

# Health and Wellbeing Board

**Date: Tuesday, 30th November, 2021**

**Time: 11.00 am**

**Venue: Banqueting Room - Guildhall, Bath**

**Members:** Dr Bryn Bird (Clinical Commissioning Group) (co-chair), Councillor Dine Romero (Bath and North East Somerset Council) (co-chair), Councillor Alison Born (Bath and North East Somerset Council), Cara Charles Barks (Royal United Hospital), Jayne Davis (Bath College), Corinne Edwards (Clinical Commissioning Group), Sara Gallagher (Bath Spa University), Andrew Girdher (Clinical Commissioning Group), Will Godfrey (Bath and North East Somerset Council), Paul Harris (Curo), Nicola Hazle (Avon and Wiltshire Partnership Trust), Amritpal Kaur (Healthwatch), Mary Kearney-Knowles (Bath and North East Somerset Council), Steve Kendall (Avon and Somerset Police), Kate Morton (Bath Mind), Anthony Payne (University of Bath), Rachel Pearce (NHS England), Rebecca Reynolds (Bath and North East Somerset Council), Nikki Rice (Avon Fire and Rescue Service), Joanna Scammell (Virgin Care), Dr Andrew Smith (BEMS+ (Primary Care)), Richard Smale (Clinical Commissioning Group) and Suzanne Westhead (Bath and North East Somerset Council)

**Observers:** Councillor Robin Moss (Bath and 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 Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control. Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators. We request that those filming/recording meetings avoid filming public seating areas, children, vulnerable people etc; however, the Council cannot guarantee this will happen.

The Council may broadcast the images and sounds live via the internet [www.bathnes.gov.uk/webcast](http://www.bathnes.gov.uk/webcast). The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

### 4. Public Speaking at Meetings

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

**Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Tuesday 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. Emergency Evacuation Procedure

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

### 6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

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**Health and Wellbeing Board - Tuesday, 30th November, 2021**

**at 11.00 am in the Banqueting Room - Guildhall, Bath**

**A G E N D A**

1. WELCOME AND INTRODUCTIONS
2. EMERGENCY EVACUATION PROCEDURE
3. APOLOGIES FOR ABSENCE
4. DECLARATIONS OF INTEREST

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

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

(b) The nature of their interest.

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR
6. PUBLIC QUESTIONS/COMMENTS
7. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the meeting held on 28 September 2021 as a correct record.

8. BETTER CARE FUND 2021-2022 NARRATIVE PLAN (Pages 11 - 28)

The Board is asked to approve the Better Care Fund 2021-2022 Narrative Plan.

*Gary Guest and Judith Westcott (30 mins)*

9. B&NES COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2020-21 (Pages 29 - 80)

The B&NES Community Safety & Safeguarding Partnership (BCSSP) is introducing its Annual Report for 2020-2021, alongside its new priorities to be actioned in the Strategic Plan 2021-2024. The Board is asked to note the report, to raise any queries and to recommend any additional areas for consideration.

*Sian Walker-McAllister (20 mins)*

10. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) REFRESH OCTOBER 2022  
(Pages 81 - 84)

To consider a report giving information about the forthcoming refresh of the Pharmaceutical Needs Assessment.

*Joe Prince/Paul Scott (20 mins)*

11. DATE OF NEXT MEETING

To note that the next meeting will take place on either Tuesday 25 January or 29 March 2022.

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

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## HEALTH AND WELLBEING BOARD

### Minutes of the Meeting held

Tuesday, 28th September, 2021, 10.30 am

Dr Bryn Bird	Clinical Commissioning Group
Councillor Dine Romero (Chair)	Bath and North East Somerset Council
Cara Charles Barks	Royal United Hospital
Councillor Alison Born	Bath and North East Somerset Council
Corinne Edwards	Clinical Commissioning Group
Ruth Gawler	Avon and Somerset Police
Paul Harris	Curo
Mary Kearney-Knowles	Bath and North East Somerset Council
Kate Morton	Bath Mind
Rebecca Reynolds	Bath and North East Somerset Council
Joanna Scammell	Virgin Care
Richard Smale	Clinical Commissioning Group
Suzanne Westhead	Bath and North East Somerset Council

## 9 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

## 10 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer read out the emergency evacuation procedure.

## **11 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Jayne Davis – Bath College  
Sara Gallagher – Bath Spa University  
Andrew Girdher - CCG  
Will Godfrey – B&NES Council  
Nicola Hazle - AWP  
Amritpal Kaur - Healthwatch  
Steve Kendall – Police Service – substitute Inspector Ruth Gawler  
Anthony Payne – University of Bath  
Nikki Rice – Avon Fire and Rescue Service

## **12 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **13 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

## **14 PUBLIC QUESTIONS/COMMENTS**

There were no public questions or statements.

## **15 MINUTES OF PREVIOUS MEETINGS**

The minutes of the meetings held on 30 March and 22 June 2021 were approved as a correct record and signed by the Chair.

## **16 BETTER CARE FUND UPDATE**

The Board considered a report which gave an update on the Better Care Fund Plan for 2021-22 and requested members to ratify a number of Locality Commissioning Group (LCG) agreements.

Judith Westcott, Senior Commissioning Manager, presented the report and highlighted the following points:

- The Better Care Fund in B&NES totals £71m.
- A high proportion of the funding is spent on the Virgin Care contract.
- There are additional sub-sections of the fund which have different criteria.
- The fund is under continual discussion and has been reviewed by the Local Commissioning Group (LCG) prior to submission to this meeting.
- The fund is designed to be a transitional and transformational budget and there have been no major changes or developments to it over the last two years.
- There have been some underspends this year largely due to a slowdown caused by the Covid-19 pandemic. There is an underspend on the fund of around £1.5m.

- Some of the underspend will be used to help with emerging pressures including home care.
- There is still £600k of funding available if needed.
- The following funding applications have been provisionally approved by the LCG:
  - Participation and Engagement - £62k
  - Direct Payment and Personal Health Budget Development Officer - £40k
  - Wellbeing Representatives (Third Sector Reablement Representatives) - £216k
  - Occupational Therapy Support to Disable Facilities Grant Backlog - £60k
- The following key measures are proposed to support flow and to ensure that people can leave acute settings and be supported in the community:
  - Recruitment – costs to be confirmed
  - Care Hours - £160k
  - Live in Care - £175k
  - Weslin Care Home Beds with RUH - £484k
  - Third Sector Support – No additional cost
  - Complex Discharge and Health Assessment Support - £29k

*(A copy of the presentation slides is attached as an appendix to these minutes).*

Judith Westcott then responded to questions as follows:

- Key areas of development have been identified.
- There are opportunities to draw different strands together and there is scope to improve links with primary care.
- Virgin Care is carrying out a lot of work to assist people in their own homes and to ensure that the right support is provided. PCN roles are a key part of this.

The following issues were discussed:

- Although organisations are working hard for “quick wins” it is vital to have a long-term workforce strategy as the system is under great pressure.
- Social prescribing is an area that could be considered, and Board members encouraged there to be good monitoring and partnership working to support the wellbeing representative scheme.
- A focus on Occupational Therapy (OT) is desperately needed as there are currently long waits for OT visits. There are currently many OT vacancies, and it will be necessary to be creative about these roles. Seven day a week working may help.
- There could be opportunities to discuss with the local universities what skills will be required in the future with a view to creating local training programmes. Innovative solutions are required.
- Some of the emergency measures that have been required over the last 18 months have provided helpful learning opportunities.

**RESOLVED:**

- (1) To note the contents of the report.
- (2) To approve the new Better Care Funding applications as outlined in paragraph 5 of the report and to note the issues discussed.
- (3) To approve the recommendation to repurpose Better Care Fund funding from schemes that have underspent against their 2021/22 quarter 1 projections as outlined in paragraph 6 of the report.

**17 CHILDREN AND YOUNG PEOPLE'S SUB-GROUP REPORT**

The Board considered a report which set out the progress made against priorities. There has been positive delivery against all priority areas.

Sarah McCluskey, Strategic Commissioning Officer, presented the report. The four key outcomes are that:

- 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 in their own community

Work is taking place with third sector services to ensure that good systems are in place. Officers are also working to address planned intervention programmes which can help children at risk of exclusion from school. This will provide support to child protection plans, a virtual school, the inclusion team and trauma support.

It was noted that there has been significant pressure on schools and families over the last year due to the covid-19 pandemic which is having an impact. One of the key priority areas is SEND (Special Educational Needs and Disability).

The following issues were then discussed:

- The Board welcomed the progress made. Services have seen an increase in young people seeking support. Concern was expressed at the gap in early mental health support provision.
- The mental health transformation plan is now in place and additional support programmes will be provided in schools. It is important to continue to focus on this issue.
- It was noted that a large number of Curo tenants have mental health problems and this continues to be a challenge.
- The third sector is also witnessing increasing cases of self-harm and suicide ideation.
- It was suggested that public sector organisations could provide opportunities for vulnerable children and young people to gain employment which could lead to long-term change. Apprenticeships are available and there are plans to recruit a third Young Ambassador.
- The Board thanked officers for all the work they have undertaken to help young people over the last year despite the challenging circumstances.



- A key priority for the Board is the improvement of mental health across the whole age spectrum. The CCG has a programme board which is considering this issue as it is creating a pressure point. It is important to consider how best to provide early intervention and there should be a B&NES-wide discussion on this topic.

#### RESOLVED:

- (1) To note the Children and Young People Plan (CYPP) refresh for 2021-2022 and agree the CYP Sub-Group recommendation that the current plan is further extended until March 2023.
- (2) To note and approve the Children and Young People Plan Year 3 Review progress report on the priorities identified in the plan for 2018-2021.
- (3) To agree to include the CYP sub-committee in the development of the next Health and wellbeing Board Strategy (which will help to inform the next CYPP).
- (4) To approve the amended terms of reference for the CYP sub-committee.
- (5) To note the pressures across the system of meeting the emotional health and wellbeing needs of children and young people currently, especially given the impact of Covid. These pressures are felt especially in regard to meeting the emotional health and wellbeing needs of the more vulnerable children and young people, and the needs of children and young people with special educational needs and/or disabilities.
- (6) To note the pressures on the capacity for SEND pupils within B&NES both special and mainstream schools and the fact that there is potential for this pressure to increase as the number of requests for Needs Assessments and the number of Education Health and Care Plans are increasing each year.
- (7) To note that there is an increase in capacity within B&NES in relation to pupils with EHCPs with a primary need of Social, Emotional and Mental Health difficulties in that Aspire Academy is expanding to a maximum of 84 places in 2022/23 and then a further increase to 120 places in 2023/24.
- (8) To note the reports from the Head of the Education Inclusion Service and the update regarding the SEND Education Strategy.

#### 18 DATE OF NEXT MEETING

It was noted that the next meeting will take place on 30 November 2021.

The meeting ended at 11.45 am

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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# Bath and North East Somerset Better Care Fund 2021 - 2022 Narrative Plan

Health and Wellbeing Board: Bath and North East Somerset

## Contents

<b>1.0</b>	<b>Executive Summary.....</b>	<b>3</b>
<b>2.0</b>	<b>Programme Governance.....</b>	<b>6</b>
<b>2.1</b>	<b>Specific BCF Schemes Monitoring and Governance.....</b>	<b>7</b>
<b>3.0</b>	<b>Overall approach to integration.....</b>	<b>7</b>
<b>4.0</b>	<b>National Conditions .....</b>	<b>9</b>
<b>4.1</b>	<b>National Condition One (Jointly Agreed Plan).....</b>	<b>9</b>
<b>4.2</b>	<b>Disabled Facilities Grant (DFG) and wider services.....</b>	<b>9</b>
<b>4.3</b>	<b>National Condition Two (Contribution to adult social care from the CCG) .....</b>	<b>11</b>
<b>4.4</b>	<b>National Condition Three (CCG commissioned out of hospital services) .....</b>	<b>11</b>
<b>4.5</b>	<b>National Condition Four (Supporting Discharge).....</b>	<b>12</b>
<b>5.0</b>	<b>COVID-19 Recovery Support from BCF.....</b>	<b>12</b>
<b>5.1</b>	<b>Intermediate Care Team .....</b>	<b>12</b>
<b>5.2</b>	<b>Care Home Beds with Royal United Hospital Bath.....</b>	<b>13</b>
<b>5.3</b>	<b>Complex Discharge and Health Assessment Support .....</b>	<b>15</b>
<b>5.4</b>	<b>Occupational Therapy Support for DFG's .....</b>	<b>16</b>
<b>5.5</b>	<b>Dynamic Home Care .....</b>	<b>17</b>
<b>5.6</b>	<b>Block Care Hours.....</b>	<b>17</b>
<b>5.7</b>	<b>Trusted Assessor.....</b>	<b>17</b>
<b>6.0</b>	<b>Equality and Health Inequalities.....</b>	<b>18</b>
<b>7.0</b>	<b>Approval and Sign Off.....</b>	<b>18</b>
<b>8.0</b>	<b>Appendix One .....</b>	<b>18</b>

## 1.0 Executive Summary

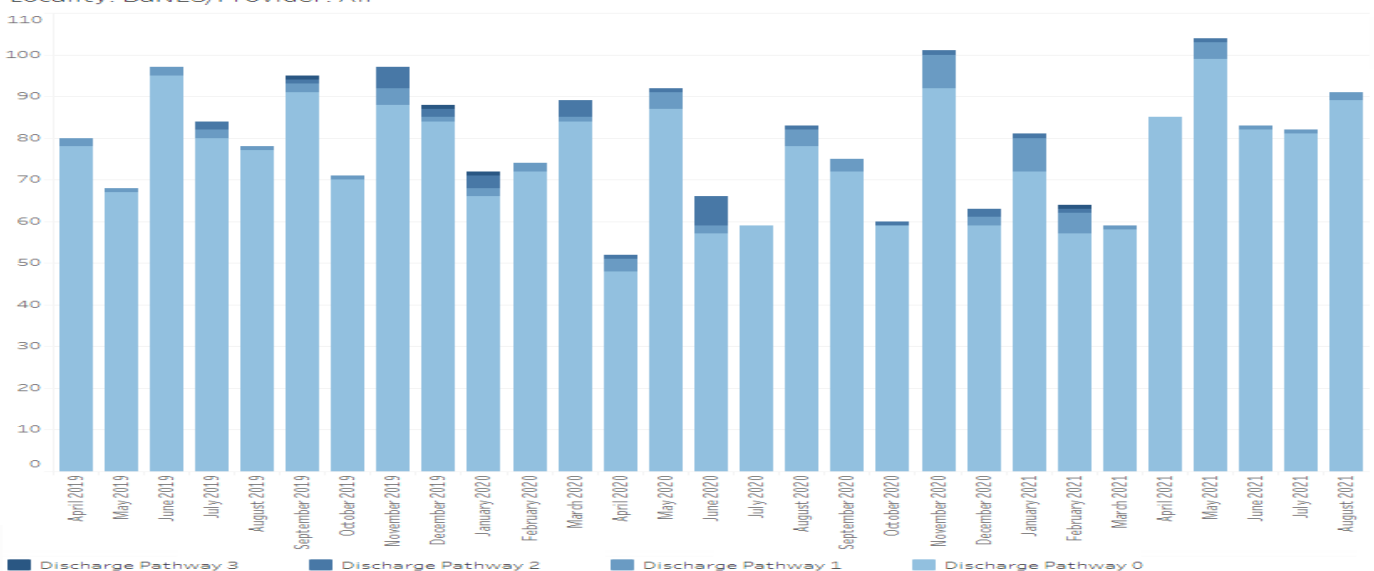
Bath and North East Somerset Council and Bath and North East Somerset, Swindon & Wiltshire Clinical Commissioning Group (BSW) are proud to present the 2021/22 Better Care Fund plan.

This plan is built on the commitments and understanding set out in previous plans. Prior to the establishment of the Integrated Care system, we are not intending to set out new targets or goals, but will be building on our targets and aspirations around:

- Covid recovery
- Winter planning
- The development of the ICS/ICA in B&NES
- The on-going delivery of the B&NES Council Business plan as laid out in [appendix one](#).

The specific focus is on urgent care and flow improvements in this year's plan, and a number of BCF funded projects have been commissioned this year to focus on this area, and the below really helps to illustrate the picture in this area since March 2021 and demonstrates that with continued focus, an upward trajectory could be maintained:

Discharges across the 7 day period - Sunday  
Locality: BaNES/Provider: All



The continued focus on urgent care and flow improvements, is also evident in the winter plan has been carefully considered for 2021/22 and reflects a whole system approach to the delivery of services over the forthcoming winter period, with the aim of ensuring that seasonal infection demand will not compromise patient care, experience, and service standards.

Similar to previous years, to ensure that the BSW system has stability and preparedness for winter, the winter planning process has been achieved by embedding multiple lines of defence building upwards from provider level, assurance at system then regional and national level. This plan is owned by all members of the BSW Urgent Care and Flow Board and was presented and accepted at the 14<sup>th</sup> October 21 meeting in conjunction with our initial self-RAG assessment against the final national key lines of enquiry (KLOEs) that were published on 5<sup>th</sup> October 21, with final winter plan was approved at the BSW Oversight and Delivery Board on 22nd October 21. The plan pays particular attention to the following key lines of enquiry:

#### EXTERNAL EVENTS

Systems should consider both national and local factors beyond the immediate healthcare setting and how these have the potential to impact on the domains below. Systems may wish to use strategic planning techniques such as PESTLE analysis to support this. These events may be things that are unusual for this winter, such as the impact of covid-19 prevalence, or they may be routine winter challenges such as short term influxes/outfluxes of tourism, extreme weather events or routine movement of staff between sectors.

#### DEMAND

Systems should use sophisticated techniques to model expected demand on their services across the winter period. Such plans should consider a range of scenarios and be realistic around what is expected. Where providers do not have good history of accurate forecasting, additional analytical support should be considered as well as signposting to national planning tools.

#### CAPACITY

Systems should thoroughly review their available physical capacity including, but not limited to, inpatient spaces. Where the capacity available does not meet the predicted levels of demand, mitigating actions must be taken. Systems should also define thresholds at which capacity risks being overwhelmed and agree clear escalation procedures if these tolerances are met. Systems should also make sensible assessments of how IPC protocols will impact on available space looking to maximise digital solutions.

#### WORKFORCE

Systems should ensure that both clinical and non-clinical workforce levels are reviewed and aligned to the expected levels of demand and capacity. Steps must be taken to ensure all rosters are completed in good time and any workforce gaps mitigated as far as possible. Procedures should also be agreed to manage short notice sickness effectively to limit this impacting service delivery, this should include system-level interventions such as staff passporting and integrated working arrangements.

#### EXIT FLOW

Systems should review points of interaction between services and identify instances of friction. Where delays are identified, Systems must ensure approaches are in place to alleviate these and agreed between affected parties. Processes should ensure care pathways are optimised with only patients requiring an inpatient stay being admitted, and that discharge takes place promptly.

#### REGION SPECIFIC REQUESTS

There are an array of KLOE's that have been developed by the regional team for further assurance. These include –

- Ambulance – For SWAST to respond
- Mental Health
- Primary Care
- Acute Care
  - IUC's
- Social and Community Care
- Incident Command Centre (ICC)
- Inclusion Health

The below table summarises the BSW Acute net bed position including the quantified winter initiative schemes with the aim to mitigate the modelled bed gap from the demand and capacity model outputs using Scenario 2 - which is based on **19/20 demand, 95% bed occupancy and escalation beds open.**

BSW	Sep	Oct	Nov	Dec	Jan	Feb
Scenario 2 Acute Bed Gap- Pre-Covid (19/20) 95% Occupancy. Escalation open	-57	-113	-126	-131	-141	-82

Bed Impact of System Locality Initiatives	Sep	Oct	Nov	Dec	Jan	Feb
Admission Demand Management	74	79	108	104	104	113
Internal Acute Provider Efficiency	0	3	7	12	14	14
Increasing Discharges/Flow	44	72	77	80	80	76

Local Initiatives Grand Total (bed gap mitigated)	118	154	192	197	198	204
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Net Acute Bed Position (scenario 2)	61	41	66	66	57	122
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In 2017, Virgin Care were commissioned by Bath and North East Somerset Council and the then BaNES CCG to join-up services so that they work more closely together and to empower local people to be able to take control of their health - to get well and stay well. This was driven by investing in technology to put all the information from health and care services into a single system. With access to all the information, clinicians could make informed decisions and treat people in a more effective and efficient way. This was part of a change of focus to support adults in the Bath and North East Somerset locality to live more independent lives, providing access to services supporting:

- Independent living to allow individuals a greater opportunity to continue living independently.

- Personal assistants to provide support to individuals who need some support and assistance with daily tasks to enable them to continue living in their own community and often remain living in their own home
- Adaptations to homes to provide additional safety and prolonged independence.

This Better Care Fund plan and winter pressures plan build on the progress made and lessons learnt locally from previous plans and it also incorporates and supports the national strategic direction to deliver integrated services which recognise the need to deliver change across the whole health, care, and community system of services.

The use of the Better Care Fund and Improved Better Care Fund and the new schemes being implemented as a result of this investment are outlined in more detail later in the plan, building on this partnership, with a primary focus of improving flow out of the Royal United Hospital (RUH) and creating capacity in the Home Care market. Existing high-profile schemes also benefit from an updated scheme plan and financial dashboard to monitor their progress and provide additional scrutiny of performance.

ECIST have been actively engaged in our ICA to review the D2A/hospital discharge policy implementation which has set out a number of findings and recommendations which are being addressed to help reduce the number of patients who do not need to reside in hospital. ECIST have been working to identify opportunities and actions required to improve system flow and to scope the current practice and alignment to national Policy within the BaNES system. Following consultation and review, ECIST are working to develop a Joint Strategic Forum to look at principles and strategy of D2A while agreeing short term operational/tactical changes to support the system and executive lead to deal with the current pressures and develop a D2A plan for winter 2021/22. This is also supported by a BSW Action Card initiative to support consistent messages and expectations across the system.

This narrative plan has been prepared by the Better Care Fund Commissioning Project Manager at Bath and North East Somerset Council and presented to and approved by the Locality Commissioning Group, which consists of representatives from the following areas:

- Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group (BSW CCG)
- Bath and North East Somerset Council (B&NES Council)

This plan was approved by the Locality Commissioning Group on 4<sup>th</sup> November 2021 and will be presented to the Bath and North East Somerset Health and Wellbeing Board on 30<sup>th</sup> November for formal ratification.

In April 2020 the B&NES CCG merged with Swindon and Wiltshire CCGs to form BSW CCG and therefore we are beginning to align Better Care Fund planning with our colleagues at Swindon and Wiltshire councils, and conversations have started to ensure we move into a more collaborative approach to better care fund reporting and management. This has been particularly beneficial as we both Wiltshire and B&NES Council are discharging from the same hospital.

## 2.0 Programme Governance

The Bath and North East Somerset Better Care Fund is governed by the following bodies:

- The Locality Commissioning Group (LCG)
  - Is made up of a sub-committee of the BSW CCG Governing Body and a sub-group of the Council's Strategic Leadership Team and Cabinet meeting in common.
  - All Better Care Fund decisions are presented to the Locality Commissioning Group for initial review and approval to progress to the Health and Wellbeing Board.
- The Health and Wellbeing Board.
  - Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health, and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population
  - All decisions that have been approved by the Locality Commissioning Group (LCG) are presented to the Health and Wellbeing Board for ratification of the LCG decision to approve. Any challenges from the board must be addressed ahead of final ratification.

All new applications for Better Care Fund funding are reviewed by our BCF working group and senior leadership teams against the Better Care Fund national conditions and local priorities to ensure that they meet the criteria for funding. They are also reviewed collaboratively with colleagues from the quality team through the submission of an equality and quality impact assessment before being progressed through the Locality Commissioning Group and finally Health and Wellbeing Board.

Upon final Health and Wellbeing Board approval, the scheme manager is notified of a successful funding application and advised of their reporting requirements. All schemes must provide regular reporting (quarterly) to the Bath and North East Somerset Better Care Fund Commissioning Project Manager to highlight key achievements, milestones, and metrics. This report outlines whether the scheme is performing as expected, and once all schemes have submitted reports, it presents a good holistic view of performance across all BCF schemes as an entire funding stream.

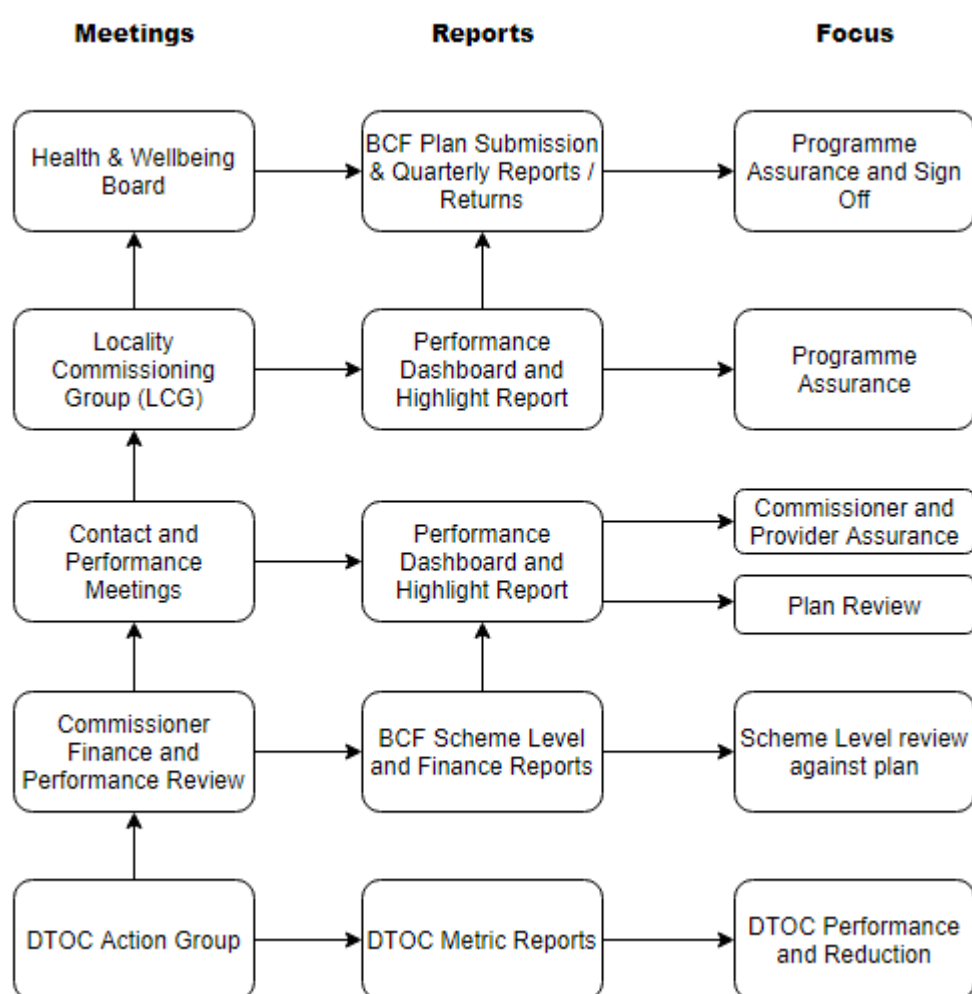


## 2.1 Specific BCF Schemes Monitoring and Governance

In terms of the specific schemes highlighted under the Better Care Fund plan 2021-22, monitoring will be undertaken within the CCG and Council, led by the Better Care Fund Commissioning Project Manager for the Better Care Fund, and supported by monthly performance dashboard and scheme level data. Additional reporting tools are under development and these will aim to further enhance the visibility and performance of all of the underlying B&NES BCF schemes.

Delivery of the schemes and performance will be addressed through Contract and Performance meetings with providers, with the key provider being Virgin Care.

Assurance of the overall delivery of the BCF will be monitored through the Locality Commissioning Group and Health and Wellbeing Board. The below diagram highlights this structure:



## 3.0 Overall approach to integration

Integrated health and social care structures have been in place in B&NES since 2009, with commissioning arrangements implemented in that year and provider arrangements consolidated by the contract award for an integrated health and social care provider in 2011.

The commissioning arrangements were reviewed and redesigned in 2013 in response to the creation of the CCG and the reaffirmation of the commitment by both CCG and Council to joint working and to the integrated commissioning and provision of services.

The operation of joint working arrangements, including the operation of pooled funds and the exercise of functions by either body on behalf of the partner body, is overseen by the Locality Commissioning Group (LCG), which is constituted as a joint committee of the CCG and Council.

The governance and operational structures are underpinned by a Joint Working Framework, adopted by both the CCG and the Council, which sets out the commitment, aims and practical supporting arrangements for joint working, and is underpinned by legal agreements as follows:

- S113 agreements allowing managers with joint responsibility employed by either body to perform functions for and be accountable to the other body within an agreed HR framework and within the Schemes of Delegation of each organisation.
- S75 and S10 pooled budget agreements to allow pooling of resources managed by joint commissioners to support integrated commissioning and provision.
- S256 agreements (both nationally required and local) to support expenditure on social care which has a benefit for health services.

The Joint Commissioning Committee (in place since October 2014) has been overtaken by the Locality Commissioning Group (LCG) instituted in April 2020 which further strengthens the governance of our joint commissioning arrangements. The CCG's Constitution and the People and Communities governance structure have been amended to allow this.

The LCG has a formal governance and operational leadership role across health, social care, and public health commissioning in respect of strategic planning, performance management and decision-making.

The LCG is made up of a sub-committee of the CCG Governing Body and as well as a sub-group of the council's strategic leadership team and cabinet. As part of the new governance arrangements within the BSW Integrated Care System which will be on a statutory footing, subject to the health and care bill passing through Parliament, the place-based partnership arrangements for B&NES Integrated Care Alliance are likely to see the LCG transition into a Joint Committee with a partnership convenor (chair) and an executive lead appointment by the NHS Integrated Care Board and the local authority.

Like other parts of the country, people in our area are living longer, but often with a number of long-term conditions which add complexity to their health and care needs. Many adults (and children) are dealing with mental health issues, sometimes alongside a long-term physical health condition.

We know there are people in hospital (in acute and mental health beds) and in nursing and residential homes across Bath and North East Somerset, Swindon, and Wiltshire (BSW) who would be better cared for in the community or at home.

All organisations providing health and care within BSW are struggling with a combination of rising demand, staffing vacancies, and increasing financial challenges.

These pressures are very real. Our nurses, doctors, social workers, therapists, and clinical support staff work incredibly hard to provide the very best care they can. Their hard work and dedication in caring for our family members, relatives and friends, day in and day out, all year round is inspirational.

But if we are to maintain safety and quality of care in the future, we have to change and we need to address the issues we currently face in a way that will improve outcomes for individuals, the communities we serve and our staff.

We believe the only way to do this is to build closer ties between all partner organisations across BSW and within the B&NES Integrated Care Alliance. We also need to support more people to manage their condition themselves and to improve our approach to our community-based care.

We are therefore committed to working towards the development of the ICA priorities in the coming year, meeting flow pressures and ensuring we support preventative and wellbeing measures in the community, and the shared contractual arrangements will be explored fully as the ICA continues to be developed.

## 4.0 National Conditions

### 4.1 National Condition One (Jointly Agreed Plan)

The Better Care Fund was signed off by the Health and Wellbeing Board on 6th September 2017. The Board is co-Chaired by a Cabinet Member and the B&NES Locality Clinical Chair for the CCG who is a GP. In addition to the Council and CCG, Board members include key health and care providers, Education providers, public sector partners, a representative of the Voluntary, Community & Social Enterprise (VCSE) sector, Healthwatch and a representative of the housing provider sector.

The iBCF grant determination for the iBCF was issued in May 2021. Since 2020-21, funding that was previously paid as a separate grant for managing winter pressures has been included as part of the iBCF grant but is not ringfenced for use in winter.

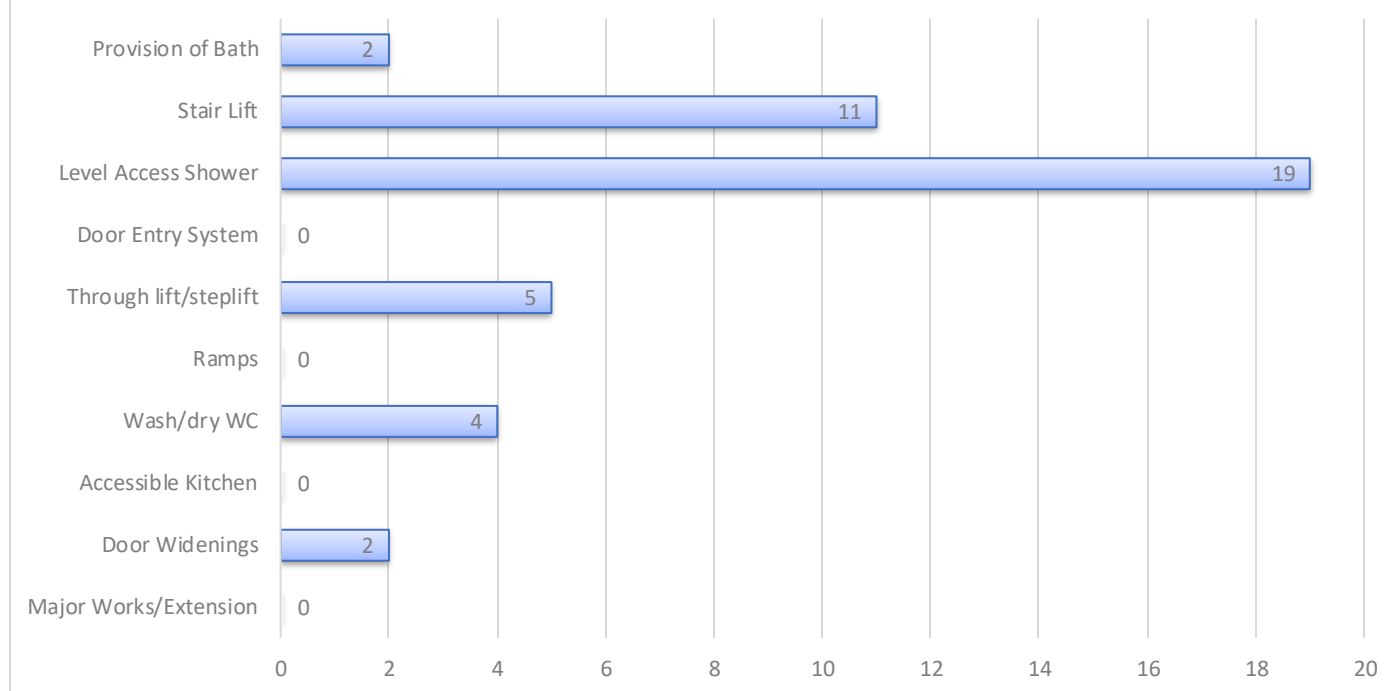
### 4.2 Disabled Facilities Grant (DFG) and wider services

Bath and North East Somerset Council was awarded £1,270,789 of Disabled Facilities Grant (DFG) funding in 2021/22, the same as in 2020/21 which was uplifted by £171,116 in December 2020.

The DFG allocation for the 2021/22 period has increased by 13.46% on the starting allocation for 2020/21.

The graph below shows the main uses for the Disabled Facilities Grant (DFG) in the first half of 2021/22.

### DFG Work Categories 2021/22



This year's Better Care Fund Plan aims to see closer working between housing, health and care commissioners and regular liaison meetings have been established to evaluate the impact of DFGs and to strengthen the links between DFGs, Community Equipment services and Assistive Technology.

The main adaptations shown in the graph above will continue to be the key priorities for the DFG funding, alongside Assistive Technology in the form of capital investment.

The assisted technology scheme, funded by the DFG, is helping to create an offering of assisted technology for social care packages within B&NES Council through engagement with an external consultant (the required knowledge is currently not held within B&NES council), and by establishing a close working relationship with Virgin Care to ensure that technology offerings are complementary to the care homes

With a successful implementation of assisted technology into the home care packages we would expect to see:

1. return on investment (ROI) - this project has an invest to save element.
2. improved wellbeing for service users.
3. increased independence for service users.
4. service users being able to stay in their own home.

## 4.3 National Condition Two (Contribution to adult social care from the CCG)

The 2021-22 BCF plan aims to maintain a consistent level of protection of social care with the BCF funding. The use of this funding covers a range of schemes that will add stability to the local social and health care system, including continued investment into an integrated model of reablement.

The approach to planning for the Better Care Fund has been consistent with the Department of Health guidance for funding transfers to social care. Both organisations face increasing cost pressures and savings targets.

The local care market has seen a number of residential closures over the last few years and demand on primary, acute, and learning difficulties services continues to climb outside of demographic expectations. The schemes within the plan have therefore been identified to specifically address the area of intermediate care services which supports the aim of the plan and will mitigate these key factors.

The protection of social care covers areas of adult social care spend which have an indirect impact on prevention such as provision of good quality, fit for purpose, accessible housing, support to the care market, and reablement pathway redesign. In addition, H2 planning has been jointly developed by the CCG, Council, RUH and Virgin Care (our prime provider).

## 4.4 National Condition Three (CCG commissioned out of hospital services)

The minimum allocation for CCG commissioned out-of-hospital services for 2021/22 is £3,136,539, an increase of £157,870 (+5.03%) on 2020/21.

The local risk share arrangement for 2021/22 has been rolled into the BCF plan and is reported under BCF Scheme number 100 (BCF Risk Share Contingency) and for 2021/22 is £632,165, an increase of £31,818 on 2020/21 (+5.3%).

It has been uplifted in line with NHSE inflation (105.3%). It has been retained by the CCG and forms part of the contract to pay the local acute provider if the non-elective reduction target is not met.

The 2021/22 plan has built on previous years and continues to invest in schemes which support reablement and step-down services such as “home from hospital”. The falls response service which has been live since 2017 is an integrated response specifically designed to reduce admissions to hospital and includes the assessment of further health and social needs at the time of response. The service is proving to be a highly valuable contribution to admission prevention:

Data for 2020/21 (Pending new data for 2021/22)	Total
Average number of contacts per month	129
Average Face to Face visits per month	113
Average Telephone contacts per month	31
Attendances at A&E within 3 days of visit	0
Emergency Dept avoidance average per month	114
Community equipment issued after visit (avg per month)	24

## 4.5 National Condition Four (Supporting Discharge)

Key initiatives in the Better Care Fund Plan relate to implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

The High Impact Change Model sets out eight high impact changes that can support local health and care systems to help reduce delayed transfers of care:

1. Early Discharge Planning.
2. Systems to Monitor Patient Flow.
3. Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary & community sector.
4. Home First/Discharge to Assess.
5. Seven-Day Service.
6. Trusted Assessors.
7. Focus on Choice.
8. Enhancing Health in Care Homes.

Home First (also known as discharge to assess) has been identified as a key priority to improve patient flow within B&NES and help the system regain stronger performance.

Home First is based upon the principle that it is aimed, where safe, for all patients to be discharged home where health and social care assessments can be undertaken in the most appropriate environment for the patient to assess their long-term needs. If patients are unable to return home, then temporary options need to exist to allow assessments to be undertaken in an environment which will meet their current need.

The B&NES and Wiltshire systems have been particularly challenged through the covid pandemic and a number of **new** schemes are being prioritised to support flow. These include:

- 2 New Block contracts for D2A beds
- An intermediate care/reablement team to support all D2A beds
- A block provision of Pathway one intermediate beds to support discharge when home care is not available
- Over 1000 hours a week of block Home care to support discharge into reablement and out of reablement once care objectives are achieved
- A Development of the Reablement service to support faster through put and shorter lengths of engagement

These schemes are supported by BCF and H2 funding and a number are described in greater detail below.

## 5.0 COVID-19 Recovery Support from BCF

A number of schemes that aim to aid recovery in adult health and social care services following the outbreak of the COVID-19 pandemic have been initiated and funded by the Better Care Fund.

### 5.1 Intermediate Care Team

Intermediate care is broadly defined as “a range of integrated services to promote fast recovery from illness, prevent unnecessary acute hospital admission and premature admission to the long-term residential care, support timely discharge and maximise independent living”.

Support from the Better Care Fund has been secured to commission a multidisciplinary 'Intermediate Care Team' to assess and support people within B&NES care homes that are occupying intermediate beds.

The team consists of a Physiotherapist, an Occupational Therapist and 2x Assistant Practitioners and will be expanded to also include 2x Care Coordinators and a Senior Administrator. The team will provide therapeutic support, activity and case oversight and will aim:

- To increase skills and abilities that support maximum independence
- To enable people to have a maximum stay of 42 days with an average of significantly shorter than this.
- To work proactively and in liaison with the Care Coordination Centre and multi-agency professionals to tackle, resolve, refer and take responsibility for all that needs to be done to get people home or on to their permanent future place of care. While in the beds the residents remain the responsibility of the Intermediate Care Team.
- To work together, Home, and intermediate team, to create caring and empowering experiences which enable people to move on to their permanent home

The team will aim to provide a greater level of support to allow patients that are discharged from acute settings into temporary beds in care homes within the locality, and to reduce the delays between admission and assessment, and to try to reduce the number of service users that are occupying these temporary beds.

The core objective is to ensure that nobody that is admitted into an intermediate bed remains there for longer than 42 days (6 weeks), and to ensure that they are progressed on to a pathway of care that is suitable for them at the earliest opportunity to aid their recovery.

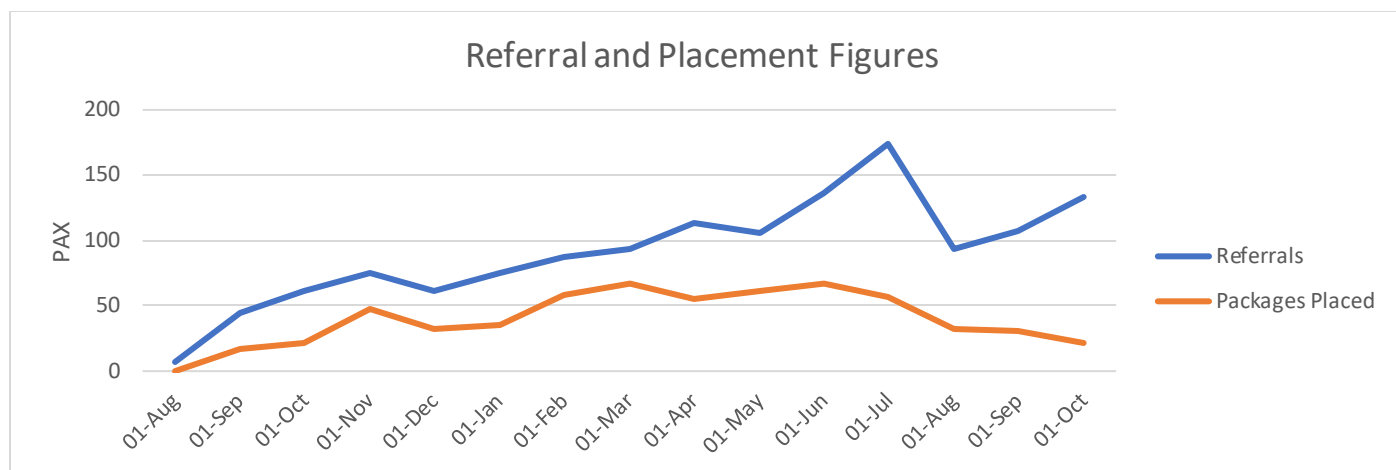
The team is initially operating on a 6-month pilot phase with monitoring of KPI's that will govern the performance and success of the team, and will also use patient feedback, largely based on the three conversations model to ensure that service users have an opportunity to express their views on the level of care and service that they have received from the care home and the intermediate care team.

## 5.2 Care Home Beds with Royal United Hospital Bath

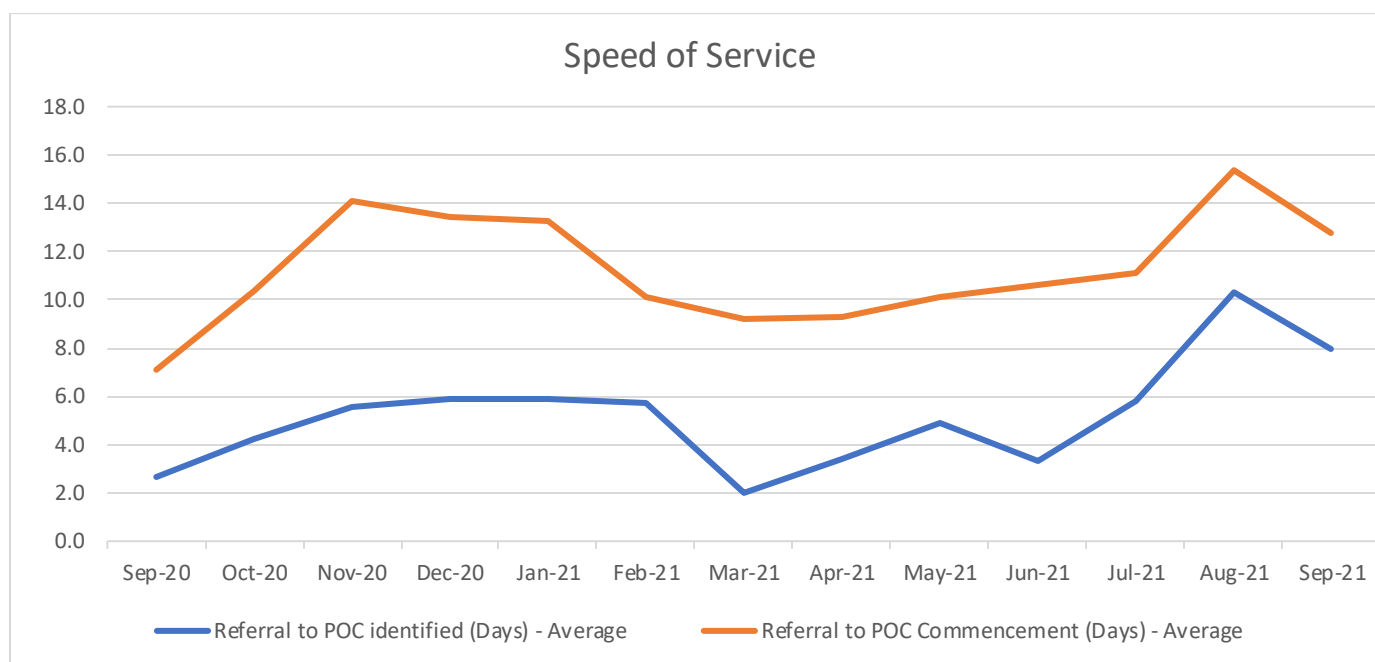
Due to the extraordinary pressures on the B&NES health and social care system the provision of intermediate care beds to support patients being discharged on pathway 1 and pathway 2 has been implemented.

Capacity issues that exist in the system are unfortunately impacting on the level of service that brokerage is able to offer at this present time, and whilst the volume of referrals to brokerage have continued to rise throughout the 2021/22 period, the number of packages placed have remained fairly low in comparison:





This problem is compounded by the lack of available beds that exist within the B&NES locality, and both referral to identification of package of care and referral to commencement of package of care both peaked recently in August 2021 at 10.31 days (12-month average is 5.2 days) and 15.37 days (12-month average is 12.29 days):



As a balance to this we have invested in supporting people in care homes where there has been some marginal capacity. These new services capitalise on a previous arrangement with Virgin Care where a home was used to provide a temporary provision instead of community hospital. The use of the established Active Recovery Team Plus, ('ART+') service will collaborate to ensure timely discharge from this service back to home or place of residence.

This new arrangement seeks to strengthen relationships in the system and build on the work of the RUH's ART+ and Hospital at Home to further support flow. This is a pilot and will be closely monitored to review impact, outcomes and value for individuals benefitting from this provision and demonstrate clinical need and increasing outcomes for this patient group.



The RUH discharge team will have responsibility for deciding which service users are transferred to RUH Intermediate Care Block Beds following the Admission Criteria for RUH iBeds and will liaise directly with the care home provider to gain authorisation to enable this transfer to occur. There are currently significant risks that without system support for solutions the current P1 and P2 patient delays, the RUH Operational performance, Patient experience and Patient outcomes will be detrimentally impacted upon in winter 2021/22. Currently, there can be up to 70+ patients with non-criteria to Reside in acute RUH beds awaiting provision in the wider system. They average a wait of 5.9 days for Banes services P1 and 7.9 days for P2, during which they are at significant risk of poorer clinical outcomes, decreased patient experience and significant clinical risk of deconditioning and comorbidities and for the System, creating a significant acute bed and capacity loss to the RUH.

RUH will establish ART+ for P1 going forward and expand the ART+ service into 10 intermediate beds in Westin Care Home for Pathway 2 patients from the RUH in what will be known as RUH iBeds. For patients who require short-term recovery care prior to a move to; ART+ Pathway 1 service and move home, or direct discharge home P0. The initial proposal of expansion will run for 7 months from September 2021 until the end of the 2021/22 financial year.

## 5.3 Complex Discharge and Health Assessment Support

There is currently a significant gap in the specifications for community health services whereby no health service is specifically commissioned to provide a health needs assessment for determining joint funding. In addition, for those patients whose needs are not Social Care and who do not meet Continuing Health Care funding criteria but do need specialist health resource, there is currently no case management support.

This includes people who are receiving a package of care from Social Care and may require joint funding from Health to support their health needs.

Better Care Fund funding has been secured to allow recruitment into a band 6 Complex Care Coordinator role that should help to:

- Coordinate complex discharges for people who are discharged from specialist units or have requirements outside of the general Discharge to Assess Pathway.
- To provide a person-centred approach and ensure that people with complex health needs receive a high-quality service that meets their needs.
- plan discharges for these complex people much earlier due to the relationships built up with the specialist units and discharges from the Specialist units will be timelier which is cost effective for the CCG budget
- Provide more appropriate discharge destinations with follow on support to ensure that care is appropriate.
- Remove steps, processes, disagreements, and delays in the discharge process which consume valuable resources and do not add value for the patient.
- Reduce the risk associated with vulnerable patients remaining in a hospital environment or being admitted (during and post COVID period).

The Complex Health coordinator can support the Discharge to Assess model by arranging the discharge and coordinating the assessments required during the 6-week period for people with

complex health needs. These people could not be managed through the usual pathways of Reablement or Discharge to Assess Beds.

- When people are discharged from the specialist units, they do require a significant amount of discharge planning due to the complexity of their needs. It has been really beneficial to have one person coordinating and case managing as they do not align with the standard Discharge to Assess Pathways of Reablement or Discharge to Assess Beds.
- The Complex Health coordinator can ensure that these people receive the correct level of care and are moved onto the correct funding pathway as soon as possible. This will result in a cost saving for the CCG and Local Authority.
- Complex assessments take place within an environment familiar to the patient, it is 'context specific' and the patient's immediate and longer-term needs can be more appropriately evaluated.
- In some cases, issues which may have been developing for some time which precipitated an acute admission can be assessed and plans put in place while the patient is still able to be at home (so reducing admissions).
- Reduction in length of stay.

The main objective of this Better Care fund supported scheme is to reduce the overall length of stay, accelerate the freeing up of hospital beds reducing medical outliers, increase patient flow through various streams and improve the application of 'Joint Working'.

## 5.4 Occupational Therapy Support for DFG's

Following the Covid pandemic, there are a number of Occupational Therapy assessments waiting for extended periods of time for assessment for Disabled Facilities Grant (DFG) or larger items of equipment. The Occupational Therapists that are currently in post expressed concerns that the increased volume of moving and handling assessments that have been caused due to an increased number of people being supported at home, are leading to those waiting for assessment having to wait even longer as the moving and handling assessments are prioritised as urgent.

A new Occupational Therapist role has been created and funded by the Better Care Fund for the next 2 years to help to alleviate some of the pressure on the existing Occupational Therapists and to try to reduce delays to people waiting for assessment in the hope that it will lead to:

- An increased Number of Disabled Facilities Grant assessments completed per month
- An increased volume of completed assessments provided to Housing Colleagues.
- The creation of a new process to review the demand and supply on Social Care Occupational Therapist resources - closer working links with Housing, Curo etc

This role is required as there has been an increase in demand for manual handling assessments which take priority over other assessments. This role would only focus on the adaptations/DFG assessments, leading to a reduction in the time and number waiting and developing an improved process for the management of these assessments going forward.

## 5.5 Dynamic Home Care

Four carers that have been sourced from a Live-in Care Agency, along with a care coordinator, and are living in accommodation that is being rented by the care provider and charged back to Bath and North East Somerset Council and financed by Better Care fund money.

This provider would normally provide live-in care but are currently providing domiciliary care to service users who have completed their reablement. The hope is that this will ease pressures and increase flow from reablement.

## 5.6 Block Care Hours

Better Care Fund money is helping to fund a block contract of 200 hours per week for a care provider to provide 4 carers, totalling 50 hours per week.

The carers will come to Bath and stay in local accommodation, and they will provide a total of 200 hours of care a week to assist people on packages of care that are waiting to come out of reablement, with the core objective to ease some of the pressures that are currently on the reablement team and to increase flow through the system.

## 5.7 Trusted Assessor

Trusted assessors undertake pre-admission assessments for care homes and form the main link between care homes and hospitals. Better Care Fund money has been secured to fund the posts of 2x Trusted Assessors whose primary objective is to:

- Conduct Trusted Assessments (TA) on behalf of the Royal United Hospital Discharge to Assess (D2A) social work team/CITT referrals (Mental health patients) – These are Often complex patients requiring timely case coordination to facilitate discharge from the Royal United Hospital to nursing home/home/stepdown
- Conduct Trusted Assessments for the community hospitals (Paulton and Sulis)
- Conduct Trusted Assessments for the Priority 1 waiters in the community hospitals who are waiting for a package of care.
- Conduct Trusted Assessments for the Royal United Hospital intermediate beds for patients going into Westin Care Home.
- Conduct Trusted Assessments for residents being readmitted back into their care home after a period of hospitalisation.
- Conduct Trusted Assessments for some end-of-life patients.
- Support the B&NES Care Homes Commissioner with regular telephone calls to care homes within the locality to ensure KPI's are monitored and measured.
- Attend regular Multi-Disciplinary Team meetings community hospitals to facilitate flow and review patients to ensure they meet the Discharge to Assess criteria, or if further work can be done to facilitate a timely discharge
- Engage in regular flow calls to discuss reablement and community hospitals to discuss patient flow.

## 6.0 Equality and Health Inequalities

Bath and North East Somerset Council and the BSW CCG are developing plans and approaches to tackle equality and diversity in everything we do, whether that's commissioning services, employing people, developing policies, communicating with, or engaging local people in our work to ensure the right choices and decisions are made.

BSW ICS has a population of around 940,000 people and covers a wide geography containing rural and urban, affluent, and more deprived areas. We are committed to eliminating all forms of discrimination and providing equality of opportunity for everyone. We recognise and value the diversity of our communities and believe that equality is pivotal to the commissioning of modern, high quality health services.

The below set of principles have been drafted that outline the BSW strategy for equality and health inequalities:

1. We work to improve the health of our population through prevention of illness, early intervention and promoting independence through all stages of life
2. We are leading a determined drive to reduce health inequalities in all our communities
3. We work as one system without boundaries with parity of esteem between services
4. We make the best use of our combined available resources to deliver high quality care
5. We use shared evidence, listening and learning in order to design care around the individuals we serve.
6. We treat people at home or as close to home as possible.
7. We nurture a flexible and ambitious workforce
8. We maximise the use of digital technology to improve care and access to care while supporting those with limited access to technology
9. We make decisions as close as possible to those people they affect.
10. We are a learning system in everything we do.

## 7.0 Approval and Sign Off

This plan has been created in partnership with Bath and North East Somerset Council and the BSW CCG and formally signed off by the Bath and North East Somerset Locality Commissioning Group (LCG) as well as the Bath and North East Somerset Health and Wellbeing Board.

## 8.0 Appendix One



B0898 - 300921  
Better Care Fund Pla

<b>Bath &amp; North East Somerset Council</b>	
MEETING/ DECISION MAKER:	<b>Health and Wellbeing Board</b>
MEETING DATE:	<b>30<sup>th</sup> November 2021</b>
TITLE:	<b>Bath &amp; North East Somerset Community Safety &amp; Safeguarding Partnership (BCSSP) Annual Report 2020-2021</b>
WARD:	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b> Attachment 1: BCSSP Annual Report 2020-2021 Attachment 2: BCSSP Annual Report 2020-2021 Executive Summary	

## **1 THE ISSUE**

1.1 The B&NES Community Safety & Safeguarding Partnership (BCSSP) is introducing its Annual Report for 2020-2021, alongside its new priorities to be actioned in the Strategic Plan 2021-2024.

## **2 RECOMMENDATION**

The H&WB Board is asked to:

2.1 Note the Annual Report and Executive Summary for the BCSSP

2.2 Raise any queries in respect of community safety and/or safeguarding activity

2.3 Recommend any additional areas it would propose that the BCSSP give consideration to in 2021-2024

## **3 THE REPORT**

3.1 The report contains information covering the following areas:

- The current community safety and safeguarding context for B&NES
- The Partnership governance arrangements
- Achievements against community safety and safeguarding priorities for 2020-2021

- The work of the sub-groups during the year
- Adult and children's safeguarding activity data
- Priorities for the year ahead

### 3.2 Activity and Information Highlights

- 2020-2021 is the first full year of reporting for the BCSSP since it was established in 2019
- It has been an exceptionally challenging year due to the impact of the Covid -19 pandemic on all partners
- Despite changes to the Executive and Operational Groups, continuity has been maintained, the statutory duties met, and strategic objectives of the partnership have been delivered
- The BCSSP has commissioned three Safeguarding Adult Reviews (SARs) and continued to undertake work towards recommendations from previous SARs
- Activity related to one Domestic Homicide Review was carried out in this year and a 7-minute briefing produced for relevant staff. A decision was taken not to publish this review
- The BCSSP has completed and submitted five Rapid Reviews to the National Panel in response to serious incident notifications relating to children. Whilst learning has been identified, it was recommended that nothing further could be gained from conducting a Child Safeguarding Practice Review, the National Panel concurred.
- The BCSSP has continued to update and revise key policies and procedures, including developing a Scrutiny and Assurance Framework, a Learning and Development Framework, a Persons in Positions of Trust Framework, reviewed and revised the Safeguarding Adult Review and Child Safeguarding Practice Review Protocols, and developed a process for Commissioning a Lead Reviewer.
- The BCSSP has carried out multi-agency audits relating to Mental Capacity Act and County Lines, the findings of which will influence work for 2021-2022.

## 4 STATUTORY CONSIDERATIONS

- 4.1 Safeguarding is everyone's business and there is a statutory requirement for the BCSSP to present its Annual Report to the Health and Wellbeing Board.
- 4.2 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 this 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. The Partnership welcomes the scrutiny

and challenge from this Board, in order to ensure the widest breadth of views are heard and considered.

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

- 5.1 B&NES Council, BaNES, Swindon and Wiltshire CCG, and Avon and Somerset Constabulary contributed to the running costs during the period with smaller contributions being made by National Probation Service.
- 5.2 The BCSSP is funded through multi-agency partners. The budget is managed by the BCSSP Business Manager and budget reports submitted to the Executive Group annually. There is regular discussion regarding partner contributions and resourcing of the BCSSP.
- 5.3 Following agreement with B&NES Council, BaNES, Swindon and Wiltshire CCG, and Avon and Somerset Constabulary contribute equally to any Child Safeguarding Practice Reviews (CSPRs) or Safeguarding Adult Reviews (SARs).

## **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 2020 – 2021 which is regularly monitored.

## **7 EQUALITIES**

- 7.1 An Equality Impact Assessment is not required for the BCSSP Annual Report.

## **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.

## **9 OTHER OPTIONS CONSIDERED**

- 9.1 None

## **10 CONSULTATION**

- 10.1 9.1 The BCSSP Annual Report was approved by the BCSSP in October 2021. It has been approved by the members of the Executive 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>	

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**Bath & North East Somerset Community  
Safety & Safeguarding Partnership**



**Annual Report  
2020-2021**

<b>Contents</b>	<b>Page</b>
1. Welcome from the Independent Chair of the Partnership	3
2. About the B&NES Community Safety & Safeguarding Partnership	4
3. Multi-Agency Learning and Practice Improvement	7
4. Multi-Agency Quality Assurance	9
5. Multi-Agency Training and Workforce Development	10
6. Key Performance Indicators	12
7. The Work of the Partnership Subgroups	13
8. Reflecting on Partnership Achievements	17
9. Our Commitments for 2021-2022	18
10. Appendices	20
10.1 Children's Social Care Data	20
10.2 Adult Social Care Data	23
10.3 Work of the LADO	32
10.4 Avon & Somerset Constabulary Data	35
11. Glossary	37

## 1. Welcome to the Second Annual Report from the B&NES Community Safety & Safeguarding Partnership

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This is also the first full year of reporting for the BCSSP since its establishment. And what a year - 2020 to 2021 was challenging, with all safeguarding and community safety partners stretched in responding to the pandemic; a year where all partners, continued to support the work of the BCSSP and to deliver in key areas through the work of the subgroups. I would particularly like to thank partners who have worked so incredibly hard throughout these difficult times, delivering services to the most vulnerable people in our communities. It has been my privilege to chair the partnership and I look forward to our continuing work together in the year ahead.

We saw a number of changes to the Executive Group and to the Operational Group, which is not uncommon as people move on, and though I am extremely grateful for the hard work of those members, I am delighted to report that continuity has been maintained and the strategic objectives of the partnership have been delivered. In 2021 we continue to review how we work to get assurance in respect of effective delivery across children's and adults safeguarding and community safety and it is likely that the way we deliver will be reviewed, yet further, so that we can improve and oversee how partners are working together efficiently and effectively.

Our achievements are set out in the work of the BCSSP subgroups and in the outcomes of the various statutory pieces of audit work undertaken, where we have the opportunity to review and seek assurance about the effective work of partners in ensuring the safety and safeguarding activity which is undertaken to improve the lives of those most vulnerable people in our communities. We also have responsibilities through the Community Safety element of our work to all citizens and visitors to Bath & NE Somerset and during this next year we want to focus on how we better promote the fantastic work of partners in this area of our work.

Learning from reviews, learning from how partners worked and sometimes have not worked as well together, is a key element of the work of the BCSSP. This is reflected in the work of the Practice Review Group which receives referrals for Child Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. These are all statutory reviews where the emphasis is on learning to improve practice in the future. These are highlighted in Section 3 of this report, and when published, can also be viewed in detail on the BCSSP website. Not all Reviews are published. In some cases, for reasons of confidentiality and personal protection, whilst the BCSSP will ensure that learning is implemented, it is not in personal or public interest for whole reports to be publicly available. I can assure you that any decision not to publish is considered thoroughly and that on the whole publication is agreed.

There are huge benefits in respect of our 'all-age' agenda, in respect of the work carried out by those who have responsibility for children's services, alongside services to vulnerable adults with care and support needs and in partnership with community safety. This means we effectively work and learn together, and this has been particularly important when considering delivery of preventative services for children in transition to adulthood and where support can be targeted at the right time to young adults to ensure they continue to be protected from harm.

I am delighted to introduce this annual report to you and hope that you will continue to have interest in our work as it develops in this current year.



**Siân Walker**

## 2. About the B&NES Community Safety & Safeguarding Partnership

### **Safeguarding is everyone's business.**

Bath & North East Somerset Community Safety & Safeguarding Partnership (BCSSP) is a multi-agency partnership developed in 2019 when the Local Safeguarding Children's Boards were abolished.

The change in legislation enabled B&NES to redefine its' safeguarding arrangements and look more holistically at how the needs of children, adults at risk, families and the wider communities could be met. Mindful of what was working well, whilst recognising the need for continuous development, the unique Community Safety and Safeguarding Partnership was constructed which merged the work of safeguarding children, safeguarding adults and community safety.

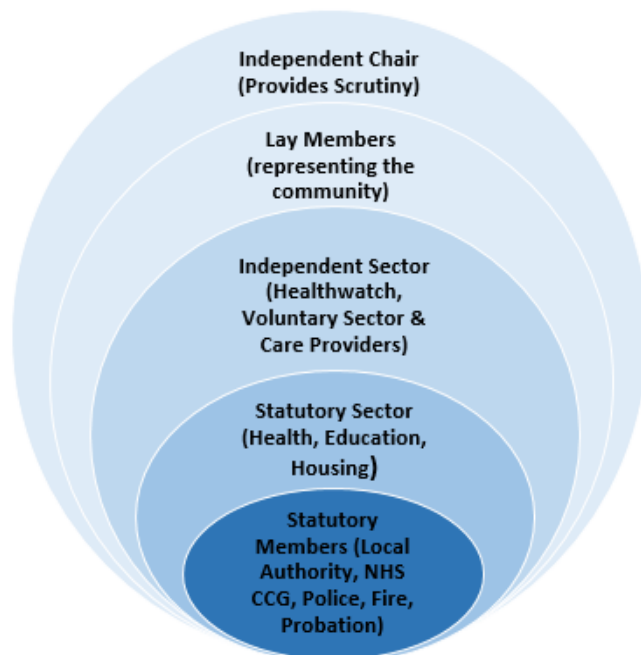


It was developed in affiliation with the existing members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and Responsible Authorities Group and meets the statutory requirements of these three Boards which it replaced.

Partners in B&NES continue to work together to identify and respond to the needs of children, adults at risk and communities, with the core purpose of:

**Safeguarding and promoting the welfare of children**  
**Safeguarding adults with care and support needs**  
**Protecting local communities from crime and helping people feel safer**  
**Ensuring the effectiveness of what partners do both individually and together.**

The BCSSP is made up of the five statutory agencies with responsibility for safeguarding and community safety; B&NES Council, Avon and Somerset Constabulary, the B&NES Swindon and Wiltshire Clinical Commissioning Group, Avon Fire & Rescue Service, the National Probation Service and other statutory organisations (e.g. Health and Care providers) as well as independent sector organisations (e.g. Voluntary groups) to enable us to work effectively and with joint purpose to protect children, adults, families and communities who most need our help.



## How we work

We work in **partnership** to safeguard children, young people and adults at risk; ensuring that effective systems are in place to promote their wellbeing.

We **support communities** to live free from the fear of crime and anti-social behaviour, enhancing the overall safety of communities.

We **listen** to people who use our services, professionals and our communities to keep learning.

We **learn** from case reviews to improve services.



## What we do

Through our collective arrangements, we:

- Seek to ensure that the partnership delivers enhanced safeguarding arrangements across B&NES
- Strengthen the voice of children, families, adults at risk and communities
- 'Think Family, Think Community'
- Improve strategic decision making and leadership by having one cohesive conversation
- Focus on shared strategic objectives to achieve the greatest impact and improve outcomes for children, adults, families and the community
- Reduce duplication, therefore enabling us to use resources more effectively.



## Our Statutory Duties

As the BCSSP was formed from merging three different statutory areas of work, we must ensure that our practice is compliant with the responsibilities set out in the legal frameworks for each of these areas.

### Community Safety:

Community Safety Partnerships (CSPs) aim to reduce crime and the fear of crime, address risk, threat and harm to victims and local communities and facilitate the empowerment and strengthening of communities through the delivery of local initiatives. CSPs are a statutory body required under the Crime and Disorder Act 1998 (and subsequent amendments). The 'relevant authorities' that form the CSPs are the Local Authority, Police, Health, Probation and the Fire and Rescue Service.

Their function is to:

- Act as a legal body for CSP work, ensuring compliance with statutory duties and addressing community safety issues
- Ensure systems and processes are in place amongst partners to deliver their duties and address arising issues
- Set priorities, determine policy and strategic direction.

### Safeguarding Children:

Working Together to Safeguard Children 2018 sets out that the three safeguarding partners should agree on how to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others and implement local and national learning, including from serious child safeguarding incidents.

Safeguarding arrangements must include:

- Arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area
- Arrangements for commissioning and publishing local child safeguarding practice reviews
- Arrangements for independent scrutiny of the effectiveness of the arrangement.

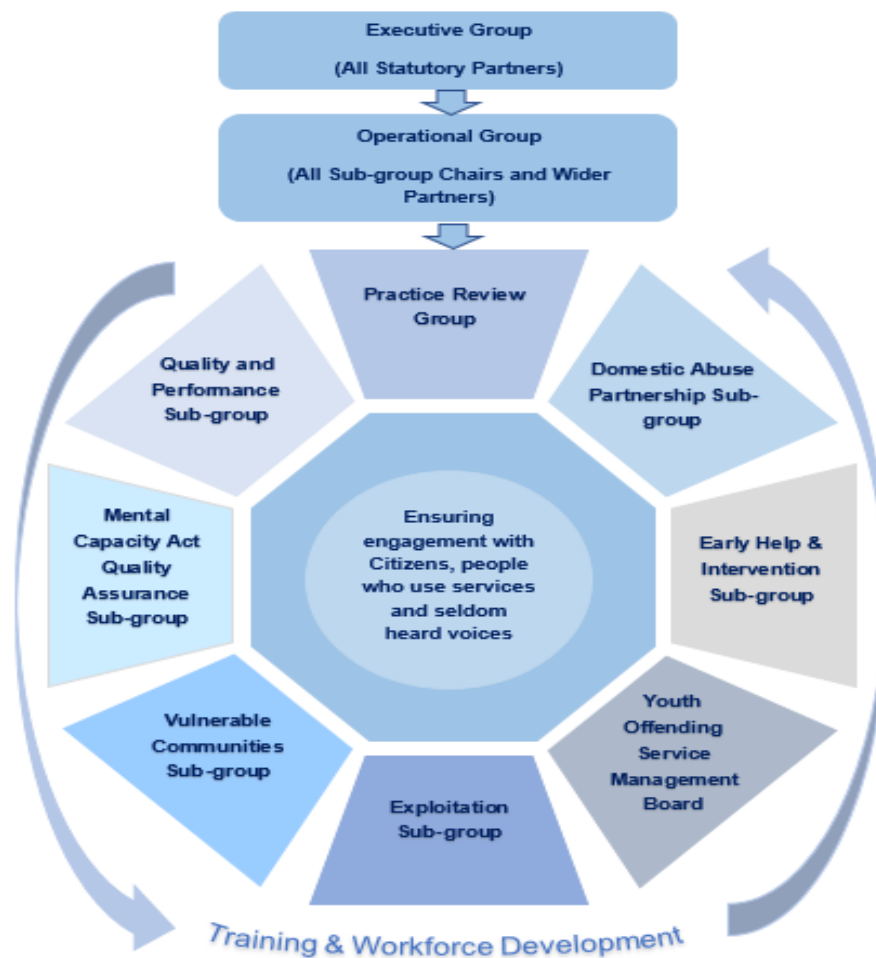
### Safeguarding Adults:

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

The overarching purpose of is to help and safeguard adults with care and support needs. The BCSSP should:

- Assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Assure itself that safeguarding practice is person-centred and outcome-focused, working collaboratively to prevent abuse and neglect where possible
- Ensure agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- Assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

## Partnership Structure





### 3. Multi-agency Learning and Practice Development

In this reporting period, the BCSSP has not published any Child Safeguarding Practice Reviews, Safeguarding Adult Reviews or Domestic Homicide Reviews, but work has been taking place on commissioned reviews due for publication in 2021-2022.

#### Child Safeguarding Practice Reviews and Rapid Reviews

The purpose of reviewing serious child safeguarding cases is to identify improvements that can be made to safeguard and promote the welfare of children. Serious incidents are those in which abuse, or neglect of a child is known or suspected, and the child has died or been seriously harmed. Once the B&NES Community Safety & Safeguarding Partnership (BCSSP) receives a serious incident notification, it has fifteen days to complete a Rapid Review and submit it to the National Child Safeguarding Practice Review Panel.

This process is managed through the Practice Review Group and 5 Rapid Reviews have been submitted to the National Panel for consideration between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021. Partners have shown significant commitment to ensure the reviews were completed to a high standard and within timescale. The National Child Safeguarding Practice Review Panel agreed with our Practice Review Groups decisions, that the Rapid Review process had highlighted relevant learning, and nothing further could be gained from progressing to a full review. The BCSSP have not had any Child Safeguarding Practice Reviews this period.

Key learning identified from the Rapid Reviews included:

- The complexities when working with individuals who are both victim and perpetrator
- The wider impacts of exclusion from education
- The need to give due consideration to independence and personal choice
- The challenges for all organisations when there is poor engagement or a reluctance to engage with professionals

- The importance of fathers being involved and actively engaging in maternity care provision
- The challenge of recording systems that are only accessible by single agencies can mean that information sharing becomes weakened
- The challenges associated with elective home education for those already disengaging from education and with a history of exclusions

These recommendations are actioned and monitored through the Practice Review Group.

#### Safeguarding Adult Reviews (SARs)

The BCSSP must arrange for a SAR to review a case involving an adult in its area (with needs for care and support). It can do this if there is reasonable cause for concern about how agencies or other persons with relevant functions worked together to safeguard the adult and either the adult has died and the BCSSP knows, or suspects the death resulted from abuse or neglect, or the adult is alive and the BCSSP knows or suspects that the adult has experienced serious abuse or neglect.

The BCSSP can arrange for there to be a discretionary review of any other case involving an adult in its area with needs for care and support.

The purpose of a review is to identify the lessons to be learned from the case and apply those lessons to future cases.

The BCSSP Safeguarding Adult Reviews are managed through the Practice Review Group. During the period covered by this report, four referrals for SARs were received, of which three met the SAR criteria. One did not meet the criteria, but a learning review was agreed (Adult A).

#### Adult A

'A' is a 35-year-old woman with a learning disability. She has been known to health and social care professionals in Bath since 2015. 'A' also exhibited other behavioural challenges including significant self-neglect, self-harm and frequent and inappropriate calls to emergency services. 'A' was a frequent non-attender at

pre-arranged appointments and her chaotic lifestyle made her engagement with services erratic. 'A' has diabetes, her management of which was a constant concern for professionals. She was involved in a very co-dependent, and at times, damaging relationship with a male, with whom she lived, although during the period under review 'A' also spent time in a hostel for the homeless when he asked her to leave his accommodation.

In 2020, 'A' was admitted to hospital due to a spreading infection from her foot. Once in hospital, 'A' was assessed as requiring amputation of two toes. Unfortunately, 'A's healing response was poor, and she underwent a below the knee leg amputation due to sepsis, secondary to diabetic foot complications. Additionally, 'A's eyesight had been significantly affected and she is now blind in her left eye and only able to make out shadows and shapes in her right eye.

Key learning from this learning review included:

- Understanding that mental capacity assessments are time and decision specific and single capacity assessments that may be out of date should not be relied upon.
- Capacity assessments should be adequately recorded in all settings, even more so when a vulnerable adult is making a decision that places them at risk.
- Assessment of an individual's executive functioning should be key in cases of self-neglect.
- Regular risk assessments and crisis intervention plans should be completed, recorded and shared.
- When several agencies are working together, there needs to be clear channels of communication and information sharing to allow relevant assessments and concerns to be available to all.

### Domestic Homicide Reviews

A Domestic Homicide Review (DHR) means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they had been in an intimate relationship, or a member of the same

household as themselves, held with a view to identifying the lessons learned from the death.

Domestic violence and abuse are defined as: *Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.*

In the period covered by this report, the BCSSP has had one DHR approved by the Home Office. It was agreed not to publish the full report, but a learning briefing was developed.

The case was referred prior to the inception of the BCSSP and was referred to the B&NES Safeguarding Adults Board to consider initial information about the death of a father, given that six safeguarding alerts had been previously raised for him, the Board recommended that the DHR process should be combined with a SAR.

A number of agencies were involved, and this case was exceptionally complex; consideration was given to whether gender impacted on willingness to request and accept services offered; vulnerabilities related to mental health and substance misuse; appropriate carer responsibility; location and ease of access to services and the impact of capacity assessments and how that outcome may be a barrier to interventions.

### What has happened as a result of these three review arrangements?

- Promotion of the 'Think Family, Think Community' agenda and planning of an event
- Improving how we capture and reflect the voice of the child/adult/parent/carers
- A regional multi-agency County Lines audit
- A multi-agency Mental Capacity Act audit
- A review of our Multi-agency Risk Assessment Conference (MARAC) and proposed investment in a new database
- More regular engagement with the Schools Standards Board
- Hosted more regular Child Protection Forums to engage with schools on topics of concern
- Further availability of training in relation to self-neglect



- A review of the BCSSP Escalation Policy is underway
- A new group has been convened to look at recommendations/actions from all of the

case reviews to ensure that appropriate assurance is evidenced by multi-agency partners and that learning is implemented.

## 4. Multi-agency Quality Assurance

### Section 11 Audit

Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

The Section 11 self-assessment audit tool was circulated to all partners across Bath & North East Somerset in December 2020 to assess, monitor and evidence their progress in relation to meeting safeguarding requirements. Fifteen responses were received, and the findings have been analysed and a report produced and submitted to the BCSSP.

The four specific areas the audit focussed on were:

- Multi-agency Safeguarding Arrangements
- Thresholds/Continuum of Need
- Engaging with Children and Young People
- Workforce Development

Organisations were required to make a judgement against the four areas as to how well each is being achieved based on the rating of Inadequate, Requires Improvement, Good or Outstanding.

Overall, seven organisations rated themselves as outstanding, seven as good and one as requiring improvement. The one rated as requiring improvement is already undertaking work to address these areas.

The recommendations to the BCSSP were:

- To consider equity of audit returns across the partnership as there was variance in the quality of response and level of evidence provided.
- To consider how to increase knowledge, understanding and use of the children's threshold document in B&NES.
- There was some positive engagement in this audit and consideration should be given as to how this engagement and

responses can be used effectively to shape the work of the partnership.

- Explore with organisations how their practice had changed post pandemic and the elements of new and effective practice that is retained so that this can be shared as a good practice model.

The recommendations from the Section 11 audits have been incorporated into the 2021-2022 business plan.

The Covid 19 pandemic did impact how this audit was carried out, as initially it was hoped to produce one combined audit for the five 'Avon' area Partnerships. It is hoped the audit can be carried out in this manner next year.

### Section 175 Education Audit

All educational establishments have a legal responsibility to safeguard and promote the welfare of children and young people.

Keeping Children Safe in Education is the statutory guidance from the Department for Education issued under Section 175/Section 157 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, the Non-Maintained Special Schools (England) Regulations 2015, and the Education and Training (Welfare of Children) Act 2021.

Schools and colleges in England must have regard to it when carrying out their duties to safeguard and promote the welfare of children.

Regular monitoring is essential to ensure that the educational establishment has strong policies, procedures and mechanisms in place to safeguard children and young people; it also helps establishments to prepare for safeguarding aspects of inspections by Ofsted or other relevant inspectorates.

The mechanism by which the BCSSP established assurance was through individual schools self-evaluating their performance

under an agreed framework. An audit tool was circulated to ninety-eight education establishments and considered responses were received from all of them, a 100% return rate.

The majority of ratings were green, but where any 'amber' ratings were given, for example, where a policy is written and in the process of going to parents for consultation, schools establish and implement individual action plans to address these areas for development.

The action plans will be monitored against the following years returns.

### **Safeguarding Adults Audit**

The BCSSP has worked regionally with the four other Safeguarding Partnerships in Bristol, South Gloucestershire, Somerset and North Somerset to develop one combined safeguarding adults' self-audit.

The combined safeguarding adults audit was proposed and agreed by the BCSSP Executive Group in March 2021 and work will be undertaken in 2021-2022 to develop an audit tool to cover the following themes:

- Leadership
- Evidence of Policy in Practice
- Safer Recruitment, including People in Positions of Trust
- Learning and Development, including learning from SARs
- Making Safeguarding Personal
- Exploitation
- Transition

Longer term, the aim is to develop a 3-year audit cycle in line with the Section 11, in which year one has a full audit and years two and three are reviewed via agency 'walkabouts' or short, focussed audits.

## **5. Multi-agency Training and Workforce Development**

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The BCSSP employs a Training Coordinator who is responsible for the development, and in many cases the delivery of courses. Where there is need for specialist input the Training Coordinator and the Business Partner will work with colleagues from partnership organisations or external independent trainers, to ensure the most appropriate knowledge and expertise is gained for course creation and delivery. The Business Partner also makes provision for the effective administration, evaluation and quality assurance of all BCSSP learning opportunities.

During 2020-2021, due to the Covid 19 pandemic, the training programme has had to remain flexible and be creative. The initial response to Covid 19 and the requirement for social distancing was to cancel or defer classroom training. However, it was recognised that it was not possible to place all learning and development on hold and delivery methods needed to be created which ensured the safety of the workforce whilst meeting their development needs.

It was accepted that it would not be possible to adapt all training provided and that it was important to be strategic about the allocation of time and resources to create 'must have'

training. To create the comprehensive picture of learning needed, and the adaptations required significant work was undertaken with members from stakeholder groups. It was agreed that focus needed to be directed on ensuring 'core' safeguarding training continued to be available to the workforce and therefore a number of courses were adapted to take place online. Independent learning materials were also made available, including packages to meet the training requirements of volunteers who were offering services across B&NES.

From 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021, the following has been achieved:

- 57 sessions comprising 22 different courses
- 1, 040 Inter-agency training places made available
- 819 Inter-agency training places booked
- 763 Inter-agency training places attended
- 518 professional training
- 70% evaluations completed demonstrating the impact of the training
- 1,034 E-learning safeguarding modules completed
- 6 single agency training courses provided, training over 422 individuals

Unfortunately, the Covid 19 pandemic did have a significant impact upon the training and development programme and during the first quarter of the year, all pre-planned classroom training courses were cancelled or postponed. Having to adapt courses for a digital platform caused planned development work to be delayed and overall demands on the workforce reduced their capacity to attend some training.

### Evaluation & Quality Assurance

The effectiveness of BCSSP training was evaluated using a variety of methods to achieve the following four goals:

- Ensure the learning outcomes for each course are met, and reflect evidence based 'best practice'.
- Ensure continual evaluation to confirm courses are meeting the needs of staff, with transparent overview and accountability to the Training and Development subgroup.
- Ensure that evaluations inform the planning and development of future training
- Ensure that messages from training are being embedded in practice.

The evaluation forms remind attendees of the expected learning outcomes and delegates are asked to scale pre and post course their confidence in these areas to assess the effectiveness of the training in addressing the identified aims and objectives on the day, with space for additional comments. If a common theme emerges around objectives not being met this will trigger a review of the course content/ delivery style so that adjustments can be made.

Research into the effectiveness of inter-agency training suggests that for participants to gain the most from training they need to be able to make direct links to their own practice and consider how the knowledge gained in training can improve their practice. All delegates are therefore invited at the end of training to consider an action plan for changing their behaviour in the workplace and thinking through the impact that this change will have on those with whom they work.

The methods of evaluation used have evidenced:

- An increase in practitioner's confidence in applying knowledge and skills back into practice, following training.
- An increased understanding of multi-agency roles and improved communication and information sharing between professionals.
- A greater understanding of legislation, policy, procedure and guidance and how to apply this into practice.
- Delegates found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter.

### Examples of delegate feedback:

*"I feel far more confident now in taking on the role of DSL and who to talk to for support and advice and play an active role in a child protection strategy meeting / conference if required".* **Deputy Head (Advanced Child Protection)**

*"I now feel much more confident to deal with situations I encounter and take appropriate action"* **Hospice Worker (Standard Child Protection)**

*"It was very helpful and really made me feel much more confident about delivering knowledge to my staff team and making it work for our setting".* **Manager (Train the Trainer)**

*"Really enjoyed the interactive group tasks and the opportunity to talk to other professionals about their perspectives"* **Social Work Assistant (Neglect: Safeguarding and Child Protection)**

*"The contributions of skilled colleagues who are also on the training was incredibly valued."* **Counsellor (Adults Safeguarding Level 3)**

*"[Trainer] fielded our questions with knowledge and without judgement]"* **Education Officer (Online Safety: Safeguarding in the Digital World)**

*"[Trainer] kind, supportive and a wealth of knowledge"* **CME0 (Child Sexual Abuse)**

## 6. Key Performance Indicators

The BCSSP agreed the following performance indicators for partners for 2020-2021. It was agreed that it is each agencies responsibility to determine which of their staff members fall into the category of 'relevant'. Relevant means to their role and responsibilities and awareness training can be face to face, e-learning or equivalent.

Indicator 1: Training	Target %	Outcome % Average
Relevant staff have undertaken Prevent training (WRAP or equivalent)	85%	77%
Relevant staff have undertaken Prevent awareness training	85%	83%
Relevant staff have undertaken FGM awareness training	80%	71%
Relevant staff have undertaken Domestic Abuse awareness training	80%	86%
Safeguarding leads have awareness of Modern Slavery/Human Trafficking	100%	82%
Relevant staff have undertaken complex (toxic) trio awareness training	80%	60%
(ADULT) Relevant staff have undertaken self-neglect training	80%	85%
(ADULT) Relevant staff have undertaken MCA/DOLS training within 6 months of taking up post	90%	57%
(ADULT) New staff have undertaken safeguarding adult's awareness training within 3 months of starting in post	95%	87%
(ADULT) Relevant staff have completed SA level 2 training within 6 months of taking up post and completed refresher training every 3 years thereafter	90%	86%
(ADULT) Relevant staff have completed SA Level 3 training	90%	76%
(CHILDREN) Relevant staff have undertaken child protection standard training	90%	80%
(CHILDREN) Relevant staff have undertaken child protection advanced training	90%	81%
(CHILDREN) Relevant staff have undertaken CSE awareness training	80%	80%
<b>Recruitment</b>		
Relevant staff have an up-to-date DBS check at a level appropriate to their role	100%	100%
Two written references to be required before work commences	100%	99%

The Covid 19 Pandemic has significantly impacted upon the training and development programme throughout the year.

- During the first quarter all pre-planned classroom training courses were cancelled / postponed.
- The requirement to adapt courses to take place on digital platforms / respond to particular learning needs triggered by the pandemic caused planned development work to be paused.
- Limited technical support available in the adaption of training into online formats.
- Some Individuals' who ordinarily help facilitate training events were unable to provide this support as their time was refocused to support service delivery in other areas.
- Overall demands on the workforce increased (increased service demand, redeployment of roles, members of the workforce shielding / isolating) minimised the capacity of the workforce to attend some training.

Going forward, we need to continue to learn and adapt to the needs of the workforce as the impact of Covid 19 continues to be understood in terms of economic, social and health inequality on individuals, families and the wider community. We need to continue to adapt courses and learning to ensure a 'blended' physical and virtual training programme is established and review why the key performance indicators aren't being met, particularly MCA/DoLS, which we have recognised as a wider area of learning from our Safeguarding Adult Reviews. We need to further develop our arrangements to incorporate the lived experience of individuals and families in receipt of services. Plans to address this have been included into the business plan for 2021-2022.

## 7. The Work of the Partnership Subgroups

The BCSSP Executive Group and Operational Group are chaired independently by Siân Walker-McAllister. The Executive leads the production of the strategic plan, supported by the Operational Group and the subgroups. The Operational Group provides support and challenge to the subgroups to improve performance outcomes and gain assurance of good community safety and safeguarding practices. The subgroups have each developed a delivery plan to assist in delivering against the BCSSP strategic plan. The groups provide reports to the Executive which will consider whether guidance, and assistance or direct action is needed to remove barriers to achieving outcomes.

### Practice Review Group

The purpose of the Practice Review subgroup is to enable the Partnership to carry out reviews of cases that meet statutory and non-statutory requirements. This enables lessons to be learned and practice improvements to be made, to ensure better outcomes for children, adults and families.

This is an 'all-age' subgroup which focusses on the following key areas:

- Child Safeguarding Practice Reviews (CSPRs), including Rapid Review reports to the National Panel
- Safeguarding Adult Reviews (SARs)
- Domestic Homicide Reviews (DHRs)
- Learning/Discretionary Reviews

This subgroup has had strong commitment from all statutory partners and has:

- Ensured statutory compliance
- Implemented a new system to monitor progress against single and multi-agency action plans
- Developed a procedure for appointing SAR and CSPR authors
- Ensured notifiable incidents/child practice review protocol is implemented in relation to initial decisions
- Worked with the Avon and Somerset Strategic Safeguarding Partnership (ASSSP) to develop a shared view on whether the impact of a wound from a knife crime is considered significant harm and

defined what is reportable to the National Panel.

The group has identified a number of priorities for 2021-2022, including, ensuring that learning is shared across the workforce, monitoring the national SAR analysis action plan, ensuring the criteria for statutory and discretionary reviews is understood by all members, maximising the use of the Child Protection Forums to engage with school safeguarding leads.

### Domestic Abuse Partnership

The purpose of the Domestic Abuse Partnership (DAP) is to promote partnership coordination of universal and targeted education about healthy relationships, protection of victims, provision for survivors and disruption of perpetrators related to adult and children. Drawing on the refreshed 'Violence Against Women and Girls Strategy' and domestic violence and abuse, NICE guidance and quality standards, the DAP has developed its strategy and implementation plan.

In 2020-2021 it has:

- Lead on the needs' assessment required as part of the Domestic Abuse (DA) Act
- Facilitated a coaching session for Multi Agency Risk Assessment Conference (MARAC) Chairs
- Established MARAC Chairing resilience
- Secured an appropriate information technology platform for MARAC
- Agreed data sets to review and quality assure the work
- Secured Police & Crime Commissioner (PCC) funding and support to achieve Independent Domestic Violence Advocates for young and older people in existing DA services

For 2021-2022, the subgroup has prioritised implementing the requirements of the DA Act, quality assuring refuge provision and cross-county service for victims, identifying perpetrator provisions, provision of support for young people, both victim and perpetrator.



## **Prevention & Early Intervention**

The purpose of the Prevention & Early Intervention subgroup is to ensure the provision of a holistic approach across the whole life course to ensure the quality and effectiveness of prevention and early intervention services for children and adults across the B&NES Service area. The subgroup aims to reduce the demands and needs for social care and specialist services and it does this by understanding what services are available and raising awareness of them.

In 2020-2021, the subgroup has:

- Received presentations from Stepping-Stones, Lighthouse, Pebbles, St Johns Foundation, Best Start in Life, Early Help Assessment, Violence Reduction Strategy, Joint Targeted Area Inspection (JTAI)
- Updated information on bereavement services
- Shared knowledge on a wide range of topics for members to disseminate to colleagues
- Completed the Childrens chapter of their strategy document
- Familiarisation with LiveWell B&NES website and addition of resources

For 2021-2022, the group has prioritised completion of the Adult chapter of the strategy, adding additional bereavement resources to the LiveWell site, identifying parameters to measure effectiveness of the subgroup, and a thematic focus on sleep, impact of covid and early intervention in psychosis.

## **Youth Offending Service Management Board**

The Youth Offending Service (YOS) Management Board is formally constituted and accountable to the BCSSP and the Health & Wellbeing Board. Its purpose is to manage the performance of the prevention and youth crimes agenda and ensure the delivery of the statutory principal aim of preventing youth offending at a local level. It provides governance for the Youth Offending Service (YOS) and ensures it can fully contribute to achieving positive outcomes for young people in

accordance with the local Children and Young Peoples plan.

Throughout Covid the service has continued to function and young people at highest risk have continued to be seen face-to-face. Staff have remained committed and shown great perseverance and creativity in offering support to children and their families. This has gone beyond YOS function to include practical support, food deliveries and access to IT. There has been considerable focus on practical and emotional support in accessing education.

Achievements for 2020-2021 include:

- Completing and submitting the National Standards self-assessment to the Youth Justice Board
- The Youth Justice Plan was agreed by the YOS Management Board
- A Covid 19 Recovery Plan was developed and approved by the Youth Justice Board
- Participation in the Local Criminal Justice Board Lammy Review
- A Serious Violence Steering Group was introduced, reporting to the BCSSP Exploitation subgroup, Domestic Abuse Partnership and YOS Management Board

Looking forward, the group will act on learning from working through the pandemic, continue to prioritise a flexible and bespoke approach to meet the needs of children known to the service, strengthen the support available to parents/carers, work to address serious violence, including introduction of proportionate diversion, improve understanding of disproportionality in the youth justice system and refresh the Quality Assurance Framework.

## **Exploitation**

The purpose of the Exploitation subgroup is to develop, monitor and evaluate the effectiveness of the strategic and operational multi-agency response to exploitation. Its focus is all age and on the key areas of Missing Children and Adults, County Lines, Modern Slavery/Trafficking, Forced Marriage, Female Genital Mutilation, Honour Based Violence, Mate and Hate Crime.

Key achievements for 2020-2021 include:

- Completing a multi-agency 'Cuckooing' audit following reports of increasing incidence of Cuckooing
- Scoping a Contextualised Safeguarding audit
- Receiving assurance that there is a system in place for GPs to access details of children and young people who go missing
- Assisted Children's Social Care to develop an Exploitation data set
- Monitored the work of the Serious Youth Violence and Operational Exploitation Group
- Received updates from Willow service, which provides targeted support for young people at risk of exploitation.

Going forward, the subgroup wants to ensure there is a robust response to transitional safeguarding, establish an annual audit schedule, focus on early intervention and support, include and engage people with lived experience to contribute and influence the work of the subgroup.

### **Vulnerable Communities**

The purpose of the Vulnerable Communities subgroup is to ensure the provision of a holistic approach to those communities identified as 'vulnerable' across the B&NES service area. Whilst Community Safety is embedded in all of the subgroups, this subgroup predominantly focusses on the areas that would have been covered by the previous 'Responsible Authorities Group', which was brought into the BCSSP.

The subgroup focusses on identifying trends, risk factors and mitigations for the following areas:

- Night-time Economy
- Drug and Alcohol Use
- Regulation (licensing, MAPPA, Trading Standards
- Community triggers
- 'Prevent'\* – Violent Extremism
- Serious and Organised Crime – 'Disrupt'
- Serious Violent Crime
- Anti-Social Behaviour
- Violence Reduction

In 2020-2021, the subgroup has:

- received regular briefings and updates on approaches to rehousing individuals with a history of anti-social behaviour, to prevent further incidences and promote community cohesion
- Sought assurance of multi-agency awareness of Prevent and counter terrorism issues in the South West
- Submitted night-time economy bids for funding to create 'Safer Streets', with a focus on women's safety.
- Shared 'Community Triggers' knowledge to raise awareness of the process
- Participated in the annual update of the 'Counter Terrorism Local Profile'
- Updates on rough sleepers with particular focus on severe weather and All-in Covid response and identified key actions for rough sleepers in response to the National Homelessness report

In 2021-2022, the subgroup intends to focus on Modern Slavery and Human Trafficking, identifying a guest speaker to talk about the 'Dark Web', update on neighbour dispute management and work more closely with the Exploitation subgroup Chair to avoid duplication of work around serious violence.

### **Mental Capacity Act Quality Assurance**

The Mental Capacity Act Quality Assurance subgroup was established as a subgroup in September 2020. Its purpose is to provide assurance to the BCSSP, that health and social care providers across B&NES apply the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards.

The subgroup has

- Completed a multi-agency Mental Capacity Act audit
- Agreed how the voice of those with lived experience will be heard in the subgroup
- Established a task and finish group to develop an audit tool for the application of the Mental Capacity Act and Best Interest decision making in 'Discharge 2 Assess' (D2A)
- Sought assurance around the Deprivation of Liberty Safeguards backlog

- Focussed on preparation for the introduction of Liberty Protection Safeguards
- Developed and monitored an action plan and started reviewing outstanding actions from SARS

Going forward, this group will prioritise preparedness for the implementation of the new Liberty Protection Safeguards in 2022, hosting a learning event in response to the MCA audit findings, completing the D2A audit, seek assurance that MCA is a standing agenda item for team meetings, continue to raise awareness and understanding of MCA and its application, including Executive Functioning and Best Interest decision making.

### Quality & Performance

The purpose of this subgroup is to quality assure, on behalf of the BCSSP, aspects of safeguarding and community safety work that is delivered to the population of B&NES. This includes themed quality assurance of key issues which present a risk to children, adults, families, and communities.

The subgroup focusses on safeguarding standards for children and adults, audit reporting, single and multi-agency data, implementing the Scrutiny and Assurance Framework.

Due to individuals changing roles within their own organisation, this subgroup has had a challenging year as there has not been a consistent Chair. However, once a Chair was in place it has undertaken some key work, reviewed its terms of reference, including establishing that each subgroup is responsible for agreeing its own data requirements and commissioning audits based on known areas of concern.

The group has regularly received data from Adult Social Care, Children's Social Care and Avon & Somerset Constabulary and is working on a Health dataset. The group reviewed and agreed the Section 11 and, Section 175 audit returns, the Local Authority Designated Officer (LADO) report, and Independent Reviewing Officer (IRO) report and ratified them for submission to Operational Group. An audit proforma has also been established. Subgroup priorities for 2021-2022, are to establish an improved data scorecard and convene a

regular meeting of the data analysts from statutory partners to review the data and review the frequency of the meetings with more frequent meetings assisting in achieving better outcomes, undertake quality assurance work in respect of Multi-agency Risk Management Meetings (MARMMs) in response to SAR recommendations.

This group will review whether additional safeguarding audits are required to demonstrate good outcomes for the people of B&NES.

### Training & Workforce Development

The purpose of this subgroup is to deliver a programme which enables the Partnership to discharge its responsibility to either directly provide or commission training and development opportunities for the workforce in B&NES. The programme ensures local and national standards are delivered and that emerging needs are identified, and appropriate training provided to meet these.

In 2020-2021, this subgroup has:

- Reviewed the Training Charging Policy and remodelled it after consultation
- Completed a Training and Workforce Development Strategy
- Agreed training KPI's across health and social care
- Investigated whether the breadth of available training resources could be expanded by partners having shared access
- Developed Children's Standards for training
- Worked with the ASSSP to provide consistency across the five Local Authorities and additional training opportunities

Its priorities for 2021-2022 are to host the Think Family, Think Community Event virtually, develop webinars for Stop Adult Abuse Week, engage with the Practice Review Group to ensure learning from case reviews is captured and embedded in training, develop work on capturing the voice of those with lived experience within training, develop monitoring and measuring effectiveness of training on practice, develop thematic webinars for the website.



## 8. Reflecting on Partnership Achievements

During 2020-2021, the work of the partnership was impacted by the Coronavirus Pandemic, and whilst the BCSSP continued to carry out its statutory duties, it was cognisant of the pressure on its members who essentially needed to focus on their services response to the crisis. The BCSSP reacted quickly and appropriately to this crisis, providing regular online updates for its members, providing support where required and also hosting regular multi-agency catch up meetings to ensure open communication continued and service provision, although adapted, was assured.

Within its previous Annual Report, the Partnership identified ten key priorities for 2020-2021:

What we said we would do	What we did
Scrutinise available data from partners and develop a data dashboard to provide assurance to the partnership	A draft data dashboard was submitted to the Executive in December 2020, it was acknowledged that whilst it covered social care and police data, it needed further input from other statutory partners to be more effective. This work will carry forward to 2021-2022.
Embed Think Family, Think Community	An event was planned and scheduled but was cancelled in light of Covid restrictions, however, this work has continued and been given consideration within all subgroup meetings.
Increase the amount of online accessible learning options	Due to COVID, a number of courses were initially cancelled whilst the team worked hard to ensure all training was accessible virtually. Additionally, identifying the service need, three new e-learning modules were developed and ten new virtual training sessions. These were predominantly to assist volunteers and those who were moved into new roles due to Covid and also a number of multi-agency 'Early Help Briefings' to ensure practitioners were confident in all aspects of this function.
Continue to raise awareness of self-neglect and promote use of the policy	The self-neglect policy has been promoted in meetings. In response to SAR findings, the partnership will conduct an audit in 2021-2022 to gain greater understanding of how the policy is being used and the best way to promote its future use.
Share learning from local and national SARs, CSPRs and DHRs and seek assurance of its impact in practice	Learning has been shared via learning events, 7-minute briefings, or where possible, published reports. Audits have also sought evidence that learning is shared and applied.
Develop a Scrutiny and Assurance Framework that reflects the work of all partners	This was completed and ratified at Operational Group however, it remains a working document to encompass the work of our wider partners as it is shared with the BCSSP.
Hear and share individuals lived experiences to influence and improve services	The BCSSP has worked more closely with the Children In Care Council and they have presented at the Operational Group to raise awareness of what they do. The Training and Workforce Develop initiated a project to understand how lived experience could be incorporated into training sessions.
Establish a robust audit process to provide assurance to the BCSSP	An audit proforma was developed that could be adapted for most audit themes. A standard form to present findings was also designed and agreed. The BCSSP had aimed to carry out a number of audits but this wasn't feasible as partners did not have capacity to take this on during the pandemic response. Statutory audits continued as usual, as did single agency audits.
Launch a new BCSSP website	This was completed and B&NES Council IT Team are responsible for website maintenance.
Integrate an all-age agenda encompassing Community Safety and Safeguarding Children and Adults into subgroups	Subgroup members worked exceptionally hard and remained committed to embedding an all-age focus into the work of the subgroups. Although not all themes can be applied to all-age, it has been beneficial for all to understand the pathways between children and adult's services

## 9. Our Commitments for 2021-2022

The BCSSP reviewed its performance for 2020-2021 and is firmly committed to working in partnership to achieve its objectives. Based on feedback, learning and analysis of strengths and areas for development, the following commitments were agreed for the year ahead.

### 1. Develop a 'Think Family, Think Community' approach

Services working with adults and children have a shared understanding and holistic view of the needs and capabilities of the whole family and take these into account during assessment and planning. There will be greater co-ordination between children's and adult's services.

To do this:

- We will consider transitional safeguarding and all transitional pathways and improve our co-ordination between services
- We will be proactive in the way we commission and deliver our domestic abuse services and ensure they are recovery focussed
- We will review our Pre-birth protocol and national learning from practice reviews relating to pre-birth and up to aged 1
- We will raise awareness of neglect, how to recognise and report it amongst partners and communities. We will develop our neglect toolkit where appropriate.

### 2. Learning from experience to improve how we work

Everyone learns through continuous development and assurance. We will work with our partner agencies and support them to be reflective, improve, and implement change to deliver best practice. We will capture the experience for children, young people and adults at risk where possible to better measure outcomes and benefits as perceived by the individuals concerned.

To do this:

- We will continue to raise awareness of self-neglect and Mental Capacity Act application and support our partners in this area of work. We will share learning from Safeguarding Adult Reviews and seek to be flexible in our approach to how we do this
- We will influence the commissioning of those activities that focus on reducing re-offending and anti-social behaviour
- We will involve our citizens in developing community safety and safeguarding in B&NES and be proactive in capturing the seldom heard voices of people who use services

### 3. Recognising the importance of prevention and early intervention

We will make effective use of data and intelligence available from all of our partners to inform prevention and early intervention work and ensure that prevention and early intervention is timely and effective and referral pathways are clear and accessible.

To do this:

- We will raise awareness and identification of contextual safeguarding risks and ensure it is more widely understood. We will engage with agencies which work within/have responsibilities for these 'contexts'
- We will meet our 'Prevent' duties and help others to do so by raising awareness of reporting methods for online extremist material, working with community groups to raise awareness of radicalisation, in particular the role of social media
- We will support organisations and communities to better identify all forms of exploitation and to take prompt and effective action to stop harm from occurring.

#### 4. Providing executive leadership for an effective partnership

Professional accountability underpins all of our work and we will seek assurance that safeguarding, and community safety services are delivered effectively and professionally.

We will support our partners to demonstrate that appropriate systems and processes are in place to discharge their statutory duties in relation to safeguarding children, adults and community safety.

To do this:

- We will work effectively as a partnership to develop and establish cross-working and cross-cutting solutions.
- We will ensure equality of service delivery to adults, children, communities and victims.
- We will review our risk tolerance across all of our areas of work and seek assurance that there is a clear understanding of service pathways.



#### How we will achieve this

Each of the subgroups has developed an action plan to support the BCSSP Strategic Plan 2021-2024.

The action plans have been developed for a 12 month period and progress is monitored quarterly. The work of the subgroups and of individual organisations contributes to the plans and evidence of outcomes is sought to provide assurance to the Executive Group and Operational Group.

Alongside this, data submitted by our partners is monitored and analysed by the Quality & Performance subgroup, allowing the BCSSP to remain agile to the community safety and safeguarding needs of B&NES.

## 10. Appendices

### 10.1 Children's Social Care Data

The Council has been tracking weekly and monthly demand since the initiation and restrictions associated with the COVID-19 pandemic. The reduction in demand during the first period of national lockdown was not replicated during the second full national lockdown. This was accompanied by an increase in starts on children in need plans.

#### Demand for Services Fig 1- Fig 6: Monthly comparative demand figures (Jan2019 – Mar 2021)

Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5

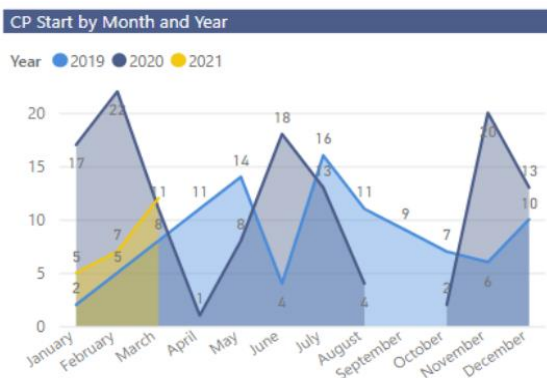
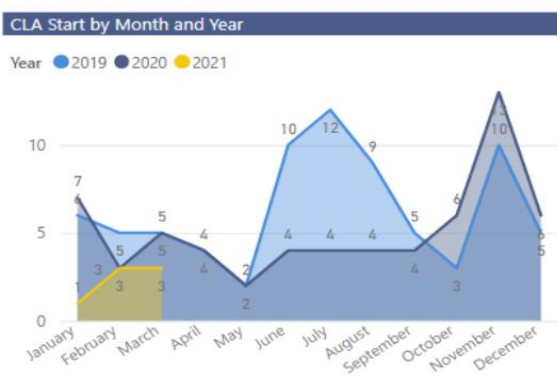
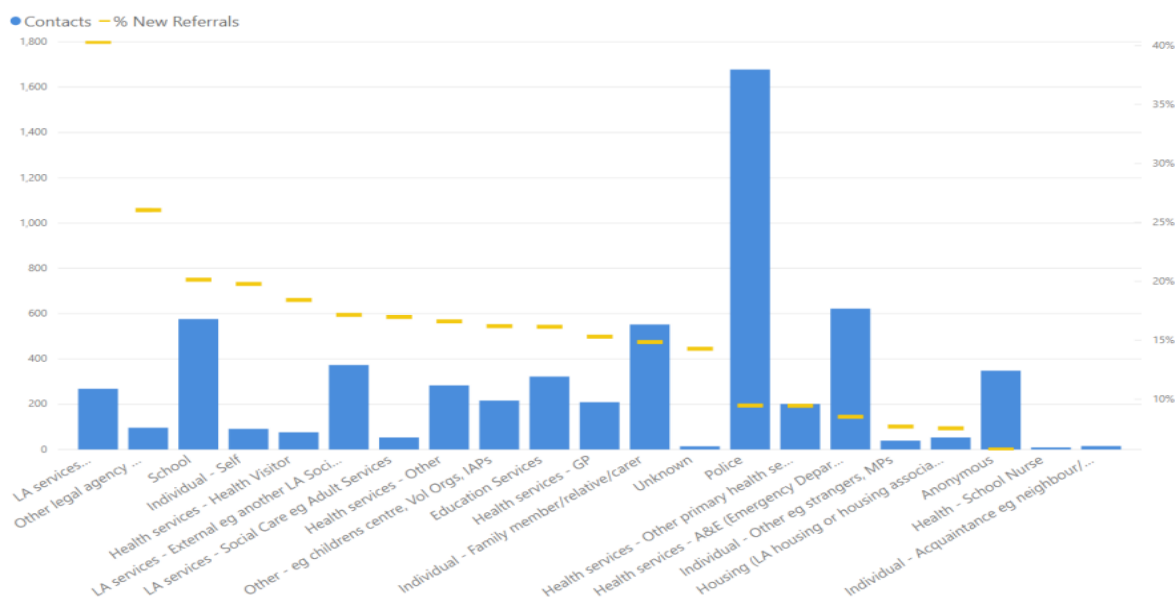


Fig. 6



## Referral Sources

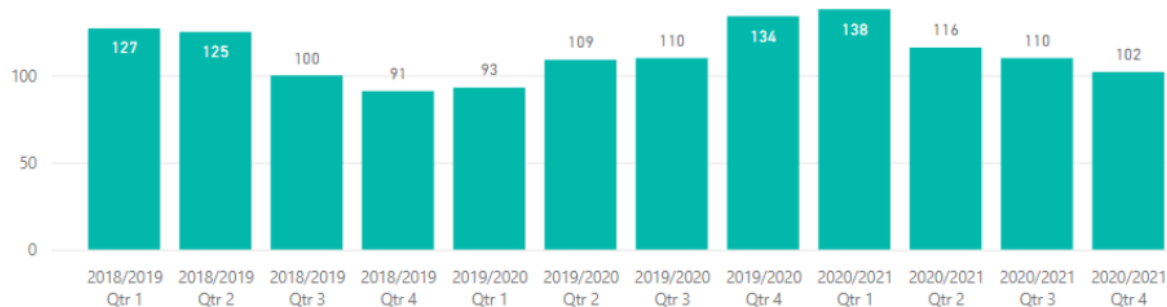
**Fig. 7: Contact sources and % contacts progressing to referrals (2020-2021)**



Over the last 12 months, Council social services received just under 6,100 requests for service. The principal referrers were the Police, A&E, Schools and Individuals. Internal local authority services, legal agencies (such as CAFCASS) and schools were the agencies whose requests for service were most likely to transfer into new referrals.

## Child Protection

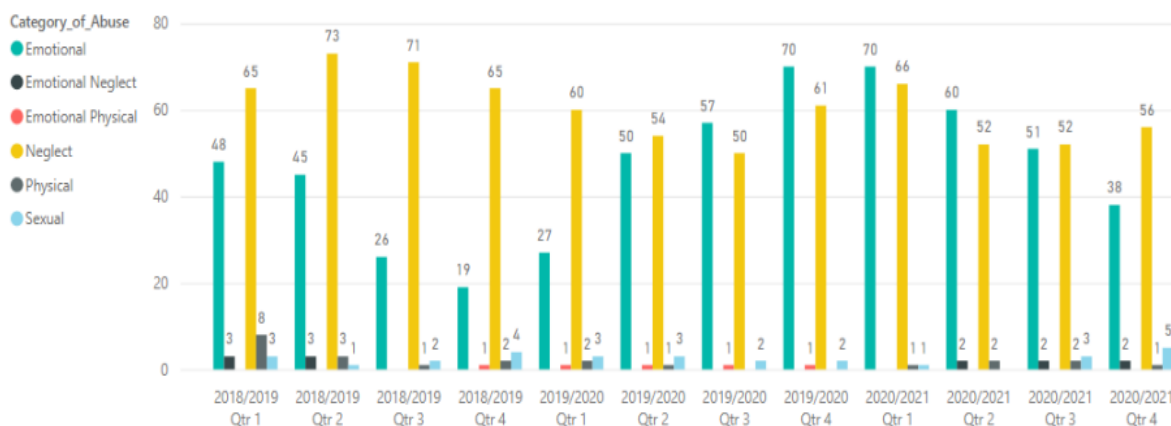
**Fig.8 Plans open at quarter end (Jun 2018 – Mar 2021)**



Levels of CP have reduced slightly over the last three quarters, although rates remain comparatively low compared to similar areas. These rates are subject to significant variation due to the small population size in the CP cohort, so these levels may be broadly expected within the population of B&NES.



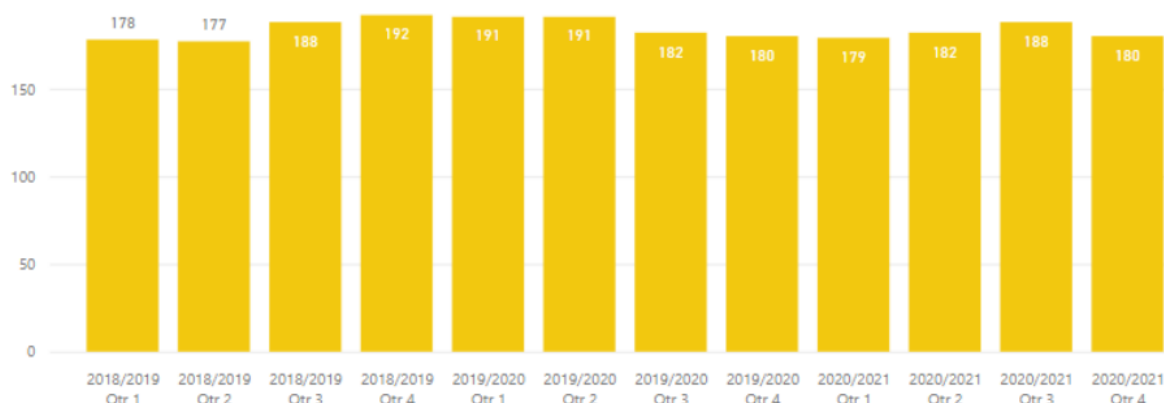
**Fig. 9 Categories of Need for open plans (Jun 2018- Mar 2021)**



Emotional abuse and neglect have remained consistently the most notable category of need for children on child protection plans. These trends are in line with those noted nationally and from comparable local authorities.

### Looked After Children

**Fig.10 Looked After Children at quarter end (June 2018 – Mar 2021)**



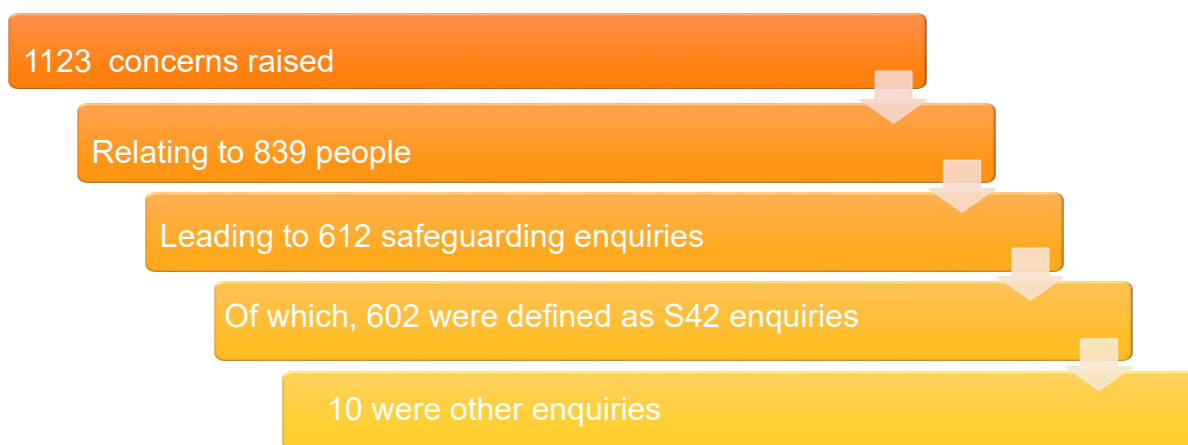
CLA numbers are consistent and have remained so over considerable time. the measure put in place to scrutinise requests for new episodes of care continue to be robust. Additional work was undertaken during lockdown in Q4 20/21 to avoid increased episodes in care. Placement stability remains consistently high.

## 10.2 Adult Social Care Data

The analysis undertaken in this section has used the information provided by B&NES Council for the Safeguarding Adults Collection (SAC) for 2020/21 together with local reporting done for the Partnership Board by B&NES Council. The Report also refers to the National Safeguarding Adults Collection data published by NHS Digital. The SAC data is collected directly from all local authorities. In November 2020, NHS Digital published Safeguarding Adults Collection for the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020. 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.

In July 2019 the Association of Directors of Adult Social services published 'A Framework For Making Decisions' on the Duty to Carry out Safeguarding Adults Enquiries. This report outlined how local authorities should be defining S42 enquiries and provided the framework for a reporting change in the SAC return for 2020/21.

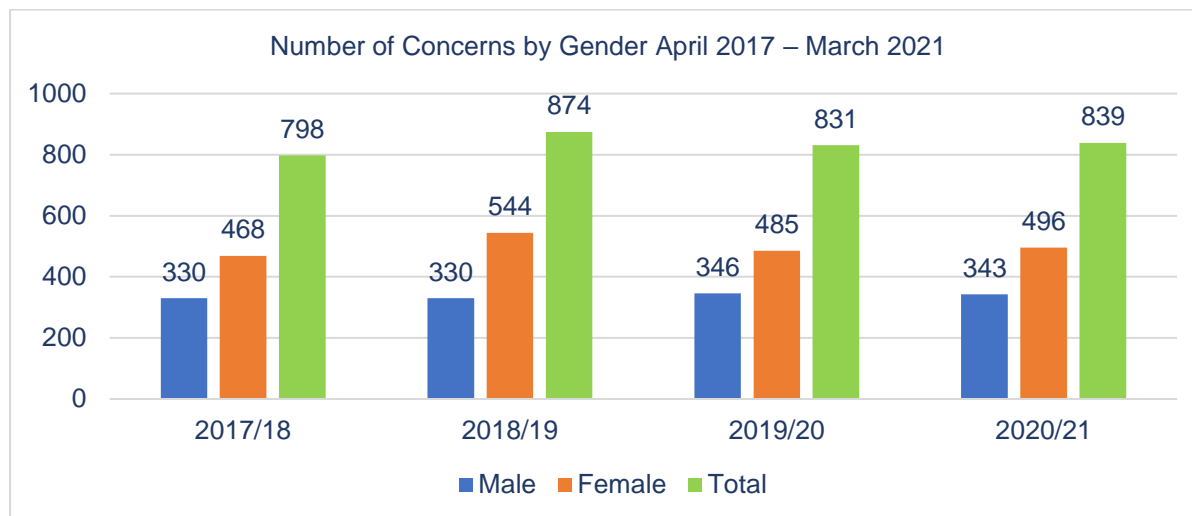
The definition used to identify a Safeguarding Enquiry in 2020/21 therefore differs from that used in previous years. For 2020/21 the reporting is based on the number of safeguarding concerns raised with B&NES Council that met the Care Act description of a safeguarding concern. These are then described as S42 (1) concerns and S42 (2) concerns. S42 refer to the Section of the Care Act that defines a safeguarding enquiry. S42 (1) concerns are concerns that fit the Care Act description, but alternative actions can be set that will address the concern being raised without a need for further enquiries. The actions are monitored by the Council Safeguarding Team and are not closed until confirmation is received that they have all been completed. A S42 (2) enquiry is an enquiry where further information and action is required. These enquiries normally lead to a Safeguarding Planning Meeting. A recording enquiry report and an action plan to reduce the risk to the person.



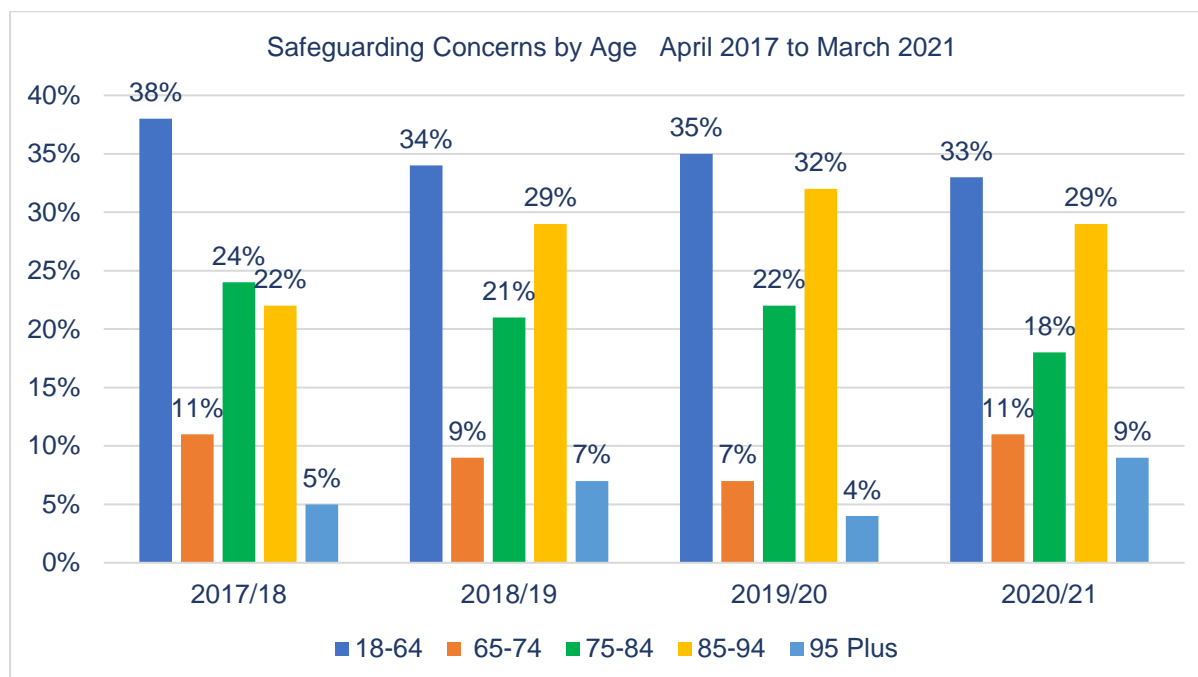
During the reporting period 2020/21 B&NES Council received 1123 safeguarding concerns relating to 839 people. This is a decrease of 1% on the referral levels for last year, but there is a level of consistency of reporting levels since 2017.

There were concerns raised nationally in April 2020 that Covid 19 would lead to a decrease in safeguarding concerns. This was because people were not seeing each other and visits to care settings were limited. Locally we did an initial decrease in referral levels in April and June 2020 but rates turned to their normal level in June.

In comparison with last year's data, we have seen a small decrease in the number of concerns raised involving men. However overall, the data indicates that the referral levels for men have remained at around 40% of all concerns for the last four years.

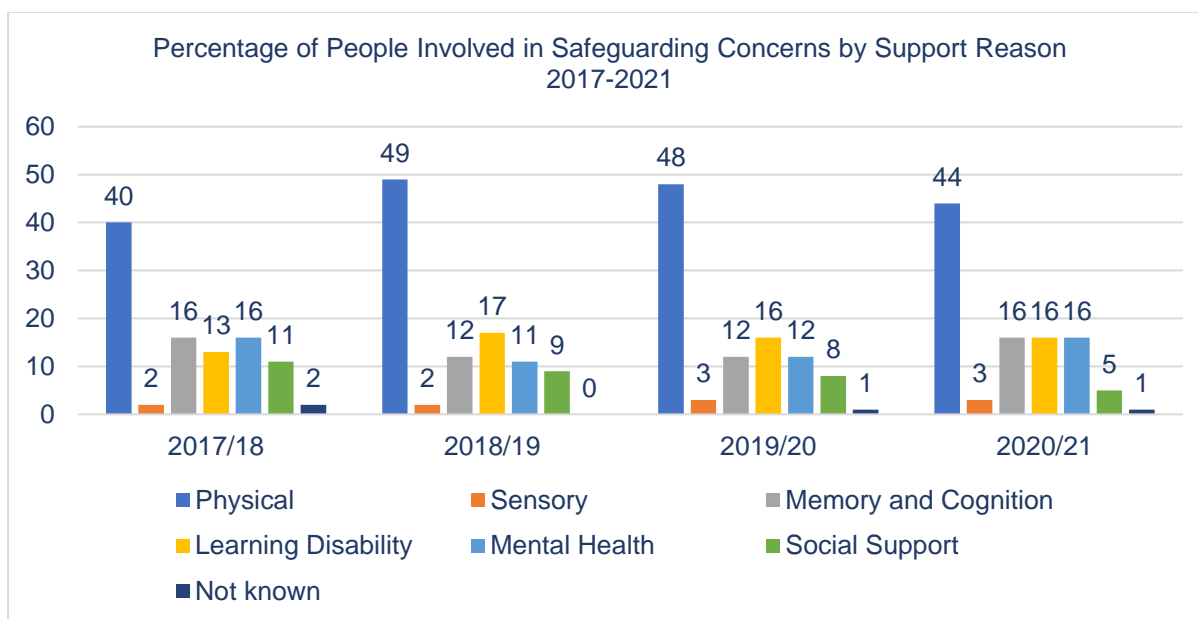


This year we have seen an increase in concerns being raised in relation to people aged 95 plus. There has also been a decrease in the number of concerns relating to people aged 75-84. This may be linked to the number of concerns raised by Care Home's and the corresponding age of people living in those settings.



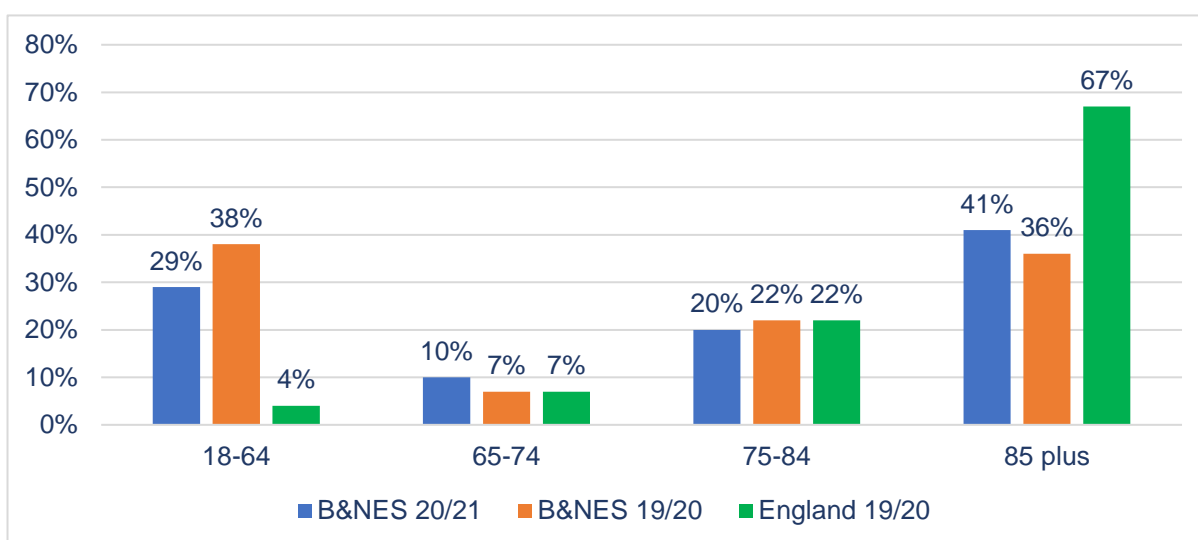
There has been an increase in the number of concerns raised in relation to people who have Mental Health or Memory and Cognition as their primary support reason. This increase may be a reflection of the Covid 19 lockdown impact on people with these support needs. The figures do also reflect the national data regarding the impact of the lockdown period on people's Mental Health and wellbeing.



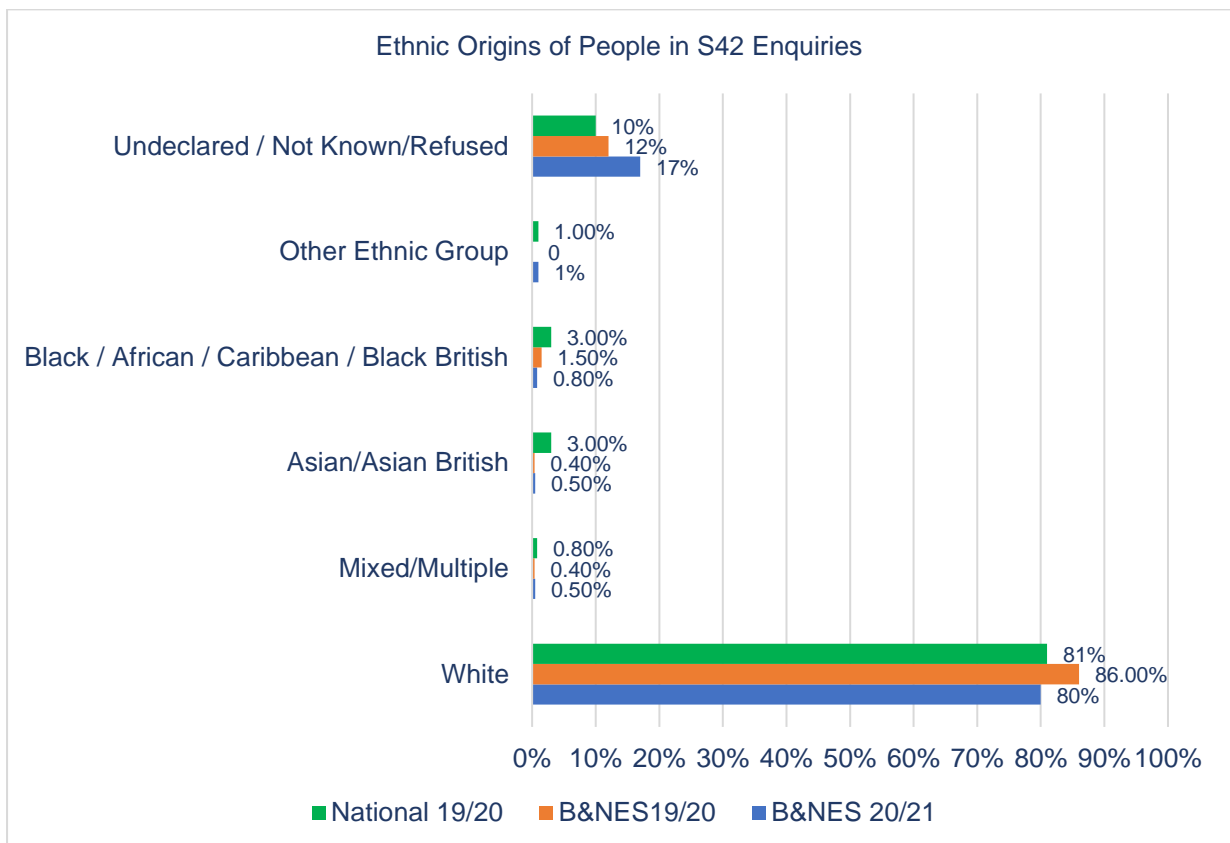
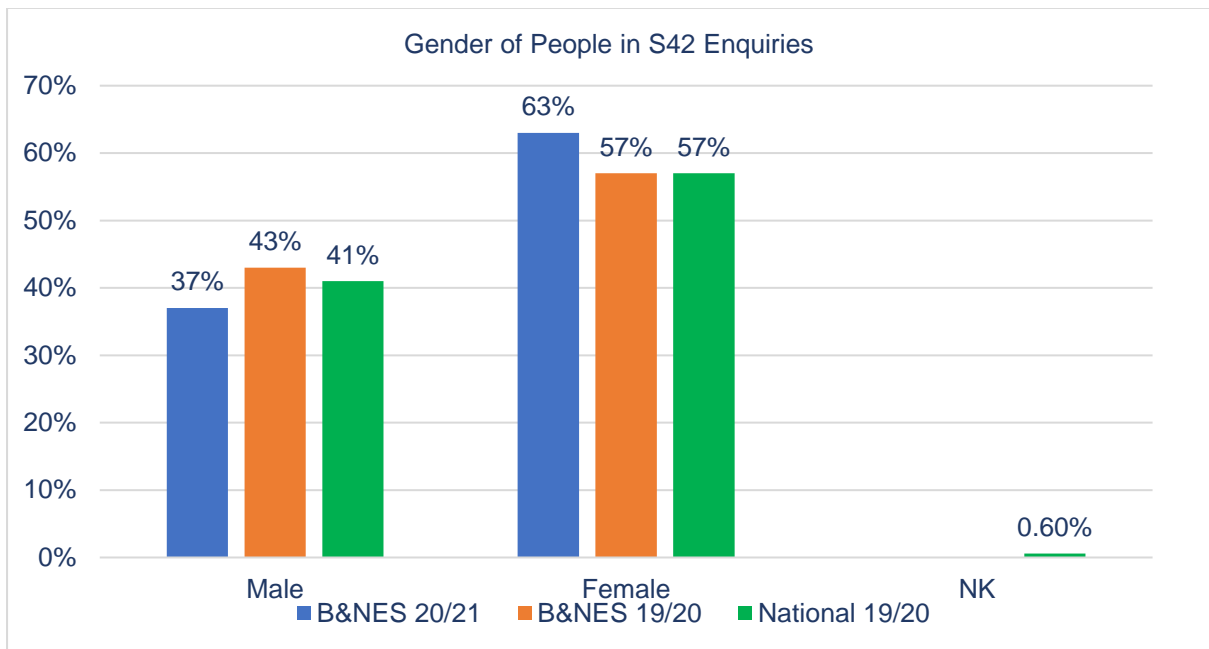


The following data relates to the 612 Safeguarding Enquiries undertaken in 2020/21. These enquiries supported 512 people. Some people are referred more than once during the year with different concerns being raised about their safety.

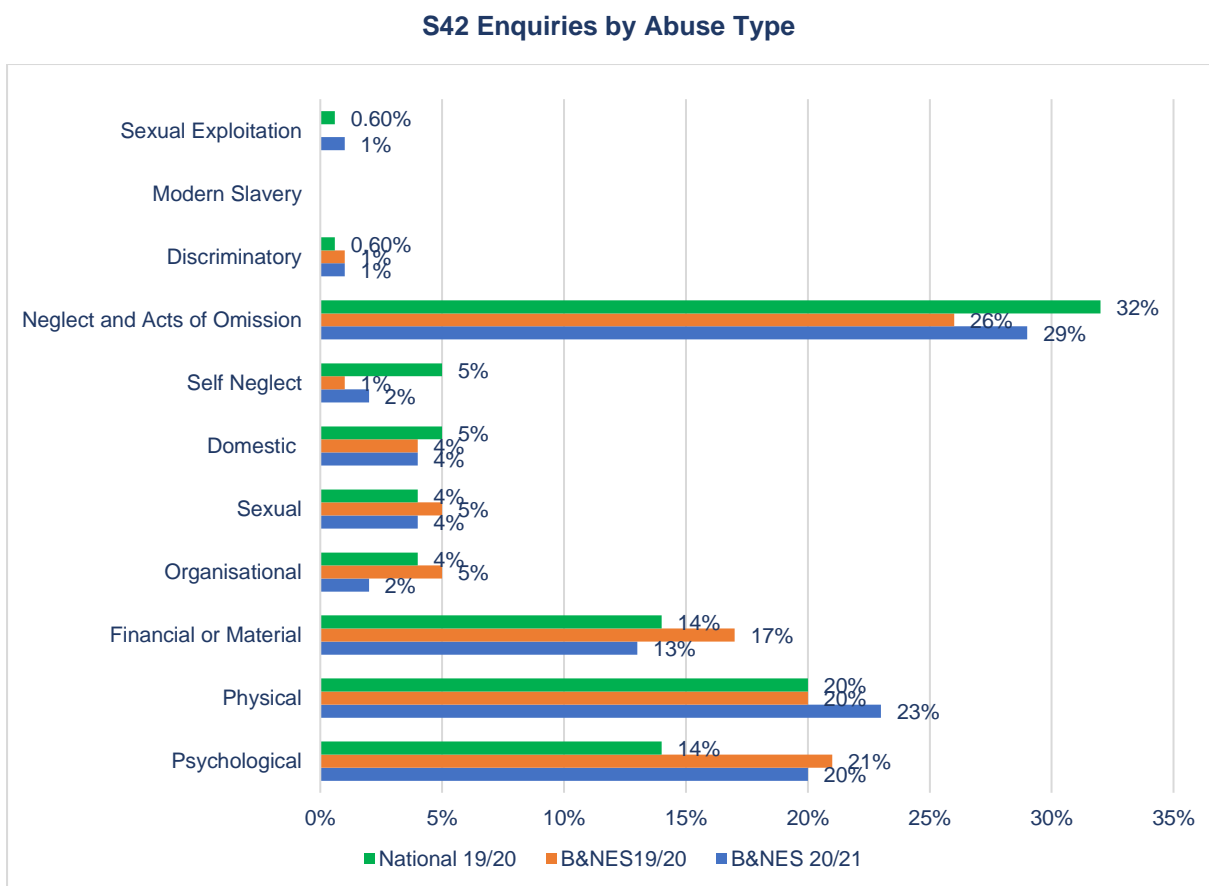
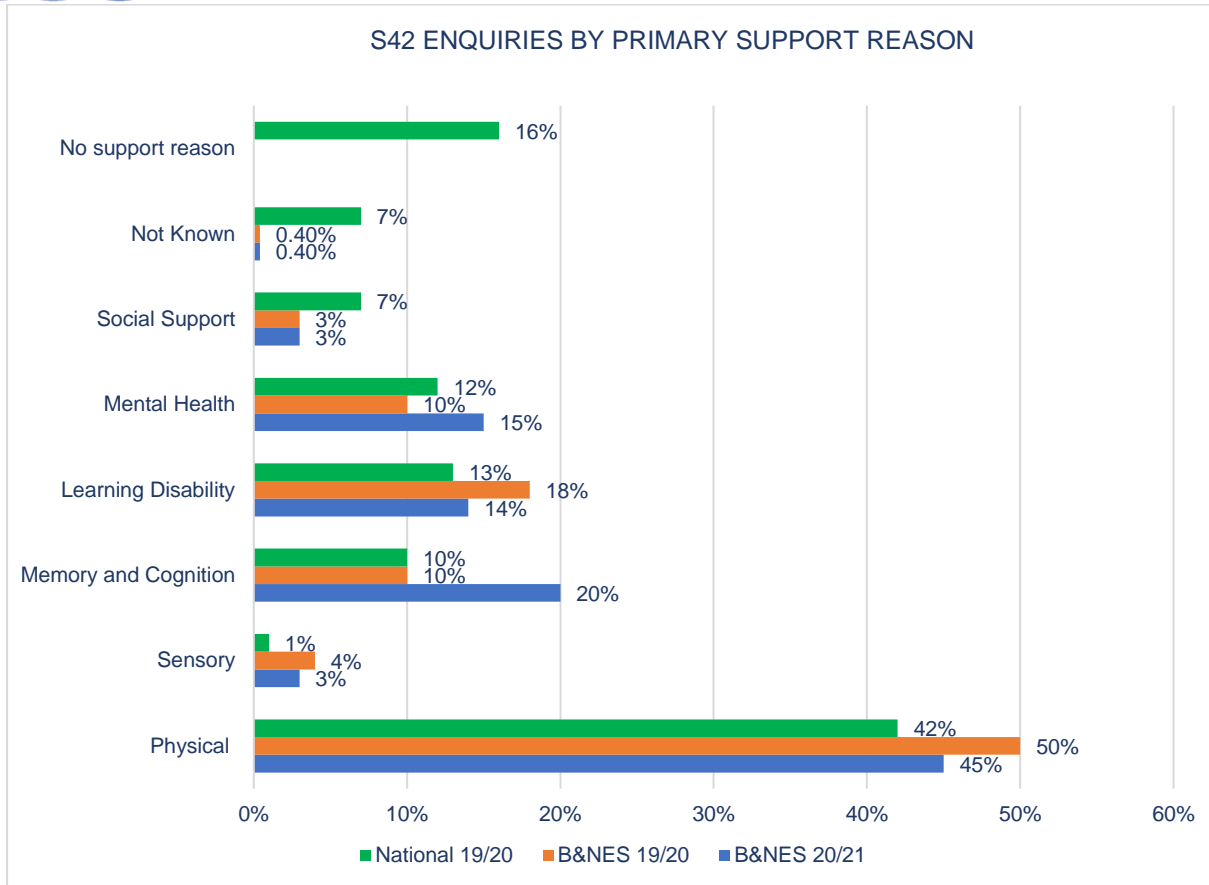
#### Age of Individuals Involved in S42 Enquiries



B&NES continues to see a higher number of referrals in relation to people aged 18-64 when compared with the 2019/20 England average. For those over 85 the England average is much higher than that seen in B&NES during both 2020/21 and 2019/20.



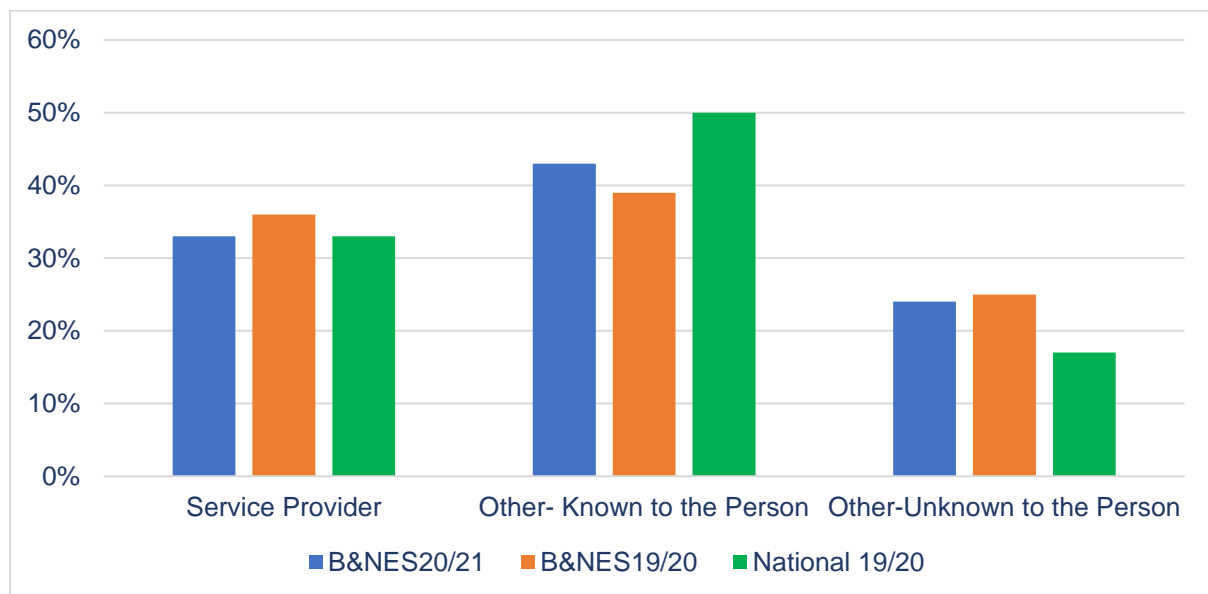
The Ethnicity of those supported through the safeguarding enquiry process continues to highlight the need for the BCSSP to make sure that the safeguarding message is reaching all the communities in B&NES. Work is also required to understand why there has been an increase in the level of enquiries where the ethnicity of the person involved is unknown, undeclared or the person has refused to provide this information.



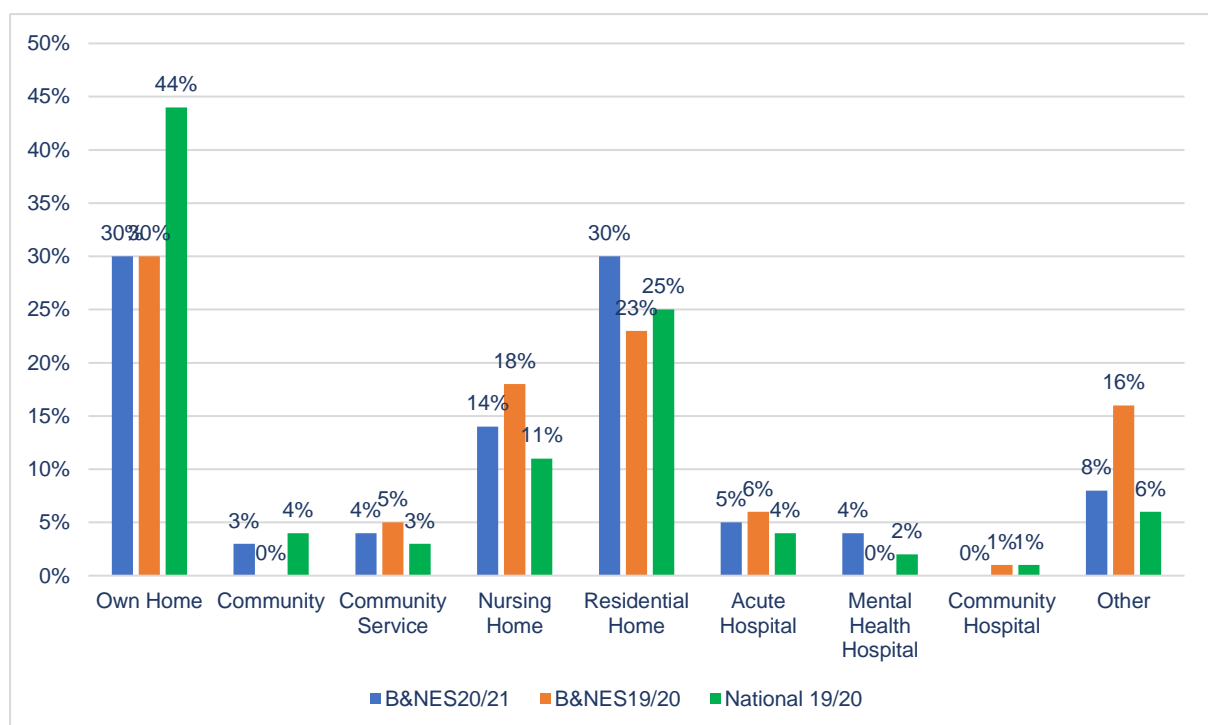
A rise in enquiries related to Physical Abuse and Neglect or Acts of Omission is shown in this year's data. There has also been an increase in the number of people who are self-neglecting who have been referred to the safeguarding process rather than being supported through the Multi Agency Self Neglect Policy.

The National Data comparison show that there is a higher reported level of Psychological abuse in B&NES and a lower level of concerns relating to Domestic Abuse. This reflects the National Insight Reporting that has been undertaken during 2020/21 to measure the impact of the Covid 19 lockdowns on safeguarding reporting level – where domestic abuse was highlighted as having an increased level of reporting at a national level which was not reflected in our local data.

#### S42 Enquiries by Source of Risk



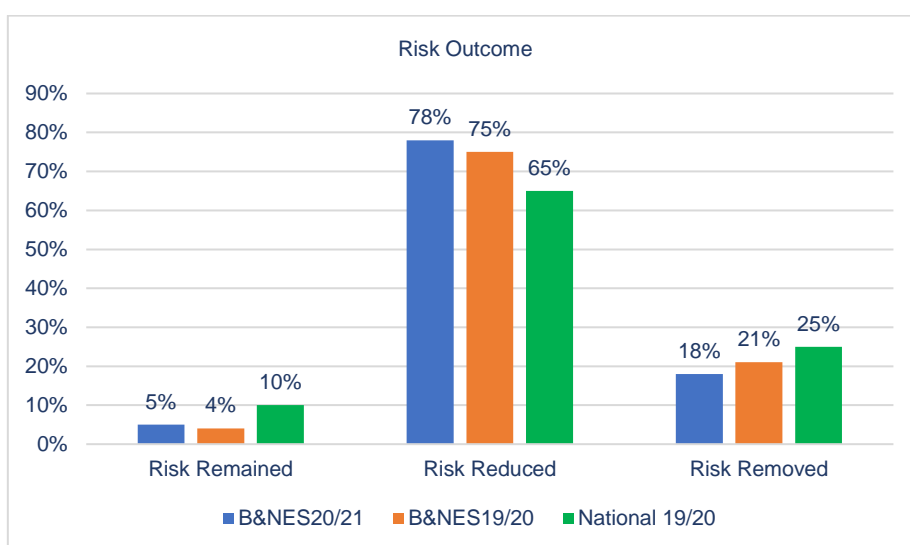
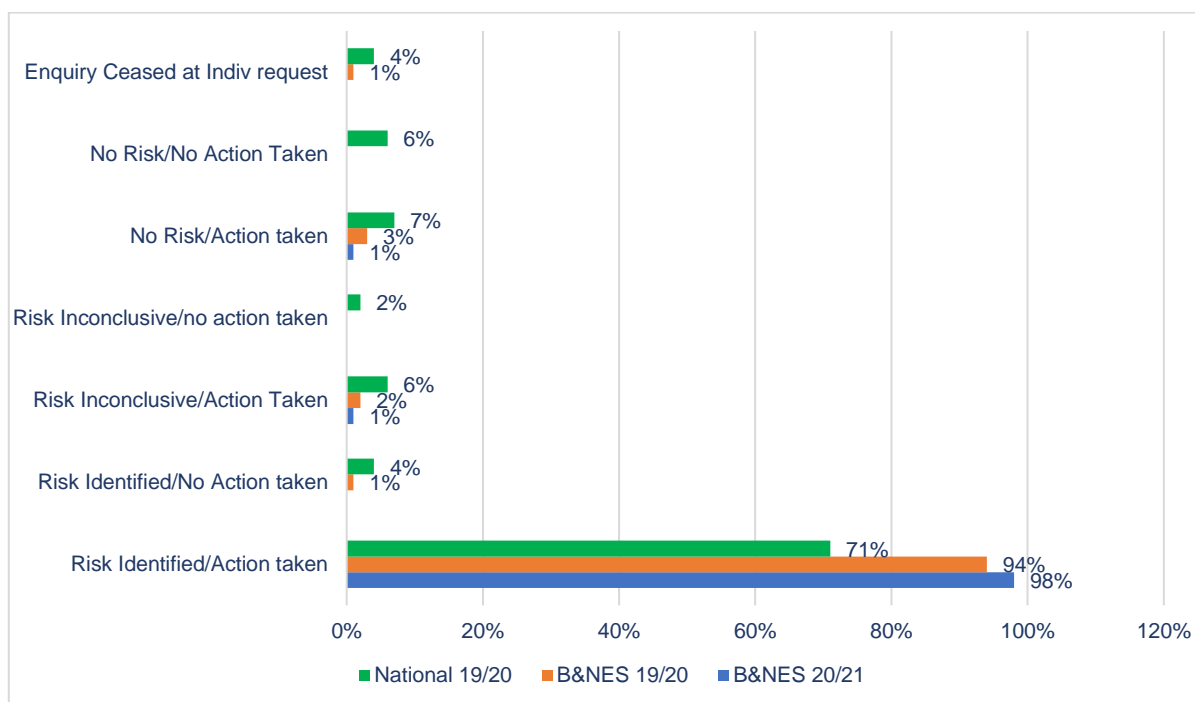
#### S42 Enquiries by Location of Risk



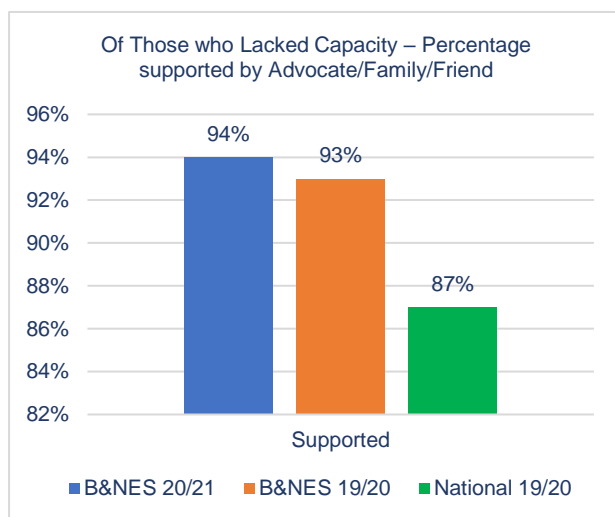
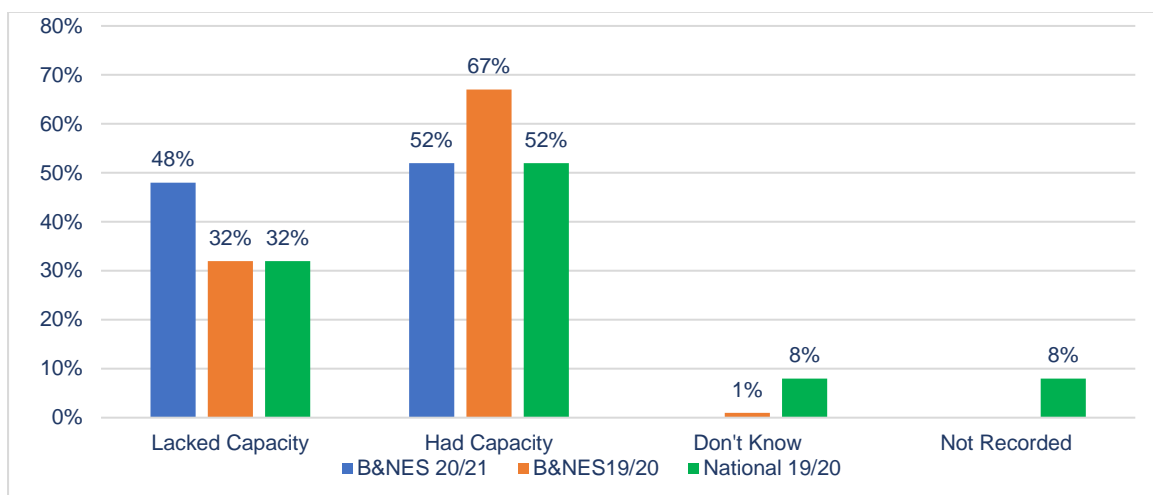
Risk from others – known to the person remains the highest source of risk in B&NES and in the national reporting. Concerns relating to people living in Residential and Nursing Homes has increased this year. Again, this may be a reflection of the impact of Covid 19 on safeguarding reporting, with concerns being raised by providers throughout the pandemic.

There were no enquiries undertaken where the location of risk was a Community Hospital. This is a notable variation from previous years and the national reporting data.

### Outcome of Safeguarding Enquiry



## Safeguarding Enquiries – Mental Capacity

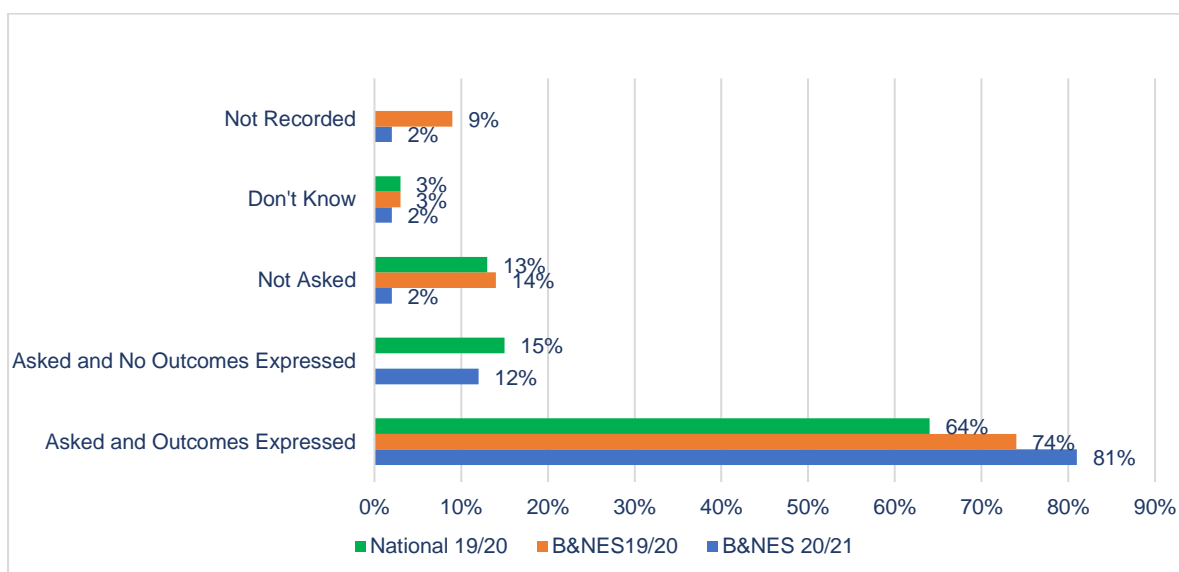


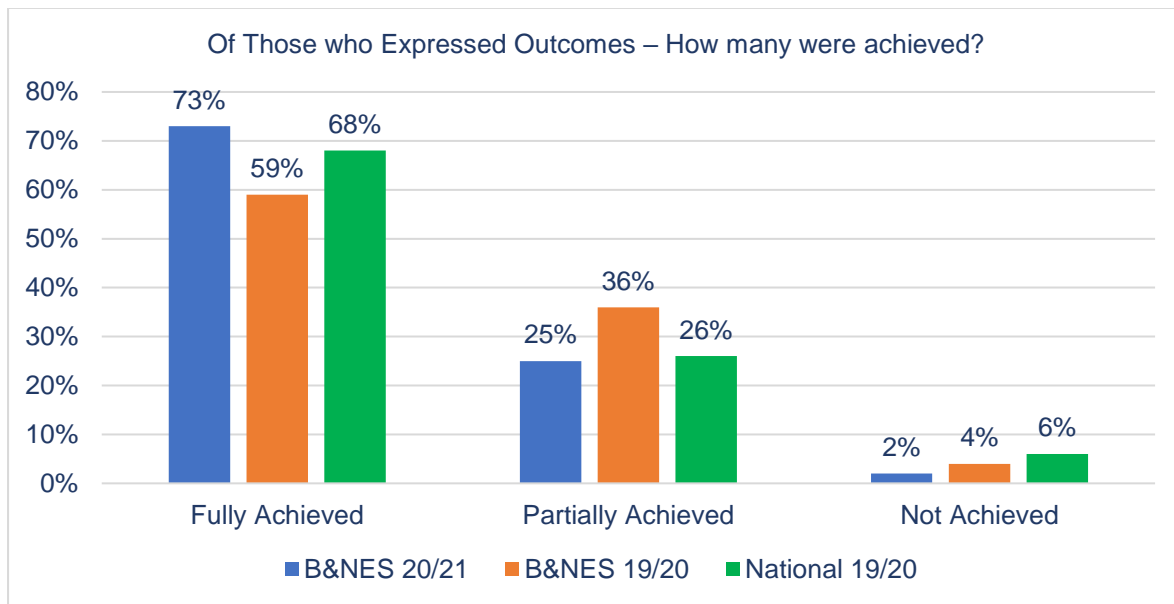
**Mental Capacity** – This year we have seen an increase in referrals relating to people that do not have capacity. This is linked with the reported increase in the number of enquiries relating to people whose primary support reason is Memory and Cognition.

Figures relating to the number of people without capacity who were supported through the safeguarding process remains high and is notably higher than the England average.

**Risk** – the majority of enquiries had a level of risk identified and action taken to reduce the risk.

## Safeguarding Enquiries – Making Safeguarding Personal – Person's Stated Outcomes





These are probably the most important figures in this activity section. It relates to the outcomes that people stated they wanted to achieve from the safeguarding process. In B&NES we have a very high number of people who express their outcomes and have them fully or partially met.

This indicates that the B&NES Safeguarding Enquiry process is achieving the central tenant of Safeguarding Adults – that the views of the person are at the heart of all safeguarding work and the focus is on achieving the person's outcomes not the outcomes wanted by professionals or others.

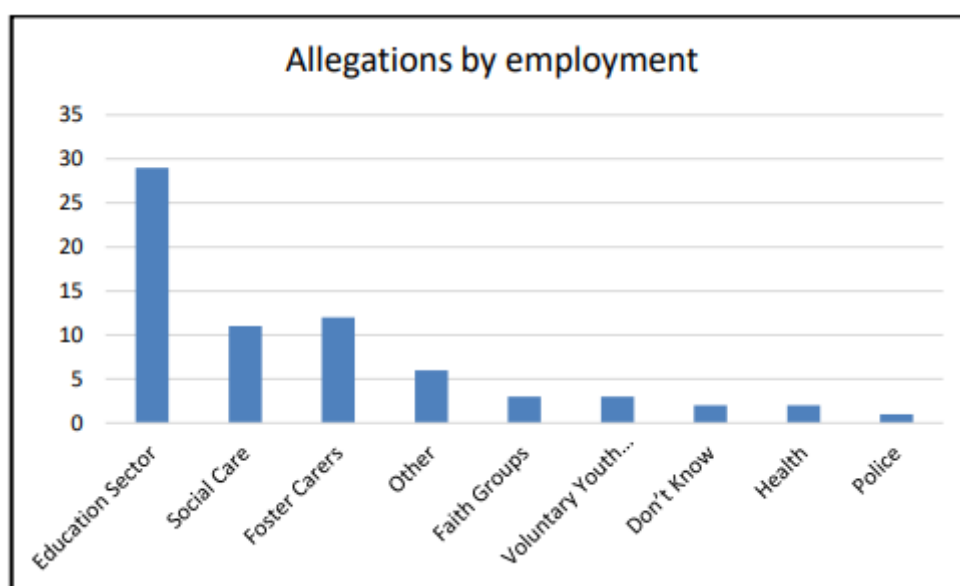
### 10.3 Work of the LADO

This year has seen a 25% decrease in the overall number of contacts made with the LADO compared to last year. This was highly anticipated given the impact of Covid-19 and the closure of many settings where children attend i.e. childminders, nurseries, schools, youth clubs, churches.

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
<b>TOTAL</b>	<b>198</b>	<b>152</b>	<b>141</b>	<b>264</b>	<b>200</b>

Of the 200 contacts made with the LADO's in Bath and North East Somerset this year:

- 88 did not meet threshold but resulted in advice and guidance being given to the Referrer / organisation.
- 66 met threshold for LADO involvement and required further investigation
- 25 would have fallen under the managing allegations protocol and required input from the LADO but the person worked outside of Bath and North East Somerset, in which case the referrer was signposted to the LADO for that area
- 12 did not fall under the managing allegations protocol, these included matters relating to a person's mental health, concerns relating to individuals who did not work directly with children, allegations around an individual's use of drugs but no supporting evidence, professional boundaries not being maintained and complaints about a school environment.
- 9 were matters surrounding issues of safeguarding within an organisation, these do not fall under the managing allegations protocol but are taken forward by the Deputy Lead for Safeguarding and Quality Assurance.



In this reporting period of the 66 referrals received by the LADO, 42% of these related to a person working within an educational setting which includes nursery settings, primary schools, secondary schools, and colleges. In the previous reporting period education and nursery settings accounted for 52% of the referrals to LADO and it is positive to see these organisations have continued to identify and respond to allegations despite the disruption and pressures these settings have faced as a result of Covid-19.

Foster carers featured as the second highest group of individuals working with children who were referred to the LADO due to allegations of harm, referrals can be in respect of supported lodging providers, foster carers for Bath and North East Somerset as well as those who live in the area but



foster for another Local Authority or Independent Fostering Agency. In this reporting period of the 11 referrals related to foster carers, nine were foster carers for the Local Authority, which is on par with last year.

Referrals received relating to social care staff include individuals who work within a residential setting, provide support to families within their home, are a social worker or therapist working with children. In this reporting period 16% of referrals that reached threshold were in relation to individuals working within the social care sector, with seven of the 11 referrals (63%) relating to a person working within a residential setting.

This year saw a significant decline in referrals relating to individuals that transport children, this is likely to correlate to school closures and therefore the reduction in children attending school.

There was one referral received in relation to a Police Officer in this reporting period, this is the first referral regarding someone working within Avon and Somerset Constabulary for the past five years. In general, across the south west region, there are a low number of referrals regarding Police Officers. The LADO is surprised that this is not an organisation that features more given the nature of Police work. The LADO's identify Avon and Somerset Constabulary as being an organisation where further awareness of the LADO role and managing allegations protocol is required so that referrals to LADO are considered but also criminal investigations involving a person in a position of trust (working with children) are brought to the attention of the LADO.



Of the 23 referrals to LADO regarding allegations against individuals where their behaviour raised concerns about their suitability to work with children, eight were in relation to an individual working within a school setting, nine were related to those working within the social care sector, one was a foster carer and five fell into the category of other. The development of data reporting within PBI has highlighted that the category of Other is being used inconsistently across the LADO service and further scrutiny of the data reveals that there were three individuals whose employment was classed as Other when in fact they should have been reported as working in the social care sector. The remaining two individuals classed as 'Other' were in roles related to transport and childcare.

Eight referrals (35%) received by the LADO after further discussion and exploration were not deemed to meet LADO threshold. In all but two of the referrals received, the issues that arose were about incidents that had taken place outside of the individual's role but raised concerns about their conduct and performance. It was agreed by the LADO that the employer would address these issues internally in line with their HR policy and procedures.

Eight individuals (35%) displayed behaviour which resulted in there being a need for a managing allegation strategy meeting to be convened. Strategy meetings in these instances were deemed necessary due to the seriousness of the allegations which included concerns about grooming, being arrested for possession of drugs, actions of the individual possibly contributing towards significant harm of a child and sexual offences against an adult.

Four referrals did not require a strategy meeting as the issues did not meet a threshold for Police involvement and the presenting concerns were appropriate for the employer to investigate in line with their disciplinary procedures. In these instances, there was no direct allegation, but the individuals conduct was of concern and required exploration to determine what if any further action was required by the employer.

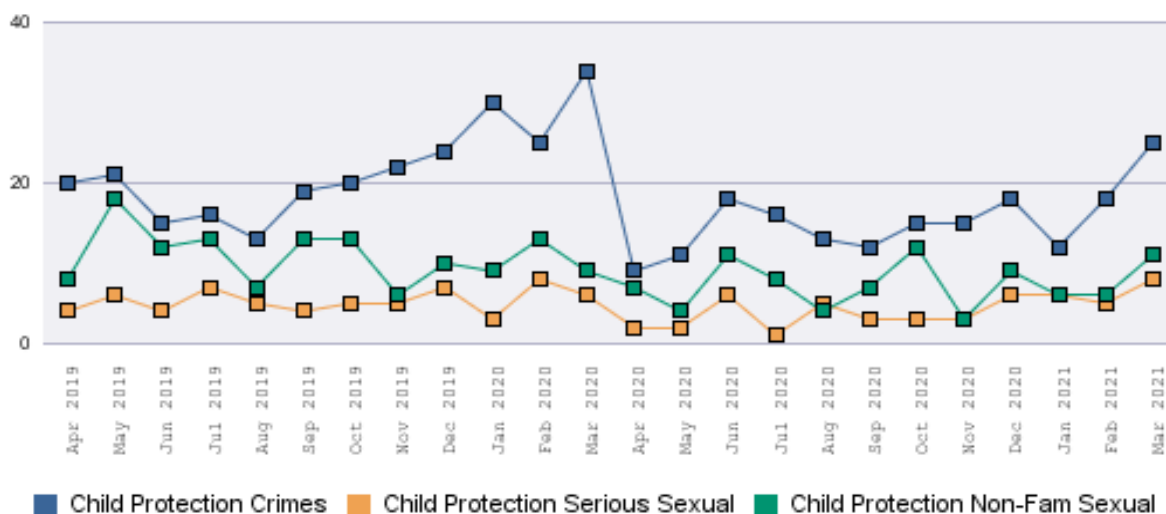
## 10.4 Avon & Somerset Constabulary Data

### Child Protection

“Child Protection Crimes (excluding Domestic Abuse Crimes)” in Fig.1 are recorded crimes where there are child protection concerns (Child Abuse, Child Sexual Exploitation, Child Safeguarding), with this particular measure excluding Domestic Abuse Crimes where there are child protection concerns. This is a useful headline measure and includes crimes where the victim is a child, crimes where the suspect is a child and crimes where the child is an involved party. The measure also includes peer-on-peer crimes where both the victim and suspect are children. The measure includes non-recent child abuse allegations, regardless of whether the victim was a child or adult at the time of reporting.

The volume of recorded Child Protection crimes in Bath and North East Somerset fell by 29.7%, or 77 crimes, in 2020/21 compared with 2019/20, to 182 crimes. The 29.7% fall in Bath and North East Somerset is significantly greater the 10.4% fall experienced across the force area as a whole. By March 2021, the volume of recorded Child Protection crimes in Bath and North East Somerset had reached its highest level since the introduction of measures to slow the spread of COVID-19 within the population in mid-March 2020, and was at a level similar to that recorded in several of the months leading up to the introduction of those measures.

**Fig.1 Child Protection Crimes (Excluding Domestic Abuse) in B&NES April 2019 – March 2021**



There were also significant percentage falls in recorded offences in Bath and North East Somerset in 2020/21, compared with 2019/20, for the following offence groups: non-familial sexual offences against children (by 32.8% or 43 crimes), child neglect offences (by 23.1% or 15 crimes) and Child Protection Serious Sexual Offences (by 21.9% or 14 crimes). It should be noted that in the latter two cases the numbers involved are relatively small. In each case, these percentage falls were greater than those recorded across the force area as a whole.

The number of Child Sexual Exploitation tagged offences in Bath and North East Somerset also fell in 2020/21, compared with 2019/20, by 71.4% or by 20 crimes to just 8 crimes in total. This compares with a 13.0% fall in Child Sexual Exploitation tagged offences across the force area as a whole.

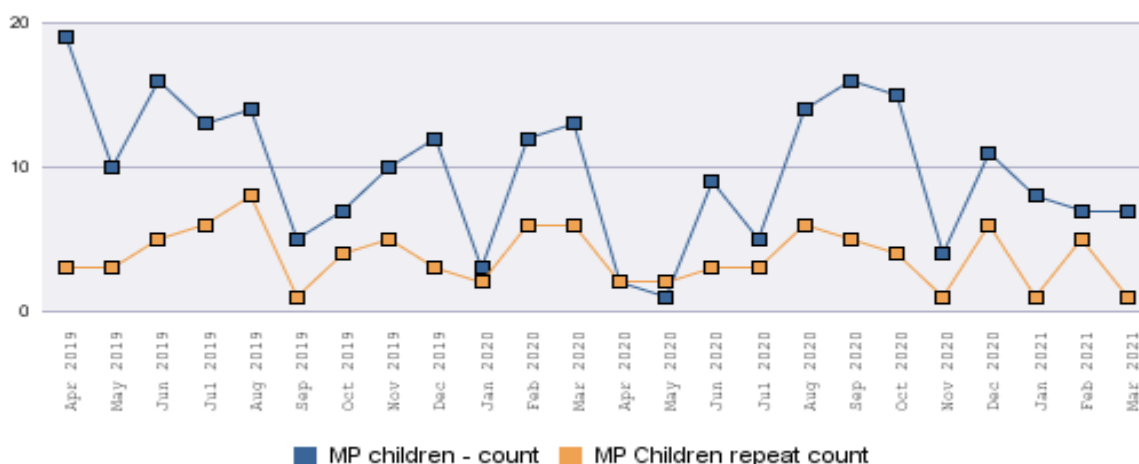
The number of recorded Domestic Abuse Crimes with a victim aged 16 or 17 in Bath and North East Somerset fell by 8 crimes to 37 crimes in 2020/21. This represents a greater percentage fall (17.8%) than that recorded across the force area as a whole (10.4%). The overall number of child victims of crimes in Bath and North East Somerset fell by 113 victims to 515 victims in 2020/21, or by 18.0% compared with 2019/20. This is in line with the 20.5% fall across the force area as a whole. The number of child suspects of crimes in Bath and North East Somerset in 2020/21, compared with

2019/20, fell by 140 to 336 child suspects, or by 29.4%. This fall is greater than the 18.5% fall experienced across the force area as a whole.

### Missing Children

In Bath and North East Somerset there have been reductions in the number of reported missing children in 2020/21 compared with 2019/20 (falling by 19.1%), number of reported missing children' episodes (falling by 17.2%) and the number of children reported missing repeatedly (falling by 44.6%). Missing children and repeat missing children' monthly volumes in Bath and North East Somerset (Fig. 2) show far greater volatility than across the force area as a whole. Whilst the dramatic fall in the number of missing children in April 2020 might be attributable, or attributable in part, to the introduction of measures to slow the spread of COVID-19 within the population, the peaks and troughs through 2020/21 do not entirely coincide with the easing and reintroduction of such measures.

**Fig.2 Missing Children and Repeat Missing Children in B&NES April 2019- March 2021**



The number of children going missing from care in 2020/21, and number of children repeatedly going missing from care in that year, both remain low at 5 children and 1 child respectively.

### Initial Child Protection Conferences

The Police were invited to 12 Initial Child Protection Conferences (ICPCs) in Bath and North East Somerset in the fourth quarter of 2020/21 and attended all 12. The Police attendance rate at ICPCs across 2020/21 was 98.4%, with just one ICPC not attended in May 2020.

### Use of Police Protection Powers

Across the force area as a whole, the Constabulary used police protection powers under Section 46 of the Children Act 1989 on 111 occasions in 2020/21, compared with 133 occasions in 2019/20. The reporting of the use of police protection powers at local authority area level is subject to data quality issues, whereby 1 record in 2020/21, and 13 records in 2019/20, were not linked to a beat code. There is 1 record of the use of these powers linked to beat codes in Bath and North East Somerset in 2020/21, compared with 4 records in 2019/20.

### Children in Custody

In 2020/21 33 children and young people aged under 18, whose latest recorded address is in Bath and North East Somerset, were arrested and brought into custody, 2 of whom were charged and detained. Of these 33 children and young people, 1 was arrested and brought into custody in the last quarter ending March 2021 and was charged and detained.

## 11. Glossary

Term	Meaning
ACEs	Adverse Childhood Experiences – traumatic events occurring before age 18. Includes all type of abuse and neglect, as well as parental mental illness, substance misuse, domestic violence.
ADASS	Association of Directors and Adult Social Services – a charity representing Directors and a leading body on social care issues.
AMHP	Approved Mental Health Professional – approved to carry out certain duties under the Mental Health Act
ASSSP	Avon and Somerset Strategic Safeguarding Partnership – Avon area multi-agency group focussed on children's safeguarding
B&NES	Bath & North East Somerset
BCSSP	B&NES Community Safety & Safeguarding Partnership
BIA	Best Interest Assessor – ensure that decisions about patients/service users which affect their liberty are taken with reference to their human rights
BSW	B&NES, Swindon Wiltshire area
CAMHS	Child and Adolescent Mental Health Services
Care Act 2014	Sets out the duties of the local authority in relation to services that prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.
Community Triggers	This is related to anti-social behaviour. Where anti-social behaviour has been reported and it is felt not enough action has been taken, a community trigger can be used, which means the case will be reviewed by those agencies involved.
Contextualised Safeguarding	An approach to understanding and responding to, young peoples experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.
CP	Child Protection
CSE	Child Sexual Exploitation – a type of sexual abuse. When a child is exploited, they are given things like gifts, money, drugs, status in exchange for performing sexual activities

Term	Meaning
CSPR	Child Safeguarding Practice Review – should be considered for serious child safeguarding cases where abuse or neglect is known or suspected and the child has died or been seriously injured.
CQC	Care Quality Commission – regulates all health and social care services in England
Cuckooing	The practice of taking over the home of a vulnerable person in order to establish a base for illegal drug dealing, typically as part of a County Lines operation.
Dark Web	Is part of the Internet that isn't visible to search engines. It is used for keeping internet activity anonymous
DHR	Domestic Homicide Review – is conducted when someone aged 16 or over dies as a result of violence, abuse or neglect by a relative, household member or someone they have been in an intimate relationship with.
Discharge to Assess (D2A)	Where people do not require an acute hospital bed but may still require care services are provided with short term, funded support to be discharged to their own home or another community setting. Assessment for longer term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.
Disrupt	Work to disrupt serious organised crime
DoLS	Deprivation of Liberty Safeguards – ensures people who cannot consent to their care arrangements in a care home or a hospital are protected if those arrangements deprive them of their liberty
IDVA	Independent Domestic Violence Advocate – specialist professional who works with victims of domestic abuse
JTAI	Joint Targeted Area Inspection – of services for vulnerable children and young people
LADO	Local Authority Designated Officer – responsible for managing child protection allegations made against staff and volunteers who work with children and young people
LPS	Liberty Protection Safeguards – set to replace Deprivation of Liberty Safeguards

Term	Meaning
Local Safeguarding Adult Board	Assures itself that safeguarding practice is person centred and outcome focussed, working collaboratively to prevent abuse and neglect. Now part of the BCSSP
Local Safeguarding Children's Board	Assure itself that local work to safeguard and promote the welfare of children is effective and ensures the effectiveness of what member organisations do individually and together. Now part of the BCSSP
MARMM	Multi-agency Risk Management Meeting – convened regarding self-neglect and hoarding concerns
MARAC	Multi Agency Risk Assessment Conference – a victim focussed information sharing and risk management meeting attended by all key agencies
MASH	Multi Agency Safeguarding Hub – Information sharing where decision can be made more rapidly about whether a safeguarding intervention is required
MCA	Mental Capacity Act – designed to protect and empower people who may lack the mental capacity to make their own decisions about their care
Ofsted	Office for Standards in Education, Children's Services and Skills.
Prevent	Prevent is about safeguarding and supporting those vulnerable to radicalisation. It aims to stop people becoming terrorists or supporting terrorism
RAG	Responsible Authorities Group – the local strategic partnership delivery arm for community safety in B&NES, now part of the BCSSP
SAC Data	Safeguarding Adults Collection Data – NHS digital collate data nationally
SAR	Safeguarding Adult Review – may be carried out when an adult' dies or is seriously harmed as a result of abuse and/or neglect and there is concern that agencies could have worked together more effectively to protect the adult
SARI	Charitable organisation – Stand Against Racial Inequality – which provides training and advocacy services
SCR	Serious Case Review now replaced by Child Safeguarding Practice Review
SHEU	School Health Education Unit

Term	Meaning
SICC	Senior In Care Council – empowered to undertake projects to make the changes they want to see to improve the experiences of young people in care
Section 11 Audit (statutory)	A self-assessment audit designed to seek assurance that key people and agencies make arrangements to ensure their functions to safeguard and promote the welfare of children
Section 175 Audit (statutory)	A self-assessment audit that seeks assurance that education establishments make arrangements to ensure their functions are carried out with a view to safeguarding and promoting the welfare of children
VAWG	Violence Against Women and Children (funded) project
VRU	Violence Reduction Unit – provides a local response to serious violence
WRAP	Workshop to Raise Awareness of Prevent



**Bath & North East Somerset Community  
Safety & Safeguarding Partnership**



**Annual Report  
Executive Summary  
2020-2021**

### Safeguarding is everyone's business.

Bath & North East Somerset Community Safety & Safeguarding Partnership (BCSSP) is a multi-agency partnership developed in 2019 when the Local Safeguarding Children's Boards were abolished.

The change in legislation enabled B&NES to redefine its' safeguarding arrangements and look more holistically at how the needs of children, adults at risk, families and the wider communities could be met. Mindful of what was working well whilst recognising the need for continuous development, the unique Community Safety and Safeguarding Partnership was constructed which merged the work of safeguarding children, safeguarding adults and community safety.

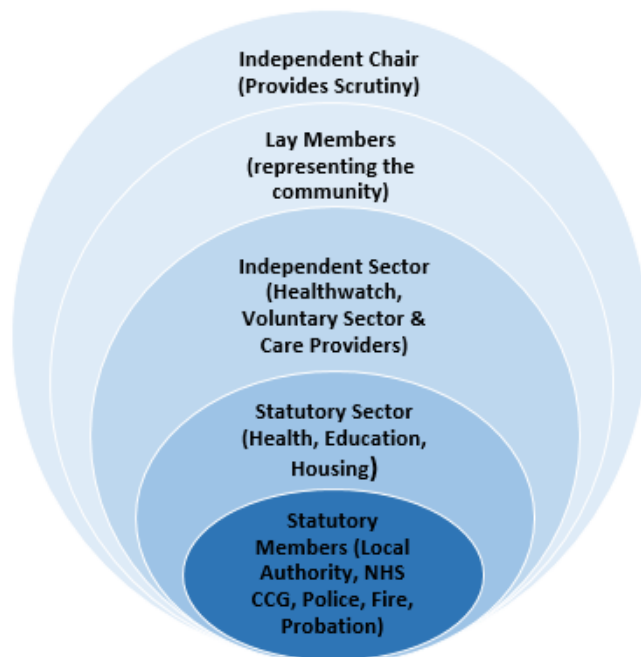


It was developed in affiliation with the existing members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and Responsible Authorities Group and meets the statutory requirements of these three Boards which it replaced.

Partners in B&NES continue to work together to identify and respond to the needs of children, adults at risk and communities, with the core purpose of:

**Safeguarding and promoting the welfare of children**  
**Safeguarding adults with care and support needs**  
**Protecting local communities from crime and helping people feel safer**  
**Ensuring the effectiveness of what partners do both individually and together.**

The BCSSP is made up of the five statutory agencies with responsibility for safeguarding and community safety; B&NES Council, Avon and Somerset Constabulary, B&NES, Swindon and Wiltshire Clinical Commissioning Group, Avon Fire & Rescue Service, the National Probation Service and other statutory organisations (e.g. Health) and independent sector organisations (e.g. Voluntary groups) to enable us to work effectively and with joint purpose to protect children, adults, families and communities who most need our help.



## Our Statutory Duties

As the BCSSP was formed from merging three different statutory areas of work, we must ensure that our practice is compliant with the responsibilities set out in the legal frameworks for each of these areas.

### Community Safety:

Community Safety Partnerships (CSPs) aim to reduce crime and the fear of crime, address risk, threat and harm to victims and local communities and facilitate the empowerment and strengthening of communities through the delivery of local initiatives. CSPs are a statutory body required under the Crime and Disorder Act 1998 (and subsequent amendments). The 'relevant authorities' that form the CSPs are the Local Authority, Police, Health, Probation and the Fire and Rescue Service.

### Safeguarding Children:

Working Together to Safeguard Children 2018 sets out that the three safeguarding partners should agree on how to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others and implement local and national learning, including from serious child safeguarding incidents.

### Safeguarding Adults:

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. The overarching purpose is to help and safeguard adults with care and support needs.

## Partnership Structure

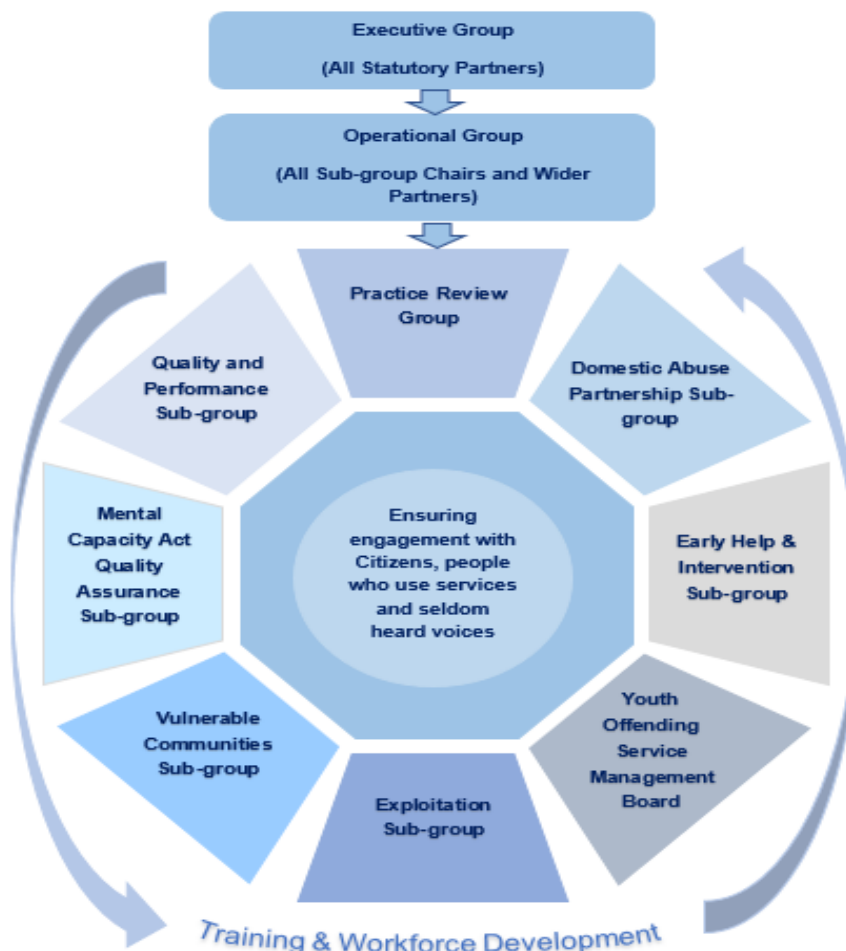
The Partnership is comprised of an Executive Group, Operational Group and nine thematic subgroups. Each subgroup develops its own workplan designed to progress the commitments within the BCSSP Strategic Plan. For 2020-2021, the BCSSP was still working towards completing priorities identified by the Local Safeguarding Adult Board (LSAB), Local Safeguarding Children's Board and Responsible Authorities Group. The full annual report reflects on the subgroup achievements and challenges.

During 2020-2021, the Executive Group, in consultation with partners, developed a new strategic plan for 2021-2024. Each subgroup reports quarterly to the Operational Group on its progress towards the commitments set out in the strategic plan.

The new plan has four commitments:

1. Develop a 'Think Family, Think Community' approach
2. Learning from experience to improve how we work
3. Recognising the importance of prevention and early intervention
4. Providing executive leadership for an effective partnership

## Partnership Structure



## Multi-agency Learning and Practice Development

The BCSSP has not published any Child Safeguarding Practice Reviews, Safeguarding Adult Reviews or Domestic Homicide Reviews in this reporting period. The partnership has focussed on seeking assurance on previous identified learning and completion of reviews commissioned in this reporting period for publication in 2021-2022.

### Child Safeguarding Practice Reviews

The Practice Review Group has completed and submitted five rapid reviews to the National Panel in this reporting period. Partners have shown significant commitment to ensure the reviews were completed to a high standard and within timescale. The National Child Safeguarding Practice Review Panel agreed with our Practice Review Groups decisions, that the Rapid Review process had highlighted relevant learning, and nothing further could be gained from progressing to a full review.

### Safeguarding Adult Reviews

The BCSSP Safeguarding Adult Reviews are managed through the Practice Review Group. During the period covered by this report, four referrals for SARs were received, of which three met the SAR criteria and it was agreed that a learning review would be beneficial for the other.

## **Domestic Homicide Reviews**

In the period covered by this report, the BCSSP has had one DHR approved by the Home Office. It was agreed not to publish the full report, but a learning briefing was developed.

The case was referred prior to the inception of the BCSSP and was referred to the B&NES Safeguarding Adults Board to consider initial information, the Board recommended that the DHR process should be combined with a SAR.

## **Quality Assurance**

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Statutory audits.

Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

The Section 11 self-assessment audit tool was circulated to all partners across Bath & North East Somerset in December 2020 to assess, monitor and evidence their progress in relation to meeting safeguarding requirements. Fifteen responses were received, and the findings have been analysed and a report produced and submitted to the BCSSP.

### **Section 175 Education Audit**

All educational establishments have a legal responsibility to safeguard and promote the welfare of children and young people.

Section 175 of the Education Act 2002 requires governing bodies of maintained schools and further education colleges to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children.

The mechanism by which the BCSSP established assurance was through individual schools self-evaluating their performance under an agreed framework. An audit tool was circulated to all education establishments and received a 100% return rate.

### **Safeguarding Adults Audit**

The BCSSP has worked regionally with the four other Partnerships of Bristol, South Gloucestershire, Somerset and North Somerset to develop one combined safeguarding adults' self-audit.

The combined safeguarding adults audit was proposed and agreed by the BCSSP Executive Group in March 2021 and work will be undertaken in 2021-2022 to develop an audit tool.

## Training and Workforce Development

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During 2020-2021, due to the Covid 19 pandemic, the training programme has had to remain flexible and be creative.

From 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021, the following has been achieved:

- 57 sessions comprising 22 different courses
- 1, 040 Inter-agency training places made available
- 819 Inter-agency training places booked
- 763 Inter-agency training places attended
- 518 professional training
- 70% evaluations completed demonstrating the impact of the training
- 1,034 E-learning safeguarding modules completed
- 6 single agency training courses provided, training over 422 individuals

Unfortunately, the Covid 19 pandemic did have a significant impact upon the training and development programme and during the first quarter of the year, all pre-planned classroom training course were cancelled or postponed

### Evaluation & Quality Assurance

Training evaluation has evidenced:

- An increase in practitioner's confidence in applying knowledge and skills back into practice, following training.
- An increased understanding of multi-agency roles and improved communication and information sharing between professionals.
- A greater understanding of legislation, policy, procedure and guidance and how to apply this into practice.
- Delegates found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter.



## Partnership Achievements

During 2020-2021, the work of the partnership was impacted by the Coronavirus Public Health Crisis, and whilst it continued to carry out its statutory duties, it was cognisant of the pressure on its members who essentially needed to focus on their services response to the crisis.

Within its previous Annual Report, the Partnership identified ten key priorities for 2020-2021:

What we said we would do	What we did
Scrutinise available data from partners and develop a data dashboard to provide assurance to the partnership	A draft data dashboard was submitted to the Executive in December 2020, it was acknowledged that whilst it covered social care and police data, it needed further input from other statutory partners to be more effective. This work will carry forward to 2021-2022.
Embed Think Family, Think Community	An event was planned and scheduled but was cancelled in light of Covid restrictions, however, this work has continued and been given consideration within all sub-group meetings.
Increase the amount of online accessible learning options	Due to COVID, a number of courses were initially cancelled whilst the team worked hard to ensure all training was accessible virtually. Additionally, identifying the service need, three new e-learning modules were developed and ten new virtual training sessions. These were predominantly to assist volunteers and those who were moved into new roles due to Covid and also a number of multi-agency 'Early Help Briefings' to ensure practitioners were confident in all aspects of this function.
Continue to raise awareness of self-neglect and promote use of the policy	The self-neglect policy has been promoted in meetings. In response to SAR findings, the partnership will conduct an audit in 2021-2022 to gain greater understanding of how the policy is being used and the best way to promote its future use.
Share learning from local and national SARs, CSPRs and DHRs and seek assurance of its impact in practice	Learning has been shared via learning events, 7-minute briefings, or where possible, published reports. Audits have also sought evidence that learning is shared and applied.
Develop a Scrutiny and Assurance Framework that reflects the work of all partners	This was completed and ratified at Operational Group however, it remains a working document to encompass the work of our wider partners as it is shared with the BCSSP.
Hear and share individuals lived experiences to influence and improve services	The BCSSP has worked more closely with the In-Care Council and they have presented at the Operational Group to raise awareness of what they do. The Training and Workforce Develop initiated a project to understand how lived experience could be incorporated into training sessions.
Establish a robust audit process to provide assurance to the BCSSP	An audit proforma was developed that could be adapted for most audit themes. A standard form to present findings was also designed and agreed. The BCSSP had aimed to carry out a number of audits but this wasn't feasible as partners did not have capacity to take this on during the pandemic response. Statutory audits continued as usual.
Launch a new BCSSP website	This was completed and B&NES Council IT Team are responsible for website maintenance.
Integrate an all-age agenda encompassing Community Safety and Safeguarding Children and Adults into sub-groups	Sub-group members worked exceptionally hard and remained committed to embedding an all-age focus into the work of the sub-groups. Although not all themes can be applied to all-age, it has been beneficial for all to understand the pathways between children and adult's services



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<b>MEETING</b>	<b>B&amp;NES HEALTH AND WELLBEING BOARD</b>
<b>DATE</b>	<b>30 November 2021</b>
<b>TYPE</b>	<b>An open public item</b>

<b><u>Report summary table</u></b>	
<b>Report title</b>	Pharmaceutical Needs Assessment (PNA) refresh October 2022: Information Paper
<b>Report author</b>	Paul Scott and Joe Prince
<b>List of attachments</b>	None
<b>Background papers</b>	None
<b>Summary</b>	
<b>Recommendations</b>	The Board notes and comments upon the proposals for the revision of a full PNA by 1 <sup>st</sup> October 2022.
<b>Rationale for recommendations</b>	N/A
<b>Resource implications</b>	It is anticipated that the costs of producing the PNA by the deadline will be managed within operational budgets.
<b>Statutory considerations and basis for proposal</b>	As laid out in the report (attached).
<b>Consultation</b>	Formal consultation will take place over a period of not less than 60-days during the summer of 2022, in accordance with the regulations.
<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.

# Pharmaceutical Needs Assessment (PNA) refresh October 2022: Information Paper

## 1 Background

- 1.1 The Pharmaceutical Needs Assessment (PNA) is a statement from the Bath and North East Somerset Health and Wellbeing Board which describes the provision of pharmaceutical services across Bath and North East Somerset (B&NES), as well as assess whether there are any significant gaps in the provision of local pharmaceutical services. The PNA also considers whether the level of pharmacy provision will be right for local communities over the next three years. Finally, it is intended to assist local decision makers in the commissioning of future local pharmaceutical services in B&NES.
- 1.2 The responsibility for the development, publishing and updating of PNAs became the responsibility of Health & Wellbeing Boards (HWWBs) as a result of Section 206 of the Health and Social Care Act 2012 which amended Section 128 of the National Health Service Act 2006.
- 1.3 This proposed PNA will be the second revised assessment of local pharmaceutical services since the Health and Social Care Act 2012 amendment, the current one having been published in 2018.
- 1.4 The second revised assessment was due to be published by 1<sup>st</sup> April 2021. However, due to the impact of the pandemic across all sectors there was an extension of 12 months announced by the Department of Health and Social Care (DHSC) on 22<sup>nd</sup> May 2020. There was a further extension announced by DHSC in March 2021 of six months to 1<sup>st</sup> October 2022.
- 1.5 Revised PNA guidance has recently been published by DHSC.

## 2 Current position

- 2.1 The last PNA concluded that there were no significant gaps in the provision of easily accessible local community pharmaceutical services that served the three PNA areas in B&NES. This will be revisited and considered again.
- 2.2 The last PNA also anticipated that pharmaceutical provision from pharmacies will be able to cope with the demand from new populations. In areas of significant housing development and population growth, additional future pharmacy provision will need to be considered.
- 2.3 The last PNA stated there were no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES. This will need to be considered afresh during the proposed refresh of the PNA.

## 3 Current Progress and Next Steps

- 3.1 Planning has started on the production of the PNA, to be published by 1<sup>st</sup> October 2022.

- 3.2 The timetable for key milestones is as follows:
- a) preparation – November and December 2021
  - b) analysis of NHSE/I supplied data and analysis of relevant population and health needs – January to May 2022
  - c) write PNA document – April and May 2022
  - d) statutory consultation – June and July 2022 (60-day period to be determined)
  - e) post consultation changes – August 2022
  - f) final draft and sign-off by HWB – September 2022
- 3.3 The timetable highlighted in 3.2 may be subject to change if there are further impacts of Covid-19, or other unforeseen circumstances, that lead NHSE to further delay the publication of revised PNAs.
- 3.4 The process will be led by the Consultant & Associate Director of Public Health, project managed by the Business Intelligence Team/Insight Team.
- 3.5 The PNA Steering Group will oversee and provide necessary direction for the work.
- 3.6 The post consultation draft will be presented to the HWB on 27<sup>th</sup> September 2022, along with recommendations, requesting final sign-off before publication by 1st October 2022.

<b>Please contact the report author if you need to access this report in an alternative format</b>
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