

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

Date: Tuesday, 8th November, 2022

Time: 10.00am

Venue: Council Chamber - Guildhall, Bath

Councillors: Vic Pritchard, Michelle O'Doherty, Ruth Malloy, Andy Wait,
Paul May, Liz Hardman, Gerry Curran, Rob Appleyard and Joanna Wright

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

The Panel will have a pre-meeting at 9.30am



Mark Durnford

Democratic Services

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: mark_durnford@bathnes.gov.uk 01225 394458

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

E-mail: Democratic_Services@bathnes.gov.uk

NOTES:

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

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

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

3. **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.

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4. **Public Speaking at Meetings**

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

Further details of the scheme can be found at:

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

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel -
Tuesday, 8th November, 2022**

at 10.00am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 5.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

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. Members are asked to indicate:

- (a) The agenda item number in which they have an interest to declare.
- (b) The nature of their interest.
- (c) Whether their interest is **a disclosable pecuniary interest** or an **other interest**,
(as defined in Part 4.4 Appendix 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 CHAIRMAN

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

At the time of publication no notifications had been received.

7. 10.05AM MINUTES: 19TH OCTOBER 2022 (Pages 7 - 22)

8. 10.10AM CABINET MEMBER UPDATE

The Cabinet Member for Children, Young People & Communities will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

9. 10.25AM B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues.

10. 10.40AM EDUCATION LANDSCAPE (INC: EARLY YEARS & PRIMARY DATA - EMERGING PICTURE / REGIONAL SCHOOLS COMMISSIONER UPDATE) (Pages 23 - 28)

This report provides the Panel with an overview of early-years & primary school education performance in the academic year 2021-22. This is the first year that schools have delivered formal examinations since 2019.

11. 11.10AM MUSIC SERVICE (Pages 29 - 36)

This report builds on the report brought to PDS in January 2022. It proposes further changes to the Music Service, ensuring it meets the DfE's new delivery model for music education, protecting music education in B&NES.

12. 11.30AM INDEPENDENT REVIEWING OFFICER ANNUAL REPORT (Pages 37 - 64)

The Panel review the Annual Report so as to ensure members are appraised on the care provided to children for whom the Local Authority are responsible.

13. 11.50AM DIRECTOR OF CHILDREN'S SERVICES & EDUCATION - 6 MONTH UPDATE (Pages 65 - 70)

14. 12.05AM PANEL WORKPLAN (Pages 71 - 74)

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

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

BATH AND NORTH EAST SOMERSET

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

Wednesday, 19th October, 2022

Present:- Councillors Vic Pritchard (Chair), Ruth Malloy, Andy Wait, Paul May, Liz Hardman, Rob Appleyard and Joanna Wright

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

Also in attendance: Suzanne Westhead (Director of Adult Social Care) and Paul Scott (Associate Director for Public Health), Simon Sethi (Chief Operating Officer, RUH), Dr Veronica Lyell (Clinical Lead for the RUH Older People's Unit) and Laura Ambler (Place Director for Bath and North East Somerset, BSW ICB)

39 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

40 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

41 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Michelle O'Doherty and Gerry Curran had sent their apologies to the Panel.

42 DECLARATIONS OF INTEREST

There were none.

43 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

A member of the public, Paula Riseborough had asked a question relating to Agenda Item 7 (RUH – Ambulance Service / Winter Planning / Treatment Waiting Times). A copy of the question and subsequent answer can be found attached as an online appendix to these minutes.

Councillor Joanna Wright addressed the Panel on the subject of Dentistry and said that there is a severe lack of NHS services locally. She said that where services were available in a number of cases she was aware of significant delays.

She recounted a letter from a member of the public that said that having been unable to find an NHS dentist, had found an 'affordable' one and had received treatment that included two teeth being removed and a filling at a total cost of £330.

The letter also told of how her daughter had been waiting two years for a number of teeth to be removed at hospital. It said that on finally receiving an appointment in September she had six teeth removed even though was advised that one could be saved. The daughter asked for the tooth to be removed as she did not have a dentist as could not afford to go private.

Councillor Wright provided the Panel with further evidence from a member of the public and the poor care their son had received following the removal of a wisdom tooth.

He had a double surgical wisdom tooth extraction in August under general anaesthetic at the Royal United Hospital, Bath. He was first referred for the operation by his dentist in 2019 and after a couple of postponements he received a phone call in August 2022 and was told that he could have the operation on Monday 8th August. In the following week leading up to the operation, they did not receive a letter with the date, time, or advance instructions.

They called the hospital the Friday before the operation (5th August) to check if he needed to prepare in any way. During this call, they were given the important information that he must not eat after 7am and not drink water after 10 am on the day of the operation and that he must be collected after the operation by somebody and have someone with him for 24 hours following the general anaesthetic.

On the day of the operation they were told that nobody could wait with their son prior to the surgery. They said he was quite anxious about the procedure, especially as he had never had a general anaesthetic before. The anxiety and lack of support made this a difficult experience for him.

At around 3.30pm their son messaged to say that he was going into the operation. We were given no idea of how long it would be. I was told to call after an hour. After an hour and a half they called to see if he was ready to be collected and were told first of all that they did not know where he was, and then that he was still in recovery and to call back in an hour. After another hour they were told that he was still not back and that they had 33 patients and only 12 beds and that he was still in recovery awaiting a bed.

Finally, the ward staff said that they could come in and collect him, but when they arrived at the hospital following a 20-minute drive they were told he was not back yet. When he did return he appeared still very sedated and only semi-conscious. A kind member of the recovery team had brought him to the ward.

There was a shift changeover. The next ward nurse told them that he had to pass urine 3 times before he could be discharged. This was rather disappointing.

Fairly quickly another nurse arrived and said they should leave as it was getting late (it was about 8.30pm by this time) This nurse gave them a sheet of paper which stated who had performed the operation and what painkillers he had to take home with him. She said there was no aftercare and if we had any problems to call our GP.

They had no idea how to care for a mouth in this condition with this level of swelling as well. No one told them what medications or painkillers he had been given last or when they could give him the next painkillers.

They returned home and searched online for suggestions as to how to care for their son the best they could. There was a lot of swelling, pain, very bruised mouth, neck, and face. He was totally unable to function that evening due to the meds he had been given and the impact on his face and mouth.

On the 3rd day following the procedure he began to complain of a bad sore throat. They called their GP and he said it could be a postoperative infection. He suggested that they should start on antibiotics in case it was an infection and they made an appointment to be seen that afternoon.

By 1.30pm he began feeling absolutely terrible. He literally felt as if he was going to die. He felt he was going to vomit, he was shaking, hot and cold to touch, pins and needles in all his limbs, tingling with what also felt like a fire in his chest, very confused, very afraid. They made the decision to go to the GP practice immediately. The duty doctor said that they needed to go to A&E immediately and see the maxillofacial surgical team. He called the department to prepare for his arrival and he prepared a letter for us to take stating that their son was 'Tachycardic and had hypertension and that he was 'concerned about a post-operative infection and given the systemic impact would be grateful for your review'. As soon as I had the letter in my hands, I drove to A&E.

Once they arrived at A&E with the preparations of the duty doctor their son was seen and triaged very quickly and taken rapidly up to the Maxillofacial department where a team of 4 were waiting for him. The lead maxillofacial surgeon said that there was a lot of food debris around the surgical sites and the gums were looking red and that he couldn't rule out an infection. The surgical sites were cleaned, and a large blood clot was removed by suction.

Their son was given a course of antibiotics and given a special syringe with a long tube and antiseptic mouthwash to enable him to clean the surgical sites after any food. This was what he did subsequently, and his recovery continues to improve and be good.

Councillor Wright said that she believed that there is a problem with the general availability of dentists locally and that she was hoping to attend a webinar on 27th October entitled 'Eliminating Dental Deserts'.

The Chairman commented that this was recognised as a national problem and that he would see if the matter could form an agenda item for a future meeting.

Councillor Liz Hardman said that she would support Councillor Wright in attending the event.

The Democratic Services Officer advised that any training requests should come directly to Democratic Services, as the Panel does not have the power or budget to allocate this resource.

The Chairman said that he would support the request and members of the Panel were also in agreement.

45 RUH - AMBULANCE SERVICE / WINTER PLANNING / TREATMENT WAITING TIMES

Simon Sethi, Chief Operating Officer, RUH and Dr Veronica Lyell, Clinical Lead for the RUH Older People's Unit gave a presentation to the Panel, a copy of which will be available as an online appendix to these minutes, a summary is set out below.

Elective waiting times – RUH within the region

- RUH performing 10% more elective activity than before COVID to help recover waiting times.
- Focus on diagnostics: 20% more MRI, 30% more CT and >50% more endoscopy.
- Currently have no one waiting over 104 weeks with 115 waiting over 78 weeks.

Electives and winter – 300 operations impact

- Lost capacity due to bed pressures. Currently no joint replacement operations taking place due to bed shortages.
- Removing winter pressures would increase orthopaedic capacity by at least 22% and up to 48%.
- Temporary Modular Theatre plan for Circle Bath Clinic for February 2023.

Urgent Care – remains significantly challenged

- 462 – Number of ambulance handover delays over 60 minutes on average each month

Current position on NC2R for the RUH

- Regression analysis indicates NC2R (Non-Criteria to Reside) accounts for 62% of the reasons RUH struggles to offload ambulances.
- Integrated Care Board and Council working closely together to improve this area.
- Average wait to access a reablement bed once referred in BANES? 15 days
- Average wait to access reablement at home once referred in BANES? 16 days

Councillor Liz Hardman commented that it was recognised that the problems regarding ambulances not being able to discharge their patients was due to bed blocking. She referred to the report and highlighted that currently there are 40 patients waiting to be discharged from the RUH and that this is because of problems with reablement not being able to take place. She asked what needs to happen to unblock the situation.

Simon Sethi acknowledged the importance of getting people home from hospital where possible, but said that there was gap in domiciliary care provision.

The Director of Adult Social Care added that there was a gap in terms of staff hours and that the Council and the RUH have been working on developing their own in house domiciliary care agency known as United Care BaNES. She said that they were looking to provide an additional 1,000 hours by November 2022.

She stated that this is an important issue to address as for every day that a patient stays that is longer than necessary the outcomes will not be as good. She added that she was aware of the RUH Pathway Escalation Team that has a focus on recovery and therapy.

She said that work was also ongoing within the Ambulance Service with regard to decisions about where best it is for a patient to be taken for treatment.

Councillor Paul May asked for an explanation of the different patient pathways.

Dr Veronica Lyell replied that the pathways are set out as follows:

- Pathway 0 – No additional support required
- Pathway 1 – Intermediate care and reablement services provided in their own homes.
- Pathway 2 – Short term residential care within the independent and community sector.
- Pathway 3 – Long term nursing care within the independent sector.

Councillor Joanna Wright asked if any thought had been given as to whether staff should continue to work 12 hour shifts at the hospital.

Dr Veronica Lyell replied that this was a typical nursing pattern and that it had been a decision that had been supported by staff.

Real harms of delay

Two examples were outlined to the Panel.

Molly: Less fit than she used to be, daughter lives quite a distance away, receives meal deliveries and neighbours visit regularly. She falls one day and fractures her pelvis. After receiving treatment and a short stay in hospital she is able to walk a few steps with the aid of a frame.

She is unable to raise her legs though to enable her to get into bed by herself or in/out of the bath and will need help at home. She finds it increasingly difficult to rest in hospital due to the noise and becomes muddled due to the lack of sleep.

She starts to become vague when talking with staff and family members, resistant to help and has started to wet the bed overnight. It does not appear suitable for her to stay on Pathway 1 and needs to be moved to bedded care through Discharge to Assess.

Derek: He has dementia and is visited by carers several times a day. He does fall over quite a lot and the carers feel that he should not be at home. Family have been looking for a care home for him, but have not found one yet.

Taken to hospital after one fall and has been waiting four weeks to be discharged. Unfortunately, he gets Covid while in hospital and has to be moved to another ward to recover.

Dr Veronica Lyell commented that she was aware of incidents where people have had to wait 10 hours for an ambulance after falling at home and then had to wait a further 8 hours in the ambulance when arriving at the hospital due to the lack of beds.

She added that difficult decisions are taken on a daily basis as to which patients need to stay in hospital and which are able to be discharged.

The Chairman commented that he was encouraged to hear the work with regard to elective care, but was concerned over the availability to provide urgent care to the public.

Kevin Burnett asked if there was any capacity within the system to change the processes to allow patients to be discharged sooner.

Dr Veronica Lyell replied that nurses do try to assess patients at the earliest opportunity so that their stay in hospital can be minimised.

Simon Sethi added that the hospital does need support from the Council to enable patients to be safely discharged in a shorter space of time. He said that £2m was to be invested over the next six months to compensate for the pressures within Urgent Care. This money will seek to open more hospital beds, ask staff to work extra shifts over the Winter period to enable patients to have regular reviews and recruit to a Mobilisation Team that will help patients with reablement whilst in hospital and allow for them to return home needing less / no care.

He stated that there were 70 actions on the RUH Winter Plan and that there is a need to collaborate with the Council on the recruitment of Domiciliary Care staff.

Councillor Liz Hardman said that she welcomed the patient examples that had been shared with the Panel. She asked where the resources should come from to provide the additional support for the RUH.

Simon Sethi replied that it was important to highlight the impact of these challenges and that collaboration work with partners, including HCRG and the third sector, will continue over the coming months.

The Director of Adult Social Care added that they do work closely together and meet every Monday morning to discuss ongoing matters and areas of concern. She said that she too was also concerned over the coming months especially in terms of staff and the pressure they will be under. She explained that where possible they will seek to manage patients within community settings to avoid entry into Urgent Care.

Councillor Paul May asked if there was any particular issue that the Council needs to be mindful of given that the HCRG contract will cease in March 2024.

The Director of Adult Social Care replied that the change from the HCRG contract does pose a possible risk to Urgent Care and so all attempts must be made to stabilise the system as much as possible. She added that a patient's length of stay in hospital must be cut where possible and that an average of 2-3 days would give the system a better flow.

She also called for Social Care staff to be paid a better wage and for their roles to be professionalised.

Dr Veronica Lyell added that the Hospital@Home scheme supports patients to return home where they will continue to receive care, rather than staying in hospital, even though they are medically unwell and said that this has been seen as a positive piece of work. She added that where possible the Council should look to influence for an increased rate of pay for staff and lobby the Government with regard to the Social Care Cap.

Councillor Rob Appleyard commented that he felt that conversations regarding the discharge of patients should take place as soon as possible to enable a better flow on site.

Dr Veronica Lyell agreed and said that staff are encouraged to start those conversations when deemed appropriate.

Councillor Appleyard said that he believed the RUH were being proactive and that the Government should be lobbied for care staff to receive a good rate of pay.

Councillor Joanna Wright commented that the families of older patients are not always able to be so supportive as they are tired themselves and asked if they were able to receive more support.

The Director of Adult Social Care replied that it can be hard to navigate the system and that work was ongoing with Age UK to provide some support.

Councillor Andy Wait asked if a better rate of pay for care staff could be achieved, would we be able to locally recruit the additional numbers required to help ease the pressure within the system.

The Director of Adult Social Care replied that she believed it would be possible to recruit and retain the staff required if they were supported by a better pay structure. She added that they were also considering approaching international care staff to come and work in the area.

The Place Director for Bath and North East Somerset, BSW ICB said that the Care Coordination Centre also needed to be signposted as an option for certain patients rather than entering into urgent care.

The Chairman thanked Simon Sethi and Dr Veronica Lyell for attending the meeting and said that he would like the Council to work with the BSW ICB to address the pay / career structure for care staff.

46 SUICIDE PREVENTION

The Associate Director for Public Health introduced the report to the Panel. He explained that in 2020 the Suicide Prevention Strategy 2020-2023 was launched outlining the commitment from all partners to work together to reduce suicide in B&NES, aligning to the BSW Suicide Prevention Strategy.

He said that the Strategic Suicide Prevention Group has in this time carried out work within schools, the Community & Wellbeing Hub and supported the work of Bath Mind - Breathing Space.

He informed the Panel that the Group has worked with Avon & Somerset Police and the local Coroner to receive notification within a day of any suicide taking place.

He spoke of the Beside project service which is run by Second Step and said that the provision of this service is a commitment from the NHS Long Term Plan funding. He said that the service began running in July 2021 and offers emotional and practical support within a few days after losing someone to suicide for people over 16years old, whether they are a family member, next of kin or a loved one.

He stated that a stakeholder event had been held last week to begin to establish priorities for a future strategy.

He said that the number of incidents locally (48) had fallen in B&NES during 2019-2021. Female and male rates both fell with the male rate still slightly higher than the England average. This was the lowest 3-year rate since 2009-2011.

Councillor Liz Hardman commented that 25% of people who committed suicide had been in contact with health professionals, usually a doctor in the last week before they died and that many had seen a health professional / doctor a month before. She asked are there any links / sharing of information between the Integrated Care Board with its GP surgeries and the suicide prevention team which could prevent some deaths happening. If not, could something be put in place.

The Associate Director for Public Health replied that a GP representative does sit on the Strategic Suicide Prevention Group and that training and workforce development on this subject was ongoing across the BSW footprint. He added that the GP discussions may have been about pain or symptoms and not mentioned suicide.

Councillor Hardman referred to page 42 of the agenda and the proposed action to increase awareness of Counselling Services from Bath Mind and said that she had found out that there was a four month waiting list for these services. She asked if the Council provided any funding for this service.

The Associate Director for Public Health replied that it does receive funding from B&NES and the BSW ICB. He said that Breathing Space does provide an in-person service and/or evening phone support which is open seven evenings per week. He added that Mental Health Commissioners may know further about the waiting lists mentioned.

Councillor Hardman asked how do we ensure that Schools are using resources which supports the delivery of a whole school or setting approach to Mental Health and Wellbeing through the public health in schools and early years programmes. She added that how can it be ensured that the excellent resources of Boys in Mind are also used in BANES schools as these help increase awareness of mental health problems which could lead to suicide.

The Associate Director for Public Health replied that he was aware of quite a lot of work that is done within schools. He added that Public Health also provides support to The HUB which is an online service that helps services and schools work together to ensure effective communication, timely distribution of information and easy purchase of trading services and course bookings.

He said that a guide for schools was available if a suicide has occurred that affects them and that each school should have a Senior Mental Health Lead within their staff.

Councillor Paul May asked if he could comment on the Mental Health services available locally, including from the private sector.

The Associate Director for Public Health replied that they do work alongside AWP (Avon and Wiltshire Mental Health Partnership NHS Trust) who are the lead provider of healthcare for people with serious mental illness, learning disabilities and autism across Bath and North East Somerset (BaNES), Swindon and Wiltshire, and Bristol, North Somerset and South Gloucestershire.

He added that the Public Health team were not involved with services from the private sector.

Councillor Rob Appleyard commented that he supported this work and that offering people the opportunities to reach out and talk is very welcome. He said that he felt that the support to relatives and friends affected by these incidents was also good.

Councillor Joanna Wright stated that she felt that there were some elements missing from the Strategy and Action Plan. She added that increasingly there are many people that don't have enough money to live or are living in poor conditions within their home.

She called for the Government to be lobbied in terms of online safety and social media, in particular referring to young people.

Kevin Burnett commented that he was aware of some recent referrals to CAMHS (Child and Adolescent Mental Health Services) that have not yet received any form of counselling service. He asked when the results of the most recent school health and wellbeing survey would be available.

The Associate Director for Public Health replied that CAMHS works across the BSW area and within localities. He added that they are looking to strengthen the work within B&NES following a recent restructure.

He said that Public Health were currently doing some insight work into Self Harm as the figures relating to this for adolescents had doubled during lockdown. He added that he would check on the status of the school health and wellbeing survey.

Councillor Ruth Malloy said that she hoped that the work mentioned would see a reduction in the rates of self harm among young people and that she welcomed the extra support provided within schools through the Senior Mental Health Lead and hoped that more teachers were able to become involved.

The Chairman said that he was also concerned about the effect that social media can have on people and suggested that the BSW ICB be addressed on this matter.

Councillor Andy Wait agreed and said that the Government should be addressed on this matter at the same time.

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

47 **B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE / PRESENTATION**

Laura Ambler, Place Director for Bath and North East Somerset, BSW ICB gave a presentation to the Panel, a copy of which will be available as an online appendix to these minutes, a summary is set out below.

Purpose

The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader social and economic development.

BSW Integrated Care System

- NHS England – Performance manages and supports the NHS bodies working with and through the ICS
- Care Quality Commission – Independently reviews and rates the ICS
- BSW Integrated Care Board (ICB) – Allocate NHS budget and commission services, produce a five-year system plan for health and care services.
- BSW Integrated Care Partnership (ICP) – Develop an Integrated Care Strategy that addresses the assessed health and care needs of the people in BSW.

How the BSW ICS is made up

Integrated Care System (ICS) – Organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Integrated Care Alliances (ICA) – Place-based partnerships of NHS, councils, community and voluntary organisations, local people, carers. Lead the design and delivery of integrated services at place.

BSW Integrated Care Board (ICB) – Statutory NHS organisation. Develops a plan for meeting the health needs of the population, Manages NHS budget and Arranges for the provision of health services in BSW.

BSW Integrated Care Partnership (ICP) – Statutory committee, formed between the ICB and local authorities. A broad alliance of organisations concerned with the health and wellbeing of the population. Author of the Integrated Care Strategy. Advocate for innovation, new approaches and improvement.

Local Authorities – Responsible for social care and public health functions and other services for local people and businesses.

Integrated Care Strategy

‘Should set the direction of the system’, ‘Setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life’.

BSW Care Model

We are focussing on a range of initiatives that will improve the health and wellbeing and experience of care including:

- Population health, Prevention and Wellbeing focussed programmes
- Integrated Neighbourhood Teams
- Care Coordination
- Mental Health and wellbeing
- Learning Disabilities and Autism
- Maternity
- Recovery of elective care services
- Urgent care services

From April 2023 the ICS will also take on delegated commissioning responsibility for dental services, general ophthalmic services and pharmaceutical services.

Five key parts to the model:

- Personalised care
- Healthier communities
- Joined-up local teams
- Local specialist services
- Specialist centres

Councillor Liz Hardman asked what differences we will see in this new service compared to what we had with Clinical Commissioning – will it mean an improvement in services for patients.

Laura Ambler replied that the main difference will be seen in the ways the Board works, its integrated working and the partnerships that are formed in addressing the problems that are identified. She added that the Board will also seek to empower local communities. She said that she would be happy to return to the Panel to update on its progress.

Councillor Hardman said she was interested to hear that the commissioning of dental services was to be delegated to the ICB.

Laura Ambler replied that the ICB would be taking on this role from next year and attempting to address local needs.

Councillor Rob Appleyard asked what benefits would be seen locally.

Laura Ambler replied that preventative measures were due to be enhanced and that we will make the best use of our combined available resources to deliver the highest quality care.

Councillor Appleyard asked how voices will be heard locally. He added whether this work should be scrutinised in a different way.

Laura Ambler replied that her role within the ICB feeds into the ICA and that the Local Authorities and NHS are amongst the members of the ICP. She added that she will take messages away today from the Panel and said that the ICB has its own scrutiny function in place.

The Director of Adult Social Care added that the three local Chief Executives each have a place on the Integrated Care Board and would likely use that role to influence the agenda where possible. She said that local priorities should be established and economies of scale used where able.

The Chairman asked that a representative of the ICB attend the Panel on a regular basis.

Laura Ambler replied that she would commit to attending Panel meetings as the focus on outcomes for the public is a priority for the ICB.

Councillor Ruth Malloy said that she welcomed the delegated commissioning of certain services to the ICS and wondered if this might lead to weekend opening of some local pharmacies. She asked what was meant in terms of a '2 hour community response'.

Laura Ambler replied that this was primarily a team to respond to falls and provided by the Care Co-ordination Centre.

The Chairman thanked Laura Ambler for her presentation and attending on behalf of the Panel.

48 MINUTES: 5TH JULY 2022

The Chairman asked for the following matter to be chased on behalf of the Panel.

Minute 35: B&NES Child and Adolescent Mental Health Update

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 commented that he had enquired about whether a representative from Keynsham Now would like to address a future meeting of the Panel and that he had possibly found a volunteer.

The Chairman offered for them to attend the Panel meeting scheduled for 8th November if available.

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

49 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Social Care was unable to attend the Panel and had circulated her update prior to the meeting. A copy of the update will be attached as an online appendix to these minutes.

Referring to the update, Councillor Andy Wait asked what inspections had been taking place in the interim for Adult Care if the previous inspection process was suspended in 2010.

The Director of Adult Social Care replied that provider services had continued to be inspected in terms of Domiciliary Care, Care Homes and HCRG contracts and that this resumption was an inspection of Social Care Practice, with a focus on carers and their experience.

Councillor Wait asked if there were any plans in place for the Winter to try to alleviate the increasing pressures that mental health services are facing with rapidly escalating demand and significant staff shortages.

The Director of Adult Social Care replied that there is a Pride Board which is an alliance of Mental Health staff for both Adults and Children's Services, Oxford Health and AWP that meet regularly to discuss how to manage commissioning pressures.

The Panel **RESOLVED** to note the update that had been provided.

50 PANEL WORKPLAN

Kevin Burnett suggested that a representative from the Youth Forum attends a future meeting to update on their work and any input they are having to the work of the Council.

The Chairman replied that he would discuss that with the Director of Children's Services & Education at their next agenda planning meeting.

Chris Batten said that he would like the cost of residential care for children to be addressed in some way following a BBC report earlier in the month that said costs were spiralling due to companies seeking an increased profit margin.

The Director of Adult Social Care replied that she and the Director of Children's Services & Education had recently began a piece of work focussing on 16 – 19 year old residential placements and what is commissioned locally. She said that they had started work with a company that will help us to work with providers to look at their profit margins.

She added that she felt that current costs were market driven and that their responsibility was to achieve good outcomes for the individual and their family.

Chris Batten asked why the former 'Care Hotel' provision was not being progressed for this Winter as it would surely alleviate some of the problems in terms of available hospital beds at the RUH.

The Director of Adult Social Care replied that last year the RUH were not really able to refer patients to the hotel as it was not equipped with what they required for certain patients.

Councillor Liz Hardman asked for a future report that gave more detail on local mental health services, especially CAMHS.

Councillor Joanna Wright asked if the Panel were due to receive any financial reports that would look at inflation and the effect this was having on Care Home Allowances.

The Director of Adult Social Care replied that these are set nationally and therefore there was little the Council could do.

The Panel acknowledged these comments and **RESOLVED** to the workplan as printed.

The meeting ended at 12.40 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	8th November 2022	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Early Years & Primary Education Performance 2021/22 – Initial Summary	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this Report:		

1 THE ISSUE

- 1.1** This report provides the panel with an overview of early-years & primary school education performance in the academic year 2021-22. This is the first year that schools have delivered formal examinations since 2019.
- 1.2** The panel is advised that this is an early indication of B&NES performance and that national/regional data sets are not yet available to provide a comparison in all areas.
- 1.3** Secondary school performance data is released from the 20th November 2022. A full paper on education performance in B&NES will be produced in the Spring of 2023.

2 RECOMMENDATION

The Panel / Committee is asked to;

- 2.1** Note that education performance in our primary schools is down on the last comparable year of 2019. However, in most areas, the performance of our schools is better than the national position. There are areas of concern, particularly in key stage 2 and the results of our free school meal (FSM) & pupil premium (PP) children, that requires further analysis.
- 2.2** While most schools in B&NES are academies, the LA continues to be actively involved in working alongside the Regional Directors (RD) office (formally

Regional Schools Commissioners office) in identifying education priorities for the region. This year's results will be looked at jointly with the RD office and common priorities will be identified. A representative from RD has again agreed to come to scrutiny to talk about their work

- 2.3** The LA continues to have positive relationships with Academies and Multi-Academy trusts, and significant common gaps in academic performance are discussed and tackled at our Schools Standards Board. Scrutiny has previously been advised of the multiple initiatives that the LA/Schools is working on to tackle our attainment gap with the support of the St. Johns Foundation.

3 THE REPORT

INTRODUCTION & SUMMARY

- 3.1** This report provides an overall summary to date of early years and primary academic performance for B&NES schools and settings for the academic year 21/22
- 3.2** The B&NES Business Intelligence team collate and analyse data we receive directly from schools and information published nationally. The current data is presently unvalidated; our comparative data is drawn from the LGA Inform Website.
- 3.3** In the early years, the 2022 data set is the first to be collected nationally since 2019. Reforms to the EYFS Statutory Framework were universally introduced in September 2022. These include amendments to many early learning goal statements (ELGs) and more detailed educational programmes. Therefore although some of the detail of the two data sets is not directly comparable, a broader comparative analysis is possible.
- 3.4** It is also important to note that this early years assessment point is no longer considered to be 'high stakes' by the DfE. Data gathering expectations have been reduced and a school's EYFSP data is no longer externally moderated. The primary purposes remain to inform Year 1 teachers of how best to plan on-going learning and to parents of their child's progress.
- 3.5** With no primary academic data for 2020 & 2021 (due to the suspension of national assessments), we can only use 2019 as a comparator for this year's results. As such, any comment on patterns or trends is difficult to make. However, it could be concluded that a national drop in primary performance could have been expected due to national school closures.
- 3.6** Compared to 2019 data, there has been a drop in the performance of primary schools in B&NES. However, there has also been a drop nationally. Though worse than in 2019, in the early years and KS1, B&NES's 2022 overall performance is better than the national picture. However, in KS2, the reverse is true with B&NES data, indicating a worsening position of the combined data overall.
- 3.7** Our data also shows that for this year, in comparison to 2019, the attainment gap for children eligible for free school meals (FSM) has widened compared to non-FSM peers at most assessment stages.

3.8 However, anecdotally, we believe this is also true of the national picture and in some cases, for it to be worse. Therefore, we should not draw any firm conclusions about the attainment gap in B&NES until further data and analysis is completed. The analysis's key data sets and highlights so far are presented in the report below.

Early Years

EYFS Profile (EYFSP) outcomes

In this section, we compare national and local results. There will likely be some inconsistencies between these datasets. i.e. between the data we hold and the data that is published.

Good Level of Development (GLD) measure - All children

- Pre-pandemic - the Good Level of Development (GLD) outcomes for 'all children' in B&NES showed a steady improvement trend, above England comparisons. 74% of children achieved the GLD in 2019 (England 72%)
- In 2022 this outcome lowered to 71.4%, but early unvalidated data suggests this decrease may be comparatively smaller than that in England (65.2%)

Gender

- GLD outcomes for girls continue to be higher than those of boys and remain constant at 79% (England 78%)
- GLD outcomes for boys have fallen to 63% from 70% in 2019 (England 65.5%)

SEND

- GLD outcomes for children with SEND in 2022 appear to have fallen, however, further validation of this data is needed before we can state by how much.

Free School Meals (FSM)

- GLD outcomes for B&NES children in receipt of FSM have risen to 48% (+2%pts), whilst the outcomes for children not in receipt of FSM have fallen to 75% from 78% in 2019
- As a result of the combined FSM increase and non-FSM decrease, the FSM/ non-FSM gap has narrowed to 27%pts (32%pts in 2019)

Primary Performance

Phonics

The percentage figure of pupils meeting the expected standard in the phonics screening check in year 1:

Phonics	2019 B&NES	2022 B&NES	2019 National	2022 National
%	82	78	82	75

- Whilst performance is down on 2019, B&NES's overall phonics results have fared better than the national position.
- However, within this, some groups are concerning. For example, our FSM/PP population of children appeared to have done less well in 2022 than their peers.
- Though performance for children with SEND has dipped in this period compared to 2019, it is not significant or a greater percentage than children without SEND.

- We currently do not have the national data to benchmark the B&NES position for these groups, this data is being collected and will inform the continued analysis of our region's outcomes.

KS1 – Reading, Writing & Maths

The percentage figure of children achieving a good level of development:

KS1	2019 B&NES	2022 B&NES	2019 National	2022 National
Reading %	78	72.6	75	67%
Writing %	71	60.1	69	58
Maths %	77	71.3	76	68

- Again, overall performance is down from 2019, but B&NES has fared slightly better across the three areas than the national position.
- However, again, there are concerns to be looked at. At this stage, our FSM cohort has performed worse than the national rate for the FSM cohort in Reading, Writing and Maths.
- There are some re-occurring trends, particularly in writing, where girls continue to outperform boys significantly.
- However, local data appears to indicate that performance for children with SEND in reading, writing and maths (though results are slightly down on 2019) has held up better in 2022 than non-SEND pupils. Again further validation of this data is needed before we can confidently say this is the case.

KS2 – SATS Combined Reading, Writing & Maths

The percentage figure of children achieving a good level of development in combined reading, writing & maths at expected & higher standard

KS2	B&NES 2019	B&NES 2022	National 2019	National 2022
Expected %	67	58	65	58
Higher %	12.9	7	11	7

- In KS2 the combined RWM data is a worsening set of results compared to our data in 2019.
- The percentage of girls achieving the expected standard has significantly dropped from 2019, still outperforming boys, but not as significant as in 2019.
- The combined expected performance for children with SEND appears to have dropped comparably with their non-SEND peers in 2022. Again further validation will be needed before we can confidently confirm this to be the case.

4 STATUTORY CONSIDERATIONS

- 4.1** The Local Authority has a broad set of statutory responsibilities to ensure that it is able to deliver education support in a number of areas for all schools around vulnerable young people (SEND, Children Missing Education etc.), supporting maintained schools (School Improvement services etc.) and business functions that support all schools (Admissions and Transport etc.)

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1** There are no associated resourcing implications for this report.

6 RISK MANAGEMENT

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

7 EQUALITIES

- 7.1** A full education performance report will be presented to scrutiny once our education data has been collected and validated. We can confidently establish that our data is correct about the educational performance of the children and young people in B&NES. This report will need to consider the equality impacts of its contents and the full EIA will be completed.

8 CLIMATE CHANGE

- 8.1** This report contains information on academic outcomes in our early years and primary schools. No climate issues have been identified in the production of this report.

9 OTHER OPTIONS CONSIDERED

- 9.1** No other options have been considered for writing this report. It is an interim report until a complete analysis of all academic performance is available in early 2023.

10 CONSULTATION

- 10.1** This report has been developed with the input and consultation of the Council's Business Intelligence team.

Contact person	Chris Wilford - christopher_wilford@bathnes.gov.uk
Background papers	
Please contact the report author if you need to access this Report in an alternative format	

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	8th November 2022	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Future Governance of the Music Service	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>The National Plan for Music Education (Department for Education, 2011)</p> <p>The Power of Music to Change Lives: A National Plan for Music Education (Department for Education, 2022)</p> <p>Arts Council England Music Hub Investment Programme (Arts Council England 2022)</p> <p>Consultation into the future governance of the Music Services for B&NES, North Somerset and South Gloucestershire (Lock, Thareja, 2022)</p>		

1. THE ISSUE

- 1.1. In July 2022, the DfE released its refreshed vision for the governance and delivery of music education in England. This new vision requires a significantly different delivery model to the present and signals the need for music services to radically transform to be viable in the future.
- 1.2. This report builds on the report brought to PDS in January 2022. It proposes further changes to the Music Service, ensuring it meets the DfE's new delivery model for music education, protecting music education in B&NES.
- 1.3. This will enable us to bid for future funding, retain existing services and build a robust new model which will enable the Music Service to deliver a bigger, better, more universal offer for young people in B&NES.

2. RECOMMENDATION

The Panel is asked to;

- 2.1. Support the proposal that the Music Service form a tri-LA shared service with B&NES and South Gloucestershire.
- 2.2. Support the proposal of the shared service being established as an independent organisation outside the 3 Councils, taking forward and expanding a broader, universal youth music education offer on behalf of the 3 Councils.
- 2.3. Note the positive progress the service has made against DfE KPI's since working jointly with North Somerset & South Glos Music Services

3. THE REPORT

Background and Context

- 3.1. The Music Service is a non-statutory service, providing music education to students, families, and schools. The Service is funded by a Department for Education (DfE) grant to deliver its role as Lead Organisation of the local Music Education Hub (see 3.3).
- 3.2. The Service delivers the National Plan for Music Education (2011) – the government's vision for music education in England. See Background Papers (1).
- 3.3. The DfE's model for music education is to fund Music Education Hubs to deliver the National Plan for Music Education (NPME). Hubs are informal partnerships of local music and education organisations operating as a network of providers. Hubs have a Lead Organisation, which receives the DfE grant, and is held to account by Arts Council England (ACE) for the delivery of the NPME. Locally, B&NES, North Somerset and South Glos Council Music Services are all Lead Organisations of the local Hub.
- 3.4. Since 2020, North Somerset and South Glos Music Services have been working in partnership, with a shared management team and increasingly homogenised strategy, development and operations, alongside greater sharing of resources. In March 2021, B&NES Music Service joined this partnership.
- 3.5. The result is that a broader, more universal offer is being achieved because of the efficiencies and knowledge gained by working together. Through partnership, the services are beginning to realise their potential to deliver a bigger and better offer for all young people from the most vulnerable to those who are gifted and talented.
- 3.6. Some of the benefits to B&NES of the partnership are:
 - 3.6.1. Strong recovery in student numbers from pre-pandemic levels
 - 3.6.2. A range of new services for students in school, including access to live music performances, workshops where students learn to play a

range of music from around the world and new singing programmes in- and out- of school

- 3.6.3. A music therapy and wellbeing service
- 3.6.4. 70 students joining the West of England Wind Band and Youth Symphony Orchestra on a 5-day summer residential course
- 3.6.5. An enhanced CPD and events offer to schools
- 3.6.6. New offers to special schools and alternative settings
- 3.6.7. Access to creative inclusive music groups, targeting young people with SEN and disabilities
- 3.6.8. Robust and efficient business operations and experienced leadership
- 3.7. 2 years ago, the Service was under scrutiny by DfE for its delivery of the funded activities and financial management. Having joined the alliance with North Somerset and South Glos, B&NES Music Service has achieved:
 - 3.7.1. Financial security, delivering an in-year surplus in 21-22 which is being reinvested in young people's music this year
 - 3.7.2. Robust and accountable financial and operating systems and procedures
 - 3.7.3. Greatly improved KPI's, as monitored by DfE:

KPI	National Average	B&NES 2019-20	B&NES 2021-22
as monitored by DfE / ACE	Benchmark	Pre-partnership	Post-partnership
% schools participating with the Service in DfE funded activity	85%	76%	94%
% schools engaging with learning instruments in a whole class (DfE core role no1)	43%	24%	35%
% schools supported to improve their music provision	72%	23%	88%
% schools engaging with singing	67%	22%	63%

- 3.8. Through greater partnership, the 3 Music Services have the potential to achieve an even wider offer and this proposal seeks to enable this potential to be realised.

Imminent Changes

- 3.9. In July 2022, the DfE launched the refreshed National Plan for Music Education (2022). See Background Papers (2)
- 3.10. This new vision is a radical change to the way music education is delivered and funded across England and requires radical change to be implemented.

- 3.11. Alongside this new vision, it announced a re-tendering process for the music education grant which Hubs receive to deliver the plan. See Background Papers (3)
- 3.12. The bidding process will be different to the past in that:
- 3.12.1. The grant application process will be open and highly competitive. ACE are proactively encouraging and enabling a wide range of education and arts organisations to bid against us.
 - 3.12.2. Small LA music services (such as B&NES) are unlikely to be eligible to apply. DfE/ACE are expecting mergers/partnerships, and that organisations will apply for a larger grant representing a wider geographic area.
- 3.13. The future delivery model and therefore fund-holding organisation will also be very different to the present model. DfE/ACE expect to see:
- 3.13.1. The grant being allocated to non-LA strategic organisations, largely volunteer led, whose role is to decide strategy.
 - 3.13.2. This strategic body will then commission other organisations to deliver services.
 - 3.13.3. DfE/ACE do not wish to see funding being used to support the employment of a teaching workforce

Preparing for the future in B&NES

- 3.14. The Music Service leader, supported by senior officers in the three LAs and an external consultant, have been preparing for the new DfE/ACE vision for the last 18 months. Their report was published in January 2022. The 2 options presented were proposals to merge the 3 Services, with models for the service to operate within, and outside the LA. See Background Paper (4).
- 3.15. On the basis of the need for the radical transformation described above, the second option, to establish a new organisation outside the LA, becomes the only route we believe is viable to ensure a future youth music provision in B&NES. This new organisation will have LA representation at Board level and will take forward existing services, deliver an aspirational growth plan and ensure a Service which is influenced by, and dedicated to, B&NES' needs and aspirations.

The Proposal

- 3.16. To implement the option outlined in para 3.15:
- 3.16.1. For B&NES to merge with North Somerset and South Glos Music Services and spin out of the Local Authority into an independent company; a company limited by guarantee, registered as a charity, with a trading arm.
 - 3.16.2. The charity will operate as the strategic Hub and will apply for the DfE funding to deliver the new National Plan for Music.

- 3.16.3. The trading arm will offer a teaching service, which can be commissioned by the Hub to take forward delivery of existing services.
- 3.16.4. Teaching staff will TUPE to the new organisation.
- 3.17. We believe this is the only viable proposal, and will:
 - 3.17.1. Retain a music education provision and funding for B&NES, with Council Officer representation at a strategic level
 - 3.17.2. Enable existing services to continue with no- to minimal disruption for existing users (students, families and schools).
 - 3.17.3. Enable the expansion of a universal offer for children and young people
 - 3.17.4. Create an organisation which meets the aspirations of DfE/ACE, presenting a strong case to retain future funding without which the Service cannot continue
 - 3.17.5. Enable the Music Service to attract new funding, establish a regional footprint and be a significant influencer in music for young people in the region

Delivering the proposal

- 3.18. In September 2022, North Somerset Council, on behalf of the 3 LAs, commissioned consultants to deliver the spin-out project as follows:
 - 3.18.1. Oct-Nov 22: Consultants create business case and financial model
 - 3.18.2. Oct-Dec 22: Agreement is sought from the 3 LAs
 - 3.18.3. Dec 22-March 23: Consultants complete the implementation of the new organisation
 - 3.18.4. Jan-Feb 23: The new organisation bids for DfE funding on behalf of the 3 LAs
 - 3.18.5. March-April 23: Funding awards are announced
 - 3.18.6. April-Aug 23: If successful, the new organisation becomes operational and transfer process completes
 - 3.18.7. Sept 23: The new organisation takes on the work of the 3 LA music services with DfE funding. A new Board of Trustees, which includes LA representation, oversees the work of the new organisation.

4. STATUTORY CONSIDERATIONS

- 4.1. Each Local Authority that is a recipient of grant funding from Arts Council England is bound to deliver a music education plan to ensure that children and

young people have access to music education. It is, however, not a statutory Local Authority function. This report outlines the plan for the combined Local Authorities to make effective arrangements to successfully bid for this funding. Additional Legal and HR advice will be required to oversee the transition to a new delivery model. Final approval for the delivery of a new service model will be sorted via a cabinet decision.

5. RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1. The cost of the process will be shared equally between the 3 LAs. B&NES contribution will be met from Music Service reserves.

6. RISK MANAGEMENT

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

7. EQUALITIES

- 7.1. An Equality Impact Assessment has been completed. The identified actions are to ensure that any further consultation with Service users is inclusive of all groups within the community.
- 7.2. It highlighted that the proposals seek to improve the offer, providing more accessible and inclusive opportunities for diverse communities.
- 7.3. No service users will be negatively impacted as there are no planned reductions in the Service offer.
- 7.4. For employees, redundancies will be kept to a minimum.
- 7.5. Staff would TUPE to the new organisation, therefore retain their existing terms of employment.

8. CLIMATE CHANGE

- 8.1. A more cohesive governance structure will enable more efficient deployment of peripatetic teaching staff, reducing carbon footprint and congestion.
- 8.2. A shared operating model will eliminate duplication of resources and facilities which will reduce energy use and waste.

9. OTHER OPTIONS CONSIDERED

- 9.1. Apply for the new round of DfE funding as a single B&NES LA Music Service
 - 9.1.1. Very unlikely to be eligible, and if eligible, very unlikely to be successful. Does not benefit from the existing partnership work which improves the universal music offer in B&NES. Service will most likely need to close.
- 9.2. Proceed with a merged Tri-LA music service, but remain within the LA
 - 9.2.1. Does not meet DfE/ACE vision so weakens our bid to retain funding placing staff/delivery at risk.

10. CONSULTATION

- 10.1. The initial consultation in late 2021-early 2022 sought views on the aspirations of music education from key stakeholders in B&NES, North Somerset and South Glos, including Councillors, Children's Services officers, schools, students and parents.
- 10.2. The proposal to merge the three Services was reviewed by PDS in January 2022
- 10.3. The upcoming consultancy project will further engage with a range of users and stakeholders.
- 10.4. The proposal is currently being presented to North Somerset and South Glos Council panels for approval, which is on track for completion by mid-December 2022.

Contact person	Simon.Lock@n-somerset.gov.uk
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Background papers	<ol style="list-style-type: none"> 1. The National Plan for Music Education (Department for Education, 2011) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/180973/DFE-00086-2011.pdf 2. The Power of Music to Change Lives: A National Plan for Music Education (Department for Education, 2022) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1086619/The_Power_of_Music_to_Change_Lives.pdf 3. DfE / Arts Council England Music Hubs investment process https://www.artscouncil.org.uk/our-open-funds/music-hub-investment-programme 4. The Consultation report into the future governance of the Music Services for B&NES, North Somerset and South Gloucestershire (Lock, Thareja, 2022) www.wema.org.uk/download/wema_report1.pdf
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children’s Health and Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	08 November 2022	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Independent Reviewing Officer (IRO) Annual Report 2021-2022	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Independent Reviewing Officer (IRO) Annual Report 2021 -2022		

1 THE ISSUE

- 1.1 An annual report of the Independent Reviewing (IRO) Service for Looked After Children is required in accordance with the Children and Young Person's Act 2008 and subsequent statutory guidance published by the Department for Education. The report is produced in order to provide the Director for Children's Services, the Lead Member for Children and the Corporate Parenting Board with information pertaining to the work of the Independent Reviewing Service (IRS) which is responsible for monitoring and reviewing the care provided to children and young people for whom the Local Authority are corporate parents.
- 1.2 The Children's Health and Wellbeing Panel review the annual report so as to ensure members are appraised on the care provided to children for whom the Local Authority are responsible.

2 RECOMMENDATION

The Panel is asked to;

- 2.1 Note the growing pressures on the IRO service as a result of the increasing numbers of children being placed in the care of Bath and North East Somerset and the continued work and commitment of IRO's to maintain contact with children in care, regularly reviewing the plans for these children so as to ensure their needs are being met.
- 2.2 Recognise and value the impact of the IRO role in providing scrutiny and at times challenge when there are concerns that the needs of children are not being met or plans progressed.

3 THE REPORT

- 3.1 Please see attached the Independent Reviewing Officer (IRO) annual report for 2021-2022 which sets out how the IRO Service continues to ensure that Bath and North East Somerset Council are meeting the needs of the children and young people for whom it is corporate parent.

4 STATUTORY CONSIDERATIONS

- 4.1 The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004 all local authorities have been required to appoint an IRO to protect children's interests throughout the care planning process.
- 4.2 The IRO Handbook was introduced in 2010 providing statutory guidance for IRO's and setting out the functions of the local authority in terms of case management and review for looked after children.
- 4.3 The Care Planning, Placement and Case Review (England) Regulation 2010 apply specifically to children who are looked after by a local authority. The objective of these Regulations is to improve outcomes for children in care by improving the quality of the care planning processes.
- 4.4 IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone who is involved in the child or young person's life fulfils the responsibilities placed upon them.
- 4.5 IRO's are expected to ensure that;
- Review meetings are held for all children and young people who are being cared for by the Local Authority,
 - The views and wishes of children and young people in care are heard and considered when decisions are being made about them,
 - Children and young people understand their care plan and any changes to this,
 - The Local Authority is a good corporate parent to all children and young people in care by ensuring they get the same opportunities, support, love and care that other children living within their families receive.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 No request is being made for additional resources.

6 RISK MANAGEMENT

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

7 EQUALITIES

- 7.1 An Equality Impact Assessment was completed in October 2020 and can be found on the Children's Services Equality Impact Assessment Web Page- [Children's Services Equality Impact Assessment Web pages](#)

8 CLIMATE CHANGE

- 8.1 The Independent Reviewing Service uses various methods of travel which will contribute towards reducing the services carbon footprint. Over the last 24 months the service has sent correspondence via email reducing the need to print documents.

9 OTHER OPTIONS CONSIDERED

- 9.1 None

10 CONSULTATION

- 10.1 The report was shared with the Director for Education and Safeguarding and approved on 31st October 2021.

Contact person	Sarah Hogan - Deputy Lead for Safeguarding and Quality Assurance (Children and Young People) Telephone: 01225 396810
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

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Independent Reviewing Officer (IRO)
ANNUAL REPORT
2021-2022

Author:

Sarah Hogan,

**Deputy Lead for Safeguarding and Quality Assurance:
Children and Young people.**

Date: October 2022

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1. Introduction and Purpose of the Annual Report

- 1.1 This report is produced to provide the Director for Children's Services, the Lead Member for Children and the Corporate Parenting Board with information pertaining to the children and young people that are currently placed in the care of the Local Authority.
- 1.2 The Independent Reviewing Officers (IRO) Handbook (2010) provides statutory guidance to all local authorities regarding children that are placed in the care of a local authority. The guidance seeks to ensure improved outcomes for children in care in order that they can reach their full potential. Section 7, paragraph 11 sets out that the manager of the IRO Service must provide an annual report on the delivery of the IRO Service which can then be scrutinised by members of the Corporate Parenting Board.
- 1.3 This annual report provides information on the profile of the children for whom the Local Authority is corporate parent and how the IRO service maintains oversight of the plans for these children. With IRO's monitoring how children's needs are being met and prioritised. The report will highlight where IRO's have offered challenge to the local authority in terms of its duties to children in care and the aspiration and objectives of the IRO service for the year ahead.
- 1.4 Following presentation to the Health and Wellbeing Board, this report will be placed on the Council website as a publicly accessible document and disseminated across children's social care for further consideration.

2. Reporting Period

- 2.1 This report covers the period from 1st April 2021 to 31st March 2022. Some of the data sets may vary slightly from those published by Council Children's Services due to minor variations in the timeframe for data capture, and the uploading of data onto various systems.

3. The Legal, Statutory and National Context of the IRO Role

- 3.1 The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004 all local authorities have been required to appoint an IRO to protect children's interests throughout the care planning process.
- 3.2 The IRO Handbook was introduced in 2010 providing statutory guidance for IRO's and setting out the functions of the local authority in terms of case management and review for children in care.
- 3.3 The Care Planning, Placement and Care Review (England) Regulation 2010 apply specifically to children who are in the care of a local authority. The objective of these Regulations is to improve outcomes for children in care by improving the quality of the care planning processes.

3.4 IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone who is involved in the child or young person's life fulfils the responsibilities placed upon them.

3.5 IRO's are expected to ensure:

- Review meetings are held for all children and young people who are being cared for by the Local Authority,
- The views and wishes of children and young people in care are heard and considered when decisions are being made about them,
- Children and young people understand their care plan and any changes to this,
- The Local Authority is a good corporate parent to all children and young people in care by ensuring they get the same opportunities, support, love, and care that other children living within their families receive.

4. Bath and North East Somerset Council as Corporate Parent

4.1 All Officers and Councillors of Bath and North East Somerset have a duty to ensure that the needs of children in care are being met and that children grow up feeling loved, cared for, feel safe and have the same opportunities as their peers. There should be a commitment from all members of the council to advocate for the needs of children in care, promote and provide opportunities that allow children to develop and grow and to overcome the adverse experiences they may have experienced in their life before coming into care. *Local Authorities that have a strong corporate parenting ethos recognise that the care system is not just about keeping children safe, but also to promote their recovery, resilience, and wellbeing* (Applying corporate parenting principles to looked-after children and care leavers, Feb 2018).

4.2 Upon election all Councillors take on the role of 'Corporate Parent' to children in the care of Bath and North East Somerset Council and those young people with care experience. Corporate parents have a duty to take an interest in the wellbeing and development of these children, as if they were their own. Whilst the lead member for children's services has particular responsibilities, the role of corporate parent is carried by all councillors, regardless of their role in the Council (Corporate Parenting: Terms of Reference, Sept 2022).

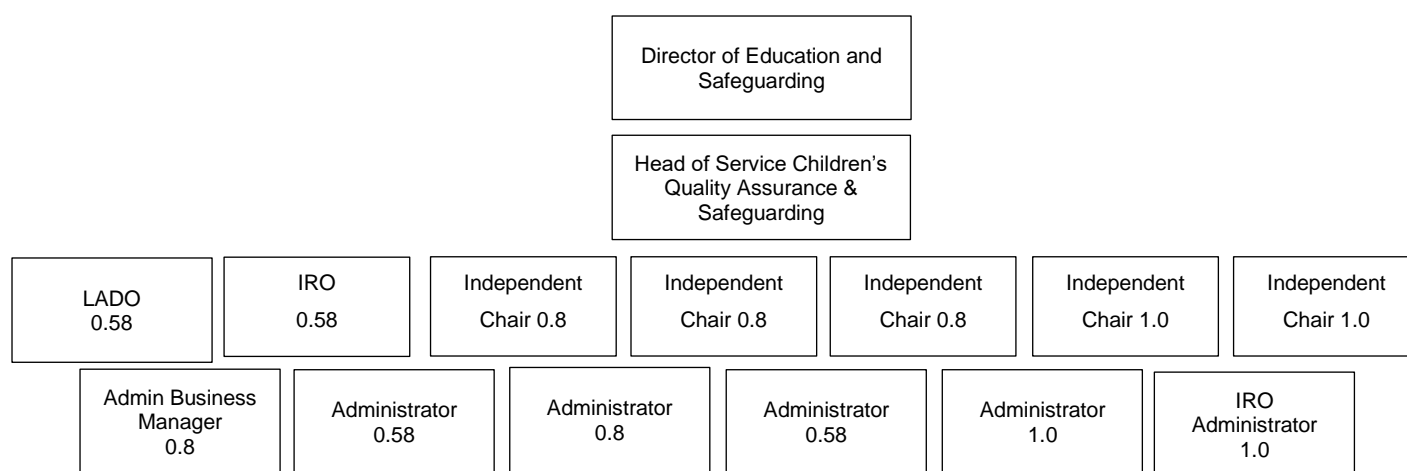
4.3 Within Bath and North East Somerset, the Corporate Parenting Group (CPG) is open to all Councillors and all members of the CPG must ensure they have a comprehensive overview as to the progress of the children in the care of the local authority, scrutinising the quality, effectiveness and performance of the services provided. CPG meetings are held four times a year and the arrangements are intended to ensure all Councillors have the opportunity to attend. As a result of changes in working practices, two meetings a year are held virtually again to support attendance of members. The manager of the IRO Service and Director for Education and Safeguarding attend CPG to support its

members and to bring to life the issues faced, and the progress made by children in care.

- 4.4 This year, a newsletter has been introduced for Councillors in order to provide information about matters related to children in care and those with care experience (care leavers). The newsletter is led by the Head of Service for Care Outcomes and has the support of the IRO service.

5. The Bath and North East Somerset Council IRO Service

Structure of Safeguarding and Quality Assurance Service



- 5.2 The IRO service continues to sit within the Safeguarding and Quality Assurance (SQA) Service for Children and Young People which is part of the Education and Safeguarding directorate. The SQA Service has three core areas of business, all of which the Local Authority has a statutory duty to provide, these are;

- The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority. This being a legal requirement under section 118 of the Adoption and Children Act 2002. All local authorities are required to appoint an IRO to protect children's interests throughout the care planning process.
- The delivery of Child Protection Conferences, there are statutory timescales in which conferences need to be held and as well as delivering conferences, the service has to review and monitor the progress of all children subject to a child protection plan. The timeliness of conferences and the duration of child protection plans are key areas of performance that form part of statutory returns and regional benchmarking. During inspections of children's social care, Ofsted will scrutinise this area of practice.
- A Local Authority Designated Officer (LADO) to deal with allegations of abuse against a person in a position of trust working with children (0-18)

years old). The LADO is responsible for ensuring allegations are responded to in a timely way, that where threshold is met an investigation by the employer is carried out and that the welfare of the child is promoted/prioritised. Working Together to Safeguard Children (2018) (Chapter 2, paragraph 4) set out the role of LADO and remains governed by the Local Authorities duties under Section 11 of the Children Act 2004.

- 5.3 In Bath and North East Somerset, the three core areas of business are undertaken by Independent Chairs and an Independent Reviewing Officer. The Independent Chair role is unique to this Local Authority and was created in 2017 to provide greater flexibility and capacity within the service. When the role was created it was with the view that further vacancies within the service would be replaced with this role so as to ensure appropriate capacity within the service given the rise and fall of children subject to a child protection plan. However, in this reporting period, the service has faced continued challenges with the retention and recruitment of IRO's/Independent Chairs, with three vacancies arising and leading to a reliance on agency staff.
- 5.4 As a small service, with responsibility and oversight of approximately 300 children, any vacancy can have a significant impact on service delivery. Given difficulties in attracting suitable applicants, the manager of the IRO service undertook some work with HR to consider the barriers to recruitment across the service. It was identified during this piece of work that other local authorities within Avon and Somerset (Bristol, South Gloucestershire, North Somerset and B&NES) had either dual role within their organisation, incorporating Independent Chair and IRO or have kept these roles separate. The IRO manager was unable to identify any local authority that had a role which incorporated IRO, Independent Chair and LADO. Another factor that was identified through this piece of work related to the pay scale for someone in such a role, with Bath and North East Somerset Council having the lowest pay across the south west.
- 5.5 As a result of the recruitment and retention challenges within the SQA service, the impact upon remaining staff and most importantly the children and young people receiving services, consideration was given to the needs of the service as a whole. In March 2022, agreement was given for a market supplement to be attached to the role of Independent Chair / IRO thus aligning these roles with that of team manager across children's social care and the pay awarded to these roles within other local authorities. Furthermore, the service has also been able to introduce a designated LADO role, meaning there is one person responsible for the management and oversight of allegations. Independent Chairs will still be required to provide adhoc arrangements when necessary but ordinarily their day-to-day work will be overseeing and reviewing plans for children in care and children subject to child protection plans.
- 5.6 Whilst steps taken to strengthen the service and improve recruitment are positive and have led to three posts being permanently recruited to, the IRO service will likely have further difficulties in meeting statutory requirements if the number of children in care continues to rise.

6. Impact on IRO service as result of Covid-19

6.1 Covid-19 created challenges and disruption to all services. The IRO service has since March 2020 had to continually review and adapt working practices to ensure service delivery is safe whilst finding ways to maintain close contact with children, young people, their families, carers and the professionals supporting them. IRO's have worked hard to remain connected to the children allocated to them and found creative ways in which to engage with children and young people despite the restrictions that have at times been placed upon society. Since the summer of 2021, IRO's have returned to seeing children in person, visiting them where they live and spending time with them within their local community. Some children and young people however have expressed a wish for their reviews to continue to be held virtually and where IRO's feel this is appropriate and in the child's best interests they will accommodate this request.

7. South West Regional IRO group

7.1 The south west regional managers group have continued to meet virtually during this period, providing an avenue for managers to share experiences, demands and practice. There have been two practitioner events held (Sept 2021 and April 2022), the event in April saw those with lived experience of social care involvement share their experiences.

8. IRO Caseloads and Services Performance

Table 1: Total Number of Children in Care over five-year period

	March 2022	March 2021	March 2020	March 2019	March 2018
No. Children in Care	197	181	181	192	168
Average IRO Caseload for FTE	48.5	53	53	47	62
CLA start	77	52	75	96	73
CLA end	61	53	86	81	62
% Increase of children in care from previous year	+9%	0%	-6%	+14%	+5%

Figures taken from Children's Social Care data and IRO Service Case Tracker

8.1 As the above data shows, the number of children and young people in care in this reporting period has increased by 9%, with there being 197 children in care at the year end. Once again, the number of children coming into care was higher than the number of children leaving care.

Table 2: Reason for leaving care

Reason for leaving care	21/22	20/21	19/20
Turned 18	35%	34%	31%
Returned to parent/s	23%	17%	33%
Placed under SGO	23%	19%	17%
Adoption	7%	30%	15%
Other	8%	0%	4%

Figures obtained from Children's Social Care data

- 8.2 The number of children leaving care to return living with their parent/s has increased by 6% on last year and this figure accounts for children who returned in a planned way (8) and those children who returned home in an unplanned way (4). There has been a significant decline in the number of children leaving care due to adoption, in reviewing the final care plans and data for these children, all those under five years of age who ceased to be children in care, were either placed with a family member or connected person under a Special Guardianship Order (SGO) or the plan was for them to return living with their parent/s in the community. There are some instances where the reason for a child leaving care have not been captured accurately within the data and this will be raised with the relevant heads of service in children's social care.
- 8.3 In November 2021 the NSPCC reunification framework was approved and implemented. This framework can be used for all children in care up to the age of 18 for whom a return home is an option. A range of practitioners can identify children and young people as being considered for reunification, such as the child's social worker, social work manager, the IRO or another practitioner working with the child or young person. The child's IRO will be informed when a decision is made to explore reunification and progress a return home assessment, the IRO if not in support of this decision will discuss directly with the child's social worker and social work manager. At the mid-point stage of the assessment (approx. 6 weeks from the start of assessment) there will be a case discussion which will include the child, family, foster carer, supervising social worker, family therapist, connecting family's practitioner and the IRO.
- 8.4 Once the assessment has been completed, should reunification be proposed, the IRO will hold a child in care review to consider the plans surrounding reunification and the support being made available to the child and their family. The IRO will have to be in support of the plan for reunification before this can proceed, should the IRO's views not be aligned with the assessment outcome the IRO would be expected to discuss this with the social work team responsible for the child's care plan. The dispute resolution protocol would be utilised in all instances where an IRO and social work team continue to have opposing views.
- 8.5 At the end of this reporting period, four children were being considered for reunification and were at varying stages of the reunification process, the IRO's for these children will continue to review and ensure the reunification framework is being followed.

Table 3: No. of children and young people allocated to an IRO during 2020/2021.

	Q1	Q2	Q3	Q4
Average IRO Caseload for FTE	53	45	46	50

Figures taken from IRO Service Case Tracker

8.6 The manager of the IRO service is responsible for appointing an IRO within five days of a child coming into care. Due to the challenges with recruitment and retention the service has had some difficulty in allocating children based on their needs with allocation primarily being led by an IRO's capacity. Whilst the average caseload of an IRO remains fairly consistent, there were more children coming into care in Q2 and Q4 than leaving and for a small IRO service which is often working at capacity, this creates additional pressure on IRO's and in turn impacts on IRO's being able to review care plans within 20 working days of the child coming into care.

Table 4: Children entering and leaving care by quarter

	Q1	Q2	Q3	Q4
Children coming into care	12	22	16	27
Children leaving care	21	13	10	17

Figures taken from Children's Services data

8.7 As the above shows, Q4 saw the highest number of children coming into care and this pattern has continued into Q1 and Q2 of 2022-2023.

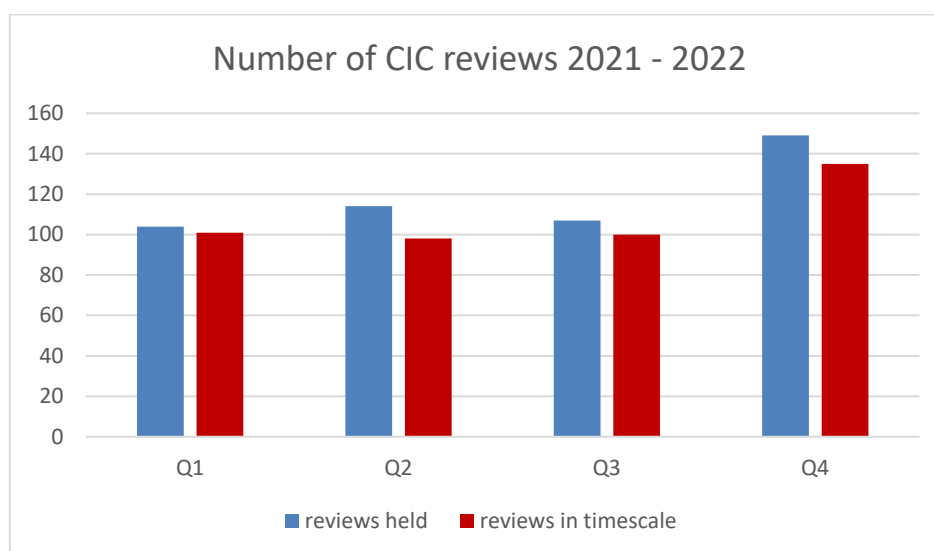
Table 5: Number of Child in Care Reviews over five-year period

	March 2022	March 2021	March 2020	March 2019	March 2018
Children In Care allocated to IRO	197	181	181	192	168
Total Reviews held	474	501	528	454	461

Figures taken from Children's Services data

8.8 The IRO Service chaired a total of 474 child in care review meetings in 2021-2022, again a decrease of 27 reviews from the previous year, this being despite the number of children in care remaining the same. It is not entirely clear as to the reason child in care review rates are declining when numbers of children in care are increasing, this is an area of practice that requires exploration by the IRO manager.

Graph 1: Timeliness of child in care reviews



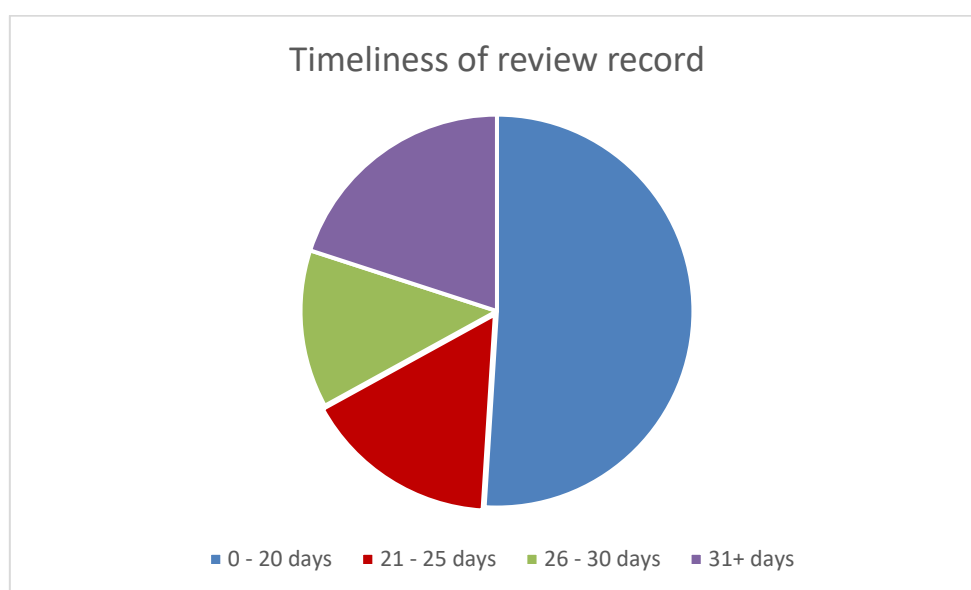
Figures taken from Children's Social Care data

8.9 Between the 1st April 2021 and the 31st March 2022 of the 474 reviews held 435 (92%) were held in timescale and 40 (8%) were out of statutory timescale.

8.10 There are a number of reasons as to why a review cannot proceed within timescale or on the date scheduled. Of the reviews not in timescale, 15 (3% of total reviews) were a result of the allocated IRO not being available, either due to absence from work or due to capacity. Q2 saw the most reviews out of timescale (16), and this is likely to a direct correlation to the number of children coming into care and this falling during the summer period when availability of the child, their carer/s, IRO and social worker are likely to be compromised.

8.11 There were 12 (2%) reviews not held within statutory timescale due to the social worker not being available, for a review to proceed the IRO will require the social worker to be in attendance. The absence of a social worker being available can be due to their absence from work, being newly appointed and not being able to commit to the pre-agreed date or in some instances the social worker needing to cancel due to competing priorities. The IRO service continues to highlight the importance of child in care review dates to social work teams and carers and this will be an area which will require continued monitoring.

Graph 2: Timeliness of review record



8.12 Following a child's review, the IRO must provide a written record of the decisions or recommendations within five working days of the completion of the review. A full record of the review should then be distributed within 20 working days.

8.13 During this reporting period 51% of review records were completed and circulated within 20 working days, 16% were sent between 21-25 days, 13% were sent 26-30 days and the remaining 20% sent 30+ days after the review. The service has unfortunately therefore not met its target of ensuring 85% of review records are sent within the statutory timescale. The capacity of IRO's is the reason the majority of review records are not sent in timescale, a part-time IRO can often find themselves spending large amounts of time travelling to see children and holding their reviews, reading records, expert reports, speaking with professionals, the child's family and considering the plans. Whilst timescale in this area of practice is not as high as the service aspire to, IRO's know their children and are able to bring to life in supervision with their manager the issues their children face, the complexities of their needs and the plans being progressed.

8.11 In the Ofsted inspection of children's services in February 2022, Ofsted identified *'The outcome of reviews are sensitively written to children, capture their opinions and are used to inform care plans'*. The IRO manager was pleased to see recognition of IRO's within Bath and North East Somerset working in a sensitive and child focused way, and whilst review record timeliness is an area for improvement, the quality of the record remains high as does an IRO's knowledge of the children they work with.

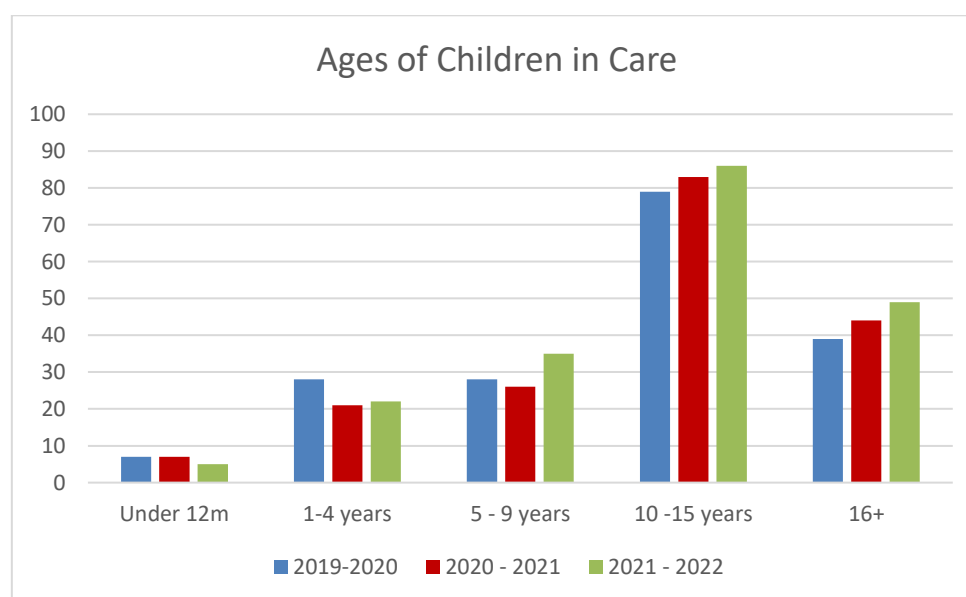
9. Profile of children in care in Bath and North East Somerset:

Gender:

9.1 In November 2021 the Government produced its annual statistics of looked after children in England up to the period ending 31/03/2021. This showed that males continued to account for 56% of children in care. The gender breakdown in Bath and North East Somerset has continued to be in line with previous years, with 51% of children in care being male and 48% female. The remaining 1% of children identified as gender fluid or non-binary.

Graph 3: Children by age as of 31st March 2021

9.2 As of the 31/03/2022, 3% of children in care were under 12 months old, 11% of children were aged between 1 and 4, 18% were aged between 5-9, 44% of children were aged between 10-15 and 24% of children aged 16 years or over. These figures are in line with the statistics for England at year end March 2021 where 5% of children in care were less than a year old, 14% were aged 1-4 years, 39% of children were 10-15 years old and 23% were 16+ years.

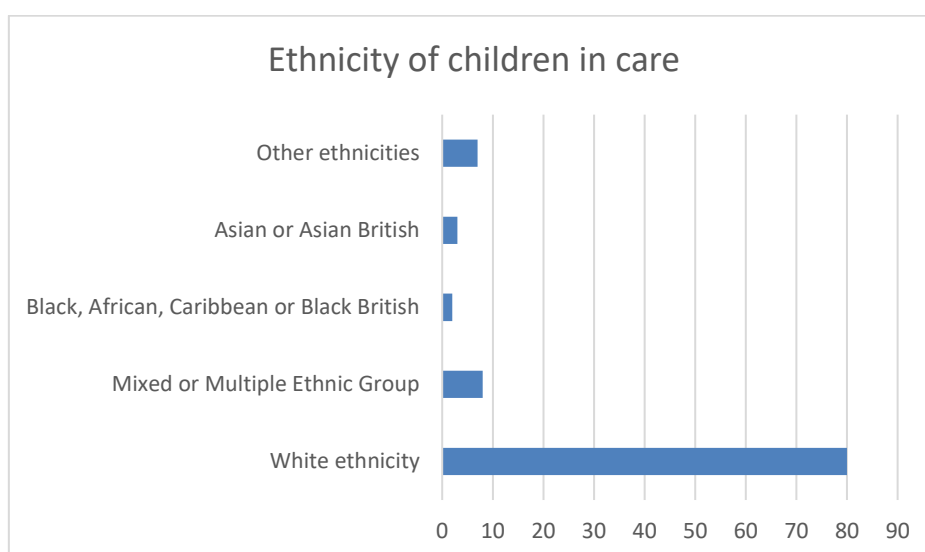


Figures taken from Children's Social Care data

9.3 The above shows the age ranges of children in care within Bath and North East Somerset over a three-year period, this highlights that the majority of children in care are aged 10+ years.

9.4 There are no changes to a child's IRO from the day they enter care unless the IRO were to leave their role, or the child requested a new IRO. This allows positive relationships to be developed between the IRO, the children, their carers, and family.

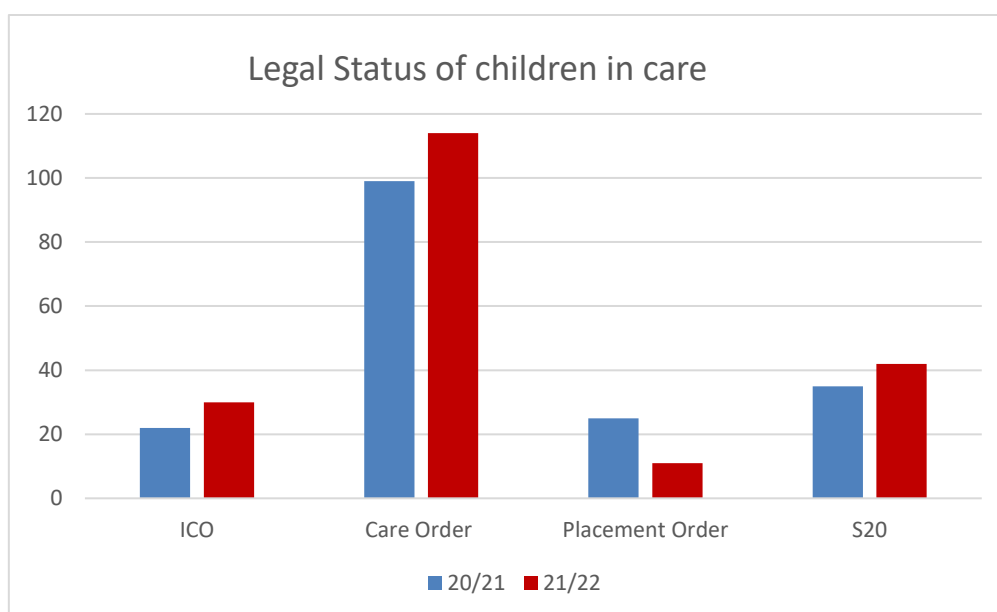
Graph 4: Ethnicity of children and young people in care



Taken from Children's Social Care data

9.5 The majority of children in care are of White ethnicity (80%). The cultural needs of all children in care is an area that IRO's continually consider and promote in their decisions or recommendations from a child's review. Social Workers demonstrate they consider a child's cultural needs as well as issues of diversity with Ofsted identifying in the inspection of children's services in February 2022 *'The individual identity needs of children in care are extremely well understood, including sexuality and gender identity, the position of children within their family group, and in relation to culture, religion and language'* (Page 6, Inspection report of Bath and North East Somerset local authority children's services).

Graph 5: Legal status of Children and Young People in Care



9.6 The above shows that 58% of children in the care of the local authority have a permanence plan for the child to remain a child in care. Plans for these

children will be closely reviewed by their IRO, with reviews held at least once every six months. Children in long term care benefit from the longevity of the relationship that the IRO role offers, with IRO's being able to bring to life a child's journey and experiences, especially when changes in care arrangements are necessary.

- 9.7 There has been a significant reduction in the number of children in care whose care plan is adoption, with a 9% reduction from last year. This decrease could be a result of the increase in children being placed with a relative or connected person under an SGO (23%) but could also be a result of how children's social care is working with families, which could be preventing very young babies from entering care. The age in which a child comes into care is an area that IRO's will consider, if they identify a child has been left at risk of harm for too long this will be raised directly with the social work team and the manager of the IRO service, any themes identified will be reported back to senior managers in children's social care.

Table 6: Ages and legal status of children in care

Age category at report end date	Interim Care Order	Full Care Order	Placement order granted	Single period of accommodation under Section 20	Total
Under 12m	4	0	1	0	5
1- 4 years	14	2	5	1	22
5 - 9 years	8	21	5	1	35
10 - 15 years	3	70	0	13	86
16+ years	1	21	0	27	49
Total	30	114	11	42	197

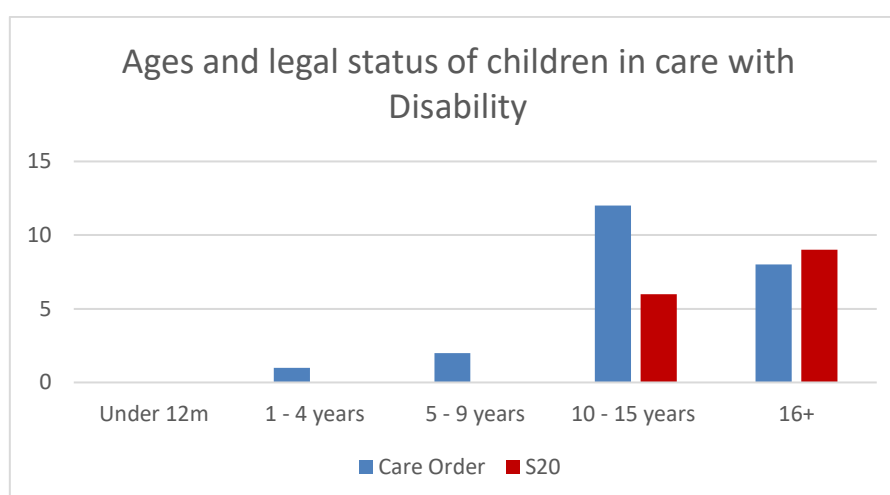
Figures taken from Children's Social Care Data

- 9.8 The above table shows the legal status and ages of children in care, there were as of 31/03/2022, 14 children under four years old who had yet to have a permanence plan and decisions about their long-term were being overseen by the family courts. If these children are unable to return to the care of their parents, live with family members or a connected person it is anticipated that a number of the children will have a final care plan of adoption.
- 9.9 There are five children aged between 5-9 years old who are subject to a Placement Order, for these children they will either be placed with adopters awaiting a Court hearing for the Adoption Order to be granted or care proceedings may have concluded with a placement order being granted but adopters have not yet been found. The placement of children for adoption requires careful consideration and can be impacted by the level of need a child has, the trauma they have experienced, their age and the number of adopters available. In statistics published by Coram BAAF, they reported that on average during 2020-2021 a child will be in care for 494 days before moving in with their

adoptive family and that 2,180 children had a placement order but had not been placed as of 31/03/2021.

9.10 When a child is made subject to a Placement Order, the requirement is that their IRO will convene a child in care review within 3 months of the Order being granted, statutory requirements dictate that a child should have a review thereafter every six months, in Bath and North East Somerset IRO's will hold reviews at a higher frequency should they have concerns about the progress of family finding or the complexity of the child's needs which may in turn create some difficulties in adopters being matched. For some children, adoption is not always possible even when the IRO, Social Worker and Courts have deemed this to be in the child's best interest. Where a child subject to a Placement Order remains in care with no prospect of adopters being found, the IRO will request the social work team review the care plan and consider whether long-term care should become the permanence plan. Any changes in care plan need to be ratified by the IRO and any change in plan will require the social work team to revoke the Placement Order. IRO's monitor and review the timeliness in which applications to revoke Orders are made, any issues of drift and delay will be escalated, and the Head of Service for Care Outcomes informed.

Graph 6: Children placed in care with a disability



Figures taken from Children's Social Care data

9.11 Of the 197 children in care, 38 (19%) children are recorded as having a disability. As the above graph shows, 17 of these children are 16 years and over. These children will likely require an assessment by adult social care to consider what support they may require as they become adults. IRO's will include in their review recommendations a referral to the transitions panel for all children aged 16+ who are likely to need support as an adult. The panel will have a duty to consider whether a young person is entitled to a transition assessment under the Care Act 2014. This assessment will consider what needs in terms of care and support the person would have after their 18th birthday. In this reporting period, IRO's have identified delays in transition assessments being completed which has left plans post 18 for some children uncertain. In instances where adult social care has not completed their assessment and a young person turns 18, the IRO service has been pleased to see the continued commitment by

children's social care to the young person whilst awaiting an outcome from adult social care.

10. Children placed at distance from Bath

Table 7: Type of placement beyond 20 miles

Type of placement	No of Children
Family	3
Foster Care	82
Residential / Children's home	15
Residential School	1
Mother and Baby	0
16+	7
Other	17
Adoption	0

Figures taken from Children's Social Care data

10.1 Local authorities are expected to place children in accommodation that meets their needs and allows them to live near their family home. Securing sufficient accommodation that meets the needs of looked after children is a vital step in delivering improved outcomes for children, with children needing access to care in the right place and at the right time. There continue to be significant challenges nationally in securing care arrangements for children that see them remain local to their family, friends, and school. In Bath and North East Somerset, 125 (64%) children in this reporting period were placed in a care arrangement that is 20 miles from their family home.

10.2 As of 31/03/2022, there were 16 children residing in a residential setting / children's home or school, accounting for 8% of the entire child in care cohort. Whilst this is a relatively small number, the IRO service is keen to see a strategy being developed by children's social care that sets out what steps will be taken to identify families for these children, especially for children under 10 years old.

11. Unaccompanied, Asylum Seeking and Trafficked Children:

11.1 The definition of a refugee according to the 1951 United Nations Convention is;

"A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

11.2 In the UK, a person becomes a refugee when government agrees that an individual who has applied for asylum meets the definition in the Refugee

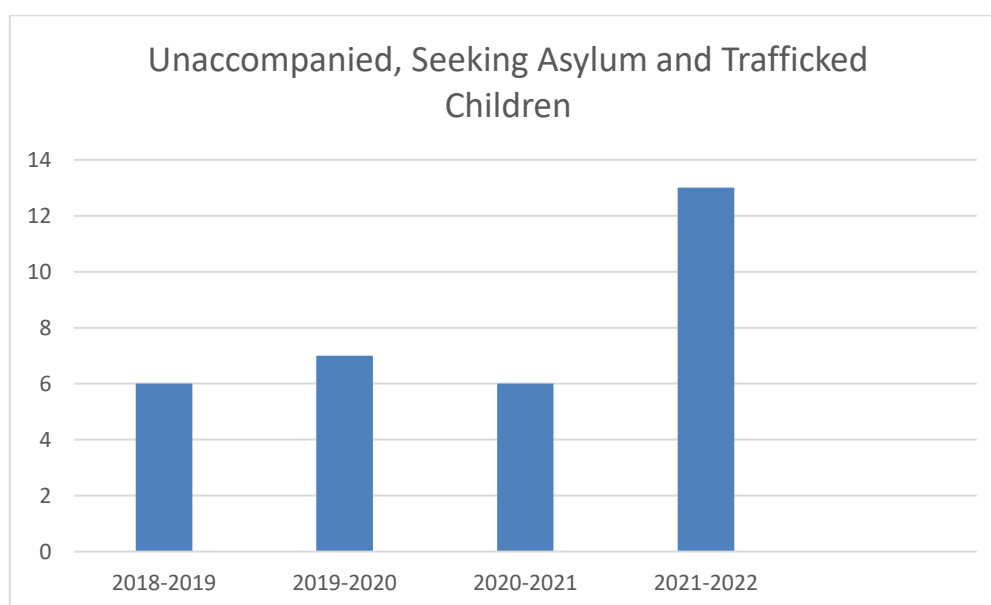
Convention and in turn they will 'recognise' that person as a refugee and issue them with refugee status documentation. Usually, refugees in the UK are given five years' leave to remain as a refugee. They must then apply for further leave, although their status as a refugee is not always limited to five years.

11.3 A person seeking asylum according to the Refugee Council is;

'A person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded'.

11.4 In this reporting period, Bath and North East Somerset Council have seen an increase in the number of children coming into care who are seeking asylum or refuge. The placement of these children across the country is overseen by the National Transfer Scheme (NTS) protocol which has been established to ensure the safe placement of unaccompanied children in the UK. In November 2021 all local authorities were given legal notice to accept transfer of children into their care, providing crucial placements and services for these children.

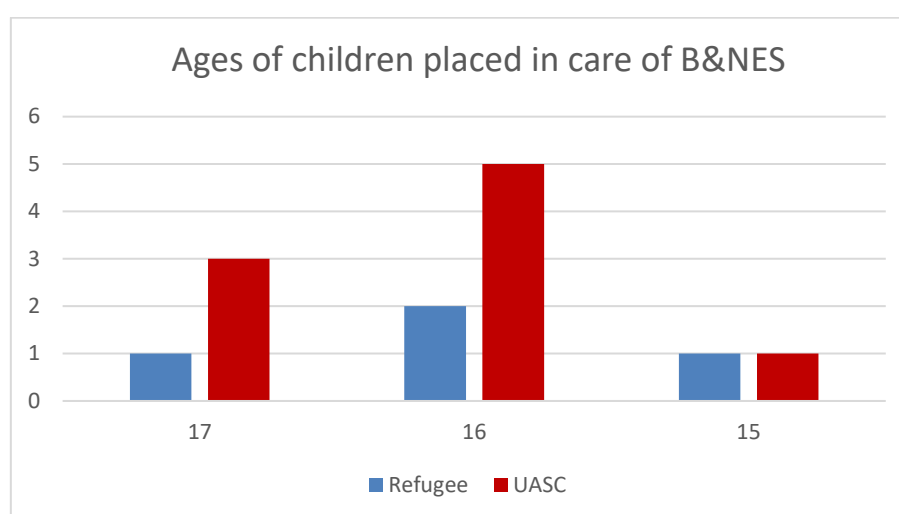
Graph 7: Immigration status



Figures taken from Children's Social Care data

11.5 The above shows the significant increase in numbers of children seeking asylum being placed in the care of Bath and North East Somerset. The majority of these children are not placed locally and are residing in London, Croydon, Birmingham, Kent, and Chelmsford, often a placement they have been in before Bath and North East Somerset became corporate parent. IRO's introduce themselves to these children, providing translated documents that explain their role, how they can be contacted and the purpose of a child in care review. IRO's will meet all children in person ahead of their review and will ensure the use of interpreters to ensure the child is able to fully participate.

Graph 8: Ages of unaccompanied, seeking asylum and trafficked children



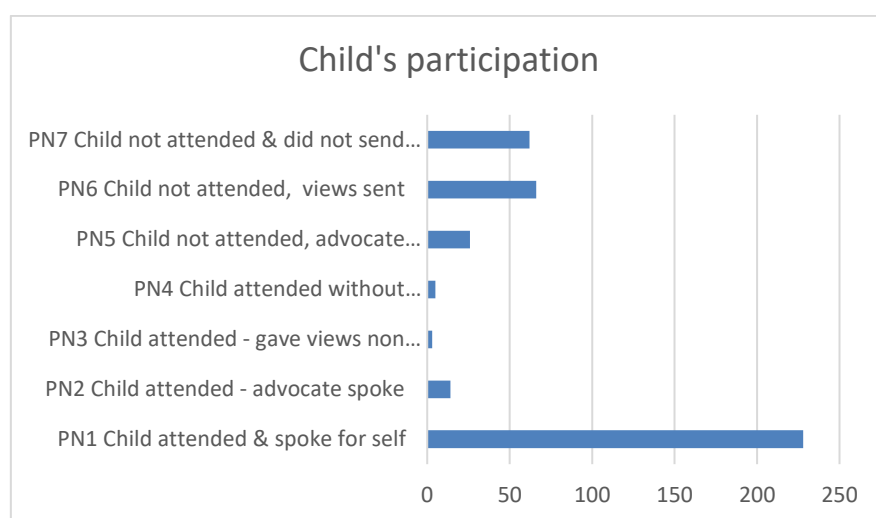
Figures taken from Children's Social Care data

11.6 All unaccompanied children are between 15—17 years old, speak little to no English, have limited understanding as to what it means to be a child in care and what they can expect as a child living in the UK. For many children, they will have never been to the area of Bath and North East Somerset, have a desire to be in an area where they can maintain contact with other young people and adults they met whilst travelling to the UK and part of a community that they feel able to establish some connection to. Every IRO within the service is now allocated an unaccompanied child / young person and the IRO service has recognised the importance of continuing to develop the skills, knowledge, and expertise in working with this particular cohort of children in care.

11.7 In the first six months of 2022-2023, 16 unaccompanied children or children with refugee status were placed in the care of Bath and North East Somerset, with this number anticipated to grow. This will have a significant impact on the IRO service and IRO's being able to fulfil their statutory responsibilities.

12. Child focused reviews, participation and feedback

Graph 9: Children and Young People's participation in their review



Figures taken from Children's Services Data (NI66 Local)

12.1 IRO's oversaw 474 reviews in this reporting period, with 63% of reviews seeing a child attend and speak for themselves, have their advocate speak for them or the child attended but chose not to contribute. Children aged 4 and under will be seen by their IRO in the presence of their carers and in their placement. IRO's will consider the relationship between the child and carer, how at ease the child is in their environment and how the child interacts with other members of the family/household.

12.2 Like last year, 15% of reviews held in this reporting period took place without the child being in attendance or providing their views. All children in care are sent a consultation form ahead of their review, are referred to Off the Record for advocacy and contacted by the IRO (where age appropriate), their choice not to participate is therefore respected if they have consistently said or shown that they do not want to be a part of this.

13. Children and Young Peoples Feedback:

13.1 Obtaining feedback from children in care about the service they receive from IRO's was identified as an area of priority for this reporting period, unfortunately due to demands on the service, the challenges faced at the start of 2021-2022 and the changes in personnel there has been no further development in this area. The service is very aware of the need to gain the views of those with lived experience and intends to assign some time and resources in the coming year to achieve this.

13.2 Whilst obtaining feedback about the IRO service has not been possible, the IRO service was instrumental in supporting children to participate in the Bright Spots 'Your Life, Your Care' 2020-2021 survey which was undertaken between February and April 2021. This saw 40 children in care aged between 4-18 years old taking part. The results from this survey were shared in January 2022 and highlighted;

- Children who participated in the survey reported trusting the adults they lived with 'all or most of the time' or 'sometimes'.
- Nearly 75% of the young people (aged 11-18 years) talked regularly with the adults they lived with about things that mattered to them. This was seen favourably when compared to the general population who talked regularly to a parent.
- Nearly all of the children and young people reported that the adults they lived with showed an interest in their education.
- Every young person had access to the internet and reported being able to practice independence skills such as cooking, laundry and going to the bank.
- 97.5% of children and young people got the chance to have fun or take part in hobbies or activities outside of school.
- 27% of young people reported not always feeling safe in their current home.
- Children and young people in B&NES were statistically less likely to feel included in decisions social workers made about their lives (65% vs. 87%).
- Boys less often reported 'always' feeling safe at home (50% vs. 88%) and they also less often reported 'always' feeling settled (40% vs. 88%).
- Apart from some children not trusting their social worker, all of the children's other responses in the survey depicted entirely positive care experiences.
- 46% young people reported very high levels of positivity about their future.

14. Dispute resolution and escalation:

14.1 IRO's seek to work in collaboration with social work teams and other professionals. Should issues arise where IRO's are in disagreement with plans being proposed for children they will always seek to resolve this at the lowest level, often discussing matters with the child's social worker and social work manager. IRO's as part of their day-to-day practice will offer views and question plans and decisions being made for children, IRO's encourage open dialogue with social work teams and promote the importance of regular contact with a child's social worker between child in care reviews.

14.2 The dispute resolution protocol provides a framework for IRO's to utilise when there are disagreements about plans for children which have not been possible to resolve between the IRO and Social Worker. The protocol has three stages; informal (IRO raises concerns directly with Team Manager responsible for child), formal (IRO has not been able to reach resolution at informal stage and so concerns raised with relevant Head of Service for Children's Social Care) and Director level (in rare instances where resolution at formal stage hasn't been achieved and concerns relate to welfare and safety of child, these will be escalated to the Director or Assistant Director of Children's Social Care).

14.3 In this reporting period there were 39 informal escalations raised by a child's IRO three include;

- *Completion of Social Work report for a child's review;* Before every child in care review a report should be prepared by the child's social worker, this should provide an understanding as to the child's needs and how these are continuing to be met, how the care plan has been progressed, the child's

achievements as well as any worries, how family time is progressing and an update on the recommendations from the previous review. IRO's across the service continue to have challenges in receiving these reports ahead of the review with some reports remaining outstanding at the time of the review. For some children the report isn't completed for a further 1-3 months post review. The manager of the IRO service has continually raised this area of practice with Heads of Service for Safeguarding Outcomes and Care Outcomes.

- *Lack of evidence that social worker received supervision;* The supervision policy within children's social care sets out that a social worker should discuss a child in care within every other supervision (every 8 weeks). IRO's review the child's record and consider the frequency of supervision, where there is no evidence between a child's review that supervision has taken place IRO's will raise this as part of their quality assurance work. In this reporting period there were several instances where an IRO raised an informal escalation about the lack of supervision as wanted assurances the plans for the child were being discussed in supervision between the social worker and their manager.
- *Allocation of children;* In this reporting period, an IRO was concerned that children who had a permanence plan remained in Safeguarding Outcomes and given the children's care plan and level of need the IRO was of the view the children needed to transfer to Care Outcomes as a matter of priority, this service area having the expertise and knowledge in working with children whose care plan is long term foster care.
- *Delay in response to safeguarding concerns;* An IRO raised a concern informally that a safeguarding concern that arose within a child's placement had not been referred to the Local Authority Designated Officer in a timely way.
- *Provision of services to children in care;* For six children in care in this reporting period, IRO's have been concerned that they have not been given access to services that are either in line with the child's wishes and feelings or are services that have been identified as part of the child's care plan. IRO's have advocated for the children in these instances and children's social care have taken forward the suggestions of the IRO.
- *Delay in legal orders being sought / revoked;* If an IRO identifies delay in applications to court, they will initially raise this as an informal escalation., should the IRO remain concerned about the timeliness of applications they will utilise the formal stage of the dispute resolution protocol.
- *Uncertainty around family time and impact on child;* At every child in care review the IRO will consider the plans in place for children to see family and friends and will make recommendations surrounding this area of a child's care plan. Should an IRO have ongoing concerns about the impact of family time or lack of family time being offered to the child the IRO will make an

informal escalation requesting children's social care review family time arrangements.

- *Suitability of placement;* In this reporting period an IRO had concerns about the suitability of a child's placement and was not satisfied this was promoting the child's needs. The IRO raised their concerns and asked the social work team to consider the plans for this child.
- *Completion of needs assessment and pathway plan;* IRO's will make recommendations at every child in care review about the need for relevant children to have an updated needs assessment and / or pathway plan. At subsequent reviews, where there is no evidence the recommendations have been progressed the IRO will informally raise and seek a timescale for completion by the social worker's manager.
- *Uncertainty around plans post 18;* Children in care will have their final child in care review 4-6 weeks prior to their 18th birthday to ensure recommendations from previous reviews have been completed.

14.4 In this reporting period there were eight formal escalations made by IRO's due to the level of concern identified;

Child	Basis of formal escalation	Outcome
Child A	IRO raised concerns that a student social worker was allocated to child in care with no evidence of support being offered from a qualified practitioner. Child learned of placement coming to an end by their carer leaving child with a level of uncertainty as to plans.	Social Work team identified qualified practitioner to work alongside student. Child in Care was supported by advocacy to make a complaint about their placement ending and there being uncertainty as to the plans going forward.
Child B	Concerns about lack of legal framework around children and of this possibly contributing towards delay for the children in permanence being achieved.	Children's Social Care agreed to seek legal advice.
Child C	A former child in care contacted their IRO as did not feel supported by the local authority in relation to the arrival of their sibling from Afghanistan.	Care leavers team agreed to liaise with local authority where sibling placed. Challenge as to age assessment raised.
Child D	Social Work report for first and second child in care review not completed.	Social Work reports completed, and commitment given to these being done in a more timely way going

		forward.
Child E	No statutory visits by social worker for two months since child came into care and recommendations from first child in care review not progressed.	Visit to child took place and steps taken to progress recommendations.
Child F	IRO had identified concerns for child's safety and did not deem social work team to have robust oversight of risks and vulnerabilities within placement.	Review of child's plan and needs undertaken by Head of Service for Care Outcomes.
Child G	IRO was not in support of change in care plan for sibling group.	Final care plan was reviewed by Agency Decision Maker and Assistant Director for Children's Social Care.
Child H	Drift and delay in care planning for permanence despite young person's wishes and feelings.	Social Work team reviewed plans and timescale for completion of actions.

16. Quality Assurance by the IRO

16.1 IRO's are required to maintain close oversight of the care planning for children and young people in care, this means that they must keep oversight of the progress for children in care in between their reviews. Social Workers have a duty to inform a child's IRO of significant changes / events in the child's life and any proposed changes in care plan should be discussed with the IRO before being implemented.

16.2 The manager of the IRO service was providing quarterly reports to Senior Managers in Children's Social Care but due to changes in the governance structure the reporting arrangements are under review with the Director of Children's Social Care and Director for Education and Safeguarding.

17. Areas for development within IRO service

17.1 Each year the IRO service identifies areas of practice that require further development or improvement, updates to the progress of these are set out below.

Area for development/ improvement	Update
Feedback from children, young people, their families, and carers. (Outstanding from 2019)	Outstanding.

Children in care will have access to life story work delivered in an age-appropriate way. (outstanding from 2019 – 2021)	The IRO service is awaiting completion of a life story policy by children's social care, this piece of work has been outstanding since 2019 and the IRO manager has raised at children's social care improvement board.
Improving the number of child in care review records that are sent within 20 working days of the child's review, achieving at least an 85% compliance in this area (Area for improvement 2021-2022)	The IRO service continues to have challenges in meeting the target of 85%, this is an area of performance that continues to be reviewed and monitored.
IRO's to have input and oversight of any plans for reunification, consideration of learning where reunification has been successful and unsuccessful. (Area for development 2021-2022)	The NSPCC reunification framework was launched in 2021 and members of the IRO service either attended the training around reunification or the launch event. IRO's will be encouraged to contribute to any evaluation of the project.
Themed audits to be undertaken with these being identified by the themes emerging from the quality assurance activity within the service and the data reports. (Area for development 2021-2022)	Outstanding, to form part of service plan for 2022-2024.
Children with disabilities, greater focus on how children are supported to participate in their review. (Area for development 2021-2022)	Completed and ongoing - IRO's ensure all children with a disability have been referred to advocacy or have someone who can ensure their voice is heard. IRO's visit children in placement and observe them, seek information on child's progress from those that know them well and utilise communication methods the child can access.

18. Areas of focus for IRO Service

18.1 The IRO service will be focusing upon the outstanding areas of development and improvement from previous years as these are areas of priority.

Director Children's Services 6-month update, 31/10/2022**PDS Report****Virtual School**

It has been a busy but successful year, including a highly positive OFSTED report and reflection on our work which stated that children under the remit of the virtual school. We have supported not only our Children Looked After cohort but also expanded to provide support for all pupils open to a social worker, following on from work last year with the pilot project with What Works.

Like our Social Care colleagues, the Virtual School supports a growing number of unaccompanied asylum seeker children. The Virtual School has appointed a dedicated officer to oversee this complex area of work to support this work. Despite the challenges of the last two years, the school's performance has remained good. A summary is provided below

Academic data summary:

- EYFS – 50% of the cohort made good learning development
- KS1 – 66% made ARE in writing, 33% made ARE in reading and maths.
- KS2 – 67% made ARE in reading with 1 securing greater depth, 56% made ARE in writing with 1 securing greater depth and 56% made ARE in maths. All of these results place us above the national and regional data.
- KS4 – Pupils achieving level 4 and above – English 33%, Maths 27% and both 27%. 27% achieved English and Maths at Grade 5 or above. 73% of KS4 pupils made expected progress.
- There have been no permanent exclusions and the number of children receiving one or more suspensions (fixed-term exclusions) has significantly reduced over the past four years as acknowledged by OFSTED Attendance remains strong at 90.64%

Schools Standards Board

The Schools Standards Board continues to meet to facilitate discussions on area-wide education priorities with the Local Authority and the Regional Directors Group. The next meeting is on the 15th of November. The agenda will focus on delivering the LA's Safety Valve Plan, along with information on the Poverty Proofing schools, early analysis, and information sharing around education performance.

St Johns Foundation

At the last PDS and previous ones, panel members have been advised of the joint work that the council is carrying out with the St. Johns Foundation to improve the education outcomes of disadvantaged pupils.

The last Lead member report highlighted the Improving Disadvantage Educational Outcomes Programme (IDEOP). This B&NES-wide approach to understanding and improving our disadvantage gap has started its discovery and research phase, led by our appointed partner, The Big Education Trust.

To support this work, all MATs have provided a named lead for this work and they will be meeting with the Big Education Trust over the next six months. This is an exciting project that will take a considered and ground-level look at the issue of our disadvantage gap in B&NES.

Children Services Workforce

We continue to experience significant demands within Children's Services with regard to increased complexity of family's presenting issues and this is likely to be exacerbated with the cost-of-living crisis.

Nationally, we are seeing significant workforce pressures in relation to the recruitment and retention of child protection social workers, and this is becoming increasingly evident within B&NES. We are working closely with HR colleagues to monitor and review this frequently to stabilise the workforce and minimise any impact this may have for our families and communities.

Early Help update

The Early Help offer in B&NES seeks to address the root causes of issues and to improve the outcomes and life chances of our most vulnerable children, young people and families by focusing on:

- Providing the right service at the right time.
- Developing a multi-agency integrated model, preventing extra familial harm and strengthening families by building on our Safer Options approach to serious youth violence and family support.
- Reducing teenagers requiring our care through improved family support with the launch of the reunification project and by providing support at the earliest opportunity.

In 2021 we remodelled the Early Help Services to support the demand at the front door, with Early Help staff working closely with Social Care Triage Team, this approach alongside the work of the multiagency Early Help Allocation Panel, ensures that the most effective response is given in a timely manner.

Early Help Services delivered by The Council

1. **Connecting Families Team (CFT)** works with children, young people, and families. Following a whole family assessment and action plan is drafted to meet their needs and support them to change their behaviour in order to achieve resilience, have good school attendance, gain work, have good wellbeing, and positive crime free lives within their community.
 - The CFT also provide mediation support for families. The CFT help family members: To reduce parental conflict between parents (that are either living together or separated).
 - The team have developed its offer to Afghan Refugee families in the last year to ensure that they have robust support in place as well.

2. **Bright Start Children's Centres (BSCC)** in Bath East and North East Somerset offer a range of activities and support services to help families with all aspects of parenting, either delivered within the Children Centre buildings or by a family support worker.
3. **Parenting offer**

Family Links Parenting Courses are run by the Connecting Families Team and the Bright Start Children's Centre Services in B&NES

Social Care: new extended duties Care Leavers

There are new statutory duties which came into force in April 2022 which require all Local Authorities to keep in touch and provide a service to care experienced young adults aged 21-25 years. These new duties mean that our Care Experienced service in B&NES will need to expand accordingly to provide a service to approximately 100 additional care experienced young adults.

The Care Experienced Team

In April 2022 a dedicated Care Experienced service was created within B&NES. This followed an independent audit of services. The Care Experienced Team (CET) works with young adults aged 18 – 24 years (up to their 25th birthday) who have or will have care leaver status upon their 18th birthday.

The team will support young adults to have every opportunity to engage in Education, Employment and Training, we hold monthly clinics to ensure there are clear pathways into education, employment or training tailored to their needs and in line with their own goals and ambitions. We support young adults to attend university and offer post 18 PEPs as an opt in service which the Virtual School oversee and provide input to ensure each young adult gets the support they need to achieve their potential.

Unaccompanied Asylum-Seeking Children (UASC) who have reached their 18th birthday will also be supported within the team. We will work alongside the Social Worker specialising in this area of work in the Children in Care Team in advance of their 18th birthday to support their transition to the CET.

In recent months the arrival of increased numbers of UASC is impacting on the capacity and work of the Team. Many of these children are arriving at 17 years plus and so will move into the Care Experienced Team shortly after being in the care of B&NES, often without their asylum claims processed and therefore without leave to remain. This brings additional responsibilities for the service.

The needs of Care Experienced young adults are increasingly complex, analysis shows that this is in part due to covid, EET opportunities, housing and mental health, alongside others. Many children are coming into care at a later age and so we have had less opportunity to provide support, stability and timely interventions, leading to additional needs at a later age. Although we are felt to be coming through the covid pandemic, the legacy for our Care Experienced young adults will be present for many years to come.

Mark Riddell visit update

Mark Riddell, the National Implementation Adviser for Care Leavers, visited B&NES on 11th October 2011. He originally visited in Oct/Nov 2018 and made a series of formal recommendations for our services to care experienced young adults and namely our Local Offer, a statutory requirement. This most recent visit was to scrutinise our progress, alongside the recommendations made by OFSTED in their inspection.

The visit was successful, and Mark commented on the good progress that B&NES has made since 2018. He agreed with the OFSTED judgement of 'Good'. Positive feedback was provided in relation to the work focusing on education, employment and training (EET), as a result of which we have seen an improvement in the number of care experienced young adults engaged in EET.

Recommendations were made in relation to B&NES housing offer for care experienced young adults, as well as services to meet their mental and emotional needs. These areas are being addressed within the Children's Transformation Programme (mental health/transitions projects) as well as collaborative working between CSC and Housing. Clear recommendations were made about the need for investment into the team to meet our statutory Extended Duties, and provide timely allocation of PAs. It is important to note that this recommendation was made by OFSTED also. Formal written feedback and recommendations for action will shortly be provided and it is planned that Mark will visit B&NES again in the next 12-18 months

Care Leaver Week

Care Leavers Week is a national event taking place from October 24-28 celebrating the achievements and contributions made by care experienced young adults. B&NES held events throughout the week for the care experienced young adults we support, including celebration evening and fun activities.

We also held a public art exhibition, involving art created by care experienced young adults from B&NES. The exhibition ran from October 25 to 27 at Bath's Victoria Art Gallery and had the theme 'Belonging'. The pieces were created specifically for Care Leavers Week and included poetry, 3D modelling, painting and photography. Care leavers week is an opportunity to focus on our care experienced young adults. These events supported Council staff, partner agencies and young adults coming together as a celebration.

Foster Care - recruitment and celebration

The Children's Transformation Programme includes a Fostering Recruitment and Retention project, which seeks to increase the numbers of in house foster carers, retain current fostering households, and improve on the support and training we provide to carers. An invest to save programme was agreed enabling us to

- Employ a marketing apprentice
- Commission the services of a marketing company to aid in recruitment
- Build capacity into the team to enable support and supervision of carers and staff
- Review of fostering allowances, moving to a skill-based scheme, rather than age related allowances.

The project has been successful, and we have seen a rise in the number of foster carer households in B&NES. However, this has been offset in part, by a rise in the number of children coming into the care of the Local Authority. The rise in care numbers is a national issue and B&NES continues to be in line with our statistical neighbours and below national averages.

The review of fostering allowances and implementation of a skills-based scheme has been welcomed by our carers. The commission of a marketing agency has been successful and a key part of our recruitment strategy. We have learnt much from the agency and retain all rights to the material they have produced.

The project also included the development of our Fostering Families service, one of a kind nationally. This provides a foster carer to the child and their parents/family members, enabling the child to remain at home. The foster carer will act as an extended family member and transitional attachment figure for the child's primary carers. The aim of this service is to avoid children coming into care.

The Fostering families service has shown good outcomes with no new entries into care for children supported. We have also seen some children being stepped down from a child protection plan and therefore no longer on the edge of care.

Youth Justice

Following a consultation with children and professionals, the Youth Offending Service is re-naming itself the Youth Justice Service. This recognises the importance of taking a 'child first' approach and whilst the statutory requirement to prevent youth offending remains in place and is a priority in all our work, retaining the word 'offending' in the organisation's name would not have reflected our focus on children's holistic needs. Use of the word 'justice' also reflects our commitment to those harmed by children and our work to offer them involvement in restorative responses. We are continuing to explore how best to involve children in influencing strategic leaders as well as operational staff. To this end, a young person remaining in voluntary contact with us after his 18th birthday recently attended our strategic Board to describe and discuss his experiences of accommodation. It led to specific actions for strategic leaders to follow up and report back on.

Violence Reduction

Despite tragic and serious knife assaults in recent weeks, this continues to be an area that sees comparatively low levels of serious violence and there is strong partnership commitment to addressing exploitation and conflicts that pose a risk to children, families and the wider community. Recognising the importance of raising awareness and encouraging children to talk about their concerns, we are collating information about all the workshops currently being offered in education settings and are procuring more through the community fund.

The partnership continues to deliver against its work plan, including procuring a longer contract for delivery of detached youth work in areas of concern and we will be introducing a longer-term mentoring offer for those at risk of being caught up in serious violence. We are also exploring the nature of women and girls' involvement in serious violence and have

completed a questionnaire consultation with professionals which suggested there is a continuing level of concern although few come through to the attention of the Youth Justice Service.

We are now procuring a piece of work to understand children's own experiences and perceptions of what is happening and are also reviewing what support is available for them as part of developing a serious violence 'pathway.' The multi-agency Partnership for Reducing Exploitation and Serious Violence continues to meet monthly to share information about individuals, networks and places of concern, gauge our shared level of concern and strengthen the offer of support where possible. This now includes allocation time through the two new Police Constables being attached to the Violence Reduction Unit. We are currently taking stock of the impact of this work.

Planning is underway, in partnership with the Office of the Police and Crime Commissioner, for the implementation of the serious violence duty and we are beginning to compile information for our next strategic needs assessment.

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

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

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

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

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

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

Agenda papers can be inspected on the Council's website.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
8TH NOVEMBER 2022				
8 Nov 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Education Landscape (inc: Early Years & Primary Data - Emerging Picture / Regional Schools Commissioner Update)	Christopher Wilford Tel: 01225 477109	Director of Children and Education
8 Nov 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Music Service	Christopher Wilford Tel: 01225 477109	Director of Children and Education
8 Nov 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Independent Reviewing Officer Annual Report	Sarah Hogan Tel: 01225 39 6810	Director of Children and Education
8 Nov 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Director of Children's Services & Education - 6 month update	Mary Kearney-Knowles Tel: 01225 394412	Director of Children and Education
17TH JANUARY 2023				

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
17 Jan 2023	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Prevent Duty	Samantha Jones Tel: 01225 396364	Director of People and Policy
17 Jan 2023	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Serious Violence Duty	Sally Churchyard Tel: 01225 395442	Director of Children and Education
14TH MARCH 2023				
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				

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