Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Bath and North East Somerset Health & Wellbeing Board

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	Date:	21 January 2014

To: All Members of the Health & Wellbeing Board

Members: Dr. Ian Orpen (Member of the Clinical Commissioning Group), Councillor Katie Hall (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Councillor Simon Allen (Bath & North East Somerset Council), Bruce Laurence (Bath & North East Somerset Council), Dr Simon Douglass (Member of the Clinical Commissioning Group), Councillor Dine Romero (Bath & North East Somerset Council), Jo Farrar (Bath & North East Somerset Council), Pat Foster (Healthwatch representative), Diana Hall Hall (Healthwatch representative) and John Holden (Clinical Commissioning Group lay member)

Observers: Councillors John Bull and Vic Pritchard

Other appropriate officers
Press and Public

Dear Member

Health & Wellbeing Board

You are invited to attend a meeting of the Board, to be held on **Wednesday, 29th January, 2014** at **2.00 pm** in the **Brunswick Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic
Committee Administrator

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 Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. **Public Speaking at Meetings:**
   The Partnership Board encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. **Webcasting at Meetings**:-
   This meeting is being filmed for live and archived broadcast via the Council's website: www.bathnes.gov.uk/webcast

   At the start of the meeting, the chair will confirm if all or part of the meeting is to be filmed.

   The Council will broadcast the images and sound live via the internet. An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

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

4. **Details of Decisions taken at this meeting** can be found in the draft 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 Jack Latkovic as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Riverside, Keynsham;
   - The Hollies, Midsomer Norton;
   - Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

5. **Substitutions**
   Members of the Board are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. **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.

   (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 or a member of his staff before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register:

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If 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.

Health & Wellbeing Board

Wednesday, 29th January, 2014
Brunswick Room - Guildhall, Bath
2.00 - 4.30 pm

Agenda

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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.

   (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 or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING

   To confirm the minutes of the above meeting as a correct record.

8. BETTER CARE FUND (15 MINUTES)

   The Better Care Fund (previously referred to as the "Integration Transformation Fund") was announced in the June 2013 spending round covering 2015/16. This national £3.8 billion fund, established by the Department of Health, is to be held by local authorities and will include funding previously transferred by local NHS commissioners to the Council under Section 256 Agreements.

   This report sets out expectations about the use of the Better Care Fund (the Fund); the development of joint plans for the use of this funding; and associated sign-off and governance requirements in light of the publication of detailed guidance as an annex to the NHS England Planning Guidance on 20 December 2013 and joint statement by the

Department of Health and Department for Communities and Local Government.

The Fund *"…provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change."*

The Board is asked to:

1) Note the national planning guidance set out in this report, including the key requirement for the Board to formally sign off the local Better Care Fund plan in March 2014 for submission by 4th April 2014.
2) Consider the requirement to select a local metric as summarised in paragraphs 5.28 to 5.30 in this report and potential use of flexibility to agree a local alternative, which could be Hospital admissions as a result of self-harm.
3) Consider whether it is appropriate to host or undertake joint stakeholder engagement on the local Better Care Fund plan alongside the CCG's engagement on its wider strategic and operational plans in line with the requirements of Everyone Counts: Planning for Patients 2014/15 to 2018/19.
4) Agree to receive a further report, including the draft local Better Care Fund Plan, at its next meeting on 26th March 2014, with the aim of signing off the plan for submission by 4th April 2014.

9. IMPLICATIONS OF SPECIAL EDUCATIONAL NEEDS & DISABILITY REFORM (10 MINUTES)

This is a briefing on Special Educational Needs & Disability (SEND) reform and its implications for Bath and North East Somerset. The report sets out the new requirements, outlines work underway and some of the issues and implications. This paper does not make firm proposals for changes to the way services are organised or funded at this stage.

The Board is invited to:

1) Note the issues and consider the implications of SEND reform for Bath & North East Somerset.
2) Agree to work with the SEND reform project manager to ensure B&NES Council and Clinical Commissioning Group meet their statutory duties in respect of SEND reform including the identification of designated officers for education, health and social care and establishment of suitable strategic governance arrangements by September 2014.
3) Agree to take a lead in ensuring all necessary consultation on the Local Offer.

10. COMMISSIONING INTENTIONS (55 MINUTES)

The Health and Wellbeing Board are to consider verbal updates from the Council (Children and Adults and Public Health) and also from NHS England. The Board are also asked to consider a verbal presentation from B&NES Clinical Commissioning Group on the five year strategic plan outlining their commissioning intentions.

11. HEALTH AND WELLBEING CONSEQUENCES OF DOMESTIC ABUSE - A MULTI-AGENCY CONVERSATION (35 MINUTES)

This report provides an update on the work of IVASP (the Interpersonal Violence and Abuse Strategic Partnership) to improve services for victims and to reduce domestic violence and abuse in the context of our membership of the national Public Service Transformation Network. It is designed, alongside the feedback from Health and Wellbeing Network, to act as a starting point for a multi-agency conversation to draw on local strengths and transform partnership working on this issue.

The Board is asked to:

1) Reaffirm the cross-partner importance of addressing domestic violence and abuse as priorities of the Health and Wellbeing Board and the Community Safety Partnership
2) Consider its response to the key issues and questions set out in Paragraph 5.10 of the report, particularly the need to focus on early intervention
3) Consider how to further strengthen the referral mechanisms relating to domestic violence and health services, in particular the IRIS scheme
4) Discuss the potential to transform services for service users by linking with emerging thinking relating to Multi-Agency Safeguarding Hub, data-sharing and Integrated Victims Strategy.

12. BATH AND NORTH EAST SOMERSET AUTISM STRATEGY AND SELF EVALUATION 2013 (10 MINUTES)

This paper provides an update on the Bath and North East Somerset Autism Strategy and the findings of the Autism Self Evaluation, completed in September 2013 and submitted to Public Health England as part of a National return.

A ministerial letter dated 2nd August 2013 confirmed that the purpose of the self-evaluation was to:

- assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy;
- see how much progress has been made since the baseline survey, as at February 2012;
- provide evidence of examples of good progress made that can be shared and of remaining challenges.

And that the content of the return should be discussed by the Health and Wellbeing Board before the end of January 2014.

The Board is asked to note the content of this paper and the self-evaluation and make any recommendations for further development of the local autism strategy and its implementation.

13. BATH AND NORTH EAST SOMERSET CHILDREN AND YOUNG PEOPLE'S PLAN (10 MINUTES)

The Children Trust Board and Bath and North East Somerset Local Authority have jointly agreed to the development of a new Children and Young People's Plan (CYPP) 2014-2017. This plan will be a non-statutory plan document building on previous plans. It will clearly define the priorities which will directly influence the future commissioning intentions for the delivery of services. The new plan is aligned to the Joint Health and Well Being Strategy 2013.

The Board is asked to;-

1) Receive and note the draft CYPP
2) Discuss and comment, either collectively or individually on the draft plan

14. WORLD MENTAL HEALTH DAY "WHAT WORKS CONFERENCE" (10 MINUTES)

The Health and Wellbeing Board will be invited to watch a short video for this item.

15. TWITTER QUESTIONS

The Committee Administrator for this meeting is Jack Latkovic who can be contacted by telephoning Bath 01225 394452

Bath and North East Somerset Council

NHS Bath and North East Somerset

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 6th November, 2013, 2.00 pm

Councillor Simon Allen	Bath & North East Somerset Council
Dr. Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Tracey Cox	Member of the Clinical Commissioning Group
Councillor Dine Romero	Bath & North East Somerset Council
Jo Farrar	Bath & North East Somerset Council
Pat Foster	Healthwatch representative
John Holden	Member of the Clinical Commissioning Group
Douglas Blair	Non-voting member – NHS England

17 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

18 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

19 **APOLOGIES FOR ABSENCE**

Councillor Katie Hall sent her apology for this meeting.

Dr Simon Douglass sent his apology for the meeting. Tracey Cox was a substitute for Dr Douglass.

John-Paul Sanders sent his apology for the meeting. John Holden was a substitute for Mr Sanders.

20 **DECLARATIONS OF INTEREST**

There were none.

21 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

22 **PUBLIC QUESTIONS/COMMENTS**

There were none.

23 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

24 **ECONOMIC STRATEGY (20 MINUTES)**

The Chairman invited John Wilkinson (Acting Divisional Director for Regeneration Skills and Employment) to introduce the report.

John Wilkinson introduced the report by saying that The B&NES Public Services board is working towards a coordinated approach to local services and is now in the process of working towards three key strategies to support this:

- Health & Wellbeing
- Environmental
- Economic

The 2010 B&NES Economic Strategy committed the Council to refresh and renew its plans after a period of three years. The Council has now commenced work on refreshing the strategy and wishes to take this opportunity to broaden the scope of the strategy to embrace a wider range of Health & Wellbeing Interventions and Outcomes.

John Wilkinson invited the Board to agree that the review of the B&NES Economic Strategy and the integration of the Health & Wellbeing agenda should be supported; and to support the set up of a sub group to work on the strategy's review.

The Chairman welcomed that the Board has the opportunity to look at, and begin to explore some issues around the economy which may not be looked at within previous similar forms.

John Holden (CCG) asked about confidence of the possible range of the resources over the period mentioned in the report and also if there is an intention to consider

some scenario planning in order to test strategic directions coming out of the strategy refresh.

John Wilkinson responded that the Council is doing a lot of work on workplace learning, apprenticeships, etc. It is about looking at the existing teams and resources and how to deliver the right outcomes with the existing resources. It is also about shifting the approach and the way how the things are delivered without the need for new, or more resources. John Wilkinson also said that scenario planning should be part of the refresh. The Council will be putting in place a range of focus groups to give their views on the economy.

Dr Ian Orpen welcomed that the Board is contributing to the Strategy. There is a close link between health services and economic settings in the area and it is really useful to have joined-up conversation.

Councillor Dine Romero commented that inequalities do seem to tie in with the whole economic deprivation, which is also linked with health inequalities. Councillor Romero asked about the work with the connecting families project and how that could be included in the strategy.
John Wilkinson responded that there is a team who work very closely with the connecting families project. John Wilkinson welcomed the suggestion from Councillor Romero to include the work with connecting families project into the strategy.

Jo Farrar (Chief Executive B&NES Council) explained that the B&NES Public Services Board combines a group of leaders from various public services and voluntary sector organisations that have got together to oversee the agenda across the Bath and North East Somerset and chaired by the Leader of the Council. It involves police, fire authority, voluntary sector, housing and business. The Public Services Board had been really keen to make sure that strategy and plans are joined-up and that they do not duplicate the effort. Jo Farrar also said that the Council recognises the current financial climate that we are in and that there are choices and decisions to be made, though one of the strategy points is about the better use of resources. It is really important to participate in the strategy and encourage everyone to become involved.

Tracey Cox (CCG) commented that there is an opportunity for a synergy. The CCG is required to produce their 5 year strategy by June 2014 and the main components of that strategy will be focused on some of the issues raised in the Economic Strategy, i.e. inequalities agenda. There is a real opportunity for discussions over the next couple of months about overlaps and some other issues.

John Wilkinson commented that the timing of the CCG strategy will work well with the timing of the Economic Strategy. The refreshed draft Economic Strategy should be ready by April/May 2014.

Bruce Laurence (Director of Public Health) welcomed that the strategy recognises the links between the economy, health and inequalities and highlighted that there should be a focus on low paid jobs.

Ashley Ayre (Strategic Director for People and Communities) asked about the links with the Core Strategy and potential linkage with the use of Section 106 Agreement,

in particular if the Council and the CCG want to do something of particular need for the geographic community.

John Wilkinson responded that the Council are considering in relation to the Public Services (Social Value) Act 2012, in particular how to drive more social outcomes from the commissioning processes that the Council does in terms of particular geographic communities.

Douglas Blair (NHS England) said that he would be interested in the integration with health planning and asked what would be the length of the Economic Strategy.

John Wilkinson responded that the Economic Strategy is set for 20 years with the refresh every 3 years.

The Chairman summed up the debate by saying that there is a real desire for collaborative work.

It was **RESOLVED** to:

1. Agree that the review of the B&NES Economic Strategy and the integration of the Health & Wellbeing agenda should be supported;

2. Support the setting up of a sub group to work on the review of the strategy.

25 **HEALTH AND WELLBEING NETWORK FEEDBACK FROM 18TH SEPTEMBER 2013 (20 MINUTES)**

The Chairman invited Ronnie Wright (the Care Forum) to introduce the report.

The Healthwatch B&NES Health and Wellbeing Network meeting on 18 September 2013 was an opportunity for health and social care providers and other interested parties to discuss, in more detail, the benefits of work and wellbeing. Conversation included looking at potential gaps in support as well as how joined up working and an understanding of the different elements of support available can help to promote skills and employment opportunities locally.

Website link for the Health and Wellbeing Network Feedback from 18th Sep 2013 documents is available here -
http://www.healthwatchbathnes.co.uk/services/working-and-wellbeing

Ronnie Wright invited the Board to note the key recommendations from the health and wellbeing network discussion:

- Responsibility for skills and workforce development - enabling people to make the most of their life chances is not the role of one particular agency but requires a commitment across schools, employers, providers and public services. This includes actions such as endorsing the value of volunteering as a valuable and beneficial life skill, promoting positive role models, and signposting to the diverse range of local providers who offer support and training. Other simple steps such as constructive feedback from employers on

why applicants are unsuccessful can help to reduce barriers to work.

- Resilience – delivering and promoting activities that help raise confidence and self-esteem, tackle isolation and improve people's broad social skills can make a valuable contribution to a person's development.
- Access - improving accessibility in relation to information and IT would significantly reduce barriers that many people experience in being able to work and make the most of their life chances.
- Specialist support - The workshops all highlighted gaps around specialist support including support for children aged 5-11 and for disabled people.

The Chairman said that he attended the network event and that he was involved in conversation with some of the care providers who were very keen to collaborate. Some of the issues that came up from the event were about the information signposting and the IT access.

Pat Foster (Healthwatch) said that another issue that was raised from the event was about the apprenticeship scheme and willingness of all organisations to share the apprenticeship programme.

Jo Farrar commented that some of the findings in this report will be useful for the Economic Strategy and agreed that seems to be a specific recommendation about the signposting that needs to be acknowledged. The Council is involved in the project search within the apprenticeship scheme and the Council would be happy to share its experience with those who are interested in this issue.

Councillor Dine Romero brought two points to Board's attention: gap in support for 5-11 years old – this is tackled by the Place Services which could be missed in the signposting of services; and the link between the schools and employers - employers should be linked not only with Council schools but also with academies.

Ronnie Wright agreed with Councillor Romero on the link between the school and employers, whether the schools are Council or independent. Ronnie Wright also acknowledged the point raised by Councillor Romero on the gap in support for 5-11 years old. These issues were discussed with one of the groups at the event.

John Holden commented that the real question, and challenge, is on how to drive better outcomes without the additional resources. One way to do that is to work smarter and aim for greater efficiency and for joined-up working.

The Chairman commented that usually it is the case of culture change in order to work smarter and get better outcomes without the need for additional resources.

Ashley Ayre commented that the Council has just started with the project Connecting Communities. Connecting Communities is an initiative taken by Bath & North East Somerset Council, Avon and Somerset Police, Avon Fire and Rescue Service, Bath & North East Somerset Clinical Commissioning Group, and Curo - working together through the Public Services Board - for better joint working with local communities. This in order to meet shared challenges of declining resources, increasing public expectations and the need for a "joined up" approach to tackle the concerns that local people raised. Ashley Ayre suggested that the Board could look at this project

in 6 months' time.

Diana Hall Hall (Healthwatch) asked about the worklessness and Job Centres.

Ashley Ayre responded that the Council is working on that issue though it is also how the national system works. It is not a criticism of Job Centres; it is about the way that the government structured the support for those individuals who are going back to work.

The rest of the Board welcomed the feedback from the network event and highlighted the importance of the links between the employers and schools/children.

It was **RESOLVED** to note the key recommendations from the Health and Wellbeing network discussions: Responsibility for skills and workforce,
Resilience, Access and Specialist support.

26 NHS CALL TO ACTION (30 MINUTES)

The Chairman invited Ian Biggs (NHS England Director for Bath, Gloucestershire, Swindon and Wiltshire area) and Dr Ian Orpen to give the presentation called 'NHS Call To Action'.

The presentation 'NHS Call To Action' (available on the Minute Book at Democratic Services) highlighted the following issues:

- 65 years of the NHS
- Future pressures on the health service
- What is 'Call to Action'?
- The national debate
- Aging populations
- What are we doing locally?
- Enhanced nursing home service
- 'Bath care home 'world-class' - Health Secretary Jeremy Hunt
- Early success for the CCG
- Long term conditions
- Top 5 long term conditions statistics in B&NES
- Community Cluster Teams
- Dementia and what is done locally
- Emergency Care
- Local Actions
- Call To Action for General Practice
- The Integration Transformation Fund
- Seizing future opportunities
- Our refreshed strategic objectives
- The BIG questions we are asking the public
- Health planning timetable

The Chairman said that the conversation on the NHS Call To Action conversation needs to be in public and understood by the community. The community needs to understand the future of the health and social care services. One of the key questions is how to keep this conversation on-going within the community considering that things, such as ageing population, etc. are progressing and changing. The Chairman highlighted excellent history of the close working relationship between the Council and the NHS. The Integration Transformation Fund will empower us to get faster to desired goals.

Councillor Dine Romero commented that the NHS Call To Action seems to be targeting adults and older age population and it should also target young people to take part.

Dr Ian Orpen responded that there is absolutely no minimum age in the NHS Call To Action. As an example – one of the areas targeted by the NHS Call To Action is the obesity amongst the children.

Jo Farrar welcomed the joined-up approach highlighted in the presentation and suggested that this, or similar presentation could be presented to the Public Services Board. Jo Farrar also highlighted the importance of data sharing between the Council and the NHS.

John Holden praised the work of Dr Ian Orpen and Ian Biggs for coming up with new ways of doing things better and more efficient. John Holden also said people need to be assured that the NHS still belongs to them.

Ian Biggs responded that the NHS England needs to provide some sort of resource to help local conversation with the public. It is important to have conversation with the public; this must not be seen as public consultation.

Councillor John Bull (Board Observer and Paulton Ward Councillor) asked how far we are with the '7 day GP surgeries' in B&NES and how far are we with the best practice when people are making appointments with their GP surgeries.

Dr Ian Orpen responded the CCG is obliged to improve the quality though the GP practices are under control of the NHS England. The '7 day GP surgeries' – the workforce is not there, which is the reality. Those employed in GP surgeries cannot work 7 days without the rest day/s. There is an aspiration for this to go ahead but there is a need to shift resources to allow this to happen. In terms of the appointments – whole ethos of change is in question. There are some interesting discussions between the GPs on this subject.

Bruce Laurence commented that he is optimistic on how much energy, imagination and will to work together is seen across the CCG, NHS and the Council. However, his pessimism is about the bigger system, the bigger picture.

The Chairman summed up the debate by saying that we were always good locally with local solutions.

It was **RESOLVED** to have a review on the NHS Call To Action in 6 months' time and then have regular updates as standing item on the agenda.

27 **ROYAL UNITED HOSPITAL CARE QUALITY COMMISSION REPORT (10 MINUTES)**

The Chairman invited Dr Ian Orpen to provide verbal update related to the Care Quality Commission (CQC) report on the Royal United Hospital (RUH) in Bath.

Dr Ian Orpen addressed the meeting with the following statement:

'In June 2013, a CQC unannounced inspection was undertaken to check whether the Royal United Hospital Bath NHS Trust (RUH) had taken action to meet essential standards following a previous responsive inspection in February 2013.

During the inspection, CQC looked at three areas of care at the hospital. These were the older people's wards, the emergency department, the DSU and the theatre recovery area. The report highlights several areas of good practice and states that the majority of staff met with showed a professional and caring attitude towards their patients, it also acknowledges that previous concerns on the DSU had been addressed. However, concerns were identified on the older people's wards and with some of the corporate governance processes. CQC felt that action was needed against four of the standards checked and enforcement action was taken against one.

- Respecting and involving people who use services - Action needed
- Care and welfare of people who use services- Action needed
- Cooperating with other providers - Met this standard
- Safeguarding people who use services from abuse - Action needed
- Assessing and monitoring the quality of service provision - Action needed
- Records - Enforcement action taken

The Trust was asked to provide an action plan by the 19th October setting out what they will do to meet the standards. The CQC will check to make sure that action is taken and will be revisiting the trust in December as part of the new style hospital inspections programme announced which the trust has welcomed.

The CCG is in regular contact with the trust to offer support where appropriate and to seek assurance that the action being taken will improve the quality of service provided.

As previously reported to CCG Board, the CCG Clinical Lead, Director of Nursing and Lay Members have and will continue to undertake site visits and ward walkabouts on a monthly basis. The older people's wards have not yet been visited as the CCG knew that CQC had undertaken the inspection in June.

The trust has provided the CCG with a copy of the action plan. The CCG also meets monthly with the trust at the Clinical Quality and Outcomes meeting where the action plan will be actively monitored.

The CQC, Local Authority and CQC meet on a monthly basis to share good practices but also to highlight concerns within providers of health and social care services. Updates from the CQC will be received at these meetings.

The Local Adult Safeguarding Board will receive a progress report in December and the Chair of the Board is in contact with the CCG.

The CCG is working not only with the trust, CQC, Wiltshire and Somerset CCGs but with the Trust Development Authority (TDA) and NHS England - South and BaNES, Gloucester, Somerset and Wiltshire Area Team to ensure the Trust is supported and to gain assurance that the action being taken will improve the quality of service provided and the improvements embedded.

This issue will be discussed at the next CCG Board meeting on 7th November 2013.'

The Chairman said that this needs to be seen in the context of pressures, as seen in the earlier presentation. As a Board it is important to remain focused on the services locally.

The Chairman also said that we need to acknowledge the good work that the RUH is doing for our population.

Pat Foster commented that the Healthwatch B&NES had no issues with the RUH.

James Scott (the RUH Chief Executive) commented said that the action plan, as mentioned earlier, had been created and the vast majority of the issues highlighted had been done though there are still few issues to cover.

The Chairman suggested that the Board should receive an update from the RUH on their action plan in 6 months' time.

It was **RESOLVED** to receive an update from the RUH on their action plan in 6 months' time.

28 **WINTER PLANNING (20 MINUTES)**

The Chairman invited Dominic Morgan (B&NES CCG Urgent Care Network Programme Lead) to give the presentation called 'Winter Planning 2013/2014'.

The presentation 'Winter Planning 2013/2014' (available on the Minute Book in Democratic Services) highlighted the following issues:

- Winter Planning 2013/2014
- Newspaper clips related to A&E issues
- Strategic Aim
- Continuous Planning Cycle

- Operational Performance Management Framework (OPMF) - Structured Approach
- Urgent Care Dashboard
- Escalation – Terminology
- Daily Status Reporting – Providers
- Daily Status Reporting – System Wide
- Operational Practice – daily
- Winter Pressure Schemes

John Holden asked if it all works as suggested in the presentation, will the same process continue year in year out, and to deal with the pressure whatever time of the year is in question. John Holden also asked what would be the cost of the resources re-directed from usual jobs to participate in this work.

Dominic Morgan responded that there is a level of risk though the Board should receive an update in March 2014 to review the process. The process will follow the clear guidance from the NHS England. There is a lot of effort put into winter planning and resourcing operational management on daily basis already. This is not about putting the additional resources – it is more aligning the existent resources.

It was **RESOLVED** to receive an update for March 2014 meeting.

29 **THE CARE AND SUPPORT BILL (15 MINUTES)**

The Chairman invited Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) to introduce the report.

The Department of Health (DH) is consulting on how to implement major reforms to adult social care. The consultation covers:

- How to manage the large increase in demand from people who pay for their own care and support; and
- Major changes to social care practices and systems, including assessment and charging

The proposed reforms have significant implications for the Council and also, for some key partners. The direct impact will be on care assessment and financial systems but there will be knock-on effects including market management, information and integration. This report includes commentary from the Local Government Information Unit (LGiU). Bath and North East Somerset's position and any associated specific issues are summarised in section 4 of the report.

Jane Shayler invited the Board to:

- Note the key proposals in the Care & Support Bill and early analysis of the implications for Bath and North East Somerset Council and other key partners;
- Note the establishment of a Task Group to: undertake an initial assessment of financial and policy implications; staff resourcing requirements

(implementation and on-going); risk assessment and establish a project plan, including key decisions;
- Receive a further update in early 2014.

The Chairman welcomed the report and welcomed the Care and Support Bill. The Board must be really mindful of the forthcoming initiatives, issues such as Integration Transformation Fund. The Bill is making things clearer for people. It is also helpful on carers' needs and support for self-funders to access the range of information.

Councillor Dine Romero expressed her concern that if there is large number of people that are able to fund themselves then it could lead to inequality across the area. The bigger question would be if there is a danger that this could lead to the 'post-code lottery' types of availability of care.

Jane Shayler responded that there is a possible 'post-code lottery' currently in the area. This is partly because, even though there are national regulations associated with charging of residential care, there is guidance on charging of social care in the community setting which is subject to local interpretation and local policy. There is also some inconsistency in terms of the charging arrangements. The Care and Support Bill will introduce the national eligibility threshold for adult social care so it will no longer be subject to local determination.

Jane Shayler added that there is a very rigorous assessment of individual's ability to pay for services. Whether individuals are able to pay or not for service, they are given information and support and there is a level of ongoing overview of the local authority and those acting on behalf of the local authority to make sure that care needs are being made. If the individual does not pay, though it is known that they can pay for services, then the risk assessment is undertaken.

Ashley Ayre commented that the Care and Support Bill is one of the major areas of reform that the Council will have to work with the CCG. There are a few other legislations, like Special Educational Needs (SEN) reform, Children and Young People, Call To Action and Children Social Care, which will also be part of the partnership work with the CCG.

The Chairman said that the Board should receive a briefing on the SEN reform at one of the future meetings.

Dr Ian Orpen commented that the partnership work between the Council and the CCG is already happening - some Council officers are sharing the office space with the CCG officers on daily basis.

It was **RESOLVED** to:

1. Note the key proposals in the Care & Support Bill and early analysis of the implications for Bath and North East Somerset Council and other key partners;
2. Note the establishment of a Task Group to: undertake an initial assessment of financial and policy implications; staff resourcing requirements (implementation and on-going); risk assessment and establish a project plan, including key decisions;
3. Receive a further update in early 2014.

The meeting ended at 4.10 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	29 January 2014
TITLE:	Better Care Fund
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	

1 THE ISSUE

1.1 The Better Care Fund (previously referred to as the "Integration Transformation Fund") was announced in the June 2013 spending round covering 2015/16. This national £3.8 billion fund, established by the Department of Health, is to be held by local authorities and will include funding previously transferred by local NHS commissioners to the Council under Section 256 Agreements.

1.2 This report sets out expectations about the use of the Better Care Fund (the Fund); the development of joint plans for the use of this funding; and associated sign-off and governance requirements in light of the publication of detailed guidance as an annex to the NHS England Planning Guidance on 20 December 2013 and joint statement by the Department of Health and Department for Communities and Local Government.

1.3 The Fund *"…provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change."*

2 RECOMMENDATION

The Board is asked to:

2.1 Note the national planning guidance set out in this report, including the key requirement for the Board to formally sign off the local Better Care Fund plan in March 2014 for submission by 4th April 2014.

2.2 Consider the requirement to select a local metric as summarised in paragraphs 5.28 to 5.30 in this report and potential use of flexibility to agree a local alternative, which could be Hospital admissions as a result of self-harm.

2.3 Consider whether it is appropriate to host or undertake joint stakeholder engagement on the local Better Care Fund plan alongside the CCG's engagement on its wider strategic and operational plans in line with the requirements of Everyone Counts: Planning for Patients 2014/15 to 2018/19.

2.4 Agree to receive a further report, including the draft local Better Care Fund Plan, at its next meeting on 26th March 2014, with the aim of signing off the plan for submission by 4th April 2014.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 The 2015-16 allocations to the Better Care Fund for Bath and North East Somerset have been confirmed as follows: Total: £12.049 million comprising £11.091m from the CCG to the BCF; £406k Social Care Capital Grant; and £552k Disabled Facilities Grant. Early analysis indicates that this allocation is slightly higher than anticipated based on an estimated 3% share of the national Fund. The detail of this is being worked through to understand the extent to which the 'extra' funding identified in the allocations data, which is in the region of £800k, represents additional NHS funding to the BCF and how much is the Government contribution to the additional costs expected to be incurred by the Council as a result of the Care Bill, which is due to come into force in 2015-16.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 The policy framework is contained within the Health and Social Care Act 2012; Section 256 of the National Health Service Act 2006; and the NHS England Planning Guidance 2014/15.

4.2 The proposals set out in this report aim to both achieve the maximum local allocation from the Better Care Fund in 2015/16 in order to invest in achieving the best possible outcomes for local people and communities and support delivery of strategic priorities and objectives, including those set out in Bath & North East Somerset's Joint Health & Wellbeing Strategy.

4.3 The Better Care Fund will help support the Council in meeting its statutory responsibilities, including those in respect of adult social care.

5 THE REPORT

Purpose

5.1 To set out expectations in relation to the use of the Better Care Fund (the Fund); the development of joint plans for the use of this funding in 2015/16; and associated sign-off and governance requirements.

Background

5.2 Over the past four years, funding from the Department of Health has been passed, via local NHS commissioners (previously the Primary Care Trust, now, following NHS Reform, a combination of the Clinical Commissioning Group and NHS England Area Team). Funding streams have included: additional support funding for social care; improving and sustaining performance on access (primarily to hospital services); and reablement support. Each funding stream has typically come with guidance about use of the funding, which has informed the development of local agreements between the NHS and Local Authority about use of the funding. These agreements are termed "Section 256" Agreements as they are made under the terms of Section 256 of the National Health Service Act 2006.

5.3 Following NHS Reform, a proportion of the funding for 2013/14 is covered by a Section 256 Agreement between the Clinical Commissioning Group (CCG) and Council. The majority of funding is covered by a similar Agreement between the NHS England Bath, Gloucester, Swindon and Wiltshire Area Team (the Area Team) and the Council.

5.4 In the June 2013 spending round covering 2015/16 a national £3.8 billion "Integration Transformation Fund" was announced. This fund, established by the Department of Health, is to be held by local authorities and will include funding previously transferred by local NHS commissioners to the Council under Section 256 Agreements.

5.5 Guidance on developing plans for the Better Care Fund (formerly the Integration Transformation Fund) was published by both NHS England and the Department of Communities and Local Government on 20th December 2013 along with local allocations of the first full year of the fund in 2015/16.

What is the Better Care Fund?

5.6 The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

5.7 The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing.

What is included in the Better Care Fund and what does it cover?

5.8 The Fund provides for £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. In 2014/15, in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer to enable localities to prepare for the Better Care Fund in 2015/16.

5.9 The tables below summarise the elements of the Spending Round announcement on the Fund:

The June 2013 Spending Round set out the following:	
2014/15	**2015/16**
A further £200m transfer from the NHS to adult social care, in addition to the £900m transfer already planned	£3.8bn to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the Fund will be created from:	
£1.9bn of NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise: • £130m Carers' Break funding • £300m CCG reablement funding • £354m capital funding (including £220m Disabled Facilities Grant) • £1.1bn existing transfer from health to adult social care.	

5.10 For 2014/15 there are no additional conditions attached to the £900m transfer already announced, but NHS England will only pay out the additional £200m to councils that have jointly agreed and signed off two-year plans for the Better Care Fund.

5.11 The requirements for the use of the funds transferred from the NHS to local authorities in 2014/15 remain consistent with the guidance1 from the Department of Health (DH) to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14. In line with this:

5.12 The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used.

5.13 A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for discussions between NHS England, clinical commissioning groups and councils on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

5.14 In line with our responsibilities under the Health and Social Care Act, an additional condition of the transfer is that councils and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.

5.15 A further condition of the transfer is that local authorities councils and clinical commissioning groups demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer"

5.16 Councils should use the additional £200m to prepare for the implementation of pooled budgets in April 2015 and to make early progress against the national conditions and the performance measures set out in the locally agreed plan. This is important, since some of the performance-related money is linked to performance in 2014/15.

5.17 The £3.8bn Fund includes £130m of NHS funding for carers' breaks. Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers' breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes (e.g. reducing delayed transfers of care). The Fund also includes £300m of NHS funding for reablement services. Local plans will therefore need to demonstrate a continued focus on reablement

5.18 It was announced as part of the Spending Round that the Better Care Fund would include funding for costs to councils resulting from care and support reform. This money is not ring-fenced, but local plans should show how the new duties are being met.

5.19 £50m of the capital funding has been earmarked for the capital costs (including IT) associated with transition to the capped cost system, which will be implemented in April 2016.

5.20 £135m of revenue funding is linked to a range of new duties that come in from April 2015 as a result of the Care Bill. Most of the cost results from new entitlements for carers and the introduction of a national minimum eligibility threshold, but there is also funding for better information and advice, advocacy, safeguarding and other measures in the Care Bill.

What are the National Conditions?

5.21 The Spending Round established six national conditions for access to the Fund:

National Condition	Definition
Plans to be jointly agreed	The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups.
Protection for social care services (not spending)	Local areas must include an explanation of how local adult social care services will be protected within their plans.

National Condition	Definition
As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends	Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends.
Better data sharing between health and social care, based on the NHS number	Local areas should confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to.
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals.

How will Councils and CCGs be rewarded for meeting goals?

5.22 The Spending Round indicated that £1bn of the £3.8bn would be linked to achieving outcomes. Ministers have agreed the basis on which this payment-for- performance element of the Fund will operate.

5.23 Half of the £1bn will be released in April 2015. £250m of this will depend on progress against four of the six national conditions and the other £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015 and will relate to further progress against the national and locally determined metrics.

5.24 The performance payment arrangements are summarised in the table below:

When:	Payment for performance amount	Paid for:
April 2015	£250m	Progress against four of the national conditions: • protection for adult social care services • providing 7-day services to support patients being discharged and prevent unnecessary admissions at weekends • agreement on the consequential impact of changes in the acute sector; • ensuring that where funding is used for integrated packages of care there will be an accountable lead professional

	Payment for performance amount	Paid for:
	£250m	Progress against the local metric and two of the national metrics: • delayed transfers of care; • avoidable emergency admissions; and
When:	**Payment for performance amount**	**Paid for:**
October 2015	£500m	Further progress against all of the national and local metrics.

National and Local Metrics

5.25 The national metrics underpinning the Fund will be:
- admissions to residential and care homes;
- effectiveness of reablement;
- delayed transfers of care;
- avoidable emergency admissions; and
- patient / service user experience.

5.26 In addition to the five national metrics, local areas should choose one additional indicator that will contribute to the payment-for-performance elements of the fund. In choosing this indicator, it must be possible to establish a baseline of performance in 2014/15.

5.27 A menu of possible local metrics selected from the NHS, Adult Social Care and Public Health Outcomes Frameworks is set out in the table below:

NHS Outcomes Framework	
2.1	Proportion of people feeling supported to manage their (long term) condition
2.6i	Estimated diagnosis rate for people with dementia
3.5	Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days
Adult Social Care Outcomes Framework	
1A	Social care-related quality of life
1H	Proportion of adults in contact with secondary mental health services living independently with or without support
1D	Carer-reported quality of life
Public Health Outcomes Framework	
1.18i	Proportion of adult social care users who have as much social contact as they would like
2.13ii	Proportion of adults classified as “inactive”
2.24i	Injuries due to falls in people aged 65 and over

5.28 Local areas must either select one of the metrics from this menu, or agree a local alternative.

5.29 In agreeing specific levels of ambition for the metrics, Health and Wellbeing Boards should be mindful of a number of factors, such as:

- having a clear baseline against which to compare future performance;
- understanding the long-run trend to ensure that the target does not purely reward improved performance consistent with trend increase;
- ensuring that any seasonality in the performance is taken in to account; and
- ensuring that the target is achievable, yet challenging enough to incentivise an improvement in integration and improved outcomes for users.

5.30 A report on the Better Care Fund to the CCG Board meeting on January 9th 2014 prompted a discussion about the absence of metrics in relation to children and young people. The CCG Board agreed that it would be appropriate to consider using the flexibility to select a local metric in relation to child and adolescent mental health. Such a local metric would be consistent with the key measure in *Everyone Counts: Planning for Patients 2014/15 to 2018/19* (NHS National Planning Guidance) of achieving *"parity of esteem"* between physical and mental health. Also, the Health & Wellbeing Strategy objective, under Theme 2: Improving the Quality of People's Lives, of reducing rates of mental ill-health in light of the fact that hospital admissions as a result of self-harm (Public Health Outcomes Framework indicator 2.10) are higher in B&NES (229 per 100,000) compared to the national average (198 per 100,000) in 2009/10.

When should plans be submitted?

5.31 Health and Wellbeing Boards should provide the first cut of their completed Better Care Plan template, as an integral part of the constituent CCGs' Strategic and Operational Plans by 14 February 2014, so that these can be aggregated at a national level to provide a composite report, and identify any areas where it has proved challenging to agree plans for the Fund.

5.32 The revised version of the Better Care Plan should be submitted to NHS England, as an integral part of the constituent CCGs' Strategic and Operational Plans by 4 April 2014.

Financial Implications

5.33 The 2015-16 allocations to the Better Care Fund for Bath and North East Somerset have been confirmed as follows: Total: £12.049 million comprising £11.091m from the CCG to the BCF; £406k Social Care Capital Grant; and £552k Disabled Facilities Grant. Early analysis indicates that this allocation is slightly higher than anticipated based on an estimated 3% share of the national Fund. The detail of this is being worked through to understand the extent to which the 'extra' funding identified in the allocations data, which is in the region of £800k, represents additional NHS funding to the BCF and how much is the Government contribution to the additional costs expected to be incurred by the Council as a result of the Care Bill, which is due to come into force in 2015-16.

Progress on the Local Better Care Fund Plan

5.34 At a closed development session of the Health & Wellbeing Board in early December 2013, which included H&W Board members from the CCG, Council, NHS England Area Team and Healthwatch, some local principles for use of the Fund were agreed in draft form, in advance of the issue of the planning guidance. The principles agreed were consistent with the principles and aims now set out in the planning guidance.

5.35 Principles agreed in draft form for further discussion and development at the Board meeting in January were:

- Needs to support the priorities in the Joint Health and Wellbeing Strategy as well as align with the CCG Plan, NHS England operational plan and others;
- Needs to be based on clear evidence including cost/benefit analysis of funding early-intervention and prevention services to achieve greater long-term sustainability and reduce pressure on acute/specialist services;
- Services should be encouraged through the Fund to be work in different and innovative ways, rather than simply creating new services as the fund itself is bringing together resources already committed to existing core activity;
- "Do no harm", that is, the use of the Fund should add value and not adversely impact on core budgets.

5.36 The Board acknowledged that: i) the Fund does not represent "new" money flowing into the local health and social care system; ii) given the extent of integrated commissioning and service delivery already in place, local plans for use of the Fund may largely represent a formalisation of what is already in place; iii) the element of that will be subject to a "payment by results" test could be seen as a good way of facilitating a "leap of faith" in relation to shifting funding from acute services to community services.

5.37 At the same development session, the Board agreed to develop a strategic advisory group of large health and social care providers Chaired by the H&W Board Chair/Vice Chair. The Board discussed this as a positive way to engage and work with large health and social care providers. This strategic advisory group will be an important forum for engaging providers in the development and implementation of detailed plans.

5.38 Work on the required template has started to reflect existing arrangements and use of Section 256 funding as well as the planning guidance and initial thoughts of the Health & Wellbeing Board.

6 RATIONALE

6.1 The principles and proposals set out in this report reflect existing and well-imbedded joint working arrangements and the shared objectives and priorities of the Council and CCG, including those set out in the Health & Wellbeing Strategy.

6.2 Timescales, process and sign-off of the local BCF Plan are all the subject of nationally prescribed requirements and in order to achieve maximum local benefit from the national BCF is it important that both the development, agreement and implementation of the local BCF Plan do comply with the nationally planning guidance summarised in this report.

7 OTHER OPTIONS CONSIDERED

7.1 None.

8 CONSULTATION

8.1 Plans for use of the Fund will reflect priorities set out in the Joint Health & Wellbeing Strategy and strategic plans of both the CCG and Council as is the case for Section 256 funding. This approach was confirmed, in principle, at a closed session of the Health & Wellbeing Board in December 2013. The Joint Health & Wellbeing Strategy and other key strategic plans have been the subject of public engagement and, also, targeted provider/service user and patient consultation.

8.2 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.

9 RISK MANAGEMENT

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

9.2 Timescales for formalising plans for use of the Fund following publication of the funding allocation and planning guidance are challenging. Also, only the first year's funding allocations have been confirmed. Both relatively late notice of allocations and guidance and annual confirmation of the level of funding allocation makes it difficult for the CCG and Council to plan and commission services to make the most effective use of the Fund and, also, to ensuring alignment with strategic objectives.

9.3 This lack of clarity can, also, lead to market instability, with providers unable to plan and develop services and recruit and/or train staff to respond to changes in commissioning intentions.

9.4 In order to minimise and mitigate risks it is important that the CCG and Council continue to work together to agree joint plans for the use of the Fund that are in line with both organisations' priorities and strategic objectives and, also, to communicate these plans in a timely way to providers. It is also important to clearly articulate and monitor the outcomes, milestones and performance measures associated with the Fund.

Contact person	Jane Shayler, Telephone: 01225 396120
Background papers	NHS Planning Guidance 2014/15, which includes, as an Annex, the specific planning guidance for the Better Care Fund. The full NHS Planning Guidance can be accessed via the NHS England website: www.england.nhs.uk
Please contact the report author if you need to access this report in an alternative format	

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Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	29th January 2014
TITLE:	Implications of Special Educational Needs & Disability reform
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Implications of SEND reform for Health & Wellbeing Board	

1 THE ISSUE

1.1 A briefing on Special Educational Needs & Disability (SEND) reform and its implications for Bath and North East Somerset. The report sets out the new requirements, outlines work underway and some of the issues and implications. This paper does not make firm proposals for changes to the way services are organised or funded at this stage.

2 RECOMMENDATION

The Board is invited to

2.1 note the issues and consider the implications of SEND reform for Bath & North East Somerset.

2.2 agree to work with the SEND reform project manager to ensure B&NES Council and Clinical Commissioning Group meet their statutory duties in respect of SEND reform including the identification of designated officers for education, health and social care and establishment of suitable strategic governance arrangements by September 2014.

2.3 agree to take a lead in ensuring all necessary consultation on the Local Offer.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 A one-off grant of £75,000 has been provided to each local authority to support the implementation of SEND reform. Work is being done to establish the cost of the implementation project in B&NES which is not yet complete.

3.2 The reform risks creating capacity and resource pressures. Some key possible risks are identified in the report. Further work will be needed on the resource implications of this new legal framework and ways of mitigating these through integration of processes and/or services.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 SEND reform will change the statutory basis for support to children and young people up to age 25 with special educational needs. The Children & Families Bill 2013 together with draft regulations and statutory guidance (draft code of practice for SEN) will create new statutory duties for the local authority, the clinical commissioning group, early years settings, schools, colleges and other providers.

4.2 There are existing statutory duties to children and young people with SEN and disabilities which are unchanged, in particular those set out in the Children Act 1989 and Equality Act 2010.

5 THE REPORT

5.1 The attached paper outlines the key requirements of SEND reform, the work planned in B&NES and key issues and implications.

6 RATIONALE

6.1 To brief elected the Board on SEND reform and its implications.

7 OTHER OPTIONS CONSIDERED

7.1 None.

8 CONSULTATION

8.1 The draft report has been shared with the SEND reform steering group, Ashley Ayre, Simon Allen, Richard Morgan and Amanda Brookes.

9 RISK MANAGEMENT

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

Contact person	Charlie Moat, Project Manager, Service Improvement 01225 477663, charlie_moat@bathnes.gov.uk
Background papers	*www.bathnes.gov.uk/SENDreform provides links to relevant background information* *www.facebook.com/SENDreform provides a forum to promote engagement in SEND reform in B&NES* https://www.education.gov.uk/consultations/index.cfm?action=conResults&consultationId=1914&external=no&menu=3 *links to the draft code of practice for SEN on the DfE website*
Please contact the report author if you need to access this report in an alternative format	

Implications of SEND reform in Bath & North East Somerset – paper for Health & Wellbeing Board

1 About SEND reform

1.1 SEND (special educational needs & disability) reform is a national programme of transformation of support for children and young people up to 25 with SEN or disabilities placing aspiration and personalisation at the heart of the system.

1.2 The Children & Families Bill 2013 will establish a new legal framework for SEN. Associated draft regulations and statutory guidance (SEN code of practice) are now available. The new framework will become law from September 2014.

1.3 A project has been established in B&NES to deliver the operational changes required. This work is informed by the experience of 21 pathfinder areas across the country.

1.4 Joint Commissioning Leadership Team and the Early Years, Children and Youth Policy Development and Scrutiny Panel were briefed on the issues set out in this paper in October and November 2013 respectively. Children's Trust Board was briefed in December 2013. This briefing paper is for Health & Wellbeing Board.

1.5 The framework includes new duties for local authorities, clinical commissioning groups and partners around strategic commissioning and governance.

1.6 The aims of SEND reform were set out in the green paper 'Support and Aspiration', published in 2011. The vision is to transform support for children and young people with SEN and disabilities based on the following principles –

- **High expectations and aspirations** for what young people can achieve, including employment and independent living
- The aspirations of **young people and their parent carers are central** to everything we do
- Early identification of needs, and **integrated early help**
- **Integrated assessment and planning 0-25**, focused on long term outcomes, bringing together education, health and care support
- **High quality provision** organised with clear pathways and providing choice and control to families
- **Excellent outcomes** achieved through the knowledge, skills and attitude of everyone working with children and young people.

2 New duties

2.1 The LA will have a duty to promote integration of special educational provision, health and social care provision for children and young people up to 25 where this would promote their well-being and improve the quality of provision. The CCG and other

partners must cooperate. The LA and CCG must jointly commission all provision needed across education, health and social care to support this group of children and young people.

2.2 The CCG must ensure there is a designated health officer for SEN, with roles set out in detail in the draft code of practice. Children's social care should also designate an officer for SEN. There is no corresponding duty for the LA to have an education lead on SEN, however this gap is almost certainly based on the assumption that there is already such a lead and certainly the framework set out is unlikely to function well without one.

2.3 We need to ensure that these arrangements are linked to the JSNA and Health and Wellbeing Strategy. There must be robust arrangements to underpin the partnership for SEN and for accountability to councillors and senior commissioners. The draft code of practice suggests that local areas may wish to ensure this through establishing a programme board for SEN.

2.4 The Bill, draft regulations and code of practice provide more detail on these requirements and how they will underpin the delivery of

- Early identification and help – 'SEN support'
- Coordinated assessment, single integrated education health and care (EHC) plans and person-centred reviews
- The 'local offer' for children and young people 0-25 with SEN setting out all of the support available
- Increased choice and control for parents and young people with the option of personal budgets.

2.5 SEN support will be provided by early years settings, schools, colleges and other FE providers based on early identification of needs. This replaces the support currently provided for school age children under the headings of school action and school action plus. This support will be provided in partnership with other services as needed, working in an integrated way using the CAF and team around the child. This work will be centred on children, young people and their parent carers, their aspirations and desired outcomes.

2.6 We must publish a 'local offer', setting out in one place clear, comprehensive and accessible information about the support and opportunities available. Parent carers and young people will be fully involved in developing the local offer, reviewing and improving it over time. The local offer will include information from early years settings, schools, colleges and other providers about their arrangements for early identification and SEN support.

2.7 Integrated education, health and care plans will replace statements of SEN. Assessments and the resulting plans will be centred on children, young people and their parent carers and focused on their aspirations and outcomes. Assessments will be carried out in a well coordinated way, reducing duplication and repetition for families. This will bring together education, health, children's and adult care services working to produce a single plan for each child or young person with SEN aged 0-25.

2.8 These integrated plans will offer the same protections as statements do now, naming a school and providing additional resources based on needs. The new plans may now be put in place from birth and extend up to 25 as needed. Plans may now name a college or other provider and provide additional support up to 25. Plans will be reviewed at least annually in a person-centred way, i.e. with the child or young person at the centre and fully involving both the young person and their parent carers in reviewing the plan.

2.9 Assessment, planning and provision of support will be jointly commissioned between the local authority and clinical commissioning group. There will be an option for personal budgets for support elements of the plan, but not the funding for a school or college place. This is intended to give families more choice and control over how their plan is delivered.

3 Delivering SEND reform in Bath and North East Somerset

3.1 A stakeholder event to launch the local SEND reform project was held on 23rd September. An initial consultation event with parent carers was held on 22nd October. Work to implement the reform in B&NES is being organised in 5 workstreams..

3.2 **Engagement and communication**. An engagement strategy is being developed to involve parent carers, young people, the full range of learning places and all relevant services both statutory and the voluntary and community sector. A webpage and Facebook page have been set up to facilitate publication of updates and other information and to facilitate engagement by the public.

3.2 **Workforce development**. Training will be planned and delivered to ensure the workforce has the skill required to deliver new ways of working. This will need to include training in integrated working, assessment, planning and review and person-centred working as well as introducing the new framework for SEND. Training will be provided in partnership with teaching schools to ensure full support to SENCOs and other staff in schools.

3.3 **Integrated assessment and planning.** We are learning from the work of the pathfinders to design and test the best way to achieve integrated, child and parent carer centred education, health and care plans. This work will build on existing local good practice for example one page profiles that are done now with young people as part of transition to adulthood. The aim is to achieve one joined up person centred plan for each child or young person that runs from age 0 to 25.

3.4 This way of working will be piloted for some new statutory assessments and also some annual reviews to convert statements into the new integrated plans. We will also look at how we can make sure disabled young people without SEN can benefit from new ways of working.

3.5 **Joint commissioning and personal budgets.** We already have a pooled budget in B&NES for a small number of children with very complex needs. We can learn from this in looking at how decision-making and budget allocation need to work to support integrated plans. We should build on experience with personal budgets in adult care to

introduce this option for children and young people with education, health and care plans. Personal budgets, together with the local offer, are intended to enable parent carers and young people to have more choice and control over how support is provided.

3.6 **The local offer.** Using lessons from pathfinder authorities and building on our existing service directories we will develop our local offer in B&NES. The aim is to provide information about services in a way that helps parent carers and young people to find their way through the maze to get the right support.

3.7 The work is planned to happen in three stages –

1) Engagement and design – autumn 2013

- Getting out information about the changes and asking people to get involved
- Designing the integrated assessment and planning process
- Planning the training
- Designing the local offer
- Reviewing the budgets and decision-making processes that will support integrated education, health and care plans

2) Testing – spring 2014

- Piloting integrated education, health and care assessment and planning
- Piloting reviews of statements to convert them to the new plans
- Testing new ways of taking decisions and allocating budgets to plans including the option of personal budgets
- Developing the local offer with local settings, schools, colleges, training providers and services
- Start training about the changes.

3) Refinement and launch – summer 2014

- Continue piloting and use lessons from it to refine the assessment, planning, decision-making and review processes
- Continue training
- Make decisions about any changes to the ways services are organised in the future
- Complete and launch the local offer (this may not need to be fully in place for Sept 2014 – timescale subject to consultation)
- Launch the new ways of working for Sept 2014.

September 2014 and beyond

The changes in the law will come into effect in September 2014. The project to make these changes in B&NES will be complete, but work will continue –

- Converting old statements of SEN into new integrated education health and care plans over a period of up to years
- Changes to training programmes to reflect the new ways of working

- Any changes needed to how services are organised
- Reviewing the local offer regularly with parent carers and young people to make sure it keeps improving.

4 Issues and implications

4.1 The implementation project including a pilot of new ways of working will help to quantify precise implications locally, but information from pathfinder authorities is already providing some indication.

4.2 There are 715 school age children in B&NES with statements of SEN who will need EHC plans. However it is likely based on both national and local data that 18-20% of all children and young people in B&NES have some level of SEN, most of whom are supported in schools and other universal and targeted services with specialist input when needed.

4.3 The arrangements we establish in response to the new framework will need to be capable of addressing the needs of all of these children and young people.

Capacity & resources

4.4 The reform will raise a number of capacity and resource issues -

4.5 To deliver coordinated person-centred assessment and planning – pathfinders have identified that working in this way requires more capacity, which can be mitigated by integration of services and/or processes and resulting efficiencies

4.5 To deliver/support person centred review – working with settings/schools/colleges – this has capacity implications both for the service(s) supporting reviews and for learning places themselves

4.6 To deliver the services required by children & young people with SEN – pressure is not increased by the reform itself, however numbers of children with more complex needs are increasing and working in a person centred way risks raising expectations. This may be mitigated by effective early identification and help and again by integrated planning and delivery of support.

Other issues highlighted by SEND reform

4.7 While the reform has been billed as being about SEND – both SEN and disability – the legal changes are specifically focused on SEN. Some disabled children may not have SEN at all, or will not meet the threshold for a statement/EHC plan, however a coherent local framework for SEN must address disability also and this is explicitly within scope for the project. Pathfinders have developed non-statutory (in SEN terms) EHC plans to address the needs of children with lower levels of SEN, or no SEN but disabilities.

4.8 The pathway for children with emotional well-being, behaviour & mental health issues overlaps significantly with that for SEN and disability. If this pathway is not reviewed

simultaneously there is a risk to the success of SEND reform, however this is not within the scope of the SEND project and should be a separate piece of work.

4.9 The construction of a robust joined up framework for early help in the early years for children with SEND will be critical to maintaining thresholds for statements/EHC plans as these will now be available from birth. Pathfinder experience suggests the threshold should be those children who look likely to require specialist provision, whether in a special school, or mainstream with a high level of specialist support. This will only be sustainable in the face of parental expectations with robust and credible support for children below this level of need. We will need to ensure appropriate capacity within early years services is focused on this work as these services are reduced.

4.10 We have done some good work locally on transition to adulthood. In one sense the reform strengthens this in that transition will start at birth/when SEN is first identified. We will need to ensure in practice we sustain and build on this good work rather than losing it in homogeneous 0-25 arrangements. We will also need to ensure appropriate capacity from the Connexions service is focused on this work as it is reduced and comes in house.

Wider, longer term implications

4.11 There are significant workforce development implications beyond the life of the project to incorporate the requirements of SEND reform, personalisation, integrated working and principles of sound assessment/planning/review into the development of the whole workforce for children and young adults.

4.12 175 children with active children's social care involvement have a statement of SEN and will need a single EHC plan from Sept 2014. This is a significant proportion of children's social care workload. Would it then be beneficial to the remaining children, many of whom will have lower level SEN in any case, to have non-statutory (in respect of SEN) EHC plans in the longer term, and thus have a single planning system for all? There may be other specialist/high level services also where this should be considered – e.g. Connecting Families, YOT, CAMHS are all likely to have a high % of children with statements or lower level SEN.

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	29th January 2014
TITLE:	Health and Wellbeing Consequences of Domestic Abuse- a multi-agency conversation
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: None	

1 THE ISSUE

1.1 This report provides an update on the work of IVASP (the Interpersonal Violence and Abuse Strategic Partnership) to improve services for victims and to reduce domestic violence and abuse in the context of our membership of the national Public Service Transformation Network. It is designed, alongside the feedback from Health and Wellbeing Network, to act as a starting point for a multi-agency conversation to draw on local strengths and transform partnership working on this issue.

2 RECOMMENDATION

The Board is asked to:

2.1 Reaffirm the cross-partner importance of addressing domestic violence and abuse as priorities of the Health and Wellbeing Board and the Community Safety Partnership

2.2 Consider its response to the key issues and questions set out in Paragraph 5.10, particularly the need to focus on early intervention

2.3 Consider how to further strengthen the referral mechanisms relating to domestic violence and health services, in particular the IRIS scheme

2.4 Discuss the potential to transform services for service users by linking with emerging thinking relating to Multi-Agency Safeguarding Hub, data-sharing and Integrated Victims Strategy

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 There are no direct implications arising from this report. There are a number of potential schemes which might be considered to improve this outcome. For example, implementation of the “IRIS” programme is costed at £60,000 per area in Year 1 with £43,000 in subsequent years. The total annual economic cost to services of domestic and sexual violence experienced by women in our area is

estimated at over £17 million. The greatest cost is to health services, making up 22% of the total cost (£3.7 million).

3.2 Development of the Business Case relating new ways of working such as the IRIS programme is underway as part of our work as members of the Public Service Transformation Network.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 The report's content underpins a number of key Council strategic objectives and responsibilities including Safeguarding for both Children and Adults and Connecting Families.

5 THE REPORT

5.1 The Joint Health and Wellbeing Strategy contains the priority to "Reduce the health and wellbeing consequences of domestic abuse". It sets out the Health and Wellbeing Board's commitment to tackle domestic abuse in the following terms:

Domestic abuse represents a significant proportion of crime within Bath and North East Somerset. The health and wellbeing consequences of domestic abuse are wide-reaching and well acknowledged and include physical harm and disability, depression, low self-esteem, drug and alcohol abuse, child abuse, poverty, social exclusion and homelessness. It can have both immediate and long-term consequences for the victim, and can also have wider impacts on family, friends and the wider community.

Health services are often the first point of contact for people who have experienced domestic abuse. They can play an important role in preventing violence by intervening early, providing treatment and referring victims on to other services. The Health and Wellbeing Board will work with health, social care and police to promote early, swift and prompt intervention to make sure victims of domestic abuse get the care and support they deserve.

5.2 Bath and North East Somerset's Interpersonal Violence and Abuse Strategic Partnership's (IVASP) "Profile", linked to the JSNA, highlights that:

- It is estimated that 5,936 women aged between 16-59 in B&NES were victims of domestic abuse in the past year
- 79% of all recorded perpetrators of domestic abuse crimes in B&NES were male.
- Women who suffer from ill-health and disability in Bath and North East Somerset are almost twice as likely to experience domestic abuse as those who do not.
- Abused women are at least three times more likely to experience depression or anxiety disorders than other women.
- On average there were 70 domestic abuse crimes a month in 2012: Between the 2nd quarter in 2009-10 and the 1st quarter in 2012-13, Southside Family Project received 1,118 domestic abuse referrals
- According to Police recorded crime, 16-21 year-olds are the second highest cohort for both victimisation and offending
- There were 1122 notifications of domestic abuse incidents to Children's Social Care in the financial year 2012

5.3 IVASP's approach to tackling domestic abuse is based upon the Government's national strategy to address Violence Against Women and Children (VAWC) and

is structured around the priority issues of Prevention, Provision and Protection, as follows:

- **Prevention**: To change attitudes and prevent violence by raising awareness through campaigns; safeguarding and educating children and young people (a recent national study called for a new approach to prevent teenagers becoming involved in domestic abuse); early identification, intervention and training.
- **Provision**: To improve provision and specialist support services which are essential in enabling people to end violence in their lives and recover from the damaging effects of abuse, by providing a range of services to meet the needs of survivors; practical and emotional support, emergency and acute services; access to legal advice and support, refuge and safe accommodation.
- **Protection**: To provide an effective criminal justice system, through effective investigation. Prosecution, victim support and protection and perpetrator interventions.

5.4 Multi-Agency Risk Assessment Conferences (MARAC) take place on a monthly basis and information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at MARAC, and ensuring that whenever possible the voice of the victim is represented by the Independent Domestic Violence Advisor (IDVA- see below), a risk focused, co-ordinated safety plan can be drawn up to support the victim. Police, Council and the CCG have also recently jointly commissioned a project which aims to ensure that all key agencies in B&NES have an effective system to identify victims of high risk domestic abuse as well as a speedy, efficient and well understood process to refer those victims to the MARAC. Other key local services include:

- The Council's Supporting People & Communities Team commission 10 refuge units (8 of which are provided by Next Link, and 2 of which are provided by Julian House) as well as 12 units of floating support for women and children fleeing domestic abuse.

- The Independent Domestic Violence Advisor service, provided by Southside Family Project ensures that all referred victims are assessed on referral and at key stages. Their family support services complement and enhance their work to address domestic violence and funding is sought from a number of charitable sources, with part of the funding for IDVAs in 2013/14 provided from the Police and Crime Commissioner's Community Safety Fund..

- The SEEDS (Survivors Empowering and Educating Domestic Abuse Services) group of female survivors, supported by Julian House. Julian House and DHI lead on the Freedom Programme, a 12-week rolling programme open to any woman who wishes to learn more about the reality of domestic violence and abuse.

5.5 These services are complemented by IVASP's Action Plan which is designed to strengthen joint working, including:

- **Staff training**- Southside Family Project and CURO have pioneered training for frontline staff who work in or visit homes to recognise the signs of domestic abuse and how to raise concerns. Sirona Care and Health have also held a domestic abuse workshop for all staff.

- **Common risk assessment** - all IVASP partners use the Co-ordinated Action Against Domestic Abuse (CAADA) tool for this. CAADA also reviews the effectiveness of our MARAC and our MARAC Action Plan includes recommendations arising from the Serious Case Review 2013.

5.6 There are therefore many strengths relating to our work on domestic violence and abuse, particularly relating to the management of high risk cases. For example, when a victim of domestic abuse meets the criteria of a (vulnerable) adult at risk in accordance with social care legislation, the safeguarding adults' procedure is also implemented to ensure the victim is supported and protective measures are put in place. At a strategic level the Local Safeguarding Adults Board works closely with the Community Safety Partnership and IVASP and at an operational level social care services work closely with both the MARAC process and the safeguarding procedure.

5.7 However, the scope of this issue clearly extends beyond public protection agencies and affects not only the victim or survivors but often their children and other family members which can create significant vulnerability. This in turn creates demand on health services, housing providers, children's services, education, drugs and alcohol provision.

5.8 Our membership of the national Public Service Transformation Network (PSTN) provides an opportunity for partners to identify a "whole system" approach to further improve and join-up services as well as invest "upstream" in prevention and early intervention in order to reduce harm. The PSTN encourages the building of cross-partner Business Cases to "co-design" services, with a particular focus on early intervention.

5.9 IVASP recently heard how Cheshire West and Cheshire Council developed its Business Case for changing the way it delivers domestic violence services, with a new focus on prevention and the creation of a multi-agency single point of contact and three multi-agency case management teams based in localities. Cheshire West and Chester are also beginning to implement the IRIS programme, a general practice-based domestic violence and abuse training, support and referral programme that has been evaluated in a randomised controlled trial. In total, IRIS will shortly be running in 13 areas of England and more information about the scheme is set out below.

5.10 A summary of the key questions identified by IVASP arising for our area and for the Board is set out below:

How do we address "low" and "medium" risk needs? As highlighted above, work at "high" risk levels is strong but IVASP has highlighted the need for earlier intervention to address the needs of low and medium risk victims. Barnardos report that on average women contact 11 agencies before they receive the help they need. Domestic abuse often escalates from threats and verbal abuse to violence. Survivors overwhelmingly comment that in the early stages they had not recognised they were experiencing abuse and even where they did, for a variety of reasons, they did not seek help.

How do we improve referrals? Of the 697 cases referred to MARAC from 2009 to 2012, 70% were made by the police. The health professionals that are most likely to come into contact with those experiencing domestic abuse, especially "lower" level abuse, are GPs. Reflecting national trends, in 2010-2011, however, only around 15%

of women who suffer domestic abuse had any reference to this fact in their primary care medical record. Studies have indicated that people would most like to receive support from their doctors rather than any other professional.

IRIS" stands for Identification and Referral to Improve Safety and is a general practice-based domestic violence and abuse training support and referral programme that has been evaluated in a randomised controlled trial. It is a collaboration between primary care and third sector organisations specialising in domestic violence and abuse. The programme involves training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services. An advocate educator is linked to general practices and based in a local specialist domestic violence and abuse service. The advocate educator works in partnership with a local clinical lead to co-deliver the training to practices. The adoption of IRIS, perhaps on a pilot basis, would represent an "early win" and strengthen links between agencies. Further information on IRIS can be found here "*I'm now convinced that violence against women and children is a major public health problem with long term consequences for women and their families. As an experienced GP, the whole project has been nothing short of transformational"*- GP, IRIS trained practice

How do we tackle repeat offenders and perpetrators? There were 697 multi-agency risk assessment cases (MARAC) between 2009-12 in Bath and North East Somerset, of which 24% were repeats. We know that over time the likelihood is the victim will suffer increasingly serious attacks and that the emotional abuse or violence will in all probability escalate. Avon and Somerset Probation Trust runs the Integrated Domestic Abuse Programme (IDAP) as part of their work with perpetrators. Evidence from the Cheshire West and Cheshire Business Case highlights the effectiveness of a strong focus on perpetrators.

How do we link with other projects and initiatives? Bath and North East Somerset Local Safeguarding Adults Board is currently scoping the opportunities and benefits for developing a Multi-Agency Safeguarding Hub; this is at the early stages and the Board have agreed that improved intelligence sharing is needed across agencies to try and prevent abuse occurring.

In anticipation of responsibility for commissioning local victim services passing to PCCs, work with criminal justice agencies and community service providers to develop a 'whole system' approach to victim care is underway and a Draft Integrated Victims Strategy has been produced.

6 RATIONALE

6.1 The rationale for putting forward the recommendations is that they contribute to delivery of a priority of the Board. Further reports will also be made as part of the Board's performance reporting system.

7 OTHER OPTIONS CONSIDERED

7.1 None

8 CONSULTATION

8.1 Consultation on this report has taken place with members of the Interpersonal Violence and Strategic Abuse Partnership, the Chair of the Health and Wellbeing Board and with the Strategic Director, Chief Financial officer and Monitoring Officer

9 RISK MANAGEMENT

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

Contact person	Lores Savine, Community Safety Officer (01225 396420) Lores_Savine@Bathnes.gov.uk Andy Thomas, Group Manager, Partnership Delivery (01225 394322) Andy_Thomas@bathnes.gov.uk
Background papers	IRIS Website B&NES JSNA – Domestic Abuse webpage
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	29th January 2014
TITLE:	Bath and North East Somerset Autism Strategy and Self Evaluation 2013
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Autism Self Evaluation – Bath and North East Somerset 2013	

1 THE ISSUE

1.1 This paper provides an update on the Bath and North East Somerset Autism Strategy and the findings of the Autism Self Evaluation, completed in September 2013 and submitted to Public Health England as part of a National return.

1.2 A ministerial letter dated 2nd August 2013 confirmed that the purpose of the self-evaluation was to:

- assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy;
- see how much progress has been made since the baseline survey, as at February 2012;
- provide evidence of examples of good progress made that can be shared and of remaining challenges.

And that the content of the return should be discussed by the Health and Wellbeing Board before the end of January 2014.

2 RECOMMENDATION

2.1 The Board is asked to note the content of this paper and the self-evaluation attached as Appendix 1 – and make any recommendations for further development of the local autism strategy and its implementation.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 None identified

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 ***The Autism Act (2009)*** placed a legal duty on statutory agencies (including CCGs, NHS Trusts and Local Authorities) to provide a range of services for adults with autism, and

committed the Government to produce a national strategy setting out how this should be done.

Fulfilling & Rewarding Lives (DH, 2010) outlined the Government's vision for the transformation of mainstream health and social care services to ensure that the needs of adults with autism are met, and made a series of recommendations with regard to how this could be achieved including:

- the development of clear consistent pathways for diagnosis in every area, which is followed by the offer of a personalised needs assessment by the local authority
- improving access for adults with autism to mainstream public sector services and the support they need to live independently within the community
- helping adults with autism into work

Implementing Fulfilling & Rewarding Lives (DH, 2010) - following the publication of the national autism strategy, the DH then issued statutory guidance for health and social care bodies.

5 THE REPORT

5.1 Background

Following the publication of the Autism Act in 2009 and the national Adult Autism Strategy *Fulfilling and Rewarding Lives (DH 2010),* Bath and North East Somerset, in line with the requirements of the bill, identified lead commissioning arrangements for adults with autism and established an Autism Partnership Group (APG), comprising representatives from a range of key stakeholders and local partners.

The APG (chaired by a Senior Commissioning Manager) meets on a quarterly basis and has overseen the development and subsequent implementation of a local strategy to deliver the 5 key themes and outcomes of *Fulfilling and Rewarding Lives* which are:

- increasing awareness and understanding of autism;
- developing a clear, consistent pathway for diagnosis of autism;
- improving access for adults with autism to services and support;
- helping adults with autism into work; and
- enabling local partners to develop relevant services.

Following consultation, feedback received was that people preferred to see the APG set a small number of achievable targets that could be met within a set timeframe, i.e. one year, rather than a larger and possibly undeliverable plan. The plan for 2013 -14 has reflected this.

Of particular note is that in the last twelve months the Adult Care, Health and Housing team has commissioned a BANES Autism Specialist Service (BASS) from Avon and Wiltshire Partnership Trust to provide a local diagnosis and assessment service to make it easier and quicker for people to obtain a diagnosis and initial assessment. In addition this service has also been commissioned to provide a range of local training to develop local awareness, knowledge and skills across both specialist (i.e. autism specific) and mainstream communities, and thirdly to establish an Information and Advice service for adults with autism and those that support them.

It is intended that this service will be of particular benefit to those people with an Autism diagnosis who may not meet local Fair Access to Care criteria and therefore not qualify for social services support.

There has also been additional investment into Sirona to provide a specific Autism social work service to respond to the increasing numbers of adults who are diagnosed with an Autism spectrum condition and meeting eligibility for social care support.

5.2 **Bath and North East Somerset Self-Assessment 2013**

The completed self-assessment for Bath and North East Somerset is attached as Appendix 1 to this paper. This has been reviewed by the APG and further actions have been agreed in addition to those highlighted in 5.1 above. For example (i) the APG is currently drafting a comprehensive programme to support BASS in delivering training which is intended to address the lack of local training to date as identified in the self-assessment; (ii) options are currently under consideration to strengthen advocacy arrangements for adults with autism.

6 RATIONALE

6.1 There are strong local governance arrangements in place for overseeing the local strategy and implementing actions to deliver the outcomes of Fulfilling and Rewarding Lives.

6.2 A number of decisions have been taken which are strengthening local services for adults with autism and addressing many of the findings of the self-assessment.

6.3 The APG will continue to meet and monitor the local strategy. This will include reviewing the implementation plan and setting fresh priorities on an annual basis.

7 OTHER OPTIONS CONSIDERED

7.1 Not applicable.

8 CONSULTATION

8.1 Members of the Autism Partnership Group were involved in completing the self-assessment.

9 RISK MANAGEMENT

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

Contact person	Mike MacCallam, Senior Commissioning Manager. Tel: 01225 396054
Please contact the report author if you need to access this report in an alternative format	

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Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

1

Comment

NHS Bath and North East Somerset CCG

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

⊗ *Yes*
○ *No*

If yes, how are you doing this?

Sharing information and good practice at South West regional network
Participation in regional autism stocktake, completed in Summer 2013

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

⊗ *Yes*
○ *No*

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

Mike MacCallam, Senior Commissioning Manager. email mike_maccallam@bathnes.gov.uk
Joint commissioner Health and Social care. Reponsible for commissioning services for adults with autism, adults with learning disabilities, adults with physical and sensory impairments
Andrea Morland, Senior Commissioning Manager. email Andrea.morland@nhs.net
Joint commissioner health and social care. Responsible for commissioning services for adults with mental health needs substance misuse
Both report to Deputy Director Adult Care, Health & Housing Strategy & Commissioning

4. Is Autism included in the local JSNA?

○ *Red*
○ *Amber*
⊗ *Green*

Comment

There is information regarding prevalence of Autism in Bath and North East Somerset in the local JSNA

5. Have you started to collect data on people with a diagnosis of autism?

- ◯ Red
- ⊗ Amber
- ◯ Green

Comment

Data is recorded , no current data sharig policy between health and social care

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- ⊗ Yes
- ◯ No

If yes, what is

the total number of people?

102

the number who are also identified as having a learning disability?

49

the number who are identified as also having mental health problems?

9

Comment

7. Does your commissioning plan reflect local data and needs of people with autism?

- ⊗ Yes
- ◯ No

If yes, how is this demonstrated?

Yes - B&NES has a local plan based in the Autism strategy and agreed priorities folllowing local consultation

8. What data collection sources do you use?

- ◯ Red
- ◯ Red/Amber
- ◯ Amber
- ⊗ Amber/Green
- ◯ Green

Comment

Have started to collect data from a range of sources - not comprehensive but accurately reflects local situation

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- ◯ Red
- ◯ Amber
- ⊗ Green

Comment

There is a formal partnership between the CCG and local authority. CCG representatives on Autism Partnership group and CCG is briefed on the implementation of the Austism Strategy

10. How have you and your partners engaged people with autism and their carers in planning?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please give an example to demonstrate your score.

Consultation on local strategy was conducted by local branch of NAS on behalf of the Autism Partnership group and carers of people with autism were widely consulted. Two parent/carers are members of the APG. This could be further developed.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please give an example.

The Council has an Equality policy covering the Council and partners, not autism specific

12. Do you have a Transition process in place from Children's social services to Adult social services?

- ⊗ *Yes*
- ◯ *No*

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

Automatic following local Transition Pathway - currenly applied primarily to young people with a Statement of Educational Need in line with statutory requirements.
Local panel to oversee transition from childrens to adult services for anyone receiving social care

13. Does your planning consider the particular needs of older people with Autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

There is data collection of people over 65, no specific training to date

Training

14. Have you got a multi-agency autism training plan?

- ◯ *Yes*
- ⊗ *No*

15. Is autism awareness training being/been made available to all staff working in health and social care?

- ⊗ *Red*
- ◯ *Amber*
- ◯ *Green*

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

No current autism training plan however this has just been commissioned to commence in autumn 2013.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- ⊗ *Red*
- ○ *Amber*
- ○ *Green*

Comments

This will be covered in the commissioned training referred to above

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- ○ *Yes*
- ⊗ *No*

Please comment further on any developments and challenges.

As above there has been little work to date regarding training

18. Have local Criminal Justice services engaged in the training agenda?

- ○ *Yes*
- ⊗ *No*

Please comment further on any developments and challenges.

As above there is has been little work to date regarding training

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- ○ *Red*
- ⊗ *Amber*
- ○ *Green*

Please provide further comment.

There is a local diagnosis pathway which has just been recommissioned with a strengthened referral route and will be local to Bath and North East Somerset

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

4

Year (Four figures, e.g. 2013)

2011

Comment

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

20

Comment

The recommissioned service, specific to Bath and North East Somerset, will reduce average wait times

22. How many people have completed the pathway in the last year?

18

Comment

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

- ⊗ *Yes*
- ○ *No*

Comment

pathway development and access from Bath and North East Somerset was led by mental health commissioner of the PCT, now CCG

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- ○ *a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis*
- ⊗ *b. Specialist autism specific service*

Please comment further

A specialist autism specific service commissioned from the local mental health trust

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- ⊗ *Yes*
- ○ *No*

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

Case management from autism specific social workers, offer of personalised budgets, information and advice service recently commissioned and to be available by year end

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

1087

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

25

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

42

Comment

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

◯ *Yes*
⊗ *No*

If yes, please give details

This has recently been commissioned and will be in place by year end

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

⊗ *Yes*
◯ *No*

If yes, please give details

Can be accessed via Adult social care.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

⊗ *Red*
◯ *Amber*
◯ *Green*

Comment

Currently scoping potential demand and need for commissioning advocacy service for adults with autism

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

⊗ *Red*
◯ *Amber*
◯ *Green*

Comment

Access to an appropriate advocacy service for adults with autism is under consideration - demand is being mapped during 2013/14

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

◯ *Yes*
⊗ *No*

Provide an example of the type of support that is available in your area.

This will be addressed through the information and advice service referred to above

33. How would you assess the level of information about local support in your area being accessible to people with autism?

◯ *Red*
⊗ *Amber*
◯ *Green*

Comment

some low level preventative services in place. Database of universal and autism specific service has known gaps

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

◯ *Red*
⊗ *Amber*
◯ *Green*

Comment

There is a universal housing strategy with needs of people with disabilities, autism not specifically referenced.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

◯ *Red*
⊗ *Amber*
◯ *Green*

Comment

Local Employment Inclusion service commissioned to promote empoyment for adults with Autism
Project search offers work placements for adults with autism

36. Do transition processes to adult services have an employment focus?

◯ *Red*
⊗ *Amber*
◯ *Green*

Comment

Transition plans include specific reference to employment/activity opportunities

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

There is currently no representation from CJS on autism partnership group, however representatives of the CJS are members of the Mental Health and Learning Disabilities criminal justice/offender forum where they strongly present the needs of their clients on the Austism Spectrum

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.

Self-advocate story one

Question number

Comment

Self-advocate story two

Question number

Comment

Self-advocate story three

Question number

Comment

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

☒ *Yes*

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter of 5th August 2013?

☐ *Yes*

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year

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Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	29th January 2014
TITLE:	Bath and North East Somerset Children and Young People's Plan (CYPP)
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix One: Draft Index CYPP 2014-2017 Appendix Two: Draft Outcomes Framework 2014-2017 Appendix Three: Draft Pathway Document	

1 THE ISSUE

1.1 The Children Trust Board and Bath and North East Somerset Local Authority have jointly agreed to the development of a new CYPP 2014-2017. This plan will be a non-statutory plan document building on previous plans. It will clearly define the priorities which will directly influence the future commissioning intentions for the delivery of services. The new plan is aligned to the Joint Health and Well Being Strategy 2013.

2 RECOMMENDATION

The Board is asked to;-

2.1 Receive and note the draft CYPP

2.2 Discuss and comment, either collectively or individually on the draft plan

3 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from this report. The service developments in the Children and Young People's Plan for 2014-17 will be funded from existing budgets. The next CYPP will need to be delivered against agreed priorities within existing budgets across the Children Trust Board

4 THE REPORT

4.1 The priorities identified for the 2014-2017 Children and Young People Plan have been identified following priorities following:

- Children Trust Board Stakeholder event 2012 (review of year 1 of the CYPP 2011/2014)
- Analyses of the Joint Strategic Needs Assessment 2013 with particular focus on children and young people
- Joint Development session between the Children Trust Board and Health and Wellbeing Board in July 2013
- Feedback from the Pupils Parliaments events, which took place in June 2013. Summary document available on the B Active Website- link is: Primary and Young Parliament 2013
- Consultation with parents and carers in July and August 2013
- The Children Society consultations September 2013 (Report on what children and young people said about living in families with less money and Report on how children and young people responded to question "Who can you speak to if you are feeling stressed o anxious?")
- Feedback from needs analyses for a number of re-commissions(short-breaks for disabled children, participation, independent visitors)
- Voluntary sector network position statement

4.2 The 3 key priorities that have been identified are: -

- **Children and Young People are Safe:** sub-priorities include**:** A Learning and Development Framework established across the children and young people's workforce :Understanding risks and the range of appropriate interventions and supports available and Children with special circumstances

- **Children and Young People are Healthy:** to include physical and emotional health: sub-priorities include: Healthy weight: Emotional health and wellbeing and Reduced alcohol/substance misuse in young people.

- **Children and Young People have Equal Life Chances: sub-priorities include:** Improve educational attainment: Ensure Children and Young People's life chances are not adversely affected as a result of domestic violence ; Enabling children, young people, parents and carers to develop resilience and Ensuring services are integrated to support young people as they move through transitions

The next CYPP 2014/17 plan is: -

- Aligned with other strategies Health and Well Being, Department of Public Health, B&NES Core Strategy
- A strategic document that will inform Commissioners & Providers by clearly setting out our statutory duties and outline our commissioning intentions
- Reflective on its geographical delivery of services
- Focused on outcomes for the more vulnerable children but also outlines the Early Help Offer
- Clear on managing expectations, within available resources.
- To be made available as an accessible summary document for CYP, Parents & Carers on the Public Website

Timetable

1. Draft CYPP plan will be presented to the H&WB Meeting on 29/01/2014
2. Draft CYPP will also be presented to the Early Years, Children and Youth Policy and Scrutiny meeting on 27/01/2014
3. Draft CYPP 2014-2017 to go out for an 1 month consultation in January 2014
4. CYPP 2014-2017 will be signed off by the CTB in March 2014
5. Final CYPP 2014-2017 to be published by April 30th 2014

5 RISK MANAGEMENT

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

5.2 Although the Children and Young People's Plan (CYPP) 2014-2017 is not a statutory document there would be a significant risk to the delivery of services and reputation of the Council if an effective CYPP were not put in place.

5.3 There is a significant risk to the reputation of the Council, the Children Trust Board, the Sustainable Community Strategy and the Joint Health and Wellbeing Strategy if the Children and Young People Plan key priorities are not delivered.

6 EQUALITIES

6.1 Equalities impact assessments will be carried out within each of the priorities and any policies which stem from this work.Once the plan has been approved a new EIA will be completed.

7 CONSULTATION

7.1 Executive Councillor; Trades Unions; Overview & Scrutiny Panel; Staff; Other B&NES Services; Schools :Service Users; Youth Council; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer, Children Trust Board, Voluntary and Community Sector

7.2 Consultation on the development of the vision, values and priorities 2014-2017 has taken place with the Children's Trust Board, Children and Young People in and out of school, parents and carers, the voluntary and community sector for the period June 24th- Aug 31st.

7.3 The final draft CYPP 2014-2017 will be put on the public website and further consultation towards the end of January 2014 for 1 month.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff; Other Legal Considerations

9 ADVICE SOUGHT

9.1 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	*Mike Bowden Deputy Director Children and Young People Strategy and Commissioning* *Sarah McCluskey, Partnership Development Officer, Children Trust Board*
Background papers	CYPP 2011-2014 http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/children_and_young_peoples_plan_2011-2014.pdf JSNA www.bathnes.gov.uk/jsna Joint Health and Wellbeing Strategy *http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-board*
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Draft Index for the Children and Young People's Plan CYPP 2014-2017

1. Introduction for the CYPP 2014-2017

Definition

The Children and Young People's Plan (CYPP) 2014/17 is the commissioning and delivery plan to improve the health and wellbeing of children and young people across B&NES. It is based on evidence collected via the Joint Strategic Needs Assessment (JSNA) ; analyses of the impact of current services to deliver against priorities and agreed outcomes: the annual review of the CYPP 2011-2014 and comprehensive service user engagement in the development of the emerging priority areas in 2013.

Vision

The vision for children and young people in Bath and North East Somerset is that ***"All children and young people will enjoy childhood and be well prepared for adult life"***. We have retained the same vision statement as for the CYPP 2011/14 as it clearly captures our vision for our children and young people. It aims to further develop and support increased resilience in our children and young people as they move through adolescence into adulthood.

It has taken 12 months to develop this plan; it was jointly led by the Children Trust Board and the Local Authority with input from the Health and Wellbeing Board and the B&NES Clinical Commissioning Group. It has been closely aligned to the Health &Wellbeing Strategy to ensure coherent focus on children and young people needs.

It has been heavily influenced, as in previous earlier CYPP's by service users, children, young people and parents and carers. There was widespread engagement on the priorities and there will be an additional 1 month consultation on the draft plan across a wide range of stakeholders, to include the voluntary and community sector, schools and academies and children's health providers.

This plan has been developed in an ever changing economic and political environment. Many agencies budgets are under financial pressure; changing legislation e.g. SEND reform, Working Together 2013 and significant welfare reform - it aims to clearly identify how services in B&NES will increasingly be targeted to the most vulnerable and those not achieving their full potential. It highlights further areas to be developed over the period of the plan: to include a clear focus on early help, support for complex families and those in need of increased support and safeguarding. It does not detail all the work that all partners are doing to meet the needs of children and young people locally but rather to capture the key areas that need greater focus above and beyond everyday business as usual.

2. About the plan

The Children and Young People's Plan explains what the organizations represented on Bath and North East Somerset's Children's Trust Board will do to support children, young people and their families, to lead safe, healthy and successful lives. The plan outlines the Children's Trust Board priorities for the period 2014-17. An Outcomes Framework will sit beneath this plan which will highlight how services will be increasingly commissioned to deliver against these priorities. The CYPP will be reviewed on an annual basis

The CYPP 2014-2017 is closely aligned to the Joint Health & Well Being Strategy 2013-2018 for Bath and North East Somerset and will sit alongside it. The Health and Wellbeing Strategy is available on http://www.bathnes.gov.uk/sites/default/files/joint_health_wellbeing_strategy.pdf

The CYPP is structured around three key priorities, which were identified following consultation with Children and Young People and Parents and Carers.

Those 3 priorities are;-

- **Children and Young People are Safe**
- **Children and Young People are Healthy**
- **Children and Young People have Equal Life Chances**

We have worked hard to make sure that this plan truly reflects the complexity and range of work being undertaken to support the needs of children and young people in Bath and North East Somerset, as well as listening to the wishes and needs of families themselves.

3. How we work in B&NES

Bath and North East Somerset's Children's Trust Board is committed to working in the following ways to achieve the strategic outcomes/goals in this plan:

Safeguarding is everybody's responsibility

We will constantly keep the safeguarding of children first and foremost in our discussions and working practices. We have a duty of care to all our residents, especially the vulnerable, to keep them safe. Following on previous plans, we will be focusing on helping children, young people and families to promote resilience and to identify and safely manage risks.

Involving children and young people in our work

We will actively engage with children, young people and their families in order to develop and implement solutions that best meet their needs. We will ensure that their "voice" is central to service delivery. We will ensure wherever we are making changes to services that service users will be actively involved in the re-commissioning process. We have developed a Framework for Service User Engagement in the Commissioning Process, that details how service users will be involved (Appendix to be added to the final version of the plan) .We expect that all agencies/providers who deliver services will actively engage with children, young people and their families in monitoring how services will be delivered, changed re-commissioned. We expect the same standard to be applied for the de-commissioning of services.

Working in Partnership

We will continue to work together with all relevant agencies and service providers, to make sure that resources are joined up, deliver good value for money and clearly target the children and young people who most need them.

Improving the customer experience

We will take steps to improve the way in which professionals working on behalf of children and young people work together with parents and careers so that they fully understand and engage with the system.

Delivering better services, with less money

We will seek to ensure the best value for money, within limited resources so that children and young people still receive the level of support they, and their families need.

4. What we know about Children and Young People in Bath and North East Somerset

There are just over 36,000 Children and Young People aged 0-19 in Bath and North East Somerset's making up 23% of the total population of 176,000.* Males account for a slightly higher proportion of the younger population than females.

9.5% of school children, age 5-16 are from black or ethnic minority families. In England this amounts to 25.6% of children who are school age.

Despite the tough economic climate, and the fact that the South West has some of the lowest wages in the country households in Bath and North East Somerset remain relatively prosperous, and levels of child poverty remain relatively low However, there are variations in different parts of the authority where household incomes have been increasing at a slower rate. There are also pockets of real deprivation, notably around the South East Bath area, parts of Keynsham and the Somer Valley.

Some groups of children and young people in Bath and North East Somerset are more vulnerable than others. Recent B&NES SHUE survey indicated that children on free school meals are not progressing as well as their peers.

The Department for Education estimates that nationally around 7% of children have a disability as defined by the Disability Discrimination Act (DDA). In Bath and North East Somerset, we have an estimated 2,228 children and young people between the ages of 0 and 19 who are disabled (Source: ONE, Care First, Early Years July 2013).

The council is also responsible for maintaining a list of children in the area who are at risk of continuing significant harm, and for whom there is a child protection plan. At 31 March 2013 there were 124 children subject to a child protection plan in Bath and North East Somerset; this equates to 36.4 children per 10,000 children.

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5. What service users told us was important- consultation on the priorities

An extensive consultation took place between June and September 2013 to find out what was important for service users across Bath and North East Somerset.

What children and young people say

Over a hundred schools and youth groups (including minority and seldom heard young people) took part in the pupil parliaments which debated themes that young people had told us were of concern.

PRIMARY PARLIAMENT KEY POINTS

1st	2nd	3rd	4th
Who do we turn to if we are worried?	**How to stay happy and healthy**	**Safe play**	**Families who have less money**
Children get worried for all sorts of reasons and it is not always possible to tell. Schools should all have Worry-busters – people who care about you, who you trust and can turn to: dinner ladies, buddies, teaching assistants, care-workers, teachers, head-teacher, volunteers.	Ways schools can help children: **Mind - o**ffering trained buddies/mentors to support others, introducing schemes that promote tolerance. **Body -** opportunities to exercise, helping children to maintain a healthy diet. **Space-** everyone knowing what is available and where.	Children don't feel safe when they are bullied at playtime, when dinner-ladies don't hear two sides of the story; in parks where there are drunk people and dog poo. They feel safe when there are adults keeping an eye out for them and where there is organised play: brownies, play rangers and safe places to play in the street.	There is more stress in families who have less money. You feel different and left out and it is hard to be happy. More could be done to help families with less money by making services free or less expensive, having free clubs for children, cheaper bus fares, more activities for families that are free, helping adults to find jobs.

YOUNG PARLIAMENT KEY POINTS

1st	2nd	2rd	4th
Staying emotionally and physically well	**Public transport in B&NES**	**Preparation for training and work**	**Safe places to hang out**
<u>Healthy relationships:</u> Universal approach across all B&NES schools to promote healthy relationships through PSHE, combatting coercive relationships and peer pressure. <u>Exam stress:</u> Growing pressure on young people to do well at exams resulting in stress: Suggestions: Mentors More free study time More understanding from teachers	Public transport is costly, inefficient and leaves some rural areas completely isolated. Ideally young people in full time education should travel free on buses. Failing this, bus companies should provide a youth bus pass at reduced cost.	Young people with disabilities face huge hurdles in trying to get a job from transport to communication issues. What more should we be doing to counter discrimination by raising awareness of disability issues and promoting good practice amongst potential employers?	Suggestions: more information about the good provision that exists – suggested a map with links to Facebook. Central hub with café for young people to hang out, get advice and support. Parks – young people would like to work with the Council to help fund-raise and volunteer to keep parks free from litter and vandalising. One named person from the Council could help to co-ordinate.

Action:

The outcomes from the pupil parliaments are being addressed in the following ways:

- Working parties comprising children, young people and key adults to look at barriers to employment for disabled young people, transport and safe play.
- Training for primary and secondary schools in healthy relationships, supervision, and skills in supporting young people with emotional difficulties.
- All primary schools to receive the 'Little Tin of Big Worries' resource.
- All secondary schools to receive the 'Issues box'.

Parents and Carers

The consultation took place over summer 2013 with 153 parents and carers. There was a focus on 3 key questions and the following table reflects some of the parent and carer comments.

1st	2nd	3rd
Do you think your local area is a safe place for children and young people to grow up in?	**As a parent or carer, are there issues that concern you?**	**Are you finding the challenges of family life more difficult than you were three years ago?**
"I worry about the speed of which cars drive at, the litter around the parks. The parks swings being removed. Teenagers hang around as they have nothing to do which can be intimidating and as always concerns with drugs is an issue" *"Yes I feel that my local area is safe for children and younger people to play in and socialize with other people but I also say no because of young people living in the local area are on drugs and alcohol."* *"I worry about activities within the local area for my son when he grows up. I feel that teenagers are often left without much to do"* *"There is not a great deal for older children to do in the village which leads to groups' hanging around"*	"*Prevalence of domestic violence in young people's relationships and disturbing way that boys can view girls ; lack of discussion about sex and relationships in schools; underage drinking"* *"They are so advanced on using computers & internet that they can see things they shouldn't if even when searching for something that is safe, often porn adverts come up when they shouldn't*" *"This Children's Centre has really helped me and my children without their support me and my children would not be here today"* "*Cuts to early child support services will leave us with a generation who don't know how to interact"*	*"The cost of living is very difficult to manage - We are on a very low income and find it very difficult giving our children the same opportunities as better off families"* *"3 children including 1 with Downs. Having to mostly travel out of area to access activities which means the cost goes up."* *"budgeting on a low income"* *"Cost of living has risen but not the salaries. Very difficult for young families with rent or mortgages to pay"* *" I have another child now and have not been earning much money for a few years now. I rely on the services offered for support and social interaction"* "*Money, poverty, cost of living*". "*Finance is always an issue and it seems to get more difficult."*

	"I think young people need to be more aware of careers advice where to go and somehow the 'stigma' of having counselling for young people needs to be faded out".	

The comments highlight some of the key concerns about the reduction to services, e safety, Child Sexual Exploitation and emotional health and wellbeing of CYP.

These themes, and the actions to address are detailed in the Outcomes Framework of the plan.

The plan also incorporated the feedback from a range of consultations that took place around the re-commission of a number of services in 2014 participation, independent visitor service for children in care: short-breaks for children and young people with disabilities and a position statement from the voluntary sector network commission, which is supported by B&NES Local Authority

6. Outcomes Framework

We have sought to explain simply and clearly the key priorities for children and young people across B&NES, what services we will commission /deliver to address these priorities and how we will know if they are making a difference.

We have developed the Outcomes Framework to explain this simply: it identified the 3 key priority areas and the services that will deliver against them. (Attached as Appendix 1 but will be in the main body of the plan once completed.)

We have also used the "pathway life-stage model" to help explain how services are offered along the pathway/journey that a child and young person goes through akin to the stages of development form pre-birth to transition to adulthood. It specifically focuses on the "early help offer", the support that children and young people can expect when additional support is required. (A draft Pathway document is attached as Appendix 2 for review and consideration)

Using the pathway approach, this will support commissioners to specify what part of the pathway services will be targeted at/accessible and will also help children, young people and families better understand what /where additional services are available across B&NES.

Children and Young People are Safe

The priorities identified in this section seek to strengthen the commitment to working in partnership with families, and to ensure that agencies can more accurately identify need at an earlier stage. The Children and Young Persons Plan recognizes the importance of early intervention, planning and collaboration between agencies and families.

This section outlines the importance of providing comprehensive training to staff in all agencies so that we have a workforce that has not just a solid grounding in key areas of Safeguarding practice, but is also able to remain updated on key emerging issues. The section also emphasizes the importance of intervention at the earliest and most appropriate level so that families can access support in order to prevent/minimize the escalation of concern. The dissemination of the new Threshold document will be crucial in assisting agencies in negotiating the most appropriate level of support for each family. Continued workshops to publicize this document, and the ability to link this training into the induction of new staff will be crucial in developing the culture of collaboration across professional organizations.

Finally, the section on Safeguarding also highlights the priority for agencies to address the emerging concern in regard to Child Sexual Exploitation and sets out the expectations of how the recently developed multi-agency Risk Management Panel has begun to discuss and plan for situations where risk-taking behaviors have been identified. There is a good level of support for this way of working from partners.

Children and Young People are Healthy

We want all children and young people to experience good emotional, mental and physical health but we will prioritize reducing health inequalities.

We need to ensure all children have a healthy start to life by promoting positive health choices from conception. We need to ensure that rates of breastfeeding and of immunizations remain above the national average, while those for infant mortality rates below.

We must provide them with support and information to enable them to make informed choices about their own lifestyle as they grow up. We must make sure that good habits are encouraged in childhood, that they develop coping strategies to improve resilience.

We want children and young people with chronic or acute health needs to be able to access appropriate, effective and high quality support, treatment and opportunities which will maximize their sense of well-being, long term health outcomes and future self-management of their health care.

Many decisions about children's health and their lifestyles are significantly influenced by their parents and carers and therefore we need to ensure that our approach involves families.
We want to make healthy choices the easiest choice for families and therefore we will support the development of healthy settings and provide appropriate facilities and promote use of open spaces

Why is this still a priority?

Our Joint Strategic needs assessment tells us that:

Healthy Weight of children has been identified as a national and local priority. In the 2011/12 school year, 26.1% of reception aged children and 26.8% of year 6 children attending schools in B&NES had an unhealthy weight (overweight or obese).

In the 2011/12 school year, 10.6% of reception and 14% of year six children in B&NES were classified as obese.

The B&NES rate in reception is significantly higher than the national rate of 22.6% but the year six rate is significantly lower than the national rate of 33.9%.

There is significant variation in rates of unhealthy weight between schools, with rates ranging from 4%-50% in reception and 12%-49% in year 6.

There is considerable geographical variation by ward of residence of children in levels of obesity and unhealthy weight for reception and year 6 children.

Keynsham (particularly Keynsham South) and Midsomer Norton/Radstock areas consistently have higher levels of unhealthy weight and obesity than other areas in B&NES.

The number of admissions for eating disorders in Bath and North East Somerset has increased although this may be due to changes in diagnosis rather than an actual increase in prevalence. Highest prevalence is in 16-24 year old girls.

Physical Activity is important for children to help prevent weight gain, to support good physical and psychological health in children. Recent research suggests that children's access to good play provision and outdoor space can contribute to this. The evidence tells us that children and young people should spend 1 hour per day physically active to benefit their health and that parents have a significant effect on young people's physical activity levels and therefore opportunities for family based activities would be beneficial.

Mental Wellbeing

Rates of mental health related outpatient attendances for children and adolescents in Bath and North East Somerset were above national and regional averages in 2009/10 and 2010/11.

Many mental illnesses are common and often start in childhood, it is estimated that 10% of children have a mental illness

Psychological Therapies in Bath and North East Somerset have seen a noticeable rise in referrals for service users aged 18-25.

Substance misuse particularly alcohol and drugs are of particular concern for the following reasons:

At 86 per 100,000, Bath and North East Somerset has the 4th highest rate of alcohol specific hospital admissions in under 18's out of the 37 South West local authorities. The peak age for female alcohol specific admissions (for conditions entirely caused by alcohol) is 15–19 years.

Estimates based on national figures suggest that 20% of local children aged 11-15 years drink on average 13 units weekly around 800 children (11-15 year olds) in Bath and North East Somerset are estimated to be drinking to get drunk every week (8% of the 11-15 population (2010 mid-year estimates)).

In 2009 data suggests that Bath and North East Somerset was worse than nationally and regionally with respect to the percentage of children who had reported they had been drunk one or more times in the last 4 weeks (20% BANES, 15% England).

Referrals to specialized drug and alcohol services for young people (under 18 years) in Bath and North East Somerset are currently at a rate of 5-6 per month for primary alcohol misusers (around 15 referrals a month are for children abusing alcohol with other drugs).

Bath and North East Somerset plays host to 20,000 students in its higher and further education institutes and the vast majority of these fall within the 18-24 year age group: at high risk from both hazardous drinking and alcohol-related crime

3-17 year olds from the most deprived areas of Bath and North East Somerset are three times (significantly) more likely to be admitted to hospital with an alcohol specific condition and around 800 of them drink to get drunk weekly .

Smoking rates amongst young people in B&NES is more positive but efforts to prevent young people from starting smoking need to be maintained.
Secondary School surveys suggest that fewer children in years 8 and 10 have ever smoked in Bath and North East Somerset compared with the national average. However, the surveys also indicate that the percentage of occasional/regular smokers is in line with national average.

Of the regular smokers that responded to the Secondary School surveys, 45% would stated that they would like to quit. 1/3 of pupils said that at least 1 person in their household smokes indoors

The SHEU Primary School survey indicated that 86% think they will not smoke when they are older, while 13% said they think they may smoke

Other Issues still need to be addressed and work will continue to maintain the current good performance locally.

Overall **vaccination rates** for childhood vaccinations in B&NES are better than regional and national rates. However, for some measures we are lower and the areas for improvement include:

- % of girls aged 12-13 who have HPV vaccine
- % of at risk individuals aged from 6 months to 65 years who have received a flu vaccine.
- % of 5 year olds who have had 2 completed doses of MMR vaccine

Breastfeeding rates for B&NES are very good but there are clear inequalities between rates for geographical areas and for young parents. Geographical variations in oral health are also apparent.

B&NES continues to have the **lowest teenage pregnancy rate** in the South West region and young people have good access to sexual health services.

Teenage conception rates in B&NES are 16.2 per 1,000 15-17 year old females, significantly lower than national (33 per 1,000) and regional (28 per 1,000) rates. In B&NES there has been a 44% reduction since the 1998 baseline.
Of these conceptions 59.2% led to abortion, this is higher than the previous year and higher than both regional (47.9%) and national (49.3%) figures. However a high percentage of all abortions are carried out between 3-9 weeks (81%), which suggests good early access to abortion services.

Chlamydia testing is lower than recommended levels, however this may relate to the high student population, who may receive testing at their home GP. 25 % of 15 – 24 yr olds have been screened

Children and Young People have Equal Life Chances

Over the life of this plan, there will be some key developments that will help to shape services and develop opportunities for Children and Young People, and in particular those in greatest need.

The Early Help Strategy will inform the way that services will be commissioned to best support families who do not require a social worker, but still need extra help in order to meet their needs and the needs of their children. We want to strengthen our approach to early intervention, and build on work with partners to further support the use of the CAF/Early Help Offer and embed this across all commissioned early help services. This will allow us to identify and tackle problems earlier and better meet the needs of children and young people.

Through better targeted use of the Pupil Premium and using the data we have available to us, Schools will continue to narrow the attainment and outcomes gap between pupils.

Over the course of this plan, we will evaluate and share the learning from the Connecting Families programme, by the Connecting Families team and commissioned voluntary sector partners to pilot new models and ways of working to support those families who have a range of complex needs.

We will continue to offer support to Young People involved in youth crime or who are at risk of offending

In addition we will continue to build on the range of positive opportunities we have for involving children and young people in participation and engagement opportunities.

We will continue to promote resilience and support children and young people to access the range of supports available around positive emotional health and wellbeing**.**

6.1. Workforce Development and Support

Bath & North East Somerset values the people and organisations that will help to deliver improved outcomes for children and young people. The CYPP places a high priority on the leadership, training and support of the workforce that will be critical to delivering against the CYPP objectives and to this end the council and its partners are committed to:

- providing learning opportunities designed to equip the children's workforce to undertake their roles safely and competently;
- enabling the development of new skills, knowledge and experiences that ensure a current and future workforce that is fit for purpose; and,
- developing the skills and confidence of the workforce in the use of tools that promote common values, shared principles and integrated working practices to improve outcomes for children, young people and their families.

To achieve this vision, all commissioned or provider services for children and young people in Bath and North East Somerset, will be required, through a commissioning framework or a service level agreement, to commit to supporting and improving the skills, experience and qualifications of their staff. A Workforce Development Strategy Group comprised of representatives from all sectors will identify and support the key areas of workforce development for 2014-2017 through a Workforce Development Action Plan

The plan will support the provision of core training offer that provides the children's workforce with a range of learning opportunities to promote:

- The common core of skills and knowledge
- Integrated working and the principles of early help;
- A common understanding of children's and young people's mental and physical health issues; and,
- Effective and timely safeguarding and child protection practice.

7. Performance Framework - Management and Governance

Bath and North East Somerset's Children's Trust Board brings together all services working for children and young people in order to focus on improving outcomes for all children and young people.

Key members of the Board are:

- Bath and North East Somerset Council
- Local Safeguarding Children's Board
- Strategic Transitions Board
- Public Health
- Health providers
- Avon and Somerset Police
- Voluntary sector
- Head teacher reps
- Focus Groups of Children and Young people, who give presentations to the board on specific issues.

Representatives from all these organizations make up the Children's Trust Board which will keep a strategic oversight of the plan. The Children's Trust Board will monitor progress of the plan against a combination of the success measures detailed in the outcomes framework and progress reports submitted to the Board at its quarterly meetings.

OUTCOMES FRAMEWORK TEMPLATE (Jan V3 DRAFT)

Children and Young People Plan 2014/2017
Vision Statement :

"We want all Children and Young people to enjoy childhood and be well prepared for adult life"

Joint Health & Wellbeing Strategy 2014 : Theme 1 ; Helping people to stay healthy
Priorities;

- Helping children to be a healthy weight
- Improved support for families with complex needs
- Reduced rates of alcohol misuse
- Create healthy and sustainable places

Child and Young People's Plan 2014-2017	Outcomes	Strategies/Policies/ Action Plans	Key deliverables/actions	Performance Measure	Baseline	Target		
						2014/ 2015	2015/ 2016	2016/ 2017
Theme 1: Children and Young People are Safe								
Priorities **1.a** Learning and Development framework established across the children and young people's workforce	Workforce are skilled to meet the needs of children and young people from early help thought to statutory social care Programme of multi-agency safeguarding training in place, supplemented by introduction of reflective practice workshops Increased awareness of child protection issues	LSCB Annual Report and Work Programme Early Help offer Suicide Prevention Strategy Child Sexual Exploitation	Development of a comprehensive training and development programme, which identifies key training for all professionals,	That all staff in LSCB agencies are able to access the relevant training	Section 11 Audits continue to challenge/measure the take up of interagency training			
			Disseminate Serious Case Review report and related action plans. and any other local Management review	All relevant SCR action plans are completed				

			Increase in the uptake of the early offer assessment /Common Assessment Framework	More CAF/Team around the child activity	Audit group to ensure quality of CAF's continues to improve			
1.b Understanding the risks and the range of appropriate interventions and supports available.	• Increased professional awareness of CSE, substance misuse, teenage pregnancy	Risk Management panel will continue to meet on a regular basis	Multi agency plans that reduce the risk of CSE, substance misuse, teenage pregnancy and involvement in crime for 14-18 years olds	Reduction of CP Plans for 15/16 year olds Greater inter- agency co operation on risk reduction plans	Improved, more effective engagement with young people- leading to a managed reduction in the level of risk			
	• Continued vigilance in regard to safeguarding	Sustaining and improving communication between agencies of local national initiatives in relation to safeguarding	LSCB to ensure all agencies are updated/challenged to respond to local/national initiatives	All LSCB sub groups remain quorate and complete tasks and functions LSCB to ensure that learning from SCR's is embedded	Section 11 Audits reflect the commitment of agencies to the safeguarding agenda			
	• Thresholds Guidance	Continued work to focus on new LSCB' Threshold' Guidance	Training on 'Thresholds' will continue to be offered and will become a core part of induction for new staff.	Speedier response times to referrals.	Improved understanding of which agencies can best provide assistance and support. Decrease in disagreement/ conflict over planning and resource allocation.			

	• Continued focus on improving 'Early Help' offer to families	'Connecting Families Team' will continue to work with identified families Continue to strengthen Duty team links with Youth service, Early Years Team and school Health service	Continued increase in number and quality of CAFs Reduction in no of CP plans and proportionate increase in C-I-N work	Rise of completed CAF's Reduction of CP Plans Rise in C-I-N activity	Measured and scrutinised through LSCB & SLA agreements			
1.c Children with special circumstances are safeguarded	• Children in care • Children with disabilities • Care leavers	All children & young people in these groups continue to be seen regularly by professionals in accordance with statutory requirements and are supported through transitions,	All professionals to ensure that contact with children and young people in these groups focuses on issues of well-being, safety and development in line with expectations	Visits are in accordance with statutory guidance & address issues which have been highlighted in plans for the child or young person	Audits of care recording & regular observations of practice by supervisors/line managers			

Key to outcome measures Population outcome (Public Health) - PO Local population outcome - LPO Service Outcome - SO

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Joint Health & Wellbeing Strategy 2014 Theme2 : Improving the quality of people's lives
Priorities:

- Improved support for people with long term health conditions
- Reduced rates of mental health

Child and Young People's Plan 2014-2017	Outcomes	Strategies/Policies/Action Plans	Key deliverables/ actions	Performance Measure	Baseline	Target		
						2014/ 2015	2015/ 2016	2016/ 2017
Theme 2: Children and young people are healthy								
Priorities **2.a** Healthy weight	Increased participation in Physical activity and sport for all Increase in cycling for transport and leisure for all Children and young people maintain a healthy weight Parents/carers to help CYP achieve a healthy weight Reduction in obesogenic environments	Linked Strategies: • Shaping Up – Healthy Weight strategy • Get Active – Physical Activity and Leisure strategy • Transport plan • Green infrastructure • Food policy (under development) • Core Strategy	Promoting physical activity • School sports partnership • Access to leisure facilities and events • Active Play/ play contracts	Bi-ennial SHEU survey % children who exercised last week to make you breathe faster and harder				
				increase in no of CYP accessing active play				
				School Sport Partnership data				

				Utilisation of outdoor space for exercise and health				
			• Cycling infrastructure	SHEU - Number of children cycling to school Indicator for cycling infrastructure 'safe routes to school'				
			Cycling development Go by Bike	Number of children participating in Bike it				
			• Cycle training	Numbers of children successfully completing cycle training				
			• Wheels for all	Wheels for all activity data – numbers participating				
			• Sustains transitions	Number of school / pupils increasing sustainable travel to school				
			National Child Measurement programme	NCMP – Healthy weight in 4-5 yrs. and 10-11 yrs.				
			HENRY programme	Numbers of families completing let's get healthy with HENRY				
			Cook It - food and health service	Numbers of families participating in Cook it , What's for Tea				
			Health in pregnancy service (weight management)	Weight at time of booking and delivery				

			Healthy School meals provision	Uptake of school meals				
			Director of Public Health award / Food in educational settings	Number of settings with Healthy settings certificate Number of settings with healthy outcomes certificate				
2.b Emotional health and wellbeing	Improved emotional well- being and resilience for learning and life for children and young people across universal services (Tier1) Increased early identification and referral to other appropriate services Improved engagement of schools to develop a culture supporting emotional and mental health well-being Improved engagement of schools to develop a culture supporting emotional and mental health well-being Improved engagement of early years settings to develop a culture supporting emotional wellbeing and resilience for all	Emotional Health and well Being Strategy Director of Public Health Award	Universal services : • School nurses • GP services Targeted programmes : • Young carers • Children in Care	Emotional Wellbeing of Looked after children SHEU survey – CYP afraid to go to schools sometimes				
			Support for settings / workforce to appropriately signposted /refer Children and young people to support services, in/out of schools	Number of workforce who have attended mental health awareness training				
			Support to participating schools to analyse SHEU data to develop actions and self-esteem interventions	Number of schools that include emotional wellbeing in DPH Award action plan Number of schools schools completing Learning to Lead Training Pupil Parliaments 2014/5 to measure effectiveness of actions				

	Improved access to Tier 2 services		Support to participating schools to analyse SHEU data to develop actions and self-esteem interventions Provision of supporting resources to schools All primary schools to receive 'a little tin of worries' resource for use across the primary age range All secondary schools to receive the Issues Box – a resource that highlights both concerns and achievements. Provision of Training for primary and secondary schools in healthy relationships, supervision, and skills in supporting young people with emotional difficulties	Number of schools that include emotional wellbeing in DPH Award action plans Number of schools completing Learning To Lead Training Pupil Parliaments 2014 to measure effectiveness of actions				
			Provision of training • Attachment awareness training rolled across all early years settings and schools	Number of early years settings and schools who complete the attachment support in schools				

			• HV training	Number of health visitors who have completed accelerated learning packages Number of schools completing the Learning to Lead model				
			Provision of school nursing services	Number of Children and Young People who consult with school nurses regarding emotional and mental health concerns. Breakdown of topic and no who are referred on				
			Provision of targeted Tier 2 treatment	Numbers successfully completing treatment services (Children and adults)				
2.c Reduced alcohol/ substance misuse	Staff are confident and competent to identify and refer Staff are confident and supported to deliver PSHE Children and young people are supported to minimize /stop alcohol /substance misuse Parents and carers are supported to minimize /stop alcohol /substance misuse And/ or supported to talk to young people about drugs and alcohol Reduction in children and Young People	Alcohol harm reduction strategy Tobacco control strategy	Workforce development in early identification and referral (depending on funding)	Numbers of staff trained (dependent on funding)				
			Support for schools to deliver substance misuse training	Number of staff trained in PSHE education				
			Support for children and young people experience or affected by alcohol/ misuse	Alcohol admissions under 18s				
				SHEU survey – number of children who have had an alcoholic drink in last 7 days				

	smoking Reduction in exposure to second hand smoke			Number who have been offered drugs				
				Number of children completing treatment programmes				
			Support to parents/carers affected by alcohol/ Substance misuse • DHI family support • Training/ social marketing for parents and carers	Number of families completing treatment programme				
			ASSIST smoking prevention programme	No 15 yr. year olds smoking prevalence				
				Number of schools completing ASSIST programme each year				
			Smoke free /environments/ play areas	Number of smoke free play areas /environments				

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Joint Health & Wellbeing Strategy 2014 Theme 3 : Creating Fairer Life Chances
Priorities

- Improve skills, education and employment
- Reduce the health consequences of domestic abuse

Improve the resilience of people and communities including action on loneliness

Child and Young People's Plan 2014-2017 **Theme 3:** Children and Young People have Equal Life Chances	**Outcomes**	**Strategies/Policies/ Action Plans**	**Key deliverables/actions**	**Performance Measure**	**Baseline**	**Target**		
						2014/ 2015	**2015/ 2016**	**2016/ 2017**
3.a Improve educational attainment.	Children and Young people do well at all levels of learning and have the skills for life. Those in receipt of Pupil Premium, those achieving lower grades than their peers and other vulnerable groups will have improved outcomes in terms of health and wellbeing as well as academic achievement. Data will show that the gap is narrowing.	SHEU data Pupil Premium School Improvement Plan	Development of new Children's Centre specification with local targets and strategies to address specific issues of inequality Early Years Foundation Stage team working with early years settings on the early identification of needs, target groups, effective interventions and the monitoring of outcomes. Development of an integrated approach to school improvement which: -support and challenges schools through the Pupil Premium Steering	% of Children achieving a good level of development the end of the EYFS in each target group at risk of poor outcomes. Better attainment and achievement at pre-school and school – narrowing the gap % reduction in attainment gap between children in bottom 20% and the rest. Raise on line-data SHUE survey No. of schools involved in the DPH award				

			Group; - explores action research and good practice -engages partners -hears the voice of children and young people -working with parents and carers	School tracking systems No of children in receipt of Pupil Premium involved in participation % gaining 5 good GCSEs including Maths and English Performance of children in care				
	All school children attending and enjoying school		Continue to improve primary school attendance by working in partnership with all schools to address the causes of exclusions and poor attendance.	School attendance / Exclusion rates National and local analysis (SIMS) and ONE locally. New Specification in place				
	Children and young people are supported to learn where there are additional and complex needs		Develop new specification for children educated in hospital. Development of a nurture and behavioural support strategy and model for B&NES. Continue to deliver nurture awareness training Commission pilot for nurture outreach service	New specification in place April 2014 New strategy in place % of Nurture Aware primary schools % of children with additional needs supported in mainstream education in infant/primary settings	April 2014 Sept/March 14/15 100% New contract for nurture outreach pilot			

			Further development of the Fair Access protocol by the Attendance and Behaviour Panel s Improve the awareness of employers and training-providers of the skills, ability and qualities of disabled young people.	% of children placed/receiving managed move into mainstream school following identification of need at panel within 5 days Feed back	100%			
3.b Ensure children and young people's life chances are not adversely affected as a result of domestic abuse	Prevention Commissioned Services Children are safe and feel safe	Domestic Abuse Strategy LSCB Strategy and Business Plan	That all agencies identify and respond appropriately to domestic violence concerns	Development of an action plan responding to domestic abuse Develop a standard for commissioned services	September 2014			
3.c Enabling Children, Young People. Parents and Carers to develop resilience	Children and Young People are resilient Parents are confident and able to support and meet the needs of their children	Early Help Children's Centre's Connecting Families Commissioned Specialist Family Support Parenting Programmes Local community play services and family inclusion work. Commissioned mental health services	Develop the strategy and model for Early Help Develop new model of practice which provides intensive support for up to 50 families with complex needs. Test out approach of engaging and working intensively with those families Re model Children's Play service , Centre Services to focus on those in most need of support	April 2015	215 families moved through the Connecting Families programme with measurable positive outcomes by May 2015	Sept 2014		

3.d Ensuring services are integrated to support young people as they move through transitions	Young people experience a seamless transition in adult services where on-going support is required. Safeguarding Learning Difficulties and Disabilities/SEND Connecting Families Mental Health EET		Develop an integrated approach which includes transitional planning into SEND reform work where children have special educational needs and disabilities. Aligning the specification between CYP and Adults services to ensure good transition arrangements. Ensure that transitions protocols are in place between all partner agencies and that they are monitored and reviewed with particular regard to Safeguarding. LDD, SEND and EET	Integrated plans covering transitions to adulthood in place. Monitored through Transitions Board /LSCB	Some arrangements are in place but not yet fully embedded across all key areas			

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CYPP 2014 – 2017 Pathway - DRAFT

Service

Prevention → Early Offer → Specialist Services

Assessment

CAF — SHES assessment/plan

Individual Pathway/ Life Journey

Pre Birth | Birth | Early Years | Primary | Secondary | College | Transitions to adulthood

Commissioned Services Internal and External Providers

- **Pre Birth / Birth**
  - GP Services
  - Maternity Services
  - Family Nurse
  - Partnership/Health Visiting
  - Public Health Campaigns – Stop smoking/drinking
  - Immunization campaigns
  - Breast feeding campaigns
  - Family Support Services
  - SEN
  - VCS
- **Early Years**
  - Children's Centre Services
  - Health visiting/GP
  - Parenting Courses and Family Support
  - Early Years Foundation
  - Childminders/ Pre-schools/ Daycare
  - SEN
  - VCS
- **Primary**
  - School
  - School Nurses
  - SEN
  - GP
  - P/CAMHS
  - CAMHS
  - Public Health
  - VCS
- **Secondary**
  - Youth Service
  - Youth Offending Service
  - Mentoring Service
- **College**
  - College Nurses
  - GP
  - SEN
  - CAMHS
  - Public Health
  - VCS
- **Transitions to adulthood**
  - Transition arrangements

Connecting Families
Specialist Social Care
Intensive Family Support
Decision making panels

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