

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Tuesday, 15th September, 2020
Time: 10.00 am
Venue: Virtual Meeting - Zoom - Public Access
via YouTube
<https://www.youtube.com/bathnescouncil>

Councillors: Vic Pritchard, Michelle O'Doherty, Jess David, Ruth Malloy,
Bharat Pankhania, Mark Roper, Andy Wait, Paul May and Liz Hardman

Co-opted Voting Members: David Williams

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.30am



Mark Durnford

Democratic Services

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: mark_durnford@bathnes.gov.uk, 01225 394458

Web-site - <http://www.bathnes.gov.uk>

E-mail: Democratic_Services@bathnes.gov.uk

NOTES:

1. Inspection of Papers: Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. Details of decisions taken at this meeting can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. Broadcasting of Meetings

The Council will broadcast the images and sounds live via the internet

<https://www.youtube.com/bathnescouncil>

The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. Public Speaking at Meetings

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group.

Advance notice is required not less than two working days before the meeting.

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

5. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel -
Tuesday, 15th September, 2020**

**at 10.00 am in the Virtual Meeting - Zoom - Public Access via YouTube
<https://www.youtube.com/bathnescouncil>**

A G E N D A

1. WELCOME AND INTRODUCTIONS
2. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS
3. DECLARATIONS OF INTEREST

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

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

(b) The nature of their interest.

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

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

4. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN
5. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

6. MINUTES - 14TH JULY 2020 (Pages 5 - 24)
7. CABINET MEMBER UPDATE

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

8. BSW CCG UPDATE

The Panel will receive an update from the B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSW CCG) on current issues.

9. RUH HEALTH INFRASTRUCTURE PROGRAMME 2 (Pages 25 - 34)

This report and presentation introduces the HIP2 scheme at the Royal United Hospitals NHS FT and sets out the next steps.

10. PUBLIC HEALTH UPDATE

The Panel will receive an update from the Director of Public Health.

11. VIRGIN CARE - INDEPENDENT COMMISSIONERS PERFORMANCE REPORT - 6 MONTH UPDATE (Pages 35 - 76)

This report provides an update on Virgin Care's performance against national and local standards and indicators (year end 2019/20 and Quarter 1 2020/2021) and financial position at year end 2019/20.

12. CHILDREN'S SERVICES ANNUAL COMPLAINTS & FEEDBACK REPORT (Pages 77 - 100)

This report informs the Panel about the number and type of complaints and representations, including compliments, received between April 2019 and March 2020 by Children's Services.

13. MUSIC HUB (Pages 101 - 106)

The Music Education Hub (MEH) in B&NES is a group of interested representatives from schools and musical organisation in B&NES. They are responsible for ensuring that the National Plan for Music Education (NPME) is delivered across the BANES area.

14. B&NES COMMUNITY SAFETY & SAFEGUARDING PARTNERSHIP ANNUAL REPORT (Pages 107 - 166)

The B&NES Community Safety & Safeguarding Partnership (BCSSP) would like to set out the Annual Safeguarding Report for 2019-2020.

15. DIRECTOR'S BRIEFING

The Panel will receive a verbal update on this item.

16. PANEL WORKPLAN (Pages 167 - 170)

This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk, 01225 394458.

BATH AND NORTH EAST SOMERSET

**MINUTES OF CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY
DEVELOPMENT AND SCRUTINY PANEL MEETING**

Tuesday, 14th July, 2020

Present:- **Councillors** Vic Pritchard, Michelle O'Doherty, Jess David, Ruth Malloy, Mark Roper, Andy Wait, Paul May and Eleanor Jackson

Co-opted Member: Kevin Burnett

Also in attendance: Lesley Hutchinson (Director of Adult Social Care, Complex and Specialist Commissioning), Dr Brynn Bird (BaNES Locality Clinical Chair), Mary Kearney-Knowles (Director of Children & Young People), Chris Wilford (Director of Education, Inclusion and Children's Safeguarding) Helen Hoynes (School Organisation Manager), Sarah Watts (Complaints & Data Protection Team Manager),

Councillor Rob Appleyard, Cabinet Member for Adult Services
Councillor Kevin Guy, Cabinet Member for Children's Services

1 WELCOME AND INTRODUCTIONS

The Chairman welcomed Panel members and officers who were attending the meeting via Zoom and members of the public viewing on YouTube.

He announced that the meeting was being held under The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020. He stated that the Council had agreed a protocol to cover virtual meetings and that this meeting would operate in line with that protocol. He explained that the meeting had the same status and validity as a meeting held in the Guildhall.

2 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Liz Hardman, David Williams (Co-opted Member), Chris Batten (Co-opted Member) and Mike Bowden (Corporate Director) had sent their apologies to the Panel.

Councillor Eleanor Jackson was present for the duration of the meeting as a substitute for Councillor Hardman.

3 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest in respect of agenda item 13 (Corporate Director's Briefing) as he is a non-executive Sirona board member.

4 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Shiva Page submitted a question to the Panel as follows:

Is it accepted and usual practice for an employee in the CCG who is a Commissioner of a service to advise said service to withdraw a particular service from a service user?

Dr Brynn Bird, BaNES locality Clinical Chair reply (on behalf of the Panel / CCG):

It is hard to comment on this question without greater clarity of the circumstances being described. Commissioners would not generally be making decisions about individuals and their access to specific services, however there are CCG policies and procedures in place for decision-making in respect of certain treatments and services the CCG does and doesn't fund (<https://www.bswccg.nhs.uk/your-health/what-we-do-and-don-t-fund>).

It would be helpful to better understand the specific circumstances that have prompted the question (which would not be appropriate to explore in this public meeting) so that we can provide a more specific answer. We would ask Shiva Page to contact the CCG either by email BSWCCG.feedback@nhs.net or tel 0300 123 2103 or 0300 01304762 so that this can be looked into or alternatively we can ask a member of our Patient Advice & Liaison Team to make contact with Shiva. It would therefore be helpful to know which Shiva would prefer. For transparency, we can report back to the PDS committee in future on the answer provided.

6 MINUTES - 10TH MARCH 2020

The Chair referred to the question from Kevin Burnett regarding if any further information was yet available from the Secretary of State on the issue of funding pressures in the education system and asked for an updated response from officers.

He also asked for confirmation as to whether maternity services in Paulton had ceased in April.

Councillor Andrew Wait said that he had not yet had a response to his request for a year on year breakdown of the Virgin Care budget balance.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that an update report was due to be presented to the Panel in September and said that this information would be covered in the report.

Councillor Eleanor Jackson asked if the role of the registered nurse within the CCG had been filled.

The Director of Adult Social Care, Complex and Specialist Commissioning and Dr Brynn Bird replied that they would seek a response to this question.

The Panel were informed subsequently that this position had been filled.

Councillor Jackson asked how many panel members had now been recruited to the Our Health Our Future panel.

The Director of Adult Social Care, Complex and Specialist Commissioning and Dr Brynn Bird replied that they would seek a response to this question.

The Panel were informed subsequently that over 800 panellists had signed up and that some more would be welcome as part of an ongoing recruitment campaign.

More details can be found here:

<https://bswccg.nhs.uk/news-events/news/324-public-invited-to-have-its-say-on-local-health-and-care-as-part-of-new-interactive-citizens-panel>

With these comments in mind the Panel confirmed the minutes of the previous meeting as a true record.

7 CABINET MEMBER UPDATE

Councillor Rob Appleyard, Cabinet Member for Adult Services addressed the Panel. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Covid

The Covid pandemic has been a challenging time for everybody. I would like to take this opportunity to acknowledge again the brilliant efforts of the many individual staff and partner organisations across the Council, NHS, Third Sector, Virgin Care, and many more, who have gone the extra mile and worked tirelessly to respond to the unprecedented and rapidly changing circumstances in which the world has found itself. The work of Recovery and Renewal is now proceeding and we need to consider how we can continue to work together to sustain some of the positive initiatives, like the Compassionate Communities Hub, which has provided help to many people in a time of need.

Local Outbreak Management Plan

As we move into the next phase of the response to Covid, it has been important to agree a plan for the way in which any outbreaks will be managed locally. The development of this plan has been led by Dr Bruce Laurence, Director of Public Health and I was pleased to endorse it both through the Health & Wellbeing Board and Cabinet.

Care and Support Charging and Financial Assessment Framework

This framework, which was approved by Council as part of the budget-setting process in February, has been implemented since the panel last met. Whilst there have of course been some queries along the way, I am pleased to say it has largely gone very smoothly and I would like to reiterate my thanks to officers involved in what has been a massive piece of work 'behind the scenes'.

Councillor Eleanor Jackson asked for the contribution that independent pharmacies have made during the pandemic to be noted.

Councillor Appleyard replied that it should indeed be noted and that he was aware of their work through the Compassionate Communities Hub.

Councillor Jess David asked if the Council were preparing yet for the upcoming Winter challenges alongside tackling the problems of Covid.

Councillor Appleyard replied that the Council will not be complacent and that he felt that the Winter pressures could come in a different form to normal. He added that he has already made enquiries regarding stocks of PPE for Care Homes and Hospitals.

Councillor Michelle O'Doherty asked if adequate Covid testing was taking place within our care homes. She also asked if the Council was sure that nobody was now being discharged from hospital to our care homes without being tested first. Councillor Appleyard replied that he believed that testing was taking place in care homes and in hospitals prior to being discharged to a care home. He added that he would seek confirmation on that.

The Director of Adult Social Care, Complex and Specialist Commissioning added that she understood that care home patients were tested for the virus every 28 days and that staff were tested weekly. She said that care homes could approach the CCG / Council if they need further PPE.

The Panel were informed subsequently that individuals coming out of hospital and into care homes are being tested and it is recorded by the Trusted Assessor – the Trusted Assessor is the person employed to assess people and share their needs with the care homes so that the care homes don't need to assess themselves. They trust the assessment.

With regard to individuals in care homes 65+ being tested – consent is required from staff and residents, so it is not compulsory it is voluntary but is encouraged. For people who lack capacity the MCA needs to be complied with.

Councillor Appleyard wished to thank the Public Health Team for securing a mobile Covid testing facility for two weeks that had on average carried out 100 tests a day.

The Chair agreed and himself congratulated all who have been involved in our local services and residents for their work and the way they have responded to the pandemic.

Councillor Paul May asked for the Director of Public Health to attend the next meeting of the Panel so that information can be shared about preparations for a possible second wave and other matters.

The Panel agreed with this proposal.

Councillor Kevin Guy, Cabinet Member for Children's Services addressed the Panel. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Covid

I would like to acknowledge the way in which children, young people and their families have responded to the enforced change of daily routine and educational experience that has been necessary as a result of Covid. Schools and Early Years settings have adapted brilliantly to the evolving situation and our own teams have found new ways of working, such as introducing a rotating social care duty arrangement, expansion of the role of the virtual school to support a much wider group of vulnerable children to continue to engage in education (we have seen good attendance rates for eligible pupils during Covid) and the rapid roll out of on-line music lessons.

Partnership working

While we have had to make some very tough decisions to recover our financial position due to the impact of Covid-19 we have also worked hard on some innovative solutions with many partners.

We commission services from a range of charities and organisations to support vulnerable children and young people and the financial recovery plan agreed by Cabinet included a reduction in the amounts available for some of these services. I am delighted that the St John's Foundation has agreed in principle to use its resources to benefit vulnerable children who might have been affected by these reductions. This support will be formalised with the relevant providers and will form part of the wider work, which St Johns will be implementing in Bath and North East Somerset as part of its recently-launched Foundation Fund to ensure we continue to protect and support children and young people in our community.

Young People's webinar

I was delighted to join a webinar with the Leader, Chief Executive and some of our Directors last Monday, where a panel of young people shared their experiences and views on lockdown and some of their priorities for moving forward. It is important for us to hear the voices of our younger residents and we need to make sure we are responding to the issues that they raise and that we continue to listen.

Councillor Paul May asked what role Schools were playing in supporting our disadvantaged communities and if Academies in the area had enough PPE.

Councillor Guy replied that he believed local Academies were seeking help from Council officers and the Government directly with regard to PPE. He added that he felt that local schools were doing a fantastic job to support all their respective communities. He added that approaches will differ in some respects from site to site but that each will try carry out the guidance given as best they can.

The Director of Education, Inclusion and Children's Safeguarding added that there will be some funding from the Government given to all schools to assist with helping pupils catch up on their learning. He said that work was continuing with all Schools and Academies to open as normally as possible from September.

Kevin Burnett asked if any further comment could be given on the impact the current situation will have on Commissioned Services.

Councillor Guy replied that the Council was awaiting the Board of the St John's Foundation to formally approve the list of services that was proposed to them. He added that he would share that information with the Panel once it had been confirmed.

Councillor Eleanor Jackson commented that she was aware that in some cases locally a family's access to learning through the internet was only via a parent's mobile phone. She added that she was concerned that pupils from Radstock that attend Kilmersdon School in Mendip have received no form of education since lockdown and said that it appeared unlikely to reopen in September and asked what could be done to help those pupils.

The Director of Education, Inclusion and Children's Safeguarding replied that he was aware that educational packs had been prepared where required within our maintained schools for those pupils without adequate internet access. He added that he would follow up to find out further information in relation to local pupils attending Kilmersdon School.

Councillor Jackson asked how Youth Services were keeping in touch with vulnerable young people and children.

The Director for Children & Young People replied that Youth Services were continuing in a number of hot spot areas to try to respond to local needs. She added that she was aware that the Connecting Families team were working on securing grants for IT equipment.

Councillor Jackson asked what face-to-face contact has been able to continue during the crisis and what are the priorities for Children's Centres moving forward.

The Director for Children & Young People replied that Children's Centres had remained open for the entire period and has carried face-to-face meetings either via Zoom or doorstep visits. She added that online courses are being promoted to those that are able alongside health programmes and parent drop-in sessions. She said that she felt that priorities were still with responding to and adapting to the ongoing crisis and facilitating the provision of food parcels for those families struggling with food poverty.

The Chair asked how have young people engaged with some of the new approaches.

The Director for Children & Young People replied that Social Workers have continued to work with all families with a small number of them being based in the office. She said that the majority of young people have embraced the use of technology such as Zoom / WhatsApp and that the work of the Virtual School has been invaluable.

Kevin Burnett asked if any information relating to topics discussed at the Young People's webinar could be shared with the Panel.

The Director for Children & Young People replied that topics such as Mental Health, Transport, Attainment Gaps, Curriculum and Slavery were discussed. She said that the plan was to continue with these webinars where possible.

The Director of Adult Social Care, Complex and Specialist Commissioning said that a new Children & Young People's Plan was being developed and that this would be brought to the Panel in due course.

The Chairman thanked Councillor Appleyard and Councillor Guy for their updates on behalf of the Panel and the officers for assisting with replies to questions raised by the Panel.

8 BSW CCG UPDATE

Dr Brynn Bird, B&NES Locality Clinical Chair addressed the Panel. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Merger of Bath and North east Somerset, Swindon and Wiltshire CCGs

The merger of Bath and North East Somerset, Swindon and Wiltshire CCGs took place on 1st of April 2020.

The newly merged CCG serves a combined population of 934,000 and will maintain its roots in local communities and continue to be driven by local clinicians from the 94 practices across Bath and North East Somerset, Swindon and Wiltshire (BSW).

Operating at scale across BSW means strategically commissioning services and reducing variation in care so everyone receives high quality treatment, regardless of where they live.

BSW CCG, as part of the wider BSW STP Partnership, is working towards becoming an Integrated Care System (ICS) by April 2021 and will be assessed by NHS England in November.

Response to coronavirus

As part of our initial response to coronavirus, BSW CCG quickly established an Incident Coordination Centre to oversee our health response to the pandemic.

An organisation-wide response to manage coronavirus was also introduced with new work-stream programme management arrangements to ensure a focus on maintaining critical services.

In BaNES, Swindon and Wiltshire, a Community Response Hub was established to provide a local response to coronavirus and to support community services and care home providers.

Reset and recovery of local services post coronavirus

Services across all providers in BSW were significantly scaled back during the start of the coronavirus pandemic, following the government's decision to pause all non-urgent healthcare services and redirect 100 per cent of the NHS's efforts and resources into responding to what was, and still is, an unprecedented challenge.

However, at the end of April 2020, following a sustained period during which the number of confirmed cases of coronavirus continued to fall, Simon Stevens, Chief Executive of NHS England, issued an open letter that requested all NHS systems to use the next six weeks to look at restarting non-urgent activity.

Work is underway across BSW to find the best approach to restarting, resetting and recovering our services, bearing in mind all of the time, that we need to reassure the public that services are always available for those in need and that services are clean and safe to use.

We will do this through a coordinated communications approach using social media, radio interviews, print and online coverage, videos and paid-for advertising. Working closely with both clinical and commissioner colleagues, the CCG will produce messaging and content specific to cancer, cardiovascular, mental health, maternity and outpatient services.

Nightingale hospital

Another part of the local response to coronavirus was the rapid building and opening of a new Nightingale hospital at the University of West of England Frenchay campus in Bristol. The new facility is one of seven across the country.

Work began on the 300 bed facility on 3 April and the unit officially opened less than three week later. The extra capacity was put in place so that existing hospitals in BSW and across the whole South West would be able to cope with the anticipated spike in demand while still meeting the needs of existing patients.

Black Lives Matter response

The Black Lives Matter (BLM) movement has gained prominence over the past few months and has highlighted the inequalities that exist for Black, Asian and Ethnic Minority Communities, an issue which has become even more important considering the high proportion of members of BAME communities that have been affected and are at increased risk from coronavirus.

BSW CCG has been active in its response to this issue. We were one of a number of organisations across B&NES to pledge support for the campaign via a joint statement alongside Bath & North East Somerset Council, the RUH, Curo, the University of Bath, Bath Spa University and Avon and Somerset Police and Avon Fire and Rescue Service.

Councillor Eleanor Jackson asked if it was known when services at Paulton Hospital would return to normal.

Dr Brynn Bird replied that he was aware that shielding and infection control was still in place on site and that there was no access to regular walk-in facilities, such as X-rays. He added that he could not give a timeline at this stage for when services would return to normal.

Councillor Jackson commented that she was concerned at the lack of cancer screening appointments that were taking place.

Dr Bird replied that the two week wait pathway had not changed, but acknowledged that numbers were down and that this had been expected. He said that as much as possible they have been trying to say to members of the public that it is business as normal for many services.

Councillor Jess David asked what plans were being put in place to administer the Winter Flu Vaccine over the coming months.

Dr Brynn Bird replied that the CCG have been pro-active on this issue and are seeking to put plans in place. He said that this may come in the form of specific Saturday appointments or provision of the use of alternative sites. He added that discussions were ongoing with all surgeries.

Kevin Burnett asked if he knew what autonomy Public Health has locally to direct operations during the ongoing crisis.

Dr Brynn Bird replied that there was a degree of local autonomy and that specific responses had been put in place following meetings of the Health Protection Committee that meets weekly.

Kevin Burnett asked if any other uses have been considered for the Nightingale Hospital whilst it is not active in terms of the pandemic.

Dr Bird replied that some proposals have been considered but added that none of these had been resource light.

Councillor Paul May asked for his view on cross boundary joint working arrangements and integration.

Dr Bird replied that he worked across multiple borders and said that the focus on integration was Mental Health, Physical Health and Social Care.

The Chairman thanked him on behalf of the Panel for his update.

9 CHILDREN'S SERVICE IMPROVEMENT PLAN

The Director of Children & Young People introduced this report to the Panel. She explained that B&NES had a full Ofsted Inspection in 2017 under the Single Inspection Framework (SIF) and that Ofsted assessed B&NES to be GOOD overall, with some areas for further improvement. She added that the report details our improvement journey to date since 2017, ensuring that a consistently high-quality

service is provided to keep vulnerable children and their families safe and supported in B&NES.

She highlighted to the Panel the recommendations from 2017 Single Inspection Framework and the areas for improvement as described in the Ofsted Focused Visit for Care Leavers in November 2019.

She stated that in relation to the recommendations and areas for improvement, the service had recently revised the Quality Assurance Framework setting out our values, standards and the range of assurance activity; providing a structure and further supporting the work of the Service Improvement Board (SIB).

She informed the Panel that a new moderating process for audit activity was introduced which was aimed at supporting a consistent application of Ofsted gradings in service audits, whilst also raising the quality standard of auditing from which to draw learning. All managers, Heads of Service, the Director, Principle Social Worker and some IRO's carry out bi-monthly audits around agreed areas of practice and findings are disseminated across the service and taken to the Service Improvement Board.

She explained that a review of the front door system post inspection was undertaken that informed changes, processes and functionality. She added that this is now being further improved with the help of an internal cross-council Improving How We Work Project that is working with the Service to streamline and support better access to the right level of support at the right time more easily for individuals and professionals alike.

She said that the Ofsted Focused Visit for Care Leavers in 2019 validated progress in several areas for our Care Leavers since the SIF inspection 2017. Inspectors noted that the quality and timeliness of visiting and intervention had improved, keeping in touch arrangements are successful and the introduction of a dedicated Unaccompanied Asylum Seeking (UASC) worker was also recognised as a great resource by inspectors with exciting possibilities ahead for this aspect of the service.

She stated that the Virtual School had worked tremendously hard to reduce the number of fixed term exclusions for Children in Care and that this number has reduced but remains an ongoing area of focus for the team.

She informed the Panel that Children's Social Care have a successful ASYE programme for newly qualified social workers and a good retainment rate on completion of this programme, although across the service generally, recruitment remains a challenge. She added that it is hoped that the re-design will not only support better outcomes for children and their families but will also be more effective at supporting staff satisfaction and wellbeing impacting on staff retainment.

She said that colleagues in the Commissioning Service are also driving improvements in relation to oversight of our Early Help services and holding the service to account in relation to the Service Level Agreement, ensuring high quality services are available to support families in B&NES meeting the need at the point of contact and preventing escalation.

She stated that the key areas of focus in the Service Improvement Plan for 2020 is to build upon good practice already in place and enhance service areas which have been highlighted either by learning from local feedback, QA activity, National learning or from Inspection.

Councillor Paul May commented that the report highlights the good work of the service area and praised the Director of Children & Young People, Corporate Director and all staff involved.

Councillor Andrew Wait said that through working in education for a number of years he knew how difficult it was to work with those young people who were NEET (Not in Education, Employment, or Training) and said that he felt this was an area that the Council will need to work on. He added that he would be interested in receiving the information described as Annex A (data information required for inspection) dry runs.

The Director of Children & Young People replied that she was aware of the potential impact that Covid may have on training for young people and that she could provide Annex A as requested.

Councillor Eleanor Jackson asked how the Panel can be assured that Social Workers have a manageable caseload and effective management supervisions.

The Director of Children & Young People replied that the redesign of the Service has reduced caseloads directly and in terms of supervision, regular 1-2-1s are held alongside Team Management meetings. She added that reflective case discussions are also held as well as bi-monthly audits.

Councillor Jackson asked how child protection plans are being improved.

The Director of Children & Young People replied that they are now being co-produced with families and Social Workers together and that where possible Family Group Conferences are pursued.

Councillor Jackson asked does the unifying framework avoid drift and delay.

The Director of Children & Young People replied that it is very much the aspiration of the Service that it will enhance the model that we offer.

Kevin Burnett commented that whilst acknowledging the level of detail within the report he would have welcomed a summary of targets for quick reference.

The Panel **RESOLVED** to;

- (i) Recognise the continuous, formal and co-ordinated approach to Service Improvement
- (ii) Receive this general progress report, and specific update on areas that Required Improvement in 2017
- (iii) Note the work undertaken in preparation for the next Ofsted Inspection.

10 BATH AND NORTH EAST SOMERSET COUNCIL SCHOOL ORGANISATION PLAN 2019 - 2025

The Director of Education, Inclusion and Children's Safeguarding introduced the report and said that it seeks to provide reassurance of the number of school places available over the coming years. He added that there was a separate process for planning for places for those pupils with Special Educational Needs and Disabilities (SEND).

The School Organisation Manager explained that due to the delivery of new schools and school expansions over recent years and to further expansions and new schools under construction and planned, primary school provision is expected to be sufficient for future pupil numbers arising from underlying population growth up to 2023 and housing development allocated in the Core Strategy period.

She informed the Panel that in most areas, existing secondary school provision is expected to be sufficient for future pupil numbers arising from underlying population growth up to 2025 and housing development allocated in the Core Strategy period. She said that additional capacity is expected to be required in the Greater Bath Consortium Planning area and the Norton Hill Planning area.

She added that should a shortfall of secondary school places be projected as a result of future proposed new housing development identified in the Local Plan, the Authority will apply CIL funding or seek S106 Developer Contributions to provide additional school places and that these places are likely to be delivered via the expansion of existing schools.

The Chairman commented that he was aware that Chew Valley Secondary School could expect a further 500 pupils in total.

The School Organisation Manager replied that this was a significant number but that most of those pupils will likely to be living outside of the school's catchment area, so Chew Valley had sufficient capacity for B&NES residents.

Councillor Eleanor Jackson said that the impact of the Mendip Local Plan if approved would be considerable as it would potentially allow 515 new dwellings on the border of Westfield and Midsomer Norton. She added that around 180 of these dwellings would be in close proximity to Westfield Primary School.

She stated that Section 106 and CIL funding does not follow the pupils across Council boundaries.

She said that she believed that the information provided on page 56 of the report was out of date as the Radstock Railway Line housing development had already been completed and that permission for the approved Old Pit Yard, Clandown had lapsed.

She said that the application for further housing at the former MoD Ensleigh site referred to in the Plan had recently been turned down by the Planning Committee.

She asked, referring to Whitchurch, where children might be displaced to Bristol, what agreement do we have in place to ensure that spaces will be available in Bristol for these children.

The School Organisation Manager replied that the displaced primary age pupils would be expected to be Bristol residents and therefore the responsibility of Bristol City Council. Also that cross border communication with school place planning colleagues in Bristol is ongoing and constructive. Whitchurch is served by Broadlands School for secondary, where there is sufficient capacity. She added that they do work closely with colleagues in Planning Policy in terms of recognising new housing developments and the impact they might have on the capacity of their local schools.

She said that the application for a small number of further dwellings on the former MoD site may possibly be resubmitted, perhaps in a slightly different format.

Councillor Andrew Wait asked if Covid-19 was to have any effect on the planned opening of the two proposed new schools in September 2020.

The School Organisation Manager replied that both the new 420 place Free School, Two Rivers C of E Primary and the new 630 place Free School, Norton Hill Primary were due to open in September 2020 and both initially with a PAN of 30.

The Panel **RESOLVED** to;

- (i) Note the proposed strategy for the provision of school places within the 2019 – 2025 Plan period.
- (ii) Note the proposed strategy for the provision of school places within the Core Strategy period.
- (iii) Note that the LA has undertaken significant planning and investment for increasing capacity for children with SEND. These developments can be viewed via links in the Plan document.
- (iv) Note that future iterations of the LA's Plan will include planning for children with SEND, but the Panel is reassured that significant planning and delivery for children with SEND in Bath and North East Somerset has been undertaken.

11 ADULT'S SOCIAL CARE - COMPLAINTS ANNUAL REVIEW

The Complaints & Data Protection Team Manager introduced this report to the Panel. She explained that the report sets out the number of complaints, compliments and concerns received between April 2019 and March 2020. She informed the Panel that a total of 55 complaints were received; 12 of these complaints were referred to Virgin Care for investigation and four enquiries were received from the Local Government and Social Care Ombudsman.

She added that the report details the type of complaint received, the response to these complaints and the actions taken by services to ensure learning is derived from the complaints and related feedback.

The Chairman commented with regard to section 6.7 of the report and the two complaints that concerned self-funders accessing extra care schemes which resulted in a change of decision. He asked if the change was in their favour.

The Complaints & Data Protection Team Manager replied that it was in favour of the complainant.

The Chairman asked if the complaints referred to at 6.9 and 7.5 of the report were from people who were possibly new to the process.

The Complaints & Data Protection Team Manager replied that she couldn't recall, but said that a lot of complaints are received regarding care and support funding. She said that often it can be a misunderstanding and therefore there is a need for better communication between both parties.

Councillor Eleanor Jackson that it was striking the number of complaints that were due to processes and said that this must be an area to improve on.

The Complaints & Data Protection Team Manager replied that the report does dwell on process, but was encouraged that complaints were not generally being received with regard to visits and service delivery.

Councillor Ruth Malloy asked if further information could be supplied regarding the system for responding to MP and Councillor enquiries.

The Complaints & Data Protection Team Manager replied that she would be happy to produce something for the Panel.

The Panel **RESOLVED** to note the contents of the report.

12 FOOD POVERTY

The Public Health Development & Commissioning Manager introduced the report to the Panel. She informed them that the B&NES Food Poverty Steering group had met three times to date with its first meeting on 25th March 2020. She explained that as its inaugural meeting was at the start of the government lockdown period in response to the coronavirus pandemic the main focus was on understanding the challenges emerging for residents in relation to immediate food needs and provision of welfare support.

She added that the Steering Group has provided a network for members to share information, co-ordinate activity and both offer and request support in adapting to a rapidly changing situation and growing demand locally.

She said that the Steering Group had agreed its Terms of Reference and a framework for structuring planning and action on food poverty locally.

She added that discussions have taken place with Steering Group members around specific themes outlined in the framework including identity and structure of the group, food for all priorities and barriers to income. She said that it has been agreed that ownership for delivery of these actions is led by three task groups;

- Income Maximisation
- Food for All
- Hear My Voice

She stated that these task groups will guide and develop the work and report back to the steering group at each meeting on progress, challenges and support needs.

She informed the Panel that the key areas around Data and Communications will be co-ordinated by Public Health in the short term with support from Steering Group members.

She explained that members of the Steering Group, our colleagues in the Compassionate Communities Hub and local charities and community groups have seen significant increases in demand for support with food and income related issues over the last 3 months.

She said that Council welfare support team received 956 applications for financial assistance from April to mid-June and 580 awards were approved. Grants totalling £43,000 have been awarded of which £11,000 was for food and £32,000 on essential household provisions.

She added that St John's Foundation have awarded 366 grants since January 2020 as part of their individual funding programme, totalling £204,000.

She stated that the Council welcomed the Government's decision to fund free school meal provision throughout the upcoming school summer holiday period.

The Chairman commented that when the Panel began to work on this issue it seemed ambitious, but congratulated those involved for the great work that had been done so far.

Councillor Eleanor Jackson asked what is going to happen next, to fill in the remainder of the Action Plan.

The Public Health Development & Commissioning Manager replied that the Steering Group will continue to meet on a quarterly basis with most of the remaining work being undertaken by task groups on specific themes. She added that these task groups will then report back to the Steering Group.

Councillor Jackson asked where the Action Plan states *Review the cap on welfare support provision and criteria for support to meet increasing demand/better meet need* is this about local welfare support, and do we have the resource to meet increased demand.

The Public Health Development & Commissioning Manager replied that there is a cap on the number of requests and that there is a grant of £143,000 to be spent this financial year.

Councillor Jackson asked how the Steering Group will capture evidence from those people who have experienced food poverty.

The Public Health Development & Commissioning Manager replied that they were already engaged with Curo and the local Children's Centres on this matter and will consult bodies such as the Feeding Britain Network and Sustain to attempt to gather people's personal experiences.

Kevin Burnett asked if local religious groups could be allowed to become involved in the work of the Steering Group.

The Public Health Development & Commissioning Manager replied that she would welcome any representation from such groups.

Kevin Burnett asked if the Steering Group had used social media much during their work so far to make the public aware of the support available.

The Public Health Development & Commissioning Manager replied that the process for a Communications Plan had begun and that as many avenues as possible should be used.

Councillor Jackson commented that she could help with contact details for local religious groups as she was a member of SACRE (Standing Advisory Council on Religious Education).

Councillor Ruth Malloy thanked the officers for their work on this project and the report supplied. She said that the Steering Group meetings have been very good and that the timing of when this work began has really helped over the past few months when the focus has been on emergency help.

Councillor Jess David said that the decision to fund free school meals over the summer holiday period was vital. She added that she hoped that free fruit and vegetable snacks would continue at schools for those that are eligible.

Councillor Rob Appleyard said that he welcomed the work that had been carried out and that the Council would provide resources where it could as this was an important issue to them.

The Panel **RESOLVED** to welcome and note the Draft Food Poverty Action Plan 2020/2021.

13 PEOPLE AND COMMUNITIES STRATEGIC DIRECTOR'S BRIEFING

The Director of Adult Social Care, Complex and Specialist Commissioning introduced this item to the Panel. A copy of the briefing can be found on their Minute Book and as an online appendix to these minutes, a summary is set out below.

Working with Ofsted and DfE

During the lockdown we have continued to be in regular communication with both DfE and Ofsted, who have been monitoring the attendance of vulnerable children at school and we have been able to share any emerging issues and concerns. Ofsted have suspended their normal inspection regime, although they look set to recommence some visits in the autumn.

St Martins Hospital office accommodation

We had already planned to move staff currently based at St Martins to other Council offices which can offer better quality and more flexible facilities for staff. With most staff working remotely during the lockdown period, the office 'move' will now be going ahead in the coming weeks without staff returning to their previous desks. Future working arrangements are being looked at across the Council and it is most likely that staff will have a future base at Keynsham Civic Centre or the Hollies, but with an increased emphasis on flexible and home working. CCG colleagues are also looking at their future accommodation arrangements and the aim will be to ensure colleagues working in our integrated commissioning teams can still work alongside each other as appropriate.

Update on transfer of Community Resource Centres and Extra Care Housing Support

Financial service model: The current annual contract value is £6.776m. Financial due diligence work has been completed to ensure the transfer costs remain within the current contract value and that we have a full appreciation of the financial risks. However, ongoing operating pressures mean that the budget will remain a challenge. However, in balance to this the Council will benefit from its tax status particularly in relation to VAT, greater purchasing power, procurement capacity and skills, and direct responsibility for maintaining occupancy.

Bank worker system: The council does not currently operate a bank worker system. To have an in-house bank system presents a real opportunity for council. Once established this could offer a wider role as an alternative or additional avenue to manage temporary staff within the council. It has been agreed that Sirona will provide the system for up to six months from transfer. This will allow time for the council to create or contract a bank system operational from April 2021, ensuring minimal disruption at the point of transfer.

Community Engagement:

- **Engagement with staff group:** We have engaged with staff using face to face, and recently teleconferencing, meetings with union representatives and staff. They have used dedicated email boxes for questions from staff, residents and carers and other stakeholders. Staff have received regular briefings giving an update on the transfer and answering any questions. The formal Transfer of Undertakings (Protection of Employment) Regulations

(TUPE) for staff consultation commenced on 15 June for 30 days. Staff are in the main positive about transferring to the council.

- **Engagement with residents:** All residents received a letter in January informing them of the decision to transfer the services in house and offering meetings including relatives and carers. Further communications will be shared by letter and newsletter to update them in July 2020.
- **Engagement with stakeholders and wider community:** Regular updates have been facilitated for the Registered Social Landlords (who own the Extra Care Housing Services) and providers who operate Day Services within the CRCs. The council's website has displayed news on the project for the wider community. Future development of services will have wider engagement including on the use of CRCs and expansion of Extra Care Housing services.

A full Equalities Impact has been regularly updated through the life of the project.

Councillor Eleanor Jackson commented that the coming year could be potentially difficult given the Government's recent decision to not include carers on their points-based immigration system.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that this was disappointing and that the Council would make sure as much as it could that they have enough resources in place.

The Chairman thanked her for the briefing on behalf of the Panel.

14 PANEL WORKPLAN

The Chairman introduced this item and asked for comments from the Panel on the workplan.

Councillor Eleanor Jackson suggested that the Panel receive a report from Dave Francis, SACRE Secretary on the new Religious Education syllabus.

Kevin Burnett suggested the Panel add the following items / reports to their workplan;

- Operation Encompass Update
- Future of the former Culverhay site
- Looked After Children and Exploitation Risks
- Virgin Care Update
- School Attainment
- Autism Board

The Chairman thanked them for these proposals and said that they would be discussed further by himself and the Vice-Chair at their agenda planning meeting with the Corporate Director.

The meeting ended at 1.10 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

This page is intentionally left blank

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	15 Sep 2020	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	RUH Health Infrastructure Programme 2	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Powerpoint presentation		

1 THE ISSUE

- 1.1 This presentation introduces the HIP2 scheme at the Royal United Hospitals NHS FT and sets out the next steps.

2 RECOMMENDATION

- 2.1 The Panel is asked to note the contents and confirm how it wishes to be engaged during the development of the scheme.

3 THE REPORT

- 3.1 The national Health Infrastructure Programme 2 was launched in Oct 2019. The RUH has been selected to benefit from the investment programme.
- 3.2 The Trust is to prepare an Strategic Outline Case (SOC) by December 2021 as part of the process to secure the funding.
- 3.3 The Trust has started to engage with the local system as part of the scheme development and would like to establish how the Panel would like to be involved and informed.

4 STATUTORY CONSIDERATIONS

- 4.1 There is not yet sufficient detail regarding to scheme to be specific on this point but full consideration will be made as the scheme is developed.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 Resource implications will be determined in the SOC.

6 RISK MANAGEMENT

6.1 Risks will be determined as part of the SOC development.

7 EQUALITIES

7.1 An Equality Impact Assessment will be made once there is more definition on the scheme.

8 CLIMATE CHANGE

8.1 Climate change considerations, policy and legislation will be key in developing the scheme and fundamental to it being approved.

9 OTHER OPTIONS CONSIDERED

9.1 n/a

10 CONSULTATION

10.1 This report is limited to introducing the scheme which has just been initiated.

Contact person	Simon Cook, Programme Director
Background papers	
Please contact the report author if you need to access this report in an alternative format	

RUH HIP2

Joss Foster, Director of Strategy

Simon Cook, RUH HIP2 Programme Director

Health Infrastructure Plan 2 (HIP2)

The biggest, boldest, hospital building programme in a generation ... [initiating] more than 40 new hospital projects across the country” (SoS)

Second phase announced October 2019 (HIP2) – a rolling five-year programme of investment in health infrastructure, encompassing:

- capital to build new hospitals,
- modernise our primary care estate,
- invest in new diagnostics and technology, and
- help eradicate critical safety issues in the NHS estate

Health Infrastructure Plan 2 (HIP2)

RUH is one of 21 schemes selected as part of the HIP2 programme nationally

The other HIP2 trusts within the South West are:

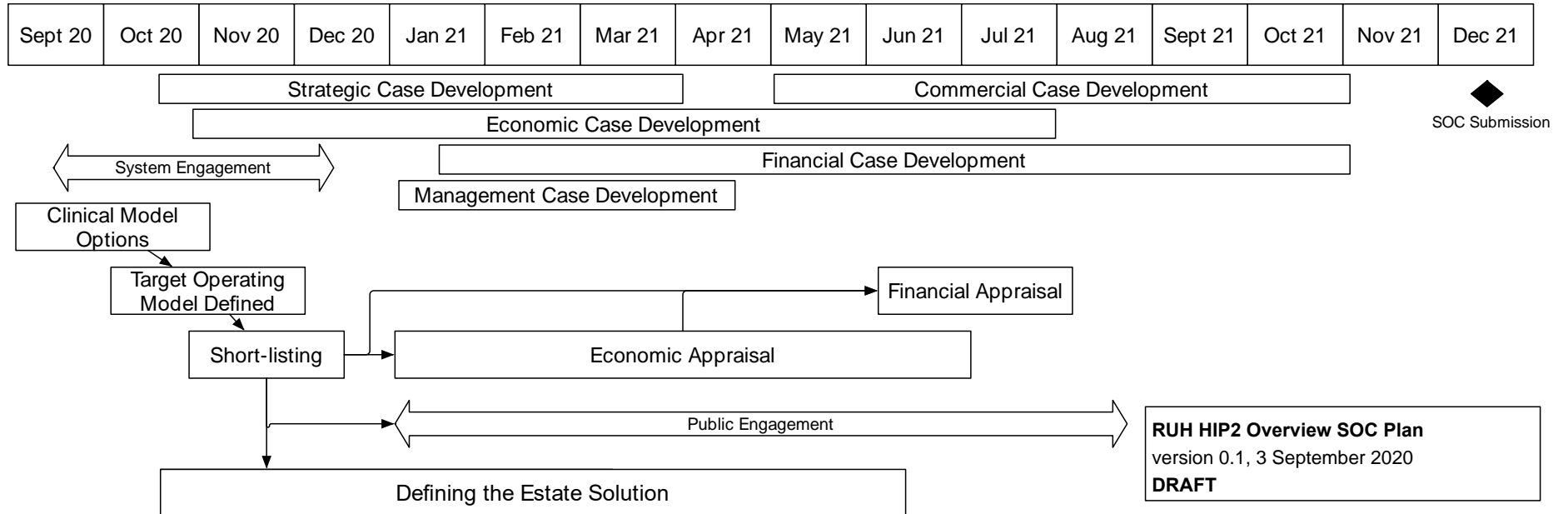
- Dorset Healthcare University NHS FT
- Northern Devon Healthcare NHS Trust
- Royal Cornwall Hospitals NHS Trust
- Taunton and Somerset NHS FT
- Torbay and South Devon NHS FT
- University Hospitals Plymouth NHS Trust

This is a once in a generation investment and an opportunity we are excited to seize

Our approach

- The RUH is part of a wider healthcare system – we will work with our system partners to ensure that the plans we develop are fit for the future of health and care in the community
- The need for pace – we need to submit a Strategic Outline Case by December 2021 and are keen to go faster if possible to secure the funding
- We are building an engagement plan with our staff, the local community, our patients, partners and other local and national stakeholders

Programme Plan / Timeline



Next steps

- Work with system partners to develop the clinical model and vision
- Developing strategic options for our estates solution
- Commencing drafting of the Strategic Outline Case

Thank you, questions?

This page is intentionally left blank

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	15 th September 2020	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Virgin Care Commissioner Update Report	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: Commissioning Performance Report Update for Virgin Care		
Annex 1: Performance Dashboards		

1 THE ISSUE

- 1.1 Following on from the previous report to Panel in March 2020, attached is an update report on Virgin Care's performance against national and local standards and indicators (year end 2019/20 and Quarter 1 2020/2021) and financial position at year end 2019/20.
- 1.2 The report seeks to address the issues raised at the previous Panel and has provided additional information on Delayed Transfers of Care, Recruitment and Retention and Virgin Care's staff appraisal system.
- 1.3 Finally the report provides an overview of the work Virgin Care have undertaken in response to the COVID-19 crisis both as a direct deliverer of services and also their role as a prime provider. Virgin Care have responded quickly and flexibly to support the health care and social care system in Bath and North East Somerset.

2 RECOMMENDATION

The Panel is asked to;

- 2.1 Proposal 1:** Note the content of the report and identify any areas of focus for the next update report.

3 THE REPORT

- 3.1 The previous report to the Panel set out the legacy information on Your Care Your Way and the contract detail and the governance arrangements for the Virgin Care contract held with the Council and Clinical Commissioning Group. This report does not repeated this information as the detail has not changed however if required it can be found in the link below:

<https://democracy.bathnes.gov.uk/documents/g5544/Public%20reports%20pack%2010th-Mar-2020%2010.00%20Children%20Adults%20Health%20and%20Wellbeing%20Policy%20Development%20.pdf?T=10>

- 3.2 The report contains detailed update on Virgin Cares performance and financial position building on the information in the previous report. It also provides additional information on Delayed Transfers of Care however noting that since COVID-19 the position has changed both in terms of reporting but in terms of the priority being given to release as many hospital beds as possible.
- 3.3 The report notes that during the COVID-19 period there has been no easement on delivery of social care in the same way that has been required for health care services and Care Act assessments and reviews have continued as normal – albeit with the changes brought about by the Discharge to Assess requirements the Department for Health and Social Care have put in place. Virgin Care have work consistently to ensure this is achieved. Virgin Care have exceeded the target in relation to coordination of safeguarding adult cases.
- 3.4 As requested by the Panel additional information has been provided on the management of the Virgin Care workforce as there had been previous concerns about staff satisfaction. A number of mechanisms have been put in place to address this.
- 3.5 Finally progress in relation to transformation projects has been set out of note is the new development of the Compassionate Communities Hub which will continue going forward.

4 STATUTORY CONSIDERATIONS

- 4.1 Delegated functions carried out by Virgin Care are specified in the report which came to Panel in March 2020; there has been no change to these and statutory considerations remain the same. There were changed brought about by COVID-19 and the changes the Department for Health and Social Care put in place as a result of this. Virgin Care have adapted and complied with these as required and have been in constant dialogue with the Council and CCG regarding this.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 The report outlines Virgin Cares financial position for year end 2019/20. The overspend has been managed by Virgin Care themselves as set out in the report.

6 RISK MANAGEMENT

- 6.1 During the Contract, Quality and Performance Management Meeting (CQPM) with Virgin Care there is a routine item on risk assessments, including local and corporate risks. Risk management has been a key issue during the COVID-19 period and there have been risk assessments for all service user as well as risk assessments for each Service in place. Those for the Service have been shared with commissioners and the ones for the person have been managed by the Service.

7 EQUALITIES

- 7.1 As with all contracts Virgin Care are monitored in terms of their compliance with equalities requirements. Further details can be provided if required.

8 CLIMATE CHANGE

- 8.1 The Council has declared a climate emergency and has resolved to enable carbon neutrality in B&NES by 2030. Virgin Care as part of the transformation of the service are putting in place mechanisms to reduce the impact of climate change such as mobile working, the integrated care record, multi-disciplinary teams and also multi-agency hubs; the Compassionate Communities Hub is a clear example of this.

9 OTHER OPTIONS CONSIDERED

- 9.1 N/A

10 CONSULTATION

- 10.1 There has been no consultation for this report; as stated in the previous report to Panel Your Care Your Way and the priorities agreed were developed from extensive consultation with the community. This report has been written with information provided from Virgin Care via the outlined governance arrangements outlined in the previous report.

Contact person	Claire Thorogood or Lesley Hutchinson
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

This page is intentionally left blank

Virgin Care Commissioner Update Report – Sept 2020

1. Introduction

1.1 The report seeks to update the Panel and provider assurance on the work undertaken by Virgin Care in both its delivery of health and adult social care services and coordination of sub contracted services. The previous report in March 2020 provided information on the context and contract award and also the ongoing governance arrangement. This is not repeated in this report but if required can be found in the link below:

<https://democracy.bathnes.gov.uk/documents/g5544/Public%20reports%20pack%2010th-Mar-2020%2010.00%20Children%20Adults%20Health%20and%20Wellbeing%20Policy%20Development%20.pdf?T=10>

1.2 Virgin Care are one of a number of agencies providing adult social care and health services to individuals. An overview of the sector can be provided if required.

2. Contract Update

2.1 We are in year four of the seven year term with the option to extend for a further three years (2024/2025, 2025/2026 and 2026/2027). If a decision were taken to exercise the option to extend the contract term the Co-ordinating Commissioner must give written notice to Virgin Care no later than 24 months prior to the original expiry date (end of year 5 2021/2022 – March 2022 being the latest date). An options appraisal project scope has been developed and a decision on how to progress is being considered.

2.2 COVID-19 has resulted in year four contracting being approached differently, by BaNES, Swindon and Wiltshire Clinical Commissioning (BSWCCG) Group and the Council as joint commissioner. In the first instance the finance and reporting schedules have been prioritised for inclusion in 2020/21 contract with remaining schedules to be agreed and incorporated into the contract by end October 2020 through a local variation.

3. Governance of the Contract – changes relating to COVID-19

3.1 Due to the impact of COVID-19 the decision was taken to suspend some contract governance meetings in April and May 2020 to enable Virgin Care as the prime provider for health care and social care in Bath and North East Somerset to concentrate resources to respond to the public health emergency. The contract governance meetings that did not take place are outlined in the table below.

Month/Contract Year	Governance Meeting
March 2020 (2019/20)	<ul style="list-style-type: none">- Continuing Health Care (CHC new assessments ceased from 20th March to 31st August as mandated by Government)- Mental Health and Community Health Care

	<ul style="list-style-type: none"> - Quality (note quality reports for social care continued)
April 2020 (2020/21)	<ul style="list-style-type: none"> - Contract, Quality and Performance Meeting - Finance and Information Group - Specialist Health
May 2020 (2020/21)	<ul style="list-style-type: none"> - Quality - Public Health Wellness and Health Checks, - Mental Health and Community Mental Health - Learning Disabilities and Physical Sensory Impairment

3.2 The contract governance meetings continued after April 2020 for Council statutory functions adult social care. In June 2020 the Contract, Quality and Performance Meeting (CQPM), Finance Information Group (FIG) and Quality Sub Group (QSG) meetings resumed. It was also agreed with Virgin Care to recommence service level performance meetings (SLPM) from this time, recognising that some services were being delivered differently or had ceased in line with national guidance. During the initial part of the outbreak lockdown commissioners and service providers including Virgin Care held daily virtual meetings to ensure safe delivery of services.

3.3 There are five direct service specifications that are required to be included in the main contract for Virgin Care. These will be included into the main contract through local variation during 2020/21 and all outstanding service specifications are at the final stages of sign off between commissioners and Virgin Care service leads.

3.4 Two audits led by the Council have been completed since the last report. One was regarding the Council arrangements for the Virgin Care for Community Care Contract Management (Level 3 – reasonable assurance) and the second was the Council oversight of the Integrated Care Record Project Governance (Level 2 – limited assurance). Both audit outcomes have been ratified and a resulting action plan with completion deadlines agreed. The Head of Contracting and Performance is leading this work. To date one action from the Community Care Contract Management is still to be completed and the resulting actions from the Integrated Care Record Project Governance audit are due to be completed by end October 2020 with a revised decision, assurance and reporting approach to be introduced for Council oversight of transformation projects in the Virgin Care contract going forward, which needs to take into consideration joint monitoring with the CCG.

4. Virgin Care Role and Response During COVID-19

4.1 Virgin Care have provided a prompt and responsive approach to the COVID-19 pandemic and have fully contributed to both Bath and North East Somerset locality and B&NES, Swindon and Wiltshire system activity. Some key activity has included:

- Implemented at speed the new Discharge to Assess Model in response to the DHSC Discharge Guidance published on 19th March 2020 (updated 21st

August 2020). New arrangements were required to support people swiftly out of the hospitals to release beds. Service users and patients have benefited from an integrated health and social care response as the service was able to respond quickly to the challenge. The new guidance was implemented from 1st September 2020

- All Business Continuity Plans updated in line with available COVID-19 information
- Critical services list and service priorities identified linked to business continuity were put in place and routinely updated and shared
- All services have completed a Safe Return review to ensure services provision is safe for both colleagues and people accessing services, this is a live document and ongoing risk assessments and reviews will be undertaken in light of new national guidance as it is produced
- Colleagues were redeployed from services that were no longer being provided or were working at a reduced level undertook training and induction into their new work area. Virgin Care introduced a training passport which then indicated what training has been completed should colleagues be required to redeploy in future (200 colleagues were redeployed to critical services). This provided the opportunity for colleagues to work within other services and share knowledge and skills but also to experience different methods of care delivery and insight into the work pressures of other services
- Colleague Wellbeing tools were developed
- Collaboration with the Council, Clinical Commissioning Group and third sector to establish the Compassionate Community Hub (CCH)
- Continue to be a key system partner during the COVID-19 outbreak

4.2 Adult Social Care

Adult Social Care teams responded quickly and effectively during COVID-19.

- The Virgin Care Principal Social Worker undertook risk assessments of the service areas to ensure that risks to service delivery from COVID-19 restrictions were mitigated. Professional practice guidance for home visits during COVID-19 was produced using the British Association of Social Work guidance and shared widely across social care teams. This was to ensure consistency across teams when undertaking home visits and aimed to keep colleagues and individuals we support safe
- Learning Disability and Autism Teams pro-actively conducted 'welfare checks' on people who were known to the service
- Day services were unable to continue in line with government guidance and some of the day service colleague were diverted to a variety of other teams including reablement and community hospitals to help. Some colleague continued to support individuals in the community and some colleague continued to provide a limited day service at the base to support people where there was a risk of carer breakdown. A virtual service was maintained and activity packs were sent. There has been a phased return to day services for individuals determined on a risk basis

- Supporting people with a Direct Payment - a small team contacted the individuals (prioritised according to risk) to update their contingency plans to reflect COVID-19 and the potential challenges they may face as well as offering practical advice, such as how to order PPE. The team also conducted 'welfare phone calls' to check in on Direct Payments users and responded to any questions or concerns that they had in relation to their care or responsibilities as an employer.
- Maintained safeguarding arrangements - despite the challenges, excellent performance was maintained by the Adult Safeguarding Team throughout the period. 100% of all decisions during the COVID-19 period were made within the expected timescales. This exceeded the performance target of 95%. Safeguarding meetings (virtually) and community visits continued throughout lockdown to ensure that the most vulnerable were safeguarded from abuse and neglect.

4.3 Adult Health Services

As with adult social care, health specific services responded quickly some of the highlights include:

- Setting up a community swabbing team in response to initial request from Public Health England (PHE), this then developed into a drive through testing facility at St Martins in the early stages of the pandemic
- Colleagues working in areas with a high risk of aerosol generation procedures have been mask fit tested for FFP3 masks. Currently mask fit testing community colleagues in preparation for a second surge
- Services embracing new ways of working and developing virtual consultations, Physiotherapy have started virtual exercise classes
- Continuing Health Care service supported infection control training in Care homes as new CHC assessments ceased in line with the guidance
- Provided training in mask fit testing to Dorothy House staff enabling them to test their staff
- Kept colleagues and service users safe during the pandemic, no cases of hospital acquired COVID-19 infection within community hospitals.

4.4 Children's Health Services

- Children's Health Services have maintained strong performance throughout this period
- Colleagues redeployed from services that were no longer being provided or were working at a reduced level undertook training and induction into their new work area. In Children's Services this primarily affected the Children's Speech and Language Therapy Service
- Colleagues working in areas with a high risk of aerosol generation procedures have been mask fit tested for FFP3 masks. Currently mask fit testing community colleagues in preparation for a second surge
- Services have been embracing new ways of working and developing virtual consultations. An agreement has been reached with Commissioners to retain

much of this good new practice going forward and new ways of working for many families and children have elicited higher levels of engagement

- Have been a key system partner during the COVID 19 outbreak – Virgin Care Children's Services Lead has been fully engaged in all planning stages
- Community Children's Nurses have been extremely helpful and supportive to Personal Health Budget holders providing extra support where required and have often gone above and beyond the commissioned service to support children and young people and their families
- Children's Continuing Care contact has been comprehensive with Virgin Care Continuing Care Nurses maintaining good contact with their families throughout the COVID-19 period
- Special Educational Needs Statutory Health Assessments – Virgin Care have continued to carry out all required assessments, virtually where appropriate but face to face where necessary
- The Children's Audiology Service has been impacted disproportionately to other Children's services

4.5 Compassionate Community Hub (CCH)

Virgin Care have been instrumental in leading the development and operation of the Compassionate Community Hub, alongside colleagues from 3SG, their members, BSW CCG and the Council. The Hub has provided a single point of access for community response and provides the most appropriate, joined-up intervention for anyone seeking support or guidance on COVID-19. Response teams include; food support, welfare support, mental wellbeing, housing support and physical wellbeing advice. Since 20th March to 28th August 2020 the service has supported over 7,500 calls, the coordination of over 1,500 volunteer tasks, delivered over 330 food parcels and over 17,000 frozen meals. The Hub was set up in response to COVID-19 but its effectiveness has meant that it will now develop into an ongoing service for joined-up community response to support the wellbeing of residents into the long term.

5. Performance and Activity

5.1 Performance overview

Detailed performance and quality information continues to be reviewed as part of Contract Quality Performance Meeting (CQPM bi-monthly); Finance and Information Group (FIG bi-monthly), Quality Sub Group (QSG 6 weekly) and the Service Level Performance Meetings (SLPM 2 monthly and 7 quarterly). Actions to address areas of poor performance are undertaken in line with contractual provisions, which can include the issue of a Contract Performance Notice, of which none have been issued since the last report.

The performance of the contract contributes to nationally benchmarked results for both health and social care. For health measures, Virgin Care contributes to Clinical Commissioning Group (CCG) performance against key NHS Constitution targets. For social care, contract performance contributes to the Council's Adult Social Care Outcomes Framework performance which is required by NHS Digital. Local contract reporting provides detail about the activity and performance of the services, so that

the factors affecting nationally published performance are understood and that there is oversight of the level of service received by B&NES residents and GP registered patients in B&NES.

During the COVID-19 emergency period a number of Virgin Care services were either not able to operate at all or were only able to serve the most urgent needs (this was mandated by the Department for Health and Social Care) so performance – particularly in relation to timeliness measures and sizes of waiting lists – has been affected. Note that Care Act duties such as assessments and reviews were still required. Clearly, however this has been a national issue, and the impacts on performance for Virgin Care are consistent with the national position. In the performance annex attached some measures are rated red because of variance to target but this does not represent underperformance because services were unable to operate as normal. As the focus on recovery continues, performance is expected to improve but social distancing means that capacity in clinics, for example, is not at pre COVID-19 levels and this will impact on the time to recover.

As mentioned in the last report, work is continuing to develop a higher level of sophistication in the performance information collected from the strengths-based-practice model of social work. Prior to the COVID-19 emergency period, a project group was reviewing the systems and processes in operation to ensure that both the Council and Virgin Care could report on the effectiveness of social work practice in addition to reporting on timeliness of assessments and reviews. The project is nearing its conclusion and we expect recording in line with the new process to begin in the autumn of 2020 with reporting commencing in the following month.

The following sections summarise B&NES performance against national standards noted in the last report and provide narrative about the latest performance.

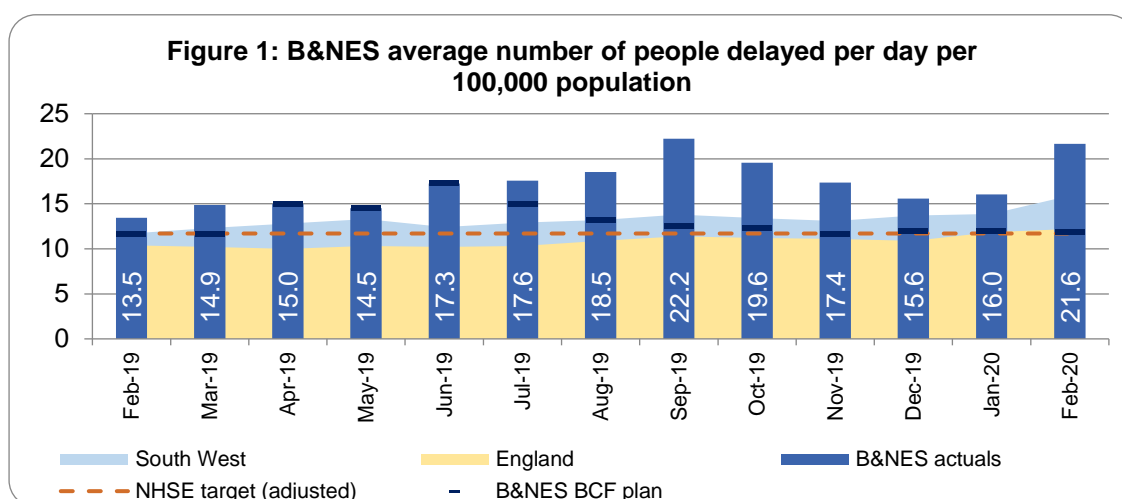
5.2 Adult Social Care Outcomes Framework (ASCOF) – annual results

B&NES' ASCOF performance is derived from a statutory submission of key activity data, the Short and Long Term (SALT) return and responses from service users and carers to annual and biennial surveys respectively. Reporting is at a total local-authority level, so national results are not filtered by provider.

The last report to Scrutiny included the 2018/19 results and this remains the latest published national dataset. The Councils SALT return for 2019/20 has been recently submitted. Annex 1, Part 1 compares B&NES performance in 2019/20 and 2018/19 in the 11 measures that form the Adult Social Care Outcomes Framework (ASCOF). The ASCOF measures are those used most frequently locally and regionally to set priorities for social care and measure outcomes.

For the majority of measures calculated from the SALT return, the estimated outputs for 2019/20 indicate that B&NES continues to perform in line with national or regional averages from 2018/19. The areas of concern remain in line with those reported in the previous scrutiny report:

- Data quality is impacting on reporting for two key measures: the outcome of short term services and long term needs met by admission to residential and nursing care. Virgin Care is working with commissioners to align recording with the requirements of SALT, so the expectation is that data quality will improve for 2020/21.
- Numbers of people in receipt of direct payments: as noted in the last report, an urgent review of service users with direct payments (DP) in 2018 led to a significant drop in the rate. Subsequently, the focus has remained on offering DPs only where it is appropriate to do so. Training has continued to support service users to improve their confidence in managing DPs themselves. 2019/20 was the first full year after the review, so results were expected to be lower than 2018/19.
- Delayed Transfers of Care per day per 100,000 population - national reporting on delays was ceased in March 2020 by NHS Digital. Before reporting ceased there had been an increase in the delays during Quarter 4.



Delays for people awaiting home care or reablement were the most common reason for delays in 2019/20 and this reason saw the highest increase in Q4, with 55% of delays attributed to this reason.

Figure 1 above is at system-level for B&NES. In 2019/20, 68.5% of all delayed days were attributable to health, 29.6% to social care, and the remainder jointly attributable to both health and social care. During the same period, 46% of delays were in community hospital beds managed by Virgin Care and, of these delays, 76% were attributable to health with the remainder attributable to social care.

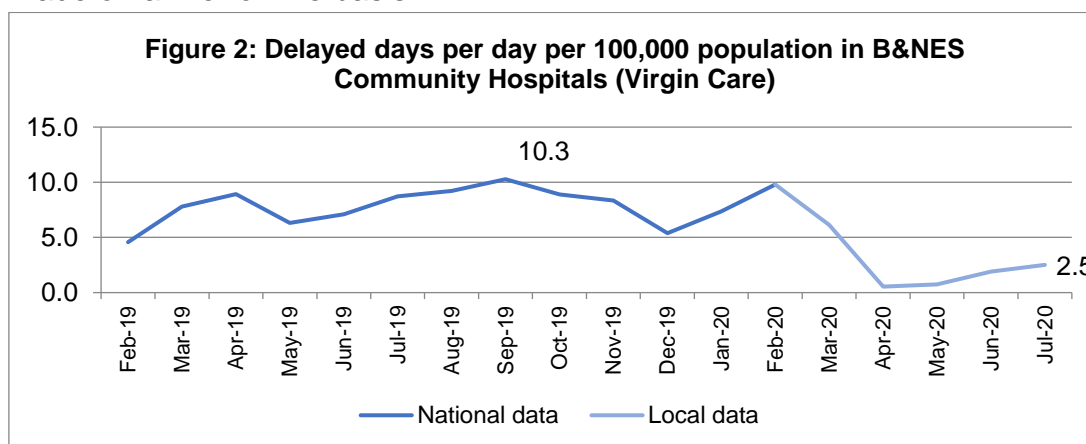
In keeping with the issues at system-level, the main reason for delays in community hospitals delivered by Virgin Care was for people awaiting home care or reablement, accounting for 57% of delays in this setting. Before the pandemic, the launch of the Independence At Home Framework was expected to help improve the timeliness of arranging home care packages and therefore reduce delays for this reason. However, the onset of the COVID-19 Discharge to Assess procedures means that its direct impact can't be identified. Delays for people awaiting care home placements were also a significant factor, with 28% of community hospital delayed days attributed to this reason. The framework for Care Homes was also expected to have

some impact on the time to hospital discharge but, again, (setting aside the challenges that care homes have faced over the period since March) the significantly different discharge arrangements in place from March mean that any effect could not be identified in practice.

5.3 ASCOF – in-year monitoring

In 2020/21, COVID-19 has had an impact on some measures but it will take time to understand if these trends will be sustained. Key areas of performance are described below.

- Delayed transfers of care: national submissions remain paused at the time of writing, but Virgin Care has continued to report delays in community hospitals locally. Rates of delays have significantly dropped from April as the focus on protecting acute hospital capacity drove lower admissions to community hospitals. Delays remain significantly lower than the levels seen prior to lockdown, as evidenced in Figure 2 below. Discharge arrangements have been revised at a national level and will remain in place after the COVID-19 emergency period ceases. The new arrangements (from 1st September) require a discharge to assess model to be in place, with up to 6 weeks of NHS funding provided to people needing support whilst they receive reablement or assessment for longer term support (such as social care support or Continuing Health Care) outside of hospital. The guidance issued on the 21st of August indicates that reporting is likely to move away from the current bed-based delays to reporting on the flow through the reablement and assessment process. These changes mean that any comparisons of pre- and post-COVID periods will not be made on a like-for-like basis.



- The proportion of service users using Direct Payments is below the local target, but as mentioned earlier in the report DPs are only provided in cases where it is appropriate to provide them. Mitigation is in place as described above.
- Admissions to care homes (ASCOF 2A) performance in 2020/21 has been lower (i.e. better) than 2019/20 levels but this is likely to be due to the impact of the health funding provided during the COVID-19 period. During this period people who were discharged from hospital and needed care home support were funded

through this source rather than by social care, so these people would not count towards the ASCOF measure.

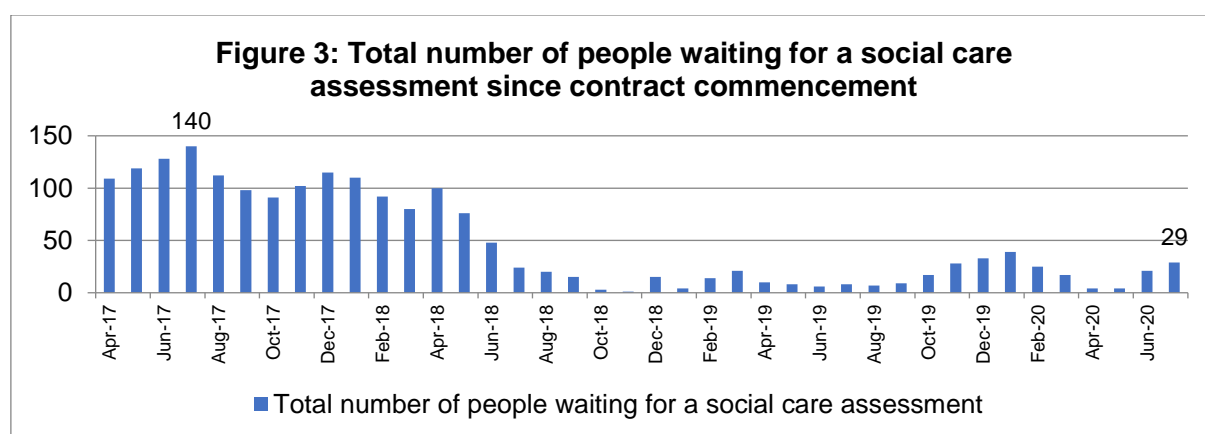
- Performance for Learning Disabilities service users in employment and accommodation continues to be good in 2020/21 and is expected to continue in the top quartile for all local authorities.

Interim reporting for Virgin Care against ASCOF measures for 2020/21 is included in Annex 1, Part 2.

5.3 Local reporting for Key Adult Social Care measures

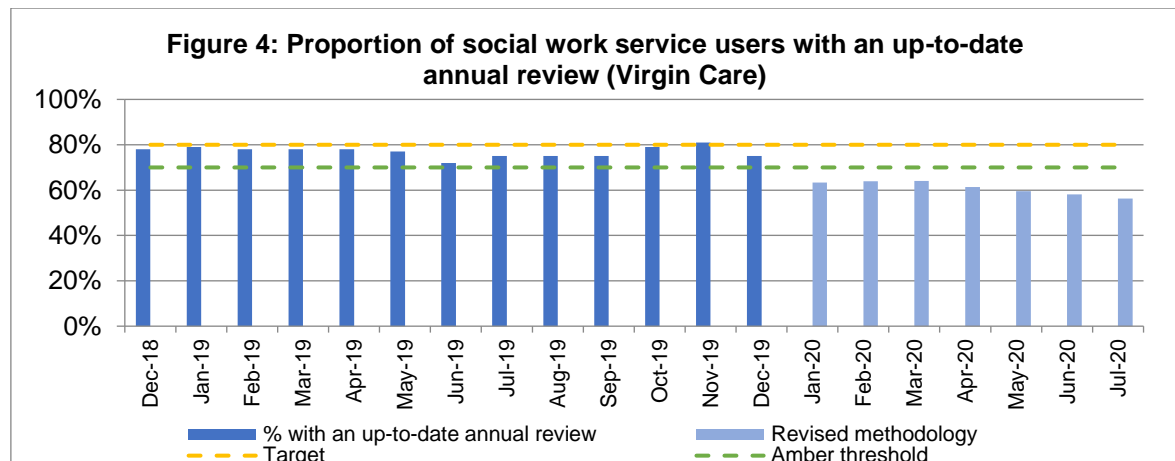
A number of key measures of Adult Social Care performance are not benchmarked nationally but local contract reporting ensures that commissioners are sighted on how critical Virgin Care services are performing.

- **Social Care Assessments:** the overall improvement in the waiting list since contract commencement noted in the last report still remains lower than January 2020 position and B&NES continues to seek assurance through Adult Social Care and Safeguarding SLPM that there is a robust risk management and prioritisation process in place for those awaiting assessment. There has however been an increase in the number of social care assessments waiting and this is because they have taken a longer amount of time to due during the COVID-19 period with challenges such as social distancing requirements. Where possible these have been done virtually. All assessments requests continue to be reviewed against the risk stratification process Virgin Care have in place to ensure that if someone's needs increase they are seen more urgently.

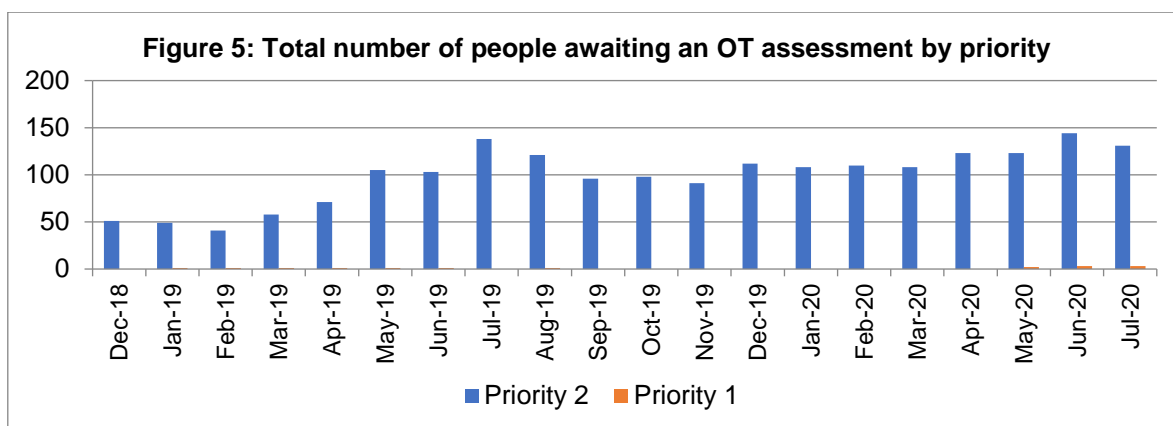


- **Annual Social Care Reviews:** the methodology for calculating the proportion of Virgin Care service users with up-to-date reviews has been revised following discussion between Council and Virgin Care Business Intelligence teams. The rate based on the revised calculation is shown from January 2020 in Figure 4. Performance in this area has also been impacted by COVID-19. Firstly, it has not

been possible to review people in care settings and those shielding at home have also declined reviews. People have been offered telephone reviews and reviews using virtual platforms and these have been taken up by some people. Secondly, a number of colleague from the review team were asked to support the reablement teams for a number of weeks to support the hospital discharge process. These impacts were monitored through weekly and now monthly performance discussions between Virgin Care and the Council.



- Occupational Therapist Health Assessments: the month-end waiting list for people requiring an Occupational Therapist (OT) assessment continues to be low for people in the highest priority category (priority 1). The waiting list for people at priority 2 has remained high (see Figure 5 **Error! Reference source not found. Error! Reference source not found.**) but remains lower than its peak in July 2019. A Recovery Action Plan is in place to improve the position, and it is monitored on a monthly basis by the commissioner. It remains the case that those people in the highest category of need are assessed promptly. As described above, the COVID-19 period has had an impact on people's willingness to have an assessment. Everyone on the waiting list was contacted on a monthly basis between April and August to see if they would be willing to have a visit. In July 53% of people on the waiting list declined a visit. In August the level had improved with 11% not wanting a visit due to concerns related to COVID-19. Visits to Care Homes also resumed in August. All visits are now undertaken in 2 parts: firstly a telephone assessment and then a visit with appropriate PPE to limit any risks to the person. The OT picture in B&NES mirrors the challenges all LAs are facing nationally and once again against a backdrop of OT recruitment challenges. Alongside the 'routine' OT assessment process there have been a number of key initiatives involving OT including the review of packages to see if equipment can help to reduce direct care input for people with two carers and the use of an OT in the First Response Service where they are utilised to prevent hospitalisation. At the beginning of September Virgin Care had a new full time permanent OT start and have also employed a full time locum OT to address the waiting list.



5.4 Safeguarding Adults: national data

The national Safeguarding Adults Collection (SAC) is the source of benchmarking for Safeguarding Adults and the 2018/19 results were shared in the last report. The 2019/20 return has been submitted but benchmarking information will not be available until November 2020.

5.5 Safeguarding Adults: local data

Alongside nationally benchmarked data, B&NES has a range of additional local measures to provide assurance that safeguarding enquiries and concerns are managed effectively. In this regard, B&NES has a more comprehensive range of information available than other local authorities. See Part 3 of Annex 1.

- 100% of decisions for new concerns have been made within 4 days
- 100% of planning meetings for new enquiries are held within the 10 days procedural timescale.

Changes have been made to the safeguarding process during the COVID-19 emergency period and all meetings are currently being undertaken virtually. Risk assessments are also being undertaken to support face to face meetings where this would be beneficial for the person.

5.6 Virgin Care Performance for Key NHS Constitution and Quality Standards

Virgin Care contributes positively to a number of national targets for health services. Part 4 of Annex 1 shows the latest performance in 2020/21 against NHS Constitution and Quality Premium standards.

- Referral to Treatment Time - As with all RTT services nationally, COVID-19 restrictions have significantly impacted on RTT performance. While the overall rate for Virgin Care is 66.2% in July 2020 against a 92% target, it is better than the latest national rate of 52.0%. At service level, Community Paediatrics has remained on target in spite of the challenges of operating during the pandemic. Recovery plans are in place for Orthopaedic Interface Service,

Falls and Paediatric Audiology, albeit the latter is operating at around 50% capacity in terms of available appointments due to social distancing which will impact recovery times. OIS and Falls are projecting return to target by the end of September if demand remains at current levels.

- Six-week diagnostic standard – Performance against the Diagnostics standard was better than the 1% target before lockdown. In line with the national picture, performance has been impacted by COVID-19 with the latest breach rate for Virgin Care 32% against a 1% target. This is better than the latest overall national rate of 48% and recovery is underway.
- 4-hour A&E standard - Paulton Minor Injury Unit continued to perform well against the 95% target at 99.6% in July 2020; it provides essential capacity to avoid further patients attending RUH.
- Continuing Healthcare - this delegated service has been measured against NHS Quality Premium targets. BaNES' local performance data is based on key assurance questions:
 - Location of assessment: no more than 15% of all assessments to take place in an acute setting – Performance for this measure is exceptional and has been in the top quartile nationally since reporting began in 2017/18. This has continued in 2019/20
 - Timeliness of decisions: more than 80% of all CHC decisions are to be made within 28 days from positive checklist or notification – having stabilised performance after a backlog of older cases were cleared, since April referrals have effectively ceased; the number of referrals concluded per month are very low and any breach means the 80% target will be missed. In Q1 2020/21, one breach took the rate to 50% and so the target was not achieved.
 - During the first part of the COVID-19 period CHC assessments were ceased and commenced again on the 1st September 2020. This was a national requirement.

5.7 Local reporting on health services delivered by Virgin Care

As is the case with local reporting on social care, contract reporting on health services provides context to about how Virgin Care contributes to nationally reported measures and provides an overview of how the services support the local health and care system.

A range of performance measures for Specialist Community Health services were reported in the Integrated Quality Performance Report (IQPR) prior to lockdown. While revised reporting arrangements are being established, the IQPR format is provided here in Part 5 of Annex 1 to outline how performance has changed since the last report for selected measures.

COVID-19 has impacted on performance particularly for waiting times for Referral to Treatment (RTT) measures and Diagnostic testing, as set out in the annex, but as noted in the section above, this is a national issue. In that context, the continued 100% achievement of the RTT standard in Community Paediatrics is a success.

6 Quality Assurance

The number of social care complaints received by Virgin Care remains consistent: 12 in 2018/19 and 11 in 2019/20. During 2019/20 one complaint was escalated to the Council for review under the supervision of the Principal Social Worker compared with 3 the previous year. This complaint was referred to the Ombudsman with an outcome of 'Upheld'.

The majority of complaints concerned the social work service. One complaint related to the learning disabilities service.

Learning actions are recorded and reported quarterly. During 2019/20 two of the 11 complaints were substantiated and had learning outcomes. For example, social workers to ensure assessment outcomes and recommendations are clearly explained and clarified.

Number of complaints and concerns received by Virgin Care Jan 2020– July 2020

	January 2020 – July 2020						
	Jan	Feb	Mar	Apr	May	June	July
Complaints	5	4	6	4	2	2	2
Health	4	1	2	2	1	1	0
Social Care	1	3	4	2	1	1	2
Concerns	5	3	0	4	0	3	3
Health	5	2	0	3	0	1	1
Social Care	0	1	0	1	0	2	2

Number of Serious Incidents reported by Virgin Care Jan 2020 – July 2020

	January 2020 – July 2020						
	Jan	Feb	Mar	Apr	May	June	July
Serious Incidents	0	2	0	0	2	2	0

The number of incidents has declined during the COVID-19 period but this reflects the reduction in service delivery and is the same picture across providers in BSW for this time period. Root cause analysis investigations have continued to be undertaken by Virgin Care for those incidents reported.

Pressure Ulcers are a trend in serious incident reporting across BSW, particularly learning linked to personalised care planning and escalation when condition/skin condition changes. This trend mainly affects community providers; however, it is a system wide theme. Providers have quality improvement plans in place which are discussed with Quality Leads. A system wide work stream is being scoped to support quality improvement in this area and Virgin Care is actively engaged in this having recently completed their own thematic review of category three pressure ulcers.

Recognising the need to operate as one system, discussions have started around Quality Leads attending Virgin Care's internal Quality and Patient Safety Committee and Serious Incident Review Panels. This will not only reduce duplication for the provider but will allow further collaboration between the organisations and share learning across the system as we develop a system-wide Quality Assurance Framework.

7 Stories of difference

Redeployment of Day Service Colleagues

Day Service colleagues as set out above were redeployed to support other services as needed; one member of colleague supported a very complex gentleman in a care home who had notice served on him. They were able to offer direct support in the care home to sustain the placement during lockdown.

Occupational Therapy

An older man was admitted to a residential home due to a decline in his physical health and functional abilities. His daughter had been unable to provide the care he required, and he was becoming increasingly unsafe at home and falling regularly. He was discharged from the home in February as he was becoming increasingly low in mood and expressed a clear wish to return home. He had lived in his house for 57 years and it was important to him that he tried.

After an initial period of Reablement, First Response Occupational Therapist (OT) became involved as his mobility began to decrease and single carers visiting (4 times a day) were struggling to support him. The OT trialled various stand aids and issued a powered one which enabled his daughter and a single carer to transfer him safely. A riser recliner armchair was purchased via a charitable grant. An alternative commode chair enabled him to be pushed safely between rooms as due to a slope in the flooring, the initial one issued could not easily be pushed over it and carers were struggling.

A referral was made to the wheelchair service and one was issued. A referral to WE Care resulted in internal and external ramps being fitted which enabled his daughter to push him outside. This enabled the older man to enjoy the sunshine and speak with neighbours he had not interacted with for years.

An application for a Disabled Facilities Grant has been made to adapt downstairs room to a bathroom and toilet.

Both the older man and his daughter are very pleased that he can now remain in his home as well speak to his neighbours outside.

Homeward Project

Positive reduction in length of stay (average 2 days less), increased patient outcomes and independence on discharge. Reduced patient dependency, reduced care package needs, increased individualisation of care and treatment/ personalised reablement pathway of care

Physiotherapy service

This service has introduced virtual exercise classes enabling people to remain safe at home but also to have their exercises demonstrated ensuring that they are undertaken safely.

Compassionate Community Hub (CCH)

The CCH has received very positive feedback from those supported, some examples include:

“Thanks for the food parcels which have been really beneficial for me and my family at this critical time in our lives. The Compassionate Community Hub really did wrap us with compassion like a warm duvet. I will always remember how kind everyone has been”

“Thank you to whoever spoke to my mum today at the Compassionate Community Hub, she is a very proud lady who found herself in a desperate situation. You were very kind and considerate, we have a food parcel on its way to tide us over”

“Thank you for arranging the collection of my prescription on Saturday, I was so anxious and the lovely lady made me feel so at ease and what she did wasn’t a problem. This action has restored my faith in the community- it is still there!”

“Absolutely thrilled my food parcel was dropped off by David yesterday, I have no money due to waiting for universal credit, we were so worried that we would run out of food. There are still angels on this earth. Thank you.”

“Thank you @banes3sg for matching me up to my ‘befriendee’. We had a lovely chat and are looking forward to lots more. You’ve helped me feel useful in these strange times. Very grateful to all you are doing”

8 Workforce (note Virgin Care have moved away from the term staff to colleague and this is used throughout the report)

8.1 Headcount - Below is a table setting out the colleague numbers over the last four months and builds on the figures previously presented. This is shown both with complete headcount and whole time equivalent (WTE) since April 2020. Showing a decrease in 12 WTE’s this in line with transformational change and creating efficiencies whilst ensuring quality of service is maintained.

Date	Headcount	WTE
April 2020	1225	818.99
May 2020	1218	804.57
June 2020	1222	807.77
July 2020	1218	806.73

8.2 Virgin Care colleague retention comparator April – July 2019 to 2020

The table below compares the leavers from Virgin Care services and demonstrates that there has been an improvement in staff retention.

Date	Leavers	Date	Leavers
April 2020	14	April 2019	10
May 2020	9	May 2019	17
June 2020	13	June 2019	14
July 2020	12	July 2019	13
Total	48	Total	54

8.3 Sickness - both long term sickness (LTS) and short term sickness (STS) since April 2020

Virgin Care sickness rates have been low during COVID-19. Work has been done to support all colleagues during the pandemic especially around health and wellbeing and working from home. In addition to this, Virgin Care have also put in place additional support for Black, Asian and Minority Ethnic (BAME) colleagues to ensure they maintain their safety whilst working.

The reduction in sickness levels has in part been driven through manager training in how best to support colleagues during a period of ill health and more accurate reporting allowing the managers to access better information.

Date	LTS %	STS %	Overall %	Date	LTS %	STS %	Overall %
April 2020	1.95	3.26	5.21	April 2019	1.99	1.48	3.46
May 2020	2.26	1.29	3.55	May 2019	1.79	1.51	3.27
June 2020	1.82	1.13	2.95	June 2019	1.98	1.54	3.51
July 2020	1.86	1.03	2.88	July 2019	2.12	1.18	3.31

Note 2020 figures include colleagues who are shielding and also those absent in relation to COVID-19.

8.4 Appraisal and How Are You (HAY) conversations

In 2019/20 Virgin Care increased focus on conducting effective appraisals for all colleagues. This included workshops and training for managers on how to carry out appraisals at both mid-year and end of year. Completion rates were high, with over 80% of colleagues receiving a mid-year and end of year appraisal, even through the pandemic. There have been some understandable absences at the end of this financial year due to COVID-19 and other sickness, however, Virgin Care continue to work with managers to ensure outstanding appraisals are completed.

Virgin Care also introduced a "how are you" (HAY) conversation, which is still a structured conversation about the colleague's performance but doesn't need to be as detailed as the full appraisal. Virgin Care worked with the managers of all services to give the option to conduct either a full appraisal or the new HAY conversation.

8.5 Colleague satisfaction

Virgin Care have continued to work to improve colleague satisfaction within the service. Initiatives that have been introduced include; listening events, a regular partnership forum, increased training opportunities, a service specific newsletter, a regular weekly managers briefing and local awards. These sit alongside our annual colleague survey which this year will be conducted in September. These initiatives were implemented as a result of the previous annual survey and are aimed at increasing colleague engagement and voice. Each service also has developed their own 'have your say' action plan to ensure engagement and satisfaction is being addressed within each team in addition to the above. The engagement of these colleagues has been excellent, many have undertaken significantly increased training to enable them to do these new roles and the feedback has been positive. Sickness rates continue to be low, particularly when compared to other NHS Providers. Colleague turnover rates continue to be 1%, a strong indicator of positive morale within the services.

- Have Your Say Survey

The 'have your say' colleague survey for this year will commence on the 28th September 2020 and close on the 16th October 2020, like last year it will be delivered by Fabric. This is the same company that delivered the survey last year which was conducted well. The aim is to have all results of the colleague survey by middle of November.

Virgin Care continues to work through the recommendations from last year's survey, but some of these have been harder to do during the COVID-19 pandemic, an example of this would be the visibility of the Senior Leadership Team, as Virgin Care were not able to visit all services and colleagues on a regular basis due to the risk of infection. However, Virgin Care did introduce a weekly Microsoft Teams call where the whole SLT joined to deliver a briefing to all managers (approx. 50 invitees), and this approach has received very positive feedback.

- Social Work/Care 'Health Check' Survey

The Social Work/Care Health Check survey is undertaken annually in October/November. The survey is overseen by the Virgin Care Principal Social Worker and focuses on Social Care workforce wellbeing and development. Last year, the survey also included a focus on the impact of the 'Three Conversations' model.

8.6 Engagement

Due to the COVID-19 pandemic Virgin Care changed approach to engage with colleagues, as so many colleagues were working remotely and virtually. For

managers and senior leadership teams weekly meetings are held virtually. Services hold virtual calls daily/weekly depending on the size of the service, all of which has been challenging due to this being a new way of working, but now are running well. In addition to this Virgin Care also run partnership forums virtually.

8.7 Recruitment since April 2020

In the last four months Virgin Care have posted 96 adverts for which they have had 435 applicants. Due to the high number of applicants Virgin Care have made 63 offers, 29 of these have already started whilst the remainder are going through 'on boarding'. The key successes have been in Community Nursing, Community Hospitals and Estates. An example would be: 5 Health Care Assistants adverts attracted 35 applicants, which 10 were interviewed. The calibre of the applicant was high as Virgin Care have reported that they could have offered roles to 9 of these individuals if more vacancies had been available.

Virgin Care still have some hard to recruit to areas which are common nationally across Health and Social Care sector and include Band 5 Physiotherapists, Social Care Occupational Therapists and Social Care colleagues.

9 Transformation and Service Development Improvement Plan (SDIP)

9.1 Transformation priorities: as stated in the previous report *Your Care, Your Way* resulted in an ambitious programme of transformation to deliver the efficiencies expected of Virgin Care by the Council and CCG over the lifetime of the contract.

The table below sets out how the new model of care proposed by Virgin Care is meeting the priorities:

Priority Area	How Virgin Care will address this?	Progress Jan 20-Aug 20
A person, not a condition	Services will take into account all of a person's strengths as well as those of their family, their community and their wider support network. Colleague will be trained to identify people's individual goals and aspirations and will draw upon all health, care and community assets to achieve them. Colleagues will seek to understand any barriers to meeting these goals and work with the person to overcome them.	<ul style="list-style-type: none"> Strengths based approach has been established in social care. This includes the development of a 'first response' team getting people access to support more rapidly but focussed on a the persons strengths Alignment of social care services alongside wellbeing in the Care Coordination Centre The Compassionate Community Hub has been established, working alongside 3SG and third sector partners

		<p>as well as health and care professionals to deliver a coordinated response to need (see section above for activity)</p> <ul style="list-style-type: none"> • Working alongside the Council to introduce a joined up referral and support mechanism for third sector support to ensure appropriate information sharing • Making Every Contact Count (MECC) practitioners increased and rolled out across partner organisations and direct provision • Renewed focus on Wellbeing and transformation underway to ensure wellbeing and brief intervention is a part of every intervention
A single plan	<p>Single assessments will form the basis of a single care and support plan to give people choice and control of the care and support they receive. People will be able to view their integrated care record and control how information is shared across providers and with their own choice of friends, relatives or carers. People will be involved in regular multidisciplinary reviews of their plan to ensure their physical, mental, emotional, cultural and spiritual needs are being met.</p>	<ul style="list-style-type: none"> • Integrated Care Record is live and being used within services • The ICR now includes GPs, Community, adults social care and acute data feeds • Daily MDTs take place across care coordination services • Weekly MDTs take place with the third sector to ensure coordinated planning and action is undertaken

Invest in the workforce	<p>The award-winning “People Flourish” programme will help colleague improve the way they work in teams and with people who work in different ways to themselves.</p> <p>Investment in mobile working technology will reduce the time spent on paperwork allowing frontline colleague to focus on providing high quality care.</p> <p>There will be a cap on management costs so that resources are invested into front line care.</p>	<ul style="list-style-type: none"> • Mobile working has continued its roll out to all teams, increasing time spent with service users but also enabling remote working • Teams have been enabled to securely work from home where appropriate and possible, using remote technologies and video consultations • Training opportunities for colleagues have increased in frequency and number • A weekly managers briefing now takes place to ensure direct communication to support all services, alongside local colleague newsletters • Colleagues who have been redeployed during COVID have received additional training and support • Guidance has been sent to all colleagues to support remote monitoring and access has been promoted to the colleague wellbeing tool • All colleagues have received a personal thank you from the organisation Chief Executive • Management costs continue to be limited in line with the bid
Focus on prevention	<p>Patient Activation Measures will be used to allocate people into four levels depending on their confidence, ability and motivation to self-manage.</p>	<ul style="list-style-type: none"> • Activation measures were being rolled out prior to COVID and planning is now being undertaken to understand how

	<p>Risk stratification will help with early identification of those who are vulnerable on the fringes of healthcare or at risk of hospital admission.</p> <p>Rapid response services will prevent people being admitted to acute care through speedily providing the services they need at the right time.</p> <p>Colleague will be trained in evidenced-based health coaching so that self-management is the focus for all interactions.</p>	<p>these can be applied in the new normal</p> <ul style="list-style-type: none"> • Risk stratification is now technically enabled and 5 reports are available for use. Currently in roll out phase • Further training and design of wellbeing services is taking place to ensure latest evidence base and approach also supports those at most risk of COVID.
Join up the information	<p>A Care Coordination Centre will provide:</p> <ul style="list-style-type: none"> • A single point of contact for people who require care and support, their families and health professionals. • Signposting to other services • Booking, scheduling and case management • Single assessment • Case management • Rapid Response, Prevention, Targeted and Specialist teams • Management of Patient Portal • Telehealth monitoring <p>A team of Care Navigators from a range of VCSE sector organisations will</p>	<ul style="list-style-type: none"> • A Care Coordination Centre has been established at Peasedown St John • This CCC includes health, social care and wellbeing and third sector presence • This is enabling services to work more closely together. These benefits have been captured and reported • Signposting, booking and management of cases all take place at the CCC alongside now the Community hub which is based upstairs. Colleagues have access to the integrated care record and joint referral system from this base • Teams will continue to be integrated further and we will extend the remit and reach of the community hub in order to achieve the next phase of coordinated care • Social prescribers from Primary Care Networks are closely linked into the

	help people become aware of the extensive array of activities that are available to them.	developing hub and CCC in order to align and support care and community opportunities.
--	---	--

9.2 Service Development Improvement Plan (SDIP) – the contract requires the SDIP to be agreed, monitored and delivered annually. Updates on progress are provided at the CQPM meetings. The 2019/20 SDIP has been reviewed on a quarterly basis to monitor the transformation progress in year three of the Virgin Care contract.

SDIP Milestones by Quarter	Achieved	Partially Achieved	Not Achieved
Quarter 1 April – June 2019 (12)	8	3	1
Quarter 2 July – September 2019 (19)	15	1	3
Quarter 3 October to December 2019 (17)	14	2	1
Quarter 4 January to March 2020 (11)	4	4	3

Overall in 2019/20 69% of the milestones have been achieved, 17% partially achieved with 14% not achieved.

The three milestones reported as not achieved in Q4 are in relation to the Integrated Care Record Project. However, the ICR project has moved forward significantly over the last year, successfully delivering a live integrated care record in-year. The project now has all BaNES Community data, adults social care data, GP SystmOne data (23 out of 24 practices) and Royal United Hospital Data. This integration has allowed practitioners to start to have appropriate visibility over an individual's care record in order to make the best decisions about their care. The first users of the system have been social care practitioners and community matrons and during COVID-19 the training plans have expanded to allow more professionals to be able to access the record to provide appropriate support with joined-up information. This has included COVID-19 notifications and alerting, for example, to let other partners know when an individual that they are supporting has been identified as COVID-19 positive. In supporting direct care, in the period April 20-June 20 2,500 log-in's were reported to the ICR with a total of over 6,000 views. Feedback from the teams include *"When reviewing adult social care placements it is difficult to obtain information about when the person last attended the GP or had their medications reviewed. The ICR has been useful to be able to check for any hospital admissions prior to the review, it is easy to use and navigate around and is great to have easy access to important information that is required to complete a person's annual review"*.

The ICR project has also in-year been developing the technical ability to provide risk stratification and population health analytics. This is important in the prevention agenda to provide essential information about identifying people who may need support now or in the future. The first set of reports have been developed and are

being rolled out across the system. This will be a key focus for developing further throughout 20/21 along with the inclusion of mental health data into the joint record. In relation to the SDIP, whilst the majority of the jointly identified milestones set at the beginning of the year were achieved there were a small minority that were not fully delivered in Q4 as planned. These areas included the development of case studies and the implementation of one population health report. Whilst these milestones were initially missed as planned due to the acute data integration being behind schedule, they have since been achieved with 5 population health dashboards being developed and the integration of RUH data successfully in the system in June 20. Roll out plans have subsequently been changed due to COVID-19 which has resulted in a much wider roll out rather than a continued in-depth focus on a small number of areas.

The SDIP for 2020/21 has not yet been agreed with Virgin Care. The delay in the production and agreement of the SDIP for year four of the contract is in relation to the impact of COVID-19 and this will be included as a schedule via local variation later in the year. CQPM have discussed the position regarding agreement of high level transformation priorities and separation of business as usual service development.

10 Financial Position

Virgin Care's original bid planned for losses in the early years of the contract as a result of investment in transformation to allow ongoing investment into the services, increasing demand and the annual efficiency requirement for services of c1%.

In 2018/2019 the contract was £1.4 million overspend and in 2019/2020 £0.7million. It is anticipated that in March 2021 a balanced position will be achieved, however, we remain early in the financial year to confirm this will be the case.

The first quarter has been dominated by dealing with the COVID-19 pandemic with additional financial support from NHS to support ongoing services, both directly provided and through our sub-commissioned partners. The Panel will be familiar that supplier relief and support with PPE etc has been discussed nationally and this has been no different for Virgin Care. Both the Council and CCG have supported the financing of the physical building housing the Compassionate Community Hub. It is expected the finance risk will remain high within the system for rest of this financial year.

Virgin Care have responded to the Council's financial position, as a result of COVID-19, through pro-active engagement on ways to appropriately reduce spend within the Council's purchasing budgets both for 2020/21 and beyond. Project group has been established with both Virgin Care and Council Board member representation.

11 Next Steps

The Panel are asked to note the content of the report and to identify any areas of focus for the next report which will be provided in six months.

Annex 1: Performance Information

Contents

Part 1: 2019/20 estimated ASCOF results based on SALT return (all B&NES providers)

Part 2: Virgin Care performance against ASCOF measures in 2020/21

Part 3: B&NES Monthly safeguarding report

Part 4: Virgin Care performance against NHS Constitution health measures

Part 5: Virgin Care performance against local health measures

Part 6: Additional definitions

Part 1: 2019/20 estimated ASCOF results based on SALT return (all B&NES providers)

Indicative ASCOF performance 2019/20 compared to 2018/19 results

Measure	Indicator	18/19 Numerator	18/19 Denominator	18/19 Result	19/20 Numerator	19/20 Denominator	19/20 Result	Improved	Better Eng	Better SW	Quartile
1C1a	The proportion of people who use services who receive self-directed support	1,180	1,312	89.9%	1,144	1,261	90.7%	✓	✓		
1C1b	The proportion of carers who receive self-directed support	122	122	100.0%	135	139	97.1%		✓	✓	
1C2a	The proportion of people who use services who receive direct payments	315	1,312	24.0%	284	1,261	22.5%				
1C2b	The proportion of carers who receive direct payments	122	122	100.0%	131	139	94.2%		✓	✓	
1E	The proportion of adults with a learning disability in paid employment	48	474	10.1%	58	483	12.0%	✓	✓	✓	✓
1G	The proportion of adults with a learning disability who live in their own home or with their family	371	474	78.3%	378	483	78.3%		✓	✓	
2B1	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	258	310	83.2%	184	227	81.1%			✓	
2B2	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	310	4,650	6.7%	227	4,650	4.9%		✓	✓	✓
2D	The outcome of short-term services: sequel to service	80	118	67.8%	265	387	68.5%	✓			✗
Measure	Indicator	18/19 Numerator	18/19 Denominator	18/19 Result	19/20 Numerator	19/20 Denominator	19/20 Result	Improved	Better Eng	Better SW	Quartile
2A1	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	18	119,900	15.0	14	119,900	11.7	✓	✓	✓	
2A2	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	167	36,260	460.6	225	36,260	620.5				

ASCOF 2D: the bottom-quartile result is consistent with 18/19 performance. Change in numerator/denominator due to revised reablement data processing.

ASCOF 2A (1 & 2) - manual inclusion of ContrOCC records not automatically captured in SALT processing means that the increased rates are aligned to finances as best as possible. While 2A(2) is not currently showing in the bottom quartile based on 18/19 benchmarks, we expect to be ranked low for 19/20.

Definitions: see [the ASCOF handbook](#)

Part 2: Virgin Care performance against ASCOF measures in 2020/21

2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population

FY ● 2019/20 ● 2020/21



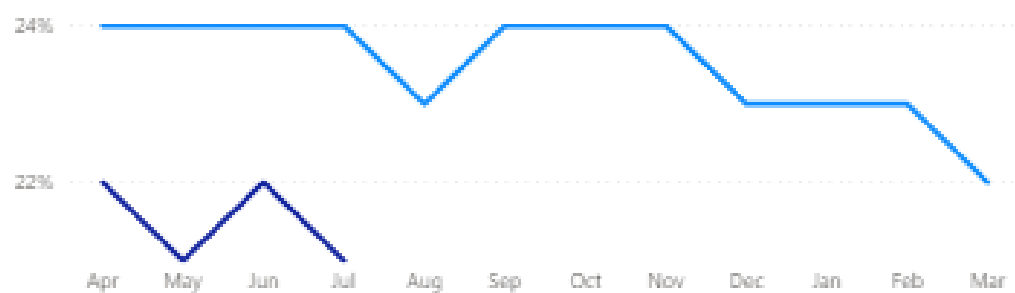
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

FY ● 2019/20 ● 2020/21



1C(2a): The proportion of people who use services who receive direct payments

FY ● 2019/20 ● 2020/21

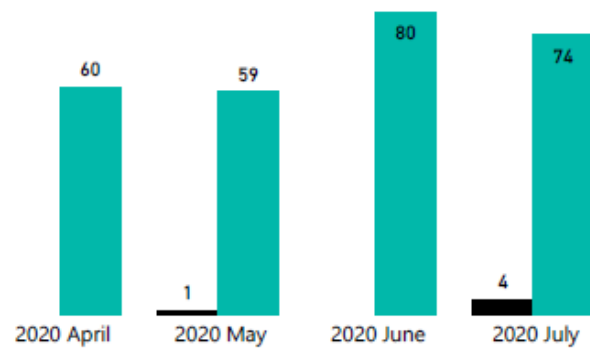


Definitions: see [the ASCOF handbook](#)

Part 3: B&NES Monthly safeguarding report

Decision timescales for new Concerns

● Blank ● Within 4 days

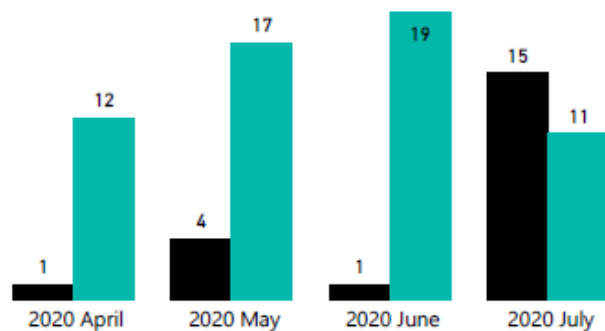


Timescales for all Decisions within period



Planning meeting timescales for new S42(2)

● Blank ● Within 10 days



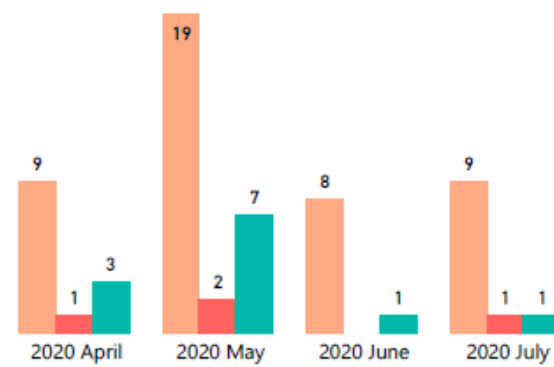
Timescales for all Planning Meetings within period



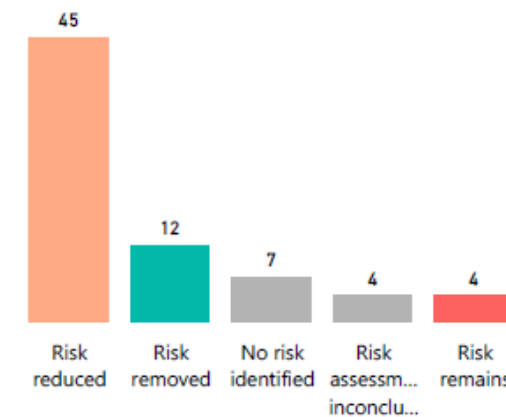
Outcomes of Closed S42 (2)

Impact on Risk

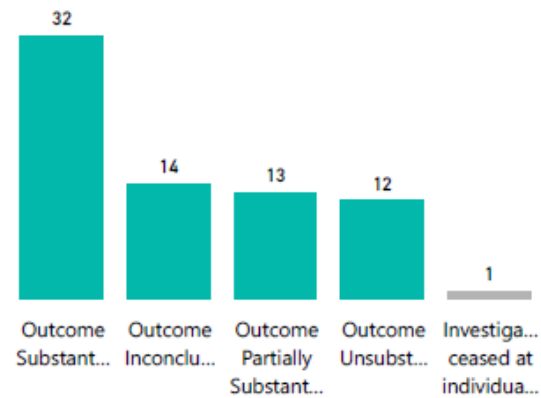
● Risk reduced ● Risk remains ● Risk removed



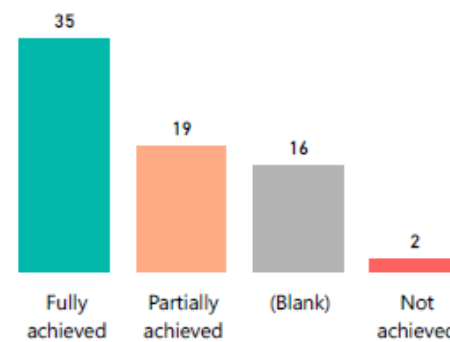
Impact on Risk (ytd)



Outcome of enquiry



Were the desired outcomes of the adult at risk achieved?



Definitions:

Safeguarding Activity - the categories are defined below for reference:

Safeguarding Concern - A sign of suspected abuse or neglect that is reported to the local authority or identified by the local authority.

Section 42 Safeguarding Enquiry - Where a concern is raised about a risk of abuse and this instigates an investigation under safeguarding procedures in accordance with Section 42 of The Care Act 2014.

Other Safeguarding Enquiry - Where a concern is raised about a risk of abuse but does not meet the three criteria under Section 42 of The Care Act 2014.

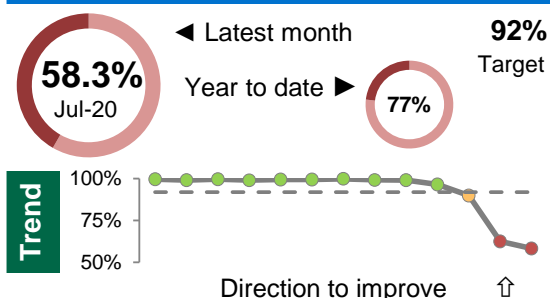
Part 4: Virgin Care performance against NHS Constitution health measures

Measure description	Direction to improve	Standard 2019/20	VC for B&NES 2020/21 actuals ¹	Latest period	England 2020/21 ²	BSW CCG ³	Trend
Referral to Treatment: percentage of patients on an incomplete pathway waiting less than 18 weeks at month end	▲	92%	66.2%	Jul-20	52.0%	56.4%	
Referral to Treatment: total number of patients waiting over 52 weeks at month end	▼	0	0	Jul-20		722	
Diagnostics: percentage of people waiting over 6 weeks for diagnostic tests at month end	▼	1%	32.0%	Jul-20	47.8%	52.2%	
A&E: percentage of A&E attendances where total time in the department is 4 hours or less	▲	95%	99.6%	Jul-20	92.1%	95.3%	
Continuing Healthcare: Proportion of Decision Support Tools completed in an acute hospital	▼	15%	0.0%	Q1	1.4%	0%	
Continuing Healthcare: Proportion of referrals concluded in period carried out within 28 days	▲	80%	50.0%	Q1	72.4%	21.1%	

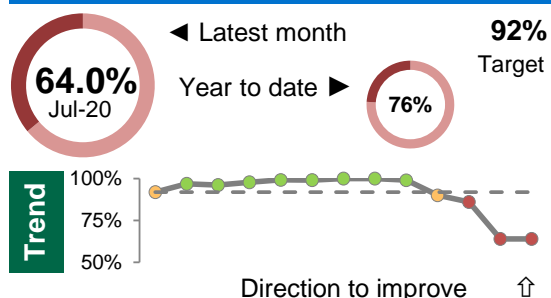
See Part 6 below for definitions.

Part 5: Virgin Care performance against local health measures

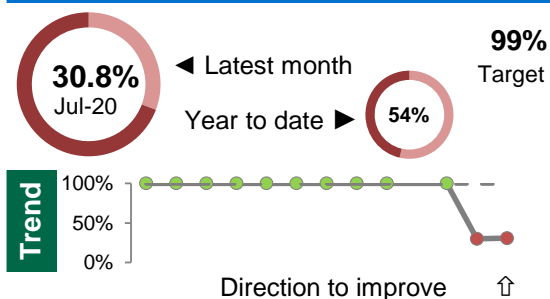
Orthopaedic Interface Service: % waiting under 18 weeks for treatment



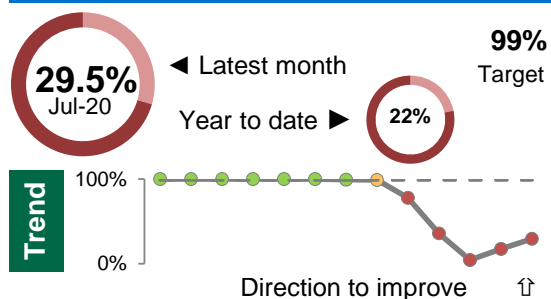
Falls Service: % waiting under 18 weeks for treatment



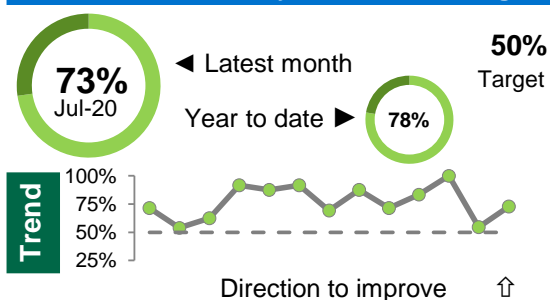
Heart Failure Clinic: % of patients seen within 6 weeks



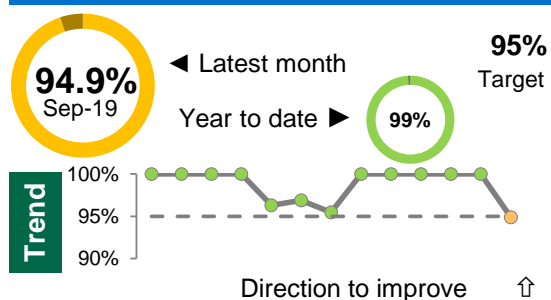
% of patients waiting under 6 weeks for community audiology assessment



Stroke patients transferred to community services within 7 days of RUH discharge



Bladder and bowel: % of first appointments with full continence assessment



Commentary

These measures contribute to BSW CCG's performance against the NHS Constitution RTT standard. In line with the national position, RTT waiting times have increased during the pandemic response and recovery periods. Both services were closed to all but urgent cases initially but the OIS has introduced video and telephone appointments to bring capacity to 2/3 of pre-COVID levels and the falls service offered routine appointments again from June. Both services are projected to be back on target by the end of September.

Commentary

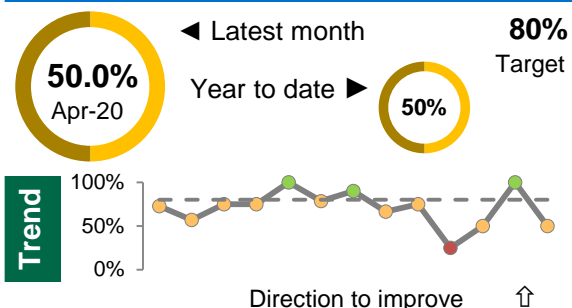
These measures contribute to BSW CCG's performance against the NHS Diagnostics standard. In line with the national position, Diagnostics waiting times have increased during the pandemic response and recovery periods. Audiology services recommenced in July with triaging in place to ensure clinical needs are met. The restart of the Heart Failure service relied on availability of a RUH sonographer but a safe return framework was drawn up in the meantime. Recovery planning continues for both services.

Commentary

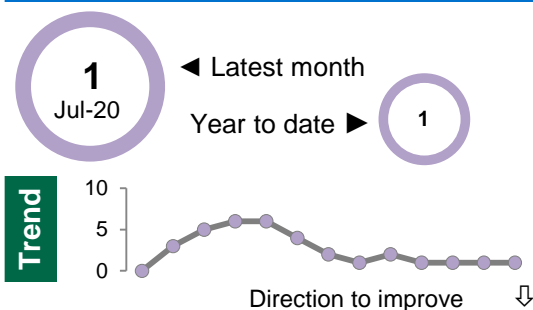
The Virgin Care Early Supported Discharge service for stroke patients has continued to perform well against the target of 50%, with 73% achieved in July and the year-to-date rate also performing significantly above the target.

Reporting for the BaBs measure has not continued in the same format, so this measure is no longer available.

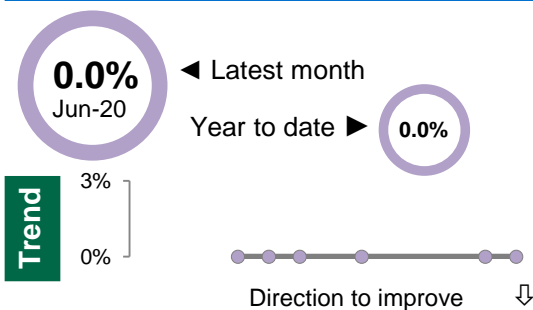
Proportion of referrals completed within 28 days



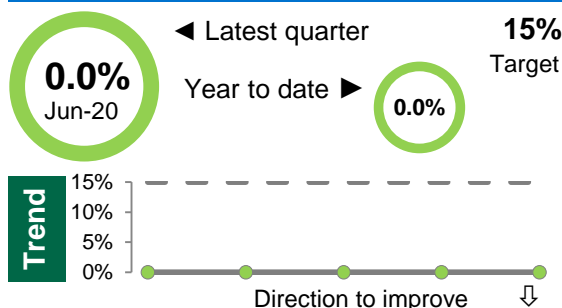
Referrals waiting over 28 days for an eligibility decision



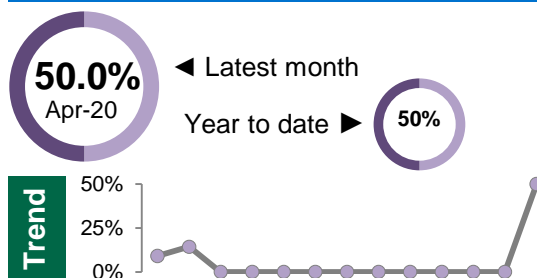
Local resolution meeting (appeals) resulting in eligibility decision



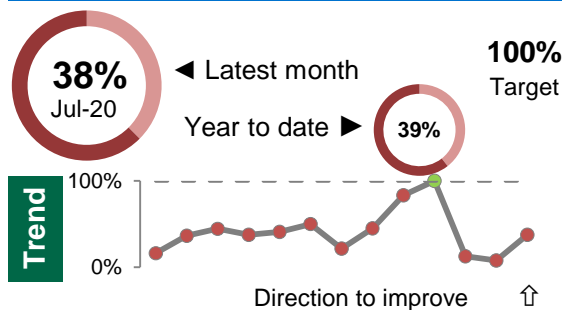
Proportion of Decision Support Tools carried out in the acute setting



Conversion rate: complex CHC referrals completed resulting in eligibility



Reviews carried out on time



Commentary

These measures contribute to the CCG's Quality Premium score. Performance for the proportion of DSTs carried out in acute settings is consistently excellent.

Referrals completed within 28 days has fallen but this was one breach of the two cases concluded in April 2020. Referrals are not being received in normal volumes during the pandemic response.

Commentary

One referral was waiting over 28 days for a decision at month end.

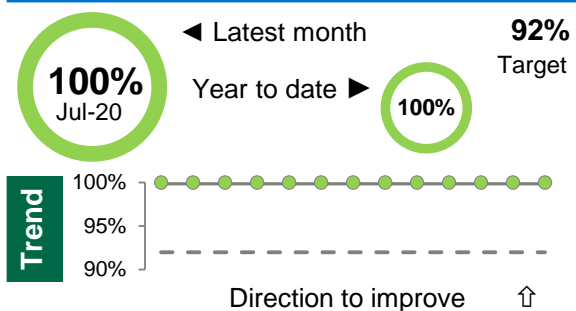
The conversion rate's increase is driven by the low numbers of assessments carried out, as only one of two referrals concluded in month resulted in eligibility. No assessments have been recorded since April.

Commentary

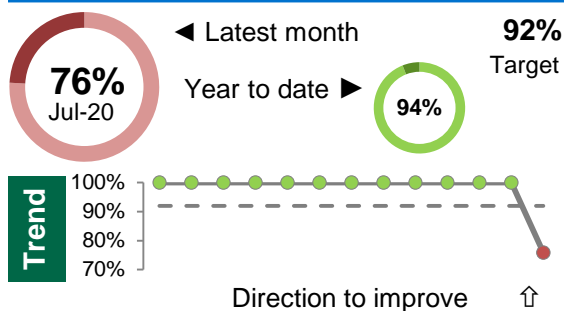
The number of appeals that result in a decision that a patient is ineligible being reversed is very low, demonstrating the quality of decision making. One case was decided in June, with the original decision of not eligible confirmed.

Timeliness of reviews remains low but the number completed has rise, so more people are now up to date with their review.

Community Paediatrics: % waiting under 18 weeks for treatment



Paediatric Audiology: % waiting under 18 weeks for treatment



Commentary

These measures contribute to BaNES CCG's performance against the NHS Constitution RTT standard. Community Paediatrics has continued to perform well during the pandemic response and activity levels have remained stable. Paediatric Audiology performance has dropped as a result of limited capacity in the COVID recovery process. Clinics recommenced in mid July but available appointments are at approximately half of pre-COVID levels and this has impacted waiting times in July.

See Part 6 below for definitions.

Part 6: Additional definitions

Measures in Part 4 above:

Detailed Measure	Source of indicator definition	Detailed definition
Referral to Treatment: percentage of patients on an incomplete pathway waiting less than 18 weeks at month end	National	The percentage of Referral to Treatment (RTT) pathways within 18 weeks for incomplete pathways
Referral to Treatment: total number of patients waiting over 52 weeks at month end	National	The number of Referral to Treatment (RTT) pathways with patients waiting 52 weeks or more and still waiting (incomplete) at the end of the period reported.
Diagnostics: percentage of people waiting over 6 weeks for diagnostic tests at month end	National	The number of patients waiting 6 weeks or more for a diagnostic test (15 key tests) at the end of the month reported, based on monthly diagnostics data provided by NHS and independent sector organisations and signed off by NHS commissioners as a percentage of the total waiting list at the month end.
A&E: percentage of A&E attendances where total time in the department is 4 hours or less	National	% of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge. Combined for type 1, type 2 and type 3 A&E departments. This data is only available at whole provider level i.e. there is no CCG split.
Continuing Healthcare: Proportion of Decision Support Tools completed in an acute hospital	National	The proportion of referrals for CHC where an eligibility decision (or other case conclusion) is reached within 28 days of notification of the referral.

Detailed Measure	Source of indicator definition	Detailed definition
Continuing Healthcare: Proportion of referrals concluded in period carried out within 28 days	National	The proportion of Decision Support Tools carried out in acute settings as opposed to the community.

Measures in Part 5 above

Dashboard	Detailed Measure	Source of indicator definition	Detailed definition
Specialist	Orthopaedic Interface Service (OIS): % waiting under 18 weeks for treatment	Local	The proportion of people referred to the Virgin Care OIS who are awaiting treatment at the period end who have been waiting 18 weeks or under.
Specialist	Falls service: % waiting under 18 weeks for treatment	Local	The proportion of people referred to the Virgin Care Falls and Movement service who are awaiting treatment at the period end who have been waiting 18 weeks or under.
Specialist	Heart Failure Clinic: % of patients seen within 6 weeks	Local	The proportion of patients referred to Virgin Care's Heart Failure service whose echocardiogram is carried out within 6 weeks of the referral.
Specialist	% of patients waiting over 6 weeks for community audiology assessment	Local	The proportion of patients referred to Virgin Care's Community Audiology service whose assessment is carried out within 6 weeks of the referral.
Specialist	Stroke patients transferred to community services within 7 days of RUH discharge	Local	The proportion of patients who have had a stroke who are transferred to Virgin Care's Community Neuro and Stroke service within 7 days of RUH discharge.

Dashboard	Detailed Measure	Source of indicator definition	Detailed definition
Specialist	Bladder and bowel: % of first appointments with full continence assessment	Local	The proportion of people whose first face-to-face appointment with the Virgin Care Bladder and Bowel Service includes a full continence assessment.
Children's Community Services	Community Paediatrics: % of children or young people waiting under 18 weeks for treatment	Local	Proportion of CYP referred to the Virgin Care Community Paediatrics service awaiting treatment who have been waiting for 18 weeks or fewer
Children's Community Services	Paediatric Audiology: % of children or young people waiting under 18 weeks for treatment	Local	Proportion of CYP referred to the Virgin Care Paediatric Audiology service awaiting treatment who have been waiting for 18 weeks or fewer

This page is intentionally left blank

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	15 th September 2020	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Complaints and Feedback Annual Report for Children’s Services 2019 - 20	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Children’s Services Complaints and Feedback Annual Report 2019 - 20		

1 THE ISSUE

- 1.1 This report informs the Panel about the number and type of complaints and representations, including compliments, received between April 2019 and March 2020 by Children's Services. It demonstrates how they have been managed and how the Service has used the learning from the complaints and representations to inform service improvement.

2 RECOMMENDATION

The Panel is asked to note the contents of the report

3 THE REPORT

- 3.1 The attached report sets out the number of complaints, compliments and concerns received between April 2019 and March 2020.
- 3.2 A total of 92 complaints about Children's Services were recorded under the Children's Social Care statutory complaints procedure or the Council's Corporate Complaints Procedure and 6 enquiries were received from the Local Government and Social Care Ombudsman. 53 compliments about the service were received.
- 3.3 The report details the type of complaint received, the response to these complaints and the actions taken by the Services to ensure learning is derived from the complaints and related feedback.

4 STATUTORY CONSIDERATIONS

- 4.1 The report provides assurance that the Council is meeting the regulatory standards for handling complaints and feedback about Children's Services and demonstrates that the Service is being proactive where failings are identified.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 N/A

6 RISK MANAGEMENT

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

7 CLIMATE CHANGE

- 7.1 There are no direct impacts on climate change linked to the subject of this report. Wherever possible we signpost potential complainants to on-line resources and where acceptable to them we will communicate electronically but this is not always possible or appropriate. Where we hold face-to-face meetings as part of the resolution process, we aim to use a convenient Council venue with good public transport links.

8 OTHER OPTIONS CONSIDERED

- 8.1 None

9 CONSULTATION

- 9.1 None

Contact person	Sarah Watts, Complaints and Data Protection Team Manager Sarah_watts@bathnes.gov.uk 01225 477931
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

**Children's Service
Complaints and Representations Procedure**

Annual Report 2019 – 2020

**Author: Sarah Watts
Complaints and Data Protection Team Manager**

1. Summary

- 1.1 This report is produced in accordance with the statutory guidance for the Children Act 1989 Representations Procedure (England) Regulations 2006 as amended by the Children (Leaving Care) Act 2000, Adoption and Children Act 2002, the Health and Social Care (Community Health and Standards) Act 2003.
- 1.2 The report considers compliments, complaints and representations received between 1st April 2019 and 31st March 2020 by Children's Social Care and the Education, Inclusion and Children's Safeguarding Service. It also provides an analysis of outcomes, trends and learning from complaints which can be used by the service for planning and improved service delivery.
- 1.3 Complaints about schools are governed by different legislation. Each school is required to have its own complaints procedure and this report does not therefore include information about schools' complaints.
- 1.4 During the year **92** complaints were processed under the Children's Social Care statutory complaints procedure or the Council's Corporate Complaints Procedure. There were **6** referrals to the Local Government and Social Care Ombudsman. In addition, **53** compliments were recorded.

2. The Procedure

- 2.1 Complaints about Children's Social Care and Children's Safeguarding are dealt with under the Children Act 1989 Representations Procedure (England) Regulations 2006 and accompanying statutory guidance 'Getting the Best from Complaints'. A summary of the procedure can be found at Appendix 1.
- 2.2 Complaints about the Education and Inclusion Service and the Local Authority Designated Officer (LADO) fall outside the scope of the statutory complaints procedure and are dealt with under the Council's Corporate Complaints Procedure. Information about this procedure can be found at www.bathnes.gov.uk
- 2.3 The feedback received is recorded against one of the following headings:
 - **Complaint** – a complaint can generally be defined as an expression of dissatisfaction or disquiet, which requires a response.
 - **Representation** – a representation is feedback which does not need a formal response, or the person raising the concern does not want it to be recorded as a complaint. Children and young people often prefer to have their concern recorded as a representation as they do not want to enter a formal complaints procedure.

- **Compliment** – a compliment is positive feedback about the service or an individual member of staff from young people and their families or other agencies.

2.4 The key principles of the Complaints Procedure are:

- People who use services can tell the Council about their good and bad experiences of the service.
- People who complain have their concerns resolved swiftly and, wherever possible, by the people who provide the service locally.
- The procedure is a positive aid to inform and influence service improvements, not a negative process to apportion blame.
- The Service has a 'listening and learning culture' where learning is fed back to people who use services – and fed into internal systems to drive improvement.

2.5 The Council has set out its commitment to responding to the problems or worries of young people who are in care or are care leavers in the Pledge. The Pledge has been endorsed by the Council's Corporate Parenting Group and the In Care Council helps to monitor it.

- ✓ We will work hard to sort out any problems or worries that you have
- ✓ If we can't do what you ask, we will explain the reasons why
- ✓ We will make sure you know how to get an independent advocate – that's someone who will listen to you and work with you to get things changed
- ✓ We will make sure you have all the information you need to make a complaint and we promise to always take your complaints seriously
- ✓ You can contact your IRO if you are worried or don't feel listened to, they will try to help and can support you should you wish to make a complaint

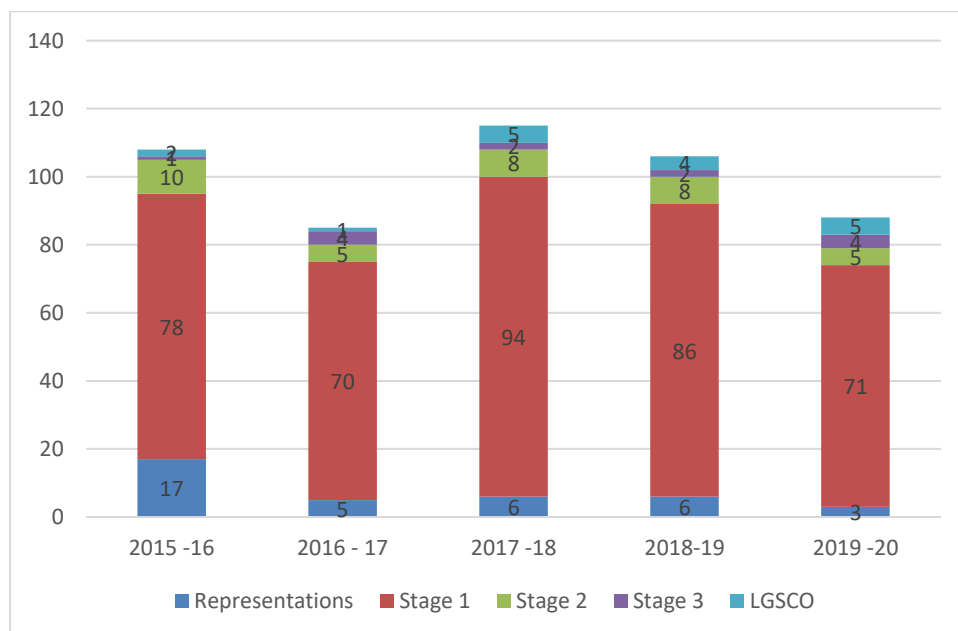
3. Complaints and Compliments – analysis of the data

3.1 Staff are advised of their responsibilities under the Complaints Procedure through induction and training to equip them to receive complaints and compliments when working with young people, their families and carers. Staff are aware of the importance of sharing all complaints and potential complaints with the Complaints and Data Protection Team to ensure the complaint is correctly recorded and monitored in accordance with the statutory guidance or corporate procedure.

3.2 Table 2: Numbers of complaints received and resolved

	Carried over 2018 - 19	Received 2019 - 20	Resolved	Not pursued	Carried forward 2020 - 21
Representation	0	3	3	0	0
Stage 1 (Statutory Procedure)	3	51	45	5	4
Stage 1 (Corporate Procedure)	3	20	19	2	2
Stage 2 (Statutory Procedure)	2	4	5	1	0
Stage 2 (Corporate Procedure)	0	1	1	0	0
Stage 3 (Statutory Procedure only)	1	4	2	3	0
Referral to Ombudsman	1	5	5	1	0
Total	10	88	80	12	6

3.3 Table 3: Comparison with previous years

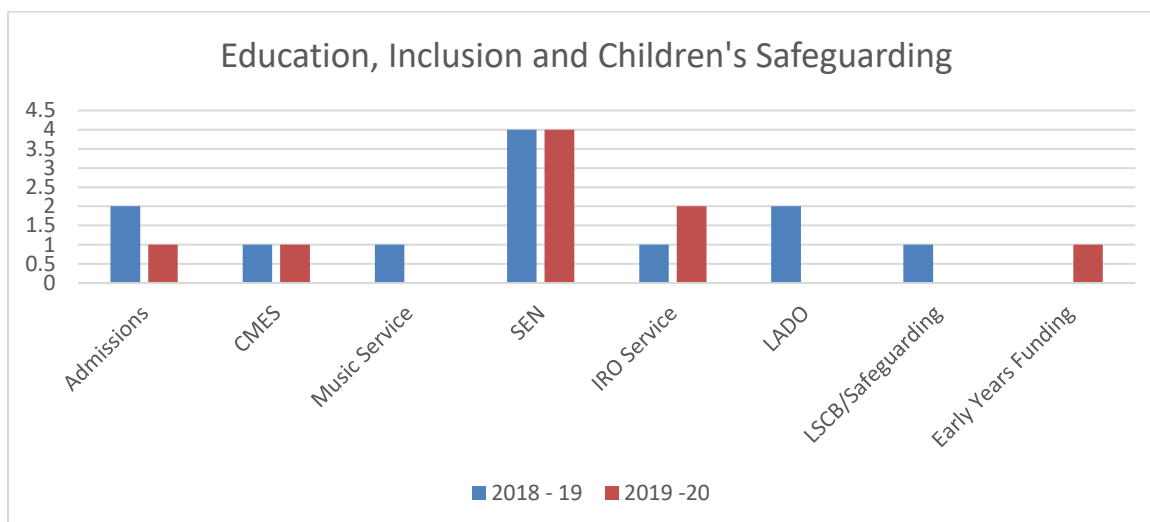


3.4 The total number of complaints received across the service has decreased during 2019 - 20; however, the distribution of complaints across the three stages and referrals to the Ombudsman remain consistent and the

percentage of complaints which are escalated to Stage 2 remains very similar. In 2018 – 19, 9% of Stage 1 complaints were escalated to Stage 2. In 2019 – 20, this figure was 7%.

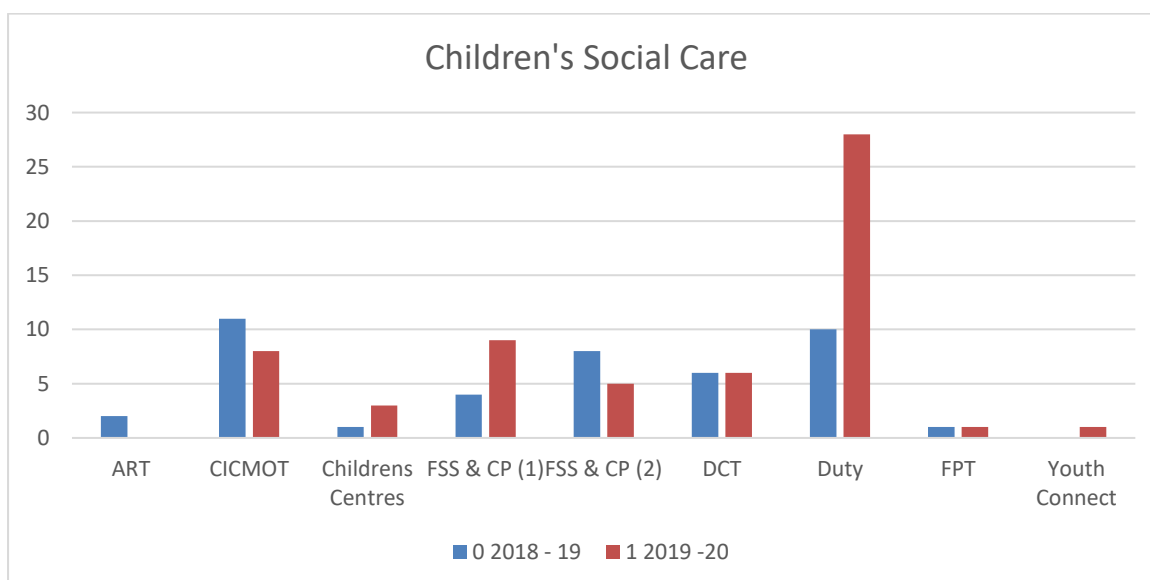
3.5 Breakdown of Stage 1 complaints received by Service Area and Team.

Table 4a: Education, Inclusion and Children's Safeguarding



The number of complaints in this service area remains low and distribution of complaints across the Teams is consistent over the past 2 years.

Table 4b: Children's Social Care



A full list of team names is given at Appendix 2.

3.6 The number of complaints to each team remains relatively consistent with the exception of the Duty Team which saw a significant increase in the number of

complaints during 2019 – 20. Analysis of the complaints received each month has been carried out to determine whether the increase correlates to any issues with service delivery; however, there is no immediate explanation.

- 3.7 Commissioning Team - Complex and Targeted Support. There was an additional complaint about the ending of the Holiday Playschemes for children with a disability who are not Bath and North East Somerset residents. This was referred to the Commissioning Team (Complex and Targeted Support) for a response under the Corporate Complaints Procedure.

- 3.8 **Table 5:** Type of complaint received and outcome. The categories used are taken from the statutory guidance.

Category	Number of Stage 1 complaints	% of Stage 1 complaints	Upheld (UH) or Partially Upheld (PUH)	% of complaints Received UH or PUH
Application of eligibility or assessment criteria <i>includes disputes about the Service accepting a referral</i>	5	7%	2	10%
Application of policy <i>includes the impact this has on a young person</i>	2	3%	1	4%
Assessment, care management or review <i>includes delays in completing an assessment and perceived bias in an assessment</i>	4	6%	0	0
Attitude or behaviour of staff <i>includes issues with poor communication</i>	21	30%	7	33%
Concern about appropriateness of service <i>includes dispute about whether the service should be involved with the family</i>	10	14%	2	10%
Concern about quality of the service <i>Where the service did not meet service user expectations</i>	13	18%	4	19%
Delay in decision making or provision of a service	7	10%	5	24%
Other	1	1%	0	0
Unwelcome or disputed decision	8	11%	0	0
Total	71	100%	21	100%

3.9 Overall 30% of complaints were either upheld or partially upheld. The figure in the right-hand column indicates which type of complaint had the highest percentage of complaints upheld - 'Attitude or behaviour of staff' (33%), Delay in decision making or provision of service' (24%) and 'Concern about the quality of service' (19%).

3.10 The chart below gives an illustration of the complaints received in these 3 categories and the responses provided. All complaints were upheld.

Complaint recorded under Attitude or behaviour of staff – *A parent complained that she did not feel the social worker communicates openly with her, that she does not work around her son's routine and that she has not made an effort to create a bond with him.*

Response – The manager confirmed that she made the Social Worker aware of the concerns. The social worker advised that she had already discussed the situation with the parent and agreed that she would spend more time with her son including time alone with him in order to develop their relationship.

Complaint recorded under Delay in decision making or provision of service – the parent felt that the process to arrange a Direct Payment for her son had been badly handled by the Team, actions had not been completed which caused delay and she had been accused of doing things that she hadn't.

Response – The manager agreed that there were lessons to be learned from this and gave an apology for all the stress and anxiety that this situation has caused. She agreed several actions that she would take to remedy the situation and ensure processes are improved for the future.

Complaint recorded under Concern about Quality of Service - a parent complained that information about her family had been inappropriately shared with members of her extended family during a visit to discuss a different matter.

Response – Although this element of the complaint was not upheld, the complaint investigation identified that there were factual inaccuracies in the single assessment which needed to be corrected. The single assessment was re-issued.

4. Learning from complaints

4.1 The primary purpose of the complaints procedure is to give the service the opportunity to put things right for the individual complainant when they have gone wrong. The statutory guidance also states that:

All local authorities should provide a system for:

- The dissemination of learning from complaints to line managers;

- The use of complaints procedure as a measure of performance and means of quality control; and
- Information derived from complaints to contribute to practice development, commissioning and service planning.

To achieve this there are systems in place to collate and then disseminate information gathered at the conclusion of each stage of the procedure.

Stage 1 complaints

- 4.2 The number of complaints is relatively small across Children's Services which means it is not always possible to identify trends in the data; however, a new system for recording outcomes from Stage 1 complaints was introduced during the year and it is hoped that this will identify issues or service areas where there are particular concerns or need for improvement.
- 4.3 Senior Managers receive a quarterly report which draws together the reasons for complaints and the actions taken in response. This report will be used to share the detailed learning from Stage 1 complaints in future.

Stage 2 complaint investigations

- 4.4 Between April 2019 and March 2020, four requests for Stage 2 complaint investigations under the statutory complaints procedure were received. Two investigations were on-going from the previous year.
- 4.5 Four investigations were concluded during the year. One complaint was resolved without need for investigation and one request for an investigation was refused and the complainant was referred to the Local Government and Social Care Ombudsman.
- 4.6 One request for a Stage 2 investigation under the Corporate Complaints Procedure was referred to the Corporate Complaints Team for review. The complaint was closed with no further action and the complainant was referred to the Local Government and Social Care Ombudsman.
- 4.7 The number of complaints progressing to Stage 2 under the statutory complaints procedure (7%) is in line with previous years (9% of Stage 1 complaints were escalated to Stage 2 in 2018 -19 compared to 8.5% of in 2017 -18). Many complainants escalate their complaint because they feel the Stage 1 response has not fully addressed their concerns or it has 'missed the point'. Timescales are also a factor. This is considered further in Section 5, however, evidence has shown that complaints which took in excess of 30 working days to respond to are more likely to progress to Stage 2.
- 4.8 The recommendations from each complaint investigation report are passed to the Head of Service in the form of an action plan. The completion of the action plan is monitored by the Complaints and Data Protection Team and feedback is given through the quarterly report.

- 4.9 Some actions are relatively straight forward to complete or are specific to the individual case, others require longer to address and embed within the service.

Examples of recommendations include:

- That consideration should be given to using the example from the investigation of the negative impact of a data breach on a family during staff training on data security;
- That a protocol for when a case record is 'locked' i.e. when access to a child's case record is restricted, is drawn up and shared with staff;
- That clear protocols should be put in place or adhered to for sharing safeguarding concerns between social care and Independent Fostering Agencies;
- That a child or young person subject to Section 20 should be reviewed by the Permanency Panel after the first 3 months and if the care plan includes long term fostering the parents should be formally consulted again and asked to confirm if they still wish their child/young person to remain subject to the Section 20 arrangement;

The above is not an exhaustive list of the recommended actions.

Stage 3 Review Panel

- 4.10 Five requests for Stage 3 Review Panels were received. Three of these were not pursued by the complainant.
- 4.11 Complainants can ask the Panel to consider complaints which were not upheld at Stage 2 and they can ask for the remedy that has been offered to be reviewed. Most recommendations from a Panel relate to the specific circumstances of the complainant. However, examples of more general recommendations include:
- A review of the actions from the Stage 2 investigation should be held within 6 months and progress on these actions reported to the complainants;
 - That allocation of advocates (to support parents whose children are subject to care proceedings) to be addressed on a case by case basis and ensure there is a checklist or criteria in place to assist allocation;
 - The Local Authority should ensure and reassure itself that all relevant professionals are consulted in parental assessments.
- 4.12 Again, this is not an exhaustive list. The action plan is shared with the Head of Service as with Stage 2 complaints above.
- 4.13 Frequently the most effective way to share the recommended action is for it to be raised at management/staff meetings. The meeting note is used as confirmation that the recommendation has been actioned. Where the

recommended action results in a change to procedures this will be shared with staff.

Complaints to the Local Government Ombudsman (LGSCO)

4.13 The LGSCO considered 6 complaints during 2019 – 20. The Council was required to respond to the Ombudsman's enquiries on two of these complaints. One complaint was upheld. The Ombudsman closed three complainants without any further investigation and the complainants did not pursue the final complaint.

4.14 **Table 6:** a summary of the findings on all cases.
The decisions are all published the LGSCO website.

Service Area	Outcome
Education, Inclusion and Children's Safeguarding Children Missing Education	There was fault by the Council in failing to provide education to a child who, due to anxiety and depression, could only attend school intermittently. There was also fault in the Council's commissioning arrangements for alternative education and its advice to schools. This caused the complainants distress, loss of education and unnecessary legal fees. The complaint is upheld
Education, Inclusion and Children's Safeguarding Admissions and Transport	The Ombudsman cannot investigate this complaint about the refusal of admission to the complainant's preferred school. This is because the School is an Academy and its actions are out of jurisdiction for the Ombudsman.
Children's Social Care Duty Team	Mr X complains about the way the Council handled an urgent child protection matter, particularly the actions two social workers. The Ombudsman will not investigate this complaint because it is unlikely he could add to the Council's previous investigation, nor can he achieve the outcome Mr X wants.
Children's Social Care Disabled Children's Team	Mr Y complained the Council did not offer a reasonable remedy for the distress he experienced during the care proceedings for two of his grandchildren. The Ombudsman will not pursue this complaint further as it is unlikely investigation will lead to a different outcome.
Commissioning Complex and Targeted Support	Mr X complains about the Council's decision to change the eligibility criteria for its short breaks services. The new policy means only Council residents can access the services. He also complains about the Council's handling of the complaint. The Ombudsman finds no fault with the way the Council considered its decision.
Education, Inclusion and	The parents complaint concerns the provision for

Children's Safeguarding Special Educational Needs	their son in his EHCP. The Ombudsman will cease work on the complaint until the outcome of the Tribunal is known and there is a final response from the Council. The complainants did not pursue this complaint.
--	--

- 4.15 The remedies required by the Ombudsman on the complaint about the Children Missing Education Service have all been completed. This included a financial remedy and a review of policy and procedure.
- 4.16 The Ombudsman publishes an Annual Review of Complaints and has also launched an interactive map which provides figures for every council showing the number of complaints upheld, compliance with Ombudsman recommendations and satisfactory remedies provided by the Council.
<https://www.lgo.org.uk/your-councils-performance/bath-and-north-east-somerset-council/statistics>

Compliments

- 4.17 Compliments reflect good practice and provide valuable information which can be considered alongside complaints to help establish where the strengths and weaknesses of the service are. A total of 53 compliments were recorded during the year from children, young people and their families and colleagues working in partner agencies. This is a significant increase from the previous year when 36 compliments were recorded. This is possibly due to the Celebration Newsletter that has been introduced in Children's Social Care which celebrates positive feedback and encourages staff to share the feedback they receive.
- 4.18 The table below captures examples of the compliments received. These compliments have been selected to show the range of issues and services covered. There are many more that could have been included.

Table 7 – Examples of compliments received

From parents to social worker in Disabled Children's Team	We met with L (social worker) yesterday. She was extremely professional and thorough. L has made changes that will make a big difference to A.
From a Pre-School about a member of staff at Bright Start Children's Centre	D was able to identify where these children needed help and how we could build on the work that we had already started with them, in order to better support them on a daily basis, to become more integrated members of the Pre-School.

	These two children are now able to trust members of staff, make friends with other children, begin to negotiate to avoid confrontation (with support), identify when they are not feeling safe and where possible join in with small group activities.
From a parent to a social worker in the FSS&CP (1) Team	Dad called V (Social Worker) today after the step down CHIN meeting to thank her for her involvement. He commented especially about how hard she had worked with them and how this work 'held' them. He also told her he appreciated her professionalism.
From a family to their key worker in the Connecting Families Team	It has been like a breath of fresh air having R in our lives. We don't feel alone and it's reassuring knowing someone is listening at last.
From retiring foster carers to social workers in the Family Placement Team and Children in Care Teams	We have thoroughly enjoyed our role and working with "The Team" to achieve the best possible outcome for the boys. We would especially like to thank you and S for your hard work and lovely sense of humour. All of our social workers were a great help during our time with BANES.
From a young person to his social worker in the Children in Care/Moving on Team	Hey to be honest I don't know what to say it was great to spend my life with you but sometime things happen we can't do anything life is to hard, I do appreciate what u have a done and supporting me everywhere. U are a great social worker and best to talk about things. I'm sorry if I ever made u upset or headache or anything because I know sometime I'm too much, that was said to say goodbye and I hope all the best

5. Complaint handling and monitoring

Response to Stage 1 complaints

- 5.1 Compliance with timescales is monitored very carefully in recognition of the need to deal with complaints as swiftly as possible. The importance of this is noted above.
- 5.2 For children's social care complaints the full response should be sent within 10 working days. This can be extended to 20 working days when the

complainant requests an advocate, or the complaint is particularly complex. This extension should be agreed with the complainant.

- 5.3 In 2019 – 20, the average time taken to respond to a Stage 1 complaint was 20 working days; however, there was a wide variation in the actual time taken to respond. Further analysis shows that 28% of complaints received a response within 10 working days and a further 37% received a response within 20 working days giving a total of 65% of complainants receiving a response within 20 working days. The remainder of the complaints fell outside this timescale.
- 5.4 It was noted in Section 4 that a delay in responding to a complaint can increase the likelihood that the complaint will escalate to Stage 2 and therefore the Complaints and Data Protection Team assists managers by sending prompts and drafting responses. Where there is an unavoidable delay the Team sends a holding letter to the complainant. There are also occasions when the complainant contributes to the delay by, for example, being unavailable to speak to.
- 5.5 In March 2020 the Covid-19 pandemic started to impact on the service and at this point all complainants were advised that the timescale for a response was 20 working days and that they would be kept informed if there was likely to be a further delay.
- 5.6 For Corporate Complaints a response is required within 15 working days. The average time taken to respond to a complaint was 16 working days.

Response to Stage 2 complaints

- 5.7 The response to a complaint at Stage 2 complaint should be sent within 25 working days from the date the complaint is agreed with the complainant. This timescale is very challenging for the investigating officer and independent person as the time needed for file reading and interviewing staff is considerable. The time allowed can be extended up to a maximum of 65 working days with the agreement of the complainant and this is required with most investigations.
- 5.8 Four investigations were concluded during the year. Two investigations were carried over from the previous year and the average time for these investigations was 88 working days. The average time taken to complete the two investigations completed during 2019/20 was 64 working days. The Complaints Manager continues to work with each Investigating Officer and Independent Person to reduce the time taken as far as possible but there are a number of factors which affect this including the availability and engagement of the complainant.

Response to Stage 3 complaints

- 5.9 A Stage 3 Review Panel should be held within 30 working days of the request being received. There were two Panels held during the year neither of which was within timescale; however, this was due to the availability of the complainants and key members of staff. The timescale for both panels was negotiated with the complainant.

6. Accessing the procedure

- 6.1 The statutory Complaints Procedure was introduced in the Children Act 1989 to give young people who are either 'looked after' or deemed to be a 'child in need' a way of telling the Council about things they are unhappy or worried about. There are many different ways for young people and their families to make a complaint or representation.
- 6.2 Information is available on the Council's website and there is an information sheet for staff to share with young people and families when they first start working with them or when an issue arises. There is a complaints leaflet that has been designed specifically for children and young people.
- 6.3 A young person who is looked after can raise concerns with the Independent Reviewing Officer (IRO) at their regular review and the IRO will explain how to access the complaints procedure if this is appropriate.

6.4 Table 8: Methods used to make a complaint

Email	30%
Letter	7%
Telephone	33%
Complaint form	19%
Website	9%
In Person	2%

- 6.5 Of the 51 Stage 1 complaints made under the statutory Complaints Procedure, 4 were made by young people. One of these young people was supported by an advocate. None of the complaints were escalated to Stage 2. Based on learning from previous complaints, managers are required to meet with the young person, if they are agreeable, rather than rely on a written response. A meeting will help understanding on both sides.
- 6.6 The majority of the complaints were made by adults complaining on behalf of, or in relation to, a child or young person. Most complainants were parents (76%), but complaints were also received from grandparents, an uncle, and a friend.
- 6.7 Section 26A of the Children Act, 1989 requires the local authority to 'make arrangements for the provision of advocacy services to children or young people making or intending to make complaints under the Act'. The advocacy

service commissioned by Bath and North East Somerset is 'Shout Out!' which is part of 'Off the Record' although advocacy support can be provided by any agency that the young person is working with if this is their preference.

- 6.8 Information about Shout Out! is available on the Council website and in the information sheet. Young People who become looked after are automatically referred to Shout Out and an advocate will contact them before their first review to offer support. Advocacy support is also offered to young people to support them to attend a Child Protection Case Conference. Shout Out! will provide information and support to make a complaint if needed. The Complaints and Data Protection Team always makes young people aware that they can have help from an advocate with their complaint.
- 6.9 Shout Out promotes information about the Pledge and this includes contact details for the Complaints and Data Protection Team.
- 6.10 Parents and carers wanting to make a complaint do not have an automatic right to an advocate but Bath and North East Somerset commissions a specialist advocacy service at the Care Forum in Bristol to provide a service to parents who meet their criteria.
- 6.11 Feedback collected by the advocacy service is always very positive and indicates that complainants who use the service feel well supported with their complaint and achieve a better outcome than they would if they had pursued the complaint on their own.
- 6.12 When making a complaint, complainants are invited to provide information about their ethnicity, gender and disability on the complaint form. Complainants are not currently asked for this information if the complaint is made by letter, email, telephone or on the website so this information is incomplete. Alternative ways of collating this information is currently being explored.

7. An overview of the work of the Complaints and Data Protection Team

7.1 Team Structure:

- **Complaints and Data Protection Team Manager** manages the complaints and data protection service for Children's Services, Adult Social Care and Public Health. The data protection service includes processing Subject Access Requests under the Data Protection Act 2018 and requests from the police under a joint information sharing protocol. She also works closely with the Information Governance Team and Caldicott Guardian on information security issues (data breaches).
- **Information Governance Officer (Data Protection)** dealing primarily with Subject Access Requests under the Data Protection Act 2018 and with requests from the Police under the 2013 joint Protocol for Disclosure of Information.

- **Information Governance Officer (Complaints)** dealing primarily with complaints and representations and MP and Councillor enquiries about Children's Services, Adult Social Care and Public Health.

- 7.3 **Monitoring of the procedure:** The Complaints and Data Protection Team Manager produces quarterly and annual monitoring reports on the management of complaints. Data is also available to all service areas on request to assist with service planning. The Complaints and Data Protection Team Manager is also a member of the Ofsted Preparation and Service Improvement Board and provides monitoring information as required.
- 7.4 **Training:** The Complaints and Data Protection Team Manager takes part in the regular induction sessions for Children's Social Care staff and attends management and team meetings to discuss specific issues and provide updates.
- 7.5 **Liaison with other Councils: Regional Meetings** The Complaints and Data Protection Team Manager is a member of the South West Region Complaints Managers Group and was the Vice Chair of the Group in 2019 – 20. The Group is currently developing a toolkit to assist Councils evidence the learning from complaints and feedback.
- 7.6 **Liaison with other Councils: Register of Independent People** The Complaints and Data Protection Team Manager also links with complaints managers in 7 neighbouring authorities to operate a Register of Independent Investigators and Stage 3 Panel Members. This Register has been running for several years and ensures that the Council has access to appropriately appointed and trained independent investigators and Stage 3 Panel Members. The Group holds an annual Network Meeting to support the development of those people in the independent roles.

7.7 **Table 9:** Data Protection – requests for information

Completed					
	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020
Subject Access Requests	30	36	51	57	86 (115)
Internal Review	0	2	1	1	1
Information sharing (requests from police & other agencies)	43	81	76	68	27

- 7.8 The number of Subject Access Requests has risen significantly during the year. The two figures in the box indicate (a) the number of Subject Access Requests (86) and (b) the number of files that were prepared for disclosure. Previously the number given was the total number of Subject Access Requests made in one year. The second figure now indicates the total number of files that needed to be prepared. Where there are 2 or more

children in a family this increases the number of files which have to be prepared. It is felt this second figure is a better indication of the workload.

- 7.9 The timescale for responding was amended with the introduction of the GDPR in May 2018. The Council must respond within one month of receiving a request. Where the request is complex this can be extended by a further 2 months but the requestor must be advised of this extension within one month. The timescale has been complied with on all requests during the year.

8. Areas for development identified for 2019 – 20 and progress made

8.1 Complaints:

- Continue to work with managers to improve the response times for complaints at Stage 1.
This work is ongoing. There has been improvement over the year but the impact of the pandemic at the end of the year impacted on the ability of managers to respond to complaints.
- Continue to support managers with the handling of complaints through individual support sessions and meetings and develop a programme to provide bespoke training as required.
Plans to deliver training for managers and staff are currently on hold.
- Develop the internal web page to provide a resource for managers on all aspects of the Complaints Procedure.
This will be a target for 2020 – 21.
- Ensure that the outcome of all complaints is captured and shared with the service in a way that enables it to identify where improvements should be made and record when this has happened in order to evidence the learning.
The process for developing an action plan at the conclusion of an investigation has progressed during the year and the system for evidencing the learning is more robust. This needs to be developed and embedded over the coming year.
- Review the information available to the public to ensure it is accurate and accessible for children, young people, their parents and carers.
This will be a target for 2020 – 21.
- Contribute to the work of the South West Region Complaints Managers Group to develop a toolkit for ensuring that the service can learn from complaints and evidence this.
This work has been on hold since March 2020 but will be restarted during 2020-21.

8.2 Data Protection/Information Sharing:

- Continue to review the implementation of GDPR/Data Protection Act 2018 and revise procedures accordingly. This includes reviewing the way the SARs and information sharing requests are recorded and monitored.
This will be a target for 2020 – 21.
- Support the implementation of the Caldicott Function Plan through the Complaints and Data Protection Service. In particular record and assist the Information Governance Team with the monitoring and investigation of data breaches within the Service to prevent recurrence wherever possible.
This work will be on-going during 2020 – 21.

Sarah Watts
Complaints and Data Protection Team Manager
September 2020

Appendix 1 - Summary of the Complaints Procedure

Stage One – Local Resolution

The majority of complaints should be considered and resolved at Stage 1. Staff at the point of service delivery and the complainant should discuss and attempt to resolve the complaint as quickly as possible.

Complaints at Stage 1 should be concluded within 10 working days. This can be extended by a further 10 days where the complaint is complex, or the complainant requests an advocate.

If the complaint is resolved at Stage 1 the manager must write to the complainant confirming what has been agreed. Where the complaint cannot be resolved locally or the complainant is not satisfied with the response, the complainant has 20 working days in which to request a Stage 2 investigation.

There are some complaints that are not appropriate to be considered at Stage 1 and these can progress directly to Stage 2.

Stage Two - Investigation

If the complainant escalates the complaint to Stage 2, the Complaints Manager arranges a full investigation of the complaint. The investigation is carried out by someone who is not in direct line management of the service or person about whom the complaint is made.

The investigation is overseen by an Independent Person who must be involved in all aspects of the investigation to ensure it is fair, thorough and transparent.

The complainant should receive a response to their complaint in the form of a report and adjudication letter within 25 days of making the complaint. This can be extended up to a maximum of 65 working days where the complaint is particularly complex or where a key witness is unavailable for part of the time.

The Adjudicating Officer should ensure that any recommendations contained in the response are implemented. This should be monitored by the Complaints Manager.

Stage Three - Review Panel

Where Stage 2 of the procedure has been completed and the complainant remains dissatisfied, he can ask for a Review Panel. The purpose of the Panel is to consider whether the Local Authority adequately dealt with the complaint in the Stage 2 investigation. The Panel will be made up of three people who are independent of the local authority.

The Panel should focus on achieving resolution for the complainant and making recommendations to provide practical remedies and solutions.

The complainant has 20 working days in which to request a Review Panel from receipt of the Stage 2 report and adjudication letter and the Panel must be held within 30 days of receiving the request.

If the complainant remains dissatisfied, he can refer his complaint to the Local Government and Social Care Ombudsman.

Appendix 2 - Children's Service Teams

Admissions – Schools Admissions and Transport

ART- Adolescent at Risk Team

Children's Centres – Bright Start Children Centre Services

CMES – Children Missing Education Service

Connecting Families

Music Service

SEN- Special Educational Needs

IRO – Independent Reviewing Officer

Safeguarding – Child Protection Case Conference Chair

CICMOT – Children in Care/Moving on Team

LADO – Local Authority Designated Officer (Managing Allegations)

FSS and CP (1) and (2) – Family Support Services and Child Protection (Teams 1 & 2)

DCT – Disabled Children's Team

Duty – Duty and Assessment Team (including Referral and Information Officers (RIOs))

FPT – Family Placement Team

Early Years Funding

Commissioning – Complex and Targeted Support

This page is intentionally left blank

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	15 th September 2020	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	B&NES Music Service Hub	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

1 THE ISSUE

- 1.1 B&NES Music Service is part of the Education, Inclusion and Children's Safeguarding directorate. It employs approx. 54 staff the majority of whom are part time Peripatetic Instrument & Vocal Tutors. The Service works with approx. 2200 pupils and 66 of B&NES's 82 Secondary, Primary, Junior, Infant and Special Schools each year.
- 1.2 The Music Education Hub (MEH) in B&NES is a group of interested representatives from schools and musical organisation in B&NES. They are responsible for ensuring that the National Plan for Music Education (NPME) is delivered across the BANES area. The following link describes what a music education hub is expected to achieve.
- <https://www.artscouncil.org.uk/music-education/music-education-hubs#section-1>
- 1.3 The Music Service is the Lead Organisation for the (MEH) which attracts funding from Arts Council England (ACE) to deliver musical activities to ensure that every child has an opportunity to engage with music between the ages of 5 and 18.
- 1.4 In May 2019, ACE commissioned a review of the B&NES Music Service. This review was undertaken by A P Benson consultancy firm. The review made several recommendations on how the Arts Council grant is currently being used to deliver the MEH in B&NES and how the Music Service was being operated.

- 1.5 ACE has made it clear that the recommendations identified need to be addressed and the Service is required to produce an Improvement Plan (incl. timescales for implementation) that meets ACE requirements by the end of August 2020. This timescale has been impacted by COVID 19 and a new deadline is being agreed with ACE.
- 1.6 COVID 19 has had an impact on the progress of this work, as officer time has been diverted to ensure that the Service has been able to diversify and sustain service delivery during the lockdown. However, progress has been made.

2 RECOMMENDATION

- 2.1 That the panel is made aware of the progress being made in delivering improvements to the Music Service and the MEH.
- 2.2 The panel is notified that ACE has commissioned a second report by AP Benson, to examine the progress the Music Service and the MEH is making to deliver the improvements identified in the first A P Benson report in May 2019.
- 2.3 The panel is also advised of the impact of COVID 19 on the Music Service and its response to ensure that music education was still available to children and young people during the lockdown.

3 THE REPORT

- 3.1 The Music Service employs 2 interim Co-Managers, a Business Manager and Administrative Officer and 48 peripatetic instrumental tutors who deliver a variety of music sessions throughout schools and in 4 music centres. Delivery includes 1 to 1 instrumental and vocal lessons, whole class instrumental and curriculum lessons, String Ensembles, Philharmonic Orchestra, Wind Bands, Guitar, Saxophone, Flute and Clarinet Ensembles, Percussion Groups, Big Band and Samba Ensemble as well as a County Choir. In the academic year 19-20, the Music Service delivered to 1300 students per week.
- 3.2 The core issues identified by the ACE review fundamentally concluded that the ARTS council grant was not being used effectively to deliver the outcomes expected for a MEH. That too much of the grant was being used to support the Music Service and that the service delivery model was not financially sustainable in the long term. It also concluded that the MEH itself needed to be empowered with more of the ACE grant to achieve the expectations of the NPME and have wider strategic impact and increased avenues of delivery.
- 3.3 Since October 2019, the Music Service and the MEH have been supported by Nick Howdle, Head of Wiltshire Music Connect. Nick has worked alongside the two Co-Managers to carry out a detailed analysis of the delivery of the MEH and the Music Service.
- 3.4 With support from Wiltshire MEH the Service has developed plans to free up time and funding to address some of the issues identified in the AP Benson report. These plans include attracting new stakeholders and delivery partners to broaden the music offer for the young people in the area. Examples of this include, Bath Philharmonic, Bath Festivals (and their inclusive music programme), A range of freelance businesses specialising in various forms of tuition, music styles, settings and inclusive approaches including Early Years

- 3.5 A redesign of the music service delivery model and a review of its processes have been completed to ensure that it will be more efficient in accounting for its use of finance. This activity is designed to free up a significant percentage of the ACE grant, both (time and finance) to enable the MEH's to expand scope for delivery and capacity to deliver the NPME and ensure that the music service is viable.
- 3.6 Working alongside Nick Howdle the Music Service has produced 4 reports (Dec '19, Jan '20, Apr '20 and Jun'20) with remodelled costings that demonstrate that a new Service model that can deliver financial and time efficiencies that will support the improvements needed to deliver an effective MEH.
- 3.7 The original objective was to pilot these new ways of working from September 2020 to demonstrate to ACE that the B&NES music service and the MEH were on a journey of improvement. These timescales have been impacted by COVID 19 and the A P Benson report is not yet completed. However, the current interim managers of the Music Service and Nick Howdle must be commended on the work they have achieved in a short amount of time.
- 3.8 As advised, ACE has now commissioned a new report by A P Benson to scrutinise these plans to see if they can work towards the improvements identified in their original report
- 3.9 When the report is completed, it is expected that it will make recommendations on the next steps for the MEH and Music Service in B&NES. These recommendations will require some consultation locally to agree on a future model that both satisfies local stakeholders and ACE.

COVID 19

- 3.10 COVID 19 initially had a significant impact on the music service's delivery. However, the managers of the Service quickly adapted and introduced a model of online music lessons to ensure that children and young people could continue to benefit from music education during the lockdown.
- 3.11 During the summer term, over 400 students registered for online tuition. Feedback from tutors and students has been overwhelmingly positive to the extent that online tuition has become part of the Music Service offer moving forwards.
- 3.12 The online platform not only enabled continuity of lessons (musical progression) but was seen to have a significant impact on the mental wellbeing of those students involved. New and impacting relationships between parents/carers and tutors have been unforeseen, but a very welcome benefit to the online portal.
- 3.13 The Music Service is now, like many music services across the country, working hard to try to restore full delivery of services safely in schools and communities. The Managers of the Service are working closely with their Health & Safety colleagues in B&NES to ensure that all activity is fully risk assessed, both for the safety of communities, pupils and Music Service staff.

4 STATUTORY CONSIDERATIONS

- 4.1 MEH's were set up in 2012 as part of the National Plan for Music Education. MEH's were designed to augment and support music teaching in schools (a guaranteed statutory requirement to the end of Key Stage 3) so that more children could experience a combination of classroom teaching, instrumental and vocal tuition and input from professional musicians, as set out by the Plan

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 This report is not requesting any resources or advising of any resourcing changes

6 RISK MANAGEMENT

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

7 EQUALITIES

- 7.1 An EIA has not been completed for this report. However, a key focus for MEH's is to address equality and inclusion – extending opportunities to children and young people regardless of background or circumstance. Developing and improving the BANES MEH will require engagement with a wider range of providers, models and skills which can assist with achieving this. When decisions are made on the next steps for the MEH/Music Service, it will be necessary for an EIA to be completed to inform any future direction/decision.

8 CLIMATE CHANGE

- 8.1 Due to COVID 19, the Service has had to find different ways of delivering music tuition. Some of this has resulted in lessons taking part online These have proved popular and effective for some families and young people. Whilst this will not replace face to face tuition, it will become part of the Service offer. As a result, the Service in some circumstances will be able to reduce its carbon footprint.

9 OTHER OPTIONS CONSIDERED

- 9.1 None

10 CONSULTATION

- 10.1 No additional consultation outside of the Service area has been completed for this information report. However, additional consultation will be needed when the Service and the MEH start to implement any proposed future models of delivery.

Contact person	Chris Wilford – Director Education, Inclusion & Children's Safeguarding
Background papers	
Please contact the report author if you need to access this report in an alternative format	

This page is intentionally left blank

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	15 th September 2020	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Bath & North East Somerset Community Safety & Safeguarding Partnership (BCSSP) Annual report 2019-2020	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: BCSSP Annual Report 2019-2020		

1 THE ISSUE

- 1.1 The B&NES Community Safety & Safeguarding Partnership (BCSSP) would like to set out the Annual Safeguarding Report for 2019-2020. The Partnership was set up in September 2019, though the report sets out the work of the previous Safeguarding Children and Safeguarding Adult's Boards up to September 2019. The Annual Report also includes the Partnership priorities for 2020-2021.

2 RECOMMENDATION

The Panel is asked to;

- 2.1 **Proposal 1:** Note the Annual Report and Executive Summary for the BCSSP
- 2.2 **Proposal 2:** Raise any queries in respect of community safety and/or safeguarding activity
- 2.3 **Proposal 3:** Recommend any additional areas it would like the BCSSP to give consideration to in 2020-2021

3 THE REPORT

- 3.1 The report contains information covering the following areas:

- The current community safety and safeguarding context for B&NES
- The new Partnership governance arrangements

- Achievements against strategic plans for community safety, safeguarding children and adults
- The work of the sub-groups and our partner agencies during the year
- Adult and children's safeguarding activity data
- Priorities for the year ahead

In June 2018, the government announced that all local authorities would need to make arrangements to replace their Local Safeguarding Children Board by September 2019. Instead of each locality having access to a Local Safeguarding Children Board, the government wanted each locality to have access to a team of Safeguarding Partners, who work collaboratively to strengthen the child protection and safeguarding system. The government specified that these Safeguarding Partners would be a team of key professionals from three sectors: the local authority, the Clinical Commissioning Group, and the Police.

In response to this, B&NES redefined its safeguarding arrangements to take a holistic approach and combined its responsibilities for community safety and safeguarding children and adults. B&NES replaced the Local Safeguarding Children's Board (LSCB), Local Safeguarding Adult's Board (LSAB) and Responsible Authorities Group (RAG) with the B&NES Community Safety and Safeguarding Partnership (BCSSP), which meets the statutory requirements of the three Boards it replaced. The Partnership is chaired by an Independent Chair.

The Annual Report covers the transitional period as the BCSSP became operational in September 2019, up until that point the report only reflects on the work of the LSCB and LSAB.

The Strategic Plans for the LSAB, LSCB and RAG run through to 2021 and their priorities have been taken up by the BCSSP as they are still relevant to mitigating risk and providing assurance. The delivery mechanisms have altered to align with the new BCSSP governance structure.

All members of the BCSSP have worked extremely hard to establish the groups and sub-groups within the partnership and transition from the previous three boards as smoothly as possible to reduce impacting on delivery. There have been complexities in this process, but as shown in the report, there have been substantial achievements and the dynamic of the Partnership has been positive.

One of the key areas of challenge has been developing a multi-agency dashboard, the report includes data from the Council services only whilst this is being developed however Police have shared their usual activity information. The Operational Group have identified all the information it would like to collect but this needs refining and is the focus on work during 2020/2021. Key highlights include:

- Despite some quarterly fluctuations, the number of children on child protection plans has remained consistent for the last three years.
- Number of adults for whom a safeguarding concern was raised was 1132 in 2019/2020 down 1.5% from 2018/19; similarly section 42 enquiries reduced from 28% of concerns to 26% of concerns.

Whilst the COVID-19 Pandemic came at the end of the reporting period, its impact cannot be underestimated. It caused a delay in partner returns due to priority commitments and also impacted on training delivery in the last few weeks of the financial year. The time and consideration that partners continued to give to the BCSSP in spite of this is commendable.

4 STATUTORY CONSIDERATIONS

- 4.1 Three reasons can be considered in terms of the statutory basis for the BCSSP annual report being shared with the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel.
- 4.2 Safeguarding is everyone's business and the BCSSP would like the Panel to consider the information contained in the report on this basis and because it meets the outcomes the Health and Wellbeing Board set out to achieve through its Strategy.
- 4.3 The BCSSP has set out in its Terms of Reference the requirement for the BCSSP Annual Report to be presented to the Panel. By delivering this presentation the BCSSP is meeting its responsibilities and raising awareness of safeguarding concerns.
- 4.4 Although the Council is responsible for establishing the BCSSP jointly with its statutory partners, Avon and Somerset Constabulary, B&NES, Swindon & Wiltshire CCG, National Probation Service and Avon Fire and Rescue Service, the BCSSP is not accountable to the Panel – it is independent. Therefore, the relationship is one of mutual challenge and scrutiny. It is also on this basis the BCSSP would like to present their work.
- 4.5 There is also a requirement for the BCSSP to present its Annual Report to the Health and Wellbeing Board for consideration and the Care Act 2014 Schedule 2 requires a copy to be shared with the Chair; there is no requirement to share with Panels however the Partnership welcomes the scrutiny and challenge from the Panel as well, in order to ensure the widest breadth of views are heard and considered.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 B&NES Council, BaNES, Swindon and Wiltshire CCG, and Avon and Somerset Constabulary contributed to the running costs during the period with smaller contributions being made by National Probation Service.
- 5.2 The BCSSP is funded through multi-agency partners and the budget is set out in the full report (page 44). Whilst the 2019-2020 multi-agency budget is underspent the Panel needs to be aware that this is non-recurring; it has however been carried over into 2020-2021 to cover the adverse impact on training income brought about by COVID-19 pandemic.
- 5.3 Following agreement with B&NES Council, BaNES, Swindon and Wiltshire CCG, and Avon and Somerset Constabulary to contribute equally to any Child Practice reviews (CPRs) or Safeguarding Adult Reviews (SARs), additional contributions have been sought from the three statutory partners in 2019-2020 to fund these in addition to the general running costs of the Boards.

6 RISK MANAGEMENT

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

6.2 The BCSSP developed its own Risk Register for 2019 – 2020 which is regularly monitored. This will be available to share with the Panel if requested.

7. EQUALITIES

7.1 An Equality Impact Assessment is not required for the BCSSP Annual Report. However with the development of the new Strategic Plan one will be carried out.

8. CLIMATE CHANGE

The BCSSP (and sub-groups) ensure that meetings have dial in facilities available where possible to reduce officers travelling and reduce carbon emissions. The new B&NES Community Safety and Safeguarding Partnership has had a direct impact on reducing carbon emissions by merging the LSCB, LSAB and RAG into one meeting.

9. OTHER OPTIONS CONSIDERED

None

10. CONSULTATION

10.1 The BCSSP Annual Report were approved by the BCSSP in September 2020. They have been approved by the Independent Chair, Director of Children's Services and Director of Adult's Services who sit on the Operational Group.

10.2 The Report will go to the Health and Wellbeing Board on the 29th September.

Contact person	Kirstie Webb 01225 396350
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

ANNUAL REPORT

2019-2020



Bath & North East Somerset
Community Safety and
Safeguarding Partnership

BCSSP



CONTENTS

<u>Contents</u>	<u>Page</u>
Welcome from the Chair	3
Our Story	4
BCSSP Structure	5
Strategic Plan – Children	6
Strategic Plan – Adults	7
Our Achievements	8
Strategic Plan – Community Safety	9
Safeguarding Reviews & Learning	12
The Work of the BCSSP Sub-groups	13
Supported by Our Partners	15
Training	18
Safeguarding Data	20
Safeguarding Adults Data	21
Mental Capacity Act & Deprivations of Liberty Safeguards	34
Children’s Social Care Data	38
Work of the LADO	47
BCSSP Budget	52
Our Priorities for 2020-2021	55

WELCOME FROM THE CHAIR

I was delighted in August 2019 to be offered the role of chairing the Bath & North East Somerset Community Safety and Safeguarding Partnership (BCSSP). The BCSSP was developed in partnership with existing members of the Local Safeguarding Children's Board, Local Safeguarding Adults Board and the Responsible Authorities Group, which it replaced. Partners were creative and constructed a completely new arrangement committed to maximising the integration of safeguarding children and adults with community safety. The BCSSP is designed to offer the opportunity to work more effectively and with joint purpose to protect children, adults families and communities who most need our help.

As I arrived, the new partnership was preparing for its inaugural meeting and gaining ever growing support from it's partner agencies. As such, this Annual Report reflects the first six months of the new partnership, when I have held the role of Chair, together with activities from the previous six months when there were separate arrangements for the former governance Boards.

Having taken this challenge, I presented my ideas to key partners, reflecting on what had been achieved earlier in the year and establishing how to move forward as a new alliance. Since my appointment, I have engaged with all the sub-groups and taken on the perspectives of each of the sub-group Chairs.

It has been an interesting six months and there is still much to do including establishing the Partnership Performance Framework. This will ensure that the data required to provide assurance to the Partnership Executive is in place. It will also ensure that we can measure the effectiveness of joining the governance arrangements. In particular, I am keen, over the forthcoming year, to be able to evidence that there is improvement in these new joined up governance arrangements. I want to ensure that there is a proportionate and effective approach taken to safeguarding all those who are vulnerable within the B&NES communities.

Safer communities and effective safeguarding practice for children and for adults with care and support needs is an effective measure of a society that cares and importantly, in these challenging times, one which is resilient. I hope you will find that this Annual Report reflects well on the work of the whole partnership in 2019/2020.

Finally, and thus far, 2020 has been a particularly challenging time for citizens and communities and for those who are working hard to deliver front-facing services. I would like to thank all our partners for their hard work and I look forward to continue working with them in the future.

Siân Walker - Independent Chair



OUR STORY



In June 2018, the government announced that all local authorities would need to make arrangements to replace their Local Safeguarding Children Board by September 2019. Instead of each locality having access to a Local Safeguarding Children Board, the government wanted each locality to have access to a team of Safeguarding Partners, who work collaboratively to strengthen the child protection and safeguarding system. The government specified that these Safeguarding Partners would be a team of key professionals from three sectors: the local authority, the clinical commissioning group, and the police.

In Bath and North East Somerset, the requirement to redefine safeguarding arrangements was viewed as an exciting opportunity to look more holistically at how the needs of children, adults at risk, families and the wider community could be met. Consequently, a unique Community Safety and Safeguarding Partnership was constructed, which came into existence on 29th September 2019.

The Bath and North East Somerset Community Safety and Safeguarding Partnership was developed in affiliation with the existing members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and Responsible Authorities Group and meets the statutory requirements of these three Boards which it replaced.

Due to these changes, this annual report covers a six month reporting period of the Local Safeguarding Adults Board and Local Safeguarding Children's Board and a six month reporting period of the BCSSP. The Strategic Plans were set in 2018 through to 2021 under the Boards and have been picked up by the BCSSP as the priorities established were still relevant, although are being delivered slightly differently to align with the new sub-groups. This report will reflect on performance and achievements against the Strategic Plan between April 2019 and March 2020. It will also set out the priorities for the 2020-2021 period.

BCSSP STRUCTURE

Executive Group:- ensures the Partnership meets its statutory responsibilities and functions within the appropriate legal frameworks

Operational Group:- maintains a strategic overview of each sub-group. It ensures all relevant partners are represented and co-operate effectively to safeguard and promote the welfare of children, adults and communities within B&NES.

Practice Review Sub-group:- ensures the BCSSP operates and adheres to statutory guidelines and legislation for Domestic Homicide Reviews, Child Safeguarding Practice Reviews and Safeguarding Adults Reviews. Monitors recommendations and implements learning from the reviews.

Domestic Abuse Sub-group:- promotes partnership co-ordination of universal and targeted education about healthy relationships, protection of victims, provision for survivors and disruption of perpetrators related to adults and children. Monitors the Domestic Abuse Strategy and Implementation Plan.

Early (Help) and Intervention Sub-group:- ensures the provision of a holistic approach and monitor the quality and effectiveness of early help and intervention across all ages.

Vulnerable Communities Sub-group:- ensures the provision of a holistic approach to those communities identified as 'vulnerable'. Seeks to deliver a community focused approach to identifying trends, risk factors and mitigations for those risks.

Youth Offending Service Management Board:- manages the performance of the prevention youth crime agenda and provides the governance arrangements for the YOS.

Exploitation Sub-group:- develops, monitors and evaluates the effectiveness of the strategic and operational multi-agency response to exploitation.

Quality & Performance Sub-group:- quality assures aspects of the safeguarding and community safety work delivered across B&NES, including themed audits and data review. Monitors the Scrutiny and Assurance Framework.

Training & Workforce Development Sub-group:- delivers a programme to enable the BCSSP to directly provide or commission training and development opportunities for the workforce across organisations in the partnership. It ensures local and national standards are delivered and emerging needs are identified.

Mental Capacity Act Quality Assurance Sub-group:- was originally a Task & Finish Group but it has now been agreed it will report directly to the Operational Group. The Partnership structure will be reviewed to reflect this.



STRATEGIC PLAN - CHILDREN

What we'll do

1 **One Vision**
Safeguarding is Everybody's Business

5 **Five Outcomes**

- All children and young people are safe
- Children, young people, carers and families contribute to the way services respond to child protection and children in care safety concerns
- LSCB is assured that safeguarding is embedded; is delivered to a high standard and is effective across all partner agencies
- A skilled, trained and competent workforce
- The LSCB is effective and responds to the new legislative requirements

13 **Thirteen Priorities**

- Children and young people are protected against the impact of crime and anti-social behaviour
- Children and young people are protected against the impact of neglect
- Promote the role of the community in keeping children safe
- Improve the quality and effectiveness of the Early Help arrangements
- Ensure children, young people and parents participate in all aspects of early help and child protection processes and practices
- Strengthen strategic arrangements for involving children, young people and families' voice at the LSCB and across all partner organisations
- Ensure a comprehensive Board Assurance Framework is delivered
- Make more effective use of the intelligence and information available from agencies to improve safeguarding arrangements
- Ensure we learn from Serious Case Reviews (SCRs)
- Deliver and monitor a robust training and development plan that provides high quality and meaningful safeguarding training across all service areas
- Build upon the work undertaken with the Adult Workforce to further embed a culture and practice of 'Think Family'.
- Ensure the Ofsted recommendations are effectively implemented
- Ensure new arrangements brought about by legislative changes do not have an adverse impact on safeguarding children and young people

How we'll do it – our commitments



Our work will be linked to the work of the:
Health & Wellbeing Strategy, Children & Young Person's Plan, LSAB Strategic Plan, Children's Workforce Strategy and Plan and work of the RAG, Self-Harm and Suicide Group and Sexual Health Board

How we'll know if we've made a difference

- Families report they feel supported
- The number of young people identified with substantive risks in relation to exploitation are identified early and receive the appropriate support
- Staff completing CSE/Exploitation courses are able to report an increase in confidence in responding appropriately to these issues
- Increased confidence in recognising children at risk
- Staff feel confident in tackling Neglect
- Reduction in the length of time children are on Child Protection (CP) plan with the category of neglect
- Audits show 100% of cases identify the issues and comply with the parenting standards
- Public Health's SHEU Survey is able to report that young people feel more informed and understand the dangers of grooming when on-line.
- Improvement in the number and quality of Early Help assessments and plans
- Improvement in outcomes for children & young people
- Overall reduction in children on of CP Plans
- Children's and parents / carers report that they feel their voice was heard
- Audits demonstrate evidence of child's voice and parental involvement
- Senior In Care Council (SICC) and Youth Forum to influence strategic arrangements for the LSCB
- Evidence of good quality request for service and triage / decision making through auditing of cases
- Improved confidence in information / intelligence sharing from the Police and health providers
- Case file audits demonstrate improvements in practice
- Increase staff awareness and confidence across the sector of safeguarding issues
- The voice and experiences of children, young people & families / carers impacts on workforce training
- A holistic / joined up approach will enable better outcomes for children, young people and families / carers
- Exit surveys post Child Protection Conference indicates families experience a more seamless service
- LSCB maintains a good standard and works towards being outstanding
- Case file audits demonstrate that a Think Family approach is undertaken
- B&NES LSCB will ensure that children and young people are safeguarded effectively with the new changes in place

STRATEGIC PLAN - ADULTS

What we'll do

1

One Vision

Safeguarding is Everybody's Business

5

Five Outcomes

- Prevention and early intervention responses are embedded across all partner agencies in order to reduce and, where possible, remove the risk and impact of abuse
- Adults at risk and carers are listened to throughout the safeguarding process. They contribute fully in the development of safeguarding services
- The LSAB is assured that safeguarding is embedded, is delivered to a high standard and is effective across all partner agencies
- A workforce which is skilled, competent and confident in all aspects of safeguarding
- The LSAB is responsive to national changes in practice and legislation and to any changes to the role of the LSCB

How we'll do it

Use a 'Think Family' approach

Make safeguarding personal

4

Four Commitments

In all our partnership working following the principles embedded in the Care Act, we will:

Ensure that the Principles of the MCA inform all aspects of work in safeguarding

Raise awareness to prevent situations escalating into safeguarding and focus on support at the earliest possible opportunity

How we'll know if we've made a difference

- Staff are confident in managing Self Neglect cases
- Service users are appropriately safeguarded and supported
- Themed audits demonstrate improved practice for cases which meet the safeguarding threshold and those which are below the threshold
- Staff feel confident in addressing domestic abuse
- Agencies work in partnership with domestic abuse service providers to identify trends and gaps.
- Improved outcomes for adults and children
- Discriminatory abuse identified
- The community feel confident in identifying abuse
- Staff express greater understanding of the impact of abuse and interventions on services users / carers and improved practice when needed
- Increase in positive feedback from service users / carers about the safeguarding procedures
- Continuous improvement in the outcomes for service users/carers
- Agencies are confident in the action being taken in relation to the concern raised
- The Board is assured that appropriate concerns are being raised and that agencies can identify abuse effectively
- Service users and carers are safeguarded
- Case file audits demonstrate improvements in practice
- Increase staff awareness and confidence across the sector of safeguarding issues.
- Case file audits demonstrate Think Family approach is undertaken

Our work will be linked to the work of the:

Health and Wellbeing Board,
LSCB Strategic Plan,
Responsible Authorities Group
and
Healthwatch

Twelve Priorities

- Ensure that adults at risk who self neglect and their carers are appropriately safeguarded
- Adults at risk, carers and family members at risk of domestic abuse are appropriately safeguarded
- Adults and carers experiencing the complex ("toxic") trio are safeguarded and a "Think Family" approach is applied
- Promote the role of the community (including groups) in keeping people safe – e.g. reinforce everyone's role in making this happen
- Hear and share individuals' lived experiences in order to influence, contribute and improve safeguarding services and ensure interventions and support is received at the earliest opportunity
- The LSAB is assured of the quality of the work of partners
- The LSAB will assure itself of the quality of the work of all partners, by the use of the multi-agency data available to it
- Assure itself that all agencies have embedded the learning from local and relevant national SARs
- Create an effective Risk Register
- Develop and implement a clear Training and Development Strategy setting out expectations (including "Think Family") and standards, and evidence the impact on practice
- Liaise with the LSCB and respond to the legislative changes and impact on joint working with the LSCB
- Respond to relevant changes to legislation and guidance e.g. – MCA, DOLS, Care Act, Mental Health Act review etc

OUR ACHIEVEMENTS

Established a multi-agency partnership to undertake the work of the former LSCB/LSAB & RAG and developed strategic links to enable collaborative working and improve outcomes

Established Sub-groups, their Terms of Reference and members, incorporating a wide range of agencies & colleagues for a broader perspective

Ensured statutory compliance & undertook thorough Safeguarding Adult Reviews; Children Practice Reviews and Domestic Homicide Reviews and shared learning

Established an all age Operational Exploitation Group to report to the Exploitation Sub-group

Completed an Early Help Needs Assessment which highlighted gaps and areas for improvement and commenced work on the all age strategy

The LSCB and LSAB ensured adults and children are appropriately safeguarding through multi-agency working by reviewing data and quality of practice

Trialled a Violence Reduction Unit (VRU) project working with families

Reinvigorated a MARAC Steering Group (Domestic Abuse)

All partners developed Domestic Abuse Policies to support their staff

Completed the statutory Children's Section 11 Safeguarding Audit in conjunction with the Avon & Somerset Strategic Safeguarding Partnership

Completed the Statutory Section 175 Safeguarding in Education Audit

Implemented a Training Charging Policy

Hosted a Youth Offending Service Management Board Development Day

Raised the profile of young people at risk of offending & promoted Young people as 'children first – offender second'

Self-assessed against the Youth Offending Service National Standards to provide a BCSSP benchmark

Committed resource to violence reduction work in B&NES and delivery of the Youth@Risk Strategy

STRATEGIC PLAN – COMMUNITY SAFETY

PRIORITY 1

PROTECT THE MOST VULNERABLE FROM HARM

Complex crimes with high levels of associated risk, such as child abuse, child sexual exploitation (CSE), modern slavery and human trafficking, are increasing and this rise is expected to continue.

Children and young people experiencing adverse childhood experiences (ACES) are more likely to develop/experience complex trio (substance and alcohol misuse, mental ill health, domestic abuse) behaviours / dependencies in adulthood.

Local specialist domestic abuse agency Southside reported

Page 119
69%
OF SURVIVORS HAVING CHILDREN IN THE HOUSEHOLD

and 50% presenting with mental ill health. Early intervention is a key factor in reducing service dependency in later life

Hate crime reports in B&NES have increased by around

20%

when comparing April 2017-18 to April 2016-17

It is believed that only **5%** OF MASS MARKETING FRAUD IS REPORTED

It is recognised that there is significant under reporting in relation to mass marketing fraud – and that vulnerable people due to age or capacity are more likely to be targeted

KEY OBJECTIVES

WHAT DO WE PLAN TO ACHIEVE BY 2021



Implement, monitor and evaluate our new partnership investment from the Violence Against Women and Girls Fund



Strengthen the role of the Hate Crime and Community Cohesion Partnership



Continue to take enforcement action against scammers and rogue traders, working in partnership with the National Scams Hub

ACHIEVEMENTS

Final year of Violence Against Women and Girls (VAWG) funded programme – all Independent Domestic Violence Advocate (IDVA) and Crush Project (raising awareness and supporting young people to make safe and healthy relationships) targets exceeded

94% of people who attended the Crush project young peoples domestic abuse programme completed it successfully

B&NES Hate Crime Review Panel is chaired by B&NES Council Community Safety – this was a priority identified in the previous year

Proportion of referrals to Stand Against Racism & Inequality (SARI) has remained consistent

Scams awareness material has been circulated to BCSSP partners to promote

Scams awareness material has been pushed through social media

PRIORITY 2

STRENGTHEN AND IMPROVE LOCAL COMMUNITIES TO IMPROVE OUTCOMES FOR LOCAL PEOPLE

A high
proportion of
people

88%



report feeling
safe in their
local area.

However, local
residents say
they require more
'reassurance' through
visible policing.

WORK WITH OUR CONNECTING COMMUNITIES FORUMS



and our experiences in Midsomer
Norton and Keynsham shows the
benefits of local communities coming
together to address local concerns

#NeverOK Campaign

on anti-harassment and bullying
shows the benefits of tapping into
local networks such as our student
communities

KEY OBJECTIVES

WHAT DO WE PLAN TO ACHIEVE BY 2021



Reduce the impact
that anti-social
behaviour has in
our communities



Continue the
commitment to support
neighbourhood policing



Strengthen the
resilience of local
communities

A C H I E V E M E N T S

B&NES Council Chairs the Night Time Economy Group,
which reports to the Vulnerable Communities Sub-group

Multi-agency visits are carried out in response to anti-social
behaviour and other safety concerns

Promotion of the 'Got Ya Back' river safety campaign with
partners and students

#NeverOK Campaign promoted in schools and colleges;
survey on bullying conducted

Ongoing work with community groups to facilitate closer
working and problem solving

Co-ordination of the response to a broad range of 'trigger'
enquiries, where partners are challenged to correct or
justify actions

PRIORITY 3

WORK TOGETHER EFFECTIVELY TO RESPOND TO COMMUNITY SAFETY CHALLENGES

The nature of crime is changing. We need to be open to new ways of working which deliver outcomes in a smarter way, including greater working across boundaries.

Child sexual exploitation (CSE) continues to rise, with reports increasing over the past year. The PCC has brought together contributions from across the force area to provide specialist support to address CSE. Our **Local Safeguarding Children Board** has an outcome for staff to be confident in responding appropriately to these issues.

Similarly, addressing modern slavery also requires significant regional co-ordination and specialist support including working with organisations such as the **Gangmasters Licensing Authority**.

The Counter Terrorism and Security Act 2015 places a duty to...
"have due regard to the need to prevent people from, being drawn into terrorism"

It applies to a range of public bodies including colleges, universities, councils, health, probation and police. Again, local activity depends on access to regional and other intelligence. Avon and Somerset counter terrorism local profile informs partners of threats, vulnerabilities and risks.

Prevent is part of Contest which aims to reduce the risk to the UK from terrorism. Prevent's aim is intercept radicalisation, to stop people becoming terrorists or supporting terrorism.

"LONE ACTORS"

present the highest threat to Avon and Somerset. We work closely to protect "crowded places" with work ongoing on designing and securing protective measures.

KEY OBJECTIVES WHAT DO WE PLAN TO ACHIEVE BY 2021



Continue to actively work across the Avon & Somerset partnerships on Child Sexual Exploitation, Anti-Slavery Partnership and Modern Slavery and people trafficking.



Comply with legislative changes regarding responsibility for Prevent.

ACHIEVEMENTS

Child Sexual Exploitation (CSE) awareness sessions have been provided to over 2300 children in B&NES

Partners have continued to co-ordinate and participate in days of action around Modern Slavery and Human Trafficking.

There is good support for the Anti-Slavery Partnership which raises awareness of modern slavery amongst employees and partners and ensures a multi-agency approach

Disrupt (the serious and organised crime panel) meets regularly to share and compare intelligence on activities of individuals, business and specific locations, identifying where supporting evidence from partners can secure convictions

Prevent Steering Group continues to meet. There have been three referrals made to the Prevent programme. None were progressed to the Channel Panel which works with multi-agency partners to collectively assess the risk to an individual and decide whether an intervention is necessary.

Workshop Raising Awareness of Prevent (WRAP) training continues to be delivered through the Council's corporate training programme

CASE REVIEWS AND OUR LEARNING

There has been one case which was considered for a Child Practice Review and it was agreed through the Practice Review Group and Independent Chair that all agencies had worked together coherently and effectively and no further learning could be gained from a Child Safeguarding Practice Review. The National Panel concurred. The learning prompted consideration of what to do when services are offered but not accepted.

Of the four cases referred for a Safeguarding Adult Review (SAR) by the Practice Review Group, three met the threshold for a SAR, two of which were completed within this reporting period, SAR Mark and SAR Elley.

Learning from SAR Mark highlighted that any review of a person's situation should include all agencies that support them. Reviews should not be undertaken in professional silos and both physical and mental health professionals should have training to improve their understanding of the impact on each other of mental and physical health needs. A person receiving support from any health or social care agency should have a care plan in place that describes the support required and who & how it will be provided. Information should be clear about the signs of escalating risk for that person.

Learning from SAR Elley focussed on the importance of practitioners being aware of how to access public information regarding social care and support and sharing this with those they are working with. All capacity assessments should be decision and time specific, historical assessments should not be relied upon. Health and social care professionals should be aware of the role and responsibilities of the Office of the Public Guardian. This should include how to raise a concern regarding a power of attorney and how to confirm if a power of attorney has been registered.

There has been one Domestic Homicide Review, which has been submitted to the Home Office Quality Assurance Panel and is due for consideration at the December 2020 meeting, and one joint Domestic Homicide Review and SAR. Learning focussed on awareness of domestic abuse within family units, particularly between parent/s and adult children. It also highlighted the crossover between adult safeguarding and domestic abuse and being cognisant of procedures and pathways when a concern falls into both categories.

Action plans in all cases, have been developed and will be monitored through the Practice Review Sub-group.

THE WORK OF THE BCSSP SUB-GROUPS

All of the sub-groups have worked hard in the first six months of operation to establish membership, terms of reference and scope of their groups. The sub-groups that were already established, such as the Domestic Abuse Partnership and the Practice Review Group, although renamed, have continued to flourish. Establishing completely new sub-groups has had its own complexities with a need to identify and appoint Chairs and Vice Chairs, agree membership and terms of reference against all age priorities and incorporate community safety. This has been a time-consuming process against business as usual commitments. In addition, the previous Local Safeguarding Children's Board, Local Safeguarding Adults Board and the Responsible Authorities Group strategies run to 2021, therefore the subgroups have taken responsibility for carrying forward outstanding actions and incorporating these into their new priorities.

The majority of the sub-groups have agreed action plans and are starting to establish links between partners, sub-groups and other meeting groups where data and other information can be shared to effect and improve practice.

The impact of the COVID-19 pandemic also needs to be acknowledged and a thank-you extended to partners who despite the situation still submitted performance reports to the Partnership.



Domestic Abuse Sub-group	<ul style="list-style-type: none"> • Agreed a three year budget to support domestic abuse services • Supported the Freedom peer support programme for survivors of domestic abuse • Supported pilot schemes including the Information and Advice Navigator service and Complex Needs Independent Domestic Violence Advisor
Early Help & Intervention Sub-group	<ul style="list-style-type: none"> • Shared the Early Help & Intervention threshold document, needs mapping and details of service provision • Reviewed the Maturity Matrix • Completed the Early Help Needs Assessment • Completed the BSW infant feeding strategy as part of best start in life work stream
Exploitation Sub-group	<ul style="list-style-type: none"> • Supported the development of the Violence Reduction Unit Business Papers • Presented Exploitation paper at Scrutiny Committee • Developed and had oversight of the multi-agency exploitation operational group
Vulnerable Communities Sub-group	<ul style="list-style-type: none"> • Agreed an initial focus of rough sleepers • Considered an action plan linked to key areas for the sub-group • Considered the Police & Crime Plan and Community Safety Plan
Practice Review Sub-group	<ul style="list-style-type: none"> • Reviewed Safeguarding Adult Review and Child Practice Review protocols to ensure compliance • Commenced a review of the DHR protocol and Learning Improvement Framework • Finalised SAR Mark and Practitioner Briefing; SAR Elley and Practitioner Briefing; Practitioner Briefing for Operation Button; finalised action plan for DHR/SAR; completed a Rapid Review; reviewed Downside School SCR. • Received the first report form the Drug Related/Homeless Death Review Group
Training & Workforce Development Sub-group	<ul style="list-style-type: none"> • Reviewed the training programme and considered the inclusion of community safety training • Began discussions about the difference in expectation in the NHS Intercollegiate training requirements • Reviewed the training Charging Policy • Commenced work on the Training and Development Strategy required by April 2021 • Commenced work on developing sessions to unify the position on Think Family, Think Community
Quality & Performance Sub-group	<ul style="list-style-type: none"> • Identified quarterly themed audits of voice, domestic abuse, adult self-neglect, neglect of children • Considered audit information, data dashboard and Scrutiny and Assurance Framework and a potential method of streamlining audits • Approved a Task & Finish Group to complete a Persons in Positions of Trust Framework
Youth Offending Service Management Board	<ul style="list-style-type: none"> • Corporate Parenting Group paper on Looked After Children and offending • Offender Management in Custody changes • Young people attended Board to share their experiences of participation • Delivery of Youth Justice Plan • Continued to prepare for anticipated HMIP inspection

SUPPORTED BY OUR PARTNERS

Avon Fire & Rescue Service	<ul style="list-style-type: none"> • Improved knowledge and skills for staff using new e-learning safeguarding module • Trained new members of the safeguarding triage team in how to deal appropriately with safeguarding concerns • Reviewed the structure of the safeguarding leads to ensure resilience across all unitary areas • From Section 11 audit, reviewed practices and created an action list
Avon & Somerset Constabulary	<ul style="list-style-type: none"> • Established a Victims of Crime Advocacy Service • Completed an internal audit of 30 safeguarding adult investigations to provide a benchmark and assure effectiveness of future improvement activity • Compiled and presented evidence to support the Independent Inquiry into Child Sexual Abuse • Delivered (in B&NES) CSE awareness sessions to over 2300 children, 200 professionals from education, health, social care, foster carers and the voluntary sector and 230 parents • Introduced a system to support and maintain sufficient Specialist Child Abuse Investigator Development Programme trained and accredited detectives and supervisors
B&NES Council Adults Social Care	<ul style="list-style-type: none"> • Implemented the ADASS/LGA guidance on making decisions regarding safeguarding enquiries (1) and (2). This involved a change to process and recording • Completed 85 – “No further action” audits to provide assurance to the Board that safeguarding decision making is robust, and actions identified were completed • Contributed to all the SAR’s and DHR’s undertaken in the year and used the learning from these to further strengthen safeguarding practice • Chaired weekly MASH meetings, considering 300 referrals made by a range of agencies • Led three Safeguarding Level 3 training courses, training over 60 people from a range of organisations and professions
B&NES Council Children’s Social Care	<ul style="list-style-type: none"> • The Director of Children and Young People Service chairs the Joint Targeted Area Inspection Group (JTAI) and YOS Management Board • Ofsted Focused visit for Care Leavers in November 2019 re-affirmed service improvement for this cohort – strategy plan developed • Progressed the development of the Unifying Practice Framework • Formally consulted on the re-design of the Safeguarding Outcomes part of the service • Initiated work with Commissioning colleagues to obtain independent feedback from our families receiving a Child in Need Service • Developed the quality and accessibility of performance data for managers to enable them to make better informed decisions about allocation of resources on a day to day level if required • Redesign of Adolescents at Risk and Care Leavers Service • Service wide workshops to consider B&NES approach to Permanence and Kinship Care • Increased cohort within the “ In Care Council “
Bath Spa University	<ul style="list-style-type: none"> • Reviewed safeguarding policies for students and staff • Implemented new safeguarding e-learning training resource • Representation at BCSSP

Barnardos	<ul style="list-style-type: none"> • BASE programme supports children and young people at risk of being sexually exploited. Children in touch with BASE reported positive impact from the work, particularly in relation to increased recognition of abuse, reduced symptoms of trauma being displayed and uptake of sexual health services • BASE facilitated contact between children who have experienced CSE and Police, leading to a number of children giving statements and Police taking action against those sexually exploiting children • BASE has continued to refer children who have been trafficked to the National Referral Mechanism (NRM), leading to some decisions that trafficking has taken place • BASE has supported parents of children facing CSE and received feedback that it has been helpful in enabling the parent to understand what is happening and how they can support
B&NES Swindon & Wiltshire Clinical Commissioning Group	<ul style="list-style-type: none"> • Ensured a safeguarding schedule for GP practices was in place, so safeguarding assurance can be sought and a baseline created • Ensured a safeguarding schedule for all large health contracts • Continued to employ a Named Safeguarding Adult and Children's GPs • Completed a learning review for the LSCB/BCSSP • Supported the Avon and Somerset Strategic Safeguarding Partnership (ASSSP) and BCSSP in their development • Acted as budget holder for the ASSSP consultant to support transition • Supported Child Death Overview Panel process and transition to new statutory requirements
Carers Centre	<ul style="list-style-type: none"> • Board of Trustees all received safeguarding training to enable them to discharge their governance responsibilities • Lead trustee for safeguarding appointed • Safeguarding added as a standard agenda item to the Board meeting • New joint child and adult safeguarding policy adopted • Details of approach to safeguarding added to website for public access
Carewatch	<ul style="list-style-type: none"> • Maintained an overall 'Good' inspection report from CQC • Operations Director sits on BCSSP operational Group; Early Hep & Intervention Sub-group and; MCA Sub-group • Continued to work with clients through the safeguarding process
CURO	<ul style="list-style-type: none"> • Worked with Police and partner agencies to safeguard people being targeted by County Lines gangs. Staff completed County Lines training • Held multi-agency meetings to reflect on complex cases, improving process and practice • Established a safeguarding Board, led by a member of the Executive Team • A matrix of safeguarding training required by all roles is in place and compliance monitored • A Modern Slavery working group is in place with members from each area of the business • With the Housing First Service, supported customers with multiple and complex needs to access and sustain accommodation • Secured funding for Housing and Support Services to Pathways, TNP and Mediation Services until April 2024

National Probation Service	<ul style="list-style-type: none"> • Maintained compliance with safeguarding training • Increased participation in BCSSP sub-groups where possible • Considered a method of monitoring the referrals to Children's Services and Adult Social Care
Oxford Health (CAMHS)	<ul style="list-style-type: none"> • Staff have been offered several safeguarding supervision sessions and training sessions and attendance has been excellent • Members of the management team in CAMHS have acted as representatives at the BCSSP sub-group meetings so safeguarding has been integrated into their teams • BCSSP multi-agency training has been offered and attended • The senior named professional for safeguarding children has established a good working relationship with the designated nurse for safeguarding children in the CCG and this promotes the joined up work as a provider
<div>Page 127</div> Royal United Hospitals	<ul style="list-style-type: none"> • Level 3 adult safeguarding training has been developed in line with Intercollegiate Document Competency Framework • The Senior Nurse Adult Safeguarding and Named Nurse Children's Safeguarding have led on developing a model of supervision • A Carer's Charter, developed with support from the Trust Carer Partnership Group, was launched as part of Carers Week 2019 • The joint Adults and Children's Safeguarding Committee had a 'Think Family' focussed session • The Health Information Sharing Group continued to ensure robust processes are in place for flagging young people at risk of harm and sharing information between health partners. This includes a secure process for sharing attendances in Emergency Department with health visiting and school health partners • Named Midwife engaged with the 'Best Start in Life' working group to consider how to improve outcomes for children from conception to age 5 • Named Midwife has been involved in the production and delivery of a multi-agency communication workshop promoting early help for vulnerable families
Virgin Care	<ul style="list-style-type: none"> • Safeguarding Children's Team (SCT) provided monthly internal level 3 Safeguarding Children training sessions with positive evaluations • SCT provided monthly input to the two day advanced multi-agency training programme and joint sessions on neglect awareness and neglect training • SCT provided a presence into the MASH daily, sharing information and contributing to determining recommendations for the intervention threshold • Attendance at all but one BCSSP sub-group • Assistance with all Court requests for reports and presence in Court • Input to implement a standardised family health needs assessment framework based on the Healthy Child Partnership programme of contacts
Wayahead Care	<ul style="list-style-type: none"> • Continued use of the pilot safeguarding referral form which has proven effective in streamlining the referral process • Continued endeavours to involve clients as much as possible in concerns raised about them • Appointed a safeguarding lead person who is now undertaking a level 4 Leadership & Management qualification

TRAINING

APRIL 2019 – SEPTEMBER 2019

- 13 LSAB training sessions taking place comprising of 7 different Topics
- 337 Inter-agency training places made available
- 247 Inter-agency training places booked
- 206 Inter-agency training places attended
- On average over 85% completed evaluations and these are demonstrating impact
- 46 e-learning modules underway through the Learning Pool

Evaluations:

- Highlight an increase in practitioner's confidence in applying knowledge and skills following training
- Identify an increased understanding of multi-agency roles and improved communication and information sharing between professionals
- Identified that delegates hold a greater understanding of legislation, case law, policy and guidance and how to apply this into practice. The use of case studies was a particularly helpful way of embedding the learning
- Practitioners advised that they found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter and translating this into improving practice.



TRAINING

OCTOBER 2019 – MARCH 2020

- 38 BCSSP training sessions taking place comprising of 18 different courses
- 732 Inter-agency training places made available
- 641 Inter-agency training places booked
- 579 Inter-agency training places attended
- On average over 85% completed evaluations and these are demonstrating impact
- 104 E-learning modules underway through the Learning Pool
- Evaluations highlight an increase in practitioner's confidence in applying knowledge and skills following training back into practice
- Practitioner evaluations identify an increased understanding of multi-agency roles and improved communication between professionals and the ability to work more holistically
- Course evaluations identified that practitioners gained significant learning from hearing lived experiences and real life case studies
- Practitioners advised that they found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject.



SAFEGUARDING DATA

Work has been ongoing to agree and develop the Community Safety and Safeguarding Scorecard in this first year of the BCSSP. Concerns were raised in year through the steering group to prioritize this development. It is recognised that Individual Partners have responsibility to scrutinize their own agency performance and the BCSSP is assured that this has continued in this period. Slides 21 to 42 provide assurance on the safeguarding activity for Adult Social Care and the Mental Capacity Act, Children's Social Care and the Local Authority Designated Officer for the period 2019/2020. The BCSSP is keen to be able to demonstrate the collective impact of the partnership in effectively safeguarding residents across B&NES. The development of the scorecard has been identified as one of the top ten priorities for the BCSSP in 2020/2021.

The analysis for adult safeguarding data in this section of the annual report has used information provided by B&NES Council for the Safeguarding Adults Collection for 2019/2020, together with previous years data submitted to the Safeguarding Adults Collection (SAC). This has enabled B&NES data to be compared year on year.

The SAC data is collected directly from all local authorities and collated by NHS Digital. In December 2019, NHS Digital published Safeguarding Adults Collection for the period 1st April 2018 – 31st March 2019. The data is available as experimental statistics, as due to local and national variation in how safeguarding activity is defined and reported, there are limitations in the interpretation and usage of the data.

The national SAC for 2018-2019 has been used to provide useful comparators where appropriate, but it must be noted that the national data is a year older than the information provided by B&NES.

SUMMARY OF SAFEGUARDING ADULTS ACTIVITY 2019-2020

1132 concerns raised

Relating to 831 people

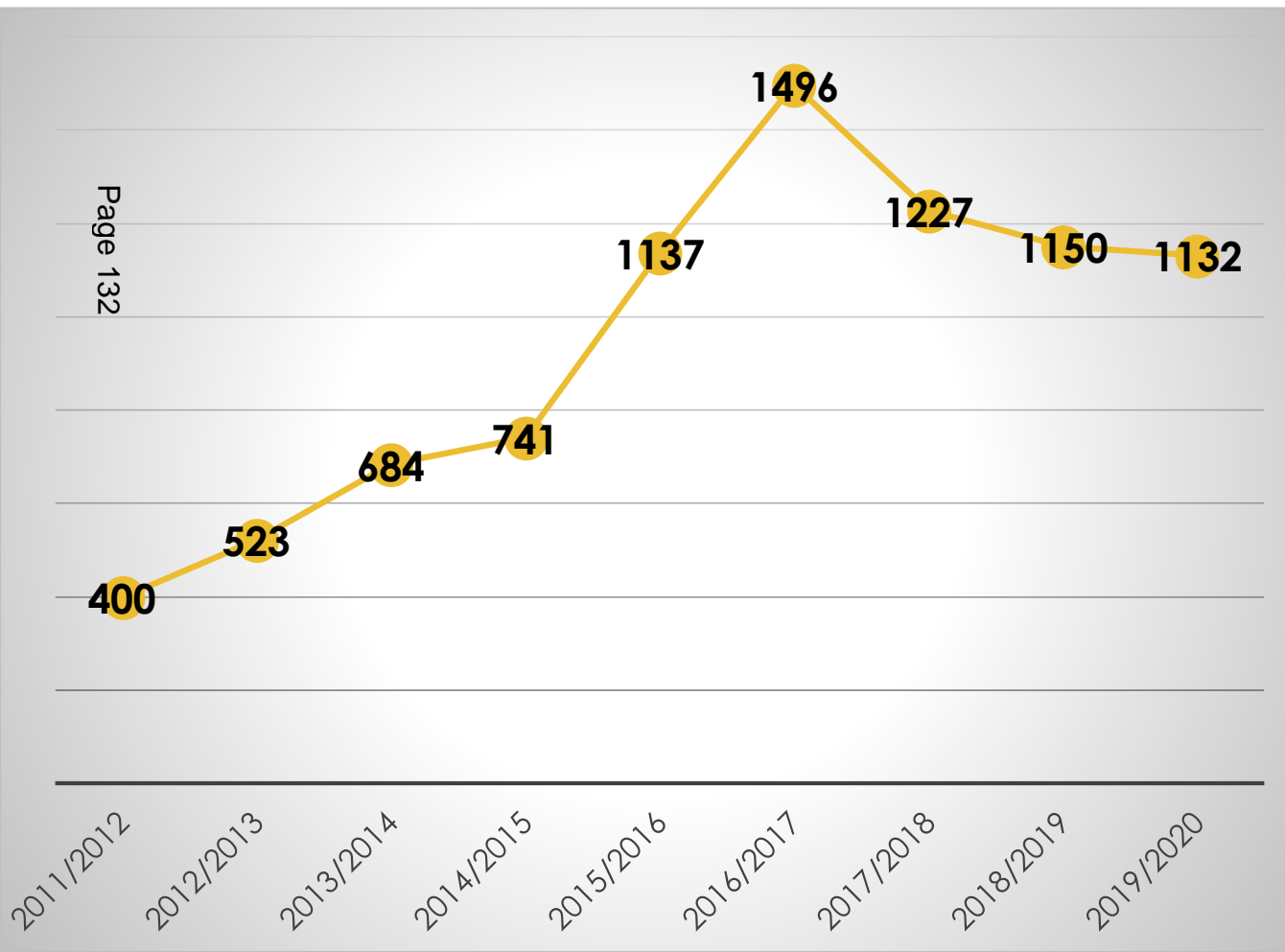
Leading to 298 safeguarding enquiries

Of which, 289 were defined as S42 enquiries

9 were other enquiries



ADULT SAFEGUARDING CONCERNS RECEIVED PER YEAR SINCE 2011/2012

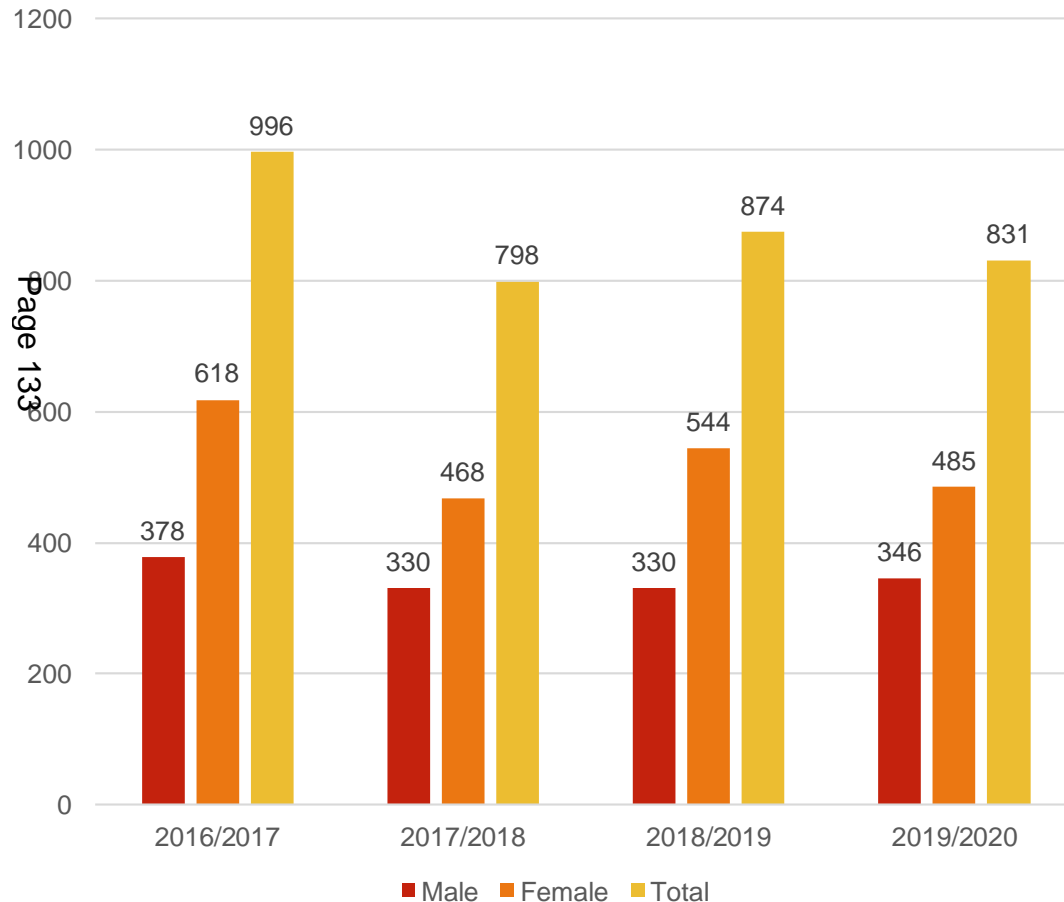


During the reporting period 2019-2020, B&NES received 1132 adult safeguarding concerns related to 831 people. This is a decrease of 1.5% compared with last year, so the downward trend seen since 2016/2017 continues, although concerns received have remained substantially higher since the introduction of the Care Act in 2015.

SAFEGUARDING CONCERNS

APRIL 2016 – MARCH 2020

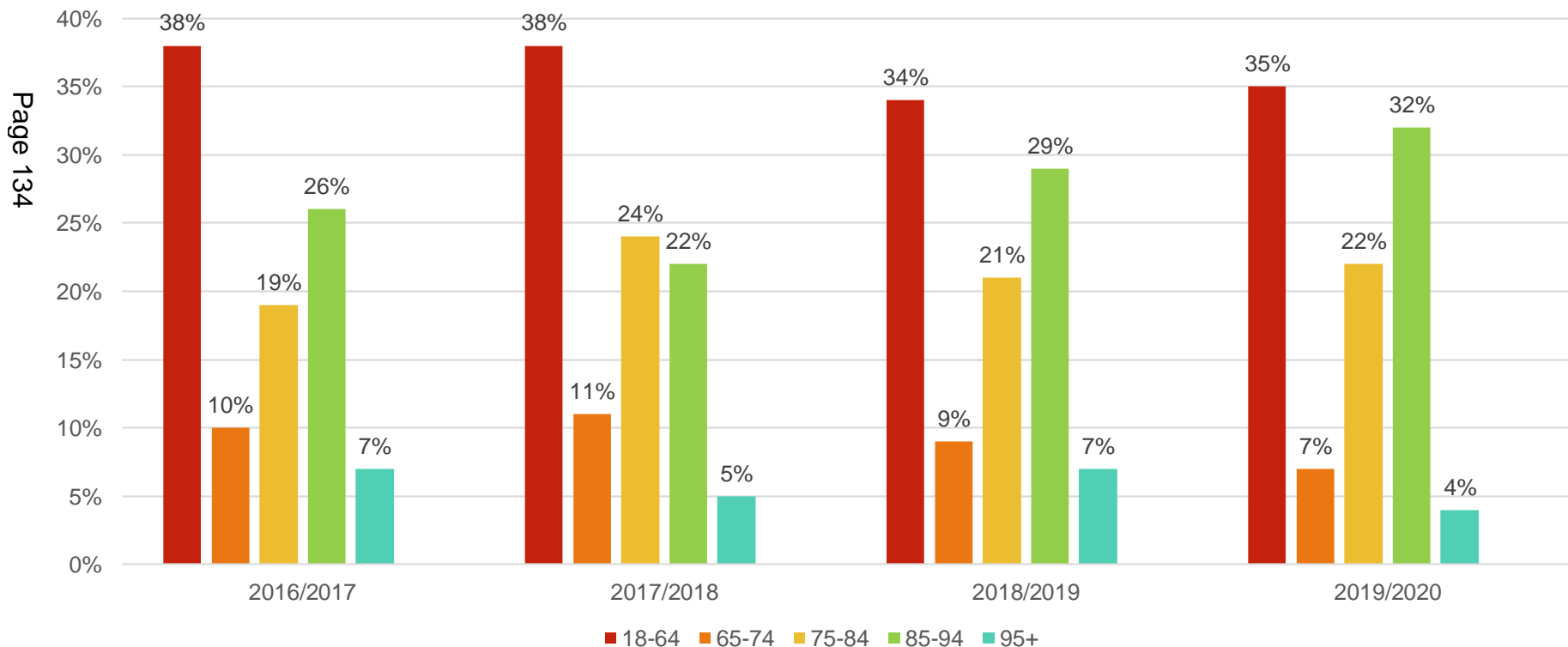
Number of Concerns by Gender



As noted in the chart, the concern breakdown by gender shows that the number of concerns this year regarding men has increased slightly whereas the concerns for women have decreased. The overall number of concerns has decreased.

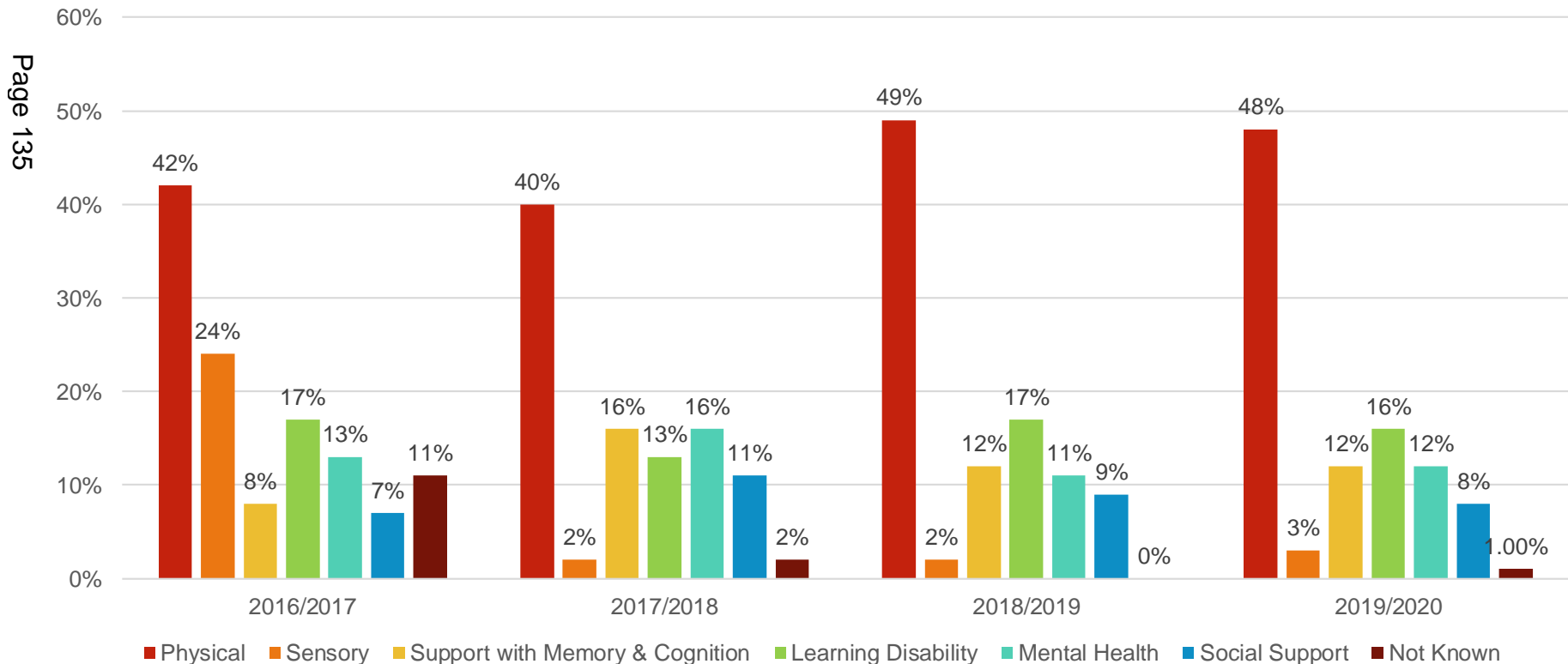
The percentage of concerns raised relating to adults aged 65-74 and 95+, has fallen slightly this year in comparison with the previous year. However, there has been a slight increase in concerns raised for adults aged 18-64, 75-84 and 85-94, compared to last year.

Safeguarding Concerns by Age April 2016 – March 2020



There has been a decrease in the percentage of referrals related to individuals with physical disabilities as well as those with a learning disability. However, the percentage of referrals related to memory loss and cognition have continued to decrease. The percentage of referrals related to mental health concerns has increased slightly compared to last year, when it was raised with the local Mental Health providers and additional training was secured.

Percent of Individuals involved in Concern by Primary Support Reason
2016 - 2020



Of the 1132 concerns raised – 298 went into the safeguarding enquiry process. In the national reporting 289 of these are defined as S42 enquiries whilst 9 were “other” enquiries

This is a “conversion” rate of 26% compared to 28% for the previous year and a national average of 30%.

The reporting in this area is changing in 2020/21. Local Authorities are being asked to report on S42 (1) and (2) – which distinguishes those that meet the Care Act safeguarding definition but do not require a full enquiry process to support them and those where a full process is undertaken.

Other enquiries are undertaken when the person does not appear to meet the Care Act definition but it is felt that an enquiry process is appropriate given the concerns raised and issues around public interest. An example from this year was a series of thefts where the individuals had capacity in regard to their finances but had provided an individual with their financial details.

SAFEGUARDING CONCERNS

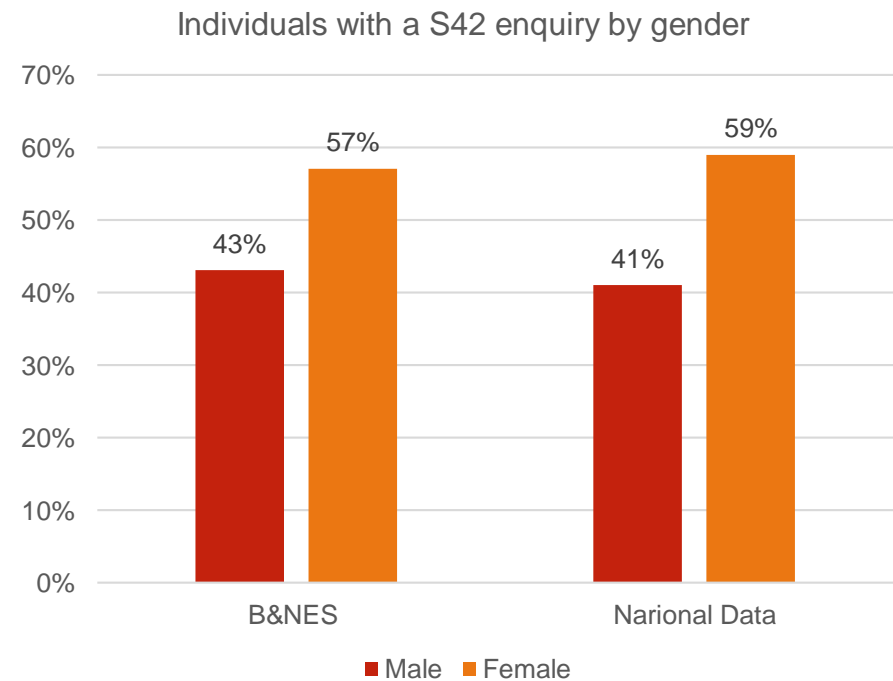
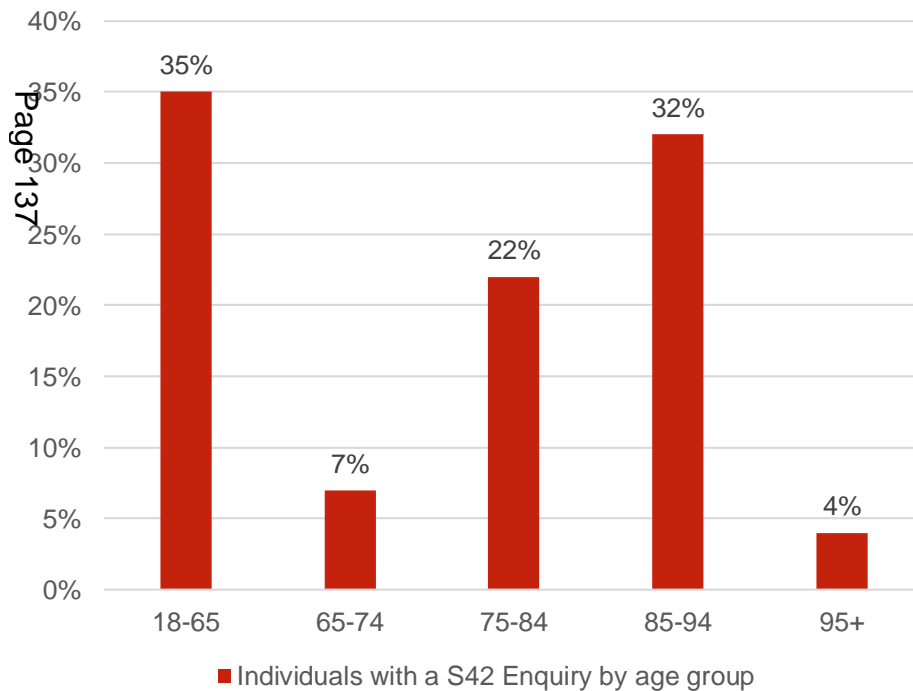
(CARE ACT 2014
S.42.1)

SAFEGUARDING ENQUIRIES

APRIL 2019 – MARCH 2020

(CARE ACT 2014 – S.42.2)

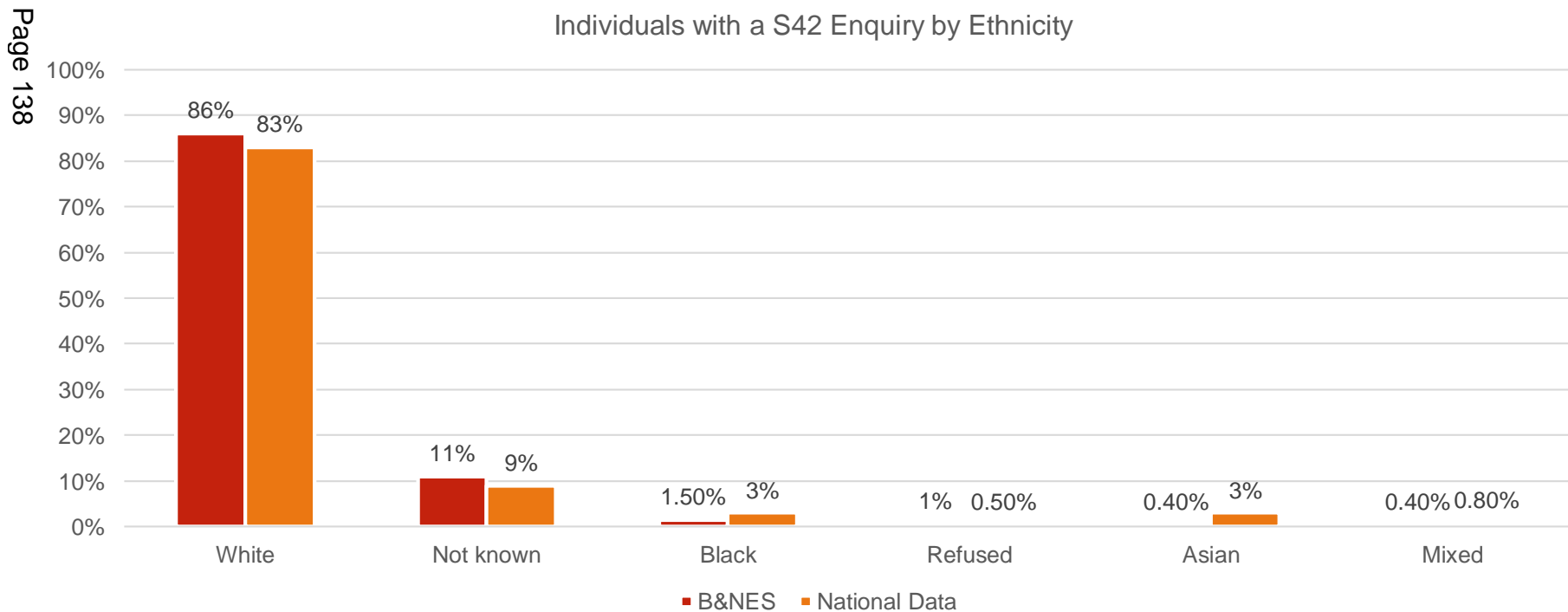
Where possible this data has been benchmarked against the national Safeguarding Adults Collection data. Please note that the national data is reflective of the 2018-2019 submission.



S42 ENQUIRIES BY ETHNICITY - B&NES 2019/20 NATIONAL 2018/19

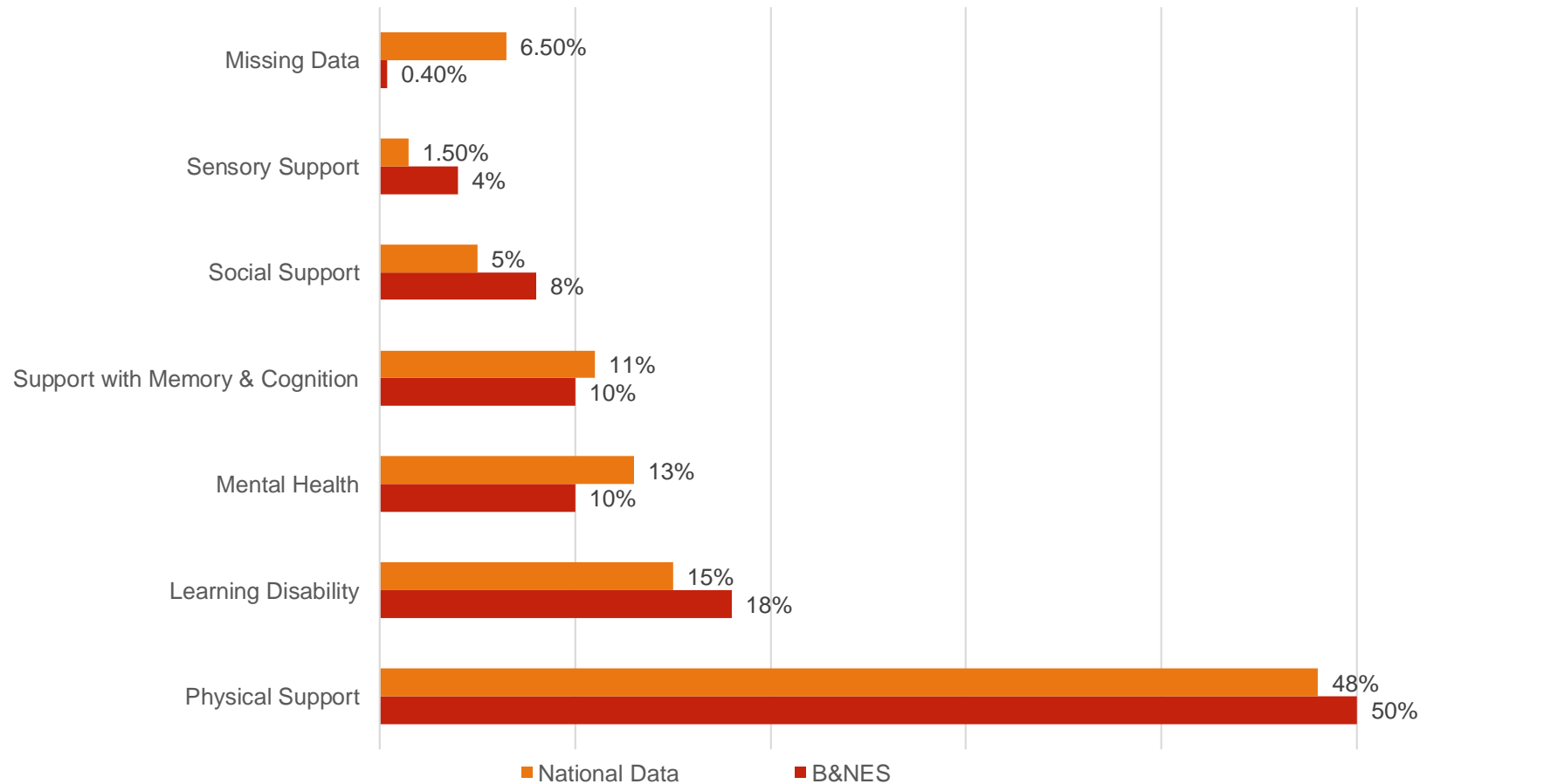
The data submission for 19/20 was compared with the information provided in 18/19. This comparison showed that our data is showing a level of consistency between years.

This consistency identifies a key challenge for the Partnership. The need to make sure that people from a Black or Minority Ethnic background are aware of the safeguarding support available. Of all the concerns raised this year only 2% of them came from people identifying themselves as being a Black African/Caribbean/ Black British, Asian/Asian British or from another Ethnic Group. This must be addressed in the coming year.



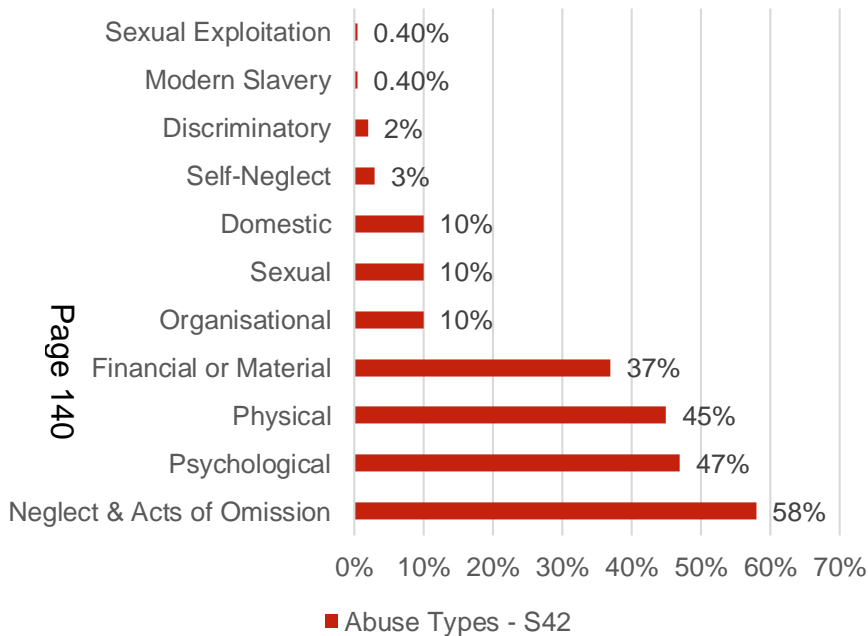
S42 ENQUIRIES BY PRIMARY SUPPORT REASON

Page 139

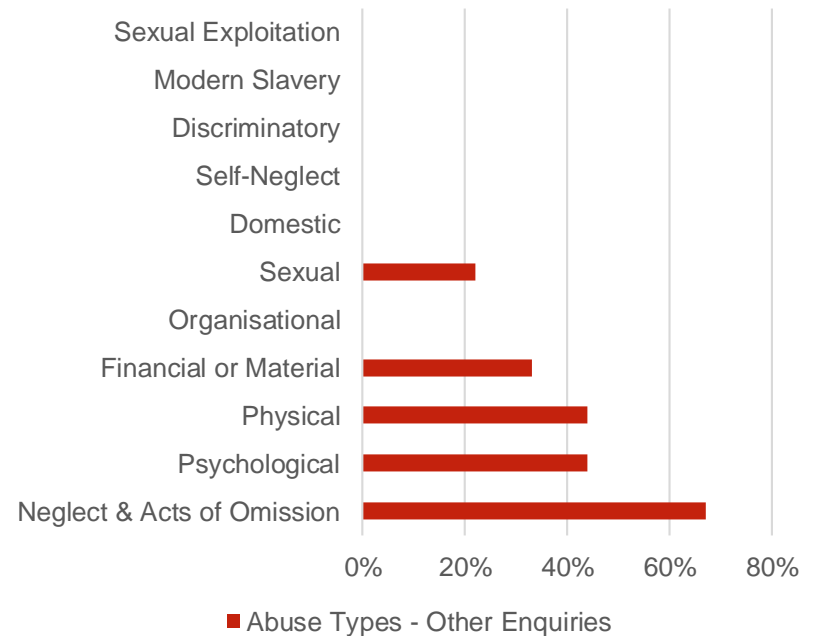


TYPES OF ABUSE

Abuse Types - S42



Abuse Types - Other Enquiries



Neglect and Acts of Omission were the most frequently identified type of abuse identified during the enquiry process. This is consistent with last year. Psychological, Physical and Financial Abuse were also frequently reported and this is in line with previous years. There can be a number of types of abuse identified in one enquiry process.

The number of enquiries that noted self neglect is low. This is because the safeguarding enquiry process is instigated only if the multi agency self neglect/MARM process has not minimised the risk sufficiently or where the initial risk was so high that it was felt that immediate safeguarding action was needed.

SOURCE OF RISK & LOCATION

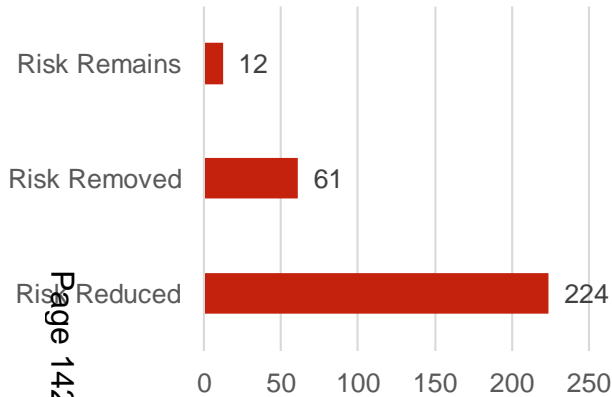
Source of Risk	SAC National Average 2018/2019	B&NES 2018/2019	B&NES 2019/2020
Service Provider	30%	41%	40%
Other – Known to the Individual	48%	42%	29%
Other – Unknown to the Individual	18%	16%	14%

These tables show the source of risk and location of abuse identified for safeguarding enquiries in B&NES for the periods 2018/2019 and 2019/2020 against the national data for 2018/2019. Whilst the percentage of risk attributable to a person employed as a service provider continues to be higher than the national average in B&NES, it has decreased slightly in comparison to last year. The percentage known to the individual has greatly reduced, however in the B&NES 2019/2020 figures 18% of alleged perpetrators were unknown. This is not reflected in the table and may have impacted these figures had it been attributed to a source.

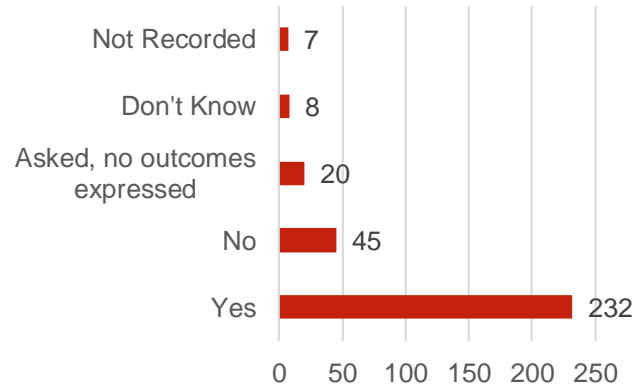
Where the abuse takes place	SAC National Average 2018/2019	B&NES 2018/2019	B&NES 2019/2020
Own home	43%	26%	30%
Community Service	3%	7%	5%
Nursing Home	10%	12%	18%
Residential Care Home	23%	30%	23%
Hospital Acute	3%	3%	6%
Hospital MH	2%	0	0.2%
Community Hospital	1%	0%	0.5%
In the Community	4%	0%	Not recorded
Other	7%	20%	16%

OUTCOMES OF SAFEGUARDING ENQUIRIES APRIL 2019 – MARCH 2020

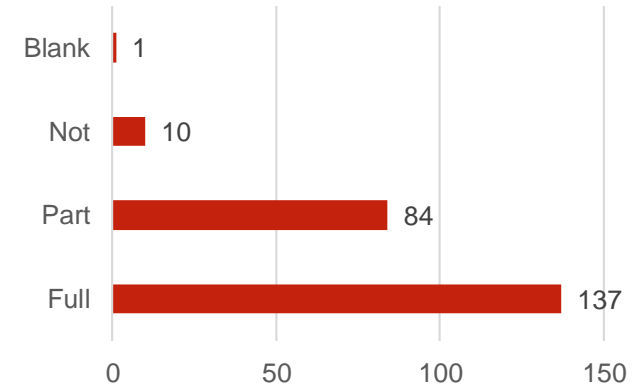
Where a risk was identified, what was the outcome - S42



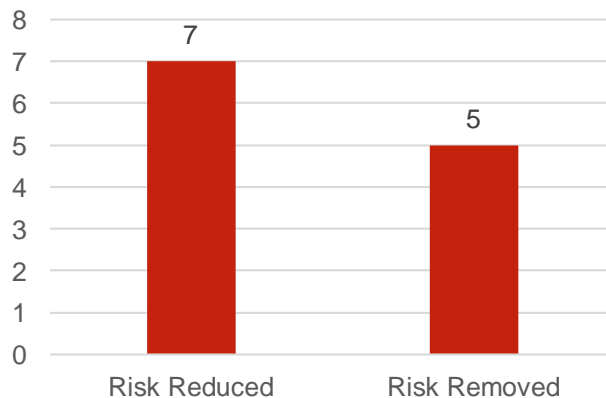
Desired Outcome by Person at Risk Known - S42



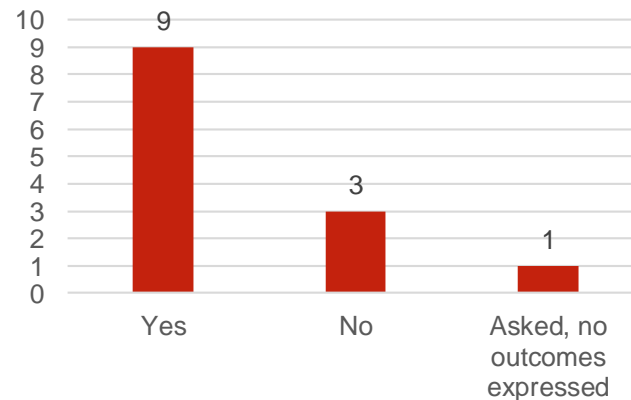
Desired Outcome of Person at Risk Achieved - S42



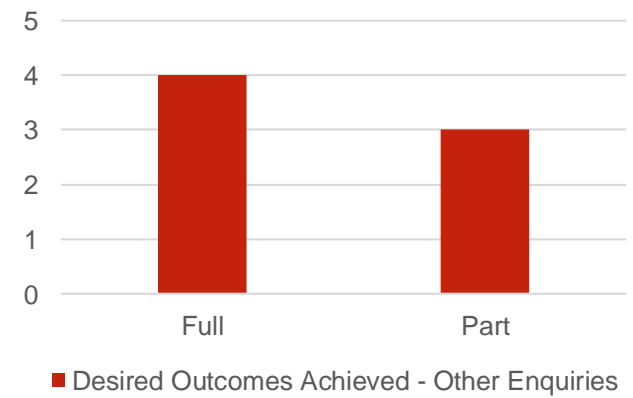
Where a risk was identified, what was the outcome - Other Enquiries



Desired Outcomes Known - Other Enquiries



Desired Outcomes Achieved - Other Enquiries



■ Desired Outcomes Achieved - Other Enquiries

MAKING SAFEGUARDING PERSONAL - OUTCOMES

This data is probably the most important aspect of our adult safeguarding reporting as it shows whether safeguarding had made a difference to the person.

297 enquires have been closed in the period covered by this report and risk has been reduced in the majority of cases.

In 74% of the enquiries undertaken the person's desired outcomes were obtained. Where the outcomes wanted by the person were known, 95% of people said that their outcomes had been fully or partly achieved through the safeguarding process.

MENTAL CAPACITY ACT (MCA) & DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

The DOLS scheme was introduced as an amendment to the Mental Capacity Act on 1st April 2009. It provides the necessary lawful authority to deprive an adult (18+) of their liberty in care homes and hospitals when a person has a mental disorder and lacks capacity to consent to their care arrangements which amounts to continuous supervision and control and not free to leave (the 'acid test').

There are legally defined lines of responsibility within the DOLS process. A supervisory body (The local authority) is responsible for receiving DOLS referrals from managing authorities (care homes and hospitals) and commissioning the required assessments and, where all assessments are affirmative, authorising the deprivation of liberty for people who are ordinarily resident in their area.

A Managing Authority is responsible for making referrals to the Supervisory Body for any resident or patient in their care who they suspect falls within the scope of the DOLS Scheme. When an authorisation is granted the Managing Authority is also responsible for monitoring the authorisation as well as complying with any conditions attached to the authorisation and requesting a review if they feel that any of the qualifying arrangements are no longer met.

In order for a DOLS authorisation to be granted the Supervisory Body must commission six assessments to be completed by a trained Best Interest Assessor (BIA) and a doctor with the appropriate training and experience. The Supervisory Body is responsible for paying for all assessments to be completed. The six assessments are as follows:

- Age assessment
- No refusals assessment
- Mental capacity assessment
- Mental health assessment
- Eligibility assessment
- Best interests assessment

All six assessment criteria must be met before an authorisation can be granted for up to a maximum period of 12 months. Conditions and recommendations can be attached to any authorisation with the aim of improving care provision and, where possible, reducing the restrictions as experienced by the individual in the care setting.

In B&NES, care homes and hospitals request DOLS authorisations by submitting requests securely to the council's DOLS, MCA & Quality Assurance Team who will screen the referral and give it a priority level (High, Medium or Low) for allocation.

Due to the high number of referrals received by the team, B&NES have broadly adopted the advice and guidance produced by the Association of Directors of Adult Social Services (ADASS) regarding prioritisation and allocation of requests received.

In common with nearly all local authorities, B&NES have a backlog of DOLS cases waiting to be assessed. There are a finite number of assessors available who focus on the high and medium priority. It is only in the very unlikely event of there being no high or medium cases awaiting allocation that a BIA would be given a low priority case, of which most of the backlog consists (on average 400 cases).

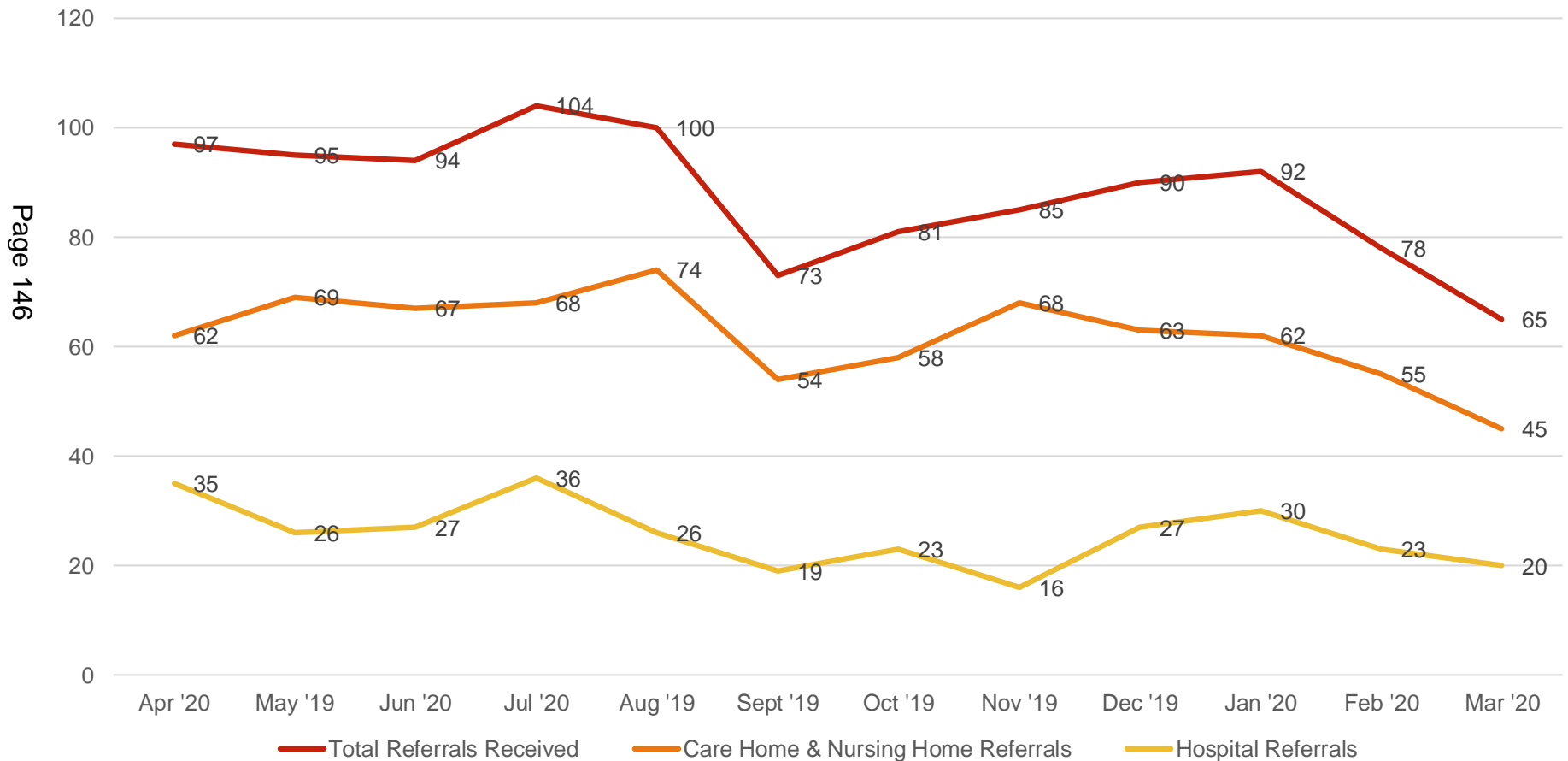
Previously, in order to try and better keep pace with referrals received, the team has routinely commissioned independent BIAs to complete assessments. This is a practice widely replicated around the country.

In order to ensure that we are aware of any changes in the circumstances of the cases awaiting allocation in the backlog, a system is in place to regularly re-screen them. This is done according to the aforementioned ADASS prioritisation tool, so that they can be re-allocated to a higher priority when necessary. This occurs on a monthly basis as a minimum.

When completed assessments are returned to the team they are scrutinised and 'signed-off' by either a senior practitioner or team manager. The relevant paperwork is then sent out as required to the interested parties.

All BIAs and Mental Health Assessors employed and/or commissioned by the council receive annual update training as required by the DOLS regulations. When the new Liberty Protection safeguards (LPS) are in place, BIAs will be subject to a panel type re-approval process similar to that employed for the council's Approved Mental Health Professionals (AMHPs). The team also provide regular supervision for all its employed BIAs as well as practice forums to support practitioners to keep up to date with case law, policy development and share areas of good practice.

DOLS REQUESTS BY REFERRAL SOURCE



LIBERTY PROTECTION SAFEGUARDS (LPS)

The Mental Capacity Act Amendment Bill gained Royal Assent in May 2019 and became law (The Mental Capacity Act (Amendment) Act). The Act introduced the Liberty Protection Safeguards (LPS), which is the new framework to safeguard and protect individuals who lack capacity when their care arrangements amount to a deprivation of their liberty. This was due to replace the current DOLS scheme in October 2020. National guidance has still to be issued and the Department for Health and Social Care (DHSC) has now announced that due to the current COVID-19 pandemic, the implementation date will be significantly delayed to April 2022. Local authorities have been given the message by the DHSC not to prioritise LPS preparations at this time.

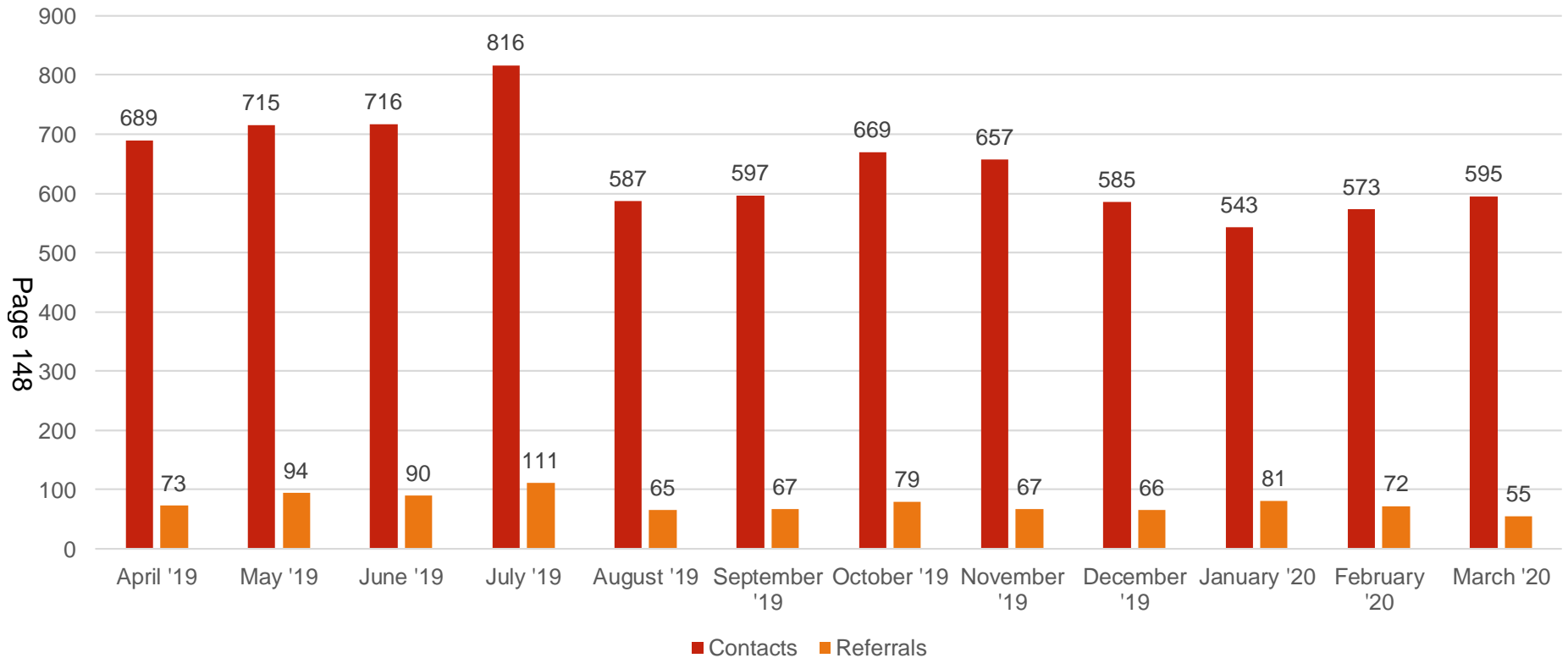
The LPS represents the most significant change in social care legislation since the introduction of the Care Act in April 2015. It will have a huge impact on the workings of the team and all health and social care professionals throughout Bath & North East Somerset. Some of the changes include:

- The creation of new Responsible Bodies meaning the local authority is no longer responsible for authorising every case.
- The current Best Interest Assessor (BIA) role being replaced by the Approved Mental Capacity Professional (AMCP) – they will not have to assess every case.
- Some cases being authorised based on paperwork provided by care managers, social workers and, in some cases, care home managers.
- 16- and 17-year olds will fall within the scope of the safeguards.
- Authorisations could be, in some circumstances, longer in duration – up to 3 years in some cases.

LPS places a greater emphasis on social care teams to provide the evidence necessary to authorise a person's deprivation of liberty meaning it is essential that good MCA practice is embedded in all health and social care teams.

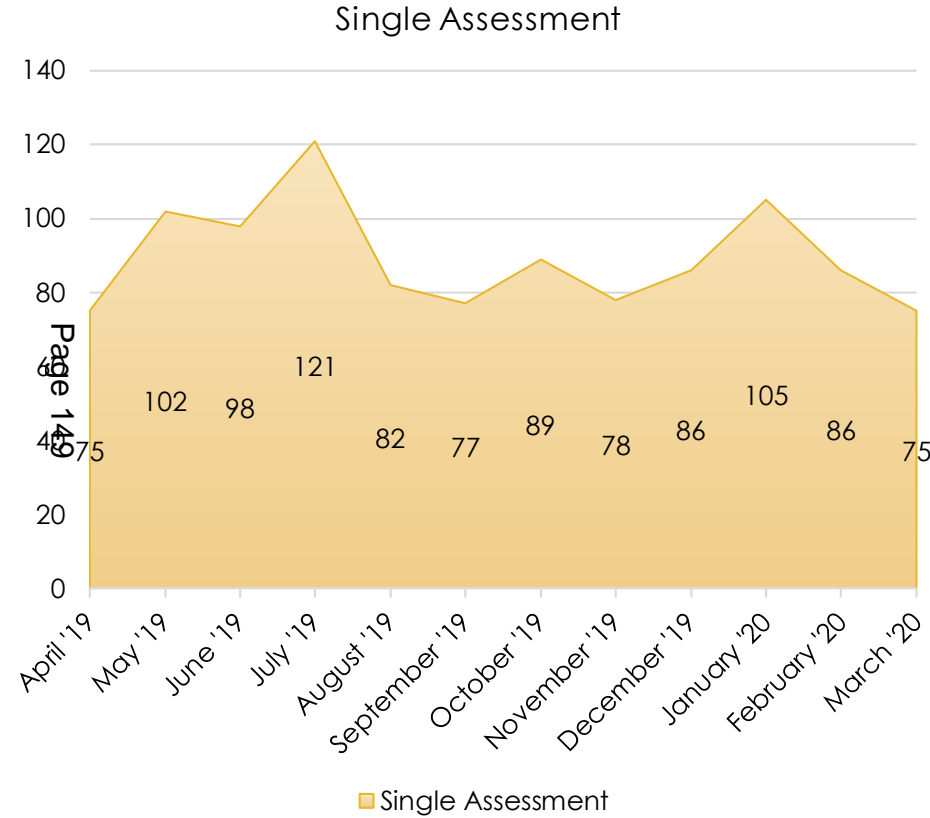
CHILDREN'S SOCIAL CARE DATA

Contacts and Referrals April 2019-March 2020

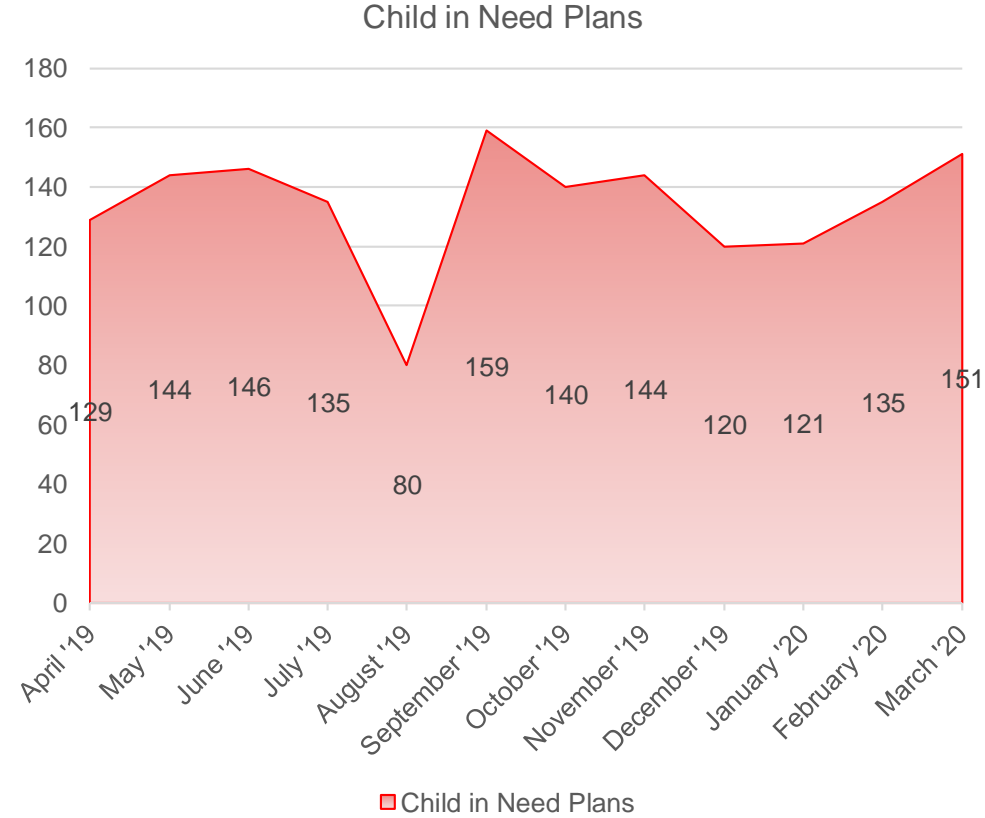


Overall contact volumes have shown a marginal decrease over the 19/20 financial year. Contacts progressing to referrals have remained at a steady level throughout the year indicating a consistent demand and consistent application of risk. The decrease/low level of referrals may be attributed in part to the volume of referrals from social care to MASH.

SINGLE ASSESSMENT & CHILD IN NEED PLANS



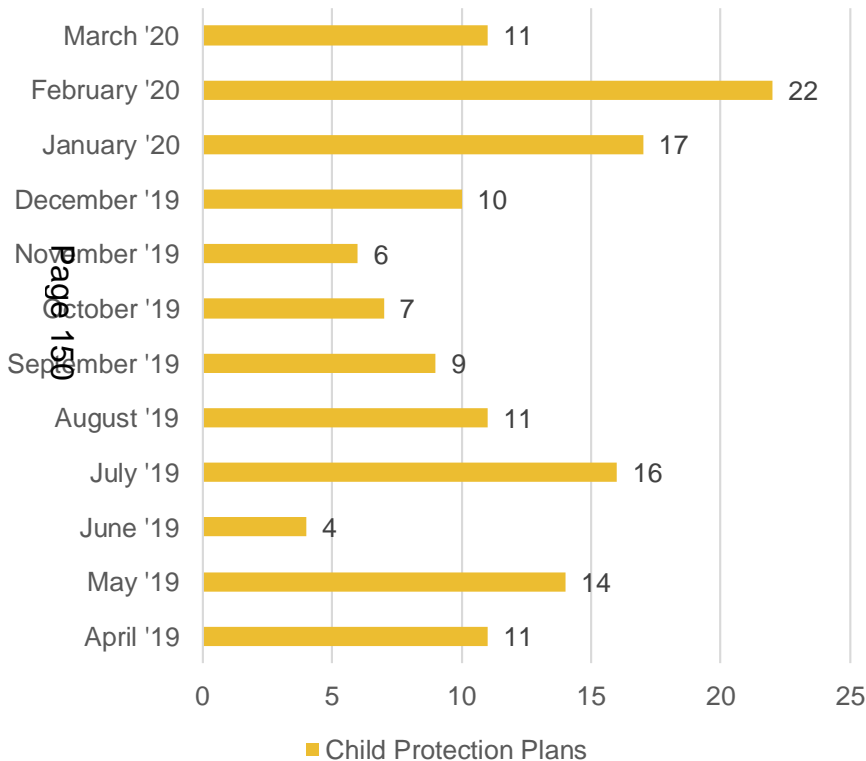
The reduction in assessments can be mainly seen to relate to reduced number of referrals.



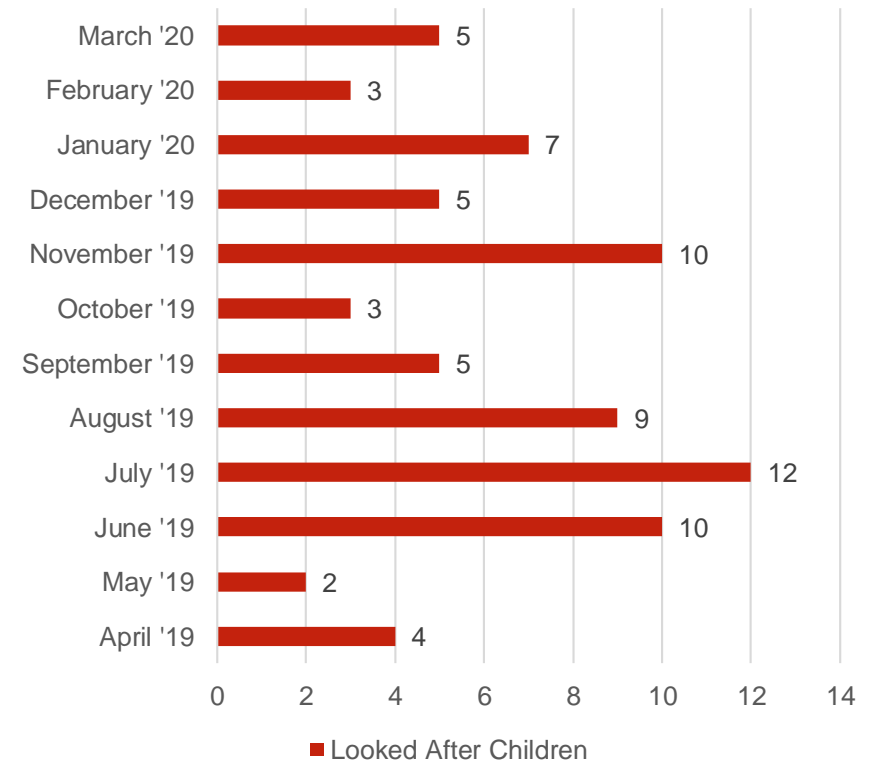
Child in Need plans have remained consistent in quarter 1, reflective of consistent application of risk thresholds.

CHILD PROTECTION PLANS & LOOKED AFTER CHILDREN

Child Protection Plans



Looked After Children



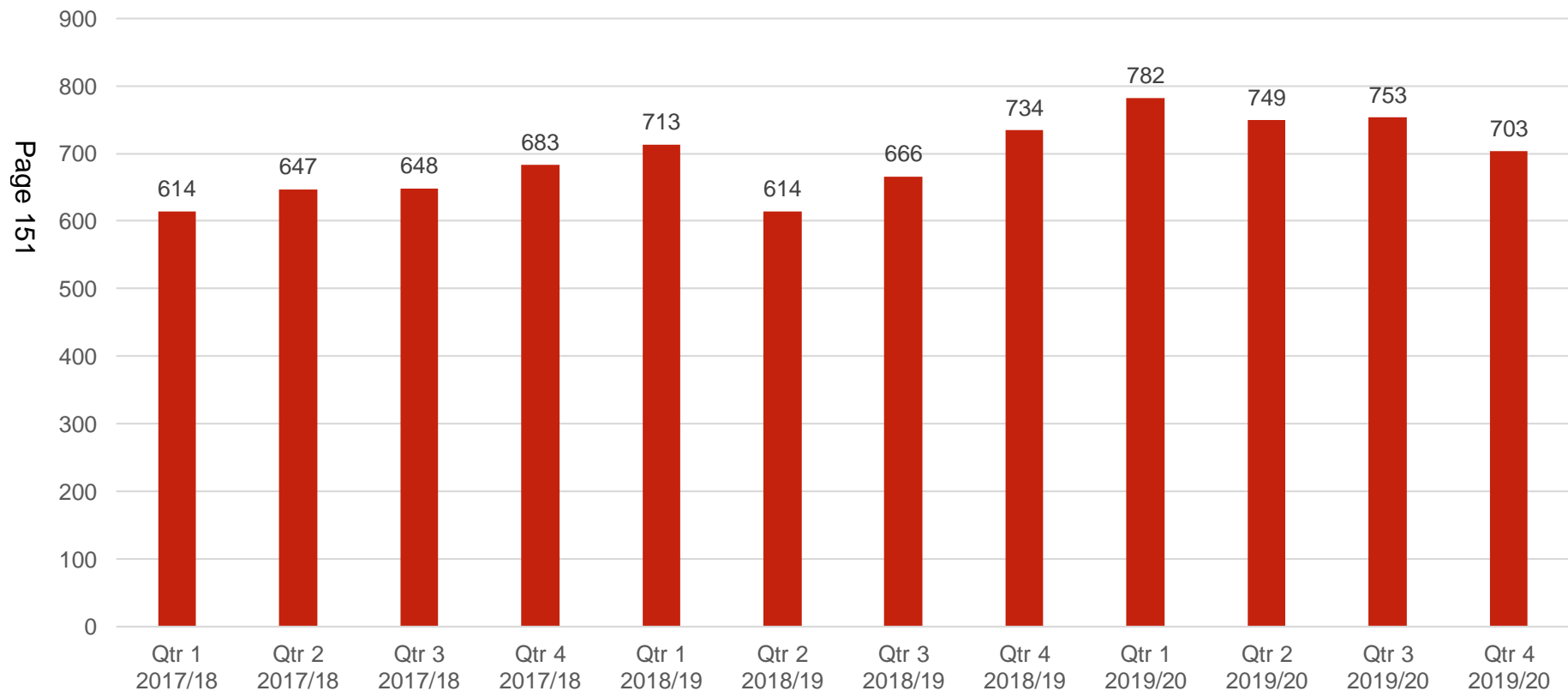
The increase in CP starts can be in part attributed to 3 relatively large families in this cohort.

Early indications are that demand may rise again; in particular new requests for care episodes relate to adolescents at risk of CSE and/or CCE, as well as our highly complex children who have disabilities.

LONG TERM TRENDS - OPEN CHILD IN NEED PLANS

Despite some quarterly fluctuations, overall Child in Need plan numbers have remained consistent for the last 3 years.

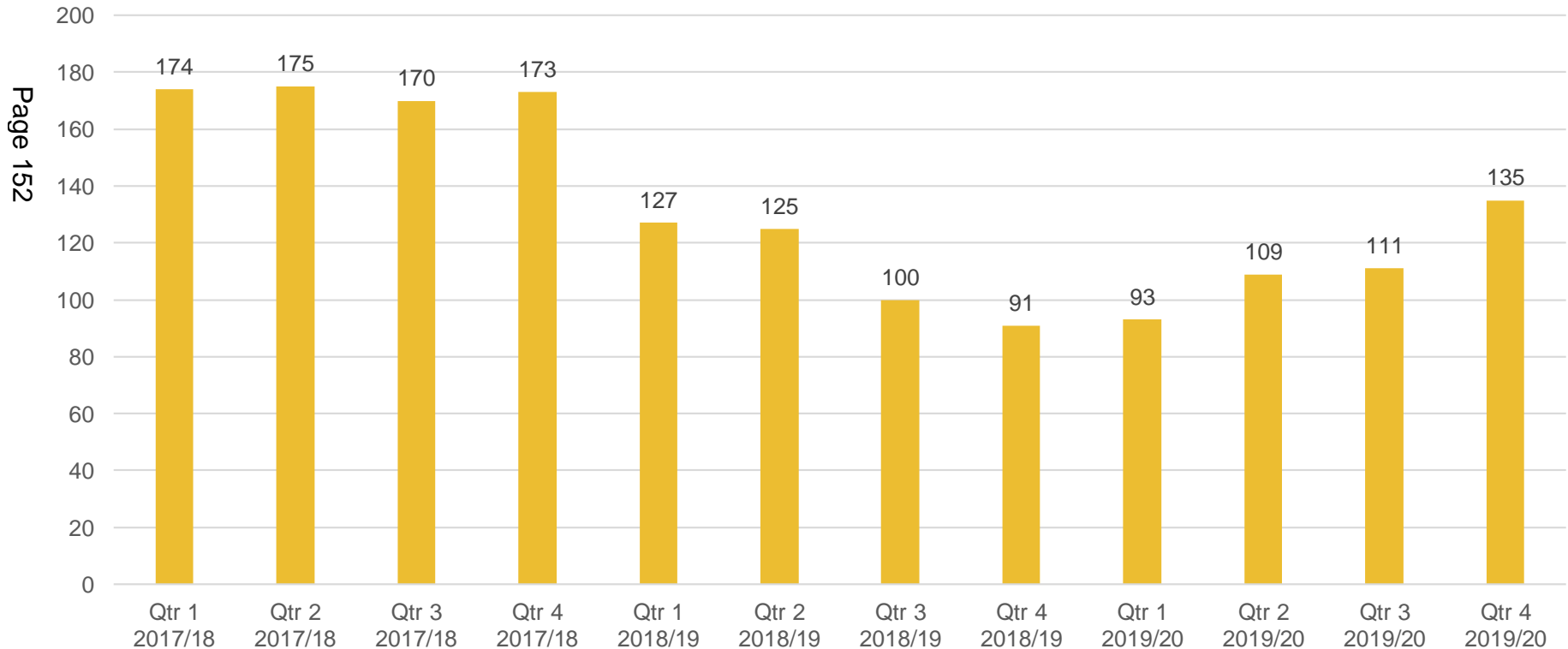
Open Child in Need Plans Qtr1 17/18 – Qtr 4 19/20



OPEN CHILD PROTECTION PLANS

Regional benchmarking suggests B&NES is not a significant outlier for Child Protection, although numbers are comparatively low, potentially reflective of the small residential population in B&NES.

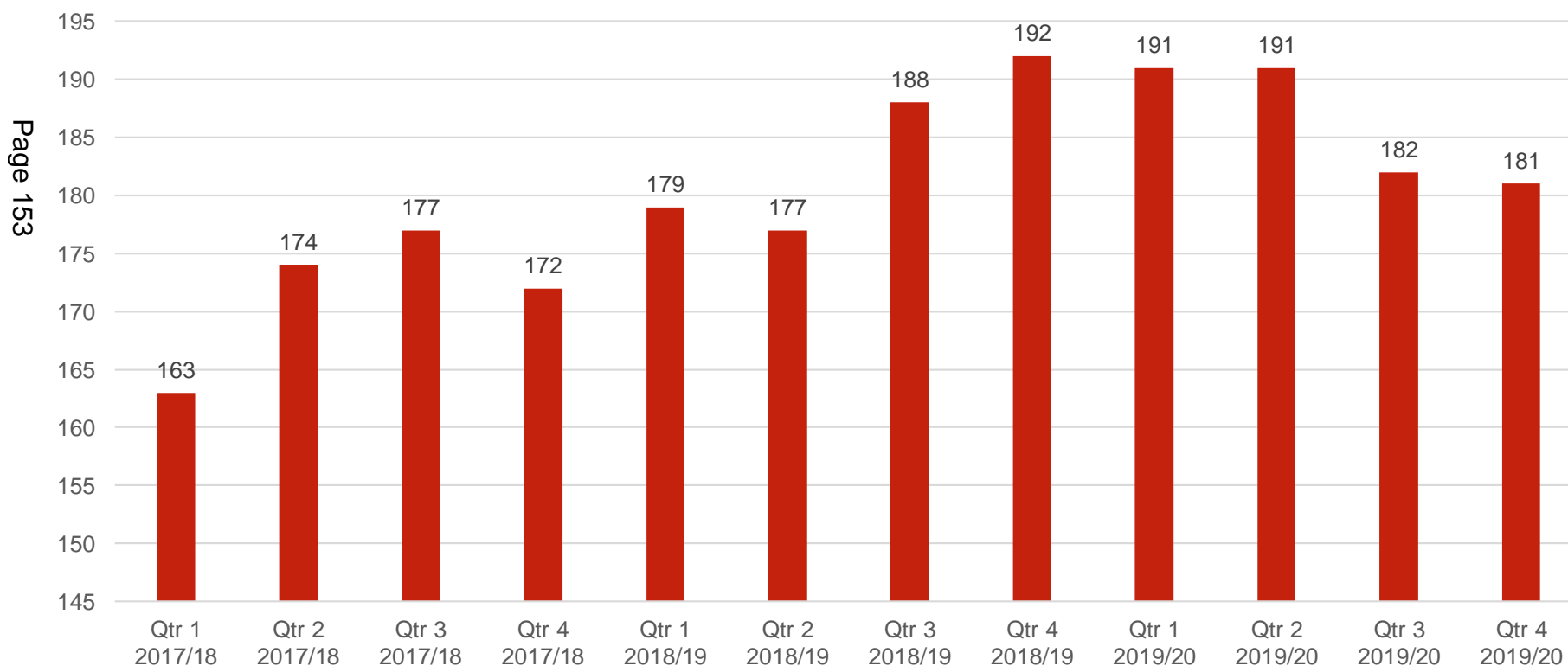
Open Child Protection Plans Qtr1 17/18 – Qtr 4 19/20



CHILDREN LOOKED AFTER

Volumes of Children Looked After have now stabilised for the last five quarters and are in line with expected levels for comparison areas. Placement stability has remained consistent over the previous year, which is positive. Children and Young People in B&NES are therefore experiencing greater placements stability across the board.

Children Looked After Qtr 1 17/18 – Qtr 4 19/20

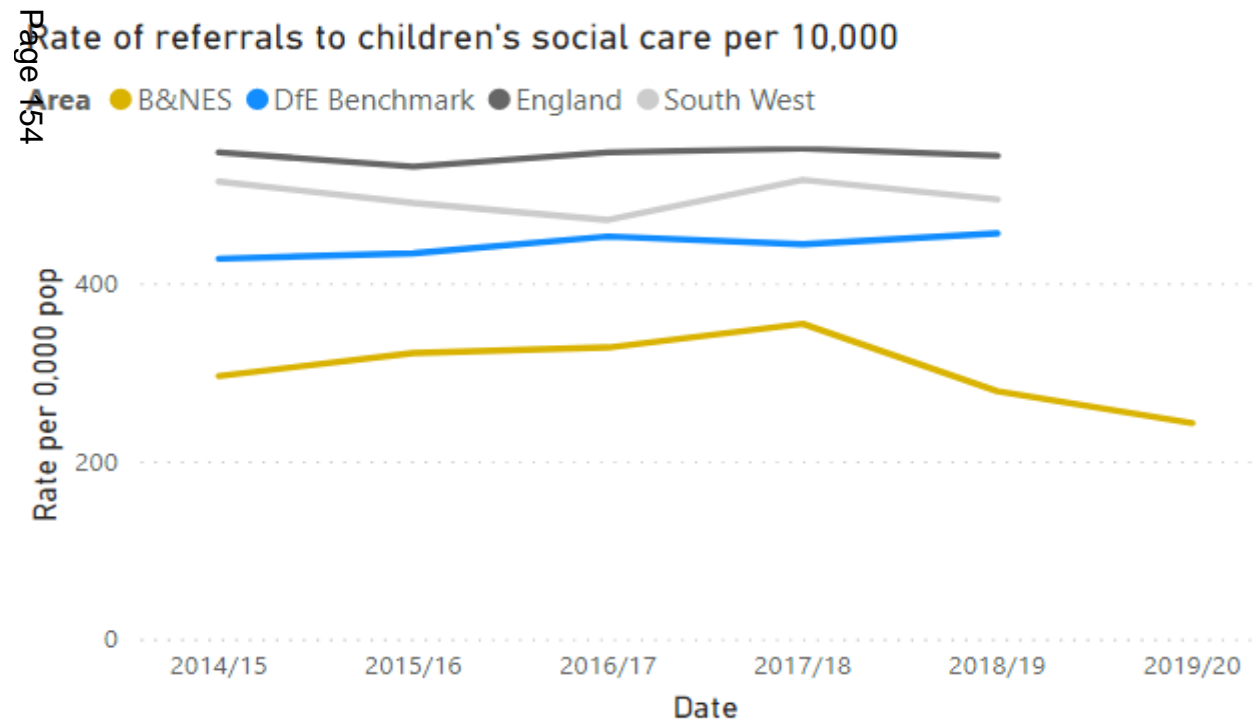


BENCHMARKING – REFERRAL RATES

2014/15 – 2019-20

Technical Note: 19/20 Benchmarking has been delayed by the Department for education due to Covid-19, provisional rates provided for 19/20 are derived from local data against ONS 2018 population mid-year estimates (last available) for reference purposes only.

Benchmark groups are calculated from local authorities in England with similar demographic and socio-economic characteristics to Bath and North East Somerset.

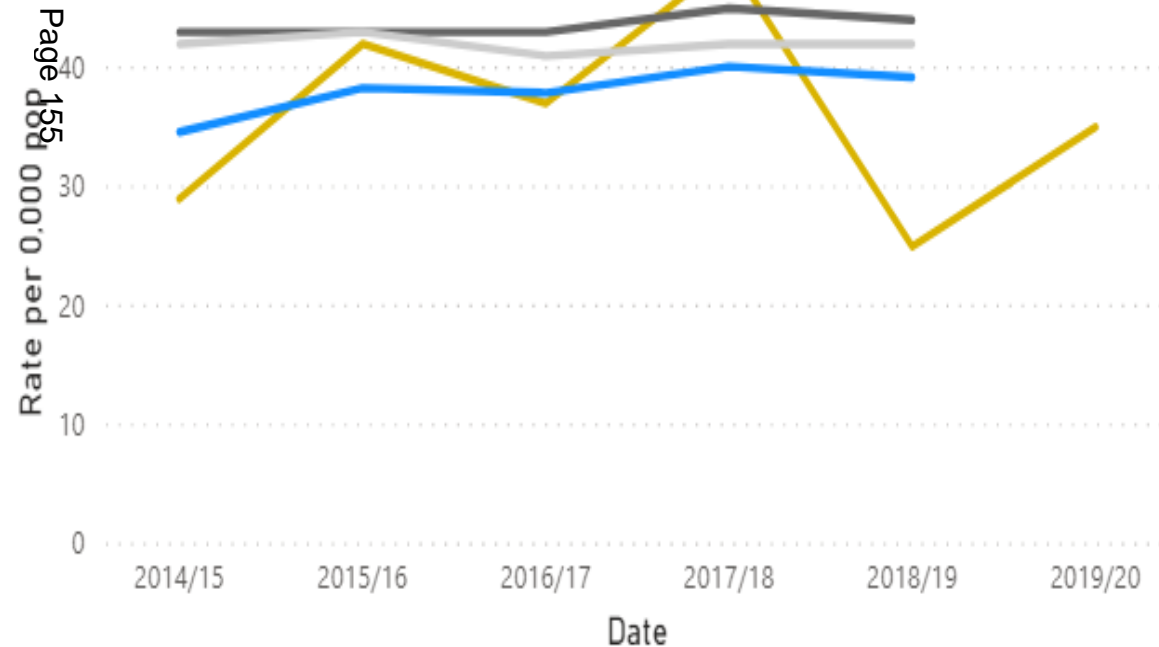


Rates of referrals have consistently remained low compared to benchmarks. The reduction of the last 3 years can in part be attributed to the launch of the MASH and Early Help provision.

CHILD PROTECTION PLAN RATE 2014/15 – 2019/20

Rate of children who were subject of a CPP at 31 March per 10,000 children

Area ● B&NES ● DfE Benchmark ● England ● South West

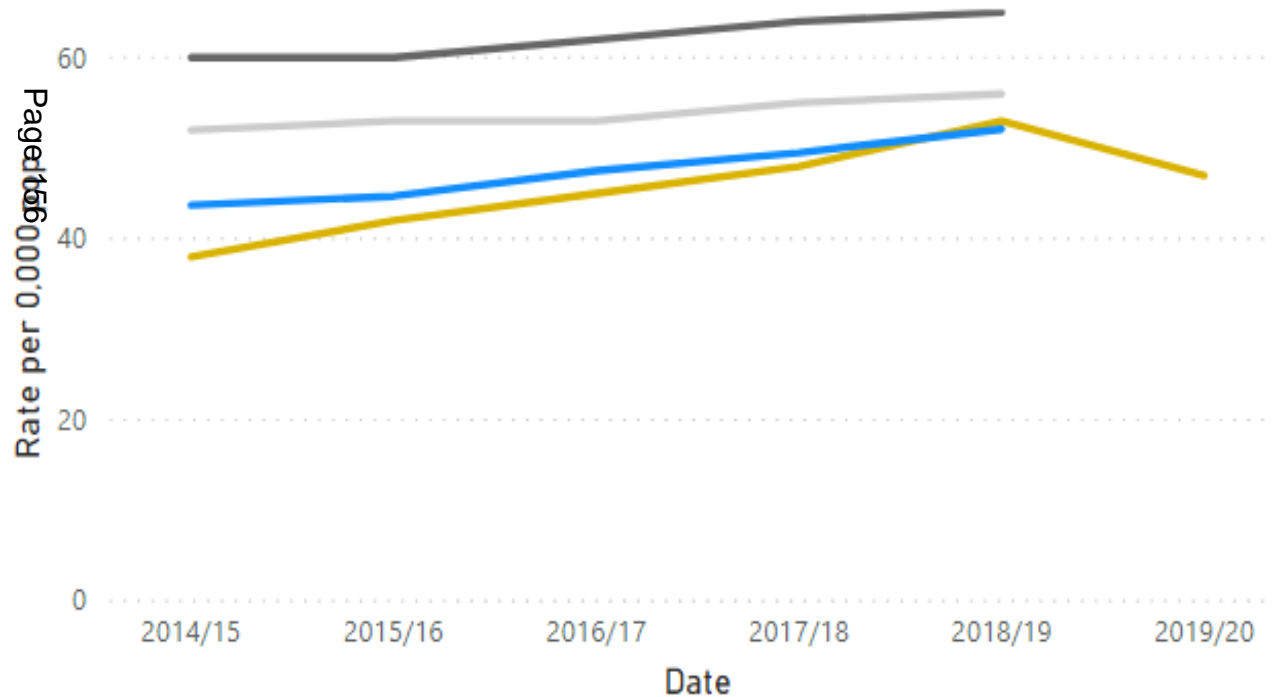


Given the small cohort size, child protection plan rates are subject to significant variation which can be attributed to larger family groups. Following a reduction in 18/19, the rate of plans has returned to levels consistent with benchmarked areas in 20/21

CHILDREN LOOKED AFTER RATE 2014/15 – 2019/20

Children looked after rate, per 10,000 children aged under 18

Area ● B&NES ● DfE Benchmark ● England ● South West



As previously identified, CLA numbers maintained a constant level in 20/21. There is currently insufficient data to identify whether this is following benchmarks for 19/20.

WORK OF THE LADO

264 contacts made

157 contacts resulted in information and advice being given

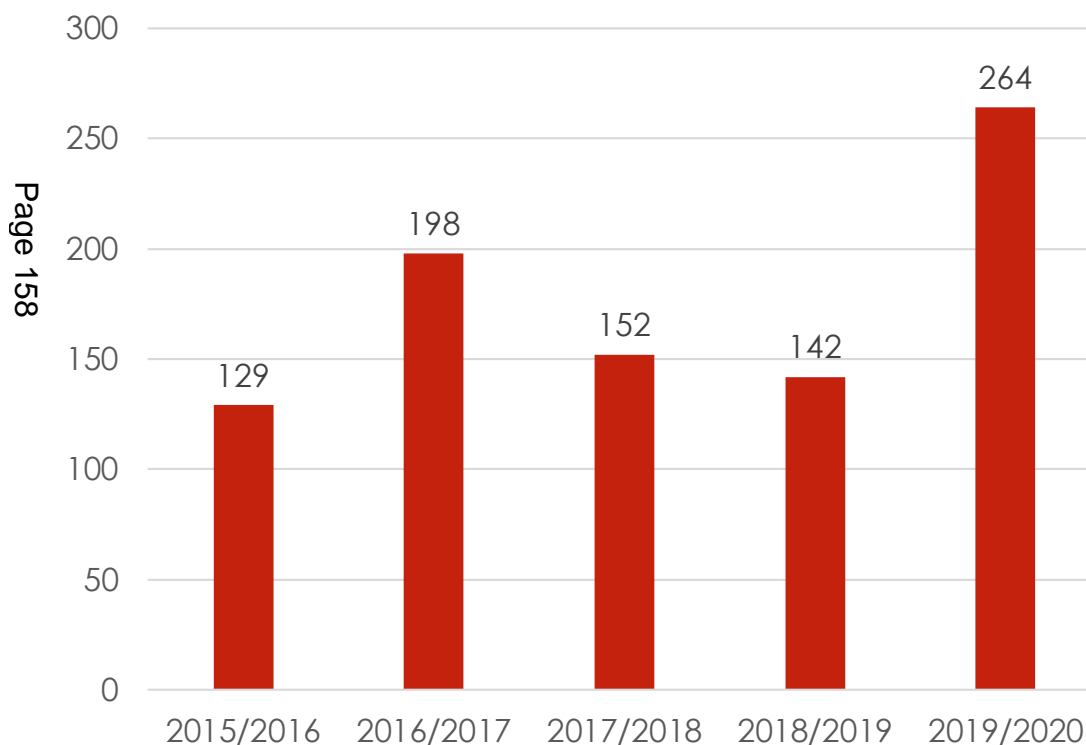
92 referrals required further action from the LADO

5 contacts were directed as 'out of area'

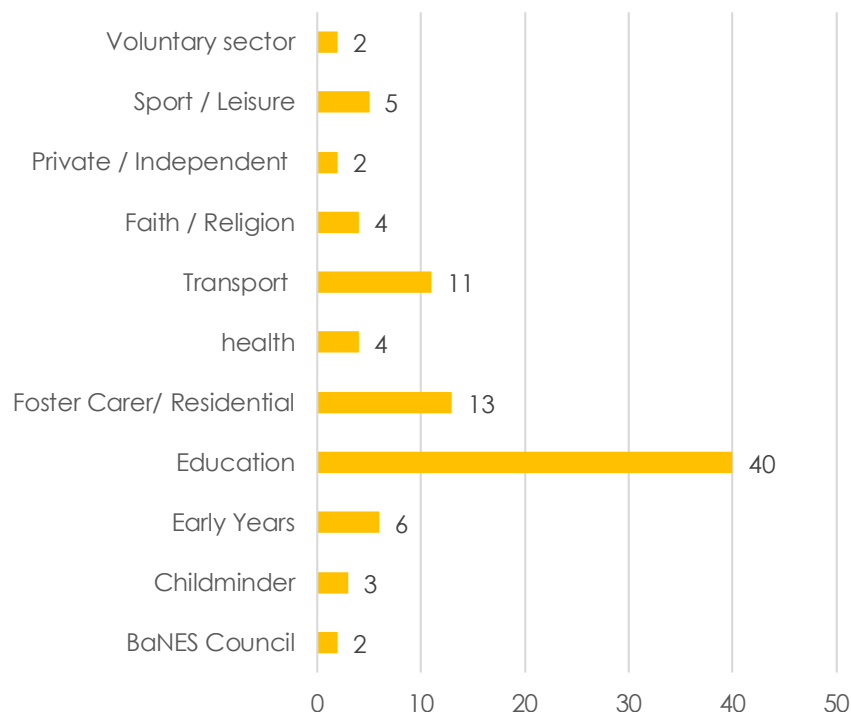
34% of contacts met threshold, a decrease of 17% on the previous year

NUMBER OF CONTACTS APRIL 2015 – MARCH 2020

Contacts with the LADO



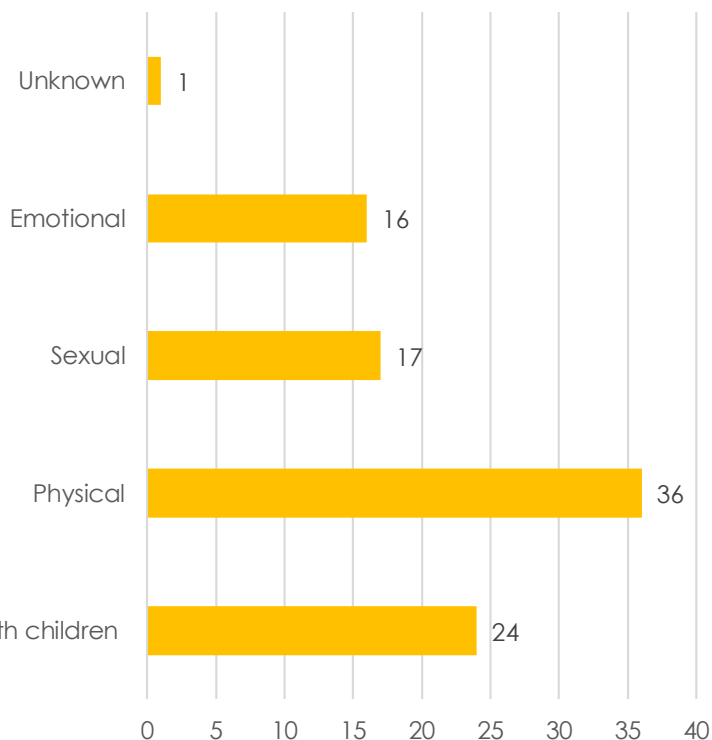
As the chart reflects, this year has seen the most contacts made with the LADO over the course of the last five years, with 264 contacts being made, an increase of 123 from last year. At the beginning of this reporting period the Senior LADO reviewed and revised how contact with the LADO was being recorded, a system was implemented which meant that all requests for advice and information and all referrals were recorded and in turn captured in the data. The procedures now in place provide a more accurate reflection of the work and activity of the LADO's in Bath and North East Somerset.



In this reporting period of the 92 referrals received by the LADO, 43% of these related to a person working within an educational setting, for the purposes of this report an educational setting is a primary school, secondary school or college. Whilst this is a 15% decrease from last year, allegations relating to a person working within an educational setting continue to account for the highest number of referrals to the LADO. This is in line with previous years and remains the experience of the LADO's across the south west.

In 2018-2019 there were no referrals received by the LADO regarding an individual who was attached to a religious setting. This year however there have been four referrals received, all of which have been related to historical allegations and which have met threshold for involvement of the LADO. It is anticipated that LADO's will receive more referrals about individuals who are part of faith-based organisations as a result of the independent inquiry into child sexual abuse (IICSA) which has led to investigations being undertaken into abuse within the church.

SOURCE OF REFERRAL / CONTACT WITH LADO



When making a referral to the LADO, the referrer must state under which category of harm they are making this referral. Of the 92 referrals received, two had a dual category of harm.

Physical abuse continues to be the main reason for an individual to be referred accounting for 39% of referrals received, this is comparable to previous years.

This year the LADO received 24 referrals related to concerns about an individual's suitability to work with children. Whilst this is a 13% increase on last year, only half of the referrals met threshold and required a managing allegations strategy meeting or follow up by the employer.

Referrals related to sexual abuse have decreased by 13% in this reporting period, accounting for only 18% of the referrals received. One referral received by the LADO did not have a category of harm as the organisation referred once they had already undertaken their investigation. By not contacting the LADO the organisation did not adhere to Keeping Children Safe in Education and this was raised when finally, they did make contact.

CATEGORY OF HARM AT POINT OF CONTACT WITH THE LADO

Outcome			Number
Managing allegations strategy meeting			46
Threshold not met			34
Further action required by employer			8
Retrospectively reported			3
Ongoing			1
Total			92

Of the 92 referrals in this reporting period, 46 met threshold. Irrespective of whether the information provided meets one of the three criteria for referral to the LADO, it is classed as a formal referral. In instances where referrals do not meet threshold, the LADO would provide advice and information on how the referring organisation could respond to the situation. If an individual is re-referred on multiple occasions, consideration will be given as to any patterns emerging in this person's behaviour.

LADO REFERRAL OUTCOMES

BCSSP BUDGET

Expenditure Description	Budget Full Year		Budget 29.09.19 – 31.03.20		Actual Expenditure	
Staffing						
Independent Chair (27 days)	£	14,850.00	£	7,425.00	£	5,814.50
Independent Business Manager (1FTE & Sickness Cover)	£	62,765.00	£	31,382.00	£	46,229.67
Independent Business Support Administrator (1FTE)	£	30,000.00	£	15,000.00	£	5185.30
Independent Auditor/Quality Assurance	£	10,000.00	£	5,000.00	£	-
MARAC Co-ordinator	£	17,000.00	£	8,500.00	£	8,394.00
Expenses	£	1,500.00	£	750.00	£	163.50
Total Staffing Costs	£	136,115.00	£	68,057.50	£	65,786.97
Ancillary Running Costs						
Room Hire & Equipment	£	5,000.00	£	2,500.00	£	325.00
Guest Speakers	£	1,500.00	£	750.00	£	-
Adult & Children ECR System	£	3,000.00	£	1,500.00	£	1,527.00
South West Child Protection Procedures Contract	£	1,038.00	£	519.00	£	577.00
Printing & Design	£	500.00	£	250.00	£	-
Total Ancillary Running Costs	£	11,038.00	£	5,519.00	£	2,429.00
Total Annual Costs	£	147,153.00	£		£	
Cost 29.09.19 – 31.03.20	£		£	73,576.50	£	68,215.97

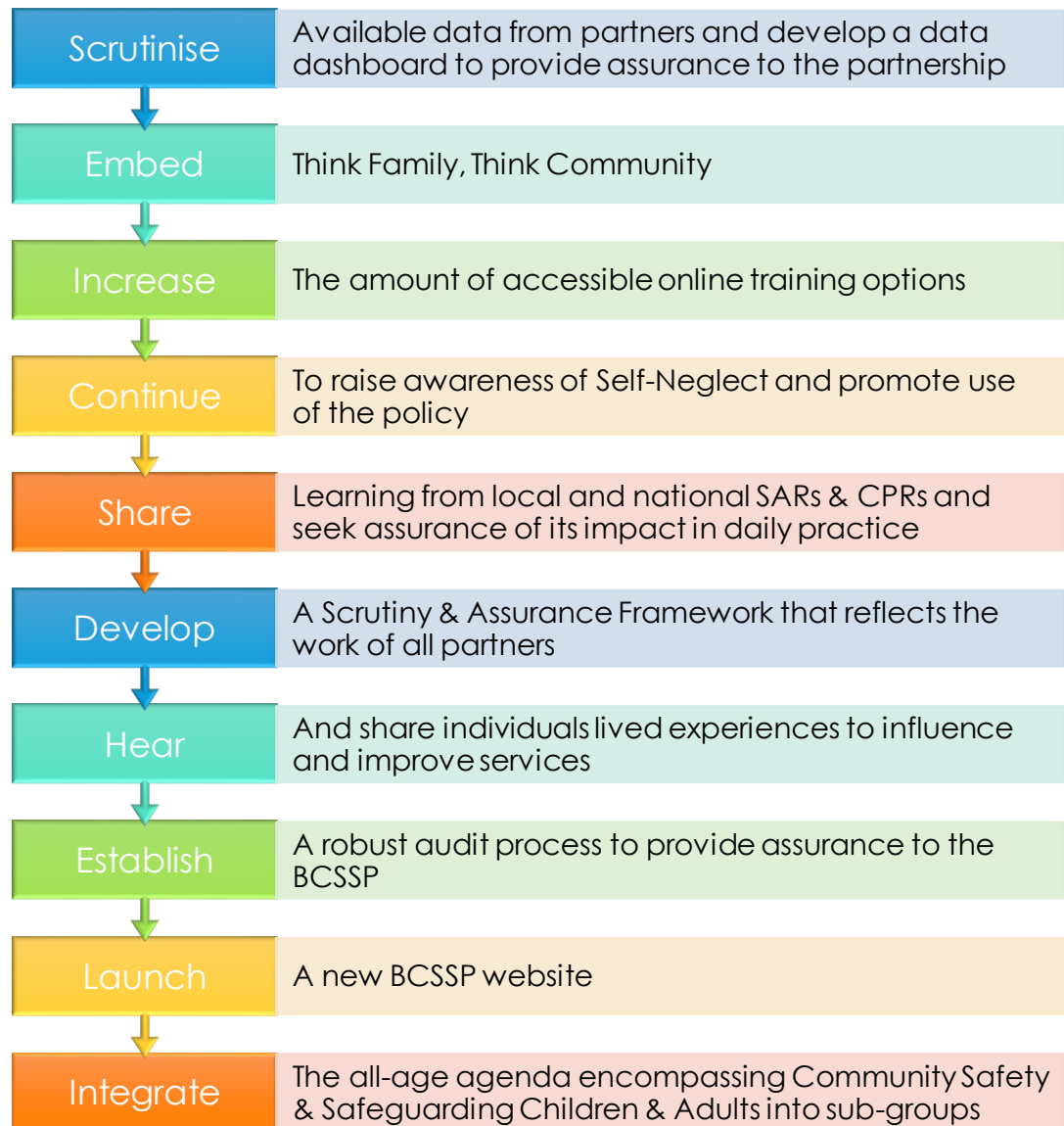
TRAINING PROGRAMME BUDGET

Expenditure Description	Budget Full Year		Budget 29.09.19 -31.03.20		Actual Expenditure	
Staffing						
Training Co-ordinator (1FTE)	£	43,881.00	£	21,940.50	£	13,739.32
Training Administrator (0.7 FTE)	£	13,080.00	£	6,540.00	£	9,146.88
Independent / Specialist Trainers	£	15,000.00	£	7,500.00	£	5,597.55
Expenses	£	300.00	£	150.00	£	-
Total Staffing Costs	£	72,261.00	£	36,130.50	£	28,483.75
Ancillary Running Costs						
Learning Pool	£	7,300.00	£	3,650.00	£	3,650.00
Room Hire & Equipment	£	500.00	£	250.00	£	160.30
Additional Costs External Trainers	£		£	8,000.00	£	-
Transition Management Time	£		£	8000.00	£	8,000.00
Total Ancillary Running Costs	£	7,800.00	£	19,900.00	£	11,810.30
Total Annual Costs	£	80,061.00	£		£	
Costs 29.09.19 – 31.03.20	£		£	56,030.50	£	40,294.05
Total 6 Month Cost			£	129,607.00	£	108,510.02

AGENCY CONTRIBUTIONS TO BCSSP

Income to Fund						
B&NES Council Contribution			£	62,152.00	£	62,152.00
B&NES CCG Contribution			£	60,000.00	£	60,000.00
Avon & Somerset Constabulary Contribution			£	7,455.00	£	7,455.00
B&NES Council Business Mgr Backfill Contribution			£	10,576.00	£	10,576.00
B&NES CCG Business Mgr Backfill Contribution			£	10,576.00	£	10,576.00
Avon & Somerset Constabulary Business Mgr Backfill Contribution			£	5,000.00	£	5,000.00
Invoiced Training Income			£		£	21,110.00
Total Funding			£	155,759.00	£	176,869.00
Underspend			£		£	68,358.98
Business Mgr Backfill Underspend Required for 2020-2021			£		£	-13,153.48
Net Underspend			£		£	55,205.50
Underspend V % Funding Split						
B&NES Council		51%	£	28,154.81		
B&NES CCG		49%	£	27,050.70		
		100%	£	55,205.00		

OUR TOP TEN PRIORITIES FOR 2020- 2021



This page is intentionally left blank

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

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Civic Centre (Keynsham) and at Bath Central, and Midsomer Norton public libraries.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
15TH SEPTEMBER 2020				
15 Sep 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Virgin Care - Independent Commissioners Performance Report - 6 month update	Lesley Hutchinson, Claire Thorogood Tel: 01225 396339, Tel: 01225 477272	Corporate Director (People)
15 Sep 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Public Health Update	Bruce Laurence Tel: 01225 39 4075	Director of Public Health
15 Sep 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Children's Services Annual Complaints Report	Sarah Watts Tel: 01225 477931	Corporate Director (People)
15 Sep 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Music Hub	Christopher Wilford Tel: 01225 477109	Corporate Director (People)

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
15 Sep 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	B&NES Community Safety & Safeguarding Partnership Annual Report	Lesley Hutchinson, Kirstie Webb Tel: 01225 396339, Tel: 01225 396350	Corporate Director (People)
15 Sep 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adoption West Joint Scrutiny Panel (Appointment of non-executive member)	Donna Vercoe Tel: 01225 396053	Corporate Director (People)
3RD NOVEMBER 2020				
3 Nov 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Mental Health Strategy for B&NES, Swindon & Wiltshire (Response to COVID)	Karyn YeeKing Tel: 01225 477347	Corporate Director (People)
3 Nov 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Care Home Commissioning		Corporate Director (People)

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
3 Nov 2020	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	School Performance / Narrowing the Gap / SACRE		Corporate Director (People)
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				