

Health and Wellbeing Board

Date: Tuesday, 23rd June, 2020

Time: 10.30 am

**Venue: Virtual Meeting (Zoom) – Public Access via
YouTube**

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

Members: Councillor Rob Appleyard (Bath and North East Somerset Council), Bryn Bird (Clinical Commissioning Group), Mike Bowden (Bath & North East Somerset Council), Corinne Edwards (Clinical Commissioning Group), Sara Gallagher (Bath Spa University), Councillor Kevin Guy (Bath and North East Somerset Council), Will Godfrey (Bath & North East Somerset Council), Paul Harris (Curo), Nicola Hazle (Avon and Wiltshire Partnership Trust), Lesley Hutchinson (Safeguarding and Quality Assurance (B&NES Council)), Steve Kendall (Avon and Somerset Police), Bruce Laurence (Bath & North East Somerset Council), Kirsty Matthews (Virgin Care), Stuart Matthews (Avon Fire and Rescue Service), Professor Bernie Morley (University of Bath), Kate Morton (Bath Mind), Rachel Pearce (NHS England), Laurel Penrose (Bath College), Vanessa Scott (Healthwatch), Dr Andrew Smith (BEMS+ (Primary Care)), Libby Walters (Royal United Hospital) and Roanne Wootten (Julian House)

Observer: Councillor Robin Moss (Bath & North East Somerset Council)

Other appropriate officers
Press and Public

Marie Todd

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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 Participation at Meetings

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

Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Tuesdays notice must be received in Democratic Services by 5.00pm the previous Thursday.

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>

Health and Wellbeing Board - Tuesday, 23rd June, 2020

**at 10.30 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
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.

(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 CHAIR
5. PUBLIC QUESTIONS/COMMENTS
6. MINUTES OF PREVIOUS MEETING - 21 JANUARY 2020 (Pages 5 - 12)

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

7. UPDATE FROM CHILDREN AND YOUNG PEOPLE SUB-GROUP (Pages 13 - 72)

The Children and Young People sub-committee of the Health and Wellbeing Board takes the strategic lead in developing the local Children and Young People's Plan (CYPP) and ensuring that the priorities identified in the Children and Young People's Plan 2018- 2021 are delivered.

The report sets out the progress made during year two of the Plan and the activities and areas of focus for members of the In-Care Councils and Youth Forum.

Lesley Hutchinson and Sarah McCluskey – 10.35am – 25 minutes

8. AUTISM UPDATE (Pages 73 - 136)

This report updates members of the Health and Wellbeing Board on:

- The re- establishment of a B&NES wide, all-age (children's and adults) Autism

- Partnership and progress made since the last update to the Board.
- Outline work taking place at a locality level in B&NES to review and update the B&NES Autism Strategy and improve local provision.
- The work planned across the B&NES, Swindon and Wiltshire CCG footprint through the Learning Disability and Autism Transformation Board.

Rebecca Potter – 11am – 25 minutes

9. COVID-19 UPDATE REPORT AND POSITION STATEMENT

To receive a presentation regarding the B&NES Council and NHS local response to the Covid-19 pandemic.

A copy of the report which was considered at the full Council meeting held on 16 June 2020 can be found using the following link [Covid-19 - Update Report and Position Statement](#)

David Trethewey, Corinne Edwards and Louise Cadle – 11.25am – 25 minutes

10. LOCAL OUTBREAK MANAGEMENT PLAN

To consider and sign off the Local Outbreak Management Plan. (Report to follow).

Bruce Laurence – 11.50am – 30 minutes

11. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019/20 (Pages 137 - 152)

To consider and endorse the Director of Public Health Annual Report 2019/20.

Bruce Laurence – 12.20pm – 15 minutes

12. DATE OF NEXT MEETING

To note that the next meeting will take place on Tuesday 29 September 2020 at 10.30am.

13. CLOSING REMARKS

Councillor Rob Appleyard will close the meeting.

The Committee Administrator for this meeting is Marie Todd who can be contacted on 01225 394414.

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 21st January, 2020, 10.30 am

Dr Ian Orpen	Member of the Clinical Commissioning Group
Councillor Rob Appleyard (Chair)	Bath and North East Somerset Council
Mike Bowden	Bath and North East Somerset Council
Corinne Edwards	Clinical Commissioning Group
Alex Francis	The Care Forum – Healthwatch
Sara Gallagher	Bath Spa University
Councillor Kevin Guy	Bath and North East Somerset Council
Paul Harris	Curo
Lesley Hutchinson	Bath and North East Somerset Council
Steve Kendall	Avon and Somerset Police
Bruce Laurence	Bath and North East Somerset Council
Will Godfrey	Bath and North East Somerset Council
Kate Morton	Bath Mind
Laurel Penrose	Bath College
Jo Scammell (in place of Kirsty Matthews)	Virgin Care
James Scott	Royal United Hospital Bath NHS Trust
Dr Andrew Smith	BEMS+ (Primary Care)

57 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

58 **EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

59 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Nicola Hazle – Avon and Wiltshire Partnership
Kirsty Matthews – Virgin Care (Substitute – Jo Scammell)
Stuart Matthews – Avon Fire and Rescue Service
Bernie Morley – University of Bath

60 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

There was no urgent business.

62 **PUBLIC QUESTIONS/COMMENTS**

There were no public questions or statements.

63 **MINUTES OF PREVIOUS MEETING - 17 SEPTEMBER 2019**

The minutes of the previous meeting were approved as a correct record and signed by the Chair subject to the following amendment:

Page 2, Minute no. 45 – “Joss Roster” be amended to read “Joss Foster”.

64 **MENTAL HEALTH UPDATE**

The Board received a report asking members to consider opportunities for the Health and Wellbeing Board to further promote positive mental health and wellbeing and to improve local mental health outcomes for people of all ages.

- (a) Presentation from Lucy Baker, Director of Service Delivery, B&NES, Swindon and Wiltshire (BSW) CCGs

The Board received a presentation from Lucy Baker covering the following matters:

- Strategic journey so far.
- The draft Strategy has been co-created with people with lived experience, their families, carers and supporters along with partners including the third sector and statutory organisations.
- BSW strategic workstreams.
- Draft “THRIVE” conceptual model.
- Current BSW gaps.
- Key strategic actions – a collaborative national bid for £700k has been successful.
- BSW and AWP service reconfiguration

(b) Presentation from Neil Manson, B&NES Senior Commissioning Manager, Mental Health

The Board received a presentation from Neil Manson covering the following matters:

- B&NES mental health local update.
- B&NES mental health update – mental health review.
- Mental health collaborative forum.

(c) Presentation from Margaret Fairbairn, B&NES Child Health Commissioning Project Manager

The Board received a presentation from Margaret Fairbairn giving an annual update of the Children and Adolescent Mental Health Services (CAMHS) Transformation Plan 2015-2020 which covered the following matters:

- Overview – improving mental health services for children and young people (CYP) continues to be a national priority.
- Local CAMHS transformation plans.
- Summary of service developments.
- Impact on national access targets.
- Spend for 2019/2020
- The outcomes of other funding streams for children’s mental health.

The presentation slides were included with the agenda papers for the meeting.

Bruce Laurence congratulated Officers on the work that has been carried out to produce the Strategy. However, he felt that it was important to include details about the causes of poor mental health, ways to prevent this and how to increase resilience.

Lesley Hutchinson stated that intervention is an important part of the Strategy and confirmed that more work will be carried out to address this point before the Strategy is finalised. Lucy Baker also confirmed that the THRIVE programme is focused on prevention but accepted that this could be strengthened.

Cllr Vic Pritchard raised the issue of the 111 service for mental health. He queried the threshold for this service and asked how the public would be made aware of its

existence.

Lucy Baker stated that the new 111 service had been launched this month. Anyone who has concerns about their mental health can ring the service to speak to mental health professionals and clinical advisors who can offer support. She confirmed that there will be a communications campaign to raise awareness of the service. She explained that the service is currently a pilot which can be tweaked as necessary in due course.

Paul Harris welcomed the work that has been carried out to produce the strategy and commended the collaboration with neighbouring local authorities. He stated that trauma was a key issue and hoped to see mention of this in the strategy. He queried the statement that there is no association between poor mental health and neighbourhood deprivation. He noted the increasing number of referrals to the service and asked whether there were plans to reduce caseloads.

Margaret Fairbairn explained that there are challenges due to high numbers on the waiting list and that recruitment of mental health professionals is difficult. Patients are often very complex and there is no quick fix.

Mike Bowden drew attention to the Community Mental Health Services Review, details of which can be found using the following link:

<https://www.bathandnortheastsomersetccg.nhs.uk/get-involved/project/mental-health-services-review>

Dr Ian Orpen noted that there are some uniform themes across the different areas and felt that B&NES is in a good position compared to some other local authorities. He stated that this has raised the profile of mental health issues and pointed out that housing and planning does impact on health and wellbeing.

Will Godfrey stated that it is very positive to see partners working together. He was impressed by the level of service provision. He stated that a great deal of information has been produced but felt that the following matters should also be considered:

- Trends
- Relative performance
- Outcomes should be the focus rather than simply targets.

Cllr Kevin Guy welcomed the different organisations working together. He felt there should be more focus on the causes of poor mental health and on early intervention for children.

Lucy Baker stated that work begins at the pre-conception stage as it is important to invest now for the future. She agreed that more work could be carried out to focus on outcome measures although these are not always easy to identify.

Jo Scammell stated that it is important to identify the impact of specific programmes to ascertain whether these should continue to be funded or whether they should be replaced by new programmes.

Corinne Baker stated that it is important to reflect in the Strategy how staff who are working in the mental health sector are supported.

Cllr Vic Pritchard expressed concern that services could be diluted and stated that it is important to build resilience into communities so that support can be provided for those in greatest need.

Cllr Rob Appleyard highlighted the importance of a smooth transition from child to adult services. Lucy Baker confirmed that work is being carried out to address any difficulties with the transition.

Laurel Penrose stated that the relationship between different organisations has flourished over the years and that she is enthusiastic about the transformation of this service.

Sara Gallagher stated that Bath Spa University has met with key stakeholders and commonality had been identified. She looked forward to working in partnership with other organisations to address mental health issues.

RESOLVED:

- (1) To note the B&NES, Swindon and Wiltshire Mental Health update set out in Appendix 1 of the report.
- (2) To approve the CAMHS Local Transformation Plan set out in Appendices 2 and 3 of the report.

65 **NHS LONG TERM PLAN**

Corinne Edwards, B&NES Chief Operating Officer, gave a presentation regarding the NHS Long Term Plan 2020-2024. The presentation covered the following matters:

- The Long Term Plan aims to;
 - Ensure everyone gets the best start in life.
 - Deliver work-class care for major health problems.
 - Support people to age well.
- NHS funding 2019/20 to 2023/24.
- Key areas of focus.
- Partnership.
- Overview of B&NES, Swindon and Wiltshire (BSW).
- Engaging people in B&NES, Swindon and Wiltshire – including details of the recent campaign and the survey responses.
- Vision – “working together to empower people to lead their best life.”
- Strategic objectives:
 - Improving the health and wellbeing of our population
 - Developing sustainable communities – details of plans regarding ageing well, improving responsiveness of community services, personalised care, primary care networks, reducing emergency pressure on hospitals, learning disabilities and autism.

- Sustainable secondary care services – Acute Hospital Alliance
- Transforming care across B&NES, Swindon and Wiltshire
- Creating strong networks of health and care professionals to deliver the NHS Long Term Plan and BSW’s operational plan – BSW Academy – quality improvement college (virtual) and improvement of leadership culture
- Next steps:
 - Public facing summary version of the plan to be published by the end of January.
 - Development of a year 1 Operational Plan for 2020/21.
 - Mobilise transformational programmes – ageing well, mental health, learning disabilities and autism

Corinne explained that the workforce is the biggest challenge and stressed the importance of supporting staff. Prevention and early intervention are also very important.

Dr Ian Orpen stated that work has been carried out to align the Council and the NHS corporate objectives and that there is a great deal of synergy between the two plans.

Paul Harris felt that the number of different plans is confusing and that it will be important to collaborate as much as possible. He also stressed the importance of trauma and ASD which are both areas of increasing need. He queried whether the plan was too long and whether it could be simplified.

Corinne Edwards acknowledged the challenge of simplifying the document which includes many targets. The aim was to move towards an integrated care system.

Kate Morton stated that the third sector needs to be involved at an early stage. The Board acknowledged the importance of working together.

Will Godfrey queried whether the emerging priorities of the new Government were included within the plan. Corinne explained that the plan is still a work in progress and that the additional funding is still working its way through the system.

Cllr Rob Appleyard noted the challenge of ensuring that everyone has access to the digital platform and the importance of re-educating patients. Corinne explained that it was important to cater for all age groups and to ensure that people can use all the tools available to them to access services in a way that suits their needs.

A copy of the presentation is attached as *Appendix 1* to these minutes.

RESOLVED: To note the update on the NHS Long Term Plan.

66 **COMPASSIONATE COMMUNITIES AND THIRD SECTOR GROUP (3SG) UPDATE**

James Carlin from 3SG gave a presentation regarding compassionate communities which covered the following matters:

- Vision – B&NES is a compassionate community in which people are inspired

and supported to look after themselves and each other.

- 35 different organisations have already signed up to the charter.
- A great deal of work has taken place to develop the charter with the aim to inspire and support people to help each other.
- Local agencies will be encouraged to share information to engage with primary care services and to look at unmet need.
- It is important to link in with other organisations to identify what services are available.
- There will be a 3rd sector gathering on Weds 26 February 2020 from 9.30am to 1pm at Komedia, Bath.
- There will also be an event giving an update on the B&NES, Swindon and Wiltshire CCG merger. This will take place on Tuesday 18 February 2020 from 10am to 11.30am at Bath Royal Literary and Scientific Institution, 16-18 Queen's Square, Bath, BA1 2HN.

Paul Harris stated that engagement was key and that dealing with so many different organisations could be challenging.

Mike Bowden agreed to discuss with 3SG the best way for the Council to engage with this project.

Dr Ian Orpen thanked James for the work that has been undertaken on this project and welcomed the opportunity to work together with the 3rd sector.

A copy of the presentation slides is attached as *Appendix 2* to these minutes.

RESOLVED: To note the update on compassionate communities.

67 **DATES OF FUTURE MEETINGS**

The Board noted that future meeting dates would take place as follows:

Tuesday 17 March 2020
Tuesday 23 June 2020
Tuesday 29 September 2020
Tuesday 24 November 2020

68 **CLOSING REMARKS**

The Chair thanked everyone for attending the meeting.

It was noted that a report from the Children and Young People Sub-Committee would be brought to the next meeting.

He also informed the Board that Andrea Benham, Senior Strategy Officer, would be leaving the Council to work in a new role. The Board wished Andrea well for the future.

The meeting ended at 12.05 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	23 June 2020
TYPE	An open public item

<u>Report summary table</u>	
Report title	Children and Young People Sub Committee Report (CYP sub-committee)
Report author	Sarah McCluskey, Strategic Commissioning Officer Sarah_McCluskey@bathnes.gov.uk Presented by Sarah McCluskey and Lesley Hutchinson Director for Adult Social Care, Complex and Specialist Commissioning
List of attachments	Children and Young People’s Plan (CYPP) 2019- 2020 Year 2 Progress report - Attachment 1 CYP Plan on a Page – Attachment 2 Children and Young People’s Plan (CYPP) 2018-2019 Year 1 Progress report - Attachment 3 for information only
Background papers	Children and Young People’s Plan 2018-2021 https://beta.bathnes.gov.uk/policy-and-documents-library/children-and-young-peoples-plan
Summary	The Children and Young People sub-committee of the Health and Wellbeing Board takes the strategic lead in developing the local Children and Young People’s Plan (CYPP) and ensures the priorities identified in the Children and Young People’s Plan 2018- 2021 are delivered. The report sets out the progress made during year two of the Plan and the activities and areas of focus for members of the In-Care Councils and Youth Forum. Attached for information is the Plan on a Page which is a helpful reference tool outlining the entirety of the plan and the Year 1 progress report. The year 1 report was originally submitted for the March 2019 Board meeting however this was cancelled due to Covid-19 and is now superseded by the year 2 report but for completeness is provided as background information.
Recommendations	The Board is asked to: <ol style="list-style-type: none"> 1. Note and approve the Year 2 Progress Report on the actions identified in the Plan for 2019/20 2. Note the Year 1 Progress Report on the actions identified in the Plan for 2018/19 3. Consider how, going forward, Board agencies / members can support the delivery of the CYPP priorities as identified throughout the report and respond to the requests for help made
Rationale for recommendations	The Children and Young People’s Plan has always been closely aligned to the Health and Wellbeing Strategy: it is in effect the delivery arm of the Health and Wellbeing Strategy for children and young people in addition to the work of the B&NES Community Safety and Safeguarding

	Partnership. The above recommendations are made as they enable the Health and Wellbeing Board to ensure their priorities are being discharged.
Resource implications	The delivery of the CYPP 2018-2021 are being delivered within the current financial envelope; there are challenges with capacity of some services however there is no request for additional resources in this report.
Statutory considerations	Much of the work in the CYPP contributes towards meeting the statutory duties of the Council and the Clinical Commissioning Group in respect of health and social care. The Council commission the Participation Service delivered by Off the Record helps support the delivery of the statutory duty.
Climate change	<p>The Plan aims to maximise resources whilst minimising the impact on environment. The 2021-2024 Plan is being developed and will set out how the reduction on the impact on climate change will be supported.</p> <p>The Youth Forum over the coming year will campaign on climate change as one of their areas of focus and are keen to work closely agencies to help improve recycling and do more for climate change, helping to reduce the carbon impact by 2030.</p>
Consultation	This report is produced on behalf of the Children and Young People's sub-committee.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

THE REPORT

The Children and Young People's Plan sets out the local priority areas for children and young people across Bath and North East Somerset (B&NES).

Every year the CYPP is reviewed and progress against each of the priorities is reported.

The attachments for consideration include progress from year one and year two of the three year plan in relation to the four outcomes:

- Outcome 1 Children and Young People are Safe (note this is also delivered by the B&NES Community Safety and Safeguarding Partnership)
- Outcome 2 Children and Young People are Healthy
- Outcome 3 Children and Young People have Equal Life Chances
- Outcome 4 Children and Young People are engaged citizens within their own community

Both reports indicate good progress however focussing on the year two report – whilst we can demonstrate we are working to achieve the outcomes there are a number of challenges articulated and a number of requests made of the Health and Wellbeing Board partners to support the delivery of the outcomes.

The Health and Wellbeing Board are particularly asked to note progress made in Outcome 4 and the work of the children and young people themselves during 2019/20.

Note COVID 19

Since Lockdown Off the Record have managed to offer virtual support to the children and young people who use the service.

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

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Attachment 1 Children and Young People's Plan 2018-2021

Year 2 Review 2019 – 2020 Progress Report.

Outcome: All children and young people are safe

Priority 1: Increase the proportion of children and young people living in safe, supportive families and communities.

(*The assurance around the Outcome 'All Children and Young People are Safe also sits with the BSSCP)

Key positives

Early Help and Children Social Care Services working to keep children and young people safe

- **Early Help Toolkit/Offer** – this has continued to be developed and promoted setting out early help and universal services. The Early Help App continues to be used with 96 new users downloading the app throughout 2019/20 and 517 sessions were recorded. Whilst these figures appear lower than 2018/19 (724 recorded sessions) we believe that this is likely to be the result of incomplete data as one of the analytical platforms used has now been 'sunsetting' due to the age of the Early Help App. The App is about to be refreshed, and this will provide more in-depth reporting in terms of numbers/sites visited as well as making it easier for us to edit content and updates; we will re-promote this in quarter 2.
- **Re-design of the Children's Social Care front door:** The Local Authority's Improving How We Work Programme has been supporting the redesign of Council Children Social Care's 'front door' and the creation of an early help referral page via the website: an on-line request for service form is being designed that sits alongside the statutory social care threshold documents and the five levels of need. This is being co-designed with practitioners and has been tested with multi-agency partners, prior to wider roll-out across the wider partnership; this alongside the continuation of the Early Help Allocation Panel which continues to have representation from all early help targeted support services and Children's Social Care will help to ensure those families with complex needs whom don't meet social care threshold can be allocated to the right service.
- **A new Early Help Needs Assessment** began in October 2019 to ascertain unmet need, trends and gaps in the provision of Early Help for children, young people and their families. Almost 100 local practitioners and referrers have responded to a survey and the analysis from this will inform the refresh of the Early Help Strategy and associated commissioning priorities and service developments which will be developed in year 3. The Strategy will be overseen by the **Early Help and Intervention Sub-Group** (this group has transitioned from the Early Help Board as part of the new B&NES

Community Safety and Safeguarding Partnership and became all-age from September 2019 ensuring that the whole life course is considered and that interventions are taken at the earliest opportunity). The **Early Help Assessment Audit Group** had ceased during the earlier part of 2019/20 due to capacity issues in the services however it has reconvened to quality assure those early help assessments that have been submitted. The findings from these audits will also influence the Strategy and since the group reconvened they have done three audits (total of 19 since July 2018) – the new audits have continued to provide assurance that 100% of children’s views were included; enabled a slight increase from 94% to 95% demonstrating that there was a clear understanding of the life and experience of the child in the assessment and an increase from 81% to 84% in both domains of demonstrating good analysis of needs and risks and plans which demonstrate the difference made to the child’s outcomes.

- **The Best Start in Life Sub-Group** continues to review local provision and share best practice to ensure support available during pregnancy and for children and their parent/carers up to the age of 5 continues to be collaborative, have a consistent understanding of potential vulnerabilities and a good understanding of local thresholds and processes. An Early Childhood Services event was held in October 2019 amongst key practitioners including maternity, social care, health visiting and children’s centre services to further promote the **Early Childhood Services Pathway**, the **Threshold document**, **Early Help Assessment** and **Neglect toolkit**.
- **Development of the Social Work Practice Framework** – the Centre for Systemic Social Work provided training on systemic practice during the year and will support the full training roll out in 2020/21.

Key challenges

- **Early Help Assessments** - there has been a continuing reduction in the number of Early Help Assessments being completed despite the launch in 2018. Whilst we have assurance that all commissioned early help services are completing agency assessments, we are continuing to promote the use of the Early Help Assessment. We are anticipating that the current Early Help Needs Assessment analysis and the Early Help Assessment Audit Group may assist in further understanding and overcoming any barriers services are experiencing which has prevented them from completing the new early help assessment tool itself. The analysis will be ready in quarter 1 of 2020/21.
- **Capacity** - a reduction in resources both within the Council and wider partners is having an impact on the delivery of the early help services. Many commissioned services are at capacity and unfortunately this sometimes results in waiting lists and/or services having to close to new referrals for short periods. Where a family requires a service but is not able to access it immediately the Early Help Allocation Panel will signpost to alternative provision where possible.
- **Data collection and reporting** - there is currently no shared electronic case management system for early help which makes case co-ordination difficult and case oversight and assurance about the effectiveness of early help difficult to establish. Data and information are spread across several different manual and electronic systems. PowerBI was introduced

in Quarter 3 for the Council to collate contract monitoring data, whilst this will prove to be valuable in terms of reporting, there are still some technicalities that need to be resolved. In the meantime, it appears that 1,056 families have received targeted early help during 2019/20. This compares with 1,420 families in 2018/19. This reduction is partly due to services being over capacity and closed to new referrals at certain points throughout the year. Some of the services have been over performed year on year and further work is planned to address this. In addition, we need to look at discrepancies identified and issues related to reporting capabilities of data systems as a matter of priority.

- **Redesign of front door:** The landing page is to be tested, a programme of training will be offered and colleagues across the partnership will need to be supported to commence using it. It is believed that this will lead to greater identification of need at an earlier stage, greater uptake of early help services and less contacts that do not meet the criteria for a social care referral though will require additional capacity during the pilot stage.

How can the H&WBB support with the delivery of the plan?

- Promote the B&NES Threshold for Assessment resource and the Early Help Assessment amongst colleagues and wider partners
- Promote the Early Help App and 1 Big Database Bathes to raise awareness of universal and targeted support available to encourage earlier and appropriate referrals to ensure families get the access to the right help at the right time to prevent needs escalating www.bathnes.gov.uk/earlyhelpapp, www.bathnes1bd.org.uk, <http://www.rainbowresource.org.uk/>, <http://www.wellbeingoptions.co.uk/>, www.facebook.com/BathnesFIS, www.facebook.com/wellbeingoptions , www.instagram.com/youth_info_banes/

Outcome 1: All children and young people are safe

Priority 2: Decrease proportion of children and young people affected by unintended or accidental injury

*(*The assurance around the Outcome 'All Children and Young People are Safe also sits with the BSSCP)*

Key positives

Injury Prevention Partnership (IPP)

- The B&NES IPP has continued to work together to deliver on the local Injury Prevention Action Delivery Plan. Partners have attended and contributed to quarterly partnership meetings. Terms of reference for the group have been refreshed to include a wider group of associate members who can contribute to the agenda including sustainable transport colleagues. The Keeping Children Safe newsletter was produced in June 2019. Injury Prevention messages were included in the Infant Feeding Team newsletter December 2019.
- 2019/20 data is not published yet but will be later in the year, however the PHE Fingertips tool shows that there has been no

significant change in terms of trend for hospital admission for injuries over recent years for Children and Young People of all ages; 0-4years; 0-14 and 15-24years. In 2018/19 the rate of hospital admissions due to injuries in children aged 0-4 years in Bath and North East Somerset remains higher than that of England at 138 per 10,000 locally, compared with 123 per 10,000 across England and 137 across the South West region. It is worth noting that the indicator is admissions caused by unintentional injury (i.e. accidents) AND deliberate injuries, although in this age group we would assume most of these injuries are accidents. 2017/18 the rate for 0-4s was 158 per 10,000 (large confidence interval 133.8 to 185.6) in B&NES, 130 in SW Region and 121 in England. In 2016/17 0-4years B&NES 158 (South West region 133) England 126. It is important to note that there are some large confidence intervals here, so the difference may be greater or less than reported. The table and graph below illustrate the picture over time and in relation to South West and England.

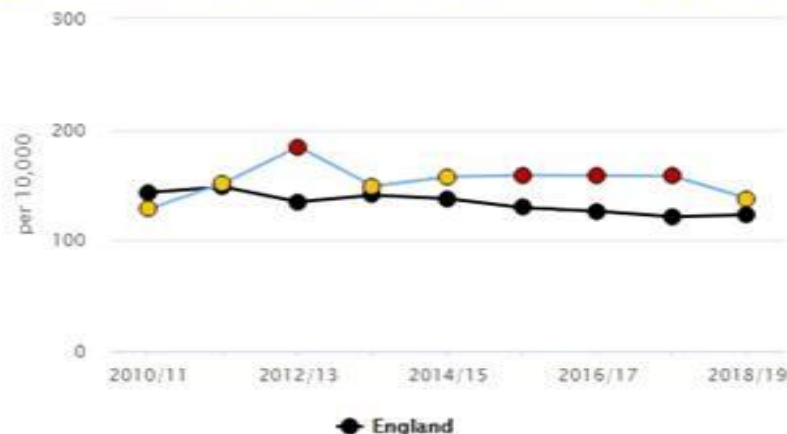
Trends for **Bath and North East Somerset** All in South West region Display **Selected indicator** All indicators

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)

Bath and North East Somerset

Crude rate - per 10,000

Export chart as image Show confidence intervals Export table as CSV file



Recent trend: →

Period	Bath and North East Somerset				South West region	England
	Count	Value	Lower CI	Upper CI		
2010/11	116	128.2	105.9	153.7	136.1	143.4
2011/12	140	151.7	127.6	179.0	146.3	148.3
2012/13	172	184.4	157.9	214.1	142.1	134.8
2013/14	141	149.0	125.4	175.7	143.7	140.9
2014/15	149	157.4	133.1	184.8	145.8	137.5
2015/16	152	158.9	134.7	186.3	135.2	129.6
2016/17	152	158.5	134.3	185.9	133.0	126.3
2017/18	150	158.1	133.8	185.6	128.6	121.2
2018/19	130	137.9	115.2	163.8	137.3	123.1

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year; England, Hospital Episode Statistics (HES) Copyright © 2020. Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS)

- The high proportion of accidents in under 5s highlights the importance of our prevention efforts on this age group. Hospital

admission data shows the biggest causes of the unintentional injury admissions in under 5's continue to be from falls including from stairs and playground equipment; accidental poisoning and strikes or jams from falling objects. The data broken down at this level are too small for reporting specific trends.

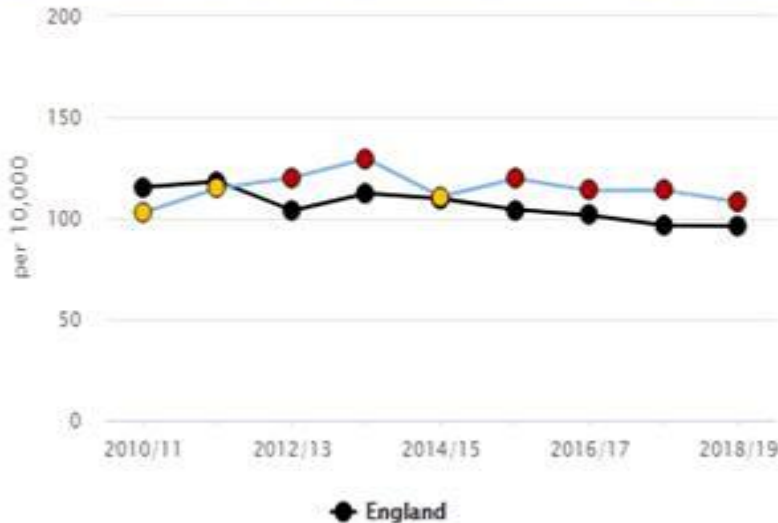
- The 2018/19 rate of hospital admissions due to injuries in children aged 0-14 years in Bath and North East Somerset also remains significantly worse than the national average at 108 per 10,000 locally, compared with 96 per 10,000 across England and 102 across the South West region. The rate in B&NES 2017/18 was higher at 114 (99 SW region) 96 England. Again note the confidence intervals.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

Bath and North East Somerset

Crude rate - per 10,000

Export chart as image Show confidence intervals Export table as CSV file



Recent trend: →

Period	Bath and North East Somerset				South West region	England
	Count	Value	Lower CI	Upper CI		
2010/11	283	102.8	91.2	115.5	109.7	115.2
2011/12	316	114.8	102.5	128.2	114.9	118.3
2012/13	334	120.0	107.5	133.6	103.9	103.9
2013/14	364	129.5	116.5	143.5	110.5	112.2
2014/15	313	110.6	98.7	123.6	111.1	109.6
2015/16	343	119.5	107.2	132.8	104.9	104.2
2016/17	332	113.7	101.8	126.6	104.3	101.5
2017/18	337	113.8	102.0	126.6	99.5	96.4
2018/19	325	108.1	97.0	120.8	102.2	96.1

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year; England: Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS)

Children and YP Health and Wellbeing Survey 2019

- The survey which was completed by 3377 children and young people had a number of questions relating to injury prevention; the Public Health team have a full report that is available if requested however of note there is a reported improvement in the number of primary school children wearing helmets for cycling most of the time or all of the time up from 65% to 69% and wearing helmets most or all of the time when scooting – up from 16% to 19%.

Campaigns Which Keep Children Safe and Prevent Injury

- The national Child Safety Week campaign theme was *'Family life today: where's the risk?'* The campaign highlighted the dangers facing families today in the context of modern lifestyles and offers simple solutions to keep children safe and was well supported locally by the B&NES children's workforce. Resources were shared with schools, Children's Centre Services led many activities including specific sessions on IP with action stations and thematic sessions including handbag safety, car seat safety and blind cord safety. There was good coverage of campaign activity on local social media (e.g. Facebook) which is well-used by parents. Bonfire and Fireworks Safety Campaign was led by Avon Fire and Rescue Service (AFRS) and supported by partners including B&NES Council. AFRS also covered fresher's week with safety messages. Social media (Facebook and Twitter) is being utilised for on-going reinforcement of safety messages among the student population e.g. in relation to water safety. The Avon Fire Rescue Service works with the RNLI to delivery water safety sessions with targeted schools (those near to water and/or deprived areas). AFRS have KS1/2 resources (educational packs focusing on fire and water safety however uptake and engagement on this among schools is low. They have offered additional water safety input across all key stages– 50% schools have replied with 30% of these giving positive feedback that they would like input.

Road Safety

- While the input to the IPP from the Road Safety team has been limited due to staffing issues they are have continued to work on this agenda. The team has continued to use local injury prevention data, particularly through continuing to collate and map STATS19 Personal Injury Collison data to help focus priorities; since 2005 there has been a reduction in children casualties from 113 to 13 in 2019. 2019 data is analysed and used to targeted education and engineering packages in 20/21 ie – road safety campaigns and putting in signage / speed bumps.
- Pedestrian training was delivered to schools taking part in the Walking Bus initiative. They have promoted and supported the development of Walking buses – sustainable transport, pushing forward with new administration and provided funding for projects around road safety education for primary schools. Funding and road safety support for the Walking Bus initiative is led by the Sustainable Transport Team. In 2019 the team held two new car seat clinics. Of the seats checked (191), 50%

were fitted incorrectly. In 2018/19 199 seats were checked and 30% were not fitted correctly within the vehicle (it must be noted however that the decrease doesn't necessarily show a trend but it does indicate that continued additional promotion is required on car seats).

Home Safety

- The Home Safety Equipment Scheme provides free home safety equipment such as supply and fitting of stairgates, blind cord cleats, hair straightener pouches etc for vulnerable families with children under 5. The service is funded by public health, sub-contracted by Virgin Care and provided by West of England Care and Repair. In 2019/20 116 families referred and given equipment compared with 95 families in 2018/19 referred and given equipment. It is worth noting that there has been an increase in equipment required that is greater than the increase in referrals, so increase in pieces of equipment per family needed over the past 2 years.

Key challenges

- The IPP has noted that it would be helpful to have schools' representation on the partnership but unsure how to achieve this given the pressures on staffing time and ability to attend meetings. The IPP will contact the Schools Forum to request support for this agenda.

How can the H&WBB support with the delivery of the plan?

- Help with raising the profile of injury prevention agenda. The group request that the H&WB board support a request for an Elected Member to Champion this agenda.
- Clarity regarding injury prevention among adults – whilst this report is in relation to children the Injury Prevention Action Delivery Plan has historically included some actions around preventing injury among adults in order to achieve the outcome to 'improve older adults' knowledge on injury prevention and ability to take managed risks as well. Most of the partners on the IPP work with children and young people so it is unclear where responsibility for the adult agenda lies and we propose that issues and actions in relation to vulnerable adults are picked up elsewhere. Please could the Health and Wellbeing Board clarify this.

Outcome 1: All children and young people are safe

Priority 3: Increase the proportion of children and young people are protected from crime and anti-social behaviour

*(*The assurance around the Outcome 'All Children and Young People are Safe also sits with the BSSCP)*

Key positives

- The action plan which delivers the Youth Justice Plan has been routinely monitored during 2019/20 by the Youth Offending Service (YOS) Management Board and the following has been achieved in year:
 - have raised the profile of young people at risk of offending and promoted young people as “children first- offender second”
 - has strengthened membership through a review of its Terms of Reference and Partnership Agreement and new members joining (from the Courts and CCG)
 - held an annual development day, which included preparation for our anticipated Inspection and full involvement of Board members in the National Standards self-audit – findings from these audits demonstrated a high level of compliance and some excellent, innovative work with young people, particularly in school attendance and engagement
 - 2 young people attended the Board to share their experiences of participation as part of our quest to better understand and address the needs of young people who have offended
 - Implemented the Enhanced Case Management Pilot with three young people.
- A paper was taken to Corporate Parenting Group on Looked After Children and offending. The number of Looked After Children who are offending in B&NES is low and reducing (March 2020 it was 0) despite the local increase in children being accommodated; we are not complacent about this and work is underway on a partnership protocol, following a national model and recommendation;
- Increased range of provision in relation to violence reduction initiatives including a new course for those convicted of knife crime offences and an initiative with Street Doctors to allow trained medics to train young people in first aid responses to knife injuries;
- Revised the Business Continuity Plan and operating model to respond during the Covid-19 lockdown period. Young people are very responsive to support provided at this time, including doorstep visiting and ‘walking interventions’ for those at medium-high risk of re-offending and/or with significant welfare needs. Telephone contact is maintained for all others, including provision of parenting interventions on the ‘phone. The YOS is also providing practical support to families including

delivering food and medicines.

Key challenges

- There are a series of challenges which are monitored via the BCSSP which will be shared via the BCSSP Annual Report 2019/20.

How can the H&WBB support with the delivery of the plan?

- Help promote the message within Board agencies that young people who have offended are 'children first-offenders second;'

Outcome 2: All children and young people are healthy

Priority 4: Increase the proportion of children and young people maintaining a healthy weight

NB SHEU data is included as part of the narrative and is supplementary to the reporting

Key positives

National Child Measurement Programme (NCMP) 2018/19 (latest published data published mid 2019)

- The annual NCMP data is used as a measure for progress towards the national ambition as set out in Chapter 2 of the Childhood Obesity Plan published in June 2018, to halve childhood obesity and significantly reduce inequalities by 2030. However, the effects of current initiatives are expected to be seen over the longer term, therefore we do not expect to see large changes in NCMP results in the short-term.
- The process for 18/19 measurement year has been updated and improved to include revised letters to Head teachers to enable them to better understand the prevalence of unhealthy/healthy weight among local populations and to promote children and young people's healthy weight services: Feedback letters to parents are standardised providing a tool for parents to use to identify their child's weight classification as well as signposting information to local programmes offering support around healthy weight.

National Child Measurement Programme 2018/19 data (latest published data published mid 2019)

- Participation in NCMP has remained very high in recent years but saw a slight drop in 2018/19

Reception Year	Year 6
98.7% (1,730 measured)	94.2% (1,680 measured)
Down from 2017/18 which was 99.2%	Down from 2017/18 which was 96.3%
Rate for England 95.3%	Rate for England 94.3%
30 th out of 150 LAs (1 is the highest)	100 th out of 150 LAs (1 is the highest)

- 21.7% of Reception aged children (4 to 5 years old) in B&NES's schools are an unhealthy weight, i.e. either overweight or very overweight/obese. This compares to the England average of 22.6%. 8.3% of Reception aged children in B&NES are very overweight/obese.
- 25.6% of Year 6 aged children (10 to 11 years old) in B&NES's schools are an unhealthy weight, i.e. either overweight or very overweight/obese. This compares with the England average of 34.3%. 13.5% of Year 6 aged children in B&NES are very overweight/obese.
- Trends in childhood unhealthy weight - including overweight and very overweight/obese - have been relatively static since the national measurement programme began in 2006/07, i.e. there has been no long-term significant upward or downward shift. This accords with national findings that demonstrate prevalence rates of overweight and very overweight/obesity may have stabilised between 2004 and 2013.
- Age continues to be a significant factor in the levels of very overweight/obesity among children in B&NES, i.e. increasing with age.
- Deprivation continues to be a significant factor in the level of very overweight/obesity among Year 6 aged children in B&NES, which is even more marked for Year 6 boys.
- There is a gender gap opening up nationally and locally among Year 6 aged boys (14.7%), who are more likely to be classified as obese compared to their female peers (12.5%). The same is true of reception year where 9.7% of boys are very overweight and 6.8% of girls. The Health Weight Strategy group is considering how to address this.

National Child Measurement Programme 2019/20

- NCMP 2019/20 has been stood down due to COVID-19 and we are awaiting further guidance. To date, the school nursing team have made good progress on weighing and measuring children this year. While the data is yet to be verified 99.4% Reception Year children have been weighed and measured and the majority of year 6 children have been weighed and

measured to date. We are awaiting further national guidance regarding dissemination and use of this year's data.

Children's weight management services (Tier 2).

- There was a review and redesign of the Children's Healthy Weight Programmes commissioned by Public Health, a new model of service was developed in 2018/19 and formally launched in October 2018. The Universal Partnership Plus offer includes Food and Health (Cook It and HENRY and LEAP 5-10 years and 10-17 years). The Tier 2 LEAP service was developed for 5-10 and 10-17 year olds as part of the Children's Weight Management pathway. For 5-17 years this comprises a six-week programme of educational sessions and following this a tailored physical activity offer. LEAP 10—17years comprises six educational one to one sessions delivered complemented by six PA sessions – designed to be flexible to suit need of the young people.
- 2018/19
NB service launched in Quarter 3 2018 and approximately 20 children and young people were seen between October and March There were 28 referrals for 10-17 year olds for the children's weight management service and six for 5-10 year old programme (to May 2020) for the UPP programme delivered by lifestyle service. School nurses had 16 referrals and delivered bundles to 2 CYP aged 5-10 years and three children and young people aged 10-17 years.
- 2019/20
LEAP – had a total of 41 referrals and delivered one educational course (not all referrals met the criteria for LEAP which delayed the course start date); the first course for 5-10 years was delivered in September 2019 in a Bath primary school four children signed up –two completed initial six week phase. There have been ongoing delays in securing the sub contract for the physical activity element PA offer School nurses had 18 referrals and delivered bundles to seven children and young people aged 5; 10 aged 10-17 years; the one referral that didn't get the bundle did not take up the offer. In light of the information provided the service is being reviewed.

Cook it

- As of end of December 2019 2 x Cook it Courses and 3x Family Cook it courses were delivered and a further 3x HENRY parenting programmes, reaching a total of 25 families.

SHEU Survey

- Schools Health Related Behaviour Survey (SHEU survey) A total of 35 Infant, Junior and Primary Schools and 15 Secondary Schools including studio schools are took part in the 2019 survey. Results are now available and being disseminated via

strategy groups.

Public Health in Schools and Early Years Programme

- The Public Health in Schools Programme has now run for 18 months. It provides schools with links to best practice including a B&NES Healthy Weight Audit tool and relevant resources via the School Hub. The content of this was updated for September 2019

The Public Health Programme in Early Years is a core element of the Closing the Gap Early Years offer and includes healthy weight-based audit, support visit, further support with an area of development, best practice updates and campaign promotion. During 2019/20 13 settings (total children on roll 427) completed audits which is an increase from the six that completed audits in 2018/19 (total children on roll 428 = increase of 36).

10 settings have completed follow up actions, which means they have changed or improved their practice, based on the audit and discussion visit and three settings still currently have action plans in progress. This compares positively to 2018/19 when zero settings completed follow up actions with only five settings working on an action plan.

10 campaigns / briefings were provided to settings re: Public Health messages which is an increase from the previous year 2018/19 when only three campaigns were delivered.

Individual impact visit logs were completed with each setting, describing what the setting did and what difference it made and what they plan to do next. The qualitative evidence of impact has been highlighted in two Ofsted reports.

Healthy Start Uptake.

- Earlier in the year the national roll out of Universal Credit increased the number of potentially eligible families which distorted uptake numbers across the country and B&NES like other areas saw an apparent decrease in uptake of vouchers. The change in figs across the country was largely due to the rapid increase in the number of eligible families rather than a real in time drop in numbers claiming. However, this has been addressed nationally.

Across the regions of England there is fairly low uptake reported in 19/20. The figures provided per 'cycle' are snapshots taken at a single point during each four week cycle. Take-up is calculated as a percentage of entitled beneficiaries over eligible beneficiaries.

The most recent data broken down by LA is cycle 2020 i.e. March 2020 and uptake is 48% for B&NES, to give some context the average for England was 53% and 50.8% across SW. 186 LAs had higher uptake, 27 LAs also had 48% and 101 LAs

had lower uptake of eligible families.

Uptake of healthy start vitamins remains low like other areas but there are plans to do some further promotion on this. This is however still down on the 83% that was achieved in 2018/19.

Workforce development

- HENRY training for staff - 2 x two-day HENRY Core training programmes have been delivered in July and November 2019 (32 participants). Both courses were well attended by Children's' Centre service staff, health visitors and Early Years Community Practitioners.

Infant feeding

- A B&NES Swindon and Wilshire (BSW) Infant Feeding Strategy has been written and awaiting final agreement and sign off. A Banes Infant Feeding workshop was held, and plans are underway to develop a Banes implementation plan in line with the new strategy. An infant feeding lead is in post and new team of Early Years Community Practitioners (EYCPs) in post from September 2019. UNICEF standards maintained and accreditation achieved. EYCPs provide support through the Hubs

Campaigns

SUGAR SMART campaign has been successfully delivered across the 4 key themes. The impact of the campaign is included in the final evaluation report here:



Microsoft Word
Document

Key highlights included:

- 86 settings signed up and pledged to take action on sugar
- 255 individuals completed a SUGAR SMART survey to help inform the campaign
- 22 community ambassadors were trained
- 5,000 families were reached through primary schools and early years settings taking part in SUGAR SMART
- 4 Secondary schools and 3 Higher Education establishments signed up to the campaign
- 1,900 families engaged with a SUGAR SMART challenge at stands during community events
- 129 Facebook page likes and 511 Twitter posts were created across dedicated SUGAR SMART Social media accounts

- A Flagship SUGAR SMART Neighbourhood was developed in Westfield and Radstock and small grants were awarded to four organisations
- 2 SUGAR SMART community challenges were run including SUGAR SMART SEPTEMBER and the 12 days to a SUGAR SMART Christmas

Physical activity

- 22 schools' have received Daily Physical Activity road shows. Focus upon Active 30 :30, Active Playgrounds & Personal Best Challenges
- 31 Primary schools have signed up to the Active School Planner. School Sports Partnership are supporting schools with 1:1 meeting to develop their Physical activity offer across the day and every day
- 24 active schools signed up to Daily Mile of which 12 were new in 2019/20.
- 861 pupils took up cycle training across the authority. Training ranged from Learning to Cycle up to Learning to Cycle amongst traffic on local roads.
- Bathscape Walking Festival, Sept 2019 attracted approx. 1000 walkers, twice as many as previous year. Wide range of walks, 8% from disadvantaged areas, success at attracting younger families, particular to bat walks, 28% of those responding to survey said it had encouraged them to be more active. Family Fun Days in the park, with physical activities attracted about 500 people, mainly children, spending a few hours outside.
- Usage of leisure centres up on 2018 by 12%. Targeted programmes introduced. Increase in users from socio-economic areas up to 22%
- Phase 3 refurbishment of the leisure facilities now completed and open to public in April 2020. Soft play and fitness suite have performed very well will increased usage. Partnership usage up by 12% on 2018

Food poverty

- Health Improvement Officer Post recruited to in Jan 2020. Proposal to Children and Adult Health, Wellbeing PDS agreed on 28th Jan 2020. Food Poverty Steering Group set up and first meeting held on 25th Feb 2020. Working with St Johns Foundation in relation to childhood food poverty action
- Sustainable Food Partnership group has brought together various agencies, predominantly Third Sector, to work together on food surplus, collection, distribution outlets and education including availability of healthy food options. Since March 2020, the group has worked in conjunction with 3SG to compile and daily update a food suppliers list reaching 30,000 people. Currently working on a mapping project working with the Food Poverty Group to establish a sustainable food model for those struggling with access to food currently and longer term.

Key challenges

Public Health in Schools programme.

- Promotion of the resources has been challenging and difficulty in monitoring uptake and use. An action for 2020 / 21 is to review school use of Hub resources and identify future steps

Food and Health

- During 2019/20, Virgin Care experienced challenges in terms of venues, access to creche facilities and poor update and retention of attendees due to parents returning to work etc consequently they did not manage to deliver courses as planned and defined in service specifications. During 2019/20, two HENRY courses were cancelled due to low attendance after the introduction session; further ones were cancelled due to staff sickness. Due to falling demand and the fact that most key staff are now trained it has been decided to offer x1 HENRY core course and to buy in training directly from HENRY going forward.

Children's weight management services (Tier 2).

- The LEAP programme launch was initially delayed from July 2018 to March 2019, however further delays in sub-contracting with leisure provider in Somer Valley area and in producing promotional materials meant that no courses were completed. The leisure offer is now in place and commissioners continue to be monitoring activity.
- Providers of LEAP have also identified via audit processes the challenge of children and young people being referred into the service who do not meet the criteria, particularly those referrals to the programme which include children and young people with complex needs and BMI/waist circumference ≥ 99.6 th centile. Lack of funded Tier 3 services for young people is being explored by CCG colleagues.

Physical activity

- The Stamp Around Initiative finished after numerous popular events during both Easter and October (Halloween) term breaks. Due to reduced capacity and funding after the Active Lifestyles team disbanded, there have been no further events.

NCMP data

- continues to demonstrate inequalities by deprivation and gender further consideration to address this inequality is needed by the Health Weight Strategy group.

How can the H&WBB support with the delivery of the plan?

- Promote the B&NES Public Health Programme for Early Years and Schools to relevant partners to raise awareness of the support available and to encourage the use of Public Health audit tools.
- Support a communication plan which will promote the Food and Health and Children's Weight Management offer among Children's Service workforce in order for them to better signpost eligible families, children and young people into services.

Please note that due to COVID 19 response many of the children's healthy weight services and opportunities have been stood down or are closed until further notice which will impact on this outcome and the ability to report next year

Outcome 2: All children and young people are healthy

Priority 5: Increase the proportion of children and young people experiencing good emotional mental health, wellbeing and resilience

Key positives

Public Health in Schools Programme

- The programme has now been running for 18 months. It provides schools with resources to promote a whole school approach to mental health based on national guidance and best practice evidence. This includes a Mental Health & Wellbeing Audit tool which was updated in September 2019. Training on how to use this audit was continued over into 2019/20 with a further course attended by 15 teachers from 10 schools. The programme has also provided a range of emotional support and campaign materials over the year including primary and secondary resources for World Mental Health Day, information for parents to support their mental health for inclusion on school websites and a local leaflet *Mental health problems in children and young people: guidance for parents and carers* distributed to schools (via the School Nursing service) and GP surgeries.

Data collection

- Off the Record, who provide listening support and face-to-face counselling services, can now submit data to the national Mental Health Services Dataset (MHSDS) for children and young people. This is one of the key performance indicators in the CYPP 2018-2021. OTR have successfully submitted a full 12 months dataset. The total number of sessions increased in the academic year 2019/20 and January-March 2020 saw an increase in young people accessing roving counsellor sessions

and additional community delivery.

Month	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	March 2020	TOTAL
Total YP	212	231	194	125	44	195	261	291	249	285	304	339	2730
Total sessions	331	473	388	212	76	379	585	617	418	544	578	672	5273

CAMHS Transformation Plan

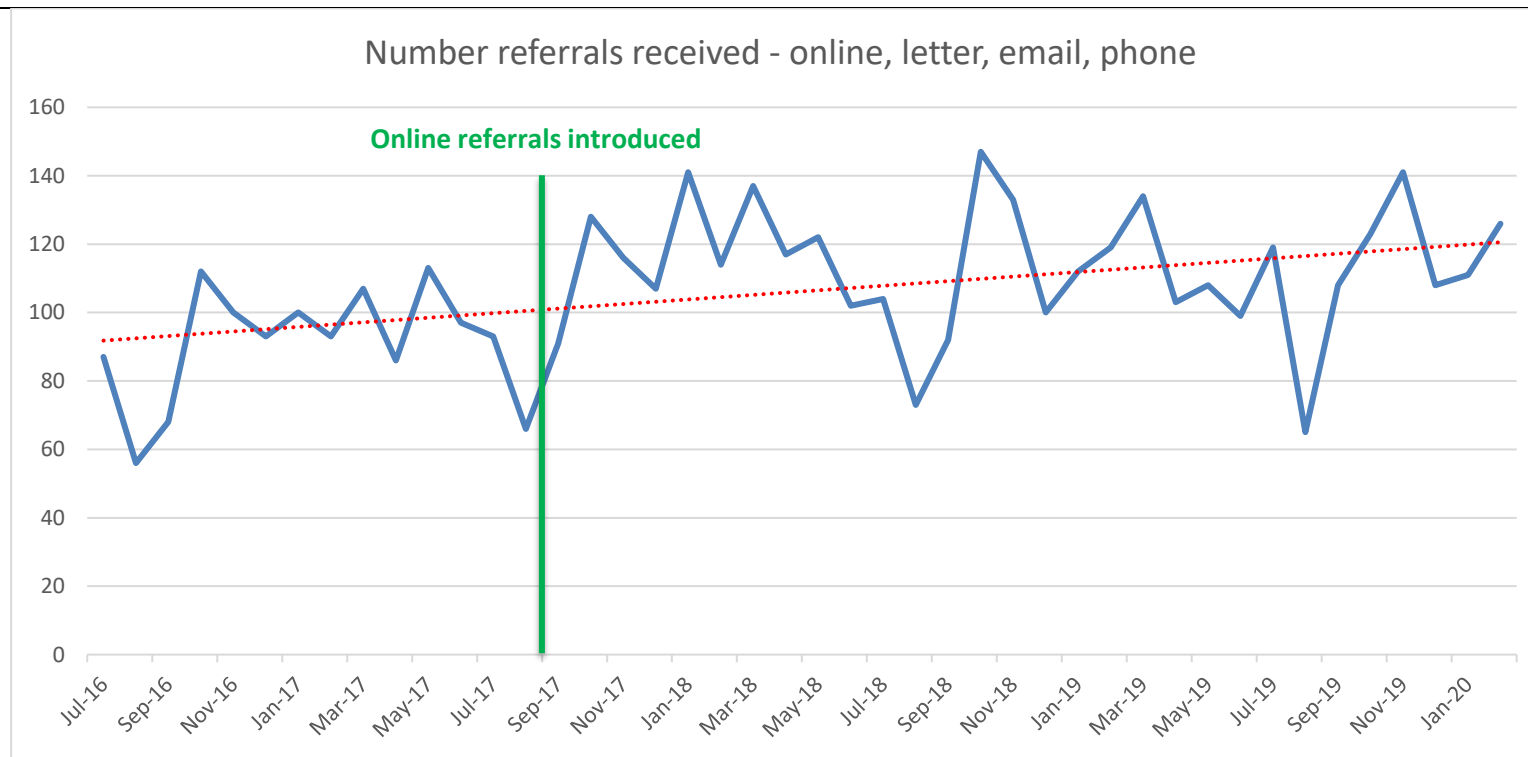
- 2019/20 actions were successfully delivered, and the plan was updated in Nov 19. The Board received a separate report on this earlier in the year.

Counselling services

- **Online counselling and support (Kooth)** continues to be popular: new registrations increased from an average of 80 per month last year to an average of 105 per month this year. There were an average of 672 logins per month. Anxiety/Stress was the most common presenting issue.
- Both school and community based face-to-face and on-line counselling were re-commissioned from Off the Record and additional national and local funding was secured to provide counselling for 18-25-year olds.

CAMHS Referrals.

- Online referrals continue to increase with most referrals being submitted online. CAMHS continue to see an increase in the number of young people and families self-referring. A secure email referral system has now been put in place for GP's who may want to share documents and letters when making a referral. We only have referral data up to and including January 2020 when all routine reporting stopped due to Covid-19.



- **Thrive 'Coping and Thriving'** All parent/carers who make a referral for a child or young person who do not need a specialist CAMHS intervention are offered a telephone consultation with a CAMHS clinician.

On-line Cognitive Behavioural Therapy interventions

- Oxford Health offered on-line assessments and on-line CBT interventions with an independent provider (Healios) to appropriate children and young people who wanted like to access this as part of their treatment plan, until 31 March 2020, when the contract with Healios finished. This online treatment reduced the time it takes for some children and young people to receive assessments and/or treatments because children and young people could be seen quicker as Healios had no

waiting lists and had the capacity to offer assessments/intervention within 2 weeks assuming parents/young people responded in a timely way.

- During quarter 2 of 2019/20, 82 sessions were recorded for BANES children and young people; during quarter 3 of 2019/20, 80 sessions were recorded; and during quarter 4, 46 sessions were recorded.
- Oxford Health continue to develop their online offer.

Mental Health Support team in Schools

- Oxford Health has started implementing a Mental Health Support Team in targeted schools in B&NES. Four newly recruited emotional and mental health practitioners began their national post graduate qualification in January 2020. The team is due to be fully operational from January 2021. The CCG has also submitted a bid for funding for another team and is awaiting the result.

Nurture Groups in Schools

- Bath Area Play Project as part of the Early Help Service within the Family Support and Play Service, are providing 12 week Nurture group programmes (these have been running since 2016) in primary and secondary schools and there has been an increase from four to six per term where school identify children experiencing issues with confidence, anxiety and wellbeing (often 12 children in each group). Schools have reported improvements in attendance and increases in self-confidence and resilience and ability to contribute to group learning.

Key challenges

- Promoting and monitoring uptake of the Public Health in Schools programme. An action for 2020 / 21 is to review school use of Hub resources and identify future steps.
- Oxford Health (CAMHS) are currently leading a programme called 'New Models of Care' to improve the access and use of inpatient mental health beds. The number of out of area placements has reduced but those young people requiring a specialist CAMHS bed can still face unacceptable delays in accessing the right care.
- The national shortage of experienced mental health practitioners has resulted in CAMHS teams sometimes being short staffed.
- Transitions - There is good existing practice to support the transition between children's and adult services, but it is recognised that the local area's Transition Strategy needs to be developed and existing transition pathways need to be reviewed. There is a joint project group in place working across Health, Education and Social Care to ensure young people transition into adults' services in a smooth and well-planned way. This project group will develop the range of services which support young people's options and choices through transitions. The work the project group will undertake builds on the positive comments received in the SEND Inspection undertaken in March 2020.

How can the H&WBB support with the delivery of the plan?

- Promote the B&NES Public Health in Schools Programme and Mental Health Audit with related resources to relevant partners
- Schools to be more aware of a whole systems approach to promoting the positive mental health of all pupils including those needing targeted support.

Outcome 2: All children and young people are healthy

Priority 6: Increase the proportion of children and young people free from the harm of substance misuse including alcohol and tobacco.

NB SHEU data is included as part of the narrative and is supplementary to this report the SHEU report can be provided separately if requested.

Key positives

- Project 28 is the children and young people substance misuse service for those aged between 11-18 and continues to perform highly with excellent outcomes for children. P28 -Planned Exits, successful outcomes 93% > National average – Planned Exits = 82%. (NDTMS YP Activity Report – Provider - 2019-20 Q4).
- Project 28 have a higher than national average at multiagency working and believe that safeguarding children is paramount to their service and relationships with children. For 88% of children who attend Project 28 staff take a lead role in providing care plans and organising professional meetings these include child protection conferences, team around the family meetings and child in need meetings against 59% nationally. (YP activity report- Q4 section 5)
- They work with disadvantaged and disengaged children within B&NES with positive outcomes, working with children that are being exploited or are at risk of harm, they work closely with the At-Risk Team within Council Children Social Care.
- The latest 12-month period as reported in Q4 of the Executive summary report 2019-2020 shows that:
 - there has been a decreased of 5% in number of people in service going from 168 last year to 155 this year. Nationally we have seen a decrease in Q4 of 3%. *The concern is that capacity is very under pressure as Project 28 are targeted to work with 100 young people, they continue to work 50% above target, and this remains a risk.*
 - 0% waiting times.

- 96% of all clients received harm reduction interventions against 61% nationally.

Tobacco Control

Smoking at time of delivery (SATOD)

- Of the 1,251 maternities during Q1- Q3 2019, 87 women were recorded as smoking at time of baby's delivery. This equates to 7% of all deliveries which is better than the England or SW average. The national ambition is to reduce smoking in pregnancy to 6% or less by 2022. The service introduced a new e-cig offer during late 18/19 and 19/20 to support choice in reducing harm and quitting for women. This has shown positive outcomes in terms of engagement with the health in pregnancy service and feedback from women using the product. A project evaluation has been completed and BSW Local Maternity Service continue to fund provision of e-cigs for B&NES women.

Smoking in secondary aged pupils (Yr. 8 and Yr. 10)

- Of the respondents to the 2019 Schools Health Education Unit (SHEU) survey, 1% of year 8 and 5% of year 10 said they usually smoke at least one cigarette a week. This is similar to the 2017 findings. 27% of year 8 and year 10 pupils combined said they have tried smoking and 20% said someone regularly smokes around them, similar to 2017 levels.

Key challenges

Substance misuse

- Project 28 have continued to work beyond their contracted levels for the last six years and this has been managed through the additional funding received from Children in Need (CiN). Even though CiN don't grant funding more than twice in a row for the same project, they have applied and are waiting to find out the outcome. A key challenge will present if they do not succeed in gaining this funding as they will lose the Senior Alcohol Worker and will not be able to meet with as many children. It will be necessary to reduce the service to a manageable level (fewer clients, less outreach, less training, longer waits for treatment, less time in treatment, possible changes to eligibility criteria) with the potential impact to the families Children's Services are working with. Funding comes to an end July 2020.
- Project 28 are no longer receiving additional funding from the Police Crime Commissioning fund.
- There is evidence that children are becoming more high risk with children reporting they are having sex at an earlier age; children aged 12 asking staff for sexual health advice. This is followed by an investigation and safeguarding conversation

and information is communicated to social care and sexual health advice and contraception services.

- Children accessing services are getting younger, continuous increase year on year with Q4 19-20 showing 30% at the age of 13/14 compared to 24% nationally.
- Children are running higher health risks by using drugs at an earlier age and present as willing to use class A's if offered. Drug use has escalated as a result of young people having more accessibility to substances through the internet, this has shown an increase and rise in mental health comorbidities going from 32% in 18-19 to 48% for the year 19-20. Polydrug use locally 91% compared to 56% nationally.

Tobacco control

- In 2018/19, 36% of year 10 pupils who took part in the SHEU survey said they had tried an e-cigarette, this is an increasing trend from the previous survey in 2017 when it was 22%
- Another increasing trend is reported 'offers' of cannabis by year 10 pupils, with 34% of year 10 pupils reporting being offered cannabis and 13% reporting having taken cannabis (up from 7% in 2017).

How can the H&WBB support with the delivery of the plan?

The Health and Wellbeing Board approval to ask the Schools Forum to do the following:

Substance Misuse

- Raise awareness in schools of the additional risks of disruption, exploitation and marginalisation for young people when they are excluded from schools.
- Promote and increase availability of sexual health advice including to younger age groups in response to increased risky behaviour.
- Ensure staff groups who are working with young people who are sexually active good understanding relating to the exploitation and county lines risks and are referring appropriately

Tobacco Control

In 2019 B&NES Tobacco Control Strategy was refreshed with the ambition to achieve a smoke free generation by 2029. Smoke Free means 5% or less smoking prevalence in the adult population. The specific short-term objective relating to children is to

reduce the prevalence of 15-year olds who regularly smoke from 5% to 3% or less by the end of 2022

The Health and Wellbeing Board is requested to endorse the strategy objectives and support implementation where appropriate within the single agencies on the Boards own organisation by doing the following;

- Increase brief advice and interventions for smokers, including medicines, by reinvigorating and increasing training offered to frontline staff across all settings
- Treat tobacco dependency in the NHS and explore the potential offered by primary care networks for new models of health improvement delivery
- Promote smoke free environments (including homes)
- Enforcement of smoke free regulations (including under-age sales of tobacco, e-cigarettes)
- Increase engagement with smokers through all council and partner services, professional-client encounters of all kinds, and through online, social and mass media

Outcome 4: All Children and Young People have Fair Life Chances (Narrowing the Attainment Gap)

Priority 7: Ensure disadvantaged children are supported to have the best start in life and be ready for learning

Key positives

- 82% of children looked after by the authority in Early Years Foundation Stage (EYFS) are making good progress in their education ie achieving their targets.
- The LA has started to work with St John's Foundation who are keen to work in the local area to improve the outcomes for children ages 0-11 years – one of the priority outcomes to improve is closing the disadvantaged gap. The LA and St Johns Foundation have agreed to work on this during 2020/21.

Key challenges

- 50% of children looked after by the authority in EYFS are placed outside of B&NES schools. This presents a challenge to the capacity of the LA to have oversight of placements.
- Ensuring consistent approaches to the use of the £5.4 million of Pupil Premium Funding that comes into our authority's

schools each year in order to improve the outcomes of disadvantaged learners

- Influencing the work of settings & schools under a wide umbrella of leaderships & management presents (private, academy etc) a challenge to LA leadership capacity
- We anticipate that the Covid 19 pandemic will have a disproportionate adverse impact on our disadvantaged pupils and the challenge will be to address this whilst the pandemic continues.

How can the H&WBB support with the delivery of the plan?

By continuing to highlight this as a key priority area.

Outcome 4: All Children and Young People have Fair Life Chances (Narrowing the Attainment Gap)

Priority 8: Ensure children and young people are supported to achieve and that gaps in their educational outcomes are closed.

Key positives

Virtual School

- 90% of children looked after by B&NES are making good progress in key stages 1-4 this is better than expected performance.
- 94% of children looked after by B&NES attend schools that have an OFSTED rating of Good or better in key stages 1-4.
- 90% of Post 16 children who are looked after by B&NES are making good progress on their relevant courses towards their expected targets and outcomes.
- All children who are looked after by B&NES have personal education plans that have clear targets to ensure that education gaps are filled and support aspirations. These are updated three times a year.

School Improvement

- The LA has commissioned a company called Inclusion Expert to work with a group of schools to improve outcomes for disadvantaged learners the outcome from this commission will be shared in February 2021.

- The LA has worked with the School Standards Board to raise the profile of the disadvantaged pupils gap in all schools and academies this will continue into 2020/21 with the production of a shared strategy to do so.

Key challenges

Virtual School

- 66% of children looked after by the local authority are in school placements outside of the local authority in key stages 1-4 and 75% of Post 16 children looked after by the local authority are in education placements outside of the local authority – both of these present a challenge for the Virtual Schools capacity to provide oversight and scrutiny.

School Improvement

- KS4 results were disappointing with gaps not reducing and in fact increasing in many areas. Disadvantaged pupils Progress 8 Score was in the 90th percentile and Attainment 8 in the 85th percentile. This means that in approximately 90% of Local Authorities disadvantaged pupils make more progress and attain higher outcomes.
- Influencing the effective use of the £5.4 million of Pupil Premium Funding that comes into our authority's schools each year in order to improve the outcomes of disadvantaged learners.
- Influencing the work of MATs provides a challenge, however our Schools Standards Board is beginning to develop common strategies to improving disadvantaged outcomes
- We anticipate that the Covid 19 pandemic will have a disproportionate adverse impact our disadvantaged pupils and the challenge will be to address this whilst the pandemic continues.

How can the H&WBB support with the delivery of the plan?

- Keeping the issue of attainment gaps within B&NES high profile.

**Outcome 4: All Children and Young People have Fair Life Chances
(Narrowing the Attainment Gap)**

Priority 9: Ensure children and young people are able to access and maintain appropriate local education provision

Key positives

- All children and young people have access to a good quality mainstream education at primary and secondary level. 94% of schools in B&NES are good or outstanding. This is a significant achievement for the local area.
- Independent school placement (ISP's) growth is stabilising. Between 2013 & 2016 ISP's grew from 56 to 106. In 2019 we had 108 ISP's. This means that we are placing fewer children with SEND, out of county for their education, reducing travel distances and reducing costs. However continued EHCP growth continues to place pressure on B&NES placements
- The Council has a SEND Capital Strategy which has already increased the number of Special Educational Needs places across B&NES and across all age ranges. Further developments are planned and underway for 2020/21 which will result in more children being educated within B&NES.

Key challenges

- Continued growth in the number of children with SEND, 6.7% between 18/19 -19/20, requiring support through an EHCP has meant that pressures on schools placements continue.
- As a result, some children do have to travel out of county for their education. Though through the SEN panel and work with the special School Headteachers we are trying to control the numbers that are placed out of county. Now and in the past year these numbers have plateaued as highlighted above.

How can the H&WBB support with the delivery of the plan?

- Continue to support the council's priorities to deliver capital projects that support both mainstream inclusion and development of additional special school places

Outcome 4: All Children and Young People have Fair Life Chances (Narrowing the Attainment Gap)

Priority 10: All children and young people are supported through key transitions, including into adulthood

Key positives

All children who are looked after by B&NES have personal education plans that support key transitions. These are updated three times a year.

- In 2018-19, 82% of Transition Support Funded (TSF) children made positive progress in their Early Years Foundation Stage (EYFS) during their reception year. In 2019-20 this has increased by 2% to 84%. This is a total increase of 9% since 2017-18.
- In 2018-19 by the end of their reception year, 37% of children with TSF had an Education, Health and Care Plan (EHCP) or were being assessed for an EHCP. In 2019 -2020 this has dropped by 5% to 32%. The total percentage has decreased by 16% since 2017-18 but is expected to slightly increase as children get older and some may need an EHCP at a later date.
- This would indicate that the Local Authority, by working in partnership with early years settings, schools, health and social care, is continuing to successfully identify and provide support to children with SEND on transition to school. These children are then having better outcomes, successful transitions to school and fewer of these children then require an EHCP when they are at school.

Key challenges

- Support in early years for children with SEND in B&NES via health, education and social care is well planned and co-ordinated. Capacity in some service areas remains an issue, but systems and processes continue to be effective. However, the local area has identified that it needs to continue to advocate earlier support for children with SEND in schools consistently. To enable the local area to do this better, the LA has introduced a graduated approach to SEND for all schools to promote consistent approaches to early support, this is the early stages of full implementation.

How can the H&WBB support with the delivery of the plan?

- To note the above challenge.

Outcome 5: All Children and Young People are engaged citizens within their own community

Priority 11: Ensure children and young people are supported to participate to influence change

Key Positives

- **Participation Standards** – For 2019/20 all children’s Commissioned Services have been approached to submit a return on the revised 5 Participation Standards; the majority of submissions have been received and the evaluation report is being completed and will be shared with the Sub Committee in July 2020.
 - **Participation Contract – Off the Record**
- Junior in Care Council** – three events have been held over the year at Bath City Farm and Manvers Hall;
- May 2019 held an event at Bath City Farm feeding animals and pond dipping, this was followed by a short consultation on what they thought made good/bad foster carers
 - Summer 2019 another event at Bath City Farm den building and fire making followed by a short consultation on what they thought their best home might look like
 - Oct 2019 Halloween themed event held at Manvers St Church; this included arts and crafts, bat and mask making, circus skills, face paints/scars, apple bobbing. Social Workers consulted with the group on best language and terminology to use when talking to young people in care

Each session helps prepare the younger age group for the more focused work of the Senior In-Care Council. Student.

Senior in Care Council have done the following –

- Spring 2019 they gave a presentation to social work students discussing with the students how it feels to be a young person in care, especially new into care and how they feel when they move placements
- Summer 2019 went out on a boat trip with care leavers to discuss what it was like to leave care
- Autumn 2019 created a short video for Foster Carers and planned training for them
- Winter 2019 support the recruitment of new Team managers for Children in Care and Moving on Team

Youth Forum and Member of Youth Parliament (MYP) during 2019/20 have:

- Organised an 'Activation Lobby,' on 17th July at the Guildhall. This event brought together local organisations and charities to showcase to young people across B&NES the ways the projects and groups they can take part in
- Undertaken a fundraising campaign for Night Stop and raised a grand total of £178
- Organised Make Your Mark in B&NES and joined, the UK's largest youth consultation (ukyouthparliament.org.uk)
- Attended the House of Commons Annual Sitting in the Commons chamber on the 8th November 2019 where issues such as knife crime, mental health, 'curriculum for life'. Tackling hate crime and 'protect the environment' were debated. The B&NES former MYP, Niall Bowen was selected to provide a backbencher comment
- Worked with the Multi-agency Willow Project to discuss child exploitation. They are also involved in reviewing the new website to make it more young person friendly
- Met with Cllr Kevin Guy and Cllr Tom Davies to discuss the climate emergency. The Youth Forum hope to work closely with B&NES Council over the coming months to develop a successful and powerful environment campaign
- Met with local Bath MIND. This session was used for the Youth Forum to develop a greater understanding of mental health to prepare them for their upcoming mental health campaign
- Organised a MYP Manifesto Day in November 20219 seeking to recruit MYP candidates and supported the elections on February 12th 2020. Nine schools and one Youth Group took part in the elections with over 4000 votes cast. The winning candidate was Indra Black a year 10 student at Ralph Allen and the deputy is Katrin Plain a year 12 Student at Hayesfield

Indra Black recognised that physical activity has a great benefit to health and wellbeing and pledged to have free gym and leisure passes for young people and low-income families; the gym passes would link to keeping young people safe from crime, which would also improve their mental health. She also pledged to protect the environment, encouraging schools to improve their recycling and for B&NES to also improve its recycling and doing more for climate change.

2019/20 Work that Children in Care and Care Leavers Have Undertaken with Council Children Social Care

- Key participants in a task and finish group considering the use of language within children social care practice; reviewed the development of Care Plan to a page; supported the update to 'The Pledge'; development of the Local Offer for Care Leavers; one care leaver is re-designing the Pledge and Local Offer.
- There are plans to recruit a Care Leavers Ambassador who will lead on participation with children in care and care leavers.
- Social Care are facilitating a group called Building Bridges; this group is comprised of families that have had previous social work involvement. They are now working with Social Care to provide advice on what works most effectively when Social Care are working with families. They will eventually receive training with a view to becoming advocates for families involved with Social Care.

Independent Reviewing Officer's

- All IRO's promote the participation of children and young people in their review and consider how best meetings can be held to facilitate children and young people's attendance. Where it is not deemed appropriate for a child or young person to be present for their review due to their age, level of understanding or emotional wellbeing the IRO will ensure that the child's wishes, and feelings are considered in the review and inform the decisions reached and recommendations made.
- All children will have contact with their IRO prior to their review and where this may not be deemed appropriate immediately following.
- IRO's in getting to know children spend time with them where they live, they take them out into the community, play games with them, take activities the children say they enjoy.
- The IRO service has now produced a one-page profile to send to all children when they first become looked after which includes a picture of their appointed IRO and some facts about what their IRO likes and dislikes.
- As part of the Child Protection Service we have been designing a leaflet for children that explains in an age appropriate way what a child protection conference is, who attends and what is to be expected. This has been designed with feedback from one young person, a group of parents and Off the Record.
- The IRO and CP service are looking at ways in which children and young people's views about the service can be obtained.
- The child's voice is an essential part of the education plan and various resources are provided to ensure this is captured. The pupil voice is always the first thing addressed at an education plan meeting and the plans are only moderated as good and finalised if it is clear that the pupil voice has been 'heard' and that it has been responded to within the plan.

SEND Participation with Children and Young People aged 0-25 years



SEND Participation
of young people 20

Key Challenges

None reported.

How can the H&WBB support with the delivery of the plan?

- To support and endorse initiatives that support the participation and involvement of young people in influencing change.
- To consider the how the 'Voice of the Child' is captured and influences the work undertaken by the members of H&WBB within their organisations and services – request members complete the participation standards audit.

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Bath and North East Somerset's Children and Young People's Plan on a Page 2018-2021

What we'll do

One Vision

Children and young people will enjoy childhood and be well prepared for adult life

Four Outcomes

- Children and young people are safe
- Children and young people, are healthy
- Children and young people, have fair life chances
- Children and young people are engaged citizens within their own community

Eleven Priorities

1. Increase the proportion of children and young people living in safe, supportive families and communities
2. Decrease the proportion of children and young people affected by unintended or accidental injury
3. Increase the proportion of children and young people are protected from crime and anti-social behaviour
4. Increase the proportion of children and young people maintaining a healthy weight
5. Increase the proportion of children and young people experiencing good emotional health, wellbeing and resilience
6. Increase the proportion of children and young people free from the harm of substance misuse including alcohol and tobacco and illegal drugs
7. Ensure children and young people are supported to have the best start in life and be ready for learning
8. Ensure children and young people are supported sufficiently to be able to achieve and that gaps in their educational outcomes are closed.
9. Ensure children and young people are able to access and maintain appropriate local education provision
10. Ensure children and young people are supported through key transitions, including into adulthood
11. Ensure children and young people are supported to participate, have a voice and can influence change.

How we'll do it – our 4 commitments

4 Cross cutting themes that link to the H&WBB Strategy, BCSSP Strategic Plan, Early Help Strategy and the Children's Workforce Strategy

'Think Family' Approach

Strengthen Early Help

Narrowing the Achievement Gap

A skilled and competent workforce

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

- Increase in multi agency Early Help Assessments
- Increase in joint assessment and plans around substance misuse, mental health and domestic violence.
- Reduction in number of children on CP plans and who need to be looked after
- Increase in children and young people and parents receiving better mental health services
- Reduction in obesity levels at age 10/11
- Decrease in substance misuse by under 18's
- Percentage with good level of development in Early Years
- Reduction in attainment gaps at 5, 11, 16 and 19 for vulnerable groups
- Ensure increase in Primary and Secondary /College attendance for vulnerable groups
- Ensure support for vulnerable groups around key transition stages
- Decrease of numbers of 10 –17 year olds engaged in the Youth Justice system
- Ensure children and young people are enabled to participate and influence change.

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Year 1 Review 2018 – 2019 Progress Report
Outcome 1: All children and young people are safe
Priority 1: Increase the proportion of children and young people living in safe, supportive families and communities
Key Positives

- **Early Help Toolkit/Offer** - this includes information about how to access support from Early Help Services, has continued to be widely promoted to universal services alongside information about the Early Help App. The number of users of the App increased steadily throughout 2018/19 and continues to receive positive feedback. 724 people used the App in 2018.
- **Early Help Assessment** - the new multi-agency Early Help Assessment was launched in February 2019 following a full consultation and pilot which involved a range of partner agencies. Training to promote and support use of the new paperwork has been offered to a wide range of agencies and has so far been positively received and should contribute to an increase in assessments in 2019/20.
- The **Early Help Quality Assurance Framework** for commissioned targeted Early Help Services was launched in July 2018. 16 case files were audited between July 2018 and March 2019: 100% included the child's views, 94% illustrated a clear understanding of the life and experiences of the child in the assessment, 81% had a good analysis of need and risks and 81% had plans which showed the difference made to the child's outcomes.
- **Joint working with B&NES Council Children Social Care teams** - there has been positive joint working with B&NES Council Children's Social Care Duty team to understand and support the interface between Early Help Services and to appreciate the pressures and increasing demand caused by contacts which are then deemed as requiring no further action. Some of the referrals that do not meet the threshold for Council social care intervention are referred to the Early Help Allocation Panel (EHAP) to be allocated to an Early Help Service for further support. 277 referrals were received in 2018/19 almost doubling from Quarter 1 from 51 to 99 in Quarter 4.

- **Re-design of the Council's Children's Social Care** - the Council's Improving How We Work Programme has been supporting the redesign of the Council Children Social Care front door and an on-line Request for Service form is being designed that sits alongside the statutory social care thresholds for levels of need. This will be tested with multi-agency partners in early 2020, prior to wider roll-out. Consultation on redesign of social work teams is also planned.
- **Development of a Councils Social Work Practice Framework** - the Council consulted on developing a Unifying Social Work Practice Framework in 2018/19.
The Council are working with the Centre for Systemic Social Work to develop a training programme for the Framework once confirmed.
- **Family Group Conferencing** - there was a successful bid with the Department of Education in relation to Family Group Conferencing in pre-proceedings. The aim of this project is to -
 - Increase in safe placements, made with the agreement of family members
 - Make timely decisions, and reduction in the duration of care proceedings (where initiated), thus reducing social care and court costs
 - More children remain with extended family when this is in their best interests
 - Well-run FGCs are provided, including exploration of all family networks and resources, and effective advocacy for children and young people
 - Children experience their family exploring options and making decisions
 - Children have a voice in decision making
 - There is no delay in court processes caused by late potential placements coming forward.This is expected to commence in 2020.
- **The Best Start in Life Sub-Group** continues to monitor actions agreed in 2017/18 following a review of Baby J Serious Case Review (SCR undertaken by Wiltshire Safeguarding Children's Board). The review identified improvements that could be made to the B&NES system. This has led to increased partnership working across maternity, health visiting and Council Children's Centre services who all worked together to develop the **Early Childhood Services Pathway** in 2018/19.
- **Think Family** – Council Children's Centre Services and the adult substance misuse service (DHI) have continued to work together on a Think Family approach for parents engaged in drug treatment and their children. This has led to positive outcomes for parents and their children in terms of increased parental understanding of attachment and activities to support their children's learning and development.

Key Challenges

- Common Assessment Frameworks/Early Help Assessments** - there has been a reduction in the number of CAFs/Early Help Assessments during 2018/19 which was expected during the pilot period and whilst the new paperwork was being launched.

Whilst the new Early Help Assessment has largely been positively received, it is still a challenge to ensure universal services such as schools and academies and GP surgeries to complete them. Reduced capacity with the Integrated Working team since October 2018 has resulted in less time to promote and support agencies with completing assessments. This has also contributed to not being able to convene any multi-agency audits of those assessments received, however all assessments received are quality assured by the Integrated Working Team.
- Capacity** - a reduction in resources both within the Council and wider partners is having an impact on the delivery of the Early Help Services. Many commissioned services are frequently reporting they are at capacity and unfortunately this sometimes results in waiting lists and/or having to close to referrals for short periods (though this is only undertaken to avoid families waiting for a long time to access support and all services work hard and in partnership with each other to signpost/support to alternative provision where possible).
- Data collection and reporting** - there is currently no shared electronic case management system for Early Help Services which makes case co-ordination difficult and case oversight and assurance about the effectiveness of services difficult to establish. Data and information are spread across several different manual and electronic systems.

How can the H&WBB Support with the Delivery of the Plan?

- Promote the B&NES Threshold for Assessment resource and the new Early Help Assessment amongst colleagues and wider partners.¹
- Promote the Early Help App and 1 Big Database Bathnes to raise awareness of universal and targeted support available to encourage earlier and appropriate referrals to ensure families get the access to the right help at the right time to prevent needs escalating.
- Support the development of a Think Family approach across Children's and Adults' Services²

¹ The Threshold for Assessment document is the most recent version which was developed in advance of the new B&NES Community Safety and Safeguarding Partnership

- Promote the available tools to support practitioners working in Early Help Services.

**The assurance around the Outcome 'All Children and Young People are Safe' remains with the B&NES Community Safety and Safeguarding Partnership in addition to CYP sub committee)*

Outcome 1: All children and young people are safe

Priority 2: Decrease proportion of children and young people affected by unintended or accidental injury

Key Positives

- **Partnership working** - B&NES Injury Prevention Partnership continues to meet on a quarterly basis and has continued to implement the actions within the partnership's Implementation Plan. 'Keeping Children and Young People Safe in B&NES' newsletters have been produced, available [here](#).
- The **Home Safety Equipment Scheme** (free home safety equipment for vulnerable families with children under 5) is contractually managed by Virgin Care and provided by West of England Care and Repair however referrals have been less than subsequent years. During July 2018 – March 2019 there was a pilot for an enhanced scheme, whereby families received a visit from a health visitor for one hour and supported them with home safety checking.
- **Child Safety Week** - the national theme for Child Safety Week was '*Safe Children Together We've Got This*', in B&NES we focused on distractions from technology (a poster was produced focusing on mobile phone distractions) and the five most common causes of injury for the under 5's. The campaign messages were promoted through various social media channels, a lesson plan was produced and shared with Primary Schools.
- **Road Safety Week** – focused on bike safety; a campaign was led with messages around wearing helmets when scooting and cycling; this was promoted to schools and early year's settings.
- **Car Seat Safety clinics** – these were carried out in Bath and Midsomer Norton. The clinic checked 199 seats of which **30%** were not fitted correctly within the vehicle; **36%** of children were not sat within the correct seat for their size/age and in **16%** of cases the seat was not fitted correctly and the size of seat was incorrect for the child's age.

² Note work is now underway with the B&NES Community Safety and Safeguarding Partnership and stakeholder workshops are being planned for 2020

Key Challenges

- **Capacity** - Education Road Safety Officer post vacant from April 2018 – present and this has impacted on delivery of the Plan.

How can the H&WBB Support with the Delivery of the Plan?

- Ensure the 'Keeping Children and Young People Safe in B&NES' newsletter is shared widely amongst staff.
- Continue to promote the LSCB (now BCSSP) Neglect Toolkit to support practitioners to identify family difficulties early on and obtain support.
- Continue to promote awareness of the risks associated with the Complex (Toxic) Trio amongst early help practitioners to support early identification and support.

Outcome 1: All children and young people are safe

Priority 3: Increase the proportion of children and young people who are protected from crime and anti-social behaviour

Key Positives

The Youth Offending Service has seen a number of developments and successes this year:

- Significant reduction in custodial sentencing - just one sentence compared with nine in the previous year. It is anticipated that this marks a return to a more usual pattern of low custodial sentencing in Bath and North East Somerset.
- Continued reduction in young people offending and entering the youth justice system for the first time.
- Staff training and readiness to commence the enhanced case management, trauma-informed pilot. The training was extended to partner agencies, with a total of 49 people trained from Council Children Social Care, Police and the voluntary sector and a follow-up day included representation from the Youth Offending Management Board, Forensic Child and Adult Mental Health Service and the Court.
- Staff have been trained in, and now use, AMBIT, an approach to understanding the behaviour and needs of traumatised young people.
- Reviewed Compass, the early intervention part of the Youth Offending Service that works with those at risk of offending.

- Revised the process for Out of Court Disposals.
- An increase in the number of reparation projects, giving young people more opportunities to make amends for their offending.
- Consolidated the health provision within the Youth Offending Service, with more internal referrals made in the past year. Early identification of need has enabled this provision to be extended to younger siblings of those known to the Youth Offending Service.
- More parenting programmes have been offered, with positive feedback from parents/carers.

Key Challenges

Positively the rate of offences committed per young person who re-offended has reduced and overall there are fewer new offences committed by young people in the youth justice system. However, the overall rate of re-offending has increased.

The challenge is to reduce the rate of reoffending.

How can the H&WBB Support with the Delivery of the Plan?



Youth Justice Plan
2019 - 2020.pdf

The H&WBB are asked to familiarise themselves with the new Youth Justice Plan for 2019/20.

Outcome 2: All children and young people are healthy**Priority 4: Increase the proportion of children and young people maintaining a healthy weight**

Note SHEU data is included as part of the narrative and is supplementary to the reporting

Key Positives

- **National Child Measurement Programme** - the NCMP programme is near completion for this year's cohort (September 2018 - July 2019). The programme has been developed during the year with more information being provided to Headteachers and Early Years settings; schools have received school level results. Letters have been sent to families highlighting child weight categories and tools for families to use including offering support from school nursing and highlighting the HENRY approach for healthy starts for children in reception. The following link directs H&WBB to NCMP data [Power BI dashboard](#). Key points: 22.3% of **Reception aged children (4 to 5 years old)** in B&NES's schools are an unhealthy weight, i.e. either overweight or very overweight/obese. 25.3% of **Year 6 aged children (10 to 11 years old)** in B&NES's schools are an unhealthy weight, i.e. either overweight or very overweight/obese. **Deprivation** is a significant factor in the level of very overweight/obesity among Year 6 aged children in B&NES, which is even more marked for Year 6 boys.
- **Children's Weight Management Services (Tier 2)**³ - a tier 2 programme LEAP (Learn, Eat, And Play) has been developed by Virgin Care, as part of the 0-19 Public Health Nursing contract. The programme was launched in March 2019, and not July 2018. This involves a 12-week programme of support for families aged 5-10 years and 1:1 support for young people aged 11-17 years. Virgin Care are reviewing recruitment to the programme and looking to expand the signposting through other services.
- **Food and Health** - during 2018/19, Virgin Care has delivered 5 Cook it Courses and 10 Family Cook it courses and a further 4 HENRY parenting programmes, reaching a total of 62 families. During 2018/19, three two-day HENRY Core training programmes have also been delivered. 38 Health Visiting Staff attended the core training.
- **Public Health in Schools and Early Years Programme**
The Public Health in Schools Programme was created and launched in September 2018, following the closure of the Director

³ Tier 2 is a 12 week preventative intervention for children who are overweight and obese.

of Public Health Award. Schools are able to access a Healthy Weight Audit tool and relevant resources, in order to self-validate against best practice guidance and Ofsted guidance where applicable. This includes criteria on; physical activity, packed lunches and school meals, NCMP, governance and leadership. The audit tool and relevant resources are available for schools to access free of charge via the HUB. A balanced packed lunch programme has been written for schools and early years settings to use, a peer led training power point is included.

The Public Health Programme in Early Years was also created and launched in September 2018. It has been launched as a core element of the Closing the Gap Early Years offer and includes healthy weight-based audit, support visit, further support with an area of development, best practice updates and campaign promotion. By end March 2019, 9 settings (total children on roll 416) completed audit; 7 chose area for improvement (5 now near completion); 1 additional setting has audit booked; 3 campaigns promoted.

- **Healthy Start Uptake** - in B&NES is 81% (263 households), the third highest in country. Vitamin vouchers can be exchanged, and vitamins can be purchased at three children's centre hubs.
- **SUGAR SMART** - the two-year campaign will come to an end during June 2019. A detailed evaluation report will be available in July 2019. Key highlights from the campaign include; 28 community ambassadors were recruited and trained, over 4000 families, with children 0 – 10 years, have experienced the campaign through 25 Early Years Settings and 25 infant, junior and primary schools taking part. An additional 4 secondary schools also took part in the campaign. 1,000 additional families also took part in a SUGAR SMART challenge and received advice from Virgin Care Practitioners during a summer play day, hosted by Bath Area Play Project. All sports centre vending machines now only stock low sugar and no sugar options, meaning the customers are not restricted to a high sugar options.
- **Childhood obesity trailblazers** - application to become a Childhood obesity trailblazers was submitted. B&NES have been shortlisted for the discovery phase and consultation has been completed. Unfortunately, the bid was not successful but elements will be taken forward via whole systems approach to obesity in 2019/20.
- **Daily Physical Activity** - 29 primary schools received a one-day road show focused on developing 30 minutes of Daily Physical Activity. Ideas & resources for delivery provided 30 primary PE subject leaders attended a briefing in September 2018 which focused on the guidelines for PA provision in schools including information from the Children's Obesity Plan & OFSTED recommendations.

- **Bathscape Walking Festival September 2018** - 200+ people undertook at least an hour's walk, with walks up to nine miles. The festival successfully reached families as well as older people and is considered to have helped people in returning to fitness.
- **Facilities improvements** - Phase 1 and 2 of Keynsham Leisure centre facility has been completed and is open to the public. Tennis courts at Chew Valley School and Bishop Sutton Tennis Club have been resurfaced and floodlighting installed with an electronic gate entry and booking system in place. Two courts in Royal Victoria Park have been refurbished and funding is in place to refurbish tennis courts in Sydney Gardens and Alice Park.
- **New leisure products** - have been well received at Bath Sports and Leisure Centre with a 70% increase in usage of redeveloped areas. New developments include trampoline park, Extreme Air, and bowling alley. Inclusive membership usage 115% up. Junior gym programme offered at all sites. Refurbished swimming pool, changing area and learner pool – open. Culverhay and Odd Down Sports Ground continue to see impressive growth in usage. Over 8000 fitness members across the Greenwich Leisure Limited B&NES partnership.
- **Summer Stamp⁴ Around Event in Keynsham Memorial Park on 26th July 2018.** Engaged over 100 participants with two temporary stamp trails and a play session delivered by Bath Area Play Project.

Key Challenges

None reported

How can the H&WBB Support with the Delivery of the Plan?

- Provide engagement and support for whole systems obesity programme.
- Promote the walking festival to children, young people and families within partner organisations.

⁴ A reward card is stamped

Outcome 2: All children and young people are healthy

Priority 5: Increase the proportion of children and young people experiencing good emotional mental health, wellbeing and resilience

Key Positives

- **Data collection** - work continues to ensure that commissioned services, including the voluntary sector, contribute to the National Mental Health Services Dataset (MHSDS) for CYP. This is one of the key performance indicators in the new CYPP 2018-2021
- **CAMHS Transformation Plan** - progress against delivery of the plan continues with all 18/19 actions being successfully delivered.⁵
- **Counselling services** -both school and community based face-to-face and on-line counselling continue to be very well used.
- **Boys in Mind** -work continues to address mental health needs of men. The Children's Emotional Health and Wellbeing Strategy group supported this work with some CAMHS transformation funding. This work is now being taken forward with the charity Charlie Waller Memorial Trust (CWMT). Since the group started over 400 health & education professionals and 150 parent/carers have received mental health for boys and young men training. This included 40 school-based staff who attended training - representing 28 schools. The Boys in Mind website has been developed with 9,857 hits. 12 films have been produced and shown to approx. 800 students in schools and 1,712 website visitors.
- **Guidance on handling a Suicide** - has been added to the BCSSP website. Implemented following student death with review planned.
- **The Public Health in Schools Programme** – this was created and launched in September 2018, following the closure of the Director of Public Health Award. Schools are able to access a Mental Health & Wellbeing Audit tool and relevant resources, in order to self-validate against best practice guidance and Ofsted guidance where applicable. This is accessible

⁵ This was shared and signed off by the Health and Wellbeing Board at its previous meeting in January 2020

free of charge via the HUB. Training for schools on how to use the audit attracted 40 schools staff representing 28 schools.

- **Transitions** – joint work with Avon and Wiltshire Mental Health Partnership Trust and CAMHS to improve young people’s transition between child and adult mental health services. CAMHS have recently introduced an information sheet to signpost all young people leaving CAMHS due to turning 18. Bath MIND and LIFT continue to attend monthly transition meetings and offer an alternative to more specialist services for those that need ongoing support.
- **New Models of Care** - Oxford Health Services are currently leading a programme to improve the access and use of inpatient mental health beds. This has begun to be implemented. The new CAMHS Thrive model was launched across the B&NES, Swindon and Wiltshire in April 2018. There are monthly work streams around Single Point of Access, Risk support, Getting Help, Getting More Help and Digital Intervention. A Clinical Reference Group and Project Board have been set up to oversee the work.
- **CAMHS website** - the new CAMHS website is now live and has lots of useful information. Development of this resource will be ongoing and is co-produced with young people.
- **CAMHS Referrals** - online referrals continue to progress well, with the majority of people now using this method. CAMHS continue to see the number of young people and families self-referring rising. A secure email referral system has now been put in place for GP’s who may want to share documents and letters when making a referral.
- **Thrive ‘Coping and Thriving’** - the offer started in B&NES in January 19. This means all young people and their families who have not met the specialist CAMHS referral criteria will be offered to book into a telephone consultation slot with a CAMHS clinician.
- **CAMHS Resilience Hubs** - feedback on the secondary school CAMHS Resilience Hubs has improved and a slightly different offer has been agreed which may reduce the time named practitioners spend in schools but increases the availability of timely telephone consultations for teachers concerned about individual pupils.
- **On-line CBT interventions** - Oxford Health now offer on-line assessments and on-line Cognitive Behavioural Therapy interventions with an independent provider (Healios) to appropriate children and young people who would like to access this as part of their treatment plan. This will shorten the time it takes for some children and young people to receive assessments and/or treatments.

- **Virtual School (Looked After Children LAC)** - emotional wellbeing and mental health discussion is a key aspect of all personal education plan meetings and ensures this conversation takes place at all school meetings for children in care. The Virtual School are promoting PEP meetings for all post LAC children and that this is also a key part of those conversations. Free training for all B&NES schools and those supporting our children in care out of area from the Virtual School around attachment, emotion coaching, building resilience and supporting mental health. There is a hotline for quick support around these key issues for all BANES schools and those supporting our children in care out of area.

Key Challenges

- Nationally, the shortage of adolescent mental health beds continues to impact on young people in Banes, who may end up in a unit away far from home. This has improved a little since the new beds opened in Bristol, and some are successfully admitted to the local unit at Marlborough House, Swindon, but those young people requiring a specialist CAMHS bed often face unacceptable delays in accessing the right care.
- Demand from children and young people and their families for Early Help Services for emotional distress and mental ill health still outstrips the provision of timely support services.

How can the H&WBB Support with the Delivery of the Plan?

- Partner organisations to promote support available to children and young people to meet their mental health and wellbeing needs appropriately including:
 - services within the CAMHS Thrive Model
 - school counselling services
 - digital services
 - Public health universal offer

Outcome 3: All children and young people are healthy

Priority 6: Increase the proportion of children and young people free from the harm of substance misuse including alcohol and tobacco

Note: SHEU data is included as part of the narrative and is supplementary to the reporting

Key Positives

- **Reducing availability of illegal tobacco** - Illegal tobacco undermines taxation policy by making smoking affordable to young people and those on low incomes. It also brings organised crime into our communities. An awareness raising campaign took place early 2018 using social media and bus advertising across B&NES. This generated 928 click throughs to our local web page on illegal tobacco, encouraging people to report. This coincided with a rise in reports to crimestoppers during the regional campaign period.

Two community events took place in Bath during 2018 and 68 pieces of intelligence were collected from the public during these events. Two key pieces of intelligence led to seizure of illegal tobacco and medication from a local shop.

B&NES is working in partnership with eight other local authorities on this illegal tobacco campaign and collectively the campaign has resulted in the following seizures across the region:

Total number of tobacco sticks seized **920,610**

Total number of hand rolling tobacco seized **448.61Kg**

- **Supporting people to quit** - there is ongoing support from specialist stop smoking services to priority groups including the traveller and boater community, drug and alcohol service users and pregnant women in particular. Numbers setting a quit date via specialist services dropped by 11% from 613 people in 17/18 to 543 people during 18/19, in line with national trends. However numbers of smokers identified and offered brief advice and nicotine replacement therapy increased during this time due to the introduction of the NHS CQUIN (Commissioning for quality and innovation) which incentivised this activity in both acute and community NHS services. From October 2018 to March 2019 over 700 smokers were identified and offered advice and referral to support within the RUH, for example. Overall smoking prevalence in B&NES has dropped from 13.4% in 2017 to 11.7% in 2018. This equates to a decrease in the number of smokers in B&NES by 2,605 from 2017. The estimated number of adult smokers in B&NES (2018) is 17,937.

- **Working with vulnerable groups –**

- **Pregnant women**

An e-cigarette pilot project was run in maternity services from October 18 – March 19. This involved offering a free course of e-cigarettes to pregnant women who smoke as an alternative form of nicotine replacement. The offer has been well received by pregnant women and has been given additional funding from the maternity transformation fund to extend the offer in B&NES and into Wiltshire. The evaluation report on the B&NES pilot is due by September 2019.

Smoking at time of delivery figures for B&NES show a reduction from 7.5% of women smoking during their pregnancy in 17/18 to 6.8% in 18/19. This equates to 105 women smoking during pregnancy in 18/19 locally.

- **Substance misuse**

The Young People substance misuse service in B&NES is one the best services in England. It continues to perform highly with excellent outcomes.

Complexity has increased with high levels of self-harm and poly drug use (both above national average) and over 50% of their young people involved in County Lines or being exploited by others, they work closely with social care and other agencies within a multiagency framework. Project 28 has skilled and motivated staff who work very well with partner organisations and engage with well above their 100 young people contracted services every year (163 at the end of Q4). Project 28 have added value with staffing funded by Children in Need.

Key Challenges

- Areas of concern are how the increased numbers of young people accessing services (60% above target), their increased complexity and Project 28 reduce capacity when the Children in Need funding ceases in July 2020 will affect outcomes.
- Working with informal youth settings. Work with informal youth settings was put on hold due to organisational change within youth services in B&NES.
- Work of the Adolescence At Risk Team to reduce exploitation and exposure to drugs/criminal lifestyle as a result

How can the H&WBB Support with the Delivery of the Plan?

- Smoking - partner organisations to continue to implement smoke free settings and support to staff and service users to temporarily abstain or quit whilst at work/on site using nicotine replacement therapy and /or vaping; Partner organisations to support delivery of the tobacco control plan through training of children and family work force in brief intervention and advice on smoking and smoke free homes.
- Exploitation - partner organisations to raise awareness of exploitation, the risks and the impact

Outcome 3: All Children and Young People have Fair Life Chances (Narrowing the Attainment Gap)

Priority 7: Ensure disadvantaged children are supported to have the best start in life and be ready for learning

Key Positives

- Key Stage 1 reading outcomes for disadvantaged has risen by 5%. Non disadvantaged rose by 1%. The gap closed by 4%.
- Improvements made at KS1 in writing and mathematics during 2017 and 2018 have been maintained, though not improved.
- The local authority has developed proposals to enhance support in EY to deliver better outcomes in future years. These proposals will require funding which is being identified
- 95% of our children in care in Early Years are making good or better progress ensuring that the gaps in their learning are being addressed.
- All children in care in early years settings have personal education plans and are supported by an education co-ordinator trained in early years.

Key Challenges

- Early Years Foundation Stage gap for disadvantaged pupils versus other pupils has grown from 28% to 31%. The national gap has remained at 18%.
- Year 1 Phonics gap has increased by 1% to 23%, the national gap is 14%.
- At Key Stage 2 the gap, in the combined measure, has remained at 31%, the national gap has increased to 21%.

- Progress data at Key Stage 2, in all subjects, remains at over twice the national average.

How can the H&WBB Support with the Delivery of the Plan?

- Continue to support initiatives developed to support the closing of the attainment gap and implementation of a 'Disadvantaged Pupil Strategy' for all schools and academies.

Outcome 3: All Children and Young People have Fair Life Chances (Narrowing the Attainment Gap)

Priority 8: Ensure children and young people are supported to achieve and that gaps in their educational outcomes are closed.

Key Positives

- Improvements made in previous years at Key Stage 1, especially in reading, have been at least sustained and in many cases further developed.
- The local authority has implemented an Inclusion Expert, targeted at schools with the largest gaps. This work is still underway
- The local authority has developed proposals to enhance support in EY to deliver better outcomes in future years. These proposals will require funding which is being identified
- 85% of our children in care are making good or better progress ensuring that the gaps in their learning are being addressed.
- Pupil premium plus is primarily targeted to support educational outcomes for all children in care.

Key Challenges

- Disadvantaged pupils in EYFS, Key Stage1 and Key Stage 2 attain at a lower level than their non-disadvantaged peers.
- Rates of progress are not high enough for disadvantaged pupils in all subjects when compared to their non-disadvantaged peers and disadvantaged pupils in other parts of the country.
- Actions taken to date to address Key Stage 2 have will not yet show impact
- 65% of our children in care are placed in schools out of area

Overview

Evidence supports the view that in EYFS and KS1 improvements have been made and the gap has closed. There is a suggestion that the progress made in these areas has slowed this year. The Inclusion Expert Intervention is currently being evaluated. A review of the work to date is being held in January 2020. The impact on the closing of the gap can only be made once the 2020

outcomes are known.

How can the H&WBB Support with the Delivery of the Plan?

Continue to support initiatives developed to support the closing of the attainment gap and implementation of a 'Disadvantaged Pupil Strategy' for all schools and academies.

**Outcome 3: All Children and Young People have Fair Life Chances
(Narrowing the Attainment Gap)**

Priority 9: Ensure children and young people are able to access and maintain appropriate local education provision

Key Positives

- All children and young people have access to a good quality mainstream education at primary and secondary level. 94% of schools in B&NES are good or outstanding.
- Fewer children with Special Education Need and Disability (SEND) are being placed out of county for their education and having to travel longer distances.
- The council has a SEND Capital Strategy which has already increased the number of Special Educational Needs places across B&NES and across all age ranges. Further developments are planned and underway

Key Challenges

- Continued growth in the number of children with SEND requiring support through an EHCP has meant that pressures on placements continue.
- As a result, some children do have to travel out of county for their education. Though this is reducing in number and frequency.

- The numbers of children in care with SEN placed out of area continues to rise. The time taken to secure good school placements following a school move is much longer for children in care with SEN.

How can the H&WBB Support with the Delivery of the Plan?

- Continue to support the Council's priorities to deliver capital projects that support both mainstream inclusion and development of additional special school places.

Outcome 3: All Children and Young People have Fair Life Chances (Narrowing the Attainment Gap)

Priority 10: All children and young people are supported through key transitions, including into adulthood

Key Positives

- 75% of Transition Support Funded children in 2017-18 made positive progress in the early years foundation stage (EYFS) during their reception year. This has increased by 8% to 82% in 2018 -19.
- In 2017-18 by the end of their reception year 48% of all children with TSF had an education health care plan or were being assessed for an EHCP. In 2018 -2019, this has dropped by 11% to 37%.
- This would indicate that the local authority, by working in partnership with early year's settings, is successfully identifying and providing support to children with SEND. These children are then having better outcomes and fewer of these children require an EHCP when they are in their reception year at primary school.
- Virtual School have extended their offer of support to ensure that it includes care leavers into higher and further education
- All children in care have detailed education plans that support transition.

Key Challenges

- Support in early years for children with send in B&NES via health, education and social care is well planned and co-ordinated. Capacity in some service areas remains an issue, but systems and processes continue to be effective.
- However, the local area has identified that it needs to continue to advocate earlier support for children with SEND in schools consistently. To enable the local area to do this better, the LA has introduced a graduated approach to SEND for all schools. This is in the early days of implementation and will need oversight and support to ensure it is utilised in schools.
- Transitions are sometimes very quick for children in care and the most vulnerable, particularly the transition from nursery into school. This means the transition is not as well supported as it could be.

How can the H&WBB Support with the Delivery of the Plan?

- At this stage the H&WBB are advised of good progress in this area of work only.
- Increase and promote multi agency working across adult services/AWP, children's services and education providers to support identification of those needing support and providing a range of opportunities to meet this need.
- Increase awareness and create opportunity with employers for vulnerable young people to learn new skills.

Outcome 4 : All Children and Young People are engaged citizens within their own community

Priority 11: Ensure children and young people are supported to participate to influence change

Key Positives

- Percentage increase in number of Commissioned Services reporting on the full implementation of the Participation Standards has increased to 90% 2018/2019 from 84 % 2017/2018. Ensuring services users are actively engaged in implementing change.

- SEND Completed Education Health Care Plans Academic Year 2017-2018 84.21% increase Academic year 2018-2019 86.36%
Children and young people speak positively of the support that they receive. (Ofsted/CQC SEND Inspection May 2019)
- **Capturing 'Voice of the Child' within Social Care.**
 - Task and finish group considering the use of language within our practice, guided by In Care Council (ICC)
 - Increased cohort in ICC with various areas of service development consulted on, i.e. Care Plan to a page, and update to 'The Pledge'
 - Development of the Local Offer for Care Leavers
- A care leaver is re-designing our Pledge and Local Offer
- Plans to recruit a Care Leavers Ambassador who will lead on participation with children in care and care leavers.
- Social Care are facilitating a group called Building Bridges; this group is comprised of families that have had previous social work involvement. They are now working with Social Care to provide advice on what works most effectively when Social Care are working with families. They will eventually receive training with a view to becoming advocates for families involved with Social Care.
- **Independent Reviewing Officer's (IRO)**
 - All IRO's promote the participation of children and young people in their review and consider how best meetings can be held to facilitate children and young people's attendance. Where it is not deemed appropriate for a child or young person to be present for their review due to their age, level of understanding or emotional wellbeing the IRO will ensure that the child's wishes, and feelings are considered in the review and inform the decisions reached and recommendations made.
 - All children will have contact with their IRO prior to their review and where this may not be deemed appropriate immediately following.
 - IRO's in getting to know children spend time with them where they live, they take them out into the community, play games with them, take activities the children say they enjoy
 - The IRO service has now produced a one-page profile to send to all children when they first become looked after which includes a picture of their appointed IRO and some facts about what their IRO likes and dislikes.
 - As part of the Child Protection Service we have been designing a leaflet for children that explains in an age appropriate way what a child protection conference is, who attends and what is to be expected. This has been designed with feedback from one young person, a group of parents and Off the Record.
 - The IRO and CP service are looking at ways in which children and young people's views about the service can be obtained.

- The child' s voice is an essential part of the education plan and various resources are provided to ensure this is captured. The pupil voice is always the first thing addressed at an education plan meeting and the plans are only moderated as good and finalised if it is clear that the pupil voice has been 'heard' and that it has been responded to within the plan.

Key Challenges

- Continue to ensure children are active participants and services to demonstrate they have heard the voice of the child and responded.

How can the H&WBB Support with the Delivery of the Plan?

- Continue to encourage initiatives that support the participation and involvement of young people in influencing change.

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MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	23 June 2020
TYPE	An open public item

<u>Report summary table</u>	
Report title	Autism Strategy Update
Report author	Rebecca Potter – 01225 477972
List of attachments	Appendix 1 - Terms of Reference for the Autism Partnership Appendix 2 & 3 - Flowcharts showing Autism Diagnostic and Post diagnostic pathway Appendix 4 - Snapshot of local needs profile and trends Appendix 5 & 6 Tables showing services for autistic people, families and carers in B&NES
Background papers	None
Summary	This paper updates members of the Health and Wellbeing Board on: <ul style="list-style-type: none"> • The re- establishment of a B&NES wide, all-age (children’s and adults) Autism Partnership and progress made since the last update to the Board. • Outline work taking place at a locality level in B&NES to review and update the B&NES Autism Strategy and improve local provision. • Highlight the work planned across the B&NES, Swindon and Wiltshire CCG footprint through the Learning Disability and Autism Transformation Board.
Recommendations	The Board is asked to: <ul style="list-style-type: none"> • Note the content of this paper and progress made in many areas since the last report to the Board in January 2019 • Make any recommendations to further the development of the B&NES Autism Strategy and its implementation • Consider the proposal to adopt the Ambassadors for Autism Scheme in B&NES
Rationale for recommendations	The recommendations of this report contribute to the Health and Wellbeing Board’s following aims: <ul style="list-style-type: none"> • Improve support for families with complex needs • Improve support for people with long term conditions • Promote mental wellbeing and support recovery

	<ul style="list-style-type: none"> • Improve skills and employment • Take action on loneliness
Resource implications	None identified at this stage
Statutory considerations	<p>1.1 The Autism Act (2009). This places a statutory requirement on the Government to produce an Autism Strategy and associated Statutory Guidance for local authorities and NHS Bodies (CCGs).</p> <p>1.2 The NHS Long Term Plan 2019 which sets out a number of priorities for local CCG areas, for instance preventing hospital admission</p> <p>1.3 NICE Autism Quality Standard (QS51) January 2014</p> <p>1.4 The Care Act 2014</p>
Climate change	<ul style="list-style-type: none"> • An Autism friendly and inclusive community makes it easier for autistic people and their families/carers to participate and make a contribution to the climate change emergency and carbon reduction on both an individual and collective level, for instance making use of public transport. • Commissioning and publicising services that are local to where people live reduces the need to travel long distances on private transport.
Consultation	Members of the Autism Partnership Group are fully engaged in the development of the underpinning principles and values, the emerging priorities and development of the strategy and have been consulted on the contents of this report.
Risk management	A risk assessment related to the issues addressed in this paper and recommendations has been undertaken. This is in compliance with the Council's decision-making risk management guidance.

THE REPORT

1. **Coronavirus Pandemic – update for the HWB June meeting**

The Specialist Commissioning Team convenes the Autism Partnership Group (APG) and is leading on strategy development. Since early March its attention has been focused on the Pandemic, including working with providers and partners to ensure autistic people (and others with support needs), continue to be well supported. It is now beginning to consider how it re-starts its business as usual, including arrangements for continued and increased involvement of autistic people, their families and carers in the APG and the Autism Strategy. In the meantime, local autism services have adapted to ensure that they continue to meet the needs of the most vulnerable:

- Community based services including the Virgin Care Autistic Spectrum Conditions Team, the Supported Living Service, Henrietta Street (Julian House), and the Bath Mind Autism services have been adapting to the situation and continue to operate safely within PHE guidelines. Teams have kept in touch with service users via regular phone calls and virtual meetings. Some people are really missing their routines and usual activities and additional support has been commissioned for people's whose needs have increased due to a change in routine etc. Others have responded really well to the new ways of working virtually and the sector as a whole is working together to ensure that we capture and further develop some of the innovative working that has arisen from the pandemic. Commissioners have worked closely with services to provide continued quality assurance and up to date risk assessments at an individual, service and system level. Day services/groups are now getting ready to re-start, albeit with adaptations to ensure infection control measures are in place, and arrangements are compliant with PHE advice.
- Bath MIND is reporting an increase in calls from autistic people who are experiencing increased anxiety and mental health issues and an increase in complexity. This is also being reported nationally
- Across the BSW footprint and at a locality level, we are continuing to map risks and plan the restart and recovery work. In particular, we are expecting a surge in demand related to increased mental health needs
- **Children's diagnostic service**

The Children's Speech and Language Therapy ASD team have been contacting families that are on the waiting list for an assessment (ADOS) by telephone. We are taking an Autism developmental history and gathering information about the CYP's current presentation, strengths and needs. Where appropriate families can be offered the 3di assessment over the telephone to support a diagnostic decision. We are also making contact with schools to gather further information from relevant staff to contribute to the autism assessment. The SLT ASD team have held 'virtual' team meetings with the Community Paediatricians in order to discuss current cases and to co-ordinate service delivery. At this time, we have not offered any face to face assessments with CYP but are beginning to consider a 'recovery' plan for when we offer appointments
- **Adult diagnostic/post diagnostic support service**

The BASS service has been offering virtual support groups via video conferencing in place of the usual face to face groups. Covering topics including Mindfulness, Problem solving and Post diagnostic support, many people have responded very positively to these virtual groups, with some preferring them to 'face to face' contact. One to one

phone support has been available for those who need it. BASS has seen an increase in levels of anxiety across their client group and for people affected by OCD, Covid-19 has presented particular challenges which BASS has been supporting them with.

The diagnostic service is now planning to re-start, making use of the video conferencing platform 'Attend Anywhere' and virtual appointments wherever appropriate. BASS practitioners are unsure whether face to face appointments may still be required to complete diagnoses and commissioners are working with the service to support the re-opening of the waiting list for diagnoses which has been temporarily closed. The service continues to make itself available to provide advice and support to other professionals working with autistic people at this difficult time.

2. National Context

2.1 **The Autism Act 2009** placed statutory requirements on the Government to publish an adult autism strategy and associated statutory guidance for local authorities and NHS bodies for meeting the needs of autistic adults in England. It was the first, and remains the only, disability-specific piece of legislation. The strategy **Fulfilling and rewarding lives: the strategy for adults with autism in England** focused on five core areas of activity:

- increasing awareness and understanding of autism among frontline professionals;
- developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment;
- improving access for autistic adults to the services and support they need to live independently within the community;
- helping autistic adults into work;
- enabling local partners to plan and develop appropriate services for autistic adults to meet identified needs and priorities.

2.2 Government Review of the Autism Strategy

The Government is now undertaking a comprehensive review of the autism strategy and will be extending it to include children and young people for the first time. A consultation was launched in March 2019, and the Government is due to publish its response. The revised strategy was originally due to be published towards the end of 2019, however no update has yet been given for an expected publication date.

2.3 In December 2010 the Department of Health published statutory guidance for local authorities and NHS organisations. The statutory guidance and national strategy have been reviewed and updated periodically in subsequent years. Since 2013, the Department of Health and Social Care has asked each local authority to complete a bi-annual Self -Assessment, to enable local strategy groups to review their current progress in the implementation of the Autism Strategy locally and to identify future priorities and plan in partnership with health partners, other key organisations and local autistic people and their families.

2.4 The NHS Long Term Plan (2019) provides several objectives for people with autism as part of its Transforming Care agenda. This includes;

- The introduction of a 'digital flag' in the patient record by 2023/24, to ensure staff know a patient has autism.
- Ensuring reasonable adjustments are made so that wider NHS services can support people with learning disabilities or autism;
- Piloting the introduction of a specific health check for people with autism.
- Tackling preventable deaths of people with a learning disability and autism
- Improving diagnostic timeframes
- Increasing the use of personal health budgets
- Increasing investment in intensive, crisis and forensic community support
- The most recent target, as detailed in the NHS Long Term Plan, is for a reduction in inpatient provision of 50% (compared to 2015 levels) by 2023/24. The Government has also committed to introducing mandatory training on learning disabilities and autism for health and social care staff. Trials will begin in health and social care settings by April 2020, and report by March 2021, after which wider roll-out of training is expected for all staff.

3. Local context

3.1 A report on the outcome of the B&NES bi-annual self – assessment was provided to the Health and Wellbeing Board in January 2019. This outlined the progress made locally in implementing the national Autism Strategy along with areas still requiring improvement and priorities for the future commissioning and provision of services for both children and autistic adults.

3.2 The priorities identified in this paper for improvement included:

- Urgent need to re-establish an Autism Partnership Board to develop and deliver local strategy in line with national guidance
- Further work to reduce the waiting times for an assessment in line with NICE guidance
- Greater engagement with people with autism of all ages and their families/carers
- Continued work to promote reasonable adjustments for people with autism in service areas including within health and social care
- Clarification of mental health pathways for autistic adults who do not have a learning disability including those subject to detention under the Mental Health Act

3.3 Progress has been made against these priorities as follows:

Autism Partnership Board

- The Autism Partnership Board was re-established in July last year (2019), and has had three board meetings to date. It is an all age board covering both autistic children and adults. These are well attended by a broad range of agencies and organisations from across B&NES, including the universities, statutory and non-statutory health and social care providers as well as a number of autistic people and carers and families. There is strong engagement in developing the new strategy and action plan, and it is gaining traction with the implementation of key priorities. Subsequent meetings will be held every 4 months. The Terms of Reference which include details of membership are included as Appendix 1.

Reducing waiting times

- Further work has taken place by the locally commissioned provider of the autism assessment and diagnostic service for adults, Bristol Autism Spectrum Service (BASS). In 2019 BASS introduced a screening clinic to triage assessments in order to reduce waiting times. This development has resulted in a reduction in waiting times to the NICE recommended waiting time of 3 months.
- Between April and December 2019, the service received 113 referrals and conducted 88 diagnostic assessments. Just over half the referrals were for women. 21 of those assessed (24%) resulted in a positive diagnosis of autism.
- The BaNES paediatric ASD assessment pathway is Community Paediatrician led (some complex cases are assessed by CAMHS). Initial appointments are offered within 8 weeks of receipt of referral. Waiting times for specialist assessment (ADOS) by the Children's Speech and Language team (SLT) are currently 6-9 months, although usually less for preschool children.
- A review of the diagnostic and post diagnostic pathway is currently being conducted. Particular attention is being given to the arrangements for children transitioning to adult services. The review aims to clarify the pathways, explain the process in a clear and easy to understand way, and to identify areas for improvement. One output of the review that has been requested and is being finalised is a simple flowchart diagram of the assessment and diagnostic process. (see Appendix 2 & 3 for draft flowcharts)

Active engagement with autistic people, their families and carers.

- A small number of autistic people and their families and carers attend and are engaged in the work being delivered by the Autism Partnership Board and family / carer representatives attend the SEND partnership Board. Wider engagement and consultation is planned around the delivery of priorities and the draft B&NES Autism Strategy and action plan.
- Children, young people and their families are actively engaged in the review, redesign and recommissioning of the ASD outreach service for children and young people and this will be replicated in the commissioning of new adult services.

Promote reasonable adjustments for people with autism in service areas including within health and social care

- Training has been delivered in B&NES this year to a wide range of services/agencies including Job Centre Plus/DWP, Police Custody, Bath University, AWP, CAMHS, Bath Mind, B&NES Council, Virgin care, The American Museum and RUH. Training is planned for Hillview Lodge; the acute Mental Health Ward in B&NES and we will work with the GP commissioner to promote the uptake of Autism Awareness training across GP surgeries. In addition, a bid was made and agreed for additional funding from NHSE by the B&NES, Swindon Wiltshire CCGs for further awareness training in key service areas all three CCGs. This will be rolled out early this year.
- Nationally, the Government has committed £1.4 million to develop and test a learning disability and autism training package. A trial of the training is due to begin in April 2020 and will report by March 2021, after which wider roll-out to all staff is expected.

The February Autism Partnership Board included a presentation by Dr Jade Norris, (University of Bath Centre for Applied Autism Research (CAAR)), on the

Ambassadors for Autism Scheme. This scheme supports employers and service providers to pledge to become Ambassadors for Autism by making adaptations by modifying communication, adapting the environment and providing information and materials in different formats. Ambassadors work with the CAAR to create their pledge and receive a certificate and continued support. Several agencies expressed an interest in taking this scheme forward locally and the ambition is for it to be adopted by client facing teams in B&NES.

Clarification of mental health pathways for autistic adults

- Work is underway to improve access and pathways into Mental Health services. A Joint Working Protocol for people with more complex needs which cross professional boundaries is in development locally in B&NES. This involves key partners including Virgin Adult Social Care, AWP, BASS, Housing Services, the Drug and Alcohol Services, Police and Commissioners. The intention is to agree respective roles and the joint working arrangements for people with complex needs to ensure they are supported jointly.

4. The B&NES, Swindon and Wiltshire (BSW) Operating Plan

4.1 The BSW operating plan has 3 priorities, one of which is transforming care for people with a Learning disability and Autism. A B&NES, Swindon and Wiltshire All Age Learning Disability Transformation Board is being established which will meet 6 weekly. The purpose of the Board will be to develop sustainable and effective system-wide service improvements and initiatives with a focus on Transforming Care for those with more complex health and care needs identified in the NHS long term plan.

4.2 Priorities include:

- complete needs assessment and map services for each area to identify overarching gaps. Workshops are planned in each locality to map services and pathways. The B&NES workshop planned to take place mid -March was postponed.
- Supporting primary care networks to improve and increase uptake in annual health checks
- Reduction in Out of Area placement numbers by co-creating options for BSW provision of early intervention, prevention and crisis support services

5. Needs profile and trends

5.1 As part of our strategic commissioning role, work is currently taking place to assess needs and map all services, (including services in the community that B&NES hasn't commissioned). This will enable us to measure and predict future demand and from that, to understand where there are gaps in provision and how best to fill them within our resources. Early indications suggest we require additional capacity in respite services, more training flats for young people in transition, and additional supported living, housing options and community-based support for autistic young people who may have additional support needs around their emotional and mental health. This strategic commissioning work is still in progress. National data and trends will be factored into our strategic needs assessment. This suggests that the number of autistic people nationally is predicted to increase in the next ten years:

- National prevalence of autism is estimated to be around 116 per 10,000 of population. This suggests that there are 1635 people living in B&NES with an autistic spectrum condition. (18-64 years) source - PANSI and POPPI
- We expect to see these numbers increasing by 8% by 2030. Source - PANSI and POPPI (18-64 years)

More analysis is required to update our strategic needs assessment with reference to autism. See Appendix 4 for current snapshot information/data relating to children and adult services.

6. Locally commissioned services for children and young people in B&NES

- The Local Authority delivers an **Education Inclusion Service** to oversee its statutory responsibilities for children missing education and children with SEND. The service ensures all children have access to a school place and oversees the council responsibilities for delivering Education Health & Care Plans to deliver resources to support children's additional needs in schools. The service works within its resources to promote inclusion in schools for all children. The Local Authority commissions additional services to ensure children can access their education; this includes a speech and language therapy outreach service to primary and secondary schools providing specialist assessment of social communication difficulties to inform the diagnosis of ASC, and liaison with school staff and parents
 - a. and a service for children with sensory support needs. The SEND Strategy group oversees services for children with SEND to promote good practice and access to services.
 - b. **Autism Outreach Support Service**
B&NES commissions an Autism Outreach Support Service which provides training, advice, and support to early year's settings, schools, colleges and families. It also provides some direct, specialist intervention with individual children and families following a diagnosis of autism. This support is essential in ensuring that children with autism are able to sustain their school placements and are supported to achieve and thrive. Following a B&NES- wide consultation and review of the service, the Council proceeded to commission a new service. The contract for the new service has been awarded to Fosse Way School, and the new service will start on 1st September 2020.

See Appendix 5 for further information about the range of services available for autistic children and young people in B&NES

7. Locally commissioned services for autistic adults in B&NES

- a. **Bristol Autism Spectrum Service (BASS)**. This service is commissioned from Avon and Wiltshire Mental Health Partnership Trust (AWP) to provide training and a specialist assessment, diagnostic and post diagnostic support service for autistic adults in B&NES. The BASS service also provides a weekly advice service, with one to one appointments to offer support on a range of issues such as: housing, education and training, job coaching, relationships, managing emotions and signposting to other services, and a social links workshop that is designed to provide a space where

people with autism can meet to explore different resources that make meeting and interacting with new people easier and what other social and community opportunities are available locally. The Virgin Care Autism service attends on a monthly basis and is on hand to give advice and information regarding Care Act eligibility. Negotiations are currently taking place with a commissioned provider to attend on a monthly basis to provide advice and support regarding welfare benefits including Personal Independence Payments (PIP)

- b. Virgin Care and Health provides the delegated Care Act Assessment and Support Planning (Social Work) functions on behalf of the council. This includes a small team specifically for people on the autistic spectrum. The team identifies what services or support is required in order to meet eligible need including the setting up of direct payments. The teams can also offer advice and guidance on issues around benefits, housing, employment, education and training and signposting to other services BSW priorities for LD and Autism.
- c. A number of housing, care and support services are currently commissioned or purchased by individuals through their direct payments. This includes:
 - o a short-term accommodation-based service for eight people with Autistic Spectrum Conditions in particular Asperger's Syndrome living in the centre of Bath. As a short-term accommodation service, the service is designed to support people for up to two years to develop their independent living skills and enable them to move on into their own properties and live safely and independently in the community. The service has been successful in moving people on into their own homes and has established strong partnerships with the Housing, employment and other local Autism services.
 - o Bath and North East Somerset also commissions an outreach service from Julian House who are the support provider at Henrietta Street, the outreach service is in place to support the individuals moving on from Henrietta Street into further independence. The service is provided for a time limited transition period to provide support such as setting up utility bills, applying for benefits and tenancy support. This service has been put in place to ease transition from a supported living service into further independence and provide continuity of support over this period of transition.
 - o Dimensions – Willow Bank – 6 self-contained flats with onsite care and support
 - o Dimensions Cranbrook – 6 self-contained flats with onsite care and support
 - o Bath Mind – community outreach specifically for autistic people
- d. Employment Support is available, this includes Project SEARCH, an employability programme based at Bath and North East Somerset Council, which helps young adults with learning disabilities and/or autism to gain the skills they need to become employed. It is a programme of work-based experience, which sees a Business (in our case the Council) team up with an Educator (Bath College) and Supported Employment provider (Virgin Care) to run the programme. It provides a mixture of structured work placements and classroom learning and it all happens in the

workplace. The aim is paid employment (with any business) for young people at the end of their yearlong programme. For further information see:

<https://www.bathnes.gov.uk/services/skills-and-local-employment/Ways-Into-Work/project-search>

Additional employment support for people with disabilities including autism in B&NES is being funded by WECA and the detail of how this will be delivered is currently being developed. The scheme will be open to autistic people who require employment support.

See Appendix 6 for further information about the range of services available for autistic people in B&NES

8. Emerging Priorities

The Autism Partnership Board has identified the following priorities.

- **Priority 1 – Joined up commissioning and delivery**
 - Health, education and social care working better together to deliver more effective, joined up care
 - Children and Adult services working better together to deliver more effective, (all age) joined up care and better planned and supported transitions.
 - A better understanding of current and future needs
 - Better health and wellbeing
 - Meaningful engagement and consultation in the commissioning process
- **Priority 2 – Improving access to diagnosis and post diagnosis support**
 - Diagnostic and post diagnostic pathways for children and adults are clear, accessible and easy to understand People are able to access diagnostic services within timescales required under the NICE guidelines
 - Diagnoses are delivered in a timely way
 - A range of information, advice and support services is available and easily accessible for people with autism, their families and carers in B&NES
 - Improved access to mental health and therapeutic services
- **Priority 3 – Getting the right support at the right time**
 - Education, learning, employment, volunteering, and training
 - Relationships
 - Housing including supported living and access to mainstream housing
 - Life transitions
 - Support for carers
- **Priority 4 – Increasing awareness and understanding of autism across the whole community**
 - Community acceptance and awareness of autism leading to enhanced social inclusion
 - Being safe in the community
 - Awareness and training in services, for professionals and the community
 - Information, signposting, advice, advocacy and training.

9. Timescale for new strategy and action plan consultation and approval/ next steps

- Draft All-age Autism Strategy and Action Plan to go out to consultation in October 2020
- Final draft to be presented for sign off in December 2020
- The Action Plan will be a dynamic document – progress will be reported to and monitored by the Autism Partnership

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

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Appendix 1

Bath and North East Somerset Autism Partnership Group Terms of Reference

1. Vision

Our vision is that everyone with autism, whether living, working or visiting B&NES will have the opportunity to 'choose' the life they want to live. B&NES will support this by building an inclusive community that understands.

2. Values and Principles

Autistic people will be involved at all stages of decision making about the things that affect them. People will be empowered to have a voice giving them choice and control in all aspects of their lives

Guidance, information and support will be made available and accessible, using a person centred approach to make reasonable adjustments.

Through working alongside and listening to those with autism and those who support them, we will be flexible and responsive to changing needs, respecting people's individual views.

Autistic people can access what they need when they need it. They will have access to an inclusive community including health, social care and mental health services education and training, employment, transport and housing.

3. Objectives

- 3.1 Review and consider current guidance and policy at national and local level relating to autism
- 3.2 Develop local understanding of prevalence of autism and demand for services
- 3.3 To ensure a planned and open approach to commissioning of services for autistic people spectrum conditions, making use of information about demand, unmet needs/service gaps, feedback on services and resources, and identifying commissioning priorities
- 3.4 To review and improve pathways into, through and out of services, with a particular focus on ensuring that transitions are well managed, build on strengths and put the person at the centre
- 3.5 Oversee the multi-tier training framework to increase awareness and understanding

- 3.6 To promote and monitor the effectiveness of multi-agency working, in relation to the policies, procedures and protocols¹ and to resolve issues and problems where identified.
- 3.7 To establish any groups/action groups the Group believes will be required to sustain and promote the Autism Strategy. The terms of reference of these groups will be determined by the Group.
- 3.8 To champion work on autism across all services and in the community.
- 3.9 Oversee the development and review of the long-term strategy to improve local support services for autistic people
- 3.10 Develop an action plan to deliver the strategy, review it and report on progress
- 3.11 Feed into regional plans for strategy implementation

4. Outcomes

- 4.1 To have an up to date All Age Autism Strategy and action plan.
- 4.2 A contribution of expertise and knowledge feeds into the Commissioning intentions of Council and Clinical Commissioning Group relating to people with Autistic Spectrum Conditions

5. Working arrangements and conduct

- 5.1 The Bath and North East Somerset Autism Partnership Group will report to the Health and Care Board, the Health and Wellbeing Board, the regional Autism Partnership Board, and any other relevant Boards/Partnerships as required. This reporting function will be the responsibility of the chair of the Autism Partnership Group.
- 5.2 The Group may invite non-members to attend Group meetings as appropriate, or to co-opt members to undertake work as required. Should a Group member be unable to attend when s/he has an item on the agenda, then a representative may attend on his/her behalf for that item.

6. Membership

- Adult Learning Disabilities Joint Commissioning } B&NES
- Adult Mental Health Joint Commissioning } & Virgin Care
- Head of Education and Inclusion Lead
- Workforce development/training lead
- Local clinical lead for developing autism diagnostic services
- Adult Social Care Provider – Mental Health
- Primary Care
- Children’s Social Care
- Statutory SEND service
- SEND Partnership Service

¹ E.g. Including Joint Working Protocols, arrangements for Transitions etc

- Health Providers – Children’s and Adult services
- Youth Connect South West
- Housing Advisor
- City of Bath College
- University of Bath
- Bath Spa University
- Mental Health – AWP
- BASS
- CAMHS – Oxford Health
- Local Special Schools
- Third Sector/Voluntary organisations, - e.g. NAS, Bath MIND, Dimensions, Bradbury Group, Julian House, OTR, Mentoring Plus etc
- Family carer representative
- Service user representative
- Employment Inclusion lead
- A&S Police Autism Lead
- Probation Service
- Youth Offending Service
- DWP Autism Lead
- Job Centre Plus Rep
- Curo & Housing Associations
- Carers Centre

7. Frequency of meetings

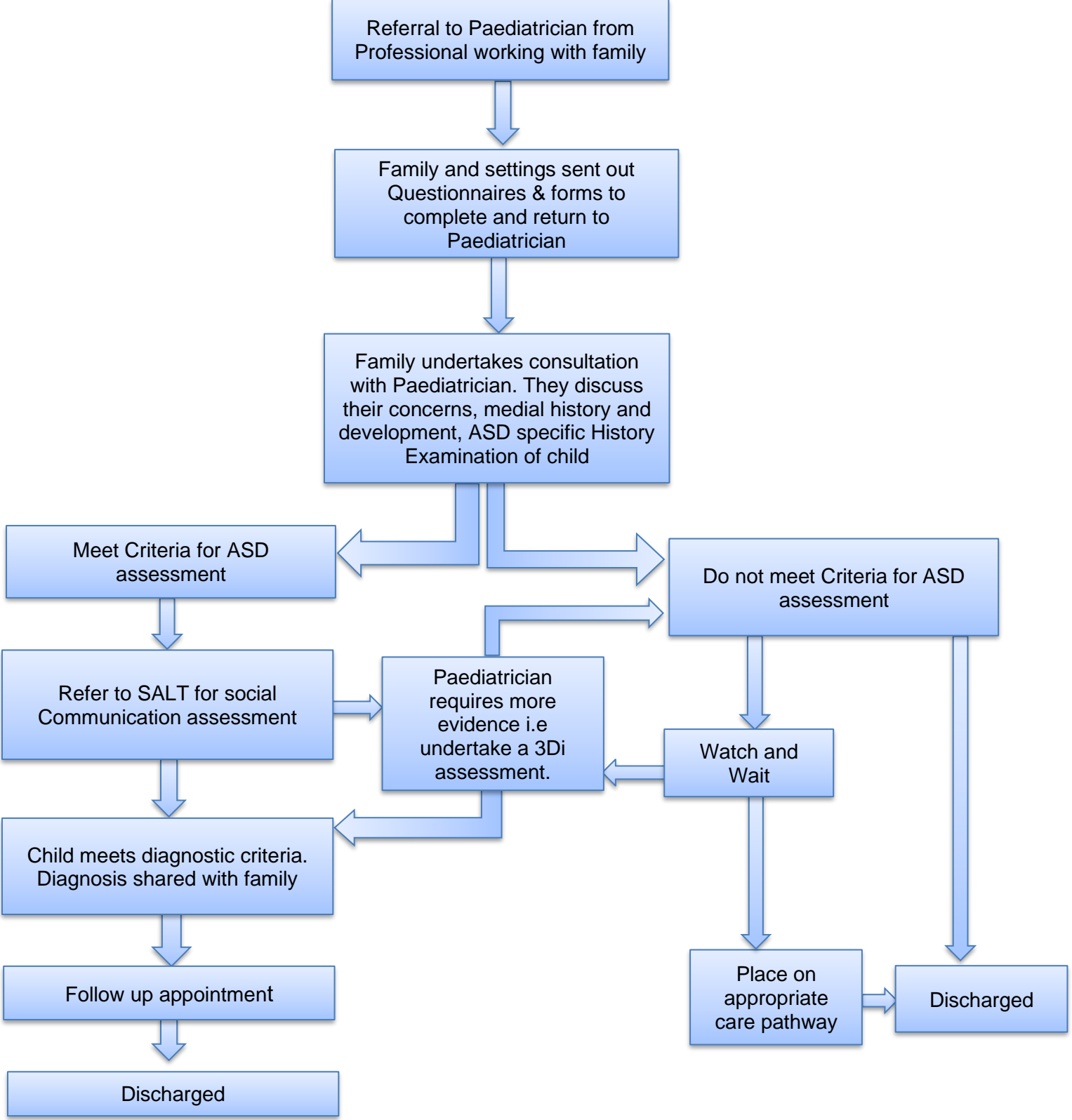
- 7.1 The Group will meet on at least 3 occasions each year. Additional meetings may be required as agreed to facilitate focus groups on specific workstreams.

The terms of reference, objectives and outcomes of the Group will be reviewed annually.

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Appendix 2: 0- 18 Virgin Care Children’s ASD Diagnostic Pathway

ASD Diagnostic Pathway for 0-18 years (VC)



Appendix 4: 0- 18 Flowchart CAMHS Diagnostic Pathway

CAMHS NEURODEVELOPMENTAL CLINIC (NDC) FLOWCHART

CAMHS Clinician discusses client with NDC team in a consultation meeting
(Paediatrician discusses client through the complex cases meeting or via a phone call with one of the NDC team members)

Is information suggestive of an ASD?

Yes

No

Pre-referral forms (referral form; developmental history; current school information) + collecting relevant reports e.g. SALT, OT, Ed. Psych / Cognitive assessments; Paediatric reports & reception/year 1 school reports
(If indicated, School observation completed)

NDC letter sent to the family explaining why the young person hasn't been accepted in to the NDC with recommendations

(If indicated, School observation completed)

Discharge from NDC

NDC appointment letter sent to the family accepting the young person in to the NDC & offering a one- day assessment

Hand-back to CAMHS Care Co-ordinator who offers follow-up contact / meeting (with member of NDC team if requested)

One-day NDC assessment to include:

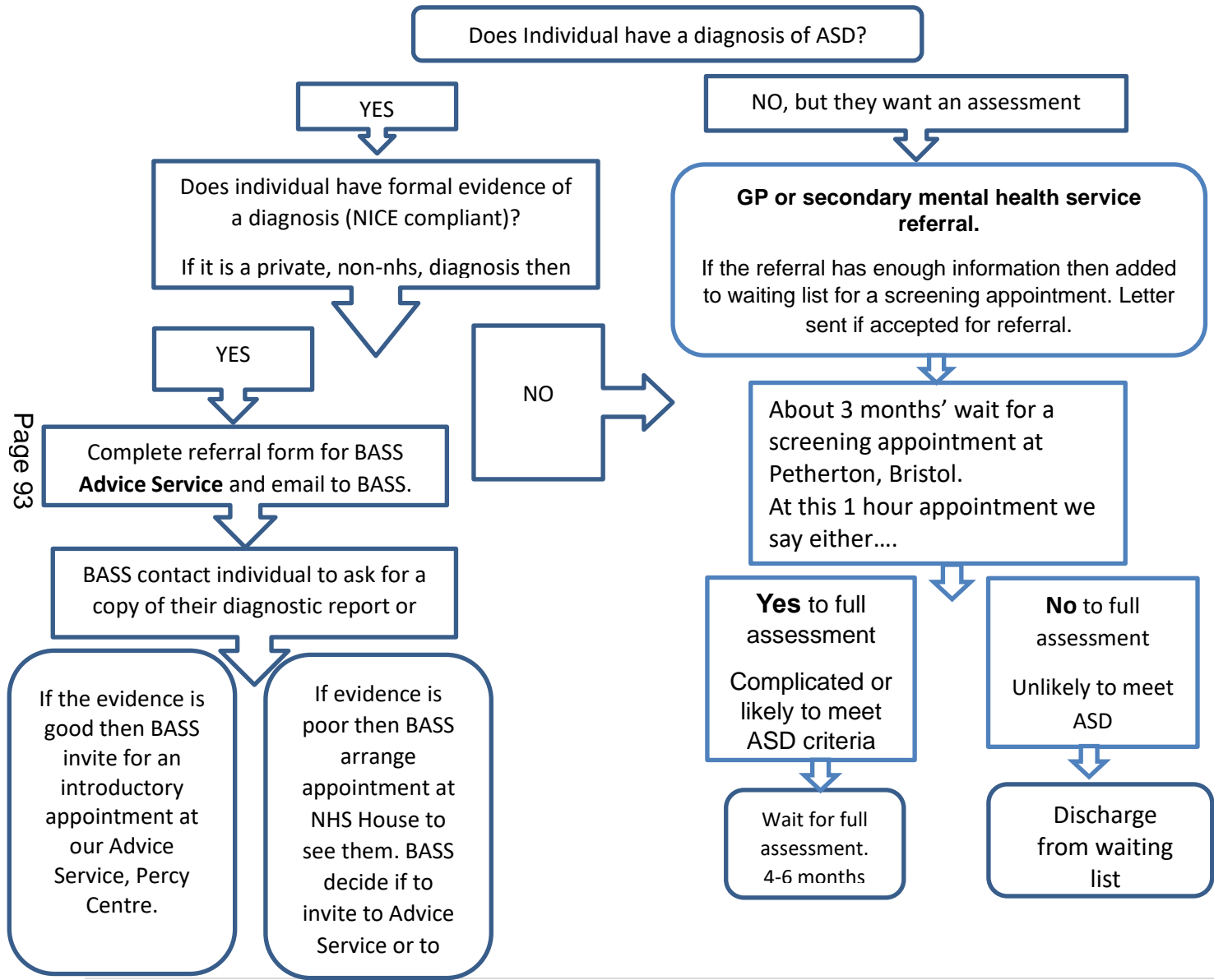
- ADOS
- Developmental History meeting with parents / carers
- Feedback meeting to share observations and conclusions
- (may also include a cognitive assessment if indicated)

- NDC report written within 2-3 weeks
- Discharge from NDC
- Hand-back to Care Co-ordinator who offers a follow-up meeting (with member of NDC team if requested)

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ASD Diagnostic Pathway for 18+ years

Appendix 3: Flowchart and Support Services offered by BASS



Transitions

When a child turns 17 years and already has a diagnosis of ASD either through CAMHS or SALT services that is NICE compliant, (using NHS diagnostic Protocols) they can arrange up to 4 visits for 12 months to introduce themselves to the service i.e. visit BASS Offices, meet professionals. At 17 years and 9 months they can be referred to the service

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Groups

Post-diagnostic group

6 week course, 2 hours each week for adults with ASD. 3 courses per year. Mixture of information about ASD and discussion topics. 5-10 people per group.

Problem-solving Group 3 – 4.50pm.

On-going, every week, drop-in. Casual group with some structure where people can bring problems to discuss with other people with ASD. Usually 5-10 people.

Relaxation 4- 4.15pm

Follows after the problem-solving group every week if enough people interested. Facilitator takes through body relaxation techniques and breathing.

Social Links. Every last Wednesday of the month 1-3pm

A different speaker each month talking about the community service they provide.

Stress Management

About 3 times per year. 1.5 hours each session for 3 weeks. Educational course with discussions too. About how to recognise and deal with anxiety. About 5-10 people.

Workshops. 2 hours. Each one runs about 3 times per year. Educational and discussions;

Sensory

Executive functioning

Friendships

Relationships

BASS AUTISM ADVICE SERVICE 18+ years

Services available after introductory appointment

1-1 appointments

Appointments can be for a number of different reasons. They can be arranged by emailing or calling us and asking for one (if you have already had an intro apt). Examples of reasons people want a 1-1;

- Problem-solving
- Emotional
- ASD specific questions
- with carer or relative
- Employment Advice with our employment advisor,
- Social prescribing with our social prescriber,
- Signposting or referring to other agencies, for example:
- Citizens' Advice Bureau for benefits advice
- Meet with Virgin care Autism Social Care team and service for social needs assessment and case management.
- ADHD team Bristol
- Banes Talking Therapies
- Employment support teams
- Student disability services

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Appendix 4

Snapshot of local needs profile and trends – NB further work is required at a strategic commissioning level to better understand, measure and meet local demand.

1. Early Years

A total of 47 children aged 2-5 years with a diagnosis of Autistic Spectrum Disorder (ASD), or likely ASD are known to the Early Years SEND Team as follows:

- 9 children aged 2 - 4 have been identified via the Early SEND Notification System with ASD listed as their main area of need.
- 6 children in receipt of Inclusion Support Funding aged 2-3 years (not in their pre-school year) with a diagnosis of ASD attending an Early Years Setting.
- 32 children in receipt of Inclusion Support Funding aged 4-5 years (in their pre-school year) with a diagnosis of ASD attending an Early Years Setting and due to transfer to school in September 2020.

2. School age children and young people

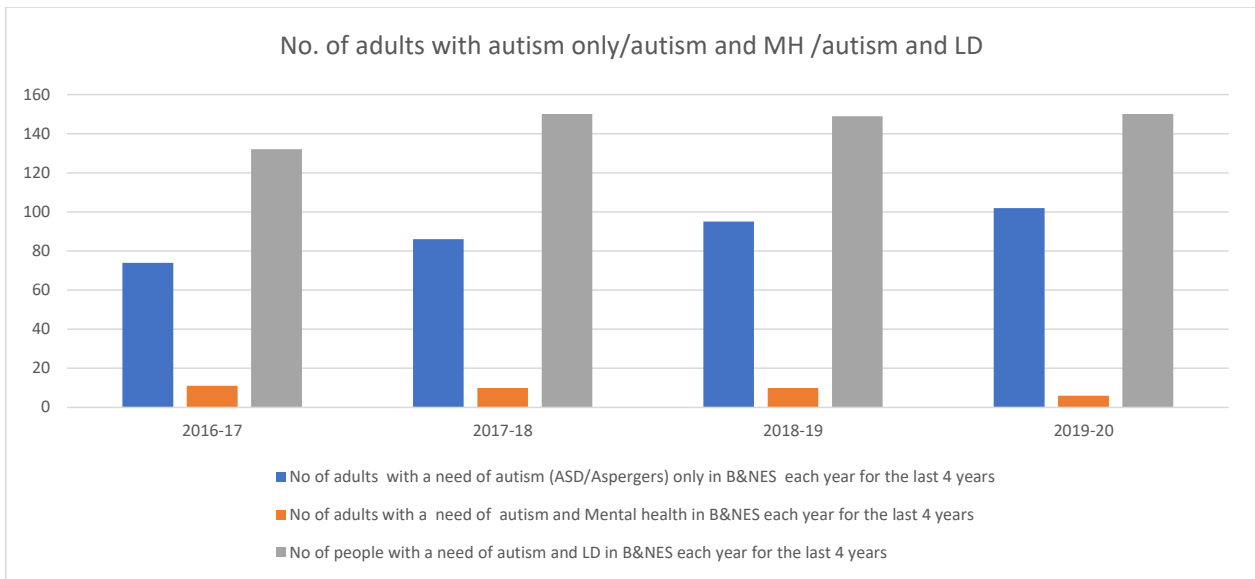
- In January 2017, 277 children and young people had a primary need type of Autistic Spectrum Disorder (ASD) compared to 146 in 2013 (89.7% increase). This group currently make up the largest proportion (26%) of the Local Authority's Education and Health Care Plan (EHCP) cohort.
- In 2018/19 the ASD Outreach Support Service received 275 new referrals for children and young people in early years or school settings. Numbers have dropped slightly year to date this year, with 217 new referrals being received up to the beginning of March 2020.
- The growth in the numbers of children with autism has been the fastest growing area of primary need for children with Education, Health and Care (EHC) Plans. Between January 2013 and January 2017 there has been a 90 per cent increase in the number of children and young people with a Statement or EHC Plan maintained by B&NES who have a primary need diagnosis of ASD. Currently about 1 in 4 of our children with an Education, Health and Care Plan have a primary diagnosis of autism, 4 out of 5 of this cohort are male, although there is a growing body of academic research indicating that girls are not being identified early enough.
- There is also an increase in the number of children referred for autism assessment and diagnosis within the local authority, as is evidenced by recent health data.

- Numbers of children and young people with a diagnosis of ASD during the diagnosis period:
1st Sept 2017 – 31st July 2018 = 294
1st Sept 2018 – 31st July 2019 = 351
- Locally, Children in Need are much more likely to be diagnosed with autism compared to national figures.
- Of those pupils needing SEND Support, 6% of them have ASD as their primary area of need. However, pupils with a diagnosis of ASD often have speech, language and communication identified as their primary area of need and this cohort is 21% of those on SEN Support.

Year	Total No. of new referrals
2011/12	68
2012/13	107
2013/14	178
2014/15	101
2015/16	155
2016/17	235
2017/18	275
2018 – March 2019	212

3. Adults

- National prevalence of autism is estimated to be around 116 per 10,000 of population. This suggests that there are 1635 people living in B&NES with an autistic spectrum condition. (18-64 years)
source - PANSI and POPPI
- We expect to see these numbers increasing by 8% by 2030.
Source - PANSI and POPPI (18-64 years)
- Data from Liquid Logic shows a small but steady growth over last 4 years in the number of autistic adults in receipt of social or health care (74 in 2016/17 compared with 103 in 2019/20) and autism and LD (from 132 in 2016/17 to 150 in 2019/20).



In January 2020, The Virgin Care Adult Autism Team was actively case managing 71 autistic people although around 140 people are known to the team and in receipt of services

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Appendix 5: Table of services available for children, young people, families and carers

ASD Services available 0-5 years

Provider	Provision	Description	How to access service
Children's Centre (Action4Children)	Portage Step by Step	Provides a range of activities and services and training courses for families. Access to Health Visitor. 1:1 home based support offered.	Self-referral. Contact Children Centre directly
Area SENCOs Page 101	Specialist Advice and Support	The Area SENCO helps the setting, through advice, consultancy and training, to make the links between education, health and social care so that they can make appropriate early provision for children with SEND and facilitate their transition to compulsory schooling	Through Child's School or educational setting
BANES Educational Psychology	The Educational Psychology Service	The Educational Psychology Service (EPS) provides consultation, assessment and advice to schools, early years settings and other providers, for children and young people with complex educational needs. We aim to improve learning outcomes for children and young people by the application of psychology. Much of the work is with children aged 0-11 years but it can be with young people up to 25 years old. Educational Psychologists work with parents/carers, teachers and other professionals who bring their concerns about a	CYP who hold a EHCP or a undergoing Education Health and Care Needs Assessment.

		child or young person. Educational Psychologist's work is focused on children and young people who have severe difficulties with development, learning or emotions.	
Virgin Care	Paediatricians	Assess CYP with a variety of developmental concerns according to referral criteria	Referral via a professional
Virgin Care	SALT- CCG Commissioned Core Service Traded service to EY, schools and FE settings – Speech and Language Inclusion Partnership (SLIP) and additional SLAs with the LA	A high quality speech and language therapy service to children and young people with speech, language, communication, feeding and swallowing difficulties, including assessment, advice and therapy. The service also provide training and support to parents, carers and other professionals so that we can work together to help each child/young person achieve their full potential as a communicator.	Via a professional/ Self-Referral
Sensory Support	Hearing Impaired/Visua lly Impaired	Additional Sensory support for children with a hearing or visual Impairment	Referral via a professional

<p>RUH</p>	<p>Integrated Physiotherapy and Occupational Therapy Service</p>	<p>Our integrated therapy team is made up of specialised qualified Physiotherapy and Occupational Therapy staff, as well as experienced Therapy Support Workers. Physiotherapists help children with their posture and how they move their bodies. Occupational Therapists help children to access the activities that they want and need to do. Therapy support workers help provide added input with the therapy programmes provided from the therapy team.</p>	<p>Children can be referred into the service from their GP, Pediatrician or by any other health professional e.g. Health Visitor or School Nurse. We also accept referrals from Special Educational Needs Officers (SENCO) at schools and nurseries. We do not accept first time referrals from parents or carers, but we will see children for further assessment if they are previously known to our service for the same problem.</p> <p>http://www.ruh.nhs.uk/patients/services/physiotherapy/IP_paediatrics.a ...</p>
<p>Fosse Way (BANES Commissioned)</p>	<p>ASD Support Service</p>	<p>This service aims to</p> <ul style="list-style-type: none"> • To provide a service that forms part of the spectrum of support for children and young people with ASD in the local authority • To provide support to settings and schools in B&NES to meet the needs of pupils with ASD within mainstream, inclusive settings • To respond positively to requests for training, assessment, and advice or focussed support • To facilitate support groups for professionals in mainstream schools, parents and carers of 	<p>Schools and settings or the LA will make requests for input to the ASD Support Service at Fosse Way School. Schools and settings should use the request for input form</p>

<p>Page 104</p>		<p>pupils with ASD in mainstream schools, and pupils themselves</p> <ul style="list-style-type: none"> • To work with other agencies and voluntary groups for the benefit of pupils with ASD in mainstream settings and schools • To support transition for children and young people from pre-school to school and from primary to secondary school • Limited support in families home 	
<p>Collective of various voluntary orgs</p>	<p>Short breaks for disabled children</p>	<p>Provides activities for children with special needs while providing a break for the main carer from their caring responsibilities.</p> <p>https://www.bathnes.gov.uk/sites/default/files/short_break_activities_commissioned_by_bath_and_north_east_somerset.pdf</p>	<p>Some short Break activities are self-referral. Others require assessments to access the service. Please follow link.</p>
<p>Fosseway School</p>	<p>SPACE: (Supporting Parents of Autistic Children in the Early years.)</p>	<p>This 4 week programme is aimed at helping parents understand more about ASD and how they can best support their child.</p> <p>During the course we cover:</p> <ul style="list-style-type: none"> * Understanding autism 	<p>Your child must have a confirmed diagnosis of ASD/Autism to attend. Professionals cannot make referrals.</p>

	For parents of Pre-school children (0-4 years)	<ul style="list-style-type: none"> * Communication and Language * Behaviour, including temper tantrums, aggression and anxiety * Daily living skills such as toileting, eating, sleeping and general self-help skills * Sensory sensitivities <p>We aim to delve deep into Autism, how it affects our children, seeing differences rather than deficits. We aim to provide families with tips and techniques to support their children at home.</p>	
Learning Disability Nurses Page 105		The Learning Disability Nurses are specifically trained to support the health needs of people with learning disabilities. Learning Disability nurse can observe child in setting and attend meetings with the family and school.	
CAMHS		Bath and North East Somerset Community CAMHS is a specialist service that helps children and young people who are struggling with a range of different mental health issues. If practitioner has concerns about possible undiagnosed ASD, they can carry out an assessment.	Referral via professional. Have to meet referral criteria.
Specialist Continence Service	Bladder and Bowel Service	Our Children's Specialist Continence Nurses are based in the community to provide assessment, support and treatment for children with delayed toilet	Referral via professional using a Single Point of Entry form.

St Martins Hospital		<p>training, bed wetting, day time wetting, constipation and soiling. They also provide advice for their families.</p> <p>This service is for children from 5 years up to the age of 19.</p> <p>Our service runs regular clinics across the Bath and North East Somerset area, plus clinics for children/young people with learning disabilities. We also carry out home visits and deliver children's continence training to other healthcare professionals.</p>	
<p>Health Visitors</p> <p>Page 106</p>	Health Visitors	<p>Health Visitors are qualified nurses or midwives with a specialist qualification in public health for children, young people and families. They work alongside families offering support and information around parenthood and early parenting, from pregnancy right through to when your child starts school. The service offers support for all parents of all children (0-5), whatever their circumstances.</p>	<p>http://bathneshealthandcare.nhs.uk/childrens/health-visiting/</p> <p>Accessed directly by families</p>
Disabled Children's Team		<p>The Disabled Children's Team work with children and their families where a child has a permanent or longstanding impairment, diagnosed by Doctor or Consultant. This includes children with life limiting conditions.</p> <p>We can provide details of services and resources available to disabled children and their families within BANES area.</p> <p>All children and YP who meet the criteria for DCT will</p>	<p>Referrals can be made by Families directly or Professionals involved in child/YP's care with consent from family.</p> <p>All children and YP who meet the criteria for DCT will be offered an assessment of their needs. This assessment will be carried out in consultation with the family, using info from other professionals as</p>

		<p>be offered an assessment of their needs. This assessment will be carried out in consultation with the family, using info from other professionals as appropriate.</p> <p>Within DCT there is an Occupational Therapist who assesses the needs of Disabled children where the child or YP has permanent and substantial needs arising from their diagnosed disability.</p>	appropriate.
<p>Internet</p> <p>Page 107</p>	Rainbow Resource	<p>Local information for families with a child or young person with additional needs, a special educational need or disability.</p> <p>A new section has been developed that contains lots of information about autism, including what is autism, the diagnosis process, after diagnosis, Education, Health and Care Plans (EHCPs) and external resources.</p>	<p>https://www.rainbowresource.org.uk/</p> <p>Accessed directly by children and their families</p> <p>https://www.rainbowresource.org.uk/pages/autism-information/additional-support</p>
Parent support groups	Parent Carer Voice	<p>We are a group of parent carers of children and young people with a range of disabilities in Bath and North East Somerset.</p> <p>We meet on a regular basis with the aim of improving the services and support for children and young people with additional needs by raising awareness of unmet needs and by being a collective voice.</p> <p>We do this by working in partnership with policy makers and practitioners in the local authority,</p>	<p>http://banesparentcarersvoice.co.uk/</p> <p>Accessed directly by families</p>

		sharing experience, knowledge and skills to ensure that all children with additional needs are fully included in society and have access to the support and facilities necessary to sustain their wellbeing and that of their families.	
BANES Carers Centre	Page 108	<p>.A carer can be anyone, of any age, who provides unpaid help to family or friends who would not be able to manage without their support.</p> <p>This could be caring for a relative, parent, child, partner or friend who is frail, has a physical or mental illness, disability or problem with drugs or alcohol. Becoming a carer can happen to anyone, from any background or culture, at any time.</p> <p>Services we provide include Counselling, Advocacy, Befriending, Help to have a break and Emotional support</p>	<p>Free information and advice on our support line 8.15am-12noon weekdays on 0800 0388 885</p> <p>http://www.banescarerscentre.org.uk</p>
Specialist Educational Provision		<p>Bath Opportunity Pre-school (BOP) is a non-profit making registered pre-school that aims to provide educational and therapeutic services for children aged 0-5 with special educational needs.</p> <p>Margaret Coates Centre is a Specialist Education Centre, within St Martin's Garden Primary school, for primary aged children with Autism Spectrum Disorder. Admission to the Centre is solely through the Local</p>	<p>Please contact Educational settings to find out specific eligibility Criteria to access these provisions.</p>

		<p>Authority.</p> <p>Fosse Way is a Specialist School and Academy for children and young people with a very broad range of abilities. The school is co-educational and takes in children between the ages of 3 - 19. All students have a EHCP/Statement of Special Educational Needs. Fosse Way House provides specialist residential provision for up to twelve students with Autism Spectrum Disorder needing an extended educational programme within a consistent and structured environment. There is limited provision within Norton Hill School for some Fosse Way pupils who have Asperger's Syndrome. Resources include a base classroom and Fosse Way staff supporting pupils who attend mainstream classes.</p> <p>Three Ways is a generic Special School for pupils aged 3 –19 years. Pupils have a range of Special Educational Needs that may include severe and complex needs, profound and multiple learning difficulties, communication difficulties and autism.</p>	
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<p>Direct Payments</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 110</p>		<p>If you are the parent of a disabled child under the age of 18 and you and your family have been assessed by Bath & North East Somerset social services as needing a service, you could receive cash payments to arrange and purchase your own support by either employing somebody or purchasing services from a voluntary/private agency etc.. This is known as a direct payment. A direct payment is money that Bath and North East Somerset Council can give you or your parent/carer to help you buy support. You can use the money to:</p> <p>Pay for support to help you at home Pay for support to help you get out and about</p>	<p>Referral to social care</p>
<p>Education, Health and Care (EHC) plan</p>		<p>If your child is not making the progress expected despite receiving additional help (Early Years SEN Support) then a statutory Education, Health and Care Needs Assessment may be carried out. Please click the link above for more information.</p> <p>SEND Personal Budgets</p> <p>Special Educational Needs (SEND) Personal Budgets are a way of having more choice and control over</p>	

		meeting the needs in your child's Education, Health and Care (EHC) plan. SEND Personal Budgets can be requested either when your child's EHC plan is being drafted or when it has been issued. Please click the link above for more information.	
FACES Percy Centre Bath	Support Group	Faces is a support group which is open to your whole family, your ASD child and their siblings. Activities such as arts and crafts, sports and console games will be on offer to your children to enjoy whilst you meet and chat with other families.	http://www.facesautismsupport.org.uk
The National Autistic Society age 111		<p>The National Autistic Society exists to champion the rights and interests of all people with autism and to ensure that they and their families receive quality services appropriate to their needs. The Autism Helpline provides information, advice and support for people with an autistic spectrum disorder (ASD), their families and professionals.</p> <p>NAS (National Autistic Society) run a dedicated tribunal support line, where they can offer specialist advice and support to parent and carers of YP with an autism diagnosis up to age 25.</p>	<p>Here are details for the four strands of support they offer:</p> <p>Education Rights Service: 0808 800 4102 / educationrights@nas.org.uk</p> <p>Welfare Rights: 0808 808 3555 / welfare.rights@nas.org.uk</p> <p>Community Care: 0808 808 3555 / communitycare@nas.org.uk</p> <p>Transition Support (school to adult life): 0808 800 0027 / transitionsupport@nas.org.uk</p> <p>Their helpline number is 0808 8004102 or you can e-mail them at- educationrights@nas.org.uk</p>

<p>Butterflies Haven is a support group</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 112</p>	<p>St Francis Church Keynsham</p>	<p>Butterflies Haven is a support group for parents of children and teenagers with Autism Spectrum Disorder (ASD). It gives parents, carers and families the opportunity to meet each other and by occasionally inviting speakers. All welcome with or without a diagnosis.</p> <p>Freedom play, arts/crafts, Dreams Room where your children can be calm and feel safe. Includes: the Parents' Snug- where you can relax while your children play safely Age: 3 -11 yrs Day: Fridays term time only Time: 6.30pm - 8pm Venue: St Francis Church</p> <p>Volunteers on hand to support you and your children. Activities on offer are arts & crafts, board games, sensory room, group activities, cooking and more. St Francis Church, Keynsham.</p>	<p>http://www.butterflies-haven.co.uk</p> <p>Drop-in session every 1st and 3rd Saturday of the month, 10.30am - 12pm</p>
<p>SEND Partnership Service</p>		<p>Our small dedicated team offers legally based and easily accessible impartial and confidential information, advice and support about special educational needs and disabilities (SEND) as it relates to education, health and social care. We also offer support when a child or young person is excluded from school.</p>	<p>You can request support either by emailing send_partnershipservice@bathnes.gov.uk or telephoning the advice line on 01225 394382.</p> <p>Advice line 01225 394382 (Monday to Thursday 10am to 3pm an answerphone operates outside of these hours)</p>

		<p>We support children and young people with SEND aged 0-25 and their parents or carers.</p> <p>We can provide professionals with general advice about SEND as it relates to education, health and social care</p> <p>We support children and young people with SEND aged 0-25 and their parents or carers from a time when you first have concerns about your child's or your own special educational needs.</p>	<p>We have produced factsheets and toolkits for parents and young people which provide initial information on a range of issues, visit our webpages at www.spsbathnes.org.uk.</p>
<p>Speech & Language Therapy,</p> <p>Page 113</p>	<p>Communication in Autism Training (CAT)</p>	<p>Helps parents to understand how autism affects their preschool child's communication, learning and behaviour and offers strategies to support their child.</p>	<p>St Martin's Hospital</p> <p>Bath, BA2 5RP</p> <p>01225 831708</p>
<p>Bristol Autism Support BAS</p>	<p>Website</p>	<p>Provides support for parents and supported activities during school holidays for children with a diagnosis of ASD and their siblings. Covers Bristol and surrounding areas including Bath</p>	<p>0117 353 4088</p> <p>www.bristolautismsupport.com</p>

ASD Services available 5-18 years

Provider	Provision	Description	How to access service
Area SENCOs	Specialist Advice and Support	The Area SENCO helps the setting, through advice, consultancy and training, to make the links between education, health and social care so that they can make appropriate early provision for children with SEND and facilitate their transition to compulsory schooling	Through Child's School or educational setting
BANES Educational Psychology	The Educational Psychology Service	The Educational Psychology Service (EPS) provides consultation, assessment and advice to schools, early years settings and other providers, for children and young people with complex educational needs. We aim to improve learning outcomes for children and young people by the application of psychology. Much of the work is with children aged 0-11 years but it can be with young people up to 25 years old. Educational Psychologists work with parents/carers, teachers and other professionals who bring their concerns about a child or young person. Educational Psychologist's work is focused on children and young people who have severe difficulties with development, learning or emotions.	CYP who hold a EHCP or a undergoing Education Health and Care Needs Assessment.

Virgin Care	Paediatricians	Assess CYP with a variety of developmental concerns according to referral criteria	Referral via a professional
Virgin Care	SALT EY Speech and Language Inclusion Paternership (SLIP)	A high quality speech and language therapy service to children and young people with speech, language, communication, feeding and swallowing difficulties, including assessment, advice and therapy. The service also provide training and support to parents, carers and other professionals so that we can work together to help each child/young person achieve their full potential as a communicator.	Via school setting/ Self-Referral
Sensory Support	Hearing Impaired/Visually Impaired	Additional Sensory support for children with a hearing or visual Impairment	Referral via a professional
RUH	Integrated Physiotherapy and Occupational Therapy Service	Our integrated therapy team is made up of specialised qualified Physiotherapy and Occupational Therapy staff, as well as experienced Therapy Support Workers. Physiotherapists help children with their posture and how they move their bodies. Occupational Therapists help children to access the activities that they want and need to do. Therapy support workers help provide added input with	Children can be referred into the service from their GP, Paediatrician or by any other health professional e.g. Health Visitor or School Nurse. We also accept referrals from Special Educational Needs Officers (SENCO) at schools and nurseries. We do not accept first time referrals from parents or carers, but we will see children for further assessment if they are previously known to our service for the same problem.

		the therapy programmes provided from the therapy team.	http://www.ruh.nhs.uk/patients/services/physiotherapy/IP_paediatrics.a ...
Fosse Way (BANES commissioned)	ASD Support Service	<p>This service aims to</p> <ul style="list-style-type: none"> • To provide a service that forms part of the spectrum of support for children and young people with ASD in the local authority • To provide support to settings and schools in B&NES to meet the needs of pupils with ASD within mainstream, inclusive settings • To respond positively to requests for training, assessment, and advice or focussed support • To facilitate support groups for professionals in mainstream schools, parents and carers of pupils with ASD in mainstream schools, and pupils themselves • To work with other agencies and voluntary groups for the benefit of pupils with ASD in mainstream settings and schools • To support transition for children and young people from pre-school to school and from primary to secondary school • Limited support in families home 	Schools and settings or the LA will make requests for input to the ASD Support Service at Fosse Way School. Schools and settings should use the request for input form

Collective of various voluntary orgs	Short breaks for disabled children	<p>Provides activities for children with special needs while providing a break for the main carer from their caring responsibilities.</p> <p>https://www.bathnes.gov.uk/sites/default/files/short_break_activities_commissioned_by_bath_and_north_east_somerset.pdf</p>	Some short Break activities are self-referral. Others require assessments to access the service. Please follow link.
Fosseway School	Cygnet (developed by Barnardos)	<p>This 5/6 week programme is designed for parents and carers of children and young people aged 5-18 with an autistic spectrum condition. The programme is designed to:</p> <ul style="list-style-type: none"> * To increase parents understanding of autistic spectrum conditions * To help parents develop their knowledge on how a child on the autistic spectrum experiences the world and what drives their behaviour * To guide parents through practical strategies they can use with children * To direct parents to relevant ASD resources * To give parents the opportunity to meet with other parents who have had similar experiences and to gain support and learn from each other 	<p>Your child must have a confirmed diagnosis of ASD/Autism to attend. Professionals cannot make referrals.</p> <p>How to access the course: Parents must refer themselves onto the course by calling or emailing Fosse Way School (01761 412198 or ASDSS@fossewayschool.com) and asking to be put on the CYGNET waiting list</p>

Learning Disability Nurses		The Learning Disability Nurses are specifically trained to support the health needs of people with learning disabilities. Learning Disability nurse can observe child in setting and attend meetings with the family and school.	
CAMHS		Bath and North East Somerset Community CAMHS is a specialist service that helps children and young people who are struggling with a range of different mental health issues. If practitioner has concerns about possible undiagnosed ASD, they can carry out an assessment.	Referral via professional. Have to meet referral criteria.
Specialist Continence Service St Martins Hospital	Bladder and Bowel Service	Our Children's Specialist Continence Nurses are based in the community to provide assessment, support and treatment for children with delayed toilet training, bed wetting, day time wetting, constipation and soiling. They also provide advice for their families. This service is for children from 5 years up to the age of 19. Our service runs regular clinics across the Bath and North East Somerset area, plus clinics for children/young people with learning disabilities. We	Referral via professional using a Single Point of Entry form.

		also carry out home visits and deliver children's continence training to other healthcare professionals.	
Disabled Children's Team		<p>The Disabled Children's Team work with children and their families where a child has a permanent or longstanding impairment, diagnosed by Doctor or Consultant. This includes children with life limiting conditions.</p> <p>We can provide details of services and resources available to disabled children and their families within BANES area.</p> <p>All children and YP who meet the criteria for DCT will be offered an assessment of their needs. This assessment will be carried out in consultation with the family, using info from other professionals as appropriate.</p> <p>Within DCT there is an Occupational Therapist who assesses the needs of Disabled children where the child or YP has permanent and substantial needs arising from their diagnosed disability.</p>	<p>Referrals can be made by Families directly or Professionals involved in child/YP's care with consent from family.</p> <p>All children and YP who meet the criteria for DCT will be offered an assessment of their needs. This assessment will be carried out in consultation with the family, using info from other professionals as appropriate.</p>
Internet	Rainbow Resource	<p>Local information for families with a child or young person with additional needs, a special educational need or disability.</p> <p>A new section has been developed that contains lots of information about autism, including what is autism, the</p>	<p>https://www.rainbowresource.org.uk/</p> <p>Accessed directly by children and their families</p> <p>https://www.rainbowresource.org.uk/pages/autism-information/additional-support</p>

		diagnosis process, after diagnosis, Education, Health and Care Plans (EHCPs) and external resources.	
Parent support groups	Parent Carer Voice	<p>We are a group of parent carers of children and young people with a range of disabilities in Bath and North East Somerset.</p> <p>We meet on a regular basis with the aim of improving the services and support for children and young people with additional needs by raising awareness of unmet needs and by being a collective voice.</p> <p>We do this by working in partnership with policy makers and practitioners in the local authority, sharing experience, knowledge and skills to ensure that all children with additional needs are fully included in society and have access to the support and facilities necessary to sustain their wellbeing and that of their families.</p>	<p>http://banesparentcarersvoice.co.uk/</p> <p>Accessed directly by families</p>
BANES Carers Centre		Services we provide include Counselling, Advocacy, Befriending, Help to have a break and Emotional support. The Carers Centre also offer a specific group meeting in Café for autism.	<p>Accessed directly by families</p> <p>Free information and advice on our support line 8.15am-12noon weekdays on 0800 0388 885</p> <p>http://www.banescarerscentre.org.uk</p>

Specialist Educational Provision		<p>Margaret Coates Centre is a Specialist Education Centre, within St Martin's Garden Primary school, for primary aged children with Autism Spectrum Disorder. Admission to the Centre is solely through the Local Authority.</p> <p>Fosse Way is a Specialist School and Academy for children and young people with a very broad range of abilities. The school is co-educational and takes in children between the ages of 3 - 19. All students have a EHCP/Statement of Special Educational Needs. Fosse Way House provides specialist residential provision for up to twelve students with Autism Spectrum Disorder needing an extended educational programme within a consistent and structured environment. There is limited provision within Norton Hill School for some Fosse Way pupils who have Asperger's Syndrome. Resources include a base classroom and Fosse Way staff supporting pupils who attend mainstream classes.</p>	Please contact Educational settings to find out specific eligibility Criteria to access these provisions.

	<p>Three Ways is a generic Special School for pupils aged 3 –19 years. Pupils have a range of Special Educational Needs that may include severe and complex needs, profound and multiple learning difficulties, communication difficulties and autism.</p> <p>Norton Hill Academy is a school for pupils aged 11 - 18 years. The curriculum is designed to match your child's needs by offering personalised learning which is differentiated according to their ability and learning style. Where a student has been identified with SEN, work will often be differentiated or adapted by the class teacher to enable them to access the curriculum more easily.</p> <p>Oldfield School is a secondary school, with a small sixth form, in Newbridge, Bath, England It also has a resource learning centre opening in September 2020. The learning centre offer 1:1 support or small group work, 1-1 mentoring sessions, Thrive approach & interventions for students with social, emotional & mental health difficulties, Social Skills groups to</p>	
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		improve communication and interaction skills as well as a quiet area during break and lunch times.	
Direct Payments		<p>If you are the parent of a disabled child under the age of 18 and you and your family have been assessed by Bath & North East Somerset social services as needing a service, you could receive cash payments to arrange and purchase your own support by either employing somebody or purchasing services from a voluntary/private agency etc.. This is known as a direct payment. A direct payment is money that Bath and North East Somerset Council can give you or your parent/carer to help you buy support. You can use the money to:</p> <p>Pay for support to help you at home Pay for support to help you get out and about</p>	<p>Self referral to request a social care assessment Referral by professional to social care</p>
Education, Health and Care (EHC) plan		<p>If your child is not making the progress expected despite receiving additional help (Early Years SEN Support) then a statutory Education, Health and Care Needs Assessment may be carried out. Please click the link above for more information.</p>	

		<p>SEND Personal Budgets</p> <p>Special Educational Needs (SEND) Personal Budgets are a way of having more choice and control over meeting the needs in your child's Education, Health and Care (EHC) plan. SEND Personal Budgets can be requested either when your child's EHC plan is being drafted or when it has been issued. Please click the link above for more information.</p>	
Children Unlimited		<p>Children Unlimited offers a professional, quality service based in Bath providing Occupational Therapy for each child's individual needs, when they need it.</p> <p>We support children with daily, functional difficulties who may or may not have been diagnosed with any of the following: Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), Cerebral Palsy (CP), Developmental Co-ordination Disorder (DCD including Dyspraxia) and other conditions of children.</p> <p>We also provide practical advice and solutions for children's everyday problems whether these are at home, school or in the community.</p>	<p>Children Unlimited charges an hourly rate of £65 for all aspects of work undertaken.</p> <p>Our support can be requested by parents, schools or nurseries. Some settings choose to use Pupil Premium monies to buy in our expertise.</p>

<p>FACES Percy Centre Bath</p>	<p>Support Group</p>	<p>Faces is a support group which is open to your whole family, your ASD child and their siblings. Activities such as arts and crafts, sports and console games will be on offer to your children to enjoy whilst you meet and chat with other families.</p>	<p>Accessed directly by families http://www.facesautismsupport.org.uk</p>
<p>Bath Autism Summer School – Bath University Campus</p>	<p>Supporting the transition from school to university</p>	<p>This residential event at the University of Bath allows students with Autism Spectrum Disorder (ASD) to experience aspects of university and student life.</p> <p>The Bath Autism Summer School includes three days and two nights of activities that will enable you to experience life as a university student. This includes:</p> <ul style="list-style-type: none"> * a campus tour * a visit to student accommodation * talks from other students with ASD who will share their experiences of life at university * meals in university restaurants * stress and anxiety workshops * talks about clubs and societies * an overview of student services and the Students' Union * a visit to the Sports Training Village 	<p>Accessed directly by families</p> <p>Please see website for more details: http://www.bath.ac.uk/psychology/autism-summer-school.html and how to apply.</p>
<p>The National Autistic Society</p>		<p>The National Autistic Society exists to champion the rights and interests of all people with autism and to ensure that they and their families receive quality</p>	<p>Accessed directly by families</p>

		<p>services appropriate to their needs. The Autism Helpline provides information, advice and support for people with an autistic spectrum disorder (ASD), their families and professionals.</p> <p>NAS (National Autistic Society) run a dedicated tribunal support line, where they can offer specialist advice and support to parent and carers of YP with an autism diagnosis up to age 25.</p>	<p>Here are details for the four strands of support they offer:</p> <p>Education Rights Service: 0808 800 4102 / educationrights@nas.org.uk</p> <p>Welfare Rights: 0808 808 3555 / welfare.rights@nas.org.uk</p> <p>Community Care: 0808 808 3555 / communitycare@nas.org.uk</p> <p>Transition Support (school to adult life): 0808 800 0027 / transitionsupport@nas.org.uk</p> <p>General Helpline 0808 800 4104</p> <p>Monday to Thursday 10am-4pm and Friday 9am-3pm</p>
Butterflies Haven is a support group	St Francis Church Keynsham	<p>Butterflies Haven is a support group for parents of children and teenagers with Autism Spectrum Disorder (ASD). It gives parents, carers and families the opportunity to meet each other and by occasionally inviting speakers. All welcome with or without a diagnosis.</p> <p>Step Up Youth Group</p> <p>Butterflies Haven offers a specialised youth club for our teenagers who are somewhere on the Autism Spectrum. Since September 2013 we have made a</p>	<p>Accessed directly by families</p> <p>http://www.butterflies-haven.co.uk</p> <p>Drop-in session every 1st and 3rd Saturday of the month, 10.30am - 12pm</p>

		<p>positive difference for this age group bringing them together in a safe and fun environment.</p> <p>Age: 12 - 17 years Day: Mondays term time only Time: 7pm - 8.30pm Venue: St Francis Church</p> <p>Young Voice Social Group</p> <p>Freedom play, arts/crafts, Dreams Room where your children can be calm and feel safe. Includes: the Parents' Snug- where you can relax while your children play safely</p> <p>Age: 3 -11 yrs Day: Fridays term time only Time: 6.30pm - 8pm Venue: St Francis Church</p> <p>Volunteers on hand to support you and your children. Activities on offer are arts & crafts, board games, sensory room, group activities, cooking and more. St Francis Church, Keynsham.</p>	
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SEND Partnership Service		<p>Our small dedicated team offers legally based and easily accessible impartial and confidential information, advice and support about special educational needs and disabilities (SEND) as it relates to education, health and social care. We also offer support when a child or young person is excluded from school.</p> <p>We support children and young people with SEND aged 0-25 and their parents or carers.</p> <p>We can provide professionals with general advice about SEND as it relates to education, health and social care</p> <p>We support children and young people with SEND aged 0-25 and their parents or carers from a time when you first have concerns about your child's or your own special educational needs.</p>	<p>You can request support either by emailing send_partnershipservice@bathnes.gov.uk or telephoning the advice line on 01225 394382.</p> <p>Advice line 01225 394382 (Monday to Thursday 10am to 3pm an answerphone operates outside of these hours)</p> <p>We have produced factsheets and toolkits for parents and young people which provide initial information on a range of issues, visit our webpages at www.spsbathnes.org.uk.</p>
Bath College	SEND Inclusion Service	<p>Bath College's Foundation Learning Programmes are designed to meet a range of needs for learners with SEND, SEMH or other barriers to their learning. Learners are generally 16-19 years old without an EHCP and up to 24 years old with one. From September 2018 there is provision for learners who are 'Pre-Entry' at our new SEND Centre at the Somerset Valley Campus. These learners will follow a curriculum</p>	<p>Accessed directly by families</p> <p>https://www.bathcollege.ac.uk/help-advice/send-inclusion-service</p>

		designed around Pathways for Adulthood and making life choices.	
Youth Connect		Youth Connect can provide additional support for those aged 13-19 years who may need help getting into training, education or employment. This is provided by qualified Engagement Workers who can help with information about next steps to colleges, training providers, apprenticeships and jobs.	Accessed directly by families Tel. No 01225 396980 or email YouthConnect_SupportServices@bathnes.gov.uk
Bristol Autism Support BAS	Website	Provides support for parents and supported activities during school holidays for children with a diagnosis of ASD and their siblings. Covers Bristol and surrounding areas including Bath	0117 353 4088 www.bristolautismsupport.com
Carers Independent Living Network (CILN)	The Hive Two Mile Hill Road Kingswood Bristol BA15 1AJ	The CILN equips parent/carers with information, knowledge, confidence and support to help transition towards a more independent life.	You can access this group if you have an adult son/daughter with a Learning Disability and or autism living with you Contact: Dominic Box on 0117 9614372 or email dominic.box@thehiveavon.org.uk

			Network events start March 2020. Meet once a month on Tuesday Afternoons.
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Community Support Services - Adults

(NB this includes supported living, floating support/outreach and community activities/day services)

BASS	Adult diagnostic & post diagnostic autism service, also delivering training	Autism
Virgin Care	Connections and Carrswood Day service	LD & Autism
Virgin Care	Autism Social Work Team	Autism
Dimensions	Dimensions South West Counties Domiciliary Care Office – Supported Living and Community Support	LD & Autism
Bradbury House Ltd	Community Support Service	LD & Autism
Home Farm Trust	HF Trust - Avon DCA – Supported Living	LD & Autism
Home Farm Trust Stroud DCA	HF Trust – Stroud DCA – Supported Living	LD & Autism
Swallow	Swallow DCA – Supported Living	LD & Autism
Brandon Trust	Brandon Trust Supported Living - Bristol and North Somerset – Princess Close	LD & Autism
United Response	United Response - Bristol DCA - Community Support	LD & Autism
United Response	Devon – Supported Living	LD & Autism
Prestige Nursing and Care	Prestige Nursing Bristol – Community Support	LD & Autism
Mencap Supported Living	Mencap - Taunton Deane Support Services – Supported Living and Community Support	LD & Autism
Options (Selbourne Care)	Options, Selbourne Care – Community Support	LD & Autism
Livability	Livability Somerset – Supported Living	LD & Autism
Willowbank Care Ltd	Willowbank Care Limited – Community Support	LD & Autism
Crystal Care and Support Ltd	Community Support	LD & Autism

Options for Living	Supported Living and Community Support	LD & Autism
Guinness Care	Devon Supported Living	LD & Autism
Silva Care Limited	Community Support	LD & Autism
Bosun Care	Community Support	LD & Autism
Virgin Care	Supported Living Service	LD & Autism

Registered Care Homes – Adults
(NB includes out of area provision in which B&NES people are placed)

Service Provider	Service	Primary Client Group(s)
Autism Care Homes Ltd	Cricklade House	Autism
Autism Wessex	Barnes Lane	Autism
Bradbury House	The Grange	Autism
NAS Burnham	Park View	Autism
NAS Neath	Ty Coed	Autism
NAS Newport	Orchard House	Autism
CMG	Wembdon Rise	Autism
CMG	Durlston House	Autism
Stroud Court CT	Stroud Court	Autism
Voyage Care	Bridge House	Autism
Voyage Care	Northfield	Autism
Accomplish	Rose Cottage	LD & Autism
Accomplish	Rosewood	LD & Autism
Accomplish	Howells Road	LD

Bradbury House	Bendalls Farmhouse	LD & Autism
Bradbury House	Bradbury House	LD & Autism
Bradbury House	Meadowlands	LD & Autism
Bradbury House	Cypress Lodge	LD & Autism
Bradbury House	Old Rectory	LD & Autism
Brandon Trust	Hampstead Road	LD & Autism
Brandon Trust	Badgers House	LD & Autism
Brandon Trust	261 Passage Road	LD & Autism
Chescombe Trust	Chescombe	LD & Autism
Choice Care	Coppice House	LD & Autism
Choice Care	Ballards Ash	LD & Autism
Choice Care	Emerson House	LD & Autism
CTS	Bridgewater Court	LD & Autism
CTS	Longton Court	LD & Autism
Consensus	Ty Hendy	LD & Autism
Consensus	Ellsworth House	LD & Autism
Consensus	Ty Machen	LD & Autism
Camphill Devon	Hapstead Village	LD
Care Futures	Kendall House	LD
Care Futures	Manor House	LD
Cornerstones	Old Dairy	LD & Autism
Cream Care	Rivers House	LD & Autism
Cream Care	Longrun house	LD & Autism
Cream Care	Wilton House	LD & Autism
Dimensions	Newton House	LD & Autism
Dimensions	Broomfield	LD & Autism
Dimensions	Fountain House	LD & Autism
Dimensions	6 The Avenue	LD & Autism
Dimensions	Cambrook House	LD & Autism

Dimensions	Willow House	LD & Autism
Freeways	Hillsborough House	LD & Autism
Freeways	Susan Hampshire	LD & Autism
Grapevine Care	Tynings	LD & Autism
Home Farm Trust	St Teath	LD & Autism
Homes Together	The Gables	LD & Visual Impairment
Martha Trust	Sophie House	LD & Physical Needs
Milestones Trust	Mayo House	LD & Autism
Milestones Trust	Chasefield House	LD & Autism
Milestones Trust	Mortimer House	LD & Dementia
Milestones Trust	Mulberry House	LD & Autism
Milestones Trust	Kilvie House	LD
Milestones Trust	Elysian Villas	LD
Novalis Trust	Paradise House	LD & Autism
Orchard Vale Trust	East Court	LD & Autism
Orchard Vale Trust	Northcroft	LD & Autism
Orchard Vale Trust	St Chad's	LD & Autism
Priory Group	Alexandra House	LD & Autism
Priory Group	Evergreen	LD & Autism
Priory Group	The Cedars	LD & Autism
Priory Group	The Old Vicarage	LD & Autism
Priory Group	Cherrywood house	LD & Autism
Priory Group	Bedborough House	LD & Autism
Priory Group	Elm Tree House	LD & Autism
Priory Group	The Rookery	LD & Autism
Priory Group	Priory Radstock Sattelite	LD & Autism
Private	Chepstow House	LD & Autism

Private	Cocklebury Farmhouse	LD & Autism
Private	Westward Care Home	LD & Autism
Ridgeway House	Ridgeway House	LD & Autism
Shaw Healthcare	Woodhouse	LD & Autism
Swallow	Base House	LD & Autism
Village Homes	Church View	LD
Visions Bristol	Visions Bristol	LD & Autism
Voyage	Lynwood	LD & Physical Needs
Voyage	Wellington Road	Autism & LD
Voyage	Brook Lodge	LD & Autism
Voyage	Elmsmead	Autism & LD
Voyage	Red Gables	LD & Autism
Voyage	Church Road	LD & Autism
Voyage	Westleigh	LD & Physical Needs
Voyage	Barley Close	LD & Physical Needs
Winslow Court Ltd	Winslow Court	

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MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	23 June 2020
TYPE	Open public item

<u>Report summary table</u>	
Report title	BaNES Covid-19 Local Outbreak Management Plan
Report author	Bruce Laurence 01225 394075
List of attachments	Appendices not included in paper going to HWB, as they are at a level of detail not necessary for understanding and signing off plan
Background papers	Local outbreak management plan briefing BaNES health protection incident response plan
Summary	All local authorities have been asked to prepare these plans to meet the needs of the response to Covid-19 in the future
Recommendations	<p>The Board is asked to agree that:</p> <ul style="list-style-type: none"> • It endorses this plan as a framework plan for BaNES and recommends it for approval by the Cabinet • It supports further work on developing detailed planning that will underpin this outline plan • It endorses the roles of the Covid-19 Health Protection and Local Outbreak Engagement boards and agrees to receive updates from those boards as required. • Members agree to use their influence to further the aims of this plan in their different organisations. • It supports in general the use of appropriate resources to enable the effective implementation of this plan, (but note that endorsing this framework plan does not commit to any specific expenditure).
Rationale for recommendations	Preparing this plan is a mandated responsibility of directors of public health working in local authorities.
Resource implications	There are no specific commitments in this draft. Effective implementation of the plan over the coming year will require resources, and £849,000 have been committed to the council for the purpose of supporting this plan.
Statutory considerations and basis for proposal	The Coronavirus act of 2020 has underpinned efforts to respond to and mitigate the effects of the Covid-19 outbreak and this plan is part of that response process subject to guidance from the DHSC. Councils' general duties as Cat 1 responders to major incidents are laid out in the Civil contingencies act of 2004.
Climate Change implications	Covid-19 will have major implications for lifestyles and economies across the world. Although at this early stage much has happened to reduce use of fossil fuels for transport and manufacturing, and in the former particularly there may be profound and lasting effects, it is far too early to understand all the implications with any accuracy.

Consultation	This has been prepared to a very tight time scale. So far members of the health protection board have been involved in the draft and members of CMT, the council leader, cabinet member for health and some local NHS leaders have seen a briefing paper about the development of the plan.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

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

Bath and North East Somerset Local Outbreak Management Plan for COVID-19

June 2020

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Bath and North East Somerset Local Outbreak Management Plan for COVID-19

June 2020

Introduction

The Local Outbreak Management Plan is a framework document outlining the role of the Local Authority in the management of the COVID-19 outbreak in Bath and North East Somerset.

This framework provides a consistent set of principles and approaches by which B&NES will manage what is a very dynamic situation. Underneath this framework there will be a set of detailed plans that will also change and evolve.

The national situation

COVID-19, a disease that did not exist in humans before November 2019, has now killed over 40,000 people in Britain and given rise to almost 300,000 diagnosed cases, although the true number of people infected is likely to be many times that.

In addition to that great human toll, efforts to contain the spread of the virus have led to changes in how we live our lives unprecedented in peacetime, and which have had a massive impact on our economy and our society.

Bath and North East Somerset, in common with most of the South West, has been relatively lightly affected so far, with case and death rates well under half the national average, although still over 80 people have died here. This low impact, while obviously welcome, also means that most of the population will not have been infected and therefore not have gained whatever immunity that might afford.

In the past few months the focus of our national response has been to suppress the outbreak, almost at all costs. Now however we want to move cautiously towards a more regular lifestyle, while at the same time ensuring that the outbreak is kept under control both to safeguard health and life, and to avoid overwhelming the health and care services.

The twin pillars of success

The only really good exit from this pandemic is the development and blanket use of an effective vaccine. Unless and until that happens, which will take from between several months to forever, we are likely to be on a constant knife edge between allowing the virus to spread again with the threat of new outbreaks, and having to return to more restrictive lives with all the associated costs to health, wealth and wellbeing. Our collective task is to walk this line as skilfully as possible, and two things must happen if we are to achieve the best outcome.

Firstly, everything that we do now, whether at home, at work, at school, or in our towns and neighbourhoods, must be done with full attention paid to minimising the risk of viral transmission. This will be difficult to maintain over a long period of time, but the more careful we are in our daily ways of being, the more we can hold on to the wider freedoms to live something closer to our normal lives.

And secondly, we need to have a public system in place to identify and suppress possible outbreaks before they can gain momentum. This is the system of testing, tracing and self-isolating that is currently being set up and which is likely to take several months to reach full capacity and effectiveness. This will be explained in more detail in section chapter 5.

These are the twin pillars of success.

The role of the Local Authority

The Council has a role to play in ensuring the strength of both these pillars.

As an authoritative source of local community leadership, and through our many channels of communication, we can encourage and support residents and local institutions of all sorts to operate safely.

And, as the local base of public health, environmental health and adult care teams we have a key role in working alongside the national and regional parts of the test and trace system, to enable the whole to function as well as possible at a B&NES level. We also have a further specialist role in preventing local outbreaks through advice and training in vulnerable settings, particularly care homes, but also schools and certain other institutions.

The aim of the Local Outbreak Management Plan (LOMP)

The aim of the LOMP is to harness the capacity of the Council, working with a wide range of partners, to enable residents of Bath and North East Somerset to resume their normal lives as far as possible, while being protected from the threat still posed by COVID-19.

Principles of the LOMP

The principles to our approach are as follows:

Our plan will build on existing health protection processes, which are tried and tested.

Our plan will focus local and national efforts to coordinate a local system that ensures testing and tracing and where appropriate self-isolation occurs as thoroughly and as rapidly as possible.

The plan will ensure that we are quickly alerted to increases in cases overall as well as new outbreaks, and most particularly, outbreaks among the more vulnerable groups.

The governance arrangements associated with our plan will provide the structure and responsibility to enable an effective place-based approach in B&NES.

We will use an evidence base and local knowledge to steer a consistent approach to decision making.

Where it will strengthen efforts in B&NES we will work with neighbouring Local Authorities and other key partners such as the regional PHE unit, the local NHS and the LRF.

Note that B&NES' geographical position adds some complexity to the response plan. Our LRF alignment is with Avon and Somerset, while our NHS system incorporates Swindon and Wiltshire who share a separate LRF.

The themes of the LOMP

Nationally, seven themes have been identified as being essential to an effective outbreak management plan. The rest of this document will cover these themes.

They are as follows (Theme numbers as laid out in central guidance):

- 1. Preparing outbreak response plans for the most common high-risk settings, particularly care homes and schools.**
- 2. Identifying other local high-risk groups and settings, and preparing to be able to respond rapidly to outbreaks in such situations.**
- 3. Understanding and coordinating the coronavirus testing system at locality level.**
- 4. Understanding and coordinating the COVID-19 contact tracing system at locality level.**
- 5. Data integration. Collating, analysing and presenting data with enough speed and detail to enable effective monitoring of COVID-19 in B&NES.**
- 6. Protecting and supporting vulnerable residents, and particularly ensuring the welfare of those who are in a shielded group and are unable to look after themselves.**
- 7. The governance of the whole COVID-19 response at locality level and the role of the local outbreak engagement board in communicating with residents and other stakeholders in B&NES.**

The rest of this plan will address these themes in a systematic, but sometimes interwoven way, and note that the document will not necessarily use the order above.

Chapter 1: Governance and Accountability

Governance

Two Boards will play complementary roles in managing the pandemic in B&NES through the next year. With a degree of simplification these boards will each take charge of one of the two pillars of success identified above.

A B&NES COVID-19 Health Protection Board, based on the existing Health Protection Board, will be in overall operational charge of outbreak control efforts. Its functions will include managing information and coordinating and supporting local efforts at preventing and minimising outbreaks. This all links closely to the testing and tracing system. This board will be chaired by the director of public health, and in his absence the consultant in public health with the lead for health protection.

Membership of this board will be flexible but will have a core group drawn from public health, environmental health, adult social care, the emergency team (EPRR), communications, informatics and the NHS. Links will be made to the Compassionate Communities Hub and other stakeholders as required.

The terms of reference for this board derive from those of the existing Health Protection Board which have been developed since the new public health system began in 2013. Approx.

A B&NES Outbreak Engagement Board, chaired by the Council Leader will play a critical role in ensuring that local residents and other stakeholders in the public, private and third sectors all understand and abide by the need to comply with rules and principles designed to prevent viral transmission. The main focus of this board will be outwards to the wider community.

The role of this board will be briefly discussed in chapter 6.

Reporting and accountability

The reporting structure underlying the governance of this outbreak needs to be effective but also realistic given the amount of time and effort that detailed reporting can take.

Both Boards will have representation on, and report into the B&NES Health and Wellbeing Board (HWB) which has an overall responsibility for all aspects of health and wellbeing in the locality. The HWB will also be the committee that signs off the LOMP.

The COVID-19 Health Protection board will also report regularly and where necessary to other important groups including:

- The B&NES Council senior management and corporate management teams
- The B&NES, Swindon and Wilshire NHS governance structures
- The Avon and Somerset Local Resilience Partnership

It is not yet clear what lines and processes of accountability and reporting will be set up with regional and national bodies, but there will be intensive national monitoring of all aspects of the pandemic across the country and the focus of reporting will probably change to reflect the changing situation and specific areas of concern at different times.

Chapter 2: Data Integration and Use

Data about the outbreak, including about testing, positive cases and contacts is essential for good local outbreak control. Managing data is a complex task with many different sources and streams with varying levels of timeliness and accuracy.

There are also particular issues arising from limited data flows still coming to local authorities.

In order to use data effectively and make sense of a wealth of statistics, we have adopted a “function led” approach in B&NES in which all information is seen as somehow answering one of three fundamental questions.

1. **How do we monitor the general level of the outbreak in B&NES and further afield?**
2. **How do we assure that the test and trace system is working well locally?**
3. **How do we identify localised outbreaks as early as possible?**

1. How do we monitor the general level of outbreak in B&NES and further afield?

There are **four recommended metrics** that should be used to track the local general level of outbreak/infection in Bath and North East Somerset, as follows:

- a. **Individuals reporting symptoms** - by daily tracking using data from 111/GPs Primary Care of B&NES residents/registered [*possibly from the further development of the COVID-19 Capacity Threshold and Triggers Report, 1.2*].
- b. **Positive swab test results** - by daily tracking of positive pillar 1 and pillar 2 test results provided by PHE (via. HPZone) [*from the daily MSOA and weekly postcode level Case Line Lists, 5.1 and 5.3 respectively*].
- c. **Admissions to hospital** – by monitoring daily suspected, and later tested positive or already known to be positive in-patients (i.e. community acquired); as well as newly COVID-19 positive in-patients acquired in the RUH (i.e. nosocomial infections) [*possibly from the developing COVID-19 Capacity Threshold and Triggers Report, 1.2*].
- d. **Deaths** – by tracking, preferably from the weekly internally supplied registered deaths [2.5], or alternatively weekly ONS death registrations releases [2.3].

All of these metrics are tracked on a daily basis, either by the BI Team through dashboards, or by BSW CCG through daily Sitreps.

In addition, a number of different alert systems are produced [1.1, 1.2 and 1.3], particularly the PHE South West Early Warning for Confirmed COVID-19 Cases [1.3], are logged and tracked by the B&NES Business Intelligence team, but some occur after the release of daily positive test data [5.1].

2. How do we assure that the test and trace system is working well locally?

We should aim to understand the following metrics:

- Whether everyone who needs a test gets a test.
- Whether tests are turned around in an appropriate timescale, e.g. timely delivery and return of tests for home testing kits, as well as timely notification of results.
- Whether people with appropriate positive test results are contacted quickly; their close contacts are identified, tracked and traced in a timely manner; and everyone who should is self-isolating for the recommended period.

At present, local intelligence has been provided with information regarding:

- Testing in care homes (suspected cases recorded [*B&NES Care Home Sitrep*, 3.2] and tests completed [*PHE Line Lists*, 5.1 and 5.3].
- Summary contact tracing statistics from Department of Health & Social Care (DHSC), including:
 - how many confirmed cases have been referred;
 - how many contacts have been identified, and how many contacts have been completed; and
 - how many have been managed by Level 1 Health Protection Teams.

These data sets and statistical returns are reviewed on publication by the Business Intelligence team; and Adult Social Care, Adult Safeguarding and Public Health teams in the case of Care Home Sitreps.

The issue of publishing statistics to show how effectively the testing programme is being managed was raised by UK Statistics Authority on 2nd June: <https://www.statisticsauthority.gov.uk/correspondence/sir-david-norgrove-response-to-matt-hancock-regarding-the-governments-COVID-19-testing-data/>

It is not possible to further define the answers to these questions without considerable data development. This could be additional row level data being provided by the national NHS Test and Trace service or through the development of any local intelligence sharing/track and trace activities.

As this document is being written a lot of effort is being made to enable timely local answers to these questions, but the data flow will develop alongside the development and increasing capacity of the test and trace system itself.

3. How do we identify localised outbreaks as early as possible?

An outbreak can be defined as:

- two or more persons with the same disease or symptoms or the same organism isolated from a diagnostic sample, who are linked through common exposure, personal characteristics, time or location; or
- a greater than expected rate of infection compared with the usual background rate for the particular population and period.

(Hawker, Begg et al., (2012), *Communicable Disease Control and Health Protection Handbook*. 3rd edition)

Furthermore, the second part of this definition is covered in Q1 above, i.e. under wider surveillance.

Critical to identifying localised outbreaks is the ability to access very timely data, preferably within 24 hours or sooner of a suspected case being identified. All sources identified in section 1 have the potential to provide an indication of the presence of a localised outbreak. In addition, standard health protection practice at level one (local authority) provides summary intelligence (not line level) regarding outbreaks.

The draft test and trace notification process will notify local authorities in the case of any of the following conditions being met:

- Any positive confirmed cases where an education or childcare setting may be involved.
- Any care home setting.
- The NHS Test and Trace Service identifying a positive confirmed case as:
 - occurring in a “complex setting” (e.g. shelter, hostel etc.);
 - cases which may have a local consequence (e.g. media interest, impact on public services); or
 - representative of a local increase in cases in a specific establishment (e.g. workplace).

As a consequence, whilst timely identification of an outbreak is possible at a general level; more details on the context surrounding the outbreak, including common features, demographic characteristics, employment or education factors which may significantly influence the outbreak will not be available until a Health Protection notification is received.

Data Integration and Future Options

The above review is developed from known data sources at the point of writing. To develop more sophisticated health surveillance methodologies it is essential that more detailed information is provided to local authorities by key stakeholders, particularly DHSC, PHE and the new **Joint Biosecurity Centre (JBC)**.

On the basis of *parity of esteem*, this should include:

- NHS number and full address for positive cases.
- Detail of traced contacts at a personal level, including information about workplace or social commonalities.
- Any additional data sources used in the development of national surveillance programmes (e.g. Google mobility, DWP, etc.).
- To be made available in a manner that allows for automated, machine readable sharing and access.

The Joint Biosecurity Centre is a new unit specifically set up to advice central and regional bodies on the appropriate alert level, and to use data coming into the centre to help local bodies identify concerning trends in their localities.

Although it can be difficult to define benefits of this without access to the data, some options that could be identified are as follows:

- Near-instant reconciliation with Council held lists of vulnerable people (e.g. shielded, high risk children/young people and all adult social care clients) to manage risks to our most vulnerable residents.
- Integration with the Virgin Care Integrated Care Record (ICR), allowing both risk stratification (e.g. risk of hospitalisation) and effective live communication flow with key agencies (e.g. General Practice).

These methods would require appropriate data protection/privacy impact assessment.

Chapter 3: Prevention and Response Plans for Places and Communities

Introduction

It is clear from the progress of the outbreak so far, not only that staff and residents of care homes are among the most vulnerable groups in our community, but that they have also taken a big part of the burden of illness and death in the first wave of the outbreak. Furthermore there has been much discussion through national media about the degree to which this outcome was partly as a result of policies that protected the capacity of the NHS when there were fears that it could quickly become overwhelmed.

This level of illness and death must not be repeated, and detailed plans are now being put in place to monitor and protect these institutions. Indeed much good local work has been done already, including a lot of work training home staff in infection prevention and control.

Our schools, and also other early years settings like nurseries, are also places where very many people come together; children, teachers and other staff, who are also fully integrated into local communities.

Children themselves tend to have mild illnesses when infected by coronavirus, but they can spread infection to others, and so any outbreaks in schools must quickly be identified and steps taken to minimise wider risks of infection. And because schooling is so important to the wellbeing and future of our children schools must operate in ways which minimise the likelihood of having to restrict access again in the face of cases and outbreaks in the future.

Therefore a full theme of the LOMP is focused on these two settings. It should be noted that B&NES has two large **universities** and a multi-campus **college**, and we are also working with these locations to enable them to continue their important work in ways that minimise risks from coronavirus. Detailed plans will be developed as these institutions gear up for re-opening in the Autumn.

It should be also be noted that the other biggest area of concern in terms of specific settings with the largest danger of spread of infection is the NHS itself and particularly hospitals, such as the RUH. The reason that the LOMP is not asked to focus on NHS settings so closely is that the NHS has capacity of its own to manage these so called “nosocomial” outbreaks, although wherever this happens the local authority is still a key partner along with Public Health England.

In addition a further theme of the LOMP is to identify other high risk groups in the community whether by specific location or other community characteristics (eg homelessness). There are many such groups and places and so there will not be a specific detailed plan built for all possible eventualities. Rather the aim is to identify and be ready to react swiftly to concerns. This will depend on a good network of contacts and the application of our well-tested generic communicable disease outbreak control plans which we have developed with Public Health England.

A. Care homes

1. Relevance of this setting for outbreak prevention and control

Nationally, approximately 400,000 older people in the UK live in care homes. This is a bed base three times that of the acute hospital sector.

Most care home residents have some degree of cognitive impairment, multiple health conditions and physical dependency and many are in their last years of life. Many care home residents are particularly vulnerable to COVID-19 infection as a consequence of their complex medical problems and advanced frailty, and due to regular close contact with staff providing social, care and nursing support. Their vulnerability leads them to be particularly susceptible to infection with an increased likelihood of poor health outcomes and death.

As with other settings, robust, continuous and well-planned approaches to infection prevention and control can make significant differences which can reduce rates of infection. Key concerns relate to transmission between residents; and between residents, the staff who support and care for them and visiting friends and family.

2. Local provision

Care homes in B&NES include both nursing and residential provision with significant specialist provision for those with dementia, complex needs, learning disabilities, autism or mental health needs. The majority of residents are from the B&NES area. Care homes are run in the main by private businesses (18 separate companies) with 3 charitable/not for profit homes running 4 homes. Specialist homes (mental health and learning disabilities/autism) are run by 12 businesses.

Care homes	No. of homes	No. of residents (approx.)	No. of staff (approx.)
Nursing Homes	18	710	1000
Residential Homes	15	420	550
TOTAL	33	1130	1550

Specialist homes	No. of homes	Total bed space	No. of staff (approx.)
Learning disability/autism - residential	21	196	
Learning disability/autism - nursing	1	15	
Mental health	1	8	
TOTAL	23	420	Estimated 60

3. Responsibilities of the LA to providers

The LA has both direct and indirect responsibilities to support providers. Beyond COVID-19 support the LA retains ongoing responsibilities through the Care Act 2014 to maintain and support a market that delivers a wide range of sustainable, safe and high-quality care and support services. The contract held by the LA and CCG commissioners with care homes includes expectations on infection prevention and control practice.

In B&NES much support is given through an integrated arrangement through the Council, Clinical Commissioning Group (B&NES, Swindon and Wiltshire) and Virgin Care. The journey towards closer integration is set out within the Your Care Your Way programme, redesigning community health and care services and consolidating the commitment to invest in preventative services and to further develop integrated services with Virgin Care. Developing this integrated model has enabled B&NES to respond to the challenge of COVID-19 with well-coordinated support and has furthered commitments to increasing the speed of acute to community discharge.

It is important to note that the Council has been particularly impacted by the COVID-19 experience, having seen significant loss of income consequential to its role as a national heritage site. Savings will need to go beyond efficiency and on-going commitments to manage care costs.

A number of teams and organisations work with care homes to help homes prevent and manage cases of COVID-19 including the Adult Social Care commissioning team, GP practice, CQC, LA public health team, IP&C officers, community frailty practitioner, and the CCG IP&C lead.

4. Outbreak management plan for care homes

- **Case definition**

Possible case: Any resident or staff with symptoms of COVID-19 (fever, new continuous cough, loss of normal sense of smell or taste, new onset of influenza like illness or worsening shortness of breath). Note: elderly people can often present with non-typical symptoms such as sudden decline in physical or mental ability, lethargy or change from usual demeanour without other explanation

Confirmed case: Any resident or staff with laboratory confirmed diagnosis of COVID-19.

- **Contact definition**

Resident contacts: are those that:

- Live in the same unit / floor as the infectious case (e.g. share the same communal areas) or
- Have spent more than 15 minutes within 2 metres of an infectious case

Staff contacts: care home staff that have provided care within 2 metres to a possible or confirmed case of COVID-19 for more than 15 minutes.

- **Outbreak definition**

Two or more cases which meet the case definition of a possible or confirmed case as above, within a 14-day period among either residents or staff in the setting.

- **Monitoring arrangements and the flow of test results**

Critical to identifying localised outbreaks is the ability to access very timely data, preferably within 24 hours or sooner of a suspected case being identified. Cases in residents and staff are identified in several ways.

The following section sets out the processes by which details of possible and confirmed cases are fed into the NHS Test and Trace system, and by which the LA is notified of such cases.

The HPT's Standard Operating Procedure for care homes sets out that care homes will notify the HPT of:

- a single suspected or confirmed case of COVID-19 in a resident (the HPT then arrange testing and give IPC advice)
- suspected outbreak of COVID-19 in the care home (the HPT then arrange testing and give outbreak control advice)
- more than 1 staff member off sick with symptoms of COVID-19 OR 1 staff member laboratory confirmed with COVID-19

In addition to the above, all care homes have been encouraged to take up the national 'whole care home testing' programme which enables testing for all residents (whether or not they have symptoms) and asymptomatic staff and the HPT are notified of any positive cases.

Symptomatic staff access testing through national self-referral or employer referral portals. The HPT are then informed of confirmed cases through the national NHS Test and Trace system and will carry out contact tracing with these cases.

The pathways by which local authorities receive data on possible or confirmed cases are developing all the time. At present, the local authority is made aware of possible/confirmed cases through the following routes:

- Notification from the Health Protection Team of possible or confirmed cases reported to them by care homes
- Notification from the Health Protection Team of confirmed cases identified through the Whole Care Home Testing scheme
- Numbers of COVID-19 possible/confirmed cases and deaths as reported by care homes to Adult Social Care daily (includes numbers of positive and negative results reported through Whole Care Home Testing)

- Daily line lists received about confirmed cases in B&NES providing information on age group, gender, MSOA
- Weekly line list received on confirmed cases in B&NES providing information on age, gender, and postcode (postcode usually identifies the care home)

The table below gives an overview of the multi-disciplinary response to different case and outbreak scenarios in care homes. A more detailed care home outbreak management development plan will be produced to sit behind this.

Scenario	Role of organisation/team					
	Commissioner	LA Public Health/Comms	LA Infection Prevention and Control Officer	PHE Health Protection Team	LA Environmental Health team	BSW CCG
No suspected or confirmed cases (prevention)	Offer support & advice on range of issues. Gather daily sitreps from care homes. Disseminate materials on prevention and comms guidance. Encourage take up of learning and testing opportunities. Facilitate PPE access. Seek assurance on preparation for dealing with positive cases. Co-chair regular IP&C MDT meetings to identify support needs of identified care homes.	Plan for strengthened IP&C. Localise & disseminate prevention and comms guidance. Encourage take up of learning and testing opportunities. Seek assurance on preparation for dealing with cases. Support PPE access. Develop risk assessment. Co-chair regular IP&C MDT meetings to identify support needs of identified care homes.	Maintain contact with care homes providing training, advice, problem solving. Follow up actions from IP&C MDT meetings with identified care homes.	Develop guidance and prevention materials and encourage take up of learning opportunities.		Plan for strengthened IP&C.
First report of one or more possible/confirmed cases	As above. Encourage reporting to HPT.	As above.	Contact care home to offer support and draw in wider input as needed.	Follow national standard operating procedure. Notify LA.		
Escalation of cases and/or deaths	Contribute to outbreak control meetings. Offer mental health support as needed in collaboration with AWP.	Contribute to/lead outbreak control meetings.	Contribute to outbreak control meetings.	Follow national standard operating procedure. Notify LA and consider holding outbreak control meeting in collaboration with LA PH.	Contribute to contact tracing as required.	Contribute to outbreak control meetings. IP&C lead to visit home to review IP&C processes and offer support.

Prevention and Response Plans for Places and Communities

B. Schools and early years settings

1. Relevance of this setting for outbreak prevention and control

Outbreaks of infections of COVID-19 can occur in education settings due to the potential close contact between children and staff and the frequency with which shared surfaces in the closed environment are touched. However, the impact can be greatly reduced by following robust prevention practices (ensuring that symptomatic people stay at home, following social distancing guidance, practicing good hand and respiratory hygiene, and adopting good infection control practices), and recognising possible cases early and acting promptly.

Children can be infected with SARS-CoV-2 and become ill with COVID-19. However, evidence suggests that younger children (up to age 11 to 13 particularly) are less susceptible to infection than adults and their symptoms are generally milder. There is not enough evidence yet to say whether the susceptibility of older children is different to that of adults. There is no evidence to suggest that children transmit the virus any more than adults. A PHE study is underway to better understand the rates of transmission within schools.

The numbers of children and young people in B&NES are shown in the table below:

Age group	Approximate number
0-4 years	9,500
5-9 years	10,500
10-14 years	10,000
15-19 years	13,500 (including some term-time Higher Education students)

Nationally, approximately 7% of school children attended an education setting at the beginning of June. This percentage is expected to remain static until the end of term and then increase when schools re-open in September.

Some children and young people are particularly vulnerable to more severe illness from COVID-19 infection. PHE guidance states that vulnerable children and young people's attendance in education is expected where it is appropriate for them (that is, where there are no shielding concerns for the child or their household, and/or following a risk assessment for children with an EHC plan) so that they can gain the educational and wellbeing benefits of attending.

2. Local provision

- **School setting**

There are 81 maintained and academy schools in B&NES (63 primary, 12 secondary, 3 special and 3 studio). Schools vary hugely in size, with numbers of pupils in primary

schools ranging from just over 50 in the smallest to over 600 in the largest. For secondary schools the range is under 280 to over 1700. The risk of spread of infection in larger schools is substantially reduced through the protective measures schools have put in place to create safer environments.

Of the 81 schools, 71 are academies and 10 are maintained. There are thought to be 9 independent schools in B&NES spanning ages 3-18 years.

- **Early years sector**

The early years sector is made up of group-based provision in the private, voluntary and independent sectors (76), school-based nursery provision (16 providers), and childminding provision (112 providers) plus a small number of independent providers.

- **Communication with providers**

The Local Authority uses a range of methods to get its messages to education and childcare providers including regular meetings hosted by the Education Director with maintained and academy trusts.

3. Responsibilities of the LA to providers

The LA directly governs maintained schools and so has influence over how these schools follow outbreak control advice. Schools with academy status are governed by boards of trustees independent from the LA. The Regional Schools Commissioner (appointed by the Government) has direct responsibility for the academies and the LA has limited authority to expect academies to follow guidance and advice. However, the relationship between the CEO's of the trusts and the LA Officers is good and generally the academy trusts would look to the LA for advice. The LA have a duty to challenge schools and respond to parental complaints, this may involve directing concerns to the Regional Schools Commissioner and Ofsted

The Statutory duties of the LA can vary significantly between the different types of educational providers. There are several teams and service areas that provide advice and guidance to all parts of the educational sector including: Children Missing Education Service, SEN specialist support teams, School Improvement Advisory service, Education Psychology Service, and the Early Years Foundation Stage team.

The local authority has a role to support education and childcare settings in accessing local PPE markets and available stock locally. It is also responsible for organising and providing Home to School Transport. The Passenger transport team issues advice to schools and to coach and taxi organisations on outbreak prevention.

No major changes are anticipated in the provider landscape or local authority that would impact on the prevention or management of COVID-19.

- **Public Health team, B&NES LA**

Public Health provide relevant advice and guidance to education and early years settings (including private EY providers and academy and independent schools) on COVID-19. Specifically, but not exclusively, this relates to issues such as hygiene, social distancing, PPE, testing, tracing, case management, cleaning and waste disposal. Relevant documents are stored on the Public Health Programme pages of the Hub

<http://thehub.bathnes.gov.uk/Page/11017> and where new guidance is published educational settings are alerted by email. The Public Health in Schools and Early Years Programmes provide audits, guidance and teaching resources on a number of public health areas.

Public Health receive notifications of possible and confirmed cases in education and early years settings and will be part of or lead outbreak control team meetings established as agreed in collaboration with PHE's Health Protection Team.

- **B&NES School Nursing Service, Virgin Care**

The B&NES Public Health School Nursing Service offer wellbeing support for children and young people during school closures and if self-isolating. This includes helping schools with individual health risk assessments for vulnerable children, support packages as required or onwards referral to partner agencies when appropriate. Young people are also able to speak to a school nurse via the texting service. A confidential telephone drop-in service for young people Monday to Friday from 12-2 pm is also available. A duty nurse is available for telephone support and advice for parents and carers Monday to Friday 9 -5 pm should they require any support with their school aged child.

- **Health Safety and Wellbeing (HS&W) team, B&NES Council**

The Council's HS&W team provide several services potentially relevant to the prevention and management of COVID-19 to those schools which contract with the service. This includes health, safety and wellbeing advice; access to online resources, newsletters, and a completed COVID-19 risk assessment for school opening. The team also carry out HS&W compliance checks and site visits which will be updated to include COVID-19.

4. Outbreak management plan for schools and early years settings

- **Case definition**

Possible case: A child or staff member with a fever, new continuous cough or loss of, or change to, smell or taste

Confirmed case: A child or staff member who has had a lab test result confirming COVID-19, with or without symptoms

- **Contact definition**

Direct close contacts: Face to face contact with a case for any length of time, within 1 metre, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin). This includes exposure within 1 metre for 1 minute or longer. Children and staff within the class and/or bubble would fall into this category.

Proximity contact: Extended close contact (within 2 metres for more than 15 mins) with a case.

Travelled in a small vehicle with a case.

- **Outbreak definition**

Two or more confirmed cases of COVID-19 among children or staff who are direct close contacts, proximity contacts or in the same cohort or 'bubble'* in the school within 14 days".

* a cohort or 'bubble' might be a class, year group or other defined group within the school/college. This definition aims to distinguish between transmission occurring in the community versus transmission occurring within the school setting.

- **Monitoring arrangements and the flow of test results**

Critical to identifying localised outbreaks is the ability to access very timely data, preferably within 24 hours or sooner of a suspected case being identified.

The Health Protection Team in PHE will be informed about confirmed cases amongst children or members of staff through the national NHS Test and Trace system and will then carry out contact tracing with these cases. In those situations where children or staff become ill while in the setting, the HPT will know about these people as possible cases before any confirmation comes through the Test and Trace system as schools and early years providers are asked to notify the HPT of suspected cases of respiratory illness which could meet the definition for COVID-19 19.

Staff and children will be eligible for testing if they become symptomatic, as will members of their households. A negative test will enable children to get back to education or childcare, and their parents to get back to work. If a child or member of staff test positive for coronavirus and have been in the education or childcare setting during the infectious period, the relevant group of people within the school with whom the child has mixed closely (their cohort) will be sent home and advised to self-isolate for 14 days. Identification of the cohort will take place during discussion between the HPT and the setting. Extended swabbing/ outbreak investigation maybe recommended, following national guidance. There is no requirement for self-isolation of contacts of possible cases, only confirmed cases.

The pathways by which local authorities receive data on possible or confirmed cases are developing all the time. At present, the local authority is made aware of possible/confirmed cases through the following routes:

- Notification from the Health Protection Team of individual possible or confirmed cases in educational and childcare settings
- Daily line lists received about confirmed cases in B&NES providing information on age group, gender, Middle Layer Super Output Area
- Weekly line list received on confirmed cases in B&NES providing information on age, gender, and postcode

The table below gives an overview of the multi-disciplinary response to scenarios in the schools and early years settings. A more detailed schools and early years outbreak management development plan will be produced to sit behind this. Further information about schools and early years settings in B&NES are included in Appendix 2 attached to this document.

Outbreak management plans will be based around the following four scenarios:

Scenario	Role of organisation			
	LA Public Health/Health Safety and Wellbeing /Comms	Virgin Care School Nursing Service (schools only)	PHE Health Protection Team	LA Environmental Health team
No suspected or confirmed cases (prevention)	Disseminate prevention and comms materials and encourage take up of learning opportunities. Seek assurance on preparation for dealing with cases. Enable PPE access. Develop risk assessment.	Reinforce public health comms materials and encourage uptake of learning opportunities. Individual health assessments for vulnerable children returning to school.	Develop guidance and prevention materials and encourage take up of learning opportunities.	
Single suspected case	Disseminate prevention materials.	As above.	Follow national standard operating procedure. Notify LA.	
Single confirmed case	Contact provider to offer support.	As above.	Follow national standard operating procedure. Notify LA.	
Outbreak	Be part of/lead outbreak control team meetings. IP&C officer/health protection practitioner/EHO contact school to offer support.	As above. Contribute to incident management.	Follow national standard operating procedure. Notify LA and consider holding outbreak control meeting in collaboration with LA PH.	Contribute to contact tracing as required.

Prevention and Response Plans for Places and Communities

C. Other high-risk places, locations and communities

This section covers high risk areas other than care homes and schools already covered in this chapter

1. Relevance of this theme

Some groups and locations within our communities are at higher risk of outbreaks. This may be due to a range of factors such as a greater number of people using a location and a difficulty in maintaining social distancing guidelines, as well as individual ones such as age or pre-existing health problems

For the purposes of our plan, we are using the following definitions:

Places	A discrete building-based setting (eg a place of worship, employment site, hotel or university).
Locations	A geographical area that may regularly attract groups of people or experience higher numbers of cases (eg. river swimming spots, informal green spaces, neighbourhoods).
Communities	Groups of people who are linked through social or geographical relationships (eg boaters, homeless people).

A key issue for responding to outbreaks linked to these contexts is that knowing the residency address of a positive case will help to identify clusters of cases, but will be insufficient for wider public health action and instead it will be crucial to identify these potential shared routes of exposure (work, place of worship, etc) during contact tracing. Data from a smart phone App on where exposure took place could add significantly to an ability to track shared sources of exposure in these contexts.

Care homes, schools, and early years settings are higher risk locations but are covered in detail elsewhere and are not discussed further in this section.

NHS Trusts (including mental health) and other local hospitals are also higher risk locations. However, there is a national and local expectation that they lead on prevention and outbreak control in their sites themselves. This is of course done in partnership with the wider system, especially in the event of an escalation in cases at an NHS Trust site.

A list of higher risk places, locations and communities is set out in Appendix 1 (in development). The list is not necessarily exhaustive and will be added to during the coming months if necessary

For each of these, the public health team holds a [list of key contacts](#) so that we are able to communicate swiftly with any or all of them following new guidance or in response to a case.

2. Description of the response so far in identifying and planning how to manage high risk places and communities in B&NES

As part of the system level approach in B&NES there have been regular communications to a wide range of stakeholders with relevant national and local information and also contact details for further advice and guidance. B&NES Council's public website has a [dedicated webpage](#) with the latest information and advice on coronavirus for:

- Individual residents
- Help for vulnerable people
- Information about Council services during COVID-19
- Help for residents
- Help for businesses
- Help for parents and carers

Information is proactively published on the Council's social media pages and there is also a dedicated email inbox COVID-19incidentcomms@bathnes.gov.uk the public, schools, employers and care settings can use for COVID-19-related questions. A stakeholder list has also been used for regular updates on local and national guidance and developments.

A key aspect of the local response has been the development of *Compassionate Communities B&NES*. More on this is provided in theme 6 later in this plan.

3. Description of the relationship with and responsibilities of the LA to the different types of providers in this setting

All of the actions described earlier in this section have been supported through ongoing liaison between:

- Specialist public health staff
- Wider Council, or CCG, officers who have direct links with particular groups and settings
- Representatives from relevant front line or local organisations.

B&NES Council, in partnership with BSW CCG, commissions Virgin Care to provide community health and care services in B&NES and Virgin have worked within this remit to partner local third sector organisations and deliver the Compassionate Communities support described above.

The public health team of B&NES Council have worked closely within the B&NES COVID-19 Community Health & Care Multi-Agency Response Hub to provide both strategic and specialist health protection support to the local system.

4. Approach to prevention and management of COVID-19

The approach for each group or location will be very similar to that set out for care homes and schools.

Higher risk locations: other issues to be considered

Parks and outdoor spaces are generally low-risk but some will need to be considered specifically, for example playgrounds and those open spaces with limited room for spacing, or restricted points of access.

Community events, both indoor and outdoor, are important parts of the cultural and economic life of B&NES but may carry high risk depending on specifics of the events and the ability to manage them safely.

Finally streets with high density of student accommodation or private HMOs may require some attention.

Chapter 4: Supporting Vulnerable People who Need to Self-isolate

1. Relevance of this theme

Successful local outbreak control measures will rely on people self-isolating when asked to do so. This may be as a symptomatic case, a close contact or someone with a clinical, or other, vulnerability that means they must stay at home to reduce their potential exposure to coronavirus. Some people will have no problem in doing this through the help of friends or family. However, others may require external support with everyday needs such as food, care, medicines and income.

Additionally, there are a range of people who may be particularly negatively impacted by a period of self-isolation such as children at risk of violence or with special education needs, victims of domestic abuse and rough sleepers.

Some groups within our community are also at a higher risk of severe illness from COVID-19, mainly due to an underlying clinical condition. These groups were highlighted in Chapter 3, along with preventative measures and outbreak management strategies.

A summary of this range of groups is set out in Appx x This is based on the national COVID-19 guidelines and also from the PHE review of [‘Disparities in the risk and outcomes of COVID-19’](#).

2. Why it’s a priority to ensure that the groups in Appendix 1 can access support to self-isolate safely

Self-isolation is an important tool in the control of COVID-19 outbreaks and requires cases and contacts to follow advice on when and for how long to stay at home and apply careful distancing and shielding if necessary. There are a number of reasons to support particular groups of people in our communities when self-isolating.

1. People may need help with help to access food, medicines and other practical support and do not have friends or family who are able to help at a particular moment (for example because they are also having to self-isolate as contacts). Without this support, they may experience health impacts purely from isolation, regardless of whether they have COVID-19 or not.
2. If in need of help but unable to receive it, people may be forced to break their isolation (for example to buy food or obtain medicines) and potentially expose other people to infection with coronavirus.
3. People may experience negative impacts from isolation, particularly people who have been most isolated already because of their particular social, personal or health conditions and who will still be advised to apply the highest levels of caution [National research](#) from UCL shows that during the lockdown period in Spring of 2020, prevalence of anxiety and depression were both higher than normal and people and many people have felt isolated, some with thoughts of death. This has especially been the case for younger people, people on low incomes and people with a mental illness. Additionally, people become at higher risk of domestic abuse or withdrawal from daily drug use and these needs also require support.

3. Description of the response so far in supporting vulnerable groups in B&NES

The core of the B&NES response to the needs of vulnerable people has been provided by the very successful and rapid development of what has been called the Compassionate Community hub.

Virgin Care and B&NES 3SG, who represent 3rd Sector Organisations, have come together alongside B&NES Council and the CCG to offer an advice and support hub. Compassionate Communities is a B&NES-wide movement which recognises that there are people and organisations supporting each other who can step in as and when needed, with actual or virtual support.

The Compassionate Community hub seeks to assist those who are self-isolating or shielding and those that are clinically the highest risk people in our community, who are in need of help. The hub has combined resources to ensure that, as a service, they are able to provide sustainable and appropriate responses to meet community needs. This includes access to over 2,500 volunteers recruited, checked and trained by 3SG.

Examples of support needs are included below:

- you need to collect a prescription
- you need to access a coronavirus test
- you require an emergency food parcel
- you need a gas or electricity meter top-up
- you are feeling anxious or lonely and need to talk to somebody
- you are looking for advice to stay fit and healthy

- you need advice on money or employment rights
- you need transportation to medical appointments
- you need advice on your housing situation
- you are unsure about government guidelines and need some clarification

The support line is accessed by calling 0300 247 0050 is prioritised for people who have limited support through other routes, such as friends or family.

4. Description of the relationship with and responsibilities of the LA to the different types of providers in this setting

B&NES Council, alongside the B&NES Locality of BSW CCG, commissions Virgin Care to provide (or sub-contract) a wide range of community health and care services.

Management plan

The focus of this theme will be maintaining and developing this model of support for vulnerable people during periods of isolation, recognising that such needs may continue for many months during which other health and care services will seek to re-start or re-normalise services that have been curtailed during the first wave of the outbreak.

Other issues

COVID-19 and the response to it has meant many people have lost incomes, businesses have closed and the future of some parts of community life is uncertain. These issues are being dealt with as part of the district's wider renewal plans and so are not included in this more specific local outbreak control plan.

Chapter 5: Testing and Contact Tracing: Responding to Outbreaks in Complex Settings

1. Introduction

Following the unprecedented population-wide measures that have been in place over the preceding weeks, the country is expecting to return to a stage where the identification of cases and the management of the case and their contacts will again be key. This is because:

- Identification and self-isolation of the case prevents any further spread of the infection
- Self-isolation/quarantining of the contacts prevents spread, even during the pre-symptomatic stage, or in the case of very mild symptoms
- Understanding where infection may occur in the community can enable a wider identification of contacts and potentially reduce the spread in future through interventions for infection control and sharing of lessons learnt

2. NHS Test and Trace Service

The NHS Test and Track Service has been put in place to help return life more to normal by replacing national lockdowns with individual isolation and, if necessary, local action where there are outbreaks. This service:

- ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents
- helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus

3. National testing structure

Tests for COVID-19 are carried out through different routes:

Pillar 1: swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers (*includes testing of suspected cases in a care home, school, or other community settings that are reported through to the Health Protection Team*)

Pillar 2: swab testing for the wider population, as set out in government guidance (*includes whole care home testing, and symptomatic individuals in the community who access drive-through regional testing sites, drive-through mobile testing units, or home testing kits*)

4. The local need and response

Asymptomatic and pre-symptomatic spread is a recognised risk to the ability to contain transmission of COVID-19. This means that delays to testing need to be minimal, and tests need to be as easy as possible for the population that needs it to access. The nearest regional testing site to B&NES is at Bristol airport. This is not easy to access as it requires a car to get there, and for many people would involve driving for up to an hour when not feeling well. So we will look to have sites for Mobile Testing Units and identify other ways of making testing more easily available in situations where the national testing structure does not meet local need, as well as promote testing uptake. We will use recommendations from the engagement and communications part of the LOMP to develop this work.

A B&NES Testing Group will be set up to identify whether and how we can have testing capacity and flexibility in our system to deploy tests locally on occasions where they are needed but the national testing structure doesn't meet that bill, and to make sure we are in a position to use Mobile Testing Units (MTUs) when we need them. This group will report to the B&NES COVID-19 Health Protection Board.

It will:

- Identify and operationally prepare locations in B&NES suitable for hosting mobile testing units when needed
- Plan for testing capacity that can be swiftly mobilised (eg, pop ups, mobile testing squad, NHS etc)
- Ensure clear oversight of tier 1 and tier 2 testing

- Plan to promote testing through engagement and communications
- Understand the flow of testing results
- Participate in the LRF and regional testing governance structure
- Ensure that the needs for testing of vulnerable groups and vulnerable settings are addressed
- Make recommendations to the B&NES Test and Trace Group

5. National Contact Tracing System

There are three Levels of contact tracers.

- Level 1 includes the Regional PHE Health Protection Team. This level deals with the most complex cases and outbreaks. PHE are themselves building up significant extra capacity to meet the challenges of the next phase of the pandemic.
- Level 2 comprises of 3,000 health care professionals and EHOs recruited to carry out contact tracing work of cases identified as part of the pillar 2 testing work.
- Level 3 comprises of 15,000 people who will be tasked with contacting those who have been in contact with a someone who has tested positive for COVID-19.

The NHS tracing app: Another component of the tracing system will be provided by the NHS contact tracing app. This is currently in development and it is unclear when it will be in use. The potential importance of the app is that it gives the possibility of identifying contacts who a case would have no means of identifying, for example someone with whom they shared a train carriage or sat near to in a bar. It is not impossible to find such contacts by other means but would be extremely difficult and labour intensive.

There have clearly been difficulties in developing and rolling out this app, but it is hoped that by the time risks of outbreaks increase towards the end of summer something will be ready to roll out across Britain. Of course when this happens it also depends on people being willing to download the app and enter relevant information when they are identified as a possible case.

6. The Local Authorities Contact Tracing role

The Local authority's role is two-fold.

The first is to provide support to the local PHE, Public Health Tier 1 team, in the investigation of complex outbreaks if, and when, the local team is overwhelmed and requires additional resources.

This work will be undertaken by our in-house EHO's and health practitioners.

The EHOs in the Health, Safety and Food team, routinely carry out contact tracing work as part of their normal duties, albeit, currently this is primarily for the investigation of Single Case Infectious Disease investigations. In addition the Health Practitioners in the public health team are available to support this work.

The second role is one which relies on the local knowledge and support that the Local Authority can provide when dealing with complex issues in residential settings such as care

homes, hostels, as well as schools and workplaces, for example liaison between schools and parents of pupils or employers and employees.

The Local Authority will not be asked to routinely carry out COVID-19 contact tracing, as they have already been asked to support PHE by carrying out other ID investigations to free up PHE to deal with COVID-19 -19. However, when a local outbreak occurs in a local care home, school or workplace the LA will be notified by the Level 1 Contact Tracing team, and in some cases, officers will be asked to contact the cases and identify contacts.

Issues that will need to be resolved are

- Hours of operation. The Level 1 team provide a 24/7 response, whilst the Local Authority traditionally operates on a Monday to Friday 9-5. In order to be able to support the demands it is recommended that an out of hours on -call system will need to be set up. Part of this might operate on the basis of partnership with other local authorities if it leads to needs in B&NES being managed more efficiently.
- Sharing of personal data - Confirmation is still required on how contact details will be shared between HPE and the LA, as the LA does not currently have access to HP Zone. ID information is currently shared by PHE with EHOs by secure email exchange, and it is expected that as a minimum, this will be extended to colleagues in the Public Health team to deal with the COVID-19 response. The case's contact details will be forwarded onto the Level 3 contact tracing team for follow up.
- Amount of Additional Resource required. – Contingency arrangements are to be put in place with other EHOs and public health professionals working within B&NES to assist if an outbreak occurs.

Chapter 6: Communications and Engagement

Introduction

Many individuals and groups will need to play their parts in communicating effectively with stakeholders, of whom the most important for the purposes of controlling COVID-19 are the residents of B&NES themselves.

A key role in this process will be the B&NES Outbreak Engagement Board chaired by the Leader of the Council. This board has now been established, based on a group already set up by the Leader to engage with a group of representatives of local bodies including the Council, police, fire and rescue service, our two universities, CURO and different parts of the health and care system.

Engaging the public in an effective way will be vital to our collective wellbeing in the next months and even years, but will be no simple task for at least three reasons. One is the great variability in people's personal situations, understanding of, and attitudes towards the outbreak and its control. The second is that the rules and principles that must be applied in the future are going to be much more complex than the simple, if onerous, rules of

lockdown, and will be subject to local change as the outbreak ebbs and flows and restrictions may need to change to keep the population safe. And the third is that this pandemic may last for a long while yet and while people will, to some extent, get used to incorporating careful habits into their daily lives, they will also naturally get weary of having to do so.

Planning

This task has begun but will need to be reinforced and refined as the pandemic continues and as messages become both more complex, and more localised. Particular challenges will occur whenever rules change and particularly if new restrictions need to be put in place. Even in this early stage of the easing of lockdown there is a lot of criticism of a lack of clarity of national messaging.

The Council needs to work through all its channels of communication. These include media and social media, information put on its and partners' websites and through broadcasting of Council meetings, special activities such as webinars (like that one put on with the BID on the opening up of B&NES town centres) and ad hoc leafleting campaigns such as have been undertaken by the 3SG group.

In addition, all existing representative groups in B&NES have a role to play, and some important ones like area forums and parish councils have expressed their desire to be useful agents in this effort, and will be most valuable because of the focused and deep local knowledge and networks they represent.

There is also a role for all ward councillors who are trusted figures in their communities. Much may depend on the degree to which they can both explain and re-enforce the need to take care over social distancing and the application of necessary rules while also being a channel through which residents can express their concerns and seek clarification.

The Council has a small core communications team, which has been working extremely hard, and one question in the future will be whether there is any need for reinforcement either from within the Council or from outside.

The themes in this part of the LOMP will need to be worked out in more detail in the as the pandemic continues, because of the scale of the challenge, but much has already been achieved and there is a strong foundation on which to build.

Chapter 7: Resources

Introduction

There are many types of resources, but two key ones are always people and money.

The pandemic has already asked a lot of people working in all parts of the Council in many personal and professional ways, and the same for the wider community and groups across the public, voluntary and private sectors.

Equally COVID-19 has had an unprecedented effect on national and local economic life and may continue to do so for a long while yet, even if we are able to relax some of the most economically damaging restrictions.

B&NES has been particularly vulnerable to these effects with its reliance on tourism and commercial estate rents and despite amounts of money coming from central government the Council is having to look for immediate savings on a huge scale.

This chapter will focus more narrowly on the extra resources that might be needed to help the Council play its role in the implementation the rest of this plan.

1. New resources associated with the plan

Extra resources have come down to the Council from the centre to help implement this plan. B&NES received £849,000 of a national sum of £300M for all upper tier local authorities. There is relatively little guidance so far about how this is to be used but given the activities in the plan one can sketch out areas where it might be deployed

2. Possible areas for deployment of resources

- a. Adding to outbreak coordination and response capacity within Council.** There is now an expectation that the Council will maintain a 24/7 on call health protection capacity. This will require a consultant level rota and the ability to call on other health protection trained staff to reinforce efforts of the nationally and regionally based teams. Much work can be done by PHE and the different levels of the testing and tracing system, but at times this capacity might be overloaded by the number of outbreaks in the region and need more support from localities. This could take the form of managing outbreak control teams, chasing up tests and results, tracing contacts and communicating with and supporting sites of local outbreaks.

It is too early to say exactly which staff and how many, could best be employed or re-deployed, both because the whole system of test and trace is only really now coming into being and building up to capacity and also because we are in discussion across the region and across BSW to decide where the best balance is of locally and sub-regionally employed staff.

But the categories of staff who might be added to existing capacity are **public health consultants** and **health protection officers** who could be **from public health, environmental health** or in some cases **clinical** backgrounds.

In relation to mobile testing units there may also be a small continuing call for support with traffic control and this may require a small amount of resourcing.

- b. Adding to **informatics** capacity. B&NES has an exceptionally good but very small capacity to manage the torrent of COVID-19-related information that is coming into the Council. The ability to process complex multi-source data in real time will be critical to success. Extra capacity from public health and health protection trained information officers may be valuable, or even essential, although such staff are hard to find.
- c. Adding to **communications and engagement** capacity. A lot will be demanded of our small core team both in putting out information and in managing the roles of the many different people and groups who need to be part of this effort. Some reinforcement of this team for the duration of the outbreak may be one of the most valuable things we could do.
- d. Adding **support to the humanitarian effort**. The role of the compassionate community hub will continue to be important throughout the pandemic but it will also have to change to balance both COVID-19-related and other activities as services get back to some sort of normality. Adding some expertise and capacity to the coordination role of the hub to ensure that the most vulnerable are protected is a further option.

These are not the only possible uses for the funds that have been earmarked and it is likely that further guidance will come out as to what this can be used for and what not, but this is the beginning of a planning process to strengthen the Council's ability to manage the next stage of the pandemic.

Chapter 8: Conclusion to the Local Outbreak Management Plan

It will be apparent in reading this report that a great deal of planning has been done in a very short time by a range of subject leads and others, across the organisation. But it is also clear that this is by no means a complete plan for every situation and eventuality, and that such plans can only really emerge as the wide and complex systems underlying "test, trace and isolate" develop and reach full capacity and as we identify our specific roles alongside those of others. That will only happen fully over the next few months.

Local outbreak management that began before the first COVID-19 case occurred in Britain, but this plan is in response to a realisation that all the national efforts and work that is planned for the post-first wave control of the virus, local engagement and coordination is needed if we are to achieve success in open up our lives and institutions again while keeping the virus under sufficient control.

This framework plan is therefore the start of the next round of planning and should be seen as an ever-evolving document in which core principles may change little but practice develop on a rapid timescale.

As such comments are always invited from stakeholders in B&NES whether in the Council or partner organisations... and especially where they provide solutions!

Appendix 1: High Risk Groups and Settings in B&NES, and Representative Organisations

Higher risk groups (representative organisations)

3SG (B&NES 3rd Sector Group partnership)

Avon & Wiltshire Mental Health Partnership

Bath Mind

Boaters

Care Forum

Drug & Alcohol Services (DHI, SDAS)

Gypsy and other travellers

Housing & homeless

Julian House

Julian House Food Bank

Mentoring Plus

Project 28

Riverside Sexual Health Clinic

SDAS

Visit Bath

Other voluntary sector groups

Carers Centre

Higher risk locations

Services for those with complex needs

Services for the over 70's

Avon Local Pharmacy Committee & Pharmacies

Bath College

Bath Area Play Project

Bath Bid

Bath City Farm

Bath Spa University

Bath Tourism Plus

Bath University

Care providers

Children's Centres

Curo and other housing providers

Domestic abuse refuge

Family Nurse P'ship Virgin Care

Food retailers and restaurants

Genesis Trust & Bath Food Bank

GWR Bath Spa & Bus Station

Independent Guest Houses

Library

Places of worship

Riverside Sexual Health Clinic

Saltford Business Assoc.

Somer Valley Food Bank

South Side Family Centre

Sports clubs, grounds and gyms

Visit Bath

Wider employers (retail, tourism, taxi, bus)

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Public health outcomes framework and other key indicators

Public health outcomes framework and other key indicators (as at November 2019). We have particularly chosen indicators to show our areas of greatest challenge.

Period	Indicator Description	England	South West	Bath and North East Somerset	Recent trend
Health Improvement					
2017	Under 18 conceptions (rate per 1,000)	17.8	14.9	13.1	→
2018-19	Reception: Prevalence of overweight (including obesity)	22.6%	22.0%	21.4%	→
2018-19	Year 6: Prevalence of overweight (including obesity)	34.3%	29.9%	25.6%	→
2017-18	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	121.2	128.6	158.1	→
2017-18	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	96.4	99.5	113.8	→
2017-18	Hospital Admissions as a result of self-harm (10-24 years)	421.2	621.0	549.5	—
2015-16/ 2017-18	Admission episodes for alcohol-specific conditions - Under 18's per 100,000	32.9	43.6	47.4	—
2017-18	Percentage of physically active adults	66.3%	70.7%	79.7%	—
2018	Smoking Prevalence in adults (18+) - current smokers (APS)	14.4%	13.9%	11.7%	—
2018-19	Smoking status at time of delivery	10.6%	10.9%	6.8%	→
2017	Successful completion of drug treatment - non-opiate users	36.9%	35.3%	39.1%	→
2018	Cancer screening coverage - breast cancer	74.9%	77.6%	75.3%	→
2014-15/ 2018-19	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	43.3%	33.7%	62.0%	—
Health Protection					
2018-19	Population vaccination coverage - MMR for two doses (5 years old)	86.4%	90.7%	93.1%	→
2018-19	Population vaccination coverage flu (aged 65 years +)	72.0%	73.4%	73.2%	↑
2016-18	HIV late diagnosis (%)	42.5%	45.1%	25.0%	—
Healthcare and premature mortality					
2016-18	Under 75 mortality rate from all cardiovascular diseases (per 100,000)	71.7	61.9	56.1	—
2016-18	Under 75 mortality rate from cancer (per 1000,000)	132.3	125.6	120.7	—
2016-18	Under 75 mortality rate from liver disease (per 100,000)	18.5	15.9	14.2	—
2016-18	Suicide rate (per 100,000 population)	9.6	11.1	11.0	—
2017-18	Hip fractures in people aged 65 and over	578	564	568	—
Inequalities					
2015-17	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)	9.4	7.5	8.1	—
2015-17	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (female)	7.4	5.8	3.8	—
2017-18	% of children living in poverty (before housing cost). Taken from End Child Poverty campaign 2019.			12.0%	—
2017-18	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	56.6%	52.3%	48.2%	↑

Key for recent trends

— Could not be calculated → No significant change ↑ Increasing/getting better ↗ Increasing/getting worse

Think Global Act Local



Think Global Act Local

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Introduction



Welcome to this year's Director of Public Health report. I hope you will find something in here that is of interest to you.

This has certainly been a momentous year for Britain and for Bath and North East Somerset. If we want everyone to be healthy and to thrive, we need to focus on both the very large political, social, economic and environmental forces that shape the world, as well as the smaller and more local actions and behaviours that affect individuals as they live their lives. This report has chapters that show some of the extremes of that range.

One of the biggest changes this year is that we finally seem to have reached the first crucial "tipping point" in the fight against climate change. That first point is the recognition, amongst the great majority of people and governments, that climate change is real and that it poses a massive and even existential threat to humans across the world. In public health circles it is now considered that climate change poses the very biggest threat to public health of all our current challenges. I am therefore really encouraged by the Council's declaration of a climate emergency and its intention to play a strong role in influencing local perceptions and behaviours. And although this is a truly gigantic and global challenge, the actions of individuals are still important, alongside the actions of governments, industries and world-spanning bodies like the UN.

The chapter in this report on climate change demonstrates the ways in which the actions of the large and small players may interact. Now, I mentioned that we had reached a first tipping point which is about recognition and awareness. Of course there is a second and more difficult point that we need to reach, and that is to summon up the collective will to do what it takes, politically, financially and behaviourally, to make the really big changes that are needed if we are not to reap the full whirlwind of a major increase in average global temperatures toward which we are currently headed. I hope that the Council's stand and consequent actions will be a step in that direction.

Major issues

I have then included two chapters that focus on major issues, where there has been so much success in past years that we have become complacent when we cannot afford to be. The first of these is smoking. We have seen a big decline in smoking rates, and most of us are much less exposed to the sight and the smell of people smoking around us - and indeed rates of smoking related illnesses and deaths are starting to decline. But because smoking now concentrates in communities that are poorer and face many other factors that also work to reduce their health and wellbeing, tobacco remains one of the biggest causes of the gap in life expectancy between the most and the least well off parts of our society. In this chapter we particularly look at E-cigarettes, which have become a major "game-changer" in the last few years in the fight against the damage done to lungs and lives by tobacco.

The second area where success has bred complacency and worse is that of immunisation. Some parts of the UK have struggled to maintain the high levels of vaccination coverage required to give overall protection to the population from the most highly infectious illnesses such as measles.

Thankfully, in Bath and North East Somerset there is a good level of support for vaccinations and rates have remained high, giving us space to focus on those few areas where we need to make extra efforts to ensure easy access.

Every year this report is very selective in what it covers, and therefore misses much out. If I could highlight one more theme that is extremely challenging to the Council, NHS, schools and universities, and to all our communities (and especially, as is so often the case, the poorest) it would be that of the mental health and wellbeing of children and young people. Pressures on young people in this generation are very great, and we are seeing high levels of anxiety, depression and other signs of unease. Some of the causes are general

economic and social pressures on families after years of austerity and pressure on many services, the constant presence of social media in young peoples' lives, and perhaps some societal changes that have led to children being given less space to interact on their own terms with other children away from the controlling gaze of adults. Although I have given this subject little attention in the following report I am hopeful that there will be much focus on improving this situation in the coming year, possibly with a strong lead taken by our local Health and Wellbeing Board which represents many important groups with roles to play.

Finally I would highlight the chapter on some of our local and indeed national health inequalities. There are many advantages in public health teams moving in 2013 from the NHS to Local Authorities. Sitting in the heart of the Council I can try to influence colleagues who work on so many of the local factors that impact on people's lives. These include folk who work on leisure and green spaces, transport, housing, regeneration, environmental health, economic development, education and social care.

But another reason that I like working in local government, and perhaps more surprisingly, is because it is a fundamentally political environment. Public health work has a strong focus on attacking the roots of illness and disadvantage and in reducing health inequalities. Now, whether we like it or not, the health of our communities, and also who has better and worse health in our society, inevitably depends, at least to some extent, on how we choose to distribute our country's resources, and how we raise and spend public money on services and infrastructure. And these choices are, in a democratic society, political choices, which are influenced by people's values expressed through their support of different political groups offering different visions of a just and well-ordered world. So with that in mind I would like to make two further and related points to finish my introduction to this report.

Firstly I have been impressed by how much support politicians from all groups in Bath and North East Somerset have given to the idea that

we, as a Council, should work to reduce social and health inequalities among our residents, and put real effort into helping those who need it most. That is the good news, and the reason why Bath and North East Somerset has been such fertile soil for the transplantation of my public health team from the health service to local government.

But secondly, and constituting less good news, is that compared to other wealthy and industrialised countries the UK is one of the more unequal in terms of wealth distribution across different sections of our society. We are a less unequal society than that of the United States, but you will see from information in the chapter on health inequalities that our record is not one to be entirely proud of. It is a common belief in the public health profession, and one that I share, that wide socioeconomic and health inequalities are bad for everyone, whether wealthy or poor. As well as being causes of physical and mental ill-health, high levels of inequality contribute to political and social tensions, and are damaging to the fundamental "social contract" that keeps all the different groups that make up a nation working together in relative harmony and signing up to some of the same fundamental principles. And on that basis, it is not at all unreasonable to imagine that some of the political polarisation that we have seen expressed in the UK this year and in other developed countries, are either caused by or at least made worse by real and perceived inequalities, and the distress, anger and sense of injustice that they generate.

Health inequalities are not just about health, in the narrow sense of whether people get ill or live long lives, but are a reflection of the whole of people's life experience, and thus a community that is working to reduce its health inequalities is also working to reduce injustice, social tension and political fragmentation.

Dr Bruce Laurence
Director of Public Health

Climate change and our health

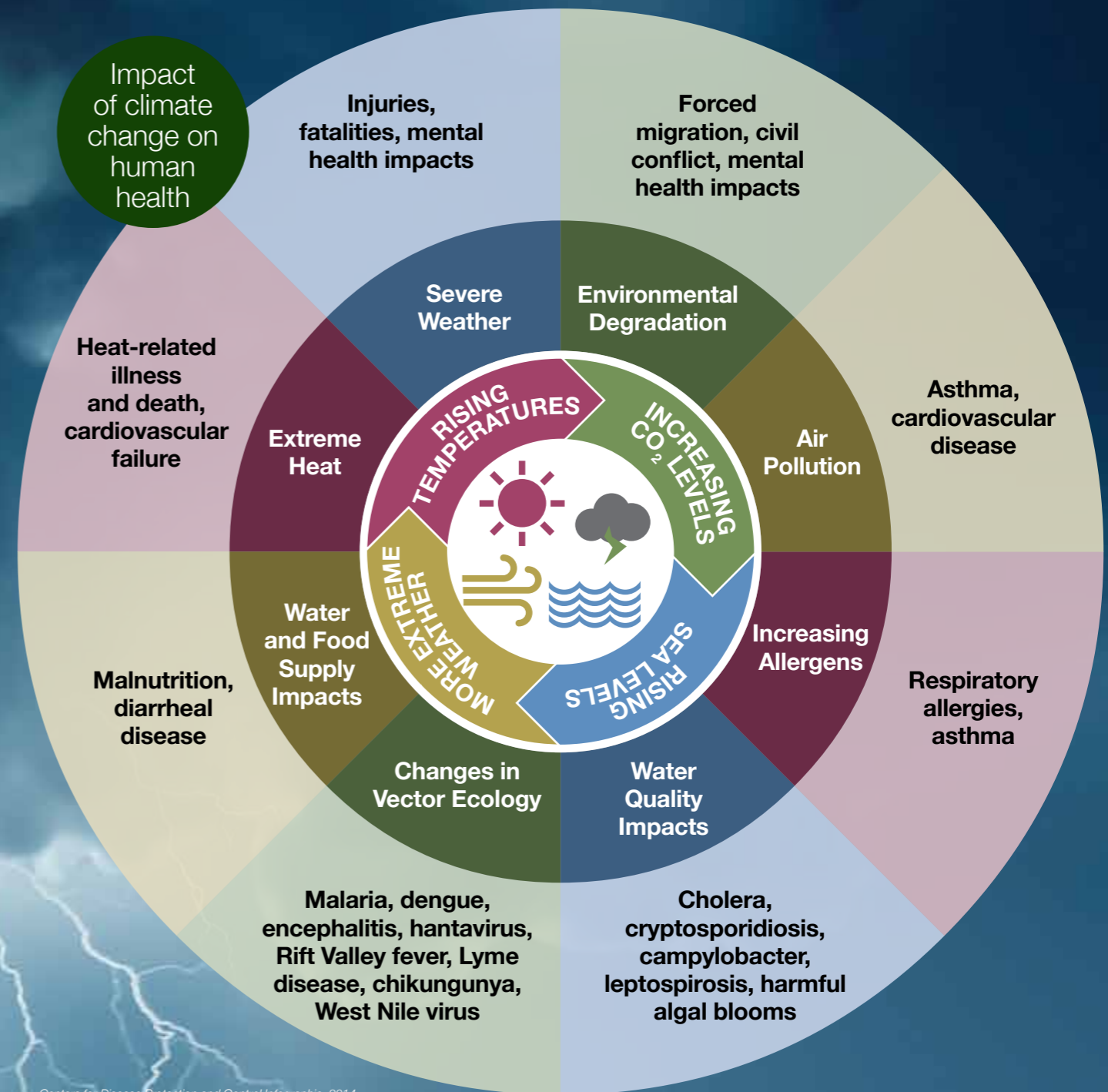
Climate change is a major global issue and is the largest environmental challenge the world has faced. It can have a significant impact on our health, in a variety of ways. Here we look what effect climate change can have on our health and what is being done nationally and locally here in Bath and North East Somerset to address it.

What is climate change and what are the impacts?

Climate change is a change in the earth's climate. It is any long-term, extensive deviation of a regions average temperatures and usual weather patterns that occurs over a considerable period of time. A multitude of evidence has been developed to show that our climate is changing because of the build-up of greenhouse gases resulting from human activity. It is this accumulation of greenhouse gases that traps heat in the earth's atmosphere. The burning of fossil fuels like oil, natural gas and coal and the deforestation of carbon-absorbing forests are all contributing to the rising levels of carbon dioxide (CO₂) in our atmosphere, resulting in what is known as global warming.

The impacts of climate change in the UK may not be as noticeable as they are in the rest of the world, such ocean acidification and ice sheets melting, but there are a number of effects that are being seen across the country including localised flooding.

How does climate change affect our health?



Centers for Disease Protection and Control Infographic, 2014

A World Health Organisation assessment determined that climate change is expected to cause approximately 250,000 additional deaths per year between 2030 and 2050 globally; 38,000 due to heat exposure in elderly people, 48,000 due to diarrhoea, 60,000 due to malaria, and 95,000 due to childhood undernutrition.

Climate change has and will continue to have a vast array of impacts on health. It has been described as the 'greatest public health threat of our time'. The World Health Organisation (WHO) states that 'Climate change affects the social and environmental determinants of health - clean air, safe drinking water, sufficient food and secure shelter'. Therefore, it affects every aspect of our daily lives.

Climate change effects human health and disease in various ways, we will see some existing health conditions worsen and new health threats will arise. It is important to note that not everyone is at risk in the same way; age, economic resources, and location will all play a role. Those with less resources have less capacity to mitigate the damaging effects of climate change and so inequalities may be magnified as it gets worse.

High temperatures and heatwaves directly contribute to an increase in heat related illness and deaths from cardiovascular and respiratory disease. The elderly are more at risk of cardiovascular and respiratory diseases, and with an ageing population in the UK, this will mean more of our population will become vulnerable. Pollen and other allergen levels also increase in extreme heat, which can then trigger asthma, which affects around 300 million people world wide. The heatwave of summer 2003 resulted in 2000 excess deaths in England and Wales and more than 70 000 deaths across Europe. In 2006 in England, Public Health England (PHE) found that there were an approximated 75 extra deaths per week for each degree of increase in temperature above 25°C.

Research suggests that the UK is one of the most vulnerable countries in Europe to coastal flooding, and low lying and coastal cities are at particular risk from flooding, as sea levels continue to rise. Floods also cause drownings, physical injuries and damage to homes. Apart from deaths due to drowning, the most substantial health impact from flooding is on mental health. PHE research found that over a third of people who were flooded in 2014 suffered with depression, Post-Traumatic Stress Disorder (PTSD) or anxiety.

Climate change risks to health

In 2016, the WHO defined the most serious public health threats climate change presents to the UK as:

- 1** An escalation in heat-related illness and death - the 2003 heatwave which caused multiple deaths across England and Europe, is predicted be a 'normal heatwave' by 2040. The number of heat-related deaths in the summer is predicted to increase and cold-related deaths in the winter are predicted to decrease in the UK, due to warmer summers and milder winters.
- 2** More flood-related illnesses are expected to be seen, with an increase in injury and infection, but the influence of flooding on mental health will be also substantial.
- 3** An increase in food, water and vector-borne diseases, due to changes in rainfall patterns, flooding, higher temperatures and the resultant droughts. Changes in patterns of disease with an increase in tropical diseases such as malaria will also be seen.
- 4** Increased levels of air pollution from ozone, particulate matter and prolonged pollen seasons, all of which could escalate levels of respiratory and cardiovascular disease. Between 28,000 and 36,000 air pollution related deaths per year in the UK are associated with particulate matter and nitrous oxides. More than 40 towns and cities in the UK reach or exceed air pollution limits.
- 5** Sunburn and skin cancer - malignant melanoma has risen by 78% among men and 48% among women from 2003 to 2012 and is now the fifth most

common cancer in England, with cases expecting to increase as people spend more time in the sun.

6 Increased demand on healthcare providers to keep services running in extreme weather - flooding, storms and wildfires are all set to become more common and they will all effect vital infrastructure.

7 An increase in health inequalities - a rise in fuel and food prices and a reduction in access to heating, cooling, and green spaces will all affect our disadvantaged groups.

PHE Public Health Matters Blog <https://publichealthmatters.blog.gov.uk/2016/08/12/climate-change-and-the-significant-seven/> and the WHO CLIMATE AND HEALTH COUNTRY PROFILE 2015



The UK Climate Change Risk Assessment suggests that current climate projections indicate that heat-related deaths in the UK are likely to increase by 5,000 a year by the 2050s and that floods, whether caused by sea, river or surface water, could impact as many as 3.3m people in the UK by the same date.

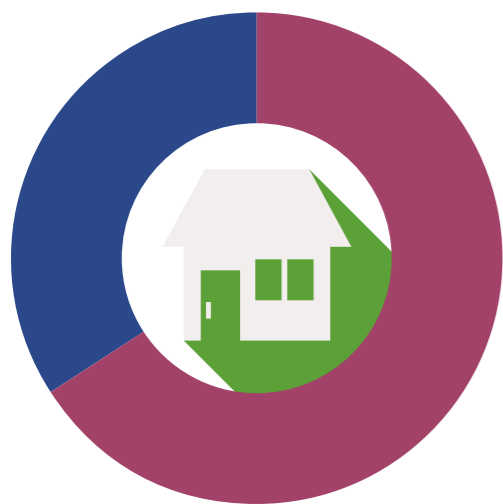
What is being done nationally?

The Climate Change Act in 2008 made the UK the first country to determine a long-term legally binding framework to cut carbon emissions. The Act established a legally binding target to decrease the UK's greenhouse gas emissions by at least 80% in 2050, from 1990 levels, the first country to do this. This has recently been increased to a reduction in greenhouse gases by a minimum of 100%, from 1990 levels. The Act also set up an independent expert body, the **Committee on Climate Change** (the CCC), who report to the Government on levels of emissions and progress on their reduction.

What is being done locally here in B&NES?

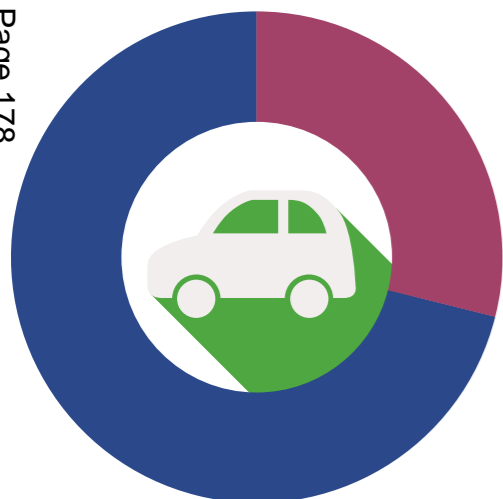
B&NES Council declared a Climate Emergency in March 2019, which committed the Council to deliver local leadership to enable B&NES to become carbon neutral by 2030, working across all council functions. A requirement of the Climate Emergency resolution was to produce a progress report six months later and then annually after that. The first progress report was delivered in October 2019. The report highlights some of the vast range of carbon reduction work that had already been carried out by the council before the resolution including; The Energy at Home retrofitting scheme providing in the region of £800K of grants to improve the energy efficiency of local people's homes and the fact the council was the first local authority to roll-out LED street lighting to main roads.

Since the resolution, the Council has created a new Climate Emergency Cabinet post, has worked with Bath University to explore citizen engagement mechanisms and commenced engagement and has created a new Climate Emergency webpage. Vast research has been carried out examining the carbon footprint of the B&NES area, which enabled the council to identify where the area's direct and indirect carbon emissions are coming from. There has also been an initial equalities assessment looking at carbon emissions against household income. This detailed research has led to the identification of three priority areas for action:



1 Energy efficiency improvement of existing buildings is required on a large scale as **66% of the area's in-district carbon footprint is from energy use in buildings**. Supporting the prevention and addressing inequalities agendas, domestic retrofitting can assist low income and vulnerable people, a higher portion of who live in the energy inefficient houses.

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2 Transport comprises **29% of the district's footprint** and makes up a large component of the household footprint.

3 Local Renewable Energy – the research outlines measures such as electrification of heat and transport, the carbon saving of which is dependent on an sufficient supply of renewable energy.

For more information on the climate emergency, key papers, council meeting minutes and reports, please visit www.bathnes.gov.uk/climate-emergency.

What can I do?



Addressing climate change is everyone's business and every person needs to play a role, no matter how big or small. Each person will contribute to climate change in some way. The majority of the UK's greenhouse gas emissions arise from our production and consumption of energy; driving a car, powering their homes, wasting food or simply boiling a kettle.

It's not about individual blame. We can all do our bit to help tackle climate change; whether that's using the car less, using public transport and walking or cycling more, buying local food, recycle more and using efficient lighting. There are numerous ways we can all be more environmentally sustainable and help tackle the causes of climate change by reducing the amount of carbon emissions our lifestyles produce. Here are some suggestions of what can be done individually:

1. Drive less - walk & cycle more

Reduce the amount of car journeys taken by walking or cycling, car sharing, taking public transport if available and remote working. All of these can help decrease congestion and travel costs, whilst preventing further emissions.

2. Use efficient lighting and energy-efficient electronic devices

By simply replacing light bulbs with the most efficient bulbs, such as LEDs, could save the average household around £35-50 each year. Additional savings can be achieved by purchasing energy efficient models when replacing household appliances; use the Energy Efficiency Rating as a guide. Get home energy advice via the Energy at Home Advice Line www.energyathome.org.uk.

3. Insulate your home

Investing in double glazing, insulating lofts and draft proofing doors and windows are some straightforward measures that result in a large reduction in energy consumption. Loft insulation can save around £100 each year and improving window glazing can save £70-90 per year. A simple measure such as turning the thermostat down by 1°C could save around £50 annually.

4. Turn off electronic devices

Simply turning off your television, computer, lights, microwave and anything else electronic when you are not using them, will save 1000's of kilograms of carbon emissions a year!

5. Food and food waste

Every year in the UK we throw away 7 million tonnes of edible food and from our homes. Food waste that goes to landfill sites decomposes and produces methane, which is one of the greenhouse gases that contribute to climate change. To decrease the amount of food you throw away and save money at the same time visit www.lovefoodhatewaste.com. Alongside this, consider buying local and seasonal food or alternatively grow your own fruit, vegetables and herbs.

6. Reduce, recycle, reuse where possible

Recycling and re-using cardboard, plastic and paper will help reduce carbon emissions and protect the environment. Visit the B&NES Council website for more information.

7. Change your habits at work

Take your good environmental habits with you. Walk, cycle or take public transport where possible, or even care share with colleagues. Shut down your computer rather than just simply logging off and turn off appliances, equipment and lights when you finish using them.

8. And finally... share ideas

Talk to friends, neighbours, colleagues and share ideas on what to do. You could engage with your local school, community group, Parish Council or your employer, share your ideas and work together.

There are also a number of useful suggestions that businesses and organisations can do on the B&NES Council website www.bathnes.gov.uk/climate-emergency.

One vital aspect that is important to acknowledge here is that individuals could make some or even all of these changes to their daily lives, but if a reduction in CO₂ emissions is to happen on any scale that will make a difference to reaching net-zero emissions, then wider system changes need to happen first to create a more supportive environment.

The The Behaviour Change, Public Engagement and Net Zero report recently published for Committee on Climate Change by Imperial College London (ICL) details how behaviour changes such as those listed here could have a large impact on reducing carbon emissions and advises on the policies that can support this. The report highlights that it is imperative that solutions are employed immediately to encourage better consumer engagement. The report emphasises that policy needs to include strategies for enabling consumers to take actions to not only reduce emissions, but also that helps create a societal shift in public engagement.

The ICL report includes recommendations that concentrate on heating, transport and diet. These include the retrofitting of public buildings with low-carbon heating, introduction of reduced-price bus and rail season tickets for part-time workers and financial incentives for lower impact food production and consumption. Further recommendations also include the introduction of an 'escalating Air Miles Levy to discourage excessive flying by the 15% of the UK population estimated to be responsible for 70% of flights'. This would affect the frequent flyers and not the majority of the UK population who will fly once for their annual holiday.

What effect could these changes have on health?

By walking and cycling more, individuals will be increasing their levels of physical activity which will have a huge benefit to their health and wellbeing. Doing regular exercise can help to prevent and manage over 20 chronic conditions and diseases, including heart disease, type 2 diabetes, some cancers and can also help improve mental health.

The effects that climate change could have on widening health inequalities was referenced earlier when we spoke about the impacts on health. It is important to consider whether the individual

changes that people can make listed above, could differ by health and socio-economic status and therefore could making these changes contribute to widening health inequalities further?

The health impacts of climate change will vary among different populations, due to variances in their exposure, vulnerability and their capacity to cope. Inequalities may be amplified as climate change gets worse, as those with less resources often live in more vulnerable areas and have less capacity to alleviate the negative effects of climate change.




The co-benefits of climate change

If individuals were to make some of the changes above, it is vital to acknowledge that their actions would hopefully help to improve their lives, rather

than having a negative impact on them. The co-benefits of taking action on climate change are vast including improved air quality, reduced traffic congestion, leading a more active and healthy lifestyle, improved physical health and safer, stronger communities.

The recently published *Ashden Climate Action Co-Benefits Toolkit* describes this clearly and in great detail. It was developed to support local authorities and others on addressing climate change locally, with the aim of the toolkit being to re-define action on climate change to show how it can enhance our quality of life. It explains the wider benefits that can be seen from taking action, including economic opportunity, job creation, improved resilience and improved equity and social cohesion. The image below gives some examples of the multiple co-benefits from climate action.

Multiple co-benefits from climate action – some examples

Action	Carbon	Health	Economy	Equity	Resilience
 Insulating homes	Cuts energy demands and cuts carbon emissions	Reduces fuel poverty as people stay warmer	Creates jobs for local people, and people save money on their energy bills which they may spend locally	Increased access to affordable warmth	Households are better placed to withstand future energy price rises as well as overheating during heatwaves
 Car sharing	Reduced fuel consumption cuts carbon emissions	Reduced NOx improves air quality. Improved wellbeing through social interaction	People save money on their fuel, which they may spend locally. People can make journeys (eg to work) that they may not otherwise be able to do. Reduced congestion	Brings people together; can reduce isolation and loneliness	Increased resilience to impact of future fuel price rises
 Cycling	Reduced fuel consumption cuts carbon emissions	Reduced NOx from combustion engines improves air quality. Increased activity increases health.	Money saved on petrol. Reduced congestion	Increased connections to local community through cycling initiatives	Resilience to future increases in fuel costs

Taken from the Climate Action Co-Benefits Toolkit

Tobacco Control

Finding the facts on E-Cigarettes

Smoking remains the biggest preventable cause of cancer in the UK. Further to this smoking is associated with multiple serious health conditions affecting the heart and lungs. Whilst nicotine is the chemical which precipitates addiction, it is the concoction of many other substances present in cigarettes that when burnt and inhaled damage cells. Smoking is more common in deprived areas. This means that it remains a significant driver of health inequalities in the UK.

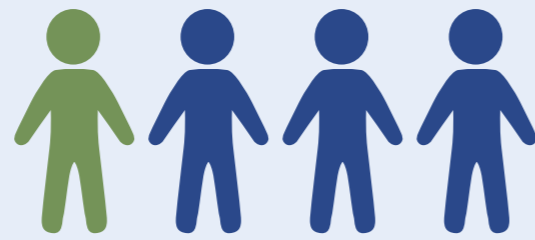
Electronic cigarettes were developed to mimic the action of smoking and have become increasingly popular in the UK over the past 7 years with an estimated 3.6 million adults currently vaping. This is up from 700,000 back in 2012. By mimicking smoking behaviour and delivering nicotine e-cigarettes have provided an alternative nicotine replacement method to traditional patches and gum. They therefore have innovative potential to help people stop smoking. They are not recommended to be used by non-smokers.

Despite their popularity, public perceptions of the harms of e-cigarettes remain worryingly inaccurate. To help address this here are some key facts about e-cigarettes and what the advice is to help assure people that making the switch from smoking to e-cigarettes is one of the best things you can do to improve your health.



PHOTO © NICAT NASIBLI

Who uses E-cigarettes?



Adults

- > Of the 3.6 million current vapers, **just under 2 million are ex-smokers; 1.4 million are current smokers; and 200,000 are never smokers.**
- > Vaping is much less common among young people who have never smoked. A large majority of never smokers aged 11-18 (93.8%) in total have either never used an e-cigarette (87.8%) or are unaware of them (6%).

The main reasons given by current vapers for the use of an e-cigarette is to help them to **STOP** smoking.

After a recent Voicebox survey we know that across Bath and North East Somerset (B&NES) **1 in 4 people are using E-cigarettes.** This is similar to what we are seeing nationally and highlights the importance of sharing consistent information about how they can be used to support people to stop smoking and the role they play in supporting our smokefree places agenda. We are very proud to be commissioning an E-cigarette friendly local Stop Smoking Service across B&NES.

E-cigarettes and Pregnant Women Pilot Programme

When talking about health it's easy to get lost in numbers and statistics that tell us every detail and enough data to sink a ship. Making the right decisions about our health can sometimes seem overwhelming, even more so when you are pregnant.

The choices women make during pregnancy are not only important to their own health, but also to the health of their baby(s). The impact of this choice can also be seen beyond pregnancy, for example smoking is known to increase the vulnerability of babies to sudden infant death in the first year of life. Historically women's choice of products during a quit attempt has been limited during pregnancy and only nicotine replacement therapy has been available. NRT isn't always suitable for every woman and we were starting to see a dip in women accessing support. We have also seen a recent shift in the number of women enquiring about using e-cigarettes when pregnant.

Our Public Health team has always been confident that E-cigarettes provide a great way to help people stop smoking. It's because of this confidence that we put a small trial together to see if vaping could be used to help support women throughout their pregnancies.

Stopping smoking is especially important during pregnancy as any chemicals / toxins in a pregnant woman's bloodstream will be passed to their baby. An initial six month pilot programme was agreed and set up, in which all pregnant women, referred to our Health in Pregnancy (HIPs) team would be handed out free e-cigarettes as part of their supported quit attempt.



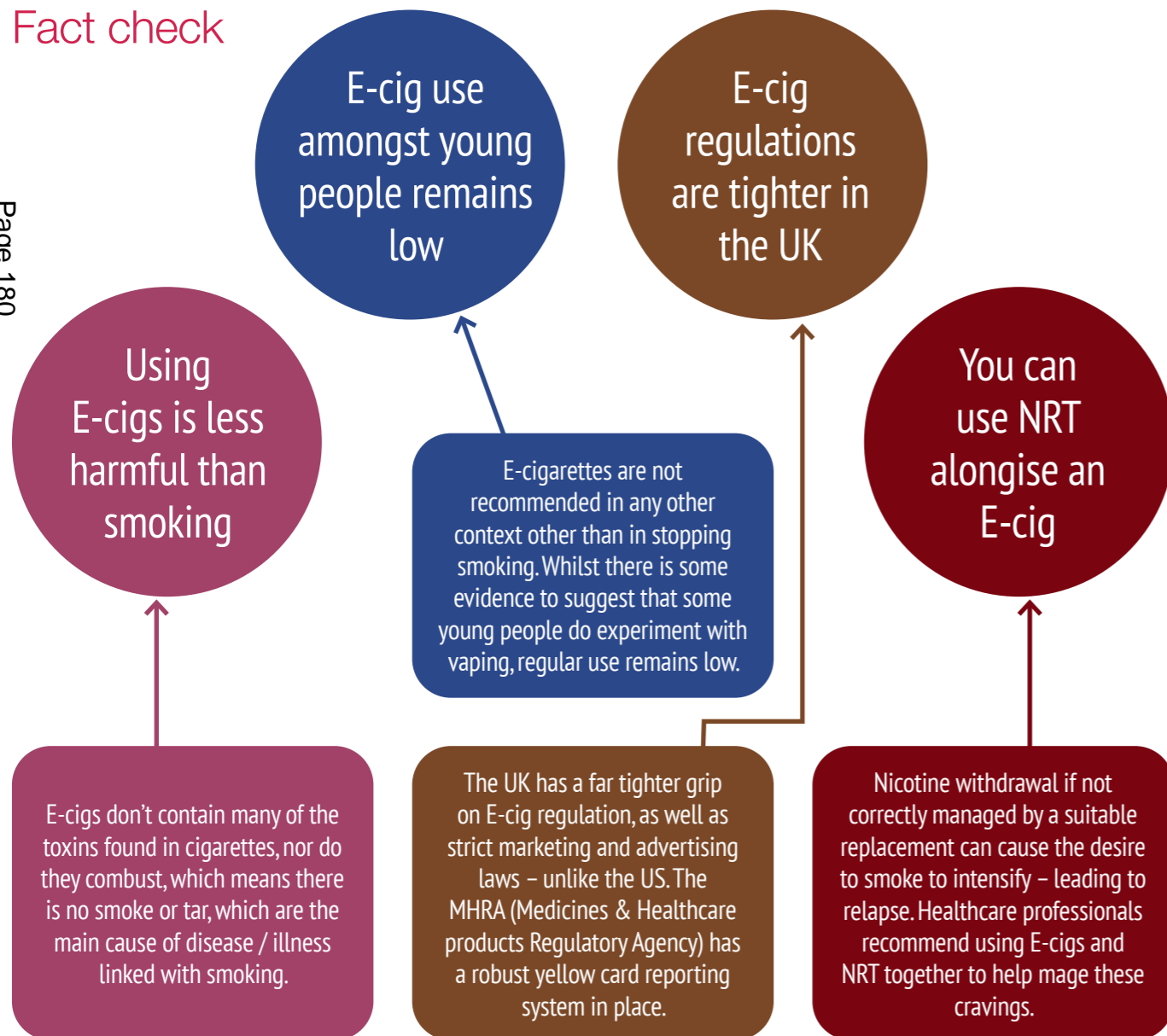
How's it going so far...

The project has got off to a very positive start, with lots of women trying E-cigarettes who otherwise probably wouldn't have engaged with the service. It's what's happening beyond the initial aim of the project that is really exciting. Whilst the aim of the project was to support pregnant women manage to quit smoking, the positive impact the E-cigarettes are having has been seen beyond this on other family members who smoke in the household. It's also been a great starter product, with a selection of women who like using it going on to buy their own suggesting a sustained change in smoking behaviour.

The Public Health team are working with the University of Bath to produce a full evaluation of this project, with the hope of writing up the findings in a published medical journal.

Fact check

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“Incorporating the E-Burn as part of our day to day service has been amazing. We've got something now that is so similar to smoking that even the women who say they have tried everything can't help but give the E-Burn a go. I feel far more invested in supporting pregnant women as I can physically hand it to them during the appointment.”

Dawn Powell, Health in Pregnancy Advisor

Illegal Tobacco

It's often cheap tobacco – usually half the tax paid price of legally sold tobacco. Illicit tobacco is defined in the dictionary as being 'disapproved of by society', however there are more specific terms used to describe the types of tobacco products that are often made available. These include;

Counterfeit – fake but made to look like the real thing and may well be in standardised packaging, or made to look like a non-duty paid product.

Non Duty Paid – A genuine brand with foreign labelling in non-standardised packaging, bought from outside the UK and then smuggled back in.

Cheap / other – Manufactured for the black market to look like genuine and established or non-duty paid brands. They are not manufactured to comply with current UK legislation and would not be seen for sale at genuine retail premises.



Things to look out for...

- Cheaper prices
- Foreign health warnings
- No picture health warnings
- Unusual taste or smell



Local Activity

There were three main elements of the illegal tobacco campaign that have taken place over the past two years, including brand development, marketing and community events. We wanted to highlight the problem across our local communities and encourage members of the public to come forward with any intelligence they may have on illegal tobacco activity within their neighbourhoods.

We used a range of marketing techniques over this time period, including bus advertising, smartphone 'pop up' adverts as well as face to face roadshow events. Intelligence was received via direct contact with our colleagues in Trading Standards as well as via the Crime Stoppers direct line, who were our partners at the time.

The illegal tobacco brand continues to grow and develop and we have activities planned for the up and coming year. We now also have a brand new reporting mechanism, which is tailored specifically to the South West.

You can report any illegal tobacco sales at: www.swillegaltobacco.info

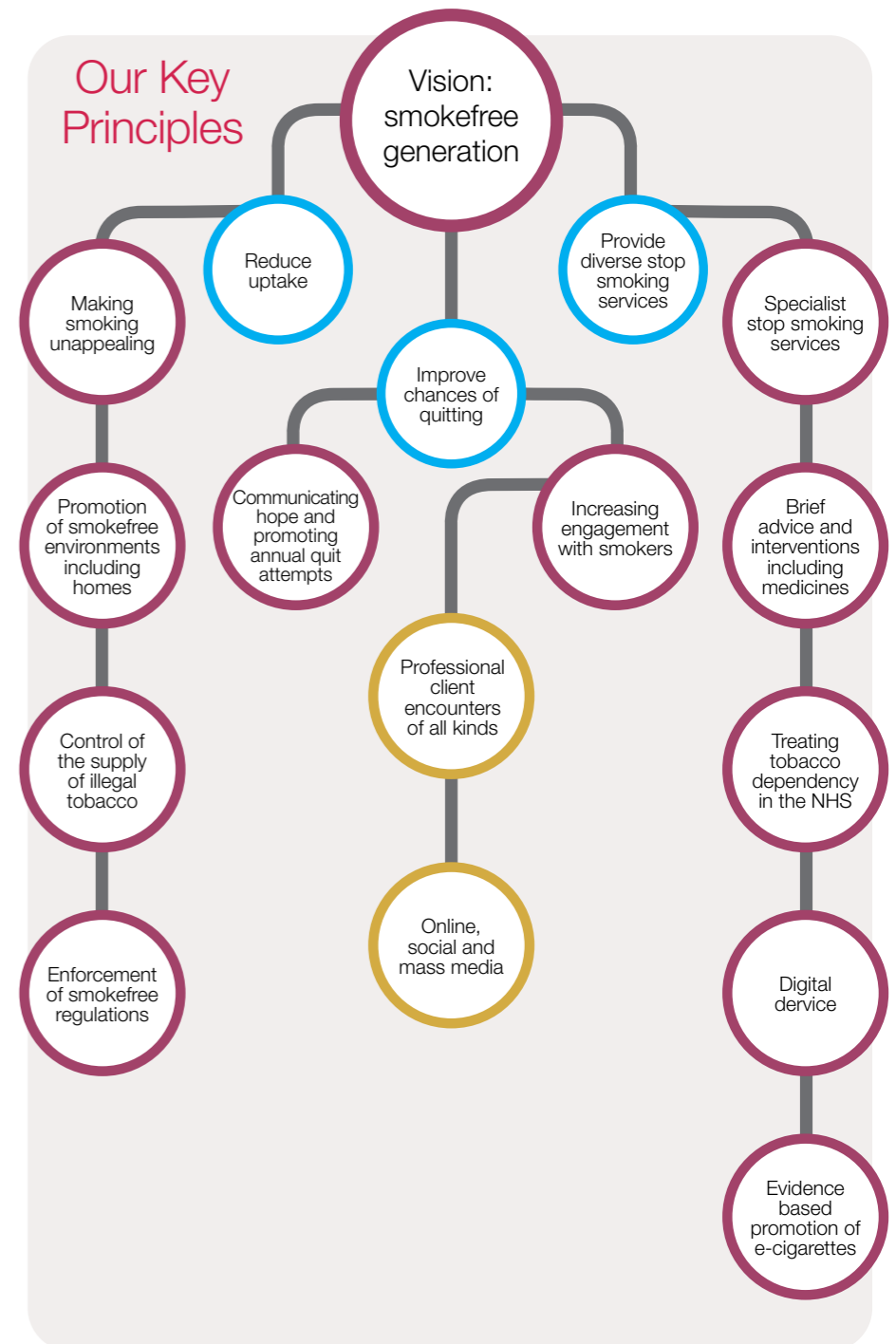
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Our NEW Tobacco Control Strategy 2019-2024

Our Vision
To achieve a smokefree generation in Bath and North East Somerset, which will build healthier, more equal communities by reducing smoking prevalence, exposure to second-hand smoke and illicit tobacco.

Aims
To reduce health inequalities in B&NES by achieving a smoke free generation (5% smoking prevalence) by 2030, in line with national ambitions and local needs. Our new strategy seeks to build on the progress resulting from the previous 2014-2018 strategy by defining how the local authority and its partners will seek to act in an evidence based and needs based way across the next 5 years in order make meaningful impact on:

- Prevention of uptake of tobacco use and relapse into tobacco use
- Protection from the harm of smoking in existing smokers and from second-hand smoke
- Increasing quit attempts and evidence based support to quit



Priorities
Smoking prevalence and exposure in these groups represents an important source of health inequality: pregnant women, people with severe mental illness or substance misuse issues, people who are lesbian, gay, bisexual, transgender or questioning (LGBTQ), communities that are more socio-economically deprived, children and young people and gypsy, boater and traveller communities.



Campaigns: Stoptober

Last year's Stoptober activities were epic! We love Stoptober as it means we get to do some joint campaign work with our friends at Virgin Care, which for 2018 meant bringing the giant red ball to Twerton Park Football club, the home of Bath City football.

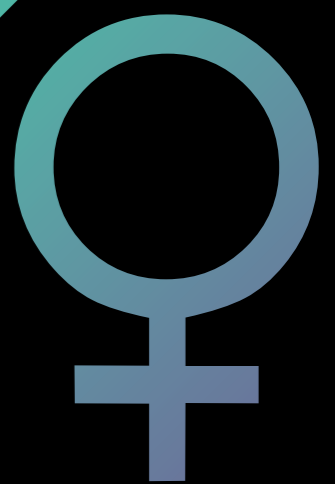
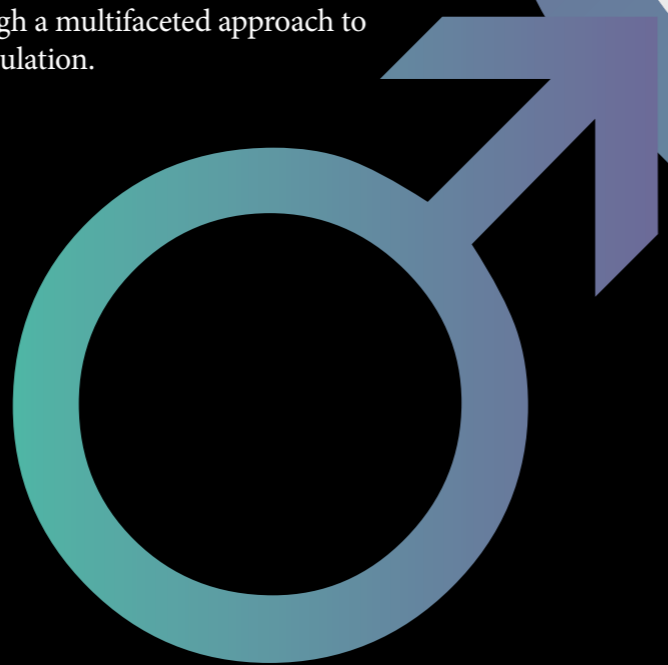
The day was filled with activities including chatting to fans, taking carbon monoxide reading to anyone thinking about quitting and of course signing people up to the 28 day challenge. Who can forget this character as well (left) – our very own Director of Public Health, dressed as a giant cigarette taking on the almighty 'Pig' in a mascot showdown penalty kick out at half time.

Stoptober is estimated to have generated an additional 350,000 quit attempts since it started in October 2012.

Sexual Health in Bath and North East Somerset

What is sexual health?

Sex is an important part of people's lives. It is a fundamental human behaviour as an expression of intimacy and forms an aspect of our identity. As such sex also needs to be understood through our essential human rights to privacy, a family life and living free from discrimination. Like many human behaviours sex isn't without its risks. These risks can result in negative impacts on health, both physically and mentally. Essential elements of good sexual health are relationships free from coercion, where sexual fulfilment can be experienced and enjoyed. For this to happen people need to have access to accurate information to inform decision making, and services need to help people avoid and manage the risk of unintended pregnancy, illness or disease. This is achieved in Bath and North East Somerset (B&NES) through a multifaceted approach to maintain and improving sexual health for our population.



How do we work together to improve sexual health?

There are two main ways in which the Council seeks to maintain and improve positive sexual health for individuals and communities in B&NES. Firstly by ensuring there are sexual and reproductive health services covering prevention, testing and treatment for individuals and communities. This is not just about the services being present; it involves understanding our population in B&NES and the barriers and facilitators to people accessing services. Secondly, the Council leads on a B&NES-wide Sexual Health plan. Through working together with different organisation an action plan has been developed which is underpinned by three main aims:

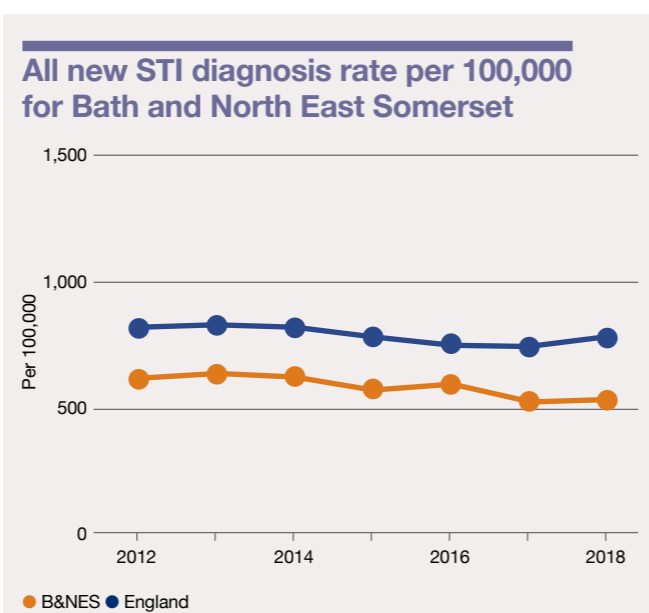
1. Being free from sexually transmitted infections (STIs)
2. Being free from unplanned pregnancies
3. Empowering young people to have choice and control over intimate and sexual relationships

This is emblematic of what is known as a “sex positive” approach. Sex positive means that we approach sexual health with a view that sex isn’t something that we should be embarrassed about. It’s also about having a positive attitude towards sex and respecting people’s sexual preferences. In short, our approach emphasises safe, legal and consensual sexual activities, along with a view that each individual is entitled to receive comprehensive sex education, information and advice to be able to explore sex safely and make informed choices.

Sexually Transmitted Infections (STIs) in B&NES

Generally speaking there are low, stable rates of the STIs in B&NES. The table below shows that from 2012 to 2018 the rate of newly diagnosed STIs amongst B&NES residents have remained consistently below the England average. In 2018 the rate of newly diagnosed STIs in B&NES was 533 per 100,000 population, compared to 633 per 100,000 across the South West region and 784 per 100,000 across England (see graph below).

There are some STIs that are more common amongst different groups. Chlamydia, for example, is the most common STI amongst people aged 15 – 24 in B&NES, which is also the case across England. In another example although the number of syphilis diagnoses in B&NES is very small, and much lower than the England average, from 2012 to 2018 the percentage of people diagnosed with syphilis who identified as men who have sex with men has accounted for around 95% of all total diagnoses.



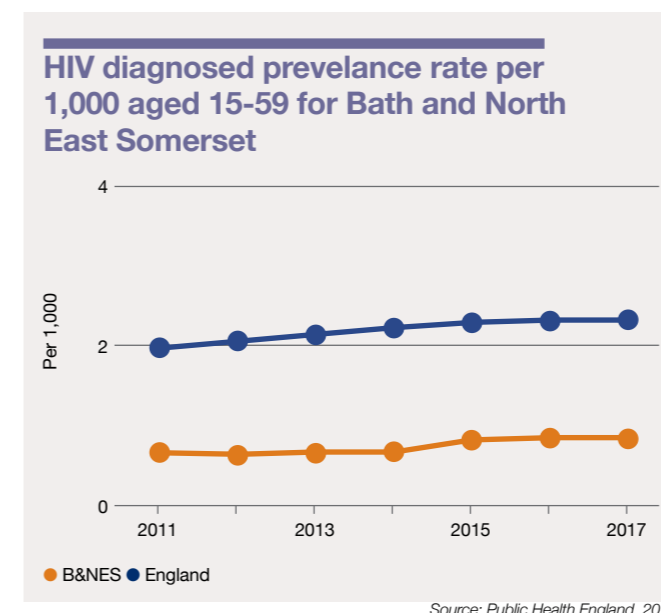
“From 2012 to 2018 the rate of newly diagnosed STIs amongst B&NES residents have remained consistently below the England average.”

HIV in B&NES

The narrative around Human Immunodeficiency Virus (HIV) has changed dramatically over time. HIV used to be considered untreatable with serious illness and death occurring shortly after diagnosis. The introduction of anti-retroviral (ARV) treatment in the mid-90s, and the development of these thereafter, has completely revolutionised these outcomes. When HIV is diagnosed quickly and treatment is given and taken, the presence of the virus in an individual’s blood stream can become undetectable. This has dramatically improved outcomes associated HIV. When the virus is undetectable individuals no long risk infecting others thus ARVs have also reduced the spread of HIV through populations.

HIV rates in B&NES are very low and have remained low for a while. In 2017 the diagnosed prevalence rate of HIV in B&NES amongst 15 – 59 year olds was 0.86 per 1,000 population, substantially lower than the England rate of 2.32 per 1,000 population (see graph below).

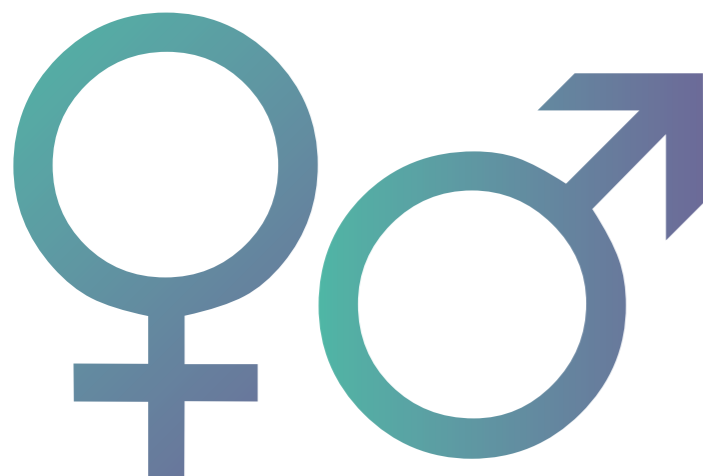
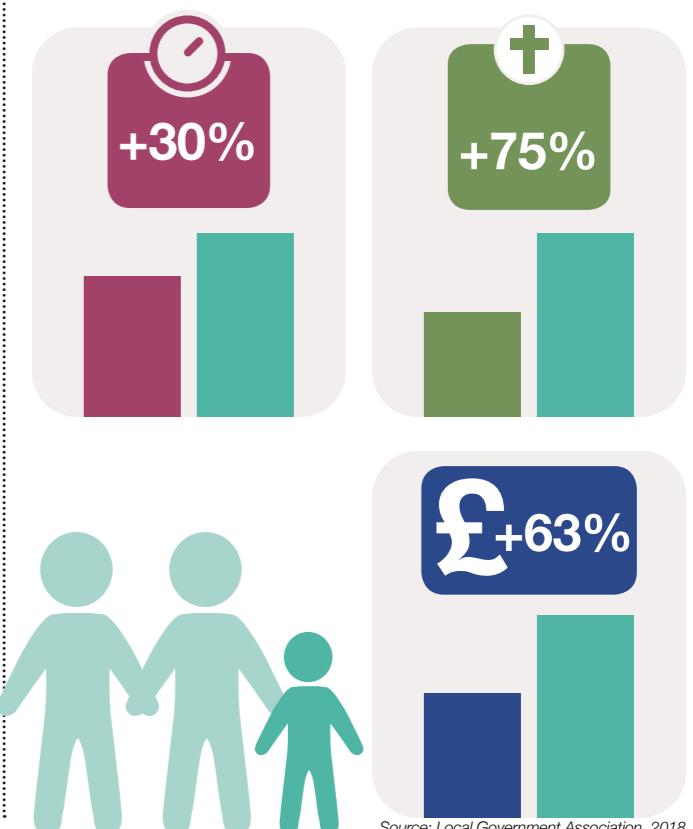
We want to diagnose HIV as soon as possible which involves ensuring individuals have an understanding of what puts them at risk of contracting the virus. HIV infection often has very general and sometimes no symptoms. However the sooner people get tested and start treatment the better their health will be. During 2011 – 2017 there have been less than 10 new HIV diagnoses in B&NES each year. Treatment levels are high with 99% of HIV positive B&NES residents receiving anti-retroviral treatment in 2017.



Teenage conceptions in B&NES

Being a teen parent has impacts on both the teenager parent(s) and the child. Many normal aspects of being a teenager, including education, become challenging in the context of parenthood. National research has found that an estimated 1 in 5 young women aged 16 to 18 who are not in education, employment or training are teenage mothers. The impacts on the child include being more likely to be a low-birth-weight baby and a higher rate of infant death. Child poverty is associated with teenage pregnancies and thus teenage conceptions are both a cause and consequence of health and education inequalities. Although we’ve had low rates of teenage conceptions in B&NES compared to both the South West and England, keeping it low and giving good support to teenage mothers and their babies remains a priority and a key aspect of reducing health inequalities.

Their children have a **30% higher rate of a low birth weight**, **75% higher rate of infant mortality** and a **63% higher risk of experiencing child poverty**



Our services

There are a range of services in B&NES to provide advice, information, testing and treatment for all sexual health, contraceptive and other reproductive health needs.

The Riverside Clinic

The Riverside Clinic in central Bath (with a satellite clinic in Keynsham) offers testing and treatment for STIs, HIV testing, contraceptive fitting and wider care and support including follow up support following sexual assault, outpatient care for people living with HIV and a telephone advice line. Services are available six days a week on a walk-in and appointment basis.



Members of the Riverside Clinic team



School nurses

School nurses provide another element of our B&NES sexual health service through the specialist Clinic in a Box service delivered in a range of school and community settings. The aim of the Clinic in a Box service is to provide information and access to contraception and pregnancy testing. This service aims to reduce the number of teenage conceptions and STIs in young people by enhancing young people's knowledge and access to sexual health services in a non-threatening environment.



Members of the B&NES School Nursing team

Case study #1

In June 2017 our main sexual health service moved from the Royal United Hospital at Combe Park to the Riverside Health Centre in central Bath. The service moved so that we could provide one joined-up, integrated sexual health service for people in B&NES thus facilitating access to services. The team at Riverside Clinic, have undertaken a huge amount of work to ensure that patients can access as many of their sexual health needs as possible, in one location, and in one visit. Integral to this work was consultation with patients and working with local press to disseminate the message of the relocation. The service has also aspired to be innovate and efficient, for example through the introduction of a texting platform for results and reminders. This allows people to have contact with services even when their lives are busy.

Sexual health services can also be accessed through GPs and pharmacies. General practices particularly focus on the provision of contraception such as Long Acting Reversible Contraceptive (LARC) methods. Our community pharmacy colleagues are fundamental in their provision of sexual health advice and facilitation of access to free condoms via C-card; chlamydia treatment, and free pregnancy testing and emergency contraception for women under the age of 25. The great benefit of pharmacy is their open access nature, and the fact that there are pharmacies in many towns and villages across B&NES making them highly accessible.

Case study #2

Alice, aged 18, is a student at Bath Spa University. She had sex with her partner on Friday night but the condom broke and she walked into the pharmacy in a very upset state just before we closed on Saturday afternoon worried that she might be pregnant. I immediately took her into our private consultation room where I tried to calm her down and took details of what happened. She was worried that she might have to go to the Riverside Clinic and wait until Monday to get an appointment. She said that she wanted a pregnancy test but I explained that a pregnancy test would not give an accurate result at this point. I talked through the range of contraceptive options with her and advised her that we could offer her the levonorgestrel pill free of charge as emergency contraception immediately. She asked a number of questions about the medication, so I took time to answer those fully. She became calmer and I asked her whether she would consider ongoing contraception methods. She was receptive and I provided her with some leaflets and details of websites where she could get more information.

I also said that the Riverside Clinic was very close by and could offer her advice and all contraceptive methods free of charge, and advised her how to make an appointment. As a pharmacist it's important to me that we can make an immediate response to patients, dealing with the presenting problem and by doing so preventing future sexual health problems. It's also really important that patients who need a sexual health intervention, especially those who are vulnerable, can access a service without an appointment and outside of "normal" working hours.



C-card

A C-card is a plastic key fob that enables people 13 to 24 years old to receive free condoms. They can be of any sexuality, and do not have to be sexually active. The C-card professional will provides a 10 – 20 minute discussion with the young person about how the scheme works, covering healthy relationships, whether they are ready for a sexual relationship, keeping safe and how to get help and advice. Young people can then show their C-card in over 60 SAFE accredited venues across B&NES and receive a free condom pack plus information and advice on sexual health on each visit to the service.



SEXUAL HEALTH ADVICE FOR EVERYONE

Sexual health Advice For Everyone

As well as breaking down barriers to accessing sexual health facilities B&NES also aspires to provide high quality services. SAFE (Sexual health Advice For Everyone) is a quality standard offered to all organisations who provide sexual health advice and information to young people aged 13 to 24. Any B&NES service showing the SAFE logo shows that they've had their services assessed by the Council as being young person friendly.



safebanes.com

Supporting the SAFE brand is our website www.safebanes.com. The site, has been redesigned in collaboration with young people and relaunched in June 2019. It provides information and advice on free condoms via the C-card scheme; contraception; emergency contraception; pregnancy; sexual and gender identity; and relationships and sexual abuse. There is also a searchable map where you can find all of the sexual and reproductive health services across B&NES, plus a professionals-only section containing useful resources and information to support professionals.





Health inequalities

“Most health inequalities are determined by people’s social and economic status over the course of their lives.”

What are health inequalities?

Health is something we all enjoy and aspire to have. Perhaps this is because it facilitates independence, the ability to work and to enjoy recreational activities. Despite health being something valued by all, some people in our community have worse health than others. A proportion of these differences arise by chance or as a result of genetics and some from individual decisions. However international research shows that most health inequalities are determined by people’s social and economic status over the course of their lives. It’s not a coincidence that across the country, people living in more deprived areas have lower life expectancy than people living in less deprived areas. In Bath and North East Somerset (B&NES) for example, this difference in life expectancy for a boy born today is 9 years.

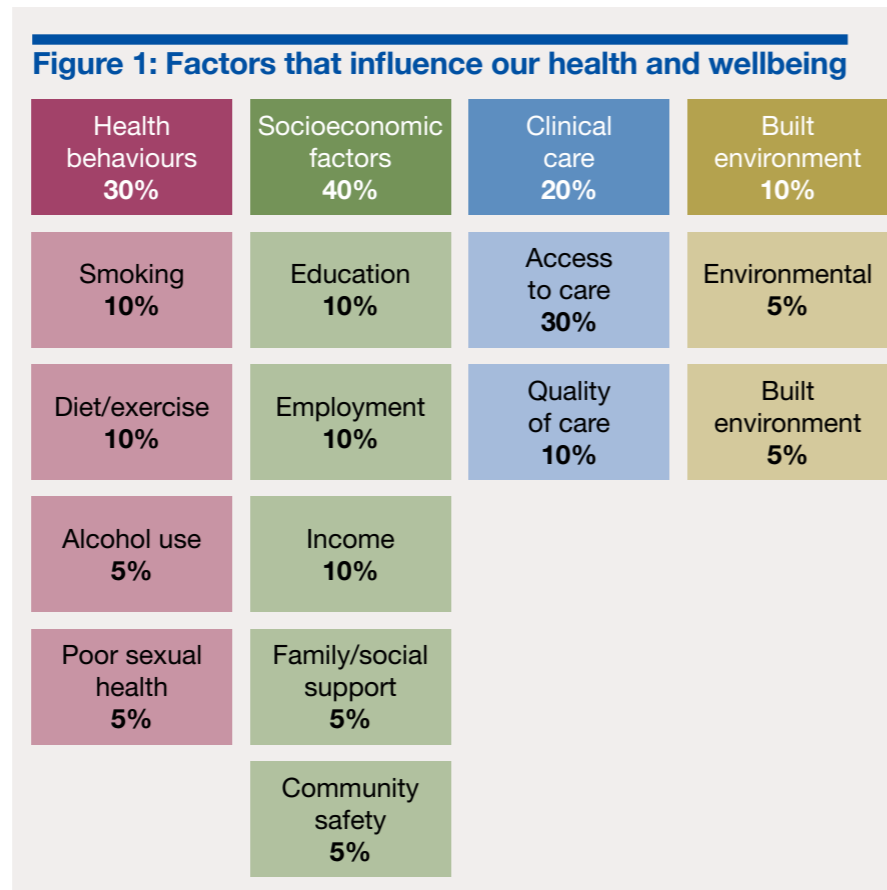
Differences like these are seen across different levels of wealth, between men and women, different ethnic groups, people with and without disability and between other marginalised groups and the majority.

Whilst we sometimes focus on differences in adult health, such as the rate of heart disease in adults from high or low income groups, these differences start very early in life and accumulate over the years resulting in different health behaviours and different health outcomes.

It’s important to point out that when we describe these inequalities we often talk about averages across groups of people; there will of course be lots of variety within each group. However, taken as an average of each group, lower income and more excluded groups tend to have consistently worse health outcomes. But why?

What influences your health and wellbeing

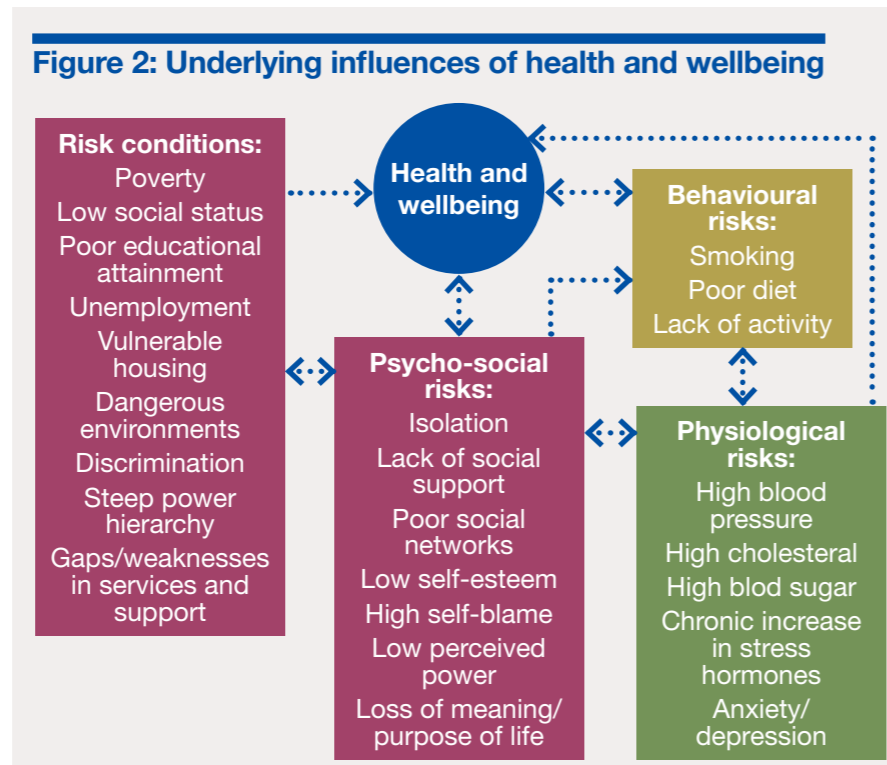
Many of the things that influence our health and wellbeing are the everyday circumstances we live in. Figure 1 (right) shows the contribution of various factors that influence our health and wellbeing.



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank countries by health.

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To tackle health inequalities there is a certain amount that can be done by focusing on clinical risk factors (such as high blood pressure) or health behaviours (such as smoking). These can prevent further complications and illness. But to really impact on the underlying influences on these (“the causes of the causes”) it’s necessary to act on the wider social conditions people live in. Here’s a picture showing these influences (figure 2).



Source: Source: NHS Right Care (2018), Equity and Health Inequalities Pack, NHS Bath and North East Somerset CCG, December 2018, available from: https://www.england.nhs.uk/wp-content/uploads/2018/12/ehrcp-sw-bath_and_north_east_somerset-ccg-dec18.pdf

Inequalities in B&NES from childhood to older life

School readiness

Across schools in England, children aged four and five years are checked to see if they have reached particular levels of development at the end of the first year of primary school. In B&NES, 73% of children achieve these levels, and that’s slightly better than the England average. However, only 48% of local children eligible for free school meals (which is used as an indicator of income) achieve this.

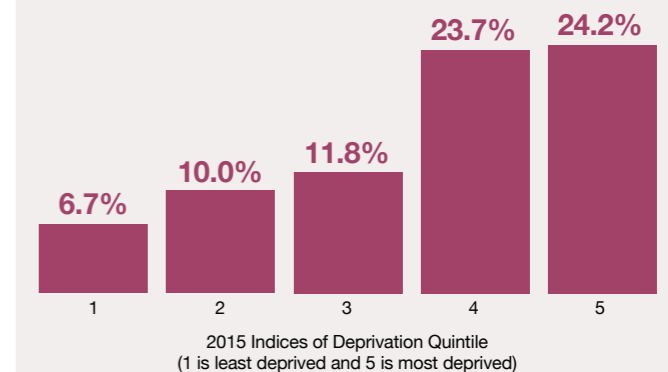
This difference between children in B&NES is a worrying inequality so early in life. Although this number has improved in recent years, rising from only 33% of children in 2014 to 48% in the most recent figures, B&NES still has the lowest achievement amongst this group compared to all other councils in the South West region. These differences are not inevitable and areas of the country that have had more resources for disadvantaged schools have much smaller gaps between these groups.

B&NES Council and local school have been working to support these groups, for example supporting the transition from home to school and promoting uptake of childcare and support for working parents with lower incomes.

Child obesity

We see a similar pattern in levels of obesity across children in B&NES. By the time that boys leave primary school in B&NES, about 13% overall are obese. However, there is a notable contrast in obesity levels between boys from our more deprived areas (24% are obese) and boys from our least deprived neighbourhoods (only 7% are obese). This is shown in the chart below, and importantly shows that with each increase in deprivation level across B&NES, the levels of obesity go up as well. When this sort of gradient pattern is observed it strengthens the evidence of an association, in this case between deprivation and obesity in B&NES.

Figure 3: Percentage of children classified as very overweight, 2015/16 to 2017/19, B&NES

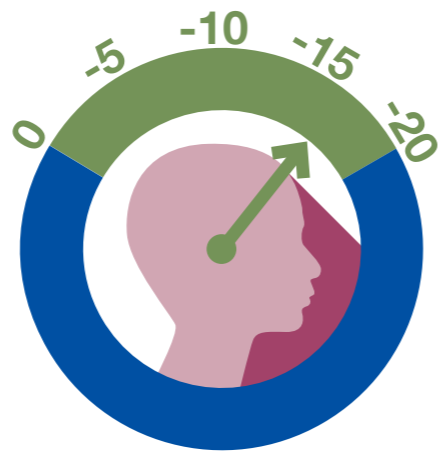


Smoking

Smoking rates in B&NES have fallen in recent years and only 12% of adults smoke overall. This has had a huge positive impact on the health of the population. However, amongst adults in routine and manual occupations in B&NES around 27% of people still smoke – more than double the district rate. Given the impact of smoking on health, this means people in routine and manual occupations are more likely to develop smoking related conditions such as heart disease or some cancers, compared to people in higher skilled professions.

Mental health

Similar patterns of inequality are seen across local hospital admissions for self-harm and to some extent for rates of suicide in our different neighbourhoods. People living with severe mental illness on average have a 15-20 year shorter life expectancy than the general population - mostly due to poor physical health – and also have much lower likelihood of being in employment and living independently.



National picture

Collaboration across sectors to reduce inequalities was demonstrated through the B&NES approach to reducing obesity. By bringing together different players, (transport, housing, voluntarily organization, public health...) B&NES has been able to consider how obesity can be addressed in a complex system.

National response

The key guidance to tackle health inequalities has come from the Marmot Review 2010. This review looked at the key inequality issues and potential policy responses available. These are as follows:

- 1. Give every child the best start in life**
- 2. Enable all children young people and adults to maximise their capabilities and have control over their lives**
- 3. Create fair employment and good work for all**
- 4. Ensure a healthy standard of living for all**
- 5. Create and develop healthy and sustainable places and communities**
- 6. Strengthen the role and impact of ill health prevention**

In B&NES we have led work across all of these themes and have made some progress. However, the negative impacts on living standards for many people since the financial crisis and ongoing cuts to public sector services sometimes set limits on what local efforts can achieve.

Stop press: The influential Marmot report into health inequalities in England has just been updated ten years on. It paints a grave picture. Increases in life expectancy have stalled, people are living more of their lives with significant ill-health, inequalities within and between regions have increased, and thus the importance of combating the roots of social, economic and health inequality is now greater even than it was a decade ago.

Local responses

Despite the complexities of the national picture, Figure 2 (see previous page) shows many social and psycho-social issues that can be directly impacted on by local authorities, business, the third sector and our local communities. These include for example improving skills and in-work progression for people in low paid jobs and ensuring there is sufficient, adequate housing for all people, including those most marginalised. B&NES has seen real improvements in lifestyle risk factors, such as the fall in smoking rates, but these improvements tend to be taken up by the least deprived first which can in turn increase the gap in health outcomes. We need to ensure the support we offer is tailored to the needs of people in a range of circumstances to maximise everyone's opportunity to make healthy choices for them and their families. The NHS has a crucial role to play as well, encouraging and supporting prevention and tailoring treatment to be relevant and accessible for people who may feel other daily pressures more acutely than health risk factors such as obesity, high blood pressure or diabetes.

In it for the long term

Figure 4 below shows the different timescales required to bring about change from these approaches. GPs working with the less affluent patients at their surgery can have a real impact on their health within a few years, potentially preventing conditions such as stroke or heart attacks. Helping people to lead active healthy lives can take longer and the effects may in turn take time to impact. And longest of all, working on the wider social determinants of health is probably the most significant action at the level of whole communities, but the impact on health may take more than a decade to show. Political and professional commitment to these approaches is therefore needed for the long term.

Making progress in reducing inequalities requires working across the system; education, industry, health care, CCG, local authority and understanding the wider drivers that can be influenced locally.

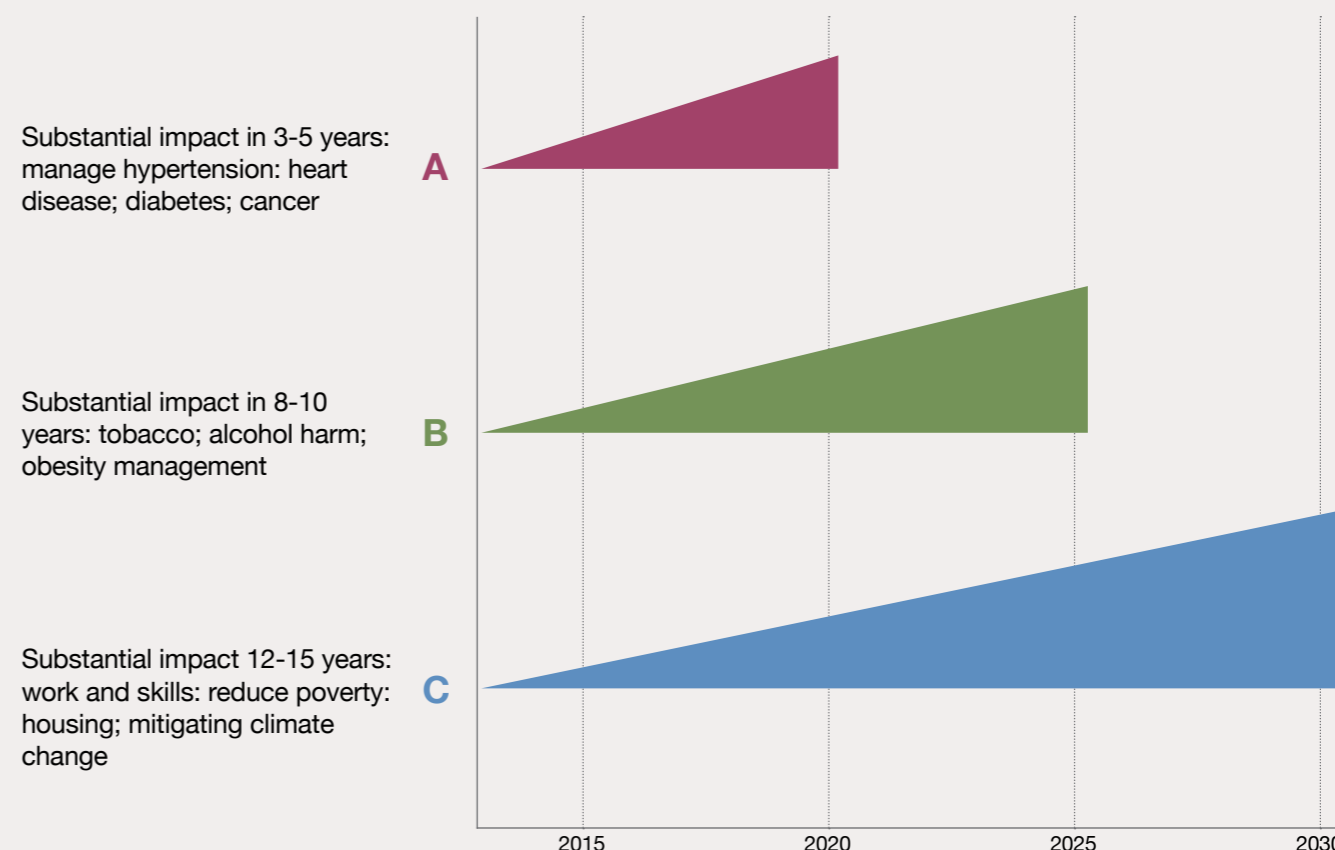
In B&NES the CCG and council are committed to supporting a range of different groups. One example

of this is women who smoke during pregnancy. In the tobacco chapter an innovative project involving a smoking cessation intervention for pregnant women in B&NES was described. Delivered by the Public Health team this contributes to the shared goal of reducing health inequalities.

Collaborative working has also been illustrated through projects such as the Narrowing the Gap project in primary schools and the 'UP' project in early years (which aims to help unlock children's potential).

The approach in B&NES goes beyond the immediate to consider how future work undertaken by the local authority might affect people differently. For example, part of the consultation about the clean air zone involved whether its impact would be more excessive on those less well off. It is through a systems approach that inequalities in B&NES will continue to be addressed as we aspire for better outcomes for all.

Figure 4: Different timescales required to bring about change



Childhood immunisation programme & tackling health inequalities in uptake



Why childhood immunisation is important

Some infectious diseases can kill children or cause lasting damage to their health. Children's immune systems need help to fight those diseases; young babies are very vulnerable to infections, so they need to be protected as early as possible. Immunisation gives protection against some infectious diseases stimulating the body to produce antibodies that fight infection. We have a comprehensive program of immunisations in the UK. This provides the opportunity to protect individuals and the those who cannot be immunised (such as those on cancer treatments). Immunisation reduces the spread of disease through the population. Accessing vaccinations, which result in immunisation, can be challenging as people's lives are busy. In Bath and North East Somerset, we are committed to understanding and overcoming these barriers.

When do babies and children get their vaccinations?

The immunisation programme gives vaccines to babies and children at different ages. Routine immunisation for babies begins when they're two months old. For a checklist of the vaccinations and the ages at which they should ideally be given visit: www.nhs.uk/conditions/vaccinations

If you're not sure your child has had all their routine immunisations, check their Personal Child Health Record (Red Book), contact your GP practice or speak to your health visitor or school nurse.

"The two public health interventions that have had the greatest impact on the world's health are clean water and vaccines." (WHO)

There are lots of good reasons to vaccinate including:

- ✓ To protect the individual
- ✓ To protect those around them who cannot receive the vaccine (Herd Immunity)
- ✓ Disease eradication (Smallpox 1980)

What can happen when a child isn't immunised?

Due to the high number of children receiving vaccinations in England over the past couple of decades, many serious childhood infectious diseases have disappeared altogether, like diphtheria, polio or tetanus or been dramatically reduced, such as measles and whooping cough.

However, in some parts of Bath and North East Somerset (B&NES) and the country more widely, vaccination rates in children are lower than needed. Figures released in September 2019 showed vaccination rates for all nine vaccines given to children before the age of five fell in the last year in England and the UK lost its measles-free status in August amid a rising number of cases.



Uptake of vaccinations in Bath & North East Somerset

The 95% target for childhood vaccination coverage is recommended nationally to ensure control of vaccine preventable diseases within the UK.

Since 2015 a substantial amount of local work has taken place aimed at increasing the uptake of childhood vaccinations in B&NES. The graph below shows that uptake of MMR vaccinations (dose two by 5 years of age) has steadily increased in B&NES between 2015 and April 2019. Since 2016 uptake has consistently been above both the England and South West average.

However we have not reached the target of 95%. This puts unvaccinated children at greater risk and increases the likelihood of an outbreak in the wider population. In recent months outbreaks of both measles and mumps have occurred in B&NES and surrounding areas. As a result, a number of local initiatives and communication campaigns were launched, mainly aimed at children and young people. The key messages were; to check if you have had two doses of the MMR (measles, mumps and rubella) vaccination and it's never too late to have the MMR vaccination.

Immunisations & tackling health inequalities

There are areas in B&NES where vaccination uptake is lower than the B&NES average shown in the graph (left). During early 2018 we became aware in B&NES of consistently low uptake for St Michael's Partnership, Twerton and as a result the Council's Public Health Team worked with the Health

Inequality Specialist employed by Virgin Care at the time to set up a multi-agency working group in Twerton to address the issue. The group was made up of Health Visitors, Practice Nurses, School Nurses, Early Years Settings, Schools, NHS England & Improvement, Virgin Care Services & B&NES Council.

The data showed that uptake was particularly low (around 75%) for the vaccinations given at 3 years 4 months and reported at 5 years of age. Some of the outcomes of the project included:

- Regular multi-agency meetings
- A shared understanding of the problem
- Training for early years and primary school staff
- An audit of the GP practice & other organisations using NICE (National Institute for Health & Clinical Excellence) guidelines - good practice identified and implemented.
- Closer working between Health Visitors and GP practice – sharing of 'Did Not Attend' lists and discussion at safe guarding meetings
- Development of a childhood immunisations toolkit, including new resources & a 4th birthday card given to children in early years settings
- Outreach immunisations Service Level Agreement to allow practice nurses to give immunisations in other settings if needed

The following data for the two vaccinations; diphtheria, tetanus, pertussis, polio (DTap/IPV) and MMR offered at 3 years 4 months of age (reported at 5 years of age) shows a fantastic improvement in uptake since the project has been running.

