

BATH AND NORTH EAST SOMERSET

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

Tuesday, 5th July, 2022

Present:- **Councillors** Michelle O'Doherty, Ruth Malloy, Andy Wait, Paul May, Liz Hardman and Gerry Curran

Co-opted Non-Voting Member: Chris Batten

Cabinet Member for Children & Young People, Communities: Councillor Dine Romero

Also in attendance: Mary Kearney-Knowles (Director of Children's Services & Education), Rosemary Collard (Head of Education Inclusion Service) and Jane Rowland (BSW ICS)

26 WELCOME AND INTRODUCTIONS

In the absence of the Chair, the Vice Chair, Councillor Michelle O'Doherty welcomed everyone to the meeting and acted as Chair for the duration of it.

27 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

28 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Vic Pritchard, Joanna Wright and Rob Appleyard had all sent their apologies to the Panel.

Kevin Burnett, Co-opted Member had also sent his apologies to the Panel.

29 DECLARATIONS OF INTEREST

Councillor Gerry Curran declared an other interest with regard to agenda item 8 'Cabinet Member Update' as he is an employee of HCRG Care Group.

30 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

32 MINUTES: 7TH JUNE 2022

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

33 CABINET MEMBER UPDATE

Councillor Dine Romero, Cabinet Member for Children and Young People, Communities addressed the Panel, a copy of the update will be attached as an online appendix to these minutes.

Councillor Liz Hardman asked that with the 25% increase in SEND cases nationally and with the scarcity of places in our special needs schools as reported in the media, what are we doing to increase our capacity to provide for these children and should our Special Needs schools only admit children from B&NES.

The Head of Education Inclusion Service replied that this is a recognised issue in B&NES and as such she is leading on increasing the sufficiency of places in B&NES. She said that there are 2 main strands to this, to increase the number of Resource Bases attached to mainstream schools and to submit a bid to the DfE to open a new free special school.

- Currently B&NES has 5 Resource Bases and the plan is to increase this by an additional 5-7 bases in the next 2 years using the grant money allocated by the DfE. The places in a Resource Base vary from 10 - 20 places.
- The DfE have opened the wave to enable LA's to bid for new free special schools. In the SEND Green Paper they have committed to opening 60 new schools. B&NES has submitted the first part - an expression of interest to open 120 place all through generic special school on the Keynsham/Chew side of the authority.

She stated that under the legalities of the SEND system (Children & Families Act 2014) it is not possible for our special schools statutorily to admit only pupils from B&NES. However, the 3 schools in B&NES have a very high percentage of B&NES pupils in comparison to other LA children. B&NES also places in other LA schools.

- In Aspire in June 2022 – 92% of the pupils are B&NES pupils
- In Three Ways in 2020/21 – 84% of the pupils are B&NES pupils
- In Fosse Way in 2020/21 – 88% of the pupils are B&NES pupils

She said that work will take place with MATs and individual schools to embed SEN support.

Councillor Gerry Curran said that news of a potential new special school was good to hear and asked if any sites had yet been identified and was Keynsham an option.

The Head of Education Inclusion Service replied that no sites had yet been identified and that discussions were ongoing with the Planning department.

Councillor Andy Wait asked what the St John's Foundation Primary Empowerment Programme look like in practice.

The Director of Children's Services & Education replied that St. John's are engaged with the 7 primary schools that have 40% of the most disadvantaged primary school children in Bath and North East Somerset to provide pupils with additional support with foundational reading, writing, oracy, and mathematics, as well as emotional support. She added that there was a particular focus on speech and language and narrowing the attainment gap.

Councillor Wait asked if an explanation could be given for what was meant by 'A safe place outside of school'.

Councillor Gerry Curran replied that he believed that this was provision provided by the voluntary sector, facilitated by St. John's, within community centres or outside at local parks.

Chris Batten suggested that St. John's be invited to attend a future meeting of the Panel. He also asked if any update could be given on the former Culverhay site.

Councillor Dine Romero replied that several projects were currently on the site including Secondary Alternative Provision. She said that one possibility could be to consolidate this by bringing the Primary Alternative Provision from Broadlands to this site.

She added that the main site is used by Bath College for some of its vocational courses for pupils aged 14+.

Councillor Paul May asked if an interim report on exam results could be given rather than waiting until March 2023.

The Director of Children's Services & Education replied that information would be available prior to March 2023, but that the results would not be validated.

Councillor May said that this would be welcome.

The Director of Children's Services & Education said that an update report could be submitted from the School's Standards Board in November 2022.

The Chair thanked Councillor Romero for her update on behalf of the Panel.

34 BSW CCG / INTEGRATED CARE BOARD UPDATE

The Chair introduced the report to the Panel and explained that a representative of the Board was unable to attend and therefore any questions would be responded to in writing. A copy of the update will be attached as an online appendix to these minutes.

The Panel had no questions regarding the update.

35 CHILDREN'S TRANSFORMATION PLAN & MENTAL HEALTH UPDATE

The Chair invited Jane Rowland, Associate Director of Mental Health Transformation (BSW ICS) to address the Panel.

Jane Rowland gave a presentation to the Panel entitled 'B&NES Child and Adolescent Mental Health Update', a copy of which will be attached as an online appendix to these minutes and a summary is set out below.

She said that colleagues from Oxford Health would like to attend a future meeting of the Panel to provide a further update.

Aligning priorities – MH and BSW Model of Care

- Working together to empower people to lead their best life
 - Starting well
 - Living well
 - Ageing well
- Personalised care – We want health and care to be right for every individual – not 'one size fits all'
- Healthier communities – We want people to live in communities that help them to live healthier lives
- Joined-up local teams – People from the NHS, local authority, third sector and other partners will form teams together and we will have the right teams in your area
- Local specialist services – We will provide more access to routine appointments, tests and treatments closer to where you live
- Specialist centres – Our specialist centres like hospitals will focus less on routine care and more on specialist health and care

Context – Population

NHS England benchmark data for us every year in relation to Child and Adolescent Mental Health Services.

B&NES has a lower percentage of the population aged 0 – 18 that receive these services. Swindon has the highest across the BSW footprint.

Context – Needs

B&NES is higher than the national median and mean for the percentage of school pupils with social, emotional and mental health needs.

Important to consider this when we structure the services required within our local communities.

National context

Covid has had an effect on the mental health of children and young people – this cannot be underestimated.

Referrals to CAMHS increased significantly during the pandemic.

Regional context

The number of referrals accepted by Oxford Health (BSW) is high in comparison to other South West areas and that should be seen as a positive. This shows that the right number of children and young people are being referred to receive the services they need.

Waiting times

Oxford Health (BSW) performs really well in terms of waiting times and is low in comparison to neighbouring areas.

There is a need to try to provide access to local services whilst waiting for actual CAMHS treatment to lessen the impact of waiting times.

Key findings (BSW)

Overall our children and young people are less affected by income deprivation and their mental health needs are slightly lower than the national average.

The number of children and young people in need due to abuse / neglect is also lower than the national average.

We are however higher than the national average for the number of school pupils that have with social, emotional and mental health needs and the number of 16 – 24 year olds who are not in education, employment or training.

Meeting the challenge of CYP MH and Wellbeing in 2022

Local and National Plan:

- Improve access rates to our services for children and young people
- Creating the right service models with a particular focus on the needs of 16 – 25 year olds
- Think carefully about how to provide Eating Disorder services as this can often be a co-presenting condition alongside their mental health status.

Response:

- Work closely with colleagues in Education and Social Care and the community to provide a more joined up wrap around response for our children, young people and their families.

Recovery:

- Workforce has been particularly impacted by Covid and we need to learn how we can move forward and continue to implement the plans we have.

Vision of a CYP offer

- Place children, young people and families at the heart.
- Locally tailored version of the nationally recognized 'i-Thrive Model'
- Evidence based support and treatment available close to home in community settings.
- Accessible integrated and flexible targeted and specialist community mental health service.
- No wrong door – Access to good advice and support through one place, a single, simple point of access for our children and young people.

Future model of provision

i-Thrive Model

- Getting Advice – Those who need advice and signposting
- Getting Help – Those who need focused goals-based input
- Getting More Help – Those who need more extensive and specialised goals-based help
- Getting Risk Support – Those who have not benefitted or are unable to use help, but are of such a risk that they are still in contact with services.

There are principles that underpin all these elements:

Common language reflecting the framework – moving away from use of 'Tiers'.

Needs-Led – making sure that care and treatment is personalised to the individual and their family and is not based on disease or severity.

Shared decision-making – in partnership with children, families and carers.

Proactive prevention and promotion – with a focus on whole community response and strengths based approaches.

Outcome informed – continuous review, goal based.

Reducing stigma – mental health and wellbeing is everyone's business.

Accessibility – timely intervention for the child and family, where they are in their community.

Where are we now

Community based support and one off contacts: Local support offers in place (eg Off the Record), alongside Kooth – digital activity has dropped post Covid.

Mental Health Support Teams (MHSTs) in place across BSW. B&NES: 2 Teams, referral rates at c. 60% for one team, 5.9% for other.

Community CAMHS: Demand and complexity increasing, with associated impact on access rates.

CAMHS Crisis: Local CAMHS Liaison team in place at RUH, operating well but demand rising.

CAMHS Inpatient: National shortage of inpatient CAMHS provision, new approaches being taken to keep more children at home in the community.

Ambitions for the coming year

- Embedding i-Thrive across our whole system – mapping community assets, linking with education and social care, supporting children and young people in their communities.
- Investment and improvement in access times for children and young people – meeting the NHS England Long Term Plan target.
- Addressing the needs of children and young people with Eating Disorders – implementing:
 - FREED – First Episode Rapid Intervention for Eating Disorders
 - ARFID – Avoidant Restrictive Food Intake Disorder
 - ALPINE – Assessment and Liaison for Paediatric Inpatients with Eating Disorders

If you can positively intervene within the first three years of presentation this is more likely to recover that child and prevent the disorder continuing into later life.

Developing our 16-25 pathways, ensuring that we provide the right support that meets the specific needs of young people entering early adulthood.

Links being built with our Universities in Bath to support young people that come here that may already have mental health needs.

Working with our Provider Collaborative (which oversees inpatient services across our geography) to implement a Hospital at Home service, keeping more children and young people at home but with the right support from CAMHS.

Working across providers to support children and young people who may have co-presenting neurodevelopmental and mental health needs.

Councillor Paul May commented that it was good to hear that a joined up approach to the transition between child and adult mental health services is being looked at.

Jane Rowland replied that Oxford Health and AWP jointly lead the work involving 16 – 25 year olds and are absolutely working together to think about the pathways for that cohort of young people and how their needs can best be met. She added that Family Therapy was a good example of how work can be extended to 17 / 18 years of age.

She stated that Primary Care and our Third Sector partners are also involved in this element of work as children, young people or their families often present to their GP in the first instance.

Councillor May said that he felt that i-Thrive was a brilliant model and asked if that was in use within Adult Mental Health Services as well.

Jane Rowland replied that Adult MH Services do not have the same standards that wrap around it, although it very much was looking to provide services on a needs led approach.

Councillor Liz Hardman asked what the threshold was for receiving a referral in respect of a child / young person with an eating disorder. She also wanted to know how much FREED was currently being used locally.

Jane Rowland replied that money had been invested in FREED this year to support its rollout across our communities and said that it does come with a challenge to have enough workforce in place. She acknowledged the need to get children and young people into the system sooner and support them.

She said that she would speak to colleagues to seek further information in relation to threshold figures. She added that Third Sector partners are also supporting this work in an effort to make it clear that there are places to go if they have concerns.

Councillor Hardman asked how much involvement with schools do the Mental Health teams have.

Jane Rowland replied that the Mental Health Support Teams are a nationally mandated model, of which there are two in B&NES. She added that they had recently had a successful meeting with Olwyn Donnelly, Head of Education Commissioning in B&NES about whether it would be possible to provide some specific low level support for Mental Health & Wellbeing for schools and in particular those pupils who are on the verge of being referred to the Home Education Referral Service.

Councillor Gerry Curran asked if a connection was required between the Disabled Schools Team and Social Workers with regard to those children with neurodevelopmental and mental health needs.

Jane Rowland replied that as this work is progressed it will more than likely seek to involve Social Workers at some stage. She added that it will also be important to link the work back to schools through the pupil's EHCP.

Councillor Curran asked if any stats were available on the numbers of children and young people who receive therapy treatments and those in receipt of medication as a result of their diagnosis.

Jane Rowland replied that she would need to check on those figures and reply to the Panel in due course.

Councillor Andy Wait asked if B&NES was an area where mental health services are in greater demand than the rest of the country.

Jane Rowland replied that the need was still high across B&NES, but offered a note of caution as this statistic covered social, emotional and mental health needs. She added that further analysis might be required to understand whether local children and young people are more aware of services that can be provided or more informed about these types of needs.

She added that that the information was gathered by Public Health England as part of their Fingertips data.

Councillor Wait asked how the evidence for the 'Evidence based support and treatment available close to home in community settings' is collected and whether it was qualitative or quantitative.

Jane Rowland replied that FREED, ARFID and ALPINE are all evidence based models and will have been developed nationally and will be both qualitative and quantitative in terms of how those models are derived. She said that it was a blend of evidence that was gathered and some would be based on the National Institute for Clinical Excellence, a national standard that we have to meet.

She added that they are trying to learn from other organisations both nationally and locally about what works well for children and young people, then to ask those in receipt their view and to then replicate that or extend it.

Councillor Wait asked if the national data was usually quantitative.

Jane Rowland replied that it was and gathered from a range of sources.

Councillor Paul May commented that it would be helpful for the Panel to see statistics for Bristol at some stage as we have some residents that live on the border and might be directed to services in that area. He asked if she and colleagues would be involved in discussions on the new Local Plan for B&NES in terms of housing and the provision of services that might be needed as a result of any developments.

Jane Rowland replied that they do by contributing to and supporting the work of the Joint Strategic Needs Assessment (JSNA) where there is a specific chapter that focuses on the needs of children and young people. She added that they are also involved with the Community Infrastructure Levy (CIL) and discussions in support of Council driven initiatives.

She added that they were just about to start to refresh the B&NES, Swindon & Wiltshire Mental Health Strategy and that the children and young people's element

will be a feature of the strategy. She stated that they will look to set out priorities for the area, put in place support for early access points and initiatives that involve communities as much as possible.

The Director for Children's Services & Education commented that children and young people's mental health has been a feature of the recent JSNA work and that the Children & Young People's Health & Wellbeing Survey was ongoing and the results of this were likely to be available in September and will feed into the work of the BSW Mental Health Strategy refresh.

The Chair thanked Jane Rowland for her presentation and attendance on behalf of the Panel.

36 CHILDREN AND YOUNG PEOPLE'S PARTICIPATION UPDATE

The Director of Children's Services & Education introduced this report to the Panel. She said that it outlined the rationale and next steps that will be taken to ensure a wider engagement plan for children and young people.

She said that an event was due to take place on July 20th with young people to discuss local decision making.

She stated that the current contract with Off The Record (OTR) 2021-2024 will be delivered within the current financial envelope.

She added that the proposal has the support of the Cabinet Member for Children and Young People, Communities.

Councillor Liz Hardman said that she agreed with the recommendations from Off The Record to be more inclusive in the delivery of children and young people's participation by focusing more on the Youth Forum. She added though that the Youth Member elections were always an excellent opportunity for young people to participate in an electoral process.

She asked if OTR could still support the UKMP elections in BANES by promoting them through other networks.

The Director of Children's Services & Education replied that OTR would still support anyone who wants to stand in this election.

Councillor Hardman commented that the newly formed Bath Student Parliament sounds a very exciting project and said she had noticed that we are supporting the development and expansion of it. She asked if there is anything in place yet to include schools in North East Somerset.

The Director of Children's Services & Education replied that the Strategic Commissioning Officer will follow up directly with OTR about participation of North East Somerset young people. She added that they would welcome any updates on local youth groups from across the Council and would support their interaction with the Youth Forum.

Councillor Hardman asked how local groups will be informed of events held by the Youth Forum as they are normally informed by Youth Connect South West.

The Director of Children's Services & Education replied that Youth Connect South West works alongside the Youth Forum and that OTR will seek to promote future network events as widely as possible.

Councillor Paul May commented that he has a long-term connection with OTR and asked if there will be a recommissioning process in the future and an assessment made of what has worked / not worked.

The Director of Children's Services & Education replied that the participation contract would be reproced at some point in the future and it would be hoped that the best provider would be successful. She added that within the contract it would be specified for the need to work with and support the Youth Forum on the wider participation of children and young people in BANES.

Councillor Andy Wait explained that he was a lead mentor for Keynsham Now, a similar organisation to OTR, and had noticed a change in emphasis from OTR and the Youth Parliament. He said that recently contact with OTR had increased and had included their attendance at a meeting in Keynsham and that Keynsham Now had chosen OTR as their charity to raise money for at the Keynsham Music Festival at the weekend.

He stated that he was pleased also that Keynsham Now representatives have been invited to the event mentioned on July 20th.

He said that he welcomed the proposed changes and that it made sense to spread involvement across the Council. He added that it had been a long-term campaign of his to get more young people involved in politics and representing their local communities.

Councillor Ruth Malloy commented that the type of voting system used for the Youth Parliament elections may have an effect on the involvement of young people and that their voices are likely to be heard more through proportional representation.

The Chair suggested that a group of young people could address a future meeting of the Panel or the Council to illustrate their work and the support required.

The Director of Children's Services & Education said that she would pass that message on and felt sure that the invitation would be accepted.

Councillor Paul May queried whether the Panel should have a standing invitation on its agenda for a member of the Youth Forum or similar group to be able to attend.

Councillor Andy Wait said that Keynsham Now has a standing item on the agenda for each Keynsham Town Council meeting and he could enquire if a representative would like to address the Panel. He added though that the problem could be in the timing of the meeting and their attendance at school.

The Panel **RESOLVED** to note and approve the changed approach proposed by Off The Record to the restructure of the B&NES Youth Forum.

37 YOUTH JUSTICE PLAN 2022-23

The Director of Children's Services & Education introduced this report to the Panel. She explained that the Local Authority has a statutory duty, in partnership with Health, Police and Probation, to produce an annual Youth Justice Plan and that the Plan sets out how services are to be organised and funded and what functions they will carry out to prevent youth offending and re-offending across Bath and North East Somerset.

She stated that the Plan is also due to be presented to Cabinet, then Council for approval and then submitted to the national Youth Justice Board (YJB).

She also gave the Panel a presentation on the matter, a copy of which will be available as an online appendix to these minutes and a summary is set out below.

Crime and Disorder Act 1998

- Establishment of multi-agency Youth Offending Teams (YOT)
- Council as lead partner, with Health, Probation and Police Services having a duty to co-operate and help resource
- Statutory purpose to prevent children offending
- Requirement to produce an annual Youth Justice Plan
- Receipt of national grant dependent on submission of the Plan

Child First Principles

1. See children as children – Prioritise best interests of children, recognising their particular needs, capacities, rights and potential. All work is child-focused and developmentally informed
2. Develop pro-social identity for positive child outcomes – Promote children's individual strengths and capacities as a means of developing their pro-social identity for sustainable desistance.... All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society
3. Collaboration with children – Encourage children's active participation, engagement and wider social inclusion. All work is meaningful collaboration with children and their carers
4. Promote diversion – Promote a childhood removed from the justice system, using pre-emptive prevention, diversion, and minimal intervention. All work minimises criminogenic stigma from contact with the system.

Prevention and Diversion

- Rate of children coming into justice system is lowest it has been since 2000

- More children go to Out of Court Disposal Panel or are diverted by Police

Re-Offending after 12 months

- Latest comparative data is for July 2019 - June 2020 cohort
- 32% children re-offended, lower than all comparators apart from 'family' group (31.5%)
- Of those who did re-offend, the average number of new offences was 2.88, much better than all comparators (range from 3.61 – 3.9)

Custodial sentencing

- Number very low – none in the last 12 months. Also, no custodial remands in the last 12 months
- Strong community proposals have enabled Court to sentence in the community
- Wider context of considerably reducing child custodial population

Strategic Priorities

1. Strengthen participation – Children's, parents'/carers' and victims'. YOT Management Board meetings to begin with either a case study or an item that highlights the 'Voice of the Child'.
2. Address disproportionality – Black and dual heritage children, girls and those with SEND
3. Extend practice models – Trauma informed, systemic and restorative practice
4. Tackle exploitation – Contextual safeguarding audit, serious violence duty and drugs and alcohol legislation
5. Support workforce – Including health and wellbeing, return to Keynsham Civic Centre training and development and Inspection readiness.

Councillor Liz Hardman said that she had submitted three questions regarding this report and was aware that responses had been given in writing by the Head of Young People's Prevention Services. These are set out below.

It was good to see that there have been reductions in first-time entrants into the Youth Justice system and numbers reoffending. However there still is the concern about children from BAME backgrounds being over represented in the criminal justice system.

It's very interesting to note that a correlation has now been made between fixed term and permanent exclusions and effect these have on making children vulnerable to antisocial behaviour and offending. I believe we do not have any figures on the numbers being excluded who are of BAME backgrounds. The Lammy report due in July should give us more information about this.

Q1: In your work plan you do say a strategic priority is addressing disproportionality. How you will do that is to address the recommendations in the Avon and Somerset criminal justice board identifying disproportionality. Can you explain how you will achieve this?

The Youth Justice Plan that was circulated was a draft version and further work has been done on it since, in response to feedback received. I apologise that the draft was muddled in how it described the Lammy Report which was actually launched on 29 April 2022.

Reply: There are 83 recommendations across the criminal justice system, many arising from insufficient data (as David Lammy found in his original review published in 2017). It has been agreed that all those relating to the work of the YOS and Inclusion Services in B&NES will be overseen by the YOS Management Board, but there may also be an Avon and Somerset-wide group looking at the links between lack of engagement in education and youth offending across the 5 Local Authorities. I have started some work with our HR department, looking at disproportionality in our staff group and how we can encourage a more representative field of applications when we advertise vacancies; this will feed into wider work in the Council, and of course, our statutory partners are also asked to look at these issues regarding the staff they employ for the Youth Offending Service. At a more operational level, a multi-agency group recently convened by Jason Pegg from Black Families Education Project, will be working to address exclusions and the Violence Reduction Unit is looking for ways to continue its Education Inclusion offer of one-to-one support for children at high risk of permanent exclusion, coupled with strategic support for schools. Across Avon and Somerset, Chief Constable Sarah Crew will be chairing a group to oversee all the responses to this report and I imagine the work flowing from it will remain high profile and be receiving attention for some time. I will be drafting an action plan specifically for the YOS, drawing on the Identifying Disproportionality recommendations and those made in the recent thematic Inspection on Black and Mixed Heritage Boys in the youth justice system.

Q2: For post 16 children, the numbers who are NEET working with the YOS have been much higher than the national NEET percentages for this age group. I see that a lot of support has been put in place for these young people. With this support have the numbers been reducing from 32% to more like the national average between two and 3% or it is too early to say?

Reply: NEET children – whilst the number we see in the youth justice system is unacceptably high, given the correlation between lack of engagement in education, training and employment and involvement in offending, we have to accept it will always be higher than the national average. The recently published thematic Inspection of ETE in YOSs found that 39% of the case sample reviewed who were over school age were not in education, training or employment, an even higher proportion than in B&NES. The YOS now works with a smaller cohort of children and is able to provide very hands-on support where needed, including supporting attendance at College and for interviews etc. A multi-agency group chaired by Leigh Zywek has just been established to look at the NEET issue and the YOS will be getting involved with this work.

Q3: It is worrying to see that more than half of those known to the YOS have some special educational needs or disability, with numbers increasing. Is there any special needs support in place for these children? Is Compass the only team that is supporting these children?

Reply: The YOS has a very proactive Education Officer who contributes to meeting needs and improving outcomes for all YOS children with SEND, as do practitioners across the team. They are pleased to work well with the local SEND team who were recognised as 'good' in their last inspection.

Councillor Paul May commented that it was important that the system works so well and it was a credit to all involved that it does.

Councillor Andy Wait asked how more substantial academy attendance data could be provided to the Avon & Somerset Police Scrutiny Panel and whether the Council had the same problem.

The Head of Education Inclusion Service replied that the Council does also have some difficulty in receiving this information. She added that it is provided by most of the academies, but it can depend on how the Liquid Logic system interprets it. She added that it was possible that the Children Missing Education team could help provide the data.

She said that the Council retains attendance information until the young people are 16 and then it is retained by Youth Connect.

Councillor Paul May said that he would like the Panel to be sent the report of the HMI Probation inspection of B&NES Youth Offending Service when it has been carried out.

The Director of Children's Services & Education replied that they were preparing for an inspection in the near future and had carried out a Self-Assessment at the recent YOT Development Day. She added that this could be shared with the Panel.

Councillor May said that he would welcome that.

The Chair read out two questions that had been submitted by Kevin Burnett. The Head of Young People's Prevention Services had provided a written response and these are set out below.

Q1: Please could it be explained where in the workplan is the preventative work with schools and the Youth Forum to address and support vulnerable pupils in terms of attendance, exclusions, SEND and NEET, and what does this work involve?

Reply: The Youth Offending Service has a dedicated Education Officer who works with all children known to the Service who experience difficulties with engagement in education, training and employment. The Work Plan includes an action to address the high proportion of children with SEND known to the youth justice system ('convene a working group with key local authority managers to consider and investigate disproportionality issues for children with SEND in the youth justice system and formulate a response and action plan in light of the Thematic HMIP

Thematic Inspection of Education, Training and Employment Services in Youth Offending Services in England and Wales’). Since this version of the Youth Justice Plan was drafted, in response to other feedback, there is now a second, broader action in relation to other aspects of this same thematic inspection report (‘develop and deliver local responses to recommendations in HMI Probation’s thematic inspection’).

In addition, in the last 6 months, one of the YOS’s Compass workers has taken on temporary additional hours to provide one-to-one support for children at high risk of exclusion. This has been funded by the Violence Reduction Unit through an additional in-year grant, and the work to take this initiative forward sits within the Serious Violence Work Plan. Through the Education Inclusion Project, a full-time officer based within the Education Inclusion Service has worked closely with schools to help them work on constructive responses to children’s behaviour and has also worked at a strategic level to review policies and produce a schools’ toolkit. The Compass Worker offered short, focused interventions with children and their parents/carers, typically across just 6 weeks, building on a model established in Bristol. Both strands of this work have received positive feedback from schools and it is believed they have helped support a reduction in permanent exclusions this year.

Q2: Please could someone explain more about the Ofsted recommendation re: ‘return home interviews’?

Reply: This is what Ofsted said:

- When children return after having been missing from home or care, the learning from conversations held with them is not consistently well used to reduce the likelihood of them going missing again or to identify any wider patterns or trends.
- There is an inconsistent approach to how return home interviews (RHI) are conducted and recorded. Many RHI forms are blank or not easily accessed on the child’s record once they return safely, meaning that social workers cannot easily analyse why children went missing, whether risks are escalating and how to help reduce these risks. This also undermines the ability to draw together themes arising from episodes of children going missing and wider intelligence.
- What needs to improve? How effectively children are supported to take up return home interviews, and how well the learning from interviews is used to reduce the likelihood of them going missing again and to identify any wider patterns or trends.

Compass hold dedicated return home interview meetings as the children they see are mostly not known to Social Care, and they record them on a standard template. Children who take up the offer of a return home interview sometimes choose to have this with their allocated Social Worker who may talk with them about the missing episode as part of their next contact and record this in a file note rather than on the standard template. We are addressing this but our priority is to increase the number of children accepting the offer of return home interviews. SC is now chairing a multi-agency task and finish group including one of the Youth Ambassadors, to review

processes and practice and update the Missing Protocol. In turn, this will enable us to run more accurate reports and understand this cohort of children better and be able to plan how better to support them not to go missing again.

The Panel **RESOLVED** to note and approve the plans for the delivery of youth justice services in the year ahead.

38 PANEL WORKPLAN

The Chair introduced this item to the Panel. She said that during the course of the meeting she had noted that they wish to propose the following items to be added to the workplan.

- Invite St. John’s Foundation to talk about their work within schools
- Exam Results
- School Standards Board update

Councillor Dine Romero also offered to bring an update report on ‘Addressing Inequalities’ to the Panel.

The Panel **RESOLVED** to approve these proposals.

The meeting ended at 11.50am

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel,
Tuesday, 5th July 2022, 10.00 am**

Lead Member PDS Report

Items for Cabinet Members

Examinations & supporting the performance of our vulnerable pupils

For the first time in two years, young people in B&NES will have begun to sit their GCSE and A-Level Examinations and Primary children will have received their SATs. We wish all of them the best of luck.

As things have returned to normal and in line with DFE advice, we will begin to collect the results of our children's education performance, this will include highlights of GCSE & A Level Performance in the August of this year and an examination of all Education results in time for PDS in March 2023.

We expect Schools in B&NES for most pupils to perform well and above national averages. As ever, we will be keeping a close eye on the performance of our disadvantaged cohort of children.

Despite the pandemic, we have continued to work on developing strategies for this group of children to achieve in line with their peers. As previously reported to PDS, Officers in the LA have worked alongside the St. Johns Foundation to develop specific programmes to improve the results of our disadvantaged cohort of children.

Early Years

In the Early Years, our Language Life Programme is in its second year and we will look to see some early results of the impact of this programme later this summer.

<https://blogs.stjohnsbath.org.uk/blog/language-for-life-initiative-launches-for-under-5s>

Targeted Intervention

St Johns, with the support of the LA, has rolled out their Primary Empowerment programme, aimed at seven schools in B&NES with the most significant disadvantaged gap; this programme is coming to the end of its first full year of implementation. The programme is valued by the schools involved and we will share any formal learning as we receive it.

<https://blogs.stjohnsbath.org.uk/blog/primary-empowerment-programme-begins>

Whole area approach

Finally, the Local Authority is embarking on an area-wide programme to understand why our disadvantaged children don't achieve as well as they can and how we can improve this.

This Improving Disadvantage Educational Outcomes Programme (IDEOP) has developed with school colleagues and LA officers and is supported by the St John's foundation as joint commissioners.

The first phase of this programme is the discovery & research phase. This phase is being commissioned and interviews are held to appoint the most appropriate provider for B&NES for the start of the next academic year. The second phase will oversee the implementation of learning and the third phase will consider impact and recommendations.

Virtual School

You will remember from previous updates that our Virtual School has successfully delivered a pilot to expand its role to support Children in Need and Children on Child Protection Plans. This was completed and the outcomes were feedback to the DFE. Following this, the DFE provided all LA's with funding to roll out this expansion across the country in the academic year 2021/22. Again this funding has been given to LA's with the expectation that this expansion will become a permanent feature of the Virtual School. This development would be very welcome.

Refugee and Asylum Seeker children

We continue to receive children from Ukraine via our Homes 4 Ukraine Scheme. We are liaising closely with our Academy school colleagues and have I have chaired an online event for Host families, which included a briefing on the admissions process. We have yet to receive DFE funding and guidance for these children, but we are hopeful that it will arrive before the end of term.

Independent Care Review

The final report of the Independent Care Review has been published and within it makes numerous recommendations with regard to a 'dramatic whole system reset'. It is suggested that it is a once in a generation opportunity to reset children's social care. Furthermore, it is proposed that the implementation of the recommendations be delivered at pace and with determination through a single five year reform programme. The government have announced that they will publish their response to the review and recommendations in the autumn 2022

Keynsham Civic Centre

Children's Services returned to Keynsham Civic Centre on 18/06/22- staff have welcomed the return to the newly refurbished office and the opportunity to sit within teams and colleagues across the council.

Early Help Conference

There is an Early Help Conference taking place on 12/07/22- there is an excellent agenda with a guest speaker from the Early Help Foundation and most importantly hearing from some families that access our services. Agenda attached, register interest with Lynett White Lynett_White@BATHNES.GOV.UK

1. Joint Strategic Needs Assessment (also called the Strategic Evidence Base)

The updated Strategic Evidence Base to inform local decision making will be published at the end of June / beginning of July. The following information and evidence will be published:

- Main document containing summaries of a variety of topics, c.130 pages
- Summary slide set
- Infographic summary document

- Background documents, e.g. adult substance misuse needs assessment from 2019, mental health needs assessment, etc.

Summary for B&NES:

- The overall picture of the population remains positive, with good outcomes
 - But these outcomes are not equally experienced, with existing inequalities still evident
- We are experiencing rapid changes in demand for services in the context of a national cost of living challenge
- We are also forecasting growth in housing, transport and employment, in the context of a commitment to reduce our carbon emissions, an ageing population and reducing wages
- It is still too soon to understand the longer term impact of the pandemic
 - But there is increasing evidence of worsening mental health and wellbeing
- We also have a lot more to learn...

2. Monkeypox

The Monkeypox (MPXV) outbreak in the UK continues to grow, and as of Sunday 26 June, there were 1,076 confirmed cases in the UK. Of these, 11 were in South West England. The number of cases by local authority is not being published at this time. Cases are expected to continue to rise further in the coming days and weeks. Currently the majority of cases have been in men who are gay, bisexual or have sex with men. However, anyone who has had close contact with an individual with symptoms is also at increased risk.

In B&NES, the diagnosis and treatment of any local MPXV cases is led by our sexual and reproductive health (SRH) service, the Riverside Clinic: this has been nationally mandated because SRH services are heavily experienced in viral diagnosis, analysis and contact tracing, and already have an infrastructure in place that is better placed to manage this type of infectious virus than other healthcare settings. Secondly, whilst Monkeypox can affect anyone, to date the vast majority of cases across England have been in men who identify as Gay, Bisexual or who have sex with other men, many of whom already have good contact and relationships with their SRH service.

Riverside Clinic has adapted its assessment and triage procedures to ensure that B&NES residents with MPXV symptoms can be identified and prioritised. This, along with implementing necessary infection control measures within the clinic and the ongoing identification of possible cases however are causing a substantially increased workload. As a result, Riverside is deprioritising some non-essential SRH care for B&NES residents to ensure they have capacity to cope with Monkeypox demand. The main impact is that B&NES residents may find our SRH service less accessible than they have been used to whilst the Monkeypox situation continues. For example, they may have to wait longer for non-urgent SRH appointments at Riverside.

All SRH clinics across the country are experiencing the same challenge as we are locally. The B&NES Public Health and Preventative Services team is working with Riverside, B&NES, Swindon and Wiltshire CCG, UK Health Security Agency and the British Association of Sexual Health and HIV to share good practice guidance and provide wider support. However we expect that SRH services, including Riverside locally, will continue to

be involved in MPXV work for at least the next six months, so these significant pressures will continue to be a factor for some time. Work is ongoing to ensure that vulnerable people, and cases of urgent SRH need can continue to be seen. We will continue to closely monitor the local epidemiology of MPXV cases and their impact on Riverside Clinic and will keep you updated as the situation progresses.

3. Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG)

The SSMTR Grant has been awarded to B&NES council to directly address the aims of the treatment and recovery section of the UK Government's 2021 [drug strategy](#) published on 6th December 2021. SSMTR Grant funding aims to support improvements in the quality and capacity of drug and alcohol treatment 2022/23 to 2024/25. B&NES has been successful in securing £322,760 (in 2022/23) from the Department of Health & Social Care revenue funding, which represents the first year of grant funding allocated in the Spending Review Settlement. This funding is managed by the Office for Health Improvement & Disparities (OHID) and is awarded for the Supplementary Substance Misuse Treatment & Recovery Grant (SSMTR Grant). In line with the national drug strategy the funding will support the increase in the number of treatment places, prevent drug misuse and alcohol related deaths, optimise access to treatment for individuals referred from custody suites, courts and prisons and increase provision of residential rehabilitation. It will result in more people in treatment and ultimately in long-term recovery from substance dependence.

4. Children and young people

- The Children and Young People's Health and Wellbeing Survey is currently underway and 100% of secondary schools have completed it. Results are due in July. 74% of primary schools are now completing the questionnaires and results are due in September.
- B&NES continues to be the lead provider for the BSW Senior Mental Health Leads training. DfE data shows that engagement from B&NES schools (40%) is above that of England as a whole (35%). The programme was recently selected by the DfE for a deep dive evaluation and was rated as meeting all the quality standards with notice taken of the "*localised and tailored approach, grounded in a strong understanding of the local context*"
- A new Refugee Support section has been developed and added to the Early Help App. The [Early Help App survey](#) is still live until the end of August.
- The Take Action Today, Put them Away Campaign was launched during Child Safety Week by the B&NES Injury Prevention Partnership (a recording is available at <https://vimeo.com/720324117>). This is a national campaign aimed at preventing accidental poisoning at home and partners are now actively handing out resources and going through safety checklists with families.
- The Holiday Activity Food summer holiday programme is currently being finalised and bookings will be open on 1st July. There are 13 providers delivering varied and engaging activities and new programmes will be delivered in Peasedown and Paulton.

5. Leisure services

As part for the Tennis Participation Strategy, the tennis courts in Alice Park, Sydney Gardens and Keynsham Memorial Park have been refurbished at a cost of £600,000. An operator, West of England Sports Trust (Wesport), has been appointed who is responsible

for providing coaching and engagement programmes plus general maintenance. The courts have seen significant usage since the programme started in August 2021 with over 4300 people using the courts and a range of children and adult coaching programmes offered.

Odd Down Sports Ground is one of five sites managed by GLL in B&NES and currently includes a 1.5km cycle track, a 3G pitch, grass pitches, a cricket square and a car park. A new gym, a fitness studio doubling as community space, a climbing facility and Padel tennis courts are among the proposed improvements for this site. The new studio and gym are hoped to encourage more daytime visitors to enjoy the site and to be active. The studio would also be used as a space for community events. An additional pedestrian and cycle entrance, linking up with an accessible path around the site, will make the site easier for people to visit on foot or by bike. The project is a collaboration between the council and its leisure partner Greenwich Leisure Limited (GLL). Plans are currently out to public consultation. <http://new-banes-website-dev/odd-down-sports-ground-development-consultation/introduction-and-policy-background>

6. Violence Reduction Unit update

The work of the VRU is becoming more embedded following the announcement that it will be funded for another 3 years. B&NES will receive £178,086 this year (and a possible further £112,503 in each of the next 2 years, based on funding predictions from the Office of the Police and Crime Commissioner). Our local ambition, as part of the wider Community Safety and Safeguarding partnership, remains that local people should lead lives free of serious violence and we work across a wide partnership, focusing on preventative work with children but also looking to support others affected, including those with a street-based lifestyle. Last year saw a number of key developments in B&NES, including the appointment of a dedicated Co-ordinator, Sophia McKenzie, and a number of initiatives such as a project to support children at high risk of school exclusion, a pilot mentoring project and initial roll out of trauma informed awareness training. We were pleased to bring together the agencies we have worked with in our first serious violence conference to share learning, held online with over 130 professional participants, and opened by the Police and Crime Commissioner, Mark Shelford.

The latest needs assessment highlighted continuing concern about girls' involvement in serious violence, and the risks of exploitation into criminal activity including violence for children who are not engaged in school.. However, it also showed that reported knife crime has reduced in the last 12 months, as has serious violence overall, bucking a wider trend across Avon and Somerset. The Serious Violence Steering Group has signed off a work plan that includes procurement of continuing detached youth work in hotspot areas and a lived experience mentoring project. We would also like to work with the RUH to introduce a 'teachable moments' project, offering screening, information, sign posting and follow up contact to those who have been harmed by serious violence.

As we are already engaged in this work, we are well placed to meet the requirements of the new serious violence duty being introduced through the Police, Crime, Sentencing and Courts Act 2022. The national consultation is now live and runs until 21 July.

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Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Tuesday, 5th July 2022

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board update

The Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) came into being at one minute past midnight on Friday 1 July, following a successful transition from the region's former clinical commissioning group.

The new collaborative health and care organisation will have responsibility for providing £1.5 billion of services to the people of Bath and North East Somerset, Swindon and Wiltshire.

The new Integrated Care Board replaces Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group which has now been dissolved.

Officials from the new organisation met during a virtual day one meeting in public on Friday 1st July. The next meeting of the ICB will take place on Tuesday 30 August.

As a sovereign statutory body, the ICB will work collaboratively to improve outcomes in population health, provide better joined-up care, reduce health inequalities and enhance productivity and value for money, while also helping the NHS support broader social and economic development.

The board itself will sit within the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System, known as BSW Together.

This is a wider network of local health and care organisations that will plan and organise how health and care services can be delivered across the region, while also committing to give local people and communities a louder voice in how services are provided locally.

B&NES Director of Place appointed to BSW ICB

Laura Ambler has been appointed as Director of Place for the B&NES locality in the new Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board.

Laura joins from the West of England Combined Authority and previously the Local Enterprise Partnership – where she was leading on place-making functions that have a direct impact on wider health determinants including integrated planning and housing, place-making and green infrastructure programmes

She is a collaborative senior leader who brings with her extensive experience from over 20 years of successful partnership working with local councils, their external delivery partners, government agencies and businesses.

Laura's key strength is her ability to bring stakeholders together to effect change locally. She is passionate about the intrinsic role of place in achieving better life outcomes and wellbeing, and actively promotes this at every opportunity.

Laura has been a mentor with the Royal Town Planning Institute, a Board Member of the Local Nature Partnership and Vice Chair of the Sustainable Growth Board for Association of Directors of Environment, Planning and Transport.

New health and wellbeing centre for Radstock and the surrounding area

A new state-of-the-art health and wellbeing centre is set to open in Radstock on Monday 18 July, providing local people with access to expanded GP services, a children's centre and health and wellbeing support.

The Hope House Centre will provide a new home for the town's Hope House GP surgery and children's centre as well as offering a range of other services such as minor operations, chronic disease management and family planning.

It will also offer physiotherapy, a diabetes prevention programme and counselling services which local people would otherwise need to travel to further afield to access.

The Hope House Centre incorporates a Community Health and Wellbeing space supported by the Radstock and Westfield Big Local Partnership, with a Big Local grant administered on behalf of the Big Lottery Fund. This space will allow for local voluntary organisations such as Bath Mind and Southside family project to provide additional mental health support, as well as space for child and parent groups, exercise programmes, family support, general health improvement programmes and a meeting area for the local community.

Covid update

Latest figures for our Covid vaccination programme show that in BSW 2,289, 067 vaccines have been delivered. In B&NES 174,380 people have received first doses and 166,882 received second doses.

Figures show that there were 2169 cases of Covid-19 reported in the 7 days to 25th of June, with 448 of these cases being reported in B&NES.

While the number is much lower than at previous points during the pandemic, a small proportion have still needed medical intervention, with the region's three large

hospitals – the Royal United Hospital in Bath, the Great Western Hospital in Swindon and Salisbury District Hospital – caring for a combined total of 91 Covid-19 patients.

However, local vaccination rates remain strong, with approximately 85,000 people having already had a booster vaccine, which is equivalent to around 82 per cent of all who are eligible.

BSW ICB has been running a public awareness campaign targeting those who are eligible for a spring booster vaccine, but have yet to come forward, to do so.

Having the top-up dose before the end of June will provide protection for these people during the summer month and also ensure the individual will be able to receive the autumn booster jab as soon as the vaccines become available.

Currently, people aged 75 and over, as well as care home residents and those aged 12 and above with a weakened immune system, are eligible for the spring booster vaccine.

Getting the top-up dose, which for most people will be their fourth Covid-19 vaccine, is the best way to prolong the immune-boosting effects of previous vaccinations, which should keep serious cases of coronavirus at bay.

RUH oversees recruitment drive

Diversity in healthcare has been celebrated with the milestone of 300 nurses relocating from overseas to work at the Royal United Hospitals (RUH) Bath NHS Foundation Trust, as part of the hospital's recruitment strategy.

The RUH launched an international recruitment campaign in 2018 and has since welcomed nurses from countries all across the world including the Philippines, India and Tibet.

Filling nursing vacancies is a challenge shared across the whole NHS, and international recruitment is just one important part of the RUH's overall recruitment strategy.

Other initiatives include apprenticeships, supported re-entry routes for qualified nurses and midwives who have left the profession but wish to return, and supervision and mentorship for students taking a traditional degree-led training pathway.

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B&NES Child and Adolescent Mental Health Update

B&NES, Swindon and Wiltshire Mental Health Transformation Strategy

#BSWmentalhealth
"Talk about it & break the silence!"

Believe in Yourself

Transparency!

Share all the info

Work together

Next Steps

Small things make a BIG difference

What people can do to help & support there is always HOPE

- Need expert support when in crisis
- The right intervention at the right time
- Good to Great Communication
- Include family & friends
- Value mental health crisis equally with a physical crisis

What it is like living with a mental health condition

Recovery is about the whole of me!

What needs to be different?

FOCUS ON

24/7 Mental Health crisis team

Follow on Project JAZZ

www.newpossibilities.co.uk

Aligning priorities – MH and BSW Model of Care

BSW Model Care

Working together to empower people to lead their best life

Starting well → Living well → Ageing well



Developing our workforce
Over 34,000 people work in health and care in BSW. We are establishing the BSW Academy to unite and develop our workforce by investing in leadership, learning, innovation, improvement and inclusion.



Using digital by default
We will make full use of digital technology and data to improve health and care for people in BSW. We will make sure that all our teams and services are inclusive for people with limited access to technology.



Building facilities of the future
We will invest millions of pounds to improve our specialist centres, to build new community facilities and to buy more equipment.



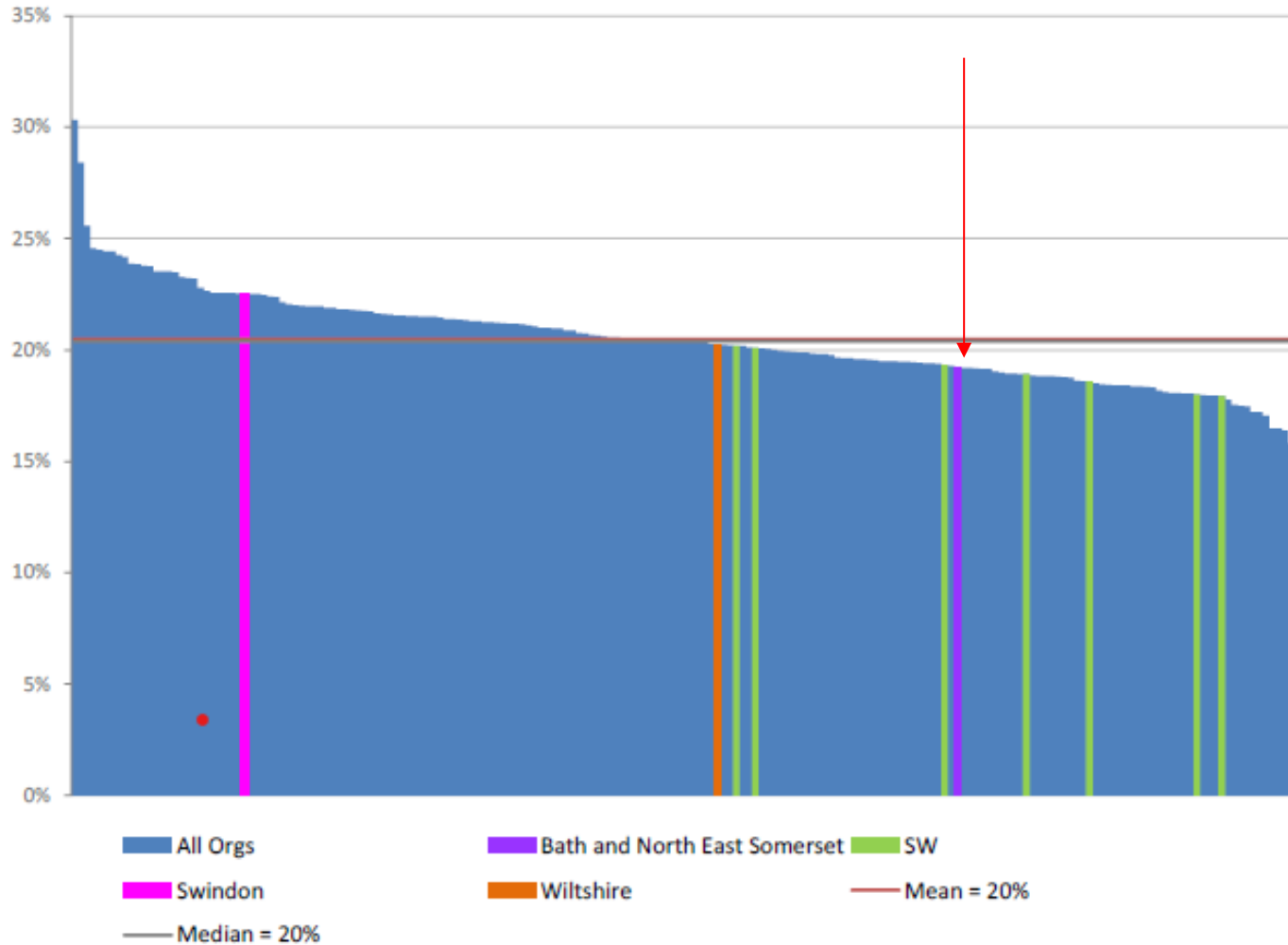
Financial sustainability
We will make the best use of our combined available resources to deliver high quality care.

1. Personalised care
 - We want health and care to be right for every individual – not “one size fits all”
2. Healthier communities
 - We want people to live in communities that help them to live healthier lives
3. Joined-up local teams
 - People from the NHS, local authority, third sector and other partners will form teams together and we will have the right teams in your area
4. Local specialist services
 - We will provide more access to routine appointments, tests and treatments closer to where you live
5. Specialist centres
 - Our specialist centres like hospitals will focus less on routine care and more on specialist health and care

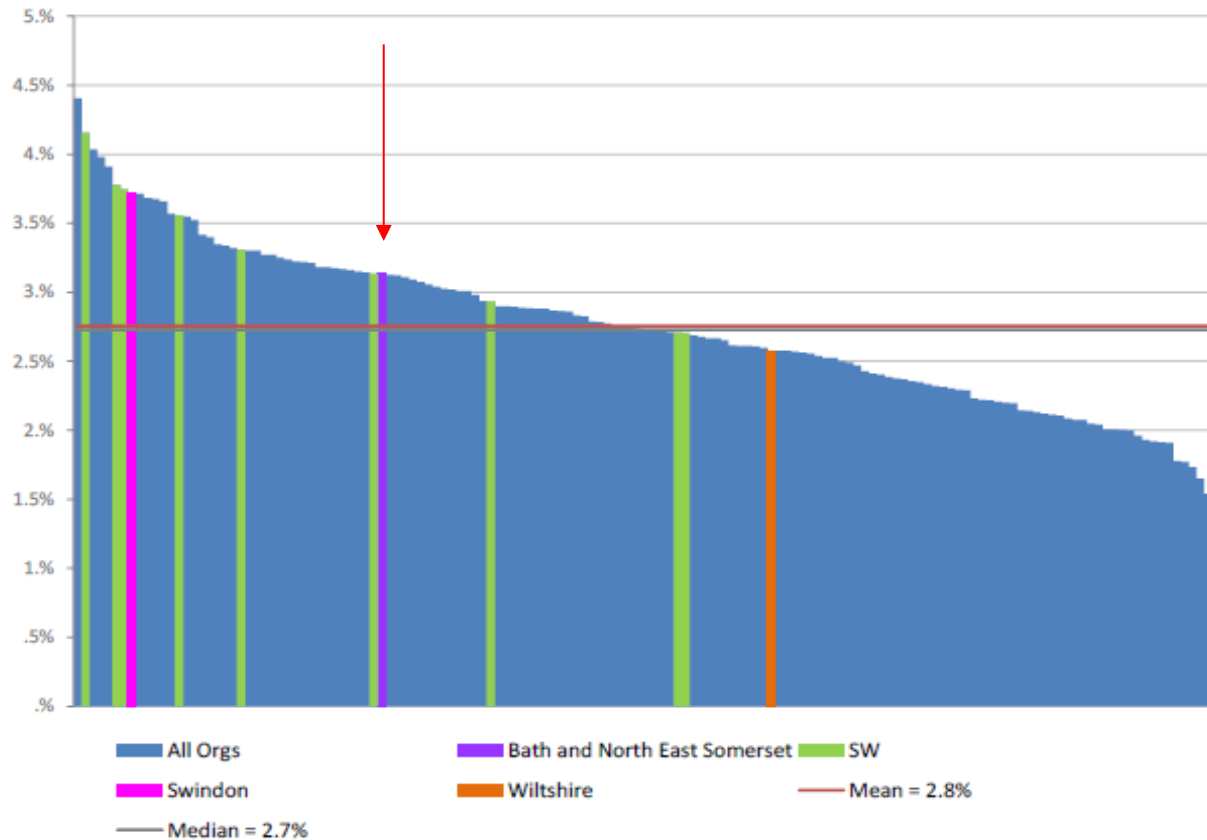
Context - Population

Percentage of the population aged 0-18, 2019/20 (Source: NHS England)

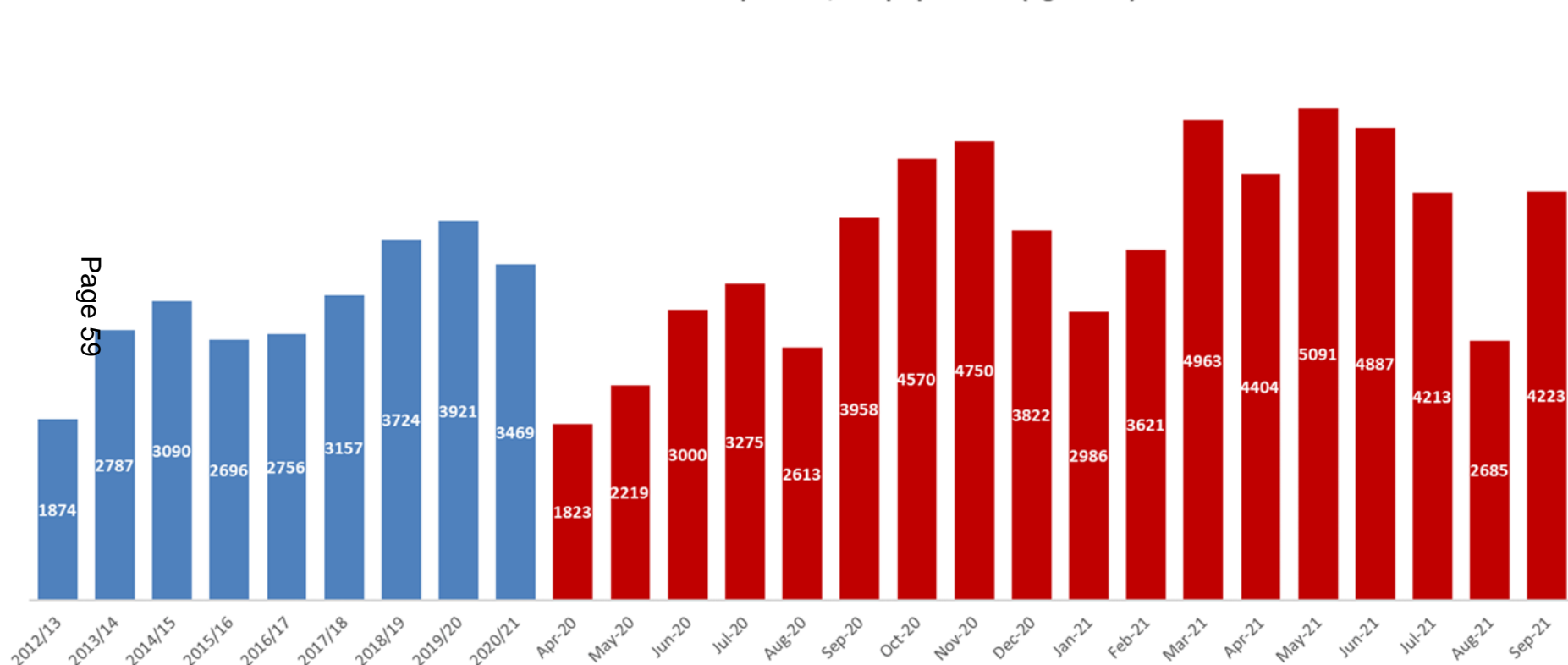
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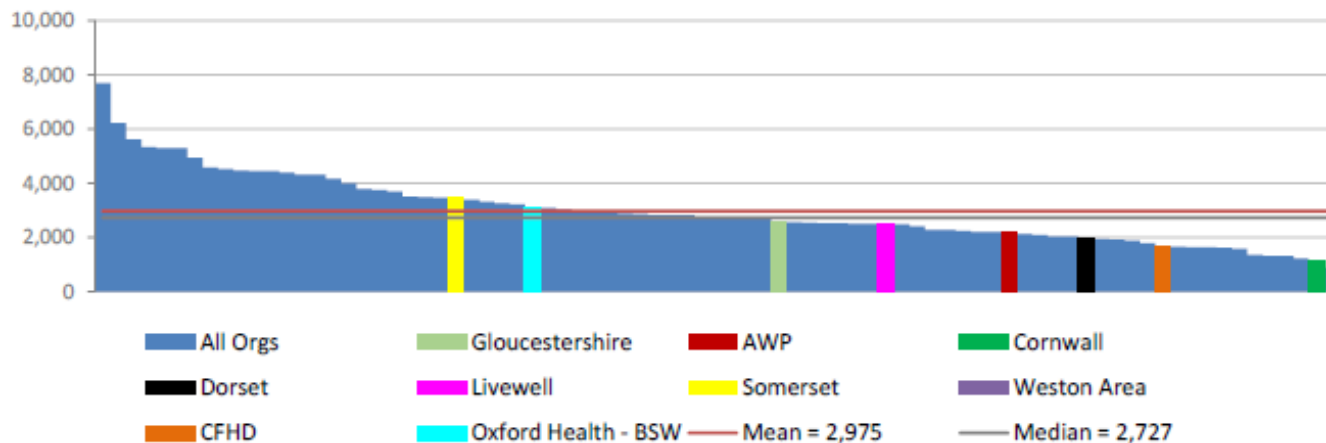
Percentage of school pupils with social, emotional and mental health needs, 2020 (Source: PHE)



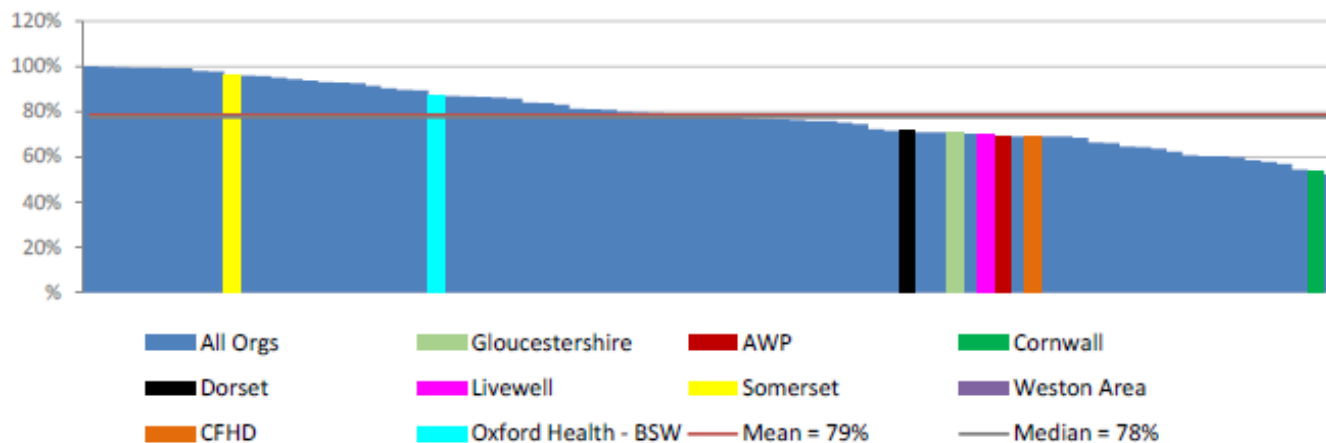
Referrals received per 100,000 population (age 0-18)



Number of referrals accepted per 100,000 population (0-18) 2019/20

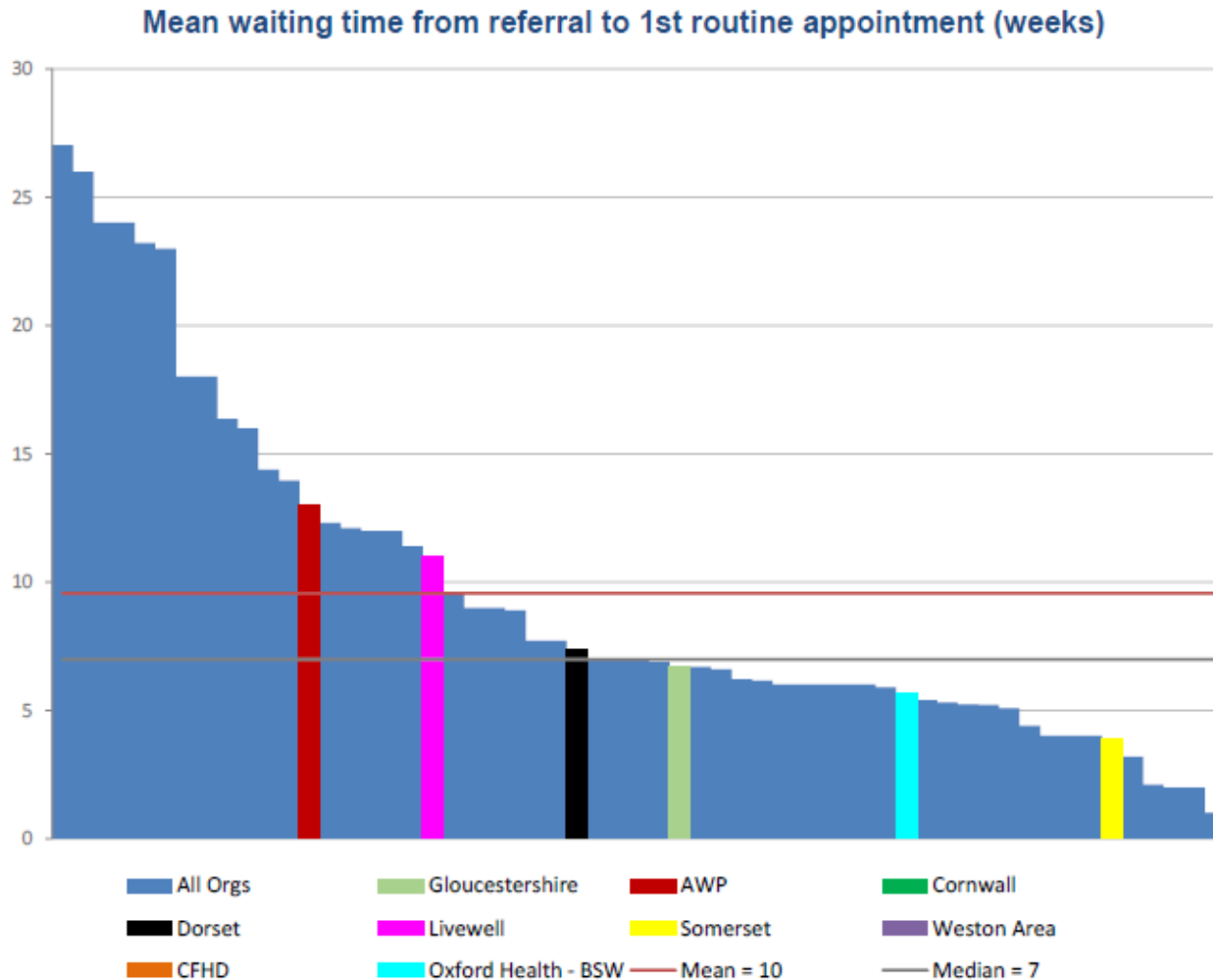


Referral acceptance rate 2019/20



Context – Waiting times

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Context – Key findings (BSW)

Oxford Health BSW - CYPMHS Benchmarking Analytics Key Findings



0.83*
(0.99)

Average all age MH
needs index score



92
(96)

Community workforce per
100,000 population



12%*
(17%)

Children affected by
income deprivation



183*
(199)

Children in Need due to
abuse/neglect per 10k
population



1,183
(1,645)

CYP on caseload per
100k population



£50-£77
(£72)

CCG investment in young
people's MH services per
capita



0.08%*
(0.19%)

Of families are homeless



12.4%+
(11.5%)

Of 16-24 year olds are
not in education,
employment or training



3.1%*
(2.8%)

Of school pupils have
social, emotional or
mental health needs

Meeting the challenge of CYP MH and Wellbeing in 2022



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Vision of a CYP offer (Jane/ Andrea)

Place children, young people
and families at the heart.

Locally tailored version of the
nationally recognized 'i-Thrive
Model'

Accessible
integrated and
Flexible
targeted and specialist
community mental health
service

Evidence based support and
treatment
available close to home
in community settings.

Partnership working with
education
social care
voluntary and community sector

No wrong door
Good advice and support
at the front

Future model of provision – what are we working towards?



Principles that underpin all elements:

- **Common language** reflecting the framework – moving away from use of ‘Tiers’
- **Needs-Led** – making sure that care and treatment is personalised to the individual and their family and is not based on disease or severity
- **Shared decision-making** – in partnership with children, families and carers
- **Proactive prevention and promotion** – with a focus on whole community response and strengths based approaches
- **Partnership working** – cross-sector, with clear responsibilities and accountabilities
- **Outcome informed** – continuous review, goal based
- **Reducing stigma** – mental health and wellbeing is everyone’s business
- **Accessibility** – timely intervention for the child and family, where they are in their community

Where are we now



- **Community based support and one off contacts:** Local support offers in place (eg Off the Record), alongside Kooth – digital activity dropped post Covid
- **Mental Health Support Teams (MHSTs)** in place across BSW. B&NES: 2 Teams, referral rates at c. 60% for one team, 5.9% for other
- **Community CAMHS:** Demand increasing, with associated impact on access rates.
- **CAMHS Crisis:** Local CAMHS Liaison team in place at RUH, operating well but demand rising
- **CAMHS Inpatient:** National shortage of inpatient CAMHS provision, new approaches being taken to keep more children at home in the community

Ambitions for the coming year

- Embedding i-Thrive across our whole system – mapping community assets, linking with education and social care, supporting children and young people in their communities
- Developing Mental Health Support Teams and early support offers including in primary care
- Investment and improvement in access times for children and young people – meeting the NHS England Long Term Plan target
- Addressing the needs of children and young people with Eating Disorders – implementing:
 - FREED – First Episode Rapid Intervention for Eating Disorders
 - ARFID – Avoidant Restrictive Food Intake Disorder
 - ALPINE – Assessment and Liaison for Paediatric Inpatients with Eating Disorders
- Developing our 16-25 pathways, ensuring that we provide the right support that meets the specific needs of young people entering early adulthood
- Working with our Provider Collaborative (which oversees inpatient services across our geography) to implement a Hospital at Home service, keeping more children and young people at home but with the right support from CAMHS
- Working across providers to support children and young people who may have co-presenting neurodevelopmental and mental health needs

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Bath & North East
Somerset Council

Improving People's Lives

Youth Justice Plan 2022-23

**Children, Adults, Health and Wellbeing
Policy, Development and Scrutiny Panel
05 July 2022**

Crime and Disorder Act 1998

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- Establishment of multi-agency Youth Offending Teams
- Council as lead partner, with Health, Probation and Police Services having a duty to co-operate and help resource
- Statutory purpose to prevent children offending
- Requirement to produce an annual Youth Justice Plan
- Receipt of national grant dependent on submission of the Plan

Child First Principles

1. See children as children

Prioritise best interests of children, recognising their particular needs, capacities, rights and potential. All work is child-focused and developmentally informed

2. Develop pro-social identity for positive child outcomes

Promote children's individual strengths and capacities as a means of developing their pro-social identity for sustainable desistance....All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society

3. Collaboration with children

Encourage children's active participation, engagement and wider social inclusion. All work is meaningful collaboration with children and their carers

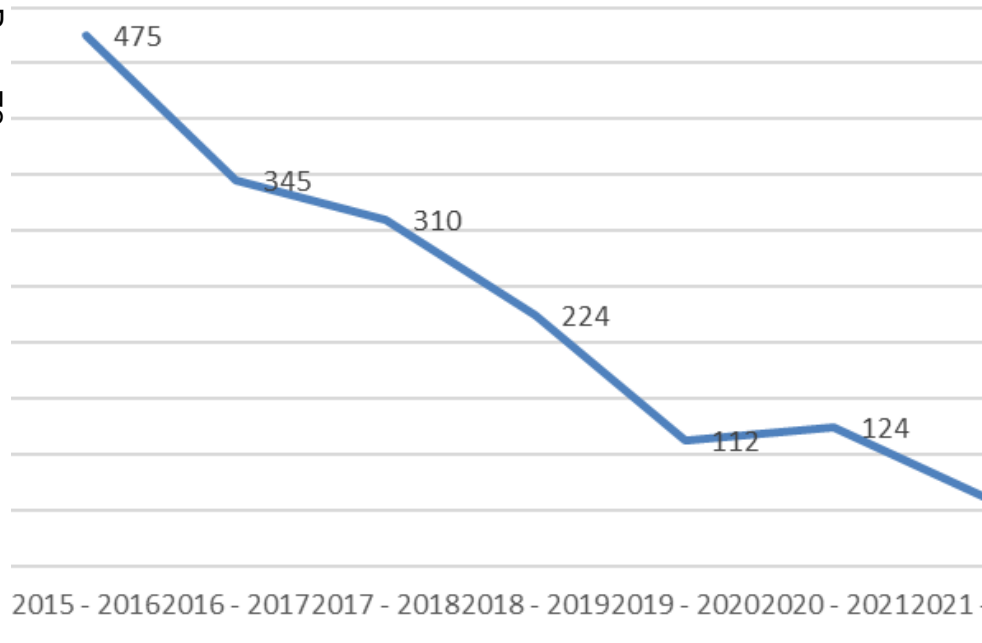
4. Promote diversion

Promote a childhood removed from the justice system, using pre-emptive prevention, diversion, and minimal intervention. All work minimises criminogenic stigma from contact with the system

Prevention and Diversion

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Rate of First Time Entrants - April - March



- Rate of children coming into justice system is lowest its been since 2000
- More children go to Out of Court Disposal Panel or are diverted by Police

Re-Offending after 12 months

- Latest comparative data is for July 2019 - June 2020 cohort
- 32% children re-offended, lower than all comparators apart from 'family' group (31.5%)
- Of those who did re-offend, the average number of new offences was 2.88, much better than all comparators (range from 3.61 – 3.9)

Custodial sentencing

- Number very low – none in the last 12 months
- Strong community proposals have enabled Court to sentence in the community
- Also, no custodial remands in the last 12 months
- Wider context of considerably reducing child custodial population

Strategic Priorities

1. **Strengthen participation**

Children's, parents'/carers' and victims'

2. **Address disproportionality**

Black and dual heritage children, girls and those with SEND

3. **Extend practice models**

Trauma informed, systemic and restorative practice

4. **Tackle exploitation**

Contextual safeguarding audit, serious violence duty and drugs and alcohol legislation

5. **Support workforce**

Including health and wellbeing, return to Keynsham Civic Centre training and development and Inspection readiness

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