Bath & North East Somerset Council

NHS Bath and North East Somerset

# Bath and North East Somerset Health & Wellbeing Board



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| | | |
| | Date: | 14 July 2015 |



To: All Members of the Health & Wellbeing Board

**Members:** Dr Ian Orpen (Member of the Clinical Commissioning Group), Councillor Vic Pritchard (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Bruce Laurence (Bath & North East Somerset Council), Jo Farrar (Bath & North East Somerset Council), Councillor Tim Warren (Bath & North East Somerset Council), Councillor Michael Evans (Bath & North East Somerset Council), Morgan Daly (Healthwatch Representative), Diana Hall Hall (Healthwatch Representative), John Holden (Clinical Commissioning Group lay member) and Tracey Cox (Clinical Commissioning Group)

**Non-voting member:** Nikki Luffingham (NHS England – Bath, Gloucestershire, Swindon & Wiltshire Area Team)

**Observers:** Councillors Tim Ball and Eleanor Jackson

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, 22nd July, 2015** at **2.00pm** in the **Community Space, Keynsham - Market Walk, Keynsham.**

The agenda is set out overleaf.

Yours sincerely

David Taylor
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 David Taylor who is available by telephoning Bath 01225 394414 or by calling at the Guildhall Bath (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. **Recording at Meetings**:-

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

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

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

   The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast 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.

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 David Taylor as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Civic Centre, 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 **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, 22nd July, 2015**
**Community Space, Keynsham - Market Walk, Keynsham**
**2.00 - 4.00pm**

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## 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 **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 previous meeting held on Wednesday 25th March 2015 as a correct record

8. UPDATE ON YOUR CARE, YOUR WAY

   A verbal report/presentation will be made at the meeting by the Project Lead Officer for Adult Care

9. HEALTH PROTECTION BOARD ANNUAL REPORT

   The Board is recommended to note the Annual Report and the priorities for the Health Protection Board for 2015/16

10. SEXUAL HEALTH BOARD ANNUAL REPORT

The Board is requested to consider and approve the contents of the Annual Report

11. LSCB ANNUAL REPORT 2014-15 AND BUSINESS PLAN 2015-18

The Board is requested to (1) note the Annual Report and Business Plan; (2) raise any queries or concerns on safeguarding activity; and (3) recommend areas on which the LSCB should give consideration

12. B&NES ECONOMIC STRATEGY REVIEW

The Board is requested to agree that the delivery of the wider economic strategy review action plan should be supported

13. JOINT HEALTHWATCH AND HEALTH AND WELLBEING NETWORK UPDATE

The Board is requested to agree that the approach taken (1) fulfils the expectations of how local Healthwatch will integrate with the Health and Wellbeing Network; and (2) complements the aims of the Joint Health and Wellbeing Strategy

14. TWITTER QUESTIONS/STATEMENTS

The Committee Administrator for this meeting is David Taylor who can be contacted by telephoning Bath 01225 394414

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**Bath and North East Somerset Council**

**NHS Bath and North East Somerset**

**HEALTH & WELLBEING BOARD**

# Minutes of the Meeting held

Wednesday, 25th March, 2015, 10.00 am

| | |
|---|---|
| Dr Ian Orpen | Member of the Clinical Commissioning Group |
| Ashley Ayre | Bath & North East Somerset Council |
| Councillor Simon Allen | Bath & North East Somerset Council |
| Bruce Laurence | Bath & North East Somerset Council |
| Councillor Dine Romero | Bath & North East Somerset Council |
| Jo Farrar | Bath & North East Somerset Council |
| Diana Hall Hall | Healthwatch representative |
| John Holden | Clinical Commissioning Group lay member |
| Tracey Cox | Clinical Commissioning Group |

**Co-opted Non-Voting Member:**

## 75 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

## 76 EMERGENCY EVACUATION PROCEDURE

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

## 77 APOLOGIES FOR ABSENCE

Councillor Paul Crossley and Morgan Daly had sent their apologies.  Ronnie Wright was a substitute for Morgan Daly.

## 78 DECLARATIONS OF INTEREST

Councillor Simon Allen (Cabinet Member for Wellbeing) declared an “other” interest as an employee of Sirona Care & Health Community Interest Company.

Dr Ian Orpen declared an “other” interest in item 8 of the agenda as a part share holder of Bath Pharmacy.

## 79 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

Dr Ian Orpen expressed his sincere thanks to Councillor Simon Allen on behalf of the Board members, officers and external partners, for his tremendous contribution, support and commitment during his term as the Health and Wellbeing Board Chair.

## 80 PUBLIC QUESTIONS/COMMENTS

There were none.

## 81 MINUTES OF PREVIOUS MEETING

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

The Chair informed the meeting that he had agreed to move forward agenda item ‘Better Care Fund Section 75 agreement’, as the next item on the agenda.

## 82 BETTER CARE FUND (BCF) SECTION 75 AGREEMENT (15 MINUTES)

The Chair invited Jane Shayler (Director of Adult Care and Health Commissioning) to introduce the item.

The Chair thanked the Council and the CCG BANES for work they have put into the plan.

John Holden had asked if the BCF existing 3.5% target reduction, that has been included in the plan, would be maintained over the life of agreement.

Jane Shayler and Tracey Cox responded that September 2014 submission of the plan had had a revision to the reporting metrics; this was the introduction of the metric of reductions of total emergency admissions with the national ambition of a 3.5% reduction in 2015 against a 2014 actual baseline. As the BCF was not new money, much of it would have to be re-invested from existing NHS services.

Through the CCG’s 2015/16 operational planning process there has been the opportunity to review the BCF existing 3.5% target reduction that was included in the BANES BCF plan. This has allowed BANES to review actual 2014/15 activity and aligned its BCF plan reductions with the CCG operational plan and associated QIPP

(Quality, Innovation, Productivity and Prevention) schemes that sit within or alongside the BCF.

It was **RESOLVED** to:

- Note the financial summary of BCF schemes and the 2015/16 funding transfers;
- Support the changes to the target for reductions in emergency admissions; and
- Agree entering into the draft section 75 agreement with delegation to the Co-chairs of the Health and Wellbeing Board and CCG's Chief Officer for agreement of the final agreement before signing.

## 83 BATH AND NORTH EAST SOMERSET PHARMACEUTICAL NEEDS ASSESSMENT 2015-18 (15 MINUTES)

The Chair invited Paul Scott (Public Health) to give a presentation to the Board.

Paul Scott highlighted the following pints in his presentation:

- Purpose of the Pharmaceutical Needs Assessment (PNA)
- Who uses a PNA?
- Governance
- Pharmaceutical Services provided in B&NES
- Location map
- Key findings
- Next steps…

*A full copy of the presentation is available on the Minute Book at Democratic Services.*

Members of the Board welcomed the report and presentation from Paul Scott.

The Board also welcomed that they would be required to keep a map up to date of the provision of NHS pharmaceutical services within the area.

The Board acknowledged that 'upon receiving a pharmacy application (to amend or open a pharmacy premises), NHS England would notify interested parties of the application and the Board would be included as part of this. NHS England would require written representation to be made within 45 days of circulation of the application.

The Board agreed that option 2 in the report, for responding to such notifications, should be preferred option.

*Option 2 –*
*A board member, such as the Director of Public Health, be given delegated authority for coordinating application responses back to NHS England, on behalf of the B&NES Health and Wellbeing Board.*

*As part of this process, Public Health will be responsible for circulating applications electronically within 7 days of receipt to representatives from the below teams for their input and feedback before preparing any response:*
*- Public Health team*
*- Research and Intelligence team*
*- Strategy and Plan team*
*- Ward councillor(s) impacted by application*
*- BaNES NHS CCG*
*- Healthwatch B&NES*

*As part of this process, all those consulted will be required to highlight any potential conflicts of interest which may arise in response to an application.*

*If a clear response cannot be easily identified and agreed electronically, the above group will be invited to meet to discuss and co-ordinate a response.*
Members of the Board noted that location map of B&NES pharmaceutical providers and location of premises had had a gap in the middle.

The Board also noted that there has been a gap in the provision of easily accessible local community pharmaceutical services that serve the Chew/Keynsham GP cluster in the evenings after 18:30 Monday to Saturday, and on Sundays.

It was **RESOLVED** to:

1) Adopt the key findings set out in the Bath and North East Somerset Pharmaceutical Needs Assessment 2015-18;
2) Agree the proposed arrangements for maintaining and keeping the PNA up to date, including an annual PNA Steering Group review meeting;
3) Agree that representatives of the Health and Wellbeing Board meet with the Avon Local Pharmaceutical Committee through an informal intelligence-sharing meeting;
4) Adopt option 2 for responding to notifications of new pharmacy applications from NHS England.

84 **REFRESH OF THE HEALTHY WEIGHT STRATEGY (15 MINUTES)**

The Chair invited Jameelah Ingram (Public Health) to give a presentation.

Jameelah Ingram highlighted the following points in her presentation:

- Why is obesity an issue?
- Obesity harms communities
- Key facts – healthy weight
- Vision for discussion
- Aim and objective
- 3 Levels of Action
- Prioritising Need
- Monitoring Outcomes
- Local Governance

- What can action on obesity lead to
- Initial Consultation Plans
- Next Steps

*A full copy of the presentation is available on the Minute Book at Democratic Services.*

Councillor Romero welcomed the Strategy and commented that the Council should take some action in terms of healthy eating. Councillor Romero suggested that the Board should receive an update in near future with information on what was stopping people changing their lifestyle and what dialogue took place with families and individuals on this issue. Councillor Romero also said that the Council could not control what children, who have been in academies, have in their school meals.

Dr Ian Orpen also welcomed the strategy though people should not necessarily think that an increase in exercise would help them lose weight. People should control what they eat and control consumption of high caloric food and drink.

Jo Farrar also welcomed the strategy and added that 'Fit For Life' Strategy has been also designed to help people live healthy lifestyle. Jo Farrar also suggested that the Board could invite partners within Fit for Life Partnership and hear their views on increasing number of mass participation events aimed at engaging new people, promoting positive messages and providing education about sport and physical activity.

It was **RESOLVED** to:

1) Approve the strategy subject to public consultation;
2) Agreed with the governance of the strategy;
3) Receive a feedback in 6 months timer;
4) Invite and hear from partners within Fit for Life Partnership.

## 85 DEMENTIA WORK PROGRAMME UPDATE (15 MINUTES)

The Chair invited Laura Marsh (CCG representative) to introduce the report.

It was **RESOLVED** to note the work undertaken to date and support the delivery of the work programme.

## 86 DIABETES CARE PATHWAY REDESIGN (15 MINUTES)

The Chair invited Laura Marsh (CCG representative) to introduce the report.

The Chair commended the work in this area and suggested that Healthwatch could get involved in the pathway redesign.

The Board welcomed new approach and emphasises on prevention.

It was **RESOLVED** to note the project work undertaken to date and to support the development and delivery of the new pathway.

87 **BATH AND NORTH EAST SOMERSET JOINT HEALTH AND WELLBEING STRATEGY (25)**

The Chair invited Helen Edelstyn (Strategy and Plan Manager) to give a presentation.

Helen Edelstyn highlighted the following in her presentation:

- Introduction
- The JHWS
- Changing how we work
- Preventing ill health by helping people to stay healthy
- Improving the quality of people's lives
- Tackling health inequalities by creating fairer life chances
- Delivery

*A full copy of the presentation is available on the Minute Book at Democratic Services.*

The Board welcomed the report and presentation. Members of the Board felt that it was important that priorities should stay the same. Members of the Board also welcomed the format in which the Strategy had been presented to the community.

It was **RESOLVED** to adopt the refreshed B&NES Joint Health and Wellbeing Strategy.

88 **HEALTHWATCH BATH AND NORTH EAST SOMERSET UPDATE (10 MINUTES)**

The Chair invited Ronnie Wright (Healthwatch) to introduce the report.

It was **RESOLVED** to note the feedback received through issues and concerns and through the Network, including an update on a research project conducted by Healthwatch within the Royal United Hospital; and to note the proposal for a model of Healthwatch work which maximises resources available within the overall Healthwatch project and local partners.

89 **TWITTER QUESTIONS**

There were no questions from Twitter.

The Chair thanked Board members and officers involved for their service and input over the past four years.

The Chair wished the new Board (membership to be known post May 2015 elections) continued success.

The Board thanked Councillor Allen for his contribution to the Board including his extremely effective leadership qualities, his guidance and direction and sense of fairness.

The meeting ended at 12.10 pm

Chair ..................................................................................

Date Confirmed and Signed ..................................................................

**Prepared by Democratic Services**

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Bath & North East Somerset Council

healthwatch Bath and North East Somerset

NHS Bath and North East Somerset Clinical Commissioning Group

| MEETING | B&NES HEALTH AND WELLBEING BOARD |
|---|---|
| DATE | 22/07/2015 |
| TYPE | An open public item |

| Report summary table | |
|---|---|
| **Report title** | B&NES Health Protection Board Annual Report |
| **Report author** | Anna Brett, Health Protection Manager 01225 394069 |
| **List of attachments** | Appendix 1: B&NES Health Protection Board Annual Report 2014/15<br>Appendix 2: B&NES Health Protection Board Terms of Reference |
| **Background papers** | N/A |
| **Summary** | In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. B&NES Council acquired new responsibilities with regard to protecting the health of their population. Specifically the Director of Public Health (DPH), on behalf of the local authority has to assure himself that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.<br><br>The Health Protection Board was established in November 2013 to help fulfil this role.<br><br>This annual report documents the progress made by the Health Protection Board and identifies priorities for the next 12 months. |
| **Recommendations** | That the B&NES Health & Wellbeing Board notes this annual report and the following priorities for the Health Protection Board for 2015/16.<br><br>1. Ensure that Local Health Resilience Partnership/Local Resilience Forum plans are effectively operationalised for B&NES by;<br><br>a) Sign-off the B&NES Health Protection Incident Control Plan to agree roles and responsibilities, identify gaps and practical solutions to ensure preparedness and response.<br><br>b) Identify lessons learned from outbreaks and incidents and |

| | |
|---|---|
| | implement actions plans.<br><br>2. Help to ensure resilience of Health Emergency Planning in B&NES<br><br>3. Support the development of Air Quality Action Plans (AQAPs) for Saltford & Keynsham.<br><br>4. Improve the uptake in all childhood immunisation programmes.<br><br>5. Improve the uptake of flu vaccinations in target groups.<br><br>6. Continue to monitor performance in specialist areas, identify risks and ensure mitigation is in place and escalate as necessary. |
| **Rationale for recommendations** | The priorities have been jointly agreed by all Board members as key issues that need to be addressed in order for the DPH, on behalf of the local authority to be assured that suitable arrangements are in place in B&NES to protect the health of the population. This is systematically carried out by monitoring key performance indicators, maintaining a risk log and through intelligence, debriefs of outbreaks and incidents and work plans of the Local Health Resilience Partnership & Local Resilience Forum which are based on Community Risk Registers.<br><br>The recommendations contribute to the delivery of these outcomes in the Joint Health and Wellbeing Strategy:<br><br>Theme 1 - Helping people to stay healthy: Create healthy and sustainable places, by improving the air quality in B&NES.<br><br>Theme 3 – Creating fairer life chances by increasing the resilience of people and communities, by ensuring preparedness for outbreaks of diseases and environmental incidents and hazards as well as ensuring individuals immunity to a number of diseases through immunisation and protect the wider population through herd immunity. |
| **Resource implications** | None |
| **Statutory considerations and basis for proposal** | This is a statutory role of the Director of Public Health acting on behalf of the Secretary of State.<br><br>A number of the priorities will help to address health inequalities. In particular improving uptake of flu vaccination in at risk groups and improving coverage of MMR immunisation.<br>Improving air quality in B&NES will directly impact and health and inequalities, sustainability and the natural environment. |
| **Consultation** | Dr Bruce Laurence, Director of Public Health B&NES Council<br>Becky Reynolds, Consultant in Public Health B&NES Council<br>Cllr Vic Pritchard, Cabinet Member Adult Social Care & Health<br>Ashley Ayre, Strategic Director: People & Communities |

| | |
|---|---|
| | Department B&NES Council<br>Richard Morgan Chief Financial Officer nominated representative B&NES Council<br>Maria Lucas, Monitoring Officer, B&NES Council |
| **Risk management** | A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. |

**THE REPORT**

See Appendix 1.

**Please contact the report author if you need to access this report in an alternative format**

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# B&NES HEALTH PROTECTION BOARD

# ANNUAL REPORT 2014/2015

## Specialist Health Protection Areas:

**Sexual Health**

KPIs: chlamydia diagnoses, HIV & under 18 conceptions

**Healthcare Associated Infection (HCAI)**

KPIs: MRSA / C.difficile

**Screening & Immunisation**

KPIs: national screening programmes & uptake of universal immunisation programmes

**Communicable Disease Control & Environmental Hazards**

KPIs: private water supplies / air quality management areas

**Substance Misuse**

KPIs: hep B vaccination, opiates & non-opiates

**Health Emergency Planning**

KPIs: Civil Contingencies Act requirements

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## Executive summary

### What's gone well?

- Across the full scope of the specialist work streams commitment to the Board has been demonstrated and assurance has been sought. There are no significant concerns about performance in any area.
- Performance monitoring, identifying risks, ensuring mitigation is in place and escalation processes have worked well.
- A full work plan has been agreed and a number of successful workshops have been held to test the health protection arrangements in a number of scenarios.
- The Board has established a B&NES immunisation sub-group.
- Outbreaks and incidents have been handled well, full debriefs have taken place and lessons identified are being fully implemented.

### What are the challenges & recommendations?

The Board is committed to improving all work streams and has recommended 6 priorities to be addressed in order for the Director of Public Health, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

1. Fully operationalise health protection plans in B&NES

2. Help to ensure resilience of health emergency planning in B&NES

3. Support the development of Air Quality Action Plans (AQAPs) for Saltford & Keynsham

4. Improve uptake in all childhood immunisation programmes

5. Improve the uptake of flu vaccinations in target groups

6. Assurance: Continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

## 1. Introduction & background

In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. B&NES Council acquired new responsibilities with regard to protecting the health of their population. Specifically Directors of Public Health (DPHs) need to be assured on behalf of their local authority that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.

The Health Protection Board was established in November 2013 to help fulfil this role. It provides a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action and ensures strong relationships between all agencies are maintained and developed to provide a robust health protection function in B&NES.

The Board's responsibility covers residents and non-residents who visit or work in B&NES and includes the following health protection areas:

a) Vaccination & immunisations
b) Infection prevention and control (IPC) related to healthcare associated infections
c) Drugs and substance misuse
d) National screening programmes
e) Sexual health
f) Communicable disease control including tuberculosis, blood-borne viruses, gastro-intestinal (GI) infections, seasonal and pandemic influenza
g) Emergency preparedness, resilience and response
h) Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety, contaminated land

The following officers and organisations are members of the Board:

| | |
|---|---|
| • Director of Public Health (Chair) | B&NES Council |
| • Consultant in Public Health | B&NES Council |
| • Cabinet Member for Adult Social Care & Health | B&NES Council |
| • Health Protection Manager | B&NES Council |
| • Public Protection & Health Improvement Manager | B&NES Council |
| • Substance Misuse Commissioning Manager | B&NES Council |
| • Emergency Planning Manager | B&NES Council |
| • Director of Nursing & Quality | NHS BaNES CCG |
| • Consultant in Communicable Disease Control | Public Health England |
| • Senior Health Protection Practitioner | Public Health England |

- Screening & Immunisation Lead BGSW Area Team
- Head of Public Health BGSW Area Team

## 2. Terms of reference

The Terms of Reference for the Board were signed off during the March 2014 Board meeting. Please see Appendix 1.

## 3. Purpose of the report

This annual report documents the progress made by the Health Protection Board since it was established and highlights key performance indicators, risks, challenges and priorities for the next 12 months in each specialist area.

## 4. Performance, risks, challenging & priorities in each specialist area

### 4.1 Infection prevention & control - health care associated infection (HCAI)

#### 4.1.1 Context

The Director for Quality & Nursing attends the Board for NHS Bath and North East Somerset Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning (buying) health and care services including: planned hospital care, urgent and emergency care, maternity and mental health services.

The CCG has a statutory responsibility to support NHS England improve the quality of primary medical care. Quality includes patient safety, patient experience and clinical effectiveness of provided services.

The CCG assures itself that Infection Prevention & Control is in place in provider organisations through:

1. Quality schedules - zero tolerance of MRSA & minimise rate of *Clostridium difficile (C.Diff).*
2. Commissioning for Quality and Innovation (CQUIN):
3. Site visits of major providers

#### 4.1.2 Key performance

The CCG monitors the number of cases of healthcare acquired *MRSA* & *C. diff* infection as part of their contract with providers.

### 4.1.3 MRSA blood stream infections

*Staphylococcus aureus* (S. aureus) is a bacterium that is present on the skin and is the most common cause of localised wound and skin infections. MRSA is a strain of *S. aureus* that is resistant to commonly used antibiotics, for instance, Flucloxacillin.

In 2013/14, the government set the challenge of demonstrating zero tolerance of healthcare acquired MRSA through a combination of good hygiene practice, appropriate use of antibiotics, improved techniques in care and use of medical devices, as well as adherence to all best practice guidance.

In 2014/15 B&NES failed to deliver zero cases of MRSA in all CCG patients, as 2 cases were reported. However this is an improvement of 4 cases in 2013/14 and robust action has been taken by the commissioners and providers to minimise the risk of future cases arising.

### 4.1.4 Clostridium difficile infection

A *C.diff* infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics.

In 2014/15 the national target for *C. diff* infection was 49 cases for all B&NES CCG patients. The total number of cases of *C. diff* was 61 compared to 56 cases in 2013/14.

The number of cases of *C. diff* infection was highlighted on the Health Protection Board's Risk Log throughout the year and the BaNES HCAI collaborative are taking actions to reduce *C. diff* infections, including focussing on appropriate anti-microbial prescribing and stewardship.

BaNES CCG is also actively monitoring *C. diff* cases with providers and in primary care and is participating in a Bath Gloucestershire Swindon & Wiltshire (BGSW) Area Team pilot. The purpose of the pilot is to ascertain if there are common themes arising within the community acquired *C. diff* cases in BaNES. To date, no common themes have been identified with the small number of cases found and further work is planned.

## 4.2 Communicable disease & environmental hazards

### 4.2.1 Context

The Public Health England (PHE) South West, Health Protection South West North team work in partnership with external stakeholders including the Public Health and Public Protection & Health Improvement teams based at B&NES Council, NHS England, acute care, general practitioners and community nursing to deliver an

appropriate co-ordinated response to infectious disease cases, outbreaks and incidents. PHE produce quarterly surveillance reports for the Board to monitor the incidence of different infections and diseases.

PHE reported that in B&NES there were 365 confirmed cases of infectious disease during 2014 that required significant investigation, we have highlighted below some examples of outbreaks or incidents where a multi-agency response and co-ordination was required.

#### 4.2.2 Tuberculosis (TB)

TB is a disease that mainly affects the lungs and is curable with a full course of treatment. Around 8,000 people develop TB in England and Wales each year and predominantly in urban areas.

B&NES is a low incidence area for TB and it is relatively difficult to catch, however the summer of 2014/15 saw 2 significant TB incidents in a B&NES primary school and a Somerset factory which employed a significant number of B&NES residents.

A total of 74 children from three different classes in the primary school were screened for TB following a confirmed case of TB in a member of the school community. Seven children had positive screening tests, undertook further clinical assessment and were treated accordingly.

Following 2 confirmed cases of TB in the factory, screening was offered to everyone who worked there. Approximately 350 people were screened and extra clinics were put on at the Royal United Hospital (RUH) to clinically assess the 90 or so people who screened positive, provide advice and support and provide appropriate treatment.

The two outbreaks are not known to be connected and this was the first time that a multi-agency incident control team had been tested on such a large scale under the new health system in B&NES. Both outbreaks were managed very well, support and advice was given to all those affected and a lot of learning has been collated through debriefs should a similar incident occur in the future. Both incidents were managed by different Consultants in Communicable Disease Control (CCDCs) / PHE teams working together and the Sirona School Nursing Service were applauded for their efforts in screening the children during the Sirona Awards for Excellence, they were awarded Team of the Year 2014. Funding was agreed between the Council's Public Health Department and the CCG for screening and treatment.

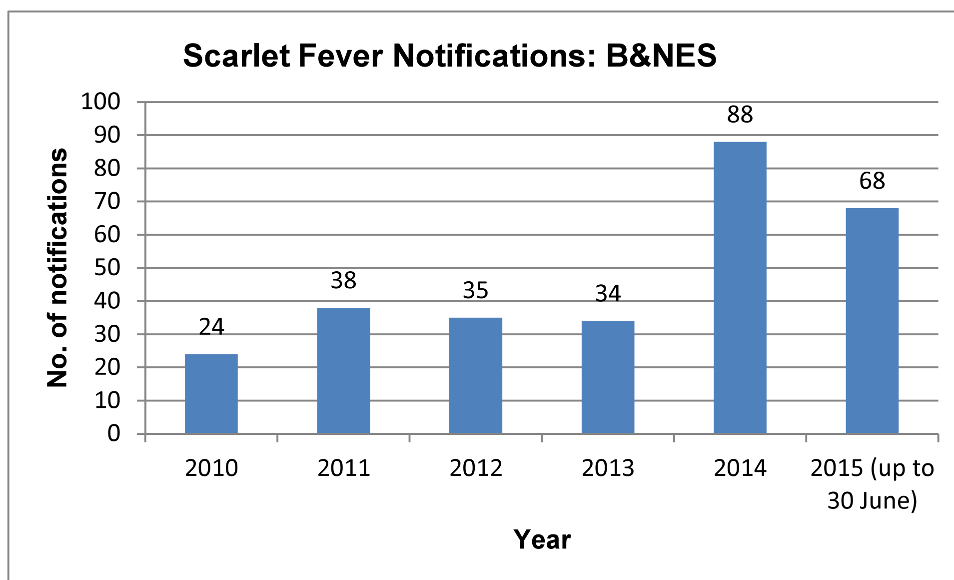
### 4.2.3 Scarlet Fever

In 2014/15, in keeping with the rest of AGW, B&NES experienced high levels of scarlet fever including a school outbreak.

Scarlet fever tends to be more common in the winter and spring and peaks around end of March/early April. It is mainly a childhood disease and is most common between the ages of two and eight years. It is usually treated with antibiotics and children need to be excluded from their childminder, nursery or school to help minimise spreading the infection.

As a response to the increase in scarlet fever the following public health interventions were put in place:

- Raising awareness with local clinicians, schools and child care establishments to ensure prompt reporting.
- Increased sampling of suspected cases




Source: PHE. 2015

### 4.2.4 Campylobacter

On 22 December 2014, a member of public telephoned the Council's Public Protection services to report that she was suffering from chronic stomach cramps and diarrhoea, as were five of her colleagues from work following a meal out in Bath.

It transpired that 10 workmates attended a Christmas meal at a relatively new restaurant in Bath city centre on the evening of 15 December. Six of the diners subsequently developed food poisoning symptoms. All of the six people had eaten

chicken liver parfait as a starter, providing strong circumstantial evidence that the restaurant had poisoned these customers. The six people all submitted a clinical specimen, but laboratory results were yet available. Due to the circumstantial evidence, the number of people potentially at risk and it being the Christmas season, an unannounced inspection of the restaurant took place that lunchtime.

The business, part of a small chain, had recently started trading and had previously been inspected in November 2014. The facilities were very good, practices appeared to be good, but they needed to formulate a food safety management system (FSMS) and a letter was written to this effect. The new business was awarded a Food Hygiene rating of 4 – Good.

The inspection on 22 December found evidence of poor hygienic practice in the method used for the production of batches of chicken liver parfait and there was confusion between management and staff of the correct methods. These exemplified the shortcomings identified in November as there was no effective food safety management system. Food samples were taken including chicken liver parfait, high risk foods were removed from the menu and legal Hygiene Improvement Notices were served requiring effective implementation of a FSMS. The Food Hygiene rating was immediately reduced to 1- Major Improvement Necessary which resulted in a lot of social media activity and speculation (something of a twitter storm)

The six people presenting symptoms all subsequently tested positive for Campylobacter. However it transpired that five ate at another venue the next lunchtime (16 December), all were in constant contact during working hours during the incubation period, the restaurant despite failings in processes had good traceability of product and of the 240 covers served on 15 December and the 40 servings of chicken liver parfait there were no other reported cases of illness. All of the food samples tested were negative.

With no direct evidence to link the cases to the restaurant and an absence of any other cases outside the group of work colleagues this investigation did not pass the evidential tests require by the Council Enforcement Policy to proceed to prosecution. However the Food Safety team did invoke the “Business Support Remediation Model”, the managers of the company were called into the Council Offices and after some frank exposure to the evidence gathered, possible consequences and options for the future relationship with the enforcement team, an action plan agreed to attain the highest levels of good practice. Three months later the business was awarded a rating of 5 - Very Good.

### 4.2.5 Air Quality Management Areas

B&NES Council is legally required to review air quality and designate air quality management areas if improvements are necessary under Part IV of the Environment Act 1995 and the Air Quality Management regulations. Where an air quality management area is designated, an air quality action plan describing the pollution reduction measures must then be put in place in pursuit of the achievement of the Air Quality Strategy and objectives in the designated area.

B&NES Council have declared 3 Air Quality Management Areas (AQMAs) in Bath, Keynsham and Saltford.

An air quality action plan for Bath has been in place for some time. A multi-departmental group in the Council led by the Public Protection & Health Improvement team have recently been identifying potential actions in Keynsham and Saltford.

Although this work was delayed due to the elections and has been on the Board's risk log, the action plan will go out to public consultation this year and be complete by December 2015.

Based upon a good body of international evidence which demonstrates a link between air pollution and certain health outcomes, the group working on this area will make a recommendation that the Council accepts the position that air pollution does contribute to poor health. If this is accepted then further exploratory work could include:

- Identify the most effective methods of reducing air pollution (e.g. through a literature review)
- Identify whether there are any physical locations within the 100m buffer zones of the Air Quality Management Areas where people are more vulnerable to the negative effects of poor air quality may congregate (e.g. care homes, sheltered housing, nurseries/pre-school, general practices) and work with them to look at how they can reduce their exposure to poor air quality.

## 4.3 Health Emergency Planning

A wide range of events can cause health emergencies, including natural hazards, accidents, outbreaks of disease and terrorist attacks. Emergencies can be minor events that threaten the health and lives of local communities or major events that affect the whole population.

As much as possible, we try to prevent these emergencies. But it's important that we are able to respond quickly if they do happen, to reduce their impact on people's lives and to stop lives being lost.

In order to ensure the best emergency planning, preparedness and response it is essential that all organisations in the health community work together in a coordinated way.

### 4.3.1 Local Health Resilience Partnership

Local Health Resilience Partnerships (LHRPs) have now been established for over two years in order to deliver national Emergency Preparedness Resilience and Response (EPRR) strategy in the context of local risks. This forum brings together the health sector organisations involved in EPRR at the Local Resilience Forum (LRF) level and is a partnership for coordination, joint working and planning for emergency preparedness and response by all relevant health bodies. It offers a coordinated point of contact with the LRF and reflects a national, consistent approach to support effective planning of health emergency response.

### 4.3.2 Review of local health protection arrangements for responding to incidents & outbreaks

During the spring of 2014 the LHRP carried out a review of local health protection arrangements for responding to incidents and outbreaks as part of a national audit. In B&NES a number of capabilities and gaps in funding and resources were found. As a result the LHRP produced a strategic document entitled 'Communicable Disease Incident Outbreak Control Plan' and an operational plan with a directory of response activities identifying which organisation has lead responsibility and resources and skills to deliver each activity.

To help inform the operation plan a series of scenario based workshops have been held, where all partners came together to discuss very practical issues. A number of debriefs from real incidents or outbreaks have also been used.

### 4.3.3 The Council's Emergency Planning Department

The Council's Emergency Planning Department is represented on the Board and supports local health emergency planning preparedness and response by providing the Council's first line of contact out of hours, maintaining the Council's community risk register and Major Incident Plan, organising training and exercises and video advice and expertise. During 2014/15 the Council's Customer Services Dept. restructured bringing together the Emergency Management team, CCTV and the Contact Centre to form the Communications Hub.

Due to the re-organisation and recruitment the inability to plan/exercise and the inability to respond to emergencies long term was on the Board's risk log. The matter

was escalated and one of the results was that a Design Group was established to have a Council wide overview of emergency planning, keep up-to-date with the latest guidance and developments, agree roles and responsibilities, discuss risk, review incidents and identify and implement lessons learned.

An internal audit of the Communications Hub recently took place. It was assessed as level 3 (Satisfactory) and all actions accept one have now been completed. The outstanding action to have a silver control senior manager rota is currently being considered.

There is no formal out of hours provision for the Council's Public Protection & Health Improvement department. This has been included on the Board's risk log. To mitigate against this the Public Protection Manager's and senior manager's contact details are on the Council's emergency contacts list and a cascade 'best endeavour' approach has been adopted. This system was recently tested out of hours when Protection officers were needed to investigate a potential case of Legionnaires disease.

#### 4.3.4 Ebola

Since March 2014, there has been an outbreak of the Ebola Virus Disease (EVD) affecting several countries in West Africa.

EVD is a rare and infectious disease caused by the Ebola virus and is spread through human populations through direct contact with the blood and bodily fluids of an infected person.

The risk of Ebola to the UK remains very low. While the UK might see cases of imported Ebola, there is minimal risk of it spreading to the general population due to the health care system within England with robust infection control systems and processes and disease control systems in place.

The DPH and LHRP have been working hard to ensure that local response plans are as robust as possible. Local workshops and planning exercises have been held, to work through plans in detail, with all organisations involved. This is to ensure that if an Ebola situation were to arise in B&NES, all agencies are ready and prepared to respond effectively and rapidly.

#### 4.3.5 Near evacuation of Bridgemead Residential and Nursing Home

On 24 December 2013 and following an assessment of the likelihood and impact of flooding, Bridgemead Care Home in Bathwick took steps in preparation for a full

evacuation of its premises. The incident was deemed to be a local incident and a number of health system and multi-agency partners were involved in preparatory actions, some at the scene, others working remotely to support the premises and ensure the safety of service users and staff. The decision was eventually taken to keep residents on the premises.

Following ‘stand down’ of this incident, a debrief was conducted in order to identify any lessons arising.

The following actions were identified:

- Share documentation pertaining to evacuation
- Confirm local (B&NES) transport options and contact numbers
- Bridgemead to develop existing plans to include:
    - Clarity around roles and responsibilities for on-site incidents (including accountability for decisions to evacuate)
    - Route for escalation if encountering difficulties (to commissioners)
    - Potential roles for emergency services responding to flooding at the premises
    - Plans to be shared with commissioning organisations (Local Authority/Clinical Commissioning Group) and other organisations with response role.

Use learning from Bridgemead incident as basis for on call staff training:

- Threshold -activating telecom for involved parties
- Threshold-setting up coordination hub and when to request multi-agency Incident Coordination Centre via Local Authority
- Review risks (short to long-term).
- Ensure plans are in place for these risks

## 4.4 Sexual Health

### 4.4.1 The Sexual Health Board

The Sexual Health Board was re-launched in Spring 2014, aiming to promote good sexual health amongst the population of B&NES. The Board has three main purposes:

1. To oversee the development and delivery of a strategic plan for sexual health in B&NES.
2. To influence the commissioning and delivery of high quality sexual health promotion, clinical provision and sexual health-related social care, ensuring equitable provision according to need.
3. To ensure effective partnership responses are developed and delivered in respect of all sexual health services for B&NES residents.

Sexual health is a broad topic and the following areas are included within the Board's scope:

1. Sexually transmitted infections
2. Unintended pregnancy and safe termination of pregnancy
3. Young people's sexual health; and relationships and sexual health education
4. Psychosexual issues
5. Promotion of safe sexual experiences
6. Teenage pregnancy
7. HIV

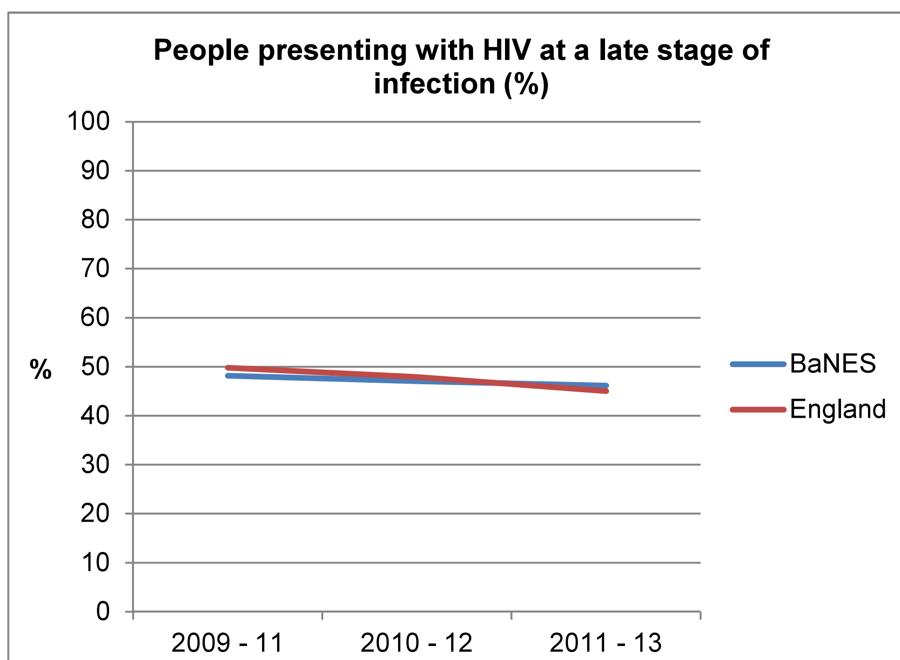
Other areas such as rape, sexual violence and sexual exploitation, fertility, sexual dysfunction and gynaecological issues, whilst linked to the area are out of direct scope, although linkages with these areas will be developed where required

### 4.4.2 Sexual Health Needs Assessment (SHNA)

The new SHNA completed in March 2015 provided useful information in a number of areas relating to health protection:

- B&NES is a low prevalence area for HIV (0.66 infections per 1,000 population aged 15-59 years), compared to 2.1 per 1,000 in England. 25% of people living with HIV locally receiving treatment and care are Black African. If HIV is diagnosed early it can be successfully treated and people with HIV can live to near-normal life expectancies in good health. Early diagnosis also means that the risk of HIV being passed on as a result of people being unaware of their HIV status is reduced. As can

be seen in the chart, in B&NES and in the UK just under half the people diagnosed with HIV between 2011 – 2013 were diagnosed late. B&NES Council has signed up to the national Halve It campaign to promote early diagnosis.



Source: Public Health Outcomes Framework

- B&NES is a low prevalence area for gonorrhoea (27 per 100,000 in B&NES compared to 55 per 100,000 in England), genital herpes (38 per 100,000 in 2013, compared to 60 per 100,000 in England) and genital warts (123 per 100,000 compared to 137 per 100,000 in England)
- In 2013, B&NES had a very low incidence of syphilis, consistent with the national picture (5 per 100,000 compared to 6 per 100,000 in England)
- There were relatively small numbers of people with chronic hepatitis B virus diagnosed year on year from 2010 – 2013 (10 or less per year). There were also relatively small numbers of new diagnoses of hepatitis C diagnosed from 2010 – 2012 (average of 63 per year)
- Achieving a higher chlamydia detection rate reflects improved control of chlamydia infection; identifying and treating more infections means individuals will have reduced risk of serious consequences from the infection and will no longer be infectious to others. Although data is limited due to some data coding issues in the testing laboratories, it appears chlamydia detection rates in B&NES are below the recommended rate of 2,300 chlamydia diagnoses per 100,000 15 to 24 year olds, averaging 1,607 per 100,000 in 2013 compared to 1,907 per 100,000 in the Avon, Gloucestershire and Wiltshire PHE centre area and 2,016 per 100,000 in England
- B&NES has a low number of under 18 conceptions each year (generally between 50 and 55 pregnancies). The under 18 conception rate in 2013 was 17 per 1000 women aged 15-17, and this is significantly lower than national

rates. Maintaining this low rate will continue to be a priority for partners on the Sexual Health Board

Following the sexual health needs assessment recommendations will be addressed from 2015/16 through a strategy and action plan under five themes:

1. Strengthening intelligence and research
2. Strengthening sexual health service provision
3. Strengthening prevention and promotion
4. Working with recent technologies
5. Strengthening training and development

## 4.5 Substance Misuse

### 4.5.1 Context

The aim of this programme is to coordinate the local response to the treatment and prevention strand within HM Government's National Drug Strategy (2010) 'Building Recovery: Supporting People to Live a Drug Free Life' by commissioning effective substance misuse services for B&NES residents who are affected by drug and/or alcohol problems. The key objective is to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services. This is achieved through the delivery of recovery and outcome focussed integrated services. Nationally, for every £1 spent on drug treatment and recovery £2.50 is gained in benefits. It is evidenced in the Local VFM tool that benefits accrued to B&NES are considerably higher, with £3.43 gained in benefits for every £1 spent on the local treatment system (2012-13).

### 4.5.2 Drug and alcohol performance

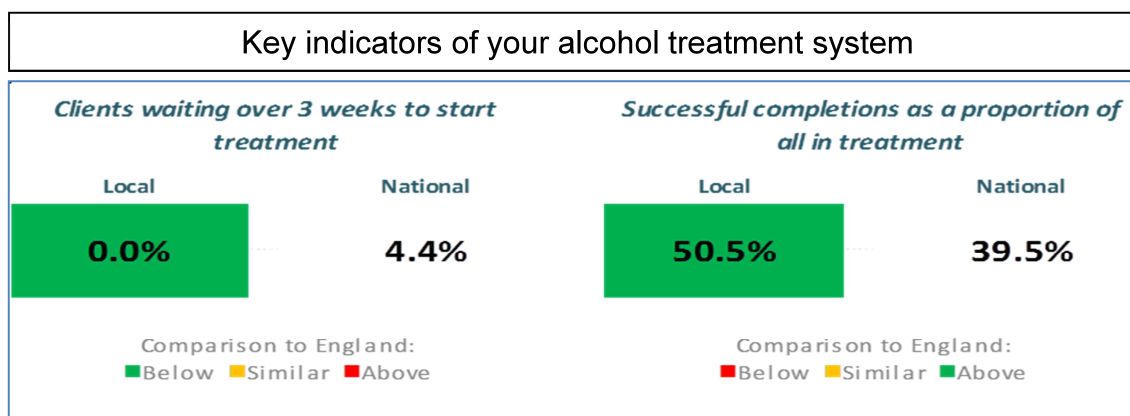
The main substance-misuse related indicator in the public health outcomes framework (PHOF) relates to improving client outcomes through increased successful completions from treatment and prevention of re-presentations (through relapse). The table below shows performance for opiate clients and non–opiate clients. Opiate clients' outcomes in B&NES are higher than the national comparators (10.8% compared with 7.7%), with non –opiate clients' outcomes similar to national comparators (39.6% compared with 38.3%).

| Indicator* | Year to end Oct 2014 - BaNES | Year to end Oct - England |
|---|---|---|
| Treatment completion and non-representation (% opiate clients) | 10.8% | 7.7% |
| Treatment completion and non-representation (% non-opiate clients) | 39.6% | 38.3% |

*Source: NDTMS

Improving outcomes has been the greatest achievement of 2014/15. For opiate users, outcomes are considerably above 2013/14 performance and the baseline of 6.7% set in 2010. For non-opiate users, outcomes are also considerably above 2013/14 performance and the baseline set of 21% in 2010.

The treatment services have been innovative in meeting increased demands for alcohol misusers and with high client successful completions as shown in the following chart:




Finally, the national indicator in the government's Health Premium Incentive Scheme has been confirmed as 'successful completion of drugs treatment' (with combined data for opiate and non-opiate users), which will give an additional local focus to this area of work.

### 4.5.3 Blood Borne Viruses

Hepatitis B (HBV) and Hepatitis C (HCV) are blood-borne viruses (BBVs), transmitted via infected blood and are known to be the leading cause of liver disease worldwide.

Injecting drug use continues to be the most important risk factor for people in the UK who have chronic HCV infection.

B&NES treatment services are effective and proactive at supporting appropriate clients to be tested for HCV. During 2014/15, 93% of injecting drug users in B&NES (engaging in drug treatment) had been tested for HCV. This is substantially above the national performance (71%).

#### 4.5.4 Hepatitis B project

A briefing by Public Health England in 2013 stated that HBV prevalence dropped from 44% in 1990 to current 20% due to increased immunisation. Department of Health Clinical Guidelines recommends offering HBV immunisation to all drug users, and recommends immunisation of priority groups (such as injecting drug users).

During 2014/15 the B&NES Substance Misuse Commissioning Manager undertook a study to look at how to increase drug misusers' uptake of HBV immunisation and to implement processes to ensure continued high performance.

The main findings and what worked in B&NES:

- Appropriate targeting of priority groups
- Task focussed BBV nurse on-site
- Offering BBV at start of treatment when motivation is highest, and with rapid follow up of boosters
- Promote BBV at needle exchange & steroid clinics
- Risk flow-chart (& process) identifying who is responsible for follow up
- Obtaining & recording accurate data is challenging e.g. from prisons/GP practices/out-of-area providers

B&NES continues to perform substantially above national performance for HBV immunisation.

### 4.6 Immunisations

#### 4.6.1 Context

Responsibility for commissioning all universal immunisation programmes was passed to NHS England Area Teams as a seconded function from the Department of Health and Public Health England provide the public health and system leadership capacity in the way of seconded / embedded workforce (Screening and Immunisation Teams, SIT). All B&NES universal immunisation programmes are commissioned by NHS England South (South Central), formally the Bath, Gloucestershire, Swindon and Wiltshire (BGSW) NHS England Area Team supported by the PHE Centre Health Protection South West North. The programmes commissioned are part of the Section 7a agreement between the Secretary of State for Health and NHS England, all programmes are commissioned against a national Service Specifications (Part c of the S7a), subject to local agreements on appropriate additional initiatives.

These changes have meant that there have been a number of challenges, and the screening and immunisation public health leadership and its commissioning has been nationally acknowledged as one of the key risks. Some of these risks relate to: access of appropriate, timely and reliable data specifically enabling small area analysis; clarity of roles and responsibilities on incident management; working arrangements across NHS England and PHE; staff feed-back. Specifically the Screening and Immunisation Team have faced some additional challenges including: relatively late formation, lack of capacity, and lack of admin support; however by the end of 2014/15 these challenges have been largely addressed.

The Screening & Immunisation team provide the Board with quarterly performance reports and briefings.

#### 4.6.2 B&NES Immunisation Sub-group

The Health Protection Board has recognised the above challenges and has set-up a B&NES Immunisation Sub-group which will meet for the first time on 22 July 2015.

It is necessary to have one operational group with the responsibility for taking a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur.

The group will provide a structured approach to monitoring, identifying & mitigating risks and updating action plans relating to immunisation programmes. It will work collaboratively to exchange information, share knowledge; good practice and provide

practical solutions and ideas to for the purpose of improving and strengthening local immunisation programmes.

The group will also aim to seek assurance that immunisation services in B&NES are compliant with the Department of Health guidelines and ensure that all national and local immunisations programmes are delivered safely, effectively and in a timely manner to all B&NES residents.

### 4.6.3 Immunisation programmes

### 4.6.4 Childhood immunisation programmes

The COVER (Cover of Vaccination Evaluated Rapidly) programme evaluates childhood immunisation by collating immunisation coverage data from child health systems for children aged one, two and five years of age.  Data is evaluated against the World Health Organization (WHO) targets of 95% coverage annually for each antigen (except MenC) by two years of age.

Pre-school booster vaccinations (DTaP/IPV and MMR 2$^{nd}$ dose at 5 years) are consistently not reaching the national target of 95%, however B&NES is still slightly higher than the England average.

Hib/MenC booster, PCV booster and MMR 1st dose coverage at 2 years are also higher than the England average but are generally lower that the nation target of 95%, although considerable improvement was seen for PCV booster and MMR 1$^{st}$ dose coverage at 2 years in the last quarter of 2014/15.

One of the first priorities of the B&NES Immunisation Group will be to discuss the performance of the childhood immunisations programmes to see what can be done to make improvements.

### 4.6.5 Adolescence and school based immunisation programmes

School aged immunisation programmes (HPV, school leaver booster and MenC booster) are provided by the school nursing service and as necessary by general practice.

85.3% of all 12-13 yr old girls attending a B&NES school were given 3 doses of HPV in 2013/14 academic year, this compares against a national target of 90% and was lower than the England average of 86.7%. The Area Team is working with the provider to try and improve uptake for HPV during the next academic year

There are a number of changes to the adolescence and school based immunisation programmes which have recently taken place are or currently taking place.

- From September 2015, the number of doses of HPV vaccine that is given to teenage girls will be reduced from three to two
- From 2014/15 academic year Td/IPV and MenC will be given to pupils in both Yr 9 and Yr 10 and in 2015/16 to Yr 9 only
- Meningococcal C adolescent booster: From June 2013 the second dose (given to infants at 4 months of age) of MenC was removed from the routine schedule and an adolescent booster dose to be given to school year 10 children was introduced for the academic year 2013 -14. The school nursing service was commissioned to deliver the MenC booster alongside the existing school leaver booster for the 13/14 academic year.
- The Men C programme is expected to change for the 2015/16 academic year to incorporate Men ACWY into the adolescent schedule.
- MenC fresher's vaccination programme: this was an opportunistic programme offered to first time university students (17 – 25 year olds) who have received notification from Universities and Colleges Admissions Service (UCAS). Students were signposted to their own GP. The programme was effective from 1 April – 31 March 2015. All practices in B&NES agreed to provide this programme to their registered population. The programme has been extended for 2015-16. Information will be cascaded about future plans for the Men C schedule when this information is received from DH however it is anticipated that the MenC vaccine will be replaced with the Men ACWY vaccine in response to the increasing number of MenW cases.

#### 4.6.6 Adult immunisation programmes

Adult immunisation programmes (Shingles, Pneumococcal and Pertussis) are provided by general practice.

a) Shingles vaccination programme:

The shingles vaccination programme was launched on 1 September 2013, with a view of to reduce Shingles transmission and preventing associated long term conditions. The routine programme delivers a single vaccination of Zostavax® to those aged 70 with a catch up programme for those aged 79, both delivered by general practice.

Both programmes continued in 2014/15, with the second year commencing on 1 September 2014. The routine programme is for patients aged 70 as of 1 September 2014, with the catch up programme for patients aged 78 or 79 years on 1 September 2014.
The B&NES Shingles programme performs above the England average.

b) Pneumococcal vaccination programme:

This is a single dose vaccine that is only required once in a lifetime. Coverage is calculated using the percentage of people aged 65 and over who have received the pneumococcal vaccine anytime up to 31/3/2014. In 2014 coverage in B&NES was 72.5%, 2.8% higher than the Bath, Gloucestershire, Swindon and Wiltshire area team average of 69.7%.

c) Pertussis (whooping cough) vaccination programme:

Pertussis is a vaccination programme for pregnant women. The temporary programme introduced in October 2012 was extended for 2014/15. In July 2014 it was announced that the programme will continue for a further five years. All pregnant women will be invited to their GP practice for a single dose of the vaccine.

This chart shows that performance is above the England average.

| Indicator: | Target (%) | July 2014 (%) | August 2014 (%) | September 2014 (%) | October 2014 (%) | November 2014 (%) | December 2014 (%) |
|---|---|---|---|---|---|---|---|
| Pertussis in pregnancy (BGSW) | None | 62.3 | 63.0 | 62.5 | 64.8 | 67.1 | 70.9 |
| England | None | 53.5 | 55.6 | 55.6 | 58.0 | 60.6 | 62.3 |

Source: PHE

### 4.6.7 Seasonal Flu vaccination programme

During the 2014/15 flu season free vaccinations were offered to the following ‘at risk’ groups of people through general practice:

- 2, 3 & 4 years olds
- Pregnant women
- Those aged 65 or over
- Carers
- Under 65 year olds with certain medical conditions
- Those living in long stay care.

In addition to these target groups, all employers had a responsibility to maximise vaccination rates in their front line health and social care staff. Increasing uptake amongst these groups can effectively help to reduce the pressures on health and social care services during the winter months.

a) Childhood flu programme:

The flu vaccination programme for all children aged 2 and 3 years was introduced for the 13/14 flu season. Delivered in general practice all children were offered a single dose Fluenz®.

The 2014/15 programme was extended to 4 year olds. In 2015/16 this will be extended to include all children in school years 1 and 2.

**Performance**

| Indicator: Flu vaccine coverage | Target (%) | B&NES 2013/14 1/9/13-31/1/14 (%) | BGSW 2013/14 1/9/13-31/1/14 (%) | England 2013/14 1/913-31/1/14 (%) | B&NES 2014/15 1/9/14-31/1/15 (%) | BGSW 2014/15 1/9/14-31/1/15 (%) | England 2014/15 1/9/14-31/1/15 (%) |
|---|---|---|---|---|---|---|---|
| Children: 2 years | None | 42.6 | 46.6 | 42.6 | 46.8 | 43.9 | 38.5 |
| Children: 3 years | None | 40.1 | 43.2 | 39.5 | 48.3 | 46.2 | 41.3 |
| Children: 4 years | None | - | - | - | 39.8 | 35.9 | 32.9 |

Source: PHE

- 100% of eligible children should be offered the vaccination. A target between 40% - 60% has been set for all age ranges in the childhood programme.
- B&NES achieved the highest uptake in all three age groups in the childhood programmes across BGSW.
- BGSW increased uptake for 3 year olds by 3% compared to the overall uptake for last year. B&NES increased by 8.2% compared with last year.
- There has been an overall decline across BGSW with the 2 year olds programme by 2.7%. However, B&NES increased by 4.2% compared with uptake last year.
- Uptake for 4 year olds across BGSW was 35.9%. Uptake in B&NES was 39.8% which was 6.9% above the England average.
- Further communication and liaison with Health Visiting Services and GP practices is planned for this season, to increase awareness and uptake for the childhood flu programme.

b) Adult flu programme:

This programme is delivered between September and January each year and the data is broken down into a range of population groups all of which are eligible for a flu vaccination. These groups are:

- Aged 65 and over
- At risk individuals from age six months to under 65 years, e.g. patients with diabetes or chronic heart disease
- Pregnant women

**Performance**

| Indicator: | Target (%) | B&NES 2013/14 1/9-31/1 (%) | B&NES 2014/15 1/9-31/1 (%) | BGSW 2013/14 1/9-31/1 (%) | BGSW 2014/15 1/9/-31/1 (%) | England 2013/14 1/9-31/1 (%) | England 2014/15 1/9-31/1 (%) |
|---|---|---|---|---|---|---|---|
| Flu vaccination coverage (aged 65 and over) | 75.0 | 73.6 | 72.9 | 73.6 | 73.7 | 73.2 | 72.8 |
| Flu vaccination coverage (at risk individuals from age six months to under 65 years) | - | 48.0 | 45.4 | 51.1 | 48.3 | 52.3 | 50.3 |
| Flu vaccine coverage: Pregnant women | - | 39.7 | 45.7 | 39.7 | 44.9 | 39.8 | 44.1 |

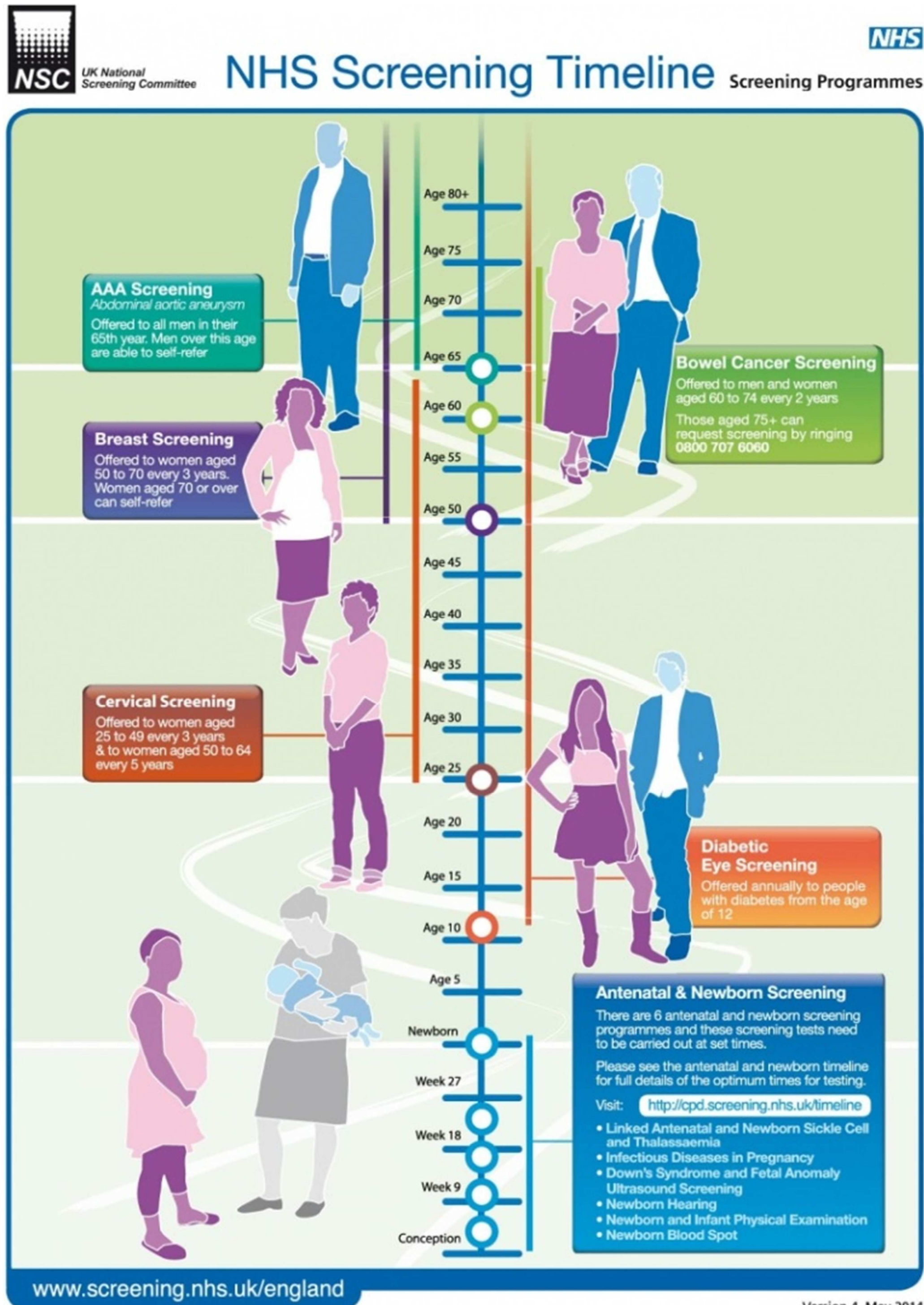
Source: PHE

- Planning and preparation for the 2015/16 flu season will continue throughout the year. A planning workshop which includes local authorities and CCG's took place at the end of April. Meetings will continue on a monthly basis throughout the season.
- There is a proposal to run workshops for practices prior to the start of the season to discuss the priorities of the flu plan and provide an overall update on flu vaccination
- The annual flu letter and flu plan for 2015/16 has been published. The target for the over 65's remains 75%

- No set target for the under 65’s at risk and pregnant women although an improvement on 2014/15 season is required particularly for those who are at highest risk of severe disease or mortality. This includes those with chronic liver and neurological disease and people with learning disabilities.
- Uptake for the under 65’s at risk declined slightly this year. BGSW uptake was 48.3%, an overall decrease of 2.8% compared with last year. This is also below the England average of 50.3%. B&NES decreased by 2.6% from last year. Improving uptake in this group will be one of the main focuses for 2015/16.
- Communication and liaison with maternity services will continue for the 2015/16. Further updates for midwives will be arranged to ensure that midwives are updated to enable them to discuss flu vaccination with women. Uptake for pregnant women increased both nationally and across BGSW. B&NES increased by 6.0% for 2014/15.
- For the upcoming 2015/16 flu season the offer for Health Care workers has been set at 100% which has changed from last year. A 75% uptake target remains

## 4.7 Screening programmes

There are six NHS England national screening programmes. The NHS Screening Timeline is a new visual representation of all national screening programmes, particularly focusing on the adult and cancer programmes.



### 4.7.1 Bowel screening

The Bowel Screening Programme invites all men and women aged 60-74 years, who are registered with a GP to complete a faecal occult blood test in the form of a home testing kit every two years. Those patients found to have abnormal tests are then referred to their local Screening Centre for further assessment and if necessary to have further investigation with a colonoscopy.

The Bath Swindon and Wiltshire bowel screening programme (based at Salisbury Foundation Trust) provides bowel screening for the registered populations of Wiltshire, Swindon and B&NES. B&NES residents are offered colonoscopies and follow up care at the RUH.

This is a fairly new screening programme. Uptake (the percentage adequately screened (last 6 months) out of the subjects who were sent a letter) is around 60% each quarter. Recently the programme has experienced some challenges trying to ensure that there is enough capacity to ensure all patients are offered colonoscopy within 2 weeks.

Bowel scope screening is an addition to the existing NHS Bowel Cancer Screening Programme and is currently being rolled out as a one off for all 55 year olds. Bowel scope screening is an examination called 'flexible sigmoidoscopy'' which looks inside the lower bowel. The aim is to find any small growths called 'polyps', which may develop into bowel cancer if left untreated.

### 4.7.2 Breast screening

The Breast Screening Programme is a national programme that invites all eligible women aged 50-70 years registered with a GP for mammographic (X-ray) screening every three years. Women aged 47-49 years and 71-73 years may also be invited as part of the national age extension study. Women over 70 years of age can request screening but are not routinely invited. Women identified with abnormal changes in breast tissue on screening (about 4 in 100 women) are referred for further assessment. Of these, one will be found to have cancer and offered treatment by the breast cancer service at their local acute hospital. The Independent Review of the Harms and Benefits of Breast Cancer Screening estimates that early detection and treatment of breast cancer by screening can reduce the risk of dying of breast cancer by 20%.

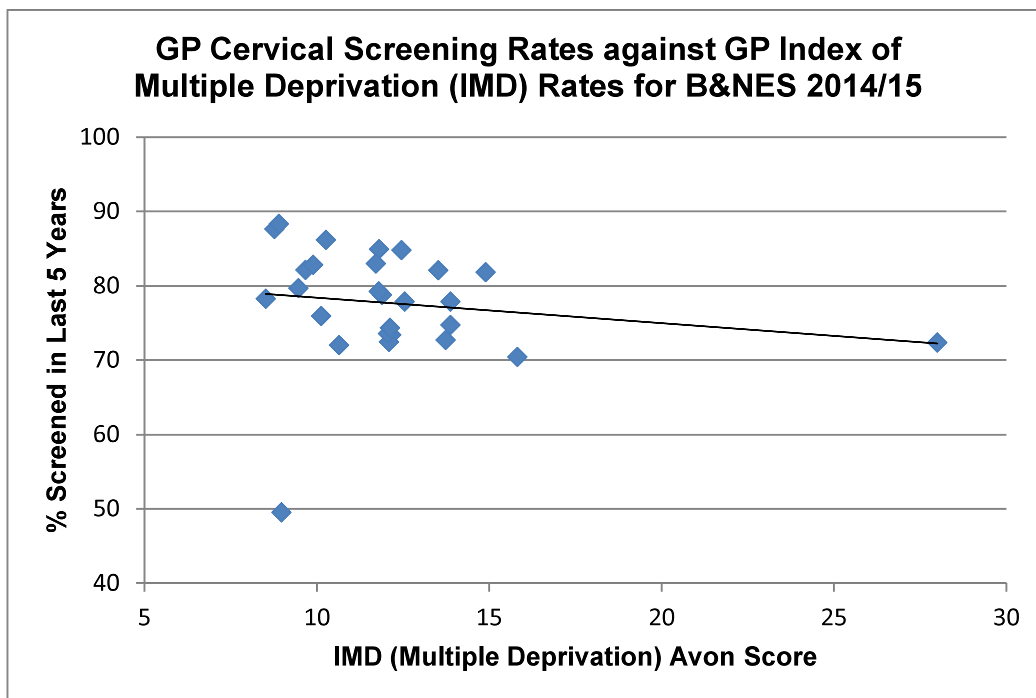
The programme is well established and there are no concerns about the programme's performance which is good.

### 4.7.3 Cervical screening

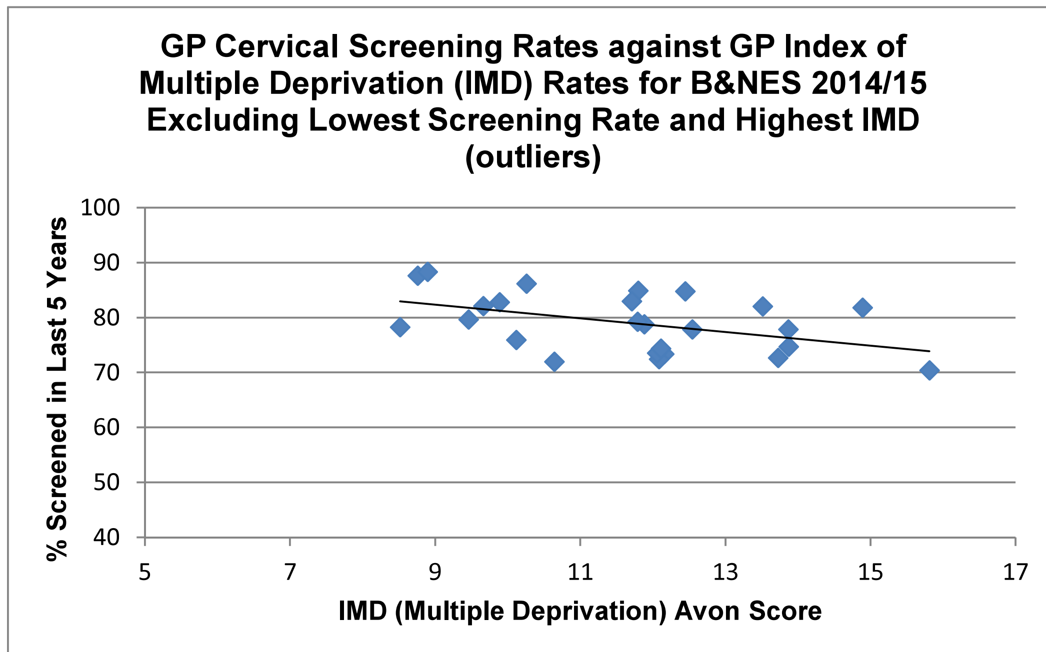
The Cervical Screening Programme invites all eligible women registered with a GP aged between 25 to 64 years for a cervical screen every three or five years (depending on age). Screening primarily takes place in GP practice and women with an abnormal test may be referred directly to colposcopy for further investigation and/or treatment. Some samples will be tested for the presence of high-risk Human Papilloma Virus types before either being returned to call/recall or referred to colposcopy.

The programme is not meeting the 80% target for the percentage of women screened within 5 years and we know that women aged 25-29 are least likely to have a test. This is in line with the national trend.

Uptake of women under 35 is 30% and strongly linked with deprivation. This is particularly concerning because the incidence of cervical cancer is also strongly linked to deprivation and so it is those most likely to be at risk of the disease who are not taking advantage of the programme. There are also known issues with access for Black and Minority (BME) groups. The next two graphs demonstrate this issue. A working group is being set up to look at ways of increasing uptake.




Source: South West Commissioning Support Unit




Source: South West Commissioning Support Unit

### 4.7.4 Diabetic Eye screening

The UK National Screening Committee recommends a systematic population diabetic screening programme with the aim of significantly reducing the prevalence of sight loss through the prompt identification and effective treatment of the diabetic retinopathy. Each local programme invites diabetics (Type 1 and 2) who are registered with a GP and 12 years or older for annual screening and where required more frequent monitoring or referral to the Hospital Eye Service for further assessment and treatment.

The Bath programme, based at the RUH provides a service for patients registered with a B&NES, North West Wilts and Mendip GP practice. Screening takes place at multiple venues mainly GP practices.

The programme has recently experienced significant challenges with recruitment; training and sourcing sufficient rooms for screening etc. a number of serious incidents have also taken place, but they have been handled well.

The resilience of the programme is on the Health Protection Board's risk log and the Board has been assured that things are under control. The RUH are reviewing the capacity of the programme on an on-going basis to identify extra resources required to ensure resilience and are utilising a national capacity tool to analyse their capacity and highlight any gaps. The programme has recruited a Screener Grader on a fixed term 12 month contract to address immediate capacity issues and has a training programme in place for newly appointed members of staff. This risk and mitigating actions is discussed at quarterly screening board meetings. Currently the grader staffing situation has improved.

### 4.7.5 Abdominal Aortic Aneurysm screening

The Abdominal Aortic Aneurysm Screening Programme is a national screening programme that invites all men in England aged 65 who are registered with a GP to be screened for an abdominal aortic aneurysm. If the aneurysm is beyond a certain size it is prone to rupture, leading to an acute surgical emergency and risk of death. One in 25 men aged 65-74 have an abdominal aortic aneurysm and there are approximately 6,000 deaths each year across England and Wales as a result of rupture. Women are at a lower risk and therefore not included in the programme.

B&NES residents are offered screening by the Bristol, Bath and Weston AAA Screening Programme provided by University Hospitals Bristol, service users are invited to attend their local GP practice for screening.

Performance of this programme is generally good, although recently there have been some problems with surgical capacity to see everyone on time.

### 4.7.6 Antenatal and Newborn screening

The Antenatal Screening Programme is a series of three screening programmes offered to women during pregnancy. These programmes are:

- NHS Foetal Anomaly Screening Programme which incorporates the Down's Syndrome (Trisomy 21) screening between10+0 - 20+0 weeks gestation and the Foetal Anomaly Scan at 18+0 – 20+6 weeks gestation
- NHS Infectious Diseases in Pregnancy Screening which offers screening for four viral diseases – HIV, Hepatitis B, Syphilis and Rubella so that appropriate intervention can be provided to protect and / or treat the mother and foetus

NHS Sickle Cell and Thalassaemia Screening Programme which offers screening for Sickle Cell Disease and other Haemoglobinopathies within the first trimester to allow parents of potentially affected foetuses to undergo further testing and genetic counselling regarding their pregnancy outcome. Screening is determined by the prevalence of Sickle Cell Disease and Thalassaemia in the area and the completion of a Family Origin Questionnaire, ideally by 10 weeks gestation, is used to support laboratory interpretation of blood test results and the identification of women and their partners who are then offered additional tests.

A recent quality assurance visit found the programmes to generally be performing well with some areas for improvement needed. An action plan will be signed off by the programmes screening board.

## 5. Recommendations

These recommended priorities have been jointly agreed by all Board members as key issues that need to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The process on reaching the priorities has been systematically carried out by monitoring key performance indicators, maintaining a risk log and through intelligence, debriefs of outbreaks and incidents and work plans of the LHRP & LRF which are based on Community Risk Registers.

1. Ensure that Local Health Resilience Partnership/Local Resilience Forum plans are effectively operationalised for B&NES by;

    a) Sign-off the B&NES Health Protection Incident Control Plan to agree roles and responsibilities, identify gaps and practical solutions to ensure preparedness and response.

    b) Identify lessons learned from outbreaks and incidents and implement action plans

2. Help to ensure resilience of Health Emergency Planning in B&NES

3. Support the development of Air Quality Action Plans (AQAPs) for Saltford & Keynsham.

4. Improve the uptake in all childhood immunisation programmes.

5. Improve the uptake of flu vaccinations in target groups.

6. Continue to monitor performance in specialist areas, identify risks and ensure mitigation is in place and escalate as necessary.

## Appendix 1: B&NES Health Protection Board Terms of Reference (see attached document)

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# Bath and North East Somerset Health Protection Board

## Terms of Reference

| Reporting to: | Bath and North East Somerset Health and Wellbeing Board |
|---|---|
| Health Protection Group authorised by: | Bath and North East Somerset Health and Wellbeing Board |
| Responsible Directorate: | Public Health Directorate, Bath and North East Somerset Council (B&NES) |
| Approval date of TOR: | June 2014 |
| Review date of TOR: | Dec (6 month review) |

Document history (author)

| Draft Version (JG): | July 18th |
|---|---|
| Draft version (comments incorporated prior to first meeting of HP Board) JG | October 29th 2013 |
| Draft version 2 (comments included from Nov 4th HP Board and subsequent formatting and collating some functions listed in section 2) BR, JG | Dec 12th 2013 and Feb 13th 2014 |
| Draft version (BR) Amends made following changes agreed at previous Board meeting | Jun 9th 2014 |
| | |

| 1. Purpose |
|---|
| From April 2013 the Health and Social Care Regulations change the statutory responsibility for health protection arrangements. Upper tier and unitary local authorities acquired new responsibilities with regard to protecting the health of their population. Specifically local authorities are required, via their Directors of Public Health (DPH), to assure themselves that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.<br><br>Following the introduction of multiple new NHS commissioning organisations and agencies involved in health protection, it is necessary to have one Board with the responsibility for coordinating the health protection responsibilities of those bodies locally. Thus threats to local health in Bath and North East Somerset (B&NES) should be minimised and dealt with promptly. This responsibility will be with the Health Protection Board, whose membership consists of commissioners, regulators and other organisations as described below.<br><br>The Board will take a system-wide overview of organisations and other stakeholders contributing to health protection in B&NEs and provide a whole system overview.<br>The purpose of the Health Protection Board would be to provide assurance, to B&NES local authority and the Health and Wellbeing Board, in regard to the adequacy of prevention, surveillance, planning and response with regard to the health protection issues that affect B&NES residents. It would also provide a route should there be specific health protection concerns, from a variety of stakeholders.<br><br>a. The purpose of the Health Protection Board is to ensure co-ordinated action across all sectors to protect the health of the people of B&NES from health threats, including major emergencies.<br>b. It supports the Director of Public Health (DPH) to carry out statutory responsibility to protect the health of the community through effective leadership and coordination, ensuring appropriate capacity and capability to detect, prevent and respond to threats to public health and safety.<br>c. The Health Protection Board will provide strategic direction and assurance on matters relating to health protection policy, risks and incidents.<br>d. All agencies will work collaboratively to exchange information and share knowledge and work together for the purpose of protecting the public's health. |

| 2. Functions |
|---|
| a. To provide a forum for professional discussion of health protection plans, risks and opportunities for joint action<br>b. To ensure that effective arrangements are in place and are implemented, to protect B&NES people, whether resident, working or visiting B&NES.<br>c. To ensure effective health protection surveillance information is obtained, assessed and used appropriately so that appropriate action can be taken where necessary.<br>d. To ensure that public health threats requiring local intervention are identified, |

analysed and prioritised for action to protect public health.

e. To ensure that systems are in place for cascading major health protection concerns outside of this meeting.
f. To ensure that health threats are prevented through implementation of relevant local and national guidance and regulations to protect public's health.
g. To ensure that appropriate plans and policies exist to coordinate responses to public health activities, emergencies and threats in relation to the scope identified in section 4.
h. To ensure appropriate response to environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety, contaminated land incidences.
i. To agree relevant risks and performance measures that will be overseen by the Board.
j. To ensure appropriate governance for all health protection activities and programmes.
k. To establish local health protection assurance system and support organisations to deliver against the health protection outcomes (part of public health outcomes framework).
l. To receive reports that demonstrate compliance with, and progress against, health protection outcomes.
m. To ensure appropriate response to service challenges, major incidents and outbreaks – although the Board would only need to be alerted to serious incidents, such as mismanagement of a programme, closure of a ward due/MRSA.
n. To provide health protection (including emergency preparedness, resilience and response (EPRR)) assurance on regular (to be determined) basis to B&NES Health and Wellbeing Board and any other relevant local bodies via the Director of Public Health.
o. To ensure strong relationships between all agencies are maintained and developed to provide a robust health protection function in B&NES.
p. To quality-assure and risk-assure health protection plans on behalf of the local authority[i] and provide recommendations regarding the strategic and operational management of these risks.
q. To ensure health protection intelligence is integrated into the Joint Strategic Needs Assessments e.g. individual reports and annual report.
r. To enable / ensure systems are fit for purpose in achieving the desired outcomes, especially in managing the interdependencies between organisations and programmes.
s. To manage emerging health protection risks in delivering effective commissioning and provision of health and social care.
t. Reporting progress and forward planning:
   - To review quarterly performance monitoring against agreed outcomes and standards
   - To identify risk and mitigation of those risks in review of progress and action to be taken. Escalate to the Health & Wellbeing Board, as appropriate.
   - To produce an annual report for the Health & Wellbeing Board
   - To produce an annual work programme to ensure effective health protection risk

review

**Relation to other areas for cross-boundary issues**

Relationships are in place with other areas for cross-boundary issues. Areas that do not have Health Protection Boards will be developing structures that can be linked in the future if required.

**3. Accountability**

a. The Health Protection Board will report to B&NES Health and Wellbeing Board (HWBB).
b. The DPH is accountable to the Chief Executive of B&NES Council for discharging health protection duties of the local authority.

**4. Scope**

The scope of the Health Protection Board is to minimise hazards to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of B&NES resident and non-residents who visit (links will be established with professionals in other areas as appropriate). Thematically, the scope covers the following health protection areas in the Health Protection Assurance Framework for B&NES:

a. Vaccination & immunisations
b. Infection prevention and control (IPC) related to healthcare associated infections
c. Alcohol, drugs and substance misuse
d. National screening programmes
e. Sexual health
f. Communicable disease control including TB, blood-borne viruses, gastro-intestinal (GI) infections, seasonal and pandemic influenza
g. Emergency preparedness, resilience and response
h. Public health advice regarding the planning for and control of pollution
i. Sustainable environment
j. Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety, contaminated land
k. New and emerging infections, including zoonoses but not animal health

The scope of the Board would not be limited to those mentioned above.

It is anticipated that each of the health protection programme areas is likely to have its own programme board, already, but this may not be the case in all areas. These programme boards will be monitoring the commissioned services and performance managing the providers, as well as dealing with challenges and risks that arise. It is anticipated that the chair or other representative from those boards would attend the Health Protection Board as part of the assurance process.

| 5. **Strategic Linkages:** to receive minutes and/or update from relevant committees/groups |
|---|
| a. Local Health Resilience Partnership<br>b. Joint Commissioning Group: for drugs and substance misuse in relation to hepatitis and HIV/AIDS<br>c. Public Health England: for surveillance data and outbreak control<br>d. Infection Control Collaborative meeting on relation to infection prevention and control re health care associated infections<br>e. Local Strategic Committee for Vaccination and Immunisation (this is not been formed yet but is being considered)<br>f. NHS England: Local Screening Committees<br>g. Environmental Health Liaison group<br>h. Seasonal flu planning<br>i. Sexual Health Programme Board<br>j. Any other groups whose work remits are linked to the health protection assurance framework. |

| 6. **Membership of Health Protection Group** |
|---|
| a. DPH/Public Health Consultant Health Protection lead - (Chair)<br>b. B&NES Council Cabinet Member for Wellbeing<br>c. Public Health England: Health Protection - Consultant in Communicable Disease, or their representative<br>d. Area Team Head of Public Health Commissioning or their representative<br>e. Area Team Consultant for Screening and Immunisation or their representative<br>f. Area Team Director of Operations and Delivery who is Deputy Co- Chair Local Resilience Forum, or their representative<br>g. Emergency Planning Officers Group in B&NES: Emergency Planning lead<br>h. Environmental Health lead for Air and Water Quality and Food or their representative<br>i. CCG Director of Nursing and Quality (Director of Infection Prevention and Control-DIPC)<br>j. Representative from Substance Misuse Joint Commissioning Group<br>k. Representative from Sexual Health Programme Board<br>l. Representative from other groups/programme areas, where needed, to make sure all areas of risk represented<br>m. Representative from health and wellbeing board – a committee member not the chair<br><br>It is expected that core members will attend all meetings and representation will be from the appropriate senior level. Where they cannot, an appropriately competent deputy, with the relevant skills and delegated authority, should attend in their place.<br><br>Attendance of core members to board meetings will be monitored and reported in the |

annual reports of the Board.

**7. Co-option of members**

Other Leads of health protection elements maybe co-opted as and when appropriate.

**8. Declarations of Interest**

If any member had an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the Health Protection Board has given due consideration to the matter.

All declarations of interest will be minuted.

**9. Deputising**

All members must make every effort to attend. If members are unable to attend they must send formal apologies, otherwise they will be recorded as 'did not attend'. Deputies should attend only when necessary.

**10. Quorum**

Chair or Deputy; and at least 3 other members from different agencies.

**11. Frequency of meetings**

3 monthly.

**12. Agenda deadlines**

Items to be received two weeks prior to meeting.

Agenda to be circulated one week prior to meeting.

**13. Minutes**

Minutes will be circulated within two weeks of the meeting.

| Minutes will be circulated to all members of the Health Protection Board. |
|---|

| **14. Urgent matters** |
|---|
| Any urgent matters arising between meetings will be dealt with by Chair’s action after agreement from three other members of the group. |

| **15. Administration** |
|---|
| Health Protection Manager and Secretarial support. Directorate of Public Health, B&NES. |

| **16. Attendance** |
|---|
| Members (or their nominated deputies) are required to attend a minimum of 3 out of 4 meetings annually. |

| **17. TOR review** |
|---|
| TOR will be reviewed at 12 months usually, but at 6 months in first 2 years. |

## References

DH (2012a) "The new public health role of local authorities", Gateway reference 17876 published October 2012

Local Government Association, (2013) "Health and Wellbeing boards: a practical guide to governance and constitutional issues" published March 2013

DH (2012b) " Health protection and local government" published Sept 2012, gateway reference 17740 (this document does not describe the final arrangements for health protection – as when it was produced national legislation had yet to be completed.)

DH, et al (2013) "Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013" May 2013, DH, PHE, LGA

Bath & North East Somerset Council

healthwatch Bath and North East Somerset

NHS Bath and North East Somerset Clinical Commissioning Group

| MEETING | B&NES HEALTH AND WELLBEING BOARD |
|---|---|
| DATE | 22/07/2015 |
| TYPE | An open public item |

| Report summary table | |
|---|---|
| **Report title** | Sexual Health Board Annual Report |
| **Report author** | Paul Sheehan; paul_sheehan@bathnes.gov.uk; 01225 394065 |
| **List of attachments** | Appendix 1: Risk assessment |
| **Background papers** | N/A |
| **Summary** | This is an annual report of the Sexual Health Board for the information and consideration of the Health and Well Being Board. It details the key work overseen and completed during 2014/15 and highlights priorities for 2015/16 |
| **Recommendations** | The Board is asked to<br>• Proposal 1: The Health and Wellbeing Board consider the contents of the annual report<br>• Proposal 2: The Health and Wellbeing Board approve the contents of the annual report |
| **Rationale for recommendations** | As this is an Annual Report, we ask that the Health and Wellbeing Board gives their consideration of the actions undertaken, and the proposed priorities for 2015/16 so that it meets with their approval.<br><br>The actions undertaken and priorities for 2015/16 will contribute to the delivery of the three themes in the Joint Health and Wellbeing Strategy. |
| **Resource implications** | None |
| **Statutory considerations and basis for proposal** | N/A |
| **Consultation** | Sexual Health Board |
| **Risk management** | A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance |

## THE REPORT

### 1 BACKGROUND AND CONTEXT

1.1 This annual report details the work overseen and completed during 2014/15 by the B&NES Sexual Health Board by providing background and context to the board; a brief overview of sexual health in B&NES; details of some of the key work overseen and completed; successes and challenges; and priorities for 2015/16

1.2 The B&NES Sexual Health Board was re-established in June 2014 following the appointment of a new Public Health Commissioning Manager for sexual health, and new Consultant in Public Health, with the lead for sexual health.

1.3 The terms of reference and role of the Sexual Health Board were redefined and agreed in June 2014. The Sexual Health Board agreed that its *purpose* was to oversee the development and delivery of a strategic plan for sexual health in B&NES; to influence the commissioning and delivery of high quality sexual health promotion, clinical provision and sexual health-related social care, ensuring equitable provision according to need; and to ensure effective partnership responses are developed and delivered in respect of all sexual health services for B&NES residents

1.4 The Sexual Health Board agreed that its *scope* would cover sexually transmitted infections (STIs), unintended pregnancy and safe termination of pregnancy; young people's sexual health including relationships and sexual health education; psychosexual issues; the promotion of safe sexual experiences; teenage pregnancy; and HIV. Other areas such as rape, sexual violence and exploitation, sexual dysfunction and gynaecological, whilst linked, are outside of the scope of the board, although linkages are made and developed where required and appropriate

1.5 The Sexual Health Board then agreed a number of key *functions* which are:

- To identify the sexual health needs of the population of Bath and North East Somerset
- To take a strategic, collaborative and co-ordinated approach to the implementation of national sexual health and related strategies and programmes
- To ensure collaboration between the various commissioners of sexual health services including Clinical Commissioning Groups (CCGs) and NHS England (NHSE)
- To ensure the work of the teenage pregnancy partnership continues by providing leadership to the programme as necessary and where appropriate incorporating planning into the wider sexual health programme

- To agree a set of priorities that will inform future sexual health commissioning intentions in line with national guidance

- To refresh the Bath and North East Somerset sexual health and HIV strategy and action plan

- To initiate and agree the aims of sexual health working groups that support the delivery of the action plan

- To lead continuous improvement within available resources in the quality, range, consistency and accessibility of sexual health services across the partnership by receiving from relevant commissioners and considering an overview of provider activity and quality measures, making recommendations as necessary

- To ensure that expert clinical input is available to provide direction to the commissioning and improvement of local sexual health services

- To tackle inequalities, stigma and discrimination that have a negative impact on sexual health

1.6 As a result of changes brought about by the Health and Social Care Act 2012, sexual health services are commissioned by a range of different organisations. Part of the ethos of the Sexual Health Board was to recognise these splits with a view towards bringing the various commissioners and providers of services together to try and minimise the potential for fragmentation

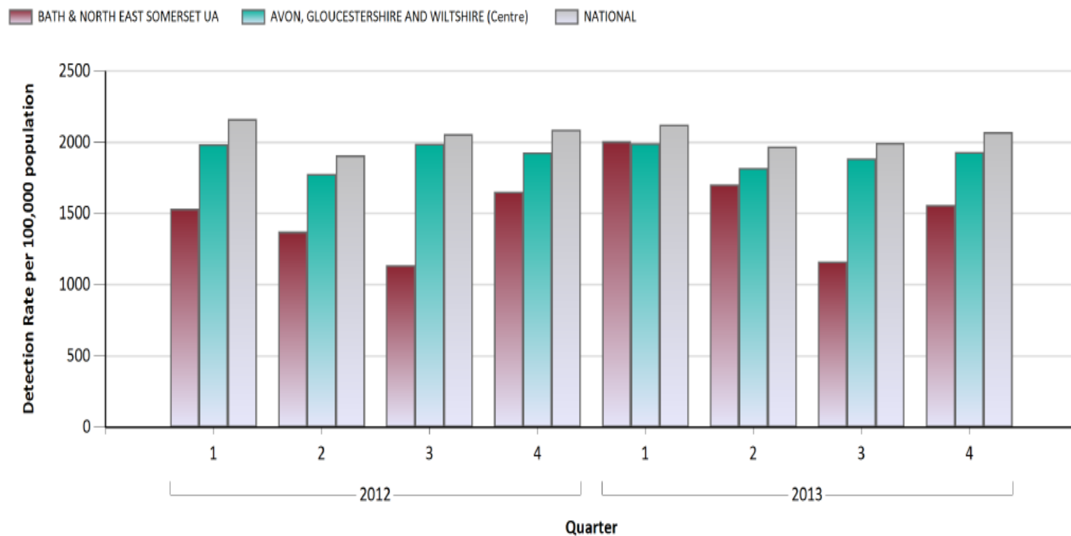
1.7 The membership of the board is comprised of senior managers from a range of sectors including public health; social care; children and young people's services and education. In addition there are senior managers and clinicians from primary care; genitourinary medicine; contraception and sexual health services; Public Health England; Sirona Care and Health; NHS England and the voluntary sector

1.8 The Sexual Health Board meets quarterly and is directly accountable to the Health and Well Being Board, reporting annually

## 2 SEXUAL HEALTH IN B&NES

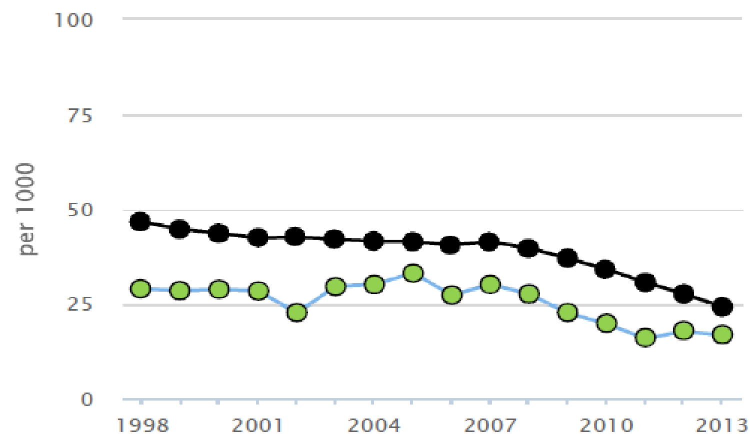
2.1 The sexual health of B&NES residents is generally better than the national average by most indicators

2.2 In terms of STIs, B&NES is a low prevalence area for gonorrhoea, genital herpes and genital warts. It appears that chlamydia diagnostic rates amongst 15 to 24 year olds are also lower than the national average, and the regional average, as detailed in the table below; however this is tempered by historical issues of data quality, so it may be that chlamydia testing needs to be increased across B&NES to better understand the extent of infection:




2.3 In terms of HIV B&NES is a low prevalence area for HIV infection, with 0.66 infections per 1,000 population aged 15 to 59 years, compared to 2.1 per 1,000 in England

2.4 B&NES has reduced its level of teenage conceptions from a rate of 29.0 per 1,000 women aged 15 to 17 years in 1998 to a rate of 17.0 in 2013, as detailed in the chart below:




This rate is lower than our statistical neighbours (21.7) and the England rate (28.0)

2.5 Abortion rates in B&NES are also lower than the regional and national rates. In B&NES 12.7 per 1,000 women aged 15-44 accessed an abortion during 2013, compared to 14.0 in the South of England and 16.1 across England

## 3 KEY WORK OVERSEEN AND COMPLETED

3.1 With the re-establishment of the Sexual Health Board a number of work streams were identified and subsequently completed

3.2 As a result of a significant gap from previous meetings of the Sexual Health Board to the re-establishment of the board in June 2014, the board initially spent some time scoping , identifying the roles and influence required to comprise the

board and gaps in our collectively knowledge. Some of these gaps included an awareness of the full range of commissioned sexual health services commissioned, and an awareness of the full range of data and intelligence sources available to understand outputs and outcomes. These issues were identified and actioned early to ensure that all board members had the same level of understanding. As a further action, each board meeting now features a standing item where a specific sexual health issue or service is focused on to further aid understanding

3.3 The Sexual Health Board has established an indicator set to help the board assesses and understand progress against key sexual health outcomes. The indicator set currently comprises of three outcomes all of which are also Public Health Outcomes Framework (PHOF) indicators. They are: the under 18 conception rate per 1,000 women aged 15 to 17 years; the rate of chlamydia diagnoses per 100,000 young people aged 15 to 24 years; and the percentage of adults newly diagnosed with HIV. The indicator set is reported to the board quarterly and our expectation is that the indicator set will develop over time to include other key outcomes specifically identified as importance to the sexual health outcomes of B&NES residents

3.4 The Sexual Health Board supported two major procurements of sexual health services during 2014/15: the procurement of the Contraception and Sexual Health (CaSH) service and the HIV support service (jointly commissioned by Adult Social Care). The CaSH service procurement was a lengthy exercise of approximately one year and the procurement panel including representation from Sexual Health Board members. The HIV support service procurement was a shorter exercise but also had a procurement panel that included representation from including representation from Sexual Health Board members. In addition the Sexual Health Board assisted both procurement panels by identifying and engaging with service users representatives so their views could be heard and taken account of

3.5 The Sexual Health Board also developed the first in-depth rapid sexual health needs assessment (SHNA) for B&NES since 2008. Although a brief SHNA was carried in August 2013 this lacked any sub-district analysis, broader stakeholder views, and analysis of sexual health service activity data. The Sexual Health Board established a SHNA subgroup which was the project team for the SHNA, which included members of the Sexual Health Board. The purpose of the SHNA was to:

- Provide a more detailed understanding of the sexual health needs of the population of B&NES, especially those with greater risk of poorer sexual health outcomes
- Identify barriers to access and opportunities for overcoming them
- Enable greater understanding of need and demand
- Improve closer working between sexual health and related services

The information gained from the SHNA will be utilised to improve the sexual health of the population of B&NES, and inform the development of an updated sexual health strategy and action plan. In future, it will also support future service commissioning, service planning and service design

3.6 In terms of service provision, findings from the SHNA provide evidence that we have a variety and range of sexual health services that are effective in meeting the needs of our diverse communities in B&NES. That being said, the SHNA also highlighted a number of actions to review and improve service provision including:

- Reviewing service opening times and location to increase the numbers of young people attending services
- Reviewing the marketing, availability and delivery of the C-card scheme as a result of a decline in uptake
- Examining the potential for an increased service mix of centrally-based and outreach-based appointment and walk-in clinics
- Improved signage at existing services

3.7 The re-establishment of the Sexual Health Board has also shaped the re-development of the Sexual Health Stakeholders Group. The Stakeholders Group was established three years ago and comprises of professionals "at the coal face" who directly deliver sexual health services to service users. Its aim is to provide a forum for service providers to discuss service developments and policy, and helps ensure quality within service delivery, supports the delivery of local and national sexual health targets and helps ensure the service user focus is maintained. Its re-development means that it now sits under the Sexual Health Board, has an expanded membership, and has additional objectives to make recommendations to the Sexual Health Board in terms of improving service provision, and to consider priorities set by the board and explore how those priorities can be actioned and achieved in a practical way.

## 4 SUCCESSES

4.1 There have been a number of successes for the Sexual Health Board during 2014/15. The board has been fully re-established and has proven to be a popular and purposeful group amongst its members. The re-alignment of the Sexual Health Stakeholders Group has also ensured that a wide range of stakeholders have meaningful involvement in the development and delivery of sexual health work streams at both strategic and practical levels

4.2 The completion of the rapid SHNA has also been a milestone for the Sexual Health Board. The previous SHNA did not contain the level of detail or analysis required to support the development of strategic and commissioning plans for sexual health. The completion SHNA has made over 40 recommendations around strengthening intelligence and research; strengthening service provision; strengthening prevention and sexual health promotion; strengthening training and development; and working with recent technologies (such as social media, apps and how these might both improve and cause difficulties to sexual health outcomes)

4.3 The Sexual Health Board also oversaw the development of two papers for the Wellbeing Policy Development and Scrutiny Panel on progress against reducing teenage conceptions and HIV in B&NES. Both papers were well received by the

Scrutiny Panel and the HIV in B&NES paper led to a referral to full council over the adoption of the HIV *Halve It* principles across the Council. *Halve It* is a group working with national government and the NHS to reduce the proportion of people undiagnosed, and diagnosed late, with HIV through policy reform and good practice. The subsequent full council meeting led to the adoption of the *Halve It* principles across the council

4.4 As a result of the completion of the rapid SHNA the Sexual Health Board is now in the process of drafting a B&NES sexual health strategy and action plan which will further shape the work of the board and its subgroups. The strategy will set the overall direction and context for sexual health in B&NES and establish goals for sexual health outcomes. The action plan will set out the specific details required to enable the strategic direction to be followed, and progress against the outcomes made. There is scope and enthusiasm for further subgroups of the board to be developed specifically to strategic and action planning objectives as required

## 5 CHALLENGES

5.1 The rapid SHNA has been one of the biggest projects the Sexual Health Board has overseen during 2014/15. The SHNA was due to report by November 2014 but was significantly delayed and did not finally report until March 2015. Although this did not affect the procurement and commissioning of services it has meant that the subsequent developments of the sexual health strategy and action plan (of which the SHNA is a key informant for both) have also been delayed and are not likely to be completed until June 2015

5.2 The procurement of the CaSH service was another significant challenge faced by the board during 2013/14. Due to a number of complex issues arising during the procurement process the original commencement date for the service was put back from September 2014 to January 2015 to March 2017. Following discussions between the proposed new provider of the service and commissioners, it was subsequently agreed that the existing provider of the CaSH service would continue to deliver the service from January 2015. The process created a great deal of uncertainly for both providers involved and commissioners of the service before it was resolved with the agreement of all parties

## 6 PRIORITIES FOR 2015/16

6.1 There is a clear need to ensure that the development of positive sexual health outcomes is supported by a wider sexual health strategy that involves all key stakeholders across B&NES. The strategy is currently being drafted with an expectation of completion in June 2015 and is expected to detail: the local context of sexual health in B&NES; gaps in provision and knowledge; a vision for sexual health and related outcomes to be attained; and how governance and the reporting of progress will be managed

6.2 As identified above, to help support the sexual health strategy and needs assessment recommendations, there is a need to establish a sexual health

action plan. The action plan is expected to detail: specific recommendations (as informed by the SHNA); specific actions; identified leads; and an indicator of priority and urgency. It will also set out how the reporting of progress will be managed – expected to be directly to the Sexual Health Board

6.3 With the potential for increasing financial pressures it is likely the Sexual Health Board will need to consider how services can be appropriately developed and commissioned to meet needs in a more restrictive financial climate. Discussions around this issue can only be commenced once the local government administration has settled and set its own priorities

## 7 RECOMMENDATIONS

7.1 The Health and Wellbeing Board consider the contents of this report

7.2 The Health and Wellbeing Board approve the contents of this report

**Please contact the report author if you need to access this report in an alternative format**

# B&NES Health and Wellbeing Board

# 24th June 2015

## APPENDIX 1 – Risk Assessment for Item 3: Sexual Health Annual Report

**Proposed recommendation(s) of report:**

- The Health and Wellbeing Board consider the contents of the Annual Report
- The health and wellbeing board approve the contents of the Annual Report

**Risks relating to proposed recommendation(s)**
No significant risks identified

**Risks of not taking proposed recommendation(s)**
The risks of not taking the proposed recommendations are that the Sexual Health Board will lack approval of the Health and Wellbeing Board for its actions delivered during 2013/14 and for its proposed priorities for 2015/16.

Without the approval of the Health and Wellbeing Board the direction and forward planning of the Sexual Health Board will have to be reoriented.

**Actions to manage risks of not taking proposed recommendation(s)**
Further discussions with the Health and Wellbeing Board around proposed direction and priorities for 2015/16.

| **Contact person** | Paul Sheehan,<br>Public Health Development and Commissioning Manager<br>Public Health Team<br>People and Communities Department<br>paul_sheehan@bathnes.gov.uk; 01225 394065 |
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Bath & North East Somerset Council

healthwatch Bath and North East Somerset

NHS Bath and North East Somerset Clinical Commissioning Group

| MEETING | B&NES HEALTH AND WELLBEING BOARD |
|---|---|
| DATE | 22/07/2015 |
| TYPE | An open public item |

| Report summary table | |
|---|---|
| **Report title** | Local Safeguarding Childrens Board Annual Report 2014-15 and Business Plan 2015-18 |
| **Report author** | Lesley Hutchinson - Lesley_hutchinson@bathnes.gov.uk / (01225) 396339 |
| **List of attachments** | Attachment 1: LSCB Annual Report 2014-15 and Business Plan 2015-18 |
| **Background papers** | None |
| **Summary** | The Local Safeguarding Childrens Boards Annual Report 2014-15 highlights the work of the Board during the period and the safeguarding case activity and outcomes information. The Business Plan sets out the outcome priority areas for 2015 - 18. The Business Plan is routinely monitored and reviewed with new actions included as required. The final detail of the Business Plan is being agreed at the September LSCB meeting and can be shared with the Health and Wellbeing Board if requested. |
| **Recommendations** | The Board is asked to:<br>• Note the Annual Report and Business Plan<br>• Raise any queries or concerns on safeguarding activity<br>• Recommend areas you would like the LSCB to give consideration to. |
| **Rationale for recommendations** | The LSCB is a Statutory Board and has a clear remit as set out in the Childrens Act 2004, Regulation 5 of the LSCB Regulations 2006 and the LSCB Terms of Reference (June 2015). The work of the Board clearly contributes to the Joint Health and Wellbeing Strategy in the following ways and would welcome a stronger emphasis on the welfare of children when the strategy is reviewed:<br><br>Theme one: Helping People Stay Healthy<br>Particularly around the area of improved support for families with complex needs.<br><br>Theme three: Creating Fair Life Chances<br>Particularly in relation to improving skills, education and employment and reducing the health and wellbeing consequences |

| | |
|---|---|
| | of domestic abuse |
| **Resource implications** | The LSCB is funded through multi-agency partners; the budget is set out in Appendix 5 of the report. There are no additional resource implications for the Health and Wellbeing Board to consider at this time. |
| **Statutory considerations and basis for proposal** | Three reasons can be considered in terms of the statutory basis for this report being shared for information with the Health and Wellbeing Board.<br><br>1. Safeguarding the welfare of children is everyone's business and the LSCB would like the Health and Wellbeing Board to consider the information in the report on this basis<br>2. The LSCB has set out in its Terms of Reference (June 2015) the requirement for the LSCB Annual Report to be presented to the Health and Wellbeing Board (see section 6.4 and 7.7). By delivering this presentation the LSCB is meeting its responsibilities and raising awareness of safeguarding concerns<br>3. Although the Council is responsible for establishing the LSCB, the Board is not accountable to the Health and Wellbeing Board – it is independent. Therefore the relationship between the Boards is one of mutual challenge and scrutiny. It is also on this basis the LSCB would like to present its work. The work of the LSCB will be further scrutinised by a new arrangement coming in this year with the formulation of a separate Scrutiny Panel (Terms of Reference section 6.5). |
| **Consultation** | The LSCB has consulted all partners on the content of the Annual Report 2014 – 15 and Business Plan 2015-18 at its meeting in June 2015. The partners have included their activity in Appendix 7 of the Report. |
| **Risk management** | A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.<br><br>The LSCB will be developing its own Risk Register in 2015-16 which will be available to share with the Health and Wellbeing Board if requested. |

## THE REPORT

1.1 The Health and Wellbeing Board are asked to consider the information provided in the LSCB Annual Report 2014-15.

1.2 The Report is written in a new format and the LSCB has tried to consider the difference its work has made during the period and has asked itself the question ‘so what?’ throughout.

1.3 The Report looks at the following areas;

- the current context for B&NES and how safe children and young people are
- an update on changes to national and local policy frameworks
- the Boards governance arrangements and relationships with other Boards and Committees
- the work of the sub-groups and the achievements during the year
- the support and case activity that has taken place during the year and compares this with national data where this is available
- delivery of the 2014-15 work programme (Appendix 9) and priorities for 2015 – 18.

1.4 The Report also contains an Executive Summary (pages 5 to 6) written by the Board Chair Reg Pengelly.

**Please contact the report author if you need to access this report in an alternative format**

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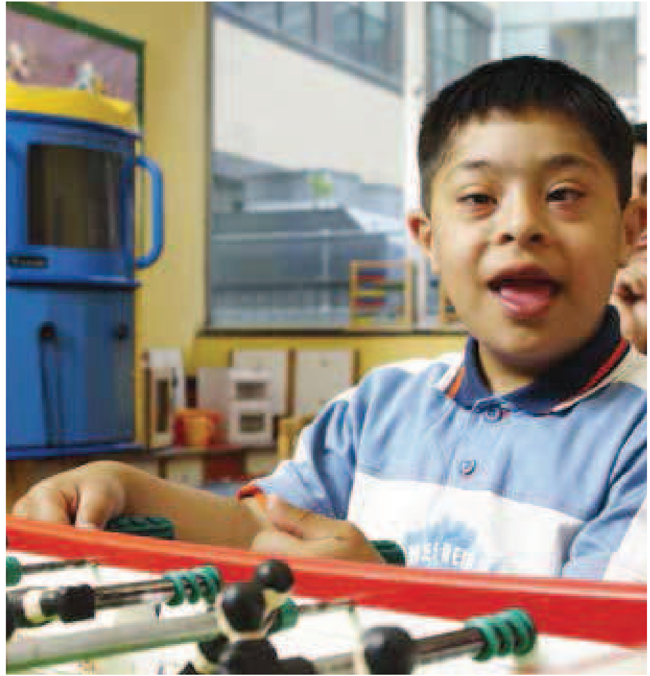
LSCB

Bath & North East Somerset
Local Safeguarding Children Board

# Annual Report 2014 – 2015

# and

# Business Plan 2015 - 2018



## Chair's Foreword

I am delighted to present this, my second report as the Independent Chair of Bath and North East Somerset Local Safeguarding Children Board.

The year 2014 to 2015 has been one of significant change for the Board in the way that it operates and one of substantial challenge to our member agencies. The Board has undertaken an ambitious programme of improvement. Member agencies have continued to perform within a context of tightening financial pressure as well as the implementation of new legislation and guidance. I am pleased to report that the Board and its members have risen well to these challenges.

It needs to be said that children as well as those adults in need of care and support, will always be at risk from abuse, predation and neglect. Most of this abuse takes place behind closed doors and owing to the need for confidentiality, is rarely evident to communities. Historically, public awareness of safeguarding arrangements usually occurs on those occasions when something goes wrong, often resulting in a Public Inquiry. The reality is that here and elsewhere, an outstanding multi-agency team of professionals, work tirelessly to ensure that such tragedies are rare and that the lives of children blighted by abuse are turned around.

It is important to remember though, that protection always starts with somebody raising a concern in the first place. The "somebody" I refer to here might be a professional such as a health visitor or a school but could equally be a neighbour or a friend or relative. Safeguarding children and adults should be considered everybody's business and not the select province of a handful of professionals. This is an important message and one which our Communications Sub Group endeavours to drive home at every opportunity.

Multi-agency safeguarding arrangements exist to coordinate our collective workforce in the early identification of such risks and to respond to them collaboratively and effectively. A large part of the process of doing so is founded in good information sharing between agencies and at the time of writing, we are working with partners to develop a Multi – Agency Information Sharing Hub in which we hope the process of information sharing will be conducted more effectively than ever before.

What is very clear to me is tangible evidence of improvement in preventative activity, which is delivering positive outcomes for those children in most need. The LSCB business plan is geared to support prevention through early help and support, as a priority and for the purpose of driving improvements effectively, has been extended to continue into 2018.

This year has seen the implementation of the Care Act 2014. The Act principally improves things for adults but it includes improvements for children, especially those with special educational needs and disability. In particular, the Care Act places the Safeguarding Adults Board on a similar legal footing to the LSCB. We believe that this legislative alignment now presents a unique opportunity to explore closer collaboration between both Boards. To that end we have held a joint Development Day and are now planning to implement some exciting new approaches. Closer collaboration across both Boards should at least strengthen the "Think Family" ethos in which professionals consider the wider implications of an individuals needs in the context of risk implications for other members of their family.

The challenges facing the LSCB into 2015 to 2016 are outlined later in this report. On the basis of the achievement of an ambitious programme of change undertaken during the past year, I feel confident of our ability to squarely meet these challenges into the next. In particular, I would like to commend the members of B&NES LSCB, its sub groups and our thoroughly professional workforce for their continued efforts in keeping children and young people safe in B&NES.

**Reg Pengelly**
**Independent Chair**

# Executive Summary

### Context

B&NES LSCB is a statutory body established under the Children Act 2004 and the Local Safeguarding Children Board Regulations 2006. It is independently chaired and consists of senior representatives of all the principal stakeholders working together to safeguard children and young people across the area.

There are just over 180,000 residents in the B&NES area. The 2011 Census shows that 16.7% (29,577) of the population are 15 years or under, and that 6.3% (11,211) are 16 -19 year olds.

2014 - 15 has been a period of substantial legislative change and new guidance. This has taken place in the context of financial challenges for all of our member agencies.

### Child Protection

There has been a 25% rise nationally in Child Protection (CP) activity over the past five years. In B&NES the increase from 2010 up to 2014 was over 56%. However during 2014 – 15 B&NES have seen a 13% reduction.

Over the past year there has been a reduction in the percentage of CP cases that are re-referred into the Authority within 12 months of a previous case closure. In April 2014 this rate of re-referral was 24.6% (against the statistical neighbour percentage of 24.5% and the national percentage of 24.9%). By December 2014 this percentage had reduced to 21%. The reduction in this percentage indicates that although the length of our Children In Need (CIN) interventions might be longer than that of other areas, the longer duration has allowed a better quality of intervention and assisted in a more sustained improvement for families.

### Prevention and Safeguarding

There is evidence that the Early Help service, and the strengthening of links between Early Help and Social Work teams has had a positive impact on their ability to work with families at an earlier stage and to also work effectively with families when they are subject to a CP plan. This approach has led to a 13% reduction in plans since April 2014. (From 125 in April to 109 in March 2015).

The prioritisation of Early Help has contributed to a sustained reduction in the numbers of young people coming into care (Looked After Children), over the past 12 months. In April 2014 there were 145 young people in care. This figure has since reduced to the current figure of 131 (a reduction of just under 10%).

Within this cohort of Looked After Children, and in common with the national picture, there has been a considerable rise in the number of 10 -15 year old children and young people that were accommodated. This age group now comprises almost half (48%) of the Looked After population, which is significantly higher than both statistical neighbours (37.1%) and the national average (37%).

It is always a challenge to evidence the impact of assessment and subsequent planned intervention but from what has been returned to the Integrated Working Team, 69% of the information evidences improved outcomes to some extent.

Over the past two years we have seen a consistent figure of between 8 -10% of Common Assessment Frameworks appropriately progressing to a child in need or child protection assessment by the Children's Services Duty team. More tangible outcomes such as improved morning or bedtime routines have also been reported as positive outcomes.

The B&NES Connecting Families initiative (launched nationally as Troubled Families) completed the phase one targets in August 2014. This meant that the targets for reaching 215 families were met 7 months early and confirmed the local initiative as one of the best performing in the UK. This has led to an increased focus on the impact of workless-ness and homelessness as issues that contribute to poor outcomes for young people.

**The Work of the Board**

The LSCB has undergone a significant programme of change in the past year. This includes a change to the format of Board meetings to allow a themed discussion of each of our key work-streams at each meeting and effective challenge between members. A review has been completed of the tasks and focus of all of the sub-groups, and two new groups, (CSE sub-group, and the Communications sub-group) have been established.

Links between the LSCB and the LSAB have been strengthened through the appointment of a joint Head of Safeguarding and Quality Assurance, a joint Independent Chair (from June 2015).

The LSCB continues to be an active and influential participant in the work of the Children's Trust and Health and Wellbeing Boards. It provides information and challenge throughout the year to influence the priorities and work of both Boards. This report provides evidence that the LSCB has prioritised its work according to local issues and demands and set clear improvement priorities that are incorporated into a delivery plan to improve outcomes

A Learning and Improvement Framework has been agreed. There is strong evidence in this report that opportunities for learning are effective and properly engage all partners. A culture of learning and continuous improvement appears to be embedded within key agencies. The delivery of training consistently meets high standards and work is underway to further strengthen the way that the Board evaluates the impact of training to support improved outcomes for children and families.

The LSCB and its members face a number of current and future challenges/areas for development. Resourcing and financing of the Board remains tight and pressured. The interface with schools requires improvement. To that end, the LSCB has recently recruited both a primary and secondary head teacher to join the LSCB and they will join in June 2015.

**Business Plan**

This year the LSCB have developed a three year business plan. The priorities for 2015 -16 are as follows:

- Receive progress reports on the development of Multi-agency Information Sharing Hub
- Monitor the delivery of the Child Sexual Exploitation and Missing Action Plan
- Monitor the implementation of Prevent and Channel responsibilities (radicalisation)
- Gather assurance on e-safety arrangements
- Continue to improve practice through multi-agency audits and agency audits
- Continue to ensure the voice of the child and parent / carer is heard
- Induct new lay members, school representatives and housing professionals to the LSCB

Progress against the actions is monitored routinely.

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## Section 1: Local Context for B&NES 2014 - 15

1.1 Bath and North East Somerset (B&NES) is a Unitary Authority with just over 180,000 residents. The 2011 Census shows that 16.7% (29,577) of the population are 15 years or under, and that 6.3% (11,211) are 16 - 19 year olds.

1.2 The area has a predominantly White and White British ethnic population, with 93% defining themselves as such. The largest minority ethnic groups in the area are those who define themselves as mixed heritage (4%) and Black (2%).

1.3 Bath is the largest urban settlement in the area, acting as the commercial and recreational centre. It is home to approximately 50% of the population and is one of the few cities in the world to be named a UNESCO World Heritage Site. Keynsham lies to the west of Bath, a traditional market town with a population of almost 9% of the total population of B&NES. Midsomer Norton and Norton Radstock are small historic market towns, located in the south of the area with approximately 12% of the total population split between them. They both have a strong heritage of mining and industry stemming from the North Somerset Coalfield. The rest of the district consists of 69 diverse rural communities of varying sizes and characteristics, including a line of villages along the foothills of the Mendips, the Chew Valley and Cotswolds villages around Bath.

1.4 The area has a mix of affluent and deprived areas, with 5 small areas being in the most deprived 20% nationally according to the 2010 Indices of Deprivation. An estimated 12% of children live in poverty, compared to 17% in the UK. Rates vary significantly within local authority wards, with levels ranging from 5% to 34%.

1.5 The Department for Education (DfE) estimates that nationally around 7% of children have a disability as defined by the Equalities Act 2010. In B&NES we have an estimated 2,228 children, 6.2% of the total population of children and young people between the ages of 0 and 19 who are identified as disabled.

1.6 Whilst B&NES schools perform well overall, with a higher than average number of pupils locally attending good or outstanding schools and authority-wide attainment measures in the top quartile nationally, the poorer educational performance for children on Free School Meals means the attainment gap is significant and narrowing this gap is a shared local priority to improve the equality of life chances for our children and young people.

## Section 2: Summary Statement: How Safe Are Children and Young People in B&NES

2.1 Nationally there has been a 25% rise in Child Protection (CP) case activity since 2010. Like many other Local Authorities (LAs), in B&NES we have also seen a rise in CP activity; the increase from 2010 up to 2014 was over 56% (71 children and young people on CP plan in 2010, 109 on a CP plan on 31st March 2015). However with the continued investment in Early Help and Connecting Families and the strengthening of links between our Early Help services and Social Work teams there has been a positive impact on our ability to work with families at an early stage and to also work effectively with families when they are subject to a CP plan. This approach has enabled us to make a 13% reduction in CP plans since April 2014. (From 125 in April 2014 to 109 in March 2015).

2.2 Over the past year we have also seen a reduction in the percentage of cases that are re-referred into the LA within 12 months of a previous case closure. In April 2014 this rate of re-referral was 24.6% (with the Statistical Neighbour figure of 24.5% and the

national figure of 24.9%) whilst in December 2014 we had reduced this figure to 21%. The reduction in this figure is suggests that although the length of our Children In Need (CIN) interventions might be longer than other LAs, the longer duration has allowed a better quality of intervention and assisted in a more sustained improvement in the family situation.

2.3 The prioritisation of Early Help has also contributed to a sustained reduction in the numbers of young people coming into care over the past 12 months. In April 2014 we had 145 young people who were Looked After. Over the past year we have been able to gradually bring this figure down to the current figure of 131 (a reduction of just under 10%). The rate per 10,000 population, a figure which is commonly used for comparison purposes puts B&NES at 40.5 which is just below our statistical neighbour average (41.5). Within this cohort of Looked After children, and in common with the national picture, we have seen a considerable rise in the number of 10 - 15 year old children and young people that we accommodated. This age group now comprises almost half (48%) of our Looked After population, which is significantly higher than both our statistical neighbours (37.1%) and the national average (37%). It will be important that we continue to develop services such as our R2K (a respite service for foster carers) and our In Care Council to support this age group and ensure that outcomes for this group are monitored closely. In Care Council is a group of Children in Care facilitated by Off the Record, providing a voice for Looked After young people, it also provides some scrutiny of our services and the pledge to children in care.

2.4 B&NES LSCB has undergone considerable change over the past 2 years. The appointment of a new chair has allowed us to review the way the Board works and to ensure its work reflects the emerging priorities within Safeguarding as well as ensuring that the LSCB was able to develop closer working links with the adult safeguarding agenda and the LSAB. Of particular importance has been the development of a stronger multi-agency position in relation to Child Sexual Exploitation. In the last year, we have commissioned awareness raising training for all agencies, and developed and launched the LSCB Child Sexual Exploitation Strategy. This is now being developed further through the recruitment to a multi-agency “virtual” team of practitioners who have skills in engaging with hard to reach young people. These staff work alongside though independently of, the lead professional, offering advice and undertaking some of the key face-to-face work with the young person.

2.5 The LSCB has also:

a) Changed the format of Board meetings to allow a themed discussion of each of our key work-streams at each meeting.

b) Reviewed the tasks and focus of all of the sub-groups, and established two new groups (CSE sub-group, and the Communications sub-group).

c) Further strengthened the links between the LSCB and the LSAB through the appointment of a joint Head of Safeguarding and Quality Assurance, a joint Independent Chair (from June 2015) and the continued work of the joint LSCB and LSAB Interface Group.

d) Appointed lay members to the LSCB; we recognise that maintaining a consistent and sustained contribution from lay members can be difficult and we are currently recruiting more lay members.

e) Undertaken a full section 11 audit of all contributing agencies looking at 2013 - 14 information. This audit demonstrated a good level of engagement from partners and a clear commitment to the safeguarding agenda. We have agreed four themed

mini audits with the sub regional LAs for 2014 - 15; these are in progress.

f) Organised the annual stakeholder event in November 2014. The focus was on "The contribution of Early Help towards Safeguarding". In addition to this we launched the CSE Strategy and the LSCB has continued to organise development workshops for all partners on a six monthly basis. We also held a "Vision Day" to allow partners to critically review the goals, values and objectives of the LSCB to ensure that all members remain in agreement about the measures of success for the LSCB. This has resulted in the development of a document that sets out the vision and goals of the LSCB.

g) Developed a short document for all front-line professionals which sets out some of the key tasks undertaken by the LSCB. This has been completed by the Communications sub-group. This group intends to strengthen an already good level of engagement between the LSCB and partner agencies.

h) Continued to undertake multi-agency audits. The Professional Practice sub-group now takes a themed focus and cases are debated by a range of agencies/ professionals. Learning is shared with managers and good practice is recognised through letters of appreciation to individuals who have contributed to positive outcomes. The Chair of this group is an independent consultant from Barnardos.

i) Developed a stronger "challenge" culture, evidenced in the challenges set to the Children's Trust Board which have involved discussion of how the following areas are being addressed by partners:

   i) Early Help
   ii) Provision of parenting support in addition to those services provided by the Connecting Families Team
   iii) Raising staff awareness of Child Sexual Exploitation
   iv) Transition arrangements for vulnerable adults
   v) The development of resilience in young people

j) Developed, launched and implemented a "Learning and Improvement Framework" for staff in accordance with the requirements of Working Together 2013.

k) Re-launched the Threshold Document. Training on thresholds is now included in the LSCB induction training for all staff of LSCB agencies.

l) Undertaken a detailed audit of Safeguarding arrangements in schools and colleges including those with independent and academy status. This was launched by the LSCB in October 2014, and the findings have been reported back to each establishment and an overview report is being presented to the LSCB in June 2015.

m) Approved a 360 degree feedback system for the performance of the Independent Chair with an annual multi-agency 'Challenge and Review' Panel. This will be implemented in 2015 - 16.

2.6 The LSCB faces a number of current and future Challenges/Areas for Development:

a) In accordance with other LSCBs the resourcing and financing of the Board remains tight and pressured. All partner agencies experience similar pressures on funding, and therefore it will be important to ensure that funding is proportionate and fair. In the last year we have reviewed and re-confirmed the pooled funding arrangements of the B&NES LSCB and how its historical carry-forward will be used.

b) Along with six other LAs and in conjunction with the Avon and Somerset Police and the Police & Crime Commissioner we have successfully bid to the Home Office Innovation Fund to assist in the recruitment of two regional posts that will provide additional capacity to support the collation and sharing of key information and victim profiling. These posts will commence in June 2015 and are funded for two years.

c) The engagement between the LSCB and schools requires improvement. We have recently recruited both a primary and secondary head teacher to join the LSCB and they will join in June 2015.

d) We welcome the current Ofsted focus on the quality of LSCBs and their role in challenging partner agencies to work more closely when addressing Safeguarding issues. However the emergence of CSE and "Missing from Home/Care" as key areas of strategic and practice development bring with them considerable expectations and at present there appears to be little recognition that the investment in the development of responses to these issues will bear a significant cost, or divert resources away from other priorities.

e) Governance arrangements and further alignment of the Childrens Trust Board, Health and Wellbeing Board and the Local Safeguarding Adults Board.

## Section 3: Updates on the Legislative and Statutory Framework during 2014 - 15

3.1 Appendix 1 lists the relevant and most significant Acts, guidance and reports provided by Ofsted, Department of Health (DH) and the Department for Education (DfE) that shape our work in safeguarding children and young people. Section 3 sets out new guidance and reports published during the reporting period.

3.2 **The Children and Families Act 2014** received royal assent in March 2014. Although published just before this reporting period, it is relevant to note as it introduced new arrangements that came into force during 2014 and into 2015. Significant changes include:

- Child Arrangements Orders (which amended section 8 of the Children Act 1989), replacing Contact and Residence Orders. The Court can decide whom the child is to live and spend time or have contact with and when this will take place. The residency element can be in place until a child reaches 18 years; the contact aspects (with whom) ceases to have effect when the child reaches 16 years unless the court says otherwise.
- Enabling children and young people to stay with foster carers if they wish until 21 years.
- The extension of support until the age of 25 for children with special educational needs and disabilities (SEND).
- The requirement for Court proceedings for care and supervision applications to be completed within 26 weeks.

DfE produced a **Young Persons Guide to the Children and Families Act 2014** in September 2014.

3.3 **Public Law Outline: Guide to Case Management in Public Law Proceedings** came into effect on 22nd April 2014. It sets out streamlined case management procedures for dealing with public law children's cases and the aim is to identify and focus on the key issues for the child; making the best decisions for the child within the timetable set by the Court and avoiding the need for unnecessary evidence or hearings. It sets out the requirement to complete cases within 26 weeks.

3.4 The statutory inspection and regulatory framework changed during the period and the following was introduced - **Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers. Reviews of Local Safeguarding Children Boards** (Ofsted June 2014, various amendments made through-out the year). This document sets out the current single inspection framework. Inspections are conducted under section 136 of the **Education and Inspection Act 2006** and focus on the effectiveness of local authority services and arrangements for child protection, children that are 'looked after' and care leavers including permanency.

3.5 **What local authorities need to do to place a child under 13 in a secure children's home, and guidance on when it is appropriate to do so** (DfE February 2015) sets out step by step guidance about how to make such a placement and the criteria that need to be met.

3.6 **Young Carers' (Needs Assessment) Regulations** (March 2015) came into force on the 1st April 2015 and sets out what needs should be considered and the skills and experience of the person carrying out the assessment.

3.7 **Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children March 2015** – replaces the 2013 statutory guidance and sets out,

> *'…the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and*
>
> *a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.' (p6)*

Early help has been emphasised in the guidance and LSCBs are encouraged to monitor training and ensure this is included. The guidance focuses on awareness raising, involvement of universal services, assessments and lead professional and commissioning responsibilities.

The guidance makes reference to the new **Young Carers' (Needs Assessment) Regulations 2015** which requires local authorities to look at the needs of the whole family when carrying out a young carer's needs assessment (p17). It also refers to the Local Authority's new duty to establish Channel panels (from 12th April 2015) as part of the **Counter-Terrorism and Security Act 2015** and in response to children (not least the recent case of three teenage girls from Bristol) being radicalised.

On page 22 of the guidance the assessment framework has been retained along with the focus on outcomes and timeliness, with assessments needing to be completed in no longer than 45 days. The CP process is also the same with the minimum requirement for Police, Health and Social Care to be involved in strategy discussions, for the initial case conference to take place within 15 working days, develop the CP plan, the core group to meet within 10 working days of the conference and the review conference to be convened within three months.

The document makes reference to the principles set out in **Freedom to Speak Up** report written by Francis (February 2015) and about the need to ensure cultures of openness and learning.

There is a new requirement for 'new to post' designated officers in the local authority coordinating allegations against staff or volunteers working with children and young people to be qualified social workers (p54). The term LADO is no longer specified.

The publication clarifies notifiable incidents involving the care of a child and defines 'serious harm' for the first time.

> *'"Seriously harmed" …includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:*
>
> *• a potentially life-threatening injury;*
>
> *• serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.*
>
> *This definition is not exhaustive. In addition, even if a child recovers, this does not mean that serious harm cannot have occurred. LSCBs should ensure that their considerations on whether serious harm has occurred are informed by available research evidence.' (p76)*

3.8 **Young Person's Guide to Working Together to Safeguard Children** (March 2015) sponsored by DfE but produced by the Office of the Children's Rights Commissioner is a new guide for children and young people.

3.9 **Keeping children safe in education: schools and colleges** (March 2015) and **Keeping children safe in education: schools and colleges for staff (Part 1)** (March 2015) replaces 2014 guidance and sets out what schools and colleges must do to safeguard and promote the welfare of children and young people under the age of 18.

3.10 **Information Sharing: advice for practitioners providing safeguarding services to vulnerable children, young people, parents and carers** (March 2015) replaces previous guidance from 2008. New advice setting out the legal and professional guidance on information sharing and is intended to:

> *'…support frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis.6 The advice includes the seven golden rules for sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing. ' (Working Together to Safeguard Children 2015 p13)*

3.11 **Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England** (March 2015) published by DfE and DH sets out what each agency must do when supporting looked-after children. New arrangements are set out.

3.12 **Modern Slavery Act 2015** was passed in March. The Act applies to children and adults and sets out the circumstances in which it applies (including trafficking) and the range of responses and penalties. This issue has been on the political agenda for some time and the Government raised awareness and focus during the nationwide campaign it launched in July 2014.

## Section 4: Non-statutory Guidance and Reports Which Influence and Inform Safeguarding Arrangements

4.1 The section outlines a number of non-statutory guidance reports published during the period to help practitioners, commissioners and LSCBs. It is not an exhaustive list. The LSCB await the outcome of the Government announcement in July 2014 regarding the Independent Inquiry into Child Sexual Abuse in England and Wales.

4.2 **Female genital mutilation: multi-agency practical guidelines** (DfE and Home Office July 2014 revised from 2011) – provides guidelines to support frontline staff including teachers, health and social care professionals and the Police in safeguarding children and adults from the abuse associated with this. This document along with those listed below is part of the Governments declaration on FGM.

4.3 **Estimating the Cost of Child Sexual Abuse in the UK** written by Aliya Saied-Tessier and published by the NSPCC in July 2014 reports the cost and impact of child sexual abuse.

4.4 **Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 - 2013** written by Alexis Jay OBE was published in August 2014. The Inquiry estimated that approximately 1400 children were sexually exploited over the Inquiry period and in just over a third of the cases the children were previously known to services because of CP and neglect issues. The report described the

> *'…appalling nature of the abuse that child victims suffered. They were raped by multiple perpetrators, trafficked…abducted, beaten and intimidated….doused in petrol and threatened with being set alight, threatened with guns…Girls as young as 11 were raped by large numbers of male perpetrators.' (p1)*

The Inquiry sets out the failings of the Police, Council, Councillors and other agencies to respond to information, which it describes as clear in its description of the situation in Rotherham. It highlights that the Safeguarding Childrens Board was weak as it rarely checked whether strategies, policies and procedures had been implemented and were working. Jay made 15 recommendations for improvement.

4.5 The Thematic Inspection of **The Sexual Exploitation of Children: It Couldn't Happen Here, Could It?** (Ofsted November 2014)

> *'The report draws on evidence from inspection and case examination in eight local authorities and from the views of children and young people, parents, carers, practitioners and managers. In addition, themes from the aligned inspections of 36 children's homes and the collation of findings from the 33 published inspections of services for children in need of help and protection, children looked after and care leavers and reviews of Local Safeguarding Children Boards contributed to the findings.' (P1)*

It sets out a number of recommendations for LSCBs, Services and practitioners on how to improve the response.

4.6 **Safeguarding Pressures Phase 4** (November 2014) was published by the Association of Directors of Children's Services. This report sets out the current national position regarding safeguarding children showing an increase in child protection referrals but a decrease in the 'revolving door'.

4.7 **Serious Case Review into Child Sexual Exploitation in Oxfordshire: from the**

**experiences of Children A, B, C, D, E, and F** (Oxfordshire Safeguarding Children Board February 2015). This SCR report followed Operation Bullfinch. The SCR findings are that there was a lack of understanding of CSE. The review report identified approximately 330 victims and makes national and local recommendations.

4.8 **What to do if you're worried a child is being abused: advice for practitioners** (DfE March 2015) is a non-statutory advice document which sets out the different types of abuse and neglect. It helps practitioners recognise the types, explains what to do and what will potentially happen. It replaces the previous version of **What to do if you're worried a child is being abused**, published in 2006, and complements **Working Together to Safeguard Children** (March 2015) statutory guidance.

4.9 **Commissioning services to support women and girls with female genital mutilation** (DH March 2015) sets out what to consider in relation to FGM, the multi-agency response and what to commission in terms of effective support services. This document was published at the same time as **Female Genital Mutilation Risk and Safeguarding Guidance for Professionals**. The latter document replaces previous guidance.

4.10 **Deaf and Disabled Children Talking About Child Protection** written by Julie Taylor, Audrey Cameron, Christine Jones, Anita Franklin, Kirsten Stalker, Deborah Fry from the University of Edinburgh and published by the NSPCC in March 2015 sets out the findings from 10 in-depth interviews of children and young people who are deaf and disabled and their experience of child protection.

## Section 5: Significant Local Events and Response

5.1 There have been two unexpected child deaths during the period which have tested the effectiveness of partnership working and multi-agency processes. For both deaths the Critical Incident Protocol was invoked and the Child Death Overview Panel has been informed in accordance with Working Together to Safeguard Children 2013.

- In the case of the secondary school aged boy who died in November 2014 the Serious Case Review sub-group considered whether a Serious Case Review (SCR) was required however following an initial review it was agreed by the LSCB Independent Chair that the situation did not meet the criteria.
- In February 2015 there was the unexpected death of a four year old child and three adults following a tipper truck driver losing control of the vehicle. The incident is subject to a police investigation and the outcome is expected later in the year. Multi-agency partners provided swift support to the family, school and the community due to the wider impact of this traumatic event. The LSCB particularly want to commend the Weston All Saints Church of England Primary School and Snapdragons Nursery for their handling of the situation. The circumstances surrounding the death did not meet the criteria for a SCR however the partners have agreed to look at how the incident was managed to ensure any improvements can be identified. The outcome of this will be noted in the next report.

# Section 6: The Interface with Other Boards and Committees

6.1 The work of the LSCB is complementary to and coordinated alongside those of other bodies within the responsibility of B&NES Council including the following:

- Children's Trust Board
- Health and Wellbeing Board
- Local Safeguarding Adults Board
- Responsible Authorities Group (Community Safety Partnership)

In addition to this the LSCB and Council present papers to the Councils Early Years, Children and Young People Scrutiny Panel.

6.2 The **Children's Trust Board** (CTB) is responsible for delivering outcomes for children and young people as outlined in the Children and Young People's Plan 2014 - 2017 (www.bathnes.gov.uk/cypp)

As part of their complementary work to drive improvements in the safeguarding of children and young people, the LSCB issued a set of ten challenges to the CTB for 2014-2015, including:

- To identify Early Help priorities and launch of the Early Help Strategy;
- The provision of appropriate parenting support, including but not limited to that offered through the Connecting Families Service;
- The effective co-ordination of planning for the safeguarding of vulnerable individuals, particularly at times of transition, including the transition from childhood to adulthood;
- Evidencing progress in reducing the inequality in life chances of more vulnerable groups of children;
- To further develop the positive wellbeing and resilience of children and young people so that they recognise, value and meet their physical, emotional health and wellbeing needs.

The CTB has been able to evidence progress on all of the challenges. Most are ongoing priorities which will continue to be reviewed as part of the mutual challenge process between the two boards.

6.3 The LSCB works in partnership with the **Health and Wellbeing Board** and Local Safeguarding Adults Board (LSAB) to make sure that vulnerable children, young people and adults at risk of harm are protected and kept safe.

Both the LSCB and LSAB share their annual reports and business plans with the Health and Wellbeing Board. There is also shared membership amongst the Boards which ensures a joint and seamless approach to delivering health and wellbeing and safeguarding priorities.

The current Health and Wellbeing Strategy is being refreshed and will be published later this year and the LSCB is seeking to influence this. The existing strategy is available here - http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-board

6.4 The LSCB has continued during the year to develop and strengthen its relationship with the **Local Safeguarding Adults Board** (LSAB), please see http://www.bathnes.gov.uk/services/adult-social-care-and-health/safeguarding-adults-risk-abuse

The Independent Chairs of the LSCB and LSAB have met regularly throughout the year and in December 2014 presented a scoping paper to each Board which moves the collaboration further. The paper set out the following:

> *… to propose the implementation of a number of opportunities for joint working between the Bath and North East Somerset (B&NES) Local Safeguarding Children and Adults Boards. During the early months of 2014, the Independent Chairs of both Boards have met on several occasions to identify these opportunities and subsequently, a framework for future working has been shared with Sub Group Chairs and Business Managers who have suggested several refinements.*
> (Reg Pengelly and Robin Cowen, December 2014)

The areas identified and approved for collaboration included:

- Communications
- Quality Assurance
- Training
- Policies and Procedures
- Exchanging Information

The LSCB at its Development Day in February 2015 started to develop shared vision and values in preparation for its joint development session planned with the LSAB in April 2015 (this will be reported in the 2015-16 Annual Report).

The LSAB continues to receive routine updates on the work of the LSCB as a standing item on its agenda and hears reports on the progress of the Multi-agency Information Sharing Hub project. The scope of this has been approved by both Boards and the Responsible Authorities Group and includes developing an information sharing hub for low and moderate safeguarding and domestic abuse concerns for children, young people and adults.

Of significant note is that in October 2014 the LSAB interviewed and approved the appointment of Reg Pengelly to become the LSAB Independent Chair in June 2015. Having the same Chair for both Boards will facilitate the development of the shared agenda.

6.5 Links between safeguarding, community safety (overseen by the **Responsible Authorities Group**) and the Council's wider preventative agenda have again been strengthened this year. The work of the RAG can be found here - http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/crime-prevention-and-community-safety

The Council's Head of Safeguarding and Quality Assurance and the Divisional Director for Children's Specialist Services have played a key role in this through attendance at the RAG Group (Community Safety Partnership) and impacts on working groups such as the Interpersonal Violence and Abuse Strategic Partnership (IVASP) and its sub-groups; the Partnership Against Hate Crime (PAHC); the MARAC Steering Group; and the Prevent Steering Group.

These relationships have built on existing projects and have developed more integrated

and effective services. Service redesign workshops have mapped the process of tackling domestic abuse, with a view to ensuring more focused services for victims. Our Public Services Board received a Draft Business Case based on this work which focuses on earlier intervention and better data sharing. This has led to the following:

- The commissioning and delivery of the "IRIS" programme to create a clear referral pathway for domestic violence for GP surgeries. Initial costs have been jointly funded by the Police and Crime Commissioner and Clinical Commissioning Group.
- Joint working on the Multi-agency Information Sharing Hub (MISH) project to explore new ways of working, and information sharing, drawing on the experience of the Information Sharing Centre of Excellence. Our Community Safety Partnership has received regular updates on the work of this project and is represented on the MISH Project Board.
- Widening of the Independent Domestic Violence Advisor (IDVA) roles to include "medium" and "low" risk victims and exploring co-location of IDVAs with Avon and Somerset Constabulary and Curo Group.

Of particular note over the past year has been the role of the RAG in identifying key emerging issues and ensuring that systems and processes are in place for delivery. As well as being kept updated on our CSE Strategy, the RAG has received a report from the Anti-Slavery Partnership. B&NES has actively participated in the work of this Partnership, shaping both future direction and operational projects such as problem-profiling.
The RAG has also worked with a wide range of Council services to highlight the new statutory duty relating to Prevent. As a result, a "smart" approach to engagement with key professionals on this agenda has been adopted. Opportunities for sharing training and development on this and related agendas across partners and with neighbouring partnerships have also been explored.

In relation to the wider Health and Wellbeing agenda, the Health and Wellbeing Board established a task-and-finish group to further progress its priority relating to loneliness and isolation. The Campaign to End Loneliness has awarded B&NES its "Gold" standard for this theme and the Village Agents project and now operates in 20 parishes and undertakes "Roadshows" at local village halls as well as home visits. The task-and-finish group involves health and social care commissioners as well as local groups and is considering how best to further develop this work including use of new technology and local volunteering.

6.6 Presentations made to **Early Years Children and Young People Scrutiny Panel**: safeguarding issues have been regularly scrutinised by the panel during 2014 - 15. Over the past year officers have needed to present reports to members on the following Safeguarding issues:

- Update of the re-structuring of Children's Centres and Early Years services (April 14 and June 14)
- Update on Children in Care (June 14)
- Update on progress with Child Sexual Exploitation Strategy and local action plan (November 14 and March 15),
- The regional Peer Challenge process (January 15)
- Safeguarding and Schools – outlining the work that is taking place across the area (January 15)

## Section 7: Governance and Accountability

7.1 B&NES LSCB is a statutory body established under the Children Act 2004 (Section 13) and the Local Safeguarding Children Board Regulations 2006. It is independently chaired and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people across the area. The Terms of Reference are set out in Appendix 2 and are due for review in 2015 – 16. The membership for the LSCB and sub-groups during 2014 - 15 is set out in Appendix 3.

7.2 B&NES Council is responsible for establishing the LSCB; the LSCB Independent Chair meets the Chief Executive of the Council on a quarterly basis to discuss the work of the Board and to raise any concerns on the Board's behalf. The Strategic Director for People and Communities along with the Lead Member for Children & Young People are the key points of professional and political accountability and are joint responsibility for ensuring the effectiveness of the Board and are members.

7.3 The Board's statutory objectives as set out in the Children Act 2004 (Section 14) are:

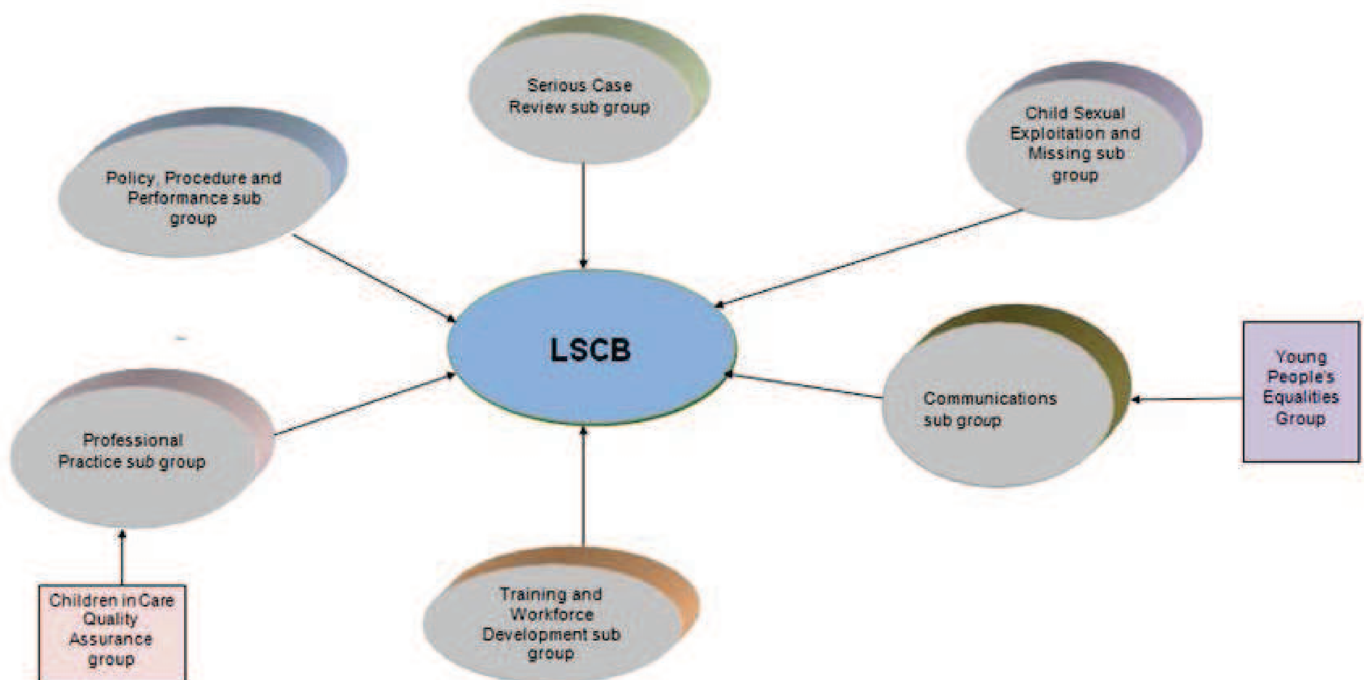
a) To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area;

b) To ensure the effectiveness of what is done by each person or body for those purposes.

7.4 The functions in relation to the above objectives are described in Regulation 5 of the Local Safeguarding Board Regulations 2006, set out in Appendix 4

http://www.legislation.gov.uk/uksi/2006/90/contents/made

7.5 The LSCB structure is set out below and the work of the sub-groups is articulated in Section 8 of the report.




7.6 The LSCB have not undertaken any SCRs during the period; however the Chair has considered recommendations from the SCR sub-group for two cases it believed did not meet the SCR criteria.

7.7 In line with the statutory requirement, the LSCB has in place a Learning and Improvement Framework. This framework is intended to facilitate how the learning from reviews takes place and is embedded into practice which in turn should lead to improved outcomes for children and young people.

7.8 During the period covered by this report, the LSCB was fortunate to have two very able and committed lay members, each with a unique and valuable perspective on safeguarding children. Their work positively influenced decisions of the Board. Membership as a Lay Member is a significant commitment and regrettably owing to changes in personal circumstances both were obliged to resign during the course of 2014. The Board is in the process of recruiting new lay members at the time of this report with interviews scheduled in early May 2015.

7.9 The LSCB budget is monitored throughout the year and presented in the Annual Report in Appendix 5. The allocation of the budget was reviewed in September 2014; this revision was implemented in January 2015.

# Section 8: LSCB Sub Group Achievements and Priorities

8.1 The LSCB has six sub-groups as set out in section 7.5 above. The Terms of Reference for each of the sub-groups is available on the LSCB web page; see http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/local-safeguarding-children-board . Each sub group reports progress on the Board's Business Plan on a quarterly basis and contributes to the Chair's Agenda Setting meeting. Each sub-group has a duty to challenge practice within the partnership where it identifies issues of concern.

## Child Sexual Exploitation (CSE) and Missing sub-group

The CSE and Missing sub-group was established in June 2014 and was tasked with drafting a CSE Strategy and Protocol on behalf of the LSCB. Since this time the sub-group has met on eight occasions to drive forward the work. The CSE Strategy was brought to the Board in September 2014 for sign-off. The LSCB Missing from Home and Care Protocol was also presented and agreed at the same Board meeting. The sub-group has good multi-agency attendance and includes GP and schools representation as well as other key partners.

**Key achievements**

a) The drafting of the B&NES CSE Strategy, which was launched at a multi-agency event in early November 14. Please see http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/final_banes_cse_strategy.pdf

b) The sub-group has also drafted and distributed the CSE Protocol and workflow documents (January 2015) as well as drawing up and agreeing an Action Plan for the sub-group that covers the next 18 months

c) The sub-group has played a key role in the development and setting up of the 'Willow Project', a multi-agency group of practitioners who have key skills in engaging with young people at risk of CSE and Missing. These workers will be assigned to work with young people identified as being at risk of CSE as well undertaking 'Return Home' interviews

d) The sub-group has also been instrumental in re-focusing the previous Risk Management Panel into the CSE MARAC which should ensure a sharper focus

on CSE and Missing cases and allow for the co-ordination of resources and interventions

**Outcomes – What difference have achievements made in relation to outcomes?**

a) The work of the sub-group on re-launching the CSE MARAC and defining its Terms of Reference has enabled the collation of accurate data on CSE referrals and data on Missing children

b) Commissioning arrangements with Barnardos have enabled swift referrals for therapeutic interventions for vulnerable young people

c) The launch of the 'Willow Project' is ensuring that young people are being seen promptly when they have been missing and we are beginning to engage with young people at risk of CSE to establish meaningful relationships and provide support

**Challenges Faced in Delivering the Agenda**

a) The key challenge in this area of work over the coming year will be to ensure that the progress that we have made over the previous 12 months and the protocols that we have put into place continue to take root within the practice of all agencies

b) One key element in this process of embedding awareness of CSE in all of our practice will be the accurate recognition and identification of what constitutes a concern in this area and who to contact in regard to this

**Priorities for CSE and Missing sub-group**

a) Further recruitment to the pool of workers for the 'Willow Project', and to review the effectiveness of interventions

b) To re-launch the CSE Protocol, following some amendments and additions to the workflow of referrals

c) Continued training for all agencies and newly recruited staff

d) Strengthen the strategic links with key partners and initiatives such as Schools, and with the Sexual Health agenda

e) Deliver the action plan

## Professional Practice Group (PPG)

The PPG is a quality assurance group; it meets nine times a year and audits the records of at least four children at each meeting. PPG has looked at the functioning of child protection conferences as well as focussing on the following themes:

a) Cases that moved between Early Help and Social Care

b) Disabled children in Safeguarding processes

c) Voice of the Child in Safeguarding processes

**Key achievements**

PPG saw good progress in the following areas:

a) Cases that moved between Early Help and Children's Specialist Services showed good use of step up processes from Common Assessment Framework when concerns about a child's safety increased

b) Voice of the Child in safeguarding processes. PPG looked at this twice during the year and saw good improvements, particularly increased use of advocacy in child protection conferences, better use of observations of young children to understand what their lives are like and recognition of children as individuals as well as being part of a sibling group

**Outcomes – What difference have achievements made in relation to outcomes?**

PPG has seen ongoing improvements in the way that Child Protection Conferences work. Social Work and other agency reports have improved

Listening to and responding to the voice of the child has a crucial impact on the safety of children in child protection processes. The improvements that PPG has seen will support these improvements

**Challenges faced in delivering the agenda**

a) Ensuring full engagement from all schools in B&NES in child protection processes

b) Ensuring full participation from GPs in child protection processes

c) Recognising that some families make positive improvements for their children but then support ends without confidence that those changes will be sustained. There is a need for community based, lower level but ongoing support

**Priorities for Professional Practice Group**

a) Ensuring the correct category of abuse is used in child protection conferences

b) Oversight of responses to young people affected by child sexual exploitation

c) Auditing themes from LSCB Business Programme

## Communications sub-group

The Communications sub-group was set up in March 2014 to ensure that key messages that needed to reach staff of all partner agencies were disseminated effectively and in a co-ordinated manner, preventing repetition and duplication. Since this time, the group has met regularly and has produced a number of documents and guidance for staff across the LSCB.

**Key achievements**

a) The sub group has drafted and agreed a Terms of Reference which sets out key tasks and goals

b) It has commissioned the design of the new LSCB logo

c) The group has drafted and disseminated the '10 things' document that sets out in an easy to read format what the LSCB does on behalf of partner agencies

d) We have also adapted the '10 things' document into a handy book-mark that will be distributed to staff

e) The group has begun the process of developing a new web-site that will be easier to access and will link with the B&NES LSAB. This should be concluded towards the end of 2015

**Outcomes – What difference have achievements made in relation to outcomes?**

a) The group has produced the LSCB Members hand-book that forms part of the induction pack/process for all new members of the LSCB

b) The distribution of the book-marks promotes the awareness of the role and function of the LSCB

**Challenges in Delivering the Agenda**

With the prospect of closer working relationships with the LSAB it will be vital that the LSCB Communications group links closely with its counterpart in the adult world to ensure that where possible key messages are delivered with one voice and at the same time.

**Priorities for Communications sub-group**

a) The completion and launch of the new web-site

b) Improved engagement and links with the B&NES 'e-teams' (groups of young people that have a focus on equalities issues) who can work with the group to ensure that the materials we produce are written clearly and make sense to young people

c) To strengthen the links with the Communications group of the LSAB to ensure key messages about safeguarding, such as the 'Think Family' approach are communicated jointly and with maximum impact

d) Dissemination of Working Together 2015 to all agencies and children and young people where relevant

## Training and Workforce Development sub-group

This sub-group is responsible for ensuring that single agency and inter agency training on safeguarding and promoting the welfare of children is provided in order to meet local needs. The group will also examine safeguarding workforce development issues across agencies.

**Key Achievements**

a) Substantial inter-agency training programme offered to the workforce, responding to local need and national and local agenda

- ✓ 59 Inter-agency training courses offered
- ✓ 1161 inter-agency training places made available
- ✓ 1028 inter-agency training places filled
- ✓ 1199 days of inter-agency training attended
- ✓ 781 professionals trained

b) A 3 year training strategy has been produced to provide a strategic and dynamic framework for training and development and this has been adopted by LSCB. The strategy includes a framework for members of LSCB to identify gaps in workforce knowledge and skills and to propose new training to address these gaps and also includes the learning outcomes expected in single agency training

c) The sub group is responsible for evaluating the training which it provides in order to ensure that it meets the LSCB's statutory duties and to respond to national and local issues. All inter-agency courses advertise the learning outcomes and pre and post scales are used to measure confidence (see Appendix 6)

**Outcomes – What difference have achievements made in relation to outcomes?**

a) The strategy provides a robust framework for how we ensure that the workforce is provided with the relevant training to safeguard children and young people

b) Feedback from course attendance is used to inform future training

**Challenges faced in delivering the Agenda**

a) Incomplete training needs analysis from section 11

b) Issues around representation, continuity of attendance and capacity of sub group members to undertake tasks

**Priorities for the Training and Workforce sub-group**

a) Develop the quality assurance of single agency training & provide train the trainer training and support

b) Develop communication within LSCB and sub groups to ensure that training programme is informed by workforce issues and needs analysis

c) Develop processes to measure transfer of learning to be used by member organisations of LSCB

d) Develop standardised tool to evaluate competency

e) Further develop the potential of the electronic booking system, to provide data for deeper analysis

f) Explore alternative methods of teaching and learning

g) Contribute to the standardisation of domestic violence and abuse training across B&NES

h) Review terms of reference for sub group

i) Explore opportunities to work with LSAB training sub group to share and learn

## Serious Case Review sub-group

The Serious Case Review sub group was set up in August 2013 and has met four times during the period. Terms of Reference were approved in June 2014. The group is responsible for:

a) Considering cases which may meet the threshold for a SCR

b) Overseeing reviews of cases which do not meet this threshold and ensuring a proportionate response is adopted whilst enabling lessons to be learned and shared

c) Monitoring SCR or other review action plans

d) Linking with the Child Death Overview Panel as required

**Key achievements**

During the period the sub-group has:

a) Monitored the multi-agency SCR action plan and reported progress against this. The plan is now signed off with the exception of one item which the group is progressing

b) Monitored the single-agency SCR action plans to ensure agencies are delivering their improvement and lessons learned actions

c) Considered two SCR applications and recommended to the Chair that they do not meet the SCR threshold

d) Kept abreast of Operation Brook in Bristol

e) Written the SCR process which was approved by the LSCB

**Outcomes – What difference have achievements made in relation to outcomes?**

a) Assurance to the LSCB that SCR actions have been progressed and changes made to service delivery

b) Assurance to the LSCB and partners that cases have been appropriately considered in terms of meeting the SCR threshold

**Challenges in Delivering the Agenda**

a) The group has had three different Chairs since it was established, this has affected the progress of the group; it has also had mixed attendance

b) One outstanding action from the SCR action plan remains; it was hoped this would be completed in February 2015 however further work is needed and the support of the Multi-agency Self Harm and Suicide group required before this is achievable

Priorities for Serious Case Review sub-group

a) Ensure the SCR final action is completed and signed off by the LSCB and Multi-agency Self Harm and Suicide group

b) Three cases have been identified for review at the time of the report; the group will ensure the Learning and Development Framework is used to progress these

c) Reinvigorate the group, review the Terms of Reference, develop a set agenda which includes partners identifying SCRs or other reviews for consideration

## Policy, Procedure and Performance sub-group (PPPG)

This sub-group has the responsibility for reviewing policies and procedures operated by LSCB and South West Child Protection Procedures and monitoring their effectiveness and ensuring agency compliance with them. The sub-group also develops and monitors performance indicators relevant to LSCB business focusing on analysing data that will inform improving performance.

**Key achievements**

a) Further developed data and performance reporting and scrutiny, to support the identification of children and young people who may be at risk of specific harm and to evidence the LSCB's impact and pro-activity

b) The group now routinely reviews Police data alongside LA data, to ensure triangulation where appropriate

c) Improved section 11 format and mechanisms, introduced themed audits

d) Approved a range of policies and procedures, including Learning and Improvement Framework, SCR Process, Missing from Home and Care Protocol, CP Conference Complaints Procedure, Unborn Baby Protocol, Managing Allegations Protocol, Forms for reports to CP conferences, CP policies for schools and community groups, Single Assessment Protocol

**Outcomes – What difference have achievements made in relation to outcomes?**

a) Ensured clearer arrangements for following up Missing Children and thereby

helped to ensure relevant risks are assessed and managed

b) Numbers of unborn babies on CP plans has increased, suggesting the protocol is being effective and that unborn babies at risk are better safeguarded

c) SCR Process followed when considering potential SCR cases – providing sound audit trail to demonstrate LSCB's effective decision-making

d) Data challenge on CP Plan categories leading to audit and action plan which has, for example, improved the focus of CP plans by ensuring the appropriate category is used

**Challenges faced in delivering the agenda**

a) Availability of further data, e.g., workforce data, of suitable quality and timeliness to be of value

b) Capacity of sub-group members to undertake tasks

c) Section 11 audits – co-ordinating approach across multiple LAs

d) Section 11 audits – compliance of agencies in responding

**Priorities for PPPG**

a) Develop more systematic approach to review of policies and procedures and monitoring effectiveness/compliance

b) Development of workforce data/reporting

c) Exploration of joint working with equivalent LSAB sub-group(s) and opportunities to learn from them and/or share expertise and capacity

## Section 9: Other Relevant Work and Achievements

9.1 **Engagement with Children and Young People**: The Communications sub-group currently provides a link with the Young People's Equalities Group (YPEG). Safeguarding is a standing item on their agenda for meetings. Its membership is wide ranging and includes young people who are care leavers, disabled, LGBT, CAMHS users, young carers, from Black and minority ethnic communities and / or representatives from School Equalities teams. The B&NES Strategic Participation Officer oversees this group and is also a member of the Communications sub-group. This ensures young people's views on safeguarding inform the work of the LSCB. Children and young people have been actively engaged with the recruitment of the Chair, lay members and the Business Manager roles. Two young people also spoke at the November 2014 stakeholder event.

In early 2014 the then Principal Social Worker undertook a significant piece of research which looked at the engagement and participation of Looked After children and young people in their reviews. The research highlighted a number of areas of good practice by Social Workers in terms of how they ensure the best possible engagement with young people in care. The research also highlighted areas for development such as direct work tools that Social Workers might use with young people to improve engagement even further. The findings were discussed at the June LSCB meeting and the paper was also published in a national journal.

9.2 **Child Death Overview Panel (CDOP)**: throughout 2014 - 15 B&NES has held the Chair of the West of England CDOP. The number of child and infant deaths has dropped slightly in this calendar year, the first reduction for three years. Emerging themes from the monthly meetings have been:

- The need to ensure good interpreting support for families during emergency hospital admissions. This also reflects the growing diversity of families across the West of England.
- The need to continue to provide families with clear advice about the dangers of co-sleeping with very young babies in bed. In particular, the dangers of this increase considerably when one or both parents has taken alcohol. This continues to be a significant and all too common theme in a proportion of child deaths that are brought to the panel.
- There is also an emerging correlation between the number of families in poor housing accommodation, of migrant backgrounds and child deaths. A high and dis-proportionate number of the child deaths seen at the CDOP come from families in over-crowded, rented accommodation with poor heating.

The LSCB is assured that all child deaths are reported as required.

The CDOP reports annually to the LSCB on its findings and actions taken as a result.

9.3 **Private Fostering**: this has been an area which the LSCB has sought to highlight and develop in 2014 - 15. We have produced new guidance and advertising materials for distribution to key establishments such as GP surgeries and nurseries. These materials had been in need of a re-fresh and the profile of Private Fostering across the area has needed to be raised. During this year the Strategic Director for People and Communities (holding the DCS role) has also written to all independent and Language Schools in the area to remind them of their responsibilities to self-report any arrangements that might constitute Private Fostering with 'host' families.

9.4 **Children Placed 'At Distance'**: The LSCB has defined children placed 'at distance' to constitute those young people who are in foster placements or residential establishments that are more than 20 miles away from the B&NES boundary. The March 2015 LSCB highlighted the needs of young people placed 'at distance' within its discussion of young people in special circumstances and used the opportunity to discuss and highlight the importance of good communication and the co-ordination of such support services as Health Visiting and CAMHS for many of these young people. The LSCB also receives the Independent Reviewing Service's Annual Report which identifies actions to ensure this cohort of children and young people are kept safe. Further supporting information is set out in section 11.

9.5 **Connecting Families**: the B&NES Troubled Families initiative (known as Connecting Families) completed the phase one targets in August 2014. This meant the targets for reaching 215 families were met 7 months early and confirmed the initiative as one of the best performing in the UK. As a consequence of this, the team was asked to become an 'early adopter' of the phase two initiative. This has led to an increased focus on the impact of workless-ness and homelessness as issues that contribute to poor outcomes for young people and some interesting and potentially productive links with other parts of the Council and the voluntary sector.

9.6 The LSCB has had a number of guest speakers during the year including:

- CAFCASS – setting out its work and areas of focus

- South West Ambulance Trust – outlining its commitment to safeguarding and the welfare of children
- Counter Terrorism Intelligence Unit – raising awareness of Prevent
- iHop Service – regarding its service to children and families of offenders
- CAMHS research into suicide and young people

**Presentations** have been informative and led to further actions such as considering how to raise awareness of the risks of low level ligatures, this is being discussed with the Suicide and Self Harm group and the scoping of a task and finish group to consider how B&NES can improve support to families of offenders

9.7 Since December 2014, the LSCB has allotted a significant portion of its meeting time to a more focused review of particular themes in safeguarding – **Thematic Reviews**. This allows for a more in – depth analysis and debate about the provision and coordination of services, more effective challenge between partner agencies and offers the potential to identify improvements.

- At the December meeting we examined the multi – agency child protection process and learned much about the categorisation of abuse, the work of conference chairs and the level of commitment to these important activities from professionals. It is clear that every member of the Board learned a great deal about the overall process as well as how they might improve upon the activities of their own agencies.
- At the March 2015 meeting, we took up the theme of children with particular care needs such as those in the lawful care of the Local Authority, Foster Children and children subject to Private Fostering arrangements. We considered the particular risks pertaining to children placed outside of the Authority's geographical remit and how these were managed. We also considered the means by which such children's healthcare needs were met.

9.8 The LSCB has received the annual reports from the Child Protection Chairs and the Independent Reviewing Service and identified a number of actions and priorities. These are monitored through the following years report. Some of the activity information is also presented later in the report.

9.9 The Local Authority Designated Officer reported on activity during 2013 - 14 and the first half of 2014 - 15 during this period as well. The full year 2014 - 15 report will be considered in June 2015. There has been a sharp increase in enquiries and referrals from 49 in the whole of 2013 - 14 to 44 for the six months from April to end of September 2014. Police were involved in 11 cases during 2013 - 14. Physical abuse is the main category of allegation. A significant number of enquiries and referrals are from schools and the Deputy Safeguarding Lead (who undertakes the role of LADO) provides support and advice to LA schools, Academies and the independent education sector. The report highlights a lack of referrals from health care providers, the Acute Trust and Avon and Somerset Constabulary and the LADO has followed this up with the relevant agencies.

9.10 The analysis of the 2013 - 14 Section 11 Audits was presented to the LSCB in June 2014. The report highlighted that undertaking the audit generates a significant amount of work for agencies, therefore it was recommended to the LSCB that the next Section 11, for 2014 - 15, should be a 'mini' audit focusing on four themes highlighted in the report as needing additional progress. These themes were identified as training, safer recruitment, CSE and Missing, and the voice of the child. The first themed audit 'training' was

circulated to members in Spring 2015. It was agreed that the next full Section 11 audit would be undertaken in 2016, in partnership with North Somerset, Somerset, Bristol and South Gloucestershire. This will allow for a more 'joined up' approach and for more work to be developed with our neighbouring authorities in relation to the Section 11 process. (This will be of particular benefit to agencies who work in a co-terminus capacity across those areas).

9.11 A school safeguarding audit was also undertaken in October 2014, initial feedback was reported to the Board in March 2015 and a full report is being presented in June 2015. Early analysis of the self assessments indicates that most schools are compliant with safeguarding requirements as detailed in Keeping Children Safe in Education (April 2014) https://www.gov.uk/government/publications/keeping-children-safe-in-education. However it is important that schools continue to: prioritise early interventions and follow through with the CAF process; make referrals to the Council; and prioritise multi-agency training for staff.

9.12 The Board has also monitored the way safeguarding is considered as part of the transition process from children's to adult services. A number of actions have been identified and these are monitored.

9.13 The LSCB has received regular update reports on the progress of the Multi-agency Information Sharing Hub (B&NES are scoping this model rather than a MASH). A multi-agency task and finish Board has been established and reports into the LSCB, LSAB, RAG and the overarching Programme Board which is coordinated by Avon and Somerset Constabulary.

9.14 The LSCB holds two Development Days every year. The purpose of these half–day events is to explore the mechanisms by which the Board undertakes its business and to identify improvements to our effectiveness. In 2014, the first Development Day was held in April. The purpose was to consider a proposal to redesign the way that our Board Meetings are conducted so that at each meeting, a significant proportion of time is focused on a particular theme relevant to delivery of the Board's priorities. A number of important principles were agreed and the first of these themed LSCB meetings took place in December at which multi-agency child protection processes and outcomes were explored in some detail (as described above). At the October Development Day, members of the Board reviewed the mission, vision and values of the LSCB as well as opportunities for collaboration with the LSAB. Importantly, there was consensus over the need for defined agency commitment to the work of the Board and further work is underway to develop a process of formal agreement across all agencies.

9.15 The LSCB identified a common theme for a number of member agencies who were having difficulties in accessing interpreting and translation services. Following work to ascertain the levels of demand across agencies, a tender process was undertaken to jointly commission a **Translation, Interpretation and British Sign Language Interpretation Service** for employees dealing with residents and workers in Bath & North East Somerset and a 3 year spot purchase framework contract was put in place in December 2014 with Language Empire Ltd on behalf of Bath & North East Somerset Council, NHS Bath & North East Somerset Clinical Commissioning Group, Royal United Hospital, Sirona Care & Health and Avon & Wiltshire Partnership Mental Health Trust.

9.16 Awareness in relation to **safe restraint** of young people: this is an issue that continues to be of high importance and one on which we must remain vigilant. During the course of 2014 - 15 there were a small number of incidents where young people's behaviour became dangerous to themselves and those around them. These incidents were dealt with calmly and with the use of proportionate response. However it will be vital to ensure

that all staff at all levels have an understanding of how to deal with aggressive behaviour and have sufficient training with which to deal with this confidently.

9.17 The activity of the Youth Offending Team and the Youth Justice Board are reported to the LSCB on an annual basis.

## Section 10: Local Arrangements

10.1 Local arrangements fulfil the requirements set out in Working Together to Safeguard Children 2013 and will be reviewed during 2015 - 16 in light of the 2015 update.

10.2 B&NES LSCB is one of the 13 members of the South West Safeguarding Child Protection Procedures group and uses these procedures to direct its safeguarding duties

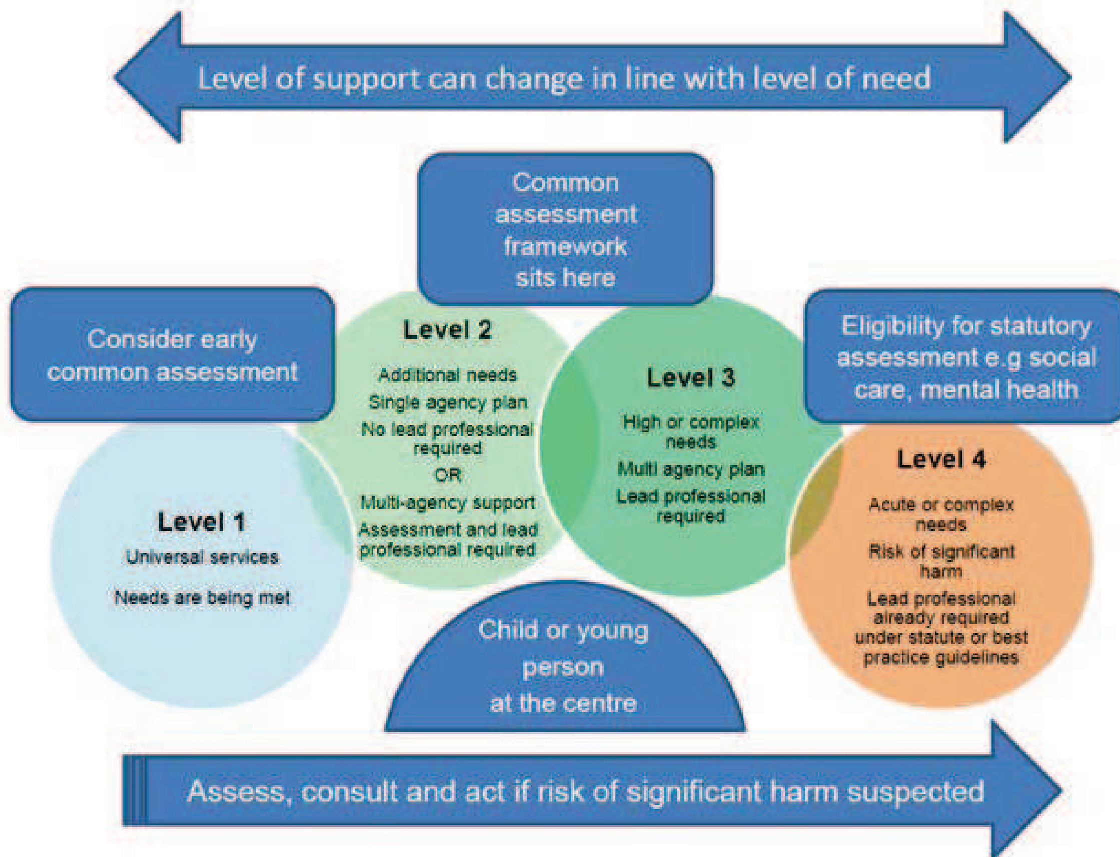
www.swcpp.org.uk

10.3 All multi-agency policies and procedures the LSCB approves are placed on the public website. We are aware that we need to ensure these are disseminated in a wide and timely way and are implemented and this will be an area of focus in the new business plan. We are mindful that poor oversight and assurance of implementation was a failing in the Rotherham Inquiry.

10.4 The Council delivers its statutory duty through its Children's Specialist Service and Children and Young People Strategy and Commissioning Service. The Child Protection Chairs and Independent Review Service sit within the commissioning side of the Directorate whilst operational teams such as the Children and Families Assessment and Intervention Team, who provide the first point of contact for anyone wishing to talk about a child or young person, sit within the Children's Specialist Service area. If a child is disabled the Disabled Children Team located at the Royal United Hospital provides contact, referral and initial response services for the hospital and for disabled children.

# Section 11: Summary of Activity in Relation to the Support and Interventions Provided for Children and Young People

11.1 All partners have a responsibility to act when they identify that a child, young person and / or their family needs support. The following diagram sets out changing needs and how the level of multi-agency support and assessments corresponds to this.

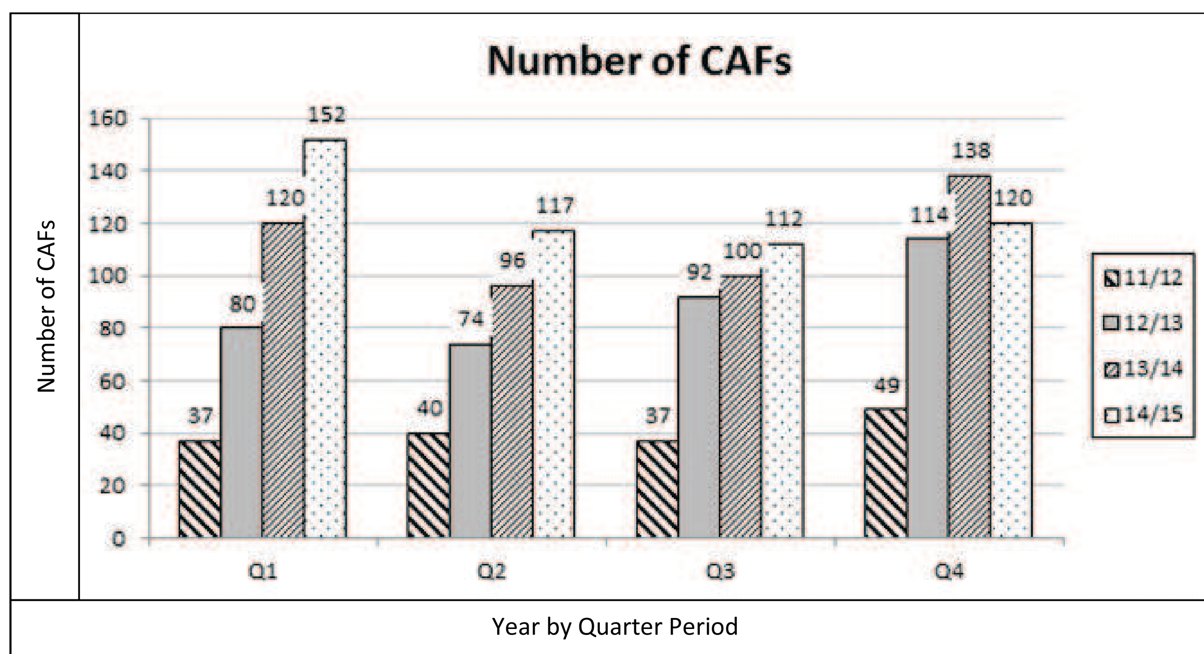



11.2 The information provided in this section of the Annual Report details the activity that has taken place during the reporting period to support children and young people identified in need. It starts with the offer of 'early help' and the Common Assessment Framework (CAF) (level 2 and 3 above); this is what we do collectively to prevent and reduce problems escalating and moves through Level 4, providing details on the number of children and young people we are supporting through child protection arrangements and the number of children the Local Authority brings into the care to protect and keep them safe. Note through-out this section percentages have been rounded to the nearest whole number.

11.3 **Early Help** - In order to meet its duty to safeguard and promote the welfare of children in need, as set out in the Childrens Act 1989, B&NES Council works closely with local agencies to ensure that help is offered at the earliest point where children and young people's additional needs are emerging. In many cases, the common assessment (CAF) is the multi-agency assessment tool which is used; 501 CAFs were completed in 2014 - 15. There is a wide spread of agencies and services initiating common assessments across B&NES including health, early years services/setting and schools initiating the majority of assessments. There is also strong engagement from the voluntary sector and commissioned services.

Early help is also offered via family assessments completed by the Connecting Families team (Troubled Families initiative) and through Youth Connect 'One' assessments.

11.4 Diagram 1: Number of Common Assessments (CAFs) by Year and Quarter




As indicated in the diagram above in the table below there has been a year on year increase in the number of assessments undertaken.

11.5 Table 1: CAFs undertaken 2011 - 15:

| Year | CAFs undertaken | % increase |
|---|---|---|
| 2011 - 12 | 163 | n/a |
| 2012 - 13 | 360 | 121% |
| 2013 - 14 | 454 | 26% |
| 2014 - 15 | 501 | 10% |

11.6 Overall, early years services, health visitors and schools continue to initiate the greatest numbers of common assessments, and there is a growing trend for jointly completed assessments giving a holistic view of a child's strengths and needs. The need for parenting support, along with parental mental health needs which impact on children, feature most strongly as reasons for initiating the common assessment.

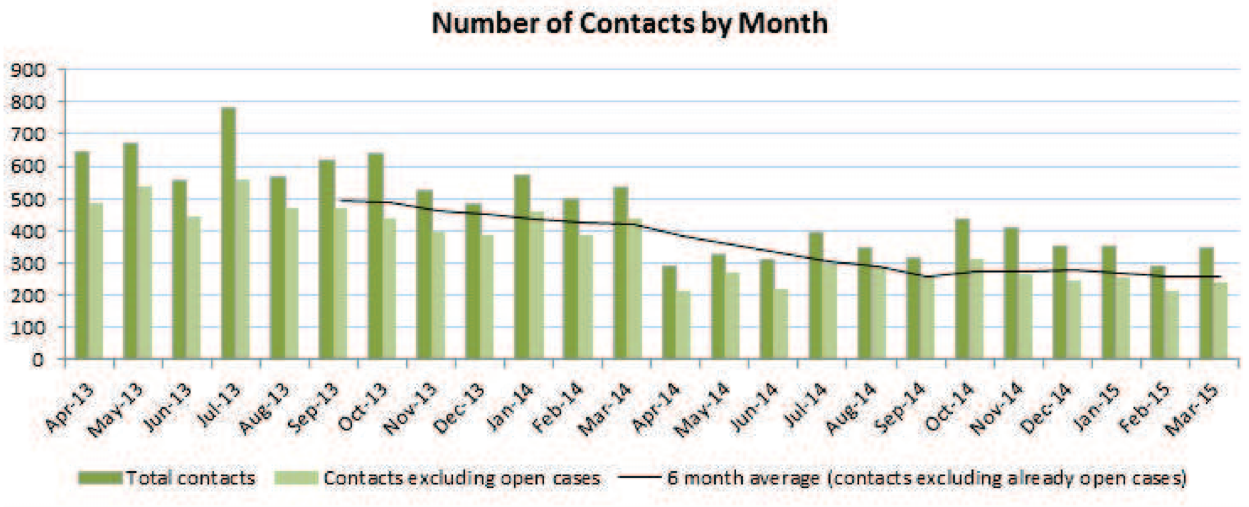
11.7 It remains a challenge to evidence the impact of assessment and subsequent planned intervention but from what has been returned to the Integrated Working Team, 69% of the information evidences improved outcomes. However educational outcomes feature strongly such as improved behaviour at school, improved attendance and punctuality, smooth transitions between stages or schools, and improved attainment. Over the past two years we have seen a consistent figure of between 8 -10% of CAF's appropriately progressing to a CIN or CP assessment by the Children's services Duty team. More tangible outcomes such as improved morning or bedtime routines have also been reported as positive outcomes.

11.8 It isn't possible at the current time to compare the number of children we support through the CAF with other areas as this data is not collected by the DfE however ADCS are looking into this and are considering how they can collect and share it. Some data has already been shared between the ADCS but it is not for this period. Early help continues

to remain a focus with the development of the Multi-agency Early Help Strategy.

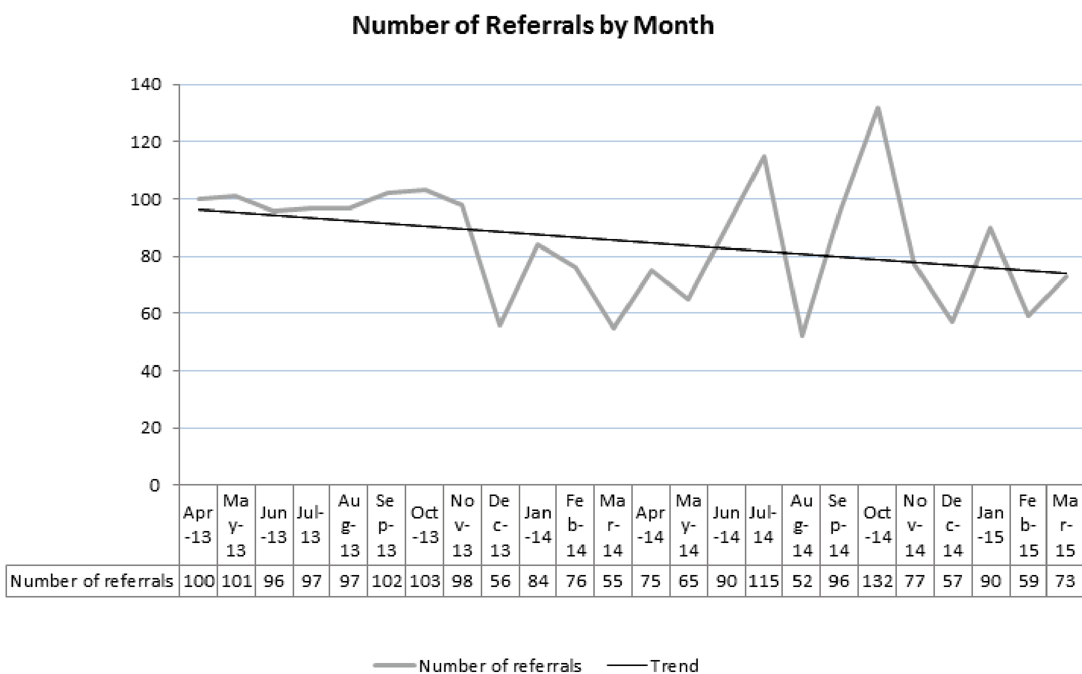
11.9 Contacts and Referrals to B&NES Council Childrens Specialist Services – This Service is responsible for receiving and processing contacts when there is a concern about a child or young person. They assess the information according to the threshold matrix and decide whether the contact reaches the threshold for a referral into Childrens Specialist Services for action. The diagram below sets out the activity per month.

11.10 Diagram 2: Number of Contacts per Month 2013 – 15




11.11 It will be important to note the change in the total numbers of contacts that begins in April 2014, with an apparent drop in numbers of contacts. This results from changes in the manner in which contacts and referrals were being counted. Prior to this time any number of contacts from agencies in relation to the same incident were being counted separately, rather than as different information on the same incident. Whilst direct comparison between the different methods of counting is difficult, work has been undertaken with Police colleagues to compare numbers of contacts and referrals over the period, and these have remained steady.

Diagram 3: Number of Referrals per Month (contacts which progress to single assessment)



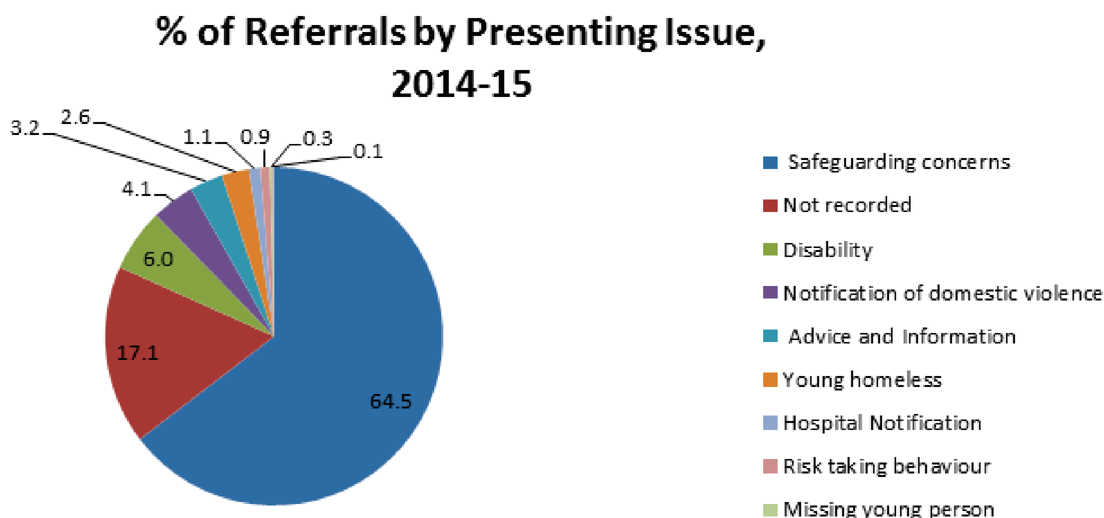

| | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of referrals | 100 | 101 | 96 | 97 | 97 | 102 | 103 | 98 | 56 | 84 | 76 | 55 | 75 | 65 | 90 | 115 | 52 | 96 | 132 | 77 | 57 | 90 | 59 | 73 |

11.12 The recording of referrals was also changed in April 2014. Prior to this date, new information or incidents on some already open cases were often being recorded as referrals. This was felt to be distorting figures and also creating considerable, additional work for the duty team. Therefore, from this date any new information on already open/ allocated cases was recorded straight to the file and passed to the allocated Social Worker. The two spikes in referrals seen in July and then again in October could be linked with schools passing on information about young people prior to the school summer holidays, and then picking up on emerging issues once the schools had re-started in the autumn. The steady increase in the use of CAF's and promotion of early help will also have impacted on the overall numbers of referrals. Childrens Specialist Services and the Children and Young People Strategy and Commissioning team of the Council are monitoring this and have undertaken an audit of threshold in regard to section 47 enquiries this is being reported to the Policy, Procedures and Performance sub-group in May 2015.

11.13 Data for the preceding year (2013/14) allows us to make a rough comparison on the numbers of referrals we undertake, in comparison with both statistical neighbours and the national average. In 2013 - 14, B&NES undertook 319.6 referrals per 10,000 of the population. The statistical neighbour figure is 422.5 per 10,000, and the national figure is 573 per 10,000.

11.14 During the period 64.5% of the referrals gave safeguarding concerns as the presenting issue. The diagram below described the % of referrals by presenting issue.

Diagram 4: Percentage of Referrals by Presenting Issue




This indicates that the community and partners are raising safeguarding concerns appropriately. This figure has been consistently at around this figure for the majority of 2014-15, and does indicate that thresholds are understood by partners. Of note however is that just over 17% of records at the time of this information being provided is not available, however this problem was identified earlier in the year and since quarter 4 it has become a mandatory field. Quarter 4 data shows that just over 80% of presenting issues are recorded as safeguarding concerns.

11.15 Given the changes in the way in which contacts and referrals have been recorded the Policy, Procedures and Performance sub-group has been monitoring who has made referrals and compared this year's information with last years. There has been a slight reduction in referrals from Schools, Avon and Somerset Constabulary, other Social Care teams, other education settings and the acute hospital which are consistent with

the decrease generally; however there has been a more marked reduction from family members and carers which again may be as a result of being engaged at an earlier stage through the CAF and from GPs. Conversely however there has been an increase in referrals from external social care agencies (none Council services) and from housing providers and primary care such as Health Visitors (albeit these were small) which is encouraging.

11.16 During the period Childrens Specialist Services has managed to reduce the percentage of cases that are re-referred within 12 months of closure. In 2013 - 14 this stood at 24.6%. Over the past year, this has reduced to an average of 21.8%. A report from Ofsted setting out 2013 - 14 data identifies the re-referral rate as 23% nationally and our statistical neighbours is 22.3%. The re-referral rate will continue to be monitored carefully as this will be an important measure of the quality of our interventions with vulnerable families.

11.17 **Children in Need and Child Protection Interventions** - the number of Children in Need (CIN) that are open to Children's Specialist Services is between 480 and 550 at any one time.

Compared to other Local authorities B&NES does appear to keep more CIN cases open during the initial months of intervention, than occurs with both our statistical neighbours and the national average. The percentage of CIN cases that are closed at the 0-3 month, 3-6 month and 6-12 month period are significantly lower than our statistical neighbours and the national average. However, given the drop in our rate of re-referrals, CP numbers and children being accommodated, it possible to see a correlation between the quality of interventions, planning and duration of intervention and a reduction in re-emerging concerns.

11.18 **Strategy Discussions**- the table below sets out the number of strategy discussions that were held during the year and the length of time before an Initial Child Protection Conference was convened. The South West Child Protection Procedures (and Working Together to Safeguarding Children 2015) state that the Conference should be convened within 15 working days of the strategy discussion taking place.

11.19 Table 2: Timescale from Strategy Discussion to Initial Child Protection Conference (2014 - 15)

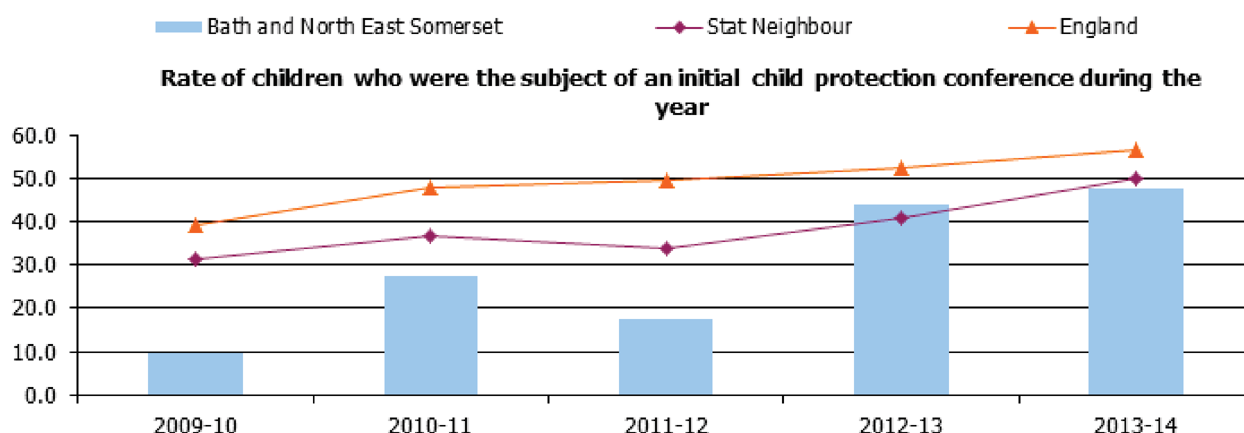
| **Timescale (working days)** | **0-7** | **8-15** | **16-22** | **23-30** | **31+** |
|---|---|---|---|---|---|
| Number of ICPCs | 6 | 97 | 23 | 0 | 11 |
| % of Total | 4.4% | 70.8% | 16.8% | 0% | 8.0% |

11.20 As the data indicates above 75.2% of cases were convened in accordance with the procedures however just under 25% weren't. The Child Protection Chairs and the Duty and Assessment team routinely look at the reason for the delay. The most common reason for these delays is due to difficulties in obtaining information that is felt to be central to the decision making process. However there are also occasions when staff sickness or annual leave has also impacted on this process. As all section 47's continue to have good management oversight the safety of children within an investigation is continually monitored and risk is continually assessed.

11.21 Initial Child Protection Conferences - there have been a total of 117 Initial Child Protection Conferences during 2014 – 15. This is a decrease from 164 in the previous

period; a 29% decrease. This trajectory is in line with the decrease in contacts and referrals however a threshold of section 47 audit has been undertaken in order to provide the assurance required to ensure cases are not being missed.

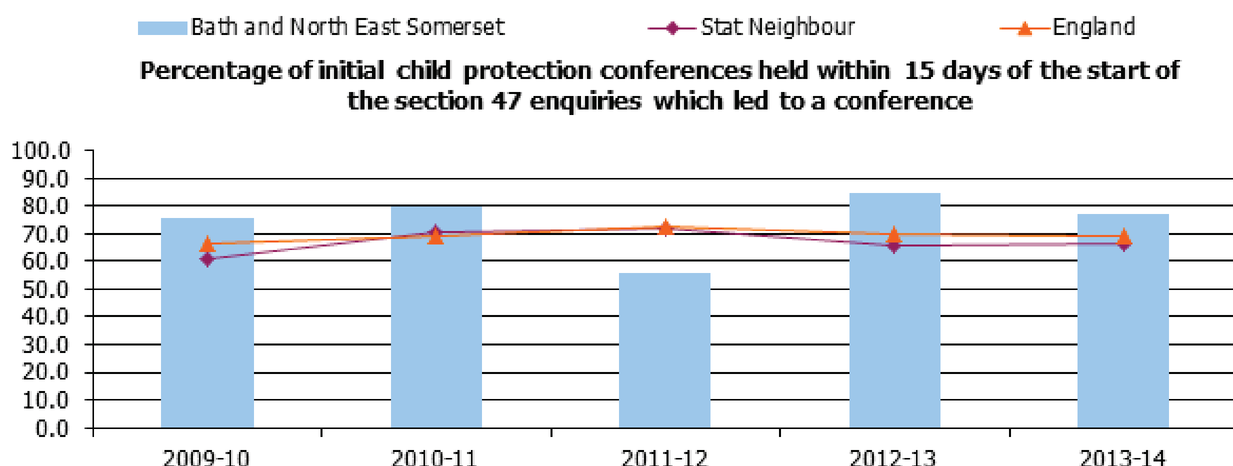
11.22 Diagram 5: Rates of Children Subject to an Initial Child Protection Conference by Year, Statistical Neighbour and England Averages




*(Source: DfE information provided by Ofsted May 2015)*

11.23 Diagram 6 below demonstrates that in B&NES there is a higher rate of section 47 enquiries which lead to a conference than statistical neighbours or the England average. This provides the LSCB with assurance that once appropriate cases are being referred.

Diagram 6: Percentage of initial child protection conferences held within 15 days of the start of the section 47 enquiries which led to a conference




*(Source: DfE information provided by Ofsted May 2015)*

11.24 Unborn Babies, Children and Young People on a Child Protection Plan - the number subject to a child protection plan has decreased in line with the above during the period. During the year there have been 102 new child protection plans started.

11.25 Table 3: Number of Children Subject to a Child Protection Plan on 31st March by Year

| Year | 2012 - 13 | 2013 - 14 | 2014 - 15 |
|---|---|---|---|
| Number subject to a CP plan in B&NES from last year's Annual Report | 125 | 123 | 109 |

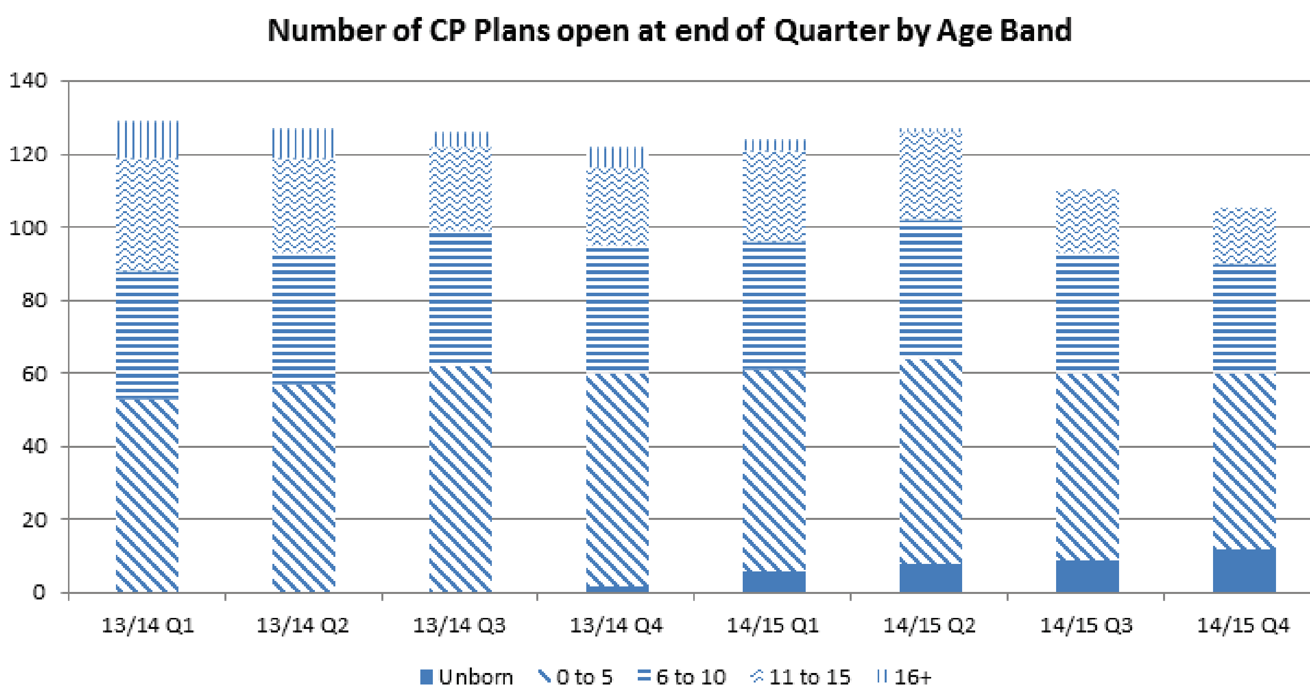
11.26 In comparison to England and B&NES statistical neighbours at the time of data collection the following table demonstrates those subject to a plan per 10,000 population aged under 18 years.

Table 4: Rate of Children Subject to a Child Protection Plan Per 10,000 Population in Comparison to Other Areas (at the end of the period)

| **Year** | **2012 - 13** | **2013 - 14** | **2014 - 15** |
|---|---|---|---|
| B&NES rate | 36.3 | 36.1 | 32.0 |
| Statistical Neighbour rate (average) | 29.3 | 33.2 | Not available |
| England rate | 37.9 | 42.1 | Not available |

11.27 The information would indicate that the continued development of early help services is having a positive impact on our ability to identify risk at an earlier stage and provide co-ordinated support via the CAF process or within a CIN plan. The diagram below also indicates that the cohort of young people that are subject to a Child Protection plan are becoming younger. This is felt to be a positive change, as it is suggestive of a move to being able to identify risk and concern at a young age/earlier stage.

11.28 Diagram 7: Number of Children and Young People on a Child Protection Plan by Age and Period




11.29 As expected in line with the reduction in number of children subject of an initial conference the number of child and young people in receipt of a plan has also fallen, most significantly seen by the reduction over the last half of the period. Of note is the increase in the number of unborn children and reduction in the number of young people over the age of 16 years and above. The identification of risk prior to birth is positive and demonstrates agencies are addressing this at the earliest possible stage. The growth in the number of children made subject to a Child Protection plan prior to birth is very positive as it demonstrates our ability to begin planning prior to the birth of the child and work with parents to reduce risks at the earliest point. The reduction in children over the age of 16 years of age demonstrates that Children's Specialist Services and partners are finding different ways to manage the risk which is also viewed as positive.

Comparator information from DfE supplied by Ofsted for 2013 - 14 shows that B&NES had fewer children under the age of 5 years subject to a Child Protection Plan, a slightly higher number of children aged 5 to 15 years and a lower number of those aged 16 plus however the numbers are broadly similar. In 2013 - 14 the lack of unborn babies identified was a potential issue however given the number in 2014 - 15 the LSCB is assured these are not being missed.

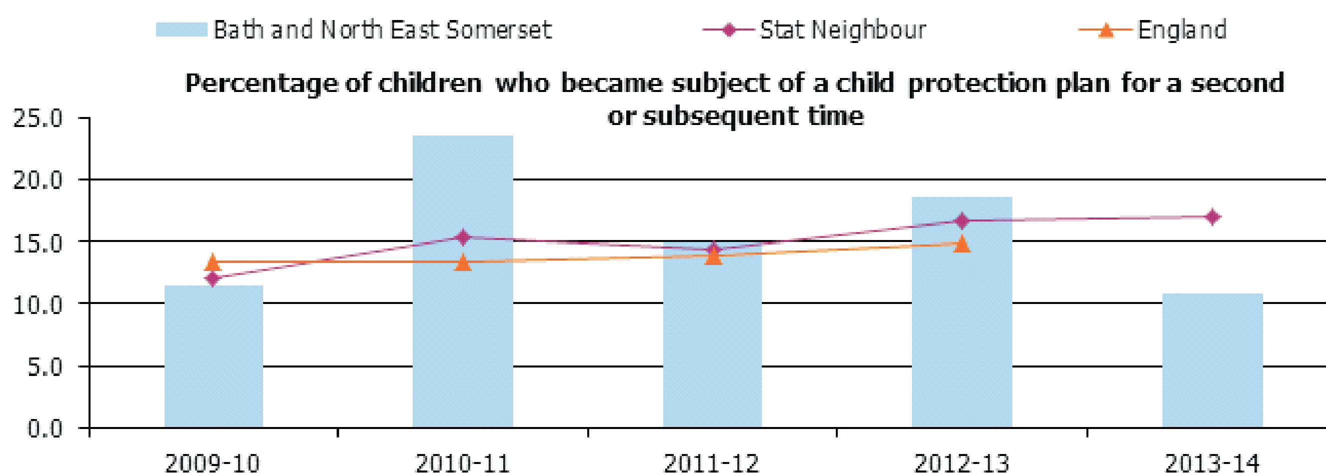
11.30 Table 5: Lengths of Time Children are Subject to a Child Protection Plan

| Length of Period | Children on a Plan 2014 - 15 | Children on a Plan 2013 - 14 |
|---|---|---|
| Lasted less than 3 months | 19% | 24% |
| Lasting 3-6 months | 4% | 6% |
| Lasting 6-12 months | 45% | 53% |
| Lasting 12-24 months | 30% | 42% |
| Lasting more than 24 months | 1% | 3% |

*(Note figures are rounded to the nearest whole)*

11.31 The activity demonstrates that less than 1% (0.87) of children and young people are subject to a plan that lasts longer than two years. This is a reduction on the previous year which is positive as is the reduction in the length of plans overall in all areas in comparison to the previous year. At the end of the 2014 - 15 period there had been just under 7% (6.7) of children who have been subject to a Child Protection Plan for a second or subsequent time within two years of their previous plan. This figure is slightly down in comparison to 2013 - 14 when the figure was 6.9%. The diagram below sets out how B&NES compares to other areas and demonstrates that we are effective in our intervention and reduce the need for a repeat plan.

11.32 Diagram 8: Percentage of Children Subject to Child protection Plan for a Second or Subsequent Time




*(Source: DfE data provided by Ofsted May 2015)*

11.33 When looking at the categories of abuse recorded for children on Plans the following information is recorded.

11.34 Table 6: Recorded Categories of Abuse at Initial and Latest Child Protection Plan 2014 - 15

| Need / Abuse Category | B&NES Open CPPs by Initial Need Category 2014 - 15 | B&NES Open CPPs by Latest Need Category 2014 - 15 | Open CPPs by Latest Need Category 2013 - 14 | | |
|---|---|---|---|---|---|
| | | | B&NES | Statistical Neighbour | England |
| Emotional | 36% | 37% | 45% | 36% | 35% |
| Neglect | 49% | 53% | 43% | 43% | 41% |
| Physical | 13% | 7% | 8% | 10% | 10% |
| Sexual | 2% | 2% | 5% | 6% | 5% |
| Multiple | 1% | 1% | 0% | 6% | 9% |
| Total | 101% | 100% | 101% | 101% | 100% |

*Note: figures have been rounded to the nearest whole*

11.35 The LSCB has been monitoring the categories of abuse and noted during the period that the number of children categorised as subject to sexual abuse had fallen from the previous year and those categorised as neglect had increased. The LSCB PPP sub-group were concerned about the decrease in the number of emotional abuse cases in comparison to the previous period; having now received the comparator data and the difference this was a correct concern to be looked into. An audit of cases made subject to a plan under the category of emotional harm was reported to the LSCB in December 2014 as part of the themed review and a number of recommendations were made. The audit looked at 90% of cases categorised as emotional abuse at the end of quarter 1. Seven recommendations were made as a result of the audit – the LSCB concentrated on the following areas:

- the differences between agencies over the perception of risk when assessing whether a child was at risk of significant harm or was a cause for concern.
- inconsistency in how the assessment of initial risk is categorised into different kinds of abuse. This decision has to be correct for the action plan to work.
- lack of evidence of challenge concerning the above.
- queries about how well staff communicate with parents about their assessment and how the risk issues are explained.

In addition to identifying issues with categorisation of cases a number of other practice concerns were identified which are being addressed and are being monitored by the PPPG.

11.36 In addition to this the PPP sub-group have been monitoring the number of sexual abuse cases and have sought assurance that cases have not been missed. They are currently in the process of triangulating Council and Avon and Somerset Constabulary data; findings will be shared with the LSCB during 2015 - 16 as necessary for assurance purposes. The number of cases initially categorised as physical abuse has dropped in comparison to the latest categorisation by 6%. The PPP sub-group will consider whether there is a need to look into this.

11.37 The Child Protection Chairs provide an annual report to the LSCB which captures the participation of families at conferences and is of particular interest to the LSCB. We await the 2014 - 15 report, however information from the 2013 - 14 report stated:

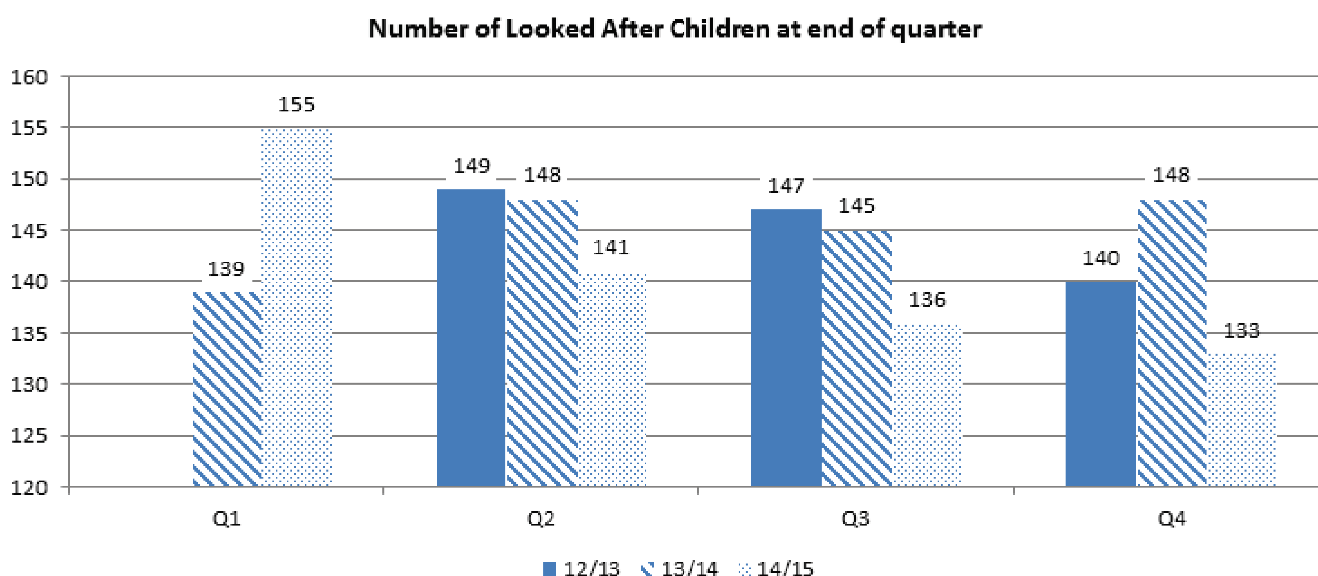
> *'Attendance remains high, at 98% of the conferences attended by at least one or other parent, in only 6 out of 264 conferences did no family member attend. This is an improvement on 2012/13 figure of 96%. This is a good level of attendance and we need to continue enabling participation of family members.' (Child Protection Chairs Annual Report 2013-14 p4)*

In relation to participation of children in conferences the following is written:

> *'Child Protection Chairs spend time with the young person before a Conference to agree how best to share their views, ensuring that their involvement will be meaningful and they are protected from any distress. It is positive that young people's participation has increased this year. In 2013 - 14 children over 11 years and their siblings were automatically offered the services of an independent Advocacy Service, provided by Shout Out. There were 167 Child Protection Conferences where this service was offered and the Advocacy Service was used in 90 of these Conferences meaning that 54% of the young people offered the service used it.' (p6)*

11.38 **Looked After Children** - On the 31st March 2015 there were 131 Looked After Children in B&NES and there are 142 on average during the year. The table below outlines the number of children and young people whom are Looked After each quarter. It demonstrates a decreasing number during the period which is consistent with the overall trajectory for 2012 - 13 and 2013 - 14 with the one quarters outlier in 2013 - 14. This is thought to have been caused by a number of developments. Firstly, the effectiveness of the early help interventions are beginning to positively impact or our ability to offer support to families at an earlier stage, particularly for families with younger children. Secondly, changes made within the Children's Specialist Services procedures for the planning for placements has seen a reduction in the number of requests for emergency or un-planned admissions to care.

11.39 Diagram 9: Number of Looked After Children at End of Quarter



11.40 B&NES has a lower number of Looked After children and young people than the England average as expected and is largely similar to its statistical neighbours. The table below sets out how it compares.

11.41 Table 7: Rate Per 10,000 Population of Looked After Children

| Comparator Areas | 2012 - 13 | 2013 - 14 | 2014 - 15 |
|---|---|---|---|
| B&NES | 41.6 | 44.7 | 41.3 |
| Statistical neighbours | 43.3 | 42.6 | Not available |
| England | 60 | 60 | Not available |

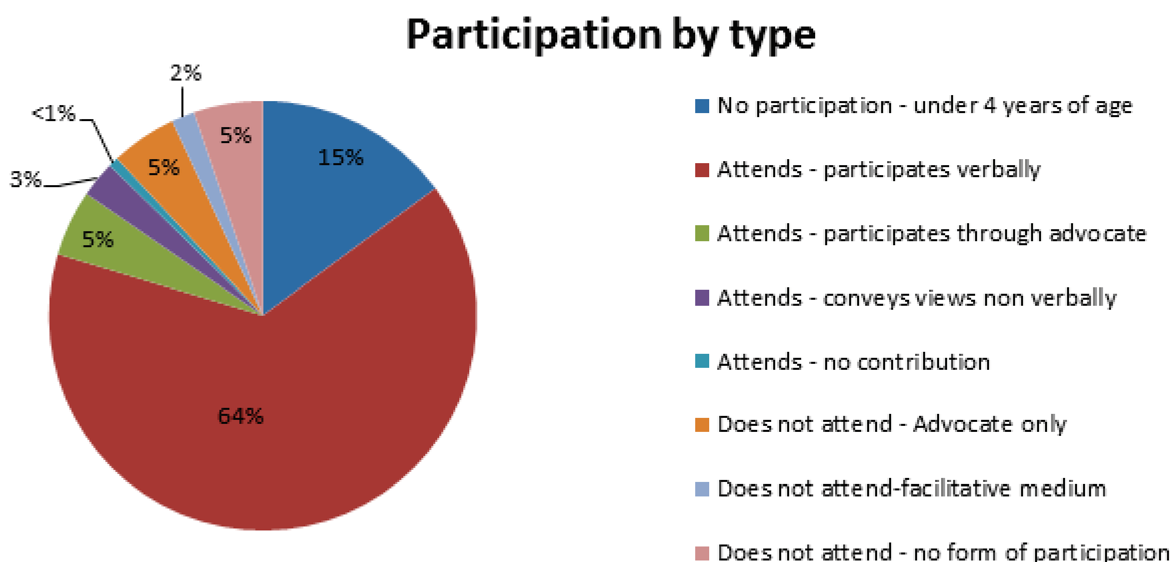
*(Source: DfE data provided by Ofsted Dec 2014)*

11.42 The per 10,000 data would appear to confirm the positive picture of B&NES being able to reduce the number of young people being accommodated so that it is now slightly below our statistical neighbour comparators, but not so far that we are an outlier. This again underlines that thresholds and decision making are in line with other areas. Our challenge for the next few years will be to seek to reduce the number of 13-16 year olds that come into care. Although the services and support to young parents appears to be becoming more effective, there is a continuing need to develop more effective services to teenagers, so that we can reduce the rate of family break-downs due to pressures within this age group. Children Specialist Services and Independent Reviewing Services work together to ensure placements remain as stable as possible. In 2014 - 15, 73% of placements had lasted more than two years. This is in comparison to the statistical neighbour figure of 65% and the national figure of 67%. This demonstrates *'…accurate assessments of need, good 'matching' process and ongoing support to both carers and children.'* (Children Specialist Services Care Service Manger May 2015).

11.43 The Independent Reviewing Service has ensured reviews are carried out in a timely way and 96% have been carried out on time. The location and time of the reviews has changed in accordance with Children and Young Peoples wants.

11.44 403 reviews were carried out during the year; children and young people are encouraged to participate in these and in 93% of cases this occurred. Note good practice recommends not to include children under the age of four in such reviews.

11.45 Diagram 10: Children and Young People Participation in Reviews



11.46 The Independent Reviewing Officers have raised concerns about the timeliness of social work reports in preparation for reviews and this has been escalated.

11.47 **Outcomes for Looked After Children**

- During the period 90.9% of young people leaving care have suitable and stable accommodation; this compares to 90.4% in 2013-14 and continues to demonstrate good outcomes for care leavers. 90.8% of care leavers (aged 19, 20 and 21) at the end of March 14 were in suitable accommodation in comparison to 76.5% for statistical neighbours and 77.8% England average (source DfE)
- 61% of young people leaving care are in employment, education or training, this figure has reduced in comparison to last year which was 78.6%. We believe there has been a reduction nationally as the DfE has changed the age range being collected which is likely to cause the variation, that said, we need to understand the position locally and will be looking into this.

11.48 Private Fostering arrangements: there have been four Private Fostering notifications during 2014 - 15 and two Private Fostering arrangements ended during 2014 - 15.

11.49 During the year there has been an increased focus on children missing from school, education and home data and the CSE sub-group will look at triangulating this for assurance purposes in the 2015 - 16 business plan. Police notifications are routinely received and recorded

## Section 12: External Assessments

12.1 The LSCB has not been subject to any external assessments itself during the period however a peer review of the Local Authority response to CSE was undertaken by another Local Authority. The findings were largely positive, the peer challenge confirmed progress in the areas of development that we are already working on and highlighted the importance of stronger information sharing arrangements particularly in relation to the Police.

12.2 A peer review of safeguarding adults assurance mechanisms has taken place and this review commented upon the opportunity to collaborate with the LSCB.

12.3 The HMIP Thematic Inspection of safeguarding practice within the Youth Offending Service was published. This was a national review which included a visit to B&NES and findings were discussed by the LSCB. As it is a thematic review no specific recommendations are made for any of the participating authorities, although the YOS has been following up on specific local feedback from the review team.

12.4 The LSCB was made aware of the National Child Protection Inspection Report and subsequent action plan produced by Avon and Somerset Constabulary and have asked for progress reports on this.

# Section 13: Priorities for 2015 - 16 and Beyond

13.1 The report has identified a number of areas which the LSCB intend to explore further. These are articulated in the list below and have been added to other areas the LSCB want to explore; all are being included in the 2015 - 18 Business Plan and the ones in bold have been prioritised for work to commence in 2015 - 16. Not all the work associated with these areas will have been completed by March 2016 but progress will have been made. The format of the Business Plan is set out in Appendix 10; the LSCB intend to sign off the populated three year plan in September 2015.

**Key Priority 1 - The LSCB will co-ordinate a multi-agency approach to reducing harm to vulnerable Children and Young People. This will particularly focus on children and young people associated with the issues of:**

- **Physical Abuse**
- **Neglect**
- **Sexual Abuse**
- **Child Sexual Exploitation**
- **Children missing or absent**
- **E-Safety**
- **Self harm / suicide**
- **Emotional well being**
- **Disability**
- **FGM**
- **Domestic Abuse**
- **Substance misuse**
- **Mental health and link to domestic abuse and substance misuse**
- **Radicalisation (Prevent and Channel)**
- **Slavery**
- **Harm associated with service provision (eg, mental health bed availability or provider failure)**
- **Children affected by parental offending**

| Issue |
|---|
| **Gather assurance on e-safety arrangements** |
| **Put in place new Prevent and Channel responsibilities** |
| **Monitor progress of Multi-agency Information Sharing Hub project** |
| **Gather assurance on the effectiveness of missing from home, care and school arrangements** |
| **Deliver CSE action plan (ensure Willow Project is effectively functioning, strengthen links with schools and sexual health and review and refine strategy and protocol)** |
| **Implement and monitor effectiveness of mental health protocol** |
| **Progress targeted work with drug and alcohol agencies, mental health and domestic abuse services – seek assurance that effective co-ordinated work is in place** |
| **Progress work with the Self Harm and Suicide Prevention group consider the best mechanism to raise awareness of risks with low level ligatures** |
| Assess the potential impact of lack of mental health beds on young people in B&NES |
| **Continue to monitor the transition of children to adult services** |
| **On-going liaison with South West Child Protection Procedures and arrangements going forwards** |

| **Finalise Early Help Strategy** |
|---|
| **Implement task and finish group to look at needs of offender and families (in line with iHop presentation)** |
| **Gather assurance on children and young people with disabilities** |
| **Understand the data regarding children in care in education, training and employment** |

| **Key Priority 2 – To increase the participation and involvement of children, young people and parents/carers in service improvements and developments both:**<br>• Experience of current services<br>• Aspirations for new ones |
|---|
| **Issue** |
| **Seek assurance that new child friendly Working Together guidance is disseminated** |
| **Continue to seek assurance from IRO, CP chairs, Children Specialist Services, Off the Record Advocacy Service and other agencies that children, young people and parents are invited and supported to participate in meetings – seek their views on their experience** |
| **Continue to engage support of young people in stakeholder events and in recruitment of staff** |
| **Commence work with the e-teams to develop new materials** |
| Development of further children and young people friendly communication strands eg, potential for face book, twitter, You Tube etc to communicate messages |
| To continue to work with Project 28 and Mentoring Plus to develop new ways of utilising the feed-back from young people using these groups on the delivery of service to young people. |

| **Key Priority 3 – Strengthening the LSCB's evaluation and challenge of the effectiveness of individual agency safeguarding arrangements** |
|---|
| **Issue** |
| **Continue to undertake multi-agency audits and provide feedback (specifically review school and GP engagement; re audit categorisations of abuse; CSE cases; joint audit with LSAB sub-group)** |
| Develop programme for auditing agency compliance with multi-agency procedures |
| **Ensure Section 11 sub-regional mini audits for 2014 - 15 are completed, analysed and responded to** |
| **Assurance that findings of schools audit are addressed and implemented** |
| **Ensure that findings from lessons learned reviews are reported and actions to improve effectiveness are addressed** |
| **Assurance from SCR sub-group that single agency action plans from SCR have all been completed** |
| **Assurance that Section 11 action plans for 2013 - 14 have been signed off and completed** |
| Review effectiveness of partners challenge at CP Conferences |
| Audit referrals from adult care commissioned services |
| Understand the assurance mechanisms commissioners have in place for safeguarding children and young people in contracts |
| Banes NHS CCG and B&NES Council to ensure standardised contractual requirements are included in all contracts |

| Key Priority 4 – Sufficient and Competent Workforce to ensure Children and Young People are 'safe' |
|---|
| **Issue** |
| **Disseminate Working Together to Safeguard Children 2015 and other recent reports / guidance documents** |
| **Assurance that new areas of abuse are included in all staff training eg, modern slavery, trafficking, FGM and CSE** |
| **Develop electronic training booking record management system to improve quality of information to provide assurance of multi-agency training** |
| Assurance that schools are complying with minimum safeguarding training requirements issued in March 2015 |
| **Commence the development of a quality framework for single agency and 'train the trainer' training** |
| **Develop standardised competencies for all new programmes** |
| Assurance that agencies have attended Prevent training |
| **Review existing Training Programme** |
| **Develop and implement joint training programme with LSAB (consider particularly Domestic Abuse in 2015 - 16)** |

| Key Priority 5 – Continuous Improvement of the LSCB |
|---|
| **Issue** |
| **Review LSCB and sub-group Terms of Reference – seize opportunity for joint working with LSAB sub-groups** |
| Review assurance mechanisms CCG and Council Commissioning teams have in place (including for schools; **ensure standardised contract measures between CCG and Council where possible and included for roll out in contract variations 2016)** |
| **Assess effectiveness of Thematic Reviews** |
| **Continue to analyse feedback from other LSCB Ofsted inspection reports to identify areas for improvement** |
| **Develop new LSCB website and consider opportunity to link with LSAB** |
| **Develop systematic method for reviewing, disseminating and monitoring implementation of multi-agency policy and procedures (initial priority it to review against Working Together 2015 and new Information Sharing Guidance)** |
| Clarify arrangements for identifying and writing new policy, protocols, materials etc |
| **Secure and induct lay members, schools and housing representatives to LSCB and sub-groups** |
| **Gather assurance on Private Fostering arrangements** |
| **Implement Challenge and Review Panel for the Chair** |
| **Review data: eg, (1) take a closer look at the age of Looked After children in comparison to other areas to understand if B&NES is an outlier and if so why are we different; (2) generate data on children's ethnicity, disability and gender for those on CP plans and Looked After for next years report; (3) triangulate sexual abuse cases with Avon and Somerset Constabulary.** |
| **Develop stronger links with other Boards** |
| Review performance report ensuring new data is added as required – members to keep the 'so what' question front of mind. |

# Section 14: Essential Information

14.1 The Annual Report is published by the LSCB and has been contributed to and approved by all partner agencies.

14.2 The Report is shared with the Health and Wellbeing Board, Childrens Trust Board, LSAB, RAG and Council Chief.

14.3 The report can be made available in alternative formats as required and by contacting the Communications Co-ordinator by emailing Melanie_Hodgson@bathnes.gov.uk or ringing 01225 477983.

# Appendix 1: List of Statutory Guidance, Legislation and Reports Relevant to Safeguarding Children and Young People

**Section 1: Acts and Regulations**

1. Family Law Act 1996
2. Housing Act 1996
3. Children Act 1989
4. Family Law Act 1996
5. The Human Rights Act 1998
6. Adoption and Children Act 2002
7. Education Act 2002 (Section 175)
8. Sexual Offences Act 2003
9. Licensing Act 2003
10. Female Genital Mutilation Act 2003
11. Children Act 2004
12. Domestic Violence Crime and Victim Act 2004
13. The Children (Private Arrangements for Fostering) Regulations 2005
14. Serious Crime Act 2005
15. Childcare Act 2006
16. LSCB Regulations 2006
17. Education and Inspection Act 2006
18. Vulnerable Group Act 2006
19. The Apprenticeship, Skills, Children and Learning Act 2009
20. Coroners and Justice Act 2009
21. Looked After Children's Care Reviewed Under Care Planning, Placement and Case Review (England) 2010 Care Planning Regulations
22. Police Reform and Social Responsibility Act 2011
23. The Right to Choose Multi-agency Statutory Guidance (2013)

**Section 2: Guidance and Relevant Publications**

1. Statutory guidance on protecting children where carers or parents fabricate or induce illness in a child (DH; DfE and Home Office 2008).
2. Safeguarding Children and Young People from Sexual Exploitation: supplementary Guidance (DfE 2009)
3. Safeguarding Disabled Children: Practice guidance (DfE 2009)
4. Safeguarding children and young people who may be affected by gang activity (DfE and Home Office 2010)
5. Safeguarding children who may have been trafficked: Practice Guidance (DfE and Home Office 2011)
6. The Munro Review of Child Protection: A child Centred System - Final Report by Professor Eileen Munro (DfE 2011)
7. Cross- Border Child Protection Cases – The Hague Convention 1996. Departmental advice for local authorities, social workers, service managers and children's services lawyers (DfE 2012)
8. What to do if you suspect a child is being sexually exploited (DfE 2012)
9. Resources for training multi-agency participant groups in identifying and dealing with child neglect (DfE 2012)
10. Protecting Children and Young People: responsibilities of all doctors (GMC 2012)
11. When to Suspect Child Maltreatment (NICE revised guidance from 2013, formerly produced 2009)
12. Statutory guidance: regulated Activity (children) - supervision of activity with children which is regulated activity when unsupervised (DfE 2013)
13. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (NICE February 2014)
14. In the Childs Time: Professional Response to Neglect (Ofsted March 2014)
15. Safeguarding Children and Young People Roles and Competencies for Health Care Staff (RCPCH March 2014)
16. Safeguarding Children and Young People: the RCGP/NSPCC Safeguarding Children Toolkit for General Practice (March 2014)

# Appendix 2: LSCB Terms of Reference

http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb_terms_of_reference.pdf

The Terms of Reference were updated at the June 2015 LSCB and have been included as part of this report rather than the 2012 version.

# Appendix 3: LSCB Members and Attendance 2014 - 15

| Name | Agency | Role |
|---|---|---|
| 1. Anita Johnson | GWH B&NES maternity services | Named midwife |
| 2. Ashley Ayre | B&NES Council | Director of People and Communities |
| 3. Bruce Laurence | B&NES Council | Director of Public Health |
| 4. Clive Diaz (until mid 2014) | B&NES Council | Principal Social Worker Children and Families |
| 5. Dawn Clarke | Banes NHS CCG | Director of Nursing & Quality |
| 6. (Cllr) Dine Romero | | Cabinet Member for CYP |
| 7. Donna Redman | Banes NHS CCG | Named GP |
| 8. Duncan Stanway | Barnardos | Assistant Director Mids and SW |
| 9. Fiona Finlay | Sirona Care and Health | Designated Doctor |
| 10. Helen Blanchard | RUH NHS Trust | Director of Nursing |
| 11. Jenny Theed | Sirona Care and Health | Director of Operations |
| 12. Jill Hollin (no longer in post) | Independent | Lay Member |
| 13. Judy Lye-Forster | City of Bath College | Director of Learning |
| 14. Julie Downey (until Nov 2014, continues to do on-going consultancy) | B&NES Council | Interim Head of Safeguarding |
| 15. Kevin Elliott | NHS England | Patient Experience lead |
| 16. Kevin Gibbs | CAFCASS | Head of Service |
| 17. Lesley Hutchinson (confirmed from Nov 2014) | B&NES Council | Head of Safeguarding and Quality Assurance |
| 18. Liz Ball | Project 28 | Co ordinator |
| 19. Matt Hunt | Avon Fire & Rescue | Officer |
| 20. Michael Evans | | Council Member |
| 21. Michelle Maguire | Oxford Health | Head of Service |
| 22. Mike Bowden | B&NES Council | Director for CYP and Health Strategy and Commissioning |
| 23. Naina Thomas (no longer in post) | Independent | Lay Member |
| 24. Pete Mountstephen | B&NES Council | Head of St Stephens Primary |
| 25. Peter Brandt | Avon Probation Trust | Assistant Chief Officer |
| 26. Rachel Williams | Avon and Somerset Constabulary | Detective Superintendent, Head of PPU |
| 27. Reg Pengelly | Independent | Independent Chair |
| 28. Richard Baldwin | B&NES Council | Divisional Director Targeted and Specialist services |
| 29. Roz Lambert | VCS CYPN | First Steps - Voluntary Sector rep |
| 30. Sally Churchyard | B&NES Council Youth Offending Service | 11-19 Prevention Service Manager |
| 31. Sarah Thompson | SWAST | Safeguarding Manager |
| 32. Sophia Swatton | Banes NHS CCG | Designated Nurse Safeguarding |
| 33. Vicky Tinsley | GWH | Directorate Maternity lead |
| 34. Victoria Penaliggon | CAFCASS | Service Manager |
| 35. Dr William Bruce-Jones | AWP (Avon and Wiltshire Mental Health Partnership Trust) | Clinical Director |

## LSCB Attendance by Agency

| Name | June 2014 | Sept 2014 | Dec 2014 | March 2015 |
|---|---|---|---|---|
| Avon Fire & Rescue | | | | |
| Avon and Wiltshire Mental Health Partnership Trust | | | | |
| Barnardos | | | | |
| CAFCASS | | | | |
| City of Bath College | | | | |
| Banes NHS CCG | | | | |
| CYPN | | | | |
| Executive Lead Member | | | | |
| Maternity GWH | | | | |
| Lay Members | | | | |
| NHS England | | | | |
| Named GP | | | | |
| Oxford Health | | | | |
| Designated Doctor | | | | |
| Avon and Somerset Constabulary | | | | |
| Primary Head Rep | | | | |
| Avon and Somerset Probation Trust | | | | |
| Council Public Health | | | | |
| Secondary Head rep | | | | |
| Sirona Care and Health | | | | |
| Royal United Hospital | | | | |
| B&NES Council Social Care | | | | |
| SWAST | | | | |
| B&NES Council YOS | | | | |

**The above indicates representation only, which is not always from the designated lead from each agency.**

# LSCB Sub group members

| Serious Case Review sub group | |
|---|---|
| **Member** | **Agency** |
| Lesley Hutchinson | B&NES Council (Chair) |
| Fiona Finlay | Sirona Care and Health |
| Jenny Daly | Royal United Hospital |
| Mel Argles | B&NES Council |
| Sarah McCluskey | B&NES Council |
| Trina Shane | B&NES Council |
| Sophia Swatton | Banes NHS CCG |

| Policy Procedures and Performance sub group | |
|---|---|
| **Member** | **Agency** |
| Mike Bowden | B&NES Council (Chair) |
| Chrissie Hardman/Jill Chart | Sirona Care and Health |
| Sarah McCluskey | B&NES Council |
| Caroline Dowson | B&NES Council |
| Liz Jones | B&NES Council |
| Richard Baldwin | B&NES Council |
| Lesley Hutchinson | B&NES Council |
| Sophia Swatton | Banes NHS CCG |
| Simon Eames | Avon and Somerset Constabulary |
| Jon Peyton | Avon and Wiltshire Mental Health Partnership Trust |

| CSE and Missing sub group | |
|---|---|
| **Member** | **Agency** |
| Richard Baldwin | B&NES Council |
| Dr Donna Redman | Banes NHS CCG |
| Duncan Stanway | Barnardos |
| Ian Read Trust | Avon and Wiltshire Mental Health Partnership |
| Jamie Luck | Mentoring Plus |
| Jenny Daly | Royal United Hospital |
| Kirstie Keenan | Avon Fire and Rescue |
| Lesley Hutchinson | B&NES Council |
| Lorraine Beasley | Hayesfield Academy |
| Mark Coleman | Avon and Somerset Constabulary |
| Charlotte Leason | Avon and Somerset Constabulary |
| Rachel Allen-Ringham | B&NES Council |
| Sally Churchyard | B&NES Council |
| Sophia Swatton | Banes NHS CCG |
| Trina Shane | B&NES Council |

| | |
|---|---|
| Liz Ball | Project 28 |
| Judy Lye-Forster | City of Bath College |
| Mel Holt | B&NES Council |
| Deryck Rees | Avon and Somerset Constabulary |

| **Communications sub group** | |
|---|---|
| **Member** | **Agency** |
| Richard Baldwin | B&NES Council |
| Jonathan Mercer | B&NES Council |
| Jackie Deas | B&NES Council |
| Judy Lye-Forster | City of Bath College |
| Mel Hodgson | B&NES Council |
| Sarah McCluskey | B&NES Council |
| Member of Youth Forum | TBC |
| Lay Member | TBC |
| Briony Waite | B&NES Council |
| Mel Holt | B&NES Council |
| Mel Argles | B&NES Council |

| **Training and Workforce Development sub-group** | |
|---|---|
| **Member** | **Agency** |
| Sophia Swatton | BaNES CCG (Chair) |
| Mel Argles | B&NES Council |
| Kevin Clark | B&NES Council |
| Nick Quine | Avon & Somerset Constabulary |
| Jill Chart | Sirona Care & Health |
| Paula Lockyer | Royal United Hospital |
| Liz Spencer | Avon and Somerset Probation |
| Philip Rhodes | Avon and Wiltshire Mental Health Partnership Trust |
| Jenny Daly | Royal United Hospital |
| Judy Lye-Forster | Bath College |
| Tracey Pike | B&NES Council |
| Roz Lambert | First Steps (Bath) |
| Mandy Round | Oxford health |
| Lesley Hutchinson | B&NES Council |

| **Policy and Practice sub group** | |
|---|---|
| **Member** | **Agency** |
| Duncan Stanway | Barnardos (Chair) |
| Jackie Deas | B&NES Council |
| Trina Shane | B&NES Council |
| Sally Churchyard | B&NES Council |
| Sara Willis | B&NES Council |

| Rosie Hodgson | B&NES Council |
|---|---|
| Michael Sidey | B&NES Council |
| Sylwia Jones | B&NES Council |
| Jill Chart | Sirona Care and Health |
| Hilary Marcer | Sirona Care and Health |
| Sophia Swatton | Banes NHS CCG |
| Mark Coleman | Avon and Somerset Constabulary |
| Many Round | Oxford Health |

# Appendix 4: Regulation 5 of the Local Safeguarding Children Boards Regulations 2006

This Regulation sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004

Regulation 1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;

(ii) training of persons who work with children or in services affecting the safety and welfare of children;

(iii) recruitment and supervision of persons who work with children;

(iv) investigation of allegations concerning persons who work with children;

(v) safety and welfare of children who are privately fostered;

(vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5(2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this guidance.

Regulation 5(3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

## Appendix 5: Budget 2014 - 15

| | 2014 - 15 | |
|---|---|---|
| | **Budget** | **Actuals** |
| **Income** | | |
| B&NES Council | 51,823 | 51,823 |
| Avon and Somerset Constabulary | 9,003 | 9,003 |
| Banes NHS CCG | 20,102 | 20,102 |
| Avon and Somerset Probation | 3,153 | 3,153 |
| CAFCASS | 550 | 550 |
| Avon Fire and Rescue | 1,000 | 1,000 |
| Fees and Charges | 5,120 | 5,120 |
| Misc. Contributions | 650 | 650 |
| Carry Forward | 51,439 | 68,297 |
| **Totals** | **142,840** | **163,981** |
| | | |
| **Expenditure** | | |
| Staff salaries (Business Manager) | 13,300 | 15,903 |
| Travel / Car Parking | 179 | 1,374 |
| Printing / Design | 39 | 0 |
| Independent Chair | 19,186 | 17,748 |
| Training (including organising and delivering) | 39,787 | 44,800 |
| Other Expenses | 2,052 | 10,882 |
| Carry Forward | 68,297 | 0 |
| **Totals** | **142,840** | **90,707** |
| | 0 (Balanced) | 73,274 (Net Under Spend) |

# Appendix 6: Training Information

## LSCB Training delivered 2014-15

**Headlines:**

- **59** Inter-agency training courses offered
- **1161** inter-agency training places made available
- **1028** Inter-agency training places filled
- **1199** days of inter-agency training attended
- **781** professionals trained

**Core Interagency Child Protection training offer:**

| | Courses delivered | Places offered | Places attended |
|---|---|---|---|
| Standard Inter-agency (1 day) | 16 | 288 | 313 |
| Advanced Inter-agency (2 day) | 11 | 198 | 167 |
| Totals | 27 | 486 | 480 |

**Core Early Help (CAF) offer (1/2 day training):**

| | Courses delivered | Places offered | Places attended |
|---|---|---|---|
| CAF | 4 | 72 | 56 |
| Lead Professional | 4 | 72 | 42 |
| Totals | 8 | 144 | 98 |

**LSCB Events:**

| | Courses delivered | Places offered | Places attended |
|---|---|---|---|
| CSE Policy Launch | 1 | 45 | 60 |
| LSCB Stakeholders Event | 1 | 90 | 110 |
| Totals | 2 | 135 | 170 |

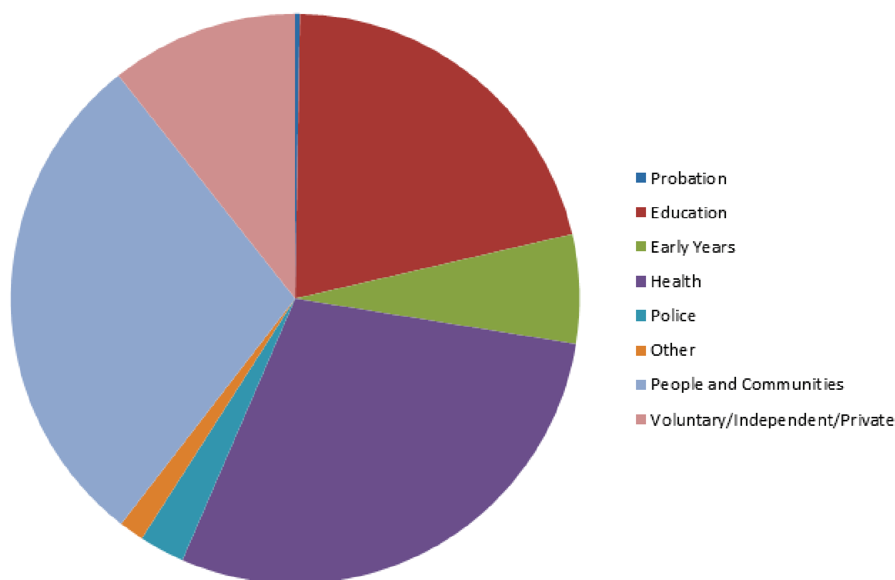
**Awareness: Inter-agency Child Protection (1/2 day)**

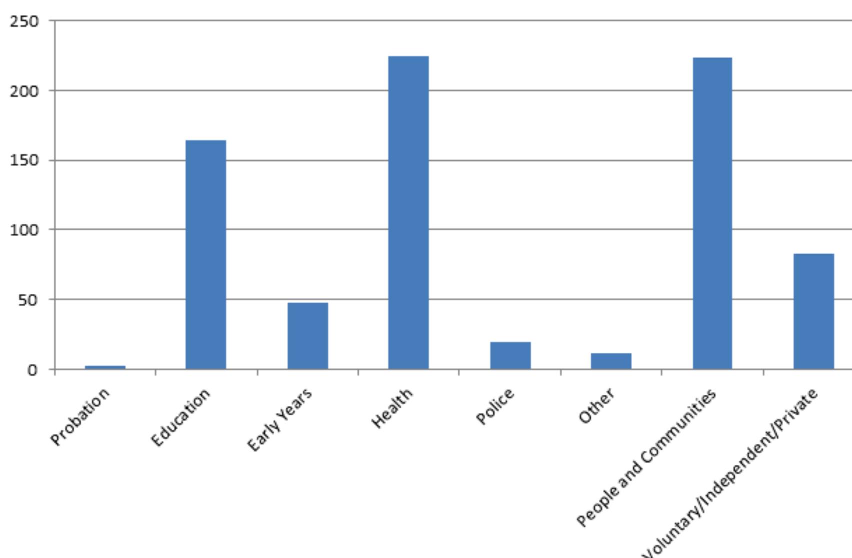
| | Courses delivered | Places offered | Places attended |
|---|---|---|---|
| CSE Awareness | 1 | 18 | 24 |
| E-Safety | 2 | 36 | 29 |
| Thresholds | 3 | 54 | 31 |
| i-HOP | 2 | 36 | 21 |
| Totals | 8 | 144 | 105 |

**Specialist courses:  Inter-agency Child Protection:**

| | Courses delivered | Places offered | Places attended |
|---|---|---|---|
| CSE Skills & Practice | 3 | 54 | 55 |
| CP & Substance Abuse | 1 | 18 | 11 |
| Critically Curious Conversations | 1 | 18 | 11 |
| Neglect | 2 | 36 | 25 |
| Domestic Violence | 2 | 36 | 24 |
| Disabled Children: Safeguarding & Child Protection | 1 | 18 | 10 |
| Toxic Trio | 2 | 36 | 29 |
| Rapid Response | 1 | 18 | 18 |
| Child Sexual Abuse | 1 | 18 | 10 |
| Totals | 14 | 252 | 193 |

**Agency representation at training**



Bath and North East Somerset

Local Safeguarding Children Board

# Evaluation of LSCB Inter-agency Child Protection: Standard

April – July 2014

# Introduction

The Local Safeguarding Children Board (LSCB) is responsible for ensuring that people who work with children are appropriately trained to understand normal childhood development and to recognise and act on potential signs of abuse and neglect at the earliest opportunity. The LSCB also needs to review and evaluate the quality, scope and effectiveness of inter-agency training to ensure it is meeting local needs.

Training for inter-agency work in safeguarding and protecting children and young people is intended to promote better outcomes by fostering:

- More effective and integrated services at both the strategic and individual case level;
- Improved communication and information sharing between professionals, including a common understanding of key terms, definitions and thresholds for action;
- Effective working relationships, including an ability to work in multi-disciplinary groups or teams;
- Sound child focused assessments and decision-making; and
- Learning from Serious Case Reviews (SCRs) and reviews of child deaths

Research undertaken in 2009 for the Department of Children, Schools and Families and the Department of Health indicates that professionals have found that inter-agency training is highly effective in helping them to understand their respective roles and responsibilities, the procedures of agencies when safeguarding children, and in promoting a shared understanding of assessment and decisions-making in practice. Participants also valued the shared learning environment and experienced an increase in confidence when working with other agencies and a greater respect for such colleagues **(Carpenter et al, 2009)**

This report reviews feedback from the LSCB Inter-agency Child Protection Training: Standard, for the months of April- July 2014, with contributions from 123 delegates.

# Context: Training and Workforce Development Sub-committee (T&WD Sc)

### Programme Development

The T&WD Sc is responsible for evaluating the training which it proves in order to ensure that it meets the LSCB's statutory functions and to respond to national and local issues. The course evaluated will be:

### Standard Inter-agency Child Protection

This one day course aims to promote and improve the inter-agency approach and response to Child Protection issues. Delegates have the opportunity to develop their knowledge around child protection issues and the processes involved. They will explore with colleagues from other organisations the challenges and benefits of working in a multi-agency system. The course includes identifying child protection concerns, understanding how to make a referral, the process of information sharing and understanding roles and responsibilities in relation to safeguarding children.

**Training Delivery**

The Standard Child Protection course subject to this review was delivered by the LSCB training co-ordinator, with a 45 minute guest speaker slot from a member of the integrated working and early help team.

Delegates are allocated seating which has been arranged to promote inter-agency discussions.

Delegates are provided with a comprehensive handbook to accompany the training, including links to further training, and additional information for further reading.

Training is delivered in a variety of ways to promote engagement across the four types of adult learning styles. There are structured taught lectures which reference findings from Serious Case Reviews and latest findings in research. There are structured group discussions, exploring current knowledge and exploring new ideas. There are practical exercises which involve drawing and the use of a 'live model', along with threading learning with numerous 'case studies' and scenarios to promote learning.

**Training Standards**

All Local Safeguarding Children Board training is delivered against the following principles:

- **Child Centred** All training reflects that the welfare of the child is paramount and that it incorporates and actively promotes 'children's rights', 'children's voice' and their 'needs'
- **Partnership with Parents and Carers** All training recognises and actively promotes the need for working in partnership and engaging with parents and carers. The training recognises the 'family' as a whole when safeguarding children and young people.
- **Diversity** All training is informed and governed by equal opportunities and reflects the diversity and cultural needs of the individuals and organisations, within Bath & North East Somerset, that have responsibilities for safeguarding and promoting the wellbeing of children
- **Accessibility** All individuals who work with children, young people and/or their carers in the statutory, voluntary and independent sectors have access to the training
- **Interagency Collaboration** All training promotes the need for interagency working, bringing together people and organisations, to effectively safeguard children from harm
- **Evidence Based** All training will be 'evidence based' containing the latest research, reflective practice and the 'lessons learned' on a local and a national level. Wherever possible the training will incorporate the views of service users.
- **Evaluation** All training is responsive to identified local needs and will be subject to regular rigorous review and evaluation

*Adapted from PIAT Sustaining quality: Standards for Interagency Child Protection Training and Developments (updated 2013)*

# Evaluation & Quality Assurance

Through its Training & Workforce Development Sub-committee, the LSCB is required to evaluate the provision and quality of both single and multi-agency training, ensuring that it is provided within individual organisations, and checking that training is reaching all relevant staff.

**Monitoring and Evaluation of Inter-agency training**

In order to evaluate the effectiveness of multi-agency training in Bath and North East Somerset, a variety of methods are employed to achieve four goals:

- Ensure the learning outcomes for each course are met, and reflect evidence based 'best practice' that keeps the child or young person in focus.
- Ensure the continual evaluation by LSCB Training Manager to ensure courses are meeting the needs of staff, with transparent overview and accountability to the LSCB training and workforce development sub group.
- Ensure that evaluations inform the planning and development of future training
- Ensure that messages from training are being embedded in practice.

**Methods of Evaluation**

All courses advertise the learning outcomes expected from participants by the end of the course. As recommended in the DCSF Research Report *'Outcomes of Interagency Training to Safeguarding Children: Final Report*, evaluation forms used in B&NES on half day, full day or two day courses remind attendees of those learning outcomes and delegates are asked to scale pre and post course their confidence in these areas to assess the effectiveness of the training in addressing the identified aims and objectives on the day, with space for additional comments. If a common theme emerges around objectives not being met this will trigger a review of the course content/ delivery style so that adjustments can be made *(Appendix A shows the feedback form used)*.

Research into the effectiveness of inter-agency training suggests that for participants to gain the most from training they need to be able to make direct links to their own practice, and consider how the knowledge gained in training can improve their practice *(Research in Practice (2012) Training Transfer: - getting learning into practice. Darlington Trust)*. It is recognised that there can be a number of barriers for delegates in making his training transfer, including their organisational structure, their leadership ethos and other practical considerations such as workload. It is therefore recognised that delegate's managers play an important role in promoting positive professional practice and in imbedding knowledge from training. All delegates are therefore invited at the end of training to consider an action plan for changing their behaviour in the workplace, and thinking through the impact that this change will have on the children and young people that they work with.

Course evaluations are used on an on-going basis to improve existing courses and to assist in the development of new training and learning opportunities.

**Standard Course evaluations.**

6 courses were considered for the evaluation. They took place between April and July 2014, information was collated from 148 delegates. The standard course is evaluated against seven key learning outcomes; delegates are asked to score their confidence against these seven learning outcomes, prior to the start of the course, and once again at the end. This provides an indication of learning which has occurred during the training program.

|  | Questions | Before Level of Confidence | After Level of Confidence |
|---|---|---|---|
|  |  | 1 to 5 | 1 to 5 |
| **1** | I understand the definitions and types of child abuse, including child sexual exploitation and their impact on children | **3.5** | **4.8** |
| **2** | I am able to recognise and respond to safeguarding and child protection concerns appropriately | **3.5** | **4.6** |
| **3** | I am aware of the "early help" offer in B&NES and the importance of consent based, multi-agency planning | **2.2** | **4.5** |
| **4** | I am aware of the child protection process and how key agencies work together to identify and meet the needs of children where there are safeguarding concerns. | **3.0** | **4.5** |
| **5** | I am aware of the impact that domestic abuse, substance misuse and parental mental health can have on parenting capacity | **3.7** | **4.7** |
| **6** | I am aware of what is meant by superficial/disguised compliance and the importance of family history and functioning. | **2.4** | **4.4** |
| **7** | I am aware of the Information Sharing Guidance (2008), and when/ where it is appropriate and important to share information | **2.7** | **4.2** |
|  |  | 3.0 | 4.5 |

Whilst there were individual variations between scoring on courses, the overall feedback followed a very similar pattern. Following completion of a standard t-test,

**Analysis of Qualitative data:**

1. What did you gain most from this training?

| Summarised Comments | Number of delegate responses |
|---|---|
| When and how to make a referral to social care | 34 |
| Issues round child protection & types of abuse | 34 |
| Inter-agency learning | 30 |
| Early Help Information | 22 |
| Understand safeguarding and the CP process | 20 |
| Information sharing guidance | 18 |
| This was a refresher | 15 |
| Increase confidence in personal judgement | 10 |
| Understand my responsibilities | 6 |
| Learning about law | 3 |
| The importance of having Curiosity | 2 |
| Hearing the Child's voice | 2 |
| Very informative and interesting study day | 1 |
| Comprehensive understanding of CP | 1 |
| Responding to disclosures from children | 1 |
| Private fostering | 1 |
| Disguised compliance | 1 |

2. How are you going to use this knowledge to improve your practice?

| Summarised Comments | Number of Delegate responses |
|---|---|
| Improved referrals | 38 |
| Understand value of keeping CAF's and doing them | 15 |
| Increased confidence in supporting YP, including disclosures | 14 |
| Be more curious | 13 |
| Recognise signs of concern | 12 |
| Info has prepared me for practice | 10 |
| Help me to support other staff in CP | 9 |
| Help me think holistically when issues arise | 7 |
| Improve inter-agency working | 6 |
| Action identified to follow up | 5 |
| Generic 'Yes' | 4 |
| Be more confident with challenging decisions | 3 |
| Fulfil my responsibilities | 3 |
| Never do nothing' | 2 |
| No - but learnt a lot | 2 |
| Will inform families - consent | 1 |
| Will do advanced training | 1 |

3. How will you know that your practice has improved?

| Summarised Content | Number of delegates responses |
|---|---|
| Feel more confident | 22 |
| Feedback from colleagues | 12 |
| I will notice more signs of risk | 8 |
| Reflective supervision | 6 |
| Will suggest CAF if required earlier | 5 |
| Child's voice will be evident in work | 4 |
| Improved supervision for other staff | 4 |
| make referrals as necessary - improved referrals | 3 |
| Improved inter-agency work | 3 |
| good resolution of issues | 3 |
| More professional approach. | 3 |
| Using the info gained on course | 3 |
| Don't know | 3 |
| Better recording | 2 |
| Agencies procedures improved | 2 |
| Fewer CP issues with people I support | 2 |
| Feedback from children and young people | 1 |
| Children safe in setting | 1 |
| Quicker decisions | 1 |
| Doing more training | 1 |

4. How will the children & young people you are working with know?

| Summarised Content | Number of delegate responses |
|---|---|
| Offer more support to meet their needs - including CAF | 22 |
| Though confidence in responding to concerns | 12 |
| N/A at present | 7 |
| Act on disclosures however they're made | 5 |
| Children will feel safe in setting | 5 |
| Improved outcomes for our children | 4 |
| I will be more curious | 3 |
| Sharing information. | 2 |
| clear report writing | 2 |
| Children will feel listened to | 1 |

**5. Any additional comments about today's training?**

| Summarised Content | Number of delegates responses |
|---|---|
| Excellent/ Informative/ Useful Course | 33 |
| Clear delivery/ easy to understand/ well presented | 26 |
| Great Facilitator/ knowledgeable | 19 |
| Good Multi-Agency, | 8 |
| Enjoyable | 6 |
| Useful booklet | 4 |
| Friendly environment | 3 |
| Good resource links | 3 |
| I have left feeling much more confident | 2 |
| I thought I knew more than I did | 1 |
| GP would like support with CAF | 1 |
| Would like some more safeguarding for sport info | 1 |
| Was disturbing to hear the different reports of how things were missed on SCR's | 1 |
| Past 4pm a bit rushed | 1 |
| Signs and symptoms not useful as have already covered in training | 1 |

# Appendix 7: Partner Reports

## Avon and Somerset Constabulary

**Brief outline of agency function:**

*To provide professional policing services, working with partner agencies, including services to and for children and young people, in order to keep them safe from harm and where necessary prevent their offending or reoffending. This includes working to prevent children from becoming the victims of crime, investigating crimes against children, bringing perpetrators to justice and managing offenders, and includes the Statutory Duties under Section 11 of the Children Act 2004.*

Achievements during 2014-2015: (in bullet points including training and awareness raising activity)

**Examples of achievements include:**

- The Force introduced a new Operating Model that is enabling the most vulnerable victims and management of Dangerous Offenders to be prioritised, putting the focus on people first and crime type second and providing a means through which the imbalance between the staff resource available for Child Protection and the demand can be addressed
- In spite of a 47.3% increase in the number of Child Protection Crimes (excluding Domestic Abuse) across B&NES in 2014/15, compared with 2013/14, the number of such crimes that were detected was maintained and, in the context of a 33.3% increase in the number of Child Protection Crimes (excluding Domestic Abuse) Force-wide over these two periods, the number of detected crimes rose by 7%
- 13 men were convicted of 42 CSE related offences
- The Force led a successful partnership bid for £1.2million Home Office Innovation Fund, with an additional £900,000 contribution from Avon & Somerset and Wiltshire Police and Crime Commissioners, to improve agency effectiveness in identifying the hidden children being subjected to CSE, provide them with the support they need to understand they've been exploited and to cope and recover from their experience, and to gather evidence to support the delivery of services beyond the two year period covered by the Home Office funding
- The Force delivered one day's Vulnerability Training (the first of a programme of vulnerability training) to all front-line officers, covering Child Sexual Exploitation, Human Trafficking, Domestic Abuse and the Integrated Victim Care "Lighthouse" services. Post-training evaluation:
    - 90% have good or high level of knowledge of CSE
    - 81% have good or high level of knowledge of DA
    - 95% have good or high level of knowledge of impact of DA on children
- The Force introduced an Integrated Victim Care service: "Lighthouse", ensuring that vulnerable, intimidated or persistently targeted victims receive a tailored, coordinated and consistent service. Each victim now has a Victim & Witness Care Officer (VWCO) automatically allocated to their case from the point of initial report, through the

investigation and to the end of any subsequent Criminal Justice process

**Challenges:**

- Working with five upper-tier local authorities, each with their own thresholds and differing approaches, meeting the expectations of five LSCBs, each with their own infrastructure of sub-groups and associated demands, in a context of declining budgets
- Increasing demand through rising numbers of reported child protection crimes, in a context of declining budgets

**What difference have your achievements made to children, young people, parents / carers?**

- More children have been safeguarded and protected from harm or from further harm
- The significant changes made during 2014/15 to the way we operate, the services we provide to victims, and the funding we have secured for improved services for victims of CSE, will enable the safeguarding and protection of children to be maintained and improved in a context of declining budgets

**Objectives for 2015-16:**

In partnership with other agencies, Avon & Somerset Constabulary's objectives for the protection of children are:

- 1. Prevent children from becoming victims of child abuse
- 2. Where children do become victims, ensure they are recognised as such, are protected from further harm, and are given the support they need to help them remain safe and to deal with the physical, emotional and psychological consequences of the abuse
- 3. Bring perpetrators of child abuse to justice and prevent them reoffending through robust offender management

## NHS England

**Brief outline of agency function:**

NHS England South (South Central) team

- Seek assurance through CCGs within their area on the compliance of their provider organisations' compliance with Safeguarding regulations, standards and processes.
- Primary Care Services:
    - Co-commission GP services with CCGs
    - Directly commission Dental, Optometrist and Pharmacy services
    - These services are independent contractors who are required to comply with the NHS contract of which Safeguarding is a part
    - GP and Dental services are required to be registered with CQC as part of their regulated activity and compliance with Safeguarding is set out in those regulations

**Achievements during 2014-2015**: (in bullet points including training and awareness raising activity)

- Safeguarding Audit of GP practices was undertaken across B&NES in November 2014 giving a 48% response rate from GP practices.

- Further analysis of the key areas for improvement is being undertaken by B&NES CCG Safeguarding team in order to provide relevant support and information to practices.
- There is a clear interest by GP practices and their teams to receive information and ensure they have the right processes, policies and training in place.

- Funding and a MOU to support primary care services through training and learning opportunities have been completed.

**Challenges:**

- Securing engagement of all GP practices in the audit process

Further work is being undertaken by the Named GP in the CCG to secure that engagement

**What difference has your achievements made to children, young people, parents / carers?**

- Evaluations from the training sessions do identify an increase in knowledge by staff with excellent reviews of the quality and relevance of the training. The wider, direct impact is unknown at this time. Through the Area Team Safeguarding Children Forum, measures to identify this impact will be undertaken.

**Objectives for 2015-16:**

- As above

## Barnardos

**Brief outline of agency function:**

Barnardos delivers support to victims of child sexual exploitation in B&NES, through its BASE project. Barnardos also provide independent supervision of Community Based Social Work assessments.

**Achievements during 2014-2015**: (in bullet points including training and awareness raising activity)

Increased recognition of child sexual exploitation in B&NES. We do not know that level of CSE in B&NES but are moving to a position of knowing more than we have done in the past. BASE has played a part in helping launch B&NES CSE Strategy.

**Challenges:**

Helping the workforce understand that CSE is child abuse and changing people's thinking that child protection includes the abuse of young people when they are out in the community. Too often, our child protection system is set up to protect children from abuse in the home, not in the community.

**What difference have your achievements made to children, young people, parents / carers?**

The individual young people BASE have worked with have seen a reduced level of exploitation and risk in their lives

**Objectives for 2015-16:**

- To support 15 young people who have been sexually exploited so they are safer.
- To train 50 staff in CSE.

- To help improve our understanding of what CSE looks like in B&NES.

## City of Bath College

**Brief outline of agency function:**

- Bath College is committed to promoting and ensuring the safeguarding of all children, young people and vulnerable adults from harm whatever, their age, gender, race, disability, language, religion/belief and/or sexual orientation.

**Achievements during 2014-2015**: (in bullet points including training and awareness raising activity)

- Merging with Norton Radstock College to become one - Bath College
- Ensuring all staff are fully up to date with their Safeguarding Continuing Professional Development including the Prevent Agenda, FGM and CSE awareness training.
- Supporting the Crown Prosecution in sentencing a perpetrator in a Child Sexual Abuse case.

**Challenges:**

- The college Merger with Norton Radstock College.

Reduced funding both within the FE sector around Welfare and cuts in welfare services within the external agencies sectors.

**What difference have your achievements made to children, young people, parents / carers?**

- Keeping children, young people and vulnerable adults free from harm.

**Objectives for 2015-16:**

1. Continued focus on providing an outstanding welfare service to the Bath College student community.
2. Continue to build relationships around partnership working with BANES, and other authorities.
3. Increase our partnership working with the Young Carers Association and Young Parent Groups to support the student cohort.
4. Cascade the Fundamental British Values Agenda and further embed the Prevent Agenda to Governors, Senior Leaders, Students' Union, all staff and all students in 2015/16 and beyond.

## Voluntary Sector Representative from Children and Young People's Network

**Brief outline of agency function:**

Represent the views of the Children and Young People Voluntary Sector Network

**Achievements during 2014-2015:**

Able to secure a lower cost to Voluntary Sector organisations for Safeguarding training.

LSCB Approval of the Safe Network; on line Safeguarding support designed for the Voluntary

Sector. Safe Network meeting with voluntary sector organisations to explain role.

**Challenges:**

Representing such a diverse sector, thinking how the voluntary sector could report on safeguarding through the audit process despite the fact that the services they provide are very different.

**What difference have your achievements made to children, young people, parents / carers?**

Access to training and safeguarding resources for staff.

**Objectives for 2015-16:**

- Represent the voice and experience of the VCS agencies working with CYP and families in B&NES on the LSCB
- Facilitate consultation with the VCS
- Promote VCS service providers for opportunities commissioned via the LSCB

## Oxford Health NHS Foundation Trust

**Brief outline of agency function:**

Child & Adolescent Mental Health Services (CAMHS)

**Achievements during 2014-2015**: (in bullet points including training and awareness raising activity)

**Direct CAMHS Work:**

- Self-referral has been introduced for young people aged 16 and 17 who can call or text a dedicated mobile telephone number and speak with a clinician in the CAMHS team. The clinician will work through a guided script written by young people in the CAMHS participation group, the referral will either be accepted in CAMHS or the young person will be signposted to another agency that would give the relevant support needed. CAMHS clinicians and young people in the participation group are in the process of visiting the 6th Forms in all BANES schools and colleges to explain self-referral. Posters are being sent to all agencies that are working with young people or where young people visit to make them aware of how to self-refer.
- A 1 year pilot commenced on the 1st January 2015 offering an extended service to young people currently working with CAMHS who are care leavers with BANES Council. Young people will already be known to CAMHS and received interventions prior to their 18th birthday, and have additional vulnerabilities which may impact on their emotional needs and behavioural responses, and assessed by CAMHS as likely to benefit from an extended intervention.
- FaceTime pilot - CAMHS provide an extensive range of short term and long term interventions, clinic based and outreach/intensive community support to children and young people across Bath and North East Somerset. Young people indicate a preference for technological based products frequently through use of texting, email, electronic feedback devices and iPhones. CAMHS interventions have been limited to face to face meetings and phone based contact (calls and texts). This project aimed to introduce an additional electronic option for young people where it has been risk assessed as part of the care plan. Where young people do not

have an electronic device suitable for Face Time contact, CAMHS have 2 iPads that they can lend to young people.

- Access to 136 suite - It is recognised that young people (under the age of 18) detained under section 135 or 136 of the Mental Health Act are better assessed in a therapeutic environment than a police station where ever possible and safe to do so. A Standard Operating Procedure has been developed through a collaborative process with all partnering agencies to develop a specific set of standards for young people under 18 detained on a section 135 or 136 at the Mason Unit at Southmead Hospital in Bristol.

**Safeguarding Specific Work:**

- Safeguarding training needs analysis of staff groups to assess adequate provision and how best to deliver. Locality based level 3 training introduced.
- Additional appendix of Child Sexual Exploitation (CSE) added to training strategy and requirement for all staff to access CSE training.
- Implementation of Safeguarding Supervision Strategy for clinical teams.
- Audit of safeguarding referrals including quality, thresholds and escalation plus audit of child protection case records to evidence that role of practitioner in child protection plans is recorded including evidence of clinicians understanding of 'Think Family' and impacts on children.
- Review of Safeguarding children webpage including participation of young people to make information more young person and family friendly

**Challenges:**

- Awareness raising of all new developments amongst children, young people and families
- Ability to reach all clinical staff to ensure awareness of new learning and developments

Escalation of concerns with multi agency partners when there is disagreement over risk and need can be challenging at times.

**What difference have your achievements made to children, young people, parents / carers?**

- Self-referral has meant better access for young people, giving them the opportunity to access CAMHS and be heard from directly and stigma/ barriers around mental health reduced for young people
- Extended intervention for LAC assists smooth transition to adulthood for vulnerable young people.
- Face Time means easier access for families reducing travel and taking time off school or work (for parents/carers). Young person using Face Time is not reliant on being accompanied to all sessions.
- Access to 136 Suite means a young person friendly setting for those detained.
- Increased staff awareness around Safeguarding Children including CSE means more appropriate responses and actions taken alongside support for children, young people and families

- Safeguarding Supervision provides the opportunity for staff to discuss and reflect on issues of concern to act in the best interests of the child
- Audit highlights any areas of concern which can then be addressed and improvements made for the safeguarding of children.
- Information for children, families and clinical staff in an accessible format means finding relevant information more quickly and easily which is more likely to be utilised by those concerned.

**Objectives for 2015-16:**

- Emotional resilience hubs in schools - A pilot project will be starting from the 1st April for 1 year, developing emotional resilience hubs in all secondary schools in BANES. This project arose out of work that has taken place in 2 secondary schools in BANES where CAMHS have supported the work of school staff with young people with emotional and mental health problems. The pilot project will establish a system of school based counsellors who are supported by mental health practitioners from the local CAMH Service. Counsellors would act as an internal 'Tier 2 'service within the school.

  The pilot project aims to achieve the following:

  Improved resilience, emotional wellbeing and mental health for young people of secondary school age
  Promote an increase in suitably qualified and experienced counsellors offering sessions in more secondary schools in Bath and North East Somerset.
  Improve relationships between service providers in communities which are relevant to young people's emotional resilience.
- Deep-dive audit looking at effectiveness of cases transitioning to adult services.
- Evaluation audit of group safeguarding supervision to be completed.

## Bath & North East Somerset (BaNES) Clinical Commissioning Group (CCG)

**Brief outline of agency function:**

CCG's are statutory NHS bodies with a range of statutory duties, including safeguarding children. CCG's are responsible for commissioning most hospital and community healthcare services for their local community. CCG's need to assure themselves that these organisations have effective safeguarding arrangements in place that comply with all statutory guidance related to safeguarding children.

The director of nursing and quality is the CCG board lead for safeguarding. The CCG employ a designated nurse and have a service level agreement (SLA) for the designated doctor.

**Achievements during 2014-15** (in bullet points including training & awareness raising activity)

- Refreshed safeguarding children standards in all CCG contracts for all providers
- Joint funding between BaNES CCG & PCC for IRIS Programme (for general practice
- Increased sessions and change of designated doctor (due to retirement)
- Appointment of named GP safeguarding children

- Quarterly GP Practice safeguarding children leads network
- Quarterly safeguarding children health professionals network
- CQC review of services for looked after children and safeguarding (June 2014)

**Challenges**

- Over sight of contracts where BaNES CCG is not the lead commissioner
- Capacity of named GP as only one session a week
- Securing engagement of all GP practices

**What difference has your achievements made to children, young people, parents/carers**

- Health providers are required to meet the safeguarding children standards to ensure that children are kept safe. The ten core Safeguarding Children Standards are:
    - Governance and Commitment to Safeguarding Children
    - Policy, Procedures and Guidelines
    - Appropriate Training, Skills and Competences
    - Effective Supervision and Reflective Practice
    - Effective Multi-Agency Working
    - Reporting Serious Incidents
    - Engaging in Serious Case Reviews
    - Safe Recruitment and Retention of Staff
    - Managing Safeguarding Children Allegations Against Members of Staff
    - Engaging Children and their Families
- The CCG now has a complete safeguarding children team to provide the strategic lead across the local health community, influencing local thinking and practice
- The networks provide an opportunity for safeguarding children leads across the health community to work together and share experiences
- The CQC action plan provides an opportunity to address highlighted areas of practice that need improving

**Objectives for 2015-16**

- Co-commissioning arrangements of primary care are being introduced from April 2015. The CCG need to ensure that the GP services commissioned have effective safeguarding arrangements.
- Continue to monitor health providers safeguarding children arrangements and compliance of the safeguarding children standards and performance indicators
- Continue to monitor health provider action plans resulting from the CQC review (June 2014)
- Monitor the IRIS project
- Fund one year project to ascertain the need for IDVA services in the RUH with the intention of building a business case for a permanent position

# Appendix 8: B&NES LSAB / LSCB JOINT WORKING 2015-2016

| Theme | Opportunity | Relevance | Work needed to progress | Anything else? |
|---|---|---|---|---|
| **Communications** | • Joint safeguarding advice to public / professionals e.g. via media / newsletters<br>• Joint conferences / workshops<br>• Develop opportunities for joint participation activity<br>• Smarter use of budget | • Could be relevant to "Think family", Young carers,<br>• Young carers, disabled, DVA, "Think family | • Collaboration between sub groups LSCB / LSAB<br>• Develop a joint strategy for Comms sub groups would need to be broad to encompass all stakeholders | Joint website links ( see Devon)<br>Getting other sub groups to link into comms-sharing of sub group minutes<br>Most disadvantaged hardest to access<br>Joint newsletter |
| **Quality Assurance** | • Shared audits where VA and Children are relevant<br>• Best use of people | • Relevant to DVA , Substance / alcohol abuse, mental health (adult and child)<br>• Voice of adult<br>• Voice of child<br>• How do we evidence quality | • Design work plans for LSAB and LSCB for some convergence on issues during year<br>• Quality audits and information governance | Shared learning on process of QA<br>Joint audits on occasion using a range of methodology's to audit cases where there might be shared learning<br>Family QA work with overarching Information Sharing Protocol |
| **Policy and Procedures** | • Assure guidance for adults does not bring conflict with guidance for children (&vice versa)<br>• Assure guidance is consistent across both | • Assurance and QA exercise to be undertaken | • May require a joint T&F group to work on this<br>• Sharing a forward plan of groups agenda | Policy checklist required to be shared with other equivalent sub groups before sign off.<br>Sharing of a 'forward plan'<br>Could move to a SWCPP style web based guidance<br>Application of the MCA<br>Shared information sharing protocol |

| Training | • Actively look for opportunities for bring appropriate aspects of training together (i.e. convergence) | • As a first stage, examine opportunities for convergence at Level 2 | • May require joint T&F Group to work on this could include looking at ;<br>Signs of Concern/ vulnerability<br>Information sharing<br>'Think Family' approach<br>Challenge generic perceptions of safeguarding | Identify generic key areas where training can be trained together.<br>Challenge generic views on safeguarding<br>Continue joint training at Level 2<br>Joint work would help to disseminate info on specialist training. Look at developing easier routes to specialist training<br>Risk of 'dilution'<br>Use of champions to promote knowledge and learning<br>Engagement with professionals who need to be made aware of relevance to their area of work<br>Linking training to relevant services.<br>Joint training on DV and substance misuse |
|---|---|---|---|---|
| **Exchanging Information** | • Improved early identification of risk and referral | • Joint development of MASH or other appropriate tool for this | • Joint working group in operation | MISH – all sub groups involved in design<br>IRIS<br>CPIS system<br>Culture change in terms of how agencies share information.<br>Perpetrators – information and how we share it<br>Feedback from referrals<br>Strategy minutes |

Across all themes:
- Less confusing for the public and professionals if there is more shared work
- Better use of resources, less duplication
- Improve knowledge and skills across sub groups of both Boards

# Appendix 9: LSCB Business Plan outturn 2014 -15

Available on B&NES public website

http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb_workprogramme_2014-15_updated_260515.pdf

# Appendix 10: LSCB Business Plan 2015-18

Template below will be fully completed and signed off in September 2015 LSCB.

## Key Priority 1

**The LSCB will co-ordinate a multi-agency approach to reducing harm to vulnerable Children and Young People. This will particularly focus on children and young people associated with the issues of:**

- **Physical Abuse**
- **Neglect**
- **Sexual Abuse**
- **Child Sexual Exploitation**
- **Children missing or absent**
- **E-Safety**
- **Self harm / suicide**
- **Emotional well being**
- **Disabilities**
- **FGM**
- **Domestic Abuse**
- **Substance misuse**
- **Mental health and link to domestic abuse and substance misuse**
- **Radicalisation (Prevent and Channel)**
- **Slavery**
- **Harm associated with service provision (eg, mental health bed availability or provider failure)**
- **Children affected by parental offending**

## Outcomes

1. **Robust arrangements which identify and support children and young people at risk of Child Sexual Exploitation**
2. **Qualitative and quantitative information and intelligence is evident in service improvements**
3. **Children's workforce have a common understanding of issues, evidence based decision making, actions, sharing concerns and evaluations**
4. **Development of multi-agency information sharing arrangements to ensure services are provided at the earliest opportunity**
5. **Implementation of Early Help Strategy to identify and support children and young people at risk of harm**

| Issue | Sub group or Lead | Action | Completion Date | Progress (RAG) |
| --- | --- | --- | --- | --- |
| Gather assurance on e-safety arrangements | | | | |
| Put in place new Prevent and Channel responsibilities | | | | |
| Monitor progress of Multi-agency Information Sharing Hub project | | | | |
| Gather assurance on the effectiveness of missing from home, care and school arrangements | | | | |
| Deliver CSE action plan (ensure Willow Project is effectively functioning, strengthen links with schools and sexual health and review and refine strategy and protocol) | | | | |
| Implement and monitor effectiveness of mental health protocol | | | | |
| Progress targeted work with drug and alcohol agencies, mental health and domestic abuse services – seek assurance that effective co-ordinated work is in place | | | | |
| Progress work with the Self Harm and Suicide Prevention group consider the best mechanism to raise awareness of risks with low level ligatures | | | | |
| Assess the potential impact of lack of mental health beds on young people in B&NES | | | | |
| Continue to monitor the transition of children to adult services | | | | |
| On-going liaison with South West Child Protection Procedures and arrangements going forwards | | | | |
| Finalise Early Help Strategy | | | | |
| Implement task and finish group to look at needs of offender and families (in line with iHop presentation) | | | | |
| Gather assurance on children and young people with disabilities | | | | |
| Understand the data regarding children in care in education, training and employment | | | | |

## Key Priority 2

To increase the participation and involvement of children, young people and parents/carers in service improvements and developments both:

- **Experience of current services**
- **Aspirations for new ones**

## Outcomes

1. **Agencies learn and demonstrate change in practice from experience of young people**
2. **Children and parents report that they feel more engaged in the Child Protection Process**
3. **Children and parents contribute to the development and improvement of services**
4. **Children experience good seamless arrangements between services regardless of their different level of need or the risk**
5. **Childrens views are clearly articulated in assessments, plans and reviews**
6. **LSCB partners demonstrate reflective feedback from and to Children and Young People and their parents and care**

| Issue | Sub group or Lead | Action | Completion Date | Progress (RAG) |
|---|---|---|---|---|
| Seek assurance that new child friendly Working Together guidance is disseminated | | | | |
| Continue to seek assurance from IRO, CP chairs, Children Specialist Services, Off the Record Advocacy Service and other agencies that children, young people and parents are invited and supported to participate in meetings – seek their views on their experience | | | | |
| Continue to engage support of young people in stakeholder events and in recruitment of staff | | | | |
| Commence work with the e-teams to develop new materials | | | | |
| Development of further children and young people friendly communication strands eg, potential for face book, twitter, You Tube etc to communicate messages | | | | |
| To continue to work with Project 28 and Mentoring Plus to develop new ways of utilising the feed-back from young people using these groups on the delivery of service to young people. | | | | |
| Seek assurance that new child friendly Working Together guidance is disseminated | | | | |

## Key Priority 3

**Strengthening the LSCB's evaluation and challenge of the effectiveness of individual agency safeguarding arrangements**

## Outcome

1. **Safeguarding standards of section 11 are embedded across the workforce effectively and ensure that all Commissioning is using the same standards**
2. **Audit tool is generic to services operating across region**
3. **Improved number and quality of section 11 returns**
4. **Continuity of attendance and participation from members attending**
5. **Effective challenge between LSCB Board members**

| Issue | Sub group or Lead | Action | Completion Date | Progress (RAG) |
|---|---|---|---|---|
| Continue to undertake multi-agency audits and provide feedback (specifically review school and GP engagement; re audit categorisations of abuse; CSE cases; joint audit with LSAB sub-group) | | | | |
| Develop programme for auditing agency compliance with multi-agency procedures | | | | |
| Ensure Section 11 sub-regional mini audits for 2014-15 are completed, analysed and responded to | | | | |
| Assurance that findings of schools audit are addressed and implemented | | | | |
| Ensure that findings from lessons learned reviews are reported and actions to improve effectiveness are addressed | | | | |
| Assurance from SCR sub-group that single agency action plans from SCR have all been completed | | | | |
| Assurance that Section 11 action plans for 2013-14 have been signed off and completed | | | | |
| Review effectiveness of partners challenge at CP Conferences | | | | |
| Audit referrals from adult care commissioned services | | | | |
| Understand the assurance mechanisms commissioners have in place for safeguarding children and young people in contracts | | | | |
| Banes NHS CCG and B&NES Council to ensure standardised contractual requirements are included in all contracts | | | | |

## Key Priority 4

**Sufficient and competent workforce to ensure Children and Young People are safe**

### Outcome

1. **Evidence of learning across the partnership collectively and individual agencies from the Learning and Improvement Strategy**
2. **Staff are trained and developed at appropriate level and knowledge to make them effective in their work to keep children safe**
3. **Training sub-group ensure LSCB training meeting the current and emerging need of the workforce**
4. **LSCB is assured that single agency training is appropriate to needs**

| Issue | Sub group or Lead | Action | Completion Date | Progress (RAG) |
|---|---|---|---|---|
| Disseminate Working Together to Safeguard Children 2015 and other recent reports / guidance documents | | | | |
| Assurance that new areas of abuse are included in all staff training eg, modern slavery, trafficking, FGM and CSE | | | | |
| Develop electronic training booking record management system to improve quality of information to provide assurance of multi-agency training | | | | |
| Assurance schools are complying with minimum safeguarding training requirements issued in March 2015 | | | | |
| Commence the development of a quality framework for single agency and 'train the trainer' training | | | | |
| Develop standardised competencies for all new programmes | | | | |
| Assurance that agencies have attended Prevent training | | | | |
| Review existing Training Programme | | | | |
| Develop and implement joint training programme with LSAB (consider particularly Domestic Abuse in 2015-16) | | | | |

## Key Priority 5

### Continuous improvement of LSCB

1. **LSCB is graded as at least 'good' against Ofsted/CQC expectations**
2. **LSCB has a high profile and is seen as effective in both quality assurance and driving improvement in safeguarding**
3. **Clear, complementary role and relationship with other strategic boards that increases effectiveness and efficacy**
4. **Formalised joint working arrangements with the LSAB**

| Issue | Sub group or Lead | Action | Completion Date | Progress (RAG) |
|---|---|---|---|---|
| Review LSCB and sub-group Terms of Reference – seize opportunity for joint working with LSAB sub-groups | | | | |
| Review assurance mechanisms CCG and Council Commissioning teams have in place (including for schools; ensure standardised contract measures between CCG and Council where possible and included for roll out in contract variations 2016) | | | | |
| Assess effectiveness of Thematic Reviews | | | | |
| Continue to analyse feedback from other LSCB Ofsted inspection reports to identify areas for improvement | | | | |
| Develop new LSCB website and consider opportunity to link with LSAB | | | | |
| Develop systematic method for reviewing, disseminating and monitoring implementation of multi-agency policy and procedures (initial priority it to review against Working Together 2015 and new Information Sharing Guidance) | | | | |
| Clarify arrangements for identifying and writing new policy, protocols, materials etc | | | | |
| Secure and induct lay members, schools and housing representatives to LSCB and sub-groups | | | | |
| Gather assurance on Private Fostering arrangements | | | | |

| | | | | |
|---|---|---|---|---|
| Implement Challenge and Review Panel for the Chair | | | | |
| Review data: eg, (1) take a closer look at the age of Looked After children in comparison to other areas to understand if B&NES is an outlier and if so why are we different; (2) generate data on children's ethnicity, disability and gender for those on CP plans and Looked After for next years report; (3) triangulate sexual abuse cases with Avon and Somerset Constabulary. | | | | |
| Develop stronger links with other Boards | | | | |
| Review performance report ensuring new data is added as required – members to keep the 'so what' question front of mind. | | | | |

Bath & North East Somerset Council

healthwatch Bath and North East Somerset

NHS Bath and North East Somerset Clinical Commissioning Group

| MEETING | B&NES HEALTH AND WELLBEING BOARD |
|---|---|
| DATE | 22/07/2015 |
| TYPE | An open public item |

| Report summary table | |
|---|---|
| **Report title** | B&NES Economic Strategy Review |
| **Report author** | Benjamin Woods, Group Manager Economy and Culture |
| **List of attachments** | 1) Economic Strategy Review 2014<br>2) Action Plan 2014 - 2030 |
| **Background papers** | |
| **Summary** | The report provides a précis of the Economic Strategy Review and the developing linkages to the cross-cutting theme of Health and Wellbeing |
| **Recommendations** | The board is asked to agree that:<br>1. The delivery of the wider economic strategy review action plan should be supported. |
| **Rationale for recommendations** | Details of the rationale for preferring the recommendations made above including details of other options considered and reasons for rejecting them.<br><br>NOTE: This section should state how the recommendations contribute to the delivery of the outcomes in the Joint Health and Wellbeing Strategy: http://www.bathnes.gov.uk/health-wellbeing-board |
| **Resource implications** | There are no additional financial implications arising from this report. The Economic Strategy Action Plan sets out a number of proposals for future action based on opportunities identified in the Strategy which will be the subject of detailed evaluation as they are progressed.<br><br>Any proposals which could have resource implications for the Council will be subject to the Council's corporate financial approval processes. |
| **Statutory considerations and basis for proposal** | Councils have the power to address the economic, environmental and social wellbeing of their area. The Economic Strategy Review addresses a number of considerations including: economic prosperity: equalities: sustainability: planning: public health and inequalities. |
| **Consultation** | Cllr Vic Pritchard, Ashley Ayre, Richard Morgan, Maria Lucas |

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

**THE REPORT**

**1 BACKGROUND**

1.1 The Economic Strategy Review and Action Plan launched in November 2014 as a joint product of a cross-service officer group and external Economic Partnership Group and a cross-service Officer Group.

1.2 The purpose of the Economic Strategy Review as to update the Economic Strategy 2010 and to;

(1) embrace a ‘whole economy approach’ to the delivery of economic growth in BaNES.

(2) support the work of the Public Services Board to promote the close integration of key strategies for the delivery of sustainable communities.

(3) respond to the changes to the welfare system and the introduction of universal credit, increases in the age educational participation and retirement age.

(4) ensure linkages with the LEP Strategic Economic Plan to attract further funding for key infrastructure and development projects, business support and skills initiatives; and opportunity to retain business rate income under the West of England City Deal.

**2 SYNOPSIS**

2.1 The full Economic Strategy Review and accompanying Action Plan are attached as Appendices 1 and 2 to this report.

2.2 It is intended that the Strategy and Action Plan are seen as a Partnership documents, rather than one owned by the Council, and that partners will take a lead in delivering the key strategic themes and priority actions below;

In summary the over-arching issues emerging from the Review and informed by the evidence base are outlined below.

- The B&NES economy came out of the economic recession relatively well.
- The overall trend for 'main out of work benefits' (which includes JSA, ESA, IB, Lone parents and others on income related benefits) has been of steady reduction and currently stands at just over 5% in BaNES.
- Key sectors such as creative and digital, ICT and retail have out-performed sub-regional and national trends in relation to employment.
- The wider economy has performed less well in relation to workplace employment, output and productivity. A further key issue is the relatively low rate of entrepreneurship. The area has, historically, had a lower 'business birth rate', but also a relatively high 'business death rate'.
- Moving forward the Economic Strategy is seeking, in line with the LEP's growth plans and the Council's Core Strategy, to increase the number of jobs in B&NES by 11,500 by 2030 which, taking into account job losses, will require some 16,900 new jobs to be created.
- The Bristol and Bath region is highlighted as having an internationally-significant and fast-growing high tech sector in an influential Centre for Cities report.
- Bath has more than double the national average employment representation in the Creative & Digital sector and over 1.5 times average representation in ICT and the Environmental & Low Carbon sectors

2.3 The Review proposes that by building on the areas business strengths and business specialisms it will be possible to :

- raise the proportion of employment in private sector businesses, particularly in the knowledge economy and higher value added sectors and businesses;
- raise the productivity of private sector businesses, particularly in retail and tourism and the wider visitor economy;
- raise the level of business start-up, particularly in higher value added private sector business activities; whilst at the same time reducing business failure, and thus improving business survival rates and growing the stock of businesses.

## 3 ECONOMIC STRATEGY REVIEW & HEALTH AND WELLBEING

3.1 Embodied with in the review and action plan is the belief that to effectively tackle health and wellbeing (inequalities) the Council in partnership with stakeholder need to build a dynamic and sustainable 21st century economy by creating space to attract new businesses and for existing businesses to expand and provide employment growth.

(1) Deliver of the Bath City Riverside Enterprise Area: Bath is the economic driver for the wider area providing nearly 70% of overall employment and GVA output and 75% of priority sector employment: a lack of appropriate business space is a constraint to future employment growth in the city.

(2) Developing investment propositions and marketing strategies which actively target businesses from the health and well-being sector.

(3) Delivering a business engagement programme which is building relationships with existing health and well-being businesses in BaNES to support indigenous growth.

(4) Facilitating the delivery of new strategic employment locations in the Market Towns

3.2 Utilise our regeneration; transport planning and housing powers to improve connectivity across BaNES develop modern physical spaces which can improve Health and Wellbeing.

(1) Ensuring the design of the Enterprise Area will maximise outdoor leisure opportunities and accessibility for residents and where possible internal designs will be as ergonomic as possible.

(2) Building into our planning processes sustainable transport solutions which enhance health and wellbeing such as walking and cycling and working with partners to provide a wider range of travel options.

(3) Intervening to improve existing homes and provide an improved range of housing by providing financial assistance to vulnerable home owners for home improvements, supporting adaptations and energy efficiency and where necessary enforcing minimum standards in the rented housing sector.

3.3 Give residents the opportunity to take part in this economic growth but also recognising that we need to tackle the worklessness agenda and the issue of low pay/ productivity employment in order to reduce health and wellbeing disparities that are associated with low incomes.

(1) Targeting excluded and disadvantaged groups in the labour market to address employability issues and raise participation levels

(2) Build links between the education sector and employers and promote more work based training schemes

(3) Securing more local employment & training opportunities through the delivery of Targeted Recruitment & Training initiatives linked to the delivery of new development in B&NES and public sector procurement

3.4 Support all residents by providing digital infrastructure to 'maximise their capabilities and have control over their lives' in the 21st century.

(1) The Digital BaNES programme has been established to delivering superfast and ultrafast broadband to communities and key development sites in B&NES. Aim is to have 100% superfast coverage across BaNES by 2020.

(2) Working with stakeholders such as the NHS, Sirona, Curo to explore ways to utilise new technologies to improve health and well-being outcomes.

(3) Working with partners to signpost residents to digital inclusion support to ensure residents of all ages can utilise full the benefits of the internet and other associated technologies

## 4 MONITORING & REVIEW

(1) The Economic Partnership is being re-launched as the B&NES Investment Partnership, a key partnership under the auspices of the Public Services Board.

(2) The Partnership will be responsible for the implementation of the Economic Strategy and engage on strategic issues with leaders from the business community and higher educational institutions in the development of policy and in responding to key economic issues including those related to Health and Wellbeing.

(3) A framework is being developed for measuring progress against the key priorities in the Strategy which will be monitored on an on-going basis by B&NES Investment Partnership Economic Investment Board, reported to Cabinet on an annual basis and covered at an Annual Economic Partnership Conference.

**Please contact the report author if you need to access this report in an alternative format**

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# APPENDIX 1

*DRAFT*

# ECONOMIC STRATEGY REVIEW 2014 - 2030

# INTRODUCTION

## Economic Strategy review 2014

In 2010 B&NES Council approved its first Economic Strategy, developed in conjunction with the B&NES Economic Partnership. The Strategy contains a number of strategic priorities and detailed actions and a commitment to review and refresh the document after a period of three years in 2013.

The review provides an opportunity to take into account major changes in the economy over the past 3 years and the way public and private sector services are now provided. Our aim is to broaden the scope of the Strategy to reflect these changes and to include actions that address wellbeing and reduce inequalities as well as growth in key employment sectors.

In particular the review embraces the whole economy and its contribution to the quality of place, puts wellbeing at the heart of the outcomes it seeks to deliver and takes account of significant changes both locally and nationally including:

- The socio economic impacts of the 2008 recession, changes to the Welfare System and Universal Credit, the increase in the age of retirement and the raising of participation age.
- Reducing unemployment and the numbers of young people not in education, employment or training
- The changes to external partnership relations with the demise of the Regional Development Agencies and Business Links and the creation of Local Enterprise Partnerships (LEP's).
- The pressure on resources, the on-going challenge of moving to a low carbon economy and the demographic impacts of an aging population.

The review will also take into account the work of the B&NES Public Services Board. The Public Services Board is promoting a co-ordinated approach to local services and supporting the closer integration of key strategies to deliver sustainable communities working to a common vision.

***Our Vision is Bath and North East Somerset will be internationally renowned as a "beautifully inventive" entrepreneurial 21st century place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big – a 'connected' area ready to create an extraordinary legacy for future generations***

Moving forward the Review will seek to build on the area's strengths to create a more productive, higher value added economy. The focus will be on specific priority sectors and creating a range of local employment opportunities which can be accessed by the resident workforce.

To address the **Strategic Vision** the Economic Strategy Review is structured around three key inter-dependent 'Strategic Economic Themes' ***'Business'***, ***'People'***, *and* ***'Place'*** which are seen as key 'areas of activity' in achieving the Vision. Within the three Themes there are nine 'Strategic Economic Priorities', with a framework of actions and measures for promoting sustainable economic growth.

In order to ensure that the Strategy also considers its relationship with the environment and equality / social inclusion two cross-cutting 'Core Values' have been established: '**Sustainability'** and '**Health & Wellbeing'**.

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*As resources become more expensive businesses with lean manufacturing methods will be at an advantage and residents that reduce their energy consumption will be better placed to benefit from the economic recovery. Promoting local production and purchasing will help to create a more sustainable economy*

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*By building a dynamic and strong economy we will be better placed to tackle health & social issues in B&NES and establish a fairer more equitable community. By ensuring everyone has an opportunity to succeed we will fully maximise our economic potential*

---

By establishing each of these important economic issues as cross-cutting Core Values we can ensure a strategic approach to local economic development which is sustainable, includes all parts of the economy, and where no-one is excluded.

The Strategy Review document addresses each theme and its strategic economic priorities in turn, setting out the evidenced based economic strengths & weaknesses and issues & challenges within each, and establishing the opportunities for development and growth based on this analysis.

# ECONOMIC CONTEXT

## Introduction

To 'set the scene' for the Economic Strategy Review, an assessment of the local economy has been undertaken which:

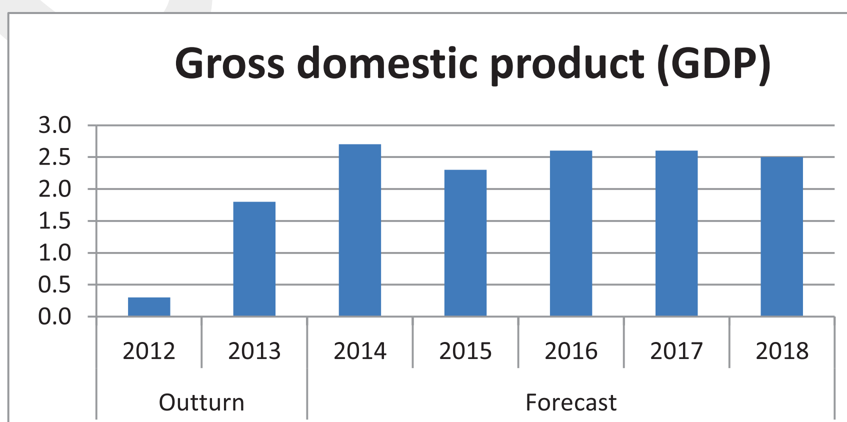
- sets out recent past trends nationally and locally
- provides a current 'position statement' as to where the B&NES economy is now.
- summarises our 'growth ambitions' for the B&NES economy going forward to 2030.

## UK economy in 2014

There is considerable evidence that the UK economy is making substantial progress in recovering from the global economic downturn which began to impact on the UK economy in the spring of 2008. Indeed, the 2014 Budget announcement (HM Treasury, Budget Report – March 2014) gives the following summary medium-term economic forecast for the UK economy (2014 to 2018):

- A revised forecast upwards for UK GDP (Gross Domestic Product) growth from 2.4% to 2.7% in 2014 and from 2.2% to 2.3% in 2015, and forecasts GDP growth of 2.6% in 2016, 2.6% in 2017 and 2.5% in 2018.
- GDP to return to its pre-crisis peak in the third quarter of 2014.
- A revised forecast upwards for employment growth across the forecast period, expecting employment to reach 31.4 million by 2018.
- At the start of 2014, the claimant count was 1.2 million, the lowest level since December 2008, and the Treasury's Office for Budget Responsibility (the OBR - government's independent fiscal watchdog).now expects it to fall below 1 million in 2017 for the first time since 2008.
- Inflation (Consumer Prices Index inflation – CPI) is expected to be below target at 1.9% in 2014 and then to stay at the 2.0% target for the rest of the forecast period.
- Average earnings to grow faster than inflation throughout the forecast period.

These forecasts are made in the light of major restructuring of the UK economy, particularly in such sectors as Finance and the Public Sector, which suggests that the short-term to medium-term prospects for the UK economy are 'good'. In turn, the prospects for the West of England and Bath & North East Somerset economies should also be viewed as equally optimistic.




Source: ONS, Office for Budget Responsibility, March 2014

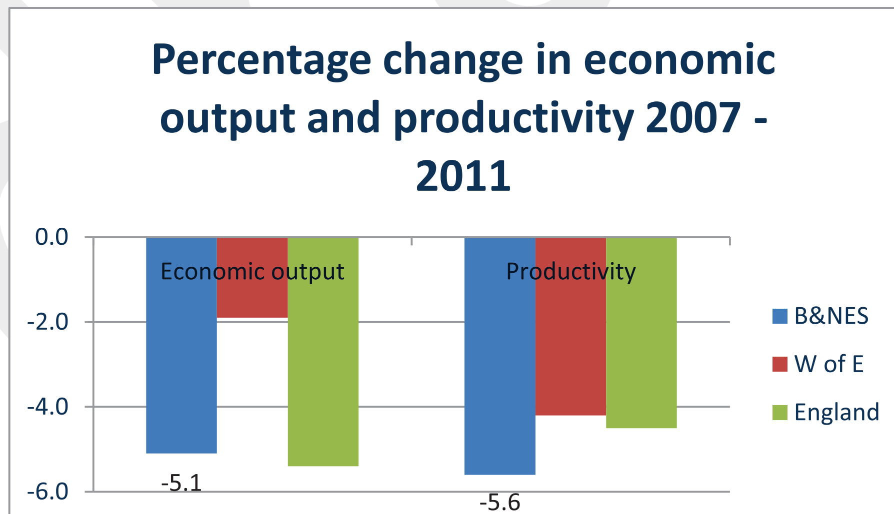
# Recent trends and the B&NES economy in 2014

## Overall economic performance of the B&NES economy

In 2011, the B&NES economy produced an estimated £3.8 billion of GVA output with total workplace employment of almost 92,000, equating to an average productivity per employee of £41,600. B&NES productivity performance is slightly lower than across the West of England and nationally (£43,100 per job and £42,400 respectively).

The main 'driver' of B&NES' lower productivity is the area's above-average employment in public sector activities such as education and health (36% of B&NES' workplace jobs are in the predominantly public sector activities of Public Administration & Defence, Health & Education compared to 29% across the West of England and 27% nationally) and the relatively large concentrations of employment in sectors such as retail and tourism.

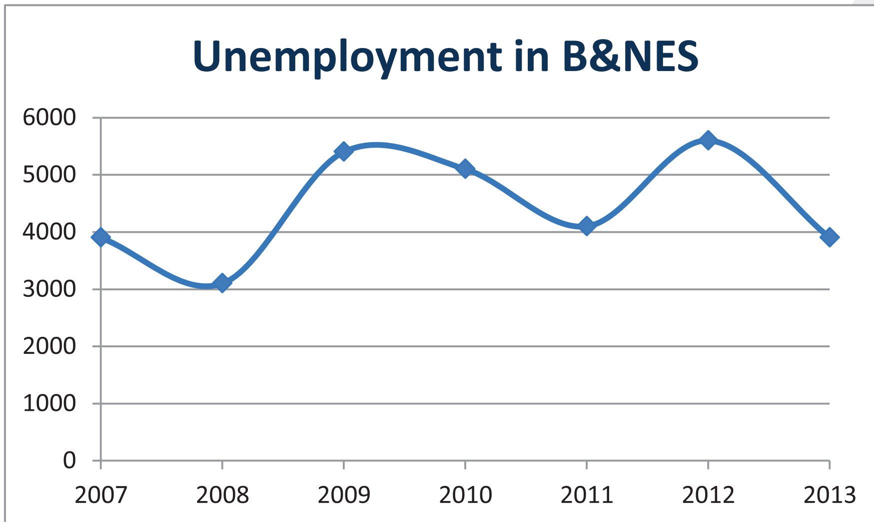
As with the West of England and nationally from 2007 to 2011 the B&NES economy shrank during the 2008 economic downturn. Overall the output of the B&NES economy reduced by 5.1% between 2007 and 2011 compared to a 1.9% decline across the West of England and a 5.4% decline nationally. Productivity also fell across B&NES over the period, by 5.6%, compared to productivity declines across the West of England and nationally of 4.2% and 4.5% respectively



## Unemployment

The unemployment rate in B&NES is 3.1% compared to 3.8% in the West of England and 4.9% nationally. Resident unemployment has remained consistently below the national average, although the percentage increase (37%) is greater than the England figure (31%).

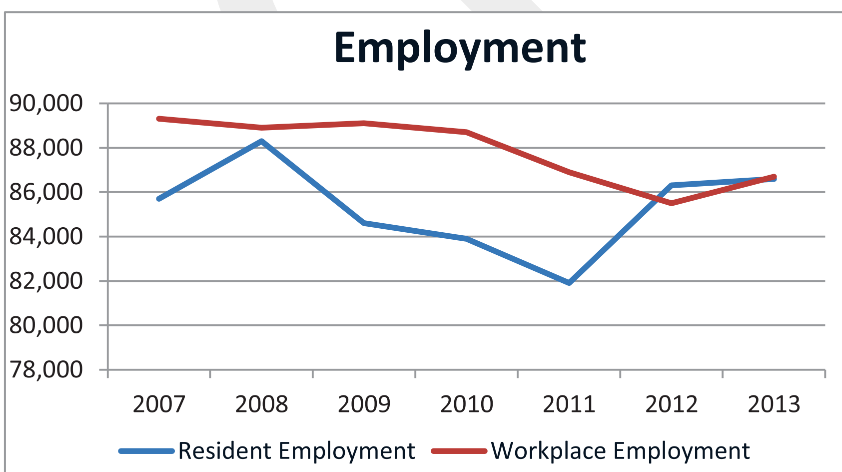
The chart below shows trends in unemployment for 2007 to 2013 for the B&NES economy. In 2007, prior to the economic downturn, B&NES had 3,900 unemployed residents, 28% of whom were claimant unemployed. Overall unemployment reached a peak of 5,600 in B&NES in 2012, but in 2013 numbers reduce significantly, suggesting that the B&NES economy, in line with the national picture, is recovering from the downturn. Indications are that this trend will continue through 2014 and that unemployment could return to 2008 pre-recession levels.




However, whilst overall unemployment has reduced to the same level in 2013 as it was in 2007, the proportion of claimant unemployment at 54% is higher than it was pre-downturn with a steep rise in the proportion of long term unemployment. Nevertheless the overall unemployment rate remains well below the West of England and national figures.

## Employment

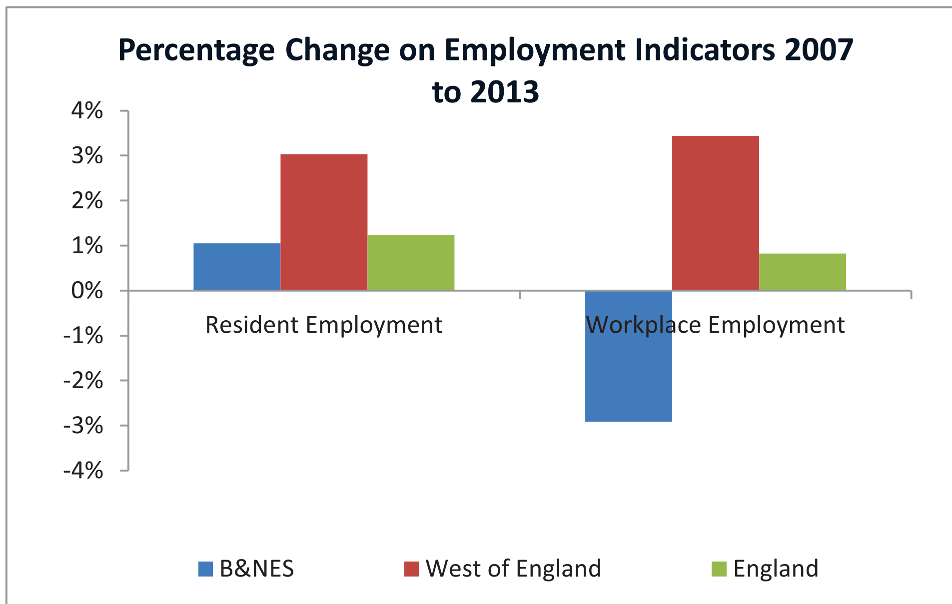
The chart below shows trends in resident and workplace employment for 2007 to 2013 for the B&NES economy. In 2013 B&NES had resident employment of around 87,000, around 1,000 more than pre-downturn. However, workplace employment in 2013, at 87,000, is some 2,000 lower than the pre-downturn level of 89,000.




Over the period, resident employment has been relatively more volatile, declining by far more than workplace employment before recovering more quickly in 2011 as employment fluctuations in the wider sub-region affect people working outside B&NES.

The Chart below compares the trends in resident and workforce employment in B&NES with the performance of those measures in the West of England sub-region and nationally for 2007 to 2013

- As with England, resident employment in B&NES has risen by just over 1%, though across the sub-region this is much higher at 3%.
- Workplace employment in B&NES has declined by 3%, a very different situation to growth of 4% across the West of England and growth of almost 1% nationally.




The overall picture painted by this assessment of the B&NES economy is that whilst resident unemployment has remained low, the wider economy has performed less well in relation to workplace employment, output and productivity driven principally by changes in public sector employment.

However, growth in the knowledge economy locally has outstripped both the West of England and England (5% compared with 4% and 2%). The above average representation in sectors such as Information & Communications, Creative & Digital, Environmental & Low Carbon and Health & Wellbeing is also supporting the local economy to recover more quickly.

# Our Growth Ambitions 2010 – 2030

As part of the West of England Local Enterprise Partnership (LEP) we share our partners ambitions for promoting growth across the sub-region. The LEP have recently submitted their Strategic Economic Plan to Government. This sets a baseline for delivering 65,000 jobs and 2.6% GVA growth in the West of England to 2030, with an ambition to promote higher levels of growth dependant on the level of Government funding for infrastructure and employment projects.

Historically the B&NES area has contributed 15% of total jobs and economic output in the sub-region and the ambition is that this will continue to be the case. Moving forward the Economic Strategy is seeking, in line with the LEP's growth plans and the Council's Core Strategy, to increase the number of jobs in B&NES by 11,500 by 2030 which, taking into account job losses, will require some 16,900 new jobs to be created as set out below.

| **Summary of B&NES 2010 to 2030 Growth Scenario** | | | |
|---|---|---|---|
| | **2010** | **2030** | **Net Change** |
| **Employment by Sector** (SIC 2007) | | | |
| Agriculture & fishing | 700 | 500 | - 200 |
| Energy & water | 1,100 | 1,200 | 100 |
| Manufacturing | 4,700 | 4,500 | -200 |
| Construction | 4,100 | 5,300 | 1,200 |
| Distribution, hotels & restaurants | 21,800 | 24,800 | 3,000 |
| Transport & Communication | 6,600 | 9,500 | 2,900 |
| Banking finance & insurance etc. | 13,800 | 22,100 | 8,300 |
| Public admin education & health | 31,100 | 25,900 | - 5,200 |
| Other services | 4,900 | 6,500 | 1,600 |
| | | | |
| **TOTAL** | **88,800** | **100,300** | **11,500** |

Delivering the economic growth set out above will require a focus on protecting manufacturing jobs and increasing employment in selected priority sectors. Overall total local employment would increase by 12% and the value of the local economy would grow by over £3bn.

The table below summarises the changes in the key economic indicators.

| **Summary of Key Economic Indicators 2010 - 2030** | | | |
|---|---|---|---|
| | Average Annual Growth Rate | | |
| | B&NES | WofE | England |
| Average Annual Growth - Productivity | 2.7 | 2.3 | 2.3 |
| Average Annual Growth - Jobs | 0.6 | 0.8 | 0.8 |
| Average Annual Growth - GVA | 3.2 | 3.2 | 3.1 |

# BUSINESS THEME

**The Economic Strategy for Bath and North East Somerset (update 2014)**

*To promote business growth which delivers increased productivity and average earnings and provides local people with access to sufficient quality sustainable jobs across the economy"*

## Introduction

**The Business Theme provides an overview of the issues, challenges and opportunities regarding business and entrepreneurship in Bath & North East Somerset, and sets out a strategic approach to addressing these issues and challenges going forward. Encouraging and enabling businesses and entrepreneurs to grow and prosper is fundamental to ensuring a competitive local economy for the future and realising the aim of the Business theme.**

## THREE KEY PRIORITIES FOR ACTION

–

Promoting appropriate Business Growth & Investment

Delivering a supply of Business Space that meets local business growth needs

Providing a comprehensive Business Support service for SME's

# Business and ENTREPRENEURSHIP

B&NES' £3.8 billion of annual economic output is produced by around 8,500 business enterprises (VAT/PAYE registered businesses) and over 13,000 self-employed. These businesses are also responsible for B&NES' 92,000 total workplace employed population, who each produce an average of £42,000 per annum of output.

## ISSUES and challenges

### Business Size

The average size of businesses in B&NES is smaller relative to the national picture (only 15% employ more than 10 people compared with 19% and 17% for the sub-region and nationally). Overall local businesses tend to be more "mature" with 65% having traded for more than 3 years (compared with 60% in the West of England and nationally).

### Entrepreneurship

In addition to relatively low productivity, a further key issue is the low rate of entrepreneurship. The area has a lower 'business birth rate', but also a relatively high 'business death rate', which when combined make for lower growth (or decline) in the local business stock (between 2009 and 2011 the stock of businesses in B&NES declined by around 2%). As well as business start-up, B&NES' growth in self-employment is also weak; self-employment in B&NES grew by 14% from 2001 to 2011 compared to much larger rises witnessed across the West of England (23% and 26% respectively).

### Productivity

The main indicator of the overall competitiveness of the B&NES economy and its businesses is productivity. As established earlier the main 'driver' of B&NES' lower productivity is the area's above-average employment in the public sector and the relatively large concentrations of employment in sectors such as retail and tourism. This is further exacerbated by above average part-time employment (42% compared with a sub-regional figure of 35% and a national rate of 33%) and a below average representation of larger businesses which tend to have higher productivity than smaller businesses.

### Workplace Earnings

Partly as a result of the above workplace earnings are substantially lower than found across the West of England and nationally (average gross weekly pay in B&NES is £382 compared with £410 across the West of England and £422 nationally). Furthermore, earnings have demonstrated very weak growth over the last ten or so years; between 2003 and 2013 workplace earnings in B&NES grew by just 5% compared to 18% growth across the West of England and 24% nationally.

# Business and ENTREPRENEURSHIP

## OPPORTUNITIES

To address the inter-linked issues of low productivity, limited entrepreneurship and below average wages the focus has to be on building on the areas business strengths and business specialisms in specific priority sectors. By supporting business growth and investment in these areas, B&NES can close the productivity gap and workplace earnings gap which exists between itself and the broader West of England and the national economy

### The priority business sectors

Priority sectors are seen as strategically important to the local economy. Their "strategic" importance is because they are large employers and/or higher value added and/or are higher growth, or are expected to demonstrate higher growth in the future. They are the sectors to 'prioritise' for support and intervention as they are essential in ensuring the longer-term competitiveness and stability of the local economy.

There are 8 Priority Sectors in B&NES defined as "Core" or "Key" sectors. Core sectors currently employ significant numbers of people locally and will continue to be important in employment terms. Key sectors are generally smaller in employment terms but higher value added and offer the potential for significant future expansion.

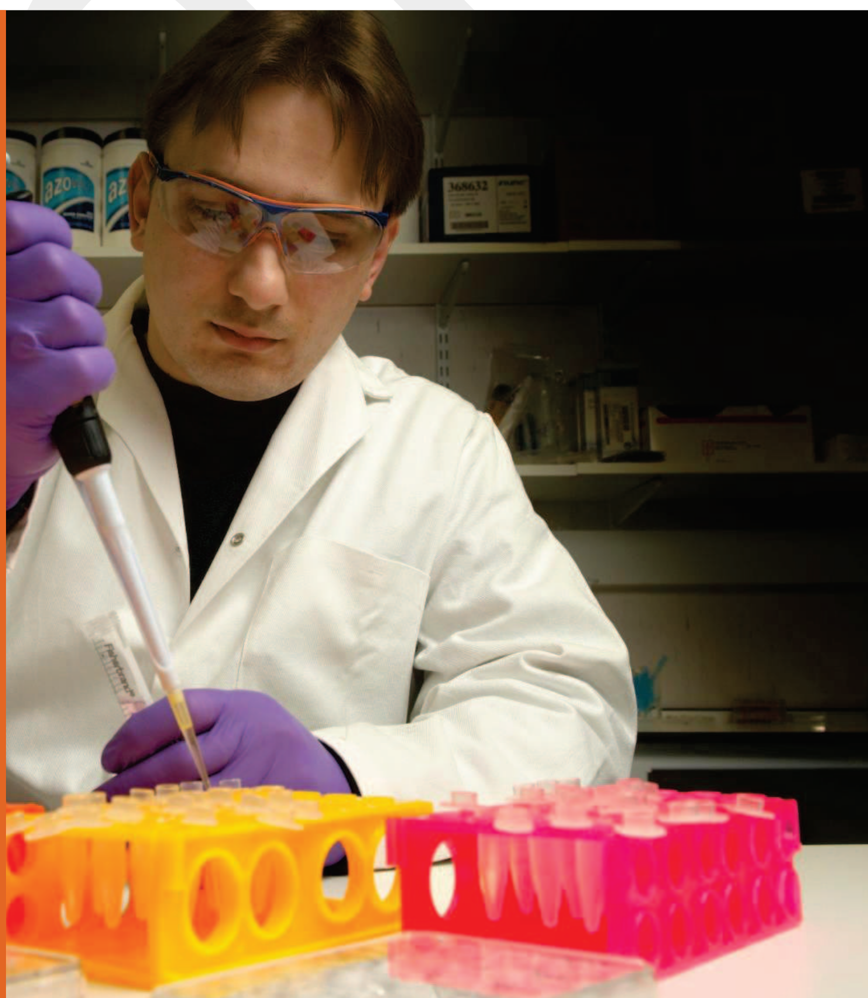
| CORE SECTORS | KEY SECTORS |
|---|---|
| • Tourism, Leisure, Arts & Culture<br>• Retail<br>• Health & Wellbeing<br>• Finance & Professional Business Services | • Creative & Digital<br>• Information & Communication (ICT)<br>• Advanced Engineering & Electronics<br>• Environmental & Low Carbon |

Their employment and overall economic contribution (GVA output) is set out in the following table together with their 'location quotient' – their representation in the local economy compared with the national economy

| PRIORITY SECTOR | EMPLOYMENT | GVA OUTPUT | | LOCATION QUOTIENT |
|---|---|---|---|---|
| | | TOTAL £m | PER EMPLOYEE £ | |
| Tourism / Leisure / Arts & Culture | 10,300 | £205 | £19,900 | 1.23 |
| Retail | 10,200 | £233 | £22,900 | 1.16 |
| Health & Well-Being | 11,100 | £337 | £23,700 | 1.28 |
| Financial & Professional Business Services | 8,500 | £672 | £79,000 | 0.84 |
| ICT / Creative & Digital | 5,800 | £418 | £72,000 | 1.25 |
| Advanced Engineering & Electronics | 2,700 | £159 | £58,900 | 0.73 |
| Environment & Low Carbon | 1,300 | £238 | £183,300 | 1.48 |

The **priority sectors** cover 58% of B&NES' total employment (excluding self-employment). In terms of their output contribution, and because on average the Priority Sectors are higher value-added in terms of productivity, they account for a much larger share of B&NES' total output; the eight priority sectors account for 64% of B&NES' GVA.

**The priority sectors have the potential to deliver up to 11,500 new jobs in B&NES by 2030 and make a significant contribution to increasing the areas GVA output and productivity.**



# B&NES' representation in the 'Knowledge Economy'

In addition, the Priority Sectors offer the opportunity for B&NES to exploit its business strengths in the 'Knowledge Economy', activities in which the UK economy is expected to maintain, and increase, its global competitiveness, and in conjunction with the LEP to develop a "Smart Specialisation" approach.

Focussing on digital & creative media, low carbon, high tech industries, advanced engineering & aerospace and professional services the Local Enterprise Partnership Strategic Economic Plan proposes a "smart specialisation" approach for the sub-region.

*"Smart specialisation focuses on key enabling technologies. The role of innovation in smart specialisation is key, as is knowledge creation and utilisation, investment in skills and human capital, and the role of agglomeration, clusters, networks and 'knowledge spill-overs'".*

There are two indicators which highlight how B&NES performs in terms of the knowledge economy;

- employment representation in the knowledge economy and high & medium technology manufacturing
- the share of employment in higher skilled occupations.

On both of these indicators B&NES performs extremely well compared to both the West of England and national economy:

In B&NES, 32% of employment lies in the 'Knowledge Economy and High & Medium Technology Manufacturing' compared to 30% across the West of England and 28% nationally.

Between 2009 and 2012 employment growth in the Knowledge Economy in B&NES has also been relatively high; B&NES' employment in the knowledge economy and high & medium technology manufacturing grew by 5% compared to 4% across the West of England and just 2% nationally.

Some 63% of workplace employment in B&NES is located in higher skilled occupations compared to 60% across the West of England and just 55% nationally.

In terms of growth in higher skilled occupations, B&NES has seen a 15% rise in its share of employment in these occupations between 2004 and 2013 compared to an 11% rise across the West of England and a 6% rise nationally.

# Business engagement, investment and promotion

To take full advantage of the potential for growth in the area's key sectors and knowledge economy will require a proactive approach to business engagement and business investment and promotion.

Understanding the business needs of key sector companies and having a close relationship with the leading businesses in each sector will be an important pre-requisite for enabling local economic growth and an acknowledgement that the bulk of future business investment and growth will come from indigenous companies.

However, if the area is to achieve the planned levels of economic and employment growth new "inward" investment will also be required. Historically the area has not attracted significant inward investment but moving forward the development of the Bath City Riverside Enterprise Area will provide opportunities to attract new companies to the area building on Bath's strong international brand and the quality of life offered by the area as a "beautifully inventive" place. This will also enable opportunities in N.E. Somerset & the market towns to be promoted to a wider audience.

The Local Enterprise Partnership Strategic Economic Plan sets out how the 5 LEP Priority Sectors will be supported by investing in four well-evidenced 'levers of growth'. One of these levers is as follows:

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*'Investment & Promotion – building on our region's image & identity and the role of the Invest Bristol & Bath shared inward investment service'*

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To maximise the opportunity and benefits of working with the LEP and Invest in Bristol & Bath will require the identification and development of specific development "propositions" and the availability of modern business premises which can be used to attract investors, developers and end occupiers.

**Sustainable growth**

The business opportunities related to sustainable growth are essentially threefold:

- The establishment and growth of the environmental & low carbon business sector as a business sector in its own right which can in turn help to facilitate :
- The opportunity to encourage businesses and business supply chains to adopt efficiency measures which will use fewer resources whilst at the same time boost profits through associated cost savings.
- The opportunity to encourage businesses to explore their exposure and risk to problems associated with climate change, and to undertake appropriate mitigation and adaptation

# Summary of the issues, challenges and opportunities for business and investment

In summary, the key business issues and challenges for B&NES, each often inter-related are as follows:

- The eight priority sectors;
- Raising the proportion of employment in private sector businesses, particularly in higher value added sectors and businesses;
- Raising the productivity of private sector businesses, particularly in retail and tourism;
- Raising the level of business start-up, particularly in higher value added private sector business activities; whilst at the same time reducing business failure, and thus improving business survival rates and growing the stock of businesses.

# Business SPACE

## ISSUES and challenges

### Stock

Overall in the main urban areas in B&NES there is 205,000sqm of office floorspace. By far the largest amount (84%) is in Bath with the remaining 16% shared equally between the Somer Valley and Keynsham. This reflects the importance of Bath as the predominant office market area with the market towns catering only for specific local demand.

In addition there is 371,000sqm of industrial floorspace in the urban areas. However this time the split is different with Bath and the Somer Valley each having 40% of the floorspace and Keynsham the remaining 20%. The split confirms the historic role of the Somer Valley as the industrial heartland of the area with the floorspace in Bath being focussed on local service manufacturing alongside a small number of larger advanced engineering companies.

### Demand

The demand for office space is focussed on Bath and is driven in the main by indigenous business expansion. Annual average take-up is around 10,000sqm per annum. The take-up of industrial space is lower at around 2,000sqm per annum, although this can vary on a yearly basis depending on specific occupations in N.E. Somerset.

### Supply

*Industrial*

The lower take-up rate for industrial premises is in part a result of restricted availability. The typical vacancy rate for industrial property across B&NES is 3%.

In Bath the rate is less than 1%. This places a severe restriction on occupiers looking for space and has resulted in companies relocating out of the area to Bristol and Wiltshire. In addition the Green Belt which covers most of the northern half of B&NES has meant that no new industrial sites have come forward.

In N.E. Somerset there has been more choice due to the availability of industrial land at the Bath Business Park Peasedown St John and the Westfield Industrial Estate. However both these sites are now largely at capacity and there is a need to bring forward new employment locations.

*Offices*

The situation in the office market is different. There is little availability in N.E.Somerset given the limited local nature of demand, although this belies the potential of Keynsham given its location and good connectivity.

In Bath the vacancy rate for offices is 7.5% which suggests that the market is broadly in balance. However the quality of the overall office stock and the available floorspace is an issue.

Of the 120,000sqm of office space in the Bath central area only 12% is classified as grade A and much of the available space in the preferred central Bath locations is generally of poorer specification. This results in a perception of an oversupply of office accommodation and reduced rental levels due to competition across the board. This in turn contributes to a lack of investor and developer activity in the City.

*Workspace*

The availability of workspace for more specific end users seeking creative, flexible managed space or incubation / innovation facilities is also an issue, where managed workspace is under represented compared with neighbouring authorities and whilst there is operator interest there are few potential opportunities.

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# .Business SPACE

## Opportunities

To deliver a supply of business space that meets business growth needs in B&NES will require the following key issues to be addressed:

***Raising the quality of office floorspace in Bath***

There is a pressing need for new grade A office floorspace in the city. Economic forecasts indicate that, to deliver the required level of economic growth and in particular to facilitate the expansion of the key business sectors up to 50,000sqm of modern centrally located floorspace is required.

***Addressing the shortage of industrial floorspace by bringing forward new strategic employment locations***

Whilst the overall amount of industrial floorspace is likely to contract as employment in the manufacturing sector reduces analysis indicates that losses are likely to exceed forecast reductions.

The redevelopment of former industrial sites in Keynsham and the Somer Valley and the regeneration of brownfield sites through the Bath City Riverside Enterprise Area are the main drivers in this process This combination of excessive loss of space combined with severely restricted supply will inevitably result in key industrial companies and service manufacturing businesses having to relocate from the area due to lack of modern accommodation and new sites coming forward.

Given the environmental constraints in areas surrounding Bath, new strategic employment locations need to be brought forward in Keynsham and the Somer Valley

**Making provision for the specific space needs of small creative and knowledge based businesses by increasing the supply of flexible managed workspace and facilitating the expansion of innovation and incubation facilities.**

Action is required to build on partner and operator interest to bring forward:

A new **Creative Industries Hub** in Bath

Additional **managed workspace** in Keynsham and the Somer Valley

An expansion of University linked **innovation and incubation facilities**

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# Business SUPPORT

## ISSUES and Challenges

The overview of the challenges facing the delivery of future business growth and investment highlighted the need to improve entrepreneurship in B&NES Raising the level of business start-up (particularly in higher value added private sector business activities), whilst at the same time improving business survival rates through targeted business support measures is an essential element in delivering future economic growth.

There is a wide range of business support programmes and products already in existence and in terms of local provision the priorities should be to:

- Add value to existing business support activity
- Fill gaps in provision
- Ensure businesses are aware of the support available and how to access it
- Secure funds and develop local support programmes
- Work with the Local Enterprise Partnership and other local partners to ensure appropriate local business support provision

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# Business SUPPORT

## Opportunities

Working with the Local Enterprise Partnership

In its Strategic Economic Plan the LEP sets out the 'levers of growth' that will be used to promote economic growth in the sub-region. One of these levers concerns small & medium size (SME) business support as follows:

*'SME Business Support – supporting the 85% of businesses in the region that are engine for growth in our area'*

In the Plan there are three key components of SME Business Support:

### Increasing the number and quality of start-ups

Building the local business stock is a cornerstone of the LEP's approach, with the main focus on the high-performing minority of start-up's which they will seek to select, support and persuade to grow in this area. Support will be linked with the Set Squared Innovation Centres and with existing Starting a High Growth Business programmes. To help new companies through their formation phase proposals include

- Establishing an angel investor network and increasing the availability of investor readiness support
- The establishment of flexible workspace and "landing pads".
- Creating outward looking networks that connect companies to talent and opportunities to meet customers, partners and investors

### Encouraging companies to increase trade overseas

The West of England is the strongest performing export area within the South West region and the LEP intends to increase the proportion of SME s who trade overseas.
Building on the well regarded South West UKTI service it is proposed to use European and other public funds to broaden and deepen the support available to first time exporters and to those exporters wanting to try new and particularly emerging markets.

### Improving the capability of existing businesses

The Strategic Economic Plan acknowledges that the majority of business start-ups (62%) fail to survive 10 years. The survival rate after 3 years is better, 62% in the West of England compared with 60% nationally and in B&NES the rate is higher at 64%.

Evidence indicates that businesses that access support and advice have a better chance of survival and it is proposed to develop a 'menu' of start-up and existing business support services linked to a centralised clearing and brokerage service including:

- Access to existing local business support.
- Alignment with Enterprise Zone/Areas and existing business incubator /enterprise centres.
- Interfaces with the SME Growth Fund, including business finance schemes, banks, angel investors and venture capital funds.

There will again be an emphasis on high-growth potential key sector companies but sustainable jobs growth in any SME will not be ignored.



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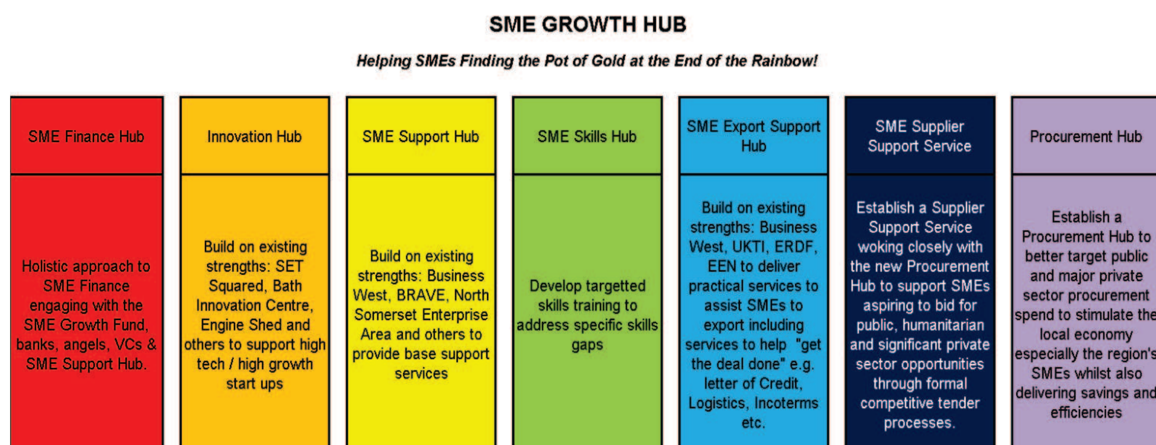
## The West of England Growth Hub

The LEP propose to deliver these services through an SME Growth Hub serving the West of England, which will become part of the national Growth Hub Network. The Growth Hub is funded through the government's Local Growth Deal and income from users It is intended to take a "no wrong front door" approach to accessing the Hub using a range of public and private sector partners to promote "local" access. As a primary means of raising awareness, the existing Business Navigator website will be upgraded to include more effective information and diagnostic tools.




To ensure that local businesses are aware of and have access to the full range of business support will require the Council, working in partnership with the Universities, Colleges, Chambers of Commerce, Federation of Small Business and other business representation organisations to establish local access to the Growth Hub in B&NES.

**Local support services for start-up & newly established businesses**

The analysis of the business stock in B&NES indicated that the area has an above average number of small (less than 10 employees) businesses.

The large majority of these businesses (80%+) are locally owned and many are run by "sole proprietors". Employment in locally owned businesses was responsible for off-setting wider job losses in the area during the recession, limiting the overall reduction in employment in B&NES to 2% compared with 4% in the sub-region. There is strong representation in the priority sectors including tourism, creative and information and communication.

Maintaining the existing locally accessed support services, currently commissioned by the Council for all local businesses is therefore particularly important in B&NES.

# PLACE THEME

**The Economic Strategy for Bath and North East Somerset (update 2014)**

**Introduction**

The geography and infrastructure of Bath & North East Somerset is as diverse as its business stock, with a range of issues and opportunities. The Place theme of the Economic Strategy seeks to articulate and support the contributions of the City of Bath and the surrounding market towns of Keynsham and the Somer Valley to the local economy, recognises the key role that Housing plays in supporting economic growth and promotes the opportunities offered by building a Low Carbon economy and delivering improved connectivity.

By ensuring that these factors are supported and addressed it will be possible to develop a sustainable economy for the whole of Bath & North East Somerset that can provide a strong quality of life and high standards of living and working.

## KEY PRIORITIES FOR ACTION

**Successful City**

**Vibrant Market Towns**

**Sustainable Connected Communities**

**Housing**

# Successful CITY

Bath is a World Heritage Site, an international tourism destination and a regional shopping centre. The city has an enviable reputation for its quality of life and plays a crucial role in the B&NES economy. It provides nearly 70% of the areas employment and economic output (GVA) and is home to over 50% of B&NES businesses. More importantly 75% of knowledge based and priority sector employment is based in the city.

In contrast five local areas (Local Super Output Area's – LSOA's) with in the city fall within the top 20% most deprived areas in the country.

It is critical to the future economic well-being of the area that :

*'Bath will remain a visitor friendly City with an international reputation for world class heritage and as a centre for innovation, enterprise and high quality education'*

## International visitor destination

## ISSUES & challenges

Tourists currently spend £375m in the local economy, supporting 8,700 local jobs and producing £162m GVA/annum into the local economy of Bath & N. E. Somerset. The bulk of the employment and economic output is focussed on Bath where it is integral to the city's wider visitor economy.

A strong visitor economy is key to the status of Bath as an International visitor destination. It is central to the continuing success of a broad and diverse retail sector; it underpins the city's rich cultural offer and has a significant role to play in attracting broader investment.

Bath is recognised as a regional shopping destination. The city centre has over 700 retail units and in excess of 100,000sqm of retail floorspace which is significantly more than would normally serve a city of 89,000 people and is an indication of the strong inter-connection between the retail and tourism sectors. In 2011 retail expenditure in the city was estimated to be over £600m.

The city's reputation as an international visitor destination is also a driver for the cultural sector in Bath. The wider visitor economy, covering the tourism, leisure, culture and retail sectors accounts for 15,500 jobs, 25% of total employment in the city, and generates £315m of GVA annually.

Employment in the visitor economy has increased by 3.2% over the last five years and is forecast to continue to grow by circa 3,500 jobs. The focus should be on building a more sustainable higher value added product which will benefit both Bath and the wider area. Currently there are over 5.6m visitors each year to the city but only 16% are staying visitors, who on average spend x5 more per head than day visitors.

There is ongoing competition both from the domestic and international markets and in order to respond to this the visitor economy sector needs to work in partnership; to attract, manage and develop a flourishing and sustainable tourism and leisure industry which contributes to economic prosperity, enhances the image of Bath and the surrounding area and is in harmony with its unique environment.



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## International visitor destination OPPORTUNIES

To deliver a successful and sustainable visitor economy will require on-going investment in the "place" and in "place" marketing.

**Develop, manage and promote a sustainable visitor economy**

Raising productivity by addressing seasonality issues, focussing on high value markets and prioritising staying visitors, linked to improved use of information technology will help to develop a more sustainable tourism sector.

Bath is recognised as one of the premier visitor destinations by Visit England and Visit Britain. This provides opportunities to engage in national & international marketing initiatives and help shape strategic thinking with national agencies and government.

To maintain this relationship will require continued support for a public / private sector destination marketing organisation and the development of an up to date Destination Management Plan providing a joined-up approach to destination marketing, place management and events programming.

**Maintain and enhance the city centre as a regional retail, leisure, cultural and sporting destination**

The quality of the city centre is a key element in the visitor destination offer and since its inception in 2010 the Bath City Centre BID has, working in conjunction with the Council, brought private sector resources to bear on the maintenance of a high quality public realm and helped to shape and manage the retail and hospitality product.

The continuation of the BID beyond 2015/16 would provide opportunities to supplement resources and add value to the destination marketing strategy; making an important contribution to maintaining an attractive city centre.

**Utilise the city's World Heritage Site, Cultural, Spa and independent shopping credentials as key elements of the visitor destination offer**

A refreshed and updated version of the existing co-ordinated Visitor Marketing Strategy is required to maximise the potential for development of the visitor economy.

The Strategy will ensure that growing and high value markets continue to be targeted, include the development of a year round Festivals and Events programme and develop opportunities to spread the benefits of tourism to surrounding rural areas.

# Centre for enterprise and innovation

## ISSUES & Challenges

Given the focus of priority sectors in Bath it unsurprising that growth in employment in the knowledge economy in the city, which increased by 7% between 2009–2012, has outstripped increases in the wider B&NES area (5%), the West of England (4%) and nationally (2%).

Nearly 60% of employees in the city are in higher skilled jobs with over 40% of residents possessing NVQ level4 or above qualifications compared with 36% in the sub-region and 30% nationally. Bath's two Universities are key to the supply of highly qualified workers and are also a source for entrepreneurialism and local economic growth with several significant companies in the city having spun out of or benefitted from links with the Higher Education (H.E.) sector.

A recent Centre for Cities report highlighted the Bristol and Bath region as "having an internationally significant and fast growing high tech cluster" and Set Squared, an innovation collaboration between Bristol, Bath, Exeter, Southampton and Surrey Universities, has been named as Europe's top university Business Incubator in 2013 and 2014.

The main constraint to further future growth in the city's knowledge economy is the lack of appropriate business space of the right type and right quality.

## Centre for enterprise and innovation

## OPPORTUNITIES

Investment in the implementation of the Bath City Riverside Enterprise Area is the key opportunity for the delivery of high value added knowledge driven growth in the city.

### New commercial and business quarters developed in & on the edge of the city centre

The lack of high quality modern office space in Bath has been acknowledged, both in relation to the overall stock and the current supply. The historic business quarters in Bath are based largely on period office stock which is now less attractive for business occupation. Occupiers are seeking new locations convenient for the city centre and public transport links and there is a need to create a new Central Business District for the city.
The Bath Office Market Review report has highlighted the shortage of quality office space and identified Bath Quays, Manvers Street and Bath Western Riverside / Green Park as the key locations for the provision of new supply.

### Build on the city's strengths in innovation & research linked to the H.E. Sector

The Bath University Innovation Centre at Carpenter House is part of the highly regarded Set Squared facilities. It is at capacity and has a waiting list for desk space. There is an urgent need to expand the facilities to double as a first phase expansion project which can be linked incubation or "move-on" facilities.
The Art and Design faculties at Bath Spa University are also creating a need for creative workshop / studio space.

### Support the small business & creative sectors through the delivery of new workspace

The city is under-provided with managed business space but operators have not been able to identify any specific development opportunities.
The Creative Hub & Sector Support Study suggested that over the longer term (2012-2030) there could a need for up to 20,000sqm of space for the Creative & Digital sector, with a medium term need of 1,000–2,000sqm. The feedback from businesses surveyed was that:

*There are high levels of self-employment, freelancing and new entrepreneurial ventures across the creative and digital sectors which is fuelling the demand for flexible workspace such as co-working and other 'drop-in' facilities.*

*There are a number of successful instances of the co-location of creative and digital businesses in Bath. However, there is recognition among many more established firms that there is a lack of suitable workspace to facilitate such clustering on a greater scale, this in turn is constraining opportunities for growth*

*Improving the profile for the sector is paramount to its continued performance. This is central to the successful delivery of a hub which needs visibility to enhance perceptions of creative and digital activity in Bath*

There is also a need for "Landing Pads", small flexible business spaces which can accommodate newly re-located or expanding small businesses with tailored business support packages available.

# Connected City ISSUES & Challenges

The city is home to nearly 89,000 residents and 4,500 businesses employing 56,000 people.

A recent survey of office occupiers in the city centre found that the top priority in relation to any office space needs was access to broadband connectivity. This is particularly important for the city where over 14,200 people are employed in key sectors such as Information & Communications and Creative & Digital where access to sufficient bandwidth is vital for ongoing business operations.

A further 16,000 people are employed in the education sector including the city's two Universities where again high bandwidth is essential for research projects and the commercialisation of research.

Increasingly residents also require access to broadband to enable access to information and services and to facilitate flexible and home working. However 7,400 city residents live within the 20% most deprived local areas (LSOA's) in the country where it is less likely that they will have access to adequate broadband facilities.

Bath is well provided by fibre enabled telecoms cabinets but broadband speeds can be limited, depending on the physical distance to the cabinet, by the use of copper wire between the cabinet and the premises.

Generally speaking the existing network offers a minimum of 2Mb/sec up 25Mb/sec classed as superfast broadband.
However this limited service does not always meet the needs of businesses who seek access to ultrafast 100Mb/sec bandwidth which requires fibre to be provided to the premises. This can be achieved but can prove too costly for small businesses. 82% of businesses in the city employ less than 10 people.

# Connected City

# OPPORTUNITIES

A strategic "Digital B&NES" response is being developed to address the above issues, to establish Bath as a Connected City and facilitate digital access for businesses and residents in Bath.

### Ultra-fast Broadband in the Enterprise Area & City Centre

Working with a commercial provider we will seek to make the Bath City Riverside Enterprise Area a national exemplar project for the delivery of ultra-fast broadband utilising B&NES Council's extensive network of ducts across the city and in conjunction with the Local Enterprise Partnership, develop a "voucher" system to encourage SME's to connect to broadband services.

### Wireless Connectivity in the City Centre

Being able to access digital information wirelessly across the whole of the city centre would be of benefit to businesses, particularly those in the retail and tourism sectors, and to residents seeking information on goods and services.

The network of publically owned street furniture provides an opportunity to work with a commercial provider to utilise selected furniture to deliver a wireless network across the city centre. This would then provide a base for the development of a multi-platform information system available to residents, visitors and businesses in Bath.

### Terrabit West

Terrabit West is a project to deliver a high capacity closed broadband network serving the sub-region which can be used for research and product development. Connecting the Bath City Riverside Enterprise Area into the Terrabit West network would enable 'high-tech' companies to innovate and commercialise new ideas with less risk.

### Promoting Access for the Digitally Excluded

Recycling redundant PC's to families in deprived wards in the city to facilitate their digital connectivity will enable them to better utilise the increasing amount of on-line information and access the range of goods and services available in the city .

### Connecting New Development

Working with the WofE LEP we will research "best practice" in using the planning system to ensure new development sites in the sub-region's Enterprise Zone and Enterprise Areas are fibre enabled.

# Vibrant MARKET TOWNS

## Issues, challenges and opportunities

Whilst Bath is the economic driver for the B&NES area, the market towns of Keynsham and the Somer Valley area provide two-thirds of the employment outside the city with a total of 16,600 jobs, just over 20% of the total jobs in B&NES.

The market town areas also provide nearly 20% of the area's GVA output and 24% of the total stock of businesses, although only 14% are in the priority business sectors. They are home to 28% of the area's population; an indication that both areas suffer from high levels of out–commuting which is in excess of 60%.

This situation has been exacerbated by major factory closures including Cadbury in Keynsham and Polestar, Alcan and Welton Bibby Baron in the Somer Valley. Keynsham has been particularly affected by the closure of Cadbury which has seen the town's relatively small employment base reduce by 11%.and a 5% reduction in the overall business stock and priority sector representation.

The Somer Valley by comparison has managed to recover from the earlier factory closures. Overall employment has increased by nearly 4% and there has been a 16% increase in key sector employment focussed on the health & wellbeing and tourism, leisure & culture sectors. However the area remains heavily reliant on manufacturing which accounts for 20% of total employment compared with just 5% overall in B&NES.

The recovery in the Somer Valley is largely as a result of the availability and development of employment land at Westfield Industrial Estate and the Bath Business Park at Peasedown St John. Both these employment sites are now almost fully built out and with vacancy rates for employment space at 3% or below across N.E. Somerset. There is an urgent need to bring forward new strategic employment locations in the market towns to enable future local economic growth

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# ISSUES and challenges

## The Town Centres

As well as centres for employment, the town centres of Keynsham, Midsomer Norton and Radstock act as local service centres for the immediate population and surrounding rural areas, offering a range of retail, leisure and sporting facilities. In this role the town centres also make an important contribution to local employment.

Keynsham has circa 150 retail units and 13,500sqm of retail space. The town has previously suffered from a limited comparison and hospitality offer but this will potentially be addressed following the strengthening of the food retail offer in the town and B&NES Council's investment in the redevelopment of The Centre Keynsham which will provide new office space, civic facilities and additional larger units for food and comparison retail space.

The Centre redevelopment will also deliver public realm and traffic management improvements as part of an overall emerging strategy for improving the environment and reducing traffic impacts which continue to adversely affect the town centre.

Midsomer Norton has three times the number of retail units as neighbouring Radstock town centre and serves as the market town for the Somer Valley area. Overall it has a similar amount of retail floorspace to Keynsham but to date has provided a more diverse offer. The main issue is the lack of medium sized and larger retail units, which is a constraint to attracting more national retail operators, and the relative weakness of the food retail offer which leaves the town centre exposed to out of town food retail provision.

Like Keynsham, MSN town centre can be affected by traffic congestion and previous retail assessments have suggested that, with retail units spread out along the High Street, there is a need to create a new heart for the town focussing on the Streamside area and the delivery of traffic management measures linked to high quality public realm.

## Market Town Connectivity

An overall co-ordinated approach to traffic management, access and parking in the town centres is central to their continued vitality in order to reduce congestion, improve the environment and offer and ensure shoppers and businesses can access a supply of competitively priced, conveniently located car parking.

Improved broadband connectivity both to surrounding rural communities and within the town centres will enhance access to and provision of information.

Moving forward the Market Towns will be the location for up to 35% of the planned new housing in B&NES. It is important that this is balanced by local employment growth to assist in re-building the employment base in Keynsham and diversifying the economy in the Somer Valley. Between 3,500 and 4,000 new local jobs will be required by 2030 to ensure that :.

*The Market Towns will retain their role as sustainable local service and employment centres for their local population and rural hinterland*

# The Market TOWNS OPPORTUNITIES

There are identified employment sites, development opportunities and programmes of work which if progressed can address the issues identified above.

## Bringing forward new strategic employment locations

In Keynsham the redevelopment of the Somerdale site includes the provision of 12,000sqm of new office space and at World's End Lane 6ha of land is proposed for employment use. Together these developments could deliver up to 2,000 new jobs.

In the Somer Valley the expansion of the Midsomer Norton Business centre together with the development of the former Polestar factory and the 13.5ha employment land site at Old Mills could bring forward up to 1,800 jobs.

In Keynsham and the Somer Valley the new employment sites have ownership and infrastructure constraints which need to be addressed.

## Revitalising the town centres

An overall strategic approach to public realm improvements and traffic management is required in both town centres to improve their attractiveness and reduce congestion.

In Keynsham the potential future redevelopment of the Riverside and Fire Station sites, including the re-provision of the Leisure Centre, will need to contribute to local employment and strengthen the town's overall offer.

In Midsomer Norton the development of the South Road car park site for food retail will bring local employment and reinforce the town's overall retail offer. It also has the potential to act as the catalyst for the redevelopment of under-used and vacant buildings on the Streamside to provide a supply of larger retail units and contribute to building a new "heart" for the town centre

## Improving Connectivity

In conjunction with the Connecting Devon & Somerset Partnership the role out of superfast broadband to 100% of rural communities surrounding the market towns is being progressed with a view to completion by 2020.

The town centres' roles as service and employment centres will be supported by the improved wireless connectivity which it is planned to deliver in conjunction with a selected service provider.

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# Sustainable Connected COMMUNITIES

## ISSUES and challenges

### Connected Communities

The provision of an affordable, low carbon, accessible, integrated and reliable transport network which allows people to "get around" is essential to support economic growth in B&NES.

Investment through the £80m Greater Bristol Bus Network programme and the Better Bus Area 2013 funding has improved public transport services between the cities and market towns in the WofE. In addition the Local Sustainable Transport Fund and the Cycle Ambition Fund have provided residents and businesses with sustainable transport options.

In Bath, the £27m Bath Transport Package, due for completion in 2015, is delivering investment into the city's transport infrastructure to support employment growth in the Bath City Riverside Enterprise Area.

However there are further challenges, especially given the important role Bath plays in the economy of the wider area and the planned level of overall employment growth in the Enterprise Area:

- There will be a need to further expand Park & Ride (P&R) facilities, including provision east of Bath, to address coach parking provision and improve the connectivity between P&R sites and the city centre
- The frequency of and accessibility to rail services is limited leading to congestion at peak times
- The A36 and A4 routes in the city and along the corridor to Bristol suffer from congestion at major intersections

## Sustainable Communities

The transition to a sustainable economy will bring economic benefits as well as helping meet the aim of reducing district wide carbon emissions 45% by 2026.

The most commonly accepted definition of a 'green' job is one created within the range of businesses included in the Low Carbon Environmental Goods and Services sector (LCEGS). This includes environmental remediation, water supply, waste treatment, energy efficiency and low carbon energy. LCEGs is the most productive priority sector in B&NES, with an average GVA of £183,000/ job (ref)

However, it is now becoming more widely understood that the economic opportunities of the shift to a low carbon and environmentally sustainable economy exist for many other business and commercial activities, such as engineering companies supplying components for offshore wind. In addition, existing businesses of all types need to plan to meet the increasing challenges of rising resource and energy costs and climatic disruption. Greening of these businesses will in turn increase demand for the products and services of the LCEGS and the growth of 'green' jobs.

Reducing energy use also helps the local economy by putting more money in local people's pockets. Currently around £157m per year leaves the area in the form energy bills and this is predicted to rise 18% by 2020.

Similarly, domestic food expenditure in the district is around £382m per year, the majority of which is spent in supermarkets and leaves the local area. Conversely, the production of local food creates a local multiplier effect; around £3 can be generated for the local economy per £1 spent. Local, sustainably produced food is a key component of the low carbon economy, buffering against climate change impacts and disruptions in global food supply and improving economic opportunities for local food and farming businesses

Our strategy for Procurement is 'Think Local'. By helping to develop the local economy we can make significant improvements to the economic, environmental and social wellbeing of the communities we serve. Our carbon footprint will be reduced and we will be supporting our own small and medium enterprises.

Promoting Sustainable Connected Communities and developing a more sustainable economy will mean that:

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*Businesses and residents are benefitting from improved connectivity, reducing their energy and waste costs, procuring more goods and services locally and using more locally produced food & energy. This increases the attractiveness of the area as an employment location, creates work for local environmental businesses and attracts new business investment.*

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# OPPORTUNITIES

The development of Sustainable Connected Communities has four key components:

**Accessibility to major employment locations is improved allowing businesses to draw from a wider labour catchment area and residents to exercise sustainable transport options.**

Improvements to rail based travel will provide employers with access to a larger pool of skilled workers and help attract new business investment.

The implementation of Metro West Phase 1 will allow additional train services to be provided between North Somerset, Bristol and Bath.

Alongside Metro West, future investment in a possible new stations package, in particular Saltford and Corsham in Wiltshire, could improve accessibility for commuters and visitors.

The introduction of smart ticketing, using the Sustainable Transport Fund and the electrification of the Great Western main line will also enhance services and improve accessibility.

Further investment in road based transportation, potentially through the sub-regional City Deal, will facilitate the next phase of P&R provision, the delivery of a new P&R east of Bath and the implementation of dedicated bus lanes along the A4 and A36 to speed access into the city centre.

City Deal funding, alongside developer contributions could enable comprehensive improvements to Windsor Bridge and the Pinesway gyratory. Outside the city Pinch Point transport funding can help to reduce congestion at key points on the highway network, such as Hicks Gate.

**Existing businesses and residents are enabled to reduce their energy and resource use and adapt to the future climate:**

Local businesses are supported to reduce resource use and adapt to climate change by signposting to assistance and resources available through the LEP's Growth Hub.

Existing and emerging policy frameworks encourage high energy standards in new commercial buildings and the retrofitting of commercial buildings is supported through the LEP and sub-regional partners. Waste is used as a resource through a thriving LCEGs sector and an emerging "circular economy".

The "Energy@Home" project encourages residents to reduce their domestic energy consumption and supports the retro-fitting on existing domestic properties. Innovative ways will be explored to ensure new buildings are built to a high standard of energy performance.

**Sustainable businesses and the Low Carbon & Environmental Goods & Services (LCEGS) sector are supported to grow**

Energy retrofitting for existing buildings supports local providers and builds local supply chains. Jobs within local businesses are created and safeguarded by the increase in retrofitting.



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Local renewable energy projects are implemented using social and community enterprise models which retain revenue and jobs in the local area.

Retaining economic activity in the local economy encourages the growth of the LCEGS sector and the high value jobs it provides

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**Local food production and supply is increased, enhancing the local multiplier effect, creating income & job growth and improving the quality of life and cultural offer**

Local businesses are encouraged and supported to purchase and sell more local food. Through the Local Enterprise Partnership Growth Hub and targeted local advice and guidance, new businesses are supported to process and distribute food locally. An increase in local food trade generates income growth and safeguards local jobs in the food processing and distribution trades.

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# Housing

## ISSUES and challenges

Bath and North East Somerset is a great place to live and demand for housing is projected to increase. Housing development has been constrained by the economic situation and restricted land supply. The housing shortage pushes up prices and rents making *affordability more challenging* for people on low or middle incomes. Home ownership has decreased and house prices are higher than the south west and national averages.

Social rented housing is still the most affordable tenure and demand is high across the district. One in three (32%) households lives in social or private rented housing. *The private rented sector has grown significantly in the last 10 years* via conversions of owner occupied housing and housing benefit claims for private rents have increased. There are more houses in multiple occupation than the national average and their increase has changed the character of neighbourhoods, notably in the city.

Listed and historic buildings are an asset but can be problematic and costly to improve. The district housing stock is *older than the national average*. One in three (28%) private sector properties was built more than 100 years ago and a quarter of housing in the private rented sector fails to meet minimum expected standards. It is estimated that preventing ill health caused by poor housing conditions such as cold, damp, house fire or accidental falls could save local health services £5m each year and as the older population increases this situation could get worse.

Most residents enjoy good health and a good standard of living but in the more deprived areas communities experience high rates of unemployment, ill health, low income and *difficulty accessing housing*. These issues can lead to a high risk of becoming homeless and leaving home, tenancy termination and violence are the most common triggers. Homelessness can be prevented by timely advice and intervention and suitable alternative housing. There are fewer households in temporary accommodation than in our neighbouring local authorities.

The above issues need to be addressed in a co-ordinated way to try and ensure that in the future :

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*The local housing market is balanced and integrates a choice of high quality homes including affordable homes in thriving vibrant, sustainable communities.*

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# OPPORTUNITIES

## Build more new homes

A balanced housing market requires an increased supply of new homes. New homes must be built in the right place and be the right specification to meet changing housing needs. For every £1 spent on housing £2.41 is generated in the wider community. Developing new homes will create employment, provide homes for people that want to live and work in B&NES and have a positive impact on the economic growth of the area. This can be achieved by:

- facilitating the delivery of new homes including affordable homes ;
- making the best use of available land supply and funding opportunities;
- supporting mixed tenure developments of new market and affordable housing options including specialist and supported housing;
- helping residents to thrive by incorporating good community infrastructure on new housing developments;
- commissioning adaptable and sustainable homes for independent living.

## Improve existing homes

A choice of high quality homes requires improvements to the existing housing stock. Improved homes will help businesses attract and retain the staff they need enabling economic growth and the creation of local employment opportunities. Providing a good range of housing for people that want to live and work in B&NES will require partnership working to :

- Enable financial assistance to vulnerable owner occupiers for home improvements
- Enforce minimum standards in rented housing and offer guidance
- Support adaptations and better energy efficiency
- Bring empty properties back into use in partnership with owners

## Preventing homelessness and tackling the main causes of homelessness

Building and improving homes will help to ensure that everyone is better housed. The Council runs Homesearch to enable best use of affordable housing for those in housing need and works in partnership with landlords and the voluntary and community sector to provide financial support and advice to facilitate access to housing in order to :

- Continue to prevent homelessness and protect vulnerable homeless people
- Support the Homelessness Partnership to help homeless people into meaningful employment.
- Contribute to public services partnerships that tackle the main causes of homelessness

# People THEME

## The Economic Strategy for Bath and North East Somerset (update 2014)

*" For B&NES to have an economy with sufficient quality, sustainable jobs at all levels and for local residents to have the skills to enable them to progress through the labour market and earn incomes, which will enable them to achieve their economic potential and competitiveness."*

## Introduction

**The residents and work force of B&NES play a crucial role in enabling our growth aims and objectives. So far the Strategy has set out how we intend to support the development of the local economy and infrastructure, but it is also necessary to ensure that every resident is supported in achieving a healthy and sustainable working life.**

**To deliver the aim of the People theme, there needs to be a concerted effort in engaging all members of the community to ensure that a reasonable level of equity and issues of health & wellbeing are addressed.**

**Further to this if the outcome of the B&NES Health and Wellbeing strategy to…**

***"Reduce Health inequality and improve health & wellbeing in Bath & North East Somerset by helping people to stay healthy, improving the quality of people's lives and creating fairer life chances."***

**…are to be achieved then support must be given not only to encourage business and employment growth, but also issue of worklessness and its impact on health and wellbeing need to be addressed.**

## 2 KEY STRATEGIC PRIORITIES

**Employment and skills**

**Leisure and culture**

# Employment and SKILLS

## ISSUES and challenges

Bath and North East Somerset has managed to weather the storm of the economic crisis of 2008 and the following recession. Unemployment has remained below the national average and standards of living compared to the rest of the country are relatively high.

However there are still issues. The B&NES labour market grew by 5.1% between 2001 and 2011 compared to the higher growth of the respective working age populations of the West of England (9.5% growth) and England (8.3% growth).

Residents in B&NES in 2013 earned £411.50 per week (gross) compared to £420.30 across the West of England and £421.60 nationally, which is especially concerning when contrasted with house prices being over 40% higher than the national average. Also there are unacceptable levels of deprivation in B&NES, with 20% of families not earning a living wage and 67% of people at risk of eviction from their homes being in work.

### Skills

In relation to skills, B&NES outperforms the West of England sub-region and England, with 36% of residents having NVQ4+ qualifications, compared to 33.4% across the West of England and 29.8% nationally.

Similarly, just 9.7% of B&NES' residents have no qualifications compared to 11.7% across the West of England and 14.8% nationally across England.

A total of 57.1% of B&NES employees in employment are in 'Higher Skilled Occupations' compared to 54.4% in the West of England and 52.5% nationally

### Worklessness

Closely related to low skill levels, worklessness is often characterised by multiple disadvantage. Some individuals face a number of barriers to participation in the labour market and have a higher risk of being workless. If people are to be helped to improve their employment prospects, then they need services which provide a seamless journey into sustainable employment. For employers there is a need to improve the understanding of Universal Credit provision and ensure their workforce requirements are reflected in the training and skills opportunities, and in-work support services that are offered.

## Unemployment rates

The low rates of unemployment in B&NES are not an initial area of concern, however when the age and duration of claimants is explored a number of issues arise. Just under one quarter (23.0%) of claimants are classified as 'youth unemployed' - aged 18 to 24. Broadly similar rates are found across the West of England, but B&NES has seen a 3.8% rise in youth unemployed as a percentage of its claimants compared to a 3.8% fall across the West of England and a 9.4% fall in the share nationally.

Analysis of the share of claimants who have been claiming for more than12 months shows that the share is lower in B&NES than across the West of England and nationally, but that it has risen at a comparatively higher rate than across the benchmark areas; 24.6% of B&NES' claimants have been unemployed for more than 12 months compared to 26.2% across the LEP area and 29.6% nationally, however, this share grew by 164.2% across B&NES compared to 147.5% growth across the West of England and 93.5% growth across England

## Employment Sectors

Employment in B&NES has a much higher proportion of public sector employment than found across either of the benchmark areas and a much smaller proportion of private sector employment; just 63.8% of employment in B&NES workplaces is in the private sector compared to 64.6% across the West of England and 67.4% nationally.

This is a relatively serious competitive issue, likely to drive down B&NES' GVA per worker (as public sector GVA per worker is generally much lower than a private sector equivalent).

Growth in self-employment in B&NES between 2001 and 2011, at 14.2%, was impressive but lagged West of England and national growth considerably; self-employment grew by 23.2% across the West of England and by 25.6% nationally between 2001 and 2011.

Key drivers of B&NES' lower earnings include the higher share of workplace employment in the public sector and the higher share of part-time jobs as a proportion of all jobs. Between 2003 and 2013 workplace earnings in B&NES grew by just 4.7% compared to 17.9% across the West of England and 23.7% nationally. A key driver of this lower growth is likely to include the rise of part-time employment in B&NES.

In order for B&NES to survive and prosper into the future, the local economy must at least achieve a level of private sector economic growth which will enable it to support its population. In addition issues of worklessness and in work poverty and the resulting effects on health and wellbeing need to be addressed with a focus on enabling residents to improve their financial and employment mobility. Skilled workers are more readily employed, and once at work are more productive with the capability to take on sophisticated tasks.

**People and their skills** are a major factor in achieving **local economic growth**, and are therefore also a major determinant of the future prosperity, resilience and wellbeing of the local area.

The **Employment & Skills Plan** seeks to meet the needs of local residents and support areas of strength in the labour market to help fulfil the economic growth aims of the B&NES Economic Strategy. The local area needs to maintain and increase its levels of economic growth at a time when even more local jobs are needed as a result of the Raising of the Participation (RPA) for young people, the raising of the state retirement age and changes to the welfare system .

# Employment & SKILLS

## OPPORTUNITIES

There are three key strategic areas for action; **Social Mobility**, **Business Growth** and increasing the **Return on Investment** and local benefits accruing from new developments in the area.

## Social Mobility

To help tackle the issues of unemployment and in work poverty within B&NES, a range of interventions are required to meet a range of needs. If future issues with in the labour market are to be avoided then interventions aimed at the prevention of unemployment and low skills should also be developed.

Successful interventions will be dependent on close joint working between a range of organisations, agencies and partners. Central to this will be coordinating priorities and actions with DWP, Council Services, Third Sector organisations and worklessness support providers locally.

### Young People (18 – 24) & Prevention of Low Skills and Worklessness

The evidence shows that youth unemployment has risen in B&NES, contrary to the experience generally across the country and whilst the overall number of claimants is now reducing the level of long term claimants has remained the same. A range of measures need to be used to counter this worrying trend:

- Providing information advice & guidance
- Delivering employability & vocational skills
- Encouraging work experience in Secondary and Further Education
- Increasing residents participation in FE/HE
- Promoting entrepreneurship and self-employment

### Tackling Unemployment

Unemployment and worklessness in B&NES is of a comparatively low level, however in ensuring the economic and social sustainability of the present and future labour market this issue still needs to be addressed.

There are a number of groups of people that require specialist interventions in B&NES including:

- Those not in education, employment or training (NEET) & Younger Claimants
- Young People Leaving Care (16-21)
- Older long term unemployed
- Those suffering from physical and mental health issues
- Single Parents

Each group has complex needs but there are some generic areas of support that will benefit these residents, which include:

- tackling barriers to work
- improving basic skills and employability
- encouraging local recruitment and development opportunities
- promoting apprenticeships
- raising educational attainment/ workforce development

## Business Growth

To ensure that the B&NES economy grows sufficiently to support the local population and deliver a range of employment that can meet the needs of the labour market, it is necessary to ensure that businesses have the opportunity to increase their productivity through well skilled employees.

UK Commission for Employment & Skills labour market forecasts suggest that by 2022 nearly half of all employment will be for skilled roles. Managerial, professional and associate professional occupations are projected to grow three times faster than the average for UK employment as a whole.

There is also a need to maximise the support available to people wishing to start their own business, which will if successful help to provide a diverse labour market.

Support for new business start-ups, the development of social enterprises and delivering new business investment into the area will be important elements in this but there is also a need to engage more businesses in training and skills development through:

- Focussing on employment and training development in the Core Sectors
- Improving the links between businesses and education
- Improving graduate retention levels
- Support to promote employment growth in the Key Sectors

Engagement with the **Local Enterprise Partnership** will be essential in delivering the area's aspirations on business growth & employment. The LEP Strategic Economic Plan recognises People and Skills as one of the levers for growth.

*We will develop a well-motivated, educated workforce with the right skills to meet local business needs.*

*Business-led skills development will address the current and future skills needs of business whilst meeting our aspirations for growth, sustainability and inclusion. All education and training activity will have line of sight to employment.*

Utilising funding from the government's Local Growth Fund there will be investment in the Employability Chartermark, which brings business and education together.

The West of England Skills Plan sets out the People & Skills objectives that will be delivered and promotes a co-ordinated approach to Labour Market Intelligence which will help to inform B&NES priorities and actions.

# Return on Investment

In its role as a planning and regulatory authority B&NES Council can play a strong influencing role in the wider business community and provide direct support for a range of projects and programmes to address worklessness and lower levels of employability.

In particular the Council can ensure that as the economy recovers and new developments come forward they contribute to local employment and training provision through :

- Targeted Recruitment & Training (TR&T) outcomes embedded into S106 planning agreements
- TR&T outcomes contributing to the social value toolkit within the “Think Local” procurement Strategy
- Support for apprenticeships, traineeships and work experience placements

To date TR&T provisions have been incorporated into developments at BWR, Polestar Paulton and Somerdale Keynsham and included in the procurement process for the Keynsham Town Hall redevelopment, Grand Parade Undercroft and Leisure Services contract.

# Leisure and CULTURE

## ISSUES and challenges

Leisure and culture help to make Bath and North East Somerset a 'beautifully inventive' dynamic place, attracting residents to settle here to live and work and drawing visitors from the UK and abroad to experience the area. The area is a unique tourist destination, combining a rich heritage experience with a wholly contemporary range of cultural and leisure attractions for visitors and residents alike.

The leisure and cultural sectors are important parts of the wider visitor economy which employees over 10,000 people across B&NES and activities such as sporting events and festivals create wider impact through ancillary spend by visitors on accommodation, travel, food & drink and retail. It is estimated that 80% of B&NES residents engage in arts, cultural or sporting activity at least once a month and in 2013/14 over 500,000 people attended outdoor events. High profile leisure, sports and cultural events and attractions add to the national and international reputation of Bath and North East Somerset.

Participation in physical and sporting activity and in culture and the arts is acknowledged to be beneficial both to the individual and the wider community. It can reduce social isolation; improve personal health and wellbeing and building capacity and sustainability in communities. Having a healthier workforce can also benefit local businesses and new businesses are attracted to locate to a place that offers so much variety of culture and leisure opportunities for their employees.

However there are a number of challenges to overcome

- Over 70% of adults are not active enough to benefit their health: the health cost of this inactivity is estimated at £3m annually
- Local sports and cultural venues are in a poor condition and in need of investment which hampers participation
- There is a lack of engagement from specific communities in arts and cultural activity
- Many leisure and cultural businesses are small and reliant on volunteer help

# Leisure & CULTURE

## Opportunities

Enabling investment in new facilities, developing a strategic approach to events and promoting employer engagement will address a number of the above issues.

### Enabling investment

Negotiations on the contract for the delivery of leisure services in B&NES provide the opportunity to secure investment in new leisure facilities and deliver an increase in the numbers of local residents using local leisure centres

### Maintaining the area's profile as a centre for major events and sport

Attracting major events such as The Tour of Britain Cycling Race and the Special Olympics, alongside the contribution of regular rugby fixtures at the Recreation Ground have a beneficial effect on the area's economy.

The Tour of Britain Cycle Race will attract an estimated 250,000 visitors to the area and Bath Rugby generates £25m into the local economy on an annual basis.

### Widening participation

There has historically been a lack of engagement in leisure and culture activities from certain communities in B&NES. In its role as a commissioner of services the Council can seek to address this issue through targeting activities and resources.

### A Strategic Plan for Events

The development of a co-ordinated year round calendar of events and activities, including the attraction of further major national events, would provide a significant boost to the visitor economy and help to engage individuals and local communities.

### Employer engagement

Improving employee health & well-being is likely to lead to improved productivity. More employers need to be encouraged to develop "Active Workplace" schemes.

This approach is embedded in the Health & Wellbeing and "Fit for Life" Leisure strategies as follows :

*Helping people to stay healthy*

- *Work with local employers to create healthy, active workplaces which improve the health of the working age population.*
- *Create opportunities for volunteering to successfully increase people's physical activity and promote good mental health and well-being as well as increasing the potential for employment*

### Tailored business support

Providing tailored advice and support on issues such as business planning,

procurement and contracting and employment and/or volunteering issues as part of the delivery of a wider package of business support in B&NES will assist the sector's smallest businesses. Small-scale cultural organisations in particular can benefit from this type of targeted support.

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# APPENDIX 2 : Economic Strategy Review: Action Plan 2014 - 2020

| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| **BUSINESS** | | | | | |
| **PROMOTING APPROPRIATE BUSINESS GROWTH AND INVESTMENT** | | | | | |
| **1. Ensure opportunities from being part of a successful West of England economy are maximised** | Workplace and resident employment growth in the WofE has outperformed the national economy | Resource our continued engagement with and influence on the West of England Local Enterprise Partnership<br>Liaise with Wiltshire & Somerset to ensure cross boundary co-ordination on economic issues | Investment secured in enabling infrastructure for key development projects and skills initiatives<br>Target 15% of LEP funds<br>Labour market issues addressed | New development sites brought forward in the Bath City Riverside E.A.<br>Increasing numbers of businesses are attracted to Bath and North East Somerset | **Council**<br>Support :<br>LEP & BPA |
| **2. Promote B&NES as a location for inward investment to assist in achieving future employment growth targets** | To achieve our Growth Ambition will require 15,600 gross new jobs to be created by 2030 | Agree our economic story and vision as the basis of demonstrating our Competitive Identity<br><br>Establish a marketing brand for the Bath City Riverside E.A.<br><br>Develop specific investment propositions as the basis for proactive engagement with the IB&B team | Increasing numbers of business are attracted to the area<br>Target 1,500 new jobs by 2020 | More modern office space is built<br><br>An increase in the number of higher-waged, higher skilled 'knowledge' based jobs available locally | **IBB**<br>Support :<br>Council & BPA |



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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| **3. Facilitate the growth of key knowledge-based sectors locally** | 32% of employment in B&NES is in the knowledge economy | Establish a relationship with key companies in the knowledge economy to understand their issues and priorities<br><br>Maintain and develop key sector business networks and strengthen links with the H.E. sector<br><br>Actively promote business development services to key sector companies. | Proactive business engagement programme<br><br>500 companies actively engaged by 2020 | Business support policies are informed and help businesses in these key sectors develop and offer more employment opportunities<br><br>Business relocations are prevented | **Council**<br>Support :<br>LEP & key partners |
| **PROVIDING A COMPREHENSIVE BUSINESS SUPPORT SERVICE FOR SMEs** | | | | | |
| **4. Maintain the delivery of local commissioned business support services to new and existing companies in B&NES** | 3 year business survival rate in B&NES is 64% compared with 60% nationally | Ensure the ongoing funding & delivery of the Business Support Service Level Agreement | New and established businesses receiving support<br>New business starts<br>600+ businesses receiving support<br>150 new business starts | Businesses are supported, business survival rates are improved and jobs are better protected locally | **Council**<br>Support :<br>LEP and providers |

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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| **5. Facilitate access to high growth and specialist support services for B&NES businesses** | B&NES has above average representation and growth in the Knowledge Economy sectors | Work with the LEP SME Support Group, Business West and private sector partners to ensure referrals and local access | Local access to the Growth Hub is available in B&NES500 businesses receiving support<br>200 additional jobs created | Tailored support for businesses in the Key Sectors and the Knowledge Economy | **LEP**<br>Support : Business West, Council |
| **DELIVERING A SUPPLY OF BUSINESS SPACE THAT MEETS LOCAL BUSINESS GROWTH NEEDS** | | | | | |
| **6. Ensure the business space needs of local companies are addressed** | Only 12% of the office space in Bath is grade A and the vacancy rate for industrial property is less than 3% | Maintain up to date data on business space demand, supply and take-up | Better data and more efficient & effective handling of investment enquiries<br><br>Annual report on locations, vacancy rates, rents and yields | Conversion rate on property enquiries improved<br>Increased numbers of jobs created and/or protected | **Council**<br>Support : Commercial agents |
| **7. Reaffirm the working relationship between the Council and the business community** | | Establish the Bath and North East Somerset Economic Partnership as the owners and sponsors of the Economic Strategy | A strong coherent business voice feeding into the West of England LEP and Government and influencing adjoining areas such as Somerset & Wiltshire | Business better informed on WofE and adjoining area issues and able to advocate for the area<br>B&NES features strongly in all the West of England LEP work | **Initiative**<br>Support : Council, HE sector FSB |



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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| **PLACE** | | | | | |
| **SUCCESSFUL CITY** | | | | | |
| **8. Maintain Bath's role as a successful and sustainable international visitor destination** | The city attracts over 5.6m visitors per annum spending £374m | Continue to support a public / private sector Destination Management Organisation<br><br>Develop an up to date Destination Management Plan<br><br>Research and prepare a Visitor Marketing Strategy | Destination Management Plan<br><br>Visitor Marketing Strategy<br><br>Hotel Investment Action Plan | Ability to attract funds from national organisations<br><br>Increased private sector sponsorship<br><br>10% increase in staying visitors<br><br>15% increase in visitor spend. | **BTP**<br>Support : Council & businesses |
| **9. Ensure Bath city centre remains a regional retail, leisure, cultural and sporting destination** | The wider visitor economy supports 15,500 jobs and generates £315m GVA annually | Establish a new Creative & Cultural Bath organisation<br><br>Support the continuation of the Bath BID and ongoing investment in the public realm<br><br>Promote investment in new leisure facilities | New Bath BID contract<br><br>Sawclose leisure quarter development | Value of overall Visitor Economy increased by 10%<br><br>At least one major event delivered per annum<br><br>20% increase in visitors to events | **Council**<br>Support : BID, BTP, Council, CCB |

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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| | | Within the central area of the city, enable the development of a sporting, cultural and leisure stadium and a new cultural/ performing arts venue<br><br>Develop a Creative & Cultural Strategic Plan including an Events Strategy setting out a year round programme of events and festivals | New Stadium<br><br>Creative & Cultural Plan & Events Strategy | | |
| **10. Maintain the city's role as the major employment centre and economic driver for the B&NES area** | Bath provides 70% of the areas employment and GVA output and is home to 50% of the areas businesses | Complete and publish a Masterplan and Delivery Plan for the Bath City Riverside Enterprise Area<br><br>Business plans developed for enabling infrastructure for Innovation Quay and Bath Western Riverside | New commercial quarters developed in and on the edge of the city centre<br><br>New Central Business District created<br><br>LEP EDF capital infrastructure funding secured to enable key sites | New grade A office space developed<br><br>By 2020 1,700 jobs and 1,000 new homes created | **Council**<br>Support :<br>LEP / BPA |

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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| **11. Develop Bath's role as a centre for Enterprise, Innovation & the Knowledge Economy** | 75% of knowledge based and priority sector employment is based in the city | In conjunction with Bath University facilitate the expansion of the Set Squared Innovation Centre at Carpenter House<br><br>Promote the development of additional incubation space for newly relocated or expanding small businesses<br><br>Work with developers and operators to bring forward a new Creative Hub | Significantly expanded innovation facilities with linked incubation space<br><br>"Landing Pad" facilities established in city centre<br><br>New Creative Hub established | By 2020 :<br>2,000sqm of additional creative space supporting up to 250 jobs<br><br>1,500 jobs delivered by company creation and expansion through the Innovation Centre | **H.E sector**<br>Support : Council, LEP, operators |
| **12. Ensure businesses and residents have access to appropriate broadband and digital services** | Access to broadband identified as to the top priority for businesses | Implement Digital B&NES initiatives in Bath<br><br>Establish the Bath City Riverside E.A. as a national exemplar ultra-fast broadband project | CD&S role out completed in B&NES by 2016<br><br>Ultrafast 100Mbs+ broadband delivered to key sites in Bath city centre and the Enterprise Area<br><br>Wireless connectivity enabled in Bath City Centre | 95% of rural properties have access to minimum 2Mbs broadband<br><br>More business investment attracted<br><br>Improved accessibility to and attractiveness of city centres | **Council**<br>Support : CD&S, providers |



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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| | | | Bath City Riverside E.A. connected to Terrabit West high capacity broadband Network | | |
| **VIBRANT MARKET TOWNS** | | | | | |
| **13. Ensure the Market Towns retain their role as sustainable local service and employment centres** | The market towns provide two thirds of the employment in B&NES outside the city | Facilitate the development of new strategic employment locations<br><br>Prepare a Workspace Strategy for Keynsham and the Somer Valley<br><br>Prepare Action Plans for Keynsham and Midsomer Norton Town Centres including a strategy for attracting new business investment.<br><br>Deliver the agreed regeneration scheme for Radstock Centre | 12,000sqm of employment space brought forward at Somerdale Keynsham<br><br>Masterplans agreed for allocated employment land at Old Mills Paulton and World's End Lane Keynsham<br><br>Appropriate mix for new employment space established<br><br>Development proposals brought forward for the Fire Station & Riverside sites in Keynsham and South Road and Business Centre MSN | Potential for up to 3,500 gross new jobs by 2030<br><br>Up to 3,000 new homes by 2020 | **Council**<br>Support : local partners |

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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| | | Promote the development of key housing sites | Radstock Railway Land scheme completed | | |
| | | Work with the Chamber of Commerce and local traders in the Somer Valley on the development of business to business initiatives | Somer Valley EXPO and online initiative. | | |
| | | Implement Digital B&NES initiatives in the market towns & surrounding rural areas | CD&S programme delivered to 100% rural properties<br>Wireless connectivity enabled in Market Town centres | | |
| **SUSTAINABLE CONNECTED COMMUNITIES** | | | | | |
| **14. Improve transport connectivity within and between major employment centres** | Congestion costs businesses £100m+ per annum | Support the delivery of the Metro West rail based project | Rail service improved on the Bristol / Keynsham / Bath corridor | Up to 2,500 jobs enabled by 2020 | **Council**<br>Support : LEP / DfT |
| | | Secure LEP / DfT funding for key transport infrastructure to serve the Bath City Riverside E.A. | Key development sites enabled in the Bath City Riverside Enterprise Area | | |

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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| | | Improve public transport links between Bath and the market towns<br><br>Develop proposals for comprehensive traffic management schemes in Keynsham & Midsomer Norton town centres | Town centre development sites enabled | | |



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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| **15. Promote Sustainable Communities and the development of a Sustainable Economy** | Energy costs result in £157m of lost expenditure to the local economy annually. | Provide resource efficiency information, advice and guidance to local businesses through the LEP Growth Hub | Increase in the number of businesses reducing energy costs and recycling waste | Local employment safeguarded<br>Reduction in domestic energy costs<br>More expenditure retained in the local economy | **ESP**<br>Support : Council |
| | Energy costs are set to rise by 18% by 2020 | Implement the Energy@Home project | Target of 2,000 homes retrofitted by 2020 | | |
| | | Develop local supply chains in relation to retro-fitting of buildings, renewable energy projects and waste recycling | Employment growth in the wider LCEGS priority sector | | |
| | | Local Food Strategy produced | More food produced, sold and purchased locally | | |
| **HOUSING** | | | | | |
| **16. Develop a "balanced" local housing market that integrates a choice of high quality homes including affordable homes in thriving vibrant communities** | Average house prices 17x average earnings | Produce a Housing Implementation Strategy<br>Work with developers and house builders to bring forward new housing provision | Up to 6,800 new homes delivered by 2020 | Significant increase in delivery of new market and affordable homes | **Council**<br>Support : RP's |

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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
| --- | --- | --- | --- | --- | --- |
| | | In conjunction with delivery partners commission the provision of mixed tenure affordable homes | Up to 1,900 affordable homes provided by 2020 | | |
| | | Work with landlords to improve private rented housing & bring empty homes back into us | 300 empty homes brought back into use | | |
| | | Deliver an effective Homelessness Service | Number of households in temporary accommodation controlled | Maximum of 25 households in temporary accommodation on a quarterly basis | |



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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| **PEOPLE** | | | | | |
| **EMPLOYMENT & SKILLS - SOCIAL MOBILITY** | | | | | |
| **17. Preventing low skills and worklessness in young people** | Reported issues of poor employability skills in School and University graduates. | Ensure that there is an efficient & effective package of support provided by all secondary schools, covering:<br>• Information Advice & Guidance<br>• Employability & Vocational training<br>• Work Experience<br>• Increasing participation<br>• Entrepreneurship and self-employment | Secondary schools working jointly with the Council on a programme that can provide the necessary careers and employability training to meet the needs of young people and employers , including the LEP Employability Charter Mark. | An increase in the employability of school leavers and more informed career relevant education choices made.<br><br>Increased take up of vocational employment /training opportunities. | **Council**<br>Support : Learning Partnership, LEP, secondary schools, VCSO |
| **Tackling unemployment and priority residents groups** | | | | | |
| **18. Young People Leaving Care 16-21** | On average 40% of looked after children in B&NES are reported to be Not in Education, Employment or Training (NEET) | Worklessness Programme team providing whole Journey Pathway Management to B&NES care leavers. | 35 Care Leavers per year participating in accredited learning and training and/ or entering sustainable employment. | Reduction in the number of B&NES children leaving care experiencing unemployment | **Council** |



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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| | | Virtual School increasing participation of B&NES Care Leavers in Further Education and Higher Education. | | Increased independence of Care Leavers in managing their Economic Wellbeing. | |
| **19. NEETS** | 4% of B&NES 18 – 24 year old not in education, employment or training (NEET) | Outreach, engagement, key worker and employment support programme in place, through the Youth Employment Programme | B&NES NEET population to be engaged into education, training or employment, with an overall 10% reduction in those not engaged. | Reduction in the number of NEETS and long terms 18-24 year old benefit claimants. | **Learning Partnership** Support : Council, DWP, Council, Bristol City Council |
| **20. Young People with Physical & Mental Health Learning Difficulties & Disabilities** | Issues of long term worklessness for young people with physical or mental disability, and learning difficulties. | Engage private and public sector to provide placements for relevant individuals and Project Search candidates linked to specialist support | Employment and training opportunities available for young people with physical & mental disability and learning difficulties. | Young people experiencing physical/ mental disability able to enter and sustain employment. | **Sirona** Support : Council |
| **21. Long term ESA claimants & Older Claimants** | Over 4% of working age population claiming IB & ESA and approximately 60% claiming over 2 years. | Develop engagement and support programme to enable former IB and existing ESA clients to enter into training and employment | 10% Increase in the numbers of ESA claimants and older claimants progressing to employment | Reduction in the level of ESA claimants<br><br>Reduction in the level of 50+ long term claimants | **DWP** Support : Council & Sirona, VCSO |

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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| **22.Young parents 16-19 & Lone parents 19+** | More single parents to enter labour market due to Universal Credit change. | Develop package of engagement and support to enable young parents & lone parents to enter the labour market | Increased numbers of young and lone parents participating in learning & training and gaining employment | Reduction in the level of Lone Parent Income Support and JSA claimants. | **DWP**<br>Support : Council, VCSO |
| **23. BUSINESS GROWTH** | | | | | |
| Social Enterprise | Value of social enterprise to the local community and wider economy | Targeted social enterprise start up and support service | Specific business support and start up IAG skills and set up of a small loans fund. | Increased social enterprise start up | **Council**<br>Support : LP, Cool Ventures, Bristol & B&NES social enterprise network |
| Growth of employment opportunities through Inward Investment | Low growth of new start indigenous business | Develop a soft landing skills and employment package, delivering recruitment and training services for inward investors in partnership with DWP, LEP and training providers. | Information available for inward investors on the local labour market and the soft landing packages available. Including supported recruitment events and sector based work academies | Increase in the number of inward investors engaging skills and employment packages and increases in local residents employed through these opportunities | **Council**<br>Support : LP, DWP, LEP |
| **24. Core Sectors Job related Training/ work based learning/ Recruitment support** | Low productivity of B&NES work force | Engage businesses and employees to participate in work based learning opportunities through a coordinated business visit and events programme. | Increases in participation of business and employees in work based learning opportunities. | Increased competitiveness of business and work force. | **Learning P'ship**<br>Support :<br>LEP, Council |



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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
| --- | --- | --- | --- | --- | --- |
| | | Coordination of employment opportunities especially in Health & Wellbeing, Tourism/ Leisure and Retail | Promotion of employment opportunities to priority residents<br>Supported by at least one event per sector per year and ongoing business visit and engagement programme. | Decrease in worklessness in priority residents | |
| **25. Improving links between business & education** | Reported issues in employability skills of young people and business struggling to recruit. | Develop network of business willing to link with schools, FE & HE by working with business support organisations including the FSB. | Coordinated access to work experience and employment opportunities. | More local business engaged with education provider | **Learning P'ship**<br>Support :<br>LEP, B&NES, Schools, business support networks |
| **26. Key Growth Sectors** | Need to generate 10,000 new jobs. | Promotion of sector based skills and employment activities through visit and events programme. | Priority sectors benefiting from:<br>enhanced interactions with FE/HE;<br>support through LEP skills teams;<br>support in advertising employment opportunities; | Increased levels of employment growth | **LEP**<br>Support :<br>Council, sector support networks |



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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| | | | access to skills funding for their work force | | |
| | | Promotion of employment opportunities through sector support organisations. | Supported by at least one event per sector per year and ongoing business visit and engagement programme. | | |
| **A LOCAL RETURN ON INVESTMENT** | | | | | |
| **27 Securing a local Return on Investment** | Council as significant employer, planning authority and procurer of goods works and services | Ensure Targeted Recruitment & Training (TR&T) contribute to the social value tool kit within the "Think Local" procurement strategy. | 10% increase in the number of apprenticeships, work experience and training opportunities available through the procurement process | Reduced levels of unemployment in labour market deprived areas and priority residents. | **Council**<br>Support : LEP Skills Team |
| | | Include TR&T outcomes in Planning Contributions Strategic Planning Document(SPD) | Number of apprenticeships, work experience and training opportunities available on development sites. | | |

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| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| | | Support the recruitment of apprenticeships and provision of work experience, internships and work placements. | Number of apprenticeships, work experience and training opportunities offered by the Council. | | |
| **LEISURE & CULTURE** | | | | | |
| **28. Developing engagement in leisure & culture** | Lack of engagement from specific communities<br>Over 70% of adults not active enough | Deliver a programme of investment in leisure facilities in B&NES<br><br>Develop a proposal for a new cultural/ performing arts venue in Bath<br><br>Maintain the area's profile as a centre for major events and sport & promote increased community engagement through the development of a year round programme of events and festivals | More local residents and workers participating in physical and cultural activity<br><br>20% increase in local residents attending events | Improved health & well-being for local residents and workers | **Council**<br>Support :<br>Creative & Cultural Forum, sector networks |

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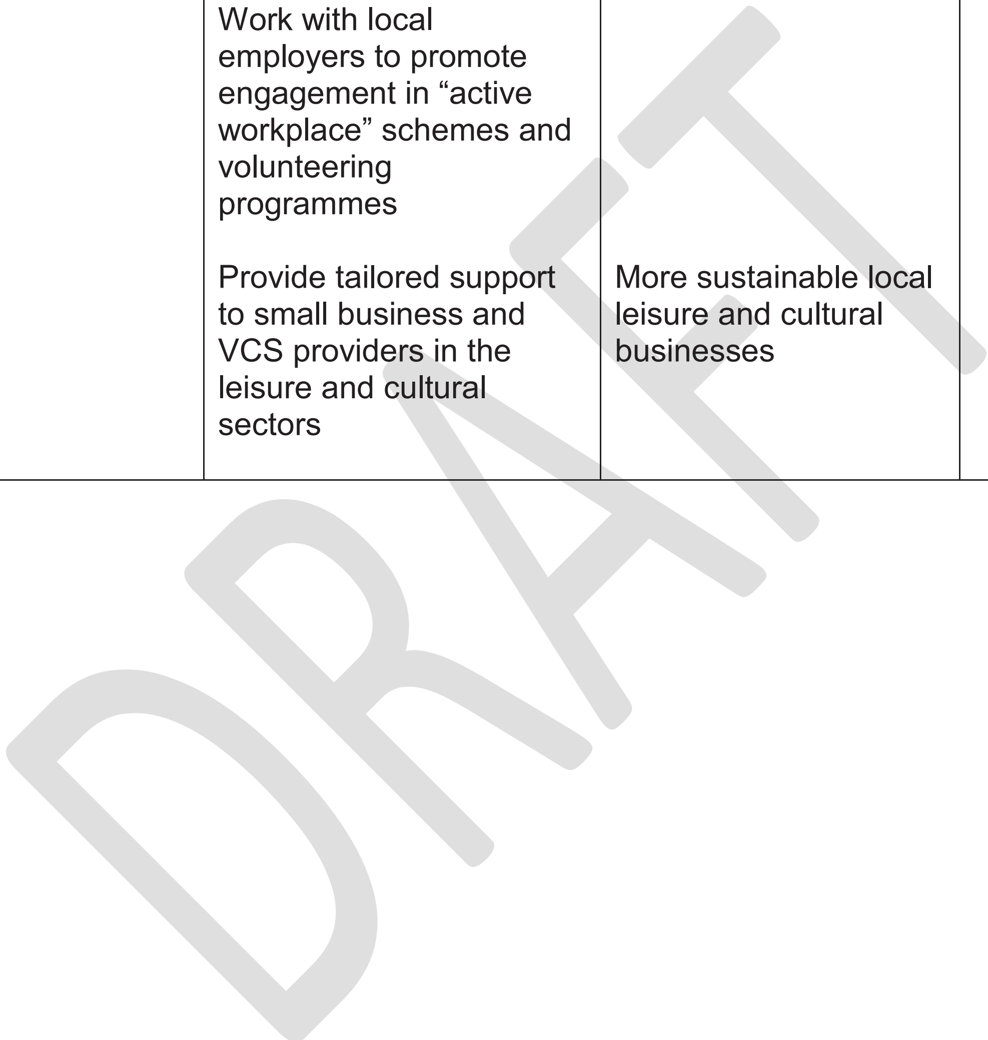
| Economic Strategy Theme | Rationale | Action | Output | Outcome | Lead |
|---|---|---|---|---|---|
| | | Work with local employers to promote engagement in "active workplace" schemes and volunteering programmes<br><br>Provide tailored support to small business and VCS providers in the leisure and cultural sectors | More sustainable local leisure and cultural businesses | | |



Bath & North East Somerset Council

healthwatch Bath and North East Somerset

NHS Bath and North East Somerset Clinical Commissioning Group

| MEETING | B&NES HEALTH AND WELLBEING BOARD |
|---|---|
| DATE | 22/07/2015 |
| TYPE | An open public item |

| **Report summary table** | |
|---|---|
| **Report title** | Joint Healthwatch and Health and Wellbeing Network Update |
| **Report author** | Morgan Daly / Ronnie Wright |
| **List of attachments** | Appendix 1: Healthwatch Annual Report 2014/15 |
| **Background papers** | |
| **Summary** | An update on how we are working to further the aims of the Joint Health and Wellbeing Strategy |
| **Recommendations** | The Board is asked to agree that:<br>• The approach taken fulfils the expectations of how local Healthwatch will integrate with the Health and Wellbeing Network<br>• The approach taken complements the aims of the Joint Health and Wellbeing Strategy |
| **Rationale for recommendations** | The report clearly demonstrates how our integrated approach is supporting the themes within the Joint Health and Wellbeing Strategy by aligning successful work against the themes to which the work best fits. |
| **Resource implications** | None |
| **Statutory considerations and basis for proposal** | |
| **Consultation** | |
| **Risk management** | A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. |

**Please contact the report author if you need to access this report in an alternative format.**

# healthwatch
Bath and North East Somerset

Healthwatch B&NES and Health and Well Being Network report to the Health and Well Being Board, July 2015

## INTRODUCTION

This report will demonstrate the progress made by Healthwatch B&NES to promote the needs and views of local people.

Input from the B&NES Health and Wellbeing Network is included alongside the Healthwatch update, to demonstrate how the views of providers, patients and the public are being woven together by local Healthwatch to create meaningful improvements in how health and social care services work into the future. The impact achieved will be discussed under the three themes from the Joint Health and Well Being Strategy.

Healthwatch is the statutory, independent champion for patients, carers and the public. The Health and Well Being Network hosts provider organisations to debate current issues and recommend actions for progress.

## THEME 1, HELPING PEOPLE TO STAY HEALTHY

### Improved support for families with complex needs

The Health and Wellbeing Network met in February 2015 and discussed the theme of 'Co-production and making it real'. The learning points from this work included the importance of encouraging service users to think about how services should work for them, with a view to putting service users at the heart of decision-making. The 'Making it real' framework emphasises the importance of making sure that service users understand what to expect from services that are truly personalised.

Healthwatch has been supporting a project with Julian House and the Friends, Families and Travellers organisation to produce a card for gypsy, Roma, traveler and boater people. This card - which has now been launched and distributed - allows people from these communities to discretely identify any extra requirements and cultural preferences to receptionists and/or other health and social care staff. By doing so, we are working to encourage people from these communities to feel more confident

**HEALTHWATCH B&NES:**

**Helping People to Stay Healthy**, by supporting gypsy, Roma, traveler and boater people.

**Improving the Quality of People's Lives** by promoting and supporting BEMS+.

**Creating Fairer Life Chances**, through our work to evaluate the experiences of people as they progress through hospital and back into the community.

in expecting their care to be tailored to their specific needs.

The card also contains Healthwatch contact details, ensuring that the person using the card can feedback on their experiences of services to Healthwatch. This will empower them to speak up about how they feel services should work for them and their families, putting their needs at the centre of their care.

Further to this, the person carrying the card can be quickly and easily signposted to support, including advocacy, via the Well Aware database (which is the statutory signposting function of Healthwatch) by calling the telephone number provided.

## THEME 2, IMPROVING THE QUALITY OF PEOPLE'S LIVES

### Improved support for people with long term health conditions

In May 2014 the Health and Well Being Network discussed prevention and self-care for frail and older people. The importance of combating social isolation was highlighted, alongside the importance of community engagement.

Healthwatch has been working to build our contacts across local communities to support voluntary and community sector partners who work with isolated people. Further to this, Healthwatch is supporting and publicizing the innovative provision of primary care services for vulnerable patients under the BEMS+ scheme. In 2015, our first open advisory group event showcased this work, and gave local people and community groups the opportunity to give their perspective on BEMS+. We are in discussions with the lead for BEMS+ to identify how we can work to support the evaluation of this intervention, to assess whether progress is being made.

We are also conducting a series of information events at the Royal United Hospital, Bath, which will include information on signposting for those at risk of isolation.

## THEME 3, CREATING FAIRER LIFE CHANCES

### Increase the resilience of people and communities including action on loneliness

In November 2014, the Health and Well Being Network discussed how to tackle issues of loneliness and isolation, and recommended that all local services, charities and agencies adopt a cross-sector approach of ‘making every contact count’. The network recommended that a sub-group of the Health and Well Being Board be set up to plan how to implement this cross-sector approach.

Healthwatch consultation work further confirms a public desire that support needs to be offered at key moments in the lives of people who are at risk of becoming lonely and isolated. This finding is particularly strongly seen in the research we have conducted on people’s experiences following hospital discharge. In order to begin to address these issues, Healthwatch is conducting a research study into the experiences of inpatients at the RUH, which will allow us to identify whether there are key points during the patient pathway at which support could and should be offered to minimize the risk of loneliness and isolation as people move from secondary care into their home environment or other supported living arrangement.

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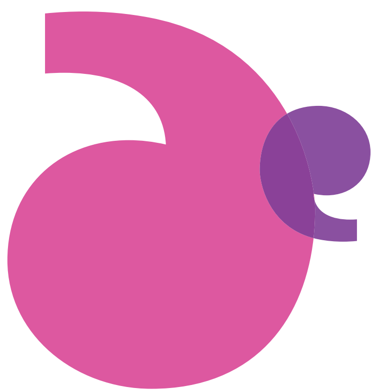

healthwatch
Bath and North East
Somerset

# Healthwatch Bath & North East Somerset

## Annual Report 2014/15

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# Note from the Manager

Morgan Daly
Healthwatch
B&NES General
Manager

I am delighted to present the second annual report for Healthwatch Bath and North East Somerset (B&NES). The report highlights the work that volunteers and staff have achieved together over the year and reflects on some challenges and future priorities.

This has been a rewarding year for Healthwatch, that has enabled children, young peoples' and adults' views to be heard by service providers and commissioners. We have successfully balanced being independent and also being a key part of the decision making processes as part of the Health and Wellbeing Board. There are two Healthwatch representatives on the Health and Wellbeing Board and each hold a lead role for loneliness and resilience and end of life.

SEAP (Support, Empower, Advocate and Promote) is funded by the Local Authority to provide the NHS complaints function. SEAP works in partnership with Healthwatch and also have a place on the Healthwatch Advisory Group.
Healthwatch work this year has included staff reaching out to ensure that seldom-heard communities including the 5,189 carers; 58 Gypsy, Boat dwellers and Travellers and the increasing Black and Minority Ethnic communities have been give the opportunity to tell Healthwatch about their health and social care issues.

Healthwatch has been instrumental in collecting the views of the public on patient transport services and providing information on the newly commissioned patient transport service, reporting back to the Wellbeing Policy Development Scrutiny commission.

Healthwatch has completed our first enter and view visit to the Royal United Hospital NHS Foundation Trust Coombe Ward to view the good practice in place to support patients with dementia. This has been an opportunity for the enter and view representatives to work together and begin to plan future enter and view opportunities linked to the Healthwatch work plan.

Healthwatch has sourced some extra funding from the Clinical Commissioning Group (CCG), to engage with people using a personal health budget and to set up a focus group to hear from them directly about how they are finding the process.

Healthwatch fed back to Quality Accounts for 2013/14 and the Healthwatch Advisory group lead for quality is takes part in the CCG Quality group to feed back on the re-commissioning of services.

We could not do the work that we do without our fantastic team of volunteers and paid staff. An enormous thank you to everyone who gives so much time and energy to improving services for us all.

# Note from the Healthwatch Advisory Group

We are pleased to present the second annual report of Healthwatch Bath and North East Somerset.
The health of the people of Bath and North East Somerset is generally better than the national average with 83.9% in good or very good health. There are 28,295 people living with a long term illness or disability and 3.7% of the population have described themselves as carers. Bath and North East Somerset has a growing population with an estimated population of 178,000, as well as a growing population of 15,932 students and 27,506 children age 0 – 14. 3,700 children are living in poverty.

The population of Bath and North East Somerset has become increasingly diverse. The largest growth in population in Bath and North East Somerset has been the growth in the student population. According to the 2011 Census there are now 672 people who describe themselves as Black, Black African or Black British, 1,912 Asian (mainly Muslim, with 140 Sikhs and 535 Hindus). There are 58 Gypsies and Travellers according to the census and a Gypsy and Traveller site has been opened this year.

From the Advisory group perspective hearing people's views and experiences of health and social care has been the main focus of our work. Engagement with communities has been achieved through Healthwatch staff and volunteers attending community events, holding Healthwatch Open Meetings, conducting surveys, focus groups and workshops. Healthwatch has faced some challenges around ensuring that the sample size of the feedback we collect is representative of the wider population.

In 2014/15 the Healthwatch Advisory group took the decision to focus our work on themes taken from the issues heard from the public in order to work with that theme for three months, resulting in a public open event to share our findings. The first themed quarter looked at mental health. Healthwatch collected opinions through surveys and focus groups in seldom heard communities and fed back findings through a well attended open meeting in November 2014. Our volunteer roles were reviewed in November 2014 and there have been no changes to the Healthwatch Advisory Group.

# About Healthwatch

Healthwatch B&NES is here to make health and social care better for everyone, especially those who perhaps face additional challenges. Healthwatch believes that the best way to do this is by designing local services around people's needs and experiences.

**Healthwatch B&NES Vision**
Communities and people in all their diversity in B&NES can maintain their health and wellbeing, and care for themselves and each other.

**Healthwatch B&NES Mission**
Healthwatch B&NES will involve local people to help improve health and social care services.
Everything Healthwatch says and does is informed by our connections to local people and Healthwatch expertise is grounded in their experience.

Healthwatch is uniquely placed as a network as there is a Healthwatch in every local authority area in England. Healthwatch organisations have come together regionally in the South West to share what is being heard and this gives Healthwatch B&NES the opportunity to work closely with other Healthwatch. Healthwatch replies to the NHS Trust Quality Account (QA). Working co-operatively with other Healthwatch enables us to share some of the work. Healthwatch B&NES has been working with Healthwatch Wiltshire to reply to the Royal United Hospital NHS Foundation Trust. Healthwatch B&NES is also working with Healthwatch Gloucestershire to reply to the South West Ambulance NHS Trust (QA) and with Healthwatch Wiltshire to reply to the Avon and Wiltshire Mental Health Partnership (QA).

As a statutory watchdog the Healthwatch role is to ensure that local health and social care services, and local decision makers, put experiences of people at the heart of their care. Each quarter Healthwatch collects and collates children, young people and adults' views of their health and social care services and publishes these to service providers, commissioners at the Local Authority, the Clinical Commissioning Group (CCG), NHS England, Quality Surveillance Group and the regulators at the Care Quality Commission and Healthwatch England. The issues are viewed at the Healthwatch Advisory group and decisions are taken to take up themes from the analysis and to undertake more research into the areas of concern.

## We aim to:

- Obtain the views of local people regarding their needs for, and experiences of, local health and care services and make these views known
- provide information and signposting about health and social care services
- ensure local people who wish to complain are signposted to SEAP to provide them with the support to enable them to undertake this.

## Healthwatch B&NES Strategic priorities

Using the Joint Strategic Needs Assessment, Health and Wellbeing Strategy and the information heard direct from local people, the 2014/15 priorities were to:

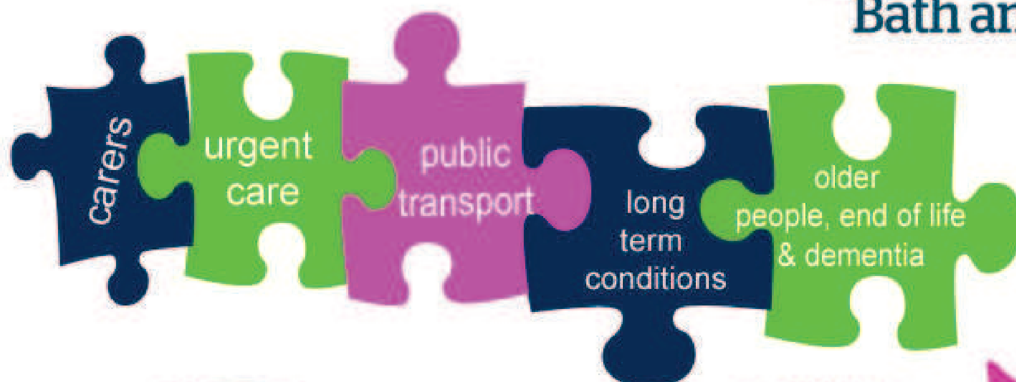
- **to promote and support the involvement of local children, young people and adults in the commissioning of local health and care services through 'Your care, your way'**
- **to empower local people to monitor the standard of provision of local health and care services through Healthwatch representation**
- **to hear from patients, service users and carers about their experiences of their long term conditions and the introduction of personal health budgets, and to identify any challenges faced and feedback to commissioners**
- **to champion the voice of older people and people with dementia through enter and view visits to residential care facilities and making reports and recommendations about how the care services could or ought to be improved**
- **to make recommendations to commissioners, to CQC and Healthwatch England**
- **to provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.**

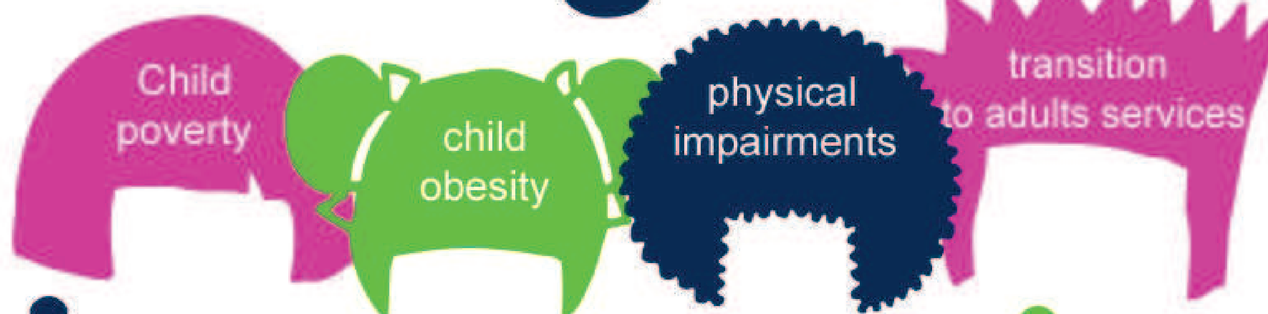
## The Healthwatch advisory group is made up of:

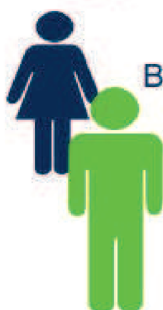
Diana Hall Hall, Health and Wellbeing Board Representative; Ann Harding, Enter and View lead; Roger Tippings, Quality Lead; Christina Chow, Equality Lead; Vacancy for Children and Young People; Tracy Wilmot, SEAP; Jan Dabbs, Age Uk; Tom Greenwood, Pheonix and Tom Fox Proverbs, Bath Carers' Centre.

# Work Plan 2014/5

**healthwatch**
Bath and North East Somerset



BME communities, including different religions and faiths
Gypsies and Travellers
lesbian, gay, bisexual, trans or questioning

# Engaging with people who use health and social care services

## Understanding people's experiences

Over the last 12 months Healthwatch B&NES has seen a 42% increase in engagement with members of the public, receiving over 130 individual comments about local health and social care services.
Healthwatch has an active twitter account with 1,321 followers as well as a Facebook account with 496 friends and 124 likes that is used to share local health and social care information to residents of B&NES and ask for their views.
A Facebook advertising campaign was used to promote the Healthwatch Special Inquiry into Discharge which reached 74,947 people in the area.

Healthwatch B&NES produces monthly e-bulletins that are shared through email, our website and social media. Contact details for Healthwatch B&NES are also present in Royal United Hospital Bath NHS Foundation Trust via an advert that is on display on their hospital screen and in the volunteer magazine for the hospital.

Following the work plan priorities that were selected by the Advisory Group, the community engagement for 2014/15 has focused on four main areas: carers; Gypsy, Traveller and Roma communities; care at home services and the Royal United Hospital, Bath.

### Carers

In conjunction with B&NES Carers' Support Centre, Healthwatch B&NES has made contact with carers, particularly the Keep Safe Keep Sane group, which is a peer-led support group for people who care for someone living with mental illness. Healthwatch B&NES also now has a member of staff from B&NES Carers' Support Centre on the Advisory Group to feed in the experiences of carers when using local health and social care services.
Healthwatch has gained valuable insight from the carers it has met.
The following is a summary of the main themes that emerged from our work with carers:

- Many of the concerns raised related to issues around confidentiality and access to information. Some carers feel there is a lack of consideration of the involvement the carer has in the care plan of their relative/family member, and the knowledge and experience they have of the person's condition and overall wellbeing.
- Many carers expressed that collaboration with nursing staff is key in order to provide the highest, most appropriate level of support for their relative/family member.
- Many carers mentioned fragmentation of services and a reliance on carers being experts in order to know what services are available, to push for action and to receive answers.
- Some carers expressed concern and frustration about the "politics of access" and financial viability of services based on what Clinical Commissioning Groups will fund, for example, not all of the mental health services provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) are available across the Trust's six geographical areas.

This feedback has been shared with B&NES Carers' Support Centre, B&NES Council, NHS B&NES Clinical Commissioning Group, Sirona Care and Health and other partners through the quarterly Healthwatch reports. A more detailed report was shared with AWP for their information and comment. Healthwatch has met with key members of staff from AWP to discuss the comments raised and better understand the work that the Trust is doing to engage with carers, such as the Carers' Charter.

# Engaging with people who use health and social care services

### Gypsy, Traveller and Roma communities

Healthwatch B&NES has engaged with Gypsy, Traveller and Roma (GTR) communities, in order to understand which services they use and if they experience any barriers or challenges accessing services. The national charity Friends Families and Travellers has carried out extensive research with GTR communities across the country and has identified that one of the biggest barriers to access is reception staff and administrative processes, such as form filling.

Healthwatch B&NES has been liaising with GTR outreach staff at Julian House, who work closely with the local communities and are supporting movement onto the new permanent site located on the A4. Julian House and Healthwatch B&NES have worked together to produce an 'I need extra help' card, which people from GTR communities can use in order to receive the support they need when accessing services.

Healthwatch has been working with the West of England Traveller Health Network to raise awareness of Gypsy and Traveller health and wellbeing among professionals responsible for the planning and delivery of education, housing and related services and will be taking part in the forthcoming conference running a workshop to highlight the health inequalities and wider determinants of health faced by GTR communities.

### Royal United Hospital Bath NHS Foundation Trust

Royal United Hospital Bath (RUH) is the main acute treatment centre for Bath and the surrounding areas, including parts of Wiltshire, South Gloucestershire and Somerset, serving around half a million people. Healthwatch B&NES is keen to build a positive working relationship with the RUH in order to identify best practice within the hospital and help improve areas where patients and the public have concerns.

Healthwatch B&NES and Healthwatch Wiltshire have been working closely around the RUH, including having a quarterly meeting with the Chair of the Trust Board to discuss any feedback or issues that have been raised and find out more about what is happening within the hospital. During March 2015 Healthwatch B&NES and Healthwatch Wiltshire had an information stand in the atrium of the RUH's main building to gather feedback from patients, relatives, visitors and staff about the treatment and care being provided at the hospital. During the week we gathered feedback from around 100 people and gave lots of information out to help spread the word about what Healthwatch does.

A joint report is being produced by Healthwatch B&NES and Healthwatch Wiltshire, capturing the key themes and recommendations from the feedback received. This will be shared with the RUH directly and also its commissioners at NHS B&NES Clinical Commissioning Group and NHS Wiltshire Clinical Commissioning Group. Following this Healthwatch B&NES and Healthwatch Wiltshire are working with the RUH to have a monthly presence at the hospital to continue gathering feedback from its users.

# Engaging with people who use health and social care services

## Care at home services

Since Healthwatch B&NES started it has received comments from the public about care at home services. Here is a summary of the key points people have raised during 2014/15:

- Care staff attend at different times each day, which means clients are unable to plan their days and/or coordinate their care at home with other services, such as community transport.
- It is important that care plans are used and kept up to date. Care staff rarely visit the same client each day, so in the absence of an up to date care plan, clients are having to relay their personal information and details about their condition each time a new member of staff attends.
- Both residents and health and social care professionals have raised concerns about the provision of care at home services in rural parts of B&NES, with particular reference to the Chew Valley. It is felt that existing care at home contracts do not cover travel time, which is a deterrent for service providers in more rural areas where journeys to/from and between visits will take longer.

This feedback has been shared with the lead commissioner of care at home services for B&NES Council and NHS B&NES Clinical Commissioning Group. Healthwatch B&NES in partnership with the B&NES Voluntary Sector Service held a session with care providers to discuss current provision and how it could be improved in the future. The information collected by Healthwatch B&NES, and the feedback from the session with care providers will be fed into the 'Your care your way' review of community healthcare services which is taking place currently.

This review will help to shape community healthcare services from April 2017 when the current contract ends.

# Enter and View

### Healthwatch Bath and North East Somerset Enter and View lead: Ann Harding

Healthwatch Bath and North East Somerset has nine authorised Enter and View representatives. An Enter and View Planning Group was established in spring 2014 and since then there have been three Enter and View visits to Hospital wards and care homes in Bath and North East Somerset:

- Royal United Hospital Coombe Ward
- Culverhays Nursing Home Bath
- Treetops Care Home Keynsham

The reports from these visits and care home managers' responses can be found on the website. www.healthwatchbathnes.co.uk.

The purpose of the Enter and View visit to Coombe Ward was to identify good practice that can be celebrated and shared with others, and to identify any issues which concern service users, their relatives or the Enter and View representatives.

This Enter and View work in care homes is part of an on-going programme being implemented by Healthwatch Bath and North East Somerset to understand the quality of residents' experience within local care homes; particularly where residents have, or could be expected to have, dementia.

Enter and View visits are identified for Enter and View by:

- concerns around safeguarding and a subsequent B&NES Council invitation to visit and report on a care home independently

- seeking a balance between new build ('state of the art') and specialist provision or older care homes

- identifying concerns that have been raised about a care home through Healthwatch research

- placing an emphasis on the care of elderly people with dementia

- managing a balance of visits to the small family owned care homes or local/ regional providers and large (national) providers of care for elderly people.

The enter and view visits have found a number of emerging themes where improvements could be made; for example, increasing the provision of meaningful activities for residents. All enter and view reports are sent to the CQC, Healthwatch England and local authority commissioners.

# Providing information and signposting for people who use health and social care services

Healthwatch B&NES uses the Well Aware directory of groups and organisations offering health and wellbeing services, support organisations, activities and groups as the Healthwatch information and signposting function. Well Aware is an online database with a free phone telephone number for people who do not have access to the internet. Well Aware gives access to specialist information on learning difficulties, low vision resources, mental health, employment and men's health and wellbeing issues in easy English, and has Google translate and browse aloud functions.

Well Aware covers the Avon and Somerset area, thus providing information about services in neighbouring areas which may be of relevance to B&NES residents. 257,038 people accessed the Well Aware website during 2014/15 across this wider area.

Well Aware has had leaflets distributed by Wiltshire Farm Foods across the area and has regularly attended local groups and communities across B&NES to raise awareness of information and signposting support.

Taking part in Jogging the journey: Alcohol awareness day

The top five areas searched for were:

- mental health
- dementia
- befriending
- gardening
- counselling.

In February 2015 a new website was launched for Healthwatch B&NES with an interactive feedback centre. Every statutory health and social care service is listed on the website and people visiting the site can review services and leave feedback on their experiences. The website links to the CQC website displaying recent CQC inspection reports.

This will help people to make informed choices about services and provides another opportunity for people to leave feedback on services using the same indicators as the Friends and Family Test.

# Influencing decision makers with evidence from local people

Healthwatch B&NES produces a quarterly report detailing the issues and concerns heard from local people. This report is shared with Healthwatch England, Care Quality Commission, NHS England and the Quality Surveillance Group, CCG and the Commissioning Support Unit, NHS Trusts and service providers including the Patient Advice and Liaison Service and support agencies.

Number of issues heard 2014/15: 135
Number of issues heard 2013/14: 95
(Increase: 42%)

Leading theme(s) 2014/5 (these are themes that were recurrent throughout the year, or emerged from more than one quarter's feedback data):
Healthwatch B&NES heard about a perceived need for improved signposting to community support and care services from primary and secondary care settings.

Well Aware is desgined to improve this kind of signposting, and so we are promoting this in all of our work during 2015/16.

Healthwatch has produced several reports and recommendations this year to effect change; all our reports are shared with Healthwatch England including a combined response to the Healthwatch England national initiative on unsafe discharge in August 2014.

Healthwatch reported on our Young Healthwatch 'Being Me' event that was held in October 2014 and included a circus skills workshop, cooking sessions, information and activities from the Children's Weight Management Services, blog writing and social media take over and plenty of opportunities for young people to have their say and tell their story. The recommendations from the report show a greater need for support for young people's mental wellbeing.

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The graph below displays the issues and concerns that Healthwatch B&NES heard in Quarter four, between January and March 2015, which is typical of the quarterly reports that Healthwatch disseminates to commissioners and service providers.

## Graph 3: Issues and concerns by comment type

Number of issues and concerns

0 1 2 3 4 5 6

Comment types

Access to a Service
Access to Information
Appointment booking service
Appointments
Choice of service provider
Cleanliness and Infection Control
Confidentiality/privacy
Coordination of Services
Diagnostics
Dignity and Respect
Distance to a service
Health Inequalities
Patient Choice
Patient Transport
Personalisation
Prescriptions
Quality of treatment
Records Management
Safety of Care and Treatment
Same day Appointment
Staff attitudes
Staff Training and Development
Suitability of Provider (Organisation)

Positive
Negative
Neutral

The most negatively-reported type of comment was about patient transport (3 heard)

The most positively-reported types of comment were about quality of treatment (5 heard)

## Putting local people at the heart of improving services

Healthwatch is part of the Clinical Commissioning Group's re-commissioning programme 'Your care, your way' which will be re-commissioning children and young people and adults' community health services in the near future.

## Working with others to improve local services

Healthwatch has made recommendations to Healthwatch England to find out more information on the national inquiry into Child and Adolescent Mental Health services (CAMHS) on behalf of service users in B&NES.
Healthwatch England alerted Healthwatch B&NES to a national debate on CAMHS in the House of Commons on 3 March 2015 and Healthwatch alerted our MPs urging them to listen and take part on behalf of the young people in their constituency.

## Healthwatch and advocacy conferences

In October 2014, The Care Forum hosted a Healthwatch conference looking at common issues across the four areas in which it provides local Healthwatch. The day provided an excellent opportunity to look at the areas of Healthwatch people sometimes know less about: Advocacy; information and signposting and children and young people's services.
The NHS England Area Team gave the keynote speech on working in partnership with Healthwatch on commissioning for quality.
In February 2015, The Care Forum hosted a conference all about advocacy and was very pleased to welcome Katherine Rake, Chief Executive of Healthwatch England, as one of the keynote speakers.

# Impact Stories

Case Study One

## Narrowing Inequalities: Extra Help Cards

Healthwatch B&NES introduced an 'extra help' card for Gypsy, Roma, Traveller and Boater people during late 2014/15 which is designed to reduce inequalities faced by people from these communities. The cards allow the carrier to identify discretely cultural preferences when using health and social care services. In addition, the cards are printed with Healthwatch contact details to ensure that the carrier can quickly feedback on their experiences and obtain signposting and advocacy.

The development of this resource was informed by the views of people from these groups, which included accounts of discrimination and insights into barriers that lead to a reluctance to access to health and social care services.

## Impact

Embarrassment surrounding cultural preferences, low levels of literacy and other culturally-specific factors will be reduced by the use of this card, resulting in greater uptake of health and social care services. This in turn can be reasonably expected to result in improved health outcomes for Gypsy, Roma, Traveller and Boater communities. We know that health outcomes for people from these communities are often extremely poor. As such, even small improvements in the uptake of services can be expected to result in significant overall gains in health outcomes.

Public Health theory, for example, The Spirit Level: Why More Equal Societies Almost Always Do Better (Wilkinson and Pickett 2009), postulates that there are 'pernicious effects that inequality has on societies'. As such, by working to reduce this inequality over time, it can be reasonably expected that Healthwatch will bring benefit to the health of all local citizens.

Providing a support service via the Healthwatch telephone number enables people from Gypsy, Roma, Traveller and Boater backgrounds to provide immediate feedback and access signposting and advocacy support, including during experiences of perceived discrimination. The card has only been live in B&NES for a short period of time, but we have already recorded one example of our support services being accessed by someone of Gypsy, Roma, Traveller or Boater heritage via the details provided on the card, suggesting that this intervention will result in significant impact during 2015/16.

Case Study Two

## B&NES Hospital Patient Passport

Healthwatch research has been used to create a 'patient passport' system for use in the Royal United Hospital, Bath. The indicators within the associated CQUIN align with recommendations set out in the Healthwatch discharge report 2014/15.

## Impact

The passport will ensure that discharge is planned earlier and more effectively; it will encourage meaningful involvement of patients and carers in decision-making; transport and pharmaceutical provision can be configured to meet the needs of patients; and patients will be able to find out more about self-care, and be signposted, before they leave hospital.

Based upon the research conducted by Healthwatch, we believe that preventable readmission will be reduced by this intervention (for example, evidence provided to Healthwatch in our discharge report 2014 by complaints advocacy services identified 'a common theme of premature/inappropriate discharge from… acute services, often with very serious outcomes including emergency readmission').

It is also projected that the earlier planning of discharge will reduce stress for patients, carers, families and staff, improving customer satisfaction of clients and the job satisfaction and retention of staff.

Case Study Three

## Health and Wellbeing Network

The B&NES Health and Wellbeing Network is a provider network that is open to all providers with an involvement or interest in health and wellbeing issues. Feedback from the network meetings is given at the Health and Wellbeing Board and the agenda for the Network meetings is often informed by the agenda for the upcoming Board meeting, giving the Network meetings a powerful sense of relevance and purpose and ensuring that the wider provider perspective is considered by the Health and Wellbeing Board in its deliberations.

Over the last year topics covered by the Health and Wellbeing Network included:

- The Clinical Commissioning Group's five year plan. Breakout workshop groups discussed prevention and self-care and care for frail older people.
- Tackling loneliness and social isolation.
- 'Making Every Contact Count'.
- Co-production and Making it Real.

The overarching aim of the network is to improve joint working and collaboration across the whole health and wellbeing system through: sharing innovation and good practice and facilitating provider input into service planning and improving information access and awareness of provision. To achieve this we also deliver awareness sessions and other events in addition to Network meetings. One example of this activity is the awareness session we ran on the implications of the Care Act and Care Certificate on care providers in March 2015.

We try to maintain a solution focused approach in our meetings, identifying actions that can help in addressing gaps in service and barriers to access which the network identifies. Over the coming year we want to build on the information we gathered through our network meetings, revisiting what we heard, hearing about what has happened as a result of the meetings and developing new ideas in collaboration with providers and other stakeholders.

# Our plans for 2015/16

## Work plan priorities 2015/16

**BME communities, including different religions and faiths**

**gypsies and travellers**

**lesbian, gay, bisexual, trans or questioning**

Twerton
Twerton West
Whiteway
Whiteway West
Fox Hill North
Radstock
Chew Valley (rural access)

**Enter and View:**
care homes

monthy e-bulletins
quarterly newsletter
website updates
informative posters and leaflets
patient story leaflets
social media

# Our governance and decision-making

Healthwatch Bath and North East Somerset Advisory Group

The Healthwatch Advisory group is responsible for the strategic direction, operational priorities and planning for Healthwatch Bath and North East Somerset. They identify areas that require further research and set up sub groups to undertake the work, or make use of the Community Pot budget to task a voluntary group to undertake the work.

The group also agrees how to communicate with the Health and Wellbeing Board and signs off the annual report to Healthwatch England.

The Healthwatch Bath and North East Somerset Advisory Group has been set up to include volunteers to lead on:

- Enter and view
- Children and young people
- Equalities
- Quality
- Health and Wellbeing Board

Others invited to the table are representatives of carers, Age UK, The Carers' Centre, advocacy through SEAP and the Clinical Commissioning Group volunteer Patient and Public Involvement representative.
The Advisory Group has been meeting monthly and members of the public are encouraged to attend and give information to the group through the public submission. Each quarter works on a theme identified from the issues received and culminates in a public event to report on the theme and shared learning gathered through the quarter. Themes have included mental health in November 2014 giving the public the opportunity to feed into the mental health inpatient service review and Healthwatch fed into the consultation and the Equality Impact Assessment. The March 2015 open meeting looked at the Bath and North East Somerset enhanced medical services review of Primary Care 'preparing for the future'.

# How we involve lay people and volunteers

In 2014/15 Healthwatch Bath and North East Somerset has continued to support an increased and diverse cohort of volunteers. The volunteer support team and development staff have been out in the community promoting Healthwatch Bath and North East Somerset and encouraging people to get involved. Healthwatch Bath and North East Somerset currently has a team of 19 volunteers across the three roles:

- 14 Champions
- 4 Representatives
- 9 Enter and View Authorised Representatives

The list of Champions is ever growing, providing Healthwatch with vital links to a network of a diverse range of groups within the community and providing those groups with a point of access to have their views and experiences recorded. Additionally we have focused on recruiting from a wide demographic in order to ensure that our volunteer base is a true reflection of the local community. Volunteers have attended patient participation groups and various community groups including Peasdown Annual meeting, meetings with community groups including the Black Families support group and Bath Parkinson's group to promote Healthwatch Bath and North East Somerset and hear local people's views.

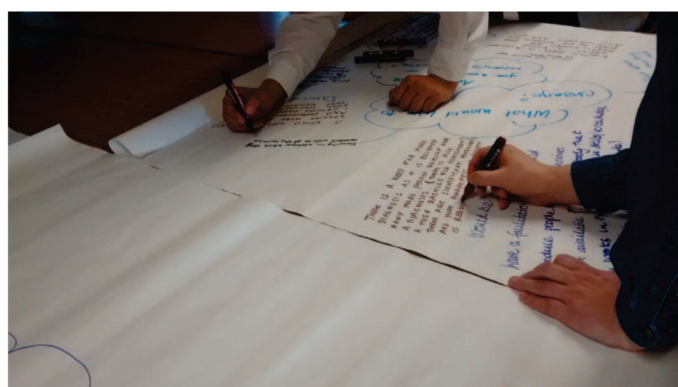
In order to ensure our volunteers are fully equipped with the skills and knowledge they need to carry out their role successfully, Healthwatch Bath and North East Somerset has provided the following training:

- Introduction to HealthWatch
- Representing Healthwatch
- Enter and View training

Representatives have informed Healthwatch Bath and North East Somerset of what is current and important at numerous boards across the health and social care sector enabling staff to identify themes and initiate enquiries. The Royal United NHS Foundation Trust was flagged up by volunteers as a place to have a stand to reach patients and their families. Volunteers were involved in a week long information stand and ward visits on site. Information gathered there provided the basis of a substantial report which can be found on our website www.healthwatchbathnes.co.uk

During the year, Healthwatch Bath and North East Somerset volunteers conducted enter and view visits to Coombe Down ward at the Royal United Hospital, Treetops nursing home and the Foyer of The Royal United Hospital. All reports are published on the website when finalised. Enter and view volunteers have also taken part in Patient Lead Assessments of the Care Environment for the Royal National Hospital for Rheumatic Diseases.

Healthwatch volunteer training and support is well embedded and has been continually reviewed and improved in response to feedback from volunteers. Questionnaires, surveys and evaluation forms have been used to inform service improvements. In March 2015 an organisation wide workshop including staff, volunteers and trustees gathered a wealth of views and feedback to create a well consulted agreement on principles in volunteering.



# How we involve lay people and volunteers

As well as the core training which volunteers have received this year Healthwatch Bath and North East Somerset has also offered a range of additional training and awareness raising sessions to enhance skills and build confidence.
These include:

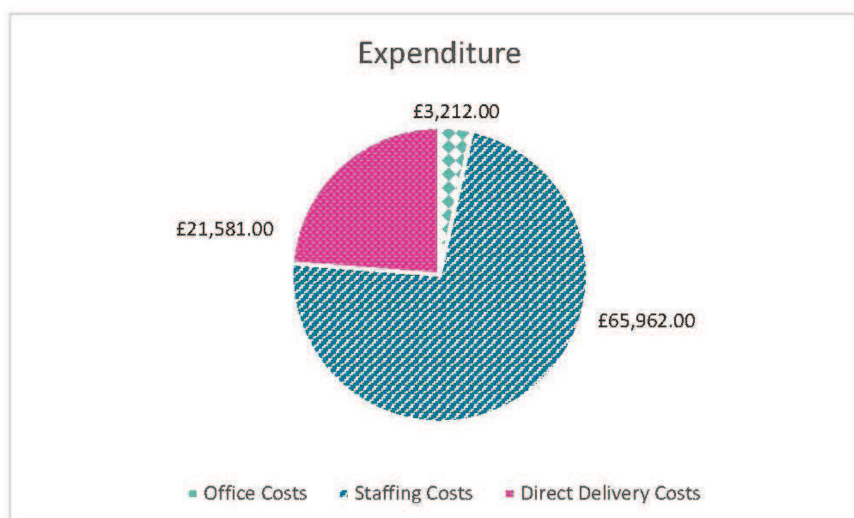
- Deprivation Of Liberty Safeguards and Mental Capacity training
- Champion and Representative Refresher training
- How to Run a Focus Group training
- Deaf Blind Awareness
- Carers Awareness
- Dementia Awareness
- Autism Awareness
- Equalities training
- Safeguarding

Volunteers have also been offered Safeguarding training provided by Sirona Health and Social Care.
Support has been offered to volunteers throughout the year both individually and as a group. Volunteers receive updates in the form of e-bulletins (printed or in an accessible format for those who do not use email) quarterly monitoring reports and local information. Group support has been offered bi-monthly in alternate venues around the area to provide equality of access.

# Financial information

| INCOME | £ |
|---|---|
| Funding received from local authority to deliver local Healthwatch statutory activities | 82000.00 |
| Additional income B/Fwd Year 1 | 8307.00 |
| Total income | 90307.00 |

| EXPENDITURE | |
|---|---|
| Office costs | 3212.00 |
| Staffing costs | 65962.00 |
| Direct delivery costs | 21581.00 |
| Total expenditure | 90755.00 |
| Balance brought forward | -448.00 |



# Contact us

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## Get in touch

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Phone number: 01225 232 401

Email: info@healthwatchbathnes.co.uk

Website: www.healthwatchbathnes.co.uk

Follow us on Twitter: @HWatchBathnes

Find us on Facebook: Healthwatch BATHNES

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committees, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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