

# Health and Wellbeing Board

**Date: Tuesday, 29th September, 2020**

**Time: 11.30 am**

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

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

**Members:** Councillor Rob Appleyard (Bath and North East Somerset Council), Dr Bryn Bird (Clinical Commissioning Group), Cara Charles Barks (Royal United Hospital), 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)), Mary Kearney-Knowles (B&NES), 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) and Dr Andrew Smith (BEMS+ (Primary Care))

**Observers:** 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. Recording at 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 encourage the public to make their views known at meetings. 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, 29th September, 2020**

**at 11.30 am in the Virtual Meeting - Zoom - Public Access via YouTube  
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**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 - 23 JUNE 2020 (Pages 5 - 12)

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

7. CHILDREN AND YOUNG PEOPLE SUB-COMMITTEE UPDATE REPORT (Pages 13 - 52)

This report seeks to highlight to the Health and Wellbeing Board the progress and approach being taken regarding the development of the new Children and Young People Plan and to seek their views on areas of particular concern for children and young people that Partner agencies are seeing emerge.

*Sarah McCluskey and Lesley Hutchinson – 11.35am - 15 minutes*

8. B&NES COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2019-2020 (Pages 53 - 112)

The B&NES Community Safety & Safeguarding Partnership (BCSSP) have prepared the Annual Safeguarding Report for 2019-2020. The Partnership was set up in September 2019, though the report sets out the work of the previous Safeguarding Children and Safeguarding Adults' Boards up to September 2019. The Annual

Report also includes the Partnership priorities for 2020-2021.

*Kirstie Webb and Sian Walker – 11.50am - 20 minutes*

9. REVIEW OF THE HEALTH AND WELLBEING STRATEGY AND WORKING GROUP FEEDBACK (Pages 113 - 120)

The Board is asked to consider the attached report regarding a review of the Health and Wellbeing Strategy and feedback from the working group.

*David Trethewey – 12.10pm - 20 minutes*

10. DATE OF NEXT MEETING

To note that the next meeting will take place on Tuesday 24 November 2020.

11. CLOSING REMARKS

Dr Bryn Bird will close the meeting.

The Democratic Services Officer for this meeting is Marie Todd who can be contacted on 01225 394414.

## HEALTH AND WELLBEING BOARD

### Minutes of the Meeting held

Tuesday, 23rd June, 2020, 10.30 am

Councillor Rob Appleyard (Chair)	Bath and North East Somerset Council
Dr Bryn Bird	Clinical Commissioning Group
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
Lesley Hutchinson	Safeguarding and Quality Assurance (B&NES Council)
Steve Kendall	Avon and Somerset Police
Bruce Laurence	Bath & North East Somerset Council
Stuart Matthews	Avon Fire and Rescue Service
Professor Bernie Morley	University of Bath
Kate Morton	Bath Mind
Joanna Scammell (in place of Kirsty Matthews)	Virgin Care
Vanessa Scott	Healthwatch
Dr Andrew Smith	BEMS+ (Primary Care)
Libby Walters	Royal United Hospital
<b>Observer:</b> Councillor Robin Moss	Bath & North East Somerset Council

1 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting. He explained that the virtual meeting was being held under the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Mike Bowden – Bath & North East Somerset Council  
Nicola Hazle – Avon and Wiltshire Mental Health Partnership  
Kirsty Matthews – Virgin Care (substitute Jo Scammell)  
Laurel Penrose – Bath College

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

There was no urgent business.

5 **PUBLIC QUESTIONS/COMMENTS**

Two public questions had been received from Margaret Preddy and Debbie Clifton. The Democratic Services Officer read out the questions and the Chair stated that a written response would be sent to the questioners within five days of the meeting. *(A copy of the questions and responses is attached as Appendix 1 to these minutes)*

6 **MINUTES OF PREVIOUS MEETING - 21 JANUARY 2020**

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

7 **UPDATE FROM CHILDREN AND YOUNG PEOPLE SUB-GROUP**

The Board considered a report which set out the progress made during year two of the Children and Young People Plan 2018-2021. The report also gave details of the activities and areas of focus for members of the In-Care Councils and Youth Forum.

Lesley Hutchinson, Director for Adult Social Care, Complex and Specialist Commissioning introduced the report and explained that officers are currently working on the development of a strategy for the years 2021/24. More detail has now been included regarding trends, performance and outcomes as suggested at the last meeting. She explained that the Plan was closely aligned to the Health and

Wellbeing Strategy.

Sarah McCluskey, Strategic Commissioning Officer, sought feedback from the Board regarding the template used for the report and whether any further information was required.

Kate Morton queried whether the financial envelope had shifted. It was confirmed that nothing had changed for the year two report.

Paul Harris stated that it would be helpful if high level “RAG” metrics were included in the report.

Cllr Kevin Guy thanked all the staff that had worked on the production of this comprehensive report in these difficult circumstances.

Bryn Bird welcomed the work that was being carried out to mitigate difficulties encountered by children and young people. He highlighted the duty and responsibility of healthcare services to address health inequalities.

Lesley Hutchinson stated that officers would make the template more accessible and would also look at the structure of the Plan so that it would not be as narrative based in future and to make it easier to digest.

Will Godfrey suggested that, to improve accessibility, it would be helpful to pull out the key headlines contained in the report as an executive summary.

The terms of reference for the Children and Young People Sub-Committee, including membership details, are attached as *Appendix 1* to these minutes.

RESOLVED:

- (1) To note and approve the Year 2 Progress Report on the actions identified in the Plan for 2019/20.
- (2) To note the Year 1 Progress Report on the actions identified in the Plan for 2018/19.

## 8 **AUTISM UPDATE**

The Board received a report which gave an update 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.
- Work taking place at a locality level in B&NES to review and update the B&NES Autism Strategy and to 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, Commissioning Manager, gave a presentation which covered the following issues:

- How the recommendations in the report contribute to the aims of the B&NES Corporate Strategy.
- Legislation and Statutory Guidance.
- The 2019 NHS Long Term Plan contains a commitment to do more across the NHS “to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives”
- The 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.
- Values and principles.
- Progress made on the reduction of waiting times, engagement, promotion of reasonable adjustments, the ambassadors for autism scheme and the clarification of mental health pathways for autistic adults.
- The priorities of the B&NES, Swindon and Wiltshire Operating Plan.
- Needs profile and trends.
- Services available for children, young people and adults with autism.
- Priority 1 – Joined up commissioning and delivery.
- Priority 2 – Improving access to diagnosis and post-diagnosis support.
- Priority 3 – Getting the right support at the right time.
- Priority 4 – Increasing awareness and understanding of autism across the whole community.
- Next steps.

It was noted that virtual services, which have been provided during the Covid-19 pandemic, have worked very well for some people with autism. However, for others the change in routine has been difficult. It will be important to capture the positive innovations that have been used during this time as some service users have appreciated the opportunity to meet virtually.

The numbers of people referred for diagnosis is increasing. In 2018 294 people were referred and in 2019 this rose to 351.

Cllr Rob Appleyard thanked officers for all the work that has gone into this report and for the hard work that is being carried out in this service area.

It was noted that the terms of reference for the group gave details of its membership.

Sara Gallagher stated that there had been a 30% increase in the amount of Bath Spa University students who were on the autistic spectrum. She would welcome the opportunity for someone from the University to contribute to this work. Rebecca Potter agreed to follow up this request.

In response to a query from Cllr Rob Appleyard regarding the length of time taken to carry out assessments, Rebecca Potter explained that the process involved a multi-agency approach. There were some capacity issues but the provision of a diagnosis is a complex piece of work which takes time. She confirmed that the process is reviewed regularly but that this must adhere to the guidelines prescribed by NICE. (National Institute for Health and Care Excellence).

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



## RESOLVED:

- (1) To note the content of the report and progress made in many areas since the last report to the Board in January 2019.
- (2) To agree the proposal to adopt the Ambassadors for Autism Scheme in B&NES.

## 9 COVID-19 UPDATE REPORT AND POSITION STATEMENT

David Trethewey, Director, Partnership and Corporate Services, reported that the Council had responded very quickly and effectively to the Covid-19 outbreak. It had been necessary to adapt very quickly and to adopt new innovations and solutions. The Compassionate Communities hub has been very successful and is an excellent example of partnership working. Business grants have been administered very quickly. The pandemic has had a profound effect on the Council's finances and a recovery plan will be considered by the Cabinet in July. There is currently a deficit of £42m which will have a large impact going forward.

Louise Cadle, from the CCG gave a brief presentation which covered:

- Summary of timeline. We are currently at week 21 of a major incident response. The NHS is now on Alert Level 4.
- Revised B&NES, Swindon and Wiltshire response arrangements.
- Key priorities
  - PPE (Personal Protective Equipment).
  - Testing – there are mobile testing centres at Bristol Airport, Swindon and Salisbury.
  - Anti-body testing – around 29,000 NHS staff will be tested for antibodies.
  - Health and wellbeing
  - Care homes

Corinne Edwards, Chief Operating Officer, gave a presentation regarding the CCG response to the Covid-19 pandemic which covered the following issues:

- Overview of how to re-start the system
  - Adopt a common set of design criteria across B&NES, Swindon and Wiltshire.
  - Co-ordinate plans at B&NES, Swindon and Wiltshire level where appropriate.
  - Build on the energy and joint working in each locality.
- Key areas of work e.g. restarting referrals.
- Key challenges
- Progress being made
- B&NES locality hub and working
- Role and purpose of community hub – this has been very successful
  - ensure we remain prepared for COVID and;
  - ensure the re-start and restoration of services

- How health and care partners in the area have responded so far

The following issues were then discussed:

- It was important to be prepared in case of a second spike of infections.
- A helpful mutual aid arrangement for PPE has now been put in place with links across the South West region. It is not ideal to work with a “just in time” arrangement.
- Will Godfrey stated that this was a very helpful presentation. He queried how many people in the area had been discharged from hospital to a care home from April onwards. He felt that it was important to ensure the correct balance between regional structures and maintaining a strong focus on individual localities.
- Corinne Edwards confirmed that the Health Protection Board retained a focus on each locality.
- Cllr Appleyard asked what action was being taken to prevent domestic abuse at this time and to provide support for those experiencing both abuse and isolation. He also acknowledged the support provided to care homes by both B&NES Council and the CCG. Corinne Edwards stated that the CCG is very mindful of the possibility of an increase in domestic abuse cases.
- Lesley Hutchinson confirmed that the Community Safety and Safeguarding Partnership are considering issues relating to domestic abuse both at national and local level. Some areas have seen an increase in cases since the start of the pandemic.
- Bryn Bird stated that in a virtual setting, clinicians could lose some of the personal aspect which is present in a face to face meeting. He informed the Board that some guidance relating to domestic abuse and safeguarding issues will soon be launched by the healthcare sector in B&NES, Swindon and Wiltshire.

The presentation slides are attached as *Appendix 4* to these minutes.

RESOLVED: To note the update report and position statement.

## 10 LOCAL OUTBREAK MANAGEMENT PLAN

*(Note: At this point Dr Andrew Smith left the meeting).*

The Board considered a report which set out details of the B&NES Covid-19 Local Outbreak Management Plan.

Bruce Laurence, Director of Public Health, presented the report highlighting the following issues:

- There has been a huge decline in air traffic at local airports showing the huge impact that the Covid-19 outbreak has had.
- The Plan provides a framework for managing local outbreaks. However, there is still a lot that is unknown about this disease and it will be important to adapt. B&NES has a strong history of planning and partnerships and so is in a good position to deal with an outbreak. The Plan has been prepared under

a short timeframe and is likely to evolve over time as more information and data become available.

- There have been 330 cases of Covid-19 in the B&NES area and 89 deaths, 50 of which occurred in care homes. The area has the seventh lowest rate in England out of 150 local authority areas. About 95% of the population still have no immunity to the disease and little is currently known about immunity or how long it lasts. There are inequalities both in cases and outcomes.
- There is no certainty about future outbreaks. It is important not to become complacent as the lockdown is slowly released.
- Nationally about 1 in 1,700 people currently have Covid-19 but this figure is likely to be lower in the B&NES area.

Will Godfrey thanked Bruce Laurence and his team for preparing this report. He noted that the messages around Covid-19 are complex narratives and that it will be very important to avoid complacency over the next few weeks.

Kate Morton stressed the importance of not losing sight of the long-term consequences of the pandemic and to be prepared for the work and services that would be required to deal with this.

Bernie Morley stated that the report was very helpful and that he would share it among his colleagues at Bath University. He asked whether a mobile testing facility could be made available at the University when all the students return in the autumn.

Cllr Rob Appleyard thanked officers for producing this complex document in such a short period of time.

A copy of the presentation slides is attached as *Appendix 5* to these minutes.

#### RESOLVED:

- (1) To endorse the Covid-19 Local Outbreak Management Plan as a framework plan for B&NES and to recommend it for approval by Cabinet.
- (2) To support further work on developing detailed planning that will underpin this outline plan.
- (3) To endorse the roles of the Covid-19 Health Protection and Local Outbreak Engagement boards and agree to receive updates from these boards as required.
- (4) To agree that members of the Board use their influence to further the aims of the plan in their different organisations.
- (5) To support, in general, the use of appropriate resources to enable the effective implantation of the plan (but to note that endorsing this framework does not commit to any specific expenditure).

11 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019/20**

The Board considered the Director of Public Health Annual Report 2019/20.

Bruce Laurence, Director of Public Health, stated that he would welcome any comments regarding the report which could be sent to him following the meeting.

RESOLVED: To endorse the Director of Public Health Annual Report 2019/20.

12 **DATE OF NEXT MEETING**

It was noted that the next meeting will take place on Tuesday 29 September 2020.

13 **CLOSING REMARKS**

The Chair thanked everyone for attending and closed the meeting.

The meeting ended at 12.40 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

<b>MEETING</b>	<b>B&amp;NES HEALTH AND WELLBEING BOARD</b>
<b>DATE</b>	<b>29/09/2020</b>
<b>TYPE</b>	<b>An open public item</b>

<b><u>Report summary table</u></b>	
<b>Report title</b>	<b>Children and Young People (CYP) Sub Committee Update Report</b>
<b>Report author</b>	<p>Sarah McCluskey, Strategic Commissioning Officer  <a href="mailto:Sarah_McCluskey@bathnes.gov.uk">Sarah_McCluskey@bathnes.gov.uk</a></p> <p>Presented by:                      Lesley Hutchinson Director for Adult Social Care, Complex and Specialist Commissioning</p>
<b>List of attachments</b>	<p><b>Attachment 1</b> (Attached for information is the current version CYP Plan on a Page 2018/21; a reference tool outlining the entirety of the plan including the four outcomes, four overarching themes and the 11 priorities)</p> <p><b>Attachment 2</b> Evaluation of the Children’s Workforce Training Programme 2019-2020</p>
<b>Background papers</b>	<p>Children and Young People’s Plan (CYP Plan) 2018/21</p> <p><a href="https://beta.bathnes.gov.uk/policy-and-documents-library/children-and-young-peoples-plan">https://beta.bathnes.gov.uk/policy-and-documents-library/children-and-young-peoples-plan</a></p>
<b>Summary</b>	<p>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 (CYP Plan) and ensures the priorities identified in the CYP Plan 2018/21 are delivered.</p> <p>The 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&amp;NES Community Safety and Safeguarding Partnership.</p> <p>This report seeks to highlight to the Health and Wellbeing Board the progress and approach being taken regarding the development of the new CYP Plan and seek their views on areas of particular concern for children and young people that Partner agencies are seeing emerge.</p>
<b>Recommendations</b>	<p>The Board is asked to:</p> <p><b>Recommendation 1:</b> Note the overview of the Children and Young People Plan 2021/24 development session</p> <p><b>Recommendation 2:</b> Note and approve the proposed areas of initial focus for the Plan and ensure these fit with the Health and</p>

	<p>Wellbeing Board forthcoming Strategy</p> <p><b>Recommendation 3:</b> Note the Evaluation of the Children's Workforce Training</p>
<b>Rationale for recommendations</b>	To support and guide the Sub Committee in the progression and development of the new CYP Strategy which is required for 2021/24.
<b>Resource implications</b>	The CYP Plan 2018/21 is delivered in the current financial envelope. The new Plan 2021/24 has not yet considered whether additional resources are required for its delivery however partners are cognisant of the current financial pressures B&NES Swindon and Wiltshire Clinical Commissioning Group and the Council face. Where possible and appropriate opportunities for alternative funding to support the new Plan will be pursued.
<b>Statutory considerations</b>	Much of the work in the CYP Plan contributes toward meeting the statutory duties of the Council and BSW CCG in respect of health and social care. The Council also commission the Participation Service delivered by Off the Record; this service helps support the delivery of the statutory duty.
<b>Climate change</b>	<p>The existing CYP Plan aims to maximise resources whilst minimising the impact on environment.</p> <p>The draft 2021/24 Plan 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 with agencies to help improve recycling and do more, helping to reduce the carbon impact by 2030.</p>
<b>Consultation</b>	This report is produced on behalf of the CYP Sub-Committee. Children and young people's comments and areas of focus have been listened to and taken into account and included as part of the development session and the draft Plan will be shared for comment with them before coming Health and Wellbeing Board for discussion and approval. The Children In Care Council and Youth Forum would like the opportunity to present their work and issues to the Board early in the new year.
<b>Risk management</b>	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

## THE REPORT

### 1.1 Introduction

The report sets out the progress the Sub Committee have undertaken regarding the development of the new CYP Plan for 2021/24. The Sub Committee would like the Health and Wellbeing Board to highlight any priority areas they would like the Committee to consider whilst developing the Plan that aren't set out below.

### 1.2 Overview of the Development Session held on 29/07/2020 and Feedback from the Most Recent Sub Committee on CYP Plan for 2021/24

The CYP Sub Committee commenced the development of the new CYP Plan for 2021/24 at a session at the end of July. The Sub Committee and other policy / strategy leads were invited to contribute; the voice of young people was represented using feedback from previous meetings.

The purpose of the session was:

- to review the outcomes, commitments and priorities of the existing Plan and consider whether they remain relevant and are for inclusion in the new Plan 2021/24 and
- identify and discuss the presenting themes and issues for children and young people

There was broad consensus that the existing outcomes remained key. The initial view on the existing commitments was that two should change with two remaining and two changing - the four commitments set out how we will achieve the outcomes – we will all agree to do this by:

- Ensuring a Think Family Approach is embedded – ensuring closer working between adults and children's services
- Strengthening Early Help thinking and action in our agencies
- Tackle Inequalities
- Hearing the Voice of the Child

The group were clear to note that through committing to tackling inequalities this would include narrow the achievement gap <sup>1</sup> and by changing this commitment it would be more inclusive of issues such as food poverty; there was a clear specific concern about the potential longer term impact of COVID-19 on the social and economic situation for vulnerable families.

Members at the development session were in broad agreement that the 11 priority areas are still relevant (see Appendix 1 with the detail of these priorities). Work has progressed in all of the priority areas and has been reported to the Board previously.

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<sup>1</sup> Narrowing the Gap is a commitment of the 2018/21 CYP Plan - there is a continued concern for our position in this area and the impact of COVID-19 needs quantifying.

Priorities 1, 3 and 6 are being progressed by the B&NES Community Safety and Safeguarding Partnership and a further challenge has been requested for the BCSSP to consider the impact of COVID-19 in relation to these as well.

Presenting themes and issues include a potential deterioration in children and young people's mental health and wellbeing and food poverty. Representatives from the Youth Forum and In Care Council have highlighted the need for additional focus on mental health and wellbeing. The Sub Committee are of the view that both of these are exacerbated by the impact of COVID-19 and there is evidence to support this. Therefore, will ensure these are included in the new draft Plan.

The Sub Committee now need to consider how to prioritise the areas of focus which are included within the CYP Plan 2021/24 and will review which are business as usual and can be stepped down from this level of monitoring. The Committee are conscious this needs to be done within existing resources and will be discussing at its next meeting a prioritisation matrix which will be shared as part of the decision making about which areas need to be included going forward. This will include evidence to inform the draft Plan.

Finally, one of the 2018/21 commitments was to have a skilled and competent workforce; we demonstrate this by a number of mechanisms however one is the annual evaluation of the Training Programme which is shared in Appendix 2. As there has been an increase in the number of children in the area with highly complex needs, the Sub Committee are discussing with the training programme manager the specialist training that is required across the sector – further details of this will be discussed at the Children and Workforce Steering Group meeting which reports into the Sub Committee.

### **1.3 Next Steps**

- Detailed review of progress on existing priorities and what will be reported as business as usual and what needs to remain a priority area in the new Plan
- Prioritisation matrix to help determine the order of priority based on need and evidence
- Draft CYP Plan 2021/24
- Consultation with Children and Young People and confirmation about the wider consultation arrangements
- Draft Plan to the Health and Wellbeing Board for sign off before 31<sup>st</sup> March 2021

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



# 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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# Bath and North East Somerset Children's Workforce

## Evaluation of Children's Workforce Training

(1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020)

# Bath and North East Somerset Children's Workforce Training Executive Summary

## Core Business Objectives 2019 – 2020

The Children's Workforce Steering Group is responsible for ensuring that there is a sufficient, skilled and knowledgeable children's workforce in Bath & North East Somerset providing safe and quality services which promotes health and wellbeing, supports families to thrive and prevents and reduce the risk of harm.

All Children's Workforce training is child centred, evidence based, promotes the need for working in partnership, and informed and governed by issues of equality and diversity.

Children's Workforce training is accessible to all B&NES individuals who work with children, young people and /or their carers and is subjected to regular rigorous review and evaluation.

## Delivery in 2019 – 2020

- 18 CWF training sessions taking place comprising of 15 different courses
- 310 Inter-agency training places made available
- 244 Inter-agency training places booked
- 199 Inter-agency training places attended
- 159 professionals trained
- 10 Public Health training sessions comprising of 8 different courses were supported through the CWF programme, 149 professionals attended these learning events available.
- On average over 85% completed evaluations and these are demonstrating impact.

## Outcomes as reported / evidenced by practitioners

Practitioner feedback has specifically identified that they have developed further tools, strategies and techniques to use when working with children and families.

Course evaluations identified that practitioners gained significant learning from hearing the 'voice' of the children and families with whom they are working and ensuring that children's needs and experiences are central.

Evaluations highlighted that training encouraged practitioners to think holistically to ensure they are more responsive to meeting the needs of children and families in B&NES.

Practitioners advised that they found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter and translating this into improving practice.

## Challenges

The work commenced by the Early Help Board on 'Think Family' was paused in anticipation of the new community safety and safeguarding partnership and therefore the culture of 'Think Family' has not been embedded as anticipated.

The introduction of the charging policy was delayed from its initial launch date for two months and consequently it was not implemented until 1<sup>st</sup> September 2019.

Due to restructuring of organisations and services, there have been several changes of membership within the steering group, with limited representation being secured from outside of the council. This group composition restricts the ability to develop the training programme to meet the holistic needs of the workforce.

Work undertaken on the development of a joint training strategy for the Children's and Adult's workforce has not been advanced as hoped, due to the delay in other tasks required to support this area of work.

## The next steps –

- Review and adapt the training programme in response to changes in government guidance or service and training needs resulting from the Covid – 19 Pandemic.
- Build upon the work undertaken to further a culture and practice of ‘Think Family’ which extends to include the consideration of the community, in line with the vision of B&NES Community Safety and Safeguarding Partnership – “Think Family and Community”.
- Further develop arrangements to ensure the voice and lived experience of children and families is included in all learning opportunities provided on the CWF programme.
- Focus on providing specialist training to equip the workforce with the knowledge and skills to support children with their emotional needs, wellbeing and resilience.
- Focus on providing Learning and training events to ensure the workforce are aware of the gaps in education and health outcomes for all vulnerable groups and support practice which addresses this disparity.

## **Introduction**

The Children's Workforce Steering Group is responsible for ensuring that there is a sufficient, skilled and knowledgeable children's workforce in Bath & North East Somerset providing safe and quality services which promotes health and wellbeing, supports families to thrive and prevents and reduces the risk of harm.

The group reviews and evaluates the quality, scope and effectiveness of the Development Action Plan to ensure it is meeting local workforce needs (Universal, Early Help through to Specialist Services – paid and volunteer staff).

The group is concerned with:

- The Council's Children's Services workforce
- The workforce of any agency working with children and families
- The "impact" of training on delivering improved outcomes for children and young people across B&NES.

## **Training Delivery**

The Workforce Development Plan encompasses training and development programmes from the People and Communities Directorate, wider council initiatives and broader workforce learning opportunities. The plan also makes reference and interlinks with the training programme offered through B&NES Community Safety and Safeguarding Partnership. This evaluation paper will focus solely on training and other learning and development activities commissioned and delivered through the Children's Workforce Training Programme from 1 April 2019 to 31 March 2020. Information is provided on attendance, course evaluation, the impact of training onto practice and conclusions about future training and development priorities.

The development and delivery of the Children's Workforce Training Programme is overseen, and quality assured by the Council's Human Resources & Organisational Development Business Partner who specialises in Safeguarding and Multi-agency training.

The programme is flexible to meet demands and is delivered through council members, partner agencies, privately commissioned trainers and council commissioned services, with a number of specialist children's services having a written requirement around support to the workforce as part of their contractual agreements.

The Children's Workforce Training programme has resulted in the provision of 18 sessions taking place which comprised of 15 different training topics With a further 8 courses being cancelled across the year 2 due to low numbers, 3 due to issues relating to the training provider, and 3 due to the Covid – 19 Pandemic.

Additionally, due to a change in arrangements Public Health courses (including Sexual Health) are no longer incorporated directly into the CWF training programme,

Instead training information regarding the 10 courses which have advertised and administrated through the CWF service, has been recorded alongside the core information (please note an additional Public Health course was cancelled due to Covid-19).

Please refer to appendix A for detailed information regarding the Children's workforce training programme. Training offered directly by teams / agencies outside of the Children's Workforce programme, is detailed in appendix 4, but it should be noted that this is not an exhaustive list. Information is held regarding course evaluation and attendance by the respective programme managers.

## **Course Content**

All Children's Workforce training is child centred, evidenced based, promotes the need for working in partnership and governed by issues of equality and diversity.

**Child centred:** The training courses use a variety of techniques to ensure the needs of the child and the paramountcy principle remain central to the learning undertaken, including hearing individual children's stories, recognising the importance of relationship building with young people, providing techniques on receiving information from children and confirming the importance of using observation.

The evaluation forms also ask a specific question about how children and young people will know that a delegates practice has improved, ensuring that all delegates consider the situation from the perspective of a young person.

**Evidence Based:** The content of the training course is regularly appraised and reviewed to ensure it contains the latest research, reflective practice changes to legislation, practice and policy and the 'lessons learned' on a local and a national level.

**Partnership with Parents and Carers:** The training courses explore the relationships held between professionals and parents and carers in different working contexts from early help through to child protection. Within each of these situations focus is given to the importance of working in partnership with families for the most positive outcomes to be achieved, whilst exploring difficult or challenging topics with parents / carers including issues of disguised compliance.

**Interagency Collaboration:** Training is designed and delivered to multi- agency audiences, bringing together people and organisations and promoting the need for interagency working.

**Equality & Diversity:** All training is informed and governed by equal opportunities and reflects the diversity and cultural needs of the individuals and organisations, within Bath & North East Somerset, that have responsibilities for safeguarding and promoting the wellbeing of children

To support delegates' engagement in the course content, aid their understanding of the material and assist in transferring the learning undertaken into practice each course incorporates a variety of methods and approaches to ensure a variety of adult learning styles are catered for.

## **Course Attendance**

Children's Workforce training is accessible to all B&NES individuals who work with children, young people and / or their carers. The training is also available to members of the Adult Workforce as appropriate.

Bookings for course attendance are higher than the previous year with 72% of courses having over 70% of places booked, in contrast only 60% of courses reached this figure on the 18 – 19 programme. However, there has been a noticeable drop in the number of bookings being fulfilled with only one course receiving 100% attendance levels.

Particular challenges have been experienced this year with attendance on responding to youth suicides within schools, which received a booking rate of 36% and an overall attendance rate of 28%. Two courses on the programme also received a booking rate of 50% these being SARI Equalities and Diversity and CAMHS Deliberate Self Harm.

Low take up rates of courses are monitored, and attempts are made to improve attendance through additional advertising of the training and targeting specific areas of the workforce as appropriate. If it is not possible to achieve a minimum booking of 10 delegates, discussion will take place with the course trainer and a decision will be made as to whether the course will be deferred / cancelled. Decisions are informed by cost and time implications and the effect low numbers may have on the quality of group work and overall learning undertaken. This year it was necessary to cancel two courses due to low numbers - a Children & Families Induction and an Eating Disorders Session.

For further information regarding course attendance / agency representation please refer to appendix B

## **Evaluation & Quality Assurance**

The Children's Workforce Steering Group is required to evaluate the provision and quality of the training and ensure that it reaches all relevant staff.

### **Methods of Evaluation**

All courses advertise the learning outcomes expected from participants by the end of the session. The evaluation forms used on half day, full day or two-day courses remind attendees of the expected learning outcomes and delegates are asked to scale pre and post course their confidence in these areas. These scores are used to assess the effectiveness of the training in addressing the identified aims and objectives on the day. If a common theme emerges around objectives not being met this will trigger a review of the course content/ delivery style so that adjustments can be made.

Research into the effectiveness of training suggests that for participants to gain the most from learning they need to be able to make direct links to their own practice and consider how the knowledge gained in training can improve their practice. All delegates are therefore invited at the end of training to consider an action plan for changing their



behaviour in the workplace and think through the impact that this change will have on the children and young people that they work with.

Quality assurance on trainers' practice is undertaken through consideration of the evaluation forms received from training courses and also through sessions being observed by a member of the training team. The findings from the session observed are fed back to the trainer with an action plan being developed to address any gaps in provision / delivery identified.

Courses from commissioned trainers are also (where possible) evaluated through attendance prior to them being adopted onto the training programme or references being gained from other authorities who have used the identified trainer.

The methods of evaluation used have evidenced:

- Practitioners have developed further tools, strategies and techniques to use when working with children and families.
- Practitioners gained significant learning from hearing the 'voice' of the children and families with whom they are working and ensuring that children's needs and experiences are central.
- Training encouraged practitioners to think holistically to ensure they are more responsive to meeting the needs of children and families in B&NES.
- Practitioners found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter and translating this into improving practice.

The greatest level of negative feedback received across the training programme did not relate to course content or delivery, but to practical issues relating to acoustics within a venue or the timing of a session. One course received particular feedback regarding the need for more practical applications into practice for example specific behaviour management / language to use when working with children and their families in relation to the subject matter. This feedback was shared with the trainers and it has been agreed the course will be reviewed and adapted in response to this feedback before it is delivered on next year's programme.

Please refer to appendix C for examples of delegate feedback.

## **The next steps**

In evaluating the training that has taken place over the last year and in consideration of the priorities determined by the Children's Workforce in the 2018 – 2021 strategy the following will be the main Training and Development areas of focus:

- Review and adapt the training programme in response to changes in government guidance or service and training needs resulting from the Covid – 19 Pandemic.
- Build upon the work undertaken to further a culture and practice of 'Think Family' which extends to include the consideration of the community, in line with the

vision of B&NES Community Safety and Safeguarding Partnership – “Think Family and Community”.

- Further develop arrangements to include the voice and lived experience of children and families is included in all learning opportunities provided on the CWF programme.
- Focus on providing specialist training to equip the workforce with the knowledge and skills to support children with their emotional needs, wellbeing and resilience.
- Focus on providing Learning and training events to ensure the workforce are aware of the gaps in education and health outcomes for all vulnerable groups and support practice which addresses this disparity.

Appendix A

**Training delivery: 1st April 2019 - 31st March 2020**

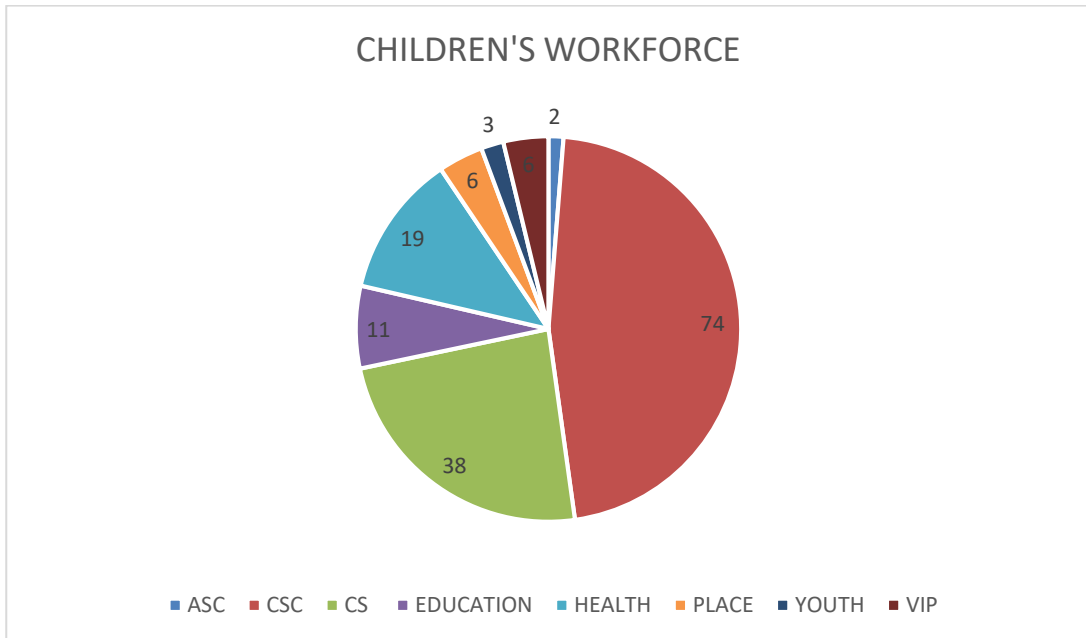
	Course Title	Number of Sessions run	Duration of course	Places Available	Places Booked	Delegates attended	% of places booked	% of attendance	% actual course take up*
CWT	Challenging & Aggressive Behaviour	1	7hrs	16	13	12	81	92	75
CWT	Children & Families Induction	2 (&2cancelled. 1 low numbers & 1 C-19)	7hrs	24	23	21	96	91	88
CWT	Equalities	1	3.5 hrs	12	8	7	67	88	58
CWT	Motivational Interviewing	1	7 hrs	16	17	9	106	53	56
CWT	Participation	2	2hrs	20	15	13	87	87	65
CWT	Responding to Youth Suicide in Schools	1	4 hrs	25	9	7	36	78	28
CWT	SARI – Dual Heritage / Mixed Heritage & Identity	1 (cancelled C- 19)	3.5 hrs	-	-	-	-	-	-
CWT	SARI – Equality & Diversity	1	3.5 hrs	18	9	7	50	78	39
CWT	SARI – Faith Awareness Training	1 (postponed by trainers)	3.5 hrs	-	-	-	-	-	-
CWT	Solution Focused	1	6hrs	18	15	9	83	60	50
CWT	Supervision Training	1	14 hrs	16	9	8	56	89	50
CWT	Therapeutic Life Story	1	7 hrs	30	34	34	113	100	113
CAMHS	Attachment - Introduction & Awareness	1 (cancelled by trainer)	3.5 hrs	-	-	-	-	-	-

CAMHS	ASD & Co Existing Mental Health	2	3 hrs	36	30	25	83	83	69
CAMHS	Deliberate Self Harm and Suicide	1 (&1 cancelled C-19)	3.5hrs	18	9	6	50	67	33
CAMHS	Eating Disorders	2 cancelled (1 due to low numbers & 1 by trainer)	3.5 hrs	-	-	-	-	-	-
CAMHS	Emerging Borderline Personality	1	3.5hrs	25	23	18	92	78	72
CAMHS	Loss & Bereavement	1	3.5hrs	18	16	12	89	75	67
CAMHS	MH First Response	1	12 hrs	18	14	11	78	79	61
PH	ASIST	1	14 hrs	24	23	20	96	87	83
PH	Connect 5 (Session A)	3	3.5 hrs	83	81	73	98	90	88
PH	Connect 5 (Session B)	1 (& 1 cancelled C-19)	7 hrs	30	26	19	87	73	63
SH	Alcohol, Drugs & Risk-Taking Behaviours	1	5 hrs	12	13	13	108	100	108
SH	Impact of the Internet	1	5 hrs	12	7	4	58	57	33
SH	Supporting YP with Sexual Health	1	5 hrs	12	10	8	83	80	67
SH	Strategies for supporting YP with Disabilities	1	5 hrs	10	10	7	100	70	70
SH	Working with LGBT+	1	5hrs	15	10	10	67	100	67

\*Attendance based on potential course capacity

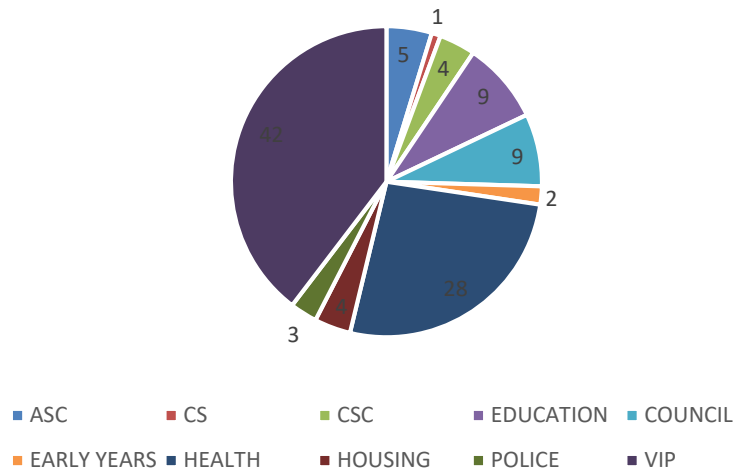
## Appendix B

### Agency Representation for attendance: 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020



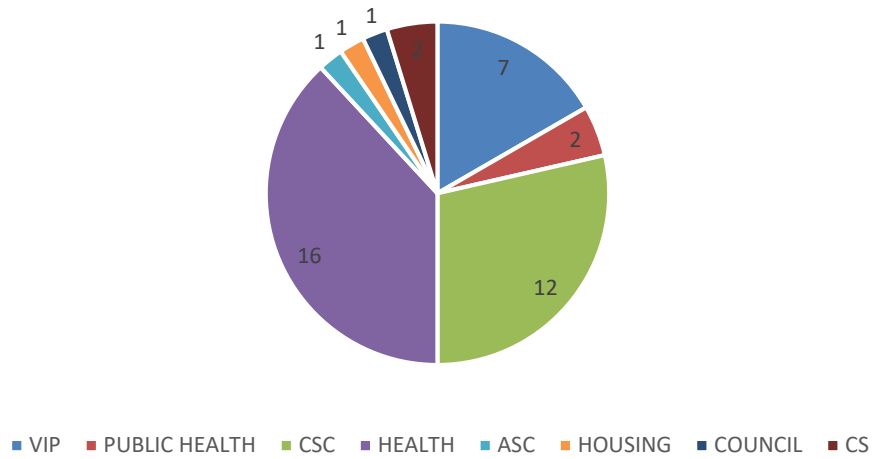
Agency Code	Number of Attendees
ADULT SOCIAL CARE	2
CHILDREN'S SOCIAL CARE	74
CHILDREN'S SERVICES (council)	38
EDUCATION	11
HEALTH	19
PLACE (Council)	6
YOUTH	3
VOLUNTARY / INDEPENDENT / PRIVATE	6
Total	159

## PUBLIC HEALTH



Agency Code	Number of Attendees
ADULT SOCIAL CARE	5
CHILDREN'S SOCIAL CARE	4
CHILDREN'S SERVICES (Council)	1
EDUCATION	9
HEALTH	28
COUNCIL (non C.S)	9
EARLY YEARS	2
HOUSING	4
POLICE	3
VOLUNTARY / INDEPENDENT / PRIVATE	42
Total	107

### SEXUAL HEALTH



Agency Code	Number of Attendees
ADULT SOCIAL CARE	1
CHILDREN'S SOCIAL CARE	12
CHILDREN'S SERVICES (Council)	2
HEALTH	16
COUNCIL (non C.S)	1
HOUSING	1
PUBLIC HEALTH	2
VOLUNTARY / INDEPENDENT / PRIVATE	7
<b>Total</b>	<b>42</b>

## Appendix C

### Delegate Feedback – Children’s Workforce Training

**Practitioner feedback has specifically identified that they have developed further tools, strategies and techniques to use when working with children and families.**

“Lots of ideas I will try and use in my work with C&YP”  
Social Worker (Equality & Diversity)

“Found the roleplay situations really useful as it gave me a chance to practice the skills we had been taught”  
Student Mental Health Nurse (Solution Focused)

“I liked the combination of real examples and the opportunity to practice the tools”.  
Compass Key Worker (Life Story Work)

“Excellent training very practical and helpful.”  
School Nurse (Responding to Youth Suicide)

“New ideas to take away and try”.  
Deputy DSL (ASD)

“Training fully applicable to use for job role.”  
Substance Misuse Worker (Motivational Interviewing)

“Really enjoyed the practice clips as it really helped to put the theory into practice”.  
FSP (Solution Focused)

“Useful tools to employ with families”  
Anon (Difficult & Aggressive Behaviours)

“I am really keen to use these techniques in my practice”  
Manager (Supervision)

“Glad to go away with activities that we can actually use with the YP we support”  
Engagement Worker (Participation)

**Course evaluations identified that practitioners gained significant learning from hearing the ‘voice’ of the children and families with whom they are working and ensuring that children’s needs and experiences are central.**

“Really helpful in thinking about how to work with the child so their voice is heard and those around them understand what they have experienced, what they are feeling.”  
Social Worker (Life Story Work)

“Great use of real situations and examples”  
GP (Solution Focused)

“Helpful to hear stories and real life examples”  
FSP (Motivational Interviewing)



“The use of personal stories was really powerful and brought the training to life. It really helped to put the theory in context and make sense of how to apply it in practice.”  
FSP (Life Story Work)

**Evaluations highlighted that training encouraged practitioners to think holistically to ensure they are more responsive to meeting the needs of children and families in B&NES.**

“It was really helpful to consider how parents may also have their own diagnosis”.  
Health Visitor (ASD)

“Lots of useful conversations - thinking about issues from a variety of perspectives and the possible impact on all involved.”  
CME0 (BPD)

“Good to hear about other professionals experiences to help think about situations more widely”  
Anon (Difficult and Aggressive Behaviours)

“Helpful to include how to support parents because I work with the whole family.”  
FSP (MH 1<sup>st</sup> response)

**Practitioners advised that they found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter and translating this into improving practice.**

“Fantastic, knowledgeable, experienced trainer.... More like this please”  
Manager (Life Story Work)

“The presentation and presenters kept my attention well and were engaging with the audience to embed learning”.  
Senior Practitioner (BPD)

“Really interesting and well presented”  
Outreach Worker (ASD)

“Excellent learning and teaching was top notch”  
Pastoral Manager (Responding to Youth Suicide)

“Thank you so much it was fantastic”  
Progress leader (Equalities)

“Excellent training – really informative”  
Student School Nurse (DSH)

“Good pace – nice style relaxed and informal”  
Career Progression Coach (Motivational Interviewing)

“Thank you [Trainers] I like your style and felt comfortable in the training.”  
Family Nurse (MH 1<sup>st</sup> response)

“Brilliant – learnt a lot”  
Deputy DSL(Responding to Youth Suicide)

## Appendix D

### Training Matrix 2019 - 2020

The 'common core skills and Knowledge':

1. Effective communication and engagement
2. Child and young person development
3. Safeguarding and promoting the welfare of the child
4. Supporting transitions
5. Multi-agency working
6. Sharing information

Training Programme	Training Course	Course Provider	Core Standards	comments
Children's Workforce: CAMHS	ASD & Co Existing Mental Health	People and Communities Contract with CAMHS	2,3	Core Standards measured against learning objectives rather than course content.
Children's Workforce	Challenging & Aggressive Behaviour	Commissioned Independent Trainer	1,6	Core Standards measured against learning objectives rather than course content.
Children's Workforce	Children & Families Induction	Internal trainers	3, 5,6	Core Standards measured against learning objectives rather than course content.
Children's Workforce: CAMHS	Deliberate Self Harm & Suicidal Behaviour	People and Communities Contract with CAMHS	2,3,5,6	
Children's Workforce: CAMHS	Eating Disorders	People and Communities Contract with CAMHS	2,3,5	
Children's Workforce:	Emerging Borderline	People and Communities	2, 3	

CAMHS	Personality Disorders	Contract with CAMHS		
Children's Workforce	Equalities Training	Internal trainers	1,3,5	Core Standards measured against learning objectives rather than course content.
Children's Workforce: CAMHS	Loss and Bereavement	People and Communities Contract with CAMHS	2,3,4	
Children's Workforce: CAMHS	Mental Health First Response	People and Communities Contract with CAMHS	2,3,5	Core Standards measured against learning objectives rather than course content.
Children's Workforce	Motivational Interviewing	Commissioned Independent Trainer	1,4	
Children's Workforce	Responding to Youth Suicide	Internal trainer	1,3,4,5,6	Core Standards measured against learning objectives rather than course content.
Children's Workforce	SARI – Dual Heritage / Mixed Heritage and Identity	People and Communities Contract with SARI	1,2,3,5,6	Core Standards measured against learning objectives rather than course content.
Children's Workforce	SARI – Equality and Diversity	People and Communities Contract with SARI	1,3	Core Standards measured against learning objectives rather than course content.
Children's Workforce	SARI – Faith Awareness	People and Communities Contract with SARI	1,3	Core Standards measured against learning objectives rather than course content.
Children's Workforce	Solution Focused	Commissioned Independent Trainer	1	
Children's Workforce	Supervision Training	Commissioned Independent Trainer	1,3,4,6	
Children's Workforce	Therapeutic Life Story	Commissioned Independent Trainer	1,2,3,4,6	Core Standards measured against learning objectives rather than course content.
Children's Workforce	Young People's Participation in practice	People and Communities Contract with Off the Record	1,4	
Public Health	ASIST		1,3,4,5,6	.
Public Health	Connect 5		1,3,5	Core Standards measured against learning objectives

	(Session A)			rather than course content.
Public Health	Connect 5 (Session B)		1,3,5	
Public Health (Sexual Health programme)	Alcohol, Drugs & Risk taking Behaviours		1,2,3 & 6	Core Standards measured against learning objectives rather than course content.
Public Health (Sexual Health programme)	Impact of the Internet and Pornography on Sex and Relationships		1,2,3	Core Standards measured against learning objectives rather than course content.
Public Health (Sexual Health programme)	Strategies to Support the Sexual Health Needs of Young People with Learning Disabilities		1,2,3	Core Standards measured against learning objectives rather than course content.
Public Health (Sexual Health programme)	Supporting Young People with their Sexual Health		1,2,3,4,5 & 6	Core Standards measured against learning objectives rather than course content.
Public Health (Sexual Health programme)	Working with Lesbian, Gay, Bisexual, Transgender (LGBT) Young People and Sexual Health		1,2,3	Core Standards measured against learning objectives rather than course content.
BCSSP	Adults Safeguarding Level 2	Commissioned Independent Trainer	1,3,5,6	
BCSSP	Adults Safeguarding Level 3	Internal trainers	1,3,5,6	
BCSSP	Child Sexual Abuse	Commissioned Independent Trainer	2,3,5	Core Standards measured against learning objectives rather than course content.
BCSSP	Complex / Toxic Trio: Awareness Raising	LSCB trainer	1,2,3,5,6	
BCSSP	Complex / Toxic Trio: Safeguarding and Child Protection	LSCB trainer, South Side & DHI	1,2,3,5,6	

BCSSP	Domestic Abuse: Safeguarding and Child Protection	LSCB trainer, Internal trainers & South Side	1, 2,3,4,5,6	
BCSSP	Early Help Assessment	Internal trainers	1,2,3,5,6	
BCSSP	Early Help Assessment inc LP TAC	Internal trainers	1,2,3,5,6	
BCSSP	Exploitation & County Lines	Police	1,2,3,4,5,6	
BCSSP	Inter- Agency Child Protection: Advanced	LSCB trainer, Police & Health	1,2,3,5,6	
BCSSP	Inter- Agency Child Protection: Standard	LSCB & internal trainers	1,2,3,5,6	
BCSSP	Intro to MCA	Internal trainers	1,2,3,4,5,6	
BCSSP	Lead Professional and Team Around the Child	Internal trainers	1,3,5	
BCSSP	Managing Allegations	Internal Trainer	1,2,3,5,6	
BCSSP	MCA	Internal trainers	1,2,3,4,5,6	
BCSSP	Neglect: Safeguarding and Child Protection	LSCB trainer & Health	1,2,3,4,5,6	
BCSSP	Neglect: Awareness Raising	LSCB trainer	1,2,3,4,5,6	
BCSSP	Online Safety: Safeguarding Children in the Digital World	Commissioned Independent Trainer	1,3	Core Standards measured against learning objectives rather than course content.
BCSSP	Private Fostering Workshop	CWF Training & Internal trainers	1,3,6	
BCSSP	Safer Recruitment	Internal trainers	3,5,6	

BCSSP	Self - Neglect	Commissioned Independent Trainer	1,3,5,6	
BCSSP	Substance Misuse: Safeguarding and Child Protection	LSCB trainer & DHI	1,2,3,5,6	
BCSSP	The Toxic Trio: Awareness Raising	LSCB trainer	1,2,3,5,6	
BCSSP	The Toxic Trio: Safeguarding and Child Protection	LSCB trainer, South Side & DHI	1,2,3,5,6	
BCSSP	Train the Trainer	LSCB trainer & Internal trainers	1,2,3,5,6	
BCSSP	Train the Trainer – Child Exploitation	Commissioned Independent Trainer	1,2,3,4,5,6	
BCSSP	Understanding Forced Marriage	Commissioned Independent Trainer	1,3,5,6	
BCSSP	Willow	Commissioned Independent Trainer	1,2,3,4,5,6	
BCSSP	Workshop Raising Awareness of Prevent	LSCB & Internal trainers	1,2,3,5,6	
BCSSP	Youth @ Risk Strategy Launch		1,2,3,4,5,6	
E- Learning	Adult Safeguarding			
E- Learning	Child Sexual Exploitation			
E- Learning	Childhood Obesity			
E- Learning	Children of Prisoners			
E- Learning	Common Assessment Framework			
E- Learning	Domestic Abuse			
E- Learning	Equalities and Trans Awareness			
E- Learning	Female Genital Mutilation			
E- Learning	Forced Marriage			

E- Learning	Introduction to Safeguarding and Child Protection			
E- Learning	Self Neglect			

## Appendix E

### **Public Health and Sexual Health Training Courses 2019 - 2020**

Course Title	Number of courses / Sessions run	Duration of course
Applied Suicide Intervention Skills Training (ASIST)	1	2 days
Connect 5 session A	7	½ day
Connect 5 session B	7	1 day
Sexual health		
C-card training	10 sessions	Two hours per session
SAFE training	3	Two hours per session
Healthy eating / weight		
HENRY CORE – an evidence based, licenced strengths-based, solution focused, family partnership, parenting programme (0-5)	2	2 days
Healthy Start in Childcare (HENRY)	1	1 day
General Health		
Making Every Contact Count	8	2 x ½ plus E-learning module



### Training Programme for Early Years

EARLY YEARS TRAINING (Not full programme) - 1/4/19 - 31/3/20		
TYPE/GROUP	TRAINING EVENT	TOTAL NUMBER OF ATTENDEES
Learning & Development	Introduction to Childminding Practice	5
Learning & Development	Strengthening assessment practice to ensure effective early identification of needs	16
Learning & Development	Helicopter Stories - Using the Story Telling and Story Acting Approach	19
Learning & Development	QUEST Cluster for ALL Providers	12
Learning & Development	Practice in Action: Supporting children with English as an additional language	6
Schools	Profile Statutory Moderation Cluster 2019	28
Learning & Development	An introduction to children's communication and language development in the EYFS	19
Schools	Profile Statutory Moderation Cluster 2019 (AM)	32
Schools	Profile Statutory Moderation Cluster 2019 (PM)	27
Safeguarding & Welfare	Blended Paediatric First Aid Course	21
Safeguarding & Welfare	Child Protection Training - Foundation Level	26
Learning & Development	Risk and Challenge in Outdoor Environments: Keeping the most vulnerable in mind	16
Learning & Development	Early Years Conference - Confident Communicators	128
Learning & Development	Supporting our most Vulnerable Children	14
Learning & Development	Developing children's Attention and Listening Skills in the Early Years Foundation Stage	20
Learning & Development	Understanding the revised Ofsted Inspection Framework	68
Safeguarding & Welfare	The Role of the Local Authority Designated Officer (LADO) - Designated Safeguarding	28
Learning & Development	Emotion Coaching - A Different Approach to Managing Behaviour (2 part course)	21
Safeguarding & Welfare	Blended Paediatric First Aid Course	8
Safeguarding & Welfare	Child Protection Training - Foundation Level	27
Learning & Development	Developing Early Language Skills - YR Twilight Practice Discussion	11
Safeguarding & Welfare	Child Protection Training - Foundation Level	13
Project	Active Story Making Project	16

Safeguarding & Welfare	Child Protection Training - Foundation Level	25
	New and/or Inexperienced SENCo/Leaders and Managers Training - PART 1	20
Learning & Development	New to EYFS - A Strong Start for Practitioners (Daytime)	27
Schools	Introduction to the EYFS Profile Statutory Assessment	20
Safeguarding & Welfare	Blended Paediatric First Aid Course	24
	HENRY Healthy Start in Childcare Training - FREE 1 Day	5
Learning & Development	Emergent Mark Making	25
Schools	Practice in Action: Supporting children with English as an additional language	6
Learning & Development	New to EYFS - A Strong Start for Practitioners (Evening)	18
Learning & Development	Making the most of Maths Through Stories	15
Safeguarding & Welfare	Child Protection Training - Foundation Level	13
	SENCo CORE Training	49
Safeguarding & Welfare	Designated Person for Child Protection Cluster	33
Learning & Development	QUEST Cluster for ALL Providers	11
Safeguarding & Welfare	Child Protection Training - Foundation Level	20
Learning & Development	Fun with phonics: Supporting children's phonological development with Letters & Sounds	22
Schools	Reception Teachers Assessment Network (Statutory) (AM)	38
Schools	Reception Teachers Assessment Network (Statutory) (PM)	34
Learning & Development	Strengthening assessment practice to ensure effective early identification of needs	16
Learning & Development	Practice in Action: Supporting children with English as an additional language	7
Safeguarding & Welfare	Blended Paediatric First Aid Course	23
Learning & Development	Emotion Coaching - A Different Approach to Managing Behaviour	34
Learning & Development	Leaders /Managers/Childminders Network	42
Learning & Development	Mastering Maths in Reception	31
Learning & Development	An awareness session for Childminders around Identifying and Supporting Children with SEND	18

Learning & Development	Supporting the development of children's Characteristics of Effective Learning	26
	SENCo CORE Training	47
Learning & Development	Nursery Backtracked Data Discussion - BATH	5
Safeguarding & Welfare	Blended Paediatric First Aid Course	22
Learning & Development	Early Years Maths - Exploring the big ideas	27
Learning & Development	Nursery Backtracked Data Discussion - KEYNSHAM	5
Safeguarding & Welfare	Child Protection Training - Foundation Level	22
Schools	Twilight Assessment Cluster for Schools and Early Years Settings (St Keyna Primary)	13
Schools	Twilight Assessment Cluster for Schools and Early Years Settings (St Andrew's Primary)	19
Learning & Development	QUEST Cluster for ALL Providers	10
	New and/or Inexperienced SENCo/Leaders and Managers Training - PART 2	20
Learning & Development	Play is a child's work: Planning for Playful learning in the EYFS	72
Safeguarding & Welfare	Child Protection Training - Foundation Level	23
Safeguarding & Welfare	Safer Recruitment	Cancelled COVID-19
Safeguarding & Welfare	Blended Paediatric First Aid Course	Cancelled COVID-19
Learning & Development	Sustained Shared Thinking : What's that all about?	Cancelled COVID-19
100% - completed evaluations and these are demonstrating impact		

### Corporate training plan - 2019 – 2020

<b>Course Name</b>	<b>Duration</b>	<b>Sessions Arranged</b>	<b>Cancelled due to Low Numbers</b>	<b>Cancelled due to COVID19</b>
90 Minute Email Masterclass Seminar	1.5 hrs	2	0	0
Applying for Jobs: Applications and CVs (Workshop)	half day	1	1	0
Applying for Jobs: Interview Skills (Workshop)	half day	1	1	0
Autism Awareness	half day	1	0	0
Coaching Skills for Leaders	1 day	17	5	1
Did You Know? Sessions	1 hr	9	1	0
Document Awareness	half day	1	0	0
Equalities for Customer Facing Roles (Workshop & E-Learning)	half day	2	0	0
Equality Awareness for Team and Service - Workshop	half day	1	0	1
Excel Essentials	half day	4	0	0
Induction Day (Workshop)	1 day	6	0	1
Making Every Contact Count (MECC)	2 x half days	8	0	0
Managing Discipline and Grievance (Workshop)	1 day	3	0	0
Managing Sickness Absence (Workshop)	half day	2	0	0
Managing to Improve Performance (Workshop)	1 day	2	0	1
Mental Health Awareness For Managers	half day	4	0	1
Mentoring Apprentices	half day	1	0	0
Mindfulness Training	1.5 hours	7	0	0
Outlook Essentials	half day	4	0	0
Performance Development Conversation (PDC) - a Coaching Approach	half day	6	0	1
Preparing for your Performance Development Conversation (PDC)	half day	11	0	0
Recruiting "The BANES Way" for Experienced Recruiters	half day	2	0	0
Recruitment & Selection Skills (Workshop)	2 days	2	1	0
See, Check & Notify (SCaN) for ALL (1 hr)	1 hr	12	0	2
See, Check and Notify (ScaN) for Customer Facing Roles (3 hrs)	3 hrs	2	1	0
Stress & Resilience Seminar	half day	6	2	0
Windows 10 and Office 365 Essentials Course	half day	8	0	4
Workshop Raising Awareness of Prevent (WRAP)	1.5 hrs	5	1	0

## Social Care Training Programme 2019/2020

	<b>Course Title</b>	<b>No of Sessions</b>	<b>Duration of Course</b>	<b>Places Offered</b>	<b>Places Booked</b>	<b>Places Attended</b>
April 2019	PiP Conference	1	1 day		6	6
May 2019	Social Work Conference	1	1 day	60	59	59
May 2019	Coaching Skills for Leaders	1	1 day		11	11
May 2019	Trauma Informed Practice	2	2 days	100	81	81
June 2019	Karl Thom Systemic Theory Training	2	2 days		36	36
September 2019	Lucy Faithful Training – Assessing Child Sexual Abuse	1	1 day	25	28 (3 reserve)	25
October 2019	Whole Family & Community Thinking	1	1 day	100	95	95
November 2019	ASYE Trauma Training	1	1 day		11	11
November 2019	Trauma Informed Practice	1		4	7 (3 reserve)	4
January 2020	That Difficult Age: Developing a more effective response to risk in adolescence	1		4	9 (5 Reserve)	4
February 2020	Developing Professional Curiosity	1	1		25	25
February 2020	Social Work Conference	1	1 day	100	97	97

## Training Programme for Adopters, Foster Carer and Special Guardians 2019 - 2020

### Training Requirements for Newly Approved Foster Carers and Connected Carers

Core Skill	Which carer must complete this core skill?		Course which covers this core skill		Refresher required every three years
	Main	Secondary	Face to Face	E Learning	
1: First Aid	✓	✓	<a href="#">Paediatric First Aid for Carers</a>		*
2: Safeguarding/ Child Protection	✓	✓	<a href="#">Basic Awareness Child Protection South Glos</a> <a href="#">Child Protection for Foster Carers and Family Link Carers</a> B&NES	Awareness of Child Abuse and Neglect	*
3. Safer Caring	✓	✓	<a href="#">Safer Caring</a>	Safer Caring	*
	All male carers		<a href="#">Safer Caring Men in Foster Care</a>		
4. Equality and Diversity	✓	✓	<a href="#">An Introduction to Equality and Diversity (including disability awareness)</a>	Equality and Diversity	
5. Report Writing	✓		<a href="#">Recording – Write Enough</a>	Confidentiality and Record Keeping	
6. Attachment and Well being	✓		<a href="#">Why and How? Attachment and Emotional Health for Young People Looked After</a>	Introduction to attachment and brain development	
			<a href="#">Principles for Attachment</a>		
7. Managing	✓		<a href="#">Managing Behaviour Positively and Appropriate</a>	Behaviour and the Physical Environment	

Behaviour			<a href="#">Physical Intervention</a>	Impulsive Behaviour	
			<a href="#">Butterflies and Bees (South Glos)</a>		
			<a href="#">Or Fostering Changes</a>		
			<a href="#">Foundations of Attachment (BANES)</a>		
8. Child Sexual Exploitation	✓		<a href="#">Raising Awareness of CSE - South Glos</a> <a href="#">Raising Awareness of CSE – B&amp;NES</a>	Child sexual exploitation: Protecting children and young people from harm	*

All carers need to complete their Core Skills training within the first 2 years of caring (secondary carers are required to complete core skills 1 to 4.) All core skills training for foster carers is identified in the tables below.

Occasionally you may have completed training at your place of work, which would also cover these Core Skills. Please speak to your Social Worker or the Training Officer about this.

Both carers in a household are able to access all training. The ✓ indicates the minimum expectation.

Core Skill	Which carer must complete this core skill?		Course which covers this core skill		Refresher required every three years
	Main	Secondary	Face to Face	E Learning	
1: First Aid	✓	✓	<a href="#">Paediatric First Aid for Carers</a> - face to face		*
2: Safeguarding/ Child Protection	✓	✓	<a href="#">Basic Awareness Child Protection South Glos</a> <a href="#">Child Protection for Foster Carers and Family Link Carers</a> B&NES	Awareness of Child Abuse and Neglect	*
3. Safer Caring	✓	✓	<a href="#">Safer Caring</a>	Safer Caring	*
	All male carers		<a href="#">Safer Caring Men in Foster Care</a>		

4. Equality and Diversity	✓	✓	<a href="#">An Introduction to Equality and Diversity ( including disability awareness )</a>	Equality and Diversity	
8. Child Sexual Exploitation	✓		<a href="#">Raising Awareness of CSE - South Glos</a> <a href="#">Raising Awareness of CSE – B&amp;NES</a>	Child sexual exploitation: Protecting children and young people from harm	*
9. Manual Handling	✓	✓	Bespoke manual handling Course		*

### **Training requirements for newly approved Family Link Carers /Short Break Carers for disabled children**

#### **Additional Courses that also cover these Core Skills - Refreshers**

Over the course of your fostering career you need to keep up to date with training. Our knowledge and understanding is constantly growing and is updated as more research takes place. It is therefore vital that you keep abreast of these changes too.

To help you identify courses that will refresh core skills the following table outlines other courses that would also meet these core skills.

Core Skill	Other face to face Training Courses that fall under the core skill				E learning Courses
1: <a href="#">First Aid</a>	We only run one type of course. If you had a child with complicated medical needs – specific one to one training would be provided				
2: Safeguarding/ Child Protection	Interagency Child Protection (face to face)  <a href="#">B&amp;NES South Glos</a>	Advanced Interagency Child Protection (face to face)  <a href="#">B&amp;NES South Glos</a>	Child Protection Update (refresher every two years) (face to face)  <a href="#">South Glos</a>	Workshop to raise awareness of PREVENT (face to face)  <a href="#">B&amp;NES South Glos</a>	<ul style="list-style-type: none"> <li>Child Protection L3</li> </ul>
3. <a href="#">Safer Caring</a>	<a href="#">E Safety</a> (with agreement	<a href="#">Building Resilience to Stress Less.</a>			<ul style="list-style-type: none"> <li>Assessing and Managing Risk</li> </ul>



	with your SSW)	(with agreement with your SSW)			(E Learning)
4. Equality and Diversity	Equality and Diversity Training  <a href="#">South Glos</a>  (face to face)	<a href="#">Diversity – So What?</a> Aimee Williams	<a href="#">Equalities</a> (B&NES)		<ul style="list-style-type: none"> <li>Equality and Diversity in Professional Practice (Level 4) E learning</li> </ul>
5. <a href="#">Report Writing</a>	We currently only run one type of course under this core skill				<ul style="list-style-type: none"> <li>Recording</li> </ul>
6. Attachment and Well being	<a href="#">Emotion Coaching</a> (face to face)	<a href="#">Promoting Health and Emotional Resilience</a>	<a href="#">Youth Mental Health First Aid</a>		<ul style="list-style-type: none"> <li>Attachment and brain development</li> <li>Building Resilience</li> <li>Child Development</li> <li>Emotion coaching L3 and L4</li> <li>Transitions and vulnerability L3</li> <li>Understanding Trauma L3</li> <li>Building Individual and Community Resilience L4</li> <li>Vulnerability, trauma and recovery L4</li> </ul>
7. Managing Behaviour	<a href="#">Parenting using Non-Violent Resistance Approach to overcome difficult</a>	<a href="#">Fostering Changes from Birth to 14 years.</a>	<a href="#">Parenting Teenagers who have suffered multiple ACE's (Adverse Childhood Experiences)</a>		<ul style="list-style-type: none"> <li>Impulsive Behaviour L3</li> <li>Behaviour and the physical environment: - Adapting the physical environment to promote</li> </ul>

	<a href="#">behaviours - training for foster carers</a> (Face to Face)		Pilot Monthly support group		recovery from trauma. L4 ( AC Education) <ul style="list-style-type: none"> <li>• Making sense of Adolescence</li> <li>• Teenage Challenging Behaviour</li> </ul>
8. Child Sexual Exploitation	Working with CSE Skills and Practice  <a href="#">B&amp;NES South Glos</a>				Child sexual exploitation: Protecting children and young people from harm

For more information on courses available please refer to : [\\banes-shared\shared\\$\Children & Families Services\Family Placement Team Files\TRAINING\Training booklet 2019-2020.docx](\\banes-shared\shared$\Children & Families Services\Family Placement Team Files\TRAINING\Training booklet 2019-2020.docx)



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<b>Bath &amp; North East Somerset Council</b>	
MEETING/ DECISION MAKER:	<b>Health and Wellbeing Board</b>
MEETING DATE:	<b>29 September 2020</b>
TITLE:	<b>Bath &amp; North East Somerset Community Safety &amp; Safeguarding Partnership (BCSSP) Annual Report 2019-2020</b>
WARD:	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b>	
Attachment 1: BCSSP Annual Report 2019-2020	

## **1 THE ISSUE**

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

## **2 RECOMMENDATION**

**The Panel is asked to;**

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

## **3 THE REPORT**

3.1 The report contains information covering the following areas:

- The current community safety and safeguarding context for B&NES

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

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

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

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

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

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

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

- Despite some quarterly fluctuations, the number of children on child protection plans has remained consistent for the last three years.

- Number of adults for whom a safeguarding concern was raised was 1132 in 2019/2020 down 1.5% from 2018/19; similarly section 42 enquiries reduced from 28% of concerns to 26% of concerns.

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

#### **4 STATUTORY CONSIDERATIONS**

- 4.1 Three reasons can be considered in terms of the statutory basis for the BCSSP annual report being shared with the Health and Wellbeing Board.
- 4.2 Safeguarding is everyone's business and the BCSSP would like the Board to consider the information contained in the report on this basis and because it meets the outcomes the Health and Wellbeing Board set out to achieve through its Strategy.
- 4.3 The BCSSP has set out in its Terms of Reference the requirement for the BCSSP Annual Report to be presented to the Board. By delivering this presentation the BCSSP is meeting its responsibilities and raising awareness of safeguarding concerns.
- 4.4 Although the Council is responsible for establishing the BCSSP jointly with its statutory partners, Avon and Somerset Constabulary, B&NES, Swindon & Wiltshire CCG, National Probation Service and Avon Fire and Rescue Service, the BCSSP is not accountable to the Board – it is independent. Therefore, the relationship is one of mutual challenge and scrutiny. It is also on this basis the BCSSP would like to present their work.
- 4.5 There is also a requirement for the BCSSP to present its Annual Report to the Health and Wellbeing Board for consideration and the Care Act 2014 Schedule 2 requires a copy to be shared with the Chair.

#### **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

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

## 6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.
- 6.2 The BCSSP developed its own Risk Register for 2019 – 2020 which is regularly monitored. This will be available to share with the Board if requested

## 7 EQUALITIES

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

## 8 CLIMATE CHANGE

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

## 9 OTHER OPTIONS CONSIDERED

- 9.1 None

## 10 CONSULTATION

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

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



# ANNUAL REPORT

2019-2020



Bath & North East Somerset  
Community Safety and  
Safeguarding Partnership

**BCSSP**



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# WELCOME FROM THE CHAIR

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

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

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

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

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

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

Siân Walker - Independent Chair



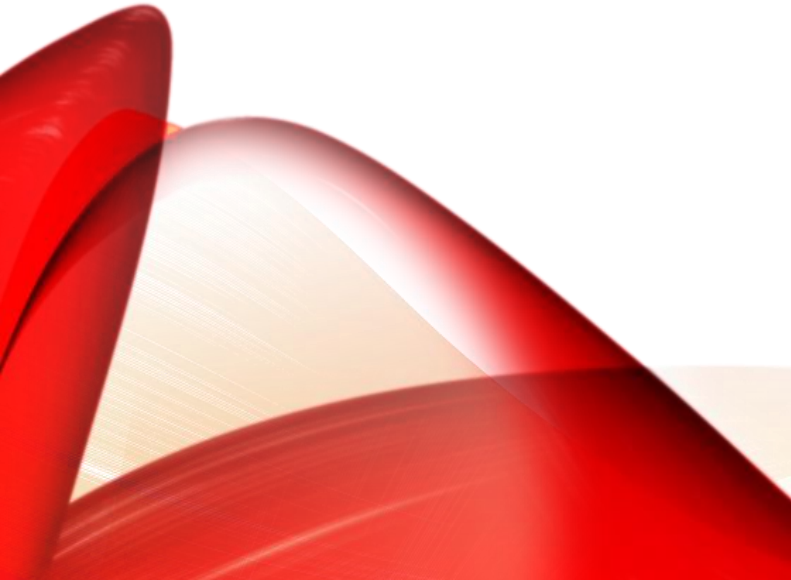
In June 2018, the government announced that all local authorities would need to make arrangements to replace their Local Safeguarding Children Board by September 2019. Instead of each locality having access to a Local Safeguarding Children Board, the government wanted each locality to have access to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

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

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

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

# OUR STORY



# BCSSP STRUCTURE

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

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

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

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

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

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

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

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

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

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

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



# STRATEGIC PLAN - CHILDREN

## What we'll do

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

**5** **Five Outcomes**

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

**13** **Thirteen Priorities**

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

## How we'll do it – our commitments



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

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

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

# STRATEGIC PLAN - ADULTS

## What we'll do

1

### One Vision

*Safeguarding is Everybody's Business*

5

### Five Outcomes

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

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### Twelve Priorities

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

## How we'll do it

Use a 'Think Family' approach

Make safeguarding personal

4

### Four Commitments

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

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

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

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

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

### Our work will be linked to the work of the:

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

# OUR ACHIEVEMENTS

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

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

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

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

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

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

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

Reinvigorated a MARAC Steering Group (Domestic Abuse)

All partners developed Domestic Abuse Policies to support their staff

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

Completed the Statutory Section 175 Safeguarding in Education Audit

Implemented a Training Charging Policy

Hosted a Youth Offending Service Management Board Development Day

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

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

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



# STRATEGIC PLAN – COMMUNITY SAFETY

## PRIORITY 1

### PROTECT THE MOST VULNERABLE FROM HARM

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

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

Local specialist domestic abuse agency Southside reported

**69%**

**OF SURVIVORS HAVING CHILDREN IN THE HOUSEHOLD**

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

**Hate crime reports in B&NES have increased by around**

**20%**

when comparing April 2017-18 to April 2016-17

It is believed that only

**5%** OF MASS MARKETING FRAUD IS REPORTED

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

#### KEY OBJECTIVES

#### WHAT DO WE PLAN TO ACHIEVE BY 2021



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



Strengthen the role of the Hate Crime and Community Cohesion Partnership



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

#### ACHIEVEMENTS

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

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

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

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

Scams awareness material has been circulated to BCSSP partners to promote

Scams awareness material has been pushed through social media

## PRIORITY 2

### STRENGTHEN AND IMPROVE LOCAL COMMUNITIES TO IMPROVE OUTCOMES FOR LOCAL PEOPLE

A high proportion of people

**88%**



report feeling safe in their local area.

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

### WORK WITH OUR CONNECTING COMMUNITIES FORUMS



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

### #NeverOK Campaign

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

#### KEY OBJECTIVES

#### WHAT DO WE PLAN TO ACHIEVE BY 2021



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



Continue the commitment to support neighbourhood policing



Strengthen the resilience of local communities

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

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

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

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

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

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

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

## PRIORITY 3

### WORK TOGETHER EFFECTIVELY TO RESPOND TO COMMUNITY SAFETY CHALLENGES

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

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

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

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

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

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

## “LONE ACTORS”

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

### KEY OBJECTIVES WHAT DO WE PLAN TO ACHIEVE BY 2021



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



Comply with legislative changes regarding responsibility for Prevent.

### ACHIEVEMENTS

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

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

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

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

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

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

# CASE REVIEWS AND OUR LEARNING

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

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

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

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

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

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

# THE WORK OF THE BCSSP SUB-GROUPS

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

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

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



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

# SUPPORTED BY OUR PARTNERS

## Avon Fire & Rescue Service

- Improved knowledge and skills for staff using new e-learning safeguarding module
- Trained new members of the safeguarding triage team in how to deal appropriately with safeguarding concerns
- Reviewed the structure of the safeguarding leads to ensure resilience across all unitary areas
- From Section 11 audit, reviewed practices and created an action list

## Avon & Somerset Constabulary

- Established a Victims of Crime Advocacy Service
- Completed an internal audit of 30 safeguarding adult investigations to provide a benchmark and assure effectiveness of future improvement activity
- Compiled and presented evidence to support the Independent Inquiry into Child Sexual Abuse
- Delivered (in B&NES) CSE awareness sessions to over 2300 children, 200 professionals from education, health, social care, foster carers and the voluntary sector and 230 parents
- Introduced a system to support and maintain sufficient Specialist Child Abuse Investigator Development Programme trained and accredited detectives and supervisors

## B&NES Council Adults Social Care

- Implemented the ADASS/LGA guidance on making decisions regarding safeguarding enquiries (1) and (2). This involved a change to process and recording
- Completed 85 – “No further action” audits to provide assurance to the Board that safeguarding decision making is robust, and actions identified were completed
- Contributed to all the SAR’s and DHR’s undertaken in the year and used the learning from these to further strengthen safeguarding practice
- Chaired weekly MASH meetings, considering 300 referrals made by a range of agencies
- Led three Safeguarding Level 3 training courses, training over 60 people from a range of organisations and professions

## B&NES Council Children’s Social Care

- The Director of Children and Young People Service chairs the Joint Targeted Area Inspection Group (JTAI) and YOS Management Board
- Ofsted Focused visit for Care Leavers in November 2019 re-affirmed service improvement for this cohort – strategy plan developed
- Progressed the development of the Unifying Practice Framework
- Formally consulted on the re-design of the Safeguarding Outcomes part of the service
- Initiated work with Commissioning colleagues to obtain independent feedback from our families receiving a Child in Need Service
- Developed the quality and accessibility of performance data for managers to enable them to make better informed decisions about allocation of resources on a day to day level if required
- Redesign of Adolescents at Risk and Care Leavers Service
- Service wide workshops to consider B&NES approach to Permanence and Kinship Care
- Increased cohort within the “ In Care Council “

## Bath Spa University

- Reviewed safeguarding policies for students and staff
- Implemented new safeguarding e-learning training resource
- Representation at BCSSP

<b>Barnardos</b>	<ul style="list-style-type: none"> <li>• BASE programme supports children and young people at risk of being sexually exploited. Children in touch with BASE reported positive impact from the work, particularly in relation to increased recognition of abuse, reduced symptoms of trauma being displayed and uptake of sexual health services</li> <li>• BASE facilitated contact between children who have experienced CSE and Police, leading to a number of children giving statements and Police taking action against those sexually exploiting children</li> <li>• BASE has continued to refer children who have been trafficked to the National Referral Mechanism (NRM), leading to some decisions that trafficking has taken place</li> <li>• BASE has supported parents of children facing CSE and received feedback that it has been helpful in enabling the parent to understand what is happening and how they can support</li> </ul>
<b>B&amp;NES Swindon &amp; Wiltshire Clinical Commissioning Group</b> Page 72	<ul style="list-style-type: none"> <li>• Ensured a safeguarding schedule for GP practices was in place, so safeguarding assurance can be sought and a baseline created</li> <li>• Ensured a safeguarding schedule for all large health contracts</li> <li>• Continued to employ a Named Safeguarding Adult and Children's GPs</li> <li>• Completed a learning review for the LSCB/BCSSP</li> <li>• Supported the Avon and Somerset Strategic Safeguarding Partnership (ASSSP) and BCSSP in their development</li> <li>• Acted as budget holder for the ASSSP consultant to support transition</li> <li>• Supported Child Death Overview Panel process and transition to new statutory requirements</li> </ul>
<b>Carers Centre</b>	<ul style="list-style-type: none"> <li>• Board of Trustees all received safeguarding training to enable them to discharge their governance responsibilities</li> <li>• Lead trustee for safeguarding appointed</li> <li>• Safeguarding added as a standard agenda item to the Board meeting</li> <li>• New joint child and adult safeguarding policy adopted</li> <li>• Details of approach to safeguarding added to website for public access</li> </ul>
<b>Carewatch</b>	<ul style="list-style-type: none"> <li>• Maintained an overall 'Good' inspection report from CQC</li> <li>• Operations Director sits on BCSSP operational Group; Early Hep &amp; Intervention Sub-group and; MCA Sub-group</li> <li>• Continued to work with clients through the safeguarding process</li> </ul>
<b>CURO</b>	<ul style="list-style-type: none"> <li>• Worked with Police and partner agencies to safeguard people being targeted by County Lines gangs. Staff completed County Lines training</li> <li>• Held multi-agency meetings to reflect on complex cases, improving process and practice</li> <li>• Established a safeguarding Board, led by a member of the Executive Team</li> <li>• A matrix of safeguarding training required by all roles is in place and compliance monitored</li> <li>• A Modern Slavery working group is in place with members from each area of the business</li> <li>• With the Housing First Service, supported customers with multiple and complex needs to access and sustain accommodation</li> <li>• Secured funding for Housing and Support Services to Pathways, TNP and Mediation Services until April 2024</li> </ul>



**National Probation Service**

- Maintained compliance with safeguarding training
- Increased participation in BCSSP sub-groups where possible
- Considered a method of monitoring the referrals to Children's Services and Adult Social Care

**Oxford Health (CAMHS)**

- Staff have been offered several safeguarding supervision sessions and training sessions and attendance has been excellent
- Members of the management team in CAMHS have acted as representatives at the BCSSP sub-group meetings so safeguarding has been integrated into their teams
- BCSSP multi-agency training has been offered and attended
- The senior named professional for safeguarding children has established a good working relationship with the designated nurse for safeguarding children in the CCG and this promotes the joined up work as a provider

**Royal United Hospitals**

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- Level 3 adult safeguarding training has been developed in line with Intercollegiate Document Competency Framework
- The Senior Nurse Adult Safeguarding and Named Nurse Children's Safeguarding have led on developing a model of supervision
- A Carer's Charter, developed with support from the Trust Carer Partnership Group, was launched as part of Carers Week 2019
- The joint Adults and Children's Safeguarding Committee had a 'Think Family' focussed session
- The Health Information Sharing Group continued to ensure robust processes are in place for flagging young people at risk of harm and sharing information between health partners. This includes a secure process for sharing attendances in Emergency Department with health visiting and school health partners
- Named Midwife engaged with the 'Best Start in Life' working group to consider how to improve outcomes for children from conception to age 5
- Named Midwife has been involved in the production and delivery of a multi-agency communication workshop promoting early help for vulnerable families

**Virgin Care**

- Safeguarding Children's Team (SCT) provided monthly internal level 3 Safeguarding Children training sessions with positive evaluations
- SCT provided monthly input to the two day advanced multi-agency training programme and joint sessions on neglect awareness and neglect training
- SCT provided a presence into the MASH daily, sharing information and contributing to determining recommendations for the intervention threshold
- Attendance at all but one BCSSP sub-group
- Assistance with all Court requests for reports and presence in Court
- Input to implement a standardised family health needs assessment framework based on the Healthy Child Partnership programme of contacts

**Wayahead Care**

- Continued use of the pilot safeguarding referral form which has proven effective in streamlining the referral process
- Continued endeavours to involve clients as much as possible in concerns raised about them
- Appointed a safeguarding lead person who is now undertaking a level 4 Leadership & Management qualification

# TRAINING

## APRIL 2019 – SEPTEMBER 2019

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

### Evaluations:

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



# TRAINING

## OCTOBER 2019 – MARCH 2020

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



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# SAFEGUARDING DATA

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

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

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

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

# SUMMARY OF SAFEGUARDING ADULTS ACTIVITY 2019-2020

1132 concerns raised

Relating to 831 people

Leading to 298 safeguarding enquiries

Of which, 289 were defined as S42 enquiries

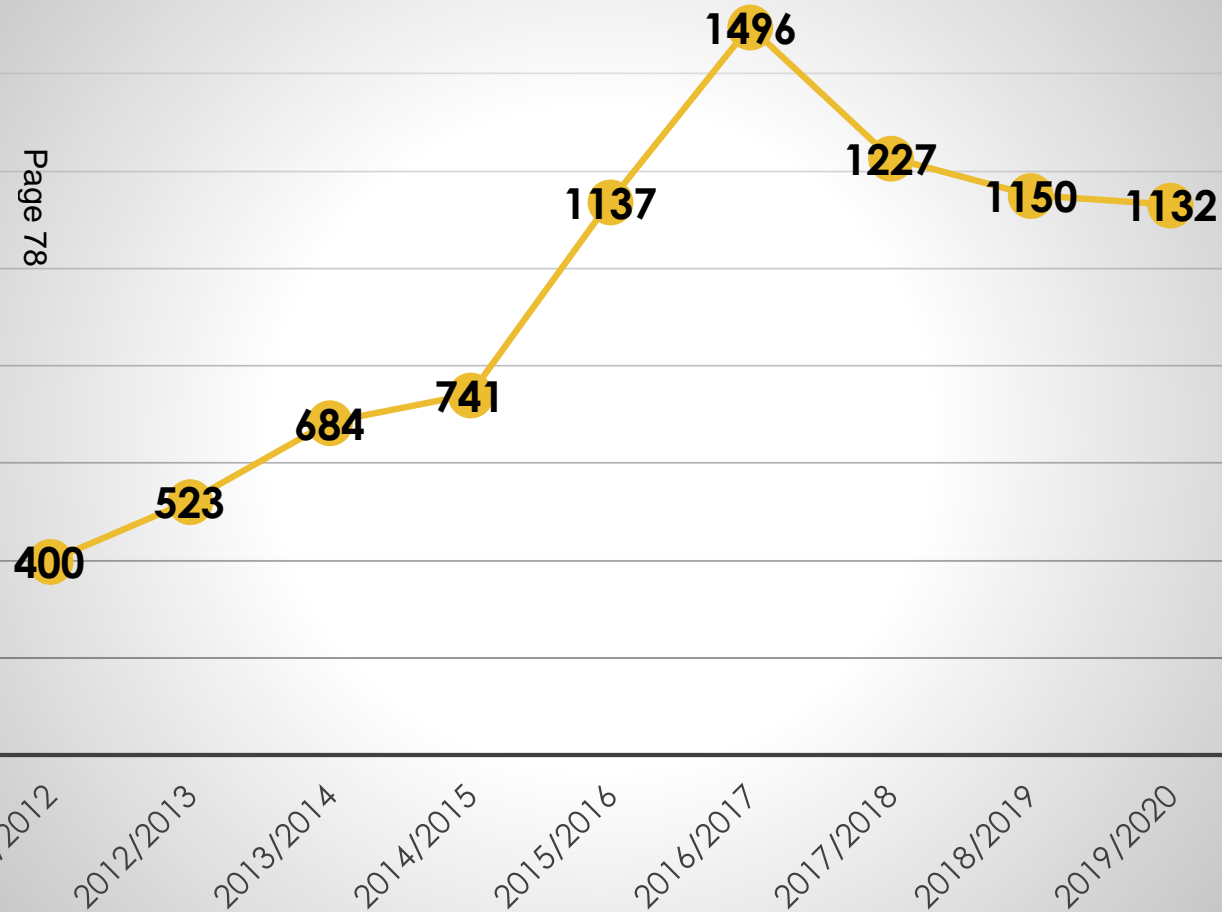
9 were other enquiries

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# ADULT SAFEGUARDING CONCERNS RECEIVED PER YEAR SINCE 2011/2012

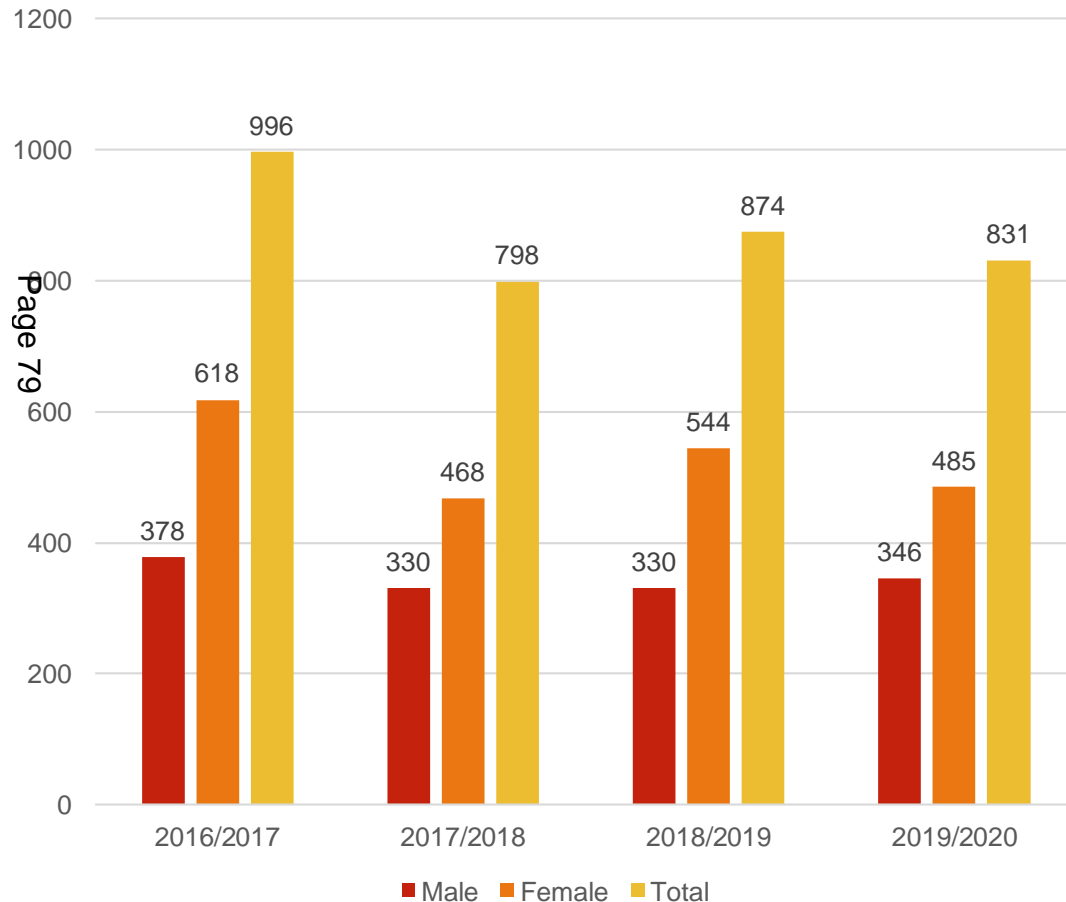
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During the reporting period 2019-2020, B&NES received 1132 adult safeguarding concerns related to 831 people. This is a decrease of 1.5% compared with last year, so the downward trend seen since 2016/2017 continues, although concerns received have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

# SAFEGUARDING CONCERNS APRIL 2016 – MARCH 2020

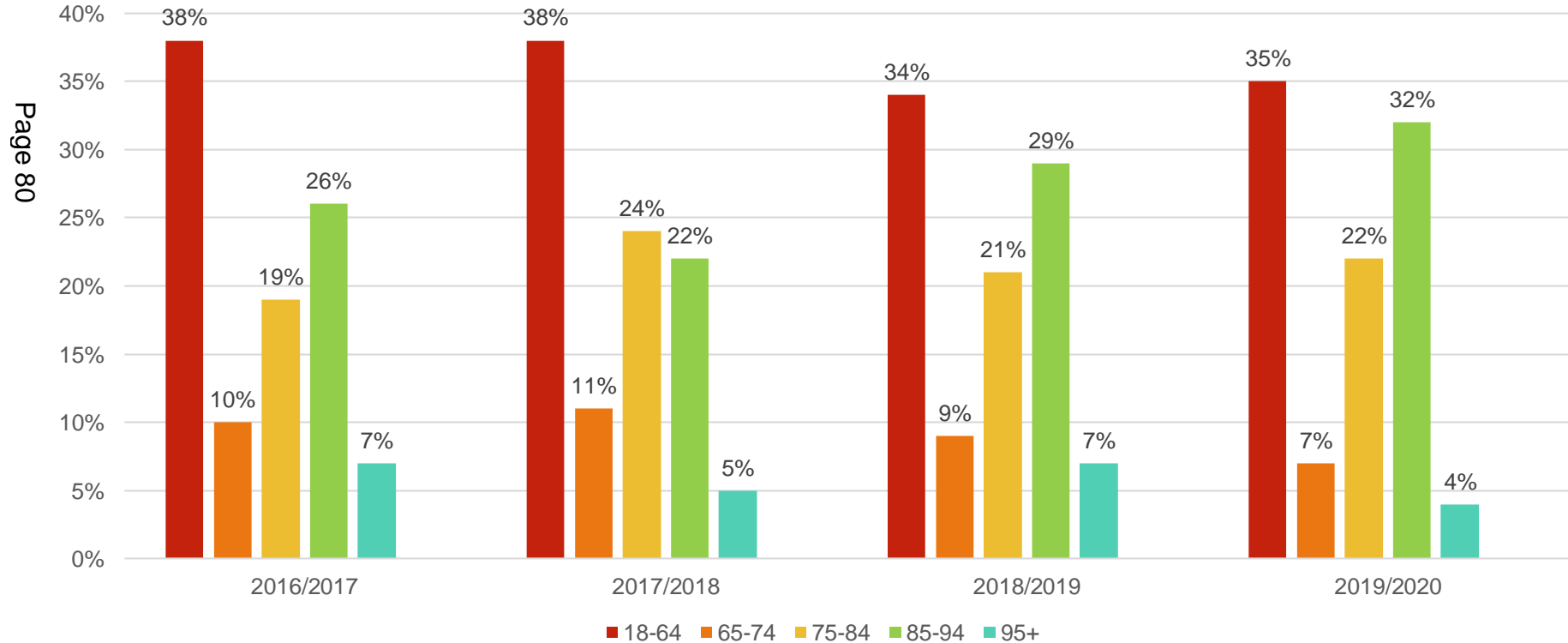
Number of Concerns by Gender



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

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

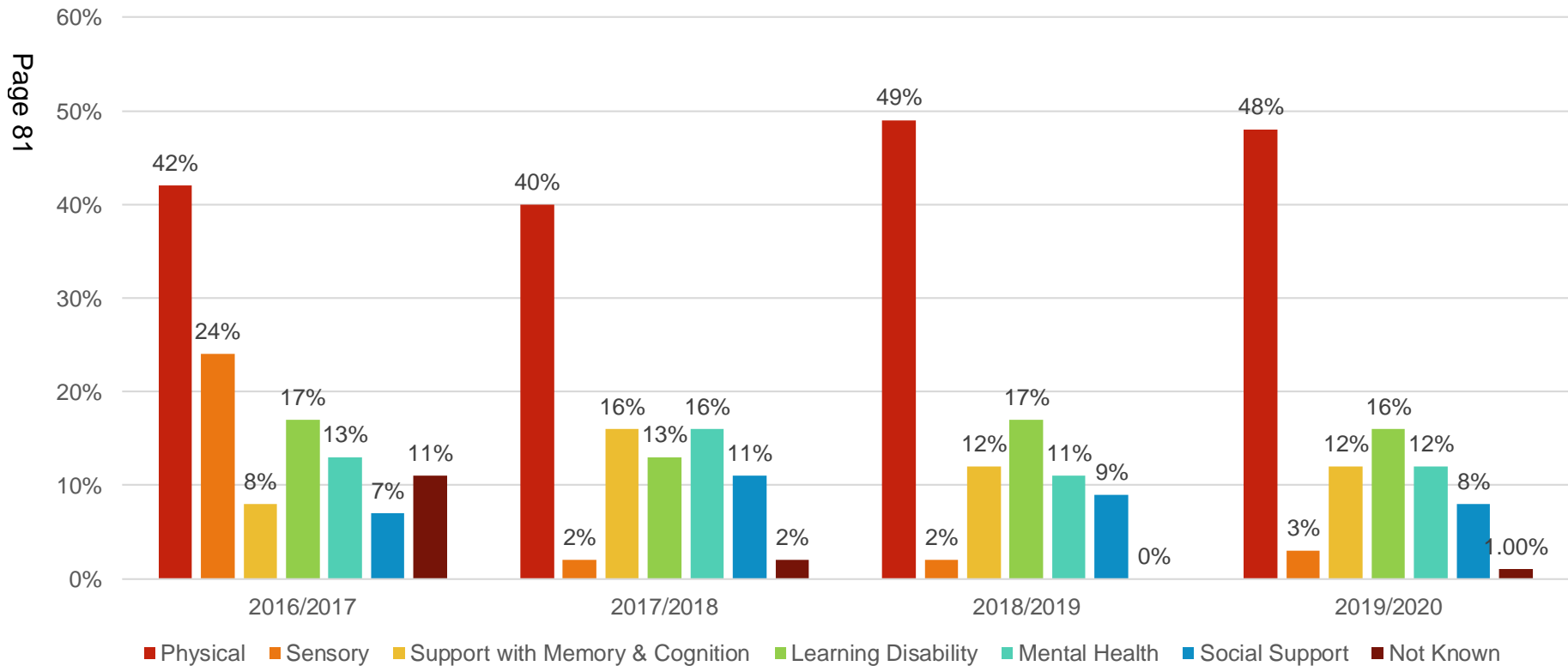
### Safeguarding Concerns by Age April 2016 – March 2020





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

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



# SAFEGUARDING CONCERNS

(CARE ACT 2014  
S.42.1)

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

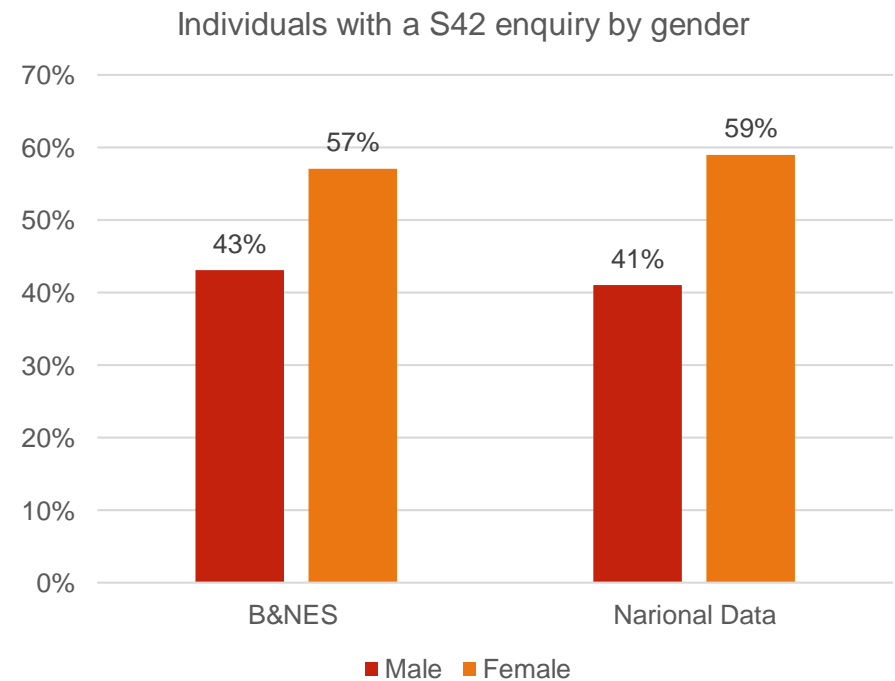
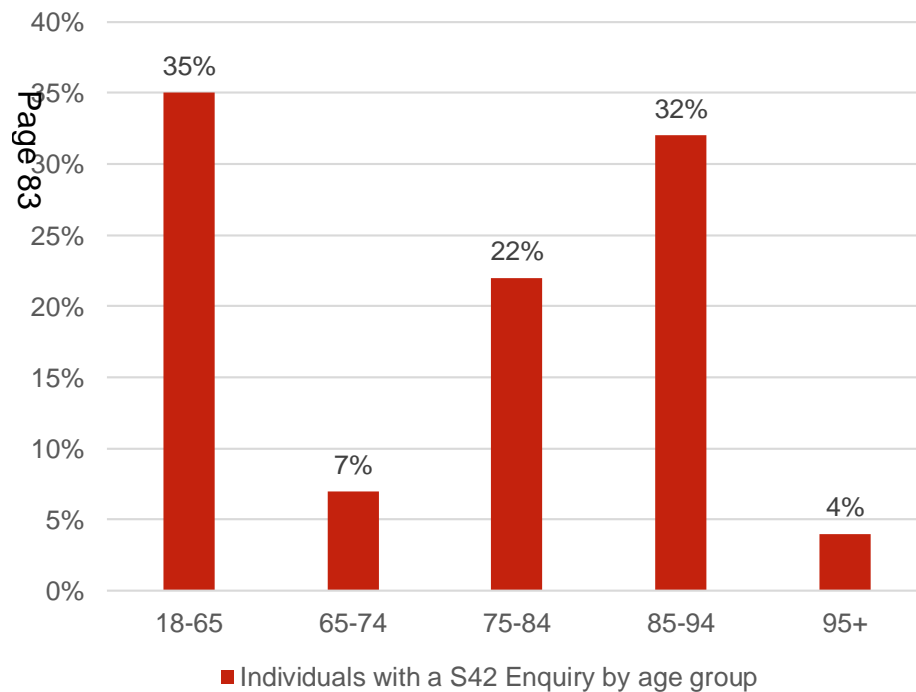
This is a “conversion” rate of 26% compared to 28% for the previous year and a national average of 30%.

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

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

# SAFEGUARDING ENQUIRIES APRIL 2019 – MARCH 2020 (CARE ACT 2014 – S.42.2)

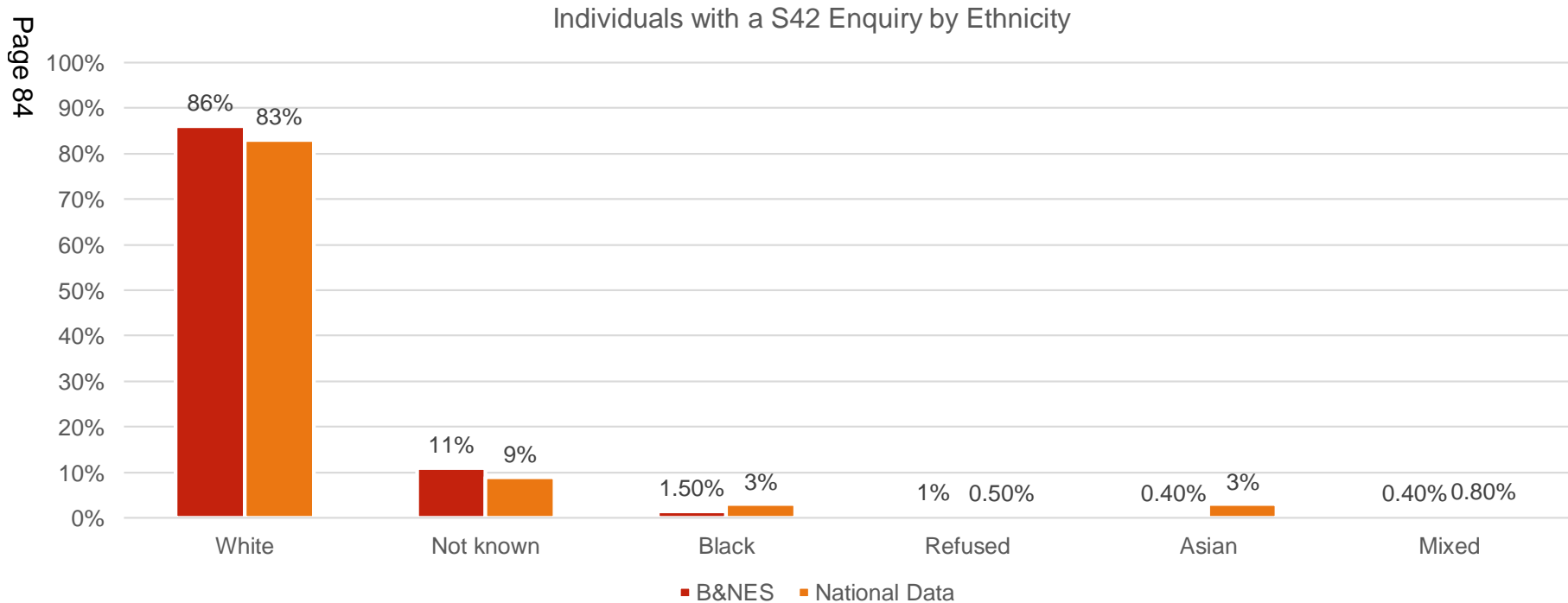
Where possible this data has been benchmarked against the national Safeguarding Adults Collection data. Please note that the national data is reflective of the 2018-2019 submission.



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

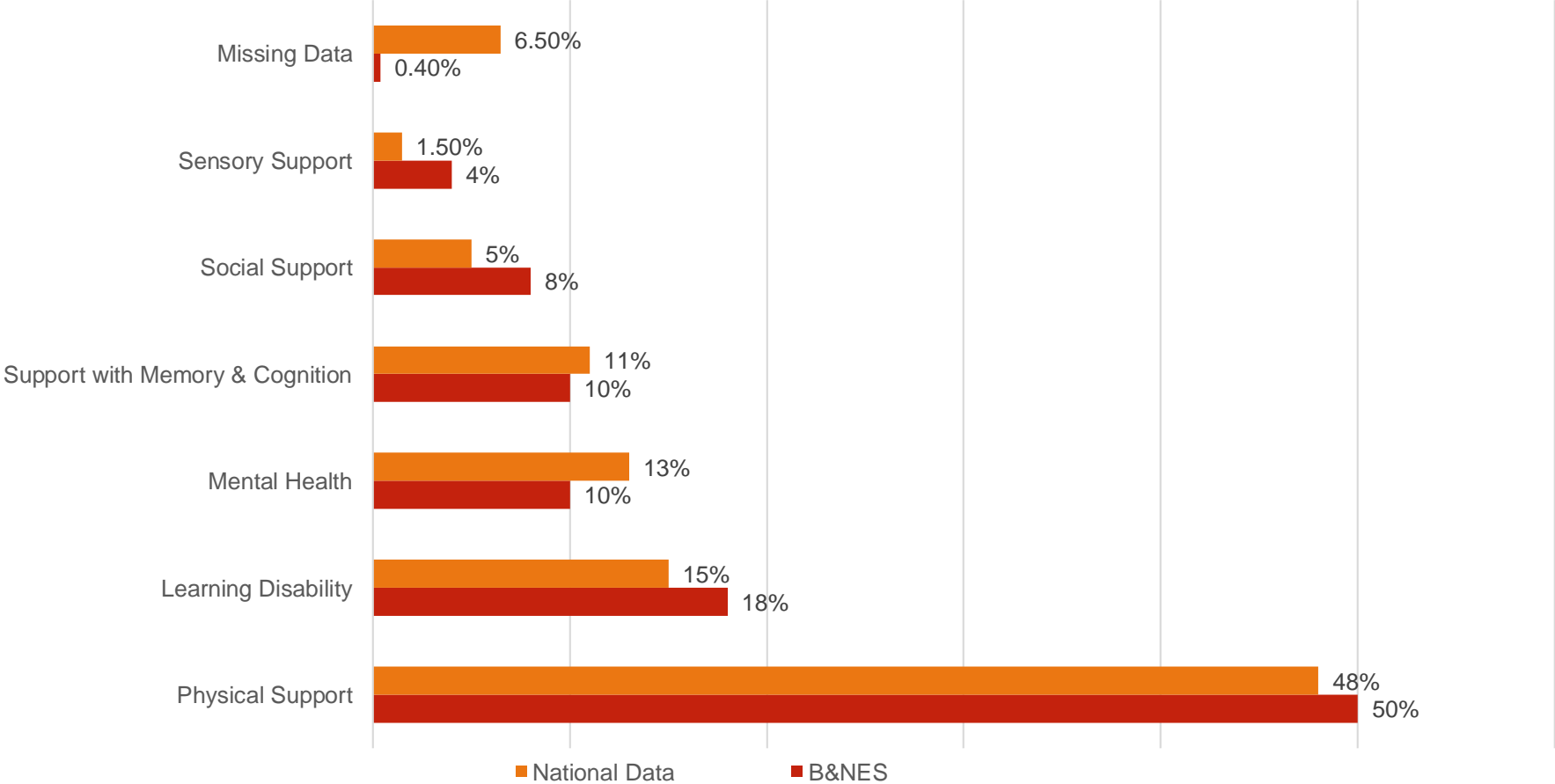
The data submission for 19/20 was compared with the information provided in 18/19. This comparison showed that our data is showing a level of consistency between years.

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



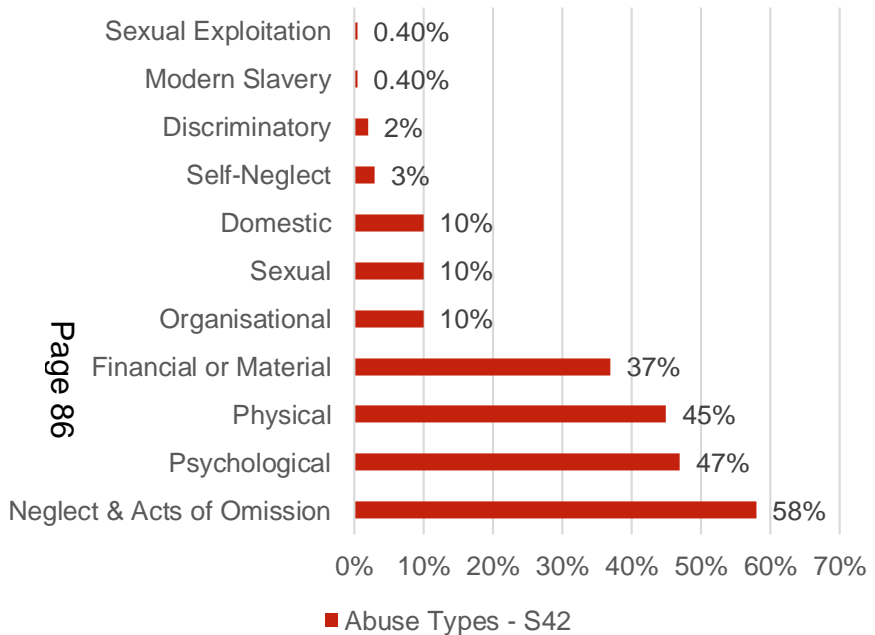
# S42 ENQUIRIES BY PRIMARY SUPPORT REASON

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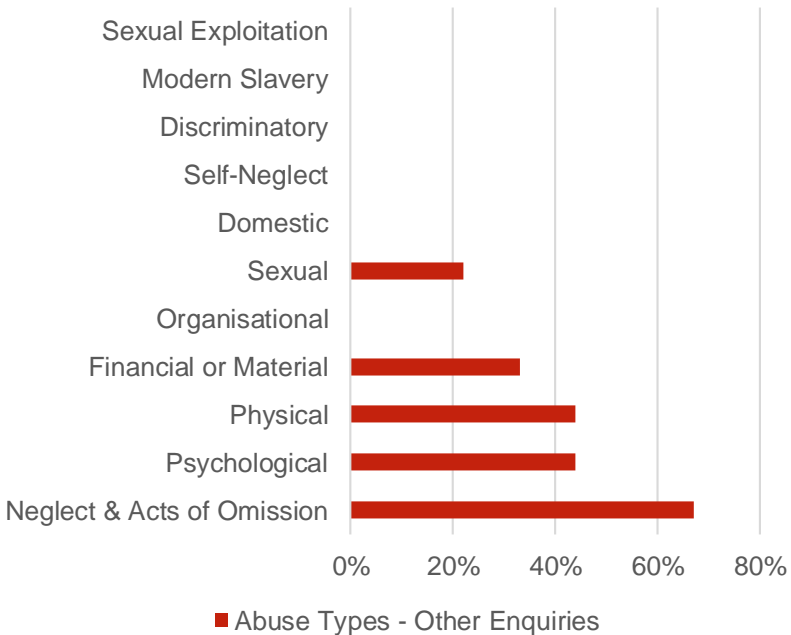


# TYPES OF ABUSE

Abuse Types - S42



Abuse Types - Other Enquiries



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

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

# SOURCE OF RISK & LOCATION

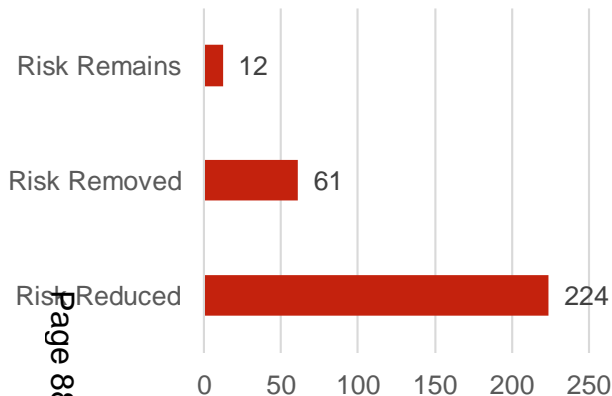
Source of Risk	SAC National Average 2018/2019	B&NES 2018/2019	B&NES 2019/2020
Service Provider	30%	41%	40%
Other – Known to the Individual	48%	42%	29%
Other – Unknown to the Individual	18%	16%	14%

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

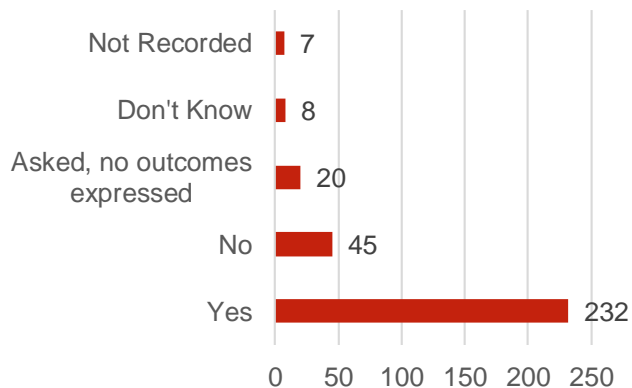
These tables show the source of risk and location of abuse identified for safeguarding enquiries in B&NES for the periods 2018/2019 and 2019/2020 against the national data for 2018/2019. Whilst the percentage of risk attributable to a person employed as a service provider continues to be higher than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

# OUTCOMES OF SAFEGUARDING ENQUIRIES APRIL 2019 – MARCH 2020

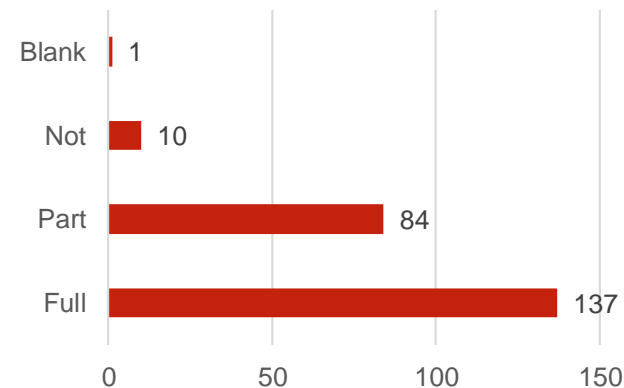
Where a risk was identified, what was the outcome - S42



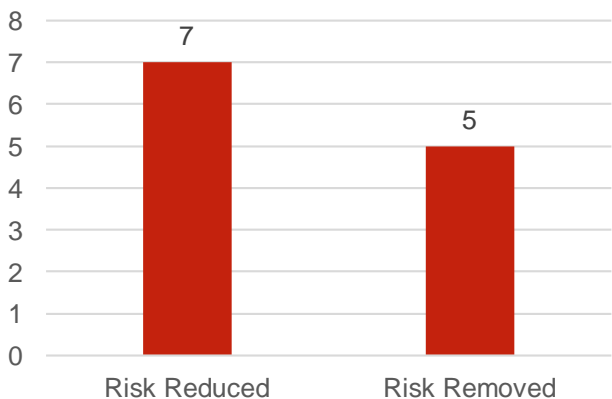
Desired Outcome by Person at Risk Known - S42



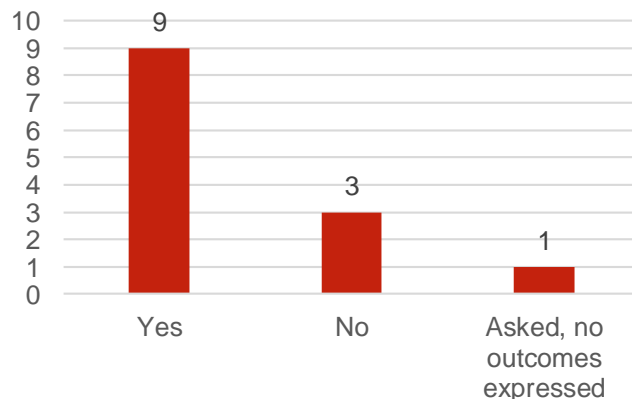
Desired Outcome of Person at Risk Achieved - S42



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



Desired Outcomes Known - Other Enquiries



Desired Outcomes Achieved - Other Enquiries





## MAKING SAFEGUARDING PERSONAL - OUTCOMES

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

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

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

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

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

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

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

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

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

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

# LOCAL PRACTICE ARRANGEMENTS

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

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

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

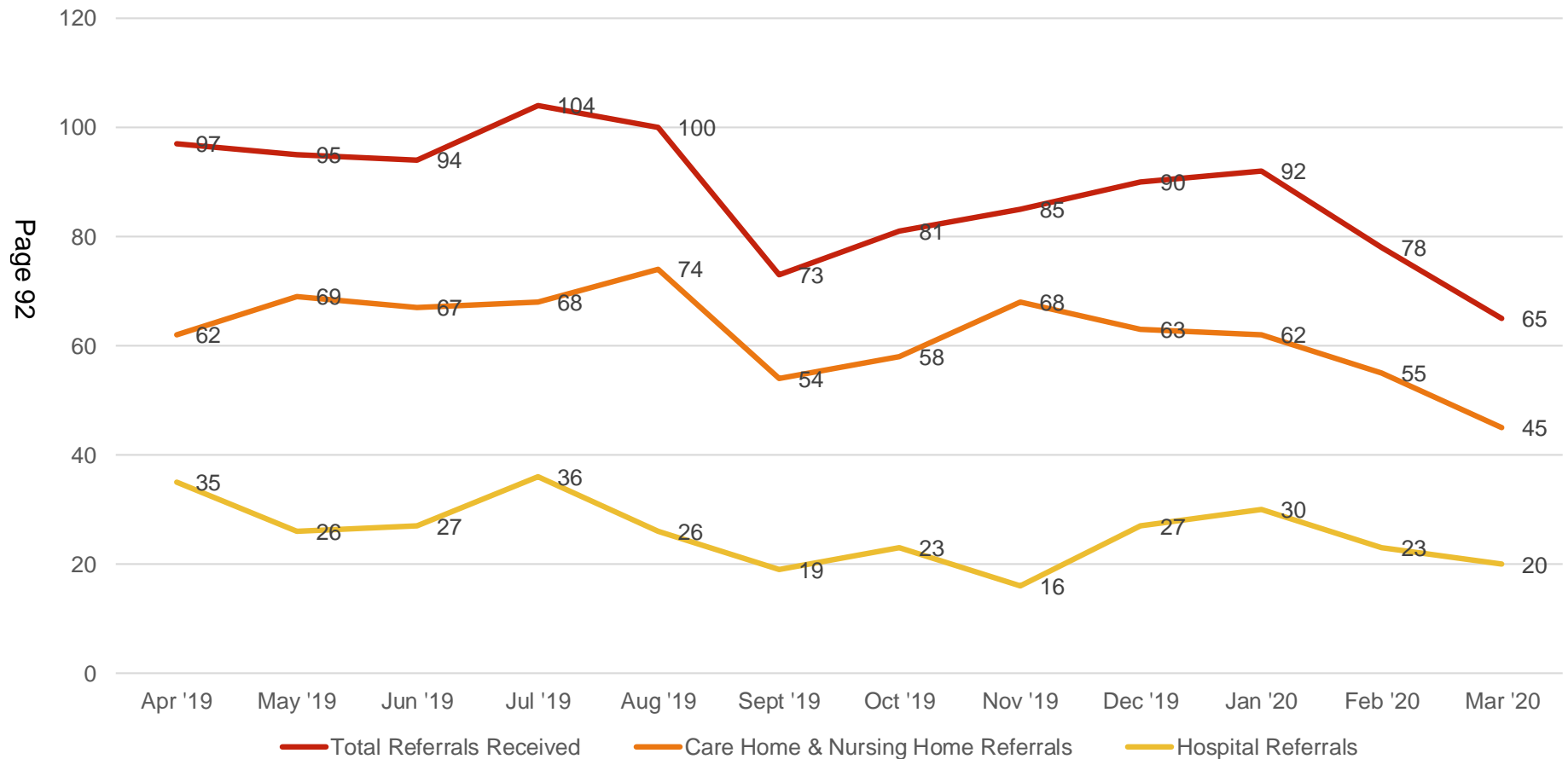
Previously, in order to try and better keep pace with referrals received, the team has routinely commissioned independent BIAs to complete assessments. This is a practice widely replicated around the country.

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

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

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

# DOLS REQUESTS BY REFERRAL SOURCE



# LIBERTY PROTECTION SAFEGUARDS (LPS)

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

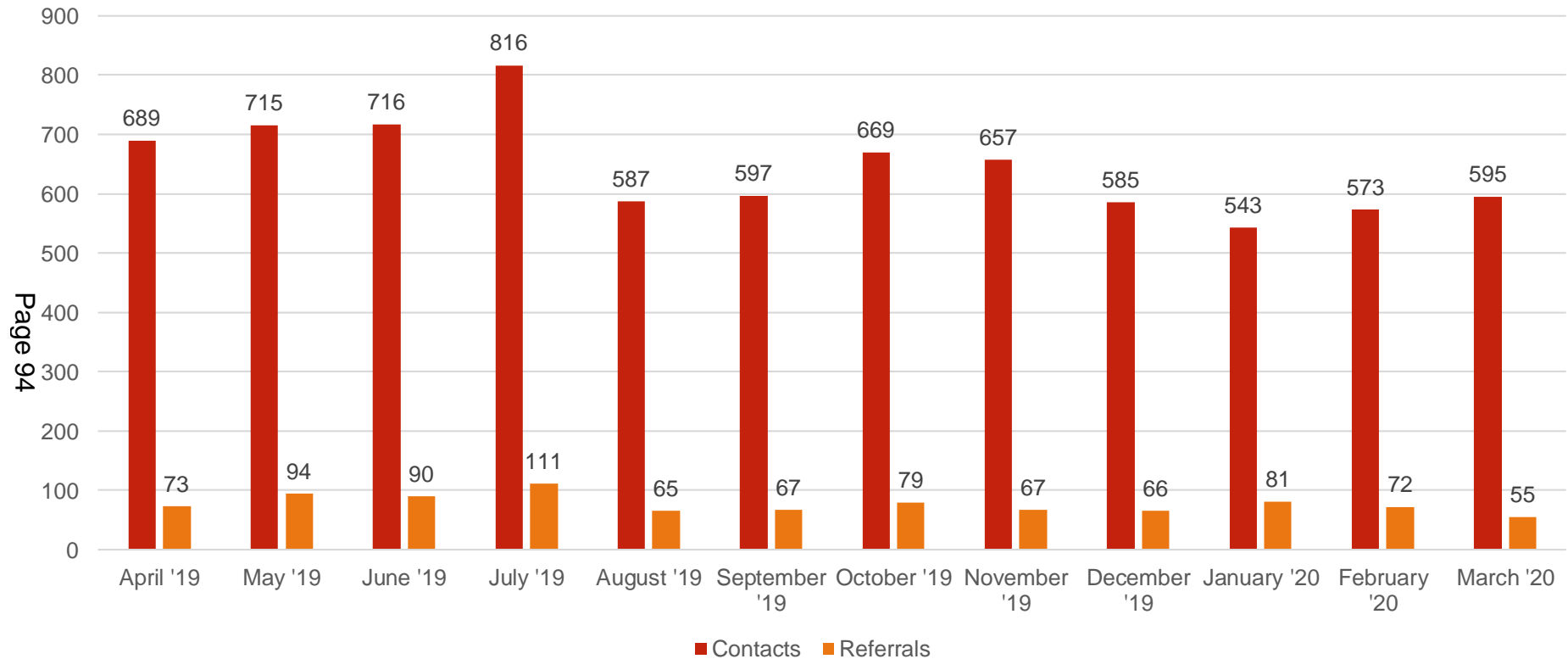
The LPS represents the most significant change in social care legislation since the introduction of the Care Act in April 2015. It will have a huge impact on the workings of the team and all health and social care professionals throughout Bath & North East Somerset. Some of the changes include:

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

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

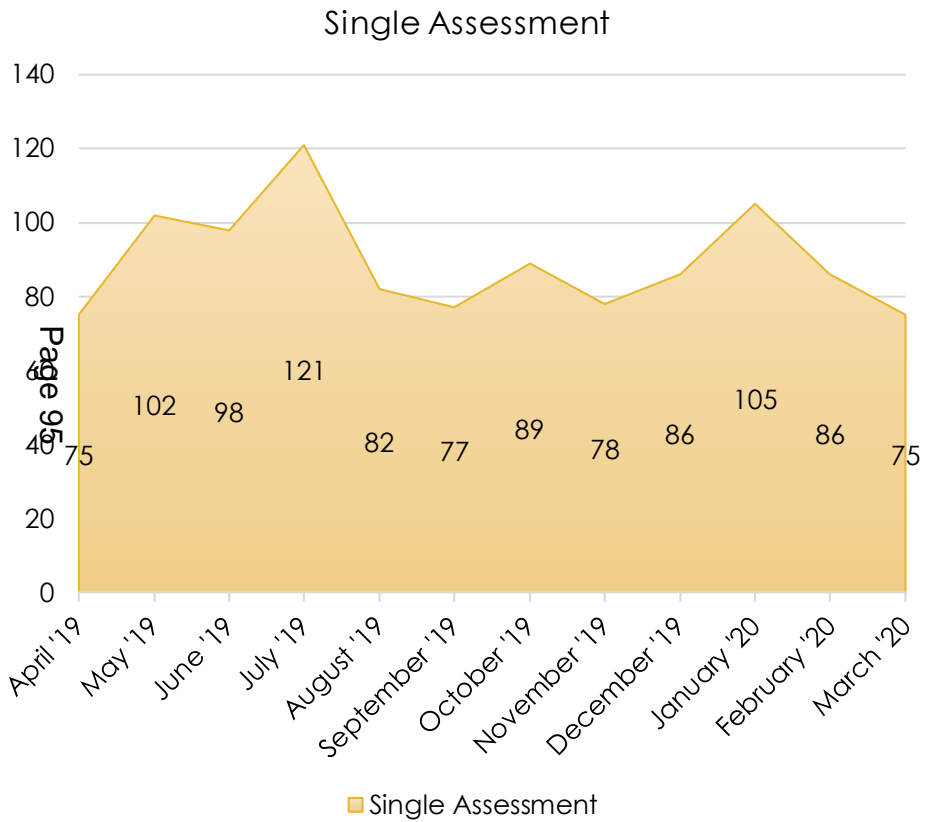
# CHILDREN'S SOCIAL CARE DATA

Contacts and Referrals April 2019-March 2020

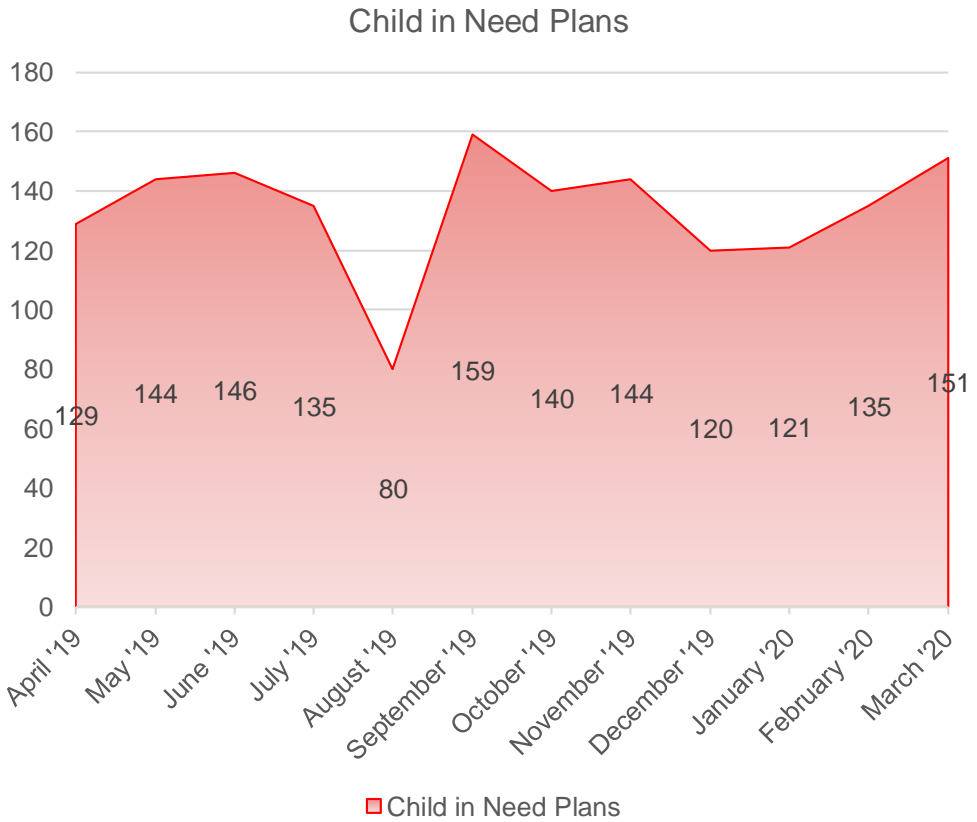


Overall contact volumes have shown a marginal decrease over the 19/20 financial year. Contacts progressing to referrals have remained at a steady level throughout the year indicating a consistent demand and consistent application of risk. The decrease/low level of referrals may be attributed in part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

# SINGLE ASSESSMENT & CHILD IN NEED PLANS

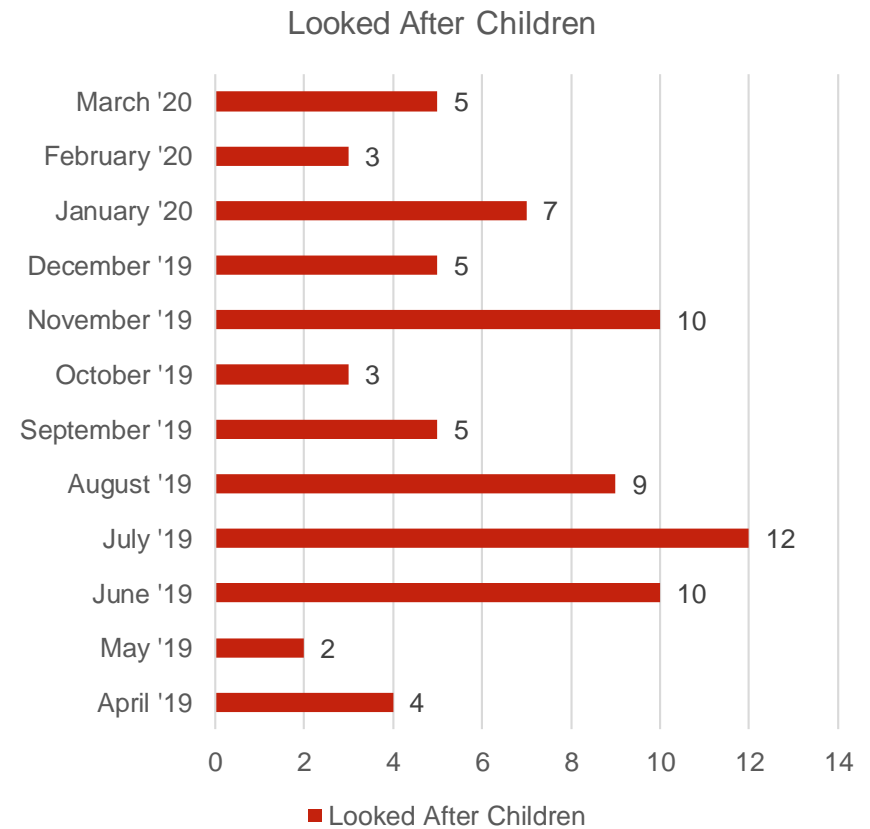
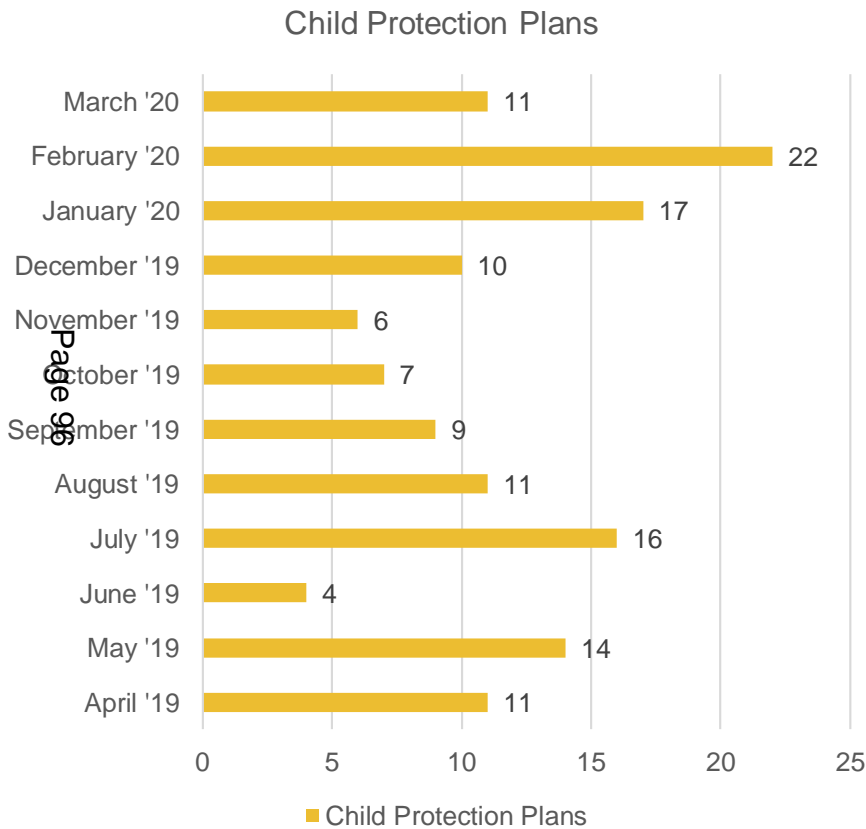


The reduction in assessments can be mainly seen to relate to reduced number of referrals.



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

# CHILD PROTECTION PLANS & LOOKED AFTER CHILDREN



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

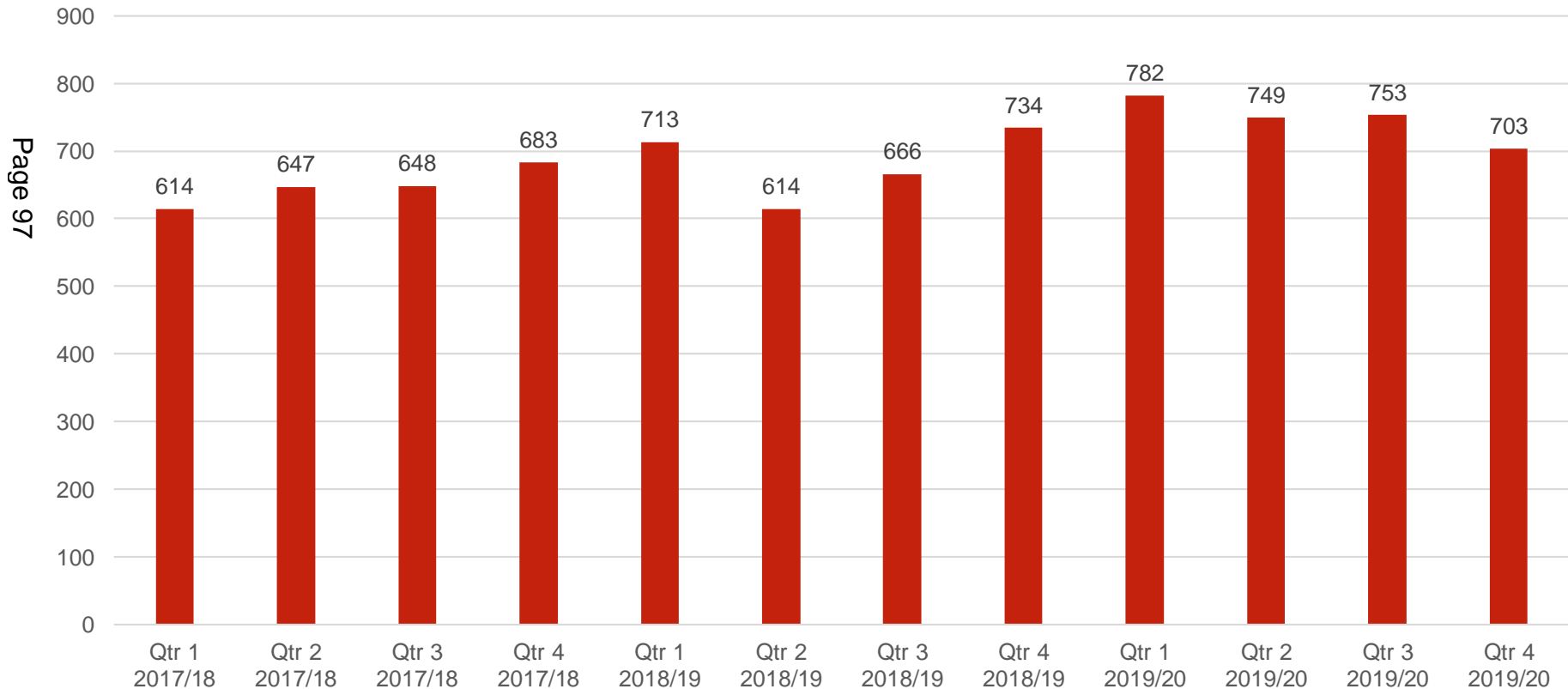
Early indications are that demand may rise again; in particular new requests for care episodes relate to adolescents at risk of CSE and/or CCE, as well as our highly complex children who have disabilities.



# LONG TERM TRENDS - OPEN CHILD IN NEED PLANS

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

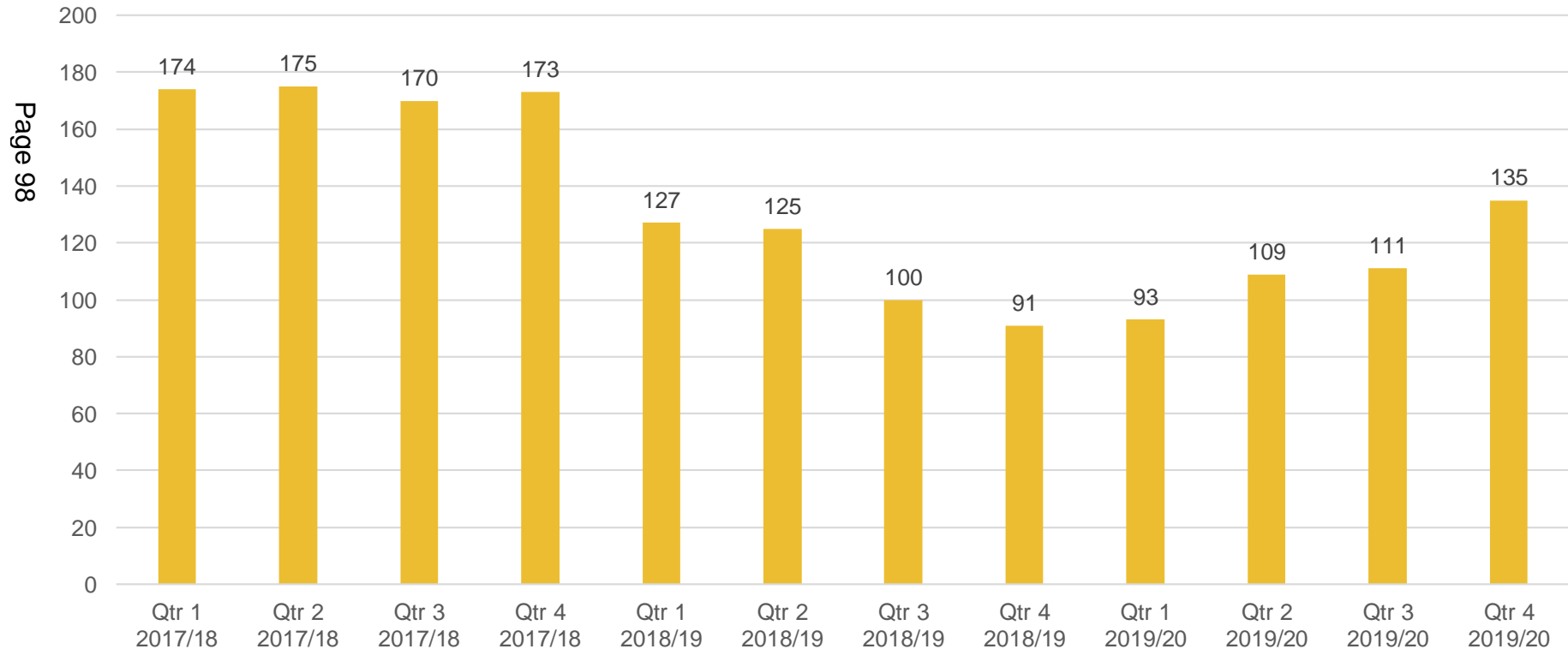
Open Child in Need Plans Qtr1 17/18 – Qtr 4 19/20



# OPEN CHILD PROTECTION PLANS

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

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

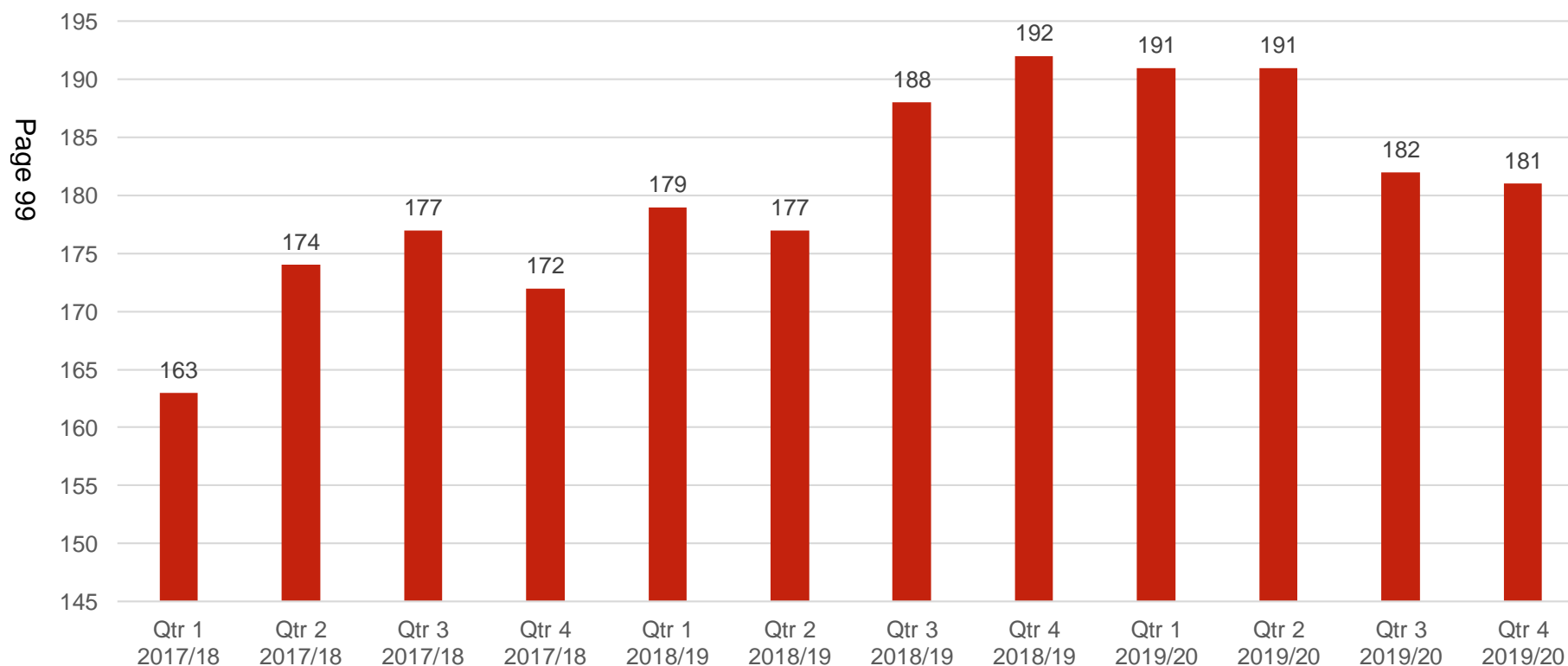


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# CHILDREN LOOKED AFTER

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

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

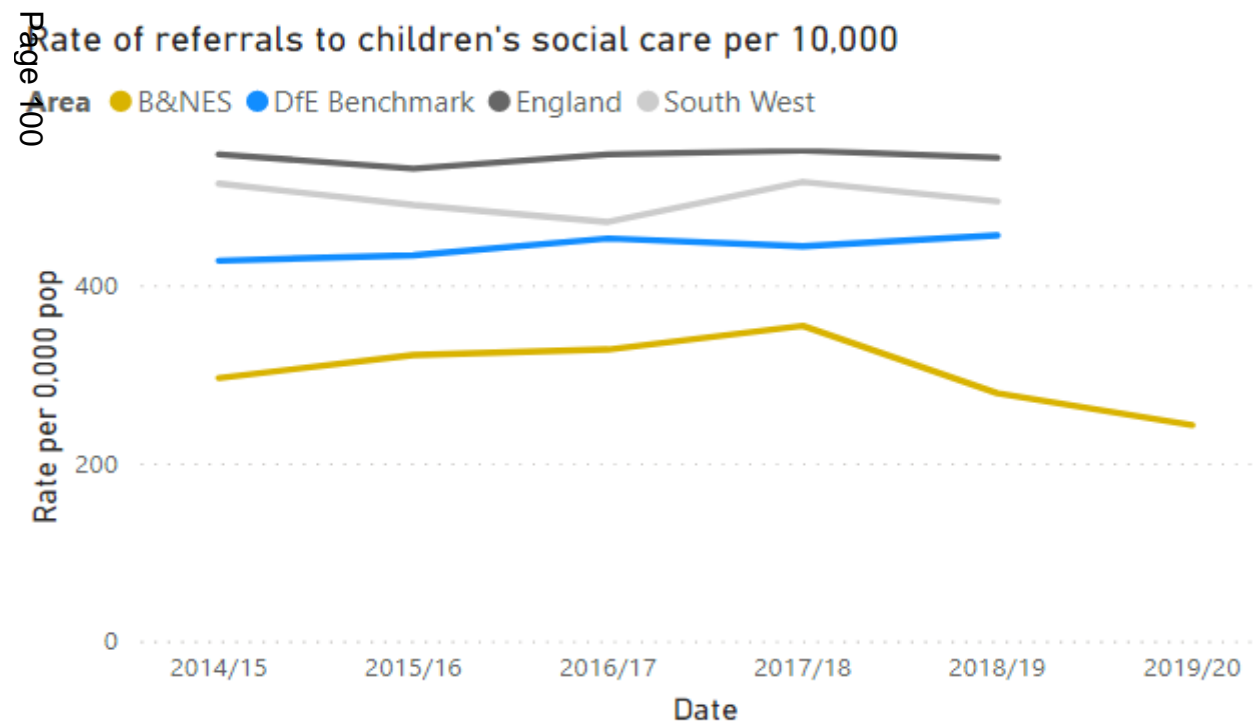


# BENCHMARKING – REFERRAL RATES

## 2014/15 – 2019-20

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

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

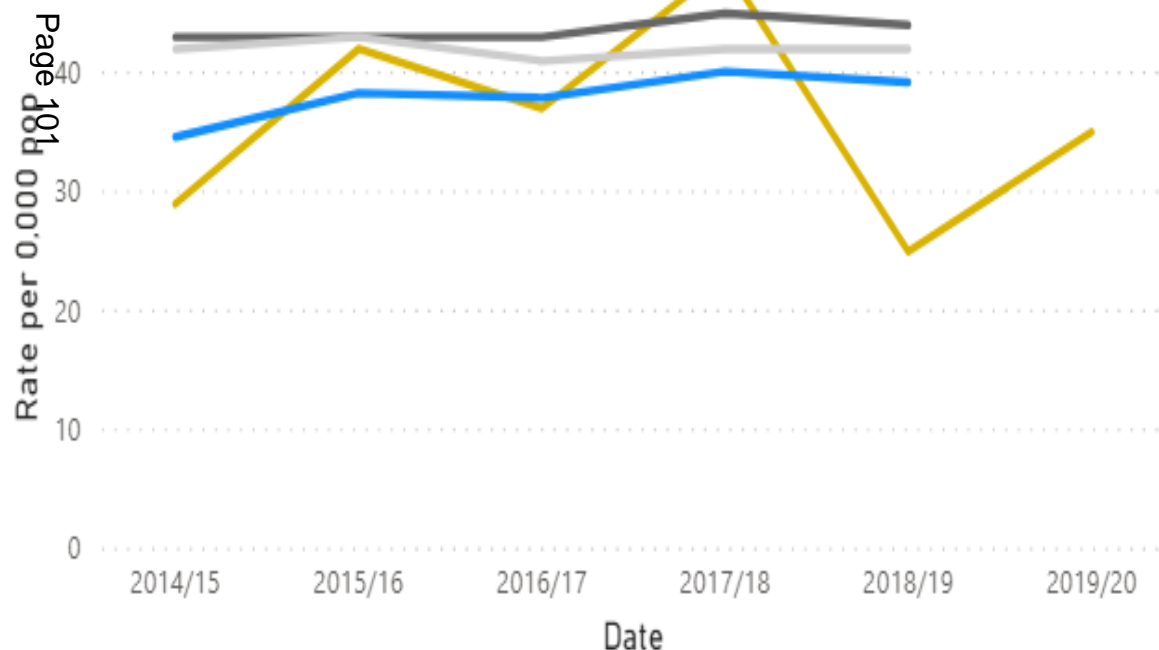


Rates of referrals have consistently remained low compared to benchmarks. The reduction of the last 3 years can in part be attributed to the launch of the MASH and Early Help provision.

# CHILD PROTECTION PLAN RATE 2014/15 – 2019/20

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

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

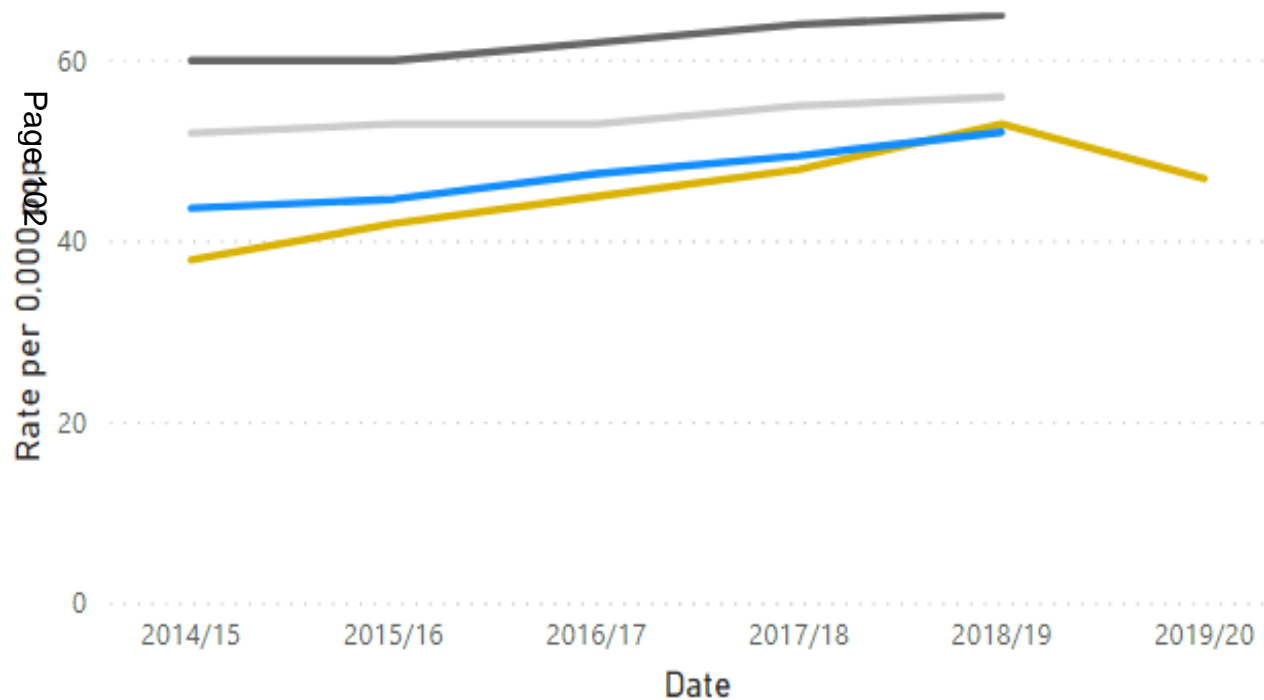


Given the small cohort size, child protection plan rates are subject to significant variation which can be attributed to larger family groups. Following a reduction in 18/19, the rate of plans has returned to levels consistent with benchmarked areas in 20/21

# CHILDREN LOOKED AFTER RATE 2014/15 – 2019/20

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

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



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

# WORK OF THE LADO

264 contacts made

157 contacts resulted in information and advice being given

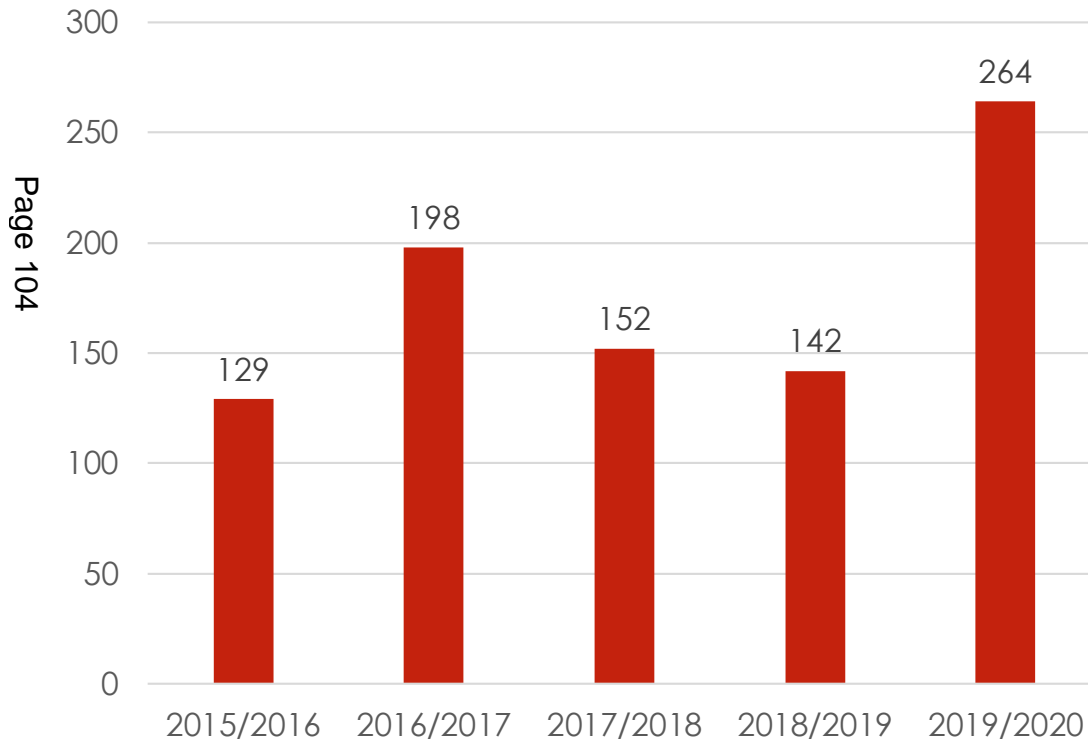
92 referrals required further action from the LADO

5 contacts were directed as 'out of area'

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

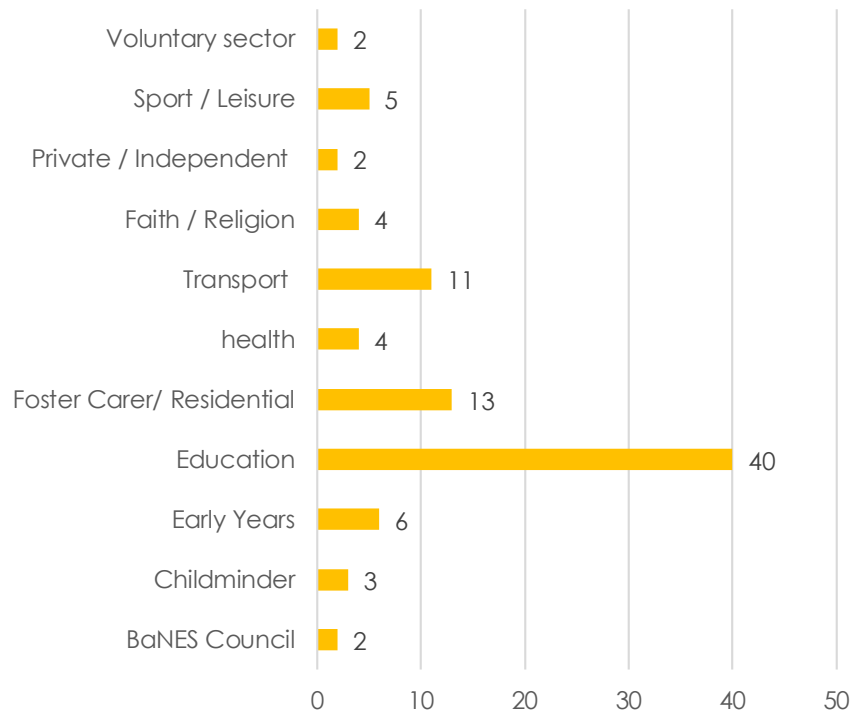
# NUMBER OF CONTACTS APRIL 2015 – MARCH 2020

## Contacts with the LADO



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

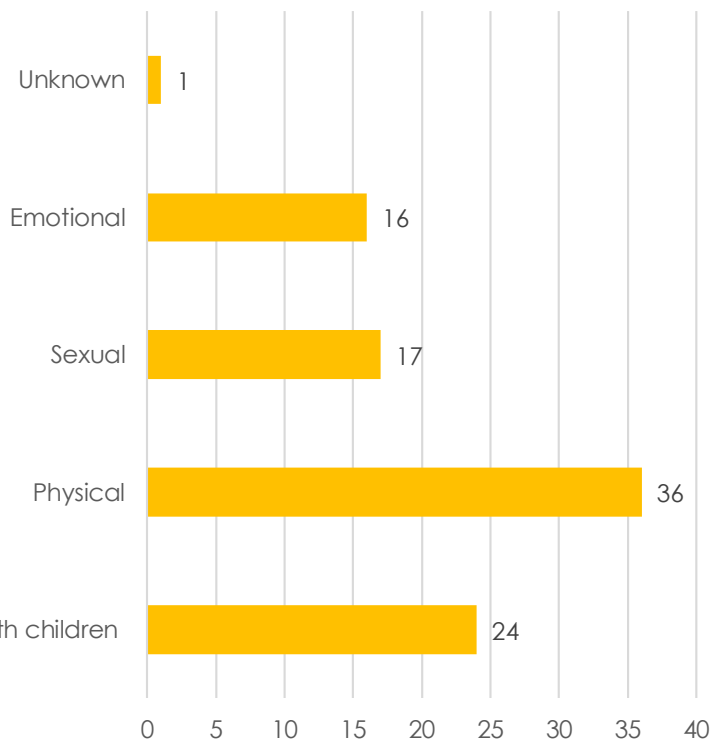




In this reporting period of the 92 referrals received by the LADO, 43% of these related to a person working within an educational setting, for the purposes of this report an educational setting is a primary school, secondary school or college. Whilst this is a 15% decrease from last year, allegations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

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

## SOURCE OF REFERRAL / CONTACT WITH LADO



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

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

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

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

## CATEGORY OF HARM AT POINT OF CONTACT WITH THE LADO

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

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

# LADO REFERRAL OUTCOMES

# BCSSP BUDGET

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

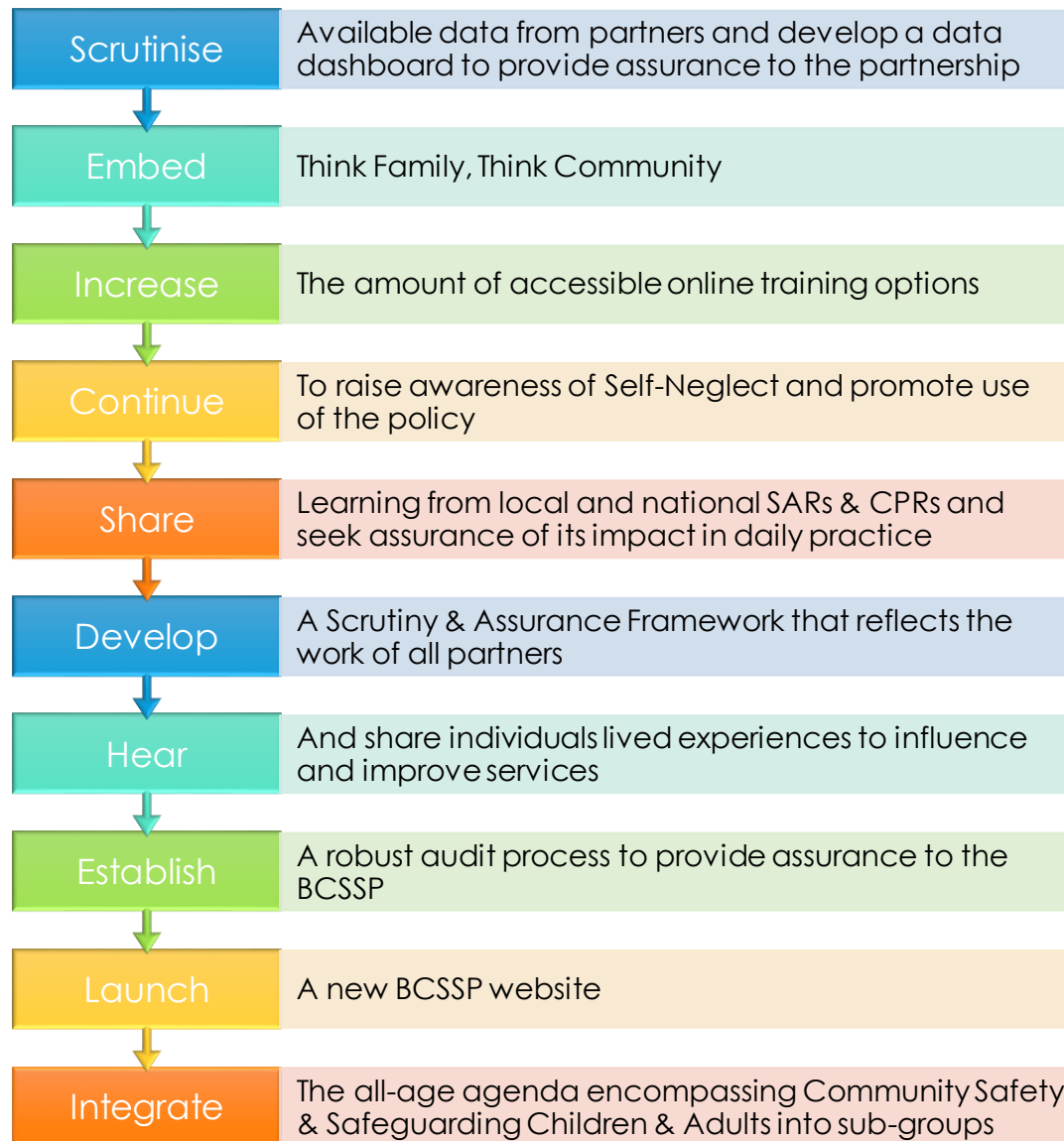
# TRAINING PROGRAMME BUDGET

Expenditure Description	Budget Full Year		Budget 29.09.19 -31.03.20		Actual Expenditure	
<b>Staffing</b>						
Training Co-ordinator (1FTE)	£	43,881.00	£	21,940.50	£	13,739.32
Training Administrator (0.7 FTE)	£	13,080.00	£	6,540.00	£	9,146.88
Independent / Specialist Trainers	£	15,000.00	£	7,500.00	£	5,597.55
Expenses	£	300.00	£	150.00	£	-
<b>Total Staffing Costs</b>	£	72,261.00	£	36,130.50	£	28,483.75
<b>Ancillary Running Costs</b>						
Learning Pool	£	7,300.00	£	3,650.00	£	3,650.00
Room Hire & Equipment	£	500.00	£	250.00	£	160.30
Additional Costs External Trainers	£		£	8,000.00	£	-
Transition Management Time	£		£	8000,00	£	8,000.00
<b>Total Ancillary Running Costs</b>	£	7,800.00	£	19,900.00	£	11,810.30
<b>Total Annual Costs</b>	£	80,061.00	£		£	
<b>Costs 29.09.19 – 31.03.20</b>	£		£	56,030.50	£	40,294.05
<b>Total 6 Month Cost</b>			£	129,607.00	£	108,510.02

# AGENCY CONTRIBUTIONS TO BCSSP

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

# OUR TOP TEN PRIORITIES FOR 2020- 2021



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<b>MEETING</b>	<b>B&amp;NES HEALTH AND WELLBEING BOARD</b>
<b>DATE</b>	<b>29/9/2020</b>
<b>TYPE</b>	<b>An open public item</b>

<b><u>Report summary table</u></b>	
<b>Report title</b>	Review of the Health and Wellbeing Strategy and Strategy Working Group Proposals
<b>Report author</b>	David Trethewey
<b>List of attachments</b>	<a href="#">Joint Health &amp; Wellbeing Strategy 2015-2019</a> H&WB Strategy Group Report August 2020 – Appendix 1 attached
<b>Background papers</b>	None
<b>Summary</b>	<p>The B&amp;NES Joint Health and Wellbeing Strategy is the overarching plan for improving health and wellbeing and reducing health inequalities in the area. The current strategy covers the period 2015-2019 and is now due to be reviewed.</p> <p>A working group was established to assist the review of the Strategy and also consider how to reframe the structure of the H&amp;WB Board with a greater social and community focus. The findings of the Strategy Group need to be incorporated into a new way of working and a new Joint Health and Wellbeing Strategy developed to take account of increasing focus on inequality and mental health. To allow time to this it is proposed to extend the existing strategy to January 2022.</p> <p>The work of the Health and Wellbeing Board is further supported by 2 Sub-Groups; the Children and Young People’s Sub-Group and the Integrated Care Alliance Sub-Group, both of which are closely aligned to the Health &amp; Wellbeing Strategy and will be required to contribute to the proposed refresh of the existing strategy.</p>
<b>Recommendations</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Agree to extend the Health and Wellbeing strategy until January 2022</li> <li>2. Conduct a refresh focussing on Inequality and Mental Health</li> <li>3. Consider the recommendations of the Strategy Working Group</li> </ol>
<b>Rationale for recommendations</b>	As set out above, a number of factors including the ongoing work of the Strategy Group mean that it is timely to extend the existing Joint Health and Wellbeing Strategy.

<b>Resource implications</b>	There are no direct financial implications arising from the extension of the Bath and North East Somerset Joint Health & Wellbeing Strategy. However, the priorities of the Strategy should form a key consideration in the commissioning and allocation of health, social care and wellbeing resources.
<b>Statutory considerations</b>	<p>The Health and Social Care Act 2012 requires that local authorities, through the Health and Wellbeing Board, develop a Joint Health and Wellbeing Strategy which meets the needs identified in the Joint Strategic Needs Assessment.</p> <p>There are a number of core duties set out in the Health and Social Care Act 2012 which underpin the work of the Health and Wellbeing Board and which are set out in its terms of reference: <a href="http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted">http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted</a>.</p>
<b>Equalities</b>	An EIA has not been completed for this report. However, as the report proposes an increased focus on inequality and mental health issues, together with greater social and community focus, providing an EIA will be an appropriate output of plans to develop a new, more inclusive way of working.
<b>Climate change</b>	An extension of the existing JHWS until 2021 will continue the focus on creating healthy & sustainable communities, including measures to reduce the impact of climate change and environmental hazards.
<b>Consultation</b>	Internal consultation has been undertaken with the Council Senior Management Team, JHWS priority leads as well as key Council and CCG officers.
<b>Risk management</b>	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

## THE REPORT

- 1.1 The Health and Social Care Act 2012 requires that local authorities, through the Health and Wellbeing Board, develop a Joint Health and Wellbeing Strategy (JHWS) which meets the needs identified in the Joint Strategic Needs Assessment. The first Bath and North East Somerset Joint Health and Wellbeing Strategy was published in November 2013 and this was subsequently updated by the current JHWS which was published in 2015 and covered the period 2015-2019.
- 1.2 The JHWS is now due to be updated, however before this review can take place there is a need to consider the report from a HWB Strategy Working Group which highlights the potential to revise the structure of the H&WB Board.
- 1.3 The Strategy Working Group has presented proposals to re-frame the H&WB Board with a social and community focus with prevention and early intervention at its heart, community resilience and building on people's strengths.
- 1.4 The work of the Health and Wellbeing Board is supported by 2 Sub-Groups; the Children and Young People's Sub-Group and the Integrated Care Alliance Sub-Group, both of which are closely aligned to the Health & Wellbeing Strategy and will input into the proposed refresh of the existing strategy.
- 1.5 It is proposed that the current JHWS is extended to January 2021 in order to allow the proposals of the Strategy Working Group to be enacted and a refresh of the JHWS be developed based on these findings and with a greater focus on Inequality and Mental Health.

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

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# **Review of the Health and Wellbeing Strategy and Strategy Working Group Proposals**

## **APPENDIX 1 - Health and Wellbeing Board revised Framework**

### **February 2020**

#### **Context**

Before we review the overall B&NES H&WB strategy, we need to consider the potential to revise the structure of the H&WB Board. To re-frame the H&WB Board with a social and community focus with prevention and early intervention at its heart, community resilience and building on people's strengths.

It should move away from solely focusing on acute services and health based solutions

To re-focus on: the planning of improved support needs of the community; a holistic approach to health and wellbeing – including meaningful engagement with community providers and communities.

This includes a greater voice for people, third sector, education and early years' providers.

Outcomes could address:

- Framework of collaboration (Mental Health Collaborative Framework model)
- Community Engagement focused approach
- Planning for change
- Multi-agency working

We need to place this within the context of the Board's current statutory requirements, and a restructured Board post April (aligning to the CCG merger across BSW).

However, we require a Board that has space and opportunity for meaningful discussion and debate and can be more responsive to early planning both at scale and within the B&NES locality rather than solely a vehicle for 'sign off' on papers.

#### **Statutory requirements of a Health and Wellbeing Board**

- Health and Wellbeing Boards came into being in 2013 and were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
- Must produce a joint strategic needs assessment
- Must produce a joint health and wellbeing strategy for the local population
- Functions are set out under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act") are to be exercised by the Health and Wellbeing Board established by the local authority

- Safeguarding adult boards (in B&NES this is the BCSSP) are required to send a copy of their annual report to the chair of the Health and Wellbeing Board (Schedule 2 of the Care Act 2014)

## Proposal

A proactive Board which:

- Meets quarterly
- Is mobile – meeting across B&NES to improve accessibility and visibility to the public and other stakeholders
- Has an overarching vision of a Compassionate Community which is resilient
- Has a standing agenda item to allow for ‘sign off’ of statutory requirements
- Replaces presentations with ‘Making a Difference’ groups focusing on:
  - Children and school leavers and those transitioning in/out of education and care,
  - Information sharing and communication including clarity of the messages, when/where/how we communicate messages, digital offer as an enabler
  - Social determinates of health inequalities – housing, poverty, debt, employment, complexity of issues
  - Integrated health and care commissioning to achieve against the priorities contained in:
    - Council corporate plan (sections relevant to the Board only)
    - NHS Long Term plan

and learning from what has worked well from covid 19 to restart services, ensuring all vulnerable communities are supported through building resilient communities.

- Links with the work of the Bath and North East Somerset Community Safety and Safeguarding Partnership

The groups will be tasked with production of brief discussion papers based on their priority themes which will be outcomes focused. Key individuals and stakeholders will be invited to lead on and participate in the discussions and debates.

The common threads running through these groups will include:

- placing the individual at the centre of their care
- workforce challenges
- shared protocols
- improved working practices
- models of good practice and innovation
- social prescription
- think family and community

To be chaired/lead by a Board member/s

Be responsive to real time issues

The current closed, development section of Board will remain in place while the new framework is being established.

To be agreed/next steps:

- an accountability structure
- short, medium and long term outcomes
- twelve-month term of chairing
- RAG rated plans for the 'Making a Difference' groups including ToR
- quarterly reporting aligned to the Board's calendar of meetings
- a clear mandate, purpose and roadmap for the HEB Board to measure and demonstrate progress against some core objectives

**A timescale for the development/sign off of the strategy to be agreed.**

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