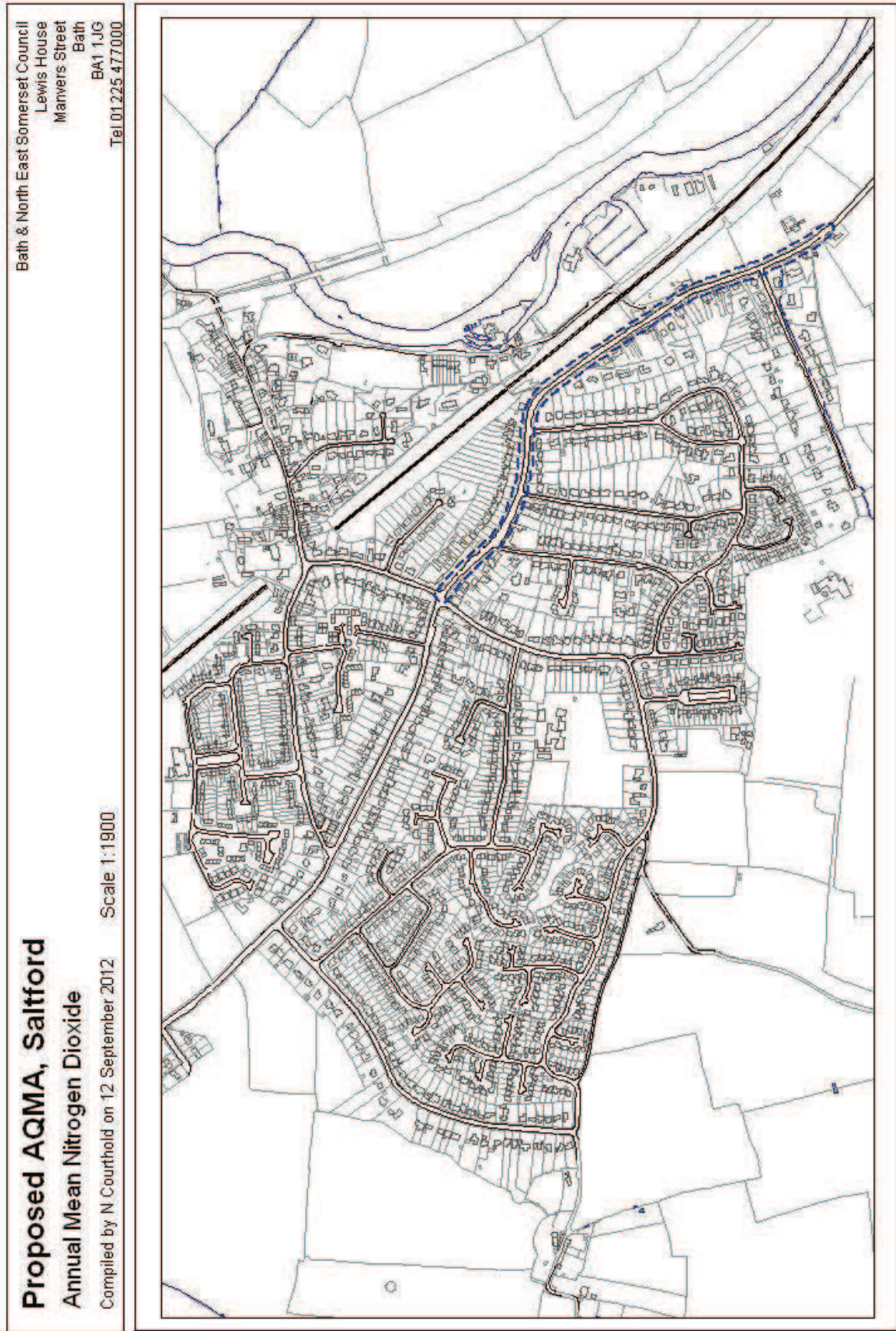
11.1 *Social Inclusion; Customer Focus; Sustainability; Human Rights; Other Legal Considerations (Environment Act 1995)*

12 ADVICE SOUGHT

12.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	<i>Dr Nicola Courthold, 01225 396622</i>
Sponsoring Cabinet Member	<i>Councillor David Dixon</i>
Background papers	<i>2010 Detailed Assessment of Saltford for Bath and North East Somerset Council.</i>
Please contact the report author if you need to access this report in an alternative format	

APPENDIX 1



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A Summary of Consultation Responses - Air Quality Management Area in Saltford

In fulfillment of Part IV of the Environment Act 1995
Local Air Quality Management

Draft July, 2012

Report Author	Dr N Courthold
Checked by	Mr A Jones

Department	Environmental Monitoring and Licensing
Address	Lewis House Manvers Street Bath BA1 1JG
Telephone	01225 477557
e-mail	Environmental_monitoring@bathnes.gov.uk

Report Reference Number	R4CR2012
Date	July 2012

Executive Summary

This Consultation Report forms part of the on-going review and assessment of air quality within Bath and North East Somerset. Local Authorities are required under Part IV of the Environment Act 1995 to periodically review and assess the air quality in their area. Present and likely future quality of the air is compared to air quality objectives. The guidance issued by Department for Environment, Food and Rural Affairs (DEFRA) on how this should be approached has been followed in this assessment.

This report details the consultation which has taken place relating to the extent of the proposed AQMA.

The consultation shows that 44% of the responses prefer Option 2 – Bath Road for the proposed AQMA. It is therefore recommended based on monitoring data and the consultation that an AQMA be declared for Saltford along the A4 Bath Road extending from the junction of Beech Road to the Southern extent of Saltford as detailed in Figure 3.

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1 Introduction

This report forms part of the on-going review and assessment of air quality within Bath and North East Somerset. Local Authorities are required under Part IV of the Environment Act 1995⁽¹⁻²⁾ to periodically review and assess the air quality in their area. Present and likely future quality of the air is compared to air quality objectives (levels of pollutants which are to be met by a certain date), these are shown in Appendix 1. The Department for Environment, Food and Rural Affairs (DEFRA) has issued guidance on how this should be approached⁽³⁻⁴⁾.

Following a detailed assessment in 2010, results showed that monitored levels exceeded the Government's Objectives for annual average Nitrogen Dioxide (NO₂) concentrations. This identified that an Air Quality Management Area (AQMA) was required along the A4 Bath Road, Saltford.

Setting the boundaries of an AQMA involves an element of judgement as to the extent of the exceedence based on monitoring data, sources, receptors and other local factors. An AQMA must encompass all known and predicted areas of exceedence where there is relevant exposure.

Objective	Concentration	Relevant Exposure
Annual Mean NO ₂	40 µg/m ³	All locations where members of the public might be regularly exposed. Building facades of residential properties, schools, hospitals, care homes etc. Not offices, gardens of residential properties or Kerbside sites
1-hour NO ₂	200 µg/m ³ with 18 exceedences per year. Guidance indicates that an annual mean NO ₂ concentration greater than 60 µg/m ³ may indicate an exceedence of the 1- hour objective.	As above plus hotels, gardens, any outside location where members of the public might reasonably be expected to spend 1 hour or longer.

This report details the consultation which has taken place relating to the extent of the proposed AQMA.

2 Saltford

Saltford is a large village located on the West side of Bath on the A4 between Bristol and Bath. Traffic levels on the A4 are in the region of 27,500 vehicles per day with 6% HGVs and buses.

The majority of residential premises in Saltford are set back from the main road so are not exposed to high levels of NO₂. There is one potential sensitive property close

to the main road which is a children's day nursery in the centre of the village. However, monitoring at this location (Tiddlers Nursery) has shown that this site is well below the Government's objective for NO₂.

There are pinch points in the village at the junction of the A4 Bath Road, with the Shallows (562 Bath Road) where there are properties adjacent to the road and there is another pinch point in the centre of the village where there is a crossroads with pedestrian crossings either side.

The traffic related pollution is exacerbated by peak commuter traffic passing through the village at the times when children are using the pedestrian crossing points to cross the road to go to, and from, school.

The site at The Crown may also be made worse by a bus stop close to the site and a Waste Oil Burner at the garage at 502 Bath Road.



Figure 1: Saltford photo, looking East

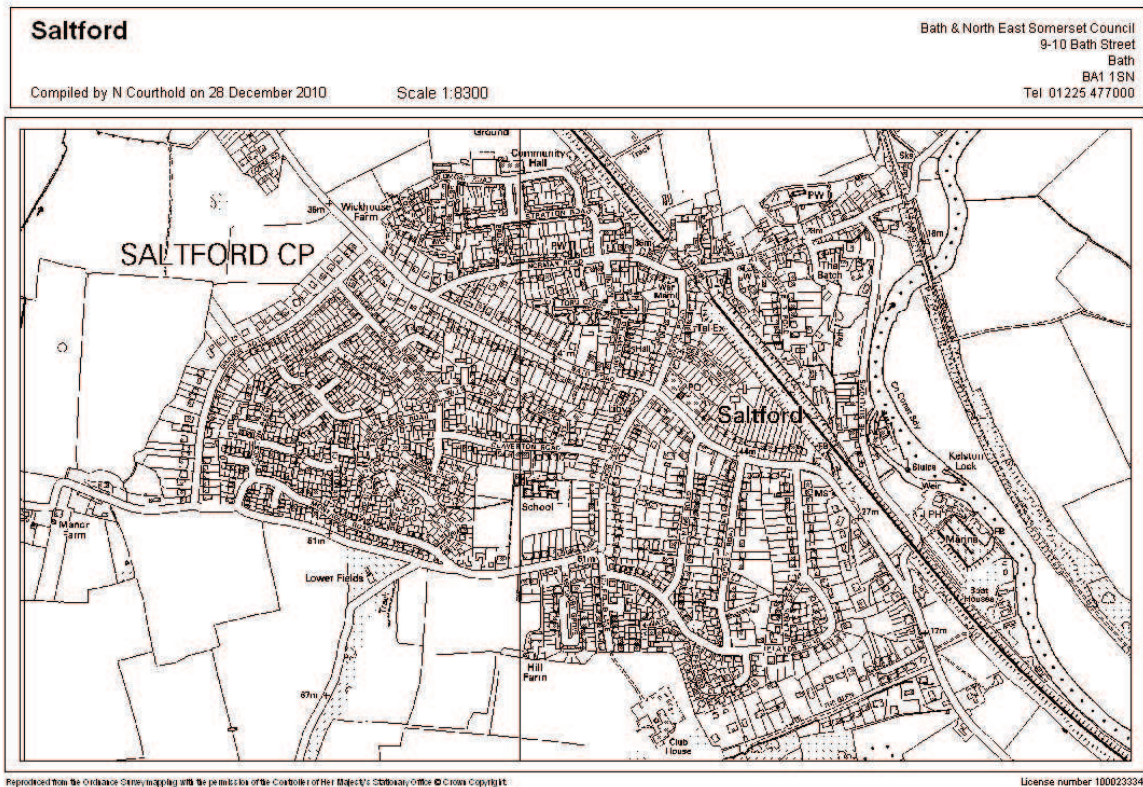


Figure 2: Map of Salford

3 The Consultation

A leaflet and questionnaire was delivered to all houses along the A4 Bath Road, Salford and several houses back on the side roads (approx. 190 houses). Further leaflets were left in Salford Library and sent to the Parish Council. Details were also posted on our website and sent electronically to all Statutory Consultees (list was taken from PG(09)):

- The Secretary of State
- Environment Agency
- The Highways Authority
- All neighbouring local authorities
- The County Council (if applicable)
- Any National Park Authority
- Other public authorities as appropriate
- Bodies representing local business interests and other organisations as appropriate

A copy of the leaflet and questionnaire are included in Appendix 2.

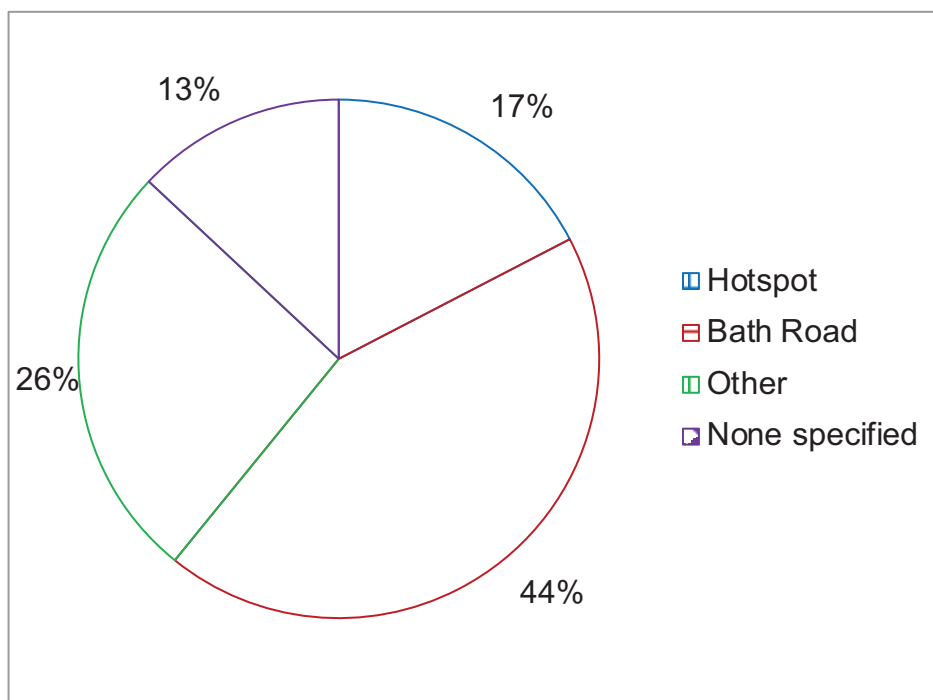
Two members of Environmental Monitoring attended the Parish Council meeting on 7th February 2012 to give a presentation on the proposed Air Quality Management Area (AQMA).

4 Responses

We had 22 responses to the consultation (approx. 10% response rate).

Q1: Which Air Quality Management Area do you prefer?

Option	Number of respondents selecting each option
Hotspot	4
Bath Road	10
Other	6
None specified	3



Where the other option was selected a description of the proposed area was given.

Other Descriptions:

1. Bath Road, extend Blue area to beyond Norman Road
2. Whole of the Bath Road to Grange Road
3. Extend the blue area (Bath Road) to include the Beech Road/Manor Road junction, ie from The Glen to Tiddlers nursery
4. The Bath Road area should be extended towards Bristol possibly as far as Norman Road
5. The area coloured orange of enclosed map (Length of A4 through Salford). What is the reading at the Norman Road junction at peak times and also the readings at The Glen and 562 Bath Road?
6. Continue the Bath Road (blue area) to include the whole length of A4 through Salford

Question 2: Improving Air Quality; Please give any ideas on how to improve air quality in Saltford.

Question 3: Further Information; Would you like an air quality Officer to contact you to discuss your comments in more detail?

Responses to questions 2 and 3 are given in Appendix 4 along with any other comments given and our responses.

5 Conclusions and Recommendations

The consultation shows that 44% of the responses prefer Option 2 – Bath Road for the proposed AQMA. It is therefore recommended based on monitoring data and the consultation that an AQMA be declared for Saltford along the A4 Bath Road extending from the junction of Beech Road to the Southern extent of Saltford as detailed in Figure 3.

6 References

1. HM Government (1995). Environment Act 1995 (Part IV). London HMSO.
2. Department for Environment, Food and Rural Affairs (2007) The Air Quality Strategy for England, Scotland, Wales and Northern Ireland. DEFRA, London.
3. Department for Environment, Food and Rural Affairs (2009a) Part IV of the Environment Act 1995, Local Air Quality Management, Technical Guidance LAQM.TG(09). DEFRA, London.
4. Department for Environment, Food and Rural Affairs (2009b) Part IV of the Environment Act 1995, Local Air Quality Management, Policy Guidance LAQM.PG(09). DEFRA, London.
5. Bath & North East Somerset Council (2010) 2010 Air Quality Progress Report for Bath and North East Somerset Council
6. Bath & North East Somerset Council (2009a) 2009 Air Quality Updating and Screening Assessment for Bath and North East Somerset Council
7. Bath & North East Somerset Council (2011) 2010 Detailed Assessment of Saltford for Bath and North East Somerset Council
8. Department for Environment, Food and Rural Affairs:
<http://laqm1.defra.gov.uk/review/tools/no2/baf-national.php>
9. AEA Technology: <http://www.airquality.co.uk/>

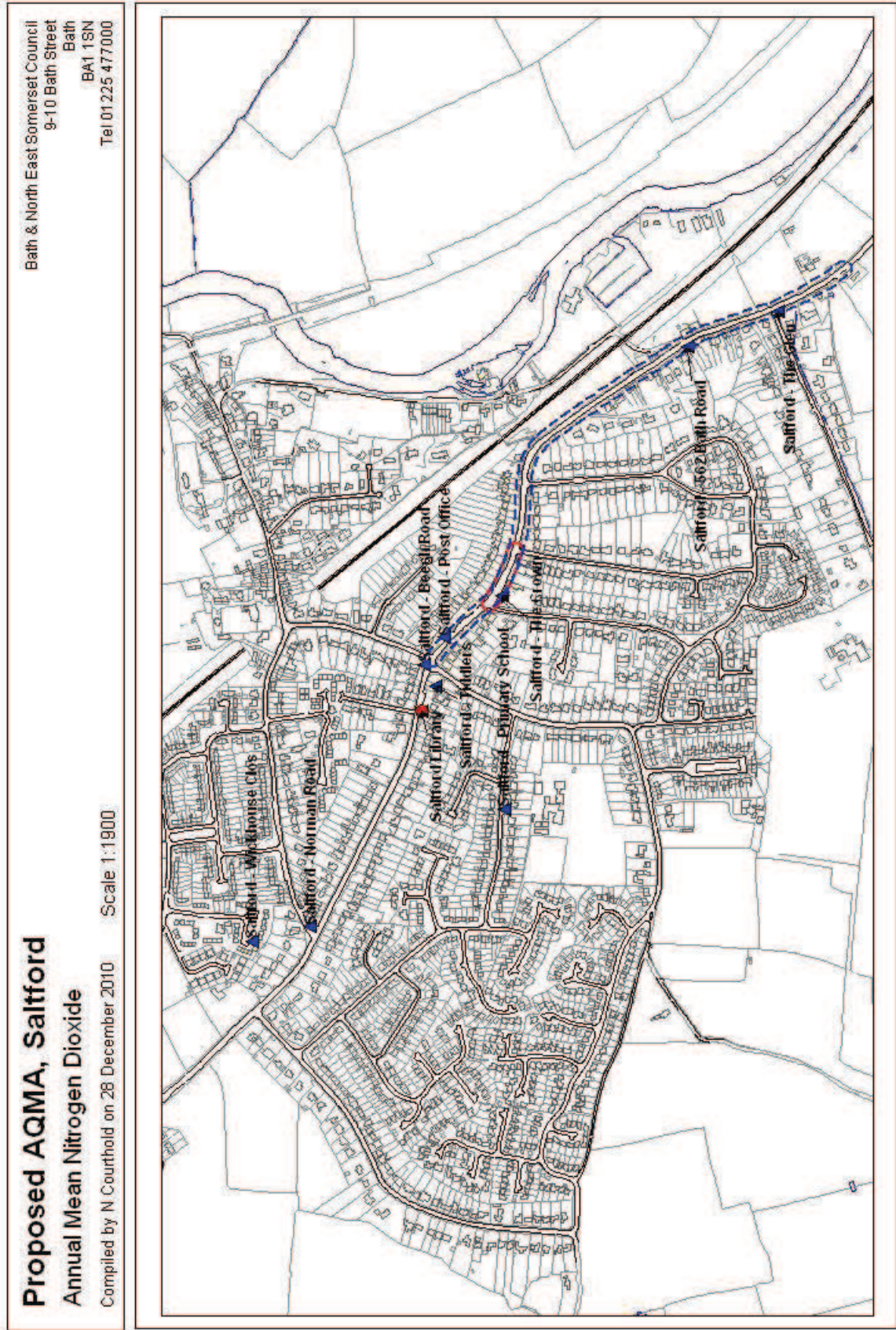


Figure 3: Proposed AQMA for Saltford, Option 1 – Hotspot (red area), Option 2 – Bath Road (blue area)

Appendix 1: Air Quality Objectives

Table 1: Current air quality objectives

Pollutant	Concentration	Measured as	Compliance
Benzene	16.25 µg/m ³ (5 ppb)	Running annual mean	31.12.2003
	5 µg/m ³ (1.5 ppb)	Annual mean	31 Dec 2010
1,3 Butadiene	2.25 µg/m ³ (1 ppb)	Running annual mean	31.12.2003
Carbon Monoxide	10 mg/m ³ (8.6 ppm)	Running 8-hour mean	31.12.2003
Lead	0.5 µg/m ³	Annual mean	31.12.2004
	0.25 µg/m ³	Annual mean	31.12.2008
Nitrogen Dioxide	200 µg/m³ (104.6 ppb)	1 hour mean	31.12.2005 (max 18 exceedences)
	40 µg/m³ (21 ppb)	Annual mean	31.12.2005
Fine Particles (PM ₁₀)	50 µg/m ³	24-hour mean	31.12.2004 (max 35 exceedences)
	40 µg/m ³	Annual mean	31.12.2004
Sulphur Dioxide	266 µg/m ³ (100 ppb)	15 minute mean	31.12.2005 (max 35 exceedences)
	350 µg/m ³ (131 ppb)	1 hour mean	31.12. 2004 (max 24 exceedences)
	125 µg/m ³ (46.8 ppb)	24 hour mean	31.12.2004 (max 3 exceedences)
Polycyclic aromatic hydrocarbons	0.25 ng/m ³ B[a]P	Annual mean	31.12.2010
Fine Particles (PM _{2.5}) Exposure Reduction	25 µg/m ³	Annual mean	2020
	Target of 15 % reduction in concentrations at urban background	Annual mean	Between 2010 and 2020
Ozone	100 µg/m ³	8 hour mean	31.12.2005 (max 10 exceedences)

Appendix 2: Copy of the Leaflet and Questionnaire

We Want To Know What You Think

We are seeking your views on the extent of the Air Quality Management Area.

Please complete the enclosed questionnaire or send a letter or email.

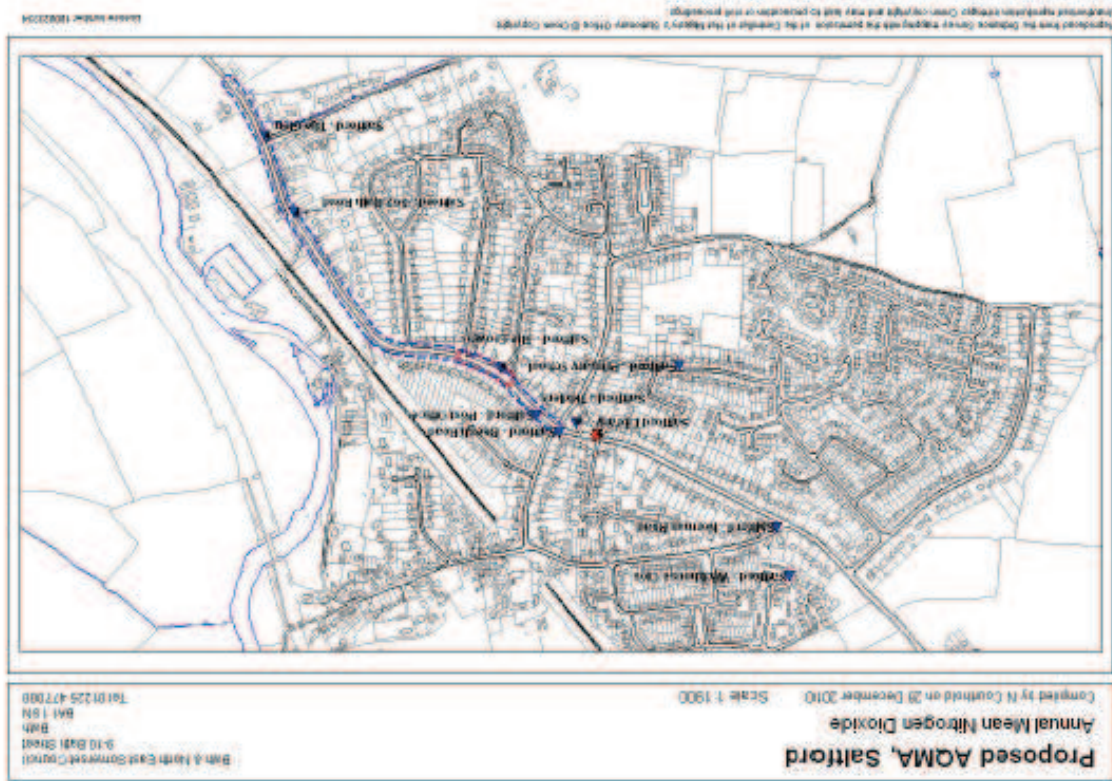
Please respond to:
Bath & North East Somerset Council
Environmental Monitoring
Environmental Services
FREEPOST (BA1458)
Bath
BA1 1ZZ
Tel: 01225 477557
Email: environmental_monitoring@bathnes.gov.uk
Please return this form or any other correspondence by Friday 17th February 2012.

This document can be made available in a range of languages, large print, braille, on tape, electronic and accessible formats from 01225 477495.

**Bath & North East
Somerset Council**

A Consultation on Air Quality Saltford's air quality and your help improving it

Pollution Prevention through Control



DUTY

Local authorities are required under Part IV of the Environment Act 1995 to periodically review and assess the air quality in their area in line with guidance issued by the Department for Environment, Food and Rural Affairs (DEFRA). Present and likely future quality of the air is compared to the National Air Quality Objectives, in particular for nitrogen dioxide (NO₂). Where exceedances of these objectives are identified in areas of public exposure, an Air Quality Management Area (AQMA) must be declared.

MONITORING

The Council maintains a monitoring network that records average concentrations of nitrogen dioxide. There are 10 monitoring sites at locations in Saltford (as shown by the blue triangles on the adjacent map).

The average nitrogen dioxide concentration at The Crown diffusion tube location on the Bath Road exceeded the National Air Quality Objective for nitrogen dioxide (40µg/m³ as an annual average) at 44 in 2010. As a result, Bath and North East

Somerset Council must declare an Air Quality Management Area (AQMA).

AQMA AREA

The adjacent map shows possible boundaries of the proposed Air Quality Management Area. The boundary is open to judgement and can include areas that don't exceed the air quality objectives, but may be relevant in terms of measures that will help air quality objectives to be met in the areas of exceedance.

SOLUTIONS AND THE PROCESS

There are a number of potential solutions that will be explored at a later date when the 'Air Quality Action Plan' is drawn up - 12 to 18 months following declaration of the Air Quality Management Area.



**Saltford Air Quality Management Area
Consultation Questions 2011**

Which Air Quality Management Area do you prefer?

- Hotspot (Red Area)
- Bath Road (Blue Area)
- Other (please describe, or outline on map)

.....
.....
.....
.....

Improving Air Quality; Please give any ideas on how air quality can be improved in Saltford.

.....
.....
.....
.....

Further Information; Would you like an air quality Officer to contact you to discuss your comments in more detail?

- Yes
- No

If yes please give contact details

.....
.....

Please return by
17th February 2012 to:

Bath & North East Somerset Council
Environmental Monitoring
Environmental Services
FREEPOST (BA1458)
Bath
BA1 1ZZ

Appendix 3: Glossary

Annual Mean:	The average of the concentrations measured for one year
AEAT:	AEA Technology Ltd
AQMA:	Air Quality Management Area
AQS:	Air Quality Strategy
AURN:	Automatic Urban and Rural Network
DEFRA:	Department for Environment, Food and Rural Affairs
DETR:	Department of the Environment, Transport and the Regions
DMRB:	Design Manual for Roads and Bridges
EU	European Union
GIS:	Geographical Information System
LAQM:	Local Air Quality Management
LSO:	Local Site Operator
mm	Millimetres
NETCEN:	National Environmental Technology Centre (part of AEA Technology Ltd.)
NO ₂ :	Nitrogen Dioxide
NO _x :	Oxides of Nitrogen
Objective:	Target values set by the Government for the key air pollutants that are required to be achieved by a set date.
OS:	Ordnance Survey
PM ₁₀ :	Particulate Matter with diameter less than 10 µm
QA/QC:	Quality Assurance/Quality Control
TG:	Technical Guidance Note
UKAS:	United Kingdom Accreditation Service
µg/m ³ :	Microgrammes per cubic metre
WASP:	Workplace Analysis Scheme for Proficiency
WHO:	World Health Organisation

Appendix 4: Responses received

Table 2: Response from the Consultation

No.	AQMA	Description	Improving AQ	Further Info Y/N	Other Comments	Response
1	Bath Road	Please note map not in colour	Stop all HGV's through Saltford, bypass Saltford	y	This leaflet is almost gobbledegook - I almost dismissed it - what about plain English?	Letter sent with further info and a more detailed map, not sure of why map not in colour.
2	Bath Road	Slow traffic on the hill provides large emissions giving high readings by The Glen	Bypass the village, there are no alternative routes for traffic which will only increase with limits on lorries on A36 in Bath and south of Bristol Road	y		Phoned and went to parish council meeting
3	Other	Continue the Bath Road (blue area) to include the whole length of A4 through Saltford	Make the Norman Road junction a mini roundabout. This would reduce the vehicle emissions by reducing the standing traffic in Norman Road and excessive exhaust when vehicles accelerate when turning right onto the A4	n		
4	Bath Road		Bypass to Saltford	n		
5	Hotspot and Bath Road		The only way is to build a bypass. Bus drivers who idle outside CROWN PUB to make up time must be told to switch off engine	y	to next Parish Council meeting	Went to PC meeting
6	Hotspot		Lower speeds 20mph Saltford Hill to Grange Road. Open Saltford Station	n		
7	Bath Road		Reduce A4 traffic through Saltford - Bypass	n		

No.	AQMA	Description	Improving AQ	Further Info Y/N	Other Comments	Response
8	Bath Road		By reducing traffic on A4 through Saltford	n		
9	Bath Road		Stop smoking outside the Crown Pub. Better traffic management at junction of Bath Road with Manor Road, Beech Road and Crescent outside shops. Build a bypass to allow smoother flow of traffic	n		
10	Bath Road		Bypass for traffic between Bristol and Bath. Also concern of air above Saltford from pollution of air traffic from Lulsgate Airport	n		
11	Hotspot		Build a Saltford Bypass road. Divert air traffic to Bristol Airport	n		
12	Other	The area coloured orange of enclosed map (Length of A4 through Saltford). What is the reading at the Norman Road junction at peak times and also the readings at The Glen and 562 Bath Road	It is unlikely in the foreseeable future that vehicle emissions will reduce, as is the volume of traffic during daytime hours the solution is to ease/diminish the traffic using the A4 through Saltford eg bypass as recent survey of Saltford residents has recorded.	y		Email sent with data requested.
13	Other	The Bath Road area should be extended towards Bristol possibly as far as Norman Road	Any traffic measures to keep vehicles moving rather than stop/start. Also double yellow lines on one side of Beech Road & Manor Road would give steady flow on these roads (also safety feature).	n		

No.	AQMA	Description	Improving AQ	Further Info Y/N	Other Comments	Response
14	Hotspot	On the bend towards Saltford just after 528 Bath Road	Heavy lorries be diverted away from Saltford Hill on A4	y	(By phone) A4 discussions been going on for 50 years. Past Cllr said HGV diverted from Saltford Hill (local) via weight limit. Traffic backs up down hill to The Globe, both morning and evening. Golf club won't allow bypass. Lived there for 12-15yrs. HGV some A39 to A4 to A4174. Willing to be active member of a committee.	phoned to discuss and sent some monitoring data.
15	Other	Extend the blue area (Bath Road) to include the Beech Road/Manor Road junction, ie from The Glen to Tiddlers nursery	Instruct bus companies' drivers to switch off engines when idling at bus stops at The Crown and the shops. Suggest a by-pass for Saltford	n		Already attended PC meeting
16	Bath Road		Bypass. Car sharing. One way system (partial bypass)	y	No-body stops to let you cross the road in the mornings. 5 mins waiting on island. (comments by phone)	phoned.
17	Bath Road		By-pass would reduce the traffic volume leading to less pollution and reduce speed limit to 20mph	n		
18	Other	Whole of the Bath Road to Grange Road	Less traffic! Bypass	n		
19	Other	Bath Road, extend Blue area to beyond Norman Road	Have sensors embedded near Norman Road/Bath Road junction so cars will stop there waiting onto main road could trigger traffic lights nearby to change to red.	n		
20	Bath Road	I assume being the larger are it would have more overall impact on the whole of Saltford.	I am also in favour of the re-opening of Saltford Train Station in the hope that this would reduce traffic and pollution in Saltford.	n		

No.	AQMA	Description	Improving AQ	Further Info Y/N	Other Comments	Response
21					<p>Buses wait at The Crown when they are ahead of schedule. She wanted to make a point that the air quality is only slightly above the national objective at The Crown and not the whole area. She was concerned that some have painted a picture of doom to strengthen their case for a bypass. She doesn't want a bypass.</p>	

No.	AQMA	Description	Improving AQ	Further Info Y/N	Other Comments	Response
22					<p>Thank-you for your presentation on establishing the Saltford Air Quality Management Area to the Saltford Parish Council yesterday at our Feb meeting. I am optimistic that some highways solutions may be possible to find to abate the NO2 measurements on the A4 in Saltford, particularly in the vicinity of the Glen and the Crown.</p> <p>The profile of traffic does change over time. I have been looking at the detailed figures for traffic counts on the A4 in Saltford by totals, type and time of day over the period 1998-2011 (no data was collected 2006-2008). The peak year was 2002 with a 5-day average count of 31075 vehicles and a 7-day average count of 29511 vehicles.</p> <p>The figures for 2011 were 5-day average 28952 and 7-day average 27234 vehicles (the lowest figure recorded). The drop from the peak is 6.8% for the 5-day average and 7.7% for the 7-day average.</p> <p>The 5-day average has been below 29000 for the past two years and the 7-day average has been below 28000 for the past three years.</p> <p>Of course, the figures remain high. Comparing 2001 with 2011, it would seem that at the peak time in the morning roughly the same number of cars travel eastbound, and similarly for westbound at the peak time in the afternoon - but fewer cars travel westbound in the morning and eastbound in the afternoon. And the morning peak has moved from 8am to 7am.</p> <p>I have just compared 2002 with 2011 and found the same picture - reduction in Westbound commuter traffic from Bath to Bristol in the morning peak (142 vehicles) and Eastbound Bristol to Bath in the afternoon peak (127 vehicles).</p>	

Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	5th December 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2501
TITLE:	LSAB Annual Report 2011-12 including Business Plan 2012-15	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1 LSAB Annual Report 2011-2012 including Business Plan 2012-15		

1 THE ISSUE

1.1 The Local Safeguarding Adults Board (LSAB) has produced an Annual Report which outlines the work its multi-agency partners carried out during 2011-12 and includes the Business Plan for 2012-15. The report requires the approval of the cabinet.

2 RECOMMENDATION

2.1 The Cabinet agrees the approval of the report and business plan.

3 FINANCIAL IMPLICATIONS

- 3.1 There are no current requests to increase Council investment in the current “Medium Term Service and Resource Plan” and also within the business plan. There is some concern that as awareness and training in Safeguarding Practice improves and referral rates increase, the Council might experience higher legal costs. This is still an evolving picture and will be monitored closely.

4 CORPORATE OBJECTIVES

- Promoting independence and positive lives for everyone
- Creating neighbourhoods where people are proud to live

5 THE REPORT

- 5.1 The LSAB Annual Report 2011-12 provides an overview of changes to national policy relating to safeguarding adults at risk; outlines the Boards activity during this period; analyses the case activity that has taken place and outcomes for service users; reports progress on learning points identified in the 2010-11 annual report and includes the business plan for 2012-15. The business plan sets articulates the outcomes the LSAB seek to achieve and the actions it will take to deliver these. The LSAB continue to meet on a quarterly basis and held an away day in October 2012 to finalise the business plan.
- 5.2 The Annual Report and business plan were approved by Health and Wellbeing (Shadow Board) in November 2012.

6 RISK MANAGEMENT

- 6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

- 7.1 An Equalities Impact Assessment has not been carried out on the report itself and is not believed to be required.
- 7.2 An Equalities Impact Assessment (EqIA) for the business plan is in the process of being completed and will be considered by the LSAB in full in December 2012. Equalities issues were taken into consideration when the business plan was being drafted.

8 RATIONALE

- 8.1 The rationale for approving the report is that there is firstly a requirement to approve and publish a report and secondly that this report itself and the business plan have been fully considered and approved by the LSAB and Health and Wellbeing (Shadow Board).

9 OTHER OPTIONS CONSIDERED

- 9.1 None.

10 CONSULTATION

10.1 Cabinet members; Other B&NES Services; Community Interest Groups; Stakeholders/Partners (including Carers Centre; Care Home representative and Health and Wellbeing Network representative); Other Public Sector Bodies (including CCG; PCT Cluster; Police; Probation; Fire and Rescue; AWP; RUH and RNHRD); Strategic Director for People and Communities Department; Section 151 Finance Officer; Chief Executive; Monitoring Officer.

11 ISSUES TO CONSIDER IN REACHING THE DECISION

11.1 Human Rights; Corporate;

12 ADVICE SOUGHT

12.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	Lesley Hutchinson (01225) 396339
Sponsoring Cabinet Member	Councillor Simon Allen
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

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Annual Report

2011 – 2012



Chair's Foreword

This comprehensive annual report describes the work for which the LSAB has been responsible. It also provides a significant amount of information and intelligence on the performance of our partners on safeguarding over the last year. While we know that there is always more to do and Serious Case Reviews remind us of areas that need critical attention, this has been another productive year.

There has been a huge amount of information, briefing and learning coming from Winterbourne View and other serious cases. New guidance and regulation has emerged and the future statutory role of LSABs remains unresolved.

The LSAB has lost some members and welcomed new Board and sub-group members. Despite the significant pressures that all agencies are experiencing attendance and commitment has been very good and this is greatly appreciated. The sub-groups have delivered enormous contributions and are the engines that drive the Board to deliver against its tasks. We agreed to lose one sub-group as it was felt that personalisation could be absorbed across the other groups and this has freed up some much needed capacity.

The figures show, as ever, increasing demand on services and some good areas of performance despite this. While this is a good sign it also represents a pressure at a time when organisation roles and boundaries have been shifting. The Board needs to consider how to respond to this is a way that retains an overview without adding to the pressure any more than can be helped.

I would like to express my personal appreciation for the work that has taken place over this last year. Despite the fact that the Board's role is one of oversight and support rather than delivery, I am delighted to see that the effect of this work on people who are at risk is evident in a number of areas.

Robin Cowen
Independent Chair

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Section 1: Introduction

- 1.1 The B&NES Local Safeguarding Adults Board (LSAB) is the strategic body that oversees multi-agency working to assure that adults at risk from abuse are safeguarded effectively.
- 1.2 The LSAB is committed to ensuring that all agencies in B&NES and the wider community work together to minimise the risk of abuse and neglect to adults.
- 1.3 This annual report summarises the LSAB's activities that has taken place from April 2011 to March 2012 and highlights the commitment to multi agency working including robust performance management and quality assurance.

Section 2: Background

- 2.1 The profile and scrutiny of multi-agency working to prevent and safeguard adults at risk of abuse has continued to rise during 2011-12.
- 2.2 ***No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*** (DH 2000) continues to provide the framework for multi-agency working to safeguard adults at risk, however in May 2011 the Coalition Government set out a ***Statement Of Government Policy On Adult Safeguarding*** this document builds on *No Secrets*, which will remain as statutory guidance until at least 2013.
- 2.3 **Who is a vulnerable adult?**
 - a person aged 18 or over
 - who is or may be in need of community care services by reason of mental or other disability, age or illness

and

- who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation. *No Secrets (DH 2000)*

2.4 What is abuse?

"Abuse is a violation of an individual's human or civil rights by any other person or persons." *No Secrets (DH 2000)*

Abuse may be behaviour that is intended or caused by lack of training and ignorance.

2.5 Where does abuse happen?

Abuse can happen anywhere, in someone's own home, in a public place, in a care home, in community care or in a hospital. Abusers or 'perpetrators' are often already known by the adult at risk. Perpetrators can be people such as a professional worker, another service user, a relative, a friend, a group or an organisation.

Section 3: Overview of the National and Regional Context and Guidance

3.1 The profile of safeguarding adults at risk continues to be raised. Not only has the Government increased the focus but so too did the BBC. The BBC focused the wider community's attention on adult abuse through the airing of the Panorama documentary in May 2011 **Undercover Care: The Abuse Exposed**, which exposed physical, psychological and institutional abuse and neglect at **Winterbourne View Hospital** ran by Castlebeck, a large national health and social care provider. The programme resulted in:

- A criminal investigation being undertaken by Avon and Somerset Police Constabulary
- Gloucestershire Council undertaking a Serious Case Review
- Care Quality Commission (CQC) initiating an investigation
- The Strategic Health Authority (SHA) requesting reviews and assurance of commissioning arrangements
- Paul Burstow (the then) Minister of State, Department of Health (DH) reporting to the House of Parliament that the DH were launching a review into the events and stating they would review: CQC's investigative report; the South Gloucestershire LSAB Serious Case Review; the National Health Service (NHS) Serious Untoward Incident investigations and previous serious case reviews and investigations and any other relevant documents
- The Association of Directors of Adult Social Services (ADASS) producing a guidance note for Local Authorities and Safeguarding Adults Boards recommending the assurance and not wait for findings and reports being published.

B&NES LSAB has received commentary and updates relating to Winterbourne View at each of its meetings during this period.

3.2 In April 2011 ADASS produced **Safeguarding Adults 2011 Advice Note**. This note provides ADASS' views on outcomes; supports the Law Commission's proposal to amend the No Secrets definition of 'vulnerable adults' to 'adults at risk'; promotes the use of the terms 'harm'; emphasizes the role Local Government should play in providing strategic leadership for the '*safety for all agenda*'; supports the recommendation for Boards to be on a statutory footing and the duty of partners to co-operate (highlighting GP consortia now Clinical Commissioning Groups (CCG)) and requests a clear link be made with Health and Wellbeing Boards described in the NHS White Paper *Equity and Excellence: Liberating the NHS* (July 2010). The note also addresses the safeguarding and personalisation agenda; states the need for a focus on achieving outcomes for individuals and evidencing these rather than processes; highlights the importance of preventive work; the promotion of harm across the wider community and the development of the workforce. B&NES LSAB recognises the importance of the personalisation agenda and has this as a regular agenda item. It also has representation from the CCG and reports to the Health and Wellbeing Partnership Board.

3.3 The Law Commission published its final report on proposed changes to adult social care in May 2011 in **Law Commission No. 326 Adult Social Care**. Seven safeguarding recommendations have been made in part 9 of the report, all are

significant but the following three are highlighted for their specific impact on current arrangements:

Recommendation 39: The statute should:

- (1) provide clearly that local social services authorities have the lead co-ordinating responsibility for safeguarding;
- (2) place a duty on local social services authorities to investigate adult protection cases, or cause an investigation to be made by other agencies, in individual cases; and
- (3) place a duty on the Secretary of State and Welsh Ministers to make regulations prescribing the process for adult protection investigations. (p113)

Recommendation 40: Adults at risk should be those who appear to:

- (1) have health or social care needs, including carers (irrespective of whether or not those needs are being met by services);
- (2) be at risk of harm; and
- (3) be unable to safeguard themselves as a result of their health or social care needs.

In addition, the statute should provide that the duty to investigate should apply only in cases where the local authority believes it is necessary.

Harm should be defined as including but not limited to:

- (1) ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical);
- (2) the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural);
- (3) self-harm and neglect; or
- (4) unlawful conduct which adversely affects property, rights or interests (for example, financial abuse). (p120)

Note: the definition of adult at risk proposes a change to the current definition and includes self harm (no identified perpetrator). Several recent Serious Case Reviews have requested self harm is included in safeguarding adults policies.

Recommendation 44: Adult safeguarding boards should be placed on a statutory footing. In order to achieve this, the statute should:

- (1) give the local social services authority the lead role in establishing and maintaining adult safeguarding boards;
- (2) specify the following functions for adult safeguarding boards:
 - (a) to keep under review the procedures and practices of public bodies which relate to safeguarding adults;
 - (b) to give information or advice, or make proposals, to any public body on the exercise of functions which relate to safeguarding adults;
 - (c) to improve the skills and knowledge of professionals who have responsibilities relating to safeguarding adults; and
 - (d) to produce a report every two years on the exercise of the board's functions;
- (3) give the Secretary of State and the Welsh Ministers a regulation-making power to add to this list;
- (4) To require each of the following to nominate a board member who has the appropriate skills and knowledge:

- (a) local social service authority;
(b) the NHS; and
(c) the police;

(5) give the Secretary of State and the Welsh Ministers a regulation-making power to add to this list;

(6) give the Care Quality Commission, the Care and Social Services Inspectorate Wales and the Healthcare Inspectorate Wales a power to nominate an appropriate representative to attend meetings;

(7) give the local social services authority a power to appoint any other person with the necessary skills and knowledge relevant to the board, and responsibility for appointing the chair; and

(8) provide that adult safeguarding boards should commission serious case reviews and establish a duty to contribute to these reviews.

The code of practice should provide guidance on when information can and should be shared with adult safeguarding boards.(p137)

Recommendation 45: The enhanced duty to co-operate should include specific provision to promote co-operation between relevant organisations in adult protection cases. (p138)

3.4 The Coalition Government produced a **Statement Of Government Policy On Adult Safeguarding** (May 2011) as mentioned in 2.2 above; this sets out the Government intention to seek to legislate for Safeguarding Adults Boards (SABs), making existing Boards statutory.¹ It also sets down six principles to govern the actions of adult safeguarding boards:

- Empowerment – taking a person-centred approach, whereby users feel involved and informed
- Protection – delivering support to victims to allow them to take action
- Prevention – responding quickly to suspected cases
- Proportionality – ensuring outcomes are appropriate for the individual
- Partnership – information is shared appropriately and the individual is involved
- Accountability – all agencies have a clear role

3.5 The Department of Health launched **Transparency in Outcomes: a Framework for Quality in Adult Social Care** The 2011-12 Adult Social Care Outcomes Framework in March 2011. The framework has four domains of which domain four is 'Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm'. The domain has two outcomes, the overarching one being 'the proportion of people who use services who feel safe' (and this can relate to any service) and the second being 'the proportion of people who use services who say that those services have made them feel safe and secure.' This is expected to relate to adult safeguarding more specifically. The responses are collected through

¹ The Government have responded to this and in July 2012 published both the White Paper **Caring for our future: reforming care and support** (DH) and the **Care and Support Bill** clauses 34-38 relating to safeguarding adults specifically. Consultation on the Bill ends in October 2012

an annual survey (the Adult Social Care Survey) and the outcome for 2011-12 is reported in 6.52 below.

3.6 In addition to the aforementioned Advice Notes ADASS produced a number of other papers including:

- ***Carers and Safeguarding Adults – Working Together to Improve Outcomes*** (July 2011), this paper sets out the issues for carers and suggests ways to improve practice. The paper groups carers into three categories: ‘...carers speaking up about abuse or neglect within the community or within different care settings; carers who may experience intentional or unintentional harm from the person they are trying to support or from professionals and organisations they are in contact with...’ and ‘...carers who may unintentionally or intentionally harm or neglect the person they support.’ (p5). B&NES LSAB has approved a local action plan in light of this. The plan is being led by the Carers Centre on behalf of the LSAB see 5.14 below for more information.
- The South West Region ADASS group have produced ***Advocacy and Adult Safeguarding: Information on using and commissioning Independent Advocacy services for Safeguarding Adults*** (October 2011). The paper provides background on the legislation supporting the use of advocacy; outlines how the involvement of an independent advocate should be used in the safeguarding process and ‘...explores how the involvement of an advocate helps to ensure that best interests are kept at the forefront.’ (p2). The LSAB have not had the opportunity to explore the issue of advocacy support and safeguarding however section 6.43 notes the limited number of referrals to advocacy services as part of the safeguarding procedure.
- ***The Case for Tomorrow Facing the Beyond A joint discussion document on the future of services for older people*** was also published by ADASS (March 2012) and assesses the progress made with older people services; it makes a set of recommendations that it requests the Government work with them and partner agencies on. The two recommendations relating to safeguarding older people are: ‘...Review the approaches which have developed to support quality assurance and safeguarding of self-directed support services, and recommend a minimum set of expectations for these arrangements’ (p16) and ‘...Encourage all agencies concerned with the safeguarding of older people to have multiagency arrangements in place which are effective and rigorous.’ (p17)

3.7 ADASS, in partnership with The Local Government Group, The NHS Confederation and Social Care Institute for Excellence (SCIE) published ***Standards for Adult Safeguarding*** in October 2011. The standards are identified through the following themes:

- Outcomes for and the experiences of people who use services
- Leadership, Strategy and Commissioning
- Service Delivery, Effective Practice and Performance and Resource Management
- Service Delivery, Effective Practice and Performance and Resource Management
- Working together

The themes are broken down into eight elements. Safeguarding Boards are the focus of the ‘working together’ theme though cut across others.

- 3.8 The Department for Education published ***The Munro Review of Child Protection: Final Report - A child-centred system*** Munro, E (May 2011). The document focuses on the care and wellbeing of the child but makes reference throughout to the importance of partnership working and states '*Adult services are therefore vital in recognising the possible impact that such problems may be having on children.*' (p186). This reminds services of the importance of 'seeing' the whole family.
- 3.9 Like ADASS, SCIE has also produced a number of documents during the period that relate to safeguarding:
- ***The Governance of Adult Safeguarding: Findings from Research into Safeguarding Adults Boards***, Braye, S.; Orr, D.; Preston-Shoot, M. (September 2011). The paper states that '*...Robust governance arrangements will be assured by the following Board features: strong statements of strategic purpose and scope, with explicit multiagency commitment; clear structures with explicit divisions of responsibility and robust coordinating mechanisms; explicit commitments on membership, in roles that are understood and agreed, including clarity on the authority of the Board in relation to member agencies; broad stakeholder involvement; clarity on the role and status of the chair, and Board rules of engagement, including resources; strategic leadership on a range of functions, including strategic planning, policy and procedural guidance for member agencies, performance monitoring and quality improvement; explicit involvement of people who use services and carers in the work of the Board, and standards for their empowerment in all safeguarding activity and clear internal standards for Board performance, and clear external accountability routes.*' (pviii)
 - ***User Involvement in Adult Safeguarding*** Wallcraft, J.; Sweeney, A.; (September 2011). This document recommends how service users should be involved in strategic planning, the safeguarding process, research and audit and community outreach and directs SABs how to do this. It also identifies the type of training staff need to do this. The LSAB have not reviewed this document to influence the working practice, however are committed to improving user involvement in 2012-13.
 - ***Self-neglect and Adult Safeguarding: Findings from Research*** Braye, S.; Orr, D.; Preston-Shoot, M. (September 2011)
 - ***Assessment: Financial crime against vulnerable adults*** City of London Police (November 2011) *for the Association of Chief Police Officers/ Home Office/Department of Health*. This document considers the problem of financial crime against vulnerable adults and highlights a range of strategic recommendations to reduce the threat of this. Five recommendations are made in all, three of which are: to publish the findings making them widely available and to '*raise awareness of the threat that financial crime poses to vulnerable adults and to help organisations to consider ways of improving their safeguarding arrangements at a local level*' (p46); to develop a toolkit for practitioners and to ensure the information in this document informs the '*Safeguarding and investigating the abuse of vulnerable adults*' guidance that is currently being developed by the National Policing Improvement Agency (NPIA) and the ACPO vulnerable adults portfolio, as well as future training packages for police and safeguarding partners.' (p46).

- **Safeguarding Adults at Risk of Harm: A Legal Guide for Practitioners** Mandelstam, M. (December 2011). The guide was commissioned by the DH in 2009 and outlines the legal basis for the safeguarding of vulnerable adults at risk of harm in England. It is up to date to December 2010.
- **Commissioning care homes: common safeguarding challenges** Cass, E. (February 2012); this document provides a guide for commissioners and providers to identify the issues that 'commonly' lead to safeguarding procedures in care homes and the underlying issues. A series of preventative checklists are provided and other resources.

- 3.10 The South West SHA in partnership with the South West Joint Improvement Partnership and ADASS Safeguarding Adults Programme commissioning an audit of the regional Self Assessment Quality and Performance Framework and review of Board annual reports. **Audit of Safeguarding Adult Boards in the South West Region** Ogilvie, K. (January 2012) makes a set of recommendations for forthcoming annual reports including: '*...for more consistency and completeness, SABs should be encouraged to follow the headings in the annual report template*' (p20) The structure of this report is modelled on the recommendations made with the exception of a case study being included. A case study will be included in next year's report however there was not sufficient preparation time to include one in this report.
- 3.11 The NHS Information Centre for Health and Social Care (NHSIC) published **Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics Final Report** (March 2012). The report summarises the key findings from the **Abuse of Vulnerable Adults (AVA)** data collection for period 1 April 2010 to 31 March 2011. 152 Local Authorities submitted the data required for the AVA return and the findings of this are used in this report to compare B&NES safeguarding data.
- 3.12 The House of Commons Committee of Public Accounts published the committee discussion on **The Care Quality Commission: Regulating the quality and safety of health and adult social care** Seventy-eighth Report of Session 2010–12, (March 2012). The Committee made eight recommendations of which the following are most specific to protecting adults at risk: *the Commission has been poorly governed and led and not been able to strike the balance between registration and inspection; the Commission's role is unclear and it does not measure the quality or impact of its own work; the information provided to the public on the quality of care is inadequate and does not engender confidence in the care system* (by this it means that there is insufficient data on enforcement action and it doesn't give the public a clear picture of the state of care available), *Residential care homes are no longer awarded star ratings, which previously helped the public to differentiate between providers. The Commission should collect and publish data on enforcement, together with information on the extent to which providers in particular areas are meeting the essential basic standards to allow the public to get a national, regional or local picture of the state of care. In addition, the Department should address the gap left by the removal of star ratings and the Commission must strengthen its whistleblowing arrangements* (p5 and 6). The CQC are represented on the LSAB and the Councils adult services meet on a bi-monthly basis with them to discuss registered services.

Section 4: Governance and Accountability

4.1 Principles of the Board

4.2 The Board is committed to ensuring the following principles are practiced:

- Safeguarding is everybody's business and the Board will work together to prevent and minimise abuse as doing nothing is not an option
- Everyone has the right to live their life free from violence, fear and abuse
- All adults have the right to be protected from harm and exploitation
- All adults have the right to independence that involves a degree of risk

4.3 Functions of the Board

4.4 The Board has responsibility for:

- Developing and monitoring the effectiveness and quality of safeguarding practice
- Involving service users in the development of safeguarding arrangements
- Ensuring service user and carers are involved in all aspects of safeguarding planning
- Communicating to all stakeholders that safeguarding is 'everybody's business'
- Providing strategic leadership

4.5 Structures of the Board

4.6 The Board meet on a quarterly basis to carry out its functions; in addition to this six sub groups work to deliver the Boards agenda. The sub groups are:

- Policy and Procedure
- Safeguarding and Personalisation
- Quality Assurance, Audit and Performance Management
- Awareness, Engagement and Communication
- Training and Development
- Mental Capacity Act Local Implementation Network

4.7 Terms of Reference for the LSAB and the sub groups are available on the B&NES website

<http://www.bathnes.gov.uk/services/adult-social-care-and-health/safeguarding-adults-risk-abuse/local-safeguarding-adults-board>

4.8 Membership of the Board and sub groups

4.9 Members of the Board are at a senior level within their organisation and are from the Statutory, Voluntary and Independent sectors. There are both service user and carers specific representatives as well.

4.10 The sub group members are from a variety of specialisms to ensure the group has the relevant expertise it needs to carry out its role. For example, the Quality Assurance, Audit and Performance Management group representative from the

RUH is their Lead for Quality Assurance; the Awareness, Engagement and Communications group has the Information Officer from B&NES Council People and Communities Department, who is responsible for adult care communication and the Training and Development sub group is chaired by Sirona Care and Health, the lead agency commissioned to deliver safeguarding adults training across B&NES, and also has the training lead from RNHRD.

4.11 Members of the Board and sub groups are listed in Appendix 1 and 2.

4.12 **Core members of the Board** represent the following:

- **Statutory organisations** including the: Local Authority; Primary Care Trust; Clinical Commission Group; Royal United Hospital; Royal National Hospital for Rheumatic Diseases; Avon and Somerset Constabulary; Avon and Wiltshire Mental Health Partnership NHS Trust; B&NES Avon Fire & Rescue Service; Avon & Somerset Probation Trust; Community Health and Social Care Services (until 30th September 2011 and became Sirona Care and Health)
- **User led and Carers organisations** representing the voice of service users and carers including: Bath People First on behalf of service users and the Carers Centre on behalf of carers and carer organisations
- **Private, Independent and Voluntary sector organisations** including: Four Seasons Health Care, representing local care homes; Freeways Trust on behalf of Care and Support West (private and voluntary sector service providers); Stonham Housing Association on behalf of housing related support providers; Somer Community Housing Trust on behalf of registered social landlords (became Curo in July 2011); Sirona Care and Health (a Community Interest Company formed in October 2011)
- **Education organisations**: including Norton/Radstock College on behalf of further Education establishments
- **Council Cabinet member**: portfolio holder for B&NES Council Social Care, Health and Housing

4.13 **Associate members of the Board** represent the following:

- Department of Work and Pensions
- Great Western Ambulance Service NHS Trust

4.14 The Safeguarding Children's Board is represented through five statutory organisation members who sit on both the Children's and Adults Boards and the Responsible Authorities Group (RAG) (more commonly known as Community Safety Partnerships in other areas) is similarly represented through five statutory organisation members who sit on both groups.

4.15 **Role of the Chair and Board members**

4.16 The LSAB is chaired by Robin Cowen, an Independent Chair appointed early in 2011. The Chair's role includes:

- Providing strong leadership and an independent, objective voice for the Board
- Promoting the strategic development of the LSAB

- Ensuring the LSAB works effectively to achieve its vision, objectives, priorities and plans
- Representing the LSAB locally and nationally
- Ensuring the LSAB delivers its functions and responsibilities
- Ensuring that all local agencies are supported to work together to deliver high quality services that safeguard adults at risk
- Offering mediation, where required, in any dispute resolution in relation to safeguarding adults
- Ensuring that any Serious Case Reviews are undertaken rigorously; are consistent with guidance; that lessons are effectively communicated; and that associated action plans are delivered
- Leading the LSAB in ensuring that the views of service users and carers are incorporated in the Board's activities

4.17 The role of the Board Members is set out in the LSAB Terms of Reference which can be found following the link highlighted in 4.7 above. Each sub group chair is a core member of the Board.

4.18 Financial arrangements

4.19 Each agency contributes to the resourcing of the Board and sub groups through their time and capacity to deliver the work of the Board. This involves a significant amount of staff time and commitment from both Board members and other agency colleagues who are released from 'regular duties' to support the work of the Board.

4.20 Direct financial contributions are currently made by B&NES Council; NHS Banes and Avon and Somerset Police for the funding of the Independent Chair. The Chair is now funded to provide 20 days rather than 16 in line with the arrangements for the Independent Chair of the Local Safeguarding Children's Board.

4.21 B&NES Council coordinate the Board; finance media campaigns and awareness raising materials and commission Sirona Care and Health to deliver a range of safeguarding training to the voluntary, independent and private sectors.

4.22 Onward reporting structures

4.23 The Board report via B&NES Council commissioning bi monthly to the Partnership Board for Health and Wellbeing (PBH&WB). Membership of the PBH&WB included the Chair of the PCT, Leader of the Council, Cabinet Members, PCT Non Executives, Chief Executive of Health and Wellbeing Partnership, Council Chief Executive, Chair of the Professional Executive Committee, PCT, Joint Director of Public Health and Strategic Director for Children's Services. Membership changed during the year to take account of changing Health and Social Care structures and included representation from the Clinical Commissioning Group.

4.24 Safeguarding activity is reported quarterly to B&NES Council and monthly to the NHS Banes Board. Each Board member retains their own existing lines of accountability for safeguarding and promoting the safety of adults at risk within their organisation.

Section 5: Summary of Activity during the Past Year

5.1 Learning Points Identified in LSAB Annual Report 2011-12

5.2 The following nine learning points were identified as areas to address from the analysis of 2010/2011 safeguarding referral and outcome data and from the activity of the LSAB. The actions taken to address the learning points are described below.

- **Learning point 1: Review Training and Development sub group membership and engagement**

Membership has been reviewed however engagement has remained a struggle through-out the year though did improve following a request from the LSAB.

- **Learning point 2: Work with Drug and Alcohol services to raise awareness and ensure appropriate referrals are being made. Understand the interface with community safety arrangements.**

The Statutory Drug and Alcohol Service are now involved in monthly performance meetings and case work is audited.

Attendance at Multi-Agency Public Protection Authority (MAPPA) and Multi-Agency Risk Assessment Conference (MARAC) meetings has been formalised and more work has taken place with the Community Safety team as outlined in section 5.27 below.

- **Learning point 3: Raise awareness of safeguarding amongst carers through Carer organisations and the carers forum.**

This has been achieved, a carers action plan has been developed and is being monitored following the publication of *Carers and Safeguarding Adults – Working Together to Improve Outcomes* (ADASS 2011). Safeguarding is routinely on the carers forum agenda.

- **Learning point 4: 10% of referrals were for service users that were in receipt of a direct payment. A rise in the take up of direct payments from the Council is anticipated and it would be useful for the LSAB to analyse safeguarding direct payment cases that occur during 2011-12 to ascertain whether there are any trends in safeguarding activity; particularly whether there is an increase in financial abuse cases.**

Completed and analysis included in section 6.25 and 6.26, however B&NES did not see a rise in safeguarding activity for people in receipt of a direct payment.

- **Learning point 5: LSAB to discuss the relationship between self neglect and safeguarding and develop local policy.**

Discussion has taken place regarding and taken into account research from SCIE published in September **2011 Self-neglect and Adult Safeguarding: Findings from Research** and the recommendations from Sheffield Adult Safeguarding Partnership Board **Serious Case Review – Ann** (Margaret Flynn, 2011). The LSAB awaited a position from the Government following the possibility that self neglect might be included in new safeguarding guidance and in the meantime produced the local **Guidance to Staff on Managing Self Neglect** which was adopted in March 2012 and is available on the Council website.

- **Learning point 6: Undertake detailed analysis of referrals and outcome by service user group.** Analysis discussed in section 6.39 below, this remains limited and the AVA return does not break this down for adults over the age of 65.
- **Learning point 7: Analyse pressure ulcer cases both in patient and community cases that have resulted in safeguarding procedures being invoked.** The Adult Safeguarding Lead (interim) for NHS Banes undertook a review of serious incidents for the first 3 quarters of 2011-12 (April 2011 to January 2012). The purpose of this review was to analyse pressure ulcer cases both in inpatient and community setting, to determine whether or not there is appropriate consideration of adult safeguarding issues and whether safeguarding procedures have been invoked. Under the Serious Incident Reporting Framework there is an expectation nationally that all grade 3 and 4 pressure ulcers are considered in relation to safeguarding processes. When a serious incident is reported, providers are required to carry out a thorough investigation of the incident. Most NHS organisations use the National Patient Safety Framework (NPSA) Root Cause Analysis Tool (RCA) for carrying out investigations. During the course of an RCA, the investigating team seek to identify a root cause for the incident; what were the contributory factors and what are the lessons learnt. From this, the investigation team agrees a set of recommendations and an action plan. The commissioners of NHS services monitor the action plans until actions are complete. During a general audit of RCA's reports undertaken by NHS Banes eight reports were reviewed and the reviewer concluded that four should have been referred to safeguarding as there was no doubt about meeting the criteria for referral and two possibly should have been. None of the pressure ulcer serious incidents were referred to the safeguarding team. The audit report made recommendations to improve work on ensuring appropriate links are made between safeguarding and pressure ulcers and to revise the existing protocol. In addition, the commissioners plan to hold a pressure ulcer master class in 2012 to which all providers will be invited where the links between adult safeguarding and pressure ulcers will be clarified. NHS South West are developing The South West Quality Improvement Framework for the Prevention and Management of Pressure Ulcers which will be launched in December 2012. This links to planned work locally on the Protocol for Determining Neglect in the Development of a Pressure Ulcer which is under review.
- **Learning point 8: Awareness, Engagement and Communications group to propose a strategy for gathering service user feedback and improve the current position.**
The group developed a proposal and Sirona Care and Health piloted this for three months (September to December 2011) in one of the locality teams. The pilot resulted in a small number of returns. Although the sample was too small to provide a meaningful analysis, some lessons were learnt about the best way to apply the questionnaire before it was rolled out across all the teams. The process for gathering feedback was reviewed and improvements were made before the system was rolled out across all Sirona Care and Health teams from April 2012.
- **Learning point 9: Raise awareness of discriminatory abuse.**
There has been no specific work carried out during 2011-12 in this area,

5.3 Achievements and Outcomes of LSAB and Sub Groups Work during 2011-12

5.4 Policy and Procedure sub group

5.5 The LSAB has successfully appointed a new chair for the group - the Acting Director for Residential Services at Freeways representing the Health and Wellbeing Partnership Network on the LSAB.

5.6 The group has undertaken the following work:

- Developed the following multi-agency documents for the LSABs consideration:
 - I. **Guidance on Criteria and Thresholds:** this was adopted by the LSAB and is a shortened version of the South West Region Safeguarding Adults Thresholds Guidance (ADASS, March 2011)
 - II. **Guidance to staff on managing self neglect:** adopted by the LSAB
 - III. **Safeguarding Adults: Service User Consent Guidance:** adopted by the LSAB
- Continued to develop a Trigger Protocol however progress has been slow and the group and LSAB need to reflect on the barriers to completing this
- Compiled a list of all the multi-agency safeguarding documents and have a two year review cycle planned; they have requested all LSAB sub groups review their Terms of Reference

5.7 Safeguarding and Personalisation sub group

5.8 The group has continued to implement the recommendations set out in the South West Regional **Safeguarding and Personalisation Framework** (revised January 2011). As part of this it has informed the LSAB that there is no legal requirement for service users who employ Personal Assistants (PAs) through a Personal Budget (Direct Payment) to undertake CRB checks as a protective measure. Although the Safeguarding and Personalisation Framework states PA's should be CRB checked; this can only be recommend and encouraged; service users to do this and ensure other safer recruitment practices are in place, such as requesting references.

5.9 The Council Corporate Audit Team reviewed the Personal Budget programme during this period and drew the groups' attention to a practice issue regarding a service user who had been allegedly financially abused by their PA. The Audit Team questioned the availability and appropriateness of support for the service user to undertake the investigation into her own PAs activities; this is complex as the service user is the employer though a 'vulnerable adult', is the victim of the abuse and is spending public money. Legal advice was sought and guidance notes are being drafted as a result of this. The group also invited a specialist PA insurance company to describe the type and level of cover they offer in order to help inform the position.

5.10 Mental Capacity Act Local Implementation (MCA LIN) sub group

5.11 During 2011-12 the sub group has:

- Continued to share information on case law activity, discuss areas of good practice and raised awareness
- Continued to monitor the number of Deprivation of Liberty Safeguards applications the Local Authority and PCT has received
- Developed the **Multi-Agency Mental Capacity Act Policy**. This was approved by the LSAB and agencies use as the overarching document which individual agency policies relate to. The Policy was launched at an event at Fry's Club and Conference Centre in February 2012; it was well attended by care home and domiciliary care providers and also attended by AWP and Sirona Care and Health representatives. Separate sessions are planned for hospital staff

5.12 An annual report on the Deprivation of Liberty Safeguards (DoLS) work undertaken during 2010-11 was presented to the LSAB. B&NES continued to have a comparatively low number of DoLS referrals when compared to other Supervisory Bodies in the South West and continues to be below the national average. However the position has significantly improved on last year and B&NES is no longer the lowest; moreover the number of applications increased by 73% from 2010-11 to 2011-12. The report is available on B&NES Council web site and includes the latest case law; information on training and awareness raising activities and the recommended areas of focus.

5.13 Awareness, Engagement and Communication sub group

5.14 This group has undertaken a significant amount of work this year to help raise awareness and try and facilitate service user and carer involvement in the safeguarding procedure. The group has:

- Developed an induction to safeguarding presentation; this is available on the B&NES Council website and can be used by any agency
- Developed an information book for service users about the procedure in easy English, this is based on Derby County Councils booklet
- Worked with Sirona Care and Health to develop and improve service user feedback on the safeguarding procedure; a new system for doing this was proposed and a 10 question feedback questionnaire was developed. This was piloted, and a brief summary of the pilot is noted in 5.2 above
- Considered a range of awareness raising DVDs and recommended the purchase of three that are available for any agency in B&NES to use
- Designed and funded through the Council and RUH a safeguarding credit card.



- Published a variety of safeguarding adverts throughout the year for example the 'stop abuse' poster was included in the Spring and Autumn editions of Connect magazine which goes to every household in B&NES and in the Friends of the RUH Guide

- Continued to have safeguarding adults information on the one hour loop series on Council TV in B&NES Council offices, leisure centres and libraries to raise awareness
- Continued to discuss safeguarding adults at a variety of forums and groups for example the Domiciliary Care Services group.
- Finalised the Multi-Agency Communication and Media Protocol which was adopted by the LSAB
- Proposed a carers and safeguarding action plan in response to *Carers and Safeguarding Adults – working together to improve outcomes* (ADASS, 2011) and contributed to webinar discussions about this. The action plan (for which the Carers Centre took the lead in developing) was approved by the LSAB and is monitored by the sub group

5.15 All promotional material is available to print on the Council website via the hyperlink below:

[Safeguarding - leaflets, posters and articles | Bathnes](#)

5.16 The RUH published a safeguarding children and adults article in its Insight spring edition.

5.17 During the year Bath People First and the Shaw Trust delivered training to over 140 disabled people including those from Bath Ethnic Minority Senior Citizen Association, AgeUK, Carers Centre and schools. The training covered the following areas:

- What is safeguarding and the safeguarding procedure?
- Different types of abuse and how it differs from being upset or unhappy?
- Different types of places abuse can happen
- What is a risk assessment?
- The Mental Capacity Act and making decisions
- Worries people sometimes have if they make an alert
- How the Human Rights Act can empower you
- Support planning - risk enablement
- Reporting and awareness of hate crime

Different methods of training and aids were used including PowerPoint Presentations, role play, a quiz and picture association to involve people.

Anecdotal feedback from the sessions is that ‘people said they felt safer because they were clearer about different types of abuse. They had often had a very narrow perspective on what abuse was. Some people felt they would tackle early signs of abuse by trying to be clear about what was not acceptable eg several people told us that if they had been on the course before their own situation happened, they would have dealt with it very differently and recognised early signs of abuse. There has been a feeling of increased confidence about being able to report any concerns. People are talking more openly about keeping safe. People have been sharing their experiences and how they have dealt with safeguarding issues which achieves greater awareness and preventative measures’. Meri Rizk (Bath People First, 2012)

5.18 Training and Development sub group activity

- 5.19 The group struggled during the early part of the year with membership, however following a one-off meeting to consider whether the group should continue in its current form; the outcome was that it should and since this time attendance and membership has improved.
- 5.20 The group recommended the LSAB move away from the Training Strategy and replace this with a new Multi-Agency Staff Development Framework which includes audit and evaluation tools. The purpose of the Framework is threefold:
- To establish a common understanding across all LSAB partners about the competencies expected of staff in relation to safeguarding adults
 - To agree general standards of learning and development appropriate to different groups of staff
 - To establish an auditing, monitoring and evaluation process for staff development

The Framework is based on the **National Competence Framework for Safeguarding Adults**, (Galpin, D and Morrison, L. 2010 Bournemouth University and Learn to Care) and is consistent with all of the following:

- Essential Standards of Quality and Safety (CQC,2010)
- NHS Knowledge and Skills Framework (NHS, 2004)
- Common Induction Standards (Skills for Care, 2010)
- Qualifications and Credit Framework (Ofqual, 2010)
- National Occupational Standards for Social Work (Topss UK Partnership, 2002)

The Framework sets out the competences that are required for each level of training. Level 1, 2, 3 and 4 are the same as those described in the previous Multi-Agency Training Strategy; however level 4 is still to be described and service user training is no longer included as it does not fit with staff development; this is highlighted as a gap, however Bath People First and the Shaw Trust have developed a service user training pack. The LSAB adopted the Framework in March 2012 and requested the sub group propose what is needed for level 4 competencies for strategic and senior managers.

- 5.21 Bath People First developed training packs for the following agencies: Bath Ethnic Minorities Senior Citizens Association; Age UK; Carers Centre; Schools and Colleges as described in 5.17 above and these are available for other agencies to share.
- 5.22 Sirona Care and Health (formerly Community Health and Social Care Services) are commissioned to provide level 2 and 3 courses to the voluntary and independent sector, however they also offer each General Practice in B&NES a place on level 2 training and offer Council employees access to training. The figures in the table below set out the number of staff trained in level 2 and from which organisation they are from.

5.23 Table 1: Number of Staff Trained by Sirona Care and Health and Organisation Type at Level 2 in safeguarding adults

Organisation Type	No. Staff Trained 2010-11	No. Staff Trained 2011-12
AWP	2	3
Independent and Voluntary Sector Providers	331	160
General Practices	12	12
NHS Other	22	4
PCT Commissioning	6	10
PCT Provider other	0	2
Sirona Care and Health (including when CH&SCS)	380 (Heath staff) 359 (Social care staff)	585
Council	8	10
North Bristol Trust	0	2
Other	0	3
Total	1120	791

Note: Organisations also provide their own staff training and these figures are not captured in this report.

In addition to this Sirona Care and Health trained 50 of its own staff at level 2 and a further 18 staff in level 3 safeguarding training.

5.24 Quality Assurance, Audit and Performance Management sub group

5.25 The group has:

- Continued to undertake multi-agency case file audits. This process has highlighted both gaps and good practice both have been fed back to relevant organisations
- Reviewed actions identified in 2010-11 Annual Report and feedback to the LSAB
- Monitored the progress of the local Serious Case Review action plan and the action plan which was developed from a review of the recommendations in Somerset LSAB ***Serious Case Review into Parkfields Care Home*** by Margaret Sheather (May 2011)
- Reviewed new LSAB agency members Safeguarding Adults policies and noted that in two of these 'institutional' abuse was missing from the abuse type list. This has been raised with the agencies
- Highlighted the need for assurance of work undertaken on safeguarding investigations for service users in out of area placements that are coordinated by the host authority. This remains outstanding and the recommendations from Winterbourne View will possibly give an additional steer for LSABs and Local Authorities about this
- Replaced the local self assessment tool with the ***South West Self-Assessment Quality and Performance Framework for Safeguarding Adults*** (ADASS SW 2010) one. Each LSAB agency submitted their return and this was analysed and will be presented back to the LSAB. It was agreed that where agencies have a 'red' highlight against an activity/target, the QAAPM have requested those agencies provide an action plan setting out how they will address this

- Began a discussion on Whistle blowing and how they would seek assurance from providers about their agency responses to this in light of Winterbourne View

5.26 Additional Work Carried Out by the LSAB during 2010-11

5.27 In addition to the work the sub groups have undertaken the following has also been carried out by the LSAB during its meetings through-out the period. The Board has:

- Received routine updates and information from the LSAB Chairs network via the Chair
- Received continual updates on Winterbourne View and sought assurance on any B&NES service users that may have been directly affected by the treatment exposed. At the time of the Panorama programme B&NES did not have any service users placed in the hospital however had placed a small number of people there previously, their placements were immediately reviewed. The LSAB considered the **ADASS Regional Advice Note on Winterbourne View** and received an update on the interim findings. The LSAB also requested CQC rejoin the Board; this has happened and they are now a core member
- Considered the impact of Southern Cross and its financial position and sought assurance on care homes affected by this in B&NES
- Considered the **Statement of Government Policy on Safeguarding Adults** (May 11) and is pleased that safeguarding arrangements will be strengthened
- Considered the Law Commission report **Adult Social Care** ordered by the House of Commons (May 11), particularly part 9 Adult Protection recommendations 39-46 and the impact of these on the current arrangements; including the recommendation of the removal of the word 'significant' to the definition of the threshold for the type of harm and the inclusion of self neglect
- Briefly looked at the **Transparency in outcomes: a framework for quality in adult social care** (DH March 2011) and were informed of the possible information that would be gleaned from *Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm*.
- Discussed the ADASS's advice note on what to include on safeguarding in the Joint Strategic Needs Assessment (JSNA). The JSNA is a document produced by the Local Authority which identifies and predicts what the health and social care needs of your community will be. ADASS provided Local Authorities and LSABs with a set of recommendations for issues to consider and include in **JSNA and Safeguarding**. Previously safeguarding had not been included in the JSNA, but the inclusion has been requested by the DH. A 'high level' summary statement is being compiled and will draw on information from last year's annual report however more detailed work is required. A small number of LSAB members met with the Community Safety Team to pull together some ideas for inclusion. The Councils Research and Development Team are working in close partnership with Public Health colleagues on behalf of the Partnership Board for Health and Wellbeing have agreed to offer support with the development of this

- Reviewed the safeguarding section for the Local Authority *Local Account* setting out the Boards activity and safeguarding profile in B&NES. The Local Account is what Local Authorities have to produce to describe what they have done during the year to support adults who are eligible for social care services
- Listened to a presentation on *The Mental Capacity Act 2005 – a brief look at the interface with Safeguarding Adults* delivered by the Local Authority lead for the Mental Capacity Act and considered recent case law and the implications for practice
- Considered the six recommendations of ***The Summary Report on the Serious Case Review Concerning Ms A (deceased)*** (Peter Norris November 11) and approved an action plan to address the recommendations. The Quality Assurance, Audit and Performance Management sub group are responsible for monitoring the implementation of the recommendations
- Held a half day workshop in September 11 discussing a new strategic plan and the priority areas; the following were identified:
 - I. Prevention
 - II. Personalisation
 - III. Accessibility
 - IV. Dissemination of lessons learned and practice
 - V. Service User outcomes and involvement (i.e. what difference does the safeguarding process make to their lives)

The members discussed the ADASS ***South West Safeguarding Adults Dashboard*** and the five domain areas and six outcome areas it recommends LSAB measure and the direction to have a business plan (rather than a strategic plan. The LSAB agreed to follow the recommended business plan format and try and incorporate the priority areas into the five domains. Development of the business plan commenced
- Received regular updates from the Local Safeguarding Children's Board (LSCB) including information on the inquiry into Little Ted's Nursery in Plymouth and the Munro Report
- Held a joint away day in January 2012 with the LSCB to look at the potential for a Joint Strategic Safeguarding Board and joint sub groups. The Boards decided not to join at the strategic level but agreed that a joint LSCB and LSAB working group would meet and discuss the areas of interface and work together on these. The group is in the process of being convened
- Discussed operational redesigns that affect the safeguarding system including:
 - I. A new arrangement put in place with the organisational change brought about by Community Health and Social Care Services (the provider arm of NHS Banes and Local Authority Adult Social Care Department) becoming Sirona Care and Health a new community interest company on 1st October 2011 independent from NHS Banes and the Local Authority. The new arrangement involves Sirona Care and Health retaining the responsibility to receive and process safeguarding referrals and co-ordinate the cases throughout the procedure, however the chairing of the strategy, planning and review meetings is retained by the

- Local Authority. This is set out in Appendix 3. The Multi-Agency Safeguarding Adults Procedure needs reviewing in light of this
- II. Changes to the Access Team services which Sirona Care and Health manage; the functions of the service including receiving safeguarding alerts have been transferred to the Locality Team
 - III. Avon and Somerset Constabulary's structural change involving restructuring of the Police Protection Unit that responds to safeguarding cases
- Responded to anecdotal concerns from a small number of providers that safeguarding alerts were not always treated with sufficient seriousness. The Board requested Sirona Care and Health undertake an audit which was completed in October 2011. 33 questionnaires were sent out to referrers 12 were returned providing a 36% response rate. Overall the respondents did feel they were getting the right response, however Sirona Care and Health stated that they needed to be more aware of letting referrers know the outcome of safeguarding alerts
 - Agreed the performance indicators for 2012-13 these are set out in Appendix 4
 - Worked with agencies to ensure the Community Safety agenda was being fulfilled for example:
 - I. Ensured routine attendance at MARAC and MAPPA meetings took place
 - II. Presented the lessons learned from the Serious Case Review process to the Responsible Authorities Group (RAG) in January 2012 and discussed the similarities between this and the **Domestic Homicide Review Protocol** participated in the work of the RAG sub groups and are members of the Interpersonal Violence and Abuse Strategic Partnership (IVASP) and Partnership Against Hate Crime (PAHC) groups. The IVASP group was formerly known as the Partnership Against Domestic Violence and Abuse however has revised its terms of reference and membership as it acknowledged that sexual violence is also prevalent and although the gendered nature of domestic, sexual violence and abuse in that the majority of victims are women and girls, men and boys may also become victims of domestic and sexual violence
 - III. Noted the **Domestic Violence Problem Profile** for B&NES which was published in June 2011 and found that approximately 11% of victims at MARAC are disabled and that Twerton, Abbey, Southdown, Keynsham North, Kingsmead wards continue to have significantly high rates of domestic violence crimes per 1000 population with Twerton having the highest rate. The profile does not mention the link to safeguarding. A new profile will be commissioned in 2012 and the Board will take the opportunity to feed into this
 - IV. The Police Community Safety Team have continued to lead the work on doorstep crime, which is specifically targeted at the vulnerable and through the Doorstep Crime Forum and have maintained the No Cold Calling Zones around sheltered housing areas within Bath
 - V. Representatives from the LSAB are members of each RAG and the Councils Divisional Director responsible for community safety is a core member of the Board.

The Community Safety Plan 2009-2012 is cross cutting with most services and links to the Local Strategic Partnership, the Local Area Agreement,

Safeguarding Adults and Children, Policing Plan, Fire safety, etc. The Council Community Safety Team have continued to monitor the progress and delivery of the Independent Domestic Violence Adviser (IDVA) service, which from April 2009 was extended to support domestic violence victims of same sex couples; and a range of support services (SARI, EACH and Victim Support) for victims of hate crimes who are instrumental in the work of the PAHC. A RAG action plan is in place to focus on 'increased protection of the most vulnerable victims of crime (domestic violence, sexual abuse and hate crime)' - this covers all victims (adults and children) of domestic violence, sexual abuse and hate crime.

The Community Safety Zone in Radstock and Midsomer Norton and Keynsham continue to offer safe places for people with learning disabilities experiencing Hate Crime incidents when out and about in their community.

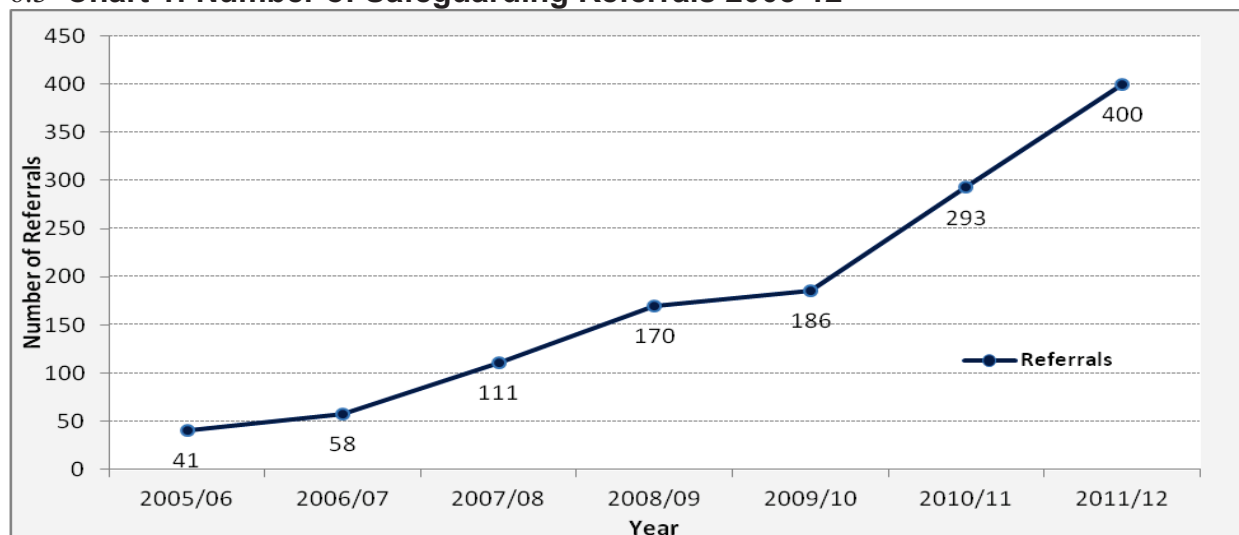
In 2012-13 there will be an expansion of the Village Agents project from 11 to 20 rural parishes; this will help support the work of the LSAB by raising awareness of safeguarding in rural areas; a preventative approach.

- 5.28 The Board recognised the outstanding issues identified in the work it is progressing, some of these are captured in section 8 below and others are included in business plan.

Section 6: Analysis of Safeguarding Case Activity (2011-12)

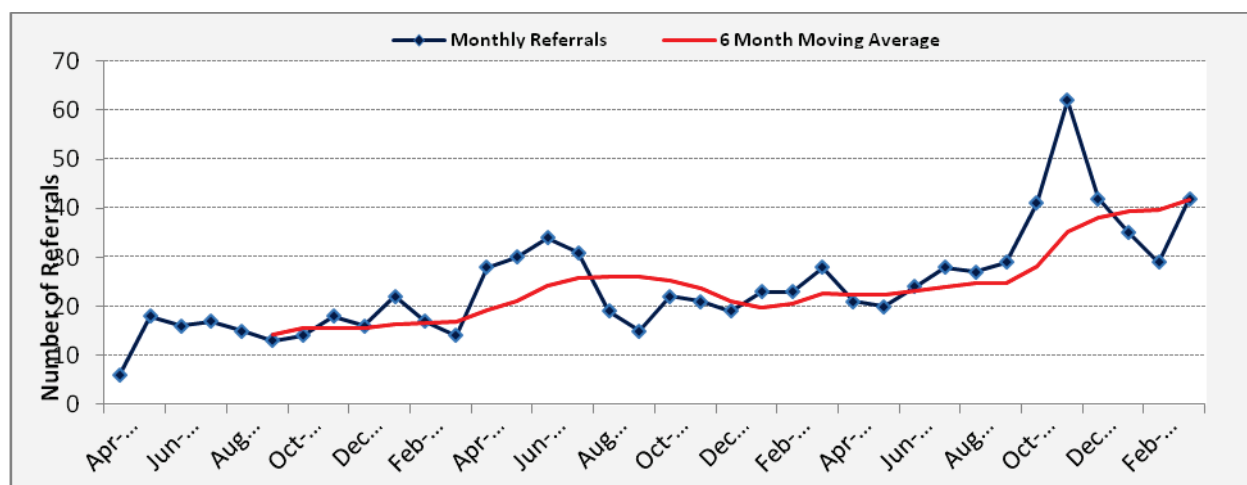
- 6.1 In March 2012 the NHS Information Centre (NHSIC) published ***Abuse of Vulnerable Adults in England 2010-11: Final Report, Experimental Statistics*** (the report is available to the public as Experimental Statistics, which means the statistics are undergoing evaluation and is based on returns from 152 Councils). In September 2011 SW Region ADASS published ***An Overview of the returns on the Abuse of Vulnerable Adults (AVA) Regional Benchmarking*** written by K Spreadbury and S Adams which also examines 2010-11 data. Information provided in from these reports will be used to inform analysis of the B&NES position as this is the most up to date data for comparison available at the time of the report.
- 6.2 The NHSIC report states 96,770 safeguarding adults referrals were made nationally during 2010-11. However of these 95,065 had all the key information required for full analysis. This is the first time data has been collected nationally in this way and this sets the benchmark figure for future comparisons. Locally 400 safeguarding referrals were made, this is an increase of 37% on the previous year though a reduced increase when compared to the rise from 2009-10 to 2010-11 of 58%. Overall from 2006 - 12 there has been an increase of over 850% referrals this is demonstrated in the chart below. The increase from 2005 - 09 was 300% and from 2009 - 12 is 135%.

6.3 Chart 1: Number of Safeguarding Referrals 2005-12



6.4 The NHSIC report the number of referrals per 100,000 population (standardised for age and gender) was significantly lower than all other areas in the Southern regions with the South West being particularly low at 128 referrals per 100,000 population; the Eastern region being the second lowest with 190 referrals per 100,000 population). The North West and East Midlands had the highest with 297 and 298 per 100,000 respectively during 2010-11. Information from the census data indicates there are approximately 145 500 adults in B&NES (note this is not a standardised figure) and not directly comparable, however this would indicate that B&NES referrals are approximately 177 per 100,000 suggesting we are not an outlier in the South West but remain low in comparison to the rest of the UK. This is an improvement on the position from previous years.

6.5 Chart 2: Monthly Safeguarding Referrals from April 2009 – 12



6.6 The chart above shows a month by month breakdown of the number of safeguarding referrals received and reflects an increasing monthly average since August 2009 to March 2012. The chart demonstrates the spike in referrals was received in November 2011. During the first half of the year an average of 25 referrals were received per month, however in the second half (excluding the spike in November) 37 referrals were received on average. Changes were made during November to the way notifications from Avon and Somerset Constabulary, GWAS and Avon Fire and Rescue Services were recorded; however when the spike was

noticed an audit of these cases was carried out and where a case had been incorrectly coded it was removed. It therefore appears that the increase is an anomaly. Although the safeguarding arrangement changed with the formation of Sirona Care and Health in October 2011 this would not have generated the increase in the number of referrals as alerts are made by any agency and citizen and Sirona Care and Healths' responsibility continued as it had when they were Community Health and Social Care services.

- 6.7 Repeat referrals for B&NES during 2011-12 were 14% of the actual number of referrals which is in line with the NHSIC report which identified 15% of all those with key information was a repeat.² This is double the figure recorded in 2010-11. 41% of repeats were for vulnerable adults with a physical disability; this mirrors the NHSIC report of 41%; 30% of repeats in B&NES was for adults with a learning disability whereas the NHSIC report just under 30% and 26% were for mental health service users whereas the NHSIC report records slightly less as the national average at 23%. The remaining repeats were for people with hearing and vision needs and for people with drug and alcohol needs.
- 6.8 The percentage of male and female referrals for 2011-12 is very similar to previous years; this gender profile is consistent with the national one for 2010-11 which shows 62% of women and 38% of men are referred; the average for the South West was 64% and 36% respectively.

6.9 Table 2 below sets out the **Referral by Gender and Age**

No. of Referrals by Gender				No. of Referrals by Age					
				18-64			65+		
	09-10	10-11	11-12	09-10	10-11	11-12	09-10	10-11	11-12
Male	76 (40.9%)	113 (38.6%)	148 (37.2%)	36 (19.4%)	57 (19.5%)	91 (22.9%)	40 (21.5%)	56 (19.1%)	57 (14.3%)
Female	110 (59.1%)	180 (61.4%)	250 (62.8%)	29 (15.6%)	54 (18.4%)	81 (20.4%)	81 (43.5%)	126 (43%)	169 (41.5%)
Total	186	293	398	65 (34.9%)	111 (37.9%)	172 (43.2%)	121 (65%)	182 (62.1%)	226 (56.8%)

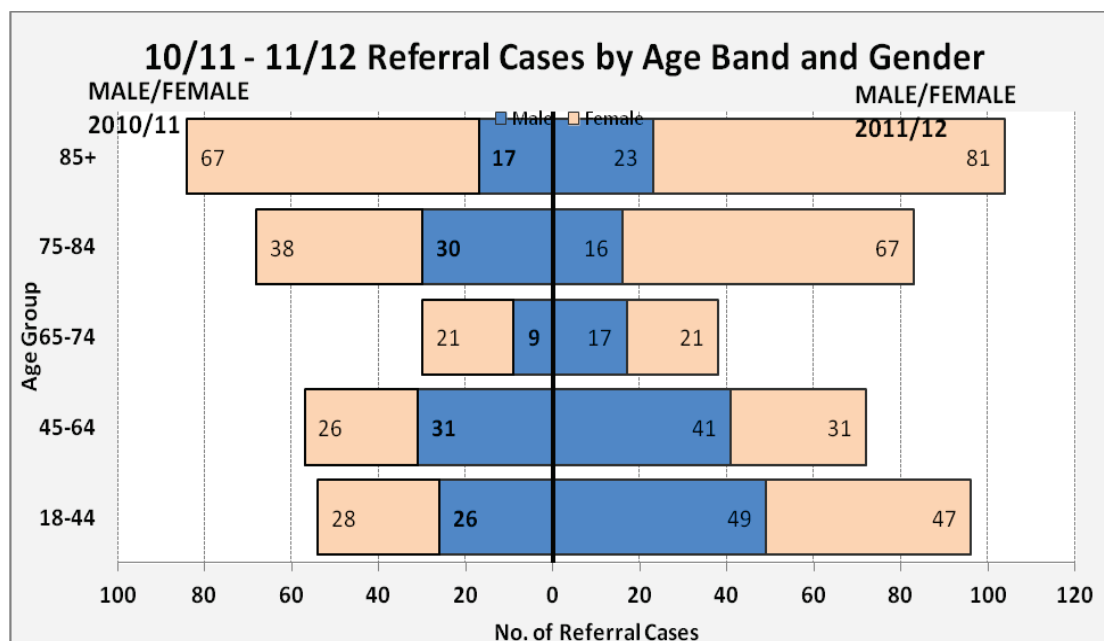
Note: the age data was missing from one service user record and the gender from another hence the record of 398.

- 6.10 The age breakdown by gender has changed from previous years with an increase in the younger age group (18-64 years) referred for both men and women. The age

² A repeat referral is a safeguarding referral where the vulnerable adult about whom the referral has been made, has previously been the subject of a separate safeguarding referral during the same reporting period. The requirement that both referrals need to be in the same reporting period limits the usefulness of this data as it does not give a complete picture of the magnitude of repeat referrals. **Abuse of Vulnerable Adults in England 2010-11: Final Report, Experimental Statistics**, NHS Information Centre, 2012, pg 21

breakdown is different from that recorded nationally which shows a smaller number of referrals related to adults in the 18 to 64 age group, 39% in 2010-11 and the average for the same period reported in the South West of 38%; this is similar to what B&NES report for 2010-11, 37.9% but is different to the 43.2% reported for 2011-12. The data shows that B&NES has significantly more women over 65+ referred than men and that there has been a reduction in the percentage of men as a proportion of the total number of referrals in this age group over the last three years. The LSAB will keep a watch on this when the 2011-12 NHSIC data is available to see if there is a change nationally.

6.11 Chart 3: 2010-11 – 2011-12 Referral Cases by Age Band and Gender



6.12 The above chart shows an increase in the number of referrals for both men and women between the age of 18-44 years and an increase in the number of referrals for women aged 75-84 years. There is not a comparison available of age group and gender however the NHSIC states *'the number of referrals for females was higher than males in each of the age groups. This proportion increased with age, ranging from 53 per cent of referrals in the 18-64 age group to 75 per cent of referrals in the 85 and over age group and may reflect the fact women tend to live longer than men. Therefore, the proportion of females in England is higher in the older age group than that of men.'* (p15)

6.13 During 2011-12 there has been a reduction to 89.4% in the number of white British recorded as the ethnicity of the service users in comparison to the last three years. However of note is that 5.5% of cases had missing data for this field, this is potentially an area of risk for equalities monitoring. The number of non white British referrals recorded is 5.1%. A full breakdown of referrals by gender, age and ethnicity for 2009-10 can be found in Appendix 5. The NHSIC reported that 89% of all referrals were for vulnerable adults belonging to the white ethnic group. (p18)

6.14 **Table 3: Safeguarding Adult Referrals 2005 - 10 by Service User Group**

	2005/6	2006/7	2007/8	2008/9	2009/10
Older people	23	33	53	119	121
People with learning disabilities	11	12	33	21	34
People with physical and/or sensory disabilities	2	9	14	15	19
People who use mental health services	5	4	11	7	9
People who use HIV /AIDS services	0	0	0	0	0
People who use drug services	0	0	0	3	3
Carers	0	0	0	5	0
Total of above	41	58	111	170	186
Year on year % change		41%	91%	53%	9%

Note: older people figures includes all service user groups for people over the age of 65+

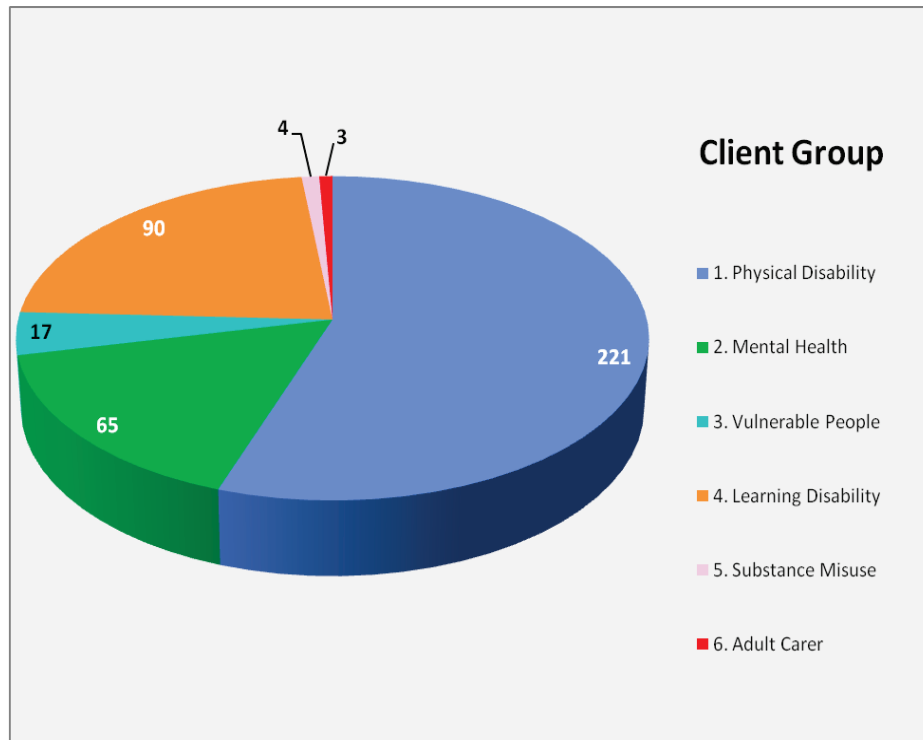
6.15 Reporting in relation to service user groups changed to fit the AVA categories in 2010-11 and table 4 below shows the break down for 2010-11 and 2011-12.

Service User Group and Referral Breakdown 2010-11, 2011-12 and South West

Service User group	2010-11	2011-12	South West 2010-11
Physical disability	151 (51%)	221 (55%)	52%
Mental health	83 (28%)	65 (16%)	21%
Learning disability	55 (19%)	90 (23%)	23%
Substance misuse	2 (1%)	4 (1%)	1%
Vulnerable people	1 (0%)	17 (4%)	3%
Adult carer	1 (0%)	3 (1%)	
Total	293	400	

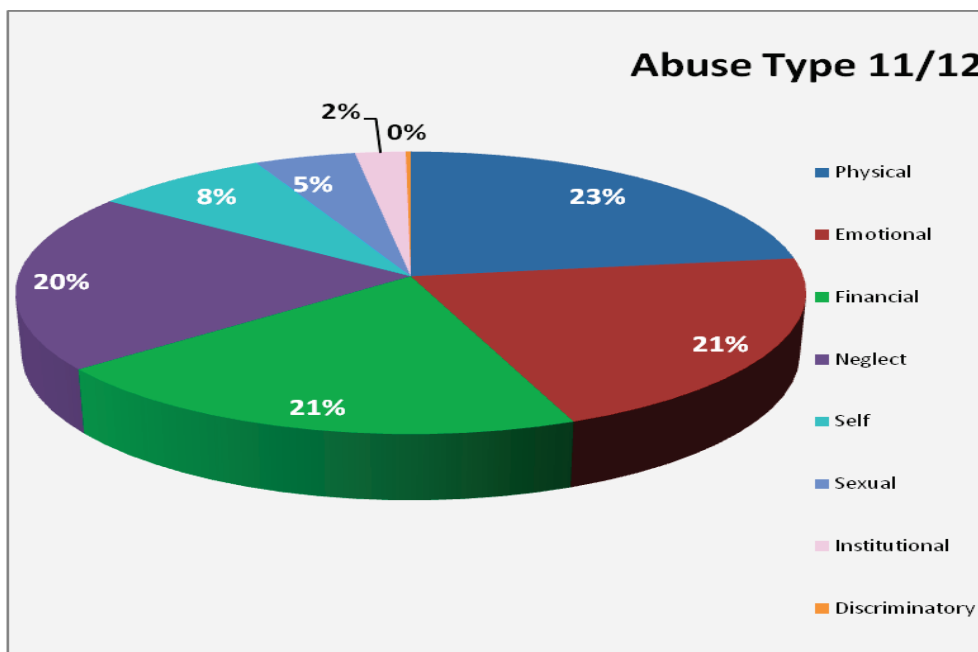
Note: % rounded to nearest whole number

6.16 **Chart 4: 2011-12 Referral Breakdown by Service User Group**



- 6.17 The data indicates a decrease in the number of mental health referrals, this was following a large increase in the previous year. An increase in the referrals for adults with learning disabilities was predicted following the impact of the BBC Panorama programme on Winterbourne View. This is consistent with the NHSIC data which shows that in 48% of referrals for adults between the age of 18-64 years was for learning disabled service users; whereas 66% of referrals for over 65+ was for physically disabled service users. When compared to other South West authorities the proportion of referrals for service user groups are similar.
- 6.18 31 safeguarding cases were open on 1st April 2011 and a further 400 referrals were received during the financial year. 354 cases were terminated/closed during the period.
- 6.19 47% of the referrals for safeguarding adults were for service users not previously known to the Council. This is significantly below the national and regional averages, however B&NES report above average number of service users are in placements from out of area and self funders which might be part of the reason. It may also be an indicator that there is high awareness amongst the 'community' and confidence in reporting.

6.20 **Chart 5: Nature of Abuse at Referral Stage**



6.21 Physical abuse has remained the highest alleged abuse type, closely followed by emotional and financial abuse; neglect has also remained high 20% as indicated in the chart above. This is largely in line with the national picture for 2010-11. The NHSIC reported ‘*The most common type of abuse cited in the 95,065 referrals where the three pieces of key information is known is physical abuse, which accounts for 30 per cent of the total abuse allegations reported.*’ (p27).

The NHSIC go on to say: ‘*...This is followed by neglect, accounting for 23 per cent of the abuse reported. A fifth (20%) of the type of abuse cited was financial abuse, 16 per cent of referrals were related to emotional or psychological abuse, followed by sexual abuse accounting for six per cent. Institutional abuse and discriminatory abuse accounted for three per cent and one per cent respectively of all allegations contained within the referrals*’ Abuse of Vulnerable Adults in England 2010-11: Final Report, Experimental Statistics NHSIC 2012, p27. Institutional abuse allegations have remained low (2%) this figure would have been thought to have been higher given the impact of Winterbourne View.

6.22 The table below (Table 5) sets out the **Source of Referrals** for B&NES for 2011-12 and compares this with the NHSIC data and South West Region data for 2010-11

Referral Source	B&NES 2011-12	NHSIC 2010-11 Average (p23)	SW Region ADASS AVA 2010-11 Average (p25)
Social care staff (all)	41%	44%	47%
Health staff	31%	21%	20%
Family Member/ Friend/ Neighbour/ Self Referral	8%	12%	13%
Police	3%	5%	6%
Other (including housing, CQC, education)	17%	17%	14%
Total	100%	99%	100%

The table demonstrates a high number of health referrals, reflecting close working and engagement of local health organisations; the joint commissioning partnership with adult social care and health and the focus provided to safeguarding by the Partnership Board for Health and Wellbeing. The number of police referrals is again low in comparison to the regional and national averages however the police are engaged in the work of the LSAB. The numbers of cases the police were involved in during the period decreased from last year to 22%.

6.23 Table 6 below sets out the **level of police involvement** in safeguarding adults cases:

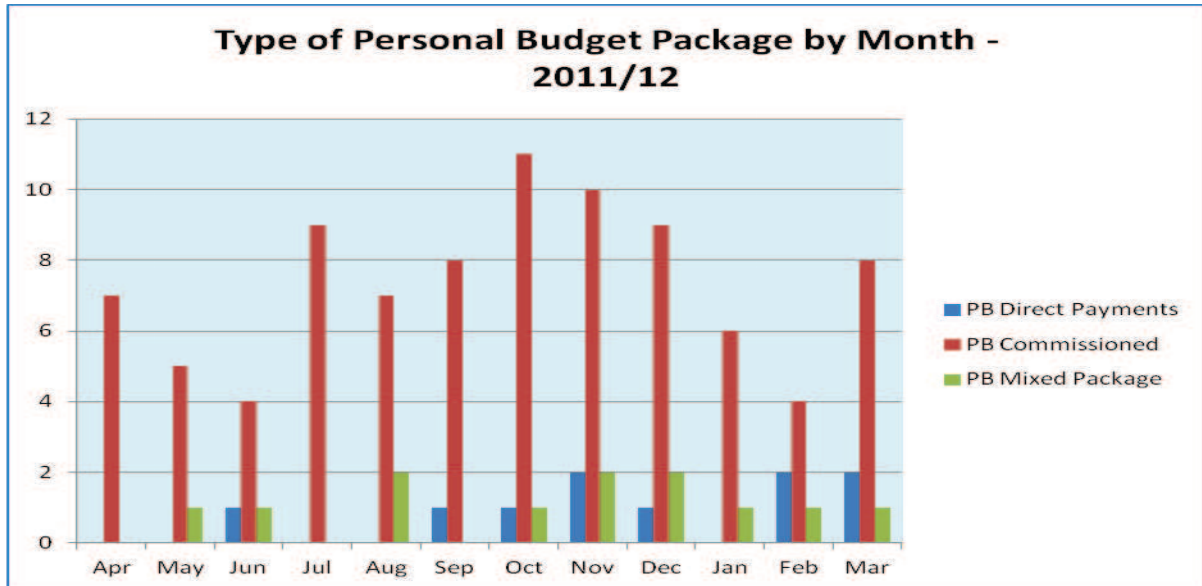
Year	% of total cases Police involved in
2011-12	22%
2010-11	32%
2009-10	38%
2008-09	36%
2007-08	31%

The police are looking into the reason(s) for the decrease in 2011-12. It is possible that as awareness about the different types of abuse increases that a decrease would be expected, as not all abuse types meet the threshold for police intervention.

6.24 In B&NES 52% of referrals were for the alleged abuse taking place in the service user's own home and 29% in a care home (residential and nursing both permanent and temporary placements included). This is the same as was reported last year. The NHSIC data reports 41% and 34% in these settings and South West ADASS report 42% and 33%. For all other locations such as the perpetrators own home, hospital settings, supported living settings and so on B&NES figures are similar to those provided on average by the South West ADASS report.

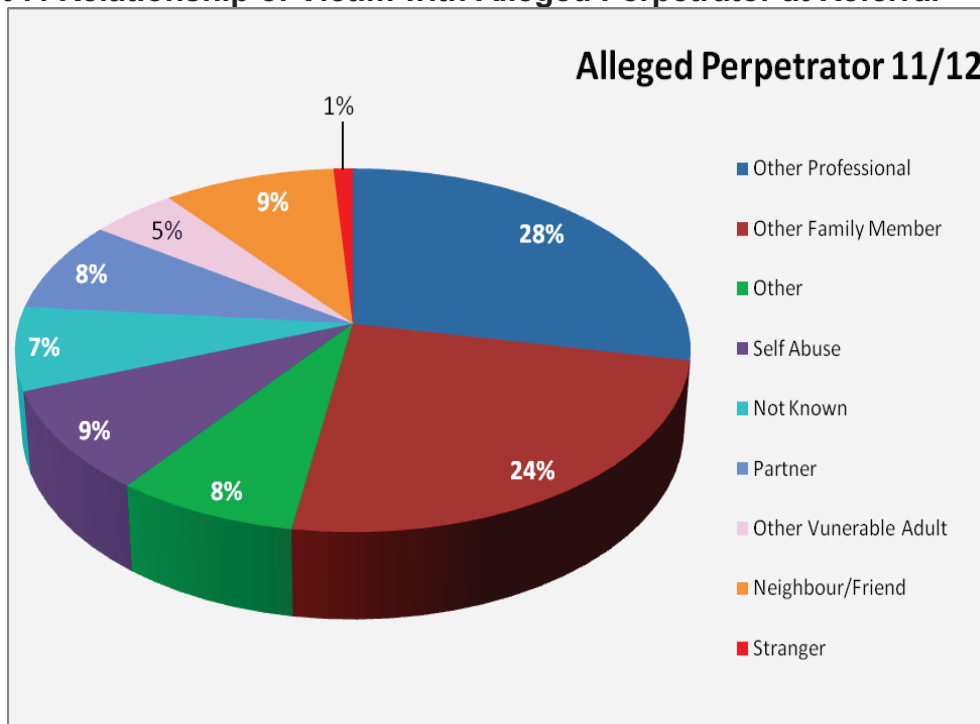
6.25 The majority of service users living in the community with a package of care funded through the Council receive this in the form of a Personal Budget (PB). There are three types of PBs: a PB Direct Payment, where the service user purchases their own social care to help them remain at home; a PB Commissioned package, where Sirona Care and Health or AWP organise the social care package and purchase this from agencies the Council has a contract with and the third is a PB mixed package, which is a combination of each of the two above. The majority of service users in receipt of Council funded social care services choose the PB Commissioned arrangement. The table below sets out how many safeguarding referrals were received each month and the type of package the service user is in receipt of. Of these 22% were either the Direct Payment type or Mixed Package type, however this was 5% of the total number of referrals made. These figures do not include self funders or those from out of area as their packages will not be funded from B&NES Council.

6.26 Chart 7: Type of Personal Budget Package by Month



6.27 The relationship between the alleged perpetrator and the vulnerable adult is set out in chart 6 below. The findings are similar to those reported last year with other professional being the highest number of alleged perpetrators and family member being the second highest.

6.28 Chart 7: Relationship of Victim with Alleged Perpetrator at Referral



6.29 The high number of referrals being made for people living all home and a significantly high number of abuse alleged caused by 'other family member; neighbour;/friend; partner is consistent. B&NES report this figure as 32% which is higher than the NHSIC findings states '...behind closed doors' abuse, a family member (including the vulnerable adult's partner) was recorded in 25 per cent of the allegations,' (p33), the average for the South West is 31%.

6.30 Breaking down more closely the percentage of alleged abusers that are social care staff the table below shows B&NES when compared to the national and regional averages (albeit the reporting period has one year's difference)

6.31 **Table 7: Breakdown of Alleged Perpetrator – Social Care Staff**

Alleged Perpetrator – social care staff	B&NES 2011-12*	NHSIC 2010-11 Average (p34)*	SW Region ADASS AVA 2010-11 Average (p29)
Domiciliary care	4%	6%	3.9%
Residential care	23%	15%	16.3%
Day care	0%	1%	0.6%
Social worker/care manager	0%	1%	0.2%
Self directed support	0%	0%	0.4%
Other	1%	2%	0.9%
Social Care Staff total as % of overall alleged abusers	28%	25%	22.5%

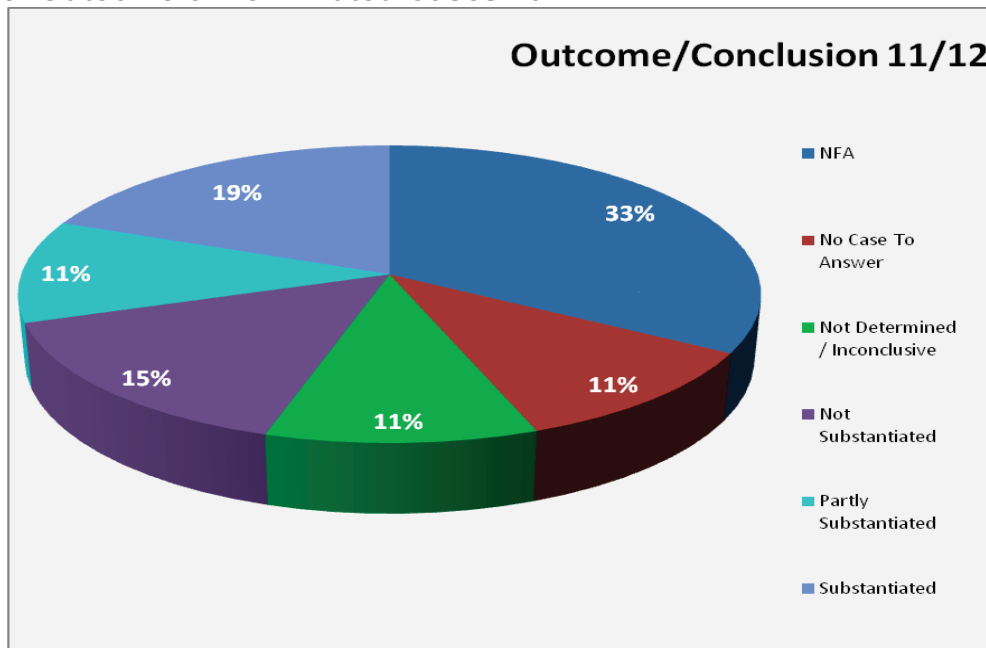
*Note figures are rounded to nearest percentage

6.32 The B&NES AVA return submitted to the NHS C (figures included in above table) indicates 0% of self directed support care staff was the alleged abuser; however this is inconsistent with the break down that is noted in 6.24 and 6.25 above which shows 5%. The figure of 5% came from a regular return from Sirona Care and Health to the Council commissioner to enable an increased watch in this area as speculators predicted there would be an increase in the number of financial abuse cases caused by self direct support arrangements being introduced in 2009 (Action for Elder Abuse), however this does not appear to be the case from the data, but greater clarity is needed from the NHS Information Centre and B&NES performance team to understand the reporting differences. It would appear the AVA return may not be collecting or receiving the data in the way it might to glean a clear picture of self directed support and abuse.

6.33 B&NES have a higher number of residential care staff identified as the alleged abuser than regional and national averages; analysis of the reason for this is needed – for example does B&NES have a higher percentage of people living in residential settings when compared to other areas?

6.34 354 safeguarding referrals were terminated/closed during the reporting period. Of these 19% of referrals were substantiated and 11% were partly substantiated. In 11% of cases there was not enough evidence to confirm whether or not the abuse had taken place. This is reflected in chart 7 below.

6.35 Chart 8: Outcome of Terminated Cases 2011-12



6.36 The AVA return takes a different cut of information for terminated/closed cases from that above and looks at the cases with one of the following four outcomes: substantiated, not substantiated, partly substantiated and not determined. Further clarification is needed regarding the reporting of this information from a local and AVA perspective to ensure analysis is accurate and comparable. The category No Further Action in the chart above refers to those cases that do not meet the threshold of significant harm and do not progress through the safeguarding procedure beyond stage 3; however the outcome of No Case To Answer needs more unpicking as to what is measured and how far through the procedure this case progresses.

6.37 Table 8: Outcome by Service User Group and Age Band

% by Age Group and Outcome:		Substantiated		Partly Substantiated		Not Substantiated		Not Determined / Inconclusive	
		% of age band	% of total cases	% of age band	% of total cases	% of age band	% of total cases	% of age band	% of total cases
Age groups	TOTAL 18 - 64	62%	17%	32%	5%	19%	7%	32%	5%
	TOTAL 65 - 74	4%	1%	5%	1%	12%	5%	22%	3%
	TOTAL 75 - 84	16%	4%	24%	4%	26%	10%	16%	3%
	TOTAL 85+	17%	5%	39%	7%	43%	17%	28%	5%
Total	TOTAL 18 +	99%*	27%	100%	17%	100%	40%	98%*	16%

*Note % are rounded to the nearest whole number

- 6.38 NHSIC statistics for 2010-11 report that for 148 Councils (four Councils refused to include data on outcomes in the return) 32% of cases were substantiated; 9% were partly substantiated; 31% were not substantiated and 28% were not determined and inconclusive. B&NES figures when compared to these and South West Regional data are not outliers in any of the outcome groupings. When comparing the outcomes for each age range B&NES has a higher number of cases substantiated for people aged 18-64 years than the national average and a higher number of cases not substantiated for the 85+ age group.
- 6.39 The outcome of cases by service user group is broken down for those aged 18-64 years only for NHS IC AVA returns only and not for those over 65+. Learning disabled service users have the highest number of substantiated cases (58%); this is also the highest % of outcomes for all groups and outcome type (28%).
- 6.40 Physical abuse was the abuse type that was most substantiated; followed by emotional, then substantial and then neglect. When compared to last year the cases of physical abuse that were both substantiated and partly substantiated has increased from 11% to 14%. Financial abuse was the highest abuse type in both the not substantiated and not determined outcome categories. In some cases financial abuse is alleged, however the alleged perpetrator denies this is the case saying the vulnerable person gave their permission and the investigator cannot determine whether this was the case or not.

6.41 Table 9: Outcome of Investigation Relating to (Alleged) Perpetrator

Alleged Perpetrator	Not Determined / Inconclusive	Not Substantiated	Partly Substantiated	Substantiated
Other Professional	5%	12%	8%	9%
Other Family Member	6%	6%	5%	6%
Other	2%	2%	1%	2%
Self Abuse	0%	0%	1%	2%
Not Known	2%	4%	1%	2%
Partner	2%	1%	2%	3%
Other Vulnerable Adult	1%	1%	2%	5%
Neighbour/Friend	2%	4%	1%	6%
Stranger	1%	0%	0%	1%

Note this excludes cases recorded as no further action of no case to answer; percentages are rounded to the nearest whole number.

- 6.42 In comparison to previous years data the findings are largely similar, however the number of other family member that were partly or full substantiated as the perpetrator has increased from 8% to 11% and the number of other professionals has decreased by 3%. The regional and national data available did not provide a comparator for this specific information.
- 6.43 There are 16 types of actions listed in the AVA return that can be taken to support the victim, these include things such as referral to MARAC; increased monitoring; no further action; civil action; removed from property; referral to court and so on. In just under 25% of cases the action was to increase monitoring of the victim this is

within the average range when compared to other South West Authorities and comparable to the NHSIC report of 26% (p41) for their 2010-11 figures. The NHSIC also report that in 31% of cases no further action was taken and this is similar to B&NES 34%; B&NES moved a slightly higher number of people from their service / setting at 10% than the NHSIC figure of 7% (p41). The area identified for concern is the number of referrals to advocacy services. There was only one case referred in B&NES and the NHSIC reported only 1% of referrals for 2010-11.

- 6.44 There are 18 types of actions listed in the AVA return for the perpetrator; these include things such as criminal prosecution/formal caution; community care assessment; removal from the property or service; referral to Protection of Vulnerable Adults list/Independent Safeguarding Authority; disciplinary action; continued monitoring; exoneration and no further action. In 6% of cases in B&NES police action was taken and in a further 2% cases criminal prosecution/formal caution was undertaken. This is consistent with the NHSIC report which shows 5% and 1% respectively (p47); in 15% of cases continued monitoring was put in place in B&NES this is also consistent with NHSIC figure of 17% (p47); disciplinary action was taken in 6% of cases in B&NES and 5% nationally; 2% of alleged perpetrators were exonerated in B&NES and nationally (p47). B&NES are almost identical in each area of action with the exception of the no further actions reported; NHSIC report 34% of cases where as B&NES reported this in 52% of cases. Multiple actions can be recorded however further analysis of this is needed.
- 6.45 Sirona Care and Health routinely ask service users whether they feel safer as a result of the intervention taken. 47% reported that they did feel safer and 12% responded that they did not. Sirona Care and Health analysed those cases that reported 'No' and found a range of explanations but 'broadly' found that service user believed '*...I didn't feel myself to be unsafe in the first place*' or '*I have chosen to continue with my previous lifestyle/take certain risks which I choose to accept...*' *Report on Safeguarding Adults Cases 2011-12: Did People Feel Safer*, Geoff Watson June 12 (p2).
- 6.46 The table below describes the stage within the safeguarding procedure at which the case was terminated and the conclusion of the termination/closure.

6.47 Table 10: Outcome at Procedural Stage for Terminated Cases 2011-12

Termination stage	Outcome						Total
	NFA	No Case to Answer	Not Determined / Inconclusive	Not Substantiated	Partly Substantiated	Substantiated	
Decision	134	6	2	1	1	1	145 (41%)
Strategy	0	22	15	20	10	13	80 (23%)
Investigation	0	8	6	10	8	12	44 (13%)
Planning meeting	0	1	8	19	4	8	40 (11%)
Review	0	5	5	2	7	24	43 (12%)
Total	134	42	36	52	30	58	352

6.48 There has been an increase in the percentage of cases closed at the decision stage when compared to last year and a decrease in the percentage of cases closed at the strategy meeting stage; however the numbers progressing through investigation and beyond have remained similar. This indicates an increase in the number of referrals which do not meet the threshold for significant harm.

6.49 Compliance with safeguarding procedural timescales continues to be monitored on a monthly basis by the Commissioner. The LSAB, Health and Wellbeing Partnership Board, PCT Board and Council Corporate Performance Team receive regular reports on this. The table below describes progress against the procedural timescales during the period. Sirona Care and Health and AWP have performed very well against the targets set, with the exception of one case that had a strategy meeting outside of the eight day requirement. Sirona Care and Health undertook a review into this case and put an action plan in place to try to ensure this did not occur again.

6.50 Table 11: Performance to Multi-Agency Procedural Timescales

Indicator	Target	% Completed on time from April 2011 – March 2012		RAG	Direction of travel from 2010-2011
1. % of decisions made in 48 working hours from the time of referral	95%	Sirona C & H	99% 328/331	Green	↑
		AWP	97% 58/60	Green	↑
		Combined	99% 386/391	Green	↑
2a. % of strategy meetings/discussions held within 5 working days from date of referral	90%	Sirona C & H	94% 175/186	Green	↑
		AWP	100% 43/43	Green	↑
		Combined	95% 218/229	Green	↑
2b. % of strategy meetings/discussions held with 8 working days from date of referral	100%	Sirona C & H	99% 185/186	Red	New
		AWP	100% 43/43	Green	New
		Combined	100% (99.5%) 228/229	Green	New
3. % of overall activities/ events to timescale	90%	Sirona C & H	93% 688/741	Green	↔
		AWP	95% 151/159	Green	↑
		Combined	93% 839/900	Green	↑

6.51 Detailed exception reports have been provided on each procedural breach during 2011-12. Evidence from these cases indicated that there can be practical and best practice reasons for timescales to be breached, for example when all parties are not able to attend a strategy meeting within five days or when an investigation report cannot be completed within 28 days as information is outstanding. However there

was not a valid reason for the case outside the eight day strategy indicator. The new arrangement with Sirona Care and Health and the Council can into place on the 1st October 2011 and has not affected or delayed performance to the timescales. In addition to the exception reports provided cases are audited to ensure the quality of delivery is to a high standard.

- 6.52 The Adult Social Care Outcomes Survey for 2011-12 identified that 68.3% of people who use services feel safe and 75.2% of people who use services say the services have made them safe and secure.

Section 7 Partner Reports

- 7.1 Each LSAB partner organisation has provided information outlining the specific safeguarding adults activity they have undertaken in 2011-12.

7.2 Royal United Hospital

The Royal United Hospital Safeguarding Adults group has been established for 6 years and consists of the following group members:

- Executive Lead, Director of Nursing
- Operational lead, Matron for Critical Care Services
- Operational Lead, Matron for Older Persons
- Operational lead, Operation Support Manager
- Medical Lead, Consultant Geriatrician
- Sister for Quality Improvement for Mental Health & Learning Disability
- Senior Nurse for Quality Improvement & Adults at Risk

The Executive Lead attends the Local Safeguarding Adults Board meetings. As per agreement at LSAB level, there is RUH representation at each of the Sub groups. The Tissue Viability Service has a robust interface with the Safeguarding operational leads in order to consider referral. Over the past 3 years there has been a steady rise in the number of alerts made to the Operational safeguarding leads from 39 to 50. It should be noted that not all alerts following investigation, generate a safeguarding referral.

Achievements 2011-12

- Appointment of Senior Nurse for Quality Improvement & Adults at Risk
- Successfully run “Deprivation of Liberty Safeguards” (DoLS) workshops for senior staff.
- Half day induction training for all registered staff aligned to BANES /Sirona training matrix level 2
- Internal and external web pages for Safeguarding Adults have been constructed.
- Compliance with Outcome 7 following the CQC inspection in November 2011.
- Highly satisfactory outcome to the South West Partnership Dementia Peer Review
- Continued pilot participation in the Department of Health Confidential Inquiry into deaths of patients with learning disabilities.
- 100% attendance at LSAB
- 100% CRB checks compliance for all new staff
- 100% Root cause analysis investigation undertaken on pressure ulcers at grade 3 and 4.

- 66.6% of all staff trained in safeguarding adults level 1

Objectives for 2012-13

- Core skills training review underway which will include a training needs analysis for adult safeguarding.
- 95% of all new staff to have undertaken safeguarding learning as part of induction within 3 months of starting employment.
- 80% of relevant (as defined by CQC) staff to have undertaken Safeguarding Adults training at level 2a (level taken from BANES/Sirona training matrix) within 6 months of taking up post and or completed refresher training every 2 years thereafter.
- Strategic link to the Department of Health's "PREVENT" strategy
- Implementation of relevant recommendations arising from the Winterbourne View Serious Case Review

7.3 Avon & Somerset Probation Trust (ASPT)

ASPT works with both Offenders and Victims. Vulnerable adults could be part of the case load or could be the dependents or associates of those on the caseload. In addition, our work with victims will have specific aspects of identifying or supporting vulnerable adults. ASPT staff will generally undertake the role of "Alerter" such that staff could become aware of a potential threat to a Vulnerable Adult. These concerns are reported and resolved in multi-agency partnership with Local Authority policy and procedures and Police action if appropriate. The Trust is geographically structured with a Local Delivery Unit Leader covering each Local Authority. This structure helps strengthen local links with Safeguarding Boards. ASPT covers 5 Local Authorities – Bristol, South Gloucestershire, Bath and North East Somerset, North Somerset and Somerset.

ASPT are aware that the identification and protection of Vulnerable Adults is core to our work. This is due to the nature of Probation business both as a statutory agency and in partnership in the community. No single Policy can cover all aspects of this work and ASPT have taken a Portfolio approach to discharging these responsibilities. Our Safeguarding role is also expressed in the following documents:

- ASPT Recruitment Policy
- ASPT Victims Policy
- ASPT Approved Premises Guidance
- ASPT core training as per our Learning and Development Plan
- ASPT Single Equalities Scheme
- MARAC and MAPPA protocols

Achievements for 2011-12

- 100% enhanced CRB for all staff employed by ASPT
- Safeguarding adults awareness is embedded in core Probation Practice and reflected within PPDAs, OASys, MAPPA, MARAC, IMMS, PSRs and other related Probation reports
- Safeguarding adults level 2 training is a mandatory requirement as per Learning and development plan

Objectives for 2012-13

- For 2012-13 safeguarding training will be a mandatory requirement to staff induction.

7.4 Avon and Somerset Constabulary

From January 2012 Avon and Somerset Constabulary have undertaken a significant programme of change to restructure and modernise the way our Public Protection (PPU) Services are delivered.

Our objective has been to improve the way we protect vulnerable people through better co-ordinated assessment of risk, building capacity to address resilience issues, whilst at the same time delivering financial savings in this difficult economic climate where our public services are facing drastic budget cuts. For the Police there will be a 20% reduction in budget over 4 years which commenced in 2011.

The main change is the creation of three **Safeguarding and Co-ordination Units (SCUs)** - at Bristol, Keynsham (for Bath and North East Somerset and South Gloucestershire Local Authority areas) and Taunton (for Somerset and North Somerset Local Authority areas) which act as the central point for management of all information coming in and out relating to the abuse of vulnerable people and children and the offenders that commit these offences.

The SCUs have adopted consistent and streamlined risk assessment processes and information sharing and started to break down 'silo' working across different areas of abuse in recognition that child abuse, domestic abuse, and adult abuse are often interlinked with each other, which is reflected within the referrals and investigations that the Police deal with. Initially these SCUs will be police single agency units but plans are afoot to pave the way for them to become multi agency safeguarding units in the future

Vulnerable Adult abuse is no longer investigated in isolation but is managed within the newly formed PPU investigations teams, which are multi skilled to deal with a spectrum of offences. This means better identification of risk and management of cases.

Investigation Teams continue to be locally based with the exception of South Gloucestershire and Bath & North East Somerset which are co-located at Keynsham. The investigation teams covering the South are located at Yeovil, Taunton and Weston-Super-Mare. This will increase our resilience and capability to respond appropriately to all forms of Public Protection, including abuse of vulnerable adults, ultimately providing a better service to our victims.

Within the last year the Police have experienced an increase in referrals linked to care home settings and institutional issues, since the investigation into abuse of patients within Winterbourne View Hospital. This is viewed as a positive and demonstrates the improved awareness of vulnerable adult abuse amongst the public and partner agencies. This matter is currently still under investigation, to date 11 individuals are being prosecuted for offences relating to neglect and ill treatment under the Mental Capacity Act. All 11 defendants have now pleaded guilty to offences and we await sentencing for them which is to begin on 22.10.12.

Headquarters Public Protection Unit have drawn up a 24 point development plan under the heading "Safeguarding Adults against significant harm or exploitation". The plan is sub divided into processes, training, intelligence, performance, partnerships, learning and publicity and represents the most comprehensive commitment to address all aspects of abuse of vulnerable adults the force has ever mounted.

Application of key learning from Serious Case Reviews and other review processes

The development plan referred to above has been designed following the learning from local and national Serious Case Reviews that relate particularly to policing.

Planned safeguarding activities for 2012-13

The constabulary's focus over the next twelve months is to embed the new processes brought about by the restructure of Public Protection services across the force area whilst progressing the 24 action points contained in the Safeguarding Adults Development Plan.

One such process is the trial on Bath and North East Somerset police district of a new flagging system within police databases to better record and understand levels of reporting in relation to safeguarding vulnerable adults. Headquarters PPU are also working to develop processes to flag concerns in premises where vulnerable adults reside.

7.5 Freeways

As a provider it is very important that following on from Winterbourne View and the Serious Case Review that all organisations are held to account and follow the numerous recommendations made in light of that particular case. It is important that we continue with the message that safeguarding is everyone's business and take every opportunity to make anyone aware of the need to promote positive risk taking, education and training for adults at risk to prevent safeguarding issues arising but also to challenge and report when things do go wrong. Partnership working is vital to the success of this message and not looking for someone to blame.

We prefer not to wait for a national scandal but ensure that all staff and the individuals that we support are aware of safeguarding and are encouraged and enabled to raise any concerns through our Complaints, Grievance or Whistleblowing policies and procedures. We support a group of our service users to develop accessible policies to replace our wordy staff-focused policies and this year they have completed our 'Treating People Fairly' Policy to replace 'Equality and Diversity' and have just finished consultation with our service user focus groups on our new 'Keeping Safe in Freeways' which replaces our 'No Secrets' policy. The new policy is based largely on the 'Keeping Safe in B&NES' policy which B&NES People First wrote for everyone living in Bath and North East Somerset, the group are very grateful for being allowed to use this.

Achievements in 2011-12

In terms of our performance against the QA indicators set by the LSAB for 2011-12:

- 100% of relevant staff receive training within first 6 months and annual update (not 2 yearly as per indicator)

- 95% of relevant staff receive training in MCA and receive an annual update
- 95% of relevant staff receive DOLS awareness training or an annual update
- 95% of relevant staff receive internal induction training on safeguarding within first 3 months and 100% within 6 months
- 100% of staff CRB checks are up to date
- Safeguarding is discussed in team meetings, supervisions, as part of service user complaints process and staff are involved in making alerts and attending strategy meetings where relevant and appropriate
- Both our support teams have 2 named Safeguarding champions to promote the importance of prevention , awareness, training and reporting concerns

7.6 Avon Fire & Rescue Service

Avon Fire & Rescue Service continues to actively engage in the Safeguarding Adults agenda, both from an operational perspective where we generate alerts, and also the management perspective where we are represented on the Local Safeguarding Adults Board and during 2011-12 has chaired the Quality Assurance, Audit and Performance Management sub group.

Achievements for 2011-12

- Avon Fire & Rescue Service has produced a service wide policy dealing with Safeguarding and is an active participant on both Adult and Children Safeguarding boards in all four Unitary Areas
- 100% Intervention staff that remain within the community safety department of Service Delivery have up to date CRB checks. Remaining FRS staff are not deemed relevant and not CRB checked
- The service has produced a standard operating procedure E5, Safeguarding Children and Vulnerable Adults Policy and Guidance. This is disseminated throughout the workplace and viewed by all staff. Managers. Senior Mangers (including Duty Group Response Managers are referenced within the reporting process)

Objectives for 2012-13

- Deliver against the action plan formulated from the self assessment
- Deliver a safeguarding training policy and briefing to the Strategic Management Board
- E learning alerter training (L1) will be delivered to all front line staff in November/December 2012. Senior Managers and selected staff to partake in L2/L3 training in December 2012 and January 2013

7.7 Carers' Centre Bath & North East Somerset

The Carers' Centre Bath and North East Somerset represents carers and voluntary carers' organisations on the Safeguarding Adults Partnership Board. Safeguarding updates continue to be shared at the Voluntary Sector Carers Provider Forum through regular updates and gaining feedback from carers' provider services.

The Carers' Centre Bath and North East Somerset has represented carers views on the Safeguarding Adults Awareness, Engagement & Communications Sub-Group. This has led to a Plan for Carers and Safeguarding Adults based on Working

Together to Improve Outcomes Paper (ADASS July 2011). This comprehensive plan is being monitored to ensure improvements are made to Safeguarding to benefit carers. The Carers' Centre also wrote a Service User and Carer Involvement Safeguarding Strategy in partnership with Bath People First and the Carers' Centre has supported the group to implement the strategy with Sirona Care and Health to gain regular feedback from carers about their experience of Safeguarding to improve meeting the No secrets (2000) guidance.

7.8 Bath & North East Somerset People First

Bath & North Somerset People First - a voice for disabled people is involved in Safeguarding Adults from a service user perspective.

The focus of this is to ensure that disabled people have an awareness of what abuse is and what to do if they think they, or someone they know is being abused. Also to have an awareness of some of the terminology used in matters relating to safeguarding and to understand the procedure that would happen once an alert is made.

Safeguarding can have the effect of limiting the choices in disabled peoples' lives to an extent that the quality of their life can feel diminished. An approach to risk enablement can be a more positive path to support people to lead full, active and included lives.

We have now run courses for over 180 disabled people by small training groups so they can have the confidence to speak out about their personal lives. The groups have included a wide range of disabilities and ages including black and minority ethnic communities.

Through our work with the Local Safeguarding Adults Board, we wanted to ensure that disabled people understood that they have the **right** to feel empowered within the safeguarding procedure and be offered support if needed.

Also to

- ensure service users are involved in all aspects of safeguarding planning, training, quality and monitoring
- ensure barriers to inclusion are overcome
- ensure adults at risk are given the opportunity to look at options even if they differ from a professional's choice
- involvement in levels of risk taking and decisions
- ensure there is enough time for service users to make informed decisions and not be rushed.

There has been a feeling of increased confidence about being able to report any concerns. People are talking more openly about keeping safe.

People have been sharing their experiences and how they have dealt with safeguarding issues which achieves greater awareness and preventative measures.

We have an accessible safeguarding policy and continue to be involved in meeting both individuals and organisations of disabled people to hear their views and needs on keeping safe. We are involved in two sub-groups: Safeguarding and Personalisation, and the Awareness, Engagement & Communications group.

Our main focus will continue to be about empowering disabled people to be included and understand how to recognise early signs of possible abuse as prevention is our top priority.

7.9 Avon and Wiltshire Mental Health Partnership Trust (AWP)

AWP continues to seek to meet its duties to safeguard adults by undertaking further development work throughout 2011-12.

AWP has taken an active role in the Safeguarding Adults Board and its work. AWP's Head of Safeguarding and Deputy Caldicott Guardian attends the Board on a regular basis.

Additionally AWP has a variety of staff involved in all the Board's sub groups. Therefore AWP looks forward to playing a continuing role in working with the Banes Safeguarding Adult Board to ensure the effective safeguarding of vulnerable people with mental illness from abuse, and to respond to the challenges and opportunities presented by the proposed new national guidance and legislation to safeguard adults.

Achievements in 2011-12

As an organisation working with adults and older people with mental illness, many of which are very vulnerable, AWP has implemented major changes this year, including:

- Reviewing its training strategy in relation to safeguarding training in order to strengthen and re-enforce key messages at Awareness level training
- Delivery of discrete safeguarding adults training to inpatient staff
- The launch of service user, carer and easy read safeguarding leaflets
- The development of outward facing website with discrete safeguarding pages
- Continued development of Trust wide documents, templates and intranet based information to ensure effective management of safeguarding adult alerts
- Maintaining trust wide data collection and performance reporting of safeguarding adult activity, both internally and to the Safeguarding Adult Board
- Developing monitoring to ensure that our workforce is checked and monitored on an ongoing basis to ensure that they are safe to work with vulnerable adults
- Updating the Trust Policies to Safeguard Adults to reflect local and national policy and guidance changes, and regulatory requirements
- Policy and procedures re-launched in relation to Mental Capacity Act to ensure staff are aware of the application of the MCA, including when it may be appropriate to approach the court of protection
- Implementing learning arising from serious cases reviews both locally and nationally

These changes have raised the profile of adult safeguarding in the Trust, and this has been supported by the continued work of a dedicated safeguarding team, working to support and advise practitioners in their safeguarding practice in Banes .

Objectives for 2012-13

AWP's key plans for next year in relation to Safeguarding are :

- Continue to work through action plans developed in response to AWP Self Assessment in relation to the South West's Adult Safeguarding Performance and Quality Framework .
- To deliver strengthened Safeguarding training via AWP Learning and Development to staff
- To implement any learning from local, regional or national Serious Case Reviews in order to keep vulnerable people safe from abuse

7.10 Sirona Care and Health

The creation of Sirona Care and Health in October 2011 brought about a significant change in working practices relating to Safeguarding as, from this point the social workers, managers and other staff involved with Safeguarding Adults work were employed by a social enterprise rather than by the Local Authority.

Because of the legislative requirements that the local authority is ultimately responsible for all community care assessments (which is taken to include those relating to safeguarding issues), new 'delegated responsibility' arrangements had to be made to ensure that B&NES council maintained assurance and accountability. In practice, this meant that a small team of Team Managers was set up on the council side to maintain an overview of all cases through audit and to chair all strategy and planning meetings. The practicalities of this have been challenging, given the need for continuous dialogue between Sirona managers and the new team of 'Chairs' but - apart from some minor teething problems - the new arrangements have been effective. Regular meetings are held between the two sets of managers to resolve any misunderstandings or difficulties.

The issue of note taking for meetings has been one of the harder issues to resolve due to the steady increase in referrals, the tendency to hold more meetings than before, the length of meetings and competing demands on admin staff time. This is in the process of being resolved through the recruitment of dedicated note-takers who are to be directly managed by the Safeguarding Adults Co-ordinator.

Performance to Quality Indicators for 2011-12

The quality indicators required of Sirona Care and Health by commissioners in relation to Safeguarding are shown below with outcomes in italics:

- 100% CRB checks in place for staff requiring them. *99.5% in place and the remaining 0.5% are being actively followed up*
- All new staff to undertake Safeguarding Adults awareness training included as part of new staff induction programme. *Achieved*
- Report to be completed outlining audits undertaken (15% of all cases). *Completed*
- Report to be completed giving reasons for all case where there was more than one referral. *Completed*
- Report to be completed detailing the number of service users who felt safe as a result of Safeguarding interventions. *Completed*

Work plan for 2012-13

The key workstreams planned for 2012-13 are as follows:

- To update all our Safeguarding Adults policies and procedures in line with the new Sirona / B&NES 'delegated responsibilities' arrangements and the revised multi-agency policies and procedures
- To complete and launch updated Mental Capacity Act guidelines
- To continue to support the Safeguarding Champions Group
- To amend the Safeguarding Adults input into the Sirona induction programme to ensure that it is more closely aligned with Safeguarding Children training
- To update the Level 2 Safeguarding Adults training programme in line with national and local developments
- To ensure that all staff are up-to-date with their Safeguarding training and that bespoke training is provided to teams with specific needs
- To continue to contribute fully to the work of the LSAB and its sub groups
- To continue to audit cases and continually improve our practice based on 'lessons learnt' from these cases
- To ensure that the roll-out of the service user feedback questionnaire is successful
- To ensure that awareness of Safeguarding issues permeates the organisation from senior managers and Board level through to front line staff in every area and setting

7.11 Royal National Hospital for Rheumatic Disease

2011-12 has been a busy and turbulent year of change for the RNHRD with financial pressures, reduction in referrals and changes in Commissioner behaviour affecting activity and income. An unannounced visit by the CQC on 25th October 2011 identified moderate concerns with outcome 7, Safeguarding Adults from abuse due to lack of staff training and understanding. The trust was deemed non-compliant and was required to develop an action plan to achieve compliance by the end of December 2011. The Trust achieved the action plan within the allotted timescale and has worked hard to maintain high levels of mandatory training compliance.

The Trust has continued to engage well and continues to have good relationships with the Local Adult Safeguarding Board and its sub committees. Representation at the Local Safeguarding Board for Children has been achieved this year but due to the small, mainly adult focused and specialist nature of the Trust the level of time and commitment to attend both adult and children's safeguarding Board will be reviewed in 2012-13.

Review against Quality Requirements for 2011-12

- The table below provides detail on the Trust performance against quality requirements within our contract with Commissioners regarding for safeguarding training

Safeguarding Training Performance in 2011-12

2011/12	Q1	Q2	Q3	Q4	Target
Safeguarding Children Level 1	52%		100%	99.3%	
Safeguarding Children Level 2	15%	74%	82%	83%	
Safeguarding Adults Level 1			100%	98%	
Safeguarding Adults Level 2	66%	67%	86%	85%	
Mental Capacity Act & DoLs Level 1		34%		100%	
Mental Capacity Act & DoLs Level 2			76%	86%	

Safeguarding training has had a wide ranging review during 2011-12 and the figures in Table 1 demonstrate significant improvement in each quarter of the year. Induction training has been redeveloped and face to face presentations for level 1 children, adults safeguarding and Mental Capacity Act and DoLs at level1 ensure that all new starters receive this training. Safeguarding training is on-going for staff and is usually via an e-learning system.

- All areas have leads for safeguarding who attend the Safeguarding committee
- Disseminate lessons learnt and change practice accordingly
- All supervisors have been informed of the necessity to ensure that discussion regarding safeguarding and DoLs takes place during supervision sessions. In addition there is broader discussion within the regular patient MDT meetings in all specialties.
- The Director of Operations and Clinical Practice is the executive on the board with responsibility for safeguarding and attends the local Inter-Agency Partnership Board. The trust has representation on all the sub-committees of the partnership board.
 - Patient Safety co-ordinator – Training sub –committee
 - Head of Nursing – Quality and Audit committee
 - Clinical Pathway Manager – Public Awareness and Communications
- Partnership and sub committees all attended regularly by the Trust representatives and actions/feedback are disseminated to clinical areas and the Trust Safeguarding Committee.
- The BANES poster and awareness material has been distributed to staff and all clinical areas, certain notice boards are being targeted in clinical areas for poster display.
- Access to Safeguarding information on the Mintranet has been updated and a separate link being set up on the front page to ensure easy access for all staff.
- There have been no complaints received in 2010-11

7.12 Curo (formerly Somer Community Housing Trust)

Somer Community Housing Trust (Curo from July 2011) has some 9200 homes in Bath and North East Somerset. 1761 of these are sheltered housing properties for older or disabled people and 90 of these are extra-care units. We recognise that many of those using our services may be vulnerable to abuse. Their age or disability may affect their ability to take care of themselves and protect themselves from significant harm or exploitation. Over the course of the year we have sought to extend our safeguarding activities and expertise. The role of our staff is primarily that of alerters.

Developments in 2011-12 include:

- The Director of Neighbourhoods now sits on the safeguarding Adults Board.
- The Head of Tenancy Solutions now sits on the Quality Assurance, Audit and Performance Management Sub Group.
- Our safeguarding policy and procedure has been updated and all housing services staff and managers have received training in relation to this.
- All new customer-facing staff now receive safeguarding training as part of their induction, with additional sessions for care and support staff.
- Safeguarding is a routine part of all housing services supervisions and team meetings.
- Our Independent living service was launched in January 2011. The service now supports almost 500 people with very diverse backgrounds and support needs. 42% of current clients are not Curo residents.

Objectives for 2012-13:

- Enhancements to safeguarding induction training planned.
- Roll out of safeguarding adults and children training and a “concern card” process for all 70 trade staff who work in our homes.
- Delivery of a plan formulated from the outcome of the self-assessment.
- Extended pre-tenancy assessment of customers and enhanced tenancy management planning.
- Development of a safeguarding page for customers on the new Curo website.

Section 8: Priorities for the Coming Year 2012-13

8.1 The LSAB have developed a three year business plan 2012-15 outlined in appendix six of this report. The business plan follows the template recommended by ADASS South West region. The plan includes objectives and actions previously agreed by the LSAB and also new actions identified from this report also agreed by the LSAB.

8.2 The business plan is separated out into five domain areas and six outcome areas:

➤ **Domain 1: Prevention & Early Intervention**

Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.

➤ **Domain 2: Responsibility & Accountability**

Outcome 2: There is a multi-agency approach for people who need safeguarding support

➤ **Domain 3: Access & Involvement**

Outcome 3: People are aware of what to do if they suspect or experience abuse

Outcome 4: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process

➤ **Domain 4: Responding to Abuse & Neglect**

Outcome 5: People in need of safeguarding support feel safer and further harm is prevented

➤ **Domain 5: Training and Professional Development**

Outcome 6: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm

- 8.3 The local objectives and actions proposed by the LSAB to fulfil the domains and outcomes are set out in appendix 6 and will be monitored by the LSAB and sub groups routinely to ensure they are achieved. The details of the plan will be reviewed annually.

Author:

Lesley Hutchinson
Assistant Director Safeguarding and Personalisation
B&NES Council
Health and Wellbeing Partnership
October 2012

Appendix 1

LOCAL SAFEGUARDING ADULTS BOARD Membership as at March 2012

NAME	ORGANISATION
Cllr ALLEN Simon	Cabinet Member for Wellbeing (B&NES)
COWEN Robin	Independent Chair
CARR-SMITH Gary	Unitary Manager, Avon Fire & Rescue Service
DAY Kevin	Senior Probation Officer, Avon & Somerset Wiltshire Probation Service
DEAN Mark	Head of Public Protection & Safeguard, Avon & Wiltshire Partnership Mental Health NHS Trust
DOBLE Stella	Strategic Director, Adult Services, Sirona Care & Health (formerly Community Health and Social Care Services)
EVANS Julie	Director of Customer Services (Housing & Support), Curo (formerly Somer Community Housing Trust)
GOODFELLOW Janet	Regional Manager, Four Seasons Health Care
GRAY Jo	Divisional Director for Adult Safeguarding, Care & Practice Development, B&NES Council
HUTCHISON Sonia	Chief Executive Officer, Carers Centre (B&NES)
HUTCHINSON Lesley	Assistant Director Safeguarding and Personalisation, B&NES Council
HOWARD Damaris	Operational Director, Freeways Trust
KELLY Annie	Director of Operations & Clinical Practice, RNHRD
KENT-LEGER Sophie	Assistant Head, Teacher Threeways Special School B&NES Council
KNIVETON Myriam	Area Business Manager, Stonham West Regional Office
Dr LEACH Louise	B&NES Clinical Commissioning Group Representative
LEWIS Mary	Assistant Director of Nursing (Medicine), RUH
MONNINGTON Mary	Director of Nursing, B&NES PCT & Wiltshire Cluster
RIZK Meri	Manager, B&NES People First
ROWSE Janet	Chief Executive, Sirona Care and Health (formerly Community Health and Social Care Services)
SMITH Sue	Clinical Standards Manager, GWAS (Associate Member of LSAB)
TAYLOR Karen	Compliance Manager, CQC South West Region
THOMPSON Francesca	Director of Nursing Royal United Hospital, NHS Trust, Bath
TOZER Clare	Personal Assistant to Lesley Hutchinson & note-taker for LSAB B&NES Council
TRETHERWEY David	Divisional Director Policy & Partnerships, B&NES Council
WESSELL Geoff	Det Superintendent PPU Avon & Somerset Constabulary

Appendix 2

Membership List of Local Safeguarding Adults Board sub groups (as at March 2012)

Safeguarding Adults Training and Development sub group

Meet: bi monthly

Chair: Jenny Theed / Stella Doble (Sirona Care and Health)

Simon Ibbunson (RNHRD)

Patricia Mills (RUH)

Myriam Kniveton (Stonham West Regional Offices)

Sophie Cousins (AWP)

Jane Davies (RUH)

Dennis Little (B&NES Council)

Sue Tabberer (Sirona Care and Health)

Geoff Watson (Sirona Care and Health)

Policy & Procedures sub group

Meet: bi monthly

Chair: Damaris Howard (Freeways)

Alan Mogg (B&NES Council)

Lesley Hutchinson (B&NES Council)

Fran McGarrigle (AWP)

Simon Brickwood (Avon & Somerset Police PPU)

Chiquita Cusens (CH&SCS)

Rebecca Jones (B&NES Council)

Sue Leathers (RUH)

Sue Tabberer (Sirona Care and Health)

Hugh Jupp (AWP)

Lindsay Smith (Sirona Care and Health)

Rebecca Potter (B&NES Council)

Lynne Scragg (Bath College)

Neil Boyland (RUH)

Dennis Little (B&NES Council)

Deborah Janes (AWP)

Awareness, Engagement and Communications sub group

Meet approx: bi-monthly

Chair: Mary Lewis (RUH)

Lesley Hutchinson (B&NES Council)

Martha Cox (Sirona Care and Health)

Camilla Freeth (B&NES Council)

Damaris Howard (Freeways)

Helen Robinson-Gordon (RUH)

Meri Rizk (B&NES People First)

Sonia Hutchison (Carers Centre)

Mel Hodgson (B&NES Council)

Geoff Watson (Sirona Care and Health)

Quality Assurance, Audit & Performance Management sub group

Meet approx: bi-monthly

Chair: Denis McCann / Gary Carr-Smith (Avon Fire & Rescue)

Denis McCann (Avon Fire & Rescue) replaced by Gary Carr-Smith

Amanda Pacey (RNHRD)
Caroline Latham (Sirona Care and Health)
Fran McGarrigle (AWP)
Geoff Watson (Sirona Care and Health)
Mike Williams (Avon & Somerset PPU)
Lesley Hutchinson (B&NES Council)
Stella Doble (Sirona Care and Health)
Mark Dean (AWP)
Rob Eliot (RUH)
Julie Evans (Curo)
Rob Elliot (RUH)
Sue Leathers (RUH)
Alan Mogg (B&NES Council)

Mental Capacity Act Local Implementation Group

Meet: Quarterly

Chair: Lesley Hutchinson (B&NES Council)

Dennis Little (B&NES Council)
Tom Lochhead (B&NES Council)
Louise Russell (RNHRD)
Pam Dunn (Carewatch)
Sue Tabberer (Sirona Care and Health)
Debbie Incedon (B&NES Council Legal)
Steve Knight (Sirona Care and Health)
Gemma Box (RUH)
Karen Webb (Four Seasons)
Maria Wallen (NHS BaNES)
Dr Rajpal (CH&SCS)
Dr Harrison (AWP)
Rosemary Carroll (Sirona Care and Health)
Sally Cook (Bath Mind)
Andy Rogers (Bath Mind)

Safeguarding & Personalisation sub group

Meet: Quarterly

Chair: Lesley Hutchinson (B&NES Council)

Jenny Shrubsall
Clare Gray (Shaw Trust)
Meri Rizk (B&NES People First)
Roanne Wootten (Julian House)
Geoff Watson (Sirona Care and Health)
Karyn Yee King (AWP / B&NES Council)
Dennis Little (B&NES Council)

Safeguarding Adults Assurance / Non Delegation Flow Chart

SA Procedures

Stage 1

Safeguarding concern

ALERTS to SIRONA CARE AND HEALTH

Stage 2

Referral (details taken by Sirona)

Stage 3

Sirona Care and Health Gather Information

Decision (made by Sirona)

- NFA
- AWP
- Care Management

Council Safeguarding Adults and Quality Assurance Team Audit Decisions made at Stage 3

Stage 4

Strategy Discussion

Council Safeguarding Adults and Quality Assurance Team to agree recommendation

Outcome: terminate

Strategy Meeting

Council Safeguarding Adults and Quality Assurance Team Chair meeting

Outcome: terminate

Stage 5

Investigation/assessment

Council Safeguarding Adults and Quality Assurance Team agree recommendation not to progress to Stage 6

Outcome: terminate

Stage 6

Case conference/ protection plan

Council Safeguarding Adults and Quality Assurance Team Chair case conference/ planning meeting

Outcome: terminate

Stage 7

Review

Council Safeguarding Adults and Quality Assurance Team Chair review meeting

Outcome: terminate

Appendix 4: LSAB SAFEGUARDING INDICATORS 2011-12

Indicator	Target	Logic for Change and Actions
1. % of decisions made in 2 working days from the time of referral	95%	1. Maintain a high target (reduce by 3%) as this is a crucial time for identifying when someone is at risk of abuse and stopping abuse from escalating 2. Allows for 5% of decisions not to be made in 48 working hours because further information is needed 3. Breach reports provided for cases outside of timescale which set out the evidence of work taking place to ensure service user is safe whilst decision being made
2a. % of strategy meetings/discussions held within 5 working days from date of referral	90%	1. Maintain a high target (reduce by 8%) as this is also a crucial time for ensuring swift action is taken to ensure potential abuse is prevented from continuing 2. Allows 10% leeway as there are occasions when: - relevant partners are not able to meet within timescale but their presence is essential - additional time is needed to gather all the information to facilitate a meaningful discussion 3. Breach reports provided for cases outside of timescale
2b. % of strategy meetings/discussions held with 8 working days from date of referral	100%	1. Provides assurance that all cases have a strategy meeting/discussion within an agreed timeframe
3. % of overall activities / events to timescale	90%	1. 10% leeway allowed because: - there can be justifiable reasons that prevent CH&SCS and AWP from completing assessment/ investigation in timescale and for holding planning and review in accordance with timescale 2. Breach reports provided for cases outside of timescale

Other Mechanisms for Assurance:

In addition to the above the following mix of targets and quality measures will remain/be put in place to provide assurance about safeguarding practice:

Monthly: AWP and SIRONA CARE AND HEALTH (CH&SCS) ONLY

- Exception reports required and reported for each breach of procedural timescale
- Exception reports on repeat referrals
- Exception reports on cases with the outcome of Not Determined and Inconclusive
- Evidence that 15% of safeguarding case file audits are undertaken per annum (proportionate across all service areas) and reported bi annually

Annually: AWP and SIRONA CARE AND HEALTH (CH&SCS) ONLY

- Report on the experience and outcome for the service user (to include service user experience as well as involvement in safeguarding arrangements)

Quarterly: LSAB and Local Authority / PCT Commissioned Agencies who Deliver Health and Social Care Services

- 97% of relevant social care staff will have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter (the term 'relevant' is defined by CQC)
- 80% of relevant health staff will have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter (the term relevant here excludes staff without direct contact with patients / service users and certain other categories – eg support staff, Children's Health staff)
- 80% of relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post (relevant staff includes people that directly provide health and social care or are in a position to make decisions about the service users care - training to include DOLS awareness)
- 95% of relevant staff to have undertaken DOLS training within 6 months of taking up post (the term relevant here includes those staff responsible in law for making a DOLS application - training must be comparable to B&NES DOLS training)

Annually: ALL LSAB Members and LA / PCT Commissioned Services

- 95% new staff to undertake safeguarding learning as part of Induction within 3 months of starting employment
- 100% relevant staff to have an up to date CRB check in place and / or be registered with the Independent Safeguarding Authority (the term relevant here applies to those staff that are required in law to have a CRB and or be registered with the ISA)
- Evidence of safeguarding discussions / raising awareness (eg, supervision arrangements to include this)
- Safeguarding champions identified for each team

Annually: LSAB Agencies / Non Local Authority and PCT Commissioned Services Whose Primary Role is not Health and Social Care Delivery

- 80% of relevant staff to have undertaken Safeguarding Adults 2a training within 6 months of taking up post (the term relevant here includes staff that have direct contact with vulnerable people).

Appendix 5 Breakdown of Referrals by Gender, Age Band and Ethnicity 2011/12 (All Cases)

Ethnicity	No. of referrals by Gender		No. of referrals by Age Band					No. by ethnicity						
			18-44	45-64	65-74	75-84	85+							
White British	Male	128	38	39.6%	38	50.0%	17	44.7%	15	18.1%	20	19.0%	356	89.4%
	Female	228	39	40.6%	27	35.5%	20	52.6%	66	79.5%	76	72.4%		
White Other	Male	2	1	1.0%	1	1.3%							8	2.0%
	Female	6	1	1.0%					1	1.2%	4	3.8%		
Black/Brit-African	Male	1	1	1.0%									1	0.3%
	Female	0												
Black/Brit-Carib	Male	3	3	3.1%									4	1.0%
	Female	1		0.3%							1	1.0%		
Asian/Brit-Indian	Male	0											0	
	Female	0												
Mix White/Black-Carib	Male	1	1	1.0%									2	0.5%
	Female	1		0.3%	1	1.3%								
Info not yet obtained	Male	11	5	5.2%	2	2.6%			1	1.2%	3	2.9%	22	5.5%
	Female	11	7	7.3%	3	3.9%	1	2.6%						
Other	Male	2			1						1		5	1.3%
	Female	3			3									
Total	Male	148	49	51.0%	42	55.3%	17	44.7%	16	19.3%	24	22.9%	398	26.4%
	Female	250	47	49.0%	34	44.7%	21	55.3%	67	80.7%	81	77.1%		
Total		398	96	24.1%	76	19.1%	38	9.5%	83	20.9%	105	26.4%		



Business Plan

April 2012- March 2015

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Chair's foreword

I welcome this business plan as an opportunity to be clear and explicit about the LSAB's workplan and to measure the impact of that work. In these pressured times, responding to plans can feel like an additional burden. My view is that this will actually help us to be more effective through targeting scarce resources on the most urgent and important areas over the next three years.

In addition to the work that has been taking place this plan provides opportunities to develop the preventive agenda, to respond to the lessons from Winterbourne View and other serious cases, to seek ways to improve our intelligence gathering, to work more closely with the Responsible Authorities Group and to ensure that our work focuses on and engages with the people who are most at risk and their carers.

The people who use safeguarding services, their carers and the population of Bath and North East Somerset should be in a position to hold the LSAB and partners to account for a lack of progress and to recognise improvements. This plan provides that opportunity.

I would like to take this opportunity to thank LSAB and sub-group members for helping to develop this plan and for their continuing commitment to the safeguarding agenda.

Robin Cowen
Independent Chair
LSAB

1. Introduction

This Business Plan is prepared by B&NES Local Safeguarding Adults Board (LSAB) to outline and explain its strategic goals and business during the next three years. The Business Plan will be made widely available to all those with an interest in Safeguarding Adults and be uploaded on to B&NES Council website. The plan represents an agreement between each of the agencies represented on the LSAB about the activities to be undertaken and the priority afforded to each of them over the next three years. The Business Plan sets out the work of the LSAB sub groups. Each sub group will provide regular updates on progress to the LSAB.

2. Aims & Objectives of the LSAB

The aims and objectives of B&NES Local Safeguarding Adults Board are set out in both the Multi-Agency Safeguarding Policy and the LSAB Terms of Reference below.

The LSAB is responsible for overseeing strategic planning that promotes inter-agency cooperation at all levels of safeguarding adults and risk work. In order to protect vulnerable people at risk from harm and abuse; it is essential that all partners and stakeholders work closely together to develop policies and effective processes that result in timely and robust inter-agency responses. The LSAB oversees this partnership approach by working strategically to consider, direct, assure quality and monitor actions and initiatives which enhance and improve practice across all partner agencies.

The method by which the LSAB aim to achieve their objectives are set out within their agreed terms of reference which are:

3. Terms of Reference

The Terms of Reference for the LSAB are available on the B&NES Council website on the safeguarding adults pages or can be found via the hyperlink below:

[http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Safeguarding Adults at Risk of abuse/lsab terms of reference sept 2012.pdf](http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Safeguarding%20Adults%20at%20Risk%20of%20abuse/lsab_terms_of_reference_sept_2012.pdf)

4. Monitoring Arrangements

The LSAB will monitor progress of the plan and will report progress in the Annual Report. The Report will be shared with the Health and Wellbeing Partnership Board and will require approval from the B&NES Council Cabinet.

5. Business Planning and Strategic Goals for 2012 - 2015

Building on the Safeguarding Strategic Plan 2009-2011 and moving to a business planning model; the LSAB have set out below the strategic goals they will focus on during 2012 – 2015. The goals are:

- Strengthen arrangements to ensure the **prevention** of abuse is given greater focus and includes a particular emphasis on service users and citizen awareness.
- Ensure the voice of the service user is heard; that service users are treated with dignity and respect; that they have choice and control and are empowered during the safeguarding procedure and supported appropriately to take informed risks. Ensuring responses are **personalised**
- Improve the **accessibility** of services and information provided regarding adult protection
- Improve the safeguarding system through **learning, sharing and disseminating** best practices

The above goals were agreed by the LSAB at a workshop in September 2011 and have been woven into the five domains and associated outcome measures prescribed within the South West Self-Assessment Quality & Performance Framework for Adult Safeguarding.

This framework has been developed in partnership with the Strategic Health Authority and approved by the South West Association of Directors of Adult Social Services Safeguarding Adults (SW ADASS) Advisory Group which has health, social care, CQC and police representation. The request and recommendation from SW ADASS is that LSABs use the framework to self assess progress against the five domains which are presented as areas that LSABs should focus adult safeguarding work on. The five domains and outcome measure are:

Domain 1: Prevention & Early Intervention

Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.

Domain 2: Responsibility & Accountability

Outcome 2: There is a multi-agency approach for people who need safeguarding support

Domain 3: Access & Involvement

Outcome 3: People are aware of what to do if they suspect or experience abuse

Outcome 4: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process

Domain 4: Responding to Abuse & Neglect

Outcome 5: People in need of safeguarding support feel safer and further harm is prevented

Domain 5: Training and Professional Development

Outcome 6: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm

The LSAB believe the goals it has are a good fit and compliment the above domains and will serve to strengthen the safeguarding system in B&NES by keeping a local focus whilst addressing the key domains the SHA and South West ADASS have set out.

The business plan will assist the LSAB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties.

The LSAB have agreed the appropriate actions within these domains which best address local goals, needs and priorities and have set out the priority areas for the coming three years below:

6. Actions, Timescales, Lead Agency Responsible, Progress

Key

Red: Not to timescale

Amber: In progress

Green: To target

Blank: No action to date

QAAPM: Quality Assurance, Audit and Performance Management sub group

P&P: Policy and Procedures sub group

T&D: Training and Development sub group

AEC: Awareness, Engagement and Communications sub group

MCA: Mental Capacity Act Practice Development sub group

Domain 1. Prevention & Early Intervention						
Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG	Score
1.1 Assure that information is shared appropriately and in a timely manner within and across partner agencies	A. Review LSAB and single agency information sharing protocols (relate to Trigger Protocol). Identify key areas for information sharing	03/13	P&P group / LSAB agencies			
	B. Carry out multi-agency audits routinely and report gaps and good practice to LSAB to help improve and shape future practice	Quarterly on going	QAAPM group	Progressing; RHNRD presented x3 cases	A	
	C. Develop and implement an effective Triggers Protocol (including both Commissioners and Providers triggers)	03/13	P&P group	Slow progress to date; needs LSAB focus Risk is capacity to develop and implement across key agencies		
1.2 Ensure Carers needs are supported	A. Implementation and review of Carers Action Plan	12/12	AEC group	Action plan reviewed in June. Carers Centre updating plan.	A	
	B. LSAB partners to support and promote joint working with carers centre	12/12	AEC group	Carers Centre agreed to visit all LSAB agencies to discuss new contract and formalise joint working. RUH and F&R pathways are identified also supporting AWP via Hillview Lodge but need to go to other teams	A	

Domain 1. Prevention & Early Intervention						
Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score	
1.3 Support service users to identify risks and to reduce and prevent abuse occurring	A. Monitor service user feedback from safeguarding process	Report by 12/13	AEC group	6 month review requested. Review report to be prepared 12/12	A	
	B. Promote through training, development and effective supervision, an ethos of choice and control by achieving the right balance between safeguarding action and proactive risk enablement	12/12	T&D group			
	C. Develop further service user feedback opportunities	09/14	AEC group	Plan to discuss with Your Say once joined the LSAB		
1.4 Work more closely with the LSCB to ensure areas of cross over are addressed; eg Transitions and Mental Health	A. Establishment joint LSAB / LSCB working group	9/12	LSCB and LSAB working group	Working group met at the beginning of Sept and have agreed a set of recommendations which will be proposed to the LSAB and LSCB at December meetings for consideration	A	
	B. LSCB/LSAB chairs and B&NES Council Strategic Director for People and Communities to make proposals to both Boards	03/13	LSAB / LSCB			

Domain 1. Prevention & Early Intervention						
Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score	
1.5 Assurance that robust lessons learned arrangements are in place (including learning from SCRs, case law and other review documents)	A. Review lessons learned guidance that LSAB agencies and sub groups have in place	06/13	QAAPM group	Agenda item for Dec 2012 meeting looking add routine item to agenda of 'learning from national reports' Risk that agencies have insufficient capacity to implement.	A	
	B. Draft multi-agency lessons learned guidance	12/13	P&P group			
	C. Ensure recommendations from Winterbourne View and Francis Report are being considered and actioned and risks fully understood; ensure included in contract monitoring	12/12	QAAPM group	Winterbourne View discussed routinely at LSAB; Workshop dedicated to the learning arranged for 16 th Oct. Francis report presented to LSAB last year; assurance needs to be sought that agencies have taken on board recommendations Risk for contract and commissioning capacity	A	

Domain 2. Responsibility & Accountability

Outcome 2: There is a multi-agency approach for people who need safeguarding support

Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score
2.1 Develop and improve links with Clinical Commissioning Groups (CCGS)	A. Provide joint training events for Practice and District Nurses	12/12	Sirona Care and Health and PCT		
	B. Monitor CCG actions from SCR recommendations and lessons learned	On going	QAAPM group	Early engagement with CCG and Medical Director involved; Commissioner attended CCC with report on SCR and involvement required; report to LSAB on allocation of resources in June 2012	G
	C. Provide training for independent contractors	03/13	Council and PCT	Training / workshop sessions have been agreed; administration is in place. Details of dates to follow	A
2.2 Formalise accountability arrangements between the LSAB, commissioner and commissioned services	A. Draft guidance note as required setting out the Commissioner and LSAB responsibilities	12/12	Council to draft for LSAB discussion	Initial discussion with LSAB Chair and Dept People and Communities taken place; P&C leadership team agreed to develop draft for 01/13; timescale of 12/12 will slip until Jan 13 though work is in progress	A

Domain 2. Responsibility & Accountability						
Outcome 2: There is a multi-agency approach for people who need safeguarding support						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score	
2.3 LSAB agencies to complete self - assessment annually to demonstrate continuous development	A. Identify areas for improvement from partner agencies and LSAB through annual self-assessment and include progress in annual report	06/12	QAAPM group	Self-assessments completed and analysed	G	
	B. Incorporate areas for improvement into LSAB Business Plan annually	12/12	QAAPM group	Agenda item for Dec meeting Commissioner to report back	A	
2.4 Assure LSAB sub groups are meeting the strategic objectives of the LSAB	A. Review sub group Terms of Reference	06/12	All sub groups	AEC group in draft form all others complete	A	
	A. Monitoring of progress on addressing action points in annual report 10/11	09/12	QAAPM group		G	
2.5 Assure that learning identified in SA annual reports are addressed	B. Incorporate and monitor learning from 11/12 annual report into Business plan	10/12	Council Commissioning Lead	This is in progress and incorporated however final annual report awaiting sign off	A	

Domain 2. Responsibility & Accountability						
Outcome 2: There is a multi-agency approach for people who need safeguarding support						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score	
2.6 Assure that Whistle blowing arrangements are robust	A. Whistle blowing statement to be included in revised multi-agency policy	12/12	P&P group	Statement ready for inclusion in policy when reviewed	A	
	B. Review LSAB and sub group agencies whistle blowing policies and procedures and report back to LSAB	12/12	QAAPM	Initial questionnaire submitted request for Policy and Procedures is being considered	A	
	C. Disseminate Whistle blowing best practice guidance widely	09/12	AEC group	Bristol guidance reviewed and made specific to B&NES; finalise content 09/12; 10/12 put on B&NES website and email to all stakeholders	A	
	A. Confirmation of how safeguarding and MCA/DOLS indicators are monitored in commissioned services contracts	12/12	Council and PCT Commissioning			
2.7 Assurance that the work of the LSAB is incorporated into commissioned						

Domain 2. Responsibility & Accountability						
Outcome 2: There is a multi-agency approach for people who need safeguarding support						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score	
2.7 Assurance that the work of the LSAB is incorporated into commissioned continued	B. Propose mechanisms to improve reporting and monitoring arrangements	03/13	Council and PCT Commissioning	Initial conversation taken place about the development of an overarching health and social care assurance framework (including children services for safeguarding) building on adults assurance framework that currently exists. This should be ready by Jan 13	A	
	C. Monitor implementation of above mechanism	09/13	QAAPM group			
	D. Develop / review assurance arrangements regarding MCA practice (5.1 ToR)	12/12	MCA group	Gather MCA figures on annual basis; new tender for IMCA	A	
	E. Propose MCA / DOLS indicators for LSAB	03/13	MCA group	Early discussion has taken place, initial thoughts include: no. of IMCA referrals, DOLS application and process to timescale; safeguarding cases where formal capacity assessments have been undertaken	A	

Domain 3. Access & Involvement						
Outcome 3: People are aware of what to do if they suspect or experience abuse						
Outcome 4: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score	
3.1 Ensure service users and alerters have a positive response from professionals throughout the safeguarding procedure	<p>A. Monitor and review service user experience questionnaire responses (linked to outcome 1)</p> <p>B. Review audit of 'front door' response to safeguarding alerts</p>	12/12	AEC group	Agenda item for next meeting	A	
3.2 Assure a systematic approach to providing safeguarding and MCA information and updates to all people / communities is in place (<i>disseminating</i>)	<p>A. Develop a calendar of opportunities to routinely and strategically disseminate information for</p> <ul style="list-style-type: none"> i) citizens ii) providers iii) publications 	06/13	Sirona report to QAAPM AEC and MCA group	Agenda item for next meeting Agenda item for 03/13. Advert and wording completed for national publication Health and Community Guide	A	

Domain 3. Access & Involvement						
Outcome 3: People are aware of what to do if they suspect or experience abuse						
Outcome 4: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score	
3.3 Assure that mechanisms are in place for service user and carers feedback to inform improvements to policy, practice, commissioning and service development (personalised; sharing)	A. Monitor effectiveness of service user feedback questionnaire process and responses	12/12	AEC group	On forward plan for next agenda	A	
	B. Evidence of continual improvement in response to feedback and involvement of service users (<i>requested from AEC group</i>)	03/13	QAAPM group	Recorded in Adult at risk involvement guidance	A	
3.4 Service users and carers who have been through the safeguarding process to provide peer and mentoring support to other service users and carers	A. Develop a work programme to progress this objective including reviewing the advocacy support available Consider Advocacy and Adult Safeguarding document from ADASS	06/15	AEC group			

Domain 3. Access & Involvement					
Outcome 3: People are aware of what to do if they suspect or experience abuse					
Outcome 4: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process					
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score
3.5 Raise awareness of discriminatory abuse	A. Agree awareness raising activities specifically for this type of abuse	03/13	AEC group		

Domain 4: Responding to Abuse & Neglect

Outcome 5: People in need of safeguarding support feel safer and further harm is prevented

Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score
4.1 Assure that service users and carers where appropriate, are fully involved and participate at every stage of the safeguarding process and robust evidence that best interests decisions are made where necessary and clearly recorded (<i>personalised; sharing</i>)	A. Develop person centred procedures on service user involvement to be available and used by all LSAB partners ensuring service users and carers are treated with dignity	09/12	P&P group	Draft for LSAB to consider	G
	B. Implement and monitor guidance	12/12	QAAPM group		
	C. Request 15% sample audit of cases undertaken by AWP and Sirona Care and Health include a section on compliance with this and demonstrate it is achieved	05/13 for report	QAAPM group to consider audit report	11/12 reports received from both agencies; request 12/13 nearer the time	G
	D. Include this in the Carers Action plan in Domain 1.	09/12	AEC group		A

Domain 4: Responding to Abuse & Neglect

Outcome 5: People in need of safeguarding support feel safer and further harm is prevented

Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score
4.2 Assure that multi-agency policies and procedures are reviewed and best practice guidance is developed (including responses to vulnerable perpetrators) (personalised; sharing)	A. Ensure multi-agency policy and procedure review dates are set and list is reviewed on an annual basis	03/13	P&P group	Completed 06/12	G
	B. Ensure each multi-agency document is reviewed on a bi-annual basis	06/12 – 03/15	P&P group	In progress	
	C. Recommend good practice guidance, policies and procedures be written resulting from new information provided nationally, locally from SCRs, quality assurance information from audits and lessons learned information	06/12 – 03/15	QAAPM and P&P group	QAAPM group routinely do and is now regular agenda item P&P group	G
4.3 Ensuring a robust process for the management of large scale investigations	A. Develop large scale investigation guidance and procedures with a clear definition	12/12	P & P group		A

Domain 5: Training and Professional Development						
Outcome 6: Staff are aware of policies and procedures, their practice safeguards adults and promotes understanding of harm						
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score	
5.1 Ensure organisational commitment to support the development of safeguarding adults and MCA competence in the workforce	A. Roll out audit to LSAB and sub group agencies, carers organisations and Dom Care partners	09/12	T&D group	Audit tool has been circulated with new framework document to all partnership agencies	G	
	B. Audit the Multi-agency Staff Development Framework (includes MCA)	09/13	T&D group			
	C. Report audit findings to LSAB	09/13	T&D group			
	D. Propose further roll out to other commissioned services	12/13	T&D group			
	E. Develop requirements for Chief Executives, Elected Members and Board members	12/12	T&D group	For discussion next meeting in October 2012	A	
5.2 Assure that LSAB training targets are achieved	A. Set up a system for LSAB training target reporting (including MCA, DOLS and SA training)	06/12	LSAB	LSAB discussed how this can be collected	G	

Domain 5: Training and Professional Development

Outcome 6: Staff are aware of policies and procedures, their practice safeguards adults and promotes understanding of harm

Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score
5.3 Ensure safeguarding and risk assessment training is delivered and available to service users and carers	A. Ensure training request is included in Carers Centre service specification	09/12	Council Carers Lead Commissioner		G
	B. Ensure service user training is provided through appropriate agency	09/12	Council Commissioner	Delivery of training is included in LD specification for Your Say and for direct payment users through Shaw Trust; Bath People First have funding to deliver this for all service user groups as well <i>however this is not commissioned against a service spec and the agency is currently reviewing its viability and there may be a future gap</i>	

Domain 5: Training and Professional Development

Outcome 6: Staff are aware of policies and procedures, their practice safeguards adults and promotes understanding of harm

Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score
5.5 Assure that training meets LSAB standards and competencies set out in the Staff Development Framework are delivered and that service users and carers are involved in delivery where possible	A. Review training provided by Sirona Care and Health and all LSAB agencies	12/12	T&D group	Review progressing well to align training with safeguarding children training	A
	B. Work with the carers centre and support carers to deliver safeguarding training	To be agreed	T&D group	Not progressed to date	
	C. Work with service user representative to support service users to participate in SA training delivery	To be agreed	T&D group	As above	

Domain 5: Training and Professional Development

Outcome 6: Staff are aware of policies and procedures, their practice safeguards adults and promotes understanding of harm

Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	Status RAG Score
5.5 Assure that training meets LSAB standards and competencies set out in the Staff Development Framework are delivered and that service users and carers are involved in delivery where possible	D. Propose level 4 training in Staff Development framework to LSAB	03/13	T&D group		

The following items are **Core Business** and specific B&NES Council or PCT/CCG Responsibilities and not included in the Business Plan; exception reports will be provided to the LSAB when there is a concern:

Core Business Item	Responsible Team	Monitoring Route
1. Compliance with safeguarding adults procedures timescales	B&NES Council Safeguarding Adults and Practice Development Team	Monthly performance reports; exception reports for breaches; reports to PCT Board; CCG and Partnership Board for Health and Wellbeing.
2. Identify and develop the areas of cross over for safeguarding adults and community safety eg, prevention, village agents, domestic violence problem profile review	Joint working between B&NES Council Safeguarding Adults and Practice Development Team and Policy and Partnerships Team	(Work has already commenced in this area however it needs to be formalised. Attendance at MAPPA, MARAC, IVASP; PAHC and RAG (when required); discussed DHR and SCR links). Meeting in place to enable plan to be ready for Dec meeting
3. Ensure JSNA informs and influences work of LSAB and other commissioners and agencies	B&NES Council Safeguarding Adults and Practice Development Team and Research and Development Team	Monitored by People and Communities Department High level safeguarding information in JSNA; agreement to commence further work; Monitored by People and Communities Department
4. Ensure that information about adult safeguarding and MCA be available in a variety of formats	B&NES Council Safeguarding Adults and Practice Development Team	Recently reviewed translation is available if requested; Monitored by People and Communities Department
5. Monitor service specification and contract indicators	B&NES Council Commissioning	Performance to each contract is monitored in scheduled compliance meetings by NHS Banes; CCG and People and Communities Department
6. Monitor LSAB safeguarding indicators	B&NES Council Commissioning	New process being implemented during 2012/13; Monitored by People and Communities Department
7. Review and monitor arrangements with Emergency Duty Team	B&NES Council Non Acute Contract and Commissioning Team	In discussion; Monitored by People and Communities Department
8. Review the monitoring and recording arrangements for	B&NES Council Safeguarding Adults and Practice Development Team	Monitored by People and Communities Department

<p>safeguarding procedures that have been carried out for B&NES service users living outside B&NES geographical boundary</p>		
<p>9. Secure support from B&NES Council Research and Development Team to ascertain whether B&NES referral rates are within an expected range</p>	<p>B&NES Commissioning</p>	<p>Monitored by People and Communities Department</p>

Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	5th December 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2495
TITLE:	Local Transport Body & Devolution of Major Scheme Funding	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1 THE ISSUE

1.1 The report considers the proposed Department for Transport (DfT) arrangements for the devolution of major schemes funding from 2015/16. This includes proposals for an assurance framework to meet governance, accountability, financial management and evidencing value for money under a devolved major schemes regime to be overseen by a Local Transport Body (LTB).

2 RECOMMENDATION

2.1 The Cabinet Approve, in principal, the formation of a Local Transport Body to include the Joint Transport Executive Committee (JTEC) and two business representatives from the Local Enterprise Partnership;

2.2 The Cabinet Recommend to Council that they endorse the proposed arrangement for the Local Transport Body and

2.3 Agree that the necessary work is undertaken to support the creation of a formally constituted Local Transport Body, including the assurance framework to meet governance, accountability, financial management and value for money requirements to the satisfaction of DfT and the Council's own internal procedures.

3 FINANCIAL IMPLICATIONS

- 3.1 The proposal has no financial implication for the Council at the moment as the work for servicing the LTB will be covered by existing arrangements to support the JTEC; these arrangements are through the West of England office. B&NES' contribution to the West of England office is 25% of the total cost and for 2013/14 this is budgeted to be £150k. £20k of this £150k is proposed to be included within the Integrated Transport Block capital programme budget, with £130k included within the February revenue budget proposal as an ongoing budget line and is subject to Council approval at that time.
- 3.2 Any other costs arising will be directly attributable to major schemes; this is proposed to be funded through the LTB. Any schemes relevant to B&NES Council will be brought forward for approval on an individual basis at such time as is appropriate. There is an allocation proposed in next year's capital programme to support the development of the Greater Bristol Metro Project Phase 1 which is expected to be the first scheme supported by the Local Transport Body.

4 CORPORATE OBJECTIVES

- *Promoting independence and positive lives for everyone*
- *Creating neighbourhoods where people are proud to live*

5 THE REPORT

Government Consultation

- 5.1 On 31 January 2012, DfT issued a paper 'Devolving local major transport schemes'. This sought views on the proposals for the devolution of major schemes funding for the next Comprehensive Spending Review (CSR) period, 2015/16 – 18/19. The paper welcomed views from local authorities, Local Enterprise Partnerships and representative groups.
- 5.2 The DfT asked that local authorities and the LEP bring forward proposals for governance, financial management, accountability and evidencing value for money in the event that major transport funding were devolved to Local Transport Boards. These need to be submitted by December 2012. These arrangements and the programme of priorities for delivery from 2015 would need to be up and running by April 2013.
- 5.3 The Joint Transport Executive Committee (JTEC) on 7 March 2012 agreed a response to DfT which proposed that the West of England area, with its high level of transport self-containment, should be the geographic area for our Local Transport Body (LTB). The response proposed the LTB would build upon and strengthen the existing governance arrangement provided by JTEC.
- 5.4 The DfT ask that the LEP have a 'central and influential role' and the response to consultation envisaged the LEP as 'a key member of the Local Transport Body'. To achieve this two business representatives from the LEP, whom the LEP Board have nominated to have responsibility for transport, would join the four JTEC members to meet as the LTB Board. The LEP representatives would have equal

status and voting rights as each of the other individual members. It is likely that this will mean that the LTB will need to be a separate legal entity.¹

5.5 On 2 August 2012 the DfT published a summary of responses to the consultation paper. The key headlines are summarised in Appendix 1. On 18 September 2012 the DfT published 'Devolving Local Major Transport Schemes: Next Steps'. This confirmed the broad thrust of the original proposals and in particular that:

- It is expected that LTBs will have non-overlapping boundaries, to be broadly based on the geography of LEPs and determined by local agreement.
- Funding will be distributed on a simple per-capita basis. Indicative figures for planning assumptions will be provided for each LTB by DfT.
- LTBs must have a high degree of transparency, including routine and timely publication of all key documents, and arrangements for involving local stakeholders.
- The DfT's Transport Business Case guidance and appraisal framework WebTAG must be used for all schemes funded by the LTB.
- The LEP should have 'as a minimum, full membership of a LTB, with voting rights'.

5.6 The 'Next Steps' report warned that for those that fail to meet the timetable or chose to adopt a slower one might not receive the full major scheme allocation from DfT. There is therefore a need to submit proposals for the assurance framework by the end of December 2012 and have a prioritised list of transport schemes in place by April 2013. Progress with these elements is outlined below.

5.7 **LTB Geography** In August DfT confirmed that the geography of the LTB should be coterminous with the existing boundaries of Local Transport Authorities and LEPs. Following discussion at the LEP Board in June, and agreement at the JTEC on 20 September, confirmation was provided that the preferred geography of the LTB would be that of the West of England.

5.8 **Central Assurance Framework** DfT have requested that LTBs show how they will provide Government with assurance on governance, financial management, accountability, and achieving value for money. These need to be submitted by the end of December 2012. The existing Joint Working Agreement between the West of England Authorities will be used as an appropriate assurance framework.

5.9 **Accountable Body** The role of accountable body is still to be determined. However, it is likely that North Somerset Council will be asked to be the accountable body for the LTB, as this reflects the fact that they are likely to be leading the implementation of Greater Bristol Metro Phase 1 (which includes a reopened Portishead line), if the LTB agree this as the priority major scheme for the next CSR period.

5.10 **Major Schemes Prioritisation** 'Devolving Local Major Transport Schemes' states LTB's should prioritise major transport schemes on a clear basis agreed locally, which should be well-evidenced, robust and transparent. The paper also states that to encourage transparency 'there would be a central requirement to publish the programme of schemes for investment, together with the basis for prioritisation'.

¹ The constitutional arrangements of JTEC, which is a joint committee of local authorities, do not allow voting members who are not members of the constituent authorities. Accordingly alternate legal entities may be needed to be considered for the Local Transport Body.

5.11 The DfT have requested we submit our provisional list of prioritised schemes to be funded through this allocation by April 2013. In order to meet this deadline it has been necessary to start work on identifying and assessing potential schemes in advance of the formation of the LTB. This has included:

- Review of the Joint Local Transport Plan 2011-26 (JLTP3) and Core Strategies, with other detailed infrastructure plans (e.g. for the Enterprise Zone or Areas) to produce a long list of schemes.
- Review of these schemes by officers to identify those which fit less well with the devolved major schemes funding approach in terms of deliverability, affordability, or being below a minimum cost threshold.
- Development of a set of criteria and weightings to enable a transparent assessment of the schemes.
- Application of the revised criteria/weightings to the schemes, scoring each against a range of strategic fit and deliverability aspects.
- Identification of a small number of suggested schemes to be subject to further review to provide a priority programme.

5.12 At the JTEC meeting on 19 June 2012, Members noted the long list of schemes, approved the application of the affordability, deliverability and minimum cost threshold initial assessment criteria and provided comments on the short listing criteria. The long list was also discussed by the Infrastructure and Place Group in July 2012.

5.13 At the JTEC meeting on 20 September 2012, Members provided comments on this suggested list of schemes and a suggested revised priority programme.

5.14 As a result priority has been initially given to taking forward Greater Bristol Metro Project, Phase 1 to include a half hourly train services for the Severn Beach Line, local stations between Bristol Temple Meads, Bath Spa and Weston-super-Mare and the reopened Portishead line, at an estimated cost of £35m. This project will provide significantly improved rail services for Bath, Keynsham and Oldfield Park and could support the re-opening of Salford Station.

5.15 **Next Steps** It is proposed that the necessary work is undertaken to support the creation of the LTB including the establishment of a formally constituted LTB Board, definition and enabling processes to facilitate the accountable body function, and technical work to understand priority scheme spend profiles and appraisal requirements under the assurance framework. This will include planned work to develop the Greater Bristol Metro scheme Phase 1. This also links to the City Deal which was endorsed in October 2012. We hope to receive final feedback from the DfT on the proposals for the assurance framework in January 2013, and would hope the detailed processes for the operation of the LTB would be endorsed at their inaugural meeting in March. It is proposed that the inaugural meeting of the constituted LTB Board is arranged for the close of the meeting of the JTEC on 13 March 2013.

6 RISK MANAGEMENT

6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance. Risks associated with

individual capital schemes will be managed through the project governance in due course and there are not significant financial risks arising from this decision.

7 EQUALITIES

7.1 An Equalities Impact Assessment has not been completed at the present time as this is not relevant to the creation of a LTB. An EIA would be undertaken in relation to the approval of any project by the LTB in due course.

8 RATIONALE

8.1 The opportunity to decide ourselves where major transport funds will be spent in the future represents a significant opportunity for the Council to maintain transport investment within the District supporting the Core Strategy. Participation in the Local Transport Body is therefore supported.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 Cabinet members; Section 151 Finance Officer; Chief Executive; Monitoring Officer

10.2 Consultation undertaken during the drafting of this report and in discussion at JTEC and LEP Board.

11 ISSUES TO CONSIDER IN REACHING THE DECISION

11.1 Social Inclusion; Sustainability;

12 ADVICE SOUGHT

12.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	Peter Dawson 01225 395181
Sponsoring Cabinet Member	Councillor Roger Symonds
Background papers	Reports to the Joint Transport Executive Committee
Please contact the report author if you need to access this report in an alternative format	

Appendix 1: Summary of the responses to DfT's consultation paper.

- There was near universal support for the principle of devolution of major transport scheme funding, and the specific proposals put forward in the consultation document received broad support from most respondents in all the key areas.
- The majority of respondents favoured the Department's proposals on the role of LTBs.
- Most LEPs appear to be assuming either an advisory role or as a full member of the LTB. Only a small minority of LEPs appear to be planning to act as the LTB themselves.
- A simple population basis of allocation was supported by almost half of respondents (49%) with no consensus in favour of any specific alternative method.
- There was a majority view (78%) supporting the principle of a central assurance framework or criteria for LTBs.

Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	5 December 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2496
TITLE:	Safety fencing along River Avon in Bath	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

1 THE ISSUE

1.1 A RoSPA report published in November 2011 identified a recommendation to provide edge protection along an 850m stretch of the northern public footpath on the River Avon, east of Windsor Bridge in Bath. This report requests the release of capital funding to complete the installation of safety fencing before the 2012/13 financial year end.

2 RECOMMENDATION

The Cabinet agrees that:

2.1 £140k is approved for inclusion in the 2012/13 capital programme to allow the safety fencing to be installed before the end of 2012/13 financial year end.

2.2 As part of this, £40k is released from capital contingency to be recouped in 2018/19 through s.106 funding from the Bath Western Riverside Corporate Agreement.

3 FINANCIAL IMPLICATIONS

- 3.1 £100k for river safety was included in the 2012/13 capital programme for provisional approval in the February 2012 budget report, to be funded from corporate headroom; the cost of the project is now estimated to be £140k. £95k is to be funded from corporate headroom.
- 3.2 £40k is proposed to be funded from capital contingency which can be recouped in 2018/19 through s.106 funding from the Bath Western Riverside Corporate Agreement.
- 3.3 Within the Bath Western Riverside Corporate Agreement, £225k is identified for improvements to the north bank public footpath. This contribution is due when the developer has occupied 750 dwellings of the development which is likely to be in 2018/19. For the funding to be released two conditions must be met:
- a) The local planning authority must decide that this is an appropriate use of the funding. Confirmation has been received that this would be the case.
 - b) It is advisable for the developer to agree to the use of the funding, prior to its release in 2018/19. The developer has agreed in principle that the funding can be used in this way, subject to an appropriate design detail that relates to the Bath Western Riverside development on the south side of the river. If the final design exceeds the agreed cost of £140k then the developer has agreed to release further contributions from the s.106 agreement.
- 3.4 Bath Spa University has also contributed £5k towards the cost of the fencing in recognition of the benefit that will be afforded to their students who use the footpath.
- 3.5 The project construction will be carried out by the Council's Highways Term Contractor and will be completed within the estimated cost of £140k; if it is anticipated that costs will exceed this amount, the scope of the project will be adjusted to ensure the budget is not exceeded. (Any excess costs related to the design of the fencing will be met through the release of extra s.106 funding as explained in 3.2b above).
- 3.6 Maintenance of the works won't be required until 2016/17 and are estimated to cost c£2k pa. These costs are being captured by the Highways Maintenance team, along with revenue pressures arising from other capital works being carried out by the Council. These costs will be built into budgets at the appropriate time. This is creating an increasing future pressure on revenue maintenance budgets and actions are being proposed to manage and mitigate this future issue.

4 CORPORATE OBJECTIVES

The provision of fencing along this stretch will support the priority of:

- Creating neighbourhoods where people are proud to live

5 THE REPORT

- 5.1 A report was jointly commissioned by the Council and Avon and Somerset Police in 2011 which requested RoSPA to assess the risks posed to users of the river path between Churchill Bridge and Windsor Bridge in Bath. This stretch of river has been the site of a significant number of call outs to emergency services through unintended entries into the water by members of the public. The RoSPA report was published in November 2011 and identified a number of recommendations including a long-term one to explore installing edge protection along an 850m stretch of public footpath on the north side of the river, east of Windsor Bridge.

6 RISK MANAGEMENT

- 6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

- 7.1 An EqIA has been completed. No adverse or other significant issues were found. The provision of safety fencing will have a positive impact for visually impaired users and for young people using the path, particularly at night.

8 RATIONALE

- 8.1 The Council and its partners (Avon Fire and Rescue and Avon and Somerset Police) have received a recommendation from RoSPA that edge protection should be provided. The organisation and its partners are open to criticism if this recommendation is not fulfilled and further incidents occur.

9 OTHER OPTIONS CONSIDERED

- 9.1 None.

10 CONSULTATION

- 10.1 Cabinet members; Policy Development and Scrutiny Panel; Staff; Other B&NES Services; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer
- 10.2 Consultation has been carried out through meetings with the Environment Agency, the River and Canal Trust (formerly British Waterways), Avon Fire and Rescue and the River Corridor Group. Consultation will also happen through the circulation of this report.

11 ISSUES TO CONSIDER IN REACHING THE DECISION

- 11.1 Property; Young People; Corporate; Health & Safety; Other Legal Considerations

12 ADVICE SOUGHT

12.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	<i>Cathryn Humphries (Neighbourhood Environment Manager)</i> <i>01225 477645</i> <i>Mike Gray (Senior Project Manager) 01225 396198</i>
Sponsoring Cabinet Member	<i>Councillor David Dixon</i>
Background papers	<i>RoSPA report November 2011</i>
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	5th December 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2499
TITLE:	Children's Services Capital Programme Priorities – Basic Need	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1 – Project phasing		

1 THE ISSUE

1.1 To seek approval for capital schemes to add capacity at primary schools to meet a projected growth in pupil numbers.

2 RECOMMENDATION

The Cabinet agrees that:

2.1 The projects put forward for approval are in line with Children's Services capital programme priorities.

2.2 Capital allocations are approved for inclusion in the Capital Programme for projects at the following schools with phasing as in Appendix 1:

Weston All Saints Primary - £1.8m

Castle Primary - £800k

Paulton Infants -£850k

Farrington Primary - £115k

St Saviour's Junior and Paulton Junior- £30k

3 FINANCIAL IMPLICATIONS

- 3.1 Allocations from the Department for Education (DfE) under the two main funding headings of Basic Need and Capital Maintenance are currently being made on an annual rather than the previous three year basis and so there is no certainty of the levels of funding in 2013/14 or future years. The Government is reviewing schools capital funding following the James Review of the Building Schools for the Future programme and in light of the expansion of the Academies programme. Indications are that any significant change to the capital funding regime will be introduced in 2014/15.
- 3.2 As a consequence a prudent approach has been taken to capital spending with only the most pressing projects being prioritised in 2010/11 & 2011/12 resulting in a carry forward of funding from those years.
- 3.3 Basic Need for 2012/13 is £2.118m and is to provide additional pupil places where there is underlying population growth. The allocation for 2012/13 is a revised increased figure following an additional allocation by DfE in recognition of the general pressure on places being faced by local authorities. There is also a carry forward of £256k from previous years making a total of £2.374m. An allocation of £155k has previously been agreed by Cabinet for additional pupil places at the Margaret Coates Autistic Centre leaving £2.219m.
- 3.4 Capital Maintenance funding for 2012/13 is £2.403m. There is a carry forward of £252k from 2011/12 making a total of £2.665m. An allocation of £1m has been earmarked for the 2013/14 Schools Planned Maintenance Programme leaving £1.665m.
- 3.5 Due to the need to progress projects to ensure pupil places are available when required it is necessary to combine Capital Maintenance funding and Basic Need funding to support the projects recommended for approval in this report. The combined total currently available for allocation is £3.874m.
- 3.6 Projects recommended for approval in this report total £3.595m. Section 106 funding and school contributions of £305k reduce the amount to £3.290m against £3.874m available. This will leave £584k available in 2012/13 for future projects.
- 3.7 The DfE capital allocations are non- ring fenced grant funding to enable the Council to fulfil its statutory duties in ensuring sufficient school places and addressing worst condition buildings. There is no borrowing requirement on the Council.
- 3.8 There are no revenue implications for the Council arising from the expansion of schools as these will be met by the Dedicated Schools Grant (DSG).

4 CORPORATE OBJECTIVES

- 4.1 Projects within the Children's Services capital programme provide modern facilities or improve existing ones and provide pupil places where there is demand. This leads to a better learning and teaching environment and in most cases enables parents and pupils to obtain a place at a local school. This contributes to the corporate priorities of promoting independence and positive lives for everyone and creating neighbourhoods where people are proud to live.

5 THE REPORT

- 5.1 The Council has a statutory duty to provide sufficient school places for every child resident in the Local Authority who requires a place. The Primary and Secondary School Organisation Plan 2011 – 2015 approved by Cabinet in September outlined the current level of primary and secondary provision in the Authority, detailed projected pupil numbers over the next four years up to admissions in September 2015 based on births and resident population data and outlined projected pupil numbers as a consequence of future expected housing development in the Authority.
- 5.2 In common with the national picture B&NES is experiencing significant underlying population growth and the Plan gave estimates for the number of school places likely to be required in the various planning areas across the Authority as a result of projected pupil numbers. In some cases it also proposed specific solutions as to how and where these additional places might be provided and the projects in this report will enable the delivery of those solutions following discussion and agreement with the schools in question.
- 5.3 As part of the report on Medium Term Service & Resource Planning considered by Cabinet in February 2012, Members gave provisional approval to the Basic Need funding allocation from the DfE with officers charged with bringing forward projects for further Officer and Cabinet Member scrutiny, including a formal Cabinet decision for Full Approval. This report identifies and seeks approval for Basic Need projects which have been identified as priorities for inclusion in the capital programme and which will provide additional places required for September 2013, 2014 & 2015. These projects have been approved through the internal PIDG and Capital Strategy Group process.

Projects

- 5.4 Weston All Saints Primary School, Bath - £1.8m – To provide 7 classrooms (210 places) block in two phases enlarging the school to 630 places overall. Phase 1 to be completed for 2014 of providing one classroom as an extension to the recently completed Junior block with the remaining 6 classrooms to be delivered as a separate block by September 2015.
- 5.5 Castle Primary school, Keynsham - £800k – Due to rising birth rate and pupil places generated from K2 housing development there is a need to provide 210 additional places on a phased basis to provide a capacity of 420. An additional 30 places were provided in 2011 and this project will provide an additional 90 places by refurbishment of IT suite for September 2013 followed by construction of two classrooms for September 2014. The remaining 90 places will be added in future years funded primarily by further S106 as second K2 development site is brought forward but this will be subject to separate cabinet approval at the appropriate time.
- 5.6 Paulton Infants School - £850k - To provide 90 pupil places to meet rising birth rate and housing development to be funded via BN(£590k) and S106(£260k). Project phasing will see the refurbishment of kitchen space for September 2013 and construction of two classrooms for September 2014.

5.7 Farrington Gurney Primary School - £115k -To provide a small number of additional pupil places and reduce pressure on KS2. To be funded through Basic Need (£70k) and school capital funds (£45k). A single phase of internal remodelling and refurbishment for delivery by Sept 2013.

5.8 St Saviour's Junior and Paulton Junior - £30k – Development funding to carry out feasibility studies and option appraisal for future expansion of these schools as additional pupils feed through from St Saviour's Infants which was expanded in 2011 and the planned expansion of Paulton Infants as set out above.

5.9 Members are asked to note the pressure on current capital funding due to the need to provide additional pupil places requiring that Basic Need and Capital Maintenance funding is combined to ensure that there are sufficient pupil places.

6 RISK MANAGEMENT

6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

7.1 An equalities impact assessment has been completed. No adverse or other significant issues were found.

8 RATIONALE

8.1 The projects proposed in this report are in line with intended purpose of DfE capital funding and are priorities within the Children's Services capital programme ensuring that the Council meets its statutory duty to provide sufficient pupil places.

9 OTHER OPTIONS CONSIDERED

9.1 The proposals reflect the most appropriate options given the areas of population growth and housing development.

10 CONSULTATION

10.1 *Cabinet members; Other B&NES Services; Section 151 Finance Officer; Chief Executive; Monitoring Officer*

10.2 Discussion with Cabinet Member and briefing of Cabinet and drafts of the report have been circulated to the Cabinet Member and officers

11 ISSUES TO CONSIDER IN REACHING THE DECISION

11.1 *Sustainability; Property; Young People; Corporate; Health & Safety; Other Legal Considerations*

12 ADVICE SOUGHT

12.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	Chris Kavanagh 01225 395149
Sponsoring Cabinet Member	Councillor Dine Romero
Background papers	<p>a) Report on Medium Term Service & Resource Planning considered by Cabinet in February 2012</p> <p>b) The Primary and Secondary School Organisation Plan 2011 – 2015</p>
Please contact the report author if you need to access this report in an alternative format	

APPENDIX 1

Basic Need Projects – Proposed phasing

School	2012-13	2013-14	2014-15	2015-16	Total
	£000	£000	£000	£000	£000
Castle Primary	75	230	475	20	800
Weston All Saints Primary	130	990	680		1800
Farrington Gurney Primary	15	100			115
Paulton Infants	160	670	20		850
St Saviours Junior	15				
Paulton Junior	15				
	410	1990	1175	20	3595