

Health and Wellbeing Board

Date: Tuesday, 26th September, 2023

Time: 10.30 am

Venue: Brunswick Room - Guildhall, Bath

Members: Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Jayne Davis (Bath College), Scott Hill (Avon and Somerset Police), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Julia Griffith (B&NES Enhanced Medical Services (BEMS)), Nicola Hazle (Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)), Mary Kearney-Knowles (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), Alice Ludgate (University of Bath), Kate Morton (Bath Mind), Rachel Pearce (NHS England), Sue Poole (Healthwatch BANES), Rebecca Reynolds (Bath and North East Somerset Council), Nikki Rice (Avon Fire and Rescue Service), Val Scrase (HCRG Care Group), Richard Smale (Integrated Care Board), Alison Smith (Avon and Wiltshire Mental Health Partnership (AWP)) and Suzanne Westhead (Bath and North East Somerset Council)

Non-voting member:

Observers: Councillor Robin Moss (Bath and North East Somerset Council)

Other appropriate officers
Press and Public



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NOTES:

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

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

Paper copies are available for inspection at the Guildhall - Bath

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

3. **Recording at Meetings:-**

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

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

4. **Public Speaking at Meetings**

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

Advance notice is required not less than two full working days before the meeting. This means that for meetings held on 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>

5. **Emergency Evacuation Procedure**

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

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

Health and Wellbeing Board - Tuesday, 26th September, 2023

at 10.30 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer will draw attention to the emergency evacuation procedure.

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

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

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

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest** (as defined in Part 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. TERMS OF REFERENCE (Pages 7 - 12)

To remind the Board of the Terms of Reference in considering the following agenda items.

6. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

7. PUBLIC QUESTIONS AND STATEMENTS

8. MINUTES OF PREVIOUS MEETING AND OUTSTANDING ACTIONS (Pages 13 - 24)

(1) To confirm the minutes of the meeting of 20 June 2023 as a correct record.

(2) To consider outstanding actions.

ITEMS FOR COMMENT/SIGN OFF

9. MONITORING PROGRESS OF THE JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (Pages 25 - 60)

20 minutes

To agree the process for the implementation of the Joint Health and Wellbeing Strategy.

Sarah Heathcote (Health Inequalities Manager) and Paul Scott (Associate Director and Consultant in Public Health) to present the report.

10. SINGLE USE VAPING (Pages 61 - 62)

20 minutes

At the Bath and North East Somerset Council meeting on 26 July, Cllr Ruth Malloy made a statement about single use vapes (attached), asking the Council to back the Local Government Association in calling for a ban on the sale and manufacture of single use vapes, for both health and environmental reasons. As a result of the subsequent discussion, Cllr Paul May undertook to include this as an item for discussion at a Health and Wellbeing Board meeting.

Cathy McMahon (Public Health Development and Commissioning Manager) and Ruth Simpson (Health Improvement Officer) to lead a discussion.

11. CHILDREN AND YOUNG PEOPLE SUB-GROUP ANNUAL REPORT (Pages 63 - 158)

15 minutes

To approve the Children and Young People's Plan (CYPP) progress report on the priorities identified in the plan for 2022-2023 and to review the proposed draft CYPP 2024-2030 and the eight objectives that will deliver against the priorities for children and young people identified in the Health and Wellbeing Strategy.

Mary Kearney-Knowles (Director of Children's Services and Education) to present the report.

12. BATH & NORTH EAST SOMERSET COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP (BCSSP) ANNUAL REPORT (Pages 159 - 214)

30 minutes

To note the annual report of the BCSSP and recommend any areas that the BCSSP should consider in 2023-24.

Fiona Field, Independent Chair of BCSSP, to present the report.

13. HEALTH PROTECTION BOARD ANNUAL REPORT 2022-23 (Pages 215 - 252)

15 minutes

To note the Health Protection Board Annual Report for 2022-23 and support the

recommended priorities for 2023-24.

Anna Brett (Health Protection Manager) and Amy McCullough (Consultant in Public Health) to present the report.

14. BETTER CARE FUND UPDATE (Pages 253 - 256)

5 minutes

To receive an update on the Better Care Fund.

Judith Westcott (Senior Commissioning Manager, Community Health Care Services) and Lucy Lang (Commissioning Programme and Project Manager) to update the Board.

The Democratic Services Officer for this meeting is Corrina Haskins who can be contacted on 01225 394357.

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Bath and North East Somerset Health and Wellbeing Board – Terms of Reference and Procedure

TERMS OF REFERENCE

1. Background

- 1.1 Health and Wellbeing Boards were required to be established in all local authorities under the Health and Social Care Act 2012 as a key mechanism for driving joined up working at a local level.
- 1.2 Health and Wellbeing Boards are committees of the local authority.
- 1.3 The legislative framework for Health and Wellbeing Boards is within the Health and Social Care Act 2012 and the Health and Care Act 2022.

2. Vision

- 2.1 Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives
- 2.2 BaNES local authority works with local partners, in partnership with Swindon and Wiltshire as part of the Integrated Care System and with other local authority partners in the West of England Combined Authority to ensure that those services that are shared across a wider population meet the requirements.

3 Functions

- 3.1 The Board must undertake the following statutory functions:
 - Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for B&NES, setting the vision for desired population level outcomes, strategic direction and high-level priorities for system partners to operationalise, to meet needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.
 - Prepare and publish a JSNA (Joint Strategic Evidence Base) of current and future health, care and wellbeing needs of the population and ensure this informs the B&NES JHWS and the B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy.
 - Encourage integrated working between health and social care commissioners, and the use of the Health and Care Act 2022 and the NHS Act 2006 flexibilities to increase joint commissioning, pooled and aligned budgets (where appropriate), to support the effective delivery of the JHWS.

- Encourage closer working in planning, commissioning and delivery of services to improve the health and wellbeing of the population of B&NES and reduce health inequalities.
- Prepare and publish a Pharmaceutical Needs Assessment for pharmaceutical services in B&NES.
- Receive and respond to the draft/revised joint forward plan of the BSW Integrated Care Board.
- Be the accountable partnership for the Better Care Fund.

3.2 Achieving the vision and fulfilment of the statutory functions will be supported by the following actions. The Board will:

- Be visible and influential, championing the improvement of health and wellbeing and reduction in inequalities as important strategic issues. It will influence organisations and partnerships both within and external to the B&NES locality and wider Integrated Care System in reflecting this in their operational and commissioning plans.
- Develop strong links with and influence developments in wider services that impact on health and wellbeing including planning, transport, housing, environment, economic development, education and community safety in order to address the wider determinants of health, wellbeing and inequalities, and ensure a focus on mental well-being in conjunction with good physical health.
- Ask partners to show how they embed and deliver meaningful action against the priorities in the Health and Wellbeing Strategy.
- Periodically refresh the Health and Wellbeing Strategy in line with evidence from the Joint Strategic Evidence Base.
- Monitor progress of implementation of the Health and Wellbeing Strategy, and ensure action is taken to improve outcomes when monitoring or performance indicators show that plans are not working.
- Ensure there are effective and sufficient mechanisms and resource to communicate, engage on and co-produce Health and Wellbeing Strategy priorities with local people and stakeholders, working closely with the Third Sector.
- Consider the Integrated Care Partnership's Integrated Care Strategy when preparing or revising its Health and Wellbeing Strategy; and be active participants in the development of the Integrated Care Strategy.
- Consider whether the ICB's joint forward plan (previously the CCG's commissioning plan) has given due regard to the Health and Wellbeing Strategy.
- Strengthen its attention on community resilience and on identifying and building on community assets.
- Work closely with the B&NES Healthwatch and Third Sector partners to ensure appropriate engagement, involvement and feedback with residents, patients and service users.

- Encourage partners to consider sufficient resourcing, both fiscal and human, of the prevention and inequality agendas.
 - Seek to secure collaboration in the system to reduce duplication and make best use of available resources.
 - Receive a copy of the ICB's joint capital resource plan outlining planned capital resource use, so to help align local priorities and provide consistency with strategic aims and plans.
 - Provide strategic oversight and direction to ensure that the approaches adopted for health and wellbeing services are aligned with the aspirations of local partners to operate in a sustainable manner and to address the climate emergency.
 - Produce an annual report presented to Cabinet/full Council outlining achievements of the Board in respect of the improvement of health and wellbeing, a reduction of health inequalities for the population of B&NES and influencing Council priorities on the wider determinants of health.
- 2.3 Responsibility for the scrutiny of health and wellbeing will continue to lie with the Council's Policy Development and Scrutiny Panels.

3. Scope

- 3.1 The Board's scope shall be set out within the Joint Health and Wellbeing Strategy.
- 3.2 The Health and Wellbeing Board may consider services beyond health and social care enabling the Board to look more broadly at factors affecting the health and wellbeing of the B&NES population.

4. Accountability

- 4.1 Those stakeholders with statutory responsibilities will retain responsibility for meeting their individual duties and responsibilities.
- 4.3 The Board will establish on-going and short lived sub-groups as needed that will report to it. Subgroups established will reflect the priorities of the Health and Wellbeing Board such as children and young people, JSNA, updating the Health and Wellbeing Strategy etc.
- 4.4 Accountability for safeguarding lies with the B&NES Community Safety and Safeguarding Partnership (BCSSP)

PROCEDURE

5. Membership

- 5.1.1 The Membership of the Board is:
- B&NES Council x 7 (Cabinet Member for Adult Services, Cabinet Member for Children's Services, Chief Executive, Director of Adult Social Care,

Director – Children and Young People, Director of Public Health, Director of Sustainable Communities)

- B&NES Swindon and Wiltshire Integrated Care Board x 2 (ICB Place Director, nominated ICB Executive Officer)
- Healthwatch B&NES x 1
- Avon and Somerset Police x 1
- Avon Fire and Rescue x 1
- Housing provider representative x 1
- Higher and further education representative x 3
- Health and social care provider and Third Sector representatives x 5 (acute care, community care, primary care, mental health service, and voluntary, community and social enterprise sector)
- NHS England x 1

5.2 The Board will be chaired by a Cabinet Member nominated by the Leader of the Council and supported by a Vice Chair agreed by the Board.

5.2.1 The Council will provide secretariat support to the Chairperson in setting dates for meetings, preparing agendas, and minuting meetings

5.3 In the event of a vote on a substantive matter, the quorum for the meeting will be:

- 3 members of the Council
- 1 member of the Integrated Care Board
- 1 member of Healthwatch B&NES
- 1 health and social care provider or Third Sector representative
- 1 member from either of Avon and Somerset Police or Avon Fire and Rescue
- 1 member from either Higher and Further Education or Housing

5.4 Board members may nominate a named substitute from an appropriate member of their organisation or service.

6. *Wider engagement*

6.1 By working together the Health and Wellbeing Board will proactively embed good public and patient engagement within the day-to-day business of the Board through adhering to the following principles:

- Taking responsibility for good public engagement
- Clarity about purpose
- Harnessing a range of engagement methods
- Engaging with everyone

- Committed to cultural change
 - Providing access to information
 - In partnership with Healthwatch B&NES and 3SG
 - Feeding back engagement results
 - Evaluating engagement
- 6.2 The Board will seek to engage all stakeholders (including key health and social care providers) on the JHWS and commissioning plans.
- 6.2 The Council's policy development and scrutiny function offers an opportunity for broader engagement on key issues.
- 6.3 It is intended that one representative of each Political Group on the council, not currently represented on the board, be invited to formal Board meetings in an observer capacity.

7. *Business management*

- 7.1 The Board is a statutory committee of the Council and will be treated as if it were a committee appointed by the Council under section 102 of the Local Government Act 1972.
- 7.2 The Board will act in accordance with the Council's committee procedures.
- 7.3 Formal Board meetings shall be held in public. The Board may resolve to hold closed sessions in accordance with the Access to Information rules.
- 7.4 The Board will develop a work programme framed by the HWS which will guide its work.
- 7.5 The Board will meet at least 5 times per year in public as a minimum, with the flexibility for development sessions and agenda planning meetings held in private.

Approved by B&NES Health and Wellbeing Board 29/11/2022

Approved by B&NES Council 17/11/2022

Review date: November 2023

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HEALTH AND WELLBEING BOARD**Minutes of the Meeting held**

Tuesday, 20th June, 2023, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Councillor Alison Born	Bath and North East Somerset Council
Sara Gallagher	Bath Spa University
Will Godfrey	Bath and North East Somerset Council
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Nicola Hazle	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
Mary Kearney-Knowles	Bath and North East Somerset Council
Amritpal Kaur	Healthwatch
Ronnie Lungu	Avon and Somerset Police
Alice Ludgate	University of Bath
Kate Morton	Bath Mind
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Suzanne Westhead	Bath and North East Somerset Council
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust
David Trethewey	Bath & North East Somerset Council

66 **WELCOME AND INTRODUCTIONS**

Cllr Paul May introduced himself as new Cabinet Member for children's services and Chair of the Health and Wellbeing Board. On behalf of the Board, he thanked the previous Chair, Cllr Dine Romero for her work in supporting the Board.

Members of the Board and officers introduced themselves.

67 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

68 **APOLOGIES FOR ABSENCE**

Apologies had been received from:

Laura Ambler, Integrated Care Board

Sophie Broadfield, Director Sustainable Communities, Bath and North East Somerset Council (David Trethewey substitute)

Cara Charles-Barks, Chief Executive, RUH, Bath (Joss Foster substitute)

Jayne Davis, Bath College

Rachel Pearce, NHS England

69 **DECLARATIONS OF INTEREST**

Cllr Paul May reported that he was a non-executive Director of Sirona Health and Care which operated in Bristol, South Gloucestershire and North Somerset and if a conflict of interest arose at any future meeting, he would declare and withdraw from discussions.

David Trethewey declared an interest in item 15 "Better Care Fund update" and withdrew from the meeting during discussion of the item.

70 **TERMS OF REFERENCE**

The Board was asked to note the Terms of Reference when considering the following agenda items.

The Chair confirmed that the Terms of Reference would be reviewed at the November meeting which would be an opportunity to build on strengths in relation to tackling inequalities.

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

The Chair read a statement in relation to the fatal stabbing of 16-year-old Mikey Roynon in Bath:

- Specialist police family liaison officers were working with Mikey's family.
- The Major Crime Investigation Unit was leading the investigation and updates were available on the Avon and Somerset Constabulary website.
- Youth Connect South West and Project 28 were providing support for young people in the area.

- Children's services from Bath and North East Somerset Council as well as neighbouring authorities, youth workers and educational psychologists were working with local schools and police to provide support to young people affected by the incident.

Ronnie Lungu thanked Public Health and Bath Mind for their support and also thanked the community for their patience and support during the investigation.

72 PUBLIC QUESTIONS AND STATEMENTS

There were no public questions or statements.

73 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14 March 2023 were approved as a correct record and signed by the Chair.

74 OUTSTANDING ACTIONS

The action log was noted.

75 JOINT PRESENTATION ON STUDENT MENTAL HEALTH

Sara Gallagher and Alice Ludgate gave a joint presentation on university student mental health which was circulated separately and summarised below:

1. The reality inside universities: - *there was an **increased prevalence of mental illness**, 450% increase in declarations over the last 10 years:*
 - a. *Mental health was starting to overtake specific learning difficulties as the most disclosed disability*
 - b. *Main presentations: anxiety, depression*
 - c. *Increased number of eating disorders and acute mental health crises*
2. The student wellbeing services available at both universities
3. Themes, challenges and opportunities
4. Questions for the Board:
 - a. *How can we improve outcomes for student mental health in Bath?*
 - b. *How can we work more closely with statutory services, Integrated Care Alliance?*
 - c. *Bridging the gaps between services?*
 - d. *What is our next step to move this forward?*

The following responses were given in answer to questions raised by the presentation:

1. In terms of support for students with eating disorders, the provision had improved, but it would be useful to undertake a gap analysis to identify where further improvements could be made.
2. There was an inconsistency in pathways to mental health services and some providers were struggling with capacity.
3. There was a link between mental health and student accommodation, particularly in terms of the cost of accommodation in the B&NES area.
4. It was difficult to obtain precise statistics about the local rate of student suicide as the cause of a student death was not always shared with universities.

5. Students were asked about their mental health on receiving an offer and this was followed up on starting university. Students were encouraged to register with a local GP although it was noted that some students had complex needs and may need some care to remain in their home region.

Board members raised the following comments:

1. Kate Morton confirmed that Bath Mind worked closely with the Bath Universities as well as Bath College and stated there was a need to free up contracts and work differently and more creatively to ensure robust sustainable models to deliver services.
2. Paul Harris commented that it would be useful to measure the impact of the inhouse services provided by universities and how this benefitted other service providers, e.g., NHS.
3. Nicola Hazle referred to ICA work about integrated teams and undertook to link partners into this work. She reported work was also ongoing around supporting clinical leaders and this could include student wellbeing teams.
4. Val Scrase commented that there was a challenge around preventative work and how young people could be supported to prepare for university. It was noted that there was outreach work in local schools to prepare for the transition, but it was a challenge when students were coming from outside the area/from overseas to study in Bath.
5. Alex Luke confirmed that AWP could work with the universities to support referrals.
6. Sara Gallagher undertook to look into what information was available about the percentage of students that remained in the local area after graduating.
7. In terms of working closely with partners it was noted that universities were represented on community framework groups and Alice and Sara undertook to revisit their representation on these groups.
8. In terms of next steps, there was a Suicide Prevention Event taking place on 11 October and both universities were looking to build on this event to work more closely with partners.

On behalf of the Board the Chair thanked Sara, Alice and their teams for their work.

76 **JOINT PRESENTATION ON THE TRANSFORMATION OF MENTAL HEALTH SERVICES ACROSS BATH AND NORTH EAST SOMERSET**

Kate Morton and Alex Luke gave a joint presentation on the transformation of mental health services across Bath and North East Somerset which was circulated separately and summarised below:

1. Responding to our communities
2. End to end pathways
3. Partnership working for transformational services
4. BSW integrated Access service
5. Transformational Services in Partnership
6. Access Mental Health
7. Prevention/Early Intervention – Bath Mind and AWP
8. Focus – Bath Mind and AWP
9. Considerations for the Partnership:
 - a. *Improved system communication*
 - b. *Cost pressures – invest to save*

- c. *Sustainable and viable contractual and financial models*
- d. *Information sharing and managing risk*
- e. *Coordinated, real time service mapping*
- f. *Community engagement and co-production*
- g. *Consistent outcome measures –financial and social returns on investment*
- h. *Workforce strategy*
- i. *Estates strategy*
- j. *Improving technology as an enabler*

The Board raised the following comments:

1. The Chair commented that it would be useful to have a progress report on the transformation programme including analysis on whether there was a gap in disadvantaged communities accessing services.
2. Amrit Kaur reported that Healthwatch had received positive feedback on the services provided by the voluntary sector and stated that the funding of these services was important. She stated that a lot of users would prefer a co-ordinated approach to accessing mental health care rather than having to go to a GP for a referral. Kate Morton responded that there was a free phone number where people could access services and this needed to be better publicised. She commented that there had been a scoping exercise about a physical access point but there were challenges in terms of where this could be located.
3. In response to comments about workforce, Alex Luke confirmed that it was a huge challenge; there were a number of vacancies and a lot of agency staff supporting mental health services.

On behalf of the Board the Chair thanked Kate and Alex for the presentation- and welcomed a wider discussion on the issues raised.

77 **DRAFT BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE INTEGRATED CARE SYSTEM IMPLEMENTATION PLAN 2023/24**

David Jobbins, Interim Deputy Director (Planning & Programmes), Integrated Care Board gave a presentation on the Draft Bath and North East Somerset, Swindon and Wiltshire Integrated Care System Implementation Plan 2023/24 as detailed in the papers circulated in advance of the meeting.

The Board RESOLVED to agree that the wording of the opinion that the Health and Wellbeing Board will provide on whether the plan takes proper account of B&NES JLHWS as follows:

“B&NES Health and Wellbeing Board has been asked to provide an opinion on whether the BSW Implementation Plan (the local version of the Joint Forward Plan) for the BSW Strategy takes proper account of the B&NES Joint Local Health and Wellbeing Strategy. We note that the BSW Strategy, from which this plan is derived, is focussed around the delivery of three Strategic Objectives which have been agreed across partners and were arrived at through a process of consideration of the priorities in the three local JLHWS, including the B&NES strategy, as part of a wider stakeholder engagement process. Themes from priorities in the B&NES Joint Local Health and Wellbeing Strategy flow well through the plan. The plan also includes a

chapter pulling out key 2023/24 deliverables from the local implementation plans for each of the three place based Integrated Care Alliances. The B&NES section well reflects delivery of relevant parts of the B&NES JLHWS.

The B&NES HWB is therefore happy to confirm that the BSW Implementation Plan does take proper and appropriate account of the B&NES JLHWS. The B&NES Board welcomes the opportunity to continue to be engaged in and contribute to future refreshes of the implementation plan.”

78 **HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN**

Becky Reynolds introduced the report and asked the Board to approve the plan. She confirmed that the process for the implementation of the plan would be brought back to the September meeting.

In response to a question about progress on the Bath and North East Somerset Economic Strategy which would tie in with the Health and Wellbeing Strategy, Will Godfrey confirmed that this was being drafted and would soon be out for consultation. He confirmed that the Council’s Corporate Strategy, Local Plan, and Economic Strategy would all align with the Health and Wellbeing strategy.

The Board noted the work of Fedalia Richardson and Nancy Towers in supporting the development of the Health and Wellbeing Strategy and asked that its gratitude be recorded.

The Board RESOLVED to:

- (1) Note the partnership engagement undertaken in the creation of the Joint Health and Wellbeing Strategy Implementation Plan.
- (2) Approve the Joint Health and Wellbeing Strategy Implementation Plan.

79 **BETTER CARE FUND UPDATE**

Judith Westcott, Senior Commissioning Manager gave a presentation on the Better Care Fund Update and asked the Board to approve the narrative plan which was circulated in advance of the meeting.

The following comments were raised by Board Members:

1. Will Godfrey reassured the Board that the Council had been through the narrative plan with rigour. He referred to the strategic priorities relating to admission avoidance and prevention and expressed concern that at a national level, there was too much emphasis placed on the speed of discharging people without considering the readmission rate.
2. Cllr Paul May noted that the funding was having an impact on reducing the length of stay of B&NES residents in hospitals and asked if there was any learning that could be shared with Wiltshire and Swindon where the figure was continuing to rise.

The Board RESOLVED to approve and sign off the Better Care Fund 2023-2025 Narrative Plan.

80 **SOCIAL PRESCRIBING**

Kate Morton reported that she and Laura Ambler would be giving a presentation to a future meeting but in the meantime, she asked for the support of the Board to set up a Task and Finish group to define social prescribing, what was meant by social prescribers and social prescription services, to map what was offered and identify gaps and funding routes.

The Board RESOLVED to: agree that a Social Prescribing Task and Finish Group be set up and a presentation on Social Prescribing would be included on the agenda for a future meeting.

81 KEY MESSAGES FROM THE MEETING

1. Bath Spa University and University of Bath have a range of in-house professional services, including mental health provision. The prevalence of mental health conditions and complex presentations continues to increase. As a result, universities are keen to establish formal and structured working partnerships with statutory and third sector agencies, to improve referral pathways, information sharing, mitigate against duplication of provision and reduce the touch points for service users.
2. Bath Mind and AWP gave a brief overview of the NHSE funded mental health transformation and the BANES response. Specifically resourcing early intervention and prevention and community-based provision, working in partnership to deliver improved pathways and involving wider partners.
3. The BSW Implementation plan reflects and complements our Health and Wellbeing Strategy for BANES; it will be available on the BSW website next month.
4. Following the sign off of the Health and Wellbeing Strategy and Implementation Plan, there is an ask of all members to take those documents back into their organisations and teams to share them and encourage their implementation. Resources to support colleagues in this will be sent to Board members.
5. The Bath and North East Somerset Council’s Corporate Strategy, Local Plan, Economic Strategy and HWB strategy will all be aligned and finalised later this year.
6. Better Care Fund Narrative Plan approved by the Board with NHS looking for even stronger focus on discharge from hospital; BCF locally has created positive outcomes and performed better on average than other areas (including Swindon and Wiltshire).
7. The Health and Wellbeing Board will set up a task & finish group to look into social prescribing.

The meeting ended at 12.37 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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HEALTH AND WELLBEING BOARD - ACTION LOG

Issue	Action	Responsible	Date of meeting	Update	Status
Public Participation in Health and Wellbeing Board meetings	Paul Harris to report back to next meeting with proposals.	Chair/ Paul Harris/ Sarah Heathcote/ Corrina Haskins/	24 01 23	Report back to 14 03 23 meeting. Agreed: 1. that a future meeting be planned to increase public engagement 2. that Board Members take away key messages from HWB meetings to share with their organisations/networks.	Ongoing
Aligning CQC survey with mental health schemes	The Board to receive an update on mental health from AWP and Bath Mind.	Kate Morton/ Alison Smith	24 01 23	Presentation to 20 06 23 meeting.	Completed
Health and Wellbeing Strategy	Final priorities of Health and Wellbeing Strategy to be signed off.	Becky Reynolds/ Fedalia Richardson	24 01 23	Priorities signed off and Final Strategy signed off at 14 03 23 meeting.	Completed
Funding streams	Breakdown of funding streams for Board's consideration.	Rebecca Reynolds	24 01 23	Awaiting information from OHID 12 09 23 - Information has not materialised	Ongoing
ICP Strategy	Board members to feed back any comments on ICP strategy.	All	24 01 23	Board invited to give views and endorse the Implementation Plan at 20 06 23 meeting.	Completed

Carer' Forum	Contact the carers' forum with a view to getting information for partners to support national carers' week in June	Ann-Marie Scott/ Sue Poole, Healthwatch	14 03 23	Healthwatch raised with BSW Carers Forum who are happy to work with the board/partners. Although this was not in time for National Carers Week, they suggested that there are other campaigns that partners could be involved with. The CEO of Bath Carers is also happy to provide any information and support needed.	Completed
Better Care Fund	Breakdown on reasons for increase in discharge rates and how much was due to money and how much to capacity.	Gary Guest	14 03 23	Response provided and included in papers for 20 06 23 meeting.	Completed
Health and Wellbeing Strategy Implementation Plan	Plan to be added to B&NES website Report back to the Board on process for implementation	Sarah Heathcote/ Paul Scott	20 06 23	Plan available on website Report on agenda for 26 September meeting	Completed
Social Prescribing	A Social Prescribing Task and Finish Group be set up and a presentation on Social Prescribing	Kate Morton/ Laura Ambler	20 06 23	A Task and Finish Group has been established and has met to start the scoping exercise. The final framework and	Ongoing

	would be included on the agenda for a future meeting			presentation will come back to a future meeting of HWB	
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RAG rated:
Green – completed
Amber – ongoing
Red – outstanding

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Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	26 September 2023
TITLE:	Monitoring Progress of the Joint Health and Wellbeing Strategy Implementation Plan
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <ul style="list-style-type: none"> • Appendix One - AHWB Proforma for reports • Appendix Two - Template for exception reports on progress of the Health and Wellbeing Strategy Implementation Plan • Appendix Three - Draft priority indicator set 	

1 THE ISSUE

1.1 Having an effective process for monitoring implementation of the Joint Health and Wellbeing Strategy (JHWS) 2023-2030 is key to providing the Health and Wellbeing Board (HWB) with assurance that the strategy is on track. This paper sets out a proposed process for monitoring implementation of the strategy and has been developed through engagement with the Chair and Vice Chair of the HWB, other board members and representatives from delivery partner organisations.

2 RECOMMENDATION

2.1 The Health and Wellbeing Board is asked to consider and agree to taking forward the proposed approach for monitoring implementation of the JHWS. It is suggested that the approach is initially trialled for a period of 12 months and then reviewed.

3 THE REPORT

3.1 The Joint Health and Wellbeing Strategy 2023-2030 (JHWS) is a seven-year strategy which sets out a vision to put in place the best conditions for people of all ages to live healthy and fulfilling lives. The JHWS was approved by the Health and Wellbeing Board (HWB) on 14th March 2023 where HWB members also resolved to become champions of the strategy and its priorities. The strategy was published in April 2023 and is available on the Council's website along with the Implementation Plan and Strategy on a Page. The JHWS Implementation Plan was shared with the HWB and signed off at the meeting on 20th June 2023.

3.2 The JHWS sets out four priority areas to improve the health and wellbeing of all residents in B&NES and reduce inequalities.

- (1) Ensure that Children and young people are healthy and ready for learning and education
- (2) Improve skills, good work and employment
- (3) Strengthen compassionate and healthy communities
- (4) Create health promoting places

3.3 There are four underpinning principles for the strategy:

- (1) to tackle inequalities
- (2) adapt and build resilience to climate change
- (3) share responsibility and engage for change
- (4) deliver for all life stages

3.4 The JHWS is led by the HWB and is closely aligned with other strategies and plans at System (B&NES, Swindon and Wiltshire, BSW) and Place (B&NES) which help to deliver on and support the strategy. These include the forthcoming B&NES Economic Strategy, the Council's Corporate Strategy, Local Plan and BSW ICS Implementation Plan. The JHWS Implementation Plan comprises actions that are incorporated within these other strategic plans.

Monitoring the Implementation Plan

3.5 The HWB has a shared responsibility for oversight and effective implementation of the JHWS. There is limited council officer time and capacity available to support monitoring implementation of the strategy, so a balance is needed to ensure that the process is light touch but with the necessary rigour required in order for the HWB to have assurance on delivery and impact.

3.6 It is proposed that monitoring of implementation progress can be undertaken through four complementary processes. These are summarised below and followed by a more detailed description of what each element comprises:

- (1) Reports from partners on relevant projects across the year
- (2) Exception reporting on delivery of all the actions in the Implementation Plan twice a year
- (3) Measuring impact through the Indicator Set annually
- (4) Development Sessions with the HWB that enable longer scrutiny and discussion of progress or delays within the implementation plan.

Reports from partners to the HWB

Presentation of reports from partners provides an important opportunity for assessment of progress undertaken to support delivery of specific actions outlined in the implementation plan. A proforma (see appendix one) has been developed to guide authors on content for HWB papers. This includes reference to whether the paper relates to the JHWS Implementation Plan.

Exception reporting on actions in the Implementation Plan

3.7 To provide high level, assurance to the HWB and reduce unnecessary duplicate reporting, a process for exception reporting on the implementation plan will provide the HWB with an 'at a glance' opportunity to view implementation progress. Exception reporting is a useful tool in guiding focus to areas requiring immediate attention where actual performance has deviated significantly from expectations set out in plans and strategies. Reporting by exception is a practical method by which the HWB can have oversight on delivery of the JHWS Implementation Plan.

Reporting Leads and Sponsors

3.8 Each of the four priority themes within the JHWS have a number of strategy objectives and associated actions outlined in the Implementation Plan. It is proposed that reporting leads from key partnerships and organisations responsible for delivery of the actions provide exception reports to the HWB. The reporting leads have been identified as the person best placed to progress the specific action and be more directly involved in implementation of the action or work closely with colleagues working in the same partner organisation or team who are directly responsible for the action and therefore best placed to gather the information needed.

3.9 In addition, each priority theme will also have a sponsor who would be accountable to the HWB for ensuring that mitigating actions are being taken where progress is not on track through liaison with the reporting lead. Sponsors

will be members of the HWB to ensure a chain of accountability and ownership of the implementation plan. All actions detailed in the implementation plan are within existing strategies and plans so the governance and management of performance where necessary will be picked up elsewhere, but the HWB needs to have oversight and assurance. Each theme would have one reporting lead and one sponsor where possible, and in acknowledgement that some themes encompass more wide-ranging actions involving a larger number of partners and organisations this could be up to three reporting leads.

- 3.10 Reporting theme leads will be requested to complete the exception reporting form prior to the HWB meeting twice a year. A simple template for exception reporting has been designed (see appendix two). The form includes a RAG rating indicating if the actions outlined are broadly on track or not, and if the former no further detail is required and if the latter some detail on the nature of the issue and mitigating actions being taken will be logged. Where actions have been completed ahead of schedule and/or the impact has been exceptionally positive this can be noted also.
- 3.11 The JHWS Implementation Plan will be a standing agenda item at HWB meetings. Exception reporting will facilitate identification of areas of potential concern, and where there has been exceptionally positive progress. To capture further detail on specific actions within the plan hyperlinks or sources of further information can be added to the report. This also helps to strike balance between (potentially negative) exception reporting and an opportunity for the HWB to learn more about the positive progress being made. A log of exception reports will be maintained so that previous reports can be reviewed to provide the HWB with assurance that any risks to delivery of the implementation plan have been addressed through existing partnership and strategic fora.
- 3.12 The priority indicator set once finalised will be another element of providing assurance that progress is being made and having impact on health and wellbeing. The reporting lead would be expected to summarise progress on indicators relating to their theme annually. Thematic leads and sponsors for the implementation plan have been identified, approached and agreed to take on these roles. All are Council officers or ICB representatives.

Priority Theme	Strategy Objective	Reporting Lead	Sponsor
Theme One <i>Ensure children and young people are health and ready for learning and education'</i>	1.1 1.2 1.3 1.4	Sarah McClusky	Mary Kearney Knowles
Theme Two <i>Improve skills, good work and employment'</i>	2.1 2.2 2.3 2.4	Claire Lynch	David Trethewey
Theme Three <i>Strengthen compassionate and healthy communities'</i>	3.1 3.2 3.3	Amy McCullough	Becky Reynolds
Theme Four <i>Create Health Promoting Places'</i>	4.1 4.2 4.3 4.4 4.5	Chris Mordaunt Nicola Hazle Paul Scott	Laura Ambler

Monitoring progress against the set of priority indicators

- 3.13 A set of priority indicators has been drafted to assess the extent to which health and wellbeing is improving and inequalities are reducing for the population of B&NES (see appendix three). The first report of the final indicator set will be presented and agreed at the December HWB meeting. This will be in the form of a dashboard to make it easy to assess progress.
- 3.14 The indicators will support the HWB in measuring progress on implementing the strategy and provide evidence of impact and outcomes. The indicator set includes inequality in life expectancy and healthy life expectancy, gaps in school readiness, smoking prevalence and air quality measures. Work is underway to ensure that the indicators all align with indicators used in the B&NES Council Corporate Strategy, BSW Integrated Care Strategy, and B&NES Economic Strategy (when published).

Development Sessions

- 3.15 In addition to the public HWB meetings, the Board also has developmental sessions which offer an opportunity for discussing progress in implementing the JHWS. Development sessions will allow for a deeper dive into priority theme areas and cross cutting principles of the JHWS including addressing health inequalities and maximising opportunities for wider public engagement in the strategy. They offer a space for further exploration of issues highlighted through

exception reporting that board members may be able to offer support with while acknowledging that actions within the implementation plan will have their own governance structure and opportunity to address any issues through the normal governance routes. More formal reporting on progress would be through the usual route of bringing papers to the HWB meeting and any issue raised through a development session that requires board endorsement would be brought to the attention of the HWB.

4 STATUTORY CONSIDERATIONS

- 4.1 Health and Wellbeing Boards were required to be established in all local authorities under the Health and Social Care Act 2012 as a key mechanism for driving joined up working at a local level.
- 4.2 As a statutory function the Board must prepare and publish a Joint Health and Wellbeing Strategy (JHWS), setting the vision, strategic direction and high-level priorities for system partners to work together on.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 The direct resource implications of this work have been through the time and capacity involved from the Joint Health and Wellbeing Strategy steering group members, from Council, NHS and Third Sector.

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 cross cutting theme of the strategy is to tackle inequalities in B&NES. Through monitoring progress against this ambition, the strategy seeks to promote equity of opportunity, of service provision and to reduce inequalities in experiences and outcomes.

8 CLIMATE CHANGE

One of the four cross cutting themes of the JHWS is to adapt and build resilience to climate change. A number of objectives in the strategy contribute directly to preventing climate change and mitigating its impacts, in particular:

- (1) work through the Local Plan to shape, promote, and deliver healthy and sustainable places

- (2) work to improve take up of low carbon affordable warmth support for private housing and encourage B&NES social housing providers to provide low carbon, affordable warmth for existing social housing.
- (3) using opportunities in legislation to facilitate a targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 This report has been considered and cleared for sign off by the S151 Officer and Monitoring Officer. Public engagement on the initial issues and priorities for the Joint Health and Wellbeing Strategy was undertaken during 2022.

Contact person	Sarah Heathcote, Health Inequalities Manager 01225 394455 Paul Scott, Associate Director of Public Health Public Health & Prevention, B&NES Council
Background papers	B&NES Health and Wellbeing Strategy.pdf B&NES Health and Wellbeing Strategy Implementation Plan
Please contact the report author if you need to access this report in an alternative format	

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Proforma for items for the Health and Wellbeing Board

Title:			
Requested from: (name and organisation)			
Date of Health and Wellbeing Board meeting:			
How does the item relate to the Terms of reference/statutory functions of the Health and Wellbeing Board? <i>(attached as an appendix)</i>			
Does the item relate to any of the priorities of the HWB Strategy? Please see: Health and Wellbeing Strategy Implementation Plan			
	Yes	No	N/A
Priority 1: Ensure that children and young people are healthy and ready for learning and education			
Priority 2: Improve skills, good work and employment			
Priority 3: Strengthen compassionate and healthy communities			
Priority 4: Create health promoting places			
What action is required from the Board? (tick appropriate box)			
Item for comment/sign off			
Focus Item <i>(deep dive discussion)</i> ¹			
Item to Note <i>(no discussion required)</i>			
How will the item be presented to the Board? (tick appropriate box)			
Written Report			
Slide Presentation			
Email to Board Members via admin <i>(not to be used for decisions)</i>			
Sign off			
	Yes	No	Comments
Chair's approval			

¹ Some items for discussion may be better suited to a development session rather than a formal meeting

Proforma for items for the Health and Wellbeing Board
**Bath and North East Somerset Health and Wellbeing Board –
Terms of Reference and Procedure**

TERMS OF REFERENCE

1. Background

- 1.1 Health and Wellbeing Boards were required to be established in all local authorities under the Health and Social Care Act 2012 as a key mechanism for driving joined up working at a local level.
- 1.2 Health and Wellbeing Boards are committees of the local authority.
- 1.3 The legislative framework for Health and Wellbeing Boards is within the Health and Social Care Act 2012 and the Health and Care Act 2022.

2. Vision

- 2.1 Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives
- 2.2 BaNES local authority works with local partners, in partnership with Swindon and Wiltshire as part of the Integrated Care System and with other local authority partners in the West of England Combined Authority to ensure that those services that are shared across a wider population meet the requirements.

3 Functions

- 3.1 The Board must undertake the following statutory functions:
 - Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for B&NES, setting the vision for desired population level outcomes, strategic direction and high-level priorities for system partners to operationalise, to meet needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.
 - Prepare and publish a JSNA (Joint Strategic Evidence Base) of current and future health, care and wellbeing needs of the population and ensure this informs the B&NES JHWS and the B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy.
 - Encourage integrated working between health and social care commissioners, and the use of the Health and Care Act 2022 and the NHS Act 2006 flexibilities to increase joint commissioning, pooled and aligned budgets (where appropriate), to support the effective delivery of the JHWS.
 - Encourage closer working in planning, commissioning and delivery of services to improve the health and wellbeing of the population of B&NES and reduce health inequalities.

Proforma for items for the Health and Wellbeing Board

- Prepare and publish a Pharmaceutical Needs Assessment for pharmaceutical services in B&NES.
- Receive and respond to the draft/revised joint forward plan of the BSW Integrated Care Board.
- Be the accountable partnership for the Better Care Fund.

3.2 Achieving the vision and fulfilment of the statutory functions will be supported by the following actions. The Board will:

- Be visible and influential, championing the improvement of health and wellbeing and reduction in inequalities as important strategic issues. It will influence organisations and partnerships both within and external to the B&NES locality and wider Integrated Care System in reflecting this in their operational and commissioning plans.
- Develop strong links with and influence developments in wider services that impact on health and wellbeing including planning, transport, housing, environment, economic development, education and community safety in order to address the wider determinants of health, wellbeing and inequalities, and ensure a focus on mental well-being in conjunction with good physical health.
- Ask partners to show how they embed and deliver meaningful action against the priorities in the Health and Wellbeing Strategy.
- Periodically refresh the Health and Wellbeing Strategy in line with evidence from the Joint Strategic Evidence Base.
- Monitor progress of implementation of the Health and Wellbeing Strategy, and ensure action is taken to improve outcomes when monitoring or performance indicators show that plans are not working.
- Ensure there are effective and sufficient mechanisms and resource to communicate, engage on and co-produce Health and Wellbeing Strategy priorities with local people and stakeholders, working closely with the Third Sector.
- Consider the Integrated Care Partnership's Integrated Care Strategy when preparing or revising its Health and Wellbeing Strategy; and be active participants in the development of the Integrated Care Strategy.
- Consider whether the ICB's joint forward plan (previously the CCG's commissioning plan) has given due regard to the Health and Wellbeing Strategy.
- Strengthen its attention on community resilience and on identifying and building on community assets.
- Work closely with the B&NES Healthwatch and Third Sector partners to ensure appropriate engagement, involvement and feedback with residents, patients and service users.
- Encourage partners to consider sufficient resourcing, both fiscal and human, of the prevention and inequality agendas.
- Seek to secure collaboration in the system to reduce duplication and make best use of available resources.
- Receive a copy of the ICB's joint capital resource plan outlining planned capital resource use, so to help align local priorities and provide consistency with strategic aims and plans.

Proforma for items for the Health and Wellbeing Board

- Provide strategic oversight and direction to ensure that the approaches adopted for health and wellbeing services are aligned with the aspirations of local partners to operate in a sustainable manner and to address the climate emergency.
 - Produce an annual report presented to Cabinet/full Council outlining achievements of the Board in respect of the improvement of health and wellbeing, a reduction of health inequalities for the population of B&NES and influencing Council priorities on the wider determinants of health.
- 2.3 Responsibility for the scrutiny of health and wellbeing will continue to lie with the Council's Policy Development and Scrutiny Panels.

3. Scope

- 3.1 The Board's scope shall be set out within the Joint Health and Wellbeing Strategy.
- 3.2 The Health and Wellbeing Board may consider services beyond health and social care enabling the Board to look more broadly at factors affecting the health and wellbeing of the B&NES population.

4. Accountability

- 4.1 Those stakeholders with statutory responsibilities will retain responsibility for meeting their individual duties and responsibilities.
- 4.3 The Board will establish on-going and short lived sub-groups as needed that will report to it. Subgroups established will reflect the priorities of the Health and Wellbeing Board such as children and young people, JSNA, updating the Health and Wellbeing Strategy etc.
- 4.4 Accountability for safeguarding lies with the B&NES Community Safety and Safeguarding Partnership (BCSSP)

PROCEDURE

5. Membership

5.1.1 The Membership of the Board is:

- B&NES Council x 7 (Cabinet Member for Adult Services, Cabinet Member for Children's Services, Chief Executive, Director of Adult Social Care, Director – Children and Young People, Director of Public Health, Director of Sustainable Communities)
- B&NES Swindon and Wiltshire Integrated Care Board x 2 (ICB Place Director, nominated ICB Executive Officer)
- Healthwatch B&NES x 1
- Avon and Somerset Police x 1
- Avon Fire and Rescue x 1
- Housing provider representative x 1

Proforma for items for the Health and Wellbeing Board

- Higher and further education representative x 3
 - Health and social care provider and Third Sector representatives x 5
(acute care, community care, primary care, mental health service, and voluntary, community and social enterprise sector)
 - NHS England x 1
- 5.2 The Board will be chaired by a Cabinet Member nominated by the Leader of the Council and supported by a Vice Chair agreed by the Board.
- 5.2.1 The Council will provide secretariat support to the Chairperson in setting dates for meetings, preparing agendas, and minuting meetings
- 5.3 In the event of a vote on a substantive matter, the quorum for the meeting will be:
- 3 members of the Council
 - 1 member of the Integrated Care Board
 - 1 member of Healthwatch B&NES
 - 1 health and social care provider or Third Sector representative
 - 1 member from either of Avon and Somerset Police or Avon Fire and Rescue
 - 1 member from either Higher and Further Education or Housing
- 5.4 Board members may nominate a named substitute from an appropriate member of their organisation or service.
- 6. *Wider engagement***
- 6.1 By working together the Health and Wellbeing Board will proactively embed good public and patient engagement within the day-to-day business of the Board through adhering to the following principles:
- Taking responsibility for good public engagement
 - Clarity about purpose
 - Harnessing a range of engagement methods
 - Engaging with everyone
 - Committed to cultural change
 - Providing access to information
 - In partnership with Healthwatch B&NES and 3SG
 - Feeding back engagement results
 - Evaluating engagement
- 6.2 The Board will seek to engage all stakeholders (including key health and social care providers) on the JHWS and commissioning plans.
- 6.2 The Council's policy development and scrutiny function offers an opportunity for broader engagement on key issues.

Proforma for items for the Health and Wellbeing Board

6.3 It is intended that one representative of each Political Group on the council, not currently represented on the board, be invited to formal Board meetings in an observer capacity.

7. *Business management*

7.1 The Board is a statutory committee of the Council and will be treated as if it were a committee appointed by the Council under section 102 of the Local Government Act 1972.

7.2 The Board will act in accordance with the Council's committee procedures.

7.3 Formal Board meetings shall be held in public. The Board may resolve to hold closed sessions in accordance with the Access to Information rules.

7.4 The Board will develop a work programme framed by the HWS which will guide its work.

7.5 The Board will meet at least 5 times per year in public as a minimum, with the flexibility for development sessions and agenda planning meetings held in private.

Approved by B&NES Health and Wellbeing Board 29/11/2022

Approved by B&NES Council 17/11/2022

Review date: November 2023

DRAFT Indicator set to measure impact of the Joint Health and Wellbeing Strategy (JHWS) Implementation Plan 2023-2030

Priorities and Objectives from the JHWS	Indicators to measure impact
Overarching (population health indicators)	
	<ul style="list-style-type: none"> • Inequality in Life Expectancy at birth (gender and ward difference) • Healthy Life Expectancy at birth (gender and ward difference)
1. Ensure Children and Young People have the best start in life and are ready for learning and education	
1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.	<ul style="list-style-type: none"> • Gap in School Readiness: the gap in the percentage of children with free school meal status achieving a good level of development at the end of reception compared to pupils who are not in receipt of free school meals • Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), crude rate per 10,000, • Hospital Admissions as a result of self-harm (10-24 years), DSR - per 100,000 • Child development: percentage of children achieving a good level of development at 2 to 2½ years • Smoking status at time of delivery (NEW)
1.2 Improve timely access to appropriate family and wellbeing support.	
1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.	
1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services).	
2. Improve skills, good work and employment	
2.1 Work with providers of education and other partners to prepare for, support and mentor individuals to engage in work opportunities.	<ul style="list-style-type: none"> • Gap in the employment rate between those with a physical or mental health long term condition (16 to 64) and the overall employment rate

2.2 Work with local employers to encourage, incentivise and promote good quality work.	<p><i>(Note the need to align with future Economic Strategy indicators*)</i></p> <ul style="list-style-type: none"> • Comparative Salaries/Wages (South West region and England)*
2.3 Support the development of and access to an inclusive labour market, focusing on engaging our disadvantaged and vulnerable populations to support them to participate in meaningful work opportunities.	<ul style="list-style-type: none"> • In-work poverty percentage (UC)* • Proportion of employed in permanent and non-permanent employment * • Child Poverty measure, yet to be decided *
2.4 Prioritise inclusiveness and social value as employers, purchasers and investors in the local economy.	
<p>3. Strengthen compassionate and healthy communities</p>	
3.1 Continue to develop the infrastructure that encourages and enables individuals, organisations and networks to work together, with the shared aim of supporting people in need and building strong local communities.	<ul style="list-style-type: none"> • Smoking prevalence among adults aged 18-64 in routine and manual occupations - current smokers (APS) [2020 definition] • Self-reported wellbeing: people with a high anxiety score • Proportion of residents satisfied with their local area • Loneliness: percentage of adults who feel lonely often or always or some of the time
3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life.	
3.3 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions.	
<p>4. Create health promoting places</p>	
4.1 Utilise the Local Plan as an opportunity to shape, promote and deliver healthy and sustainable places and reduce inequalities.	<ul style="list-style-type: none"> • Percentage of adults who are physically active • Percentage of adults classified as overweight or obese (and prevalence across wards or deprivation groups)
4.2 Improve take up of low carbon affordable warmth support for private housing; and encourage B&NES social housing	<ul style="list-style-type: none"> • EPC score A-C for homes in B&NES • Decent Homes Standard (to be decided)

<p>providers to provide low carbon affordable warmth for existing social housing to help prevent damp and mould, and cold-related illnesses.</p>	<ul style="list-style-type: none"> • Improvement of Housing Health & Safety Rating Standards across district. • Improvement in domestic EPC rating scores in B&NES.
<p>4.3 Maximise opportunities in legislation to facilitate targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met.</p>	<ul style="list-style-type: none"> • Air Quality measure • Local Plan measures re wider determinants health <p><i>Further indicators To be confirmed December 2023</i></p>
<p>4.4 Improve access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres.</p>	
<p>4.5 The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation.</p>	

DRAFT

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Exception reports for progress on the Health and Wellbeing Strategy Implementation Plan

Date of Health and Wellbeing Board meeting this report will be reviewed at:

1 - Sign off from theme leads that progress has been reviewed for each theme and shared with Sponsor with any exceptions listed below.

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
1	Sarah McClusky	Mary Kearney-Knowles	Yes / No
2	Claire Lynch	David Trethewey	Yes / No
3	Amy McCullough	Becky Reynolds	Yes / No
4	Chris Mordaunt (4.1,4.2,4.3) Nicola Hazle (4.4) Paul Scott (4.5)	Laura Ambler	Yes / No

2 - Open actions from previous exception reports

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level	Any requests to Health and Wellbeing Board?

3 - New exception reports for areas of significant progress or that are behind schedule

Strategy objective, action and associated priority indicator (if relevant) Reason for escalation? <i>Add link to detailed update on progress on this indicator where available</i>	Lead officer	Risk level (see chart below)	Actions to control risk	Timescales	Success measures	Any requests to Health and Wellbeing Board?

Risk Assessment

None - green

- Action plan on or exceeding target
- Continue to monitor

Medium - amber

- Some items not delivered to timeframe
- Monitoring suggests a trend line diverging from plan

High - red

- Action item not being delivered
- Monitoring does not evidence that sufficient progress is being made

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Bath & North East Somerset Council

Improving People's Lives

B&NES Joint Health and Wellbeing Strategy 2023-2030 Implementation Oversight

Sarah Heathcote, Health Inequalities Manager
Paul Scott, Associate Director of Public Health

Joint Health and Wellbeing Strategy

Our Vision for 2030: a summary

What we'll do

Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives.

Core Outcome

To improve the health and wellbeing of all our residents and reduce inequalities.



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1 Ensure that children and young people are healthy and ready for learning and education



2 Improve skills, good work and employment



3 Strengthen compassionate and healthy communities



4 Create health promoting places



The principles that underpin everything we do

➤ Tackle inequalities

➤ Adapt and build resilience to climate change

➤ Share responsibility and engage for change

➤ Deliver for all life stages

How we'll know we've made a difference

Indicators set in development
These will likely include:

- Inequality in life expectancy

- Gap in employment rate between those with a physical or mental health long term condition

- Proportion of residents satisfied with their local area
- Percentage of adults who are

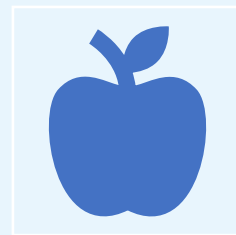
- Percentage of adults classified as overweight or obese
- Housing health & safety rating

- Domestic EPC rating scores
- Air quality measure

Bath & North East Somerset Council

Improving People's Lives

IMPLEMENTATION & OVERSIGHT



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Proposal for
implementation
process to be
agreed by HWB
September 2023

Process needs to
be meaningful
but light touch but
as minimal officer
capacity available

HWB meets x 5
times a year

Development
Sessions will
allow for a
deeper dive into
priority and
cross-cutting
theme areas



Proposed process for monitoring progress

JOINT HEALTH AND
WELLBEING STRATEGY
IMPLEMENTATION PLAN
JUNE 2023

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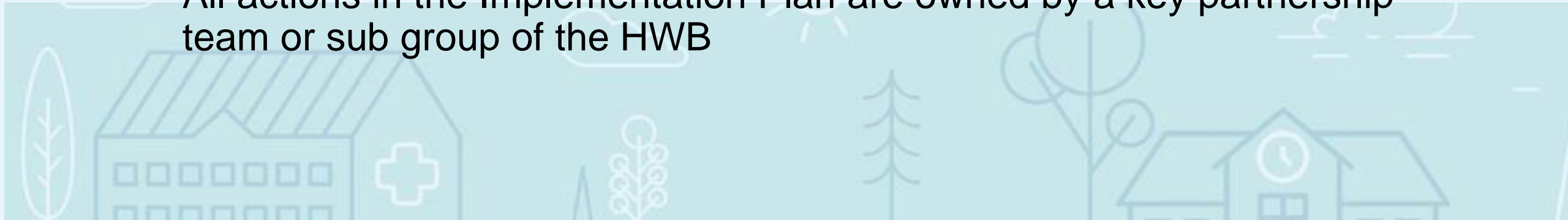
Bath & North East
Somerset Council
Improving People's Lives

1. Reports and updates from partners to the HWB
2. Exception reporting on actions in the Implementation Plan
3. Monitoring impact through the set of priority indicators
4. Development Sessions with the HWB

Process for monitoring progress

1. Reports and updates from partners to the HWB

- Reporting on progress would be through the usual route of bringing papers to the HWB meeting
- Template for papers coming to board to include reference to contribution to JHWS Implementation Plan
- HWB Agenda setting meeting to consider requests for papers linking to specific actions in the Implementation Plan
- All actions in the Implementation Plan are owned by a key partnership team or sub group of the HWB



Process for monitoring progress

2. Exception Reporting- Priority theme leads* & Sponsors*

1 Ensure that children and young people are healthy and ready for learning and education



2 Improve skills, good work and employment



3 Strengthen compassionate and healthy communities



4 Create health promoting places



Theme One

Reporting Lead – Sarah McClusky
Sponsor - Mary Kearney-Knowles

Theme Three

Reporting Lead – Amy McCullough
Sponsor – Becky Reynolds

Theme Two

Reporting Lead – Claire Lynch
Sponsor – David Trethewey

Theme Four

Reporting Lead 4.1, 4.2,.4.3 - Chris Mordaunt
Reporting Lead 4.4 - Nicola Hazle
Reporting Lead 4.5 - Paul Scott
Sponsor - Laura Ambler

Process for monitoring progress

2. Exception reporting leads and sponsors

Reporting Lead Role

- Oversight of actions detailed in the JHWS implementation plan
- Exception reporting twice a year (*suggest Q2 and Q4*)
- Tracking progress on JHWS priority indicator set annually (*suggest Q4*)

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Sponsor Role

- Accountable to the HWB for ensuring that mitigating actions are being taken where progress is not on track*
- Sponsors will be members of the HWB to ensure a chain of accountability and ownership of the implementation plan

**Existing reporting and governance structures for the actions are the primary routes for picking up where progress is not on track*

Process for monitoring progress

2. Exception reporting on actions in the Implementation Plan

Actions detailed in the implementation plan are from existing strategies and plans so governance and management of performance where necessary will be picked up elsewhere, but the HWB needs to have oversight and assurance.

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Priority theme leads complete exception reporting proforma prior to HWB meeting twice a year indicating if actions are on track

GREEN If yes, no further detail required

AMBER (broadly on track/resolvable), brief narrative on the issue and steps to turn 'green'

RED Nature of the issue, level of risk and impact and mitigating action/s

Proposed process for monitoring progress

3. Monitoring progress against the set of priority indicators

Priority Indicator Set will be accessible

Priority theme reporting leads will report annually on the priority indicators



Process for monitoring progress

4. Developmental Sessions with HWB x 5 per year

Propose a rolling programme with 3 sessions planned in advance to be confirmed by HWB. Each will have a specific focus e.g.

- Cross cutting principles (health inequalities, engagement..)
- HWB process, ToR and governance
- ONE priority theme (or element of a theme)
- Link to issues raised through exception reporting

Suggest minimum of 3 sessions per year are focused on priority theme areas allowing flexibility to respond to emergent issues

Leads will be identified to plan and deliver the development session with other colleagues and partners as appropriate in advance



For consideration

How to define 'not on track' what is the threshold/detail required ?

- Any issues not resolved or deemed unresolvable by end of FY

How should 'progress not on track' be managed by the HWB?

- HWB to seek assurance from the relevant strategic group on recovery plan.
Strategic lead to provide report to HWB

Public engagement - How to share progress on implementation?

- HWB to agree key take away messages for HWB members to cascade. Council to share through social media, and other routes to widen participation

How much detail is required for exception reporting?

- Reporting leads only report on those areas going exceptionally well and those that are amber/green

WHEN should exception and priority indicator set reporting come the board?

- Q2 exception reporting
- Q4 exception reporting and priority indicator set

Next Steps

HWB to consider proposed approach

(As outlined - narrative reports to HWB; exception reporting; monitoring progress on priority indicators; developmental sessions)

Suggest trialling this approach for a 12 month period

Standing Agenda Item for HWB meetings on JHWS Implementation

Adopt report Proforma for all reports coming to HWB

Questions and thoughts on proposed approach welcome

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Statement from Cllr Ruth Malloy to Bath and North East Somerset Council meeting - 20 July 2023

My reason for making this statement is to raise awareness about a growing health and environmental problem. A resident recently contacted me about single-use e-cigarettes (or vapes) and asked if their use here in Bath and North East Somerset is much of an issue. From my regular litter-picking around Weston, I can say for sure that I'm finding more and more discarded vapes: last weekend I collected six in less than an hour.

First a definition: According to the NHS website, an e-cigarette is "a device that allows you to inhale nicotine in a vapour rather than smoke. E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide. Using an e-cigarette can help you manage your nicotine cravings."

Although e-cigarettes were originally developed as an aid to help smokers break the habit, the trend now seems to be that young people and even children are starting to vape without ever having smoked cigarettes. E-cigarette manufacturers appear to be marketing their products to appeal to this demographic by using colourful packaging and offering a range of fruity and bubble gum flavours. Vaping is harming the health of our young people, and this alone is reason enough to be concerned.

The other reason for concern is of course the environmental harm caused by e-cigarettes, particularly by single-use vapes. Last week the Local Government Association published an article about disposable e-cigarettes, which included the shocking fact that 1.3 million are used every week, making an annual total of 67.5 million! Apart from all the plastic involved, single-use vapes have integrated batteries, which makes recycling them impossible. Some of the minerals contained in these batteries (lithium, for example) are highly flammable, and this has led to fires breaking out in waste collection lorries and at recycling centres. I should add, that as far as I know, nothing serious has happened to date here in B&NES.

The Local Government Association, representing councils in England and Wales, has now called for a ban on the sale and manufacture of single-use vapes by 2024. The Government is coming under increasing pressure to resolve this growing problem, from both the health and environmental points of view. (The Government is apparently also considering introducing compulsory licensing for retailers of all types of e-cigarettes in England, which would bring the law into line with that of Scotland.)

So, personally, I support the Local Government Association in calling for a ban on the sale and manufacture of single-use vapes - for both health and

environmental reasons. If Bath and North East Somerset Council has not already expressly done so, I would urge the leading members and officers to back the Local Government Association ban. Thank you.

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Health and Wellbeing Board
MEETING DATE:	26th Sept 2023
TITLE:	Children and Young People Sub Committee Report (CYP subcommittee) Report author: Sarah McCluskey Strategic Commissioning officer. Presented by : Mary Kearney - Knowles
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
<ul style="list-style-type: none"> • Children and Young People’s Plan (CYPP) 2022-2023 Year 2 Progress Review - Appendix 1 • CYP Sub Committee revised TORs for approval – Appendix 2 • Participation Standards Report – Appendix 3 • Overview of Children and Young People’s Participation – Appendix 4 • Draft Objectives CYPP 2024 -2030 – Appendix 5 	
<u>For information:</u>	

1 THE ISSUE

1.1 To receive a report from the CYP Sub-Group on the effective delivery of the Children and Young People’s Plan (CYPP) 2022- 2023, the report will share progress, challenges, and opportunities across all eleven priorities.

1.2 The CYP Sub Group will work alongside the Health and Wellbeing Board to coordinate the strategic priorities and sub group priorities which support the emotional health and wellbeing of children and young people.

- 1.3 To consider how going forward how Agencies/Members can support the CYP Sub Group to deliver the priorities for children and young people in the Health and Wellbeing Strategy
- 1.4 Note and approve the Participation Standards
- 1.5 Note and approve the overview of wider Participation.
- 1.6 To endorse and agree to the recommendations.

2 RECOMMENDATION

The Board is asked to.

- 2.1 Note and approve the CYPP Year 2 Review progress report on the priorities identified in the plan for 2022-2023.
- 2.2 Note and approve the revised TORs for the CYP subcommittee.
- 2.3 To review the proposed draft CYPP 2024 - 2030 and review the eight objectives that will deliver against the H&WBB priorities for children and young people identified in the H&WBB Strategy. (These are high level objectives but within the new CYPP there will be an Implementation Plan and over the autumn the CYP sub group will consider where the measures and data sets are that will report against these objectives)
- 2.4 To note how well embedded the Participation Standards are embedded across most of our commissioned services.

3 THE REPORT

- 3.1 The Children and Young People's Plan (CYPP) is aligned to the Health and Wellbeing Strategy priorities, and it is the delivery arm of services delivering better outcomes for children and young people around their emotional, health and wellbeing and educational attainment. The indicated recommendations will support and enable the Health and Wellbeing Board to ensure their priorities for children and young people are being discharged across B&NES. The CYP Sub group is keen to share progress with the H&WBB

**Safeguarding outcomes for children and young people are overseen by the B&NES Community Safety and Safeguarding Partnership via its various sub groups.*

- 3.2 The report also includes the TORs for the which reflect changes to membership.
- 3.3 The CYPP 2022- 2023 Year 2 Review sets out the progress made against the priorities identified in the CYPP. There has been positive delivery against all priority areas reflected in the RAG ratings of either Green or Amber. However, the H&WBB should be aware of the following pressures regarding Priority 5

- 3.4** Priority 5 - Meeting the emotional health and wellbeing needs of children and young people. These ongoing pressures are felt especially in regards to meeting the emotional health and wellbeing needs of our more vulnerable children and young people, and the needs of children and young people with special educational needs and / or disabilities and have been evidenced in the Strategic Evidence Base <https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report>
- 3.5** The Health and Wellbeing Board have also directly identified meeting the emotional health and wellbeing needs of children and young people as a priority.
- 3.6** The H&WBB is requested to acknowledge the Participation Standards report. This report that good participation is clearly embedded within our B&NES commissioned services offering targeted support to children and young people.
- 3.7** The H&WBB is also requested to acknowledge the further evidence of good participation across health and social care as evidenced in the Annual Participation Report.
- 3.8** The CYPP Draft proposal is also included in this submission to H&WBB and the request is for the members to approve the objectives that will deliver against the four priorities for cyp identified in the H&WB Strategy 2023 -2030.

4 STATUTORY CONSIDERATIONS

- 4.1** Much of the work in the CYPP contributes towards meeting the statutory duties of the Council and the Integrated Care Board in respect of health and social care. The Council commission the Participation Service delivered by Off the Record helps support the delivery of the statutory duties and ensuring that the voice and rights of children and young people are central to service delivery, development, and review.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1** The delivery of the CYPP and its current priority areas are being delivered within the current financial envelope; and while there are challenges with capacity of some services there is no request for additional resources in 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** An Equalities Impact Assessment will be undertaken on the new plan for 2024-2030

8 CLIMATE CHANGE

- 8.1** The plan aims to maximise resources whilst minimising the impact on the environment, as the next plan is developed it will set out how the reduction on climate change will be supported.

9 OTHER OPTIONS CONSIDERED

- 9.1** None

10 CONSULTATION

This paper has been shared with the CYP Sub-Group, the Director for Children's Service and Education and the Lead Member for Children and Young People.

Contact person	Sarah McCluskey Strategic Commissioning Officer Sarah_McCluskey@bathnes.gov.uk
Background papers	
Please contact the report author if you need to access this report in an alternative format	

Children and Young Peoples Plan 2021-2024

Year 2 2022 - 2023 Final Overview

Progress Report Oct 2022 – March 2023

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OUTCOME 1 Children and Young People are Safe

Priority	Key positives	Key Challenges	Evidence we have made a 'difference'	RAG
1 Increase the proportion of children and young people living in safe, supportive	Partnership <ul style="list-style-type: none"> Prevention and Early Intervention Sub-group 	Referrals into Early Help services continues to exceed commissioned capacity	The Injury Prevention implementation plan has been updated for 2023/24 and contributes to the BCSSP priorities. Reports Prevention and Early Intervention subgroup have included	

<p>families and communities.</p> <p>(*The assurance around the Outcome 'All Children and Young People are Safe also sits with the BSSCP)</p>	<ul style="list-style-type: none"> • Best Start in Life Sub-Group • Injury Prevention Partnership • BSW Safeguarding Under 1s group • Service Improvement Board • YOS • Maturity matrix identifies areas for development <p>Intelligence</p> <ul style="list-style-type: none"> • Early help needs assessment identified areas for improvement • Annex A data • Feedback in Ofsted inspections • Contract management data from all externally commissioned Early Help 	<p>Impact of the cost of living increase on services, families, and individuals being acutely felt.</p> <p>Increasing SEMH needs within communities which have a direct impact on Early Help commissioned services delivery and capacity.</p> <p>Early Help services are experiencing increasing needs in the community evidenced by the number of Level three and four cases being allocated.</p> <p>Changes proposed by the Business intelligence Team could increase costs (for providers) and workload (for all in the short term) if recommended changes are substantially different to current request</p>	<p>plans to refresh the Early Help Assessment, and this includes plans to condense the form and start work on an on-line version.</p> <p>Quality assurance continues to be reported via audit group and contract monitoring</p> <p>Activity reported via power BI for internal and targeted commissioned services and shows that services continued to provide targeted support throughout the pandemic.</p> <p>Services continue to flex to provide the best support to children, young people and families.</p> <p>SUDI Audit process from Aug – Nov 2022. Report with recommendations completed. Task and Finish group established to take forward recommendations across BSW.</p> <p>The results of the Early Help App Survey from February – August 2022 offered qualitative data on how practitioners had used the App to support someone.</p>	
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	<p>service providers and quarterly Early Help Impact Report</p> <p>Strategy</p> <ul style="list-style-type: none">• “All age strategy in place with associated action plan that reports to BCSSP <p>Services and interventions</p> <p>Early Help Toolkit/Offer inc App and good performance of services</p> <p>Review of Early Help app for future development</p> <p>Early Help Hub pages for professionals launched in 2022.</p>		<p>Positive comments from the follow-up survey on the Early Help workshop in May 2022 indicate that the workshops are useful for providers.</p> <p>Early Help Impact report shows positive influence of early intervention and support.</p>	
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Two Early Help provider workshops, with a focus on networking and learning, took place in 2022.

BSW Safer Sleep Webinar provided in October 2022.

Launch of online injury prevention training modules (April 2023).

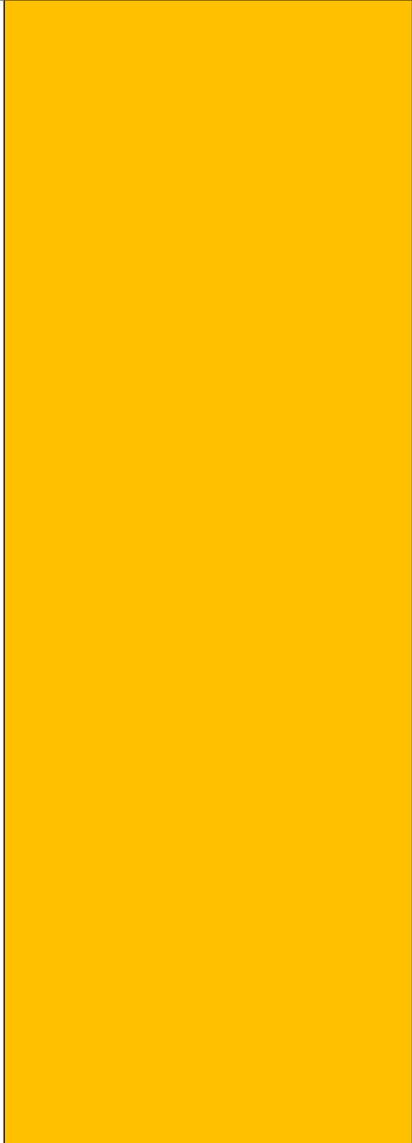
System design

- Re-design of the Children’s Social Care front door:
- Service adaptations due to COVID embedded as business as usual activities
- Integrated Childhood Services pathway

The refreshed EHA was signed off by the PEI Sub Group in November and has now been built into the Early Help Module and added to the webpage for use by staff across the workforce.

The 'task and finish' group is now working with IT to develop an online version of the Early Help Assessment tool. Consultation with users and non-users is informing this process and a number of opportunities for improving reporting arrangements are being identified. The multi-agency audit group is continuing to review assessments and identify strengths and training needs.

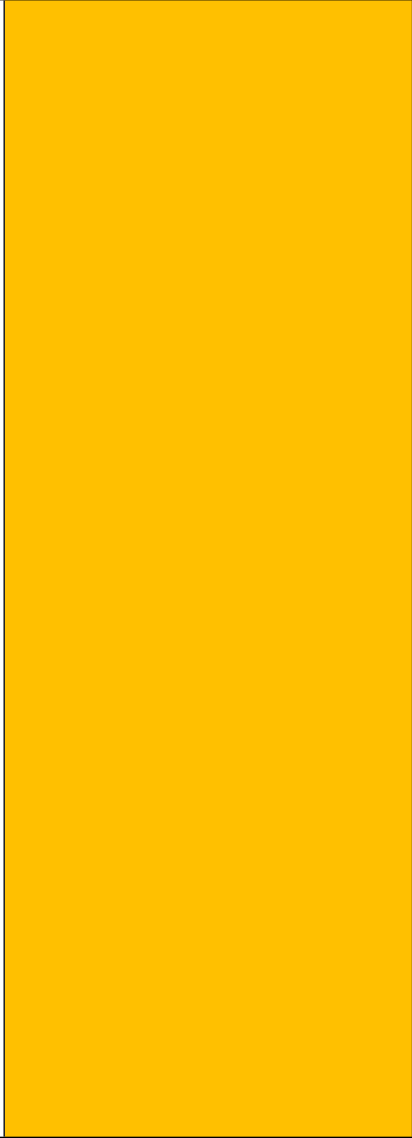
The Early Help App review has been



completed.
Recommendations include extending the App to all age. This will include closer working with Live Well B&NES and has led to several updated areas of the App including a new Refugee Support area and a revised money, energy costs and affordable food section. Transitions area of the App in Development (April – May 2023).

This year has seen an uplift in use of the Early Help Assessment and work to support its use has continued through full-day training, bite-size lunchtime training and consultation. A multi-

Development of the digitalised version of the Early Help Assessment has progressed but is now on hold due to competing IT priorities. A Data Processing



	<p>agency group undertakes 3 sets of audits per year to gauge the quality of Early Help Assessments and identify issues to share with the Sub Group and/ reflect in training.</p> <p>Details of this work are reported through the Prevention and Early intervention Sub Group.</p>	<p>Agreement has been tested with partners and an initial 'pathway' has been built into the Early Help Module. This work is likely to be taken forward under the Children and Data initiative in the autumn.</p>		
Priority	Key positives	Key challenges	Evidence we have made a 'difference'	RAG

<p>2 Decrease proportion of children and young people affected by unintended or accidental injury</p> <p><i>(*The assurance around the Outcome 'All Children and Young People are Safe also sits with the BSSCP)</i></p>	<p>Injury Prevention Partnership (IPP)</p> <p>Intelligence</p> <p>The 2021 / 22 Children and Young People's Health and Wellbeing Survey is completed with data on injury published - Funding from St John's Foundation has been secured to fund 5 rounds of the survey.</p> <p>Services and interventions</p> <ul style="list-style-type: none"> • Home safety equipment scheme • Injury Prevention awareness training delivered to 43 professionals 	<p>There is a very slight downward trend to the number of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 according to OHID Fingertips data analysed in November 2022.</p> <p>Limited information around types of injury presented at hospital – particularly around the impact of eScooters and eBikes.</p> <p>Numbers remain relatively stable since 2014 compared to national rates where the trend has reduced and continues to improve.</p> <p>Undergraduate support confirmed to further explore the subject of injuries around the home in under 5's in B&NES</p>	<p>Progress of Injury Prevention development work showing progress with (PH Fingertips data):</p> <ul style="list-style-type: none"> - a 15% decrease in the rate of hospital admissions caused by unintentional and deliberate injury in children 0-14 years in B&NES when comparing 2018/19 to 2020/21 - a 7% decrease in the rate of hospital admissions caused by unintentional and deliberate injuries in young people 15-24 years <p>IPP has oversight of the progress against implementation plan which contributes to the BCSSP priorities.</p> <p>Monitoring data via contract monitoring of the home safety equipment scheme</p> <p>Injury data in PHOF and child health profile</p>	
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	<ul style="list-style-type: none"> • Injury Prevention training delivered to workforce, and online training now available (May 2023) for Early Years staff. • Fridge magnets and check lists for poisoning prevention cascaded through family placement team, health visitors, children’s centres, leisure services and at events. <p>Campaigns</p> <ul style="list-style-type: none"> • Road Safety • Child safety week • Firework safety 		<p>Workforce knowledge has been improved through attendance at one of the training sessions. Evaluation of the sessions has provided evidence of increased knowledge and understanding pre and post training.</p>	
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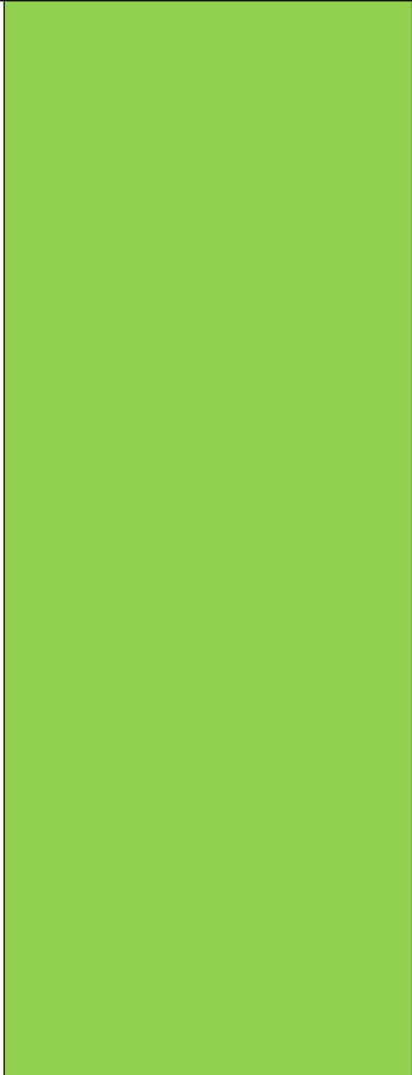
- Halloween safety
- Take Action Today Poisoning Prevention campaign (RoSPA)
- Safer Sleep Week

Communications:

- 'SafeHome' newsletter – three times a year.

2023/2024 refresh of the implementation plan in draft (to be reviewed at April '23 meeting)

Added injury prevention resources for schools onto the HUB

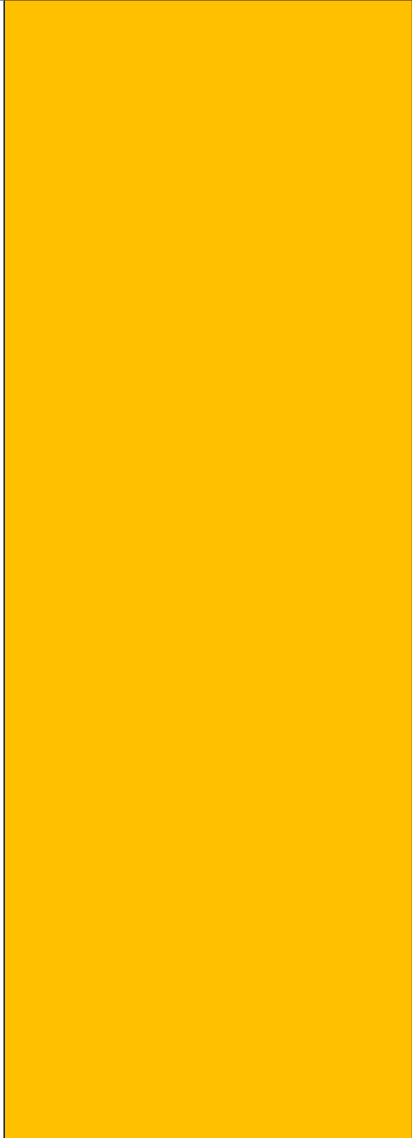


	Widened partnership to include Social Care, Leisure Services, Life Skills, Children & Young People's Network			
Priority	Key positives	Key challenges	Evidence we have made a 'difference'	RAG
3 Increase the proportion of children and young people are protected from crime and anti-social behaviour <i>(*The assurance around the Outcome 'All Children and Young People are Safe also sits with the BSSCP)</i>	<p>The Violence Reduction Partnership is now funded until March 2025 and has commissioned further detached youth work and a lived experience mentoring project to run throughout this period. The Local Authority has now agreed to fund the Education Inclusion Co-ordinator post to promote use of the local toolkit to</p>	<p>Difficulties in measuring the impact – no baseline</p>	<p>Compass continues to provide intensive support for children and parents/carers</p> <p>The VRU Operational Group and the BCSSP Exploitation Operational Group share information to help keep children and adults safe</p> <p>The BCSSP Exploitation Subgroup works to address all kinds of criminal exploitation</p>	

address permanent exclusions which can increase the risk of exploitation and/or serious violence for some children. A second staff conference was held on 9 March, focusing on education engagement and some of the learning from the Identifying Disproportionality report and its continuing work. The work of the Partnership for Reducing Exploitation and Serious Violence which supports information sharing about individuals and networks has continued well and is being further developed to focus

more 'upstream.' A separate meeting for assessing contextual risk of places has been established. The Partnership is now working to fulfil the requirements of the Serious Violence Duty implemented under the Police, Crime, Sentencing and Courts Act 2022.

Details of this work are overseen by a local Serious Violence Steering Group and reported in to the Exploitation Sub Group and other sub Groups. At an Avon and Somerset level, the work is overseen by a strategic group.



OUTCOME 2 – Children and Young People are Healthy

Priority	Key positives	Key challenges	Evidence we have made a 'difference'	RAG
<p>4 Increase the proportion of children and young people maintaining a healthy weight</p>	<p>Intelligence</p> <ul style="list-style-type: none"> • A randomised sample of children were weighed and measured for the 20/21 National Child Measurement Programme (NCMP). • All reception and Year 6 pupils were measured in the NCMP during the academic year 21/22. • Schools Health and Wellbeing 	<p>Healthy weight steering group had oversight of progress (but now disbanded)</p> <p>Public Health in Schools programme is limited to self-audits. Follow up and support only available in Early Years settings. No data on usage of each audit.</p> <p>Currently very limited specialist Tier 3 weight management service for CYP</p> <p>Physical Activity – All leisure services were severely impacted by</p>	<ul style="list-style-type: none"> • Published 20/21 national NCMP data shows prevalence of obesity in reception year is likely to be between 14.2% and 14.6%. Obesity prevalence is likely to be between 25.3% and 25.8% for year 6 children. • Covid has had an impact: Nationally the prevalence of severe obesity in reception increased from 2.5% in 2019/20 to 4.7% in 2020/21. Prevalence of severe obesity has increased in year 6 from 4.7% in 2019/20 to 6.3% in 2020/21. <p>2021/22 NCMP data shows the prevalence of sever obesity in among year 6 children in B&NES to have not changed significantly</p>	<p align="center">Amber</p>

	<p>Survey (formally SHEU) Survey - which provides data on weight related behaviour - has been recommissioned and was undertaken by schools/college this academic year (21/22). Results relating to weight are published and disseminated. The survey has been funded by St Johns Foundation</p> <p>The national Healthy Start Scheme is now digital and simplified and may lead to increased uptake. Data</p>	<p>COVID (but are now fully open)</p> <p>Rising cost of living has impacted on household budgets and may push more families into debt/financial insecurity and food poverty.</p> <p>Current children's weight management model for Tier 2 service is struggling to recruit families into a group-based programme and therefore 1:1 family support is being provided</p>	<p>2.3% in 2018/19 compared with 3.4% in 2022/23.</p> <ul style="list-style-type: none"> • Nevertheless, prevalence of overweight and obese reception year children in B&NES remains lower than the national prevalence. <p>2021/22 NCMP data shows prevalence obesity (including overweight) is 28.9% among year 6 pupils and 18.5% among reception pupils with no significant changes. There continues to be a strong correlation to excess weight and the indices of deprivation and among year 6 cohort, levels of excess weight are higher among males compared to females</p> <p>The B&NES Infant Feeding group implements the BSW Infant Feeding action plan. The Health Visiting Service has been recredited by UNICEF BFI and is now aiming for Gold accreditation. feeding rates in B&NES are above SW region and national rates although we believe these to be lower in</p>	
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	<p>are now available again at postcode level.</p> <p>Services</p> <ul style="list-style-type: none"> • Children’s weight management services (Tier 2) are now fully staffed and operational <p>Public Health in Schools and Early Years Programme – audit, training and signposting continues to be offered and updated. The Healthy Weight Audit tool was updated in March 2022 and relaunched at a workshop for schools in September 2022.</p> <p>Somer Valley Breastfeeding Welcome pilot</p>		<p>the Somer Valley according to HCRG Care Group Tableaux data.</p> <p>Service activity and performance data is provided by the Children’s Healthy Weight service and additional new outcomes data will be provided from October 22.</p> <p>B&NES Fair Food Alliance has oversight of food insecurity and progress reported to Policy, Development and Scrutiny Panel</p> <p>All primary and secondary schools were offered the Health and Wellbeing Survey (formally called SHEU). LA findings relating to healthy weight was collated into reports and disseminated in July 22. School-level NCMP data was shared.</p> <p>More information: https://thehub.bathnes.gov.uk/Page/11031</p>	
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	<p>launched in January 2023.</p> <p>Local Maternity Network System (LMNS) funded infant feeding project 'Milk project' has started in the Somer Valley providing specialist breastfeeding support on a 1:1 basis, including antenatal support about feeding choices.</p> <p>Strategy</p> <p>There is a Infant Feeding Strategy across BSW</p> <p>Food Equity Action Plan – 2022 – 2025 now in place</p> <p>Commitment gained for LA Healthy Weight Declaration</p>		<p>A survey to parents following Summer 2022 HAF provision asked: 'On a scale of 1 – 5, 1 being poor, 5 being excellent, how would you rate your child/ren's overall experience of the Summer HAF (Holiday Activities and Food) Programme. The average (mean) response to this question was 4.5'.</p> <p>New integrated strategy (Heathy weight, physical activity, and food insecurity) and working partnership is being established</p> <p>Work continues to support the council to work towards the 16 pledges and sign the Healthy Weight Declaration</p> <p>The Children's weight management pathway has been reviewed and referrals to Tier 2 services (LEAP) for obese children are expected to increase.</p>	
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	<p>Local marketing of Better Health Campaigns including the 10 minute shake-up and Breastfeeding Week</p>		<p>Children and families find it difficult to sustain committed engagement during weight loss programmes</p> <p>The DoE's Holidays Activities and Food programme for pupils eligible for benefits-related Free School Meals will continue for at least a further 3 years.</p> <p>Activate leads new provider will lead local partners in delivering holiday HAF provision throughout the LA</p> <p>19 venues have signed up to The Breastfeeding Welcome pilot in the Somer Valley (by April 2023). The pilot aims to ensure that venues are breastfeeding friendly and that breastfeeding parents feel more comfortable about breastfeeding in public.</p>	
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Social media campaigns around
Healthy Start shared with partners.

Priority	Key positives	Key challenges	Evidence we have made a 'difference'	RAG
<p>5. Increase the proportion of children and young people experiencing good emotional mental health, wellbeing, and resilience</p>	<p>A CYP EHW Sub-group workplan has been developed from the previous strategy and case reviews etc.</p> <p>Carried forward</p> <p>Reviewing workplan and creating SMART actions that are focussed on delivering priority 5.</p> <p>Intelligence</p> <p>Children and Young People's Health and Wellbeing Survey is completed with data on emotional and mental health & wellbeing is published</p> <p>Funding from St John's Foundation has been</p>	<p>The CAMHS team have been in the Business Continuity Plan since May 2021 due to vacancies and an increase in acuity and complexity which has resulted in higher than usual waiting times. A waiting list initiative will be established in the New Year.</p> <p>The National shortage of CAMHS inpatient mental health beds (65 recently closed) has created huge pressures on the system to support CYP awaiting admissions.</p> <p>A national shortage of experienced mental health practitioners (CYP and adults) has resulted in high</p>	<p>Until high level KPI's and revised workplan agreed as the evidence available is as follows: (relating to RED column)</p> <p>Since April 2021 providers have been required to submit outcome measure scores collected at the start and at the end of an intervention and submit these to the Mental Health Services Data Set (MHSDS) during the CYP is discharged.</p> <p>Nationally both the number of paired scores and the number of paired scores showing any significant improvement are very low. However, there are likely to be data quality issues as many providers are currently recording very low levels of activity for this measure.</p> <p>Update VA 18/05/23 iThrive BSW</p>	

	<p>secured to fund 5 rounds of the survey</p> <p>Services and interventions</p> <p>The Public Health in Schools Programme offer schools support in delivering universal/preventative interventions to support the mental health and wellbeing of learners. Between April 2022 and March 2023, the programme continued to maintain up to date information guidance, and resources on the Public Health in Schools pages of the HUB. User data shows that in this period the pages were visited 7096 times by external users, with 938 of these visits to view the B&NES Best Practice Audit.-</p>	<p>vacancy rates in specialist CAMHS (OHFT)</p> <p>The Eating Disorder service has seen an increase of young people being referred. Those being referred are tending to be more complex and more unwell than prior to the pandemic.</p> <p><u>BN&ES Mental Health Support Teams MHST</u></p> <p>Finding space within some schools to provide the interventions has been a challenge. Therefore, some schools have a waiting list due to not being able to</p>	<p>Over the last 2 years, the system has invested in the development of new and improved services for children and young people with mental health needs. This has included:</p> <ul style="list-style-type: none"> - Developing Mental Health Support Teams in schools across BSW - Supporting expansion of crisis services, both through CAMHS liaison services and as part of Crisis and Home Treatment Teams - Developing core CAMHS provision to meet national access standards, including more rapid access for children and young people with eating disorders <p>Objectives</p> <ul style="list-style-type: none"> • To maintain oversight of delivery of key projects across the BSW system, including (but not limited to): <ul style="list-style-type: none"> ○ BSW Crisis and Liaison Review 	
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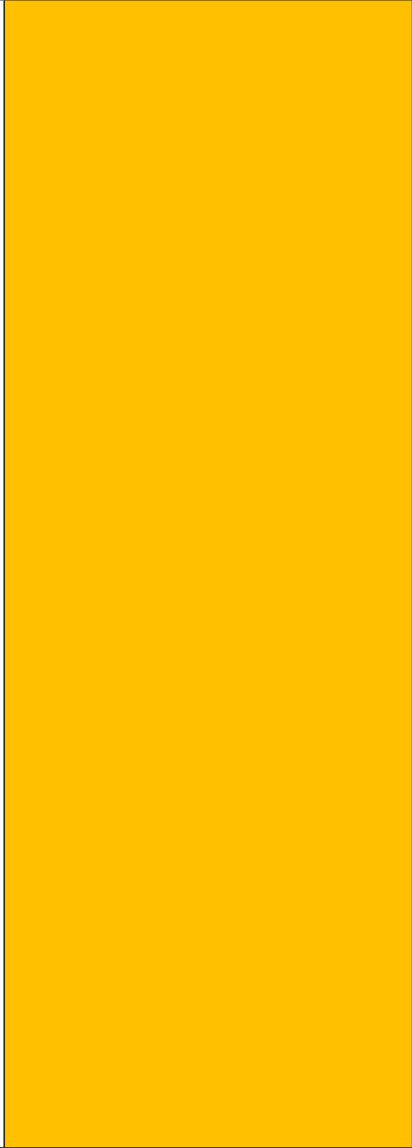
	<p>Counselling services for 11–25-year-olds continues to be offered (Off the Record) as does online counselling and support (Kooth)</p> <p>Specialist CAMHS (OHFT) referrals now include self-referrals.</p> <p>BN&ES Mental Health Support Teams (MHST) has now received 3 waves of funding to develop the service. Four Wave two EMHP’s have been supporting 20 schools since qualifying in June 2021. One Wave four EMHP has qualified in May 2022 and now has full capacity to support an additional 6 schools. Four wave six trainee EMHP’s have started their training in January 2022 and have started to pick up a small training caseload, as of</p>	<p>have a room to offer interventions.</p> <p>Three schools are not engaging or responding to contact made from the MHST. Therefore, reallocation of the offer may need to be considered</p>	<ul style="list-style-type: none"> ○ Access service improvements linked with the delivery of our Access target across BSW (and submitted to NHSE) ○ Development of a new model of partnership working that will support a whole system approach to Getting Advice – at Place and System level ○ Creation of a single operating model for our Single Points of Access in B&NES, Swindon and Wiltshire, so that we have a consistent offer and pathway from point of referral – in partnership with Place leads ○ Implementation of new models of care for children and young people with Eating 	
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	<p>May 2022. The team will be able to pick up full capacity from all 43 schools in February 2023.</p> <p>The DfE Senior Mental Health Leads Training was launched to schools in September 2021 with schools able to access a grant of £1200 to support staff development. B&NES is a DfE quality assured provider for this programme. During this period a further-22 schools accessed this course bringing the total number of schools engaged to.53</p> <p>An Emotionally Based School Avoidance (EBSA) steering group has been active this academic year building on the successful B&NES-wide</p>	<p>EBSA continues to be a major source of concern for schools.</p> <p>The Rapid Intervention Team (RIT) pilot has been in place since September '22 to tackle 'flickering' attendance. It is due to give an evaluation of the impact in June '23. Early indications are that schools have mostly restricted their use of RIT to the more</p>	<p>Disorders, including ALPINE and ARFID in partnership with community paediatric and acute hospital paediatric teams</p> <ul style="list-style-type: none"> ○ Implementation of Hospital at Home provision, aligned with the Thames Valley Provider Collaborative ○ Development of specific services for 16-25 year olds – the Community Services Framework Oversight Group will maintain oversight of this specific project, but this Children and Young People's Oversight Group will ensure that it maintains connection to this to avoid duplication or omission of key activities 	
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	<p>conference in June '22. They have facilitated training events for parent/carers, SENCOs, a dedicated Educational Psychology telephone advice line for EBSA has been established and all schools have been offered the opportunity to take up a free Horizons EBSA training licence for 12 months.</p> <p>The new contract for Hospital Education Reintegration Service (HERS) was awarded to The partnership Trust (TPT) from September 2022 with an emphasis on increasing the support to schools to meet the medical needs of their students in school wherever possible and so avoid a referral to HERS (80%</p>	<p>complex pupils where EBSA is entrenched and the underlying causes complex and so the impact has been reduced as a result</p> <p>Discussions with the Head of BSW CAMHS Transformation, Jane Rowland, have yet to secure additional funding to so that the Anxiety Practitioner post can be advertised as a Band 7 to attract more applicants</p> <p>Referrals to HERS remain high (currently over 100 places occupied)</p>		
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of students are referred due to emotional and mental health needs)

Improved oversight of CYP at risk of, or admitted to, Mental Health hospital inpatient through monthly updates and discussion at CYP Dynamic Support Register meetings.



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Priority	Key positives	Key challenges	Evidence we have made a 'difference'	RAG
<p>6 Increase the proportion of children and young people free from the harm of substance misuse including alcohol and tobacco</p>	<p>Three year treatment plan in place 1 extra YP worker funded for 3 years 22-25 to increase capacity and numbers in treatment (from SSMTRG)</p> <p>Increase of outreach has seen 888 young people supported of substance misuse.</p> <p>An increase in hospital referrals with the RUH pathway and action plan reviewed and completed over the past year.</p>	<p>Delays in showing numbers in Q4 due to recruitment and lack of NDTMS consent this has now been addressed.</p> <p>Knife crime</p> <p>Gathering groups in large numbers</p> <p>Inhalants</p>	<p>Q4 2023 number of YP in treatment 126 in a rolling 12 months.</p> <p>Treatment outcomes -planned exits at 94% and above the national average of 81%</p> <p>Capacity building through training and one extra worker has shown 37 new referrals in treatment.</p> <p>7 referrals from the Hospital in Q4</p> <p>99% of young people multi agency worked compared to 63% nationally</p> <p>Workshops and training delivered to schools for Vaping and tobacco</p>	<p>RAG</p>

	<p>New project- “Born into care” launched in January in conjunction with social services to increase family referrals into treatment</p> <p>Peer Support Group – ‘Chill, Chat and Create’ with the aim to inspire young people, and to come together has been established. The peers will also be accompanying workers in their sessions to discuss their lived experience and inspire the next generations of young people. A total of 13 young people are now part of this.</p> <p>The wrap – has 1479 visits over the past year with 1537 self-help searches which help young people access</p>		<p>Digital platform “The Wrap” has developed resources for substance misuse and Vaping.</p> <p>PSHE lessons delivered through the Wrap and in person. To 75 YP</p> <p>P28 have been successful in securing additional funding to deliver targeted work to address knife crime and serious youth violence.</p> <p>Talking teens program has been terminated from connecting families. P28 working with social care to meet with foster carers for training.</p> <p>Training for social care ‘Parents Substance Misuse and the impact on children.’</p> <p>Family matters service in DHI working with P 28 targeting families with YP to gain advice and information workshops set up in P 28 monthly</p> <p>Induction fro all professionals ‘ How to refer to P 28’</p> <p>All staff have been trained in mandatory social care training. Staff also advanced</p>	
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	<p>the right information and know where to get support.</p> <p>DHI secured additional funding from a digital exclusion fund – This enabled P28 to purchase 7 laptops and 5 mobiles phones for young people to support their education.</p> <p>There is a well-developed training programme for professionals including induction for social workers, teachers, school nurses and the Police, which is further supported by the continued roll out of the Drink Think App and targeted workshops held through the year for young people, through schools, college</p>		<p>training in exploitation and sexual exploitation alongside all willow trained</p> <p>3 training days delivered for the wider children’s workforce Sexual health and alcohol and ‘risky behavior’</p> <p>Developed a selection of vaping guides for young people, teachers, and school nurses.</p>	
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	<p>the 'Learn to Work' course.</p> <p>Secured funding for a further 3 years from Children in Need'</p>			
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OUTCOME 3 Children and Young People have Equal Life Chances

Priority	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG
<p>7 Ensure disadvantaged children are supported to have the best start in life and be ready for learning</p>	<p>School Improvement:</p> <p>St Johns and the LA have worked in partnership to establish new pastoral support roles in 7 identified primary schools in BANES with the highest % of children in receipt of Pupil Premium funding.</p> <p>The LA & St Johns are commissioning a 3-stage programme to evaluate and improve the outcomes of disadvantaged learners.</p>	<p>Ensuring consistent approaches to the use of the £5.4 million of Pupil Premium Funding.</p> <p>Influencing the work of settings & schools under a wide umbrella of leaderships & management presents (private, academy etc) a challenge to LA leadership capacity.</p>	<p>The Primary Empowerment project funded by St Johns and developed with the LA started in September 2021. This will provide additional resources to the 7 schools in B&NES with the largest primary disadvantage gap and 40% of primary pupil in B&NES. This will be independently evaluated, and data should be available in Autumn of 2022. The Project also links with Language for Life Project that LA is delivering in Early Years settings</p> <p>The Local Authority is also in the preliminary stages of establishing an Improving Educational Outcomes for Disadvantaged Children strategy. This will be a multi-</p>	

	<p>This is known as the Improve Disadvantaged Educational Outcomes Programme (IDEOP) and will report to the School Standards Board</p>		<p>agency strategy working alongside schools, public health, St Johns, and Health partners.</p>		
	<p>Early Years:</p> <p>End of Reception year, EYFS Profile data 2022 (based on revised early learning goals) shows improved outcomes for children in receipt of Free School Meals (FSM) compared with 2019 data (previous EYFS framework). A 3% point rise to 48% in B&NES achieved the Good Level of Development measure compared with a 7% points drop to 49% in England.</p> <p>The GLD for 'all children' fell slightly to 71% but compares well to England at 65%.</p>	<p>EYFSP outcomes for boys fell significantly to 63% (England 59%) whilst girls remained constant, under the new EYFS framework, at 79%.</p> <p>Sustained impact on setting capacity to engage with support and training due to staffing and recruitment issues Uncompetitive pay levels linked to funding and cost of living crisis. Impact evident on quality outcomes. Some settings reducing places for youngest children to manage staff shortages impacting on sufficiency of places.</p>	<p>The outcomes for children in receipt of FSM improved during the pandemic although against a revised framework. Nationally there was a significant drop. Children in receipt of additional funding and of key workers were able to access early years provision throughout the pandemic and were in smaller groups. Outcomes for children with SEND were affected by availability of support staff</p> <p>Analysis of final Year 1 data</p> <p>787 children were included in the final year 1 screen. Of these 287 children either fell within borderline green, amber or the red WellComm colour zones. 43 of these children are in receipt of EYPP</p> <p>Many EYPP children sat within the amber zone where they would not meet the threshold for specialist intervention and needs can sometimes be missed within the universal green cohort. At the final assessment the number of EYPP children</p>		

Language for life: Making a Difference together (LFL) Two-year pilot partnership project with St John's Foundation, EY Service and Virgin Care Speech and Language therapies.

In 2023 St Johns Foundation extended this project for a 3rd year to align with PEP schools funding

Engaging all EYFS settings with the changes to the statutory framework prior to implementation in Sept 2021 September 1st.

Identification of unmet need where children do not meet

that were red and amber at their first assessment has reduced and the number of EYPP children that were green, increased. This is really positive, as we we can see with the right setting based support, and are now working within their age appropriate section in WellComm.

Data type	Category	Assessment phase	Number of children			Percentage of child results			
			Total	Red	Amber	Green	Red	Amber	Green
Pupil premium	No	First assessment	243	100	36	48	41%	30%	29%
		Last assessment	243	77	50	116	32%	22%	46%
Pupil premium	Yes	First assessment	43	9	20	14	21%	47%	32%
		Last assessment	43	5	8	30	12%	19%	70%

End of Y1 feedback from receiving Reception teachers mentioned that LFL children started school with more vocabulary, understanding, expressive language and conversation in relation to the previous year. This also appeared to support mathematical language

Ofsted HMI presentation for Headteachers attended by 62% schools in B&NES

Early Childhood Outcomes Group:

multiagency operational plan in place to strengthen work with EY settings.

- 'One stop shop' on the Hub developing for services supporting EY settings.
- Annual strategic multiagency meeting for leaders and managers of EY settings to share updated

	<p>Strengthening of multiagency links around early years settings; focus on referral pathways.</p>	<p>thresholds for specialist support.</p> <p>Building relationships and strengthening communications to help EY settings access the right support at the right time.</p> <p>Access to settings is based on positive relationships and working in partnership</p>	<p>pathways and gain feedback from settings.</p> <p>Support visits Strengthened focus on individual children’s progress and risk indicators with the setting for children who may be falling behind. 30 practitioners attended 2-part session on Race and Unconscious bias</p> <p>1st September 2021 to 31st December 2021</p> <ul style="list-style-type: none"> • 14 childminders contacted around SENCo support. • 8 received support. • 19 support calls. • 10 children being supported. <p>1 st January 2022 to 30th April 2022</p> <ul style="list-style-type: none"> • 17 childminders contacted around SENCo support. • 15 received support. • 35 support calls. • 18 children being supported. <p>1 st May 2022 to 31st August 2022</p> <ul style="list-style-type: none"> • 15 childminders contacted around SENCo support. • 14 received support. • 27 support calls. • 20 children being supported. <p>Team support</p> <ul style="list-style-type: none"> • Working in partnership with and supporting the childminding co-ordinators. • Updating the childminding Co-ordinators at each meeting. • Sharing SEND updates and paperwork. • Developing resources. 		
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	<p>Closing the Gap setting support process. Reviewed in light of findings from UP project</p> <p>Equalities Regular training priority embedded in annual training programme</p> <p>SEND support for childminders</p>	<p>Engaging practitioners with CPD</p> <p>Access to SENCo training is difficult for this sector</p>	<p>Safeguarding support Programme of accessible, affordable high-quality training and support for all early years practitioners and designated safeguarding leads is available</p>		
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	Safeguarding and welfare training and support				
	Virtual School: March 2023 – Extended duties for Virtual School announced for another 2 years.	Number of children looked after by the authority in EYFS are placed outside of B&NES schools and settings.	March 2023 Update: 90% of EYFS CLA are making expected progress.		
Priority	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG	
8 Ensure children and young people are supported to	School Improvement: St Johns and the LA have worked in partnership to			Chris Wilford Work around learning for life project and primary	

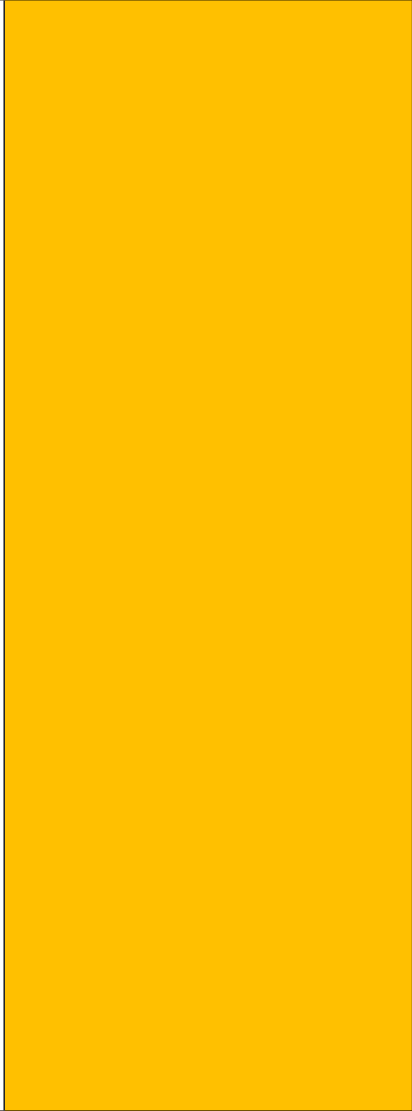
<p>achieve and that gaps in their educational outcomes are closed</p>	<p>establish new pastoral support roles in 7 identified primary schools in BANES with the highest % of children in receipt of Pupil Premium funding.</p> <p>The LA & St Johns are commissioning a 3 stage programme to evaluate and improve the outcomes of disadvantaged learners. This is known as the Improve Disadvantaged Educational Outcomes Programme (IDEOP) and will report to the School Standards Board</p>	<p>Attainment gaps for disadvantaged pupils not improving</p>		<p>empowerment project. First Annual update due in Autumn 2022. Data not currently shared</p> <p>The LA & St Johns have commissioned a 3 stage programme to evaluate and improve strategies to improve disadvantaged education outcomes. Stage one is underway</p>
	<p>Virtual School:</p> <p>Virtual School had a successful bid with the What works for Children's social care foundation to appoint 2 advisory teachers to raise academic outcomes for the most vulnerable on CP and CIN plans.</p>		<p>March 2023:</p> <ul style="list-style-type: none"> • In total we currently have 208 CLA in education. This compares to 164 at this time last year. • Progress from previous key stage – 78% of CLA are making expected progress. 	

	<p>Cohort have been identified and bespoke education plans and funding is in place to raise academic outcomes for 70 children across EYFS to Y11. 35 schools identified and engaged in the project.</p> <p>All PEPS are highly focussed on gaps in education due the impact of COVID and focused on ensuring progress.</p> <p>September 2022: Announcement that the Virtual School will support an extended cohort for 1 year, this includes all young people open to social care.</p>		<ul style="list-style-type: none"> • We have 4 pupils without a school place currently. 3 are in Year 11 with a high level of needs. All 4 are accessing tutoring or alternative provision. • Overall our attendance is 88.7% with 6.72% authorised absence and 2.94% unauthorised • In total we have 10 pupils (7%) who have had 1 or more suspension so far this academic year • 90% attend OFSTED rated good or better schools • Post 16, 61% of pupils are making expected progress. 	
	<p>The Avon and Somerset Identifying Disproportionality report highlighted links between permanent exclusion and entry into</p>			

	<p>the justice system and made a number of recommendations to Local Authorities which are being followed up.</p>				
Priority	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG	
<p>9 Ensure children and young people are able to access and maintain appropriate local education provision</p>	<p>All children and young people have access to a good quality mainstream education at primary and secondary level.</p> <p>SEND Capital Strategy has already increased the number of Special Educational Needs places across B&NES and across all age ranges.</p>	<p>EHCP growth continues to place pressure on B&NES placements</p> <p>Continued growth in the number of children with SEND as a result, some children do have to travel out of county for their education</p> <p>In addition, other LA schools on our borders are also full. This is</p>	<p>94% of schools in B&NES are good or outstanding.</p> <p>The LA is working with schools and MATs to look at increasing provision</p>		

		<p>resulting in an increase in the numbers placed out of authority – a number that has stabilised in recent years.</p> <p>Sufficiency of sustainable high-quality early education and childcare provision have been at Amber for the last year. There are still big challenges in the sector regarding the recruitment and retention of staff in an inflationary economy. There have also been more closures than for many years, resulting in fewer places for children and families.</p>	<p>through resource bases but there is a limit to the funding to support this.</p> <p>June 2022 – funding has now been made available from the DfE to create more local spaces for CYP with an EHCP. Work has started with the MATs and maintained schools to look at where and what type of resource bases can be opened/built within B&NES. The premise is to open between 5 & 7 bases in the next 2 years.</p> <p>In addition the DfE have now opened the wave to enable LA's to bid for new special free schools. The LA is working with an outside agency (appointed by DfE) to pull together a bid. If successful the plan would be to open a new generic special school in the Keynsham/Chew area. The build will be overseen by the DfE so this is a medium-term plan.</p> <p>With the re-tender of BOP it is also hoped that this could be relocated from the existing Three Ways site – freeing up approx. 20 places in Three Ways School</p>		
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		<p>In addition, the Budget Statement announcement of a new funding offer for working families with children as young as 9 months plus a relaxation in the staff/child requirements, despite the vast majority of the sector opposing this decision, have created more tension and uncertainty.</p> <p>There will be a small amount of funding allocated to each child per hour, but no announcements have been made to provide full details of the policy. Until there is clarity then sufficiency will remain an ongoing concern.</p>			
Priority	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG	

<p>10 All children and young people are supported through key transitions, including into adulthood</p>	<p>All children who are looked after by B&NES have personal education plans that support key transitions.</p> <p>The Local Authority, by working in partnership with early years settings, schools, health, and social care, is continuing to successfully identify and provide support to children with SEND on transition to school.</p> <p>Update from Sally Churchyard</p> <p>The Youth Justice Partnership (new name for the Youth Offending Service) is continuing to review transition arrangements for the small number of children who move into</p>	<p>Capacity in some service areas remains an issue, but systems and processes continue to be effective.</p> <p>Earlier support for children with SEND in schools has been identified as a need.</p> <p>More work is needed on a link between children’s and adults social care for those with an EHCP and funded through JAP</p>	<p>84% of Transition Support Funded (TSF) children made positive progress in their Early Years Foundation Stage (EYFS) during their reception year</p> <p>The SEN Team continue to hit the target for Key stage transfers at around 90-100%</p> <p>The SEN Team are introducing a PfA POD of workers to be responsible for caseloads from Yr 9 upwards to support all the different transition pathways into adulthood</p> <p>Under the Transformation Agenda in the LA there is a Transitions Group that is actively looking to improve the transition from CSC to ASC.</p>	
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	adult justice services. It also reviews other transitions – for example, a young person joined a recent Board meeting to describe their experiences of accommodation transitions, resulting in specific actions for Board members to take forward.				
OUTCOME 4 Children and Young People are active and engaged citizens					
Priority	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG	
11 Ensure children and young people are supported to participate to influence change	Off the Record work with the in-Care Councils ,Care Leavers and Youth Forum.	<u>SEND Participation</u> Has a focus on EHCP Plans, need to develop a model to capture wider participation of cyp with SEND. The challenge is	Attendance at ICC at both Senior and Junior groups has continued to increase since in particular the numbers attending JICC over the year. JICC 11		

	<p>The Young Ambassador (YA) programme has been adapted and now commissions individual care experienced young adults to work on specific projects and consultations. The YA budget is therefore used with a wider proportion of young people</p> <p>Care Leavers week. Oct 2023 was very successful with an Art Exhibition Celebration Meal and Activity.</p> <p>Sendias Bathnes is statutory impartial/confidential</p> <p>Offering information advice and support to C/YP and their parents/carers around education, health, and social care.</p>	<p>around the lack of a dedicated SEND participation lead. A mapping exercise of SEND is underway.</p>	<p>SICC 8 CEC 9</p> <p>Youth Forum membership is 10</p> <p>Youth Forum/ICC have a standing agenda item on the CYP sub-Committee.</p> <p>Youth Forum/ICC influence LA's policy and strategies eg. input into Participation Standards reviewed the Standards Jan 2023 and review the Pledge</p> <p>ICC's via OTR continue to report six monthly to Corporate Parents</p> <p>ICC's have continued to have an input into the Care review</p> <p>Reviewed the Pledge Spring 2023</p> <p>SENDiass</p> <p>Commissioned, in partnership with Bournemouth Christchurch and Poole Sendias, some short films to capture the voice of YP with SEND.</p>		
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	<p>SENDiass has supported the provision of two workshops this academic year around Emotionally Based School Avoidance in conjunction with the EP's in Banes and Banes Parent Carer Forum.</p> <p>At the heart of what we do is the Voice of the Child/Young Person. We aim to ensure their voice is heard throughout the EHC Needs assessment , Annual Review's of EHCP's and any other time that the parent/carer or YP engages with the service.</p>		<p>Two further projects have been discussed one around EBSA and the other around school experience for YP – both projects are currently paused.</p>		
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Signed off by CYP Sub Group DATE Aug 2023

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B&NES HEALTH AND WELLBEING BOARD

CHILDREN AND YOUNG PEOPLE SUB COMMITTEE

TERMS OF REFERENCE

1. Name

- 1.1 The B&NES Health and Wellbeing Board Children and Young People Sub Committee.

2. Statement of purpose

- 2.1 The Health and Wellbeing Board (H&WBB) are responsible for the development and delivery of the Children and Young People's Plan (CYPP) or equivalent strategies. The H&WBB will, more broadly, act as the key strategic forum through which children's health and wellbeing will be improved, so ensuring the best outcomes for all children and young people in B&NES.
- 2.2 This group will operate as a subcommittee of the HWBB and will support the H&WBB in delivering these responsibilities and the priorities for Children and Young identified in the H&WB Strategy.

3. Roles and responsibilities

- 3.1 The subcommittee will be responsible for:
- Development, delivery and monitoring of the Children and Young People's Plan, or equivalent strategies (as a service delivery plan for the H&WBB)
 - Ensuring that the activity of relevant strategy groups directly inputs into the CYPP, taking decisions on what information needs to be escalated to the H&WBB, to include but not limited to SEND Strategy, CAMHS Transformation Plan, etc.
 - Providing an update report to the H&WBB annually as a minimum
 - Where appropriate, feeding into strategic H&WBB discussions, with a perspective relating to children & young people from B&NES.
 - Considering the delivery and review of the Health and Wellbeing Strategy priorities relating to children & young people from B&NES.
 - Promoting a Think Family Approach between adults and children's services.

- Input to Strategic Evidence Base (SEB) as appropriate
- Ensuring equality of access to services, so reducing inequalities in outcomes

3.2 The BCSSP Business Manager will attend meetings to give updates to the sub committee on the work of the BCSP and its sub groups in relation to the safeguarding of children and young people.

4. Membership

4.1 Core members of the subgroup shall consist of the following:

- Health and Wellbeing Board member (Chair)
- Head of Education Commissioning
- Head of the Virtual School
- Director of Children and Young People's Service
- Chair of the Children and Young People's Emotional Health and Wellbeing subgroup – **Vacant**
- Chair of the Prevention and Early Intervention sub group of BCSSP
- Senior Commissioning Manager – Children's Public Health and Early Help Public Health Department
- Third Sector representative
- Children's Community Health Services, HCRG Care Group
- Specialist Safeguarding Nurse
- Designated Nurse for Looked After Children
- BCSSP Business Manager
- Strategic Commissioning Officer Participation
- Senior Commissioning Manager Complex Care and Targeted Support

(Other organisations/individuals may be invited to attend, depending on the meeting agenda).

4.2 The Strategic Commissioning Officer Participation will attend in a coordination and advisory capacity.

4.3 Sub committee members should nominate a named substitute from an appropriate member of their organisation or service.

4.4 Members of B&NES Youth Forum/Partnership will be allocated a slot at the meetings to either attend in person, in which case, meetings should be scheduled in school holidays or after 4.30pm or provide a question on behalf of the B&NES Youth Forum/Partnership for discussion by the subcommittee.

5. Reporting and operating arrangements

5.1 The subcommittee will be chaired by an Officer member of the H&WBB

- 5.2 It is anticipated that the subcommittee will meet at least six times a year, with additional meetings planned as required. The agenda for these meetings will be circulated a week in advance.
- 5.3 The sub committee will be declared quorate when six of its core members are in attendance. However, the six members must not all be from the same agency.
- 5.4 Agendas will focus primarily on contributing to the development of the H&WBB Strategy and the relevant children and young people strategies.

Agendas can be developed by:

- Discussion amongst members of the sub committee
 - Learning from practice reviews and surveys
 - Following recommendations by the Health and Wellbeing Board
 - Requests from young people
- 5.5 The B&NES H&WB Children and Young People sub committee will feedback, on a regular basis (through a range of mechanisms including reports and presentations to the H&WBB and H&WBB Agenda Setting Group, as required).

Reviewed and signed off CYP Sub Committee – Sept 2022

Signed off at H&WB September 2022

Next Review July 2023

Membership 2023-2024

Name and email	Service/Agency/Organisation	Role	Other Boards/Partnerships attended	Links to other strategies
Anne Gray anne.gray6@nhs.net	Designated Nurse for Looked After Children NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)	<ul style="list-style-type: none"> • Operational Grp • PRG • Quality & Performance • Training & Dev • DAP 	BSW	
P 09 116 Caroline Haworth caroline@bathareaplayproject.co.uk	Third Sector Representative for B&NES Children & Young People's Network Bath Area Play Project	<ul style="list-style-type: none"> • Director 	Trustee of 3SG EHAP SEND Partnership Advisory Group	
Vacant	Bath & North East Somerset Council NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)	Commissioning Manager – Mental Health	Chair of the Children and Young People's Emotional Health and Wellbeing subgroup	Draft B&NES Mental Health Strategic Commissioning Intentions. Draft BSW Mental Health Strategy Community Services framework transformation
Fiona Finlay Fiona.Finlay@hrcrgcaregroup.com	HCRG/BSW/ICB	Designated Doctor – Safeguarding Children	PRG BCSSP Early Help & Intervention Sub group	Early Help and Intervention Strategy
Ian Tomlinson Ian_Tomlinson@BATHNES.GOV.UK	Bath & North East Somerset Council NHS Bath and North East	Senior Commissioning Manager – Complex	SEND Strategy Board Children's	SEND Strategy 2020-2023 and the SEND Strategy Action Plan

	Somerset, Swindon and Wiltshire Integrated Care Board (ICB)	Care and targeted Support	NHSE SEND Board	Children's Transformation Strategy (Draft) BSW CYP Transformation Strategy (to be scoped)
Jude Sellers Judith.Sellers@hrcgcaregroup.com	HCRG Care Group – provider B&NES children's community services	Head of Universal Services and Deputy Head of Operations, Children.	BCSSP Early Help & Intervention Sub group	Early Help and Intervention Strategy
Kirstie Webb Kirstie_webb@bathnes.gov.uk	B&NES Community Safety and Safeguarding Partnership	Business Manager	All of the BCSSP Groups/sub-groups, Avon & Somerset Strategic Safeguarding Partnership	BCSSP Strategic Plan OPCC Community Safety Plan
Marcia Burgham Marcia_burgham@bathnes.gov.uk	Bath and North East Somerset Council	Children's Public Health Principal	Early Help and Intervention Sub-group	Early Help and Intervention Strategy Injury Prevention Strategy Oral Health Strategy
Olwyn_Donnelly@bathnes.gov.uk	School Standards Board School's Forum Local Area Inclusion Partnership (LAIP)	Head of Education Commissioning	School Improvement Board School's Forum SEND Strategy Board	SEND Strategy and the SEND Strategy Action Plan – Transformation & Sufficiency SEND & AP Improvement Plan
Mary Kearney-Knowles Mary_Kearney-Knowles@bathnes.gov.uk	Director of Children's Services and Education/DCS			
Sam Gillett sam.gillett@stjohnsbath.org.uk	Head of Delivery and Impact St John's Foundation			
Sarah Gunner	B&NES Virtual School & AP	Head of Service –	CYP Emotional Health	Virtual School

Sarah_Gunner@bathnes.gov.uk		Virtual School, Alternative Learning Team and AWSS	and Wellbeing Group	Development Plan
Vivienne Cutler E: Vivienne.cutler1@nhs.net	Bath & North East Somerset Locality of NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)	Specialist Safeguarding Nurse		

External Report of the audit of Participation Standards 2022- 2023

Contents

- 1. Background**
- 2. Table of providers**
- 3. Summary of audit questions**
- 4. Recommendations**
- 5. Appendix 1 –Table of results page 6-8**

1. Background

Our Participation Standards capture the engagement of the children and young people engaged with Commissioned Services and are completed as part of the Q4 monitoring. The standards endorse the underpinning theme of all our services in hearing and responding to 'The Voice of the Child'.

Youth Forum.

The Youth Forum input into the Participation Standards and reviewed the Standards 3 & 4 in Jan 2023.

The report is signed off by the Children and Young People's Sub committee of the Health and Wellbeing Board

A total of 20 providers were sent the standards to complete, 20 were returned, 100% return.

The Participation Standards were sent to the following Commissioned Targeted and Preventative Services.

2. Table of providers

Organisation	Contract Manager
1. Off the Record – <i>Advocacy Participation,</i>	Kay Sibley/Sarah McCluskey
2. Bath Area Play Project - <i>Targeted Holiday Scheme/Term Time provision</i>	
3. Reconstruct -Signis	Kay Sibley
4. Student & Family Support SAFS (Mentoring Plus)	Olwyn Donnelly
5. HERS	Olwyn Donnelly
6. Nurture Outreach Service – Brighter Futures	Olwyn Donnelly
7 First Steps/BOP	Olwyn Donnelly
8. Specialist Autism Support Service	Olwyn Donnelly
9. Connecting Families Team	Paula Bromley
10 Compass	Sally Churchyard
11 Project 28	Celia Lasheras
12. Bright Start CC	Paula Bromley
13 FSPS (Southside)	Heather Brumby
14 Youth Connect	Heather Brumby
15 Action for Children (Bath West Children’s Centre) BWCC	Ellie Weyman
16. Action for Children (Beaumonts)	Dee Chaddha
17. Black Families Education Support	Dee Chaddha
18. SARI	Dee Chaddha
19. BANES Carers Centre - <i>Young Carers, Parent Carer Facilitator</i>	Dee Chaddha
20. WECIL	Dee Chaddha

3 Summary of contents of audit questions

The Standards have been RAG rated and have been tabled below in appendix 1. Overall, participation and engagement with services users appears to be progressing in the right direction, and in most cases where answers were self assessed as requiring further action, these were clearly identified. None of the services found the

Standards onerous or difficult to complete as all of the services clearly demonstrate a positive relationship with their service users.

Examples of 'Good Practice' included;

Standard 1: Service users are given a range of opportunities to give feedback on the service they receive and are clear about how that feedback will be used.

- **We ensure Child's Voice** is captured via:
One Page Profiles are completed with parents / carers as part of children's groups to understand individual support and learning needs.
Through **'debrief'** at end of each group session
'Play diaries' – capturing learning, following their interests
'Post-group evaluation forms' are available (usage here is variable and being addressed;
TACF meetings – child's needs and voice are central
Learning activities are led by, and tailored to, the expressed needs of individual children.
We are now monitoring voice of the child / young person when we complete an audit on their file to ensure that this is completed at all stages and their voice is included where possible.
- Young people are consistently involved in synthesising their pupil passports (as way of a therapeutic intervention as well as an opportunity to give feedback to their practitioner). Additionally, 'pupil voice' is captured for feedback at the end of the intervention.
- At the close of the work, children are consulted to get their voice to find out what was helpful, what not so helpful and their view of how things have changed as a result of the support they have received.

Standard 2: Service users are encouraged and supported to participate and contribute to service delivery and development.

- As part of our support we complete an EHA and Action plan with the YP which we review with every 12 weeks. This is the basis of all our work and states how we can support them.
- CYP have looked at our policies and procedures and recommended changes. We have an active peer group who share their lived in experiences with clients.
CYP are at the fore front of delivery , CYP request activities that we provide.
- Our Youth Forum planned and lead a Youth Pride event in March 2023. The event was put on by young people for young people. Empowering young people to take the lead on bigger projects has seen an increase in confidence and knowledge that they can make a real difference.

Standard 3: We actively ensure those service users in minority groups have equal capacity to participate within our organisation e.g SEND, LGBTQ+, BAME , Children Looked After, Care Experienced and Care Leavers, Socio-economically underprivileged/disadvantaged cyp, and those who have experienced a ‘challenging’ home life during the pandemic?

- *Staff have all undergone Mental Health First Aid training and understand how these issues and other challenges can affect YP.*
- *All staff and volunteers have fortnightly clinical supervision in a group where they are encouraged to consider the impact of trauma, loss and abuse on children and young people. They are challenged also to consider the challenges faced by marginalised groups within our community to increase their understanding and awareness.*
- *There is a culture of acceptance for LGBTQ+ students, regarding discussion at sessions, display and sensitive handling of issue, for example use of dead names. Displays support diversity. One team member is EFL ESL trained. We attend PEPs, CHIN and CP meetings. We are aware of those on pupil premium and support where necessary.*

Standard 4: How have you supported service users through the long-term repercussions of the COVID-19 pandemic?

- *In response to this demand, we have grown our alternative provision and have secured external funding to provide a 3 year Wellbeing pilot project.*
- *We adapted how best to engage young people in line with the changing guidance and the young people’s individual preferences, including their preferred methods of communication.*
- *We have developed a staff plan and guidance with a flow chart to support children and young people with emotional school-based avoidance*

Standard 5 : We have a clear commitment to participation within our organisation, which all staff are aware of.

- *Every practitioner job description contains the following as standard under the General Responsibilities section: “To promote and encourage the participation and empowerment of young people”.*
- *Where possible we have included service users in recruitment such as being part of the interview process.*
- *Participation and ‘voice’ of disabled people is a key part of playworker’s role e.g. advocating for children and young people when out in the community. Commitment to participation is include in Job Descriptions.*
-

Standard 6 : Sufficient budget and finance is made available to support participation.

- *Activities programmes all have allocated budget from restricted funding providers for the year.*
- *When YP support our recruitment/interview process we ensure their transport is reimbursed and they are rewarded with lunch and a voucher.*
- *Parents and children are supported to attend groups / services – with travel expenses being reimbursed where necessary (esp. in Bath or where costs are prohibiting attendance).*

1. Recommendations

It is recommended that:

1. An *anonymised* report is shared with the CYP Sub group and the H&WBB & BCSSP and with Commissioners to share with their providers.
2. Feedback is given to the Youth Forum on Standards 3 & 4
3. Where a Red RAG rating has been flagged Commissioners must follow up with the provider to consider next steps.

The next Participation Standards audit will be completed in April 2024 as part of the Quarter 4 Monitoring 2023-2024

Report Author - Sarah McCluskey July 2023

5. Appendix 1 RAG rating

Red - Not met or met in part

Amber - Answer given but no further actions identified given

Green - Answer met in full with good supporting evidence, clearly identified actions & timescales

1. Service users are given a range of opportunities to give feedback on the service they receive and are clear about how that feedback will be used.	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber
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<p>our organisati on e.g SEND, LGBTQ+, BAME , Children Looked After, Care Experienc ed and Care Leavers, Socio- economic ally underprivi leged/disa dvantaged cyp, and those who have experienc ed a 'challengi ng' home</p>																		
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<p>life during the pandemic ?</p>																	
<p>4. How have you supported service users through the long-term repercussions of the COVID-19 pandemic ?</p>																<p>N/A</p>	
<p>5. We have a clear commitment to participation within our organisation, which all staff are aware</p>																	

of.	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Yellow	Yellow	Green	Yellow	Yellow
6. Sufficient budget and finance is made available to support participation. Page 128	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green

Report Title: Participation of Children and Young People Report 2022- 2023							
Date	July 2023	Author	Sarah McCluskey				
Recommendation/Decision required Information report.							
Background: Introduction, strategic context, and background Since 2000 B&NES has been signed up to (Article 12, United Nations Convention on the Rights of the Child) which states: <i>“Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child’s day-to-day home life”</i> Listening and acting upon the Voice of the Child underpins all our work and is one of the four Outcomes of our Children and Young People’s Plan CYPP Section A - Overview of the Participation and Engagement work undertaken between April 2022- Mar 2023 with children and young people who are service users of B&NES Commissioned Services Health and Social Care Section B – Overview of Participation of Children Looked After within Children’s Social Care							
Section A							
Provider Off the Record Length of Commission (3+2) 31/03/2026							
Service Participation							
No of service users actively engaged across all groups 35							
JICC	11	SICC	8	Care Leavers	9	Youth Forum	10
Key highlights: Summarized from Monitoring							

Junior in Care Council

- Activity Sessions
- Building links with Advocacy service
- Consultation on 'A Bit About Me' forms, furnishing insightful data as to how the children identify.
- Supporting this wide group to become more supportive of each other, building cohesion

Senior in Care Council :

- National Voice Parliament visit
- Consultation on 'agile working' a research project that explores the technology used between social workers/professionals and young people
- Reviewing the Pledge
- Delivery of the participation training to 6 professionals working across BANES.
- Creative session with the graphic novelists Jenny Drew and Anita MacCallum

- **Care Leavers (Care Experienced Council CEC)**
- National Voice Parliament visit
- July visit to the Guildhall to meet councillors for a Q&A plus a tour. Care Experienced Council were joined by Youth Forum and a group from Keynsham Now (Youth Council).
- Interviews for candidates applying for the specialist nurse role
- Care leavers week and exhibition (October 24th-28th)

- **Youth Forum:**
- Youth Pride Event Planning and delivery March 2023
- Collaboration with other young people's groups in Bath.
- July - visit to the Guildhall to meet councillors for a Q&A plus a tour.
- Oct - Successful meeting alongside CEC, Boys in Mind, Project 28 and Keynsham Now, with BANES councillors.
- Planning for BANES Youth Mental Health Event Oct 2023 – an idea which has come out of growing network of BANES youth groups (including OTR, Boys in Mind, Keynsham Now, Mentoring Plus, Project 28, Bath Mind, Bath Student Parliament, and Black Families Education Support Group)

Key challenges:

Barrier's to accessing ICC's for CLA placed out of B&NES

Young Ambassadors

The Young Ambassador (YA) programme has been adapted and now commissions individual care experienced young adults to work on specific projects and consultations. The YA budget is therefore used with a wider proportion of young people. Alongside this, we will look to recruit 1 x YA going forward.

Next Steps for 2023 -2024

- Develop a strategy for recruiting more young people into Youth Forum
- For SICCC the main thing that they identified as needing improvement in the group was a wider range of activities, including away from the OTR office
- For CEC, the main things that they identified as needing improvement in the group are more frequent; a wider range of activities; more participants; and speaking more about 'why care hasn't been a great experience and how to improve that for future care children'
- JICC would like to incorporate something active, something voice related and something creative into every session.

Service user quotes:

Youth Forum

'We're running it [YF] now... It's very much a youth-led group.'

'I have been able to help create an actual event (Youth Pride) that will likely help so many young people'

'I am doing something to positively affect the local community'

'I have been able to help create an actual event that will likely help so many young people'

'I am doing something to positively affect the local community'

IN CARE COUNCILS

Junior In Care Council JICC

'What he's in care too, they all are!? okay cool!'

(JICC child realising everyone in the group has their own special carer)

Senior In Care Council SICC

'It brings people together with similar situations'

'I get to meet new people in care'

'It shows the knowledge that is given to us as an in-care child'

Care Experienced Council CEC

(CEC young adult, said in response to the recommendation for improved training for foster carers)

'I think it's like we're using our past to benefit our future. I think it separates us more if they pay us more. My past is out of my control, but my future isn't'.

'I get to make a difference to the newer people in care'

June 2022, we spoke with Josh MacAlister and that was the National Voice where there were a whole load of organisations got together and had a chance to voice their own opinions on the care system and how it is and what should be improved.

Participation Training YA feedback

The training has really given me more enthusiasm to go back to the team and push out that every young person has the right to a voice, thanks guys, you all done brill'

Care Leavers Week Exhibition Oct 2022



Youth Pride Team March 2023



Provider –Signis Reconstruct Independent Visiting

Length of commission – 1 year 2022/2023

Service : To provide Children and Young People (cyp) in the Care of the Local Authority with emotional support, sound adult advice, and any help that aids their development. The visitor is independent of the local authority and of the other people who are involved in the young person’s care.

The service is for CYP who have little or no contact with their family for more than a year or for whom it is determined that it is in the child/young person’s best interests to receive this service.

No of service users actively engaged 12

Age 5-11	Age 11-18	Age 11-25
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Key Highlights :

- IVs are trained to a high standard to support these vulnerable CYP
- RAG system created to streamline matching process
- Reconstruct worked effectively with a positive attitude when handing the service over to OTR so that the YP were not affected by the change in provider. 10 IV moved over to the new provider.

Key Challenges:

Difficult to recruit IV’s especially Out of area.

Lack of engagement with service with social workers & foster carers.

Service users’ quotes :

Quotes from Foster Carers

Carer 1: ‘I know it can be frustrating for C sometimes as she can only see T on weeknights after school because were at the caravan most weekends, but I really do appreciate it. I know T really enjoys it, even if it’s for an hour at McDonalds. He knows it his time’.

Carer 2: ‘R absolutely loves his time with S. I know he really trusts her. She really gets him, understand that he wants to do the same thing every time. I know she travels a really long way, and I can’t thank her enough, he’s had a really tough year but having S to talk to has just been incredible’.

Carer 3: ‘C is just brilliant, honestly, he’s amazing. He really understands W needs. W is a techy kids, loves everything to with computers and I know C is as well. The last few visit C and W have been making a small animation production. I think W feels comfortable with C...’

Some recent feedback from our young people, describing their IV:

She is kind and fun.

"He's funny and he likes football."

Very kind and understanding

Describing their favorite visit:

Arcade visit

Going up to the Bristol City stadium.

They're all equally great

What's their favorite thing about having an IV:

I like that its just me and her.

It gets me out of the house.

That I have support

Provider
Off the Record – Shout out advocacy service

Service
1st April 2023 - 31st March 2026 +1+1 year

No of service users actively engaged

266 engaged with service

Age	5-11	x	11-19	x
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Key Highlights :

- Young people using advocacy are changing their individual outcomes but also changing social work practice, and we want to use this page to highlight this and encourage others to use advocacy.
- Young people are feeling supported and empowered in themselves to self - advocate in review meetings.
- Improved plans have been created to support CYP experience of the complaint process
- CYP attending CPC online or in person has been positive and empowering.

OTR website has been improved to show different types of advocacy support on offer. To help young people see the difference their voices and views make OTR are looking at creating a page on their website with examples of their successes

Key challenges

- CIC's reviews are missed due to either receiving dates too late or date of CIC review changes
- Getting parent or foster carer consent is challenging for CPC
- Increase in UASC seeking advocacy has created more work in translation and travel. There is a need to adapt resources to cater for this change – looking to create leaflets/ voice overs in different languages so information is more accessible.

Service user quotes

“Social care give one answer to children and we get an advocate involved and social care change things or re-word them. It's good knowing someone's got your back and get's things done.” YP in residential care Feb 23

“Some people say they will help but you actually help” Care leaver January 2023

Social worker reported that one young person really valued the long-term relationship with her

advocate and that she knew she could contact her advocate anytime.

A social worker thanked an advocate for her support of a child in care during a complaint and said that the YP would not have got the outcomes she wanted without the advocate.

Provider: Action for Children (Beaumonts)
Length of Commission: 3 years + 2 ending March 2024

Service
Residential Overnight Service

No of service users actively engaged
14 yp between 8-17years

Age	5-11	11-18	18-25
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Key highlights

This period has been full of outings and activities. We were lucky enough to secure a £500 grant from Action for Children fundraising department, for the purpose of enrichment and used this during the February half term. We were able to support children to go swimming, aquarium, bowling and out for meals.

We have also purchased many new toys and games for the home during this period including a three wheeled scooter, a Lego set, puzzle set, sensory toys, a busy bored and new story books.

Service introduced a PECS symbol book to be used during VIP meetings and throughout children's stay if they so wish. The book includes commands, who, when, where signifiers, activity and food choices, feelings, rooms at Beaumonts, numbers and letters. This book has been used by multiple children during VIP meetings. Young people have seemed to really enjoy using this book and it has aided communication. Whilst PECS symbols have always been used within Beaumonts, this book has made the use of PECS in the home easier.

(VIP ie. Very Important Person - meetings takes place at the beginning of every stay for young people to choose (within parameters) what they would like to do during their stay e.g., activity, food, room etc.

Key challenges:

The main challenges during this have been:

Reduced level of service due to cost of living and the impact of service user.

Staff recruitment, particularly Waking Night Staff

Service user quotes:

Using variety of communication tools, feedback from the young people attending Beaumonts was overwhelmingly positive.

Most of the young people said they liked coming and spending time with their friends, enjoy spending time with the staff, like the toys, games, activities, outdoor play area/equipment and outings.

Some of the young people would like to attend for longer.

Provider Black Families Education Support

Length of Commission: 3 + 2 years March 2025

Service: Information Advice and Advocacy
B&ME Education Support Service

No of service users actively engaged
18

Age 5-11		Age 11-19	18	Age 18-25	
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Key highlights

Service supported the planning and delivery of a **B&NES Council Day workshop on disproportionality with regard to race** for council staff and provided. BFES presented at workshop to highlight case study examples illustrating the experiences of BAME children and young people in education.

Worked with the **Violence Reduction Unit** to provide some input into the planning for a conference on school exclusion and ethnicity, which was delivered in March.

Key partner in the development and implementation of **Race Equality Charter for Schools**, now developing a **guidance and training package** to accompany and support the adoption of the Charter by schools, developed **Audit tool for schools**, involved in delivering 2 workshops to schools on Implementing the Charter effectively. There has been a marked progress in schools engaging with the Charter.

Work with BAME young people - The **Supplementary School** continued to run weekly sessions during term time, delivering a range of innovative and exciting educational and cultural sessions. The **Mentoring Programme** continued to support BAME students in schools, 8 students were mentored.

Windrush Project in partnership with BEMSCA, a living heritage exhibition and educational programme for schools established at Fairfield House. Young people accessing this service involved in the project/exhibition

Key Challenges:

Financial limitations to activities that can be undertaken with young people accessing the service e.g., Residential trips have not taken place for the last few years, even though they have a very positive impact on the young people.

Service user quotes:

“My child was going to be permanently excluded from school. I asked for support from Jason to help me to put a case in front of the Governors as to the many reasons why my child should not be excluded.
I cannot thank Black families and Jason enough for his help and assistance through this most difficult time”

Parent Using Advice and Advocacy Service

"X feels like black families has helped them realise they are not the odd one out and there are other children that look like them that go through the same struggles"

Parent of Supplementary School Student

"Black Families has and continues to provide essential support to both of my children. My eldest describes it playing a significant role in their life as a black person growing up in Bath, at one stage being the only black pupil in their primary school and the wider unique experience of being young and black in Bath and North East Somerset. There was ongoing support advice both social, educational and emotional through peer mentoring, support from the coordinator, opportunities...with a group who they didn't have to explain their self to, just being with others who just 'get it', being in the majority even just once a week was empowering and having the opportunity to express their self in a safe space meant they were able to build upon resilience to manage and challenge the systemic racism they encountered during their time at secondary school.

My youngest child is still attending and echoes the above"

Parent of Supplementary School Student

Provider: WECIL

Length of Commission:

3 + 1 +1 (ending 31st March 2024)

Commissioner :

Dee Chaddha

Service

Befriending/buddying Scheme for disabled young people

No of service users actively engaged

32 young people

Key highlights

All but one link has resumed face to face contact. Young people enjoying a range of activities with befrienders including swimming, cinema, trips to park, art and crafts, pantomime, eating out etc.

Providing opportunities for young people to have social experiences with peers away from their carers and develop their independence and confidence, whilst having a fun-time.

Provider secured pantomime tickets for families to enjoy.

Whole family activities during the summer so that families of disabled children can have a break and connect with other families in similar circumstances.

Key challenges:

Retention and recruitment of volunteers. This is a challenge that many services are facing in the current climate.

More of the Young people referred to the service tend to have complex needs

Service user quotes:

"A is fantastic. D really enjoys going out with her".

"Dear Cleis ,You are so wonderful. You go way beyond your job in supporting us."

"She has been amazing. I was able to go to a gym induction whilst E took J out".

"C always brings something new and exciting for me to discover. She also knows what I like

and organises her experiments to incorporate my likes. If I'm tired, C will change activity or go slow”

“It gives K the confidence to do things outside of the family home. She is at the right age to start to learn to be more independent.”

“D is loving spending time with J. They went to Sydney gardens this morning and I was able to spend some time with F”

Provider: B&NES Carers Centre

Length of Commission: 3+2 years

Service - Young Carers Service

No of service users actively engaged

745 registered with service (min. will receive newsletter)

607 young people accessing short break activities

- **Key highlights**

- *Young Carers Council launched and has 12 members so far, and have taken part in a radio show for Somer valley FM.*

We had great feedback from our February Activities

- *100% felt the adults were friendly and helpful*
- *87.5% felt the activities were interesting*
- *100% felt the activities were the right length of time*
100% felt connected with other young carers.
- *100% had fun.*
- *75% had a short break from my caring role.*
- *87.5% felt happier at the end of the activity*
-

Key challenges:

- Recruiting permanent staff
- Cost of Living – impact on service users and staff team.
- Rising cost of delivering service.

Service user quotes

- *‘He loved it and was very inspired’*
- *‘Archery was a good confidence boost.’*
- *‘I want to thank Mike and all the other staff members on the creative day who were all so wonderful and welcoming. Despite the adults outnumbering the children at the creative session Belle really enjoyed herself. I am so grateful that these opportunities exist for young carers 😊’ (Note - This was due to working with Students at the University of Bath)*
- *‘My son had a great time. He made some new friends and asked to do archery more often so I bought him a bow and arrow kids set to play at home.’*

- *'The archery was really fun and I enjoyed making new friends.'*
- *'My girls enjoy all the activities they've done, thank you for all you do!'*
- My son was nervous about coming but was soon put at ease and is keen to come to more activity sessions"
- *'Thanks for all your help and support over the years Lindsey. It has made a huge difference.'*
- *I had a text from S's mum thanking me about how M helped his son with his anxiety and made a gr I had a text from S's mum thanking me about how M helped his son with his anxiety and made a great friendship with M.*
- *'My daughter is coeliac, dairy and soy intolerant and I felt confident that she would be well looked after.'*
- *'Thank you ever so much for last Saturday, M came off the coach with the biggest smile on his face I had seen in a long time, He was absolutely buzzing he said he had a great day! M is very much looking forward to coming along to another trip.*
- *'My daughter is coeliac, dairy and soy intolerant and I felt confident that she would be well looked after.'*

Provider: SARI

Length of commission: 5 + 2

Service

Cultural Diversity and Equalities work with schools

Cultural Diversity and Equalities work with Children's Social Care

No of service users actively engaged

Age 0-4 We worked with 176 x 0-9 years

5-11 We worked with 176 x 0-9 years

11-18 We worked with 150 x 10-15 year olds and 55 x 16-19 year olds

18-25 We worked with 41 x 20-24 year olds.

Key highlights:

Increased number of requests for 1-1 interventions with young people and for assemblies and workshops in schools.

Service has exceeded the targets for both 121 and school interventions. Regardless of this no school has been turned away and have continued to support schools as they approach us.

3 schools have signed up to the Race Equality Charter and 20 schools have taken part in the Charter Implementation Workshops

Key challenges:

Challenge is still there in making sure that we have wider range of schools requesting this intervention. We also realise that we offer up to 30 sessions in total (3 per person), however this has been difficult to implement as most require just 1 or 2 sessions. Also similar to the previous quarter, ensuring that schools submit their evaluations has also been a challenge which we will need to address for the next quarter.

Service user quotes:

- *'Fantastic to have Shanze working with the children, including our Equality Team. Many thanks, it was all extremely valuable.'* – **Headteacher, Farmborough School**
- *'It was a shame that we did not have even more time as my year 5 and 6 class were very interested in the content and found the discussions surrounding equality and diversity fascinating – it started a lot of conversations.'* – **Deputy Headteacher, Roundhill Primary**

<p>School</p> <p>- <i>'I learned a lot about our country, I didn't know curry was the national food!' 'It got me thinking about all of the ways that we are different from each other but can still be friends. 'The quiz was really good fun too- I did really well!'</i> – Feedback from children at Roundhill Primary School</p>						
<p>Provider: Project 28 Substance Misuse Service Length of Commission: HCRG Care Group contract- 2024 Commissioner: HCRG (Amanda Davis) Council (Celia Lasheras/Gilles Bergeron)</p>						
<p>Service: Project 28 is the B&NES drug and alcohol treatment service for young people aged 11-18, their transitional worker continues supporting and facilitates engagement with adult services for people 18-25. P28 would meet young people at school, at home or at Project 28 when they feel most comfortable. They deliver PSHE at schools and promote their digital platform the Wrap :- http://www.thewrapdhi.org.uk/ which provide films information and self-help tools. The platform also enables teachers to deliver training for young people around the harms of substances using films and information. They support young people by working in partnership with Youth Connect South West delivering outreach five evenings per week with the aim to reach the most disaffected and disengaged young people living in poverty.</p>						
No of service users actively engaged 126						
Age	0-11	1	11- 18	125	18 -25	30
<p>Key Highlights</p> <ul style="list-style-type: none"> • Peer Mentoring service- 13 Peers • Partnership working with Youth Connect South West • Detached service 5 evenings per week • Girls group every Tuesday evening after school • Diversionary activities through summer months • Cost of living funding to purchase items to promote young people's well being • All staff are trained in exploitation • Planned exits, successful completions (94%) above national average (81%) • All young people had an intervention within 3 weeks • Higher than national average referrals from children and young people services 						
<p>Key Challenges</p> <ul style="list-style-type: none"> • Knife crime • Gathering groups in large numbers <p>Inhalants</p>						
<p>Service User Quotes</p> <p>'Thank you for being there for me' 'You helped me turn my life around' 'I always thought I would need drugs in my life, but you have shown me I am better than that and I can do better than that' 'I could not have got out of dealing if you had not helped me.'</p>						
<p>Provider: Southside Family Project Length of Commission: 2021-2024</p>						

Commissioner : Heather Brumby

Service: Family Support and Play Service

No of service users actively engaged
488

Age 0-5 – 34, age 6-10 – 227, age 11-15 – 152, age 16-18 – 13, age 19-25 - 11

Age	0-4 36	5-11 286	11-18 147
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Key highlights

- The Young Advocate team have continued to meet throughout 2022-23 and are actively recruiting more members
- On all Family Support assessments there is specific section to record the child's voice and their view of what the situation is they are living in and the support they think they or their parents need.
- At the close of the work, children are consulted to get their voice to find out what was helpful, what not so helpful and their view of how things have changed as a result of the support they have received.
- We have developed our online feedback survey and workers ask for children and young people's feedback at the close of work where appropriate.
- We have developed a Participation Policy to reflect the practice as outlined above.

Key challenges:

Cost of living and the impact on families ability to provider for themselves
High level of emotional and mental health support need, not enough services to support
The COVID-19 aftermath continues to have has increased the need and complexity of cases referred to Southside. This is reflected throughout all Early Help services.

Service user quotes

Feedback from the Nurture Groups:

"I thought it was going to be boring at the start, but now I don't ever, ever, ever want to leave!" "It feels like Christmas I'm so lucky" "I had to go to hospital, and this has made me forget about my memories"

"Thank you so much for your support, it was really helpful and needed we really can't thank you enough."

Provider: Mentoring Plus

Length of Commission: New contract started March 2021 for 3 years +1+1

Service: Volunteer Mentoring Service for Vulnerable Young People

No of service users actively engaged

Age	5-11	11-18	30
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Key highlights

- Improved accessibility and opportunity for children and young people to provide feedback to each provision anonymously. This is accessed through a secure web link and young people are given space to provide both targeted and general feedback about the service they receive
- Youth Reps and Girls' Group are service user advocacy group, available to mentoring graduates, who meet weekly (YR) or monthly (GG) in term time to share and give back to other young people what they learnt and experienced through mentoring. The groups take responsibility by co designing and planning projects of their choosing, events, attending training and developing their own manifestos and calls to action.
- Free transport is provided to enable access for all young people
-

Key challenges

- Action identified to include young people in the recruitment process
- Increased demand for services
- The long-term impact of COVID restrictions continue to impact on Young People's ability to participate in projects and support community events

Service user quotes

"For starters it helped me to be more confident and doing all the different things with my mentor. And because of that I enjoyed it all because my mentor made it fun and interesting."

"I would say mentoring smashed everything and I don't think mentoring plus can do anything better because it's perfect at everything you do there."

"I think the friends I hang around with accept me for who I am, I like who I am now"

"I'm very confident. I've just got a lot better at talking to anyone. I've got a lot better at starting conversations. Mentoring has helped this a lot and getting involved in a nice friendship group"

"Really good at picking the perfect match, really good at sorting things – on the ball with everything. Don't know how to put into words, it's exactly what I needed."

Provider: Youth Connect South West

Length of commission: 4th November 2019 – 3rd November 2024

Service:

To provide targeted early help for children and young people aged 13 – 19 (up to 25 with SEND), living in Bath and North East Somerset who have additional or complex needs to improve their outcomes and reduce inequalities by.

- Helping young people overcome barriers to fully engage in education, employment or training meeting statutory duties as specified in the description of service.
- Providing support and interventions that will engage and challenge vulnerable young people to help them develop their resilience and make a positive difference to their lives and to their communities

No of service users actively engaged:

90 young people on the targeted case load

Age 5-11	Age 11-18	Age 18 - 25
<ul style="list-style-type: none"> ● Key highlights ● Young people / service users are part of our interview panel for potential new staff and their feedback is used to recruit new employees. ● Our annual survey is about to be launched so we will have an update on this over the next few months. ● A young person's trustee has just been appointed to the board. ● We have just recruited the Wellbeing project Lead who will start in May 2023. ● As part of our support, we complete an EHA and Action plan which we review with YP every 12 weeks to gain feedback/evaluation of our support. ● Feedback form is completed with YP at the end of their support. ● An annual survey is completed with all YP to gain further feedback on the support they have received from YCSW. ● Staff have all undergone Mental Health First Aid training and understand how these issues and other challenges can affect YP. ● Staff have created workbooks and resources which are shared amongst the team and can be used to support YP with a diverse range of issues. ● We have internal champions who have greater knowledge of how ASD and allergies can affect YP and these knowledge / training / resources are shared amongst the staff teams. 		
<p>Key challenges</p> <ul style="list-style-type: none"> ● Developing approach to accessibility including engaging with black and ethnic minority communities. ● There has been an increase in demand for our services which has resulted in waiting lists and temporarily closing 1:1 support. 		
<p>Service User Quotes:</p> <ol style="list-style-type: none"> 1. Z and I would like to say a massive thank you for all the help, advice, and support that you have given us. We are truly thankful for everything you have done. Z has had his medical problems for coming up to five years and you were the only person that supported and listened to Z whilst also taking an interest in his conditions to help with a way going forward regarding his education. Z and I have felt that no other organisations would listen to our problems, and we felt lost in the system. Now, with your guidance, we feel that we can move forward and that is something that we had not felt in the past four years and half years before you came support Z. So a massive thank you from the bottom of our hearts for making such a massive positive impact in not just mine but more importantly Z's life too. 2. I don't think the last 6 months or so would have been possible without the support from C which is why I think it would be really good if C and Jack could see school to the end. 3. <i>I think it helped me be able to just like be able to open up more and start going to school again really. Meeting M was meeting someone knew and that was a lot for my confidence.</i> Would you recommend this support to other young people? <i>Yeah, I have.</i> Any other comments? <i>Helpful and a safe space.</i> 		

Provider: Oxford Health NHS Trust

Length of Commission: 7 years

Service:
Child and Adolescent Mental Health Services (CAMHS)

No of service users actively engaged:

SUPPORTING SERVICE DESIGN

Participation is embedded within strategic groups operating across BSW. This ensures the voice of children young people, and their families is an integral part of service design and development.

- **Contributing to the development of the 16-25 pathway**

Staff from the 16-25 team regularly join Participation team meetings to consult the group and feedback on developments.

Members of the group have developed and delivered an interactive workshop exploring young people's views and experience of transition which has been used with our group and which they hope to deliver to other young people's groups in our area.

- **Assertive outreach review**

The group shared their experience of OSCA and assertive outreach – what they valued most and would like to see continue after the review. They had loads of ideas including developing “About me” document that could be used to communicate the support preferences of individual young people. The manager leading the review promised to include their views and let them know the outcome of the review process.

- **Appreciative Inquiry Day to review CAMHS Liaison Service**

Five members of the Participation team people attended the liaison review day and played a key role, sharing their experience and views regarding what would make our liaison service outstanding. Comments included:

“I'd like to see better communication between doctors, nurses and CAMHS workers to ensure that at no point a young person feels that they are not heard and do not deserve every bit of help they are receiving.”

“Clinicians should use gender inclusive language and practice. Encourage clinicians to be aware of Queer / LGBTQIA identities and the basics of what treating Queer people with respect and dignity looks like.”

- **Website**

The team contributed to website development plans and in particular filming plans. They had loads of ideas and suggestions and subsequently one of our young people, who is studying media, developed a plan for structuring the ‘welcome to base’ films. She then joined the website editorial group meeting to present her ideas. Her suggestions were well received, and she subsequently produced films introducing the BaNES site and the Salisbury site, working with local staff and young people.

SUPPORTING RESEARCH

- **Single Point of Access (SPA)**

The Participation team has worked closely with the SPA Manager to develop and trial a mechanism for exploring young people's experience of the SPA. After one of the meetings the manager wrote, ***"Thank you to all that contributed to the meeting; the gems of information, ideas and thoughts have been amazing. I can already tell that this has created so many ideas for future service development."***

SUPPORTING STAFF TRAINING AND WIDER EDUCATION OF CHILDREN'S WORKFORCE

- **Participation training for students at Bath University**

In May and again in March the Participation team delivered a half day training session to Clinical psychology students at Bath University. The session included a range of interactive and experiential activities which worked very well. The feedback they got was stunning.

This was such a useful, insightful, and thought-provoking session. I really loved the exercises and activities the young people set up - these were excellent and bringing the ideas and experiences to life for us but also things I will take with me into my role in lots of areas.

I felt really privileged to hear from the young people and was struck by their honest, open, and constructive sharing of their own experiences, views, and opinions. I particularly found the honing in on experiences (e.g., experience of inpatient, neurodiverse, LGBTQ+ YP) useful and bringing to life these experiences more.

- **Dialectical Behaviour Therapy skills training**

In May two members of the Participation team attended an online training session for staff on DBT skills. The young people provided their perspective of attending DBT/RODBT groups and highlighted what they valued and what they found challenging. They also responded to questions from participants.

PARENT/CARER SUPPORT GROUP

Between May and December, monthly Parent carer support groups took place facilitated by a Family therapist and the Participation lead. Feedback from the parents was positive and they appreciated having a space to talk and an opportunity share the challenges of supporting children who are struggling with mental health issues.

However, the group remained small, and we decided to pause the group over the winter and relaunch in the Spring with a stronger focus on publicity and recruitment

STAFF RECRUITMENT

It's been great to see increasing numbers of young people sought for involvement in the recruitment process.

Our youngest member at 13 undertook recruitment training and then joined a day of interviews at Marlborough CAMHS for a Psychotherapy trainee. Feedback from all involved was very positive including from the young person's mum who wrote,

"This is such a great thing for A to be asked to do and I know she's looking forward to it – I'm very impressed by her preparation already."

And following the day she wrote,

“Thanks for making sure everything went so well yesterday – it sounds like it was a really great experience.”

Another member of the group participated in service manager recruitment. The interviews took place over two days, and it was a gruelling process, but her input was invaluable and afterwards the managers involved wrote and thanked her, commenting on how professional, articulate, and insightful she was and how valuable her input had been. She appreciated the feedback very much and found the process both rewarding and empowering.

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Service user quotes:

“Our participation is driven by hope – hope that we can use our experience to make positive changes, hope that we can improve and increase the support young people receive, and hope that things can be better for us all.” (Thom 20)

“I’ve enjoyed being part of the Participation team, especially as I get to share my experience as a trans person who has accessed CAMHS. I have been able to let people working in mental health care know things I wish the people responsible for my care had known. Health care for trans people is often so ineffective and frustrating for us, due to the ignorance and lack of education and awareness about trans and other queer issues, so it’s been good to be able to contribute to services becoming more inclusive through participation. More participation can only be good, and I hope next year more young people will be able to share their experiences and shape the services they and their peer’s use.”
(Ian 20)

Provider: Connecting Families

Length of Commission: we are funded by the Government Supporting Families programme, from the Department for Levelling up Housing and Communities.

Commissioner : N/A

Service

Connecting Families (CF) is the name which B&NES Council has given to its core team leading the programme of Service transformation as part of Central Government’s Supporting Families Programme (SFP). The team works with families who have the most complex needs and require intensive interventions to help them achieve positive outcomes for themselves. We aim to break down intergenerational cycles of deprivation and poor outcomes, prevent problems from escalating and reduce the need for the involvement of statutory services.

Our track record of helping the most ‘troubled’ families transform their life stories through intensive, flexible, and personalised support packages, shows how empowering families creates real transformation, as families are the masters of their own destiny. The Connecting Families Team’s

innovative approach has enabled family members find employment, improve their school attendance, maintain reductions in drug use and anti-social behaviour and see a decline in child protection concerns. Families are positive about their futures. This directly supports the Council's strategic objective to "promote independence and positive lives for everyone" working with families that are the hardest to engage and/or living in the most deprived parts of B&NES.

The aim of the programme is to **turn the lives of families around** and make a positive difference to the families' progress by successfully addressing at least 3 of the following criteria:

1. Getting a good education.
2. Good early years development.
3. Improved mental & physical health.
4. Promoting recovery & reducing harm from substance use.
5. Improve family relationships.
6. Children safe from abuse & exploitation.
7. Crime prevention & tackling crime.
8. Safe from domestic abuse.
9. Secure housing
10. Financial stability

No of service users actively engaged

The CFT work with approx. 80 families which is approx. 300 children and young people at any one time, they are across all age groups.

Key highlights

- The CFT regularly involve children, young people and families and have effectively and strong relationships with them
- Families are involved as partners with staff, this means that they are fully involved with their assessment of their needs, action plans and outcomes recorded.
- Young people and families are always involved with all interviews and take active role in scoring and the appointment of new staff.
- All children, young people and families are asked to give feedback about all aspects of the service and staff from the Head of Service to the key workers.
- We have started supporting a small group of service users / young people who are keen to have their voice heard to engage with officer to promote more involvement with key issues and topics that they feel strongly about.

Key challenges:

Time to engage children and young people to ensure that their voice is heard

Family Feedback

My son "most enjoyed being taken to get new uniform as Paul treated him afterwards to some food. He said he was really worried that he might have to turn up to school with just a basic uniform and some of the stuff he had tried on at the Clothing cupboard was really tight - instead he got brand new clothes." Mum said seeing his face on the first morning of school was "the best thing."

Paul has done everything that he said he was going to and even more, as my partner wasn't expecting any help, and Paul is now supporting him as well.



Paul Bennett



Hannah Heald

"Hannah is approachable and easy to get on with and talk to, she listens and is very down to earth and non-judgmental, she has helped with lots of advice on different things from practical support to emotional stuff."

If I hadn't received the support from Hannah at Connecting Families "I think I would of continued to feel very overwhelmed, very lost really in terms of where to get help, and just massively overwhelmed with everything that needs to be done but not knowing where to go."

"Jamie has such a positive and enthusiastic nature and I always enjoy our meetings and often feel better about things after. I can't think of anything that hasn't gone well."

My son and I were not in a good place. "Our relationship was breaking down. If Jamie hadn't joined us, I think it would have continued to deteriorate. Jamie has made a real difference and that's made such a n improvement to our daily lives."



Jamie Flukes



Joan Cooper

"Joan is a very compassionate lady who really listened to what we had to say and offered us lots of help. We would have been left foundering without her support." Joan chased up appointments and brought in the Connecting Families Employment Advisor to help with claiming benefits.

Children's Centre Services 0-5

Provider: Bright Start Children's Centre Services

Length of Commission: 3 years (2020-2023) - NOW IN-HOUSE

Commissioner : Paula Bromley

Service: Early Help Family Support to families with children aged 0-5 years
(0-8 years for parenting and Theraplay)

No of service users actively engaged
616

Age	0- 4 (392)	5-11 (85)	11-18	41	18-25	98
	TOTAL: 477					

Key highlights

- **Long-awaited move** to Hope House Centre, Radstock, alongside GPs and other public health opportunities.
- Excellent **staff recruited** to vacancies and maternity leave cover.
- Strong working relationship with ONE CHURCH, Keynsham who are providing various **volunteers** to support work with centre and families; seeking to develop on this for other areas.

- Very good uptake of **OUTDOOR PLAY AND EXPLORE** in all three Children's Centre areas (Radstock, Bath and Keynsham).
- Good uptake of recently-adopted 'open' **BRIGHT BEGINNINGS** (for parents with infants – a post-pandemic cohort of concern).
- Perinatal groups (**MY TIME MY SPACE** and **OUR TIME OUR SPACE**) supporting high numbers of 'at risk' mothers or mothers with complex needs.
- Successful **FOOD CLUB in Keynsham** running with good uptake - supported by Volunteers
- Supporting a parent-led **INFANT FEEDING GROUP** (also ex- Health Visitor) in Radstock to address low breastfeeding levels in this area.
- Strong working relationship being developed with BATH OPPORTUNITY PRE-SCHOOL and ACTION FOR CHILDREN to ensure optimal service delivery of **PORTAGE PLAY & EXPLORE GROUP** for pre-school children with SEND across BANES.
- Increased numbers of fathers engaged through evening-run **VIRTUAL FAMILY LINKS PARENTING PROGRAMMES**.
- Further staff member (Co-ordinator) able to attend Systemic training (meaning 3 Managers (HL, JuP, JeP) and 3 Practitioners (MH, LF and WC) will be trained
- Service co-facilitating **Trauma Informed Practice workshops** to Children's Services (Social Care and Early Help) staff to support understanding and address of Vicarious trauma
- **Trauma Counselling Service** seeing good numbers of referrals coming through; Parents reporting the approach provides address not previously felt or seen through other mental health services.

Key challenges:

- **Staffing vacancies and recruitment** – 2022
- **Parental confidence in attending groups** - waned in the early part of academic year (although significantly improved @ April / May 2023)
- **Building issues** in Radstock.
Unable to use the outside area for 8 months following move; ongoing building snag issues affecting functioning at times.
- **Parking issues in Bath** (have to pay £6.80 minimum to attend for groups and clinics; reimbursement offered; minimal uptake; affecting service delivery / uptake)
- **Parking issues in Radstock** – limited capacity in the area for parents and staff.
Whilst acutely impacted by plentiful construction work in the area, it is felt this will continue due to competition with Post-Office staff, users of GP surgery and town centre.
Note: The nature of outreach work means car access is crucial and use of public transport impossible.
- Very **high levels of need for children with Special Educational Needs and Disabilities (SEND) and Social Emotional Mental (SEMH)**; continual review and actions to optimise capacity to meet need.
- **Service had hoped to recruit a much-needed Volunteer Co-ordinator** (using COMF monies, with sustainable model being supported by Connecting Families team going forward). Budget pressures meant this was not possible. This continues to be investigated this coming financial year as there are a number of opportunities to incorporate volunteers into the services' delivery (gardening, Food Club, practical support for families, etc).
- Data Reporting continues to be an ongoing issue

Service user quotes:

Theraplay - M assisted us to find ways to nurture xx and better-understand what his triggers are and what causes them. We are better-positioned to react more appropriately when he's oversensitive or losing control of himself. Overall, we are all happier around each other and reduce strong emotional reactions.

Portage Play & Explore - Thank you for letting me come to today's session, it was so lovely for both the children and the parents. They both seemed so relaxed in the calm in a beautiful environment and having professionals to speak too knowing their children were safe. This group is wonderful, having attended the outdoor play and explore which I also love attending, but this is perfect for children with SEN, think this is filling the gap until both child and parent feel comfortable in the environment. Especially when parents are struggling with diagnosis and find it difficult to access different groups, as not sure how their children will be in a different environment.

My Time My Space – the group helped me feel I belong, and I am not on this journey alone. Having a calm space to be me in knowing xx is safe and happy and also having fun himself has been so important to my recovery journey.

Children's Group - This group has given me the confidence to leave xx with other people. given me space, time, and sanity for 'me time' that I don't get at home. XX has learnt, changed, and developed so much since coming here.

Provider: Action for Children

Length of Commission: Since 5/1/18. 3 years plus 2. Now on a 1-year contract to 31st March 2024

Service: Bath West Children's Centre Service

165 children supported in Q4 2022/23

Key highlights

Action for Children have a national Participation and Engagement Officer- Sarah Reynolds who supports the involvement of children and young people.

The provision of groups in the community has been widely welcomed. The service has recognised that many families have required additional support to attend groups. Very young children have struggled with being in groups. Group planning reflects the lack of social opportunities young children have had during the Pandemic.

Key challenges:

Children in their early years have been particularly impacted by the Pandemic. Their social and emotional development has been delayed due to lack of social opportunities. The open access groups have paid particular attention to this deficit in planning group activities e.g., speech and language and sharing.

Service user quotes:

- Your compassion, consideration, support, and care have always been from the heart.

We are grateful that you have supported us for so long. We appreciate your kindness and humility. Your smile and kind heart make you a wonderful person to be around. Your commitment to helping people grow and find meaning in their lives makes you a valuable resource.

- Having support from AFC has impacted massively and gave me confidence to know I have as doing right by the children. I think the children would have all needed emotional support and would have struggled with school life if we didn't receive the support. We are much better and happier as a family, i have confidence back in my parenting. Thank you so much.
- Thank you so much for all your support, I really don't know how I would have done all this without your help

Mental Health Services 16 - 25 Support DONE

Provider
Bath Mind

Length of Commission: not stated

Service: Intensive Outreach

Age	18-25	10
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Key highlights:

- 8/10 people have improved Warwick Edinburgh scores
- 4/5 people reported a reduction in self-harm
- 7/10 people are now engaging with wellbeing groups in community
- 8/10 people feel like they are better able to manage their mental health and wellbeing

Key challenges:

- We find that more support sessions are cancelled with this client group
- Financial support is a common theme with this client group
- Higher number of EUPD and complex trauma diagnosis in this client group

Service user quotes:

“Bath Mind has been the best support I have received for my mental health. I especially liked that it was with consistent people and the support was person centred”

“The support really helped my put some purpose and routine back into my life”

Provider: Bath Mind

Length of Commission: Spot Purchase

Service: Community Support Service

Key highlights:

Supporting an autistic client who was previously virtually housebound with anxiety to move to independent accommodation. This is amazing progress.

Advocating for and supporting a client to take over the tenancy from their mother when moving would have caused overwhelming anxiety and mental health decline.

Supporting a client to manage the responsibilities and workload of university.
Good multi agency working for many of these clients.

Key Challenges:

All the clients of this age group that we support have autism and this can limit their engagement with different support workers. One client has struggled to make progress after a diabetes diagnosis, and we will be ending his support until he is better able to engage.

Service user quote

“I receive support with life skills and organisation that is very helpful. My support worker is great, they all are.”

Provider: Second Step

Length of Commission: Current contract ends March 2024

Commissioner: HCRG

Service: Bath & North East Somerset Floating Support

No of service users actively engaged: 19

Key Highlights :

One of our 18-25s has been with the service for approx. 18 months and has made huge progress in this time. This includes:

- Work to build confidence and to walk the recovery journey, including a first every support session outside their home
- Work towards gaining driving licence
- Able now to take the initiative to address issues with his housing provider

Our other 18-25 has been with the service for less than 2 months, however in this time they have built a very positive relationship with their Recovery Coach, who has supported them at 2 very stressful work (sickness) related meetings. This is still an ongoing piece of work but already highly beneficial for the service user.

Key Challenges:

- Challenges with benefits agencies – intensive support often required to navigate this and liaise with them for things like PIP assessments / reviews.

Service user quote

None available at this time – feedback being sought service-wide in May 2023.

LD Support

Provider: Swallow

B&NES –Youth Group project is funded by Children in Need

B&NES commission the SWALLOW Base House that accepts referrals from 16+ but currently only have people over the age of 18 attending.

Service:

No of service users actively engaged:

Age

11-18

6 18+

18-25

10

Key Highlights

We love the opportunity to work with younger people at SWALLOW and the Base House is testament to that.

The SWALLOW Youth group for teenagers with a learning disability, continues to be a great success.

Key challenges

- Funding for the youth group

Service user quotes:

J says that feels safe at Base House and enjoys mixing with the other people he stays with

Section B

Capturing 'Voice of the Child' within Social Care. 2022-2023

Key Highlights

- The Young Ambassador (YA) programme has been adapted and now commissions individual care experienced young adults to work on specific projects and consultations. The YA budget is therefore used with a wider proportion of young people. Alongside this, we will look to recruit 1x YA going forward.
- Clear guidance for staff and partner agencies has been completed and presented to social care staff.
- To further develop a Care Experienced Council
- To increase participation in the junior/senior in care councils
- Young Ambassadors and In Care Council have been consulted on our Pledge and Local Offer
- Social Care are facilitating a group called Building Bridges; this group is comprised of families that have had previous social work involvement. They are now working with Social Care to provide advice on what works most effectively when Social Care are working with families. They will eventually receive training with a view to becoming advocates for families involved with Social Care.
- There is now an Instagram page to aid communication with young people
- Pathways Plans have been updated and are now embedded in practice.

- To contribute to the Corporate Parenting Group Meeting.
 - To ensure information is accessible for children and young people who have different communication needs who are open to social care.
 - To have a resource available for young people explaining the safeguarding and court process
 - To inspect specific areas of the service from a YP perspective - still needs to be progressed.
 - Care Experienced young adults have assisted with the training of Foster Carers.
 - Care leavers week was a huge success, and we are planning for 2023. Care experienced young adults will be taking the lead in this year's celebrations.
 - The most recent OFSTED inspection (2022) rated services to children in care and care leavers as 'Good', with voices of children commented on
- **Safeguarding and Quality Assurance Service**
 - A leaflet has been designed by parents and carers for parents and carers which explains what can be expected at a child protection case conference.
 - Shout Out as the advocacy service working with children across Bath and North East Somerset supported the service to design a leaflet for all children 11+ years which explains what a child protection case conference is and what happens. There was also some input from a young person who themselves had been subject to a child protection plan.
 - Independent Chairs routinely contact all parents and carers ahead of a child protection conference to allow them opportunity to voice any concerns or dissatisfaction. To ensure they are aware of the concerns leading to conference, have seen reports and feel prepared for the meeting.
 - All children 11+ years are referred to Shout Out when an Initial Child Protection Conference has been requested in respect of them and their siblings. Children have attended conferences with the support of their advocate or completed a statement with their advocate which is then read out at the conference.
 - All child in care review records are written directly to the child so that should they wish to read these they are more accessible. All children receive a letter from their IRO following their child in care review which highlights what was discussed or what the child shared.
 - All children, their careers and parents are sent consultation forms ahead of a child in care review and IRO's will discuss these with the child ahead of the review.
 - IRO's have continued to maintain contact with children throughout the pandemic, IRO's have been issued with iphones to broaden how they can maintain contact with children in care, this has been very successful.
 - IRO's have need to become more creative in supporting children to participate in their review

whilst these have been held virtually, IRO's have played games with children over zoom such as scavenger hunt, quizzes, find the object.

- IRO's have met with children in the community social distanced, taking a walk at the local park – these have provided new opportunities to see children in their environment and supported conversations to take place away from family and carers.
- The IRO service was instrumental in supporting children in care to participate in the 'Your Life, Your Care' survey undertaken with children in care aged 4 -18 across Bath and NE Somerset. The responses obtained will be a unique opportunity to find out how children are feeling about their lives in care and give the opportunity to look at the services provided and how well they are meeting children's needs. IRO's acted as the trusted adult, supporting the child to complete the survey.
- The IRO service with input from the In Care Council produced recommendations as to an information pack that should be made available to all children in care, the content of the information pack has been designed with input from the In Care Council and the Young Ambassadors. Children's Social Care are now responsible for launching this and IRO's will become responsible for ensuring all children have this. The information pack seeks to ensure children in care know their rights and entitlements.

All children upon coming into care will be sent a one-page profile about their IRO, this lets children know who they are, how they can be contacted and what their role is.

Key Challenges

Care Outcomes

- Young Ambassadors under review
- Prioritisation of work plan
- To inspect specific areas of the service from a YP perspective

Safeguarding and Quality Assurance Service

- Obtaining feedback from children, their parents and carers remains an area of focus for the service. Feedback systems have been introduced within the child protection service, but a feedback strategy needs to be developed for the IRO service.
- The Safeguarding and Quality Assurance Service is keen to strengthen its links with the In Care Council and hear directly from children in care as to the issues they feel should be areas of priority for the IRO service.
- The Safeguarding and Quality Assurance Service will be looking at the templates used across the service to see how these can be improved to become more accessible to children and their families.
- Input from those with lived experience is needed and consideration to be given as to how this

can be achieved.

Report: July 2023

Author: Sarah McCluskey

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*We have a vision in B&NES that
Children and young people will be well prepared for adult life, and that we will
listen to what they tell us so they can influence change.*

H&WBB Priorities for CYP

Strengthen family resilience to ensure children and young people can experience the best start in life.

Improve timely access to appropriate family and wellbeing support

Reduce the existing educational attainment gap for disadvantaged children and young people

Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services).

Objectives for Children and Young People's Plan that will deliver against the H&WBB Priorities

1. Increase the proportion of children and young people living in safe, supportive families and communities.
2. Increase the proportion of children and young people experiencing good emotional and mental health, wellbeing, and resilience.
3. Increase the proportion of children and young people maintaining a healthy weight.
4. Increase the proportion of children and young people free from the harm of substance misuse, including alcohol and tobacco.
5. Ensure children who have an identified additional need are supported to have the best start in life and be ready for learning.
6. Ensure children and young people who have an identified additional need are supported to achieve and that gaps in their educational attainment are closed.
7. Ensure children and young people with SEND are well supported and able to access and maintain appropriate local education provision.
8. Children and young people with an identified additional need are supported through key transitions stages.

Key Indicators

- Number of children in care
 - Number of children and young people with child protection plans
 - Percentage of children in care in placements out of County
 - Percentage of care leavers in Staying Put arrangements
 - Number of children and young people in Independent Specialist Placements
-
- Take-up of 2-year old funded early education (childcare) by eligible families
 - Number of children accessing their entitlement to early education at age two, three and four
 - School Readiness: Percentage of children achieving a Good Level of Development at EYFS
 - For at least 80% of children who are looked after to be making good or expected progress in their academic pathways.
 - For all children who are looked after to have an identified education or training pathway post 16.
 - To maintain no permanent exclusions for children who are looked after.
 - To develop an enhanced offer of support from the virtual school to include young people who are care experienced post 18.
 - To develop a strong graduated inclusive approach for all vulnerable children at risk of exclusion.
 - To reduce permanent exclusions for all vulnerable children.
 - For all children open to social care to have a strong education focus within their plans supported by advice from the Virtual School.
 - To ensure that school attendance for all our vulnerable groups is in line or above the national average.
-
- National Child Measurement Programme - reception and year 6
 - Rates of under 18s alcohol related hospital admissions
 - Improve perinatal and infant mental health, especially for women with mild to moderate perinatal mental health needs
 - Mitigate the anxiety experienced by children and young people not attending school/college due to lockdown restrictions or due to above average levels of parental or child/young person anxieties (including children and young people with autism)
 - Improve experience of, and access to, care and support for young people aged 16-25 transitioning to adult services by ensuring closer collaboration and earlier involvement of services and ensuring system wide adoption of relevant standards
 - Improve the support for Children Looked After who need interventions to help with previous trauma

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Health and Wellbeing Board
MEETING DATE:	26th September 2023
TITLE:	Bath & North East Somerset Community Safety & Safeguarding Partnership (BCSSP) Annual Report 2022-2023
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
Attachment 1: BCSSP Annual Report 2022-2023	
Attachment 2: BCSSP Annual Report 2022-2023 Executive Summary	

1 THE ISSUE

1.1 The B&NES Community Safety & Safeguarding Partnership (BCSSP) is introducing its Annual Report for 2022-2023, alongside its priorities to be actioned in the Strategic Plan 2021-2024.

2 RECOMMENDATION

The H&WB Board is asked to:

- 2.1 Note the Annual Report and Executive Summary for the BCSSP
- 2.2 Raise any queries in respect of community safety and/or safeguarding activity
- 2.3 Recommend any additional areas it would propose that the BCSSP give consideration to in 2023-2024

3 THE REPORT

3.1 The report contains information covering the following areas:

- The current community safety and safeguarding context for B&NES
- The Partnership governance arrangements
- Achievements against community safety and safeguarding priorities for 2022-2023

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

3.2 Activity and Information Highlights

- 2022-2023 is the third full year of reporting for the BCSSP since it was established in 2019
- Within the year, the Local Government Association (LGA) have conducted an overarching review into the effectiveness of the partnership. An action plan has been developed to integrate a number of the recommendations made.
- Despite physical and financial resource pressures, continuity has been maintained, the statutory duties met, and strategic objectives of the partnership have been delivered
- The BCSSP has published three Safeguarding Adult Reviews (SARs) and continued to undertake work towards recommendations from previous SARs
- The Practice Review Group has received five referrals for SARs, of which two met the criteria, two were still under consideration at the time of writing this report and one was agreed to be addressed through a learning briefing.
- The Practice Review Group has received four serious incident notifications for consideration and a Rapid Review was deemed appropriate for each case. A Local Child Safeguarding practice Review (LCSPR) was recommended for three of the notifications.
- The BCSSP has continued to update and revise key policies and procedures, including the joint Multi-agency Safeguarding Adults Policy and a B&NES, Swindon and Wiltshire Non-accidental Injury in Under 1's Policy.
- The BCSSP has carried out multi-agency audits including a Section 11 Audit, Section 175 Audit, Safeguarding Adults Audit and a Self-neglect audit

4 STATUTORY CONSIDERATIONS

4.1 Safeguarding is everyone's business and there is a statutory requirement for the BCSSP to present its Annual Report to the Health and Wellbeing Board.

4.2 Although the Council is responsible for establishing the BCSSP jointly with its statutory partners, (Avon and Somerset Constabulary, B&NES, Swindon & Wiltshire ICB, Probation Service and Avon Fire and Rescue Service), the BCSSP is not accountable to this Board – it is independent. Therefore, the relationship is one of mutual challenge and scrutiny. It is also on this basis the BCSSP would like to present their work. The Partnership welcomes the scrutiny and challenge from this Board, in order to ensure the widest breadth of views are heard and considered.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

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

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.
- 6.2 The BCSSP developed its own Risk Register in 2020 which is regularly monitored.

7 EQUALITIES

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

8 CLIMATE CHANGE

- 8.1 The BCSSP (and sub-groups) ensure that meetings have dial in facilities available where possible to reduce officers travelling and reduce carbon emissions.

9 OTHER OPTIONS CONSIDERED

- 9.1 None

10 CONSULTATION

- 10.1 The BCSSP Annual Report was approved by the BCSSP in August 2023. It has been approved by the members of the Executive Group.

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

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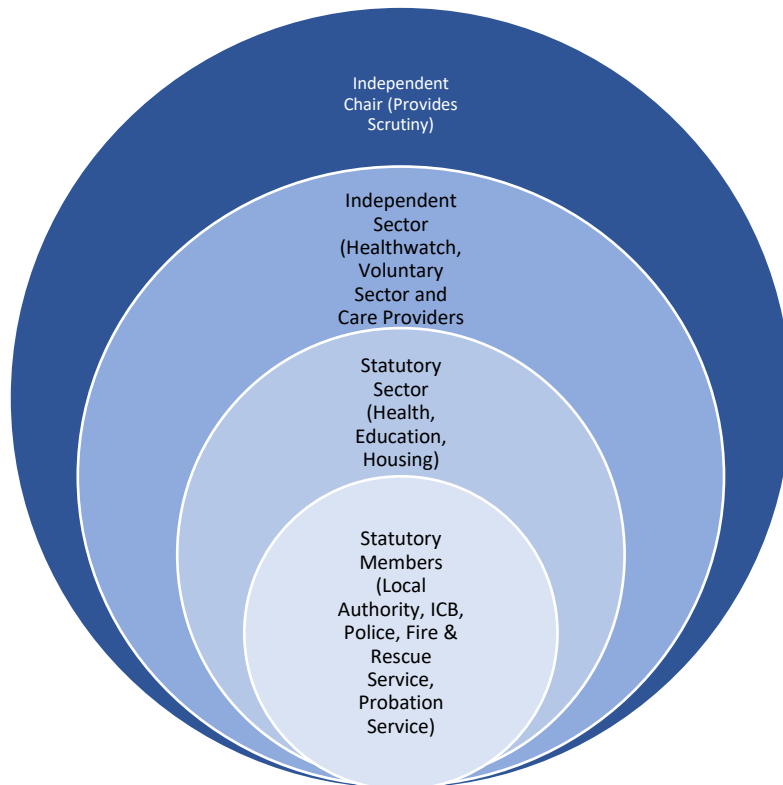
**Bath & North East Somerset Community
Safety & Safeguarding Partnership**



**Annual Report
Executive Summary
2022-2023**

Safeguarding is everyone’s business.

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



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

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

Our Statutory Duties

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

Community Safety:

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

Safeguarding Children:

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

Safeguarding Adults:

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

Partnership Structure

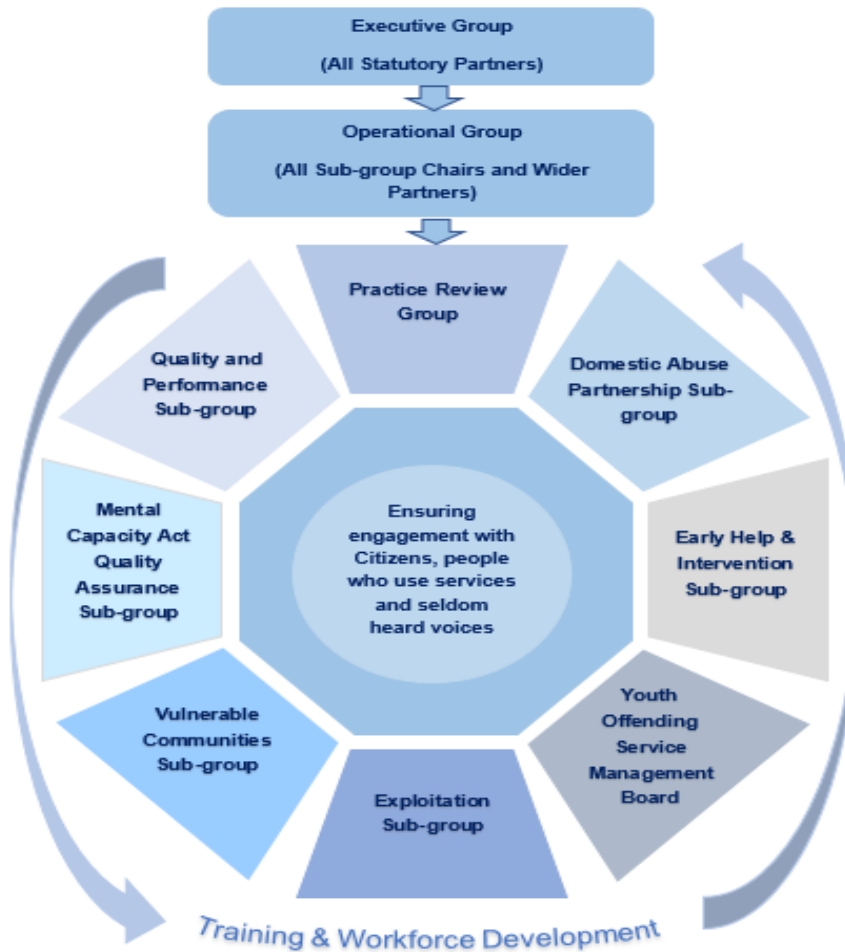
The Partnership is comprised of an Executive Group, Operational Group and nine thematic subgroups. Each subgroup develops its own workplan designed to progress the commitments within the BCSSP Strategic Plan. For 2022-2023, the BCSSP was working towards completing priorities identified in its 2021-2024 Strategic Plan. The full annual report reflects on the subgroup achievements and challenges.

Each subgroup has its own action plan linked to the strategic plan and reports quarterly to the Executive and Operational Groups on their progress towards the commitments set out in the strategic plan.

The plan has four commitments:

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

Partnership Structure



Multi-agency Learning and Practice Development

The BCSSP has published three Safeguarding Adult Review in this reporting period. The partnership has focussed on seeking assurance on previous identified learning and completion of reviews commissioned in this reporting period for publication in 2023-2024.

Child Safeguarding Practice Reviews

The Practice Review Group has received four serious incident notifications and completed and submitted a rapid review to the National Panel for each. A Local Child Safeguarding Practice Review was recommended in three cases. For the fourth notification, the National Child Safeguarding Practice Review Panel agreed with our Practice Review Groups decisions, that the Rapid Review process had highlighted relevant learning, and nothing further could be gained from progressing to a full review.

Safeguarding Adult Reviews

The BCSSP Safeguarding Adult Reviews are managed through the Practice Review Group. During the period covered by this report, five referrals for SARs were received, of which two met the SAR criteria, two were still under consideration at the time of writing this report and one was responded to via a learning briefing.

Domestic Homicide Reviews

In the period covered by this report, the BCSSP has not completed any DHRs.

Quality Assurance

Statutory audits.

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

For 2022-2023, the five children's Partnerships across the Avon and Somerset region worked together to audit organisations working with children and families. The audits took place in a series of workshops and the findings and learning will be shared across the children's Partnerships. By working across the Avon and Somerset region, it was possible to hold workshops for 15 organisations and ensure that no organisations were approached more than once.

Section 175 Education Audit

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

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

The mechanism by which the BCSSP established assurance was through individual schools self-evaluating their performance under an agreed framework. An audit tool was circulated to all education establishments. With the newly formed Education Reference Group, the S175 Audit will be updated for next year and responses reviewed holistically through this group.

Safeguarding Adults Audit

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

The combined safeguarding adults audit was proposed and agreed by the BCSSP Executive Group.

Whilst this audit is beneficial to the BCSSP in gaining oversight of member organisations and assurance on their community safety and safeguarding work, it is not a statutory audit and therefore not all organisation took part in the exercise.

Training and Workforce Development

During 2022-2023, the absence of a BCSSP trainer led to a smaller number of courses being offered on the Partnership programme, due to the reliance on external training providers and the cost implications of commissioning this provision. Consequently, priority was given to ensuring 'core' safeguarding courses were provided at regular intervals, alongside promoting other quality assured training events to the workforce. The continued absence of a trainer also led to a number of developmental pieces being paused, so it is positive that these projects will be re-established shortly.

From 1st April 2022 to 31st March 2023, the following has been achieved:

- 64 BCSSP training sessions taking place comprising of 26 different courses
- 1,269 Inter-agency training places made available
- 984 Inter-agency training places booked
- 818 Inter-agency training places attended*
- 798 Professionals trained*



- Approximately 70 % completed evaluations received and these are demonstrating impact.
- 5 Single agency training courses provided, training over 655 individuals.
- An additional 6 BCSSP Courses were cancelled across the financial year, 5 due to low numbers and 1 due to personal circumstances of the trainer.

*Attendance figures outstanding for one course so this figure may increase by up to 75

Evaluation & Quality Assurance

Training evaluation has evidenced:

- An increase in practitioner's confidence in applying knowledge and skills back into practice, following training.
- Additional learning gained through attending a multi-agency event.
- A greater understanding of legislation, policy, procedure and guidance and how to apply this into practice.
- The training and trainer to be of high quality and beneficial in increasing delegates knowledge in the subject matter.

Partnership Achievements

2022-2023 saw a return to a 'new normal' following the impact of the Coronavirus Pandemic, but already busy services are stretched to capacity. Following consultation with BCSSP partners via the subgroups, it was agreed that meetings would remain virtual as it reduced the impact of travel time and parking.

Within its previous Annual Report, the Partnership identified ten key priorities for 2022-2023:

What we said we would do	What we did
Develop a 'Think Family, Think Community' approach	Transitional safeguarding remains a focus and Children's Social Care and Adult Social Care are working more closely, recognising that needs do not stop when a young person reaches the age of 18
	Continued work on participation and encouraged partners to share case studies
	Worked closely with partners providing community assurance following knife crime incidents
Learning from experience to improve how we work	Continued to receive feedback from Adults supported by the safeguarding process
	Promoted awareness of domestic abuse and the new DA Act. Through the Domestic Abuse Partnership, developed an action plan to ensure we aligned with statutory requirements
	Reviewed available programmes for perpetrators of domestic abuse and continue to look at commissioning
Recognising the importance of prevention and early intervention	Worked with safeguarding boards across the Avon & Somerset footprint to deliver Stop Adult Abuse Week webinars, promoting awareness of adult safeguarding
	Developed a number of new learning briefings on areas of concern and made them accessible on the BCSSP website
Providing executive leadership for an effective partnership	Recruited a new Independent Chair for the BCSSP following completion of tenure by the previous Chair.
	Commissioned a peer review from the Local Government Association (LGA) to conduct a review of the BCSSP structure and functionality
	Re-initiated the BCSSP newsletter, including a 'spotlight' section on current and emerging themes

These priorities will remain and the new strategic plan will be implemented in April 2024.

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



**Annual Report
2022-2023**

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1. Welcome from Fiona Field, the Independent Chair of the B&NES Community Safety & Safeguarding Partnership

Welcome to the Annual Report for 2022-2023 for BCSSP. I am the new Chair for BCSSP having taken up the role in January 2023. I am delighted to be writing the forward to this report looking back over the past 12 months.

Firstly, I would like to thank Sian Walker, the previous Chair, for all her hard work and championing the safeguarding and community safety issues locally. Sian is a well respected Chair in several areas of the country and I know she found the partnerships in BCSSP to be very strong, with the partners always wanting to improve local services to ensure people are kept as safe as possible. Sian also saw the formation of the unique integrated approach to both safeguarding children and adults and community safety through the BSCCP Board that she chaired.

In June 2022, an independent review of these integrated arrangements was held as agreed with all the partners. The results of this review were shared in September, positive outcomes were identified, as well as areas to improve or change in order to ensure that community safety issues were prioritised alongside safeguarding, in forthcoming years. This review formed the basis of the BCSSP Board coming together in 2023, with myself as the new Chair, to plan some changes to both the structure of the Board and the sub groups, and also to consider our priorities over the following 3 year strategic plan. This work is on going in 2023.

Looking back over the past 12 months, there have been 3 safeguarding adult reviews (SARs) published, no children's reviews and no domestic homicide reviews. Whilst there may not be agreement to a formal review being undertaken, there is always detailed discussion in the sub group of BCSSP in order to establish whether a review is necessary or not – the purpose always being to identify lessons and change practice or services in order to prevent a similar event from happening again. There is strong partnership working in evidence in the Practice Review sub group, with challenge across partners in order to ensure the correct decision is reached. I have questioned why we have not had any domestic homicide reviews for some time- this is being followed up at a local level in order to ensure we examine circumstances in families where domestic abuse was known to be an issue.

Training and workforce development is a key element of a partnership Board, the past 12 months has seen a reduction in the number of, and breadth of opportunities locally for staff to learn together. Primarily this was due to the loss of an identified lead trainer; however, I am pleased that this post has been replaced in April 2023 so new plans are in place to deliver a greater number of opportunities again. Despite the loss of the lead for most of the year, safeguarding was still given priority as a learning need across the partners.

Section 7 of this report highlights the work of the sub groups of BCSSP in 2022-2023 and I would like to thank all partners for their input into these groups. We are reviewing all the groups in 2023 in order to create some capacity, recognising the current pressure on staff. As a statutory partnership, we need to ensure that we meet our responsibilities and work is shared fairly and equitably across the local organisations. Again, this will form part of our own reorganisation of BCSSP in 2023.

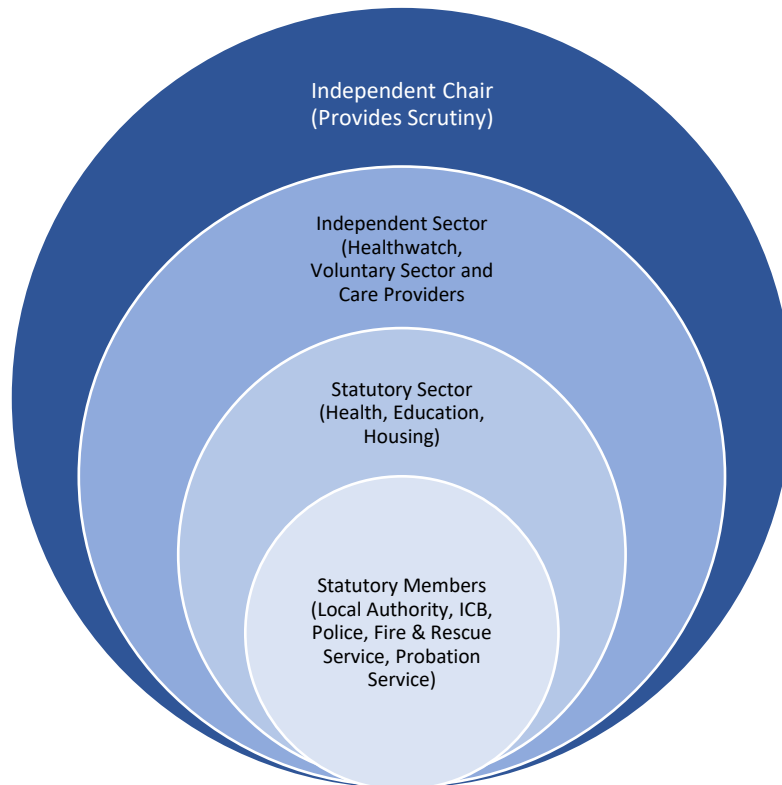
Appendix 10 demonstrates the data across our statutory partners for the activity in safeguarding children and adults as well as police data for missing and exploitation of young people. The numbers continue to rise for safeguarding both children and adults. Although this can be read as a "bad thing", I also see this as a positive message - in that more people are aware of the need to "do something" about a concern they have for a child or vulnerable adult, so they make a referral expressing their concern. This can then trigger an assessment of need and prevent further escalation of a difficult situation leading to possible harm.

I hope you find the report interesting and informative, especially as we have included some case studies of people living in our area who have been supported by local services. I recommend this report to you.

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

Safeguarding is everyone's business.

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



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

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

How we work

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

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

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

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



What we do

Through our collective arrangements, we:

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



Our Statutory Duties

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

Community Safety:

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

Their function is to:

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

Safeguarding Children:

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

Safeguarding arrangements must include:

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

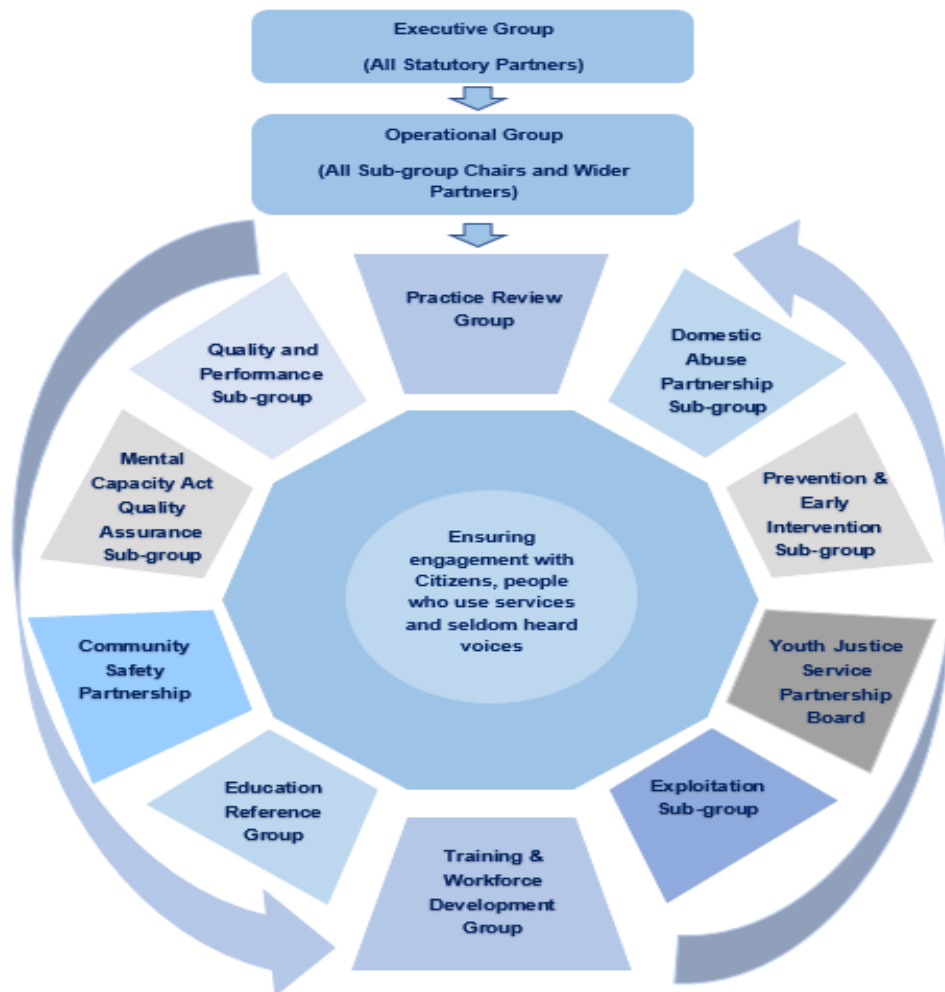
Safeguarding Adults:

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

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

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

Partnership Structure



3. Multi-agency Learning and Practice Development

In this reporting period, the BCSSP has not published any Child Safeguarding Practice Reviews or Domestic Homicide Reviews but has published three Safeguarding Adult Reviews and work has been taking place on commissioned reviews due for publication in 2023-2024.

Child Safeguarding Practice Reviews and Rapid Reviews

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

This process is managed through the Practice Review Group. Four serious incident notifications have been received for consideration by the BCSSP between 1st April 2022 and 31st March 2023. A Rapid Review was deemed appropriate for each notification and a local Child Safeguarding Practice Review (CSPR) recommended in three of the cases. At the time of writing this report, one case is awaiting a publication date, one is still being written and the third has been sent to national panel, with the recommendation for a CSPR. Partners have shown significant commitment to ensure the notifications were reviewed and required report completed to a high standard and within timescale.

Key learning identified from the reviews included:

- The need for a clear pathway and threshold for information sharing around safeguarding and extended services
- The need to ensure fathers are engaged and supported
- Health recording systems include an holistic assessment of a child's needs which includes contextual maternal and paternal family factors.

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

Safeguarding Adult Reviews (SARs)

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

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

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

The BCSSP Safeguarding Adult Reviews are managed through the Practice Review Group. During the period covered by this report, three SAR reports have been ratified (Cooper, Angus and Levi), five referrals for SARs were received, of which two met the SAR criteria and will be progressed in 2023-2024, two are still under consideration. One did not meet the criteria and it was agreed a learning briefing would be produced about Korsakoff Syndrome.

Adult 'Cooper'

Cooper was 71 years old at the time of his death. He had a learning disability and had lived in residential care homes for a number of years. Cooper was admitted to hospital a little over a week after the first Covid-19 lockdown began. He was not tested for Covid-19 at the time of discharge back to the care home, but this was consistent with practice at the time. An assessment of needs to inform the discharge destination was incomplete, but 'Discharge to Assess' arrangements had recently been introduced. Cooper was isolated for 14 days following discharge, which was necessary, but may have adversely

affected his already low mood and emotional wellbeing. His daily routine was also disrupted by restrictions introduced during lockdown.

Key learning from this review included:

- The impact of Covid-19 on service provision
- Mental Capacity Act Assessments and Best Interest Decisions are appropriately recorded
- consider consulting with adults with learning disabilities and organisations which support them over how effectively adults with learning disabilities feel that professionals communicate with them

Adult 'Angus'

Angus was a divorced man with two sons, with whom he had little contact. For a number of years, Angus was supported by his niece, but this support declined due to his niece's own commitments. He had a history of chronic alcohol abuse and presented with signs of self-neglect. He had a diagnosed cognitive impairment and had been resident in a care home under a Deprivation of Liberty Safeguard (DoLS) in 2019. Angus returned to living in the community with a support package but a pattern of self-neglect, alcohol abuse and regular falls in his home followed. Angus developed an infected leg and pressure sores. Angus died as a hospital inpatient, aged 72

Key learning from this review included:

- Reviewing Best Interest Decisions in light of emerging risks
- When making best interest decisions for those who lack capacity, others close to that person or an independent advocate should be consulted
- Adhering to the self-neglect policy

Adult 'Levi'

Levi died unexpectedly in November 2019 following a cardiac arrest. He was age 36 years old at the time of his death. He left family including his mother, who was involved in his support, and a sister. He also had children with whom contact was variable over the years. He was of Black Caribbean heritage.

Levi had been known to mental health services intermittently since 2007. He had care

and support needs arising from his mental health challenges. The Coroner's Report states that the cause of death was accidental overdose, likely triggered by a previously unknown underlying health condition.

Learning from this review included:

- Identification of those service users who are "hardest to reach" and on supporting and enabling front-line staff to be effective in working with individuals who live chaotic lifestyles and/or are self-neglecting
- Race and culture in the world of mental health
- Concerns of Cuckooing and professionals response

Domestic Homicide Reviews

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

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

The BCSSP has had no DHR referrals in this reporting period.

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

- Promotion of the 'Think Family, Think Community' agenda
- Improving how we capture and reflect the voice of the child/adult/parent/carer
- A multi-agency Mental Capacity Act Discharge to Assess audit
- A knife crime audit
- Investment in a database to manage B&NES Multi-agency Risk Assessment Conference (MARAC)
- Development of an Education Reference Group to enhance links with education settings



- A new Escalation Policy has been developed
- A new Managing Allegations protocol has been developed
- A joint piece of work into non-accidental injury in non-mobile children has begun across B&NES, Swindon and Wiltshire
- Initiating a task and finish group to look at extra-familial harm pathways

Case Study:

Case study from the Adolescent and Child Exploitation (ACE) Team

The ACE team receive concerns about a number of younger people in the B&NES area. One example of this is when they were notified about a 13 year old male and his 13 year old girlfriend who were felt to be at risk from an older peer group who resided outside of the B&NES area.

The ACE team were allocated this case and conducted an assessment of the concerns, identifying the needs of the individuals involved. The concerns escalated quickly and were mainly focussed on Anti-social behaviour in the city centre and the increased risk of exploitation.

The police reported that the older group were accessing the homes of the younger children and this was also having an impact on the parents. The group were accessing the females house and focus on this established that the female was at risk both inside and outside of the home, and was placed on a Child Protection Plan.

The males mother reported that the group were also breaking into her home and staying in the garage. She was concerned for her sons safety and allowed further monitoring of this situation.

Multi-agency meetings were convened including relevant agencies from across 3 local authority areas, who all reviewed the young people involved from their respective areas and each child was put on an individual plan to reduce the risks. This included supporting them back into education, reviewing ASD needs and supporting parental involvement.

3 months on, and the risks had reduced greatly. The children are all still being supported, but the multi-agency early intervention has effectively reduced the risks in this situation.

4. Multi-agency Quality Assurance

Section 11 Audit

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

For 2022-2023, the five children's Partnerships across the Avon and Somerset region worked together to audit organisations working with children and families. The audits took place in a series of workshops and the findings and learning will be shared across the children's Partnerships. By working across the Avon and Somerset region, it was possible to hold workshops for 15 organisations and ensure that no organisations were approached more than once.

B&NES chose to hold workshops for Children's Social Care, DHI and AWP. Key professionals from each organisation were invited as well as senior safeguarding staff and managers.

The specific areas the audit focussed on were:

- Safeguarding Structure
- Learning and Development
- Listening to Children
- Information Sharing
- Child Exploitation
- Children's Partnerships

All organisations approached participated excellently and were very open and transparent in the conversations.

A full report will be produced and shared across the five children's Partnerships.

Section 175 Education Audit

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

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

Education and Training (Welfare of Children) Act 2021.

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

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

The mechanism by which the BCSSP established assurance was through individual schools self-evaluating their performance under an agreed framework. An audit tool was circulated to 84 education establishments and considered responses were received from 78 of them, a 93% return rate. This is a reduction on 2021-2022 (95%), and previous years when a 100% return rate has been achieved. All those who didn't respond were contacted on more than one occasion, and it seems that capacity, staff sickness and Covid caused issues in completion.

Responses did show that there have been improvements on last years responses across all criteria. The majority of ratings were green, but where any 'amber' ratings were given, for example, where a policy is written and in the process of going to parents for consultation, schools establish and implement individual action plans to address these areas for development.

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

Safeguarding Adults Audit

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

The combined safeguarding adults audit was proposed and agreed by the BCSSP Executive Group in March 2021, and an audit tool was then developed to cover the following themes:

- Leadership

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

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

The self-assessment audit was sent to 24 organisations and 16 completed and returned it, although two were returned after the report had been written, so were not included in the overall analysis.

Recommendations for the BCSSP from the audit included:

- seeking further assurance on organisational understanding of their responsibilities in relation to the Mental Capacity Act
- consider what further support the partnership can provide to assist organisations in embedding MCA principles and Best Interest Decision Making
- promote the Escalation Policy to partners and seek assurance that it has been shared
- promote the Persons in Positions of Trust (PiPoT) policy to partners and seek assurance that it has been shared
- develop and publish Professional Curiosity guidance

5. Multi-agency Training and Workforce Development

The BCSSP training and development programme is designed to help ensure the continuing development of all staff in order to safeguard and promote the welfare of children and adults at risk and to keep our communities safe.

The BCSSP employs an Inter-Agency Safeguarding & Community Safety Trainer who is responsible for the development, and in many cases the delivery of courses. The BCSSP Trainer is managed by B&NES Organisational Development Business Partner who specialises in Safeguarding and Multiagency training. Where there is a need for specialist input the BCSSP Trainer and the Business Partner will work with colleagues from partnership organisations or external independent trainers, to ensure the most appropriate knowledge and expertise is gained for course creation and delivery.

Regrettably since October 2021 the BCSSP Inter-Agency Safeguarding & Community Safety Trainer post has been vacant. The post was initially paused for a period of seven months to enable several reviews to take place regarding training delivery options available to the BCSSP. These reviews explored different models, the cost implications and cost effectiveness of the proposals and the potential outcomes for the workforce on adopting the different options. At

the beginning of this financial year it was agreed that the training programme would be funded for 12 months and the recruitment process was undertaken, unfortunately without success. Extended funding was secured and a trainer was appointed to join the partnership at the end of April 2023 on a fixed term contract.

The absence of a BCSSP trainer led to a smaller number of courses being offered on the Partnership programme, due to the reliance on external training providers and the cost implications of commissioning this provision. Consequently, priority was given to ensuring 'core' safeguarding courses were provided at regular intervals, alongside promoting other quality assured training events to the workforce. The continued absence of a trainer also led to a number of developmental pieces being paused, so it is positive that these projects will be re-established shortly.

This year it was possible to reintroduce a number of training sessions back into the 'classroom', unfortunately this has not been at the initial pace envisaged due to practical issues relating to venue availability and also a number of external trainers being situated outside of the local area. However, following feedback received from delegates it was planned that many courses would remain



online to provide flexibility and meet the evolving needs of the workforce.

From 1st April 2022 – 31st March 2023, the following has been achieved:

- 64 BCSSP training sessions taking place comprising of 26 different courses
- 1,269 Inter-agency training places made available
- 984 Inter-agency training places booked
- 818 Inter-agency training places attended*
- 798 Professionals trained*
- Approximately 70 % completed evaluations received and these are demonstrating impact.
- 5 Single agency training courses provided, training over 655 individuals.
- An additional 6 BCSSP Courses were cancelled across the financial year, 5 due to low numbers and 1 due to personal circumstances of the trainer.

*Attendance figures outstanding for one course so this figure may increase by up to 75

It is regrettable that five courses needed to be cancelled this year due to low numbers of bookings, and in response the session content or format has been adapted to meet the presenting needs of the workforce and ensure necessary information and guidance remained available.

Work undertaken with neighbouring authorities has highlighted that low attendance appears to be a theme in relation to a number of subjects and consequently exploration is taking place about how these topics can be offered multi regionally going forward.

Evaluation & Quality Assurance

To evaluate the effectiveness of BCSSP training a variety of methods were employed to achieve four goals:

- Ensure the learning outcomes for each course are met, and reflect evidence based 'best practice'.
- Ensure the continual evaluation to confirm courses are meeting the needs of staff, with transparent overview and accountability to the Training and Development sub group.

- Ensure that evaluations inform the planning and development of future training
- Ensure that messages from training are being embedded in practice.

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

The ongoing working with external training organisations has continued to allow additional layers of quality assurance to take place, with a wider pool of trainers being utilised to assess course content and the benefit of information and practical tools back into practice. Additionally, this year a number of peer reviews of courses have taken place across organisations and authorities to enable benchmarking exercises to take place regarding course depth and detail.

However, the reliance on external trainers or utilising national training events has caused some challenges. Occasionally feedback has raised that the trainers lack of knowledge about specific issues relating to B&NES or B&NES processes and procedures has weakened debates about current issues. Action has been taken to mitigate this issue as much as possible through pre meets with trainers, using local cases and learning and ensuring delegates are provided information signposting them to local supports and relevant agencies.

In line with last year, significant feedback was received about individual preference regarding the practicalities of training delivery. The information gained continued to be conflicting with regards to the use of digital platforms and the preferred length of courses when using this method. The requirement of independent study alongside some learning events has also continued to receive a conflicting response. Some delegates have shared that they appreciate the opportunity to reflect on the information gained in the session before

building on this knowledge with the activities set. Other delegates have advised that they find it challenging to find time in their diary to undertake the necessary work and would find it easier for all learning to be trainer led; with the length of the session being extended.

This year's programme has tried to offer as varied programme as possible with regard to implementing a blended approach to learning, with e-learning, webinars, conferences, videos, online training and classroom based sessions all being made available. Additionally, variation of course timings has been provided. It is hoped that going forward there will be more scope to record some sessions and thus make them available to members of the workforce who have limited opportunities to join daytime events.

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

The methods of evaluation used have evidenced:

- An increase in practitioner's confidence in applying knowledge and skills back into practice, following training.
- Additional learning gained through attending a multi-agency event.
- A greater understanding of legislation, policy, procedure and guidance and how to apply this into practice.
- The training and trainer to be of high quality and beneficial in increasing delegates knowledge in the subject matter.

Examples of delegate feedback:

"I am pleased to be able to report that the knowledge gained was used immediately the following day. I felt more confident because of my training which aided my communications with the person at the centre of the concerns raised."

Team Manager (Adult Exploitation)

"I have more confidence in my decision making and feeling that I can add value to discussions around safeguarding and child protection."

Key Worker (Introduction to Child Protection)

"Good to discuss issues and challenges relating to multi-agency work as well as the opportunity to reflect on my own current practises and how these can be refined to support children and young families."

Detective Constable (Advanced Update)

6. Key Performance Indicators

The BCSSP agreed the following performance indicators for partners for 2022-2023. It was agreed that it is each agencies responsibility to determine which of their staff members fall into the category of 'relevant'. Relevant means to their role and responsibilities and awareness training can be face to face, e-learning or equivalent.

Indicator 1: Training	Target %	Outcome % Average
Relevant staff have undertaken Prevent training (WRAP or equivalent)	85%	75%
Relevant staff have undertaken Prevent awareness training	85%	74%
Relevant staff have undertaken FGM awareness training	80%	69%
Relevant staff have undertaken Domestic Abuse awareness training	80%	77%
Safeguarding leads have awareness of Modern Slavery/Human Trafficking	100%	87%
Relevant staff have undertaken complex (toxic) trio awareness training	80%	64%
(ADULT) Relevant staff have undertaken self-neglect training	80%	75%
(ADULT) Relevant staff have undertaken MCA/DOLS training within 6 months of taking up post	90%	72%
(ADULT) New staff have undertaken safeguarding adult's awareness training within 3 months of starting in post	95%	98%
(ADULT) Relevant staff have completed SA level 2 training within 6 months of taking up post and completed refresher training every 3 years thereafter	90%	88%
(ADULT) Relevant staff have completed SA Level 3 training	90%	76%
(CHILDREN) Relevant staff have undertaken child protection standard training	90%	88%
(CHILDREN) Relevant staff have undertaken child protection advanced training	90%	67%
(CHILDREN) Relevant staff have undertaken CSE awareness training	80%	71%
Recruitment		
Relevant staff have an up-to-date DBS check at a level appropriate to their role	100%	91%
Two written references to be required before work commences	100%	91%

7. The Work of the Partnership Subgroups

The BCSSP Executive Group and Operational Group are chaired independently by Fiona Field. The Executive leads the production of the strategic plan, supported by the Operational Group and the subgroups. The Operational Group provides support and challenge to the subgroups to improve performance outcomes and gain assurance of good community safety and safeguarding practices. The subgroups have each developed a delivery plan to assist in delivering against the BCSSP strategic plan. The groups provide reports to the Executive which will consider whether guidance, and assistance or direct action is needed to remove barriers to achieving outcomes. In June 2022, a Peer Review was held by the Local Government Association (LGA) and the report recommended that BCSSP examine its

findings and take forward suggested recommendations to improve the functioning and clarity of BCSSP. The report highlighted the high number of partnership subgroups, so this work has been taken forward into 2023-2024.

Practice Review Group

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

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

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

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

- Ensured statutory compliance
- Identified key themes to review and explored preventative training options
- Developed and agreed a process for rapid review decision making
- Re-written the CSPR protocol in line with the new notification process and guidance from National Panel

The group has identified a number of priorities for 2023-2024, including, ensuring appropriate membership of the group, that the criteria for all reviews is fully understood, ensuring that practice remains focussed on the most vulnerable and monitoring the statutory review action plans and their application in practice.

Domestic Abuse Partnership

The purpose of the Domestic Abuse Partnership (DAP) is to promote partnership coordination of universal and targeted education about healthy relationships, protection of victims, provision for survivors and disruption of perpetrators related to adult and children.

In 2022-2023 it has:

- Continued the work against the DA Act action plan and developed a DA Act assurance plan
- Supported the completion of the B&NES DA Needs Assessment
- Completed a MARAC self-assessment
- Continued development of the MARAC online system

For 2023-2024, the subgroup has prioritised rolling out The QES MARAC system and updating the MARAC protocol, supporting the development of an AWP training package for suicide prevention, understanding more about the perpetrator programme landscape in B&NES following the closure of the RSVP scheme.

Prevention & Early Intervention

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

In 2022-2023, the subgroup has:

- Received presentations on raising awareness of poverty, Warm Spaces, Children Affected by Parental Imprisonment and Royal United Hospitals Hope Boxes
- Reviewed the implications of parental Alienation
- Preparedness for Joint Targeted Area Inspection (JTAI)
- Collated feedback on the Early Help App survey

For 2023-2024, the group has prioritised children's emotional health and wellbeing, awareness of CAMHS referral criteria and reviewing the Sudden Unexplained Death in Infants (SUDI) audit findings.

Youth Justice Service Partnership Board

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

Staff have remained committed and shown great perseverance and creativity in offering support to children and their families and the impact of this is a continuing reduction in first time entrants to the system, the custody rate remains 0 and re-offending is reducing.

Achievements for 2022-2023 include:

- Ratification of the anti-racism plan
- The first instalment of Turnaround Programme funding has been drawn down, systems are being developed and the first child being assessed and a key worker appointed.
- There has been agreement to fund continued partnership with pan-Avon Enhanced Case Management, trauma recovery programme for another year

Looking forward, the group will conduct a self-audit and exploration of the new contextual safeguarding toolkit, continue to encourage Partnership Board members to observe work and/or meet with individual staff. Carry out peer case audits with 2 neighbouring authorities.

Exploitation

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

Key achievements for 2022-2023 include:

- Progression from partners around the Child Exploitation Risk Assessment Framework (CERAF)
- Progression of the Extra Familial Harm pathway
- Developed a good structure for multi-agency auditing work
- Education sector have become more involved in relation to the identified links between exclusions and exploitation
- Improved join up linking the exploitation agenda into other subgroups

Going forward, the subgroup wants to continue focussing on transitional safeguarding, review available training, embed learning from CSPR's and focus on participation and hearing the lived experience.

Community Safety Partnership (formerly Vulnerable Communities)

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

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

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

In 2022-2023, the subgroup has:

- Improved statutory partner attendance
- Completed the Joint Community safety Plan with the Office of Police and Crime Commissioner
- Reviewed its scope against statutory requirements
- Secured a new Chair and Vice Chair
- Focussed on agency service provision at each meeting

In 2023-2024, the CSP will conduct an audit of the National Referral mechanism (NRM), review Community Triggers, and review anti-social behaviour data and produce a report of actions in response to the issues.

Mental Capacity Act Quality Assurance

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

In 2022-2023, the subgroup has:

- Appointed a Co-chair

- Reviewed MCA polices from partner agencies
- Completed an MCA learning briefing
- Reviewed the relevant actions from SAR's against the groups objectives
- Contributed to the Liberty Protection Safeguards consultation

Going forward, this group will support and contribute to the self-neglect policy review in relation to MCA, agree a follow on audit of MCA application in the Discharge to Assess (D2A) process.

Quality & Performance

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

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

In 2022–2023 the subgroup has:

- Continued to seek greater clarity on quality and performance across B&NES and refined the data set – although the data scorecard is still in development
- Completed a case audit of Multi-agency risk management meetings (MARMMS) as one aspect of the self-neglect audit
- Reviewed police data and sought assurance around children being detained
- Discussed JTAI readiness

Going forward, the group will complete the audit of self-neglect and complete any actions arising and create a task and finish group to ensure agency data flow for the scorecard.

Training & Workforce Development

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

In 2022-2023, this subgroup has:

- Supported the design and development of the Stop Adult Abuse Week campaign, with attendance figures doubling from previous year
- Reviewed and agreed the key performance indicators in relation to training and submitted a proposal to the Executive Group
- Engaged with other sub-groups to establish training needs
- Reviewed outcomes from learning reviews to ensure areas for development are captured in future training
- Had significant change in membership

Its priorities for 2023-2024 are to ensure membership is appropriate, develop webinars for Stop Adult Abuse Week 2023, support the appointment to the BCSSP trainer post and seek further assurance on training currently being delivered outside of the BCSSP.

8. Reflecting on Partnership Achievements

2022-2023 saw a return to a 'new normal' following the impact of the Coronavirus Pandemic, but already busy services are stretched to capacity. Following consultation with BCSSP partners via the subgroups, it was agreed that meetings would remain virtual as it reduced the impact of travel time and parking. It is noted that this in itself causes pressures as often agency representatives are in back to back virtual meetings. The BCSSP is pleased to note that commitment to the partnership and the delivery of objectives has remained high and would like to thank partners for their continued support.

Within its previous Annual Report, the Partnership documented its key priorities for 2022-2023:

What we said we would do	What we did
Develop a 'Think Family, Think Community' approach	Transitional safeguarding remains a focus and Children's Social Care and Adult Social Care are working more closely, recognising that needs do not stop when a young person reaches the age of 18
	Continued work on participation and encouraged partners to share case studies
	Worked closely with partners providing community assurance following knife crime incidents
Learning from experience to improve how we work	Continued to receive feedback from Adults supported by the safeguarding process
	Promoted awareness of domestic abuse and the new DA Act. Through the Domestic Abuse Partnership, developed an action plan to ensure we aligned with statutory requirements
	Reviewed available programmes for perpetrators of domestic abuse and continue to look at commissioning
Recognising the importance of prevention and early intervention	Worked with safeguarding boards across the Avon & Somerset footprint to deliver Stop Adult Abuse Week webinars, promoting awareness of adult safeguarding
	Developed a number of new learning briefings on areas of concern and made them accessible on the BCSSP website
Providing executive leadership for an effective partnership	Recruited a new Independent Chair for the BCSSP following completion of tenure by the previous Chair.
	Commissioned a peer review from the Local Government Association (LGA) to conduct a review of the BCSSP structure and functionality
	Re-initiated the BCSSP newsletter, including a 'spotlight' section on current and emerging issues

9. Our Commitments for 2023-2024

The BCSSP reviewed its performance for 2022-2023 and is firmly committed to working in partnership to achieve the objectives as set out in the 2021-2024 strategic plan. The Peer Review of June 2022 and subsequent BCSSP Away Day in April 2023 agreed that further development of BCSSP will require some significant change in order to achieve strategic objectives in the 2021-2024 strategic plan but also to develop a new strategic plan 2024-2027. In particular, community safety needs a greater focus given the breadth of areas of work it has to consider. For 2023-2024, the four priorities will continue but there will also be a focus on the theme of domestic abuse within these four priorities.

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

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

reflective, improve, and implement change to deliver best practice. We will capture the experience for children, young people and adults at risk where possible to better measure outcomes and benefits as perceived by the individuals concerned.

2. Learning from experience to improve how we work

Everyone learns through continuous development and assurance. We will work with our partner agencies and support them to be

3. Recognising the importance of prevention and early intervention

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

4. Providing executive leadership for an effective partnership

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

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



How we will achieve this

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

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

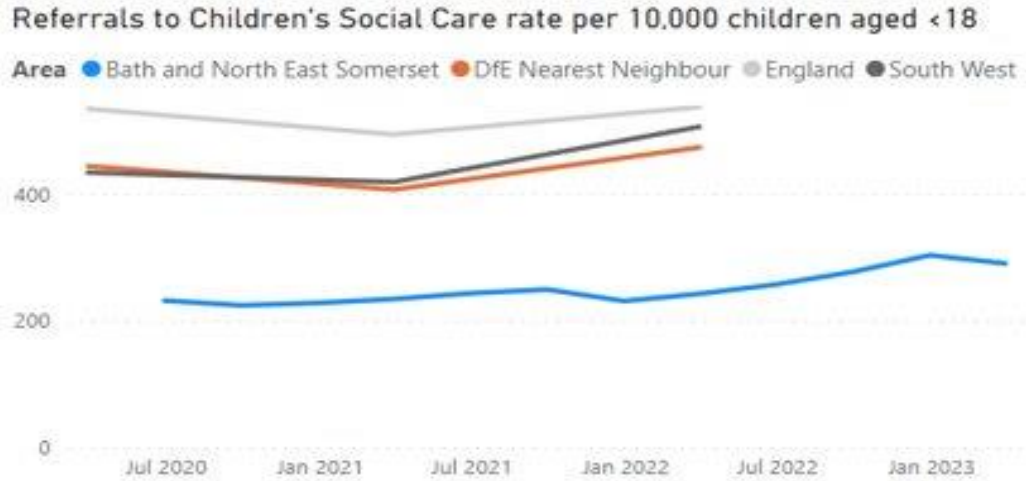
Alongside this, data submitted by our partners is monitored and analysed by the Quality & Performance subgroup, allowing the BCSSP to remain agile to the community safety and safeguarding needs of B&NES.



10. Appendices

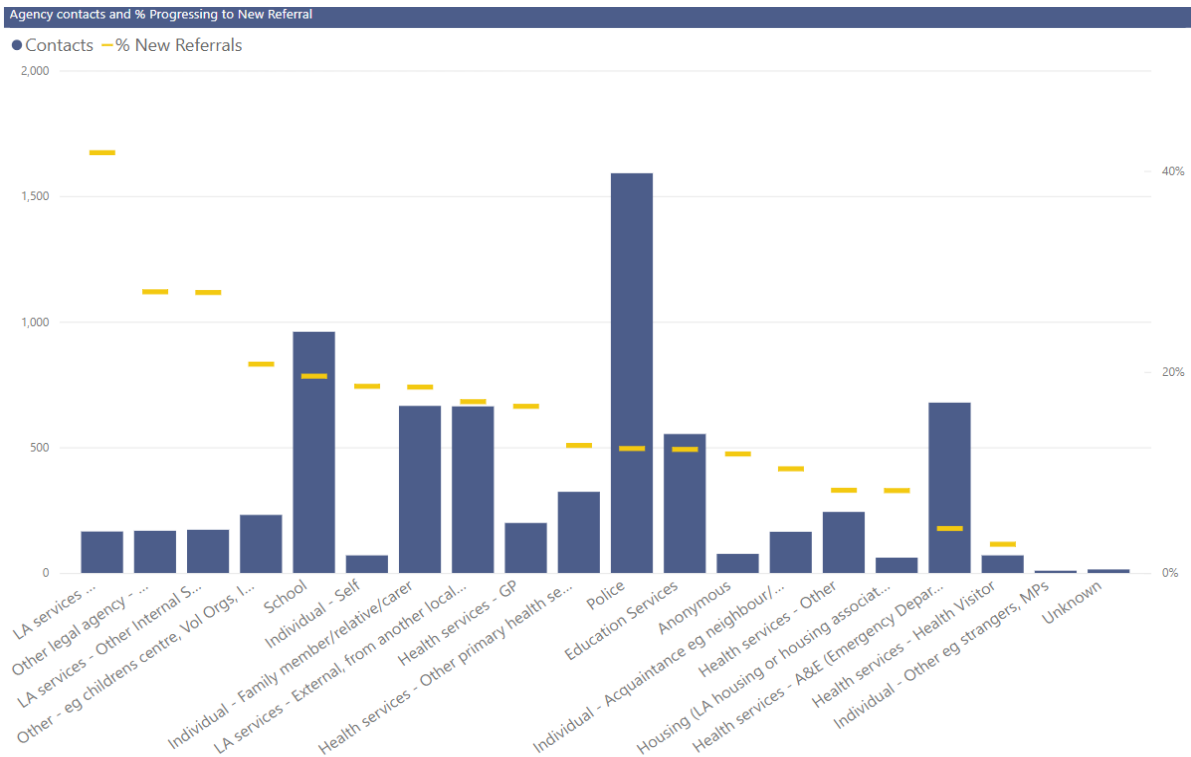
10.1 Children's Social Care

Referrals

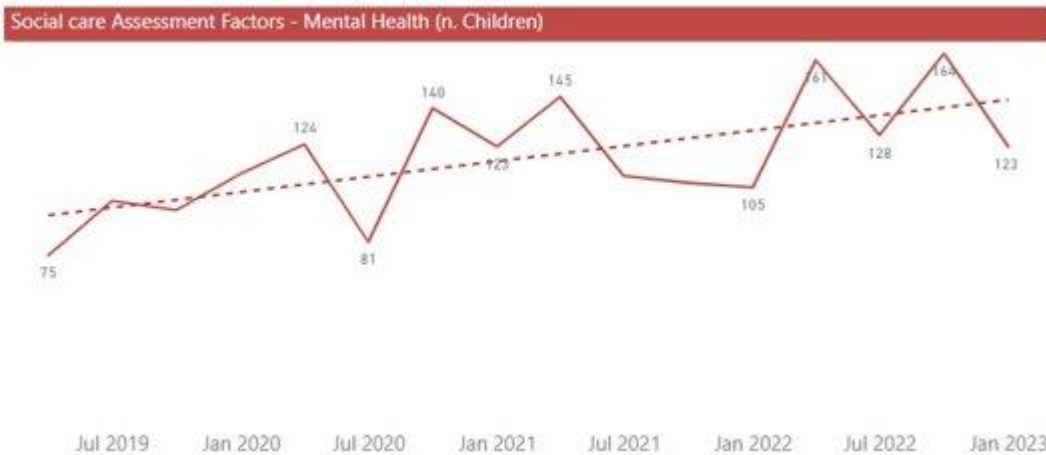
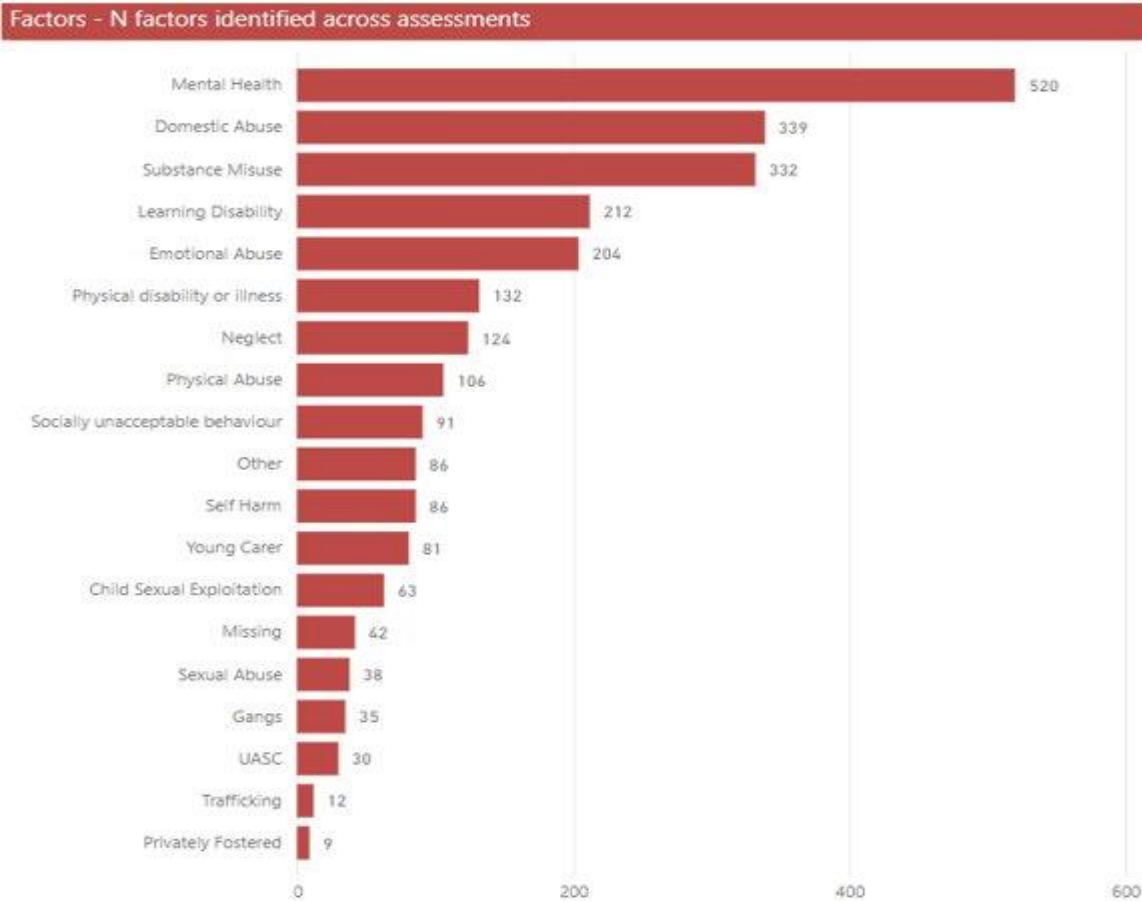


Referral rates have remained low compared to other local areas and national rates. This can in part be attributed to a sustained focus on ensuring cases are referred into Early Help services. Threshold audits continue to demonstrate that need is being effectively identified.

Contact Sources



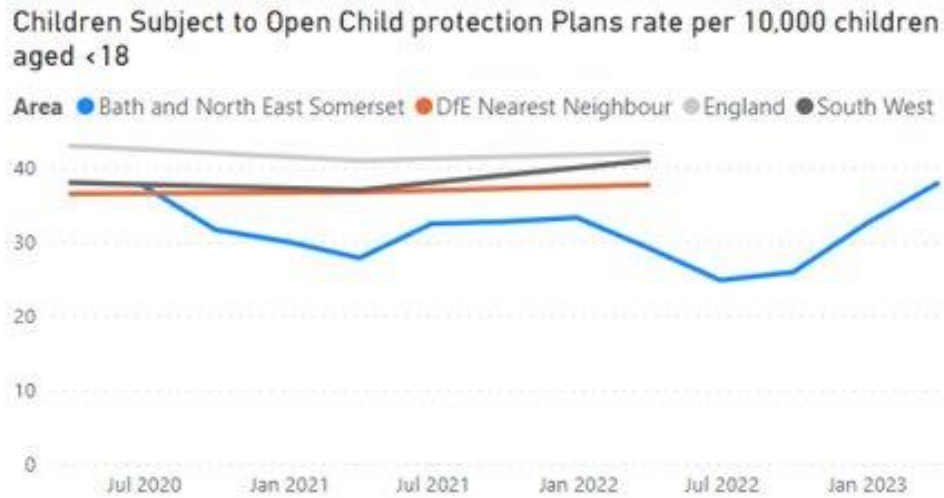
Schools and police remain the most common source of contacts for 22/23. 50% of contacts resulted in no further action (Q4, 22/23).



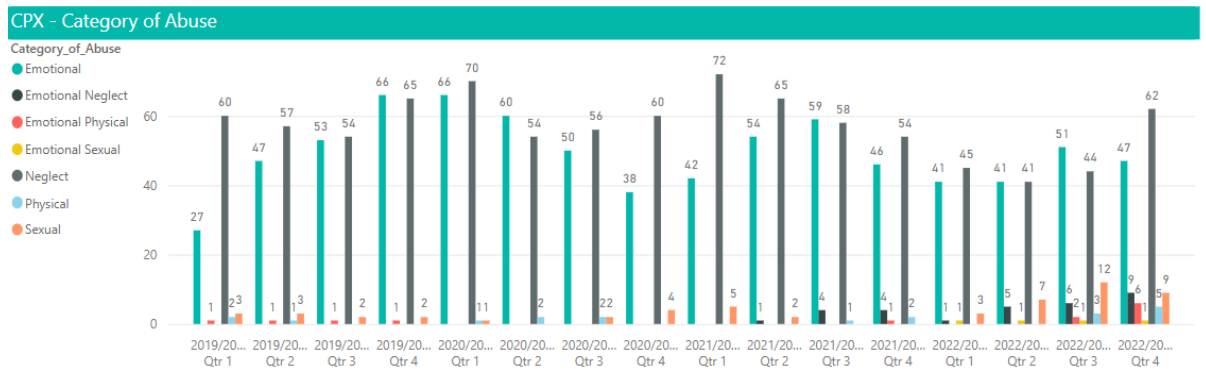
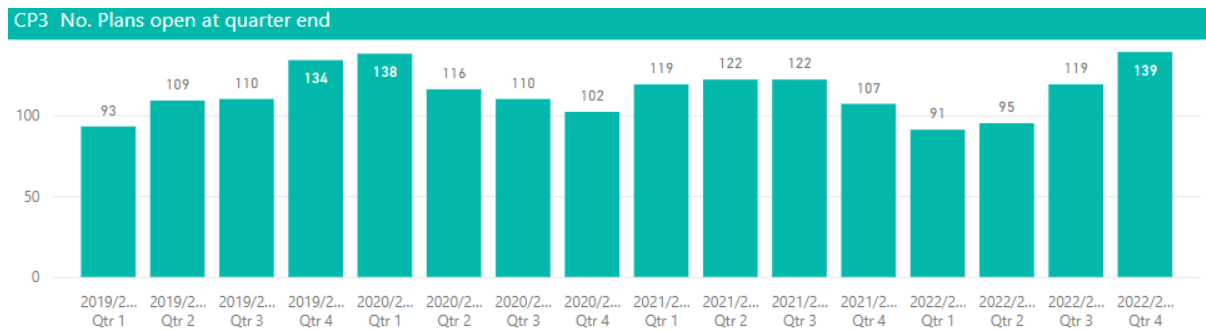
Assessment factors are captured at the point at which a child reaches the threshold for social care involvement. Multiple factors can be identified per case. Therefore, the chart presented relates to the number of children with each individual factor identified.

As has remained a consistent trend over time, **mental health, domestic abuse and substance misuse** for child or family are the most common factors recorded, with 50% of cases recording one or more of these factors. This remains consistent with the findings of the Munro review in 2011. Mental health related factors have increased consistently over time, affecting both children and parents/family.

Child Protection Plans



Child Protection Plan rates are subject to fluctuation in part due to the relatively small cohort size. However, recent trends have moved rates in line with statistical neighbours.



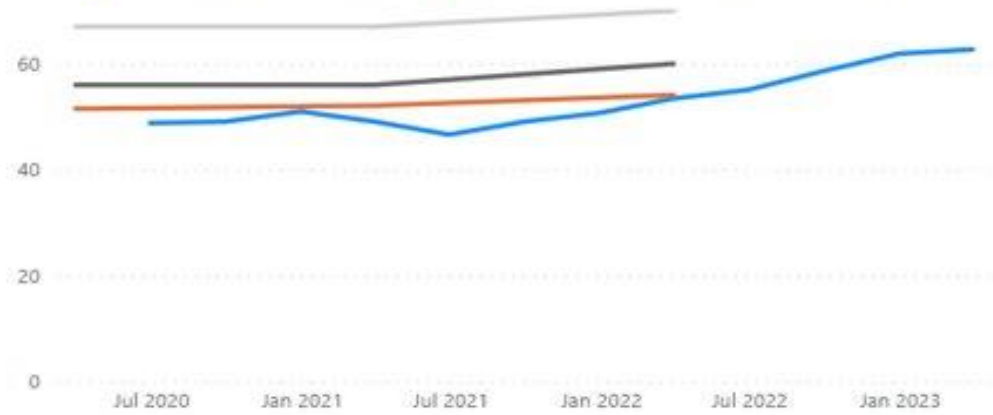
The rise in the child protection numbers reflects the increased complexity that families are presenting to Children’s Social Care

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

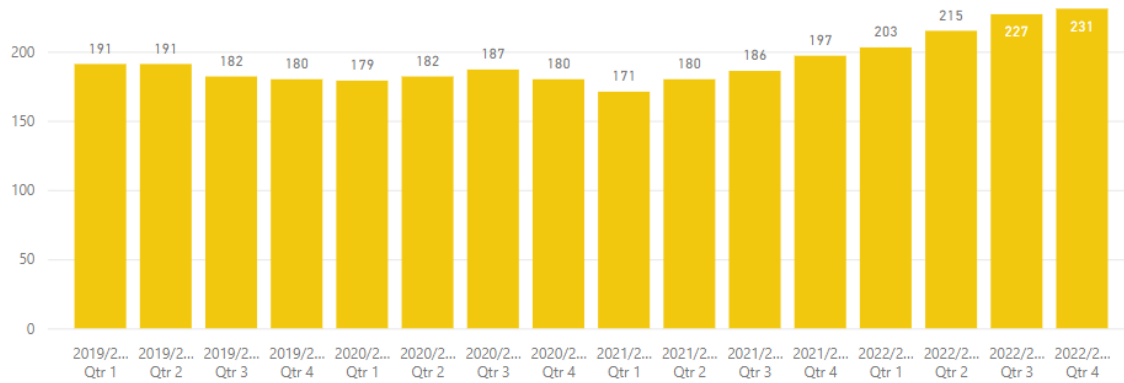
Children Looked After

Children Looked After rate per 10,000 children aged <18

Area ● Bath and North East Somerset ● DfE Nearest Neighbour ● England ● South West



LAC1 - Looked After Children at quarter end (n)



Looked After Children rates had remained stable for several years. However, pressures associated with the Covid-19 pandemic and lockdowns have increased the volume complexity of cases. More recent increases in numbers are associated with this complexity and an increase in unaccompanied asylum-seeking children, a pattern which is expected to be repeated nationally.

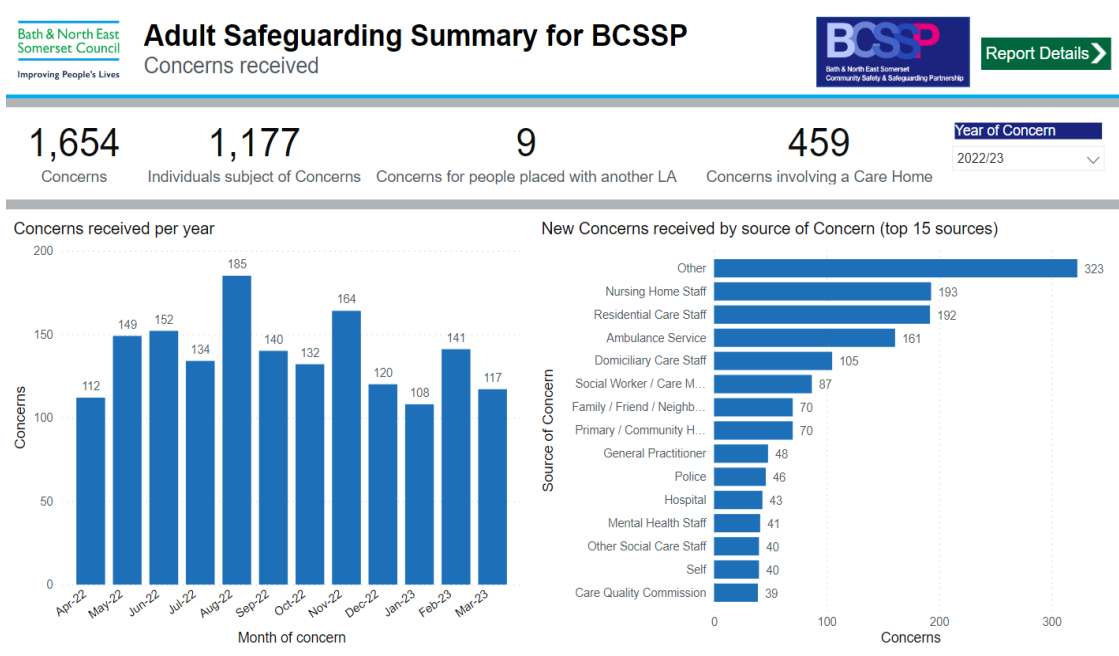
10.2 Adult Social Care Data

The analysis undertaken in this section has been produced for the purposes of providing information for the Partnership Board, for the period of Q1-Q4 of 2022-2023 (April 2022- March 2023).

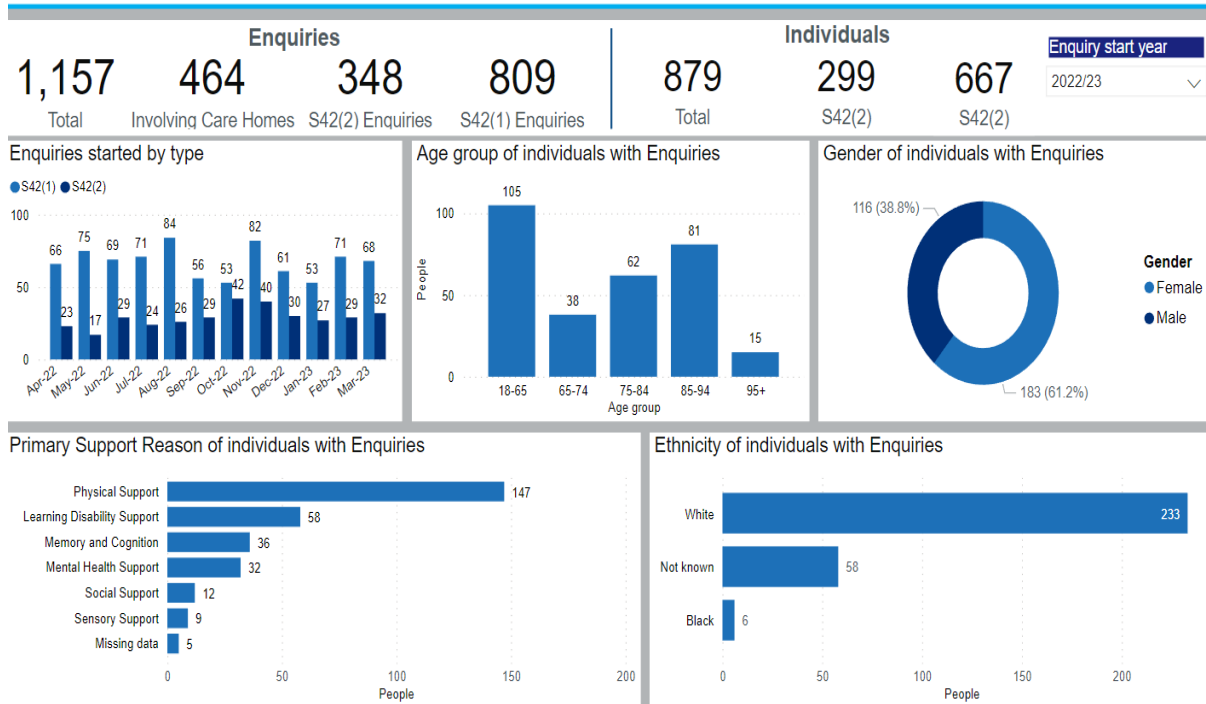
For 2022/23 the reporting is based on the number of safeguarding concerns raised with B&NES Council that met the Care Act description of a safeguarding concern [Reasonable cause to suspect the risk of abuse or neglect].

These are then described as S42 (1) and S42 (2) enquires. S42 refer to the Section of the Care Act that relates to safeguarding activity. S42 (1) concerns are concerns that fit the Care Act description, but alternative actions can be set, that will address the concern being raised, without a need for further enquiries. Actions are monitored by the Council Safeguarding and Quality Team and are not closed until assurance is received that all actions have been completed. A S42 (2) enquiry is an enquiry where; further enquires and actions are required. These enquiries ordinarily lead to a Safeguarding Planning Meeting, an enquiry report being recording and an action plan to reduce the risk to the person, developed.

Concerns Received



During the reporting period April 2022 – March 2023, 1654 concerns were raised relating to 1171 people. In addition to this, there were also 618 referrals which were “screened out” before a threshold decision, as the concern did not relate to a safeguarding issue [Reasonable cause to suspect the risk of abuse or neglect]. This is a 61% increase in safeguarding alerts (from 1021 in 2021-22 to 1654 in 2022-23). The type of organisations, marginally reporting the highest number of concerns, are nursing homes. This is in comparison to last year being residential care settings. Reporting under ‘other’ continues to be high. As reported last year, the Local authority are continuing to review the data set and Liquid Logic (the council case management system), whereby consideration is being given to altering this option for 2023-2024.



Of the 1654 concerns, 348 have progressed to S42(2) enquiries. This is a conversion rate of 21% which is marginally lower than the reported 28% within last years' reporting. The reporting this year also shows the S42 (1) concerns which relate to concerns that fit the Care Act description, but where it is assessed that alternative actions can be set, that will address the concern without a need for further S42(2) enquiries. To date 809 concerns have been supported in this way. The remaining concerns received have not met the Care Act criteria and therefore have not required safeguarding actions. There have been 497 of these contacts received. The Safeguarding Team continue to monitor these referrals to see if there are organisations or types of issues that are reported that do not meet the Care Act criteria.

Primary Support Reason. There continues been an increase in the reported number of people with a physical disability, mirroring what was reported in last annual report. As part of the review of the data set and Liquid Logic, consideration around data captured relating to ethnicity, continues to be made, around trying to reduce the "no known" data.

Adults aged 18-65 continue to be the prevalent group, where enquires are being made, with enquires where the adult has been recorded as female, continue to be higher. As part of the review of the data set and Liquid Logic, consideration around data captured relating to gender, continues to be made.

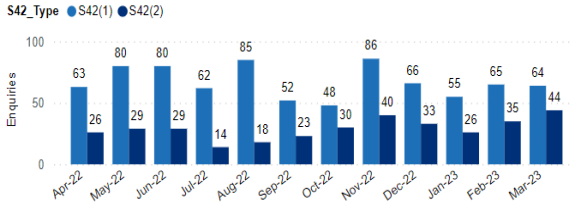
Enquiries Ended

Of the enquiries closed during the year to date, the alleged person responsible continues to be reported as a social care and health staff member. It is thought that this correlates to the continued prevalence of care home concerns that are received and progress into the enquiries. Neglect continues to be the type of abuse most frequently identified during the safeguarding process.

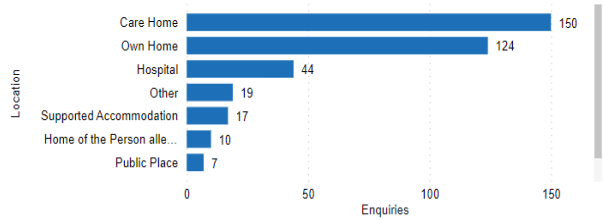
1,153 Closed Enquiries 347 S42(2) Enquiries 806 S42(1) Enquiries 893 Individuals with Enquiries 307 Individuals with S42(2) 661 Individuals with S42(1)

Enquiry end year
2022/23

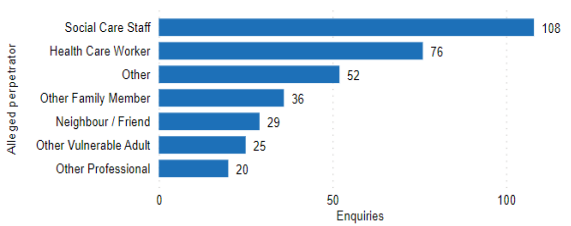
Enquiries ended per month



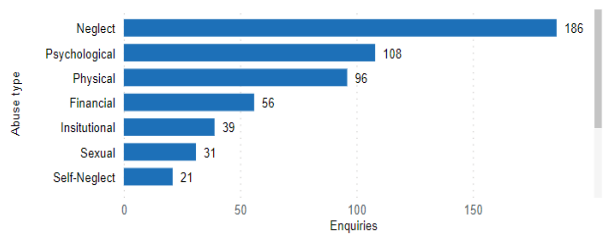
Enquiries by Location



Enquiries by Alleged perpetrator

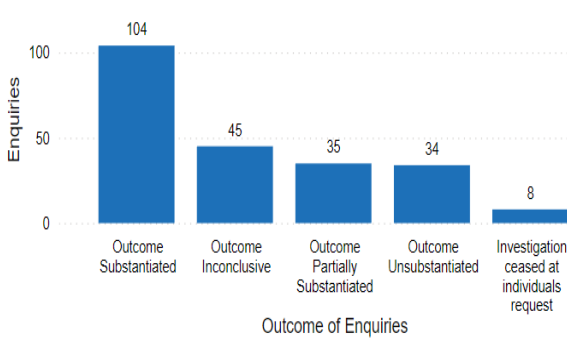


Enquiries by Abuse type

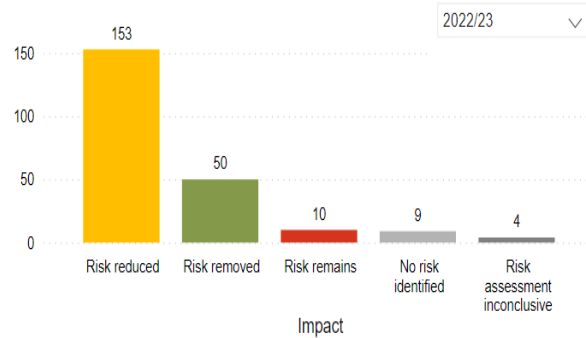


Outcomes of Closed Section 42(2) Enquiries

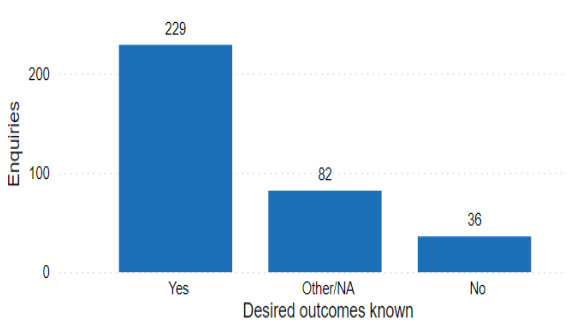
Outcome of Enquiries



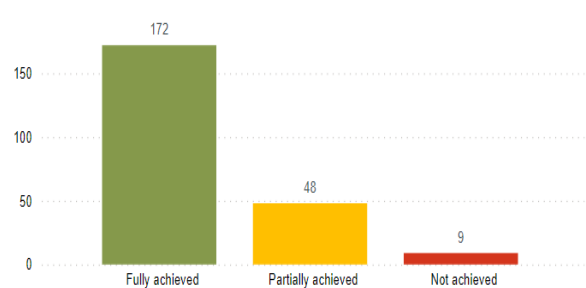
Impact on Risk



Were the desired outcomes of the adult at risk known?



Where the desired outcomes of the adult at risk were known, were they achieved?



Although we have seen a decrease in adults being asked and outcomes being expressed [from 70% in 2021-22 to 57% in 2022-23]. We have seen an increase in outcomes being fully achieved [from 71% in 2021-22 to 77% in 2022-23] Where the desired outcomes of the person are known, they said in 54% of enquiries that the outcomes had been fully achieved, 44% were partly achieved and 2% felt that their outcomes had not been achieved. We have seen an increase percentage in risk being reported to have been removed [17% in 2022-23 compared to 13% in 2021-22]. In 73% of enquiries the level of risk experienced by the person is reduced during the safeguarding process.

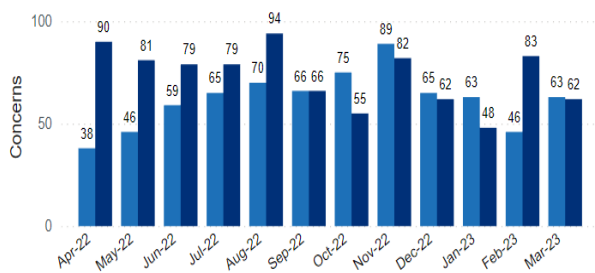
Processing Performance

Adult Safeguarding Summary for BCSSP

Processing performance

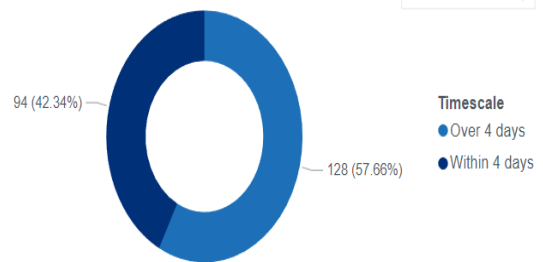
Decision timescales for new Concerns

Timescale ● Over 4 days ● Within 4 days



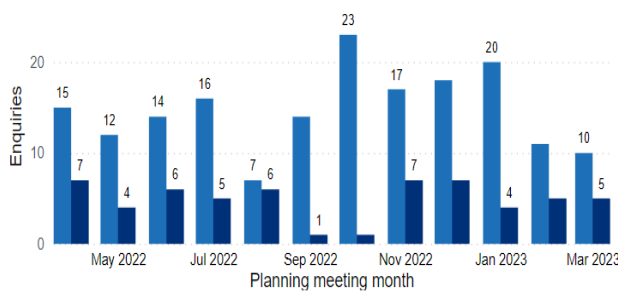
Decision timescales - overall rate

Decision year
2022/23



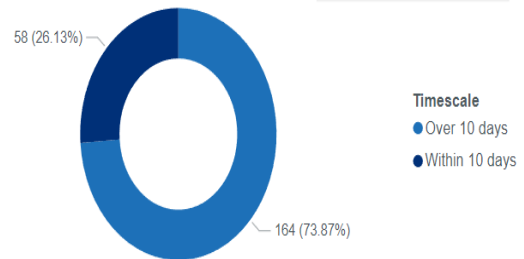
Planning meeting timescales for new S42(2) Enquiries

Timescale ● Over 10 days ● Within 10 days



Planning meeting timescales - overall rate

Planning meeting year
2022/23



Although we have seen a drop from 100% of decisions being made within 4 days of the concern being raised to 42%, this is attributed to several factors. The increase in referrals, with no comparable increase in resources to manage this demand. And the fact that more “enquires” are being made earlier in the process, influencing the 7% reduced conversion rate figure, despite the increased number of referrals. The performance for planning meetings was previously reported at being 100%, but there were “a number of blanks” being reported. Whereby we anticipated it to be a “lower figure due to pressures in the social care teams”. We have worked hard in ensuring the data we provide is accurate. We continue to work towards these performance measures.

10.3 Avon & Somerset Constabulary Data

Missing Children	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Missing Children	95	61	+34	+55.7%
Number of Missing Children Reports	202	92	110	119.6%
Number of Repeat Missing Children	48	39	+9	+23.1%
Number of Children Missing from Care	3	10	-7	-70.0%
Number of Repeat Children Missing from Care	1	4	-3	-75.0%

95 children were reported missing in Bath and North East Somerset in the last 12 months, rising by 34 children or by 55.7% compared with the previous 12 months. 48 of these children were reported missing repeatedly, 9 more children than were reported missing repeatedly in the previous 12 months. The number of missing children reports rose to 202 in the last 12 months compared with 110 in the previous 12 months, an increase of 119.6%, significantly above the 23.5% rise recorded across the force area as a whole.

By contrast, there were falls in both the number of children missing from care, falling to just 3 children in the last 12 months from 10 children in the previous 12 months, and the number of children going missing from care repeatedly, falling to just 1 child from 4 children.

Safety and Anti-Bullying	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Suspects of Crimes	539	494	+45	+9.1%
Number of Domestic Abuse Incidents (Excluding Crimes)	1,048	1,116	-68	-6.1%
Number of Domestic Abuse Crimes	1,685	1,838	-153	-8.3%
Number of Domestic Abuse Crimes - Victim Age 16 - 17	35	30	+5	+16.7%
Number of Child Victims of Crimes	711	742	-31	-4.2%
Number of Child Victims of Race Hate Crimes	28	21	+7	+33.3%

The overall number of child victims of all crime types fell by 31 victims to 711 victims in the last 12 months, or by 4.2% compared with the previous 12 months. This fall contrasts with the 3.5% increase recorded across the force area as a whole. The number of child suspects of all crime types in B&NES in the last 12 months rose by 9.1% to 539 child suspects. This rise is well above the 2.7% increase recorded across the force area as a whole.

The number of Domestic Abuse Crimes with a victim aged 16 or 17 rose by 5 crimes in the last 12 months compared with the previous 12 months. The numbers recorded in B&NES are relatively small. However, the increase does contrast with the 7.7% fall recorded across the force area as whole.

The number of child victims of recorded Race Hate Crimes rose to 28 victims in the last 12 months from 21 victims in the previous 12 months. All forms of Hate Crime are subject to a high degree of under-reporting and it can reasonably be concluded that the actual levels are greater than the levels reported.

Child Sexual Exploitation	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Sexual Exploitation Crimes	128	203	-75	-36.9%

Child Sexual Exploitation (CSE) is not a Home Office “offence type” and CSE offending is made up of a wide range of offences. A CSE flag is therefore attached to qualifying offences on police systems through an automated process. The number of Child Sexual Exploitation tagged offences in B&NES fell in the last 12 months, compared with the previous 12 months, by 36.9% or by 75 crimes to 128 crimes in total. This fall is 9.1 percentage points greater than the 27.8% fall recorded across the force area as a whole. Changes in this measure can be difficult to interpret, given that it measures both the effectiveness of activity to reveal this often “hidden” form of abuse and increase recognition and reporting, and the effectiveness of activity to prevent sexual exploitation, including repeat victimisation. This measure shows wide fluctuations in identified offences and the reductions reported here should not be interpreted as indicating a decline in the prevalence of CSE.

Child Protection	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Protection Crime (excluding Domestic Abuse Crimes)	295	347	-52	-15.0%
Number of Child Protection Serious Sexual Offences	58	101	-43	-42.6%
Number of Non-Familial Sexual Crimes - Child Victim	100	143	-43	-30.1%
Number of Child Protection Crimes for Cruelty and Neglect of Children	60	75	-15	-20.0%

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

The data shows that the volume of recorded “Child Protection” crimes in Bath and North East Somerset fell by 15.0%, or by 52 crimes, in the last 12 months compared with the previous 12 months, falling to 295 crimes. This fall should be viewed in the context of sustained increases across the last decade and is greater than the 7.3% fall recorded across the force area as a whole. These falls are not the result of changes in recording practices and represent an actual decline in identified offences.

The fall in recorded offences in 2022/23, compared with 2021/22, is most likely to be attributable to the marked increase in volumes recorded in 2021/22 as children had increased contact with professionals following the removal of measures to slow the spread of COVID-19 within the population. Care should be taken not to conclude that the prevalence of child abuse has fallen in the last 12 months. Demand on the system from Child Abuse offences remains high and the long-term trend remains one of significant growth. The volume of reported Child Abuse offences is expected to continue to increase at a moderate to high rate.

Within the broad measure of “Child Protection” crimes, there were falls in recorded offences in all 3 of the offence groups. Recorded Child Protection Serious Sexual Offences showed the largest rate of reduction, falling by 42.6% (by 43 crimes), a larger rate of reduction than the 18.1% fall recorded across the force area as a whole. Non-familial sexual offences against children in B&NES fell by 43 crimes; this 30.1% fall is more marked than the 8.0% decrease recorded across the force area as a whole. Recorded child neglect offences fell by 15 crimes, representing a 20.0% fall, contrasting with the 7.6% increase across the force area as a whole.



Initial Child Protection Conferences

The Police were invited to 23 Initial Child Protection Conferences (ICPCs) in the fourth quarter of 2022/23 and attended all 23. The police attendance rate at ICPCs in 2022/23 was 100% with all 87 ICPCs having been attended.

Use of Police Protection Powers

Across the force area as a whole, the Constabulary used police protection powers under Section 46 of the Children Act 1989 on 318 occasions in the last 12 months, compared with 320 occasions in the previous 12 months. Whilst the volume remains high compared with historical levels, the data shows that the volume has stabilised when viewed at the level of the Force area as a whole.

The reporting of the use of police protection powers at local authority area level is subject to data quality issues whereby 17 records in the last 12 months were not linked to a beat code. By contrast with the force-wide picture, the number of occasions when the Constabulary used police protection powers linked to beat codes in Bath and North East Somerset rose to 44 in the last 12 months, compared with 11 occasions in the previous 12 months; an increase of 33 occasions or 300.0%. The Avon & Somerset Strategic Safeguarding Partnership established a Task and Finish Group to examine the possible causes of the increases in circumstances giving rise to the need to use these emergency powers and possible solutions. A baseline report from police data has been produced as part of this work and has been shared with the Directors of Children's Services.

Children in Custody

In the last 12 months, 48 children and young people aged under 18, whose latest recorded address was in Bath and North East Somerset, were arrested and brought into custody, none of whom were charged and detained. Of these 48 children and young people, 11 were arrested and brought into custody in the fourth quarter of 2022/23.

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

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

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

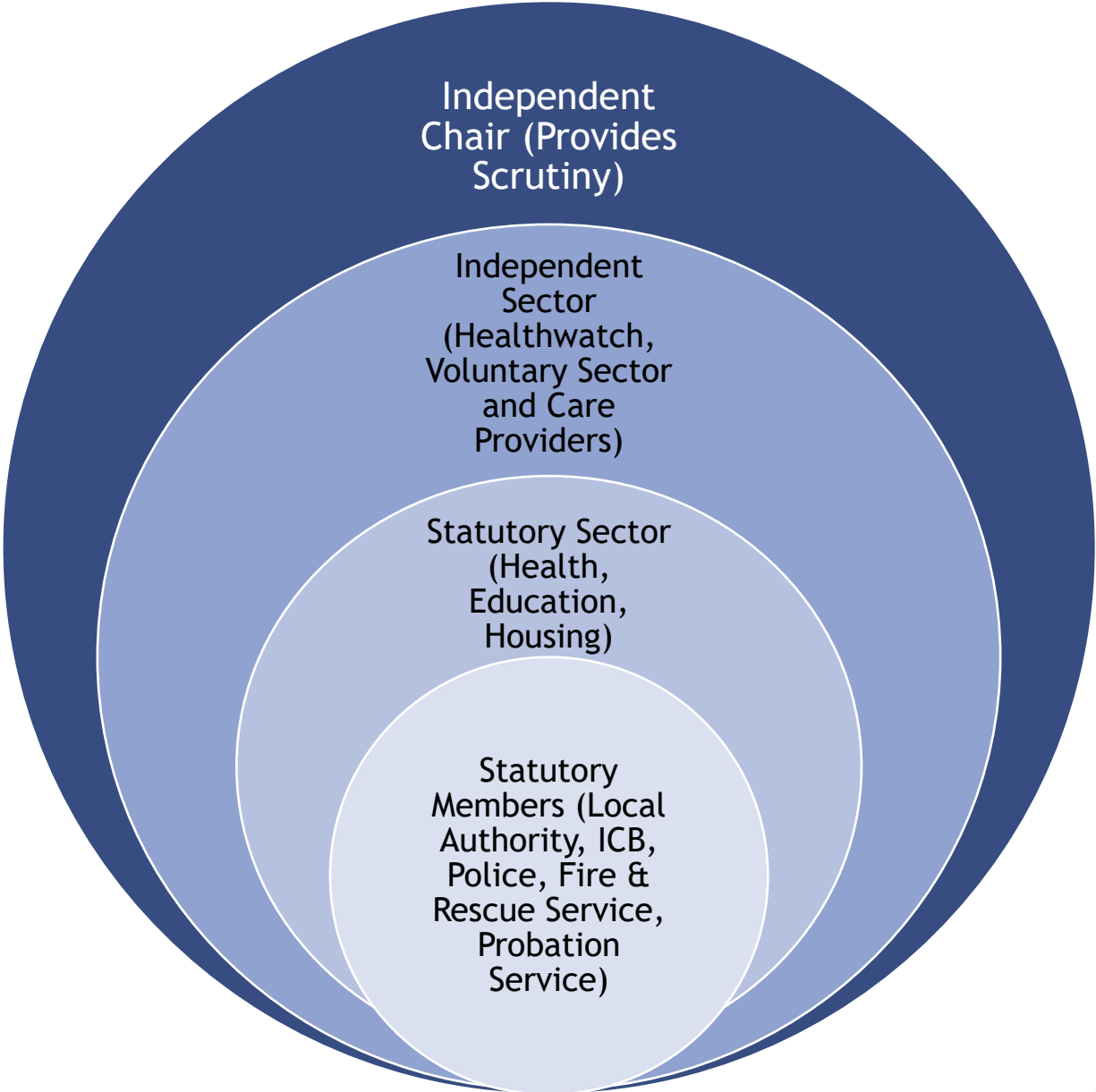
Term	Meaning
SHEU	School Health Education Unit
SICC	Senior In Care Council – empowered to undertake projects to make the changes they want to see to improve the experiences of young people in care
Section 11 Audit (statutory)	A self-assessment audit designed to seek assurance that key people and agencies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



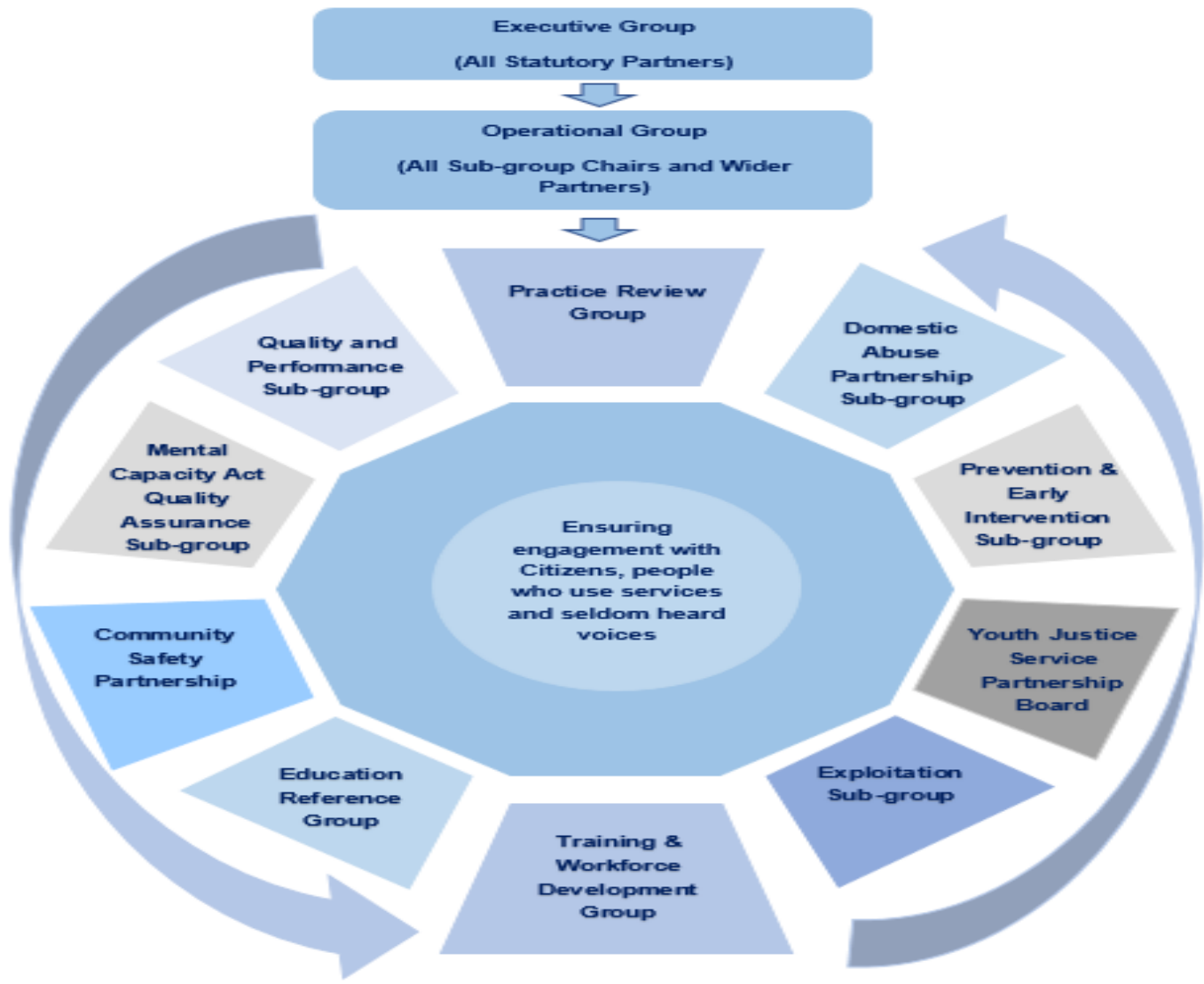
**Bath & North East Somerset
Community Safety & Safeguarding Partnership**

Annual Report 2022 - 2023

Partnership Structure



Partnership Structure



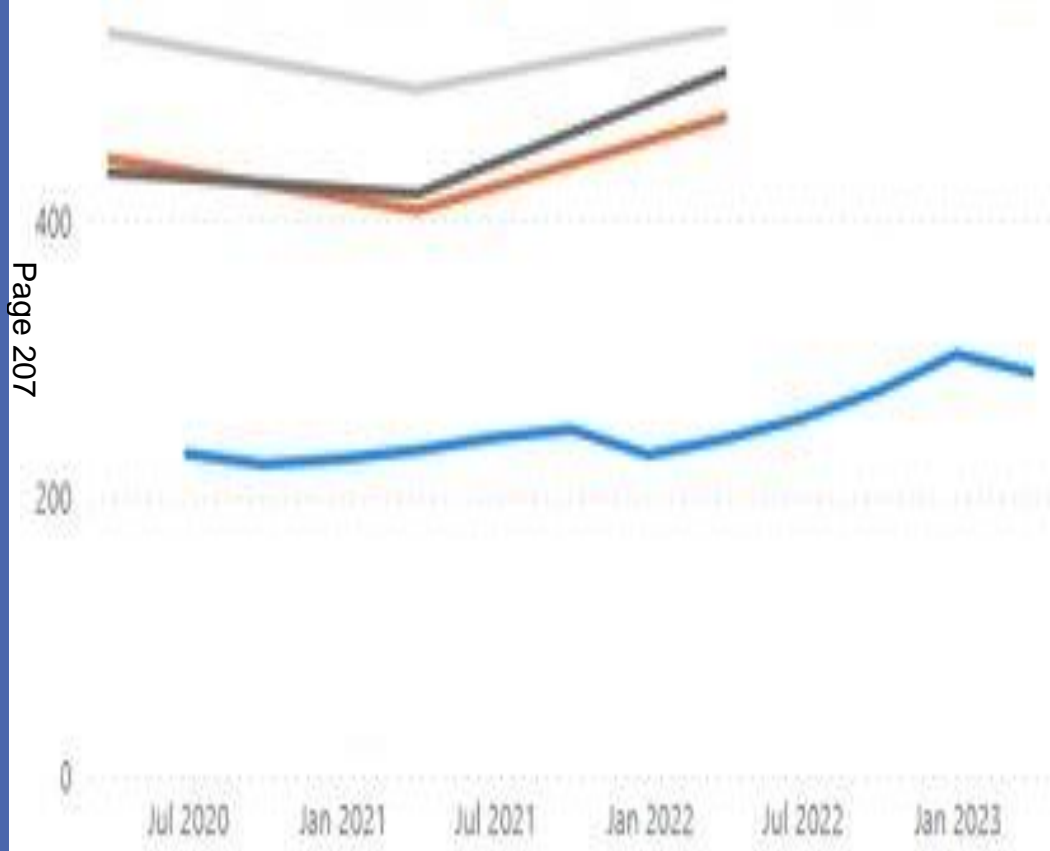
Key Priorities

What we said we would do	What we did
Develop a 'Think Family, Think Community' approach	Transitional safeguarding remains a focus and Children's Social Care and Adult Social Care are working more closely, recognising that needs do not stop when a young person reaches the age of 18
	Continued work on participation and encouraged partners to share case studies
	Worked closely with partners providing community assurance following knife crime incidents
Learning from experience to improve how we work	Continued to receive feedback from Adults supported by the safeguarding process
	Promoted awareness of domestic abuse and the new DA Act. Through the Domestic Abuse Partnership, developed an action plan to ensure we aligned with statutory requirements
	Reviewed available programmes for perpetrators of domestic abuse and continue to look at commissioning
Recognising the importance of prevention and early intervention	Worked with safeguarding boards across the Avon & Somerset footprint to deliver Stop Adult Abuse Week webinars, promoting awareness of adult safeguarding
	Developed a number of new learning briefings on areas of concern and made them accessible on the BCSSP website
Providing executive leadership for an effective partnership	Recruited a new Independent Chair for the BCSSP following completion of tenure by the previous Chair.
	Commissioned a peer review from the Local Government Association (LGA) to conduct a review of the BCSSP structure and functionality
	Re-initiated the BCSSP newsletter, including a 'spotlight' section on current and emerging themes

Referrals

Referrals to Children's Social Care rate per 10,000 children aged < 18

Area ● Bath and North East Somerset ● DfE Nearest Neighbour ● England ● South West

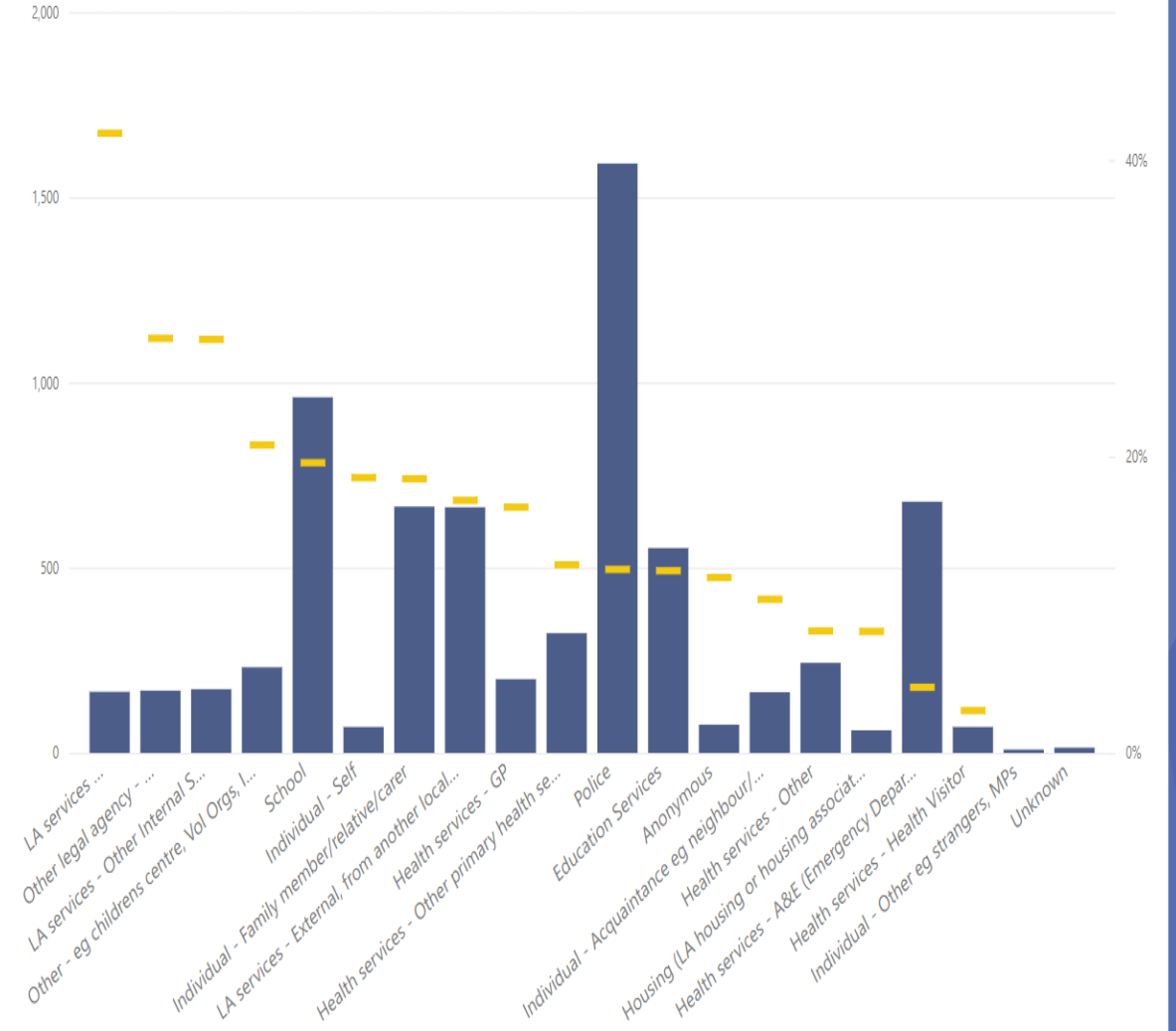


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Contact Sources

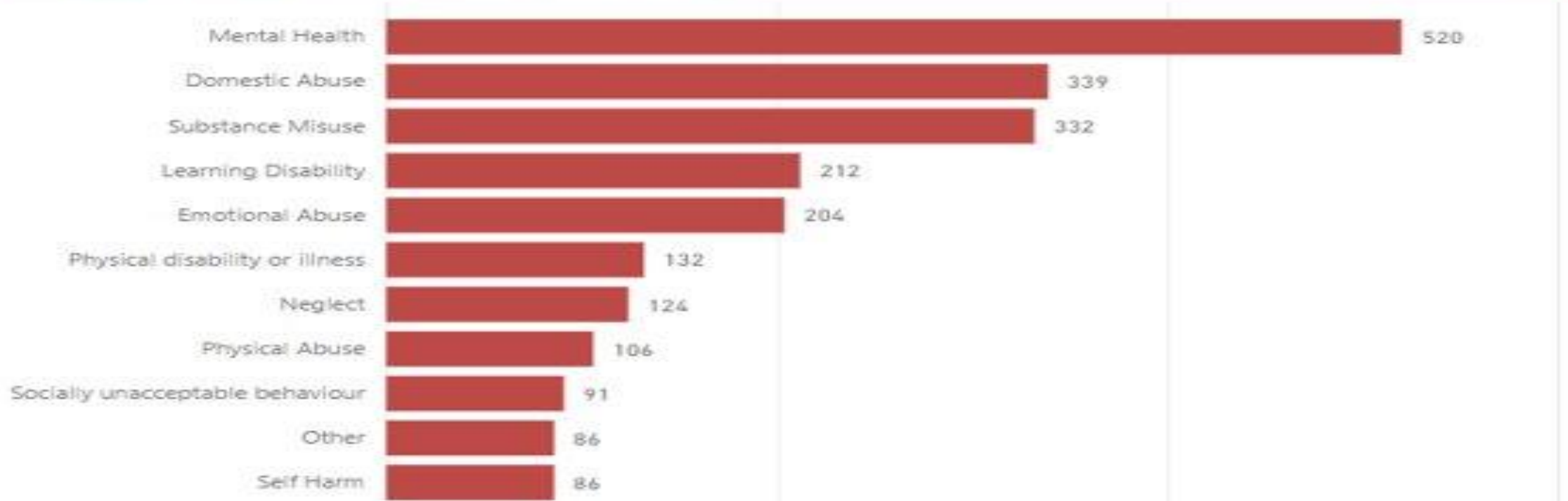
Agency contacts and % Progressing to New Referral

● Contacts — % New Referrals

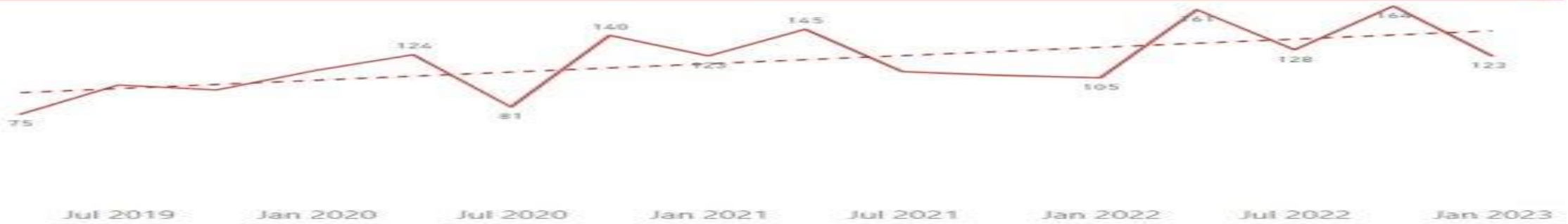


Factors identified across assessments

Factors - N factors identified across assessments



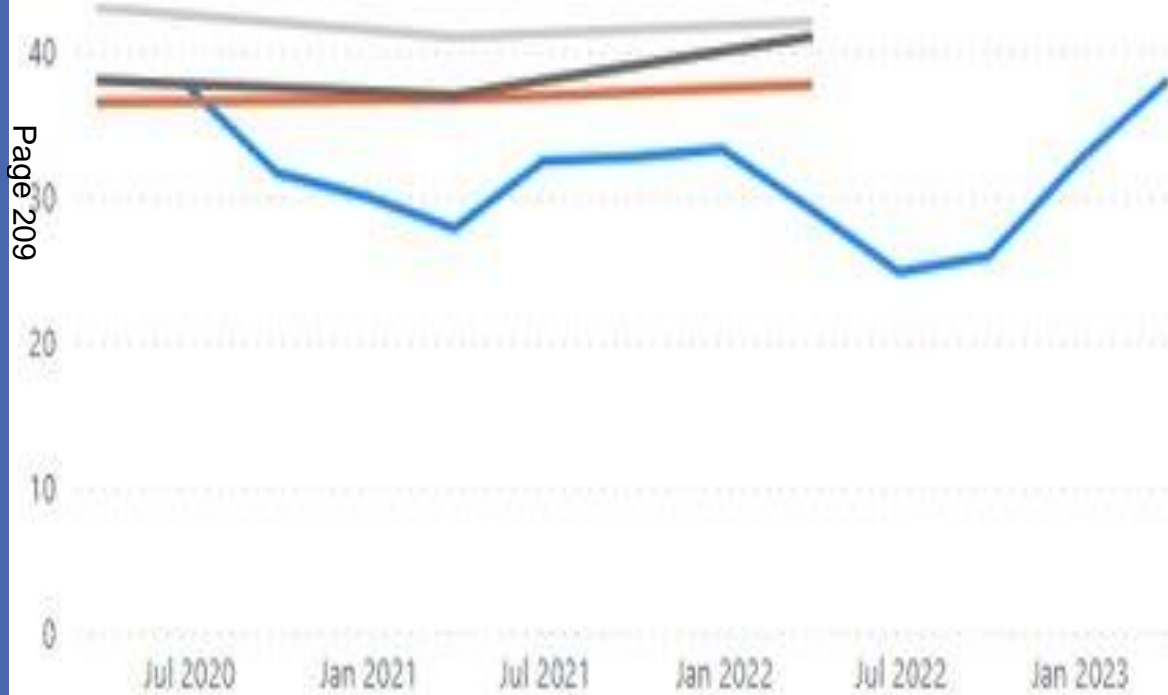
Social care Assessment Factors - Mental Health (n. Children)



Child Protection Plans

Children Subject to Open Child protection Plans rate per 10,000 children aged <18

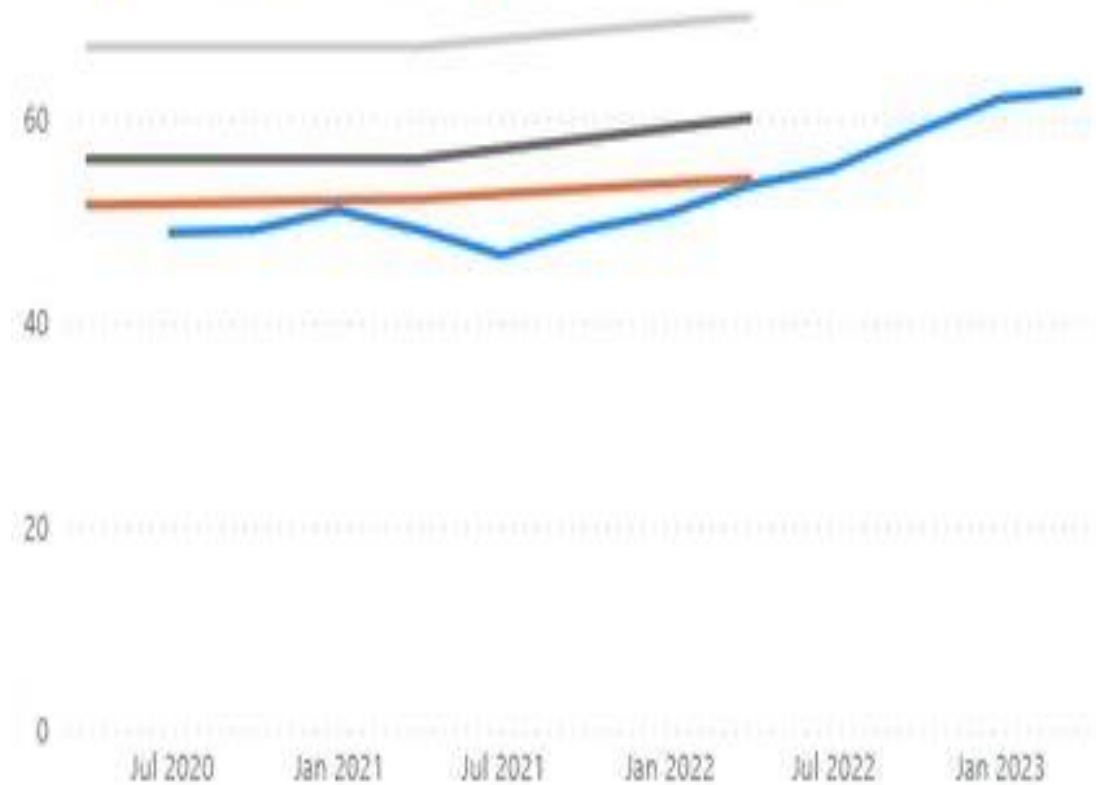
Area ● Bath and North East Somerset ● DfE Nearest Neighbour ● England ● South West



Children Looked After

Children Looked After rate per 10,000 children aged <18

Area ● Bath and North East Somerset ● DfE Nearest Neighbour ● England ● South West



Adult Safeguarding Summary for BCSSP

Concerns received



[Report Details >](#)

1,654

Concerns

1,177

Individuals subject of Concerns

9

Concerns for people placed with another LA

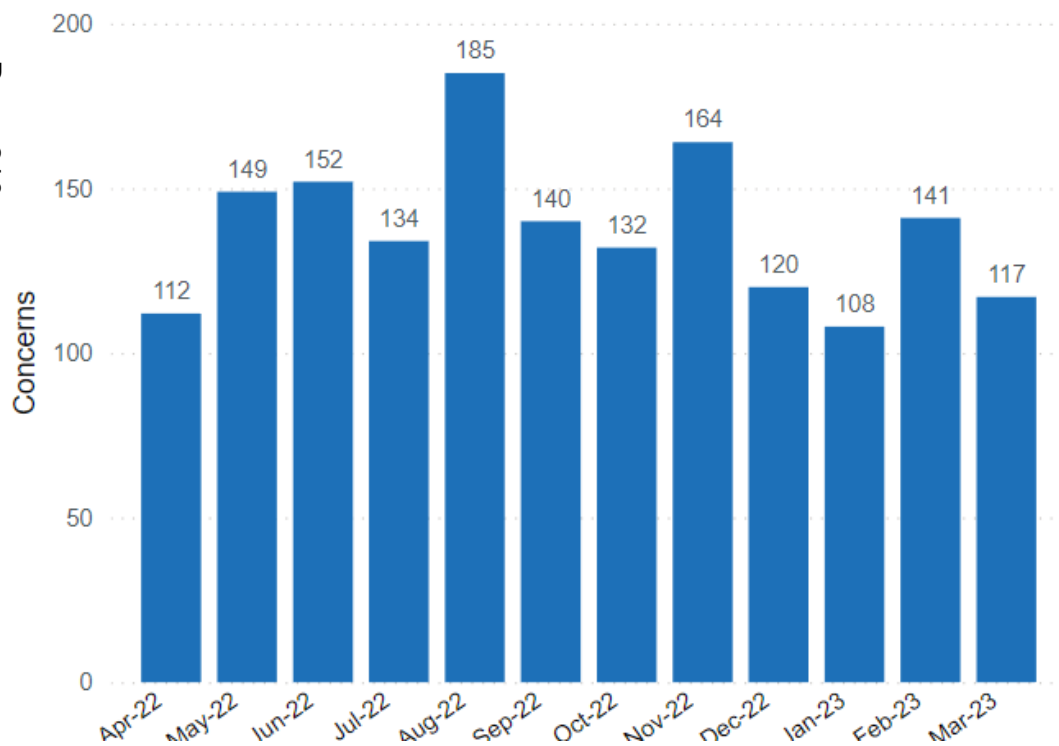
459

Concerns involving a Care Home

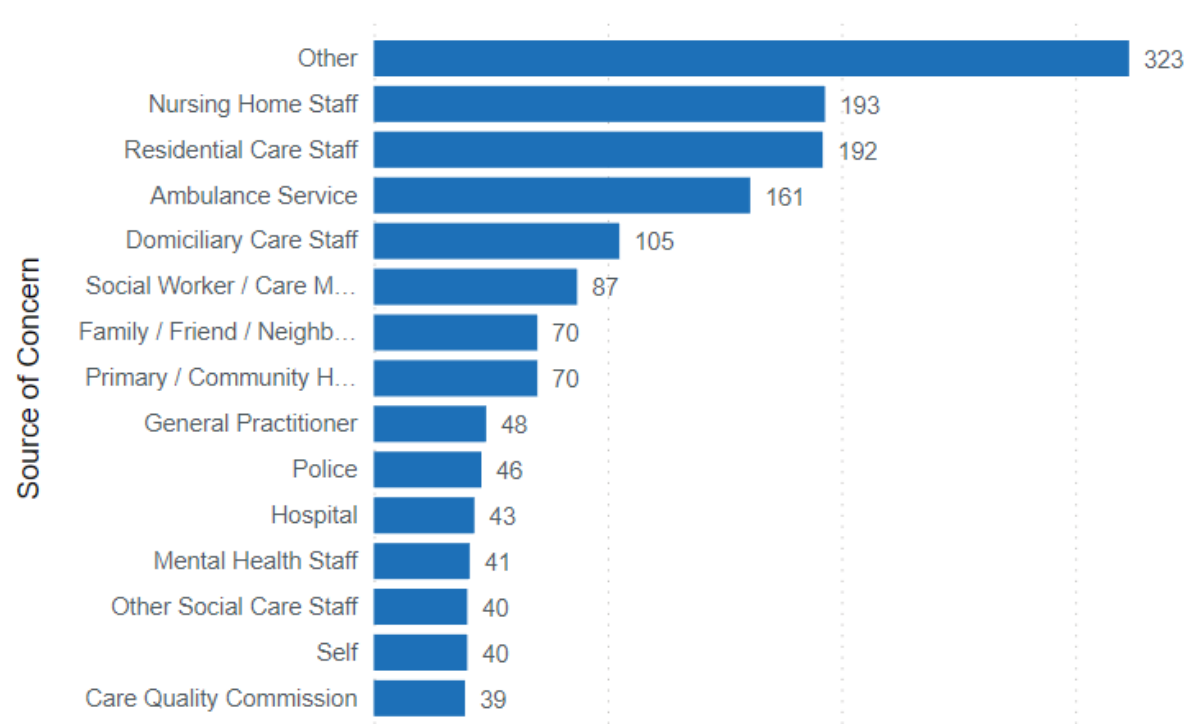
Year of Concern

2022/23

Concerns received per year



New Concerns received by source of Concern (top 15 sources)

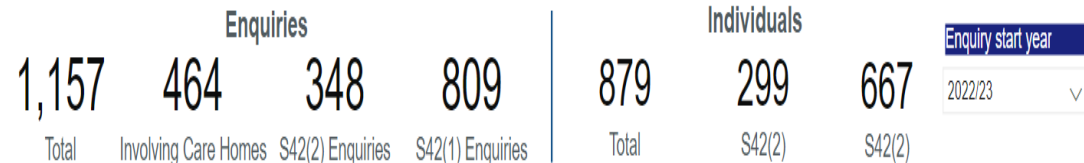


Adult Safeguarding Summary for BCSSP

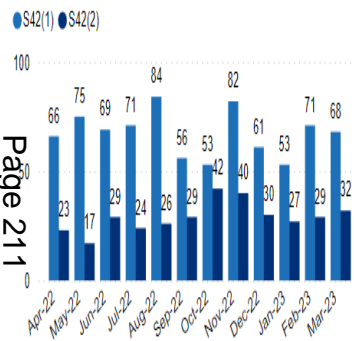
Enquiries starting



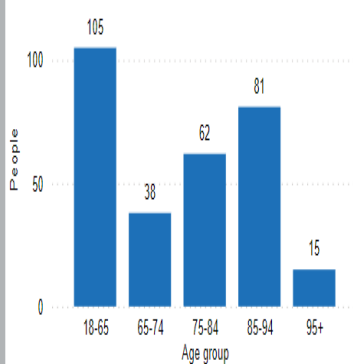
[Report Details](#)



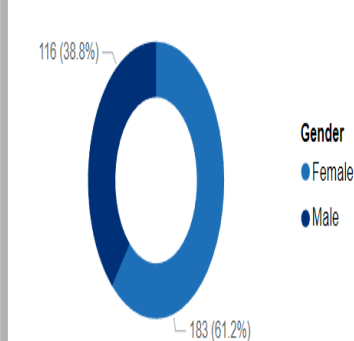
Enquiries started by type



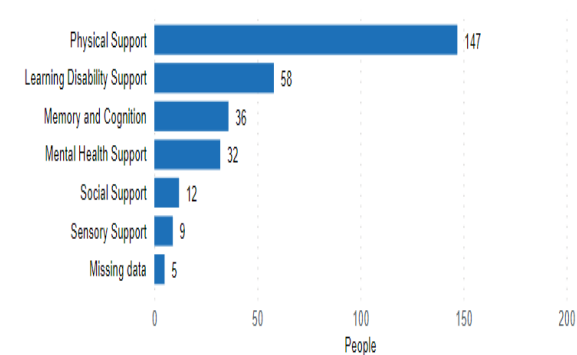
Age group of individuals with Enquiries



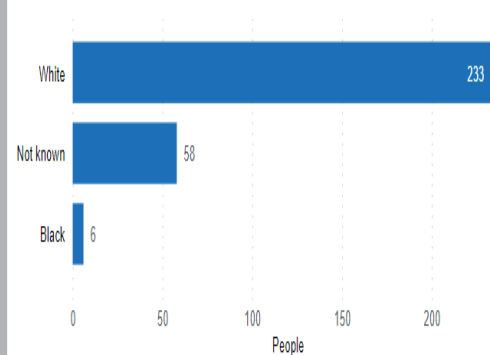
Gender of individuals with Enquiries



Primary Support Reason of individuals with Enquiries



Ethnicity of individuals with Enquiries



Adult Safeguarding Summary for BCSSP

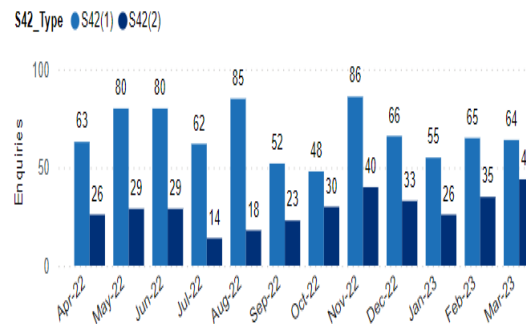
Enquiries ended



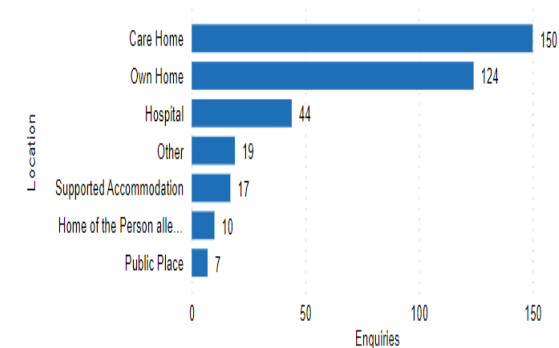
[Report Details](#)



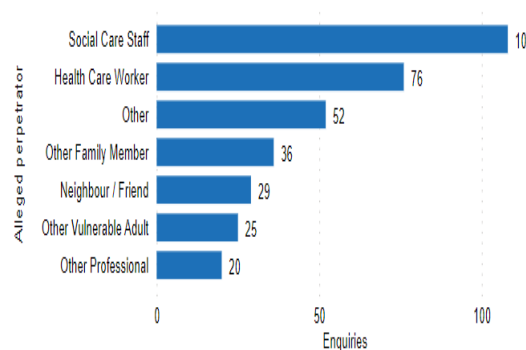
Enquiries ended per month



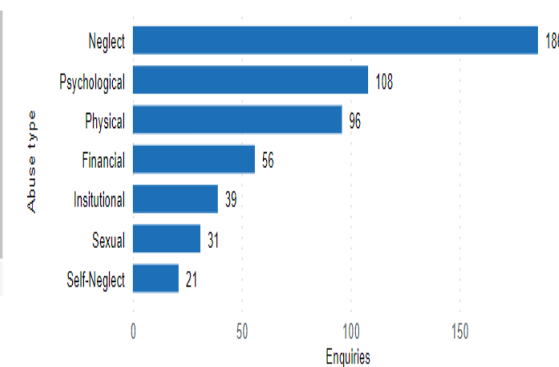
Enquiries by Location



Enquiries by Alleged perpetrator



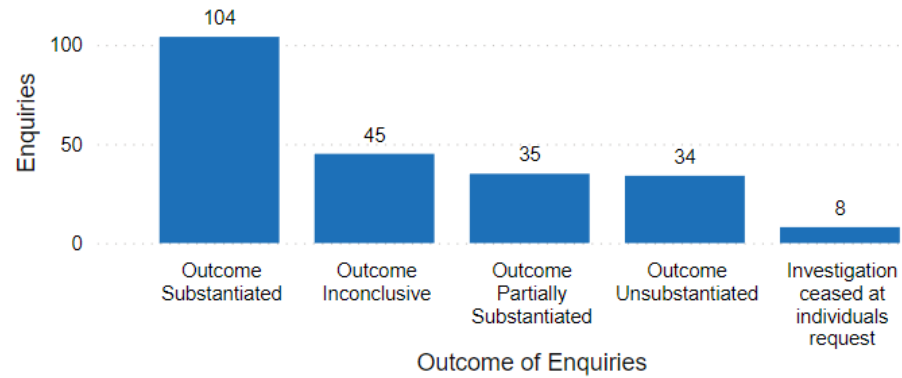
Enquiries by Abuse type



Adult Safeguarding Summary for BCSSP

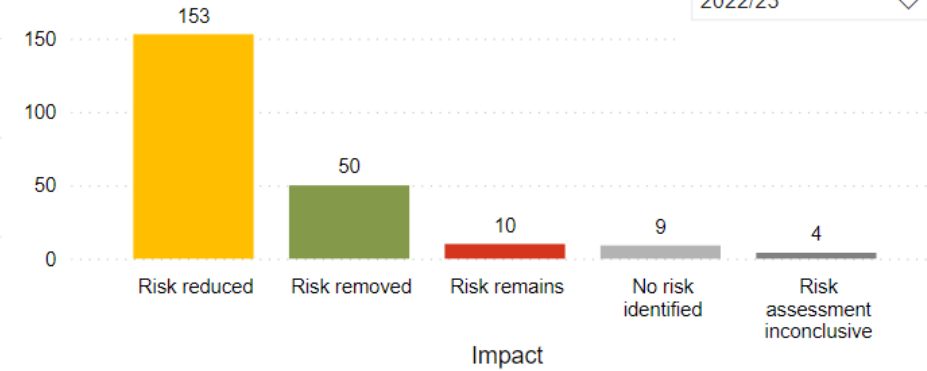
Outcomes of closed S42(2) Enquiries

Outcome of Enquiries

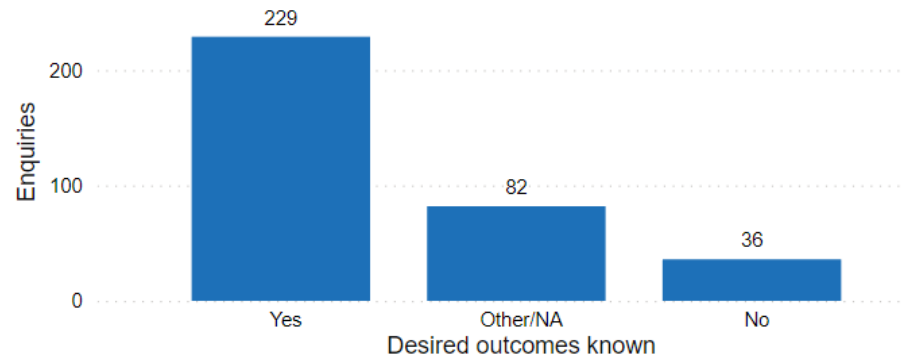


Impact on Risk

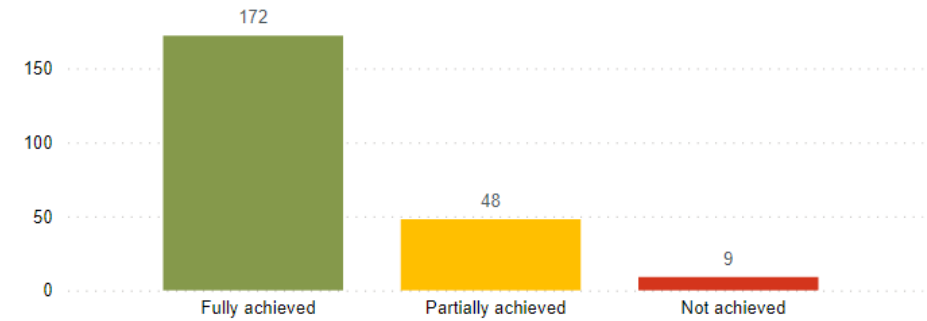
Enquiry end year
2022/23



Were the desired outcomes of the adult at risk known?



Where the desired outcomes of the adult at risk were known, were they achieved?



Avon & Somerset Constabulary Data

Missing Children	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Missing Children	95	61	+34	+55.7%
Number of Missing Children Reports	202	92	110	119.6%
Number of Repeat Missing Children	48	39	+9	+23.1%
Number of Children Missing from Care	3	10	-7	-70.0%
Number of Repeat Children Missing from Care	1	4	-3	-75.0%

Safety and Anti-Bullying	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Suspects of Crimes	539	494	+45	+9.1%
Number of Domestic Abuse Incidents (Excluding Crimes)	1,048	1,116	-68	-6.1%
Number of Domestic Abuse Crimes	1,685	1,838	-153	-8.3%
Number of Domestic Abuse Crimes - Victim Age 16 - 17	35	30	+5	+16.7%
Number of Child Victims of Crimes	711	742	-31	-4.2%
Number of Child Victims of Race Hate Crimes	28	21	+7	+33.3%

Child Protection	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Protection Crime (excluding Domestic Abuse Crimes)	295	347	-52	-15.0%
Number of Child Protection Serious Sexual Offences	58	101	-43	-42.6%
Number of Non-Familial Sexual Crimes - Child Victim	100	143	-43	-30.1%
Number of Child Protection Crimes for Cruelty and Neglect of Children	60	75	-15	-20.0%

Child Sexual Exploitation	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Sexual Exploitation Crimes	128	203	-75	-36.9%

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Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Health and Wellbeing Board
MEETING DATE:	Tuesday 26 September 2023
TITLE:	Bath & North East Somerset Health Protection Board Report 2022-23
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <p>Appendix 1a: B&NES Health Protection Board Annual Report 2022-2023</p> <p>Appendix 1b: B&NES Health Protection Board ToR (embedded in report)</p> <p>Appendix 1c: Health Protection Board Risk Log (embedded in report)</p>	

1 THE ISSUE

In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. All Councils acquired new responsibilities with regard to protecting the health of their population. Specifically, the Director of Public Health (DPH), on behalf of the local authority, has to assure themselves that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken. B&NES Health Protection Board was established in November 2013 to help the DPH to fulfil this role.

This annual report documents the progress made by the Health Protection Board on the priorities and recommendations made in the 2019-22 report, highlights the key areas of work that have taken place in 2022-23, and sets out the HPB priorities agreed for 2023/24.

2 RECOMMENDATION

The B&NES Health & Wellbeing Board notes this annual report and the following recommended priorities for the Health Protection Board in 2023-24:

1. Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
2. Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.
3. Continue to ensure that the public and partner organisations are informed about emerging threats to health.
4. Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work.
5. Contribute to the BSW system wide quality improvement projects, which aims to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections.
6. Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW.

3. THE REPORT

The full report and appendices are contained in Appendix 1a.

These priorities have been agreed by the Board as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population. The Health Protection Board is committed to improving all work streams.

The process of reaching the recommended priorities has been informed through discussion at the HPB, monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with the UK Health Security Agency's and B&NES, Swindon and Wiltshire Integrated Care Board priorities.

The recommendations contribute to the delivery of the B&NES Council Corporate Strategy 2023-2027 by including priorities that help to tackle the climate and ecological emergency, and which focus on prevention.

3 STATUTORY CONSIDERATIONS

This is a statutory role of the Director of Public Health acting on behalf of the Secretary of State. A number of the priorities will help to address health inequalities, particularly the focus on screening and immunisation programmes.

Improving air quality in B&NES will directly impact health, inequalities, sustainability and the natural environment.

4 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

4.1 None. The delivery of priorities will be subject to available existing resources.

5 RISK MANAGEMENT

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

Risks relating to proposed recommendation(s)

No significant risks identified

Risks of not taking proposed recommendation(s)

If the H&WB does not note the work of the Health Protection Board, system assurance for health protection work will not be fully met. If the H&WB notes the recommended future priorities but recommends that the HPB change any priorities, this can be achieved but could have implications for current projects and resources.

Actions to manage risks of not taking proposed recommendation(s)

System partners are already engaged in the work of the HPB; both in informing priorities and in delivering against these.

6 EQUALITIES

The paper is largely retrospective and so an Equalities Impact Assessment has not been included. However, the need to ensure equalities are considered and inequalities are reduced, inform all health protection projects.

7 CLIMATE CHANGE

The following recommendation relates directly to climate change: 3. Continue to ensure that the public are informed about emerging threats to health.

8 OTHER OPTIONS CONSIDERED

8.1 None

9 CONSULTATION

This report has been reviewed and cleared by the S151 Officer and Monitoring Officer and reviewed and approved by the Director of Public Health and Prevention and the Consultant in Public Health Lead for Health Protection ahead of submission to the Health and Wellbeing Board.

Contact person	Anna Brett, Health Protection Manager, Public Health & Prevention Team. anna_brett@bathnes.gov.uk / 01225 394069
Background papers	<i>N/a</i>
Please contact the report author if you need to access this report in an alternative format	

BATH AND NORTH EAST SOMERSET HEALTH PROTECTION BOARD REPORT 2022-23

Specialist Health Protection Areas:

Healthcare Associated Infection (HCAI)
Key Performance Indicators:
MRSA, *C. difficile* & *E. coli* bacteraemia

Communicable Disease Control & Environmental Hazards
Key Performance Indicators:
Private Water Supplies & Air Quality Management Areas

Health Emergency Planning
Key Performance Indicators:
Civil Contingencies Act requirements

Sexual Health
Key Performance Indicators:
HIV & under 18 conceptions

Substance Use
Key Performance Indicators:
Hep B vaccination, Hep C testing, Opiates & Non-Opiates, Alcohol & Release from prison

Screening & Immunisation
Key Performance Indicators:
National screening programmes & uptake of universal immunisation programmes

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Executive summary

1.1 Purpose of the report

This report documents the progress made by the Health Protection Board during 2022-23 and highlights the key performance indicators, risks, challenges and priorities for the next 12 months in each specialist area. The last Health Protection Board Report covered 2019-2022.

1.2 Progress on the priorities that were implemented during 2022-2023

In the last Health Protection Board report (2019-2022) the Health Protection Board committed to improving all work streams and identified eight priorities to be addressed in order for the Director of Public Health (DPH), on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The progress made on each priority has been RAG rated below and further detail of the progress made against each priority is detailed within the report.

No.	Priority	RAG Rating
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green
3	Continue to ensure that the public are informed about emerging threats to health	Green
4	Support the development and implementation of clean air projects and plans in B&NES	Green
5	Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation of key interventions	Green
6	Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings	Amber
7	Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups	Amber
8	Continue to reduce health inequalities, including in cancer screening programmes e.g., bowel and cervical screening	Amber

1.3 Priorities for 2023-2024

The Health Protection Board remains committed to improving all work streams within available resources. The following six priorities have been agreed for 2023-2024 by the Health Protection Board as priority issues to be addressed.

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health
4	Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work
5	Contribute to the BSW system wide quality improvement projects, which aim to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections
6	Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW

Introduction

The Health Protection Board (HPB) was established in November 2013 to enable the Director of Public Health to be assured on behalf of the local authority that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.

Throughout 2022-2023 the HPB continued to provide a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action. The HPB enables strong relationships between all agencies to be maintained and developed to provide a robust health protection function in B&NES. Please refer to Appendix 1b for the Board's Terms of Reference:



Appendix 1b BNES
Health Protection Boa

During 2022-2023 the HPB monitored key performance indicators for each specialist area and was generally well assured that relevant organisations do have appropriate plans in place to protect the population. A small number of risks were identified throughout the year and logged, with mitigating actions established for each one, and these are referred to and discussed throughout the report. Please see Appendix 1c for the HPB Risk Log:



Paper 3 HP Board
Risk Log Sept 2023.xl:

Priority 1 from 2019-22 report: Assurance - continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

RAG: Green

As a result of the Covid-19 Pandemic, in June 2020 the Covid-19 Health Protection Board was established, which ran alongside the usual Health Protection Board. During 2020-2021 and 2021-22 the HPB met periodically throughout the pandemic, but not as frequently. The HPB focused on the affects that the pandemic was having on wider Health Protection services and what could be done to mitigate the risks and challenges that were faced.

In June 2022 the Covid-19 Health Protection Board and the substantive Health Protection Board merged and now meets four times (increased from three times) per year. The membership of the HPB also increased to include both Universities, NHS Royal United Hospitals Bath, Adult Social Care, and third sector representation (3SG and Curo). The HPB's Terms of Reference have been refreshed, please see Appendix 1b above.

2.1 Priorities identified for 2023-2024 – Priority 1:

Assurance: continuing to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary has been identified as priority 1 for 2023-24.

Sections 3 to 9 of this report describe the performance, risks, challenges and priorities in each of the 6 specialist health protection areas detailed on the front page.

The HPB agenda is planned to ensure that all specialist health protection areas are reviewed and discussed in HPB meetings throughout the year, which then enables members to seek assurance on their status and the progress made in managing issues and risks. Assurance is achieved through a combination of in-depth discussion on specific agenda items and through the performance monitoring section of the meeting.

2.2 Resources to support past and future HPB priorities

Whilst there was good local authority health protection capacity to respond to the Covid-19 pandemic and to ensure delivery against key HPB priorities during 2022-23, it is important to recognise that national Covid-19 funding for Local Authorities has come to an end. At the same time, UK Health Security Agency's (UKHSA's) budget allocations to support Covid-19 related activities has reduced significantly. Since March 2023, we have been working within a context of reduced health protection resources. This has been noted on the HPB's risk log (Appendix 1c). [The B&NES Living Safely & Fairly with Covid-19 Plan](#) and associated plans, including a surge plan are in place to help mitigate risks.

We will seek innovative ways to embed health protection, infection prevention and control and emergency planning capacity and skills across the system in the context of reduced resources and seek opportunities to maintain a robust level of expertise where this is possible. We will also seek to build upon the strong community resilience achieved during the pandemic; where communities and individuals have harnessed resources and expertise to help themselves prepare for, respond to, and recover from Covid-19, and in a way that complements the work of the local authority, emergency responders and wider partners.

Examples of how this has been achieved to date include the use of final Control Outbreak Management Funding (COMF) (which LAs were informed in December 2022 could be carried over until end of March 2023) for a fixed-term infection and prevention control officer to support IP&C work in care home and community settings, and use of NHE England funding for a fixed term post to support Covid-19 and flu vaccination uptake, and particularly in under-represented groups. Other examples of developing health protection resilience include work with agencies, third sector organisations and communities to maintain and develop community resilience, with a community resilience day planned for September 2023.

Communicable disease control

Priority 2 from 2019-2022 report: Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards

RAG: Green

Communicable diseases can be passed from animals to people or from one person to another. They can be mild and get better on their own or develop into more serious illnesses that if left untreated lead to serious illness, long-term consequences, or death. They continue to pose a significant burden to health and society. In the UK infectious diseases account for a large proportion of GP visits for children and adults.

There are a range of environmental hazards that can affect our health and wellbeing. Natural hazards that directly affect the UK including flooding and heat waves. Human-produced hazards are mainly related to pollution of the air, water, and soil.

1.1 Confirmed or probable cases of infectious disease during 2022-2023

The Health Protection Team in UKHSA (UK Health Security Agency) South West works in partnership with external stakeholders including the Public Health and Public Protection teams based in B&NES Council to deliver an appropriate co-ordinated response to infectious disease cases, outbreaks and incidents.

Infectious diseases in B&NES, rates per 100,00, 2020-2023 by quarter (Source UKHSA, 2023)

Infection	Rate per 100,000 population													Trend	Comparison to 2022-1**
	2020-2	2020-3	2020-4	2021-1	2021-2	2021-3	2021-4	2022-1	2022-2	2022-3	2022-4	2023-1			
Scarlet Fever	0.5	0.0	0.5	0.0	0.0	0.0	0.0	0.5	1.0	9.2	26.0	80.0		↑	
Invasive group A streptococcal infection	0.5	0.0	0.0	1.0	0.0	0.0	0.5	0.5	0.5	2.0	3.1	2.0		↑	
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→	
Mumps	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→	
Pertussis	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→	
Meningococcal infection*	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.5	1.0				↑	
Campylobacter	14.8	25.5	20.9	19.9	30.6	29.5	30.0	19.4	27.5	26.0	19.4	15.8		↓	
Cryptosporidium	0.5	1.0	1.5	1.0	1.0	3.1	4.1	1.5	2.0	2.5	0.5	1.0		↓	
Escherichia coli STEC	0.0	1.0	1.0	0.0	0.0	1.5	0.0	0.5	0.5	0.5	0.5	0.5		→	
Giardia	1.0	1.5	2.5	1.0	1.5	2.0	2.5	2.0	1.5	2.5	1.5	1.0		↓	
Salmonella Enteritidis	0.0	0.0	0.5	0.0	0.0	0.5	0.0	1.5	0.0	0.5	2.5	0.5		↓	
Salmonella Typhimurium	0.0	0.5	1.0	0.0	0.5	1.0	0.5	0.0	1.0	1.0	1.0	0.0		→	
Shigella	0.0	0.0	0.0	0.0	0.0	0.0	1.5	1.0	0.0	0.5	0.0	0.0		↓	

*Data for the latest quarter is currently undergoing validation and is therefore not yet available.

**For meningococcal infection this comparison is between quarter 3 2021 and quarter 3 2022

Tuberculosis†

† Quarterly rates are not available. Annual rates are presented.

Infection	Rate per 100,000 population										Trend	Comparison to 2019
	2012	2013	2014	2015	2016	2017	2018	2019	2020			
Tuberculosis	6.2	5.0	10.5	6.5	2.7	1.6	2.6	4.1	0.0		↓	

The UKHSA carry out regular health protection surveillance of infectious disease. The table above show rates per 100,000 B&NES population of various infectious diseases and the trend over time. All cases of infectious disease need some degree of follow-up or investigation. These rates are generally not higher than the South West average and are as expected for our population size and demographics.

1.2 Covid-19 and flu situations

The UKHSA also record the number of Covid-19 and flu outbreaks and clusters that they actively managed. These outbreaks and clusters are seen in a variety of settings such as care homes, schools, workplaces and universities.

The UKHSA South West Health Protection Team supported 74 outbreaks and clusters of Covid-19 and 1 outbreak of flu in various settings between 1 April 2022 and 31 March 2023.

B&NES Council Public Health (IP&C Officer) and Adult Social Care provided additional support to many of these settings during the outbreak or cluster.

1.3 BSW Local Health Resilience Partnership Communicable Disease Plan

The Bath & North East Somerset, Swindon & Wiltshire (BSW) Local Health Resilience Partnership (LHRP) Communicable Disease Plan has been reviewed and developed. The plan outlines the expected operational response to communicable disease situations, outbreaks and complex case management and provides a pre-determined multi-agency response to communicable disease incidents/outbreaks that occur across BSW.

The plan has been signed off by all three BSW Health Protection Boards, BSW LHRP, and has been shared with Wiltshire & Swindon and Avon & Somerset Local Resilience Forum (LRF). It has also been shared with other Local Authorities as a good practice example by the UKHSA South West team.

Local training and exercising have taken place on the Plan. In B&NES, Exercise Horse Chestnut was delivered as a higher/further education meningitis exercise.

The next step is to embed the plan during communicable disease incidents and outbreaks to reduce vaccine preventable diseases and reduce transmission of winter illnesses.

1.3.1 Communicable Disease Gap Analysis Action Plan (GAAP)

A GAAP tool was developed by the Health Protection Frontline Services Steering Group (with multi-agency representation) to support integrated care systems (ICSs) and partners to identify gaps in the delivery of their frontline health protection services and develop an action plan to address those gaps.

A working group was established to work on several gaps and challenges that were highlighted across the BSW ICS, these were:

- Ensuring that all key partners are accessing the most up to date versions of documents and pathways, particularly during out of hours.
- Addressing the lack of a local stockpile of swabs (for flu) to avoid the 2-day delay that there is currently with ordering swabs via the national channel.
- Further work on BSW swabbing pathway (swabbing in the community).
- Need to confirm Anti-Viral pathway for a large outbreak.

The gaps and actions identified through this workstream informed the development of the BSW LHRP Communicable Disease Plan (see above).

1.3.2 Sector led improvement (SLI) exercise

All local authority health protection teams in the South West were tasked with revisiting a sector led improvement (SLI) exercise that was conducted in 2018 and were asked to produce a refreshed status update.

The findings have been discussed across the South West Health Protection Network to understand common themes and issues that could be addressed collectively. This work will be taken forward during 2023-2024.

1.3.3 Priorities identified for 2023-2024 – Priority 2 & 4:

Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards has been identified as priority 2 for 2023-2024.

Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work has been identified as priority 4 for 2023-2024.

Environmental hazards

4.1 Air Quality Management Areas

Priority 4 from 2019-22 report: Support the development and implementation of clean air projects and plans in B&NES RAG: Green

4.1.1 Air Quality

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) where concentrations of nitrogen dioxide breach the annual objective. Where an AQMA is designated, an Air Quality Action Plan (AQAP) describing the pollution reduction measures must then be put in place in pursuit of the achievement of the objectives in the designated area.

B&NES Council currently have 5 declared AQMAs; in Bath, Keynsham, Saltford & Temple Cloud & Farrington Gurney. In June each year the Council reviews air quality throughout B&NES as part of its Annual Status Report; the report is peer reviewed by DEFRA and is published on the Council website.

4.1.1.1 National Air Quality Plan

In March 2021, the Council launched a charging Class C Clean Air Zone (CAZ) to comply with Ministerial Direction served by the Joint Air Quality Unit (JAQU) in view of on-going exceedances of nitrogen dioxide (NO₂) in and around Bath.

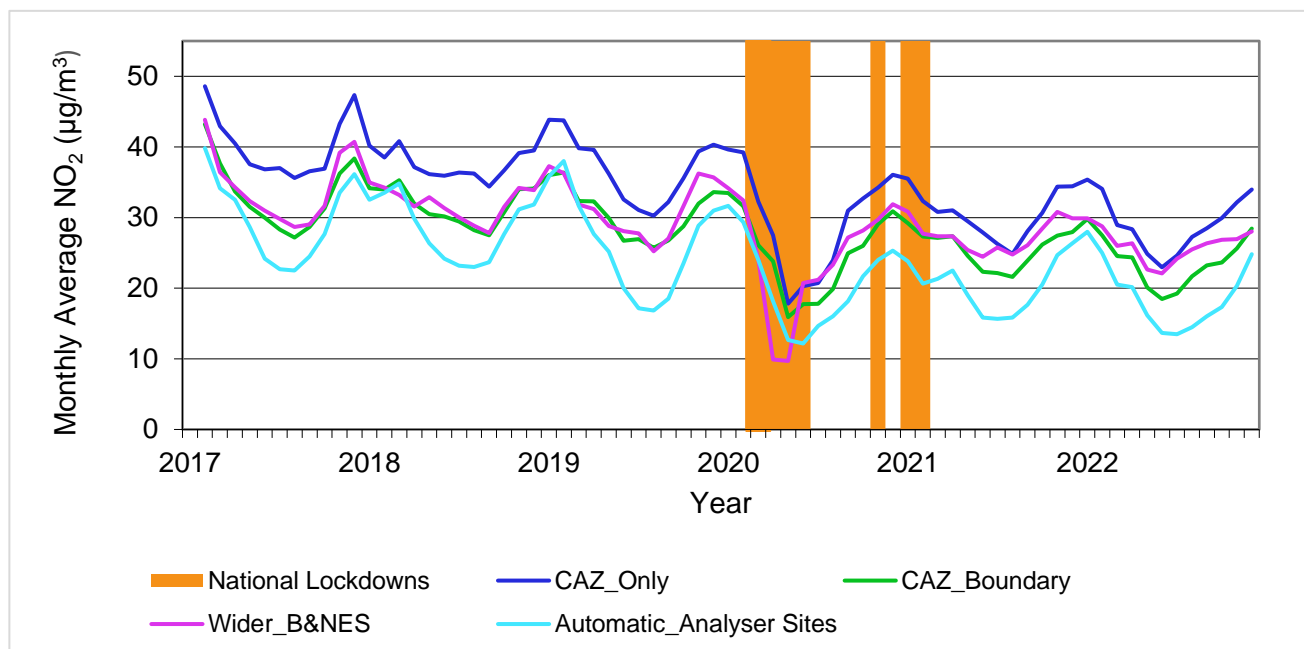
To comply with this Direction, drivers of all higher emission vehicles (excluding cars and motorbikes) are charged to drive within the CAZ, situated in Bath's city centre.

To mitigate the impacts of charges, and further support air quality improvements, exemptions, and additional supporting measures in the form of a Financial Assistance Scheme (FAS) were introduced. The FAS offered grants and interest free loans to businesses and individuals wishing to replace non-compliant, chargeable vehicles with cleaner, compliant ones.

During the second year of the scheme's operation, annual mean NO₂ concentrations within the CAZ have decreased 26% in 2022 when compared to a 2019 baseline, representing an average reduction of 8.5 µg/m³. A further reduction of 27%, or 7.1 ug/m³, has also been found in the urban area outside of the zone (the CAZ_Boundary).

As seen below, there has been a general downward trend in average monthly NO₂ concentrations since 2017, likely due to the natural replacement of older, more polluting vehicles with cleaner, compliant ones. The aim of the CAZ is to accelerate the natural replacement rate to rapidly improve fleet compliance. The graph below also demonstrates the clear seasonal variations in NO₂, with concentrations typically much higher in winter, as seen towards the end of 2022.

The CAZ Only category refers to sites that are situated within the CAZ. The CAZ Boundary uses sites that are within the urban area of Bath (including Batheaston and Bathampton), but outside of the CAZ. The Wider B&NES area refers to sites that are outside of Bath, Batheaston and Bathampton, but are within the rural areas and district-wide areas of the authority.



Overall, there has been significant progress in reducing concentrations of NO₂ and protecting the public health of residents and businesses from air pollution. The Council awaits the publication of JAQU's Progress Report which will provide an update on the progress made by local authorities implementing measures as a part of the NO₂ programme. The progress report is likely to indicate that Bath's CAZ is achieving success, with there being an expectation for these successful NO₂ concentrations to be maintained.

Further information on the achievements of the scheme can be found in the monitoring reports at:

<https://beta.bathnes.gov.uk/policy-and-documents-library/baths-clean-air-zone-monitoring-reports>

4.1.1.2 Bath Air Quality Plan

The National Air Quality Plan supersedes any local plans, and as such becomes the Bath Air Quality Action Plan.

4.1.1.3 Keynsham and Saltford Air Quality Action Plans

Air Quality Management Areas (AQMA) were declared in Keynsham in 2010 and in Saltford in 2013. Following the implementation of their respective Air Quality Action Plans, the monitoring data shows the air quality objective continues to be met (since 2018) in both

locations and there is a downward trend in concentrations (figures A.1, A.2 and A.3). As such, in line with national guidance, it is recommended that both AQMA's are revoked.

4.1.1.4 Temple Cloud and Farrington Gurney Air Quality Management Areas

Monitoring has been continuing in various locations along the A37 between Whitchurch to the north and Farrington Gurney to the south. There are some areas along the A37 which do not comply with the National Air Quality Objectives for nitrogen dioxide and as a result, an Air Quality Management Area was declared to cover Temple Cloud and Farrington Gurney in 2018. The Air Quality Action Plan was adopted in 2023. Between 2018 and 2022 several actions contained within the adopted AQAP were actioned upon and a reducing nitrogen dioxide trend has been observed (fig A.4).

4.2 Clean Air Community Engagement Project in Temple Cloud and Farrington Gurney

The Council carried out a Clean Air Community Engagement Project between April and November 2022. The project sought to engage with residents on steps they could take to reduce their exposure to poor air quality, including through small behaviour change steps such as opening windows at the back of houses and walking alternative routes to school/work. This approach was informed by a literature review, which led to the recommendation that “Through a range of communications methods, it is hoped that we can raise awareness of the issue to the population and provide them with way to change their behaviour and protect themselves from additional pollutant exposure”.

Target groups engaged with were residents that are more vulnerable to the negative health impacts of poor air quality (i.e., elderly, those with respiratory conditions, those in the areas with poorest air quality readings), school children, teaching staff and parents/carers, local business, and commuters.

Through the project a range of resources were developed, and initiatives achieved:



Examples of children’s posters that we developed through the work with schools and that were used in community displays:



A presentation was made to the HPB at the December 2022 meeting to provide an update on the project and its impact, which highlighted the following outcomes:

1. Health and social care professionals working in the area will have greater awareness of the impact of poor air quality and will feel confident supporting and advising those they work with who are at greatest risk.
2. Local vulnerable residents will be more aware of the harmful effects of poor air quality and take steps to protect themselves and reduce their risk.
3. Raising the profile of air quality issues will increase awareness of causes and consequences of poor air quality leading to some behaviour change among the local community, which in the long term will contribute to improvement in air quality and reduce the risk for those most susceptible to poor health attributable to it.

Whilst the focus of the project was on reducing people’s exposure to poor air quality, rather than reducing the pollutants causing poor air quality, some components of the project such as encouraging people to turn off their vehicle engines while waiting/stopping rather than “idling” do encourage a reduction in air pollution.

The learning from this project has been documented and shared with other forums and including the Sustainable Communities Leadership Group.

4.3 Affordable Warmth

The Council’s Public Health & Housing Standards teams worked with the Engagement and Outreach Lead at Bath & West Community Energy (Bright Green Homes) to deliver briefing sessions on affordable warmth to health and social care (including Voluntary Community Sector) frontline staff.

Five sessions were held between October and December 2022 directly reaching over 70 participants across adult/child health and social care workforce. These were held over Teams and recorded and shared more widely.

The sessions covered the impact of cold homes and fuel poverty on health and wellbeing, identifying at-risk groups and those most vulnerable, professional curiosity, looking for the signs, raising the issue and taking a MECC approach, familiarity with *Energy at Home* for signposting and support and specific grants such as Bright Green Homes and signposting to CSE, Warm Spaces, CWH and other support.

In addition, flyers were produced promoting awareness and signposting to energy @ home in print and digital form and were widely disseminated.

4.4 Priorities identified for 2023-2024 – Priority 3:

<p>Continue to ensure that the public are informed about emerging threats to health has been identified as priority 3 for 2023-2024</p>
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5 The Covid-19 pandemic, health emergency planning resilience & response

Emergencies, such as road or rail disasters, flooding or other extreme weather conditions, or the outbreak of an infectious disease, have the potential to affect health or patient care. Organisations therefore need to plan for and respond to such emergencies.

5.1 Addressing emergency planning risks

The risk of not having the emergency planning and health protection capacity to respond to emergencies long term, and the absence of formal out of hours provision for the Council's Public Protection Team, have remained on the HPB's risk log throughout 2022-2023. However, the best endeavour out of hours system that Public Protection operate has been tested several times and has worked, and therefore the risk is being tolerated.

Work has been ongoing to mitigate the risk of not being able to respond to an emergency long term, and as such the likelihood of this occurring has been greatly reduced. A summary of some of the work that has taken place to reduce the risk is as follows:

- Mutual aid arrangements with surrounding Local Authorities, Local Resilience Forum (LFR), Local Health Resilience Partnership (LHRP) and third sector organisations have been strengthened.
- Review and refresh of Major Incident Plan and other key local plans.
- Numerous training and exercises and including a Rest Centre and Major Incident Plan exercise. Collation of lessons learned and implementation of actions.
- On-call directors rota
- On-call Loggist rota and training for Loggists
- All directors and heads of service received silver (tactical) training.
- Chief Executive Officer and Corporate Directors received gold (strategic) training.
- Training for emergency management volunteers
- Building community resilience, including through events with communities, the third sector and local businesses

The pandemic period provided staff with the opportunity to become skilled in key aspects of emergency planning, through participation in the Council, wider system and LRF response, and many of the actions above seek to maintain and develop knowledge and skills required in an emergency response.

More recently, the risk of the Council's Communication Team not having a formal out of hours provision for communications has been added to the risk log. Following the review of the Major Incident Plan, the Council's Corporate Management Team agreed there should be an on-call rota for the Council's Communications Team. Liaison with the communications team is currently on-going to put this in place.

5.2 Covid-19 Pandemic and the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24

Priority 5 from 2019-22 report:

Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation of key interventions

RAG: **Green**

The Covid-19 pandemic has been an unprecedented challenge for our health and care system and has had far reaching economic and social impacts. Whilst the risk of further waves of infection and localised outbreaks remains high, three years on from the start of the pandemic, the UK has moved to a situation where the majority of national measures to control the spread of the virus have been removed, and we are learning to live safely with the virus.

The Local Outbreak Management Plan has been superseded by the [B&NES Living Safely and Fairly with Covid-19 Plan 2022-24](#). This new plan provides a framework for how we will live safely with Covid-19 in Bath and North East Somerset. It builds on what we have learnt over the past three years and sets out how, within the new national context, we will prevent and protect, respond to localised outbreaks and any national resurgence of Covid-19, communicate and engage with our communities, and utilise surveillance and monitoring information.

The Council have held both Covid-19 'look back' and 'look forward' exercises with internal and external partners and have undertaken evaluations of key Covid-19 Health Protection Board workstreams. As well as informing the B&NES Living Safely and Fairly with Covid-19 Plan, these have been used to inform an action plan to ensure delivery of the Plan, which will be monitored by the Health Protection Board during 2022/23 and will inform health protection and emergency planning plans and projects.

6 Health care associated infection (HCAI) & reducing antimicrobial resistance (AMR)

Priority 6 from 2019-2022 report: Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings

RAG: Amber

NHS Bath & North East Somerset, Swindon & Wiltshire Integrated Care Board (BSW ICB) has a responsibility to ensure that systems and processes are in place to support the management, prevention and control of Health Care Associated Infections (HCAI) across the BSW healthcare system. The BSW ICB Nursing and Quality Team aims to support the delivery of clinically effective, safer healthcare and to drive improvements and BSW ICS is committed to supporting its' population in developing and maintaining personal responsibility for infection prevention and control.

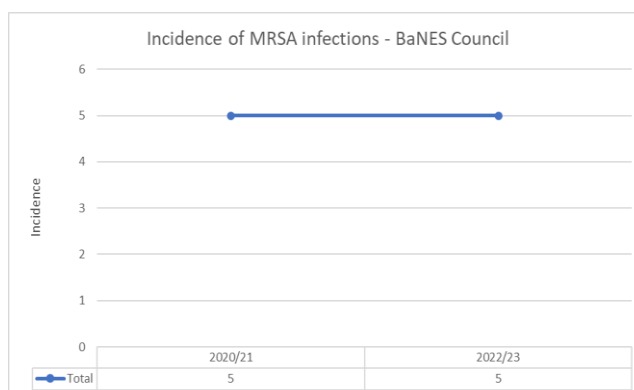
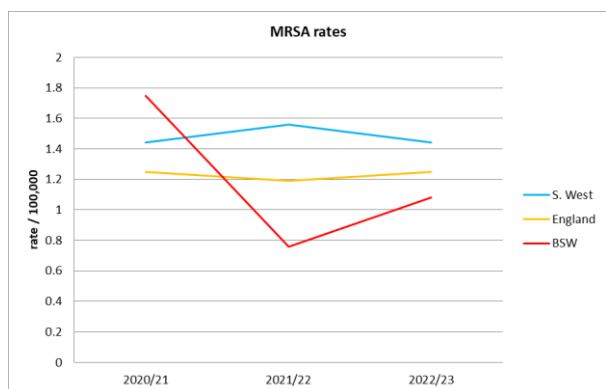
BSW ICB works in collaboration with all stakeholders across the ICS to ensure that there are robust IP&C plans, policies, and capacity to reduce HCAIs. The ICB supports system wide compliance in relation to infection prevention and control (IP&C) requirements and seeks assurance on commissioned providers' contribution towards continuous improvement workstreams for IP&C practices. In pursuit of zero tolerance to healthcare associated infections the ICB agrees and systematically monitors and reviews surveillance data against nationally set objectives for specific organisms and other locally agreed indicators. Learning identified from post-infection reviews (PIR), or root cause analysis of incidents, is used to inform key improvement areas and address potential risks.

6.1 MRSA bacteraemia blood stream infections (BSI)

In April 2013 NHS England launched a Zero Tolerance Approach to MRSA BSI. The Post Infection Review Toolkit was introduced to support commissioners and providers of care to identify how a case of MRSA BSI occurred and to identify actions that could prevent it reoccurring. The zero tolerance continues and the combination of good hygiene practice, appropriate use of antibiotics, improved techniques in care and use of medical devices, as well as adherence to all best practice guidance remains paramount.

During 2022-2023 BSW ICB did not achieve zero cases of MRSA, with a total of 11 cases. This was 4 more cases than 2021-22. B&NES locality did not achieve zero MRSA BSI in 2022-2023, there were 5 cases of MRSA BSI compared to zero the previous financial year. Four of these cases were community acquired and one case was healthcare acquired. Skin and soft tissue were the primary cause of the MRSA cases, with one relating to the person who inject drug population.

NHS BSW ICB, MRSA Cases, 12 month rolling rate & MRSA Bacteraemia incidence



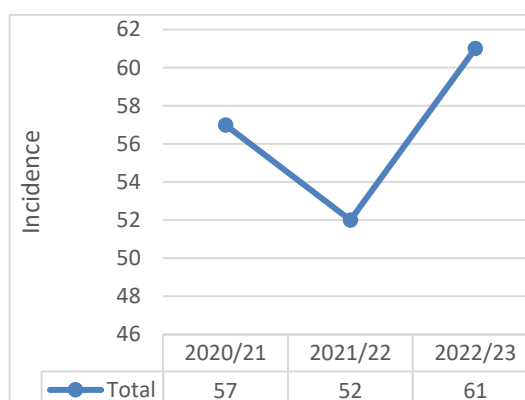
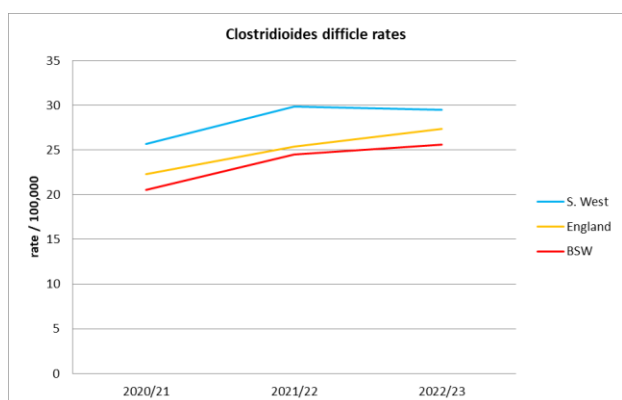
Source: UKHSA DCS, BSW ICB data 2020/21-2022/23

6.2 Clostridioides difficile infection

NHS England (NHSE) set the threshold for each system. The *C.Diff* target for BSW ICB for 2022-2023 was 217. BSW ICB had a total of 238 cases, and breached the threshold set by NHSE. In the B&NES locality there was a total of 46 cases. 22 were hospital onset, healthcare associated, 10 were community onset, healthcare associated, 7 were community onset, community associated and 6 were community onset, indeterminate association. This is 15 less than 2021-2022 for the B&NES locality. BSW ICB was the second best performing ICB for rates of *C.Diff* during 2022-2023 in the southwest region.

Through post infection reviews it has been identified that prescribing associated with skin and soft tissue and hepatobiliary concerns may be a contributory factor alongside long-term health conditions such as diabetes. Further work is required to investigate this in greater detail, which the BSW HCAI collaborative will be taking forward during 2023-2024.

NHS BSW ICB, Clostridium Difficile Cases, 12 month rolling rate & Clostridium Difficile incidence



Source: UKHSA DCS, BSW ICB data 2020/21-2022/23

6.3 E. coli Bacteraemia

E.coli Bacteraemia is an example of a Gram-Negative Blood Stream Infection (GNBSI). Reducing healthcare associated *E. coli* blood stream infections is a UK NHS priority patient safety programme, they are the leading cause of healthcare associated bloodstream infections nationally and have now overtaken MRSA and *Clostridium difficile* in the numbers of infections that occur yearly.

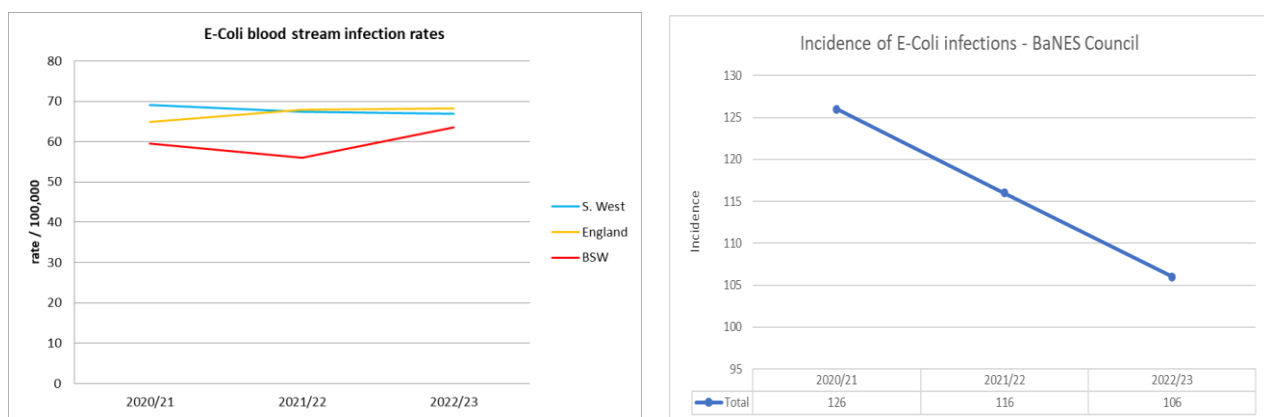
During 2022-2023 the total incidence of E-coli BSI was 585, NHSE set a threshold of 516, the total incidence was 67 more cases than 2021-2022. B&NES had 106, 18 less incidences of E-coli than 2021-2022.

Urinary Tract Infections (UTIs) remain the highest primary source of the BSW systems E-coli cases. A quality improvement project was commenced during 2022-2023 that continues into 2023-2024, including a project on hydration in B&NES which aims to reduce UTI's in men and women over 65 years of age. The overarching aim of the project is to reduce the number of E-coli cases by at least 10% by 2024/25.

The Quality improvement project has three workstreams:

- Correct management and judicious use of antibiotics for lower UTI's
- Increase hydration within the over 65 population across BSW and increase public awareness for prompt recognition of UTI's
- Catheter management

NHS BSW ICB, E-coli blood stream cases, 12 month rolling rates & Ecoli infections incidence



Source: UKHSA DCS, BSW ICB data 2020/21-2022/2

6.4 Reducing HCAI's

BSW ICB are taking a collaborative approach across the system to identify opportunities for improvement and good practice. There is a continued focus on learning from cases to establish themes and trends in relation to the delivery of care which may have contributed

to the case along a patient's journey. There are several key areas for improvement across IP&C within the BSW ICS.

There are three overarching principles that align to the ICS objectives:

- Ensure that the BSW system informs, promotes, creates and sustains evidence-based IP&C practice to create a health and social care system where no person's health and wellbeing is harmed by a preventable infection.
- Work together as a BSW system to support maximising the impact of collaborative work across health and social care systems to reduce the overall burden of infections on the BSW population, prevent infections and manage infection to prevent poor outcomes.
- Continue to build on relationships built through the peer network to share learning and provide a network of support across the system for all stakeholders and develop the IP&C workforce.

6.5 Priorities identified for 2023-2024 – Priority 5:

Contribute to the BSW system wide quality improvement projects, which aims to reduce the incidence of E-coli blood stream infections and Clostridium has been identified as priority 5 for 2023-2024

7. Sexual Health

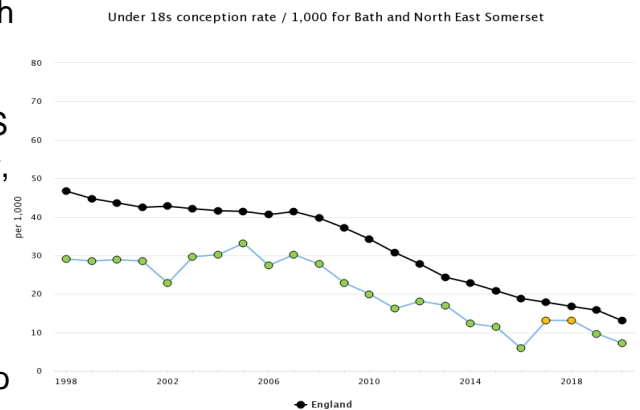
Sexual health is an important part of physical and mental health and is a key part of our identity as human beings. The B&NES Sexual Health Board supports the World Health Organisation (WHO) universal definition of sexual health and adds our own view that additional elements of good sexual health are equitable relationships and sexual fulfilment, with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

7.1 Sexual health action plan & key performance indicators

The Sexual Health Board developed an annual B&NES sexual health action plan for 2022-2023. The action plan groups actions into four thematic areas: prevention and promotion; intelligence and research; service improvement; and governance and contracting.

In helping to assess progress, the Sexual Health Board utilises an outcome indicator set that helps assess the overall sexual and reproductive health of the population of B&NES. The Sexual Health Board also reviews the indicator set regularly to understand sexual and reproductive health issues and alert us to any emergent problems. The Health Protection Board uses two of the outcome indicators to seek assurance; the under 18 conception rate per 1,000 women aged 15-17; and the percentage of adults (aged 15 or above) newly diagnosed with a CD4 count <350m2 (which indicates late diagnosis of HIV).

Since 2008, the under 18 conception rate in B&NES has experienced a marked decline and remains low, below the England average. The most recent *preliminary* data (covering 2021 and not detailed in the chart below) indicates a continuation of this downwards trend. It is likely that the Covid-19 pandemic also impacted the rate during 2021 due to lockdown participation and reductions in contact with others.

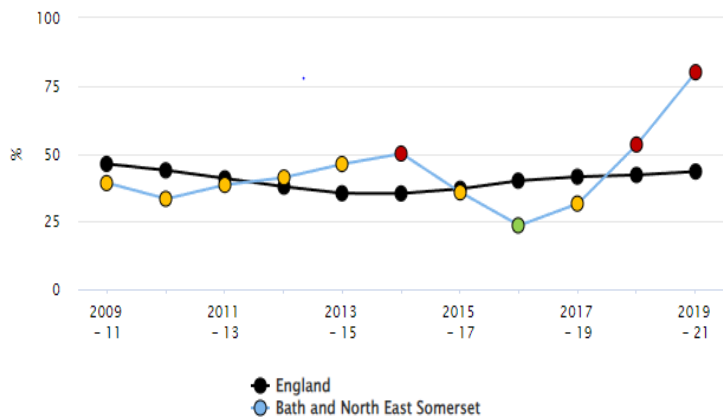


Source: OHID 2023

During 2019 to 2021 we saw a significant increase in the percentage of people aged 15 or above newly diagnosed with a CD4 count <350m2 (meaning that HIV has been diagnosed late, and therefore more significantly weakened the immune system with the risk that people are more unwell). It should be noted the number of new late diagnoses each year is very small (less than 10), but this increase continues to follow an upwards trend from previous years.

Several actions are being undertaken around the increase in the late diagnoses of HIV. Working jointly, Riverside Clinic and the Public Health team have undertaken a look back exercise, identifying the core demographics of those diagnosed. An analysis has also been carried out on potential missed opportunities for an earlier diagnosis and individual patient risk factors in those diagnosed late. Some detailed recommended actions have been suggested to the B&NES Sexual Health Board following the lookback exercise including increasing awareness of HIV and association of clinical indicator conditions amongst GPs and secondary care; encouraging offering of routine testing of those with risk factors; providing triggers for testing and increasing public awareness.

Percentage of HIV late diagnoses in people first diagnosed with HIV in the UK, 2009-11 to 2019-



Source: OHID 2023

These actions are currently being discussed by the B&NES Sexual Health Board and will be incorporated into the 2023/23 sexual and reproductive health action plan for B&NES.

7.2 Achievements during 2022/23

During 2022-2023 there were a number of achievements including: Low rates of diagnoses of sexually transmitted infections (STIs); Continued high rates of Long-Acting Reversible Contraception (LARC) prescribing, especially through general practices; Abortion rates were lower than the South West and England rates and stable in terms of growth; The development of internet-based testing for STIs (as a pilot) via the Riverside Clinic website and the development of the virtual Ccard allowing young people to access a Ccard electronically via their phone and mobile devices.

7.3 Challenges in 2022-2023

2022-2023 also brought challenges. One of the biggest was the emergence of Mpox. Mpox (previously known as Monkeypox) is a rare infection most commonly found in west or central Africa. There has recently been an increase in cases in the UK, but the risk of catching it is low. Genitourinary and other sexual and reproductive health clinics were at the forefront of testing and treatment. Coming so soon after the Covid-19 pandemic, this represented a significant challenge for our local service in managing this programme, but they did a superb job with rapid identification of those most requiring vaccination resulting in very few cases being diagnosed in B&NES residents. To date there have been 8 Mpox cases in B&NES residents.

During the latter part of 2022/23 we also began to see an outbreak in gonorrhoea across the South West with B&NES also seeing a significant increase. At the time of writing, we

continue to see relatively high rates of gonorrhoea particularly amongst people aged 19-24. Work is ongoing to deal with this including increased testing, media campaigns and communications to the groups most affected.

8. Substance Use (Drug & Alcohol)

8.1 Current picture

The integrated model for substance use continues to deliver a highly accessible, locality and asset-based treatment system which promotes recovery and improves the health and wellbeing of clients, their families, and the wider community affected by the misuse of substances, with an increased focus on prevention and early intervention.

A community development and reintegration approach (CDR) supports clients from an early stage to address their housing, education/employment/training and financial needs in addition to brokering wider community support, including clients not engaged in structured treatment who will also be supported by CDR to address the wider determinants of recovery. Furthermore, the Public Health team worked with partners to finalise a local drug and alcohol strategy which will shape work in B&NES over the next 5 years.

The core vision is to work together to enable people from B&NES to grow up and live free from the harms of substance use and the core aim is to focus on prevention alongside early intervention, and support those that experience difficulties with substance use by having an effective treatment and recovery support system.

8.2 Priorities for the local strategy

Priority 1: Reduce demand for substances in the B&NES population.

Priority 2: Support more adults and young people to access and benefit from treatment and recovery services.

Priority 3: Prevent and reduce harms from drugs and alcohol, including preventing drug and alcohol-related deaths.

Priority 4: Support the health and social needs of adults and young people with complex lives.

8.3 Measures of recovery

The proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months are above the year two target for non-opiate and are rated Green on DOMES, exceeding both the year 3 target and the national average.

Alcohol outcomes in relation to treatment completion are considerably better than the national average with success factors including a downward trend of representations each quarter over past 12 months. The treatment offer for Non Opiate & Crack User (NOCU) and

Alcohol clients is working well, including the introduction of ‘Changing my drinking’ last year and the pathway into community detox.

The year two opiate treatment completion target is below national and below the end of year projection of 3.2%. DHI have an Opiate Plan in place and the HCRG commissioner has requested that this is developed within a Service Development Improvement Plan.

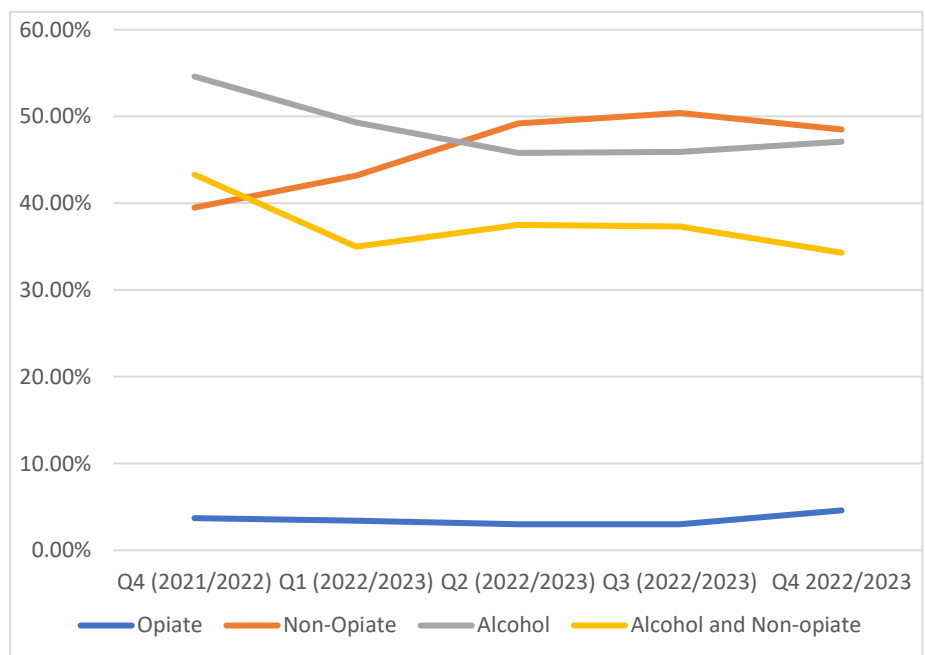
The Criminal Justice team has been established from the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) funding and a good pathway established from the prison through to Burlington Street to support with increased engagement. Successful completions for criminal justice are increasing, with opiates, non-opiates and alcohol successful completions all being above the national average and improved since Q1 of 22-23.

A new ‘Problem Solving Court’ is being developed. Development Health & Independence (DHI) will be a key partner in this initiative.

8.4 Outcomes for clients

Opiate successful completions as a proportion of all in treatment

Opiate successful completions have seen an improvement (from 3% to 4.6%) and are above the 4% target. For non – opiates, outcomes are in the top quartile and significantly improved outcomes from Year 1 with quarter-by-quarter improvements over 12 months. For alcohol and alcohol and non-opiate, successful completions are within the top quartile, but below year one.



8.5 Blood Borne Viruses

Progress towards the World Health Organisation (WHO) target of eliminating Hep C by 2030 is being monitored through the stakeholder group. Nationally, the UK is set to achieve the target 5 years ahead of this date. The Hep C Drug Treatment Providers have agreed micro elimination measures which services and commissioners will be using to assess progress towards Hep C elimination within Drug and Alcohol services.

9. Screening & Immunisations

Immunisation remains the safest and most effective way to stop the spread of many of the most infectious diseases. If enough people in the community are immunised, the infection can no longer spread easily from person to person.

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. These people are then offered information, further tests, diagnosis and (where needed) treatment. There are six NHS England national screening programmes.

For further information on the national screening programmes and vaccines that are routinely offered to everyone in the UK free of charge on the NHS please visit the NHS website: www.nhs.uk and search screening or vaccinations.

The pandemic did affect some of B&NES screening and immunisation programmes. There are no major concerns about the performance of any of our local screening programmes or immunisation programmes in place across B&NES at the moment, however investigating inequalities in uptake and implementing interventions to improve inequalities in uptake, remains a priority of the Health Protection Board. For performance data please visit the Office for Health Improvement & Disparities website: <http://tinyurl.com/y9c9tby8> and search under indicator keywords.

Priority 7 from 2019-22 report:

Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups

RAG Rating: Amber

9.1 B&NES Immunisation Group & BSW Maximising Immunisation Uptake Group

A new BSW Maximising Immunisation Uptake Group (MIUG) has been established to provide strategic leadership for immunisations across BSW. The BSW MIUG has 3 main priorities:

- Vaccine coverage of two doses of MMR above 95% by the time the child is 5
- Vaccine coverage of 4-in-1 pre-school booster above 95% by the time the child is 5
- Increasing vaccine coverage for practices identified as within the 20% most deprived areas

The B&NES Immunisation Group was established in July 2015 and continues to take a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur. The

group reports to the Health Protection Board and whilst meeting less frequently during the pandemic, did continue to meet to ensure a focus on the challenges and risks that the pandemic posed to the programme.

The terms of reference were refreshed in November 2021 and the group continues to meet three times per year. The development of a new Vaccination Implementation Plan was completed in May 2023 following a multi-partner stakeholder workshop. Improving uptake of childhood vaccinations will remain a priority and supports the work of the BSW Maximising Immunisation Uptake Group.

9.2 Seasonal flu vaccination programme

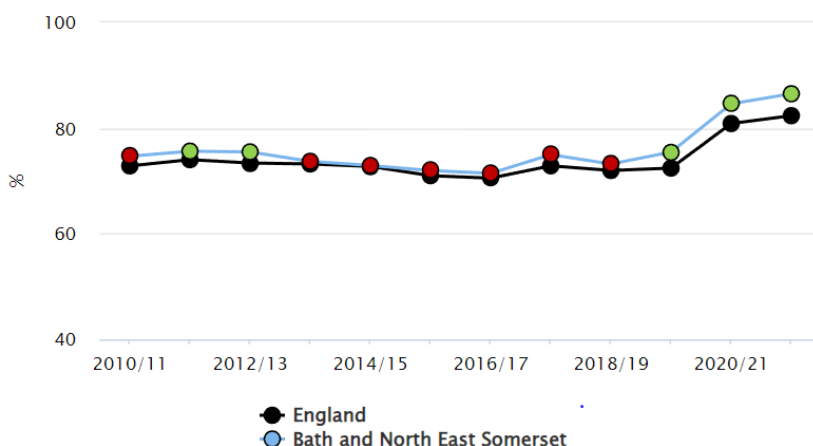
9.2.1 Vaccination of eligible groups

For all population groups except the over 65s, vaccination coverage decreased in 2022-2023 compared to the previous year, though for all groups remains above pre-Covid levels with the exception of pregnant women. During the pandemic vulnerability and the importance of vaccination against infectious disease was highlighted and coverage increased. Those most vulnerable to the effects of flu were prioritised and these included those in care homes and the housebound.

Community prevalence of influenza was low during 2021-22 and this usually means that vaccination demand and uptake is lower than years where there is a lot of cases and community transmission. There have been some changes in guidance related to Covid-19 vaccination for pregnant women and this is likely to have impacted on women’s decisions about having the flu vaccination. Some women may have also been concerned about having too many vaccinations.

9.2.2 B&NES Population Vaccination Coverage

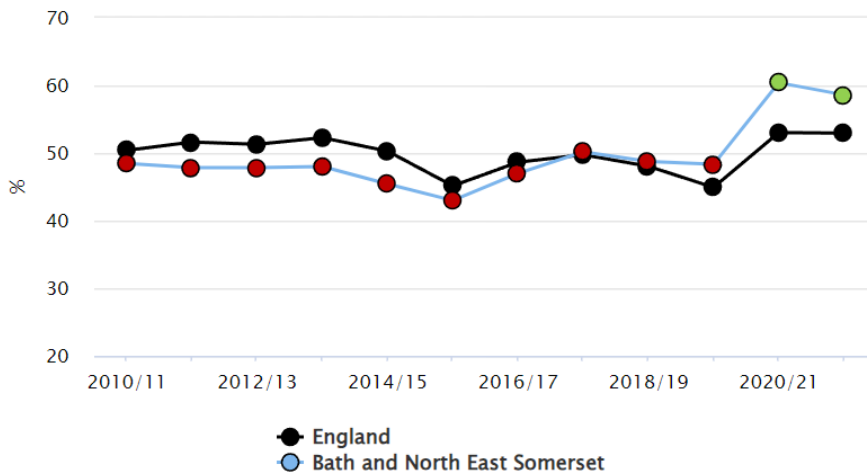
9.2.2.1 65+ year olds



B&NES Population Vaccination Coverage 65+ year olds (2010-2022)

Source: Office for Health Improvement & Disparities (OHID), 2023

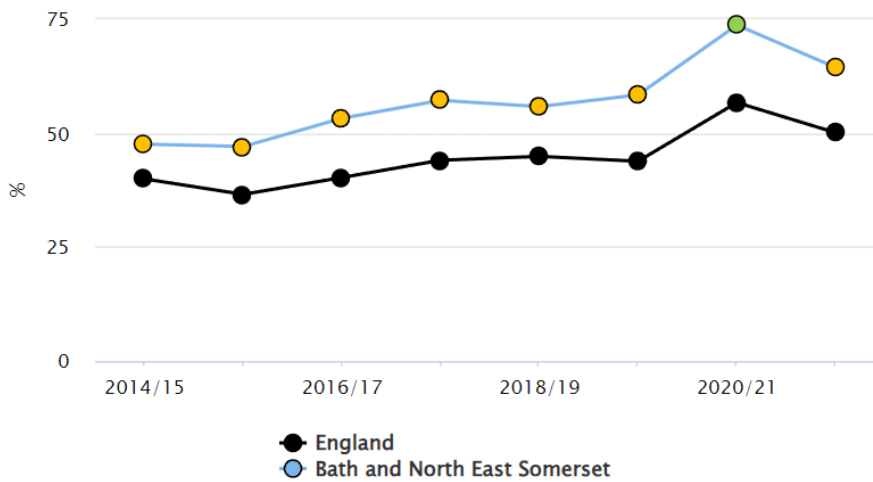
9.2.2.2 Under 65s at risk



B&NES Population Vaccination Coverage Under 65s at risk (2010-2022)

Source: Office for Health Improvement & Disparities (OHID), 2023

9.2.2.3 2 & 3 year olds



B&NES Population Vaccination Coverage 2 & 3 year olds (2010-2022)

Source: Office for Health Improvement & Disparities (OHID), 2023

9.2.2.4 50-64 year olds

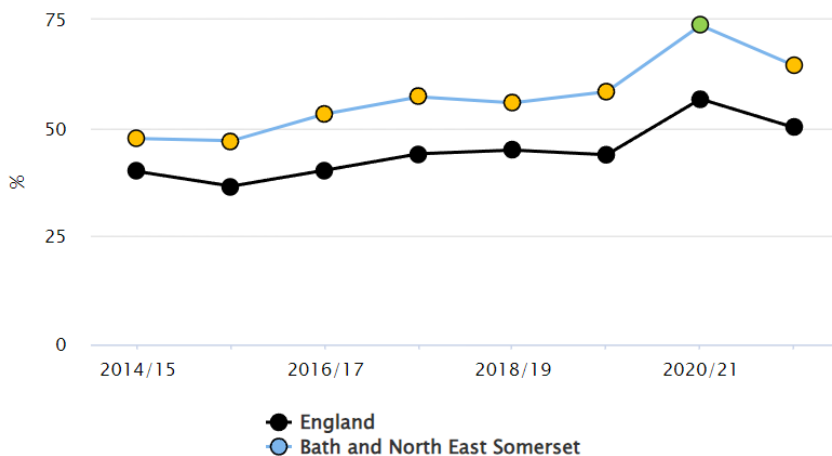
	Year	Adults aged 50-64
BANES LA	22-23	57.5%
BSW CCG	21-22	72.2%
BANES CCG	20-21	52.5%
	19-20	N/a
	18-19	N/a

B&NES Population Vaccination Coverage 50-64yr olds

20-21 was the first year that 50-64yr olds were first offered the vaccination and this was late in the season (Nov) hence the lower uptake.

Source: BANES CCG & BSW CCG [B&NES only data for 21-22 is not available since the CCGs merged]

9.2.2.5 Primary school children



B&NES Population Vaccination Coverage primary school children (2014-2022)
Source: Office for Health Improvement & Disparities (OHID), 2023

9.2.2.6 Secondary School Children

	Year	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11
B&NES LA	2022-23	57.4%	53.7%	54.6%	-	-
	2021-22	62.8%	57.1%	57.2%	61.7%	56.3%
	2020-21	64.0%	-	-	-	-

B&NES Population Vaccination Coverage Secondary School Children
Source: IMMFORM
[data for Yr8-Yr11 2020-21 is unavailable]

9.2.2.7 Pregnant Women

	Year	Pregnant women
BANES LA	22-23	49.8%
BSW CCG	21-22	46.9%
BANES CCG	20-21	50.2%
	19-20	44.4%
	18-19	52.1%

B&NES & BSW Population Vaccination Coverage Pregnant Women
Source: ImmForm
[B&NES only data for 21-22 is not available]

9.2.3 Flu Vaccination Programme 2023-24

Eligibility for the NHS flu vaccination during 2023-24 remains largely the same as last year 2021-22, however healthy 50-64 year olds are not eligible for the vaccination this year. Eligibility includes:

- those aged 65 years and over
- those aged 6 months to under 65 years in clinical risk groups (as defined by the [Green Book, chapter 19 \(Influenza\)](#))
- pregnant women

- all children aged 2 or 3 years on 31 August 2023
- primary school aged children (from Reception to Year 6)
- those in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

The BSW Integrated Care Board, has a winter plan 2023-24 which all partner organisations in B&NES have fed into. The ICB will ensure that opportunities to co-promote and co-administrate will be maximised (e.g., Covid-19, flu and pneumococcal) and there's health inequalities plan for all underserved groups.

9.3 Covid-19 Vaccinations

Vaccinations are our first line of defence against Covid-19. To ensure our communities, particularly those who are most vulnerable, are protected against the virus, B&NES Council have worked extensively with the NHS and wider partners to implement a comprehensive outreach Covid-19 vaccination programme across B&NES. The Covid-19 vaccination outreach programme continues to be provided for boating community, homeless, travellers, deprived and low uptake communities such as Twerton, and lower uptake groups such as students. During 2022-2023 this model was extended to include a backpack roving model, where clinicians and public health specialists 'dropped in' at a variety of community organisations and groups offer vaccination. An evaluation has been completed of this roving model approach and it is hoped that it will continue to be funded by NHS England beyond 2022/23.

Covid-19 vaccination coverage for B&NES can be found here: <https://tinyurl.com/3vyzet2k>

9.4 Priorities identified for 2023-2024 – Priority 6 :

Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW has been identified as priority 6 for 2023/24

9.5 Reducing health inequalities in screening & immunisation programmes

Priority 8 from 2019-22 report:

Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening

RAG Rating: **Amber**

9.5.1 B&NES Bowel Cancer Screening Awareness Campaign

The risk of bowel cancer increases with age, with over 80% of bowel cancers arising in people who are 60 years or over. The chances of surviving bowel cancer are much higher when it is found at an early stage¹. Good coverage and uptake of NHS bowel cancer screening can support early diagnosis of bowel cancer in people with no symptoms, when treatment is likely to be more effective.

A bowel cancer screening awareness campaign launched in B&NES on 10 October and ran until 28 November 2022. The campaign aimed to address local inequalities in NHS bowel cancer screening uptake by increasing the participation of men aged 56 –74yrs, as they became eligible for their first screen. The campaign supported the ambitions of the BSW Inequalities Strategy 2021-2024 and the early diagnosis of cancer. B&NES council public health team led the campaign with the support of Cancer Research UK (CRUK), BSW ICB, NHS England Screening and Immunisations team and Bowel Cancer West.



Key challenges in effectively delivering this project and assessing the impact of the campaign included lack of detailed data with demographic breakdown at LA and GP practice level. There was not sufficient evidence to conclude that the campaign was effective in raising awareness which in turn translated into increased uptake of screening in the target group. However, we can assume that there will have been some effects as the campaign was evidence-based building on the learning from the two successful campaigns in 2017.

System pressures on health service professionals including primary care colleagues cannot be underestimated. While the risk of primary care teams not engaging with the project was identified as a risk it is disappointing that we do not have any evidence to suggest that they were able to support the campaign through sharing text messages.

It is also worth considering other opportunities for promoting and discussing screening opportunistically with the target group e.g., when doing targeted lung health checks to

smokers aged over 50years. There is also scope for a future project looking at sending SMS reminders to those who have not responded to previous screening invites.

A key learning point from the campaign was the importance of working closely with ICB colleagues and across BSW. The support of the ICB cancer commissioning lead through linking directly with practices and Primary Care Networks (PCNs), sharing information about the campaign and approaching the target practices directly was invaluable. The campaign has been shared at the BSW Bowel Screening Inequalities Subgroup and has been replicated and delivered in Swindon Borough Council using the same approach, resources and assets.

The subgroup has also been a helpful forum to begin to identify common priorities including the need for better data to help identify and address inequalities at place level. Going forward the BSW subgroup will provide opportunities for joint working and sharing learning including best practice on raising awareness of the importance of uptake of NHS bowel cancer screening with those groups less likely to participate in screening including those with learning difficulties, BAME groups and those living with severe mental illness.

Examples of the communication methods for the bowel cancer screening campaign:

9.5.2 Promoting Cervical Screening in eligible women with learning disabilities in B&NES

Women and people with a cervix between the ages of 25 and 64 years are invited for regular cervical screening through the NHS cervical screening programme. Coverage is defined as the percentage of individuals eligible for screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those aged 50 to 64).

According to the Improving Health & Lives (IHAL) Report (2015) "Making Reasonable Adjustments to Cancer Screening", women with a learning disability have an uptake of 29% at cervical screenings when eligible compared to the 69% of the general population. However, 75.2% of patients with a learning disability in 2020-21 had a Learning Disability Health Check in 2020-21, a statistically significant increase from 56.3% in 2016-17.

In 2021-2022, there were 143,298 women registered with a GP across BSW, who are identified via their GP records as eligible for cervical screening due to being between the ages of 25-64 and registered as learning disabled.

During 2022-2023 a project initiation document was developed with the project aim of increasing uptake and coverage of cervical screening in women with learning disabilities.

This work will be taken forward during 2023-2024 and is intended to be a joint piece of work between the ICB, HCRG Care Group, B&NES Council and B&NES Enhanced Medical Services (BEMS).

10. Recommendations for 2023-2024

The Health Protection Board is committed to improving all work streams. The following 6 recommended priorities for 2023-2024 have been agreed by the HPB as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The process of reaching the recommended priorities has been informed through monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with the UKHSA and BSW ICB.

10.1 Recommended priorities:

1. Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
2. Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.
3. Continue to ensure that the public and partner organisations are informed about emerging threats to health.
4. Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work.
5. Contribute to the BSW system wide quality improvement projects, which aims to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections.
6. Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW.

11. Appendices

Appendix 1b: B&NES Health Protection Board ToR (see embeded document)

Appendix 1c: Health Protection Board Risk Log (see embeded document)

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Bath & North East Somerset Council

Improving People's Lives

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



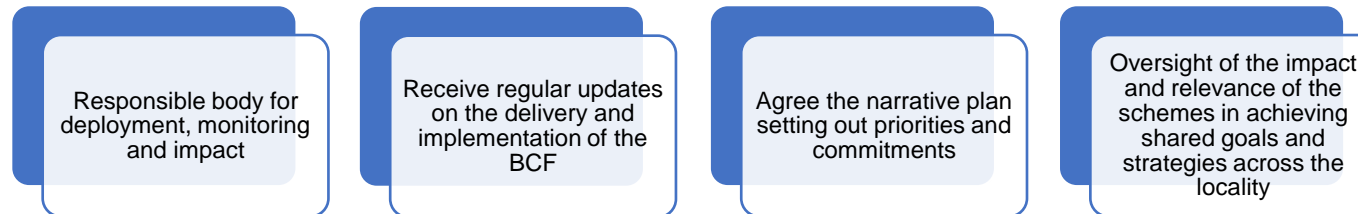
Better Care Fund 2023 - 5

September 2023 Update

Lucy Lang
BCF Commissioning Programme Manager

Agenda Item 14

Responsibilities of HWB for BCF



Grant Conditions

Better Care Fund (BCF) & Improved Better Care Fund (iBCF)



- Commissioned services must support people to receive the right care in the right place at the right time
- Services must be integrated where possible.
- Funding must be used to protect Adult Social Care, ensuring we can deliver in areas that need financial support to deliver a health and wellbeing benefit in the most appropriate, efficient way.
- Funding should support and underpin the aims of the ASCDF and associated metrics.

Adult Social Care Discharge Funding (ASCDF)



- Funding must be used to increase social care capacity – providing more care packages to more people to reduce delayed discharge from hospitals.
- Schemes must build additional adult social care & community-based reablement capacity to reduce hospital discharge delays. Support timely discharge from hospital with appropriate short-term support.
- There is ICB and Council element

Disabled facilities Grant (DFG)



- Funding must be used to support disabled and older people to be independent, enabling carers to continue their role safely, preventing accidents and helping people to return from hospital.

Market Sustainability and Improvement Fund (MSIF)



- Funding should be used for:
 - Increasing fee rates paid to adult social care providers in local areas
 - increasing adult social care workforce capacity and retention
 - reducing adult social care waiting times

- The BCF programme is made up of funds from across the Council, ICB and monies directly from DHSC.
- It funds a range of Adult Social Care and Health services
- Circa 77% of BCF funding is spent on the HCRG CG Community Services contract
- 17% is attributed to other 'Core' commitments (such as the DFG)
- Leaving approximately 6% to commit to 'measured schemes'

Note: The BCF runs alongside mainstream Council and ICB budgets

2023-24 Funding

Better Care Fund (including Improved Better Care Fund and DFG)	£72,957,229
2023-24 Adult Social Care Discharge Fund (LA Allocation)	£687,394
ICB Request for B&NES Funding (including the 2023-24 Adult Social Care Discharge Fund - ICB Allocation)	£5,600,000
Market Sustainability Fund (not managed under BCF but included for reference)	£1,700,000

BCF headline updates

Changes since last report to HWB

- 2023/2025 Narrative Plan as signed off by HWB approved by DHSC, pending formal notification
- Additional DFG funding of £102m nationally (split £50m/£52m over 23-25 announced). £125,820 for B&NES in 23/24 although this will likely be offset by increasing cost of living pressures

2023-2024 Schemes & Financial Update

- The BCF is supporting 15 schemes in 2023-24 (measured) and other non measured commitments
- Total commitment = £75,074,272
- YTD Spend = £30,990,959
- Spending to date is to plan

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Reporting and compliance

- All fortnightly and monthly returns completed
- New quarterly return template for completion, approval and submission - end Oct 23. Guidance to align with winter planning led by ICB.
- S75 agreement in process following approval of 23-25 plan
- No further significant updates for HWB anticipated as projects consolidate over coming 6 months (see below priorities)



Continue to build measured schemes and spending profiles around 4 key transformation priorities aligned with locality strategic plans

Priority 1

Admission avoidance and neighbourhood development focusing on the role of the **Community Wellbeing Hub** and carer support and engagement

Priority 2

Young people **with learning disabilities, autism &/or mental health** transitioning into adult care

Priority 3

Provision of resource to support **Technology** development in care linked to the neighbourhood teams strategy

Priority 4

Contingency supporting **Transformation** and re-contracting of Community health and social care provision



Useful DHSC scrutiny endorsed our approach to focus on place specific priorities

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