

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

**Date: Monday, 10th July, 2023**

**Time: 9.30am**

**Venue: Council Chamber - Guildhall, Bath**

**Councillors:** Dine Romero, Liz Hardman, Alex Beaumont, Paul Crossley, Dave Harding, Ann Morgan, Michelle O'Doherty, Karen Walker and Lesley Mansell

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

**The Panel will have a pre-meeting at 9.00am**



**Mark Durnford**

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## NOTES:

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

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

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

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

The Council will broadcast the images and sound live via the internet [www.bathnes.gov.uk/webcast](http://www.bathnes.gov.uk/webcast) An archived recording of the proceedings will also be available for viewing after the meeting. 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**

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6. **Supplementary information for meetings**

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday,  
10th July, 2023**

**at 9.30am in the Council Chamber - Guildhall, Bath**

**A G E N D A**

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

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

- (a) The agenda item number in which they have an interest to declare.
- (b) The nature of their interest.
- (c) Whether their interest is **a disclosable pecuniary interest** or **an other interest**,  
(as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests)

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

At the time of publication no notifications had been received.

7. MINUTES: 14TH MARCH 2023 (Pages 7 - 26)

8. CABINET MEMBER UPDATE

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided. The intention is that the update will be circulated to the Panel in the preceding week of the meeting.

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

The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues. The intention is that the update will be circulated to the Panel in the preceding week of the meeting.

10. UPDATE ON THE INTEGRATED HEALTH & CARE STRATEGY (Pages 27 - 42)

This presentation is provided for the Panel by the Bath & North East Somerset, Swindon & Wiltshire Integrated Care Board.

11. HEALTH & WELLBEING STRATEGY - IMPLEMENTATION UPDATE (Pages 43 - 66)

This paper gives an update on the development of the Health and Wellbeing Strategy's Implementation Plan and an explanation of the Better Care Fund Funding arrangements.

12. ADOPTION WEST PANEL MEMBERSHIP (Pages 67 - 74)

Adoption West (AW) started operating on 1 March 2019, as a Regional Adoption Agency (RAA) created by Bath and North East Somerset Council, Bristol City Council, Gloucestershire County Council, North Somerset Council, South Gloucestershire Council and Wiltshire Council as a response to the government's plans, published in June 2015, to regionalise adoption services across England and Wales.

Adoption West is a local authority trading company which is owned by the six local authorities and commissioned by them to provide adoption services. Adoption West is registered with Ofsted as a Voluntary Adoption Agency. The primary aim of this regionalisation was to deliver an adoption service which offer improved outcomes for both children and those who want to adopt.

The scrutiny panel (Adoption West Joint Scrutiny Panel) has been created to act as a critical friend, providing independent scrutiny of the work of AW and making constructive recommendations to ensure that AW meets its performance targets and expectations.

The scrutiny panel is an essential element of assuring democratic accountability for the use of public funds; although it does not fall under the banner of 'Overview and Scrutiny' as defined by the Local Government Act 2000 in that it is not a body jointly formed by the six participating councils. The scrutiny panel reports directly to the AW Board. The AW board monitors the efficiency of the scrutiny panel, including through the annual report, an example of which is attached for reference.

For information, Cllr Michelle O'Doherty represented B&NES on the Joint Panel during the life of the previous Council.

**Decision required**

**The CAHW PDS Panel is requested to appoint a member to sit on the Adoption West Joint Panel to represent the organisation for the lifetime of this Council.**

13. PANEL WORKPLAN (Pages 75 - 76)

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

The Committee Administrator for this meeting is Mark Durnford who can be contacted on [mark\\_durnford@bathnes.gov.uk](mailto:mark_durnford@bathnes.gov.uk) 01225 394458.

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**BATH AND NORTH EAST SOMERSET**

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

Tuesday, 14th March, 2023

**Present:-** Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Ruth Malloy, Andy Wait, Liz Hardman, Gerry Curran, Rob Appleyard and Joanna Wright

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

**Cabinet Member for Adult Services:** Councillor Alison Born

**Also in attendance:** Rebecca Reynolds (Director of Public Health), Mary Kearney-Knowles (Director of Children's Services and Education), Christopher Wilford Director of Education & Safeguarding), Ceri Williams (Policy Development & Scrutiny Officer), Sally Churchyard (Head of Young People's Prevention Services), Laura Ambler (Place Director for Bath and North East Somerset, BSW ICB) and Paul Scott (Associate Director for Public Health)

**77 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

**78 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

**79 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Paul May and Councillor Dine Romero, Cabinet Member for Children and Young People, Communities had sent their apologies to the Panel.

**80 DECLARATIONS OF INTEREST**

Councillor Gerry Curran declared an other interest with regard to agenda item 8 'Cabinet Member Update' as he is an employee of HCRG Care Group and his partner works for Bath Area Play Project (BAPP).

**81 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

There were none.

## 83 MINUTES; 17TH JANUARY 2023

The Chairman asked if it was known how much of the £50m funding B&NES had been allocated to allow for international recruitment relating to care home staff.

Councillor Alison Born, Cabinet Member for Adult Services replied that she would try to find out and respond to the Panel.

The Chairman informed the Panel that the additional £5,000 for SACRE had been granted as part of the Council's budget setting process.

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

## 84 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel and highlighted the following areas from her update report. A copy of the update will be attached as an online appendix to these minutes.

### Death Rate in Local Care Homes

Figures published on the second wave of Covid infections showed B&NES to be an outlier in that a high proportion of local Covid deaths occurred in care homes with a low proportion occurring in hospital. This was investigated by Public Health and Prevention who identified:

- During the second wave, B&NES had a lower rate of cases of COVID-19 and a lower death rate than the England average
- Nearly all deaths from COVID-19 in B&NES during the second wave occurred in either a care home or hospital, with a small number occurring at home.
- The rate of deaths in local care homes was higher than the England average
- The rate of deaths at the Royal United Hospital was lower than the England average

For some years B&NES has been ahead of many other areas in ensuring that care homes are well supported by a dedicated GP service and that proactive work is done with care home residents, to plan choices for care and treatment in the event of a future severe illness. This has enabled more people who chose to, to have a dignified death at home and has reduced the number of admissions to hospital where treatment is unlikely to affect the outcome.

This resulted in emergency admission rates from care homes to hospital being much lower in B&NES than in neighbouring areas for a number of years prior to the pandemic and that continued during the pandemic.

The above information confirms that the overall death rate from COVID in B&NES has been lower than average.



To supplement this analysis, the public health team also commissioned an independent Applied Research Collaboration, ARC West to undertake additional research in local care homes to identify any factors that were associated with COVID-19 cases and deaths.

The findings of the ARC research have been delayed to allow for further staff interviews to take place, in the meantime, an interim report is available on the B&NES Strategic Evidence Base Document Library.

### B&NES Managed Care Homes

There is a comprehensive action plan to address the concerns identified by the CQC relating to Charlton House and good progress is being made but I thought it would be useful to share some of the issues identified in a recent report by Care and Support South West which summarised the challenges that providers across the South West (and indeed, the rest of the country) are facing. These include:

- Problems recruiting and retaining staff with local turnover rates far exceeding the national average of 15%. This is a particular problem for management and clinical lead roles.
- Over reliance on agency staff, with agencies filling shifts for many providers on a daily basis. This is very costly and impacts on continuity, reducing the quality of the services provided
- Managers having to cover shifts so not having the time to manage services effectively. This reduces their ability to embed effective systems and to improve services.
- Services reducing or closing, with knock on effects for those with care needs their families and for other health and care services

Staff in the Care sector work with these challenges on a daily basis and the shortage of people available to work in leadership roles played a significant part in the problems experienced in Charlton House.

A major factor in the progress we are making at Charlton House is that we have been able to recruit an experienced manager who came into post just before the January meeting of this group. We were still struggling to recruit to clinical leadership roles and were reliant on agency nurses until the RUH agreed to second one of their senior nursing staff across to us. She also came into post in January and she and the new registered manager are working together to address the long standing structural issues at Charlton house.

The new leadership has also helped attract more staff into the service which is key to sustained improvement. However, we cannot under-estimate the scale of the ongoing challenge in providing high quality care services. The new Panel, under the next administration may wish to receive regular updates on this subject.

Councillor Liz Hardman asked if there were known to be any particular reasons for the high percentage of staff turnover and was it related to pay.

Councillor Born replied that this had been something that they had been assessing and said that staff were now receiving an extra £2 per hour. She added that it was felt that the rates paid now were favourable in comparison to the rest of the sector.

Councillor Joanna Wright asked what the data was for people who have died at home within B&NES.

The Associate Director for Public Health replied that very few deaths occur at home, around 4%.

Kevin Burnett said that it was good to see that the Clinical Lead role was making an impact and asked if any thoughts have given to the overall structure of the service.

Councillor Born replied that there is a CRC Manager in place with an overall Operational Manager working above them. She added that each home has its own individual manager. She said that it was possible that a new model may be devised in the future following further clinical input.

Kevin Burnett asked if the ICB had a role in this area of work.

Councillor Alison Born replied that they have more of a commissioning role.

Laura Ambler, BSW ICB Director of Place Bath and North East Somerset added that they are working with both the Council and the RUH in terms of sharing resources and upskilling of staff.

Councillor Andy Wait asked what the next stage in the process would be for the CQC to return to Charlton House.

Councillor Born replied that they are expected to make a return visit and would do so whenever they want to.

The Chairman asked if the voluntary sector were being required to re-tender for all their current contracts. He believed that there were around 100.

Councillor Born replied that this was part of changes being made to the Community Health and Care Service, although these had not taken place yet. She added that discussions have been held with representatives of the voluntary sector regarding the potential that further tendering would be required.

The Chairman explained that although Councillor Dine Romero, Cabinet Member for Children and Young People, Communities was unable to attend she had submitted a written update and asked if the Panel had any questions.

Councillor Liz Hardman referred to Secondary School Admissions and asked what happens if a child is not allocated a school place.

The Director of Education & Safeguarding replied that should they wish to the parents can make an appeal to get a place at their preferred school. He added that through the allocation process this year no child is without a school place.

Kevin Burnett asked if there were any other areas of service that could benefit from following the path that Youth Connect South West has taken.

The Chairman asked for Councillor Romero to respond in due course.

Councillor Gerry Curran addressed the Panel regarding Bath Opportunity Playgroup (BOP) and its proposed move from Odd Down, Bath to Broadlands School in Keynsham. He explained that BOP was founded 30 years ago to support local families and that he was aware that some staff and families using the service were unhappy about the move.

The Director of Education & Safeguarding replied that BOP is a service that supports families within the whole of B&NES and that he was aware that the commissioner has been meeting with parents. He added that as part of the proposed move an extra 30 spaces will be able to be provided at Three Ways School.

Councillor Curran said that he remains disappointed and would welcome the Panel input on such a decision. He added that he was concerned that Bath families would be losing access to such experienced staff. He asked if it was an option to use the Culverhay site for this service.

Councillor Andy Wait referred to plans for a future Special School in Keynsham and said that he was not a fan of the bidding process involved. He asked if it was known what money could be drawn down from Government for this project.

The Director of Education & Safeguarding replied that the opportunity to run the school would be listed on the Create:Schools website. He said that any contribution from the Local Authority would only be required for excessive costs, for example, if any new roads were required.

He said that a final decision regarding the Special School was likely to be made by DfE, but he hoped that the Council would be able to have some input. He added that this stage he did not know of a defined amount of money for the project.

Councillor Andy Wait asked if he knew of a timeframe for the project.

The Director of Education & Safeguarding replied that this was dependant on elements such as Land Searches and Planning. He said that as provisional date the school might be open by September 2025.

The Chairman thanked the Cabinet Members for their updates on behalf of the Panel.

## 85 **B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE**

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

### Development of BSW Integrated Care Strategy

The BSW Integrated Care Strategy is an important document which sets out what improvements BSW Together Integrated Care System partners will deliver for local people including tackling health inequalities and delivering better, more personalised services.

It draws on elements from individual strategies that already exist and, while the ICS does not intend to replace those strategies, it will provide a summary of how these different elements will work together.

The strategy is under development at the moment but there is a lot of consistency in the themes emerging from other strategies across the area, including tackling inequalities, prevention and wellbeing, development of communities, addressing environmental issues and looking at the wider factors that contribute to health and wellbeing such as housing, education, social mobility, income and employment.

In January, the draft strategy was presented to members of local VCSE sector umbrella group 3SG and the Bath Area Forum. Active engagement took place at both events with audience members with participants saying they looked forward to working with BSW ICB and having an ongoing meaningful dialogue beyond the creation of the strategy.

The Integrated Care Strategy is being developed on behalf of the Integrated Care Partnership and will be presented for formal adoption in Spring 2023. The document will continue to remain 'live' and engagement with partners will continue on the strategy after it has been published.

The Implementation Plan, which is also known as the Joint Forward Plan (JFP), is due to be published by 30th June 2023.

### Public engagement update

BSW ICB's core values reflect that the organisation is committed to ensuring the voices and opinions of local people influence key decisions and helps to shape services across Bath and North East Somerset, Swindon and Wiltshire.

Patient and public engagement groups bring together members of the public, carers, and representatives from voluntary organisations and local Healthwatch organisations to hold the ICB to account for how it involves local people in the design and commissioning of local health services.

In Bath and North East Somerset, the Your Health, Your Voice group meets every two months.

The group in B&NES is encouraged to inform and support the ICB's engagement with the wider public by advising on different approaches and groups we should consult with. We are reviewing with the group how we can further co-develop the role, reach and participation in this forum.

In addition to this, BSW ICB operates the Our Health, Our Future Citizens Panel to further help engage with local people and get their views on health and care issues.

The online panel is made up of a representative sample of the population from across our region. Panel members take part in regular surveys throughout the year.

Full reports of every survey are made publicly available on the BSW ICB website, and insights gained from the panel are used to inform our decision making, strategy, service design and service change.

### Industrial action

BSW Integrated Care Board continues to work hard to keep local people safe during planned strikes, while delivering the best care possible.

While recent nurses and ambulance worker strikes have been stood down or paused, Junior Doctors were currently taking part in industrial action from 06:59 on Monday 13th March to 06:59 on Thursday 16th March 2023

In BSW, system partners are working together to ensure operational oversight and sharing of intelligence.

No-one should put off seeking urgent or emergency care during the strikes and people with serious, life-threatening conditions will continue to be seen at our Emergency Departments.

On days when there is strike action, people should only call 999 if it is a medical or mental health emergency. Ambulances will still respond in these situations, but this may only be where there is an immediate risk to life.

### Community Investment Fund

BSW ICB has been working with B&NES Council and the Quartet Community Foundation to administer a catalyst grants programme of £100k.

The Community Investment Fund (CIF) aims to bring the work of BSW ICB and B&NES Council closer to communities and individuals who we know have inequalities and are our most vulnerable, to provide practical help and support.

Funding has now been received to set up a catalyst grant programme which the following organisations will be invited to join.

1. Southside Hardship Fund
2. Julian House
3. Citizens Advice Bureau
4. Age UK

## 5. West of England Rural Network - (B&NES locality only)

These partner organisations are part of the Community Wellbeing hub and are able to identify those who need this help and can administer grants for cost of living support including food, clothing costs and warm home grants.

We intend to make every connection count and ensure that people are helped to access further support, and to develop a long -lasting relationships and a legacy with our communities through this programme.

Councillor Liz Hardman asked if there was any say in how the CIF funding was spent with regard to the West of England Rural Network.

Laura Ambler replied that the programme is designed for individual needs and therefore it was not applicable to be used on matters such as general transport / bus provision. She added that issues such as this should be tackled through the Integrated Care Strategy.

Kevin Burnett asked if the Integrated Care Strategy was to be seen as an overarching strategy, and if so, what is being replaced.

Laura Ambler replied that the ICS was not overarching and was there to show how we all come together as partners. She added that the strategy is intended to be complimentary to other areas of work.

Kevin Burnett suggested that local groups such as Off The Record and the Youth Forum could be approached to take part in their public engagement work.

The Chairman commented that he felt that involvement would be likely to increase if they were able to arrange additional face to face meetings rather than online.

Laura Ambler replied that they could try to create a blend of meeting types – in person, hybrid and online.

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

## **86 HEALTH AND WELLBEING STRATEGY: PANEL FEEDBACK REPORT**

The Policy Development & Scrutiny Officer introduced the report. He explained that all Panel members were invited to a briefing on the draft Health and Wellbeing Strategy on 27th February 2023. He said that they were provided with an overview of the strategy and then given the opportunity to provide comments before its consideration by the Health and Wellbeing Board which would take place later in the afternoon of 14th March 2023.

Councillor Joanna Wright commented that she welcomed that housing data had been highlighted in the feedback report. She said that she would still like to see that online safety, especially for children and young people, be addressed as the work of the strategy progresses.

The Director of Public Health replied that it is difficult to find the balance between devising a strategy and its implementation and that therefore work on certain elements remain ongoing. She thanked Councillor Wright for her comments.

Councillor Andy Wait asked how many people had taken part in the public consultation.

The Director of Public Health replied that she did not have that information to hand, but could provide it to the Panel in due course. She added that an online survey had been in place as part of the consultation and that third sector involvement had been gathered through a series of focus groups.

The Chairman commented that he felt that the four priorities identified in the strategy were very appropriate. He added that he welcomed schools becoming more involved in gardening / nature work as suggested in the briefing by Councillor Malloy.

The Director of Public Health replied that the breadth of the priorities was significant to the work of the strategy. She added that the Joint Strategic Needs Assessment (JSNA) would recognise Mental Health needs across the Council.

The Panel **RESOLVED** to;

- i) Thank the Cabinet Member for Children, Young People and Communities and the Director of Public Health for the briefing
- ii) Note the summary of the briefing.

## **87 SERIOUS VIOLENCE DUTY**

The Head of Young People's Prevention Services introduced the report to the Panel and gave them a presentation. The presentation will be attached as an online appendix to the minutes and a summary is set out below.

### Serious Violence Duty

- On 31 January 2023, the Duty commenced under the Police, Crime, Sentencing and Courts Act 2022
- Requires specified authorities (Local Authorities, Fire and Rescue, Probation, Police, Youth Offending Teams and Integrated Care Boards to collaborate to prevent and reduce serious violence
- Makes tackling serious violence an explicit priority for Community Safety Partnerships

### What is already in place?

- Avon and Somerset 'hub and spoke' Violence Reduction Unit - Police and Crime Commissioner working with 5 Local Authorities - Focusing mainly on so-called 'street crime'
- B&NES Youth@Risk Strategy and 6 Protocols (2019)
- Delegated funding until March 2025

- Multi-agency meetings under the B&NES Community Safety and Safeguarding Partnership

#### What does the Duty require?

- By 31 January 2024, a multi-agency strategy to prevent and reduce serious violence
- A public health approach, based on a theory of change and including clear lines of accountability
- Annual review and monitoring and evaluation of impact
- Some particular expectations – Local Authorities to support prevention and early intervention activities

#### What is a public health approach?

- Violence is preventable
- No one sector has the solution
- Focus on root causes
- 5 Cs – collaboration, co-operation, co-production, counter-narrative, community concerns

#### How will we measure success?

- The three national metrics are:
  - Homicide rates
  - Hospital admissions for knife or sharp object assault
  - Police-recorded knife crime

#### Next Steps

- 17th March: Review model and funding and roles and responsibilities of hub and spokes
- 23rd March: Update Serious Violence Steering Group
- 31st March: Notify Home Office of preferred approach
- 4th April: B&NES Community Safety and Safeguarding Partnership Executive review definition and governance
- Ongoing: Promotion of the Duty, working with Crest Advisory, continuing work of the Violence Reduction Unit, updating Youth@Risk Strategy and strengthening children's and community participation.

Councillor Liz Hardman asked if with the introduction of the Serious Violence Duty for local authorities in January 2023, will Banerjee make any changes to its strategies towards violent crime. She said that in the report, it states it will build on existing arrangements and asked if these could be explained.

The Head of Young People's Prevention Services replied that the only relevant strategy we have at present (B&NES Youth@Risk Strategy 2019) will need to be updated to become an all-age strategy in light of the Duty, although a focus on children and young people remains. She added that the Duty really challenges us on



what it means to embed a Public Health approach and so we will need to take a longer-term view, probably across generations.

She said that although peer on peer (or child on child) violence remains a concern, we need to strengthen our contextual safeguarding approaches in the face of exploitation and embed trauma informed and trauma recovery work. She added that we are also challenged to co-produce our strategy with children and communities and would expect their voices to be more prominent.

She stated that we are asking the BCSSP Executive Group to provide a steer on the definition of violence to be used and on the local governance arrangements.

Councillor Hardman commented that in the report it says the Police and Crime Commissioner will take a lead role working with partners such as BANES and that we have to decide our approach. She asked what different approaches are there and which one are we likely to choose.

The Head of Young People's Prevention Services replied that the Duty does not specify a lead authority for the serious violence partnership. She explained that the guidance suggests that where there are Violence Reduction Units (now across 20 Police Force areas), we may want to build on them, but that we can also consider Community Safety Partnerships, multi-agency safeguarding arrangements, Integrated Care Boards and Health and Wellbeing Boards as possible vehicles. She stated that the B&NES' Senior Leadership Team has agreed we will continue to work with the Violence Reduction Unit and this is led by the Police and Crime Commissioner (who is not subject to the Duty).

She added there is a piece of work underway to review respective roles and responsibilities and shape the way the Violence Reduction Unit will develop in light of the Duty.

Councillor Hardman spoke of how serious violence disproportionately affects people living in areas of greater social deprivation, children from Black, Asian and Minority Ethnic heritages and those with special educational needs. She asked if this will be taken into account in our response to the Serious Violence Duty or does it form part of our serious crime strategy anyway.

The Head of Young People's Prevention Services replied that we are very aware that whilst everyone is affected by serious violence to some extent, it disproportionately impacts certain groups within our community, including those with Black, Asian and Minority Ethnic heritages and those living in areas of economic deprivation. She added that we also see comparatively high numbers of children with SEND needs affected by serious violence. She said that our strategy will address disproportionality and take account of recommendations in the Identifying Disproportionality report on racism in the criminal justice system and that these include a focus on school exclusion and the 'school to prison pipeline.'

Councillor Hardman asked if it could be explained why domestic abuse is not part of the serious violence strategy.

The Head of Young People's Prevention Services replied that our definition of serious violence has always had at its core, public space violence, as highlighted in the national Serious Violence Strategy 2018 - It has also focused on the under 25s. She said that we agree that much domestic abuse is serious violence and we have procured some domestic abuse services in our time as a VRU since late 2019. She informed the Panel that there is a separate, well established domestic Abuse Partnership that has been looking at work arising from the Domestic Abuse Act 2021.

She added that we will be asking the BCSSP Executive for a steer on the definition we will adopt for our serious violence work, including how it relates to violence against women and girls and work to address serious sexual assault. She said that we receive comparatively little national funding for this work and need to prioritise what we can do with it.

Councillor Joanna Wright commented that she would like to see the ability to provide teachable moments as part of this work. She added that in her opinion further youth services were required to give young people more opportunities in life.

She stated that as well as identifying what services we can provide it was also important to have on record the lack of services in certain areas.

The Head of Young People's Prevention Services replied that they have discussed with the RUH if they would be able to assist with teachable moments in the future. She added that she was aware that there was a small Police & Crime Commissioner grant for services for young people, but recognised the need for more.

Councillor Wright said that as part of work with regard to the Online Safety Bill it was important to address the way in which young people use their phones.

The Head of Young People's Prevention Services replied that they do take online safety seriously and was aware that there was more work to do on the issue. She added that there are parental resources provided via the Council's website.

Kevin Burnett asked if the Panel can be advised of when any local metrics are agreed and whether the PCC would provide additional funding for them.

The Head of Young People's Prevention Services replied that the B&NES Community Safety and Safeguarding Partnership (BCSSP) will set the priorities whilst establishing a local focus. She added that she felt it would be unlikely to gain any further funding.

She stated that by 31st January 2024 the multi-agency strategy to prevent and reduce serious violence needs to be published. She added it would be widely consulted and that officers were prepared to update the Panel in due course.

The Chairman said that he was also concerned about the use of technology by young people across the Council and their safety.

The Director of Children's Services & Education suggested that an update is provided to the Panel in September 2023 ahead of the January 2024 deadline.

The Panel **RESOLVED** to:

- i) Note the introduction of a Serious Violence Duty on Local Authorities, Police, Fire and Rescue, Probation, Youth Offending Teams and Integrated Care Boards as of 31st January 2023.
- ii) Note that B&NES Council has indicated it would like to fulfil this Duty by building on existing arrangements, as part of a wider partnership led by the Avon and Somerset Police and Crime Commissioner.
- iii) Note that B&NES Council has asked the Community Safety and Safeguarding Partnership Executive to review its definition and governance arrangements for addressing serious violence in light of the Police, Crime, Sentencing and Courts Act 2022, including governance arrangements for tackling violence against women and girls and serious sexual violence.

## **88 EDUCATION PERFORMANCE 2021/22**

The Director of Education & Safeguarding introduced this report to the Panel and gave them a presentation. A link to the presentation is contained within the report and a summary is set out below.

He said that there was a lot to be positive about the results that had been achieved, but he also acknowledged that there was further work to be done in relation to specific groups of young people.

### Pupil Numbers

- There were 32,230 pupils in 91 schools in B&NES as of January 2022, a slight increase (1.2%) from 31,857 in 2021.
- Of these, 86% were attending state-funded schools (Primary, Secondary and Special schools).
- As of January 2022, 14% were attending independent schools, over twice the national figure (6.5%).

### Pupil Characteristics & Educational Inequalities

The profile within B&NES by pupil characteristic is broadly similar to the national picture (see table). However, the FSM cohort in B&NES is smaller in each Key Stage (e.g. 19% in B&NES compared to 25% nationally for KS2). B&NES also has a slightly higher proportion of girls at EYFS (51%) compared to nationally (49%) as well as slightly higher SEN EHCP cohorts at KS2 and KS4 compared to national (5% vs 4%).

In 2021/22 the national disadvantage gap index increased to their highest levels since 2012 for both KS2 and KS4 suggesting that disruption to learning during the Covid-19 pandemic had a greater impact on disadvantaged pupils.

## Early Years Foundation Stage

In 2021/22, 71% of children had a good level of development in B&NES. This is higher than both the South West (66%) and England (65%) values. 70% of children in B&NES were at the expected level for all 17 ELGs, again higher than both the South West (65%) and England (63%) values.

In 2021/22, on average, children were at the expected level in 14.9 out of the 17 ELGs in B&NES. This is higher than the South West (14.4) and England (14.1).

There was a 28% attainment gap between children eligible for Free School Meals (FSM) and those not known to be eligible for FSM in B&NES, with 47% of the FSM cohort achieving a GLD compared to 75% of those not known to be eligible. This is wider than the same gap observed nationally (20%), which appears to be driven by the higher proportion of pupils achieving a GLD in the non-FSM cohort in B&NES compared to nationally (75% vs 69%), whereas the proportion of pupils in the FSM cohort achieving a GLD is slightly lower in B&NES than nationally (47% compared to 49%).

## Phonics Screening

In 2021/22, 78% of pupils in B&NES met the expected standard of Phonics screening. This is higher than both the South West (75%) and England (76%). Results are lower in 21/22 in B&NES and nationally compared to pre-pandemic levels (82% in 2017/18 and 2018/19).

## KS1

Attainment at KS1 has decreased in all subjects compared to 2018/19 both in B&NES and nationally. In 2021/22:

- 60% of pupils in B&NES met the expected standard in Writing, higher than the South West and England (both 58%).
- 73% of pupils in B&NES met the expected standard in Reading, higher than the South West (67%) and England (68%).
- 71% of pupils in B&NES met the expected standard in Maths, higher than the South West and England (both 68%).
- 83% of pupils in B&NES met the expected standard in Science, higher than the South West (80%) and England (77%).

## KS2 Attainment

Attainment in Reading, Writing and Maths (RWM) combined has decreased in 2021/22 compared to 2018/19 at both the expected and higher standard in B&NES and nationally.

In 2021/22, 60% of pupils in B&NES reached the expected standard in RWM combined, a decrease from 67% in 2018/19. This figure is slightly higher than England (59%) and the South West (57%).

In 2021/22, 7% of pupils in B&NES reached the higher standard in RWM combined, a decrease from 13% in 2018/19. This figure is the same as the South West and slightly higher than England (6%).

Girls consistently perform better than boys in B&NES and nationally in RWM combined. The gender attainment gap in B&NES fell in 2021/22 to 4% (down from 9% in 2018/19 and 11% in 2017/18). The comparable gap in England also fell slightly from 9% in 2018/19 to 8% in 2021/22.

### KS2 Attainment by Pupil Characteristic

The attainment gap in RWM combined between pupils identified as Disadvantaged and those who are not, was 33% in 2021/22, slightly higher than the gap seen in 2017/18 and 2018/19 (31%). The percentage of disadvantaged pupils reaching the expected standard in RWM combined in 2021/22 was lower in B&NES than England (34% compared to 43%). The percentage of non-disadvantaged pupils reaching the expected standard in RWM combined in the same period was slightly higher in B&NES than nationally (67% compared to 66%).

In 2021/22, the attainment gap in RWM combined in B&NES for those with a Special Education Need (SEN) identified compared to those with no SEN identified increased slightly from 50% in 2018/19 to 53% in 2021/22 (the comparable attainment gap in England was 51% in 2021/22, a slight decrease from 52% in 2018/19) 19% of pupils in B&NES with any SEN identified reached the expected standard in RWM combined compared to 72% of pupils with no SEN identified.

### KS4 Attainment

#### GCSE Results:

- In 2021/22, pupils in B&NES achieved a higher proportion of grades (9-5) in English and Maths (57%), compared to the South West (49%) and England (50%).
- Similarly, pupils in B&NES achieved a higher proportion of grades (9-4) in English and Maths (75%), compared to the South West (69%) and England (69%).

#### Attainment 8 results:

- The average attainment 8 score in 2021/22 was higher in B&NES than the regional and national average (52% compared to 49%).

### KS4: GCSE and Attainment 8 by Pupil Characteristic

Overall, girls perform consistently better than boys at GCSE level, with 59% of girls attaining grades 9-5 in 2021/22 compared to 54% of boys. The attainment gap for

gender has decreased in B&NES over recent years from 10% in 2017/18 to 5% in 2021/22.

The percentage of disadvantaged pupils achieving grades 9-5 in 2021/22 was similar in B&NES and England (29% B&NES, 30% England), whereas the percentage of non-disadvantaged pupils achieving grades 9-5 in the same period was higher in B&NES than nationally (63% B&NES, 57% England). This pattern is also consistent in the attainment gap between pupils eligible for FSM and those who are not.

In 2021/22, the percentage of pupils achieving grades 9-5 in B&NES is higher within each Special Education Need (SEN) cohort in comparison to England (SEN with EHCP: 13% B&NES, 7% England; SEN Support: 28% B&NES, 22% England; No identified SEN: 63% B&NES, 56% England).

In 2021/22, the average Attainment 8 score for girls in B&NES remained higher than for boys with an average score of 54.2 for girls and 50.2 for boys.

Attainment in disadvantaged pupils in B&NES 2021/22 is similar to national attainment (average Attainment 8 score of 37 in B&NES compared to 38 nationally). Attainment in those not identified as disadvantaged in B&NES is higher than the national figure (56 compared to 53).

Average Attainment 8 scores in pupils with no SEN identified, SEN with EHCP or SEN support are all higher in B&NES in 2021/22 compared to national (20.1 vs 14.3 for those with SEN ECHP; 38.8 vs 34.8 for those receiving SEN support; 55.8 vs 52.5 for those with No SEN identified).

Councillor Rob Appleyard commented that he felt that using FSM eligibility wasn't that fair as some pupils could miss that threshold by a small amount of money.

The Director of Education & Safeguarding acknowledged the comment and replied that it was a national measurement that is always used when reporting on this data.

Councillor Ruth Malloy asked if any figures were available for Key Stage 3.

The Director of Education & Safeguarding replied that no data was collected by the Council for this age group. He added that schools would maintain their own data for KS3.

Councillor Rob Appleyard said that he believed that the current figure for pupils with an Education, Health and Care Plan (EHCP) had doubled in comparison to recent years. He asked how this had affected the time taken to complete assessments.

The Director of Education & Safeguarding replied that assessments were taking longer due to the increase in numbers, although they were improving slowly. He added that the availability of staff within Occupational Health, Speech & Language and Educational Psychology also needs to be taken into account.

He added that the Local Authority have 20 weeks in which to complete the assessments and that historically B&NES had a record of around 80% - 90% for this. He said that during the pandemic this did fall to around 50%.

Kevin Burnett asked if a Multi Academy Trust was able to appoint their own Educational Psychologist as part of the assessment.

The Director of Education & Safeguarding replied that they could not as it was prescribed that the Local Authority must make this appointment.

### KS5 Attainment

- In 2021/22, the Average point score (APS) per student entered for at least one A/AS Level was 38.9 in B&NES, giving an average A level result of a grade B. This is slightly higher than England (APS 37.8, average grade B-) and the South West (APS 37.7, average grade B-).
- In 2021/22, the percentage of students achieving at least 2 A levels in B&NES was 88% compared with 88% nationally, and 89% in the South West.
- In 2021/22, the percentage of students achieving grades AAB or better at A level in B&NES was 33% in B&NES, slightly higher than England (31%) and the South West (30%).

### FSM Attainment Gap across Education Stages

- In 2021/22 in both B&NES and England, the attainment gap worsens as children progress through the education system (28% at Age 5 vs 34% at Age 16 in B&NES; 20% at Age 5 vs 27% at Age 16 in England)
- In 2021/22 B&NES ranked 36th out of the 59 English Unitary Authorities for Age 5 and Age 7 attainment in the FSM eligible cohorts, 54th (i.e. 5th worst) at Age 11 whereas at Age 16, B&NES ranked 12th best among all English Unitary authorities.

### School Exclusions

- In the 2020/21 academic year the rate of suspensions increased to 6.9% in B&NES, higher than both the South West (5.5%) and England (4.3%) figures. This is also slightly higher than the B&NES rate observed in 2018/19 (6.5%).
- In the 2020/21 academic year the rate of permanent exclusions was 0.06% in B&NES, similar to the South West (0.05%) and England (0.05%) figures. This equates to 16 permanent exclusions in B&NES in 2020/21. This number ranged from 4 permanent exclusions in 2007/8 to 31 in 2018/19.
- In 2020/21 B&NES ranked the 9th highest of all English unitary authorities for suspensions and had the highest rate among our near statistical neighbours

Councillor Liz Hardman said that she was disturbed by the number of exclusions (16) and asked if the Local Authority has a say in this process.

The Director of Education & Safeguarding replied that the Local Authority's role has changed over time and that Academies will now have their own disciplinary panels. He added that they do provide written advice to the relevant Trust / Body on those exclusions. He explained that parents can request for an Exclusion Panel to be arranged and that these are then administered by Democratic Services.

He said that in his opinion the Secondary figures were too high. He informed the Panel that there have been no Primary exclusions over the past two years and that only a small number of children finish their education in alternative provision.

Councillor Hardman asked if the Local Authority should facilitate a more direct dialogue between the Violence Reduction Unit and the Education Dept. She also wished to comment on the importance of the role of the Virtual Headteacher.

The Director of Education & Safeguarding replied and assured the Panel that conversations are held across the Local Authority with regard to Violence Reduction. He added that role of the Virtual Headteacher / Virtual School was vital.

Councillor Gerry Curran said that he was aware of the impact an exclusion can have on a child, but did not necessarily think that this should be linked to any increases in violence in the area.

#### School Ofsted Ratings

- In 2021/22, the percentage of Primary schools in B&NES judged to be Good or Outstanding was 87%, similar to national and regional figures (89% and 86% respectively). This has gradually decreased from a high of 93% in 2016/17.
- In 2021/22, the percentage of Secondary schools in B&NES judged to be Good or Outstanding was 86%, higher than both national and regional figures (80% and 77% respectively). This has continued to increase from 73% in 2018/19.
- In 2021/22, all 3 Special schools in B&NES were judged to be Good or Outstanding (100%), higher than both national and regional figures (89% and 86% respectively).

Councillor Joanna Wright asked what has changed to make it far more difficult to achieve an Outstanding rating.

The Director of Education & Safeguarding replied that he believed that there were now only two schools who had obtained Outstanding under the new OFSTED framework within the South West of England. He said that he felt that schools now need to be able show that all pupils are making a significant level of progress to be judged Outstanding.

Councillor Ruth Malloy asked who inspects the Independent Schools.

The Director of Education & Safeguarding replied that it was His Majesty's Inspectors (HMI) who carry out these inspections.



Councillor Malloy asked if he knew how the two compared.

The Director of Education & Safeguarding replied that he was not able to answer that question.

Councillor Hardman asked how the local authority can continue to work strategically with schools and partners to improve education and outcomes for groups of pupils in BANES who do not perform as well or/and are disproportionately suspended from school more than their peers.

The Director of Education & Safeguarding replied that conversations of this nature are held at meetings of the Schools Standards Board and that the Local Authority should always remain interested in the results of their children & young people.

The Panel **RESOLVED** to;

- i) Note our pupils' overall positive education performance in B&NES schools for the academic year 2021/22.
- ii) Be assured that Local Authority Officers continue to work strategically with schools and partners to improve educational outcomes for groups of pupils in B&NES who do not perform as well or/and are disproportionately suspended from school more than their peers.

## **89 PANEL WORKPLAN**

The Chairman asked if Panel members had any items to suggest to be placed on their workplan. He added that such items could then act as a guide for members and officers to work from following the Local Elections in May.

Councillor Joanna Wright proposed future reports on Excess Deaths and Online Safety.

Kevin Burnett said that they had earlier agreed to receive an update on the Serious Violence Duty in September 2023.

Councillor Liz Hardman proposed a future report on local dental provision.

Councillor Michelle O'Doherty proposed a future report on homelessness and the Council's responsibility.

Councillor Hardman wished to thank the Chairman and the Vice-Chair for all their work over the past four years and for allowing Panel members to ask a fair number of questions at their meetings.

Councillor Gerry Curran announced that he would not be standing in the upcoming Local Elections and said that he was proud of the good work the Panel has done as it covers a lot of the big issues within the Council.

Councillor Michelle O’Doherty thanked the Democratic Services Officer for his work and support to the Panel.

The Chairman thanked all officers that had contributed to the work of the Panel.

The Panel **RESOLVED** to note the proposals that had been made for future reports.

The meeting ended at 12.44 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

# Children, Adults, Health & Wellbeing Panel

## Integrated Care Board Update

Page 27  
20<sup>th</sup> July 2023

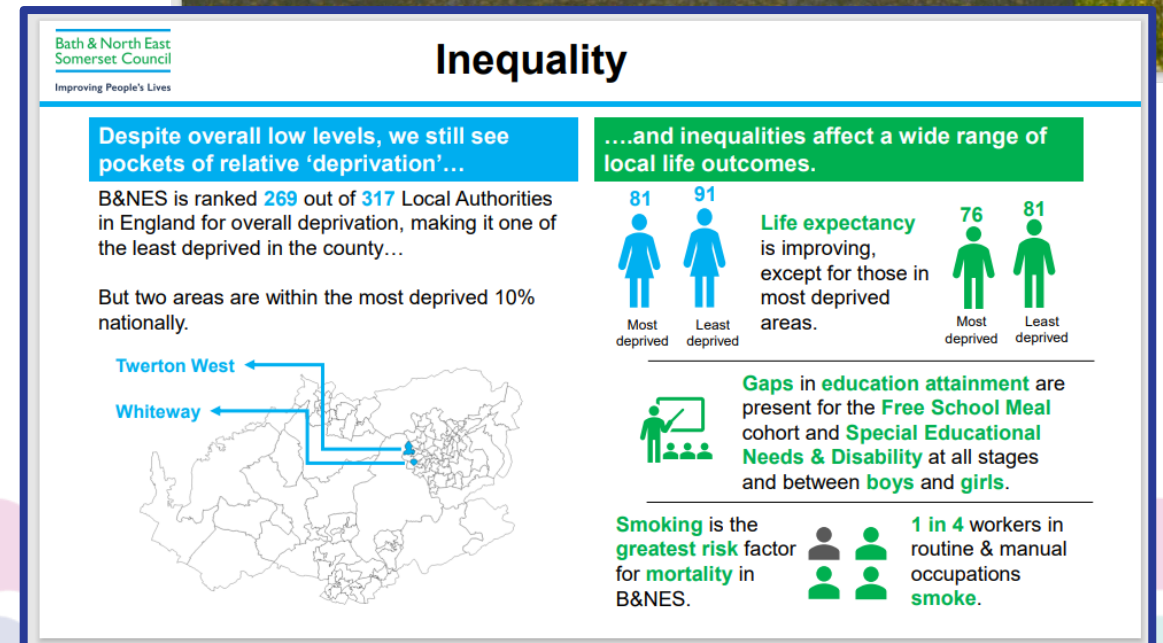
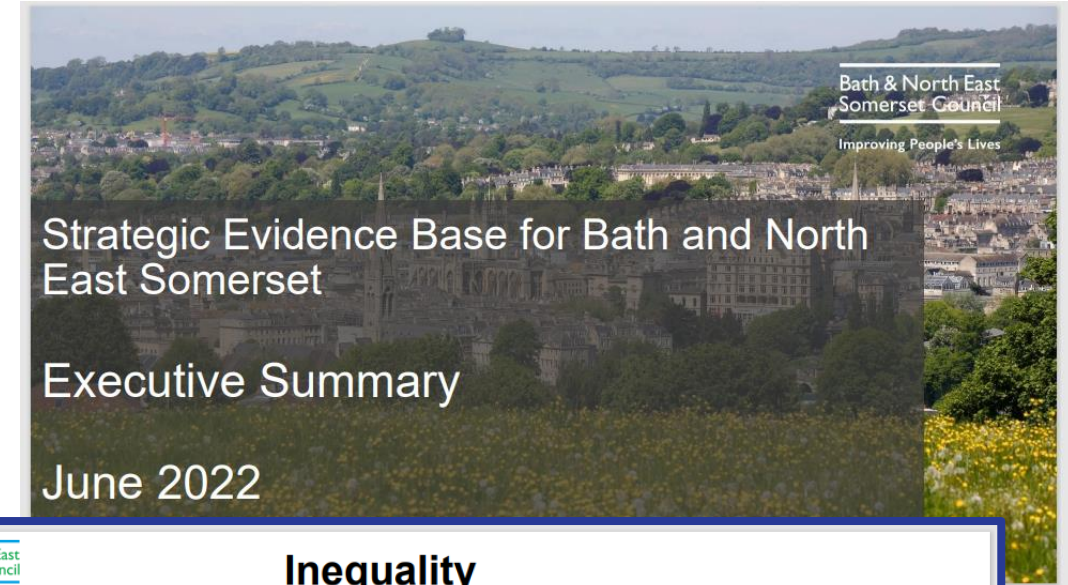


# Purpose and functions

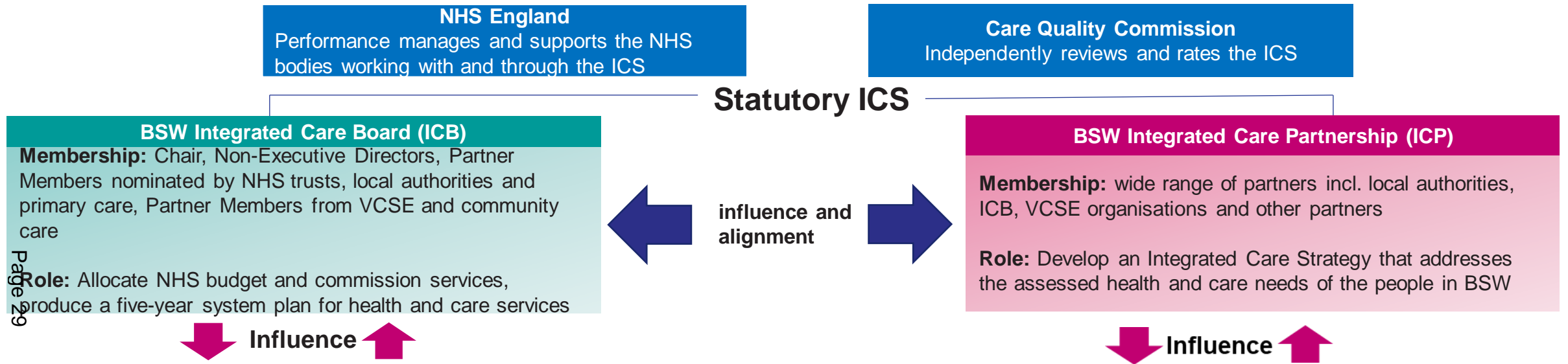
The purpose of ICSs is to bring partner organisations together to:

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

Page 28



# BSW Integrated care system

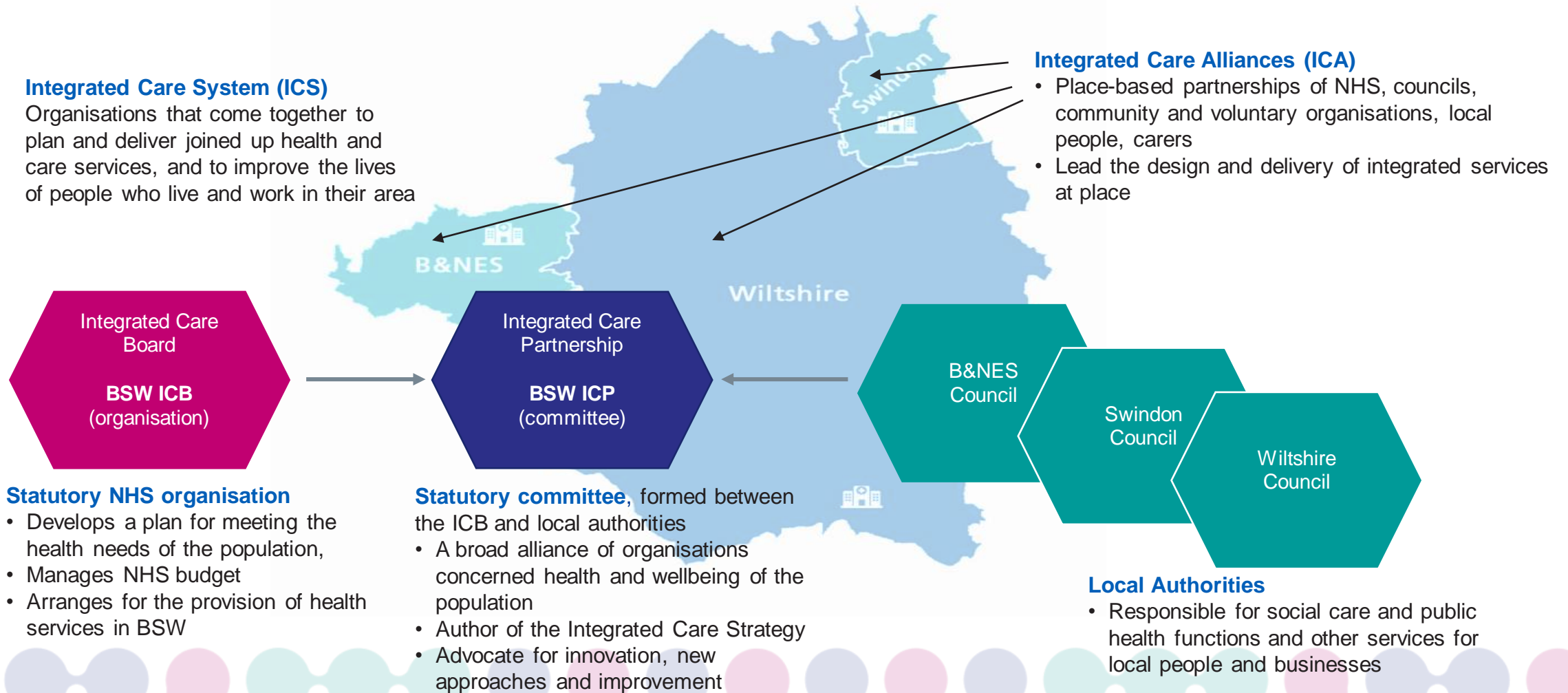


Partnership and delivery structures		
Geographical footprint	Name	Participating organisations
<b>System</b> Populations of 1-2m	<b>Provider collaboratives</b>	NHS trusts (including acute, specialist and mental health), VCSE sector and the independent sector. Can also operate at place level
<b>Place</b> Populations of 250,000 – 500,000	<b>Health and wellbeing boards</b>	ICS, Healthwatch, local authorities and wider membership as appropriate. Can also operate at system level
	<b>Place-based partnership</b>	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
<b>Neighbourhood</b> Populations of 30-50,000	<b>Primary care networks</b>	GPs, community pharmacists, dentistry, opticians

# BSW Integrated care system

## • How the BSW ICS is made up

Page 30



# Board members of BSW Integrated Care Board



**Sue Harriman**  
Chief Executive Officer



**Stephanie Elsy**  
Chair



**Gary Heneage**  
Chief Finance Officer



**Gill May**  
Chief Nurse



**Dr Amanda Webb**  
Chief Medical Officer



**Dr Claire Feehily**  
Non-Executive Director for Audit



**Paul Miller**  
Non-Executive  
Director for Finance



**Suzannah Power**  
Non-Executive  
Director for  
Remuneration and  
People



**Julian Kirby**  
Non-Executive  
Director for Public  
and Community  
Engagement



# Board members of BSW Integrated Care Board, continued



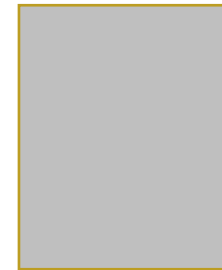
**Professor Rory Shaw**  
Non-Executive Director  
for Quality and  
Performance



**Stacey Hunter**  
NHS Trusts and NHS  
Foundation Trusts  
Partner Member –  
acute sector



**Dominic Hardisty**  
NHS Trusts and NHS  
Foundation Trusts  
Partner Member –  
mental health sector



**Vacant**  
Community Provider  
Partner Member



**Will Godfrey**  
Local Authority Partner  
Member – Bath and  
North East Somerset



**Susie Kemp**  
Local Authority Partner Member -  
Swindon



**Terence Herbert**  
Local Authority Partner  
Member - Wiltshire



**Pam Webb**  
Partner Member -  
Voluntary Community  
and Social Enterprise



**Dr Francis Campbell**  
Partner Member -  
Primary Care





# Role of the Integrated Care Partnership (ICP)

## What is an Integrated Care Partnership?



A broad alliance of organisations concerned with health and wellbeing of the population



The author of the Integrated Care Strategy, and other system-level integration strategies

Page 33



An advocate for innovation, new approaches and improvement

Cllr Richard Clewer (Wiltshire) is the Chair of the ICP.

## Our expectations for Integrated Care Partnerships

We have five expectations for Integrated Care Partnerships, that they will...



be a core part of Integrated Care System, driving their direction and priorities.



be rooted in the needs of people, communities and places.



create a space to develop and oversee population health strategies to improve health outcomes and experiences.



support integrated approaches and subsidiarity.

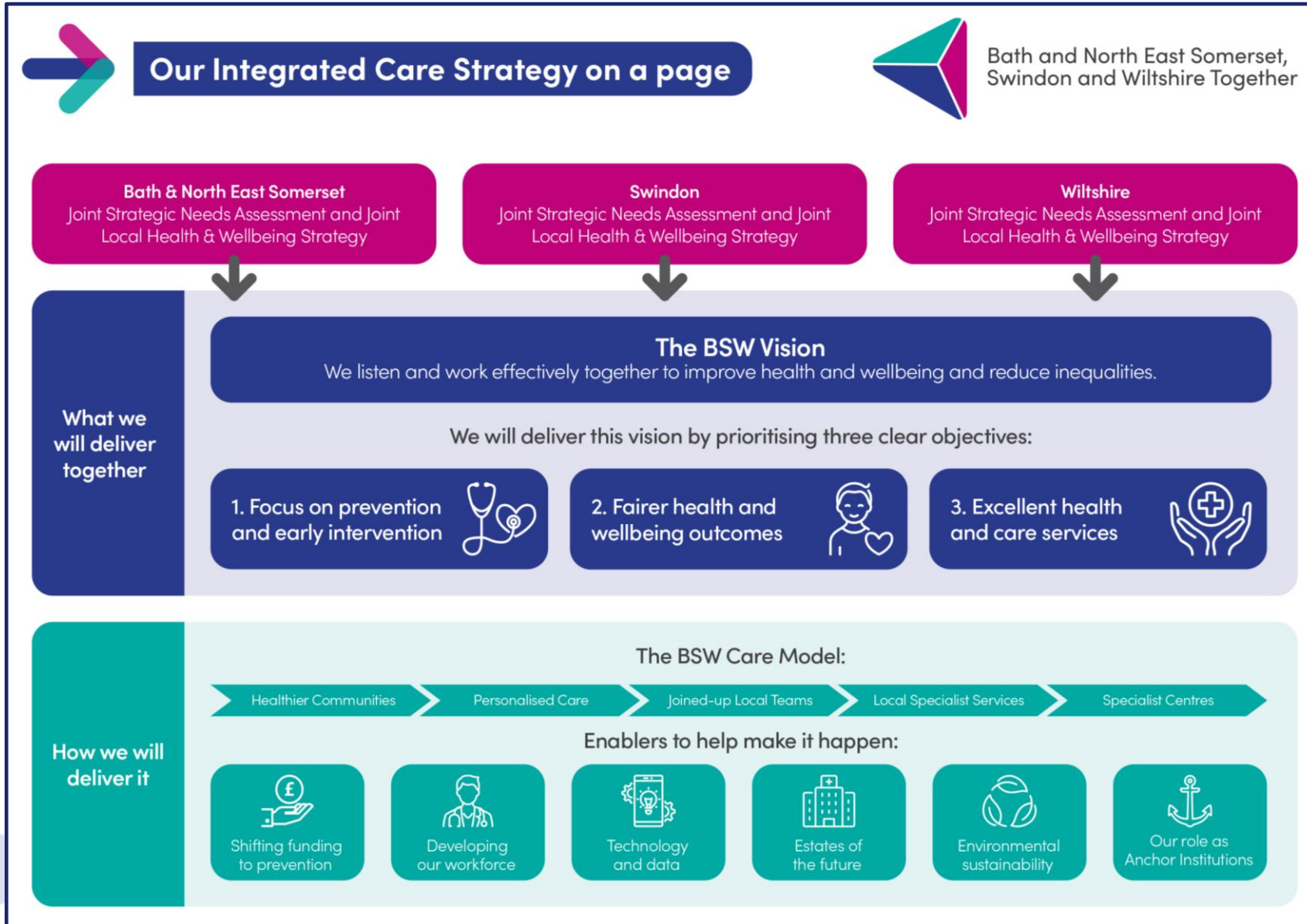


Be open and inclusive in strategy development and leadership, involving communities and partners to utilise local data and insights.

The Integrated Care Partnership is responsible for overseeing the development of the Integrated Care Strategy.



# Setting the scene – ICS vision and strategy





# Setting the scene – ICS vision and strategy



Section 5

What do we want to achieve?



## 5.3 What achieving our vision will look like

### Healthy pregnancy, birth and neonatal care

1. Mothers have a healthy pregnancy and good birth experience
2. Babies are born in good health
3. Parents approach parenting with confidence

### Start well 0-25 years

1. Children, young people and families have a healthy environment in which they can grow up in
2. Mental health support is available for children and young people who need it
3. The most vulnerable children and young people are well-supported, including those in and leaving care, as well as those who need to be kept safe
4. Children are ready to start education
5. There are better links between health and care services and schools

### Live well 25-64 years

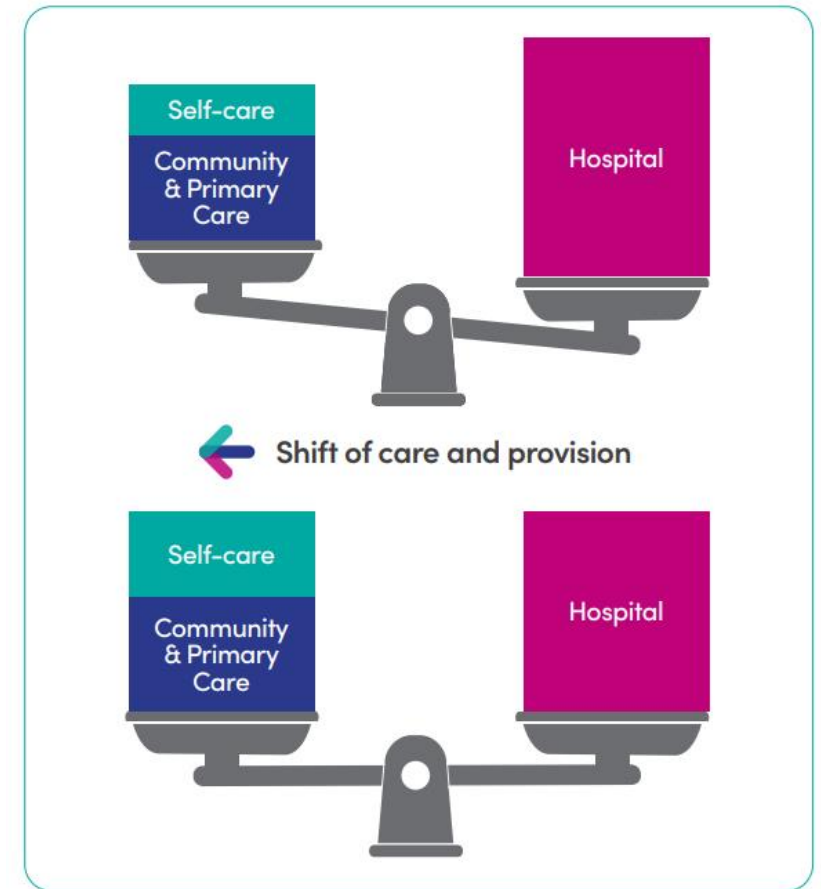
1. Individuals are supported to look after their own health and wellbeing
2. All residents benefit from living and working in places that promote health and wellbeing
3. Those with physical disabilities, learning disabilities and mental health conditions are in good health. Their care and support includes access to opportunities such as accommodation, housing and employment

### Age well +64 years

1. Older people feel that they are happy, healthy, independent and in control of their own care
2. The health and wellbeing of carers is prioritised and supported
3. When needed, health and care services are delivered at home, or as close to home as possible

### Die well

1. Individuals are consulted on where they would like their life to end and how they would like to be cared for in the final months of their life
2. Individuals feel that their wishes are respected by staff and those around them
3. Comprehensive support services are provided for individuals and their loved ones through palliative care, including bereavement support for families



The proportions of how much is spent in different sectors are expected to change over time.



# BSW Care Model

Working together to empower people to lead their best life  
Starting well → Living well → Ageing well



[BSW Care Model Video](#)

Page 36



## Priorities of the Fuller Stocktake Report

- Streamlining access to care and advice
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals; and
- Helping people to stay well for longer.

**Next steps for integrating primary care: Fuller Stocktake report**  
 Commissioned by NHS England and NHS Improvement from Dr Claire Fuller, CEO (designate) Surrey Heartlands ICS  
 MAY 2022

## 1. Personalised care

*We want everyone who lives in BSW to experience a personalised approach, however, they interact with health and care*

## 2. Healthier communities

*We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life*

## 3. Joined-up local teams

*Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people*

## 4. Local specialist services

*We will make more specialist services available at home and closer to where people live*

## 5. Specialist centres

*Our network of specialist centres will develop to focus more on the most specialist care and less on routine services which we can provide elsewhere*



# What outcomes are we seeking?

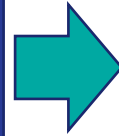
## The BSW Vision

We listen and work together to improve health and wellbeing and reduce inequalities



## Strategic objectives

1. Focus on prevention and early intervention
2. Fairer health and wellbeing outcomes
3. Excellent health and care services



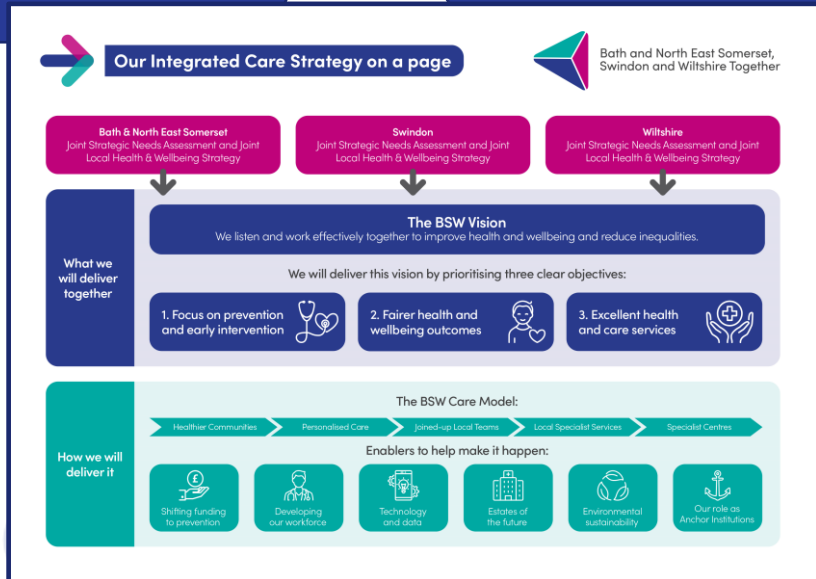
## If we are successful we will see long-term improvements:

1. An overall increase in life expectancy across our population
2. A reduction in the gap between life expectancy and healthy life expectancy across our population
3. Reduced variation in healthy life expectancy by geography, deprivation, ethnicity and other characteristics

Overarching Outcome Measures



Page 37



# BSW Implementation Plan

The BSW Implementation Plan sets out how we and our partners working together at a system level and in our places, Bath and North East Somerset, Swindon and Wiltshire, will deliver our Integrated Care Strategy over the period 2023 – 2028. The constituent strategies that have informed the Integrated Care Strategy are listed in the appendix and these are where you will find the detail for the components of the strategy.

Purpose of the Implementation Plan:

Page 38 The purpose of this plan is to enable our local populations, our partners and our stakeholders to have a clear picture of the programmes and plans that will be delivered in support of our partnership strategy.

It should be noted that the Implementation Plan is our version of the Joint Forward Plan that all Integrated Care Boards (ICBs) across England are required to produce for their respective systems.

A link to the plan is provided here for ease of reference: <https://bswtogether.org.uk/about-us/our-integrated-care-strategy/>

# Implementation Plan Structure

The structure of the plan reflects our intention for it to be used as a working document setting out the plan for this year as well as providing a summary of how the ICB will meet each of its legislative duties.

1. Introduction
2. Our population
3. Our local implementation plans
4. Our outcome measures
5. Strategic Objective 1: Focus on Prevention and Early Intervention
6. Strategic Objective 2: Fairer Health and Wellbeing Outcomes
7. Strategic Objective 3: Excellent Health and Care Services
8. Enabling workstreams
9. Monitoring performance and delivery
10. Ongoing engagement and involvement
11. Appendices (covering ICB statutory duties)



# BaNES ICA priority work areas and themes

## BSW ICB Priorities

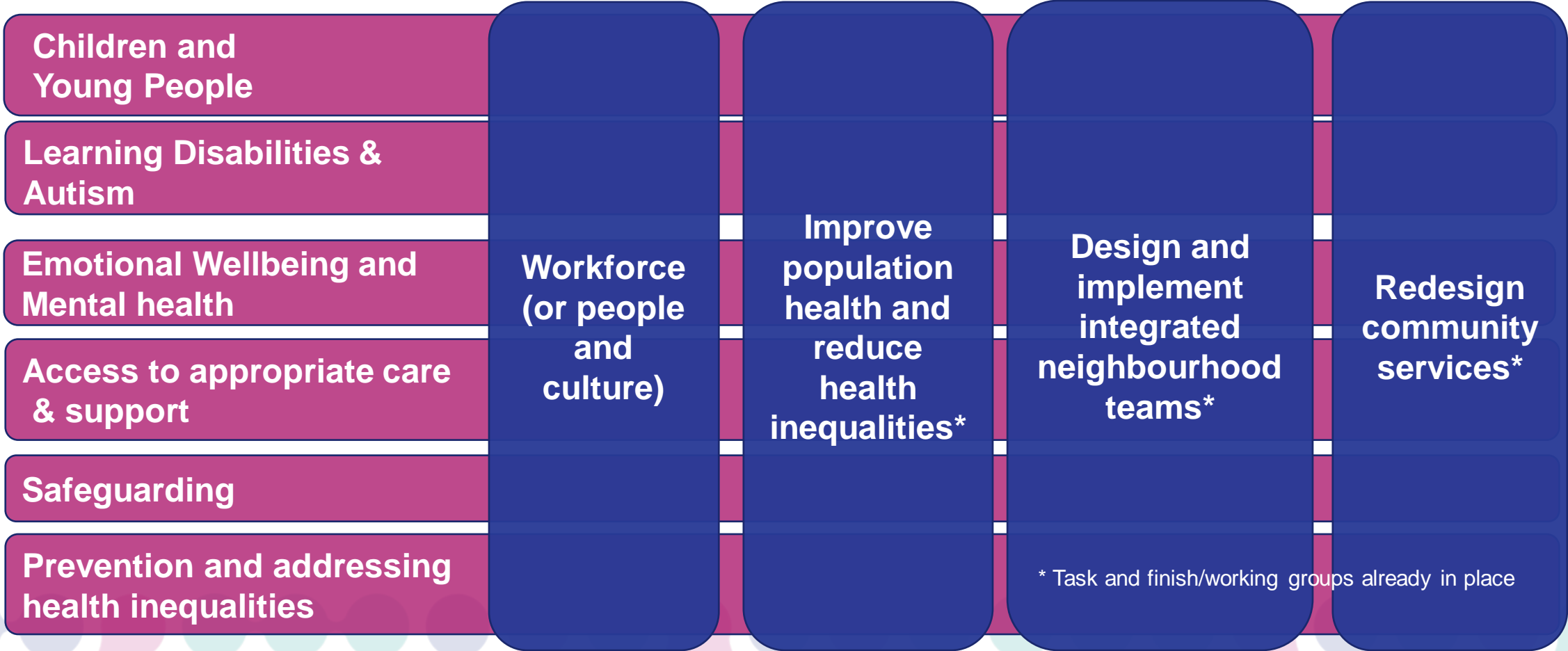
- Provide better joined-up care
- Enhance productivity and value for money
- Reduce health inequalities
- Help the NHS support broader social and economic development

## Priorities

All priorities to be driven by working groups to develop and implement the plans

## Themes

All themes to be prominent when delivering the priorities



\* Task and finish/working groups already in place



# BSW Implementation Plan

Our ICA priorities and the BaNES Implementation Plan themes:

- Context – Health and Wellbeing Priorities
- Workforce, culture, and people
- Reducing health inequalities
- Integrated neighbourhood teams
- Redesigning community services
- Children and young people
- Learning Disabilities & Autism, Mental Health, Safeguarding
- How will we deliver



# So how do the implementation plans of the B&NES Health and Wellbeing Strategy and the B&NES part of the BSW Integrated Care Strategy align?

- The role of the B&NES Health and Wellbeing Board is to set the vision to improve health and reduce health inequalities within the B&NES population.
- The Health and Wellbeing Strategy (H&WBS) is based on meeting needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.
- The H&WBS sets out the Board's strategic direction for B&NES population level outcomes and four broad high-level priorities for system partners to operationalise.
- The H&WBS has an implementation plan which gives further detail on the actions that organisations will take place to address those priorities.
- There are three actions in this plan that are the responsibility of the ICA to lead on. They have been identified as actions that align particularly well with the role of the Board's terms of reference, and that directly align with the ICA priorities and actions in the BaNES Locality Implementation Plan:
  - ❑ 3.3 Strategic approach to social prescribing- (ICA's priorities 2,3 and 4 and relevant cross cutting themes)
  - ❑ 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. ICA's priorities 1, 2,3 and 4 and relevant cross cutting themes)
  - ❑ 4.5 The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation. (Cross referenced to ICA's priorities 2 and relevant cross cutting teams)



<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING/ DECISION MAKER:</b>	<b>Children, Adults, Health &amp; Wellbeing Panel Policy Development &amp; Scrutiny Panel</b>	
<b>MEETING/ DECISION DATE:</b>	<b>Monday 10<sup>th</sup> July 2023</b>	<b>EXECUTIVE FORWARD PLAN REFERENCE:</b>
<b>TITLE:</b>	<b>Health &amp; Wellbeing Strategy – Implementation Update and Explanation of the Better Care Fund Funding Arrangements</b>	
<b>WARD:</b>	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b>		
B&NES Health and Wellbeing Strategy’s Implementation Plan		

## **1 THE ISSUE**

1.1 Local Joint Health and Wellbeing Boards have a number of statutory functions, two of which are to:

- (1) prepare and publish a joint health and Wellbeing Strategy for its population, setting the vision for desired population level outcomes and strategic direction
- (2) be the accountable partnership for the Better Care Fund

1.2 This paper gives an update on the development of the Health and Wellbeing Strategy’s Implementation Plan and an explanation of the Better Care Fund Funding arrangements

## **2 RECOMMENDATION**

**The Panel is asked to;**

### **2.1 Note the update provided**

### 3 THE REPORT

#### The B&NES Health and Wellbeing Strategy's Implementation Plan

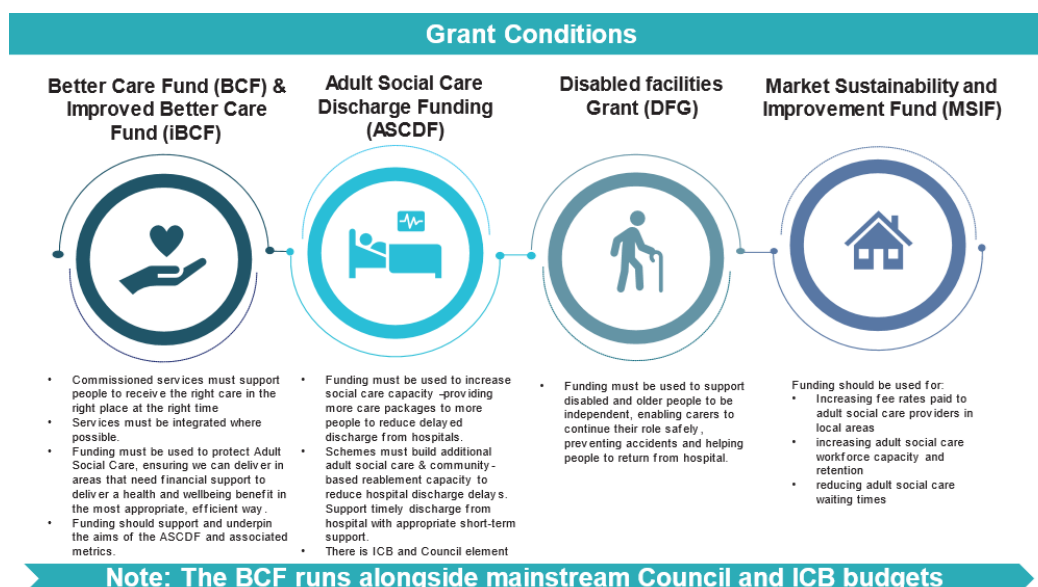
- 3.1 The B&NES Health and Wellbeing [Strategy](#) was approved by the Health and Wellbeing Board in March 2023. Its vision to improve health and reduce inequalities is: *“Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives”*
- 3.2 The Strategy has four key priorities:
- (1) Ensure children and young people are healthy and ready for education
  - (2) Improve skills, good work and employment
  - (3) Strengthen compassionate and healthy communities
  - (4) Create health promoting places
- 3.3 Since the writing of the strategy a Strategy Implementation Plan has been written that sets out actions to be owned and delivered by partnerships and teams against the four priorities above. This Implementation Plan was approved by the Health and Wellbeing Board in June 2023.
- 3.4 A Health and Wellbeing Strategy Steering Group oversaw and advised on the format, content and process for creating the Implementation Plan throughout its development.
- 3.5 The Implementation Plan was developed through extensive and iterative collaboration with individuals, teams and partnerships involving colleagues from the NHS, local VCSE groups and the Council, linking with existing strategies and working with current capacity. Engagement on actions in the plan has taken place with the Children and Young People's Subgroup to the HWB; teams in the local authority's directorates for Public Health and Prevention and Sustainable Communities; HCRG providers group; 3SG; the Community Wellbeing Hub; the Integrated Care Alliance (ICA); and the ICA's Alliance Delivery Operational Group.
- 3.6 All actions in the Implementation Plan are owned by a key partnership, team, or subgroup of the Health and Wellbeing Board. These owners have taken responsibility for ensuring that work is delivered on the agreed actions, reporting on progress to the Health and Wellbeing Board, and bringing related issues to the Board for further intelligence sharing, discussion, and development as appropriate.
- 3.7 Extensive effort has been made to ensure alignment between various strategies and implementation plans currently being developed or refreshed that impact on the health and wellbeing of the B&NES population. Two examples exemplify this:

- (1) The B&NES Swindon and Wiltshire (BSW) Integrated Care Strategy and its draft implementation plan have considered and incorporated priorities and themes from the B&NES Health and Wellbeing Strategy.
  - (2) The Implementation Plan contains employment-related actions that will sit within the Economic Strategy once that is finalised, which will be led by the council's Sustainable Communities directorate. They have been identified as actions that align particularly well with the role of the Health and Wellbeing Board and with its terms of reference, so their inclusion in the Health and Wellbeing Strategy's Implementation Plan will mean that progress on them will be shared and discussed at the Health and Wellbeing Board.
- 3.8 The Implementation Plan sets out milestones and timeframes to monitor progress on delivery.
- 3.9 An indicator set is being developed which will help the Board understand changes to population health, wellbeing and inequalities. The indicator set will also include longer term and overarching indicators including healthy life expectancy which are outside the scope of this Implementation Plan on its own to influence. However, retaining an overview of trends in the health of the population will help the Health and Wellbeing Board frame discussions to focus its work on addressing inequality and improving health and wellbeing for all.
- 3.10 A process by which implementation of the Strategy and its impact will be monitored, understood and reported back to the Board for discussion and assurance is in development and will be overseen by the Health and Wellbeing Strategy Steering Group. A proposal for this process will be brought to the HWB in September for agreement.
- 3.11 The Implementation Plan will be reviewed and refreshed annually.

### **Better Care fund arrangements**

- 3.12 The Better Care Fund (BCF) is a coming together of funds and strategy for the ICB, Council and DHSE to create integrated planning, development and delivery in adult health and social care.
- 3.13 The funds have been in place since 2015 with a growing set of guidance and direction as to how funds should be deployed.
- 3.14 The Health and Wellbeing Board is the responsible and accountable body for the deployment, monitoring and impact of the BCF. It is expected that the outworking of the annual BCF narrative plan, that is submitted to DHSC, reflects the Health and Wellbeing Strategy and the priorities and interests set out by the Health and Wellbeing board and its constituent members in line with the guidance.
- 3.15 The BCF is made up of a number of component parts including:
- (1) The Better Care fund grant from central government
  - (2) Mandatory and voluntary contributions from the ICB and Council

- (3) The iBCF – a grant wholly directed at support for adult social care
  - (4) The Disabled Facilities Grant (DFG) to respond to housing needs largely in the form of adaptations to housing for vulnerable adults.
  - (5) The Adult Social Care Discharge grant which has an ICB and Council allocation
- 3.16 Each of these funds has slightly different stipulations about how they should be used and have different monitoring and recording expectations.
- 3.17 In B&NES the full sum of the BCF funds is circa £78m. With the greater amount of 77% used to manage and fund the Community Services contract currently with HCRG CG. This year roughly 17% goes to towards core commitments including the administration of the fund and a number of prerequisite activities set out by the grant conditions. Annually this results in around 6% year to year to be committed to measurable schemes.
- 3.18 These measured schemes cover a wide range of activities related to three core conditions
- (1) Plans must be jointly agreed by the ICB and the local council chief executive prior to being signed off by the Health and Wellbeing Board, and the funding must be placed in to one or more pooled funds under section 75 of the NHS Act 2006.
  - (2) Plans must show how commissioned services will support people to remain independent at home for longer, and how BCF funding will reduce preventable admissions to hospital and long-term care
  - (3) Plans must show how commissioned services will support people to receive the right care in the right place at the right time, supporting safe and timely discharge, and tackling pressures in delayed discharges
- 3.19 The Health and Wellbeing Board is expected to receive regular updates on the delivery and implementation of the BCF and to also annually agree the narrative plan setting out priorities and commitments.
- 3.20 While the Health and Wellbeing Board is not expected to necessarily decide on changes to schemes on a month-to-month basis it is expected to have a good oversight of the impact and relevance of the schemes in achieving shared goals and strategies across the locality.
- 3.21 Below is an infographic showing the main aims of the funds, directly and in relation to the new Market sustainability grant which is directly managed by the Council.



3.22 This year there have been key changes as follows:

- (1) Significant and considerable focus in the BCF guidance on discharge and urgent care response creating 2 new priorities within BCF
- (2) 2yr plan and commitment (normally the plan is for one year)
- (3) New and more regular data submissions focused on discharge and capacity
- (4) The planning timetable has been brought forward to spring summer submission rather than autumn/winter
- (5) There is new allocation of ASC Discharge grant split into ICB and Council elements
- (6) The New Market Sustainability Fund is picking up the market management and some of the protection of social care narrative that used to be in iBCF. It has a separate reporting process.

3.23 The plan for 2023/5 was submitted to and approved by the Health and Wellbeing Board on 20 June 2023 and submitted to the national team on 28 June 2023.

3.24 Four priorities for measured schemes were set out focusing on prevention, community resilience and wellbeing supporting the strategic plans of the locality as follows:

## Strategic Priorities for 2023/5

Significant to BCF targets

Significant to our Key strategies

Under represented in our funding commitments

Demonstrate our shared identity, aspiration and commitment

Supporting “left shift” towards prevention, admission avoidance and planning for the future

Potential area for investment	Detail	What could BCF contribution look like?		
		Year one	Year two	Total
Admission avoidance and neighbourhood development focusing on the role of the Community Wellbeing Hub and carer support and engagement	The wellbeing Hub have set out a Development strategy/business plan showing how they can support stronger communities and carers to improve independence and wellbeing by drawing together the resource, commitment and engagement of the third sector. This provision meets goals within all 4 corporate plans and BCF targets supporting the development of neighbourhood strategies, resilience, admission avoidance and prevention. The overall provision is currently estimated at £1.5m per annum. The BCF could contribute to the resourcing of the hub for base costs or project activity.	£600,000	£1,000,000	£1,600,000
Young people with learning disabilities, autism &/or mental health transitioning into adult care	Council and health budgets are under significant pressure to meet the growing costs of young people with high levels needs moving from children's to adult services. The care cost of one young person can be as much as £1m per annum and the BCF might be a good resource to support adult social care needs as described for iBCF .	£700,000	£700,000	£1,400,000
Provision of resource to support Technology development in care linked to the neighbourhood teams strategy	Technology is an emerging area highlighted for investment at both a local and national level. Working alongside applications to the Adult Social Care Technology Fund and through the development of a system Technology Strategy for adult social care, this is an opportunity to culturally and strategically move forward an agenda for supporting prevention and enabling people to remain in their communities for longer with greater independence at affordable costs as part of our Neighbourhood strategy.	£200,000	£400,000	£600,000
Contingency supporting Transformation and re-contracting of Community health and social care provision	The transformation of the community health and social care services is now well underway with further decisions to be made in October 2023. It is acknowledged that the process of transformation may need additional resources to support new approaches to provision. This is a contingency figure to create capacity across areas that meet BCF targets.		£600,000	£600,000
<b>Total</b>		<b>£1.5m</b>	<b>£2.7m</b>	<b>£4.2m</b>

3.25 The BCF remains a dynamic and central part of our joint working, giving us the potential to develop our systems and positively change outcomes for the residents of B&NES. All partners are encouraged to attend ADOG and Council and ICA/B meetings to bring innovation, challenge and support to the on-going development of the BCF programme.

## 4 STATUTORY CONSIDERATIONS

4.1 Production of a Health and Wellbeing Strategy is a statutory requirement of the Health and Wellbeing Board. There is no statutory requirement to produce an Implementation Plan to the strategy.

4.2 The Health and Wellbeing Board has a statutory responsibility to approve the annual BCF narrative plan and to manage and monitor the funds throughout the year.

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

5.1 Any resource implications relating to the Health and Wellbeing Strategy Implementation Plan would be addressed by the partnerships that own the actions in the Plan.

5.2 For the BCF project plans are submitted and agreed by officers in line with the priorities set by the Health and Wellbeing Board and monitored accordingly.



## **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 For the BCF all schemes are subject to quarterly returns with the HCRG CG contract having its own contract management arrangements.

## **7 EQUALITIES**

- 7.1 Priorities in the overarching Strategy and the BCF have been drafted with an aim of reducing inequalities in B&NES, particularly to improve health and wellbeing outcomes for low-income households, people in rural communities, underrepresented groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) has been carried out.

## **8 CLIMATE CHANGE**

- 8.1 The identified priorities of the Health and Wellbeing Strategy, specifically access to nature and leisure facilities, aim to have a positive impact on the current climate position and this would also apply to the plans set out in the BCF.

## **9 OTHER OPTIONS CONSIDERED**

- 9.1 Not creating an Implementation Plan to the Joint Health and Wellbeing Strategy. However, a view was taken that having an Implementation Plan will be valuable as it will give partnerships and organisations stronger ownership of the Strategy and give the Health and Wellbeing Board greater insight into how the Strategy is being implemented across partnerships and within communities.
- 9.2 The options within BCF would relate to the size of voluntary contributions made by the ICB and council which currently all relate to the governance and delivery of the Community services contract. Decisions will need to be made going forward with the change in the contractual arrangements for the community services as to how and if this should be still managed within the BCF.

## **10 CONSULTATION**

- 10.1 The public consultation period for the joint Strategy ran from September 29th to October 31st, 2022 and this informed the formation of the Strategy's priorities. This Implementation Plan follows from that consultation by setting out some of the practical actions that will be undertaken to deliver on the priorities identified in the strategy.
- 10.2 Consultation for BCF is via the Alliance Delivery Operational Group (ADOG) of the Integrated Care Alliance, (ICA) the ICA board and the Council

SLT. This is set out annually in the narrative plan and is part of the approval process of both the Health and Wellbeing Board and the national approval of the plan.

<b>Contact person</b>	Sarah Heathcote, Health Inequalities Manager, 01225 394455 Judith Westcott, Senior Commissioning Manager, 07929 769 566
<b>Background papers</b>	
<b>Please contact the report author if you need to access this report in an alternative format</b>	

# Bath & North East Somerset (B&NES) Joint Health and Wellbeing Strategy Implementation Plan: April 2023

## 1. Context

This Implementation Plan translates the B&NES Joint Health and Wellbeing Strategy into some of the practical actions we are going to undertake to deliver on the priorities identified in the B&NES Health and Wellbeing Strategy.

Our Health and Wellbeing Strategy sets out a seven-year plan (2023-2030), to reduce inequalities and improve health and wellbeing for all. It identifies four priorities:

1. Ensure children and young people are healthy and ready for education
2. Improve skills, good work and employment
3. Strengthen compassionate and healthy communities
4. Create health promoting places

These priorities help us understand what is important to collectively focus on to deliver on the Health and Wellbeing Board's vision:

*“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.”*

The Joint Health and Wellbeing Strategy seeks to complement and strengthen existing and developing strategies in B&NES which help deliver on and support the vision of our strategy; aligning with the B&NES Council Corporate Plan, B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy, BSW Health Inequalities Strategy, the B&NES Economic Strategy, and the B&NES Local Plan.

We worked closely with colleagues from the NHS, local VCSE groups and the Council to identify and agree the key actions that will contribute towards reducing inequalities and improve health and wellbeing for all in B&NES. This implementation plan sets out those actions that will be taken by partners to deliver on the priorities identified by the strategy.

## 2. Our approach to implementing our Joint Health and Wellbeing Strategy

We have sought to link with existing strategies and work with existing capacity. For example, the Health and Wellbeing Board and the Integrated Care Alliance work collaboratively towards achieving improved health and wellbeing outcomes for our population, with the ICA having responsibility for oversight and assurance of the delivery of identified actions in the B&NES Health and Wellbeing Strategy's Implementation Plan.

Similarly, the B&NES Health and Wellbeing Strategy's Implementation Plan contains employment-related actions that will sit within the Economic Strategy once that is finalised. The actions have been included in the HWB Implementation Plan due to their impact on people's health, wellbeing, and inequalities.

All actions in this Implementation Plan are owned by a key partnership, team, or subgroup of the Health and Wellbeing Board. These owners have taken responsibility for ensuring work is delivered on the agreed actions, will report on progress to the Health and Wellbeing Board, and will bring related issues to the Board for further intelligence sharing, discussion and development as appropriate.

The Joint Health and Wellbeing Strategy sets out four principles: tackling inequalities, adapting and building resilience to climate change, sharing responsibility and engaging for change, and delivering for all life stages. We strongly encourage partners to always consider these when planning for, delivering and reporting on their activities.

This Implementation Plan will be reviewed and updated in 2024.

### 3. What will we measure?

An indicator set is being developed which will help the Board understand changes to population health, wellbeing and inequalities, such as changes in the gap in educational achievement or the percentage of people smoking for example. The indicator set will also include longer term and overarching indicators including healthy life expectancy which are outside the scope of this Implementation Plan on its own to influence. Understanding changes in the health of the population will help the Health and Wellbeing Board frame discussions to focus its work on addressing inequality and improving health and wellbeing for all.

A process by which implementation of the Strategy and its impact will be monitored, understood and reported back to the Board for discussion and assurance is in development and will be finalised shortly.

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
<b>Priority 1: Ensure children and young people are healthy and ready for learning and education</b>						
<b>Intended outcome: All our children and young people are healthy and ready for learning and education</b>						
1.1	Strengthen family resilience to ensure children and young people can experience the best start in life.	<p>Implement Best Start in Life Action Plan</p> <p>Work towards a shared trauma informed resilience approach</p> <p>Ensure constant promotion of existing and new services so practitioners and families know what support is available</p>	<p>By 2024.</p> <p>Shared approach agreed by <b>2028</b></p> <p>Ongoing. Monitor number of self-referrals come through intervention and early help services.</p>	Prevention and Early Intervention sub group of the BCSSP	Multi agency, including BSW Local Maternity and Neonatal System, VCSE, early years settings, educational institutions, all commissioned providers, healthcare services including primary care.	To receive updates on progress and champion work when relevant

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
1.2	Improve timely access to appropriate family and wellbeing support.	<p>Ensure continuity of early help offer.</p> <p>New family therapy AWP provision</p> <p>Progress work towards a family hub/Multi-Disciplinary Team approach to support families linked to new Integrated Neighbourhood Team model.</p>	<p>Report on uptake and outcomes <b>April 2024</b></p> <p>Work to reach agreement to pilot locally by <b>2028</b></p>	Prevention and Early Intervention sub group of the BCSSP	BSW Local Maternity and Neonatal System, Schools, Early Years Settings, all educational settings, VCSE groups, CAMHS, healthcare services including primary care.	To receive updates on progress and champion work when relevant
1.3	Reduce the existing educational attainment gap for disadvantaged children and young people.	<p>Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to provide intensive support for children eligible for free school meals, Children Looked After (CLA), SEND and BAME to support them to</p>	<p>Work with group of school leaders to design improvement strategy by <b>April 2023</b></p> <p>One day conference to share findings <b>May 2025</b></p>	St Johns Charity and B&NES Children and Education Services	Education Inclusion Service Virtual School, VCSE, educational institutions, SEND Transitions. Local inclusion partnerships	Receive progress reports on action and champion work when relevant

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
		<p>achieve better outcomes at school</p> <p>Continue to work alongside schools and social care to reduce exclusions and suspensions for all children open to social care but with a specific focus on CLA and Children with Protection Plans (CPP) in place.</p> <p>Continue affordable schools work</p>	<p>Clear guidance around suspensions and exclusions for all young people open to social care. All suspensions for CLA to be reviewed by the Virtual school. Enhanced support for all CPP to avoid permanent exclusions</p> <p><b>September 2023</b></p> <p>15 more schools engaged in poverty proofing project . Annual report on progress April <b>2024.</b></p>			
1.4	Ensure services for children and young people who need support for emotional	<p>Retain commissioned services.</p> <p>Influence ICA to invest and take action to address emotional wellbeing and mental</p>	<p>Ongoing</p> <p>By 2025, see investment reflect percentage of CYP in population.</p>	CYP Emotional Health and Wellbeing subgroup	Children's services B&NES/Oxford Health, BSW, relevant VCSE groups,	Receive progress reports on action and champion work when relevant

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
	health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services).	health. Use and refresh Dynamic Support Register and Care, Education and Treatment plans to ensure support provided is needs led and tailored to child  Improve transition processes between children and young people and adult services (physical and MH provision)	Update on progress <b>2024.</b>		healthcare services, educational settings.	
<b>Priority 2: Improve skills, good work and employment</b>						
<b>Intended outcome: More people working in jobs that support their health and wellbeing</b>						
2.1	Work with education providers and other partners to provide robust and inclusive pathways into work and	Map future skills requirements, including in major projects and emerging sectors, and work with skills providers on relevant course provision such as Adult Education Budget	<b>To agree following finalisation of the economic strategy</b>	Sustainable Communities Directorate	Bath college, Careers Hub, Universities, local employers, Adult Social Care, CYP subgroup, VCSE groups ,	Consider own roles as employers what pathways into work currently.  Receive progress updates



	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
	including for disadvantaged young people.	(AEB) and IStart.  Prioritise projects to address barriers to employment for young people, including care leavers and those with SEND, vulnerable learners.  Improve access to support by providing clarity to the extensive and complex employment and skills ecosystem through high quality and impartial IAG			educational settings	
2.2	Work with local employers to encourage, incentivise and promote good quality work.	Encourage partners and local businesses to sign up to WECA Good Employment Charter  B&NEs council to lead by example and support partners and local businesses to	<b>To agree following finalisation of the economic strategy</b>	Sustainable Communities Directorate	B&NES council, local employers, including VCSE, and public sector.	Collaborate as B&NES anchor institutions (and major employers) to review and adopt good work practices  Receive

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
		transition into a Employer of choice.				updates on progress
2.3	Support the development of and access to an inclusive labour market, focusing on engaging our populations most at risk of inequalities in accessing and maintaining good work.	<p>Create and deliver an inclusive employment and skills plan for Bath and North East Somerset, ensuring UKSPF supports B&amp;NES requirements</p> <p>Promote the Disability Confident Employer scheme and increase our own levels and be an employer who can encourage local employers to enhance the recruitment, retain and develop residents with disabilities</p> <p>Through the ISTART programme, offer an alternative and inclusive structure to training that addresses barriers to training not addressed through</p>	<b>To agree following finalisation of the economic strategy</b>	Sustainable Communities Directorate	Local employers, employees, VCSE groups, anchor institutions.	<p>Consider own roles as employers and the role can play in inclusive employment</p> <p>Receive progress updates</p>

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
		existing provision, and has embedded routes to employment				
2.4	Prioritise inclusiveness and social value as employers, purchasers and investors in the local economy.	Collaborate as B&NES anchor institutions (and major employers) to review and adopt good work practices  Use social value to promote apprenticeships for vulnerable groups	<b>To agree following finalisation of the economic strategy</b>  HWB Board partners will commit to <b>XX</b> support individuals from vulnerable groups with apprenticeships, jobs and work placements  Social value targets/impact evaluation (such as confidence, feeling in control of life, etc.), are embedded within Employment and Skills projects, in addition to traditional targets	Sustainable Communities Directorate	Anchor institutions, Local businesses, VCSE, Future Ambitions Board.	Collaborate as B&NES anchor institutions (and major employers) to review and adopt good work practices

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
			around referrals, into employment etc.			
<b>Priority 3: Strengthen compassionate and healthy communities</b>						
<b>Intended outcome: Our communities are compassionate and support individuals to be healthy and well</b>						
3.1	Infrastructure that encourages and enables individuals, organisations and networks to work together in an inclusive way, with the shared aim of supporting people in need and building strong local communities.	Implement community wellbeing hub strategy	Community Wellbeing Hub Strategy implemented <b>2023-2030 (TBC)</b>	Transformation Strategy & Governance Directorate B&NES	VCSE organisations, ICA, B&NES, health and care providers	Receive updates on progress of strategy  Promote and champion relevant services
3.2	Enable and encourage proactive engagement in health promoting activity at all ages for good	Implement health improvement strategy  Cultural strategy to include activities that support/promote wellbeing	<b>To update once detail of strategy agreed</b>  Strategy agreed spring <b>2024</b>	B&NES Public Health Team  Heritage Team	HCRG providers group, VCSE organisations, Primary Care Networks (PCNs)	Receive updates on progress of strategy  Promote and champion relevant

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
	quality of life.					services and activity
3.3	Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions. <b>(Cross referenced to ICA's priorities 2,3 and 4 and relevant cross cutting themes)</b>	Establish a framework for social prescribing across B&NES – include mapping of existing services, identification of gaps in provision and develop a shared definition of what social prescribing means in B&NES	B&NES Social prescribing framework in place by Summer 2024	ICA	Community Wellbeing Hub, Wider VCSE, PCNs, etc.	Receive updates on progress of strategy  Promote and champion relevant services
<b>Priority 4: Create health promoting places</b>						
<b>Intended outcome: Our places promote health and wellbeing and reduce health inequalities</b>						
4.1	Utilise the Local Plan as an opportunity to shape, promote and	Key policies included in the Local Plan that promote health and wellbeing and support the implementation of	Relevant policies included in the Local Plan <b>by 2025</b>	Sustainable communities	LA teams – transport, PH, etc. Local communities. Housing	Receive report on health impact assessment analysis of

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
	deliver healthy and sustainable places and reduce inequalities.	the ecological emergency action plan e.g. policies that promote: <ul style="list-style-type: none"> <li>- Access to green space</li> <li>- Active travel</li> <li>- Access to healthy food</li> </ul> -Accessible/safe housing for aging population			associations, VCSE organisations.	Local Plan.  Support implementation of relevant elements of Local Plan
4.2	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 to help prevent damp	Develop an overarching “Housing & Delivery Strategy”, incorporating action plans for affordable warmth measures, such as, improving information & signposting; working with RPs and other partners at West of England level to promote & encourage low carbon affordable warmth etc.	Housing & Delivery Strategy adopted by <b>2024</b>  Create a Damp & Mould Charter: Establish a common standard of approach and set of commitments, which all 31 RPs operating in BANES will be invited to sign up to <b>Jan 2024</b>  Compile damp and mould tool kit for	Sustainable communities Leadership Team	West of England Heads of Housing Partnership; Social housing providers, private landlords, Homes West Partnership etc	Receive updates on progress and champion and support work where relevant.

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
	and mould, and cold-related illnesses.		landlords. <b>Jan 2024</b>  West of England based RP forum identified (or established) where affordable warmth best practice identified and shared <b>by 2024</b>			
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.	Develop an overarching “Housing & Delivery Strategy” incorporating action plans for the regulation and improvement of housing conditions.  Commission housing condition survey modelling.  Assess the evidence for a further discretionary licensing scheme within B&NES.	Housing & Delivery Strategy adopted. <b>2023/2024</b>  Stock Condition report and data base completed <b>2024</b>  Assessment completed <b>2024</b>	Sustainable communities /NHS/Housing Associations	Registered Providers; Private landlords & other partners.	Receive updates on progress and champion and support work where relevant.
4.4	Improve	Design and implement	Pilot initiated with	ICA	Community	Receive

	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
	<p>equitable 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><b>(Cross referenced to ICA's priorities 1, 2,3 and 4 and relevant cross cutting themes)</b></p>	<p>Integrated Neighbourhood teams, taking into consideration existing local models and experience.</p> <p>Ensure visibility of wide range of services that are available are known by all. (Review previous approaches to directories)</p>	<p>two Primary Care Networks with initial focus on frailty.</p> <p><b>Spring 2023</b></p>		<p>Wellbeing Hub/VCSE groups, B&amp;NES, Mental Health Providers, primary care (PCNs), community healthcare services</p>	<p>progress updates, champion and drive forward work where relevant</p>
4.5	<p>The NHS, LA, Third Sector and other partners to increasingly embed prevention and</p>	<p>Establish B&amp;NES health inequalities network</p> <p>Develop B&amp;NES health inequalities plan</p>	<p>Health inequalities network established</p> <p><b>Autumn 2023</b></p>	ICA	<p>B&amp;NES Council directorates, VCSE organisations, NHS partners, local businesses.</p>	<p>Support and champion work of inequalities network.</p> <p>Receive reports from</p>



	Strategy objective	Action/s	Milestone and timeframe	Partnership responsible for leading delivery	Others involved in delivering the action	Role of the health and wellbeing board
	inequalities action into their planning and prioritisation. <b>(Cross referenced to ICA's priorities 2 and relevant cross cutting teams)</b>	To influence population outcomes group to left shift resources to focus on babies, children and young people				inequalities network on key inequalities issues relating to strategy.  Support focus on preventative work through agenda and papers for HWB.

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# adoption west

## Adoption West Joint Scrutiny Panel

### 2020-2021 Annual report

*“sometimes superheroes  
reside in the hearts of  
children fighting huge battles”*



*Foreword from the chair of Adoption West Board?*

*Foreword from the chairman of the scrutiny panel?*



## Purpose of the report

1. This report is written to:
  - a. publicly present the work undertaken by the Adoption West Joint Scrutiny Panel (thereafter referred to as the “scrutiny panel”) from May 2020 to March 2021 to the following committees:
    - XXX, Bath and North East Somerset Council
    - XXX, Bristol City Council
    - Children and Family Overview and Scrutiny Committee, Gloucestershire County Council
    - XXX, North Somerset Council
    - XXX, South Gloucestershire Council
    - Children’s Select Committee, Wiltshire Council
  - b. enable the Adoption West (AW) Board to monitor the efficiency of the scrutiny panel.
  - c. invite suggestions from the scrutiny committees (as listed in a. above) and the AW board on:
    - areas of focus for the scrutiny panel in 2021-22;
    - the contents that should be included in the scrutiny panel’s annual report; and
    - formatting / presentation of the information to ensure ease of reading.

## Background

2. Adoption West (AW) started operating on 1 March 2019, as a Regional Adoption Agency (RAA) created by Bath and North East Somerset Council, Bristol City Council, Gloucestershire County Council, North Somerset Council, South Gloucestershire Council and Wiltshire Council as a response to the government’s plans, published in June 2015, to regionalise adoption services across England and Wales.
3. Adoption West is a local authority trading company which is owned by the six local authorities and commissioned by them to provide adoption services. Adoption West is registered with Ofsted as a Voluntary Adoption Agency. Further information can be found on its [website](#).
4. The primary aim of this regionalisation was to deliver an adoption service which offer improved outcomes for both children and those who want to adopt.
5. The scrutiny panel (Adoption West Joint Scrutiny Panel) has been created to act as a critical friend, providing independent scrutiny of the work of AW and making constructive recommendations to ensure that AW meets its



performance targets and expectations. The terms of reference for the scrutiny panel are included as Appendix 1.

6. The scrutiny panel is an essential element of assuring democratic accountability for the use of public funds; although it does not fall under the banner of 'Overview and Scrutiny' as defined by the Local Government Act 2000 in that it is not a body jointly formed by the six participating councils.
7. The scrutiny panel reports directly to the AW Board. The AW board will monitor the efficiency of the scrutiny panel, including through this annual report.

## **Membership**

### Elected Voting Member

Cllr Michelle O'Doherty, Bath and North East Somerset Council  
Cllr Carole Johnson, Bristol City Council  
Cllr Dr Andrew Miller (Vice Chairman), Gloucestershire County Council  
Cllr Wendy Griggs, North Somerset Council  
Cllr Nic Labuschagne, South Gloucestershire Council  
Cllr Jon Hubbard (Chairman), Wiltshire Council  
Cllr Suzanne Wickham, Wiltshire Council

### Advisor (non-voting)

Alana Buckingham, Chair of Adoption West Adopter Advisory Board, Adoption UK

## **Snapshot – pie chart / diagram to contextualise adoption**

## **Work undertaken**

8. Between May 2020 and January 2021, the scrutiny panel held four meetings (virtual meetings to comply with Covid-19 regulations).
9. From the time the scrutiny panel was created, it was accepted that its first year would be a steep learning curve for its members as the world of adoption is often shrouded in mystery or media and movie-led misconceptions for anyone but those either working in that field or personally touched by adoption.
10. It was therefore also accepted that a significant portion of its work, in the first year, would be gathering knowledge and developing an understanding of both adoption and the implementation of the RAAs (regional adoption agencies).



### *May 2020 meeting - Understanding “Adoption West”*

11. At its first meeting the scrutiny panel reviewed the process that led to the establishment of AW, AW’s purpose, structure and current governance.
12. The scrutiny panel also established which elements of the adoption process were within its remit, as each Local Authority retains responsibility for the permanence planning for looked after children and continues to report to Government on performance in that area. Appendix 2 illustrates the split of responsibility between AW and the local authorities.
13. Finally, the scrutiny panel focused on performance monitoring by considering the October 2019 to March 2020 6-months performance report for AW, as well as the Scorecard data for 2015-2018.
14. The scrutiny panel resolved that some of the priorities identified by AW would also be areas of focus for its work:
  - Adopter sufficiency (also a national focus) – having the right number of adopters, but also adopters matching the children awaiting adoption (e.g., sibling groups, older children, BAMES (black, Asian, and minority ethnic), etc.);
  - Adoption support - developing clearer adoption support that engages with families as early as possible (rather than at crisis point) and with a focus on preventative actions.

### *July 2020 – performance monitoring*

15. The scrutiny panel considered both the AW annual report (2019-20) and development plan (January-March 2020).
16. The scrutiny panel suggested a number of additions to the AW annual report to enable easier and more robust comparison of data (either against national figures, with statistical neighbours or for “year on year” comparison).

### *November 2020 – performance monitoring and reporting*

17. The scrutiny panel focused its third meeting on understanding the performance monitoring process followed by AW. This included finding out what data is collected, how it is collected, who it is reported to, and how AW compares nationally (RAA scorecards).
18. The scrutiny panel also reviewed performance monitoring reports previously taken to each of the local authorities forming AW, to consider how this can best be undertaken to develop consistency across AW members.
19. The scrutiny panel resolved to consult with officers in each of the local authority to develop a common “core” report template, which each authority could then expand upon to include information that may be specific to that



authority, for processes within adoption that remain the responsibility of the local authorities (Appendix 2 refers).

20. Developing a common template as described in the above paragraph remains an area of work for the scrutiny panel; it is also hoped that the pattern / timing of reporting to each authority could be aligned to ensure that all information on adoption is presented in / around May to all local authorities forming AW, including:

- Local authority's performance report with regards to adoption;
- AW's annual report;
- This scrutiny panel's annual report.

21. This would ensure consistency across AW members, which in turn would enable robust year on year performance monitoring and more robust scrutiny of adoption performance by having all relevant information available at the same time (enabling triangulation of evidence).

*27 January 2021*

22. At its January 2021 meeting, the scrutiny panel considered the April to September 2020 AW's report and made recommendations on content to be included to ensure that effective scrutiny could be carried out (e.g., identifying trends, including comparator data, etc.); although it was recognised, and appreciated, that earlier recommendations made by the scrutiny panel on the format and contents of the AW's reports had been integrated in this report.

23. The scrutiny panel also considered the Adoption UK Adoption Barometer (2020) which offered an insight into the issues faced by adoptive families and how they were feeling with regards to processes and support offered to them.

24. The scrutiny panel noted that adoptive families reported increasing difficulties in adolescence and early adulthood and resolved to focus some of its work on this area (support for adolescent and young adults) in 2021-22. Adoption UK would focus some of its 2021 Adoption Barometer survey on the same topic.

25. The panel then considered this annual report and funding arrangements and resolved to develop its working relationship with AW Board in 2021-22.

*Covid-19 impact*

26. At each meeting throughout the year the scrutiny panel monitored the measures put in place to comply with government's guidelines with regards to Covid-19, whilst enabling delivery of services.

27. The scrutiny panel would like to express its recognition of the work undertaken by AW officers to ensure that after an initial (and understandable) short period of delays (March to May 2020), services have carried on being delivered at a high standard and with minimum delays.





28. It was also noted that AW had made the decision to maintain its quoracy for its adoption panels, wherever possible, which the scrutiny panel felt demonstrated a commitment to quality, and AW quickly implemented and supported online meetings to avoid delays in the adoption panels work.

### **Ambitions for 2021-2022**

29. There were a number of membership changes before the third meeting of the scrutiny panel, and with three of the local authorities within AW holding elections in May 2021, there could be a further significant change in membership.

30. This reinforces the scrutiny panel's commitment to developing its membership to include up to five stakeholders within the "adoption triangle", such as (but not limited to) adoptive parent, adopted young person, adopted adult, birth family member. This would have the dual benefit of deepening the scrutiny panel's understanding of adoption and, hopefully, enable continuity of work through continuity of membership.

31. Having developed an understanding of both adoption and Adoption West over its first year, the scrutiny panel has set its work for 2021-2022 (Appendix 3 – forward work programme). Significant changes of membership could make it difficult for the scrutiny panel to complete its forward work programme (as new members would likely need time to develop their understanding of adoption and Adoption West).

32. A key area of work for the panel in 2021-22 will be to work with all six local authorities to develop a process to ensure that reporting on adoption is co-ordinated as best as possible to enable robust scrutiny (paragraphs 21 to 25 refer).

### **Conclusion**

33. The establishment of the joint scrutiny panel itself is an achievement for 2020-21 and reflects the commitment from the AW Board and from each local authority within AW to independent, and democratically led, scrutiny of the use of public funds.

### **Proposal**

For the scrutiny committees (as listed in paragraph 1.a. above) and the AW board to:

34. Note the annual report 2020-21 of the scrutiny panel and make suggestion on contents to be included for future annual reports and formatting / presentation of the annual report to ensure ease of reading;



35. Note the forward work programme for the scrutiny panel for 2021-22 (Appendix 3) and suggest any amendments or additional areas of focus for the scrutiny panel in 2021-22;

For the scrutiny committees (as listed in paragraph 1.a. above) to note that:

36. The scrutiny panel would like to invite all councillors to read the Adoption Barometer 2020 to gain some understanding of the difficulties and issues faced by adoptive families, as this is likely to inform the support offered, and financed, by adoption agencies (including AW). The Adoption Barometer 2020 can be accessed here, alongside information on the 2019 and 2021 surveys: [Adoption Barometer](#).

**Cllr Jon Hubbard, Wiltshire Council, Chairman of the Adoption West Joint Scrutiny Committee**

Date of report: 09 February 2021

Report author: Marie Gondlach, Senior Scrutiny Officer, Wiltshire Council

**Appendices**

Appendix 1 – terms of reference of the Adoption West Joint Scrutiny Panel

Appendix 2 – Split of responsibilities between Regional Adoption Agency and Local Authority

Appendix 3 – forward work programme



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

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

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

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

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

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

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

<b>Ref Date</b>	<b>Decision Maker/s</b>	<b>Title</b>	<b>Report Author Contact</b>	<b>Director Lead</b>
<b>10TH JULY 2023</b>				
10 Jul 2023	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Update on the Integrated Health &amp; Care Strategy</b>	Laura Ambler, Director of Place, BSW ICB	Director of Adult Social Care
10 Jul 2023	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Health &amp; Wellbeing Strategy - Implementation Update</b>	Rebecca Reynolds Tel: 01225 394074	Director of Adult Social Care
10 Jul 2023	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Adoption West Panel Membership</b>	Ceri Williams Tel: 01225 396053	Director of Children and Education
<b>18TH SEPTEMBER 2023</b>				
The Forward Plan is administered by <b>DEMOCRATIC SERVICES:</b> <a href="mailto:Democratic_Services@bathnes.gov.uk">Democratic_Services@bathnes.gov.uk</a>				