

BATH AND NORTH EAST SOMERSET

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

Tuesday, 15th June, 2021

Present:- Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Ruth Malloy, Mark Roper, Andy Wait, Paul May and Gerry Curran

Co-opted Member: Kevin Burnett

Also in attendance: Dr Bryn Bird (Member of CCG), Leigh Zywek (Assistant Director for Children and Young People), Mary Kearney-Knowles (Director of Children and Education), Christopher Wilford (Director of Education, Inclusion and Children's Safeguarding), Sarah Heathcote (Public Health Development & Commissioning Manager), Stephen Luke (Senior School & Improvement Achievement Adviser), Julie Eden (Early Years Adviser), Milly Carmichael (Health Improvement Officer), Claire Henwood (Oasis Pantry) and Rachael Ward (Service Manager Care Outcomes)

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

1 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Liz Hardman, Chris Batten (Co-opted Member) and Gill Stobart (Co-opted Member) had all sent apologies to the Panel. Councillor Eleanor Jackson was present for the duration of the meeting as a substitute for Councillor Liz Hardman.

Apologies were also received from Councillor Alison Born (Cabinet Member for Adults and Council House Building) and Alison Elliott (Interim Director of Adult Social Care, Complex and Specialist Commissioning).

4 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he is a non-executive Sirona board member.

Councillor Gerry Curran declared an other interest as he is employed by Virgin Care and also a carer for Shared Lives. He added that he is a Governor at Twerton Infants School.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

7 MINUTES: 9TH MARCH 2021

The Chairman referred to page 6 and asked if there was an update on the Escalation Protocol.

The Director of Children's Services & Education replied that it was awaiting sign off from the B&NES Community Safety and Safeguarding Partnership.

The Chairman referred to page 7 and asked if any update could be given regarding SEND Advocacy.

The Chairman referred to page 9 and asked if any response had been given relating to the point raised about consent of flu vaccinations administered in schools by Virgin Care.

The Chairman referred to page 16 and asked if any information on the proposed £1.2m of cost savings / balanced budget from Virgin Care had been received.

The Director of Children's Services & Education replied that she would seek responses on these issues on behalf of the Panel.

Kevin Burnett referred to page 15 and reiterated his comment that he would welcome an updated statement on any key focus areas or areas of concern regarding the Virgin Care contract.

With those matters raised in mind, the Panel confirmed the minutes of the previous meeting as a true record.

8 CABINET MEMBER UPDATE

Councillor Dine Romero, Cabinet Member for Children and Young People, Communities and Culture addressed the Panel and said that she was happy to take questions on the submission she had provided to them. She added that she would welcome any suggestions for future items to be included in the update.

The Chairman asked the following question on behalf of Councillor Liz Hardman. With the school holidays only six weeks away, are there any plans to provide vouchers for those children in receipt of free school meals or will we be relying on the Holiday Activity and Food Fund. My concern is that not all children in receipt of FSMs will necessarily access the HAF programme and that it will not provide food every day for those that do.

Councillor Romero replied that the Council are currently lobbying the DFE for a decision on FSM vouchers for the school holidays and were expecting to receive a decision from the DFE shortly. She added that it was so important to make sure that children do not go hungry.

Councillor Paul May commented that he was pleased that the Council are going to support and fund some form of education provision on the former Culverhay School site. He added that when in place this offer should be promoted to those that need it most.

Councillor Romero said that she was considering a proposal from Bath College to deliver vocational provision at the site to support children aged 14-18.

Kevin Burnett asked if there was a procedure that detailed public accountability for how MATs (Multi Academy Trusts) are run.

Councillor Romero replied that there was a set procedure for accountability that can be circulated to the Panel. She said that traditionally there have been good relationships with local Head Teachers / CEOs and that she would work hard to retain these. She added that she would be happy to act as a voice for the Panel.

Kevin Burnett asked if she could comment further on Mental Health Support in schools.

Councillor Romero replied that she would give a written reply to the Panel.

The information below was supplied following the closure of the meeting.

1. Thrive model and early help services for early years

Bright Start Children's Centre Services and Action for Children continue to provide early help support for children (from conception to age 5). Their offer includes the Five to Thrive model which focuses on early relationships and attachment. Children's Centre services work collaboratively with a wide range of early childhood services to provide early help including maternity services, health visiting, speech and language and the early years team.

The i-thrive model for CAMHS is a whole system model that recognises the important role and contribution a range of stakeholders have in supporting children and young people's mental health and wellbeing. Based on research the model categorises children and young people into five needs based groups and identifies the skill mix of professionals and resources that are required to meet these needs based on what works. Oxford Health CAMHS are a key part of the CAMHS system and a comprehensive plan is in place to drive service transformation and modernisation. Key developments that are currently being taken forward include:

- *Expansion of the early help offer into schools and colleges through Mental Health Support Teams*

- *Mobilisation of a Crisis Resolution and Home Treatment Service to enable children and young people to be treated at home in the community and avoid hospital admission where possible*
- *Enhancement of the nationally recognised children and young people's eating disorder service for children and young people*
- *Provision of a crisis helpline both in and out of hours*
- *Review the Trust's CAMHS webpages with better access to self-help tools and resources and signposting*
- *Ongoing development of digital interventions including Sleepio and Lumi Nova*
- *Co-location of specialist mental health staff in LA Children's Services to work together to support vulnerable children*
- *Development of a menu of choices for children and young people according to their needs based on NICE and i-thrive*
- *Consultant Mental Health Practitioners to support the development of a 16-25 pathway and offer*

2. Plan to address performance issues in CAMHS

In respect of CAMHS performance, the 19/20 National CAMHS Benchmarking report shows that the mean wait time to first appointment for BSW is 6 weeks compared to the national average of 10 weeks. The mean wait time to second appointment is 10 weeks compared to the national average of 15 weeks. Wait times continue to be impacted by increasing demand both in respect of rising referrals and increased complexity. This has been compounded by Covid that has resulted in a surge in eating disorder and liaison referrals. Capacity within the service is also being tested as a result of workforce supply chain issues owing to a national shortage of mental health staff. Increased investment as outlined in the service developments above will help to address demand and capacity challenges and a workforce plan is in place to support with recruitment and retention, including the introduction of new roles e.g. Clinical Associate Psychologists, Wellbeing Practitioners, OT and Social Work Apprenticeships etc. A comprehensive business continuity plan is also in place for the BaNES team to help address current challenges.

3. Rollout of support to schools

Throughout the pandemic period B&NES Council and partners have continued to support schools to maintain and support pupil's wellbeing. This has been partly provided through existing services but also as a result of additional Department for Education funding. School Nurses continued to provide 1-1 pupil support via a 1-1 confidential telephone service specifically for secondary age pupils and any parent/carer. They also operated their CHATHEALTH text messaging service for young people. All schools were sent a letter promoting this. Public Health have provided regular round ups of local and national support which are sent to mental health leads in all schools. These have included information from national providers of curriculum materials, staff wellbeing support helplines and relevant links within the Council to Education Inclusion etc. Public Health has also been responsive to schools requests for information and help. For example they produced a template for schools to adapt and use on their website as a place to initially signpost parents/carers concerned about their child's wellbeing.

B&NES received £30K from the Department for Education to support the recovery of pupils mental health and wellbeing during the pandemic. This funding was used to deliver training, a series of fortnightly network meetings and a confidential 1-1 helpline service run by the education psychology service. Schools are regularly reminded and invited to take up this Wellbeing Education Return programme and to date since September 2020 all but 1 of our secondary schools have taken advantage of this support, 77% of primaries and 50% of our special / studio schools. A total 306 school staff have been involved. We are currently planning the offer for September 2021 – March 22 and are consulting with partners and schools on how they feel our additional £26,626 Wellbeing Education Return funding should be spent.

The Chairman thanked the Cabinet Member for her update on behalf of the Panel.

9 BSW CCG UPDATE

Dr Bryn Bird, B&NES Locality Clinical Chair addressed the Panel. A copy of the update can be found as an online appendix to these minutes, a summary of the update is set out below.

Shaping a Healthier Future programme

In 2019 BSW CCG worked with partners, staff and members of the public to set out the priorities for the delivery of health and care services – these plans were published in early 2020, and took into account the community review work, *Your Care, Your Way*, which was undertaken in 2017-2019.

We want to review these plans in light of the learnings from the Covid-19 pandemic of the last year, testing whether our health and care model is still the right one or whether we need to make any changes.

Covid has sped up the collaboration between services and we have adopted a number of new ways of working in order to continue caring for local people and keeping them and our workforce safe.

Alongside the refresh of our system-wide health and care model, the Royal United Hospitals Bath NHS Foundation Trust (RUH) has the opportunity later this year to bid for government funding to transform the way it delivers care.

Some of this funding has already been confirmed with the Dyson Cancer Centre now formally approved to proceed. Further funding will be needed to support the future BSW model of care which will focus on greater integration, a person-centred approach and care closer to home.

As a result, fourteen patient champions have been recruited to a series of workshops that are being held this month to review and discuss our health and care model and explore ways we can start to realise our ambition to provide care closer to home.

BSW ICS Partnership Integrated Care System update

As part of BSW Partnership's commitment to transparency and openness, the BSW Partnership Sponsoring Board held its first meeting in public recently. The BSW Partnership Board provides the formal leadership for the BSW Partnership and is responsible for setting strategic direction and providing oversight for the achievement of the Partnership's strategy.

The major development of the past month has been the approval by the BSW Partnership Executive of a business case for a BSW Academy. The Academy is set to launch later this year and will offer a number of benefits for our workforce including enhanced career development opportunities and launch of a dedicated learning and development portal. The services provided by the BSW Academy will ultimately result in improved outcomes for local people.

Earlier this month, partner organisations agreed a Memorandum of Understanding to strengthen the joint working arrangements of the Partnership and to support the next stage of development of our Integrated Care System. The MoU sets out the vision and key design principles that inform how we work together as one system and describes the governance arrangements that are currently in place. This MoU is now being shared with partner boards for final sign off.

Every year NHS organisations are required to develop an annual operational plan. During May the BSW Partnership submitted a single draft operating plan to NHS England and Improvement (NHSEI). This is an integrated plan with providers and commissioners working together to align activity and financial plans and set out locally identified priorities for the coming year. We are now refining our plan to re-submit to NHSEI in early June.

In BSW Partnership localities of B&NES, Swindon and Wiltshire, our Integrated Care Alliances (ICAs) continued to work with local partners to explore the options for local or 'place-based' collaboration.

Covid mass vaccination programme

As of Tuesday 8 June, our vaccine teams have carried out a total of 1,020,056 vaccinations, made up of 585,920 first doses and 434,136 second doses, helping to further protect the people of Bath and North East Somerset, Swindon and Wiltshire.

We have continued to target vulnerable and hard to reach communities through an outreach programme which has seen BSW CCG work with GP surgeries, Primary Care Networks, local authorities and local charities to deliver Covid vaccines to boating communities through a floating clinic on a canal boat.

At the same time, people living in areas that have seen low uptake in vaccinations are being offered Covid jabs on board a specially adapted bus which has been used on a number of occasions in the BaNES area. Plans are being drawn up for how this vaccination bus can be used to bring the vaccine to people at their place of work, such as food factories

More community pharmacies are also set to join the vaccination programme in the days and weeks ahead, as some GP-led sites withdraw to allow clinicians to focus on providing care and treatment for conditions separate to Covid-19

Bath Racecourse – one of our region’s two large vaccination centres – is now a mixed vaccine site providing patients with both the AstraZeneca and Pfizer vaccines.

Kevin Burnett referred to the BSW Partnership Board and asked if a BSW governance diagram could be shared with the Panel.

Dr Bird replied that when ready a diagram could be shared with the Panel.

Kevin Burnett asked if he knew if Covid-19 vaccinations were due to take place in school.

Dr Bird replied that he was unable to answer that question and would seek a response for the Panel.

Councillor Andy Wait asked if the work of the Circle Bath hospital would remain similar following acquisition by Royal United Hospitals Bath NHS Foundation Trust. He also asked if any development of the site was envisaged at this stage.

Dr Bird replied that the Trust was planning to increase diagnostic capacity and provide quicker and easier access to a range of tests on the same day to support earlier diagnosis.

The Chairman asked if the extension of current national Covid-19 restrictions would prove to be an interruption to those members of the public seeking Cancer care / treatment.

Dr Bird replied that no Cancer pathways have been stopped and stressed that many attempts have been made to communicate this as much as possible. He added though that he obviously understood that some members of the public will have had concerns over making contact about appointments.

Councillor Michelle O’Doherty asked about the vaccination of hard to reach communities and wanted to know if the Vaccination Bus / Boat had been able to visit the areas of Newbridge and Saltford.

Dr Bird replied that this has been a very successful programme and said that he was aware that the boat had visited the areas of Newbridge, Saltford & Keynsham. He added that the bus has helped many members of the public access the vaccination programme.

Councillor Mark Roper asked if there had recently been a decrease in vaccinations locally due to supply issues, particularly with the Pfizer vaccine.

Dr Bird replied that it was not a long-term issue regarding supplies of the vaccine. He added that locally our figures were below average for cohorts 10-12.

The Chair thanked Dr Bird for his update on behalf of the Panel.

10 NARROWING THE EDUCATION GAP

The Director of Education, Inclusion and Children's Safeguarding introduced this report to the Panel, a summary is set out below.

Whilst undoubtedly the pandemic will have impacted the education outcomes of all children and young people, recovering from Covid-19 provides opportunities to bring the work to support disadvantaged pupils into focus and collaborate with partners.

To support this report, members of the B&NES Schools Standards Board have shared early School and Trust level summaries of the impact of Covid-19 on pupils in B&NES. These summaries will be based on Teacher assessment of pupils when they have returned to schools.

Pupils in the younger years, especially reception, year one and year two, are furthest away from where we would typically expect them to be. Trust leaders have also indicated that the impact on progress has been more significant for some disadvantaged pupils. Broadly, upper KS2 pupils are being reported as being on track to attain their targets set at the start of the academic year, though a drop in those reaching the higher standards has been reported. Pupil writing, alongside phonics, was considered the most significant challenge to deliver remotely and this is being reflected in the 'lost ground' compared to the other core subjects.

In Key Stage 3 and 4, schools report no discernible impact on progress, with indicators being slightly below where they had been in previous years. However, there is a general reporting of deterioration in behaviour in these year groups, particularly in year 7.

The Panel is advised that due to Covid-19, examinations once again have been cancelled in primary schools and secondary examinations have been replaced by Teacher Assessed Grades.

To tackle the lack of comparable area-wide examination data and to find a way to measure the progress of these young people, the B&NES School Standards Board has agreed to a project using the Education Endowment Foundations Families of Schools data. This project aims to engage all schools in B&NES to identify, support and track the progress of all pupil premium children over a period from September 2020 – September 2021.

The attainment gap in B&NES can be closed by improved results in specific locations in B&NES and by targeting support in the early years and at particular schools. As advised in the last report, Officers in the LA have been working alongside the St. Johns Foundation to deliver strategies to target Early Years outcomes in specific locations and provide additional support to Primary Schools with the largest disadvantaged children population.

There are two projects supported by the St. Johns Foundation that are targeted at improving the educational outcomes of disadvantaged children through the

combined interventions of the St John's Foundation, early years settings, schools, the Local Authority and key partners from health and the voluntary sector. These two projects are:

- The Language for Life Project
- The Primary Empowerment Project

All schools in B&NES have been provided with additional funding to target pupils with catch up education activities. This funding has also been supported by the DFE's role out of the National Tutoring Programme. This programme provides a range of accredited organisations that schools can purchase support from using catch-up funding.

The Department for Education (DfE) provides funding to local authorities to coordinate a programme that provides healthy food and enriching activities to eligible children during the 2021 Easter, Summer and Christmas Holidays. This is known as the Holiday Activities and Food (HAF) Programme. These activities will be targeted at children eligible for free school meals.

Councillor Michelle O'Doherty asked for any further comments on the pilot projects with St. Johns.

The Director of Education, Inclusion and Children's Safeguarding replied that they have been involved from the early stages of these projects and have always had a welcome and listening approach to them.

The Early Years Adviser added that there had been a good response from partners to both of the projects with launch events due to take place later in the year.

Councillor Paul May commented that he believed that the gap locally was significant because of our most successful schools. He also said that funding levels for schools across the area have been traditionally low. He added that if possible he would like to see a breakdown of male / female with regard to the attainment gap.

The Director of Education, Inclusion and Children's Safeguarding replied that he would address the Schools Standards Board on what data can be collected. He added that some of the information might be able to be obtained but could not guarantee that at this stage.

Councillor Dine Romero asked if a SHEU (Schools Health Education Unit) Survey was to be carried out this year.

The Director of Education, Inclusion and Children's Safeguarding replied that it would and that schools were committed to this process.

Kevin Burnett commented that the changes to the funding formula for Pupil Premium had resulted in a loss for many young people.

The Director of Education, Inclusion and Children's Safeguarding replied that he had raised concerns of this nature to the DfE and was awaiting feedback from them.

The Chairman asked the following three questions on behalf of Councillor Liz Hardman.

Referring to page 30, paragraph 3.14 it says that a proportion (up to 15%) of the funding can be used to provide places for children not in receipt of FSMs but this requires written approval from the DFE. She asked if the Council was intending to apply to the DFE to use some of the funding in this way.

The Director of Education, Inclusion and Children's Safeguarding replied that the Council have applied to the DFE to use up to 15% of the funding to support children and young people not in receipt of FSM. He added that the DFE are reviewing all applications this week and will be confirming back to Local Authorities as soon as possible.

Referring to page 36, Appendix 2 she said that she welcomed both the Language for Life project and the Primary Empowerment Programme. She asked why St Mary's, Writhlington was part of the Primary Empowerment Programme, but not included in Language for Life.

The Director of Education, Inclusion and Children's Safeguarding replied that the decision to not work with the locality of St Mary's was based on the available resources within the Early Years team to work across a number of localities as part of the pilot and deliver the roll-out of the reformed Early Years Foundation Framework at the same time. He added that should the project be a success, we hope to be able to work across further localities and this would include St Mary's.

Referring to page 39, Appendix 4 she asked are schools engaging with the process suggested. She noted from looking at the Families of Schools database, that some schools are missing from it, perhaps because they recently joined a MAT.

The Director of Education, Inclusion and Children's Safeguarding replied that we have an agreement from representatives of the School Standards Board who met in March to engage in this process. He added that following this meeting, LA Officers are involved in discussion with Trust leads to encourage broader engagement and formalise the local approach.

The Senior School & Improvement Achievement Adviser replied that data is wiped when schools join a MAT.

The Chairman thanked the officers for their report and attendance on behalf of the Panel.

11 EXPLOITATION

The Assistant Director for Children and Young People introduced this report to the Panel, a summary is set out below.

Key Priorities for the Exploitation Sub-Group

Commitment 1: Prevention & Early Intervention Prevent children, young people and vulnerable people from becoming exploited through effective leadership, governance and a wider culture embedded within organisations and communities that recognises the root causes of Exploitation & Serious Youth Violence (SYV) the signs and risk indicators and do all they can to tackle them.

Commitment 2: Prepare-To develop a comprehensive and accurate intelligence picture which will inform local partnership understanding of context, and locations of concern to enable swift coordinated multi-agency responses to safeguard children and vulnerable adults and prevent, divert or prosecute those who seek to facilitate and /or perpetrate exploitation, abuse and harm.

Commitment 3: Protect -To protect children and young people and vulnerable adults who are at risk of exploitation as well as those who are already victims and survivors.

Commitment 4: Pursue -To commit to ensuring that we will do all we can to disrupt and pursue perpetrators who are sexually and or criminally exploiting children, young people and vulnerable adults and where possible prosecute them.

Commitment 5: Engagement - We shall engage with all children and young people at risk of, or experiencing CSE/CCE, as well as their families and communities, to ensure that their voices are heard and responded to.

Operation TOPAZ

Avon and Somerset Constabulary response to Child Sexual Exploitation is Operation Topaz. Soon this will also encompass Criminal Exploitation. Topaz is a perpetrator disruption team enabling the force to proactively protect the highest risk child sexual exploitation victims by developing opportunities to disrupt suspects.

Topaz recognizes that disrupting suspects is often the most effective way of safeguarding victims of child sexual exploitation. Topaz enables timely disruption, by any means available, including directing partner agencies to intervene.

Avon & Somerset Police and Children's Social Care work closely together to ensure that all young people from ACE/Willow are referred to TOPAZ via the Avon and Somerset Police Intelligence Reporting Portal.

The Local Authority receive monthly reports from TOPAZ in respect of young people and perpetrators that have been flagged and this report also feeds into and is crossed reference at the Operational Exploitation Meeting (OEM) which takes place bimonthly.

The Operational Exploitation Meeting

Bath and North East Somerset have adopted a contextual safeguarding approach to develop an Operational Exploitation Meeting (OEM) to address the extra familial risks that are posed to our young people. This group meets bi-monthly.

This is a multi-agency meeting that:

- Identifies those young people being exploited criminally or sexually, and seek to support, disrupt to reduce harm and ensure support is in place.
- Identifies vulnerable adults who are at risk of exploitation/Cuckooing and seek to disrupt activity, reduce harm and ensure support is in place.
- Identifies spaces where young people associate, can experience abuse and cause concern such as parks, housing estates, stair wells within the community in order to disrupt activity.
- Identifies workers of such establishments that may have contact with young people and vulnerable adults that may be exploited and offer training and pathways to report such abuse.
- Identifies adult perpetrators who are exploiting others with a view to action being taken to disrupt/support or prosecute (dependent on circumstances)

The information shared at OEM helps to enable early identification of those young people who may be at risk of exploitation, vulnerable adults, and of those who may pose an exploitation threat to our young people. Additionally, we are able to better identify specific hotspots and locations where there may be an increased chance of exploitation occurring, which subsequently strengthens our responses and enables the raising of awareness across partner agencies.

Serious Youth Violence

A key development in the last 2 years has been the establishment of a multi-agency Serious Violence Operational Group to identify individuals, networks and places of concern; this group meeting on monthly basis and reports to the exploitation sub-group.

The Police Serious Violence App is used to identify individuals at high risk of involvement in serious violence as victims or perpetrators (and often, both) and direct notifications can also be received from any agency.

The group has recently extended its focus from under 18s to under 25s and the intention is to eventually consider all age groups. The methodology is developing and the activity depends on a continuing strong partnership with Police.

Serious violence is concentrated in Bath city centre with increases in Keynsham, Twerton and Somer Valley. Robberies and hospital knife attendances are mainly in the after school period, whereas violence and knife injury admissions are more often in the early hours of the morning, suggesting links with the night time economy and

domestic abuse. Victims of knife crime at hospital are mainly in the 25-34 age group and usually male. Most children who have been violent are aged 15-17 and almost all male.

As part of the Exploitation sub-group a multi-agency Thematic Review of Knife Crime is being undertaken to look at areas of good practice and any areas of development.

County Lines

Work continues across BANES using local policing neighbourhood staff, intelligence units and proactive teams including regular welfare visits and engagement to those vulnerable from cuckooing or drugs misuse, participation in nationally run operations, misuse of drugs warrants and intelligence driven targeting of known dealers.

Working in collaboration with the Metropolitan Police County Lines task force to target and disrupt the line holders, two County Lines were dismantled, those controlling the lines arrested, charged and remanded awaiting trial (6 persons in total, 4 from London, 2 local people) – one line was operating in the Paulton/Midsomer Norton area and one in Bath in 2020.

Three other lines in Bath disrupted by police activities whilst trying to set up over the last 12 months and as a result none have been able to become established, such that there are no known active County Lines currently in BANES.

The Chairman asked the following three questions on behalf of Councillor Liz Hardman.

Referring to page 47 she asked if we have any figures for the numbers of care leavers aged 18 to 25 years that have experienced exploitation and are still at risk from perpetrators of sexual and criminal exploitation harm.

The Assistant Director for Children and Young People replied that this figure is 9.

Referring to page 49 she asked how robust the figures are relating to Missing. She added that the number of children reported missing to the police who are not known to children's social care seems quite low. She asked do the numbers in the table relate to individual children or are they individual cases (i.e. could these numbers refer to one child who has gone missing multiple times?)

The Assistant Director for Children and Young People replied that the numbers relate (in all cases) to individual children rather than individual missing episodes. She added that we do have children who are repeatedly reported missing, however, they are returned quickly and social workers are working with missing person co-ordinators in the police to put in place specific trigger plans for children and young people as needed.

She said that children and young people go missing from a range of different placements. Some of the triggers in relation to going missing are attachment and trauma issues. Some are linked to exploitation but not exclusively. There are currently no looked after children missing.

Referring to page 43 she asked if it was known what proportion of serious violence reported is serious domestic abuse.

The Assistant Director for Children and Young People said that she would provide a written response to that question. She added that a triage system has been setup for victims of domestic abuse.

Councillor Eleanor Jackson commented that she was surprised not to see any mention of Youth Connect South West within the report and asked if officers were aware of their work.

The Service Manager for Care Outcomes replied that the Council does work with them through a commissioned service on a child by child basis.

Councillor Paul May commented that he would like the Panel to receive a future report that details the Council's voluntary sector engagement with regard to the Panel's remit.

Councillor Andy Wait asked if future reports could include more detail relating to gender / ethnicity.

The Assistant Director for Children and Young People replied that a data dashboard was being developed that would hopefully help with this query.

The Panel **RESOLVED** to:

- i) Note the content of the report and the range of arrangements across B&NES to recognise and respond to concerns around exploitation.
- ii) Agree that the report provides assurance that the B&NES Community Safety and Safeguarding Partnership does adequately focus on Exploitation and have relevant policy and procedures in place.

12 CORPORATE PARENTING

The Service Manager for Care Outcomes introduced this report to the Panel, a summary is set out below.

The Pledge

- *Your Social Worker:*
 - All children in care have an allocated social worker and rates of stability are good.
 - Timescales for visits to children in care are good
- *How we make decisions:*
 - Participation of children in care in decision making is a priority for the Local Authority
 - The prevalence of children participating in their Children in Care reviews is high at 93

- Young Ambassadors recruited to help shape Children's Care Services across Bath and North East Somerset, ensuring the voices of children and young people are heard.
- *Where you live:*
 - In 19/20 69% of children were placed outside of the Local Authority boundary, or at a distance of at least 20 miles away from their family home – issues of sufficiency (B&NES & nationally).
 - Use of 16+ accommodation and support in B&NES – with rigorous oversight and appropriate risk management plans.
 - Stability rates of placements are consistently good in B&NES
- *Your Education:*
 - Termly Personal Education Plan (PEP) meetings to support educational outcomes.
 - Currently 94% of our statutory age children attend Good or Outstanding provisions.
- *Your identity:*
 - All children in care have a Care Plan which focuses on identity needs, including religious and cultural needs, as well as individual talents, interests and hobbies.
 - Life story work is key and further developments in place
- *Leaving care and Moving On:*
 - B&NES has high rates of keeping in touch with care leavers, consistently between 97-99%.
 - 88% of our care leavers have a Pathway Plan in place which is reviewed every 6 months.
 - All care leavers up to 21 years have an allocated Personal Advisor (PA) that supports them in all areas of life, including housing, finances, education, employment and training, health (including mental and emotional health).
 - For care leavers over the age of 21 years, we will continue to support them in line with their wishes and feelings – Extended Duties.
 - Numbers of children Staying Put with their foster carers after 18 years are good in B&NES
 - 96% of young people have suitable living arrangements

Impact of Covid-19

- Education provision has been disrupted
- Some aspects of health services such as dentistry and eye tests have been delayed or unavailable
- Significant impact on care leavers relating to Further Education, employment & training opportunities
- B&NES & partner agencies have continued to provide good services to children in care.
- We have continued to visit children in their placements, where it is safe to do so

- Health assessments have continued during this previous year, albeit virtually.
- The Virtual School have supported children who are both in school, and those in placement being home schooled. In more recent weeks they have worked to assist children returning back to school.
- Significant support has been provided to foster carers to ensure that they are well supported to enable them to continue to care for the children in their care.

Further developments

- Children's Transformation Programme:
 - Education, employment & training
 - Placement sufficiency: Foster carer recruitment and retention & South West Sufficiency Project
 - Fostering Families
 - Reunification Service
 - Transitions

The Chairman asked the following two questions on behalf of Councillor Liz Hardman.

Referring to page 59 paragraph 3.41 she asked how can we reconcile the high rates of keeping in touch and the high number of those with a pathway plan, with the lower numbers in Education, Employment & Training (EET).

The Service Manager for Care Outcomes replied that for some children with whom we are consistently in touch with and who have a Pathway Plan, they may also have additional needs which lead to EET, ie mental health needs, accommodation, impact of Covid-19 on job opportunities. She added that for these children, the PA support and Pathway Plan will focus significantly on EET, alongside other needs.

Referring to page 62 paragraph 3.60c she asked how many of our 181 children in fostering placements are in the independent sector. She also asked what is it that the independent sector is able to offer to attract foster carers that we are not.

The Service Manager for Care Outcomes replied that 59 children are placed with Independent Fostering Agency carers. She said that there were a range of reasons but mainly; personal choice and recommendation, and/or allowance rates. She added that one area of work within the Children's Transformation Project is further reviewing our foster carer service.

Councillor Paul May asked how local employers can support the progress of Care Leavers.

The Service Manager for Care Outcomes replied that good links have been established with the RUH and the Chocolate Quarter in terms of Work Days / Apprenticeships.

Kevin Burnett referred to page 60, 3.48 and asked if the application of the risk assessment tool, timeliness and review of pathway plans was now fully embedded.

The Service Manager for Care Outcomes replied that this was still ongoing as it was interconnected with other work areas.

Kevin Burnett asked if an information pack was now available for new Looked After Children.

The Service Manager for Care Outcomes replied that there was and that it was launched in June 2021.

Councillor Andy Wait suggested that this report be seen by Full Council.

The Chairman said that he would discuss that proposal with officers.

The Panel **RESOLVED** to:

- i) Note the progress made to date in these duties
- ii) Note that this work will continue to be a priority within the Local Authority

13 FOOD INSECURITY

The Public Health Development & Commissioning Manager introduced this report to the Panel, a summary is set out below.

In February 2021 B&NES Food Poverty Steering Group members decided by consensus to change the name of the partnership to the B&NES Fair Food Alliance (BFFA) to better reflect a solution focused and collaborative approach to addressing food insecurity. Similarly, we have moved from using the term food poverty to a preference for the term 'household food insecurity' to describe a situation where people do not have means to reliably meet their needs for food of sufficient quantity, quality or variety in socially acceptable ways.

The B&NES Fair Food Alliance (BFFA) has met six times since the first meeting at the start of the first coronavirus lockdown period in March 2020. The focus has been on understanding the challenges emerging for residents in relation to immediate food needs and provision of welfare support and supporting partners in meeting these needs.

The BFFA has provided a network for members to share information, coordinate activity and both offer and request support. Membership currently stands at over 60 members representing a range of statutory, third sector, education and independent organisations.

While food insecurity was already an issue facing many households in B&NES prior to the pandemic, the past year has seen a significant increase in demand for support with food and income related issues. A report prepared for Full Council in January 2021 documents a detailed account provided by BFFA members on increases in Universal Credit claims, crisis financial assistance grants,

provision of white goods, referrals to and use of local foodbanks and support with debt issues.

The CropDrop project has been a particular success and has been showcased in national and regional forums as an example of innovative good practice. The team of skilled and experienced volunteers who coordinate it are now planning for the 2021 growing season and are forging links with more growers and recipients including Bath Ethnic Minority Senior Citizens Association (BEMSCA) and the Social Prescribing scheme led by DHI.

The Income Maximisation group meets quarterly and has been chaired by St John's Foundation. It invites all those services and voluntary sector organisations who offer financial support, advice and guidance to share good practice and present a coordinated message to the public about where best to seek help with a diverse range of money-related challenges.

Hear My Voice aims to find effective and meaningful ways for the voice of people with lived experience of food insecurity to be heard and to guide the policy and practice response in B&NES.

Claire Henwood, Oasis Pantry addressed the Panel. She explained that the Oasis Pantry opened in September 2020, to fulfil a growing need for long term access to low cost, high quality food. This need had been identified through a number of different channels, including the long-term holiday hunger project run by Oasis (Make Lunch), which developed from bi-weekly clubs with enrichment and hot meals in every school holiday to the delivery of weekly food parcels for 19 weeks due to Covid-19 as 70% of our Make Lunch families reported difficulties affording food directly as a result of Covid-19.

She added that this model however did nothing to support people to move on from that point of crisis, and so we opened the pantry to support people to find a way to stay out of crisis situations through signposting to other services while reducing pressure on their budget.

Our membership is around 80 active members, and on average around 40 attend on any given week. Reasons for membership are varied: some members have joined because of the impact of Covid-19 on their household situation and finances, eg. because someone in the household has been furloughed or made redundant, or because they don't qualify for any of the support measures put in place.

We have established strong partnerships with several local charities and agencies. We receive referrals from the Wellbeing Hub, along with other organisations such as DHI, Genesis, Julian House, Foodcycle, Bath Mind, Reach and HomeGroup.

We are part of the Affordable Food Network which has proven to be invaluable in developing both the pantry membership and the pantry offer, eg through connecting us with potential suppliers, highlighting funding opportunities, connecting us with groups able to support our wrap-around care and signposting offer. We've been able to extend our immediate network and work more closely with other local charities and have particularly benefitted from this group's association with Feeding Britain.

She informed the Panel that a second pop-up Pantry was due to open next week in Southdown.

The Chairman asked the following three questions on behalf of Councillor Liz Hardman.

Referring to page 68 she noted that colleagues in public-health will be bringing together a steering group to coordinate and manage holiday and food activities over 2021/22. She asked how this will work and are organisations like Bath Area Play Project (BAPP) involved.

The Public Health Development & Commissioning Manager replied that BAPP had previously been involved in such work and that the steering group were still open to bids as she believed that plans were not yet finalised.

Referring to page 69 she said that she was delighted to see that an audit tool for schools based on poverty proofing had been included in our Children and Young People's Plan 2021 to 2024. She asked how this will work and what are colleagues in education doing to make sure schools are aware of new law around affordable school uniform.

The Public Health Development & Commissioning Manager replied that is a really useful tool and that it would be used to look at many elements, such as, uniform, school trips and food. She added that work was ongoing to find the best way to make the tool appropriate.

Referring to page 77 she noted that B&NES was taking a money-first approach to supporting people with low income or insecure income and asked what we were doing in practice.

The Health Improvement Officer replied that this work had brought together many organisations including the Independent Advice Fund to offer welfare support and the Affordable Living Network who were in ongoing discussions with the St Johns Foundation.

Councillor Rob Appleyard said that this was one of the most significant pieces of work for our Council. He added that we also need to be mindful of how we address the causes of these problems

Kevin Burnett asked who members of the public could contact for initial help.

Claire Henwood replied that it should be the Community Wellbeing Hub by calling 0300 247 0050 (9am - 5pm Weekdays) or by emailing them (contact@compassioncb.org.uk) and they could then direct them to their nearest food pantry.

The Panel **RESOLVED** to:

- i) Note the progress since the last report (July 2020) and endorse the new refreshed Food Equity Action Plan and future priorities for the B&NES Fair Food Alliance.

- ii) Promote inclusion of access to affordable healthy food in their work with those who may be at risk of household food insecurity.

14 ADOPTION WEST ANNUAL SCRUTINY REPORT

Councillor Michelle O'Doherty introduced this report to the Panel, a summary is set out below.

Adoption West is a Regional Adoption Agency and was formed in March 2019. Scrutiny arrangements are not required for a regional adoption agency, but it was felt that this would be good practice, so a scrutiny panel was formed in 2020, and comprises councillors from all 6 Local Authorities that form the adoption agency, which are Bath & NE Somerset, Bristol, South Gloucestershire, Wiltshire, Gloucestershire and North Somerset.

There are close links between Adoption West and B&NES Children's Social Care. Mary Kearney-Knowles, Director for Children's Services and Education represents B&NES at Board level and attends quarterly Adoption West Board Meetings. The Adoption West Board has responsibility for, organisational strategy, financial oversight, performance and risk management, policies and procedures of the Regional Adoption Agency. The Scrutiny panel's meeting schedule mirrors the board meetings.

The LA also meets quarterly with Adoption West to consider B&NES specific issues at a strategic level. These meetings aim to ensure that shared policies and practice are effective and also identifies any areas of development.

The Director of Children's Services & Education added that she felt that B&NES does benefit from being a member of Adoption West. She added that we were challenging them on their recruitment in relation to sibling groups.

The Panel **RESOLVED** to note the annual report of the Joint Scrutiny Panel of Adoption West.

15 DIRECTOR BRIEFINGS - ADULT SOCIAL CARE & CHILDREN & YOUNG PEOPLE

The Director of Children's Services & Education addressed the Panel, a summary of her briefing is set out below and will be attached as an online appendix to these minutes.

All Children's Services colleagues continue to work incredibly hard to ensure that all children in young people in B&NES are supported to access education and training. B&NES has one of the highest school attendance rates of vulnerable children in the South West. This work has been complemented by our continued expansion of our Virtual School, which now supports children in need and children on a child protection plan.

B&NES children's services and public health teams continue to offer advice to support schools to manage Covid-19 and allay parental fears and anxieties about returning/remaining in school

Children Services and multi-agency partners have continued to work effectively and collaboratively to ensure that all children and young people are effectively safeguarded.

The Interim Director of Adult Social Care was unable to attend the Panel, her briefing will be attached as an online appendix to these minutes.

Kevin Burnett asked what the current Operational Pressures Escalation Level (OPEL) status is.

The Chair thanked both Directors for their briefings on behalf of the Panel.

16 PANEL WORKPLAN

The Panel approved their workplan as printed.

The meeting ended at 1.35 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel,
Tuesday, 15th June, 2021, 10.00 am**

Lead Member PDS Report

Culverhay Site

This remains a site with a lot of potential and the cabinet is committed to ensuring that future use accommodates education priorities.

As advised in previous updates, we firstly intend to move the Alternative Provision to the west side of the site to a building previously occupied by Bath University. We are working closely with Learn@MAT and are undertaking a feasibility study to understand how these building can be best utilised to support primary and secondary Alternative Provision. Capital has been identified to deliver these changes and we would hope to have the new provision open by September 2022.

We will ensure that we make these buildings fit for purpose and as energy-efficient as possible, in line with our carbon neutral priorities. This will also free up the bulk of the site's central buildings to explore additional development opportunities.

We have also received a proposal from Bath College to deliver vocational provision at the site to support children aged 14-18. I am currently looking at whether this fits our vision for the site. I am now holding stakeholder meetings to ensure that we are fine-tuning the education options and delivering the best for children and young people and, in particular, children and young people whose journey through mainstream education is not an easy one.

Schools Update

Schools in B&NES have settled well after the re-opening in March. Attendance rates across Primary and Secondary are excellent and where we would expect them to be. CV19 Outbreaks in schools have been very minimal. My Directors paper provides some information regarding education, exams and the progress of children returning to school.

I would also want to reassure you that the council continues to provide training and advice to enable schools to support children and young people's mental health. This support is delivered through the Wellbeing for Education programme led by Public Health and Education Psychology services.

Our Virtual School continues to be expanded to support children in need and children on child protection plans. Further information on this work is included in my Directors report.

Every School and post 16 setting has a link Social Worker attached to them and this is beneficial for both organisations.

We are experiencing increased demand for education services, particularly in our SEND services. We are managing this by assisting with additional resources through appropriate Covid funding.

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Cabinet Member for Adult Social Care Update Report for Scrutiny June 2021

As the new Cabinet Member for Adult Social Care I have prioritised meeting officers from across the system and familiarising myself with the key issues. I have identified my initial priorities within this report.

1. Housing

Adults with care and support needs require quality housing, as we all do. Housing and Adult Social Care officers are working together on several opportunities to provide more accommodation within B&NES for people with learning disabilities, autism and mental health problems.

Due to a shortage of suitable placements, people with these needs are often required to move out of area to secure appropriate housing and support. Ensuring that their needs can be within B&NES is preferable for the individual, their families and also for the council as it reduces the costs of such placements and allows for better monitoring.

Officers are also exploring opportunities for people with learning disabilities, autism and mental health problems to be supported in spare capacity within our Extra Care facilities. They are working to vary one of our contracts with Virgin Care to increase our supported living capacity for people with learning disabilities.

Lastly, officers from Housing and Adult Social Care are developing an Accommodation Strategy to ensure that we have capacity needed to meet the needs of young people who will transition into Adult Social Care.

2. Virgin Contract

I am meeting with the Director and the Head of Contracting and Performance to ensure I am fully conversant with the Virgin Care Contract.

3. Health & Well Being Board

I will be working with co-chairs, Dine Romero and Brynn Bird to review the role of the Board as we develop the Integrated Care Alliance.

4. Recruitment of the Director of Adult Social Care

I am involved in the recruitment of the permanent DASS and will update Members on the outcome of that process as appropriate.

5. Transformation

Adult Social Care is embarking on a significant Transformation Programme to ensure that a greater proportion of clients receive support in their own homes, to focus more

on people's strengths and to use the learning from Covid to support people within their communities. We anticipate that this work will lead to improved outcomes. The key areas of focus are community resilience, access to social care, social work practice, reablement, transitions, community mental health service framework and the redesign of Liquid Logic.

Project Plans and Business Cases will be developed by September and new service models will be in place by March 2022. The success of these projects will require close working with our colleagues in the CCG, Virgin, AWP, and 3SG.

6. Finally

As reported by the interim Director the health and social care system has seen increasing pressure across BSW, including B&NES, with increased demand for services coupled with staff shortages. This is having a significant impact on all acute and community providers across BSW. Work is ongoing across the system to meet demand safely by working with our 3rd sector colleagues, improving reablement, and increasing the use of agency staff to ensure safe staffing levels.

Councillor Alison Born – 9.6.21

Report for the Children, Health and Wellbeing Policy Development and Scrutiny Panel on Tuesday 15 June 2021

1. Covid mass vaccination programme

Our Covid vaccination programme is progressing well and we have now passed the significant milestone of delivering our one millionth vaccine.

As of Tuesday 8 June, our vaccine teams have carried out a total of 1,020,056 vaccinations, made up of 585,920 first doses and 434,136 second doses, helping to further protect the people of Bath and North East Somerset, Swindon and Wiltshire.

We have continued to target vulnerable and hard to reach communities through an outreach programme which has seen BSW CCG work with GP surgeries, Primary Care Networks, local authorities and local charities to deliver Covid vaccines to boating communities through a floating clinic on a canal boat.

At the same time, people living in areas that have seen low uptake in vaccinations are being offered Covid jabs on board a specially adapted bus which has been used on a number of occasion in the BaNES area. Plans are being drawn up for how this vaccination bus can be used to bring the vaccine to people at their place of work, such as food factories

More community pharmacies are also set to join the vaccination programme in the days and weeks ahead, as some GP-led sites withdraw to allow clinicians to focus on providing care and treatment for conditions separate to Covid-19

On Wednesday 2 June, the CCG held a live Q&A on Instagram with local social media influencer Amy Cousins, who helped provide important vaccine information to people in the younger age groups of the vaccination eligibility criteria and to encourage take up of vaccinations among a younger demographic.

Bath Racecourse – one of our region's two large vaccination centres – is now a mixed vaccine sites providing patients with both the AstraZeneca and Pfizer vaccines.

2. Shaping a Healthier Future programme

In 2019 BSW CCG worked with partners, staff and members of the public to set out the priorities for the delivery of health and care services – these plans were published in early 2020, and took into account the community review work, *Your Care, Your Way*, which was undertaken in 2017-2019.

We want to review these plans in light of the learnings from the Covid-19 pandemic of the last year, testing whether our health and care model is still the right one or whether we need to make any changes.

Covid has sped up the collaboration between services and we have adopted a number of new ways of working in order to continue caring for local people and keeping them and our workforce safe.

Alongside the refresh of our system-wide health and care model, the Royal United Hospitals Bath NHS Foundation Trust (RUH) has the opportunity later this year to bid for government funding to transform the way it delivers care.

Some of this funding has already been confirmed with the Dyson Cancer Centre now formally approved to proceed. Further funding will be needed to support the future BSW model of care which will focus on greater integration, a person-centred approach and care closer to home.

As a result, fourteen patient champions have been recruited to a series of workshops that are being held this month to review and discuss our health and care model and explore ways we can start to realise our ambition to provide care closer to home.

3. RUH acquisition of Circle Bath hospital

The Royal United Hospitals Bath NHS Foundation Trust has bought Circle Bath in Peasedown St John. Circle Bath is an independent hospital that provides care for both private and NHS patients.

The acquisition of Circle Bath – which has been renamed the Sulis Hospital Bath – will secure capacity for NHS patients at a critical time of recovery for NHS waiting lists nationally as well as seeking to increase capacity at the facility for the benefit of all patients – both NHS and private.

The Trust is planning to increase diagnostic capacity using the facilities at Sulis Hospital Bath, providing quicker and easier access to a range of tests on the same day and supporting earlier diagnosis.

Patients will not be affected as a result of this acquisition and can be assured that they will receive the same excellent care in a wellbeing-focussed environment in the knowledge that their care is backed by experts at the RUH

4. Paulton Hospital update

Sulis Ward at St Martin's Hospital in Bath is now fully operational after closing temporarily in March due to staff sickness. This was caused by higher than normal levels of short and long term illness due to Covid-19 and meant the unit was unable to maintain safe staffing levels required to run the ward.

As an interim measure, patients were transferred from Sulis Ward to the John Stacey Ward at Paulton Hospital. New staff for Sulis ward have now been recruited.

John Stacey Ward was also temporarily closed last month due to the need to carry out fire safety remedial actions work. As these works were carried out, patients were transferred to Sulis Ward at St Martin's hospital.

Both Sulis Ward and John Stacey ward are now open again.

5. BSW ICS Partnership Integrated Care System update

As part of BSW Partnership's commitment to transparency and openness, the BSW Partnership Sponsoring Board held its first meeting in public recently.

The BSW Partnership Board provides the formal leadership for the BSW Partnership and is responsible for setting strategic direction and providing oversight for the achievement of the Partnership's strategy. The meeting was well attended and minutes will shortly be available on the BSW Partnership website

The major development of the past month has been the approval by the BSW Partnership Executive of a business case for a BSW Academy. The Academy is set to launch later this year and will offer a number of benefits for our workforce including enhanced career development opportunities and launch of a dedicated learning and development portal. The services provided by the BSW Academy will ultimately result in improved outcomes for local people.

Earlier this month, partner organisations agreed a Memorandum of Understanding to strengthen the joint working arrangements of the Partnership and to support the next stage of development of our Integrated Care System. The MoU sets out the vision and key design principles that inform how we work together as one system and describes the governance arrangements that are currently in place. This MoU is now being shared with partner boards for final sign off.

Every year NHS organisations are required to develop an annual operational plan. During May the BSW Partnership submitted a single draft operating plan to NHS England and Improvement (NHSEI). This is an integrated plan with providers and commissioners working together to align activity and financial plans and set out locally identified priorities for the coming year. We are now refining our plan to re-submit to NHSEI in early June.

In BSW Partnership localities of B&NES, Swindon and Wiltshire, our Integrated Care Alliances (ICAs) continued to work with local partners to explore the options for local or 'place-based' collaboration.

6. Virtual ward rounds at RUH

Doctors at the Royal United Hospitals Bath NHS Foundation Trust are using new technology to trial virtual ward rounds, reducing the risk of spreading COVID-19 by minimising footfall on the hospital's wards.

Patients continue to receive the same level of care and support, but doctors can speak to patients while they are in their hospital bed by using one of a number of iPads that have been donated to the hospital from the Dyson Foundation, via the Forever Friends Appeal – the hospital's charity.

While a small clinical team needs to be on the wards in person during ward rounds, these new ways of working are proving successful in reducing disruption as well as the number of people on the ward at any one time.

Using technology means doctors and consultants can speak to patients without being on the ward and so can safely remove their masks. This means patients are able to see their consultant's face, which they wouldn't normally be able to do if they were in full PPE by their bedside.

**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel,
Tuesday, 15th June, 2021, 10.00 am**

Director of Children's Services and Education PDS Report

All Children's Services colleagues continue to work incredibly hard to ensure that all children in young people in B&NES are supported to access education and training. B&NES has one of the highest school attendance rates of vulnerable children in the South West. This work has been complemented by our continued expansion of our Virtual School, which now supports children in need and children on a child protection plan

B&NES children's services and public health teams continue to offer advice to support schools to manage covid 19 and allay parental fears and anxieties about returning/remaining in school

Children Services and multi-agency partners have continued to work effectively and collaboratively to ensure that all children and young people are effectively safeguarded.

The Troubled Families Unit has changed its name to Supporting Families Service :(locally known as Connecting Families Team, CFT) this has led to the following changes:

- The Financial Framework, has been replaced by the Programme guidance 20/ 21 <https://www.gov.uk/government/publications/supporting-families-programme-guidance-2021-to-2022>
- They have published their new vision and objectives here <https://www.gov.uk/government/publications/supporting-families-2021-to-2022-and-beyond>
- The team have produced an annual report. The link is here if you wish to read it <https://www.gov.uk/government/publications/improving-families-lives-annual-report-of-the-troubled-families-programme-2020-to-2021>
- The CFT are maintaining the level of service that they have provided for the last 7 years, we are also expanding the offer by working with the launch of the reunification work and recruiting 2 new staff to help with this.
- SFS have said that they are very keen to pursue another 2 year bid up until the end of the parliamentary round/ next election.

Ofsted have now resumed their assurance visits for both Children Social Care and Schools.

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Director of Adult Social Care Update Report for Scrutiny June 2021

The health and social care system has seen increasing pressure across B&NES with increased demand for services and staff shortages. This is having a significant impact on our Reablement Service provided by Virgin Care and services provided by AWP and Oxford Health.

1. Community Resource Centres and Extra Care

Work has continued to develop the activities within the CRCs and Extra Care following the transfer in October 2020. There has been significant work to increase recruitment and reduce the use of agency staff. This has been difficult as Covid has continued to place pressures on staffing levels and overall energy. However the services have also successfully supported the whole system by increasing occupancy, creating short term beds to support discharge out of hospital and, notably, worked closely with Virgin Care to set up a shared provision (intermediate nursing beds) while the Sulis community hospital was temporarily closed.

We are currently consulting on pay, terms and conditions to reduce the disparities identified post transfer to the Council. This consultation is supported by our Trade Union colleagues and has been well received by staff.

2. Commissioning

The Commissioning team have continued to work hard to support the Covid response. Over £3 million from NHSE has now been distributed to care homes, home care and the third sector to support Infection Prevention and Control (IPC). This funding has either gone directly to the providers or supported measures to support the whole sector. Wider measures have included IPC officers who have been working proactively across the sector to prevent and respond to infections and outbreaks and this has been warmly received by providers. In addition, you may have seen the Proud to Care campaign which is supporting the sector to recruit and retain staff.

The team has also commissioned, and contract managed residential and nursing beds, home care and reablement provision to support flow out of hospital. The second wave of Covid led to significant pressures on both home care and care homes, leading to further infections and sadly deaths. Lateral flow tests and the introduction of vaccination have been very much welcomed and the Commissioning team have played a key role in maximising and monitoring the uptake of both testing and vaccination.

The Commissioning team also lead on the CCG and Council's engagement in the Better Care Fund (BCF). This fund is utilised to support the Virgin Care contract as well as range of schemes across the council, CCG, third sector and RUH. The fund supports integrated activity and particularly flow of health and social care support for residents in B&NES. The Health and Wellbeing Board were updated in April of a

balanced budget for 2020/21 and approved a range of new schemes which will be commissioned in 2021/22.

3. Community Wellbeing Hub

Virgin Care have been instrumental in leading the development and operation of the Community Wellbeing Hub, alongside colleagues from 3SG, their members, BSWCCG and the Council. The Hub has provided a single point of access for community response and provides a joined-up intervention for anyone seeking support or guidance on COVID-19. Response teams include food support, welfare support, mental wellbeing, housing support and physical wellbeing advice.

The Hub was set up in response to COVID-19, but its effectiveness has meant that it will now develop into an ongoing service for joined-up community response to support the wellbeing of residents into the long term. As part of this process the Hub is engaging with colleagues from Adult Social Care within the council and Virgin Care for the planning of community support that the Hub can offer residents in B&NES for the long term.

4. Safeguarding

During 20/21 the Council received 1115 safeguarding concerns relating to 838 adults considered to be at risk of abuse or neglect. Despite national concerns at the start of the year that the reporting of safeguarding issues would decrease due to the lack of access to care settings or visits by family or friends to people's homes, B&NES referral level only decreased by 27 in comparison with last year. There has, however, been a significant increase in the number of referrals received from GPs and other Primary Care staff. Of those that were supported through the safeguarding enquiry process 67% said that their identified outcome had been fully met, 30% said they were partly met and 2% said their outcomes were not met. The outcomes that remained unmet mostly related to an outcome of wanting the alleged person sacked or prosecuted but the employer or police did not feel this was warranted following an investigation.

Most safeguarding meetings have been undertaken remotely but the team have met with individuals (following appropriate PPE requirements) where it was felt that the person needed to be part of a face to face safeguarding meeting. Feedback on the arrangements has been positive and it is likely that the team will continue to undertake several meetings remotely.

5. Coronavirus Act 2020 Care Act Easements

Members will be aware that on the 25th March 2020 the Government passed the Coronavirus Act 2020. This allowed for the introduction of Care Act Easements. The first stage of these easements was business as usual and stage two could be used with the consent of the Principal Social Worker (Adults) and the Director of Adult Social

Services. Stage 2 allowed for Individual service type to prioritise short term allocation of care and support using current flexibilities within the Care Act. Stages 3 and 4 required the Department of Health and Social Care to be notified and evoked the ability to take steps that effected the care and support being received by Service Users and dispense with Care Act Assessments.

Bath and North East Somerset Council never invoked stages 3 or 4, but stage 2 was used to allow for minor changes in how care and support was provided within the flexibilities granted by the Care Act 2014.

Following further consideration by Government the ability to use the Care Act Easements ceased on 1st June 2021.

In B&NES, as the easement changes at stage 2 were limited primarily to changes in support due to closure of services including day services and Covid related restrictions (such as shielding), the return to pre-Covid practice will not require a significant change.

6. Transformation

Finally, staff in the community continue to see increased demand and are continuing to work hard to meet the demand. To ensure the service is sustainable in the future Adult Social Care are embarking on a significant Transformation Programme focused on delaying the demand for statutory services, ensuring quality service provision, improving outcomes for individuals and reducing spend.

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