Bath & North East Somerset Council

Improving People's Lives

Health and Wellbeing Board

Date: Thursday, 8th February, 2024
Time: 2.30 pm
Venue: Brunswick Room - Guildhall, Bath

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

Non-voting member:

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

Other appropriate officers
Press and Public

Corrina Haskins
Democratic Services
Lewis House, Manvers Street, Bath, BA1 1JG
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NOTES:
1. **Inspection of Papers:** Papers are available for inspection as follows:

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

Paper copies are available for inspection at the Guildhall - Bath

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

3. **Recording at Meetings:-**

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

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

4. **Public Speaking at Meetings**

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

Advance notice is required as follows:

Questions – close of business 4 clear working days before the day of the meeting to submit the wording of the question in full.
Statements/Petitions – close of business 2 clear working days before the day of the meeting to include the subject matter. Individual speakers will be allocated up 3 minutes to speak at the meeting.

Further details of the scheme can be found at:

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

5. Emergency Evacuation Procedure

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

6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

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

Health and Wellbeing Board - Thursday, 8th February, 2024

at 2.30 pm in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

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

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

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest** (as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests).

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

   Please see agenda note 4 overleaf.

7. MINUTES OF PREVIOUS MEETING (Pages 7 - 12)

   To confirm the minutes of the above meeting as a correct record.

FOCUS ITEM

8. PARENT CARERS' EXPERIENCE OF EMOTIONALLY BASED SCHOOL AVOIDANCE - REPORT FROM HEALTHWATCH (Pages 13 - 24)

   40 minutes

   The Board to receive a presentation on the Healthwatch report on Parent/Carer Experience of Emotionally Based School Avoidance and respond to the recommendations set out in the report. The full report can be found at the following

link:
Guidance (healthwatchbathnes.co.uk)

Sue Poole (Healthwatch) and Rachel Hale and Helen Yates (Directors of Bath and North East Somerset Parent/Carer Forum)

ITEMS FOR COMMENT/SIGN OFF

9. BETTER CARE FUND UPDATE (Pages 25 - 32)

5 minutes

To seek the Board's approval for the Better Care Fund Quarter 3 return.

Laura Ambler, Director of Place Bath and North East Somerset and BSW ICB

10. PRIMARY DENTAL SERVICES IN BATH AND NORTH EAST SOMERSET (Pages 33 - 46)

30 minutes

The Board to receive a presentation on primary dental services in Bath and North East Somerset.

Victoria Stanley, Programme Lead: Pharmacy, Optometry and Dentistry, ICB

11. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (Pages 47 - 94)

20 minutes

The Board to consider:

1. Quarter 4 Exception Report
2. Annual Priority Indicator Set Summary

Sarah Heathcote (Health Inequalities Manager) and Paul Scott (Associate Director and Consultant in Public Health)

12. PLAN TO PREVENT AND REDUCE SERIOUS VIOLENCE IN BATH AND NORTH EAST SOMERSET 2024-2025 (Pages 95 - 118)

15 minutes

The Board to receive an update on the plan to meet the new serious violence duty in B&NES.

Joshua Khan (Public Health Registrar) and Paul Scott (Associate Director and Consultant in Public Health)

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

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Bath and North East Somerset Council

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Monday, 4th December, 2023, 2.30 pm

Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Scott Hill	Avon and Somerset Police
Sara Gallagher	Bath Spa University
Will Godfrey	Bath and North East Somerset Council
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Nicola Hazle	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
Mary Kearney-Knowles	Bath and North East Somerset Council
Alex Luke	AWP
Kate Morton	Bath Mind
Stephen Quinton	Avon Fire & Rescue Service
Val Scrase	HCRG Care Group

31 WELCOME AND INTRODUCTIONS

The Vice-Chair welcomed everyone to the meeting.

32 EMERGENCY EVACUATION PROCEDURE

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

33 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Cllr Paul May

Sophie Broadfield
Cara Charles-Barks
Jayne Davis
Sara Gallagher
Alice Ludgate
Rebecca Reynolds
Alison Smith (Alex Luke substituting)

34 DECLARATIONS OF INTEREST

Nicola Hazle declared an interest in item 12 as a CQC Inspector but confirmed that as she did not undertake the role within the BSW area.

35 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

36 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

Gail Grant read a statement emphasising the importance of parks and green spaces to health and wellbeing and expressing concern that access to Royal Victoria Park was unsafe due to the lack of clear places to cross roads and the behaviour of users of bikes, e-scooters and in particular, cars which were being driven above the speed limit in the internal park roads.

Scott Hill undertook to contact Ms Grant to discuss her concerns and it was also agreed that her comments be fed back to the Liveable Neighbourhoods Team.

37 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting of 26 September 2023 were approved as a correct record and signed by the Chair.

38 JOINT HEALTH AND WELLBEING STRATEGY - PRIORITY INDICATOR SET

Gareth Jones (B&NES Business Intelligence Team) gave a live demonstration of the Power BI report which would be used as one of the processes for monitoring the implementation of the Joint Health and Wellbeing Strategy. He confirmed that not all measures had been finalised and asked the Board for any comments on the work undertaken so far.

In response to questions, the Board was advised:

1. Some of the measures would be static, e.g., energy performance and so it was important to consider this process along with the complementary processes (1) reports from partners on relevant projects across the year; (2) exception reporting on delivery of all the actions in the Implementation Plan twice a
   Year and (3) Development Sessions with the HWB that enable longer scrutiny and discussion of progress or delays within the implementation plan.
2. The air quality indicator referred to was nitrogen dioxide.
3. It would be possible to benchmark this data with the English average.
4. The indicator set would be finalised in time for Quarter 4 (February) and

would be refreshed annually.
5. Board members would be able to access the data directly via a link.

Board Members raised the following comments:
1. It was useful to see the data in this format.
2. The data was a helpful articulation of what was being achieved, but it was generic, and it would be useful to also report on some specific examples.
3. Consideration needed to be given on how the indicators could translate to targets.

The Board RESOLVED to agree the priority indicator set and the proposed process for accessing and monitoring the indicators.

39 **BETTER CARE FUND UPDATE**

Laura Amber introduced the item which sought the Board's approval for the Quarter 2 return.

Board Members raised the following comments:
1. There was a need for a strategic discussion about the use of the Better Card Fund over the next 18 months to ensure that the fund was being used in the most effective way.
2. There needed to be a more imaginative approach to the funding as continuing to roll out current activity may not get the best return.
3. It was agreed that it would be useful to have an in-depth discussion at a future meeting of the Board.

The Board RESOLVED to ratify the Quarter 2 return.

40 **AGE-FRIENDLY COMMUNITIES**

The Board received a presentation (attached to the minutes) on a jointly funded 2-year programme by Age Concern and St John's Foundation working towards Bath and North East Somerset becoming an Age Friendly Community, as defined by the World Health Organisation (WHO) with contributions from:

Simon Allen, Chief Executive of Age Concern, Bath
Louise Harvey: Executive Director, St. John's Foundation
Melissa Hiller: CEO, Rice Clinic
Becky Brooks: Director, 3SG

The Board was asked to support the programme as follows:
1. Provide political support for the application to the WHO to become an Age Friendly Community.
2. Nominate a representative from the HWB to sit on the Steering Group.
3. Receive Quarterly Reports on the progress of the Ageing Well/Bath & North East Somerset programme.

The Board considered the above request and responded as follows:
1. The Board was unanimous in supporting the programme, but in terms of "political" support, it was agreed that as the Health and Wellbeing Board was not a political body, a cross party motion to B&NES Council may be a more

appropriate route for achieving “political” support. It was noted that “political” support was a requirement of the WHO application.
2. The request for nominations to sit on the Steering Group would be followed up after the meeting.
3. It was noted that the programme aligned with priorities (3) and (4) of the Health and Wellbeing Strategy and reports to the Board could be picked up through the exception reporting and/or Development Sessions.

The Board RESOLVED to support the Age-Friendly Communities programme.

41 **BSW PRIMARY AND COMMUNITY CARE DELIVERY PLAN**

Caroline Holmes, Deputy Place Director (Swindon Locality BSW ICB) gave a presentation on the BSW Primary and Community Care Delivery Plan as included in the agenda pack.

She asked the Board to consider the following questions:

1. Are the actions and interventions we have identified the right ones to help deliver our transformation priorities?
2. Which of the actions and interventions are most important to you and why?
3. In what order do you think we should undertake or prioritise these?
4. Which groups, individuals and organisations do you think are most important to involve in further work around the actions and interventions? How should we best engage with them?
5. Do you have any other comments, ideas or observations that you would like to make?

The following comments were raised by Board Members:

1. Contracts and commissioning were significant issues for the Third Sector.
2. A co-ordinated approach was important to make sure all relevant organisations were involved.
3. Co-production with communities was essential to ensure their priorities were identified.
4. The plan was written for people within the system and consideration needed to be given to making the language more accessible to all.
5. More information was required on the financial modelling.
6. Priorities needed to be more explicit in articulating support for the workforce.
7. There needed to be more information on what difference would be made on the ground, e.g., to families of children whose learning had suffered as a result of the Covid pandemic.
8. The model needed to be flexible to allow for the local differences in the B&NES, Swindon and Wiltshire Communities.

It was noted that the plan would be finalised towards the end of the financial year and Laura Ambler undertook to update the Board at a future meeting.

The Board RESOLVED to note the presentation.

42 **ICB AND DEALING WITH PATIENT SAFETY**

Gill May, ICB gave a presentation (attached to the minutes) on Care Quality Commission (CQC) inspections of Integrated Care Boards (ICBs).

In response to questions from Board members, it was confirmed:

1. There would be one dashboard for all providers which Board members would be able to see, but this would take a few months to develop.
2. The inspections would include services provided for all age groups. Feedback would be used from existing data and therefore children and young people would not need to participate in a separate data gathering exercise.
3. In terms of how the HWB Board could interact with the System Quality Groups, Laura Ambler would be a link between the groups and the Board.

The Board RESOLVED to note the update.

43 **TERMS OF REFERENCE - REVIEW**

The Board RESOLVED to agree the minor changes to the Terms of Reference.

44 **SEXUAL HEALTH BOARD ANNUAL REPORT 2022/23**

Board Members acknowledged the positive achievement of preventative work undertaken to minimise Mpox cases in B&NES throughout the outbreak.

The Board RESOLVED to note the report.

45 **PHARMACY CONSOLIDATION AND ASSOCIATED PHARMACEUTICAL NEEDS ASSESSMENT (PNA) SUPPLEMENTARY STATEMENT**

The Board RESOLVED to note that a supplementary statement would be published.

KEY MESSAGES FROM THE MEETING

1. Progress on developing performance indicators for H&WB priorities welcomed and supported.
2. Good progress being made on this year's Better Care funded projects. A future meeting to include a strategic discussion on future priorities for the fund.
3. Unanimous support for developing B&NES as an Age Friendly Community which will help deliver priorities 3 and 4 of the H&WB strategy. Thanks to Age UK and St John's for their support and leadership on the project.
4. Good to hear of ICB led plans to transform primary and community services across BSW.
5. A CQC inspection programme is being developed for ICBs. This together with provider inspections and the new local authority inspection should provide assurance of health and care quality on a community basis.

The meeting ended at 4.10 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Parent Carers' Experiences of Children with Emotionally Based School Avoidance (EBSA)

A report by Healthwatch Bath & NES and Banes Parent Forum

tcf
the heart of social inclusion

B&NES Parent Carer Forum

healthwatch
Bath and North East Somerset

Why look at this question ?

The Parent Carer Forum raised this issue, due to the feedback they were hearing from parent carers including:

- the variable way in which EBSA is dealt with by GPs and schools
- new guidance given to schools around attendance, which is impacting especially on those children with EBSA, but where any other diagnosis is absent
- if a child has an EHCP then the needs of children are much better met, but anxiety can be a standalone issue without any diagnosis, or there could be delays in EHCP
- EBSA has become more common since COVID but was present beforehand
- The Parent Carer Forum are part of an EBSA steering group involving schools, Educational Psychologists, Sendias and the Local Authority, but with limited health input

What we did ?

Healthwatch B&NES and B&NES Parent Carer Forum devised a survey which was shared via their membership and also via Healthwatch social media channels and monthly newsletter

The survey was open for 4 weeks and 30 responses were received

All respondents cared for a child or children with special or additional needs, who were experiencing anxiety around school attendance

Responses were received in roughly equal numbers in relation to primary and secondary school pupils

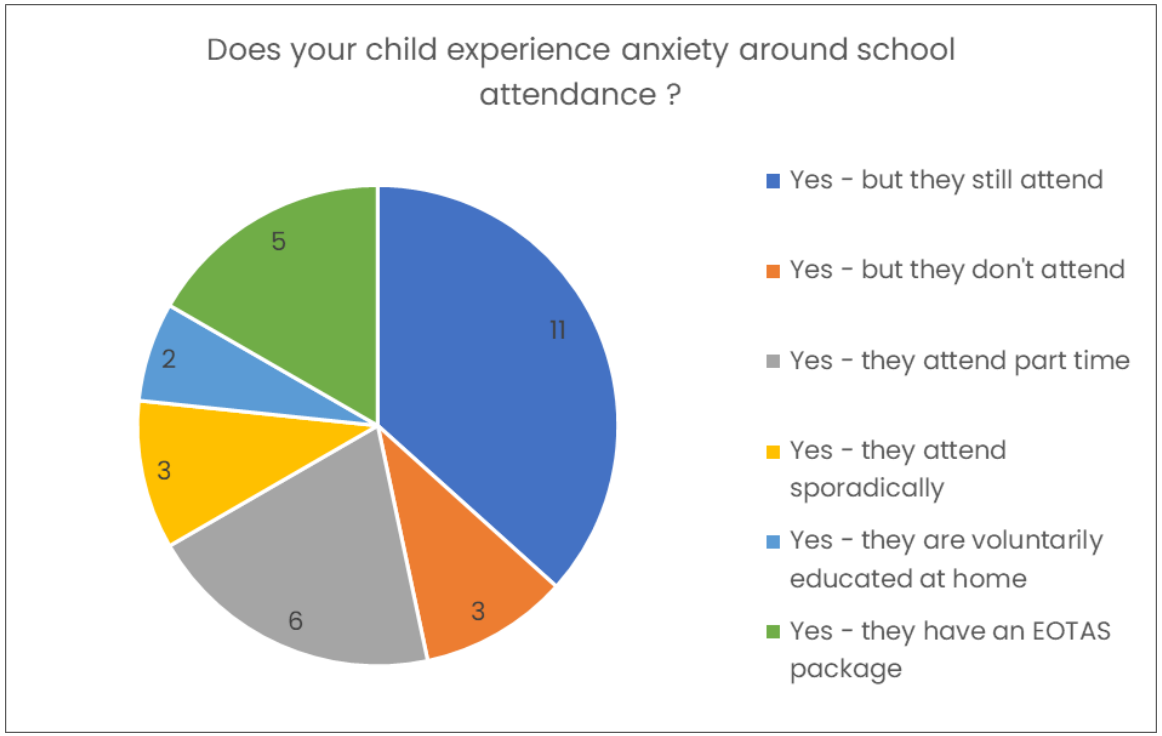
There was a mix of responses with regard to whether a diagnosis had been received, was in progress, or where there was no diagnosis:

- 17 children had multiple diagnoses
- 5 children had a single diagnosis

It is clear that many parent carers and children were managing complex and multiple conditions, including physical condition

What we found out

Just over a third said their children still attended school and 10% that they were not attending 30% were attending either part-time or sporadically. The remainder were educated either at home or through an EOTAS (Educated Other Than At School) package



tcf the heart of social inclusion

B&NES Parent Carer Forum

healthwatch Bath and North East Somerset

What we found out – support and advice from GPs

The survey asked about parent carers' contact with their GP and whether they received helpful support and advice.

73% of respondents had either visited or spoken with their GP about this issue
46% were offered advice by their GP but only 18% found the advice helpful, with a further 23% being unsure, with the remainder saying the advice was not helpful

Only 10% of respondents said their GP recognised EBSA

Examples:

"To contact CAMHS - GP said they had no power to help. Couldn't issue a sick note or back up anxiety diagnosis"

"To get my child back into mainstream school as soon as possible" The GP had no understanding of school anxiety and would not write a letter to the school. I had to change GP's to eventually get a letter of support and also change GP surgery.

"The GP has written several letters supporting my daughter's EBSA and has been very helpful."

What we found out – responses from schools

The survey asked about parent carers' contact with school and whether they received helpful support and advice.

A majority (80%) had consulted the school teacher, and 43% had contacted the school manager or administrative staff and 30% the school nurse.

70% had been offered advice – levels of support varied immensely as with GPs

Examples:

"The previous school didn't even try to understand and just said she had to go. Some staff even resorted to telling her they might lose their jobs if she didn't go in as they were responsible for her."

"Head of SEN at (secondary) school telling daughter to 'leave her mental health issues at home'"

"The staff at my daughter's secondary have been amazing in meeting her every day for the first two years, endlessly patience and working in co - production with myself as a parent."

Key findings – 1

Recognition of EBSA and support for parents and children experiencing EBSA is extremely varied from GP to GP and between schools

Parents are working very hard to try and find support from GPs, schools and other voluntary organisations

Having or not having a diagnosis e.g. of autism or other, did not appear from results to impact on the support provided

As there was no specific EHCP question we can't say whether having or not having an EHCP had an impact on support. However, we know how challenging some parents find this process – including delays and having to fund parts of the process privately

Timeliness of support is really important as children can miss out on key stages of learning, and social development, as a result of delays in support

That good practice is out there alongside bad or unhelpful practice – need to proactively support the change from unhelpful to helpful

Key findings – 2

Examples illustrating key findings:

"More awareness and understanding and access to support. LA speed up with decisions! GPs understanding that EBSA is real!"

"I would have liked some practical support to support my child to get to school before it got to the stage she was too scared to attend."

"Help for children who can't attend school without a diagnosis or at least during the process of gaining one as 2+ years in limbo without support is not good enough at all and creates more trauma for the children and families"

"For schools to have more empathy and a better understanding of children who are undiagnosed and have school anxiety. Better understanding of autism and masking. School should stop treating absence like it's all the same and stop threatening parents with fines and this just piles in more stress for the family."

Recommendations – 1

1. All schools in BANES to take up the available EBSA training e.g. Horizons training & Parent Carer Forum training. This should include all staff and the level of take up be reported to the EBSA steering group.

2. Health professionals (GPs, school nurses, Health Visitors, specialist nurses, paediatricians) should access EBSA awareness training, and be aware of strategies to help.

3. At the transition between key stages schools should share information which specifically identifies EBSA, where this is relevant rather than sharing only low attendance. Linked to this it is recommended that all secondary schools ask the same question on this issue for ease of completion of forms by primary schools.

4. Clarity should be provided to parent carers whose children are educated 'out of county' about which local authority or agency they should communicate with for help and support around EBSA.

Recommendations – 2

5. Schools should be aware of the support available to parent carers and signpost them appropriately to this support.

6. GPs should be aware of the support available to parent carers and signpost them appropriately to this support

7. Education and health providers should find ways to share examples of good practice so schools and GPs can learn from each other

8. More mental health support should be provided for teenagers especially, both in and outside school

9. More support should be available for children to help build their confidence and resilience for example, mentoring support, whether they are in alternative provision, or struggling to maintain attendance in school.

Link to report and contact details for PCF

Link for report on Healthwatch Bath & North East Somerset website

[Parent Carers Experiences of Children with Emotionally Based School Avoidance (EBSA) | Healthwatch Bathnes]

B&NES Parent Carer Forum & contact details

B&NES Parent Carer Forum (PCF) are parents of children or young people with a variety of disabilities, who bring their experiences and knowledge together to provide a voice to advocate for change.

The PCF work closely with parent carers through their website, information sessions, social media and events. PCF works in partnership with the Local Authority and other strategic groups to ensure that they listen and hear what it is really like for families, children and young people. Highlighting what change is needed to ensure that there really is an inclusive offer

www.banespcf.co.uk
info@banespcf.co.uk

Facebook: BANES PCF TALK
B&NES Parent Carer Forum

tcf
the heart of social inclusion

B&NES Parent Carer Forum

healthwatch
Bath and North East Somerset

THANK YOU

Do you have any questions ?

What is your response to the report and recommendations ?

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B&NES Parent Carer Forum

healthwatch
Bath and North East Somerset

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING/ DECISION DATE:	**08 February 2024**
TITLE:	**Bath and North East Somerset Better Care Fund Quarter 3 National Data Return**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Overview summary slide deck BCF Return Excel Document (by request)	

1 THE ISSUE

1.1 Bath and North East Somerset Council with the Integrated Care Board (ICB) has a statutory duty, through the Health and Wellbeing Board to approve activity related to the Better Care Fund as defined in the requirements of the central Government allocation of these funds. These include a two year narrative and activity plan and quarterly reports throughout the year. The Quarter 3 report is now being submitted and requires approval from the Health and Wellbeing Board.

2 RECOMMENDATION

The Board is asked to;

2.1 Ratify the Quarter 3 return.

3 THE REPORT

3.1 The Better Care Fund plan and associated narrative explanation is governed by the HWB. The current active plan covers the period April 23 – Mar 25 which was approved prior to submission to NHS England in June 2023.

3.2 As a new process this year, quarterly reporting has been requested by NHSE for Quarter 2 and Q3 (expected for Q4) which requires consultation, agreement, and ratification in line with the locality agreed governance process.

3.3 Q2 reporting was ratified by HWB on 4th December 2023.

3.4 Requirements for each of the Quarterly submissions are pre-defined and the BCF manager is provided with templates with prepopulated fixed cells. Each of the two returns in this financial year have included different requests. Specific locality work and reflections on schemes supported by the Better Care Fund is not within the remit of this return.

3.5 This submission, like Q2 submission, includes reporting against 5 key metrics which relate to national metrics which apply to varying degrees to work funded partly or wholly by BCF pooled funding (Spreadsheet Tab 4).

3.6 New to this return is a requirement to report spend and activity in relation to specific defined areas of spend related to planned schemes. These lines of reporting have been defined by the NHS England BCF team and do not include all aspects of Better Care Fund planned use nor do they specifically include the detail of the predefined categories.

3.7 Therefore, spend and activity reported relates to only some aspects of the BCF planning which the HWB approved in the planning submission in June 2023 and only some aspects of spend in those areas where funding for some services may be provided via alternative routes.

3.8 The return should only be considered a partial reflection of activity in these categories across the locality.

3.9 Data has been verified via relevant Business Intelligence teams and aligned with other data sets and submissions.

3.10 The Quarter 3 return has been compiled by the Better Care Fund Manager in consultation with relevant senior partners within B&NES Council and ICA, including a presentation and open discussion where adjustments to the submission were agreed.

3.11 Following presentation and discussion the return was approved verbally and by email on 24th January 2024 by Laura Ambler (B&NES ICA Place Director) and Natalia Lachkou (Assistant Director of Integrated Commissioning) and will be submitted according to the deadline of 9th February 2024.

3.12 It should be noted that Health and Wellbeing Board meetings do not always precisely align with BCF returns. The National BCF guidelines accept that returns may be given approval, via delegated responsibility by officers and can then be given formal approval via the Health and Wellbeing Board both before and after submission.

4 STATUTORY CONSIDERATIONS

4.1 The statutory considerations are set out in section 1 of this report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 No specific resource implications are identified in this report, as commitments have already been made through previous approvals.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 The joint Health and Wellbeing Strategy for B&NES is in operation supporting aims to improve health and wellbeing outcomes for low-income households, vulnerable groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) has been carried out in relation to the BCF schemes and the schemes have been agreed previously by the HWB to fulfil commitments in the Health and Wellbeing and Inequalities strategies.

8 CLIMATE CHANGE

8.1 This report does not directly impact on supporting climate change progress.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Appropriate consultation has taken place in the construction and development of this return as mentioned in 3.10.

Contact person	Lucy Lang Lucy_lang@bathnes.gov.uk
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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Better Care Fund 2023 - 5

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

Bath & North East Somerset Council

Improving People's Lives

HWB Q3 Return Update

RECEIVE REGULAR UPDATES
ON THE DELIVERY AND IMPLEMENTATION OF THE BCF

Tab 4: Metrics

Metric	Definition	Assessment of progress against the metric plan for the reporting period	Q3 Achievements - including where BCF funding is supporting improvements.
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	On track to meet target	Virtual ward useage increasing towards target and therefore improving impact of Home is Best BCF supported agenda. Care home training support continues to be targetted through improved use of workforce development fund.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	On track to meet target	Improved perfomance compared to Q1 with current figure into Q3 91.6% therefore exceeding target. Continued focus on discharge pathways supported by BCF with adjustments to ART+ service, reablement process and route of commissioning of home care, to ensure impact of planned closure of homeward minimised.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	On track to meet target	Improvement in outcomes for this metric being seen in recent data with significant reduction into Q3 (e.g. Nov 59.2 compared to target of 165.3 for this month). Continued investment in understanding care homes who require support. Further development and sharing of data sets and continued implementation of frailty role.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Current data reflections indicate a continued reduction in permanent admissions. D2A management continues to impact and support the Home is Best BCF partially funded agenda.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Schemes in place to support early identification of need to direct journey appropriately; third sector; and continuation of development work with community services to support readmission avoidance.

HWB Q3 Return Update

Tab 5: Spend and Activity – An Extract

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?
17	Protection of Social Care	Residential Placements	Nursing home	iBCF	£76,000	£57,000	1	1	Number of beds/placements	No
76	Extra Care Housing Scheme - Pemberley Place	Residential Placements	Extra care	iBCF	£50,000	£0	3	0	Number of beds/placements	Yes
78	Home from Hospital	Assistive Technologies and Equipment	Community based equipment	iBCF	£50,000	£0	25	0	Number of beneficiaries	No
15	Community Services	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£426,341	£319,755	47	36	Packages	No
15	Community Services	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£628,145	£471,108	70	51	Packages	No
15	Community Services	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£221,162	£165,871	24	18	Packages	No
15	Community Services	Home-based intermediate care services	Reablement at home (to prevent admission to hospital or residential care)	Additional LA Contribution	£36,511	£27,383	4	3	Packages	No
15	Community Services	Home-based intermediate care services	Rehabilitation at home (to prevent admission to	Additional LA Contribution	£288,064	£216,048	32	24	Packages	No
15	Community Services	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£20,004	£15,003	20	15	Number of beneficiaries	No

Spend and activity on track against planned output

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

Primary Dental Services in Bath and North East Somerset

Victoria Stanley, Programme Lead Community Pharmacy, Optometry and Dentistry

Primary Dental Contracts

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

- 3 types of contract
  - Includes various mandatory & additional services
  - Activity – units of dental activity (UDA's) OR units of orthodontic activity (UOA's)
- What are mandatory services?
  - All proper and necessary dental care and treatment
  - Including examination and diagnosis
  - Preventive care and treatment
  - Periodontal conservative or surgical treatment
  - Provision of appliances (dentures, bridges, crowns)
  - Urgent treatment and referral where appropriate
  - Referral onwards as necessary

Category	Number of Contracts
Total	116
UDA Only	101
UOA Only	10
UDA and UOA	5
Total number of contracted UOA's	64,785
Total number of contracted UDA's	1,157,262

Other	Number of Contracts
Special Care Dental Services (CDS)	1
Secondary Care Dental Services	3

Regional Initiatives

Programme	Number of Contracts	Sessions/Patients (Per week)	Change since last month
Stabilisation pilot	4	13 Sessions	-1 contract, -3 sessions
Urgent Care pilot	4	86 Patients	Nil

South West Oral Health Needs Assessment

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

A South West OHNA in 2021 highlighted the importance in exploring the needs of at risk groups and highlighted 4 key priorities:

- 1. Issues in the access to NHS dentistry but with particular variability between more affluent and deprived areas
- 2. A need to support dental care services for older people, due to a projected increase in the older adult age groups
- 3. A need to support the recruitment and retention of dentists providing NHS Services
- 4. Evidence that there is difficulty being experienced by dentists in meeting their contractual targets and therefore a risk for future service provision because of the commercial viability of certain contracts.

Background to Dentistry

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

- **Dental** practices are **independent businesses**, often providing a combination of NHS and private dentistry.
- **Patients** are **not registered** with a dentist in the **same way** they are **with a GP**
- **Individuals** can **access** services at a dental practice located **in any area** if the practice is accepting new patients
- For those with a **dental emergency**, triage arrangements are in place via **NHS 111**
- **Access** to **NHS dental** services has **historically been challenging**, with **demand exceeding the capacity** available mainly due to **insufficient workforce** and the capacity of practices to take on new patients.
- **Work** is underway at a **national** level to identify **solutions** to the **recruitment** and retention pressures in NHS dental services, and to understand and address the constraints of the current national NHS dental contract mechanisms

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Integrated Care Board

What are our priorities?

Overview of Priorities

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

- Working with dental providers to **ensure existing contracts** are **delivering** to their **maximum potential**.
- Regularly **review performance** and support under-performing practices to deliver on their **contracted activity**
- **Procure new contracts** in areas where there is **insufficient dental access** appreciating workforce challenges and gaining appropriate assurance.
- **Commissioning additional** NHS **work** from dental practices that have **capacity**.
- Working closely with local dental networks, dental practices, public health, and the dental school to **develop referral pathways** and **identify initiatives** to increase dental capacity in the community.
- We work with **Local Authority Public Health** teams who lead on **Oral Health Promotion and Improvement** including health promotion for both children and adults.

Key areas of focus:

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

- How can we improve Patient Experience across BSW?
- How do we all communicate and engage with the public to address patient perception and behaviour?
- How can we best address the access gap and tackle inequalities?
- How do we support our workforce resilience and recruitment?
- How does this align to our ambitions in our Primary and Community Care Delivery Plan and delivery of Fuller recommendations?

We urgently need to refocus and prioritise plans for Dental Reform:

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Access:

Increase access, evidence-based programme weighted to the vulnerable or in greatest need.

- Urgent care pathway review
- Dental helplines review
- Stabilisation pilot pathway

Outcome Measures

Access

- To increase the percentage of adults accessing an NHS primary care dentist in the previous 24 months by 5% across the region by June 2023
- To reduce the difference in the percentage of adults accessing an NHS primary care dentist in the previous 24 months between ICS areas by June 2023 (i.e. for the lowest ranked area to reach equivalent of the current highest rank area)
- To increase the percentage of children accessing an NHS primary care dentist in the previous 12 months by 8% across the region by June 2023
- To reduce the difference in the percentage of children accessing an NHS primary care dentist in the previous 12 months between ICS areas (i.e. for the lowest ranked area to reach equivalent of the current highest rank area)
- To reduce waiting times for orthodontic appointments over 12 months
- To reduce the number of 78 weeks waits for dental care in secondary care to zero by April 2023
- To increase access among inclusion health groups such as those experiencing homelessness, asylum seekers, those with learning disabilities, those in care homes and those in contact with the justice system by 2%
- For 100% of Looked After Children to receive a dental check every 12 months, within the next 12 months
- To increase patient understanding and expectations
- To maintain or increase the number of UDAs in the region/by ICS over 12 months

Workforce:

Working with strategic partners to build training and dental role opportunities, and a clinical workforce strategy.

- Workforce website
- Clinical workforce survey
- Dental school engagement
- Workforce action plan
- Work experience network
- Overseas dentists
- Dental training hub

Workforce

- To recruit a sufficient number of training practices (dental educational supervisors) to provide clinical placements for the total number of funded Dental Foundation/Early Years training posts
- To increase the number of PLVE dentists in training to 30 in the next 12 months (an increase in 20% on current numbers)
- To increase the number of PLVE dentists that stay on to work in the SW to 30% of the total
- To reduce the number of unfilled dental posts (including dental nurses) over the next 12 months – LDC could help
- To increase the rate of satisfaction with NHS SW dental bulletins/communication over the next 12 months
- To reduce the number of NHS dentists handing back their contracts

Oral health improvement:

Improve oral health of those with health inequalities, targeting those who are vulnerable or live in areas of greatest need in each system.

- Supervised toothbrushing
- Mini mouthcare matters
- LAC access model
- Patient charter (recalls)
- Older adult T&F group

Oral Health Improvement

Universal

- Increase in the number of children accessing NHS dental care aged 0-2 years in last 12 months
- Increase in the number of health visitors trained to be oral health champions
- Increase in the number of dental practices using upskilled dental teams to deliver paediatric dentistry
- A reduction of 2% in dental caries in under 5s

Targeted

- Increase in the number of Local Authorities that have developed an integrated pathway between the Healthy Child Programme and local Community Dental Services for children deemed at high risk of developing decay
- Increase in the number of nurseries or schools delivering supervised toothbrushing schemes in targeted areas (IMD 1-6)
- Increase in the percentage of children in care who have seen a dentist in the last 12 months
- A reduction in hospital-based tooth extraction for children

Where are the risks?

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

- **Current** dental **capacity** (routine and urgent) **is insufficient** to **meet demand** - access and performance against contractual targets for primary dental activity is adversely impacting on patient experience and health inequalities.
- **Deteriorating child and adult oral health** due to demand on primary, secondary and community dental services
- **Recruitment and retention issues** (dentists and dental nurses) are impacting on performance. National and regional workforce challenges (dentists and dental nurses) are being addressed through national and regional recruitment and retention schemes.
- **Dental access** continues to be the **top cause group for dental complaints** for the public, HSC and MPs.
- Reducing number of contracts as contractor ‘hand backs’ increase so our **local health economy is shrinking**
- **National negotiations to adjust contract are minimal** but we are holding significant dental underspend in a time of constrained ICB budgets.
- Current BSW UDA performance could be improved, but South West regional performance is worst in the Country
- Over half of contractors failed to achieve 2022/23 Year-end required performance
- Child friendly scheme at capacity

Patient Experience

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

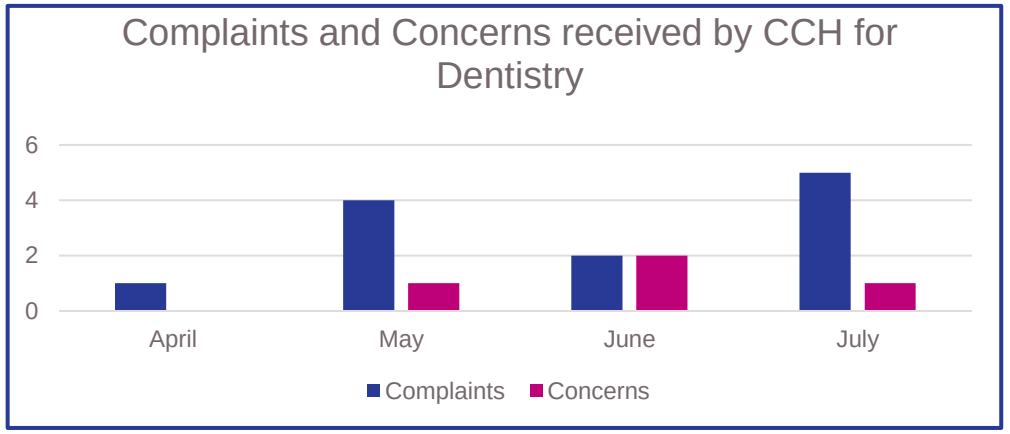
From 1st July 2023, the complaints function for POD was delegated to the ICBs.

Key Themes for concerns:

- Access to Dentistry
- Cancelled appointments
- Staff Attitude and behaviour
- Access to prescription toothpaste

Key Themes for Complaints

- Access to Dental services
- Standard of treatment
- Pain and complications following dental work



BSW has 2 Healthwatch (BaNES & Swindon and Wiltshire) organisations are also represented on the Dental Operational Group.
Dental access is currently one of the main concerns raised with Healthwatch – especially children.

Key BaNES Statistics 2022/23

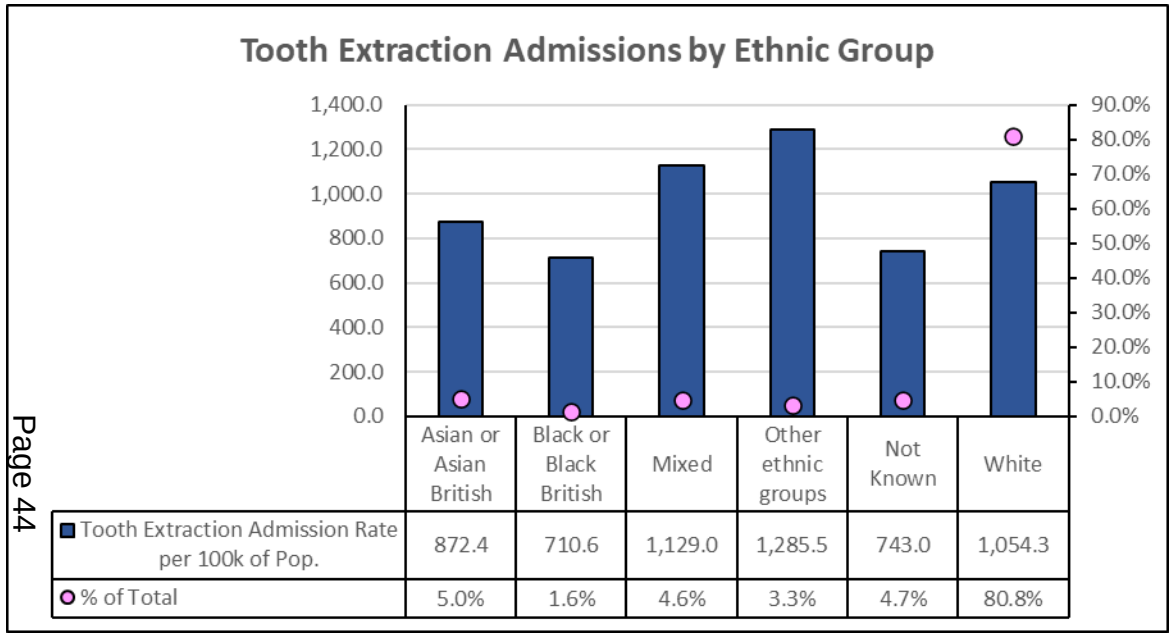
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

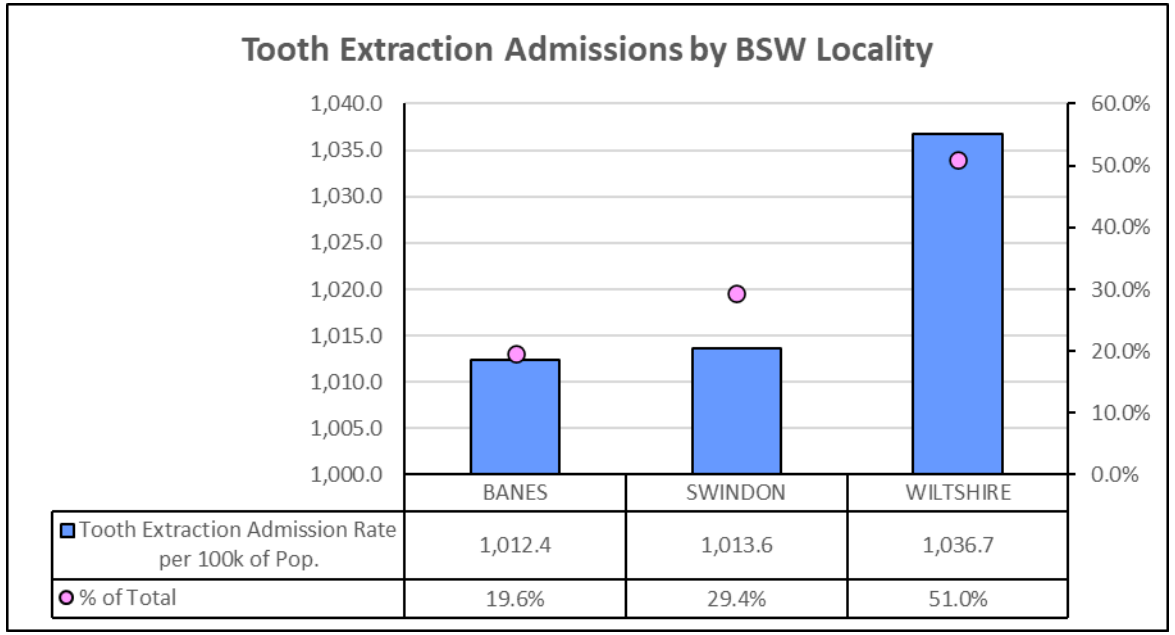
- 94,786 courses of treatment completed
  - 59,844 were Band 1 treatment
- 177,810 units of dental activity completed
  - 33% Band 1, 40% Band 2, 20% Band 3 and 6% urgent

- 54,202 adults (33.9% of pop.) saw an NHS dentist in the last 24 months
- 20,857 (56.9% of pop.) children saw an NHS dentist in the last 12 months

BaNES Child Tooth Extractions

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





BSW Local Commissioning Plans

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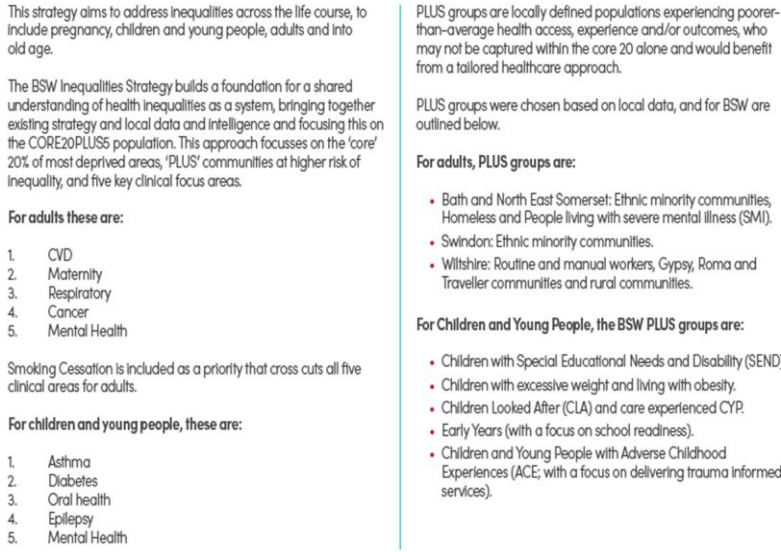
Integrated Care Board

Dental Delivery Plan on a Page being developed:

- Focus on clinical priorities including child oral health and tooth decay, care home residents, oral health and tooth wear
- CORE20 PLUS 5 population groups including homeless, people living with serious mental illness. looked after children, children with SEND, children eligible for free school meals….
- Contract 'MUST DO's' e.g., Tier 2 service review



This strategy aims to address inequalities across the life course, to include pregnancy, children and young people, adults and into old age.

The BSW Inequalities Strategy builds a foundation for a shared understanding of health inequalities as a system, bringing together existing strategy and local data and intelligence and focusing this on the CORE20PLUS5 population. This approach focusses on the 'core' 20% of most deprived areas, 'PLUS' communities at higher risk of inequality, and five key clinical focus areas.

For adults these are:

1. CVD
2. Maternity
3. Respiratory
4. Cancer
5. Mental Health

Smoking Cessation is included as a priority that cross cuts all five clinical areas for adults.

For children and young people, these are:

1. Asthma
2. Diabetes
3. Oral health
4. Epilepsy
5. Mental Health

PLUS groups are locally defined populations experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the core 20 alone and would benefit from a tailored healthcare approach.

PLUS groups were chosen based on local data, and for BSW are outlined below.

For adults, PLUS groups are:

- Bath and North East Somerset: Ethnic minority communities, Homeless and People living with severe mental illness (SMI).
- Swindon: Ethnic minority communities.
- Wiltshire: Routine and manual workers, Gypsy, Roma and Traveller communities and rural communities.

For Children and Young People, the BSW PLUS groups are:

- Children with Special Educational Needs and Disability (SEND)
- Children with excessive weight and living with obesity.
- Children Looked After (CLA) and care experienced CYP.
- Early Years (with a focus on school readiness).
- Children and Young People with Adverse Childhood Experiences (ACE; with a focus on delivering trauma informed services).

Procuring Additional UDA:

- Reviewing innovative commissioning routes using a Flexible and Rapid model

Community Dental Services:

- Confirm plan for those services have end dated contracts
- Awaiting Procurement Regulations regarding Provider Selection Regime
- Development and Assurance process to work to the Service Specification
- Review of pathway – 111, Triage, Helpline, Urgent Care
- Impact of Community Dental Services with the need to have robust alternatives

Orthodontic Additional Activity:

- Commissioned additional activity in 22/23
- Looking to repeat the exercise in 23/24

Health Inclusion Pilot

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

The model sought to proactively deliver dental care to:

- Those people who have **little or no access to technology** including telephones, People experiencing **homelessness,** Other health inclusion groups: **Refugees/asylum seekers**; **vulnerable people** from **overseas**; **adults with learning difficulties**

Dental practice in Bathampton working in collaboration with Julian House

I didn't expect to gain trust by being seen at practice, but I have

I don't feel judged for the first time in a long while

I don't feel like I'm treated differently/or as different - as other people have made me feel.

My self-esteem has been built up – I can finally look at myself without having to look away.

Exception report for progress on the Health and Wellbeing Strategy Implementation
Priority 1: Ensure that children and young people are healthy and ready for learning and education.

Exception reporting will take place biannually at Health and Wellbeing Board (HWB) meetings which fall in Q2 (July-September) and Q4 (Jan-March). Use the RAG rating to indicate where progress is significantly off track or where significantly ahead of expected target or timescale. Threshold determined by whether the identified 'risk' will be resolved by the end of the financial year.

Date of Health and Wellbeing Board meeting this report will be reviewed at: February 8th 2024

1 - Sign off from theme leads that progress has been reviewed for each theme and shared with Sponsor with any exceptions listed below. *Reporting leads to ensure exception reports are shared with and signed off by Sponsors prior to submission.*

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
1	**Sarah McCluskey**	**Mary Kearney-Knowles**	Yes

2. Open 'Red' actions from previous exception reports

Add any 'Red' actions from previous meeting including resolution/mitigation or other action. See example below.

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?
N/A					

3 New exception reports for areas that have deviated <u>significantly</u> from expectations set out in the JHWS implementation plan or where there is <u>exceptional</u> progress, ***Please keep text as brief as possible.***

LEAD OFFICER: SARAH MCCLUSKEY **Priority ONE** **Ensure Children and Young People have the best start in life and are ready for education and learning.** **Intended outcome: All our children are healthy and ready for learning and education.**						
Strategy Objective ***1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.***						
Strategy objective Action ***Add hyperlink to detailed update on progress on this indicator where available***	**Risk level – RAG (see chart below)**	**Reason for escalation** (***leave blank if green unless <u>exceptional</u> progress)***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
1.1.1 Implement Best Start in Life Action Plan	**GREEN**					
1.1.2 Work towards a shared trauma informed resilience approach	**GREEN**					
1.1.3 Ensure constant promotion of existing and new services so practitioners and families know what support is available	**GREEN**					

Strategy Objective 1.2 Improve timely access to appropriate family and wellbeing support						
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available.*	**Risk level level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
1.2.1 Ensure continuity of Early Help offer	**GREEN**					
1.2.2 New Family Therapy AWP provision.	**AMBER**	Provision for a dedicated Emotional Health and Wellbeing (EH&WB) lead for MH Services for CYP not yet in place	Director of Children's Services will where possible influence decisions that impact on CYP emotional wellbeing and mental health by maintaining engagement with the ICB to ensure we are informed about developments/options being considered to fulfil this provision	Once resource identified we will gain better understanding of CYP EH&WB services and establish links with key commissioners in health.	Ongoing	To note that until resource for leading Children EH&WB is identified this will continue as to be flagged as an Amber Risk
1.2.3 Progress work towards a Family Hub/Multi-Disciplinary Team approach to support families linked to new Integrated Neighbourhood Team model.	**GREEN**					

Strategy Objective **1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.**						
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available.*	**Risk level RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
1.3.1 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 achieve better outcomes at school	**RED**	% of PP/FSM pupils achieving ARE at end of reception and year 6 has dropped in B&NES MATS hold the funding and responsibility to deliver interventions for FSM/PP children not defined as 'vulnerable'	The Local Authority's Statutory responsibility is to report on and close the attainment gap for pupils open to the Virtual School. For pupils with SEND , B&NES has the responsibility for the implementation of EHCP's, but schools are responsible for supporting pupils to achieve better outcomes.		Ongoing	For the H&WBB to receive a report on this at the May 2024 with a view to review this objective

1.3.2	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	**AMBER**	**Suspensions for those on CPP and CLA are slightly above national average at this stage in the year.**	Continued regular monitoring of those at risk of suspension of exclusion from Virtual School. Introduction of Education inclusion Co-ordinator to offer advice to prevent PEX. Introduction of 4 tiers of support to highlight to school's support that should be accessed prior to exclusion. Development of AP and Advice Service. Steering Group within the local authority to look at suspensions and exclusions and pull together support that we offer schools. Continues challenge of suspensions and exclusions for all young people.	Continued low level of PEX for children open to social care. Suspensions to be in line with national average. Reduction in PEX across B&NES schools.	Ongoing	NO

1.3.3 Continue affordable school's work.	**GREEN**					
Strategy Objective **1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services)**						
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available.*	**Risk level RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
1.4.1 Retain commissioned services	**AMBER**	The LA and the ICS will continue to collaborate and work to review Early Help and Support provision. The DfE have placed B&NES into an enhanced monitoring regime regarding our Safety Valve Plan. As a result, we are			The revised safety valve plan will be submitted for consideration by the DfE by the end of March '24	

			required to resubmit our plan to show how we will get the DSG back into a balanced position for 2028-2029. (This will include looking at our discretionary spend on preventative services commissioned from the DSG)				
1.4.2	Influence ICA to invest and take action to address emotional wellbeing and mental health.	**AMBER**	Provision for a dedicated Emotional Health and Wellbeing (EH&WB) lead for MH Services for CYP not yet in place.	Director of Children's Services will where possible influence decisions that impact on CYP emotional wellbeing and mental health by maintaining engagement with the ICB to ensure we are informed about developments/options being considered to fulfil this provision.	Once resource identified we will gain better understanding of CYP EH&WB services and establish links with key commissioners in health.	Ongoing	To note that until resource for leading Children EH&WB is identified this will continue as to be flagged as an Amber Risk

1.4.3	Use and refresh Dynamic Support Register and Care, Education and Treatment Plans to ensure support provided is needs led and tailored to child	**GREEN**					
1.4.4	Improve transition processes between children and young people and adult services (Physical and MH provision)	**AMBER**	The absence of a Designated Social Care Officer (DSCO) as recommended in the SEND Review, reduces the ability of Education, Health and Social Care to liaise closely and plan effectively for transitions to adult services.	The lack of a DSCO and impact is highlighted in the draft SEND & AP SEF which comes under the Local Area Inclusion Partnership			To note that until resource for DSCO is identified this will continue as to be flagged as an Amber Risk

Risk Assessment

Risk Level - RAG (Red, Amber, Green

None - green

Action plan on or exceeding target
Continue to monitor.

Medium - amber

Some items not delivered to timeframe.
Monitoring suggests a trend line diverging from plan.
Low risk/likely to resolve.

High – red

Action item not being delivered.
Monitoring does not evidence that sufficient progress is being.
High risk

4. Annual Priority Indicator Set Summary*

Notes for Reporting Leads: The Health and Wellbeing Board will have access to the Power BI priority indicator set. Progress will be discussed annually at the HWB meeting falling in Q4 (Jan-March) *. Reporting leads will provide a summary of key points from the Power BI report on indicators which link to the priority theme they are responsible for reporting on as set out below.

Date of Health and Wellbeing Board meeting this report will be reviewed at:
February 8th, 2024

Priority Indicator	**Timescales** *(Period covered by data)*	**Summary Points** *(Pull out and summarise key points)*	**Comments** *(e.g., limitations of the data, links to actions being undertaken in JHWS implementation plan…)*
Gap in School Readiness: the gap in the percentage of children with free school meal status achieving a good level of development at the end of reception compared to pupils who are not in receipt of free school meals	2022 2023	2023 EYFS Profile data shows the gap in FSM/ non-FSM outcomes has widened. Outcomes for non-FSM status remained broadly consistent and higher than the England comparison, whilst outcomes for children in receipt of FSM fell. The % of the cohort in receipt of FSM also reduced by 3% to 12.5% (England 17.7%).	The impact of the pandemic was not evident in the 2022 data, in contrast to England as a whole, but may be a factor in the 2023 outcomes. The multiagency Language for Life early communication and language pilot project, funded by St Johns Foundation, has evidenced positive outcomes for this group of children over the past 2 years.
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 yrs.), crude rate per 10,000,	Data last updated on the Fingertips website in 2021/22.	B&NES rate is 94.4 slightly higher than the South West rate of 90.7 and higher than the England rate of 84.3.	The local Injury Prevention Board reviews the 0-4 Injury Prevention rates which remain higher than both national and regional rates.
Hospital Admissions as a result of self-harm (10-24 years), DSR (directly standardised rate) - per 100,000	2021/22	In B&NES, 518.4 admissions per 100,000 compared to 427.3 admissions per 100,000 across England.	Nationally, the rate of young people being admitted to hospital as a result of self-harm, between 2016 and 2020, is not significantly changing, and this is also the case in Bath and North East Somerset.
Child development: percentage of children achieving a good level of development at 2 to 2½ years	Financial Year ending 2022	82.1% of children aged 2 to 2½ years were at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in the financial year ending 2022	This is similar to the England average. A higher proportion of children were at or above the expected level of development for communication skills (88.5%) and a higher proportion for personal-

			social skills (94.1%) when compared with England (86.5% for communication and 91.2% for personal-social skills).
Number of mothers known to be smokers at time of delivery as a percentage of all maternities with known smoking status	2022/23	2022/23 PHE Tobacco Control Profiles SATOD data for B&NES is 7.7% The South West is 9.2% and England is sitting at 8.8%	In 2023 Saving Babies Lives Care Bundle was published, providing evidence based best practice for providers and commissioners of maternity care across England. Element 1 focuses on reducing smoking in pregnancy.

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Exception report for progress on the Health and Wellbeing Strategy Implementation
Priority 2: Improve skills, good work and employment

Exception reporting will take place biannually at Health and Wellbeing Board (HWB) meetings which fall in Q2 (July-September) and Q4 (Jan-March). Use the RAG rating to indicate where progress is significantly off track or where significantly ahead of expected target or timescale. Threshold determined by whether the identified 'risk' will be resolved by the end of the financial year.

Date of Health and Wellbeing Board meeting this report will be reviewed at: 8 February 2024

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

Reporting leads to ensure exception reports are shared with and signed off by Sponsors prior to submission

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
2	**Claire Lynch**	**David Trethewey**	Yes / No

2. Open 'Red' actions from previous exception reports

Add any 'Red' actions from previous meeting including resolution/mitigation or other action. See example below

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?
N/A					

3 New exception reports for areas that have deviated significantly from expectations set out in the JHWS implementation plan are behind schedule or where there is exceptional progress

Please keep text as brief as possible, just a couple of bullet points

LEAD OFFICER: Claire Lynch **Priority TWO - Improve skills, good work and employment**						
Strategy Objective ***2.1.*** **Work with education providers and other partners to provide robust and inclusive pathways into work and including for disadvantaged young people**						
Strategy objective Action ***Add hyperlink to detailed update on progress on this indicator where available***	**Risk level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress*)**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
2.1.1 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 (AEB) and the FWD project	**GREEN** www.skillsconnect.org.uk/directory www.achieveinbathnes.co.uk					
2.1.2 Prioritise projects to address barriers to employment for young people, including care	**GREEN** https://weworkforeveryone.org					

	leavers and those with SEND, vulnerable learners						
2.1.3	Improve access to support by providing clarity to the extensive and complex employment and skills ecosystem through high quality and impartial IAG	**GREEN** https://jobsandcareers.bathnes.gov.uk/get-into-work-get-on-at-work					
Strategy Objective **2.2 Work with local employers to encourage, incentivise and promote good quality work**							
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available*		**Risk level** **level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
2.2.1	Encourage partners and local businesses to sign up to WECA Good Employment Charter	**AMBER**	Businesses find the paperwork too much.	We are putting support in place to help with the task and		Ongoing	Will we look to be on the Good Employment charter?

			have fed back to WECA			Discussion with HR and Directors
2.2.2 B&NEs council to lead by example and support partners and local businesses to transition into an Employer of choice.	**AMBER**					To be developed further within Council following adoption of the Economic Strategy
Strategy Objective **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**						
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available*	**Risk level RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**

2.3.1	Create and deliver an inclusive employment and skills plan for Bath and North East Somerset, ensuring UKSPF supports B&NES requirements	**GREEN**					
2.3.2	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	**AMBER**					We can and do promote but to increase our (B&NES Council)'s own levels is a discussion with Directors and HR
2.3.3	Through the FWD programme, offer an alternative and inclusive structure to training that addresses barriers to training not addressed through existing provision, and has embedded routes to employment	**GREEN**					

Strategy Objective **2.4 Prioritise inclusiveness and social value as employers, purchasers and investors in the local economy**						
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available*	**Risk level RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
2.4.1 Collaborate as B&NES anchor institutions (and major employers) to review and adopt good work practices	**GREEN**					
2.4.2 Use social value to promote apprenticeships for vulnerable groups	**GREEN**					

Risk Assessment

Risk Level - RAG (Red, Amber, Green

None - green

Action plan on or exceeding target
Continue to monitor

Medium - amber

Some items not delivered to timeframe
Monitoring suggests a trend line diverging from plan
Low risk/likely to resolve

High – red

Action item not being delivered
Monitoring does not evidence that sufficient progress is being
High risk

4. Annual Priority Indicator Set Summary*

Notes for Reporting Leads: The Health and Wellbeing Board will have access to the Power BI priority indicator set. Progress will be discussed annually at the HWB meeting falling in Q4 (Jan-March) *. Reporting leads will provide a summary of key points from the Power BI report on indicators which link to the priority theme they are responsible for reporting on.

Date of Health and Wellbeing Board meeting this report will be reviewed at: 8 February 2024

Priority Indicator	**Timescales** *(Period covered by data)*	**Summary Points** *(Pull out and summarise key points)*	**Comments** *(e.g., limitations of the data, alternative interpretations, links to actions being undertaken in JHWS implementation plan…)*
Gap in the employment rate between those with a long term health condition and the overall employment rate	*Dec 22*	*11% is the % gap between individuals who are employed with a long-term condition (16-64) against those who are employed*	*Lower is better*
Additional measures will be reported here when strategic measures from the Economic Strategy are identified			

Exception report for progress on the Health and Wellbeing Strategy Implementation
Priority 3: Strengthen compassionate and healthy communities

Exception reporting will take place biannually at Health and Wellbeing Board (HWB) meetings which fall in Q2 (July-September) and Q4 (Jan-March). Use the RAG rating to indicate where progress is significantly off track or where significantly ahead of expected target or timescale. Threshold determined by whether the identified 'risk' will be resolved by the end of the financial year.

Date of Health and Wellbeing Board meeting this report will be reviewed at: 8 February 2024

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

Reporting leads to ensure exception reports are shared with and signed off by Sponsors prior to submission

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
3	**Amy McCullough**	**Becky Reynolds**	Yes

2. Open 'Red' actions from previous exception reports

Add any 'Red' actions from previous meeting including resolution/mitigation or other action. See example below

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?
N/A					

3 New exception reports for areas that have deviated <u>significantly</u> from expectations set out in the JHWS implementation plan or where there is <u>exceptional</u> progress *Please keep text as brief as possible*

LEAD OFFICER: AMY McCULLOUGH **Priority THREE** **Strengthen compassionate and healthy communities**						
Strategy Objective ***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**						
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available*	**Risk level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless <u>exceptional</u> progress)***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
3.1.1 Implement Community Wellbeing Hub (CWH) strategy To note: There is not a specific CWH strategy document. There is a Business Plan, which has been developed by the CWH Partnership, and there is an Outline Business Case (led by Council colleagues and developed with the CWH Partnership and wider partners) that sets out the strategic, economic, financial and commercial case for a CWH. For information about the CWH see: https://communitywellbeinghub.co.uk	**AMBER**	CWH Business Plan in place and the CWH operating and delivering well. Amber because there are a number of dependencies impacting timeline for the completion of the CWH Outline Business Case, which seeks to secure	Meetings in place to secure recommended commissioning intentions. Timeline for confirming budget envelope for the CWH, and appropriate governance to seek approval, drafted to support timely decision-making. Meetings to discuss funding underway.	Commissioning intentions for the specialist triage function confirmed. Recommended budget agreed in principle and secured through appropriate governance. Outline Business Case complete.	January 2024 April 2024	For HWB members to champion the CWH as an approach that delivers on integrated neighbourhoods and prevention, and to support the realisation of opportunities to align the CWH (strategically and potentially operationally)

		sustainable funding for the CWH (funding only secured up until the end of March 2025) and set out commissioning intentions (for the specialist triage function) as part of the Community Transformation Programme.				with other front doors across the system

Strategy Objective
3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life

Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available*	**Risk level level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
3.1.2 Implement Health Improvement Strategy To note: Currently referred to as a Framework and Action Plan to emphasise its action orientated approach	**AMBER**	Amber as likely to be completed in June 2024 rather than Spring	Work progressing well and initial mapping workshop with system partners completed with good engagement. Second workshop planned for the end of February and remaining working and	Framework and Action Plan complete in June 2024 Continued wide engagement	June 2024	For HWB members to continue to champion this work within their own organisations and with

				steering groups in calendars to prevent against any further slippage in the timeline.	of stakeholders in the delivery of the Action Plan.		partners working across the system
3.1.3	Cultural strategy to include activities that support/promote wellbeing	**GREEN**				Three year Strategy to be developed by Autumn 2024	For members to flag any funding opportunities to support the alignment of culture and health and wellbeing outcomes, which will support delivery of the Cultural Strategy
Strategy Objective *3.2* **Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions** *(cross ref to ICA's priorities 2,3 and 4 and cross cutting themes)*							
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available*		**Risk level RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**

3.3.1	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	**GREEN**		To note: Social Prescribing Steering Group established (Chaired by Kate Morton), funding secured for a fixed term Project Manager to lead development of the Framework on behalf of partners, and post currently out for advert		2024/25	Not currently

Risk Assessment

Risk Level - RAG (Red, Amber, Green

None - green
- Action plan on or exceeding target
- Continue to monitor

Medium - amber
- Some items not delivered to timeframe
- Monitoring suggests a trend line diverging from plan
- Low risk/likely to resolve

High – red
- Action item not being delivered
- Monitoring does not evidence that sufficient progress is being
- High risk

4. Annual Priority Indicator Set Summary*

Notes for Reporting Leads: The Health and Wellbeing Board will have access to the Power BI priority indicator set. Progress will be discussed annually at the HWB meeting falling in Q4 (Jan-March) *. Reporting leads will provide a summary of key points from the Power BI report on indicators which link to the priority theme they are responsible for reporting on.

Date of Health and Wellbeing Board meeting this report will be reviewed at: 8 February 2023

Priority Indicator	**Timescales** *(Period covered by data)*	**Summary Points** *(Pull out and summarise key points)*	**Comments** *(e.g., limitations of the data, alternative interpretations, links to actions being undertaken in JHWS implementation plan…)*
Prevalence of smoking among persons aged 18-64 years in the routine and manual group	2018-2022	Smoking in this demographic group was lower than the England average during 2020 and into the first part of 2021, but most recent data (as at 31st March 2022) shows an increase above the England average; 28.4% for B&NES compared to 22.5% for England.	During Covid-19 the data suggested more favourable smoking prevalence (i.e. lower) for adults and LA's were advised to treat the data with caution due to a change in methodology during 2020 and 2021. The Government recently announced additional funding for LA's from April 2024 to enhance local stop smoking support and access to free vape kits for smokers (from Dec 23 – March 25). This will increase capacity locally to focus on this target group.
Percentage of adults who feel lonely often/always or some of the time (aged 16+)	2020	As at December 2020 the percentage of adults who felt lonely often/always or some of the time was 26.8% compared to 22.3% for England.	To note: Based upon survey data and so a sample of residents.

High ratings of anxiety (% adults 16+)	2012-2022	The percentage of adults in B&NES with high ratings of anxiety if higher than the England average; 23.5% in B&NES compared to 22.6% for England, though not statistically significantly so. Over the last ten years the B&NES average has generally been above the England average with a few exceptions.	To note: Based upon survey data and so a sample of residents. At national level anxiety increased during the Covid-19 pandemic, and young people (16 to 25 years) were particularly affected. Other indicators such as happiness, life satisfaction and worthwhileness increased in the latest year, though remain below pre Covid-19 levels.
Percentage satisfaction with local area as a place to live	2016-2022	As at December 2022 84.3% of B&NES residents were satisfied with the local area as a place to live (no England comparator).	To note: Based upon survey data and so a sample of residents.

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Exception report for progress on the Health and Wellbeing Strategy Implementation
Priority 4: Create Health Promoting Places

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Date of Health and Wellbeing Board meeting this report will be reviewed at: 8 February 2024

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

Reporting leads to ensure exception reports are shared with and signed off by Sponsors prior to submission

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4	**Amy McCullough 4.1.**	**Laura Ambler**	Yes

2. Open 'Red' actions from previous exception reports

Add any 'Red' actions from previous meeting including resolution/mitigation or other action. See example below

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

3 New exception reports for areas that have deviated <u>significantly</u> from expectations set out in the JHWS implementation plan or where there is <u>exceptional</u> progress ***Please keep text as brief as possible.***

LEAD OFFICER: AMY McCULLOUGH **Priority FOUR** **Create Health Promoting Places**						
Strategy Objective ***4.1*** **Utilise the Local Plan as an opportunity to shape, promote and deliver healthy and sustainable places and reduce inequalities**						
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available*	**Risk level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless <u>exceptional</u> progress)***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
4.1.1 Key policies included in the Local Plan that promote health and wellbeing and support the implementation of the ecological emergency action plan e.g., policies that promote: - Access to	**GREEN**		For information about the Local Plan see: https://beta.bathnes.gov.uk/local-plan To view the Local Plan Options Document, which will be consulted on in February 2024, see: https://democracy.bathnes.gov.uk/documents/s80252/E3497%20-%20Appendix%201%20-%20Local%20Plan%20Options%20Consultation%20Document.pdf			To engage in Local Plan workshops/meetings (where requested) to support policy content development during Spring/Summer 2024

green space; Active travel; Access to healthy food; Accessible/safe housing for aging population						

Risk Assessment

Risk Level - RAG (Red, Amber, Green

None - green
- Action plan on or exceeding target
- Continue to monitor

Medium - amber
- Some items not delivered to timeframe
- Monitoring suggests a trend line diverging from plan
- Low risk/likely to resolve

High – red
- Action item not being delivered
- Monitoring does not evidence that sufficient progress is being
- High risk

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Exception report for progress on the Health and Wellbeing Strategy Implementation
Priority 4: Create Health Promoting Places

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Reporting leads to ensure exception reports are shared with and signed off by Sponsors prior to submission

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4	**Chris Mordaunt (4.2,4.3)**	**Laura Ambler**	Yes reviewed – no exceptions to report

2. Open 'Red' actions from previous exception reports

Add any 'Red' actions from previous meeting including resolution/mitigation or other action. See example below

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?
N/A					

3 New exception reports for areas that have deviated <u>significantly</u> from expectations set out in the JHWS implementation plan or where there is <u>exceptional</u> progress ***Please keep text as brief as possible***

LEAD OFFICER: Chris Mordaunt **Priority FOUR** **Create Health Promoting Places**						
Strategy Objective ***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 and mould and cold-related illnesses**						
Strategy objective Action	**Risk level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless <u>exceptional</u> progress*)**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
4.2.1 Develop an overarching "Housing & Delivery Strategy", incorporating action plans for affordable warmth measures, such as, improving information & signposting; working with Regulated Providers (RPs) and other partners at West of England level to promote & encourage low carbon affordable warmth etc www.energyathome.org.uk	**GREEN**					Note and share website www.energyathome.org.uk Note Bright Green Homes scheme accepting applications

Strategy Objective 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						
Strategy objective Action	**Risk level level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
4.3.1 Develop an overarching "Housing & Delivery Strategy" incorporating action plans for the regulation and improvement of housing conditions	**GREEN**				2024	
4.3.2 Commission housing condition survey modelling	**GREEN**					
4.3.3 Assess the evidence for a further discretionary licensing scheme within B&NES	**GREEN**					

Risk Assessment

Risk Level - RAG (Red, Amber, Green

None - green

Action plan on or exceeding target
Continue to monitor

Medium - amber

Some items not delivered to timeframe
Monitoring suggests a trend line diverging from plan
Low risk/likely to resolve

High – red

Action item not being delivered
Monitoring does not evidence that sufficient progress is being
High risk

4. Annual Priority Indicator Set Summary*

Notes for Reporting Leads: The Health and Wellbeing Board will have access to the Power BI priority indicator set. Progress will be discussed annually at the HWB meeting falling in Q4 (Jan-March) *. Reporting leads will provide a summary of key points from the Power BI report on indicators which link to the priority theme they are responsible for reporting on.

Date of Health and Wellbeing Board meeting this report will be reviewed at: 8th February 2024

Priority Indicator	**Timescales** *(Period covered by data)*	**Summary Points** *(Pull out and summarise key points)*	**Comments** *(e.g., limitations of the data, alternative interpretations, links to actions being undertaken in JHWS implementation plan…)*
Number of air quality monitoring locations in B&NES exceeding the targeted level of Nitrogen Dioxide	March 2014 – March 2022	7 exceedances in March 2022 Down from 42 in 2014 and period high of 51	Reported on the Health and Wellbeing Strategy Performance report. Contact Environmental Monitoring Team for comment
% EPC (Energy Performance Certificate) rating A-C B&NES residential premises	2023	31% Trend is a gradual increase number of B&NES Homes with good energy performance	Annual snapshot of EPCs lodged for B&NES with 75% coverage of housing stock. Whole stock figure using estimates is 38%

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Exception report for progress on the Health and Wellbeing Strategy Implementation
Priority 4: Create Health Promoting Places

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Reporting leads to ensure exception reports are shared with and signed off by Sponsors prior to submission

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4	**Nicola HAZLE (4.4)**	**Laura Ambler**	Yes

2. Open 'Red' actions from previous exception reports

Add any 'Red' actions from previous meeting including resolution/mitigation or other action. See example below

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?
N/A first report					

3 New exception reports for areas that have deviated <u>significantly</u> from expectations set out in the JHWS implementation plan are behind schedule or where there is <u>exceptional</u> progress

Please keep text as brief as possible, just a couple of bullet points

LEAD OFFICER: Nicola Hazle **Priority Four** **Create Health Promoting Places**						
Strategy Objective ***4.4*** **Improve 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** *(Cross referenced to ICA's priorities 1, 2,3 and 4 and relevant cross cutting themes)*						
Strategy objective Action ***Add hyperlink to detailed update on progress on this indicator where available***	**Risk level – RAG (see chart below)**	**Reason for escalation (*leave blank if green unless <u>exceptional</u> progress)***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
4.4.1 Design and implement Integrated Neighbourhood teams, taking into consideration existing local models and experience	**AMBER**	Progress delay due to high system demands (ICBC, winter response)	ICA agreement to pause of pillar workstreams between Nov 2023 and Jan/Feb 2024	New dates for IN steering group and pillar 3 workshop	End Feb 2024	None
4.4.2 Ensure visibility of wide range of services that are available are known by all (Review previous approaches to directories)	**AMBER**	Propose to undertake some background briefing on IN work via Lead Cabinet members	Postponement of pillar 1 workshop. Proposed briefing to Councillors via Lead Member suggested to take place prior to asset scoping workshop	New date for pillar 1 workshop	End Feb 2024	None

		and with local councillors				

Risk Assessment

Risk Level - RAG (Red, Amber, Green

None - green

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Medium - amber

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Exception report for progress on the Health and Wellbeing Strategy Implementation
Priority 4: Create Health Promoting Places

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4	**Paul Scott (4.5)**	**Laura Ambler**	Yes

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N/A					

3 New exception reports for areas that have deviated <u>significantly</u> from expectations set out in the JHWS implementation plan or where there is <u>exceptional</u> progress ***Please keep text as brief as possible***

LEAD OFFICER: PAUL SCOTT **Priority Four** **Create Health Promoting Places**						
Strategy Objective ***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)**						
Strategy objective Action ***Add hyperlink to detailed update on progress on this indicator where available***	**Risk level – RAG (see chart below)**	**Reason for escalation** (***leave blank if green unless <u>exceptional</u> progress)***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
4.5.1 Establish B&NES health inequalities network	**GREEN**					
4.5.2 Develop B&NES health inequalities plan	**GREEN**					
4.5.3 To influence population outcomes group to left shift resources to focus on babies, children and young people	**AMBER**	There has been some progress through the BSW Integrated Community Based Care Programme (ICBC). This aims to provide	We will monitor whether sufficient progress is being made by the next report to the Board and if not will escalate for further action.			

		excellent community-based services and increase the focus on prevention and early intervention, through the BSW Care Model.				

Risk Assessment

Risk Level - RAG (Red, Amber, Green

None - green

Action plan on or exceeding target
Continue to monitor

Medium - amber

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Date of Health and Wellbeing Board meeting this report will be reviewed at: 8 February 2024

Priority Indicator	**Timescales** *(Period covered by data)*	**Summary Points** *(Pull out and summarise key points)*	**Comments** *(e.g., limitations of the data, alternative interpretations, links to actions being undertaken in JHWS implementation plan…)*
Percentage of physically active adults	March 2018 to March 2022	The percentage of physically active adults fell in B&NES during the height of the pandemic period but has now returned to pre-pandemic levels. **B&NES (77.3%) does better than the England average** (67.3%).	
Percentage of adults classified as overweight or obese	December 2016 to December 2022	The percentage of adults in B&NES at 62.7% was very similar to the England average (63.8%) in 2022. This was due to a rise in B&NES However, at all other points over the last 5 years B&NES has had a lower percentage. This may mean a rise in this figure post-pandemic.	This data comes from self-reported height and weight in the national Active Lives survey so is potentially open to some reporting bias. However, it should be reasonably consistent over time and between areas.

Population Health Indicators			
Inequality of life expectancy at birth	2012 to 2020	Inequality ('the gap') in life expectancy for our most and least deprived communities **has almost halved over the last 10 years.** This is the case for both females and males. The gap remains bigger for males than females.	
Healthy life expectancy at birth	2009-2011 to 2018-2020	Healthy life expectancy at birth in B&NES **has remained at the same level over the last decade,** for both females and males. Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). People living in the most deprived areas in England have the shortest life span and live more years in poor health. Unfortunately data are not available to look at inequality in B&NES and other local authority areas, but the same pattern is likely to be seen.	

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Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Well Being Board**
MEETING/ DECISION DATE:	**08 February 2024**
TITLE:	**Plan to Prevent and Reduce Serious Violence in B&NES 2024-2025**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: **Plan to Prevent and Reduce Serious Violence in B&NES 2024-2025** **Summary of Serious Violence Plan**	

1 THE ISSUE

1.1 This document sets out a high-level local plan for reducing serious violence in B&NES. It summarises governance for ongoing serious violence work, recent community engagement, current interventions to reduce serious violence in B&NES and priorities for future work.

1.2 The purpose of bringing this document to the Health and Wellbeing Board is to keep the board informed of progress with the Plan, clarify the governance and to gain support for the development of an implementation plan reflecting the determined priorities. It is also to highlight the importance of some actions in the Joint Health and Wellbeing Strategy (JHWS) towards reducing future risk of people becoming involved in serious violence. Particularly actions to support the wellbeing of children, young people and families in JHWS Priority 1.

2 RECOMMENDATION

The Health and Wellbeing Board is asked to;

2.1 Note the key priorities set out in the Plan to Prevent and Reduce Serious Violence in B&NES 2024-2025.

2.2 Note the governance structure of ongoing local serious violence work.

2.3 Support the development of an implementation plan that will set out how to operationalise the determined priorities.

3 THE REPORT

3.1 Background

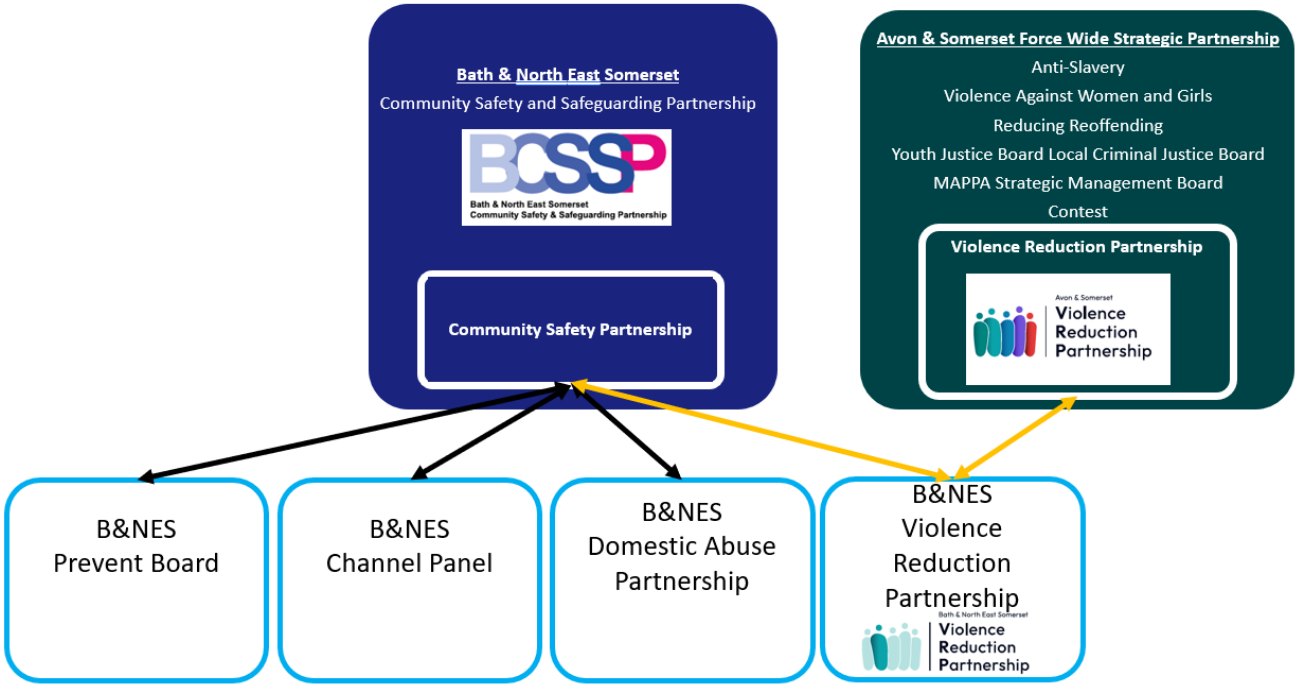
Serious violence has profound societal impacts, necessitating a collaborative public health approach for prevention and reduction. In line with national trends, B&NES is experiencing increasing levels of violent crime. The quantitative data we have available suggests levels may be relatively lower in comparison to some of our neighbouring local authorities, however local qualitative data highlights a perceived increase in knife crime and anti-social behaviour. An important contributing factor to this has been several high-profile fatalities in B&NES in the very recent past.

3.2 Governance

As set out by the Serious Violence Duty, local authorities, police, justice, fire and rescue and health are all specified authorities who have a statutory duty to collaborate in order to produce a plan to prevent and reduce serious violence. The Avon & Somerset (A&S) Office for the Police and Crime Commissioner (OPCC) are convening a regional West of England response through the regional Violence Reduction Partnership (VRP) to fulfil the serious violence duty for the specified authorities

Each of the five local authority areas within the A&S Police area have a local Violence Reduction Partnership (VRP) to identify local needs and to consider the most appropriate local response to reduce and address serious violence. This report, presented to the Health and Wellbeing board is specific to B&NES, reflecting the local need and response. This over-arching B&NES plan is intended to be used alongside an upcoming B&NES implementation plan, which will set out allocated actions that have been agreed by partners. The B&NES VRP will oversee the implementation of the B&NES plans, however collaboration across partners will be necessary throughout.

The B&NES VRP is made up of police, justice, fire, health and the local authority as the specified authorities, with additional support from other agencies including education and the third sector as required. As summarised in the image below, the B&NES VRP is accountable to the Community Safety Partnership which in turn has a line of governance into the Bath & North East Somerset Community Safety and Safeguarding Partnership (BCSSP) and also feeds into the overarching Avon and Somerset Violence Reduction Partnership Office of the Police and Crime Commissioner.



3.3 Community Engagement

Ensuring that the voices of the community of B&NES are heard is a key part of the public health approach to serious violence. The voices and experiences of the B&NES community were integrated through contributions from:

-Serious violence specific focus groups with staff from: primary and secondary schools, third sector organisations linked to reducing serious violence, the ICB, police and different roles supporting a reduction in serious violence from across the council.

-A knife crime awareness community event which included discussion and questions from parents.

-Surveys of residents including the Galdem Report (a survey of 11-19 year olds focusing on violence against young women), the voicebox survey (a residents survey for people >18 years that asks questions about community safety) and the schools survey (targeting ages 8-19 and including questions about safety and knife crime).

3.4 Priorities

1.Prevention and Early Intervention

Primary Prevention – preventing serious violence from occurring.

2.Response and Support

Secondary Prevention – Immediate response after violence to manage short term consequence and prevent reoccurrence or progression.

Tertiary Prevention – Reducing long term harm after violence and preventing further reoccurrence.

3.Community engagement and ongoing assessment of need

4.Alignment and collaboration within and across organisations

4 STATUTORY CONSIDERATIONS

4.1 As set out in section 3.2 above, the statutory Serious Violence Duty to produce a needs assessment and strategy to reduce serious violence is being fulfilled by collaboration with the OPCC convened A&S VRP.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The proposed implementation plan will set out actions agreed by partners for the upcoming year and the resource implications of them. No specific resource implications have been set out in this document.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 Serious violence and its determinants disproportionately impact certain groups, as described in the attached plan. This can exacerbate existing inequalities. The proposed implementation plan will set out actions to reduce these inequalities.

8 CLIMATE CHANGE

8.1 There are no direct implications for climate change in this report.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 This report has been reviewed and cleared by members of the B&NES VRP, B&NES Serious Violence Steering Group and BCSSP ahead of submission to the Health and Wellbeing Board. Additionally, it has been reviewed by the S151 Officer, the Monitoring Officer and the Director of Public Health.

Contact person	Joshua Khan, Public Health Registrar, B&NES Council. Josh_khan@bathnes.gov.uk Paul Scott, Associate Director of Public Health, Public Health & Prevention, B&NES Council, 01225 394060
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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B&NES Serious Violence Plan 2024-2025

This summary outlines a high-level plan to reduce serious violence in B&NES, through the B&NES VRP and BCSSP. It is intended to complement, support and inform the concurrently and collaboratively produced A&S VRP serious violence strategy.

Summary of Current Situation

- B&NES is experiencing increasing levels of violent crime
- Perceptions of the prevalence knife crime amongst residents is relatively high
- Violence is concentrated in areas of high footfall such as the City Centre, Keynsham, Somer Valley and Radstock.
- Violent offences peak in the summer months and tend to cluster overnight and around school finishing times

Risk Factors for Serious Violence

- Aggressive and Antisocial Behaviour
- Worse emotional and mental health and well being
- Children in need
- Exclusion from school
- Domestic violence and adverse childhood experiences
- Educational need and attainment
- Peer influence
- Substance misuse
- Organised crime and gang involvement
- Social media and online content
- Deprivation
- Unemployment
- Poor Housing

Priorities:

1. Prevention and Early Intervention *(i.e. Primary Prevention)*
2. Response and Support *(i.e. Secondary and Tertiary Prevention)*
3. Community engagement and ongoing assessment of need
4. Alignment and collaboration within and across organisations

Measures of Success:

1. Improving the key determinants of serious violence
2. Harm Reduction
3. Perception of safety
4. Delivery of our commitments

Next Steps:

An implementation plan for 2024-2025 to operationalise these priorities

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Plan to Prevent and Reduce Serious Violence in B&NES 2024-2025

Contents

Executive Summary

Serious violence has profound societal impacts, necessitating a collaborative public health approach for prevention and reduction. The 2022 Serious Violence Duty mandates specified authorities, including Bath and North East Somerset Council (BANES) and the ICB, to contribute to a strategic needs assessment and strategy to reduce serious violence. The Avon & Somerset (A&S) Office for the Police and Crime Commissioner Strategic Needs Assessment and Strategy are concurrently being produced to fulfil this mandate. In parallel, this document outlines a high-level plan specific to B&NES which will complement and inform A&S work to address serious violence in 2024-2025.

In line with national trends, B&NES is experiencing increasing levels of violent crime. The quantitative data for knife crime is less clear, however local qualitative data highlights a perceived increased in knife crime and antisocial behaviour. Data analysis reveals high concentrations of serious violence in high footfall areas. It also shows repeat victimisation and offending with notable gender and ethnic disparities.

Our health needs assessment identified a variety of risk factors for serious violence including exposure to previous violence, familial factors, mental health issues, substance misuse, educational challenges, the influence of organised crime and technology. This was reinforced by community engagement which has highlighted some of these factors, such as social media, recurrent violence, exclusion and exploitation and county lines. The importance of early intervention, youth voice, youth work and collaborative working was also highlighted by the community engagement.

This work has informed the development of four priorities:

1. Prevention and Early Intervention (i.e. Primary Prevention)
2. Response and Support (i.e. Secondary and Tertiary Prevention)
3. Community engagement and ongoing assessment of need
4. Alignment and collaboration within and across organisations

Four measures of success will be used:

1. Improving key determinants of serious violence
2. Harm reduction
3. Perception of safety
4. Delivery of our commitments

Next Steps:

An implementation plan for 2024-2025 will operationalise the priorities outlined, ensuring a coordinated, evidence-based approach to reducing serious violence in Bath and North East Somerset.

Introduction

Serious violence has a devastating impact on the lives of victims, perpetrators, families and communities. It instils fear within communities and is extremely costly to society. As a result of this impact, the recent 2022 Serious Violence Duty[1] sets out a requirement for specified authorities to work together to prevent and reduce serious violence. This includes producing and implementing a plan to prevent and reduce serious violence. The duty encourages a public health approach to the reduction of serious violence. This involves identifying risk factors, intervening early, ensuring community voices are heard and ensuring plans are rooted in evidence, ultimately fostering a safer and more resilient community.

The purpose of this document is to provide a high-level plan for Bath and North East Somerset Council (B&NES) and the B&NES Community Safety and Safeguarding Partnership (BCSSP) to reduce serious violence in its area for 2024-2025. It has been informed by the 2023 B&NES Strategic Needs Assessment and wider literature, through multi-agency collaboration and from conversations with members of B&NES community.

Governance

As set out by the Serious Violence Duty[1], local authorities, police, justice, fire and rescue and health are all specified authorities who have a statutory duty to collaborate in order to produce a plan to prevent and reduce serious violence. The Avon & Somerset (A&S) Office for the Police and Crime Commissioner (OPCC) are convening a regional West of England response through the regional Violence Reduction Partnership (VRP) to fulfil the serious violence duty for the specified authorities. Furthermore, each of the five local authority areas within the A&S Police area have a local Violence Reduction Partnership (VRP) to identify local needs and to consider the most appropriate local response to reduce and address serious violence. This document and the supporting needs assessment are specific to B&NES, reflecting the local need and response. This over-arching plan is intended to be used alongside an upcoming implementation plan, which will set out allocated actions that have been agreed by partners. The B&NES VRP will oversee the implementation of the B&NES plans, however collaboration across partners will be necessary throughout.

The B&NES VRP is made up of police, justice, fire, health and the local authority as the specified authorities, with additional support from other agencies including education and the third sector as required. As summarised in Figure 1, the B&NES VRP is accountable to the Community Safety Partnership which in turn has a line of governance into the Bath & North East Somerset Community Safety and Safeguarding Partnership (BCSSP)[2] and also feeds into the overarching Avon and

[1] https://www.gov.uk/government/publications/serious-violence-duty
[2] https://bcssp.bathnes.gov.uk/

Somerset Violence Reduction Partnership Office of the Police and Crime Commissioner[3].

Serious Violence Definition

The Avon & Somerset Violence Reduction Partnership, of which B&NES is a member, use the following definition for serious violence:

"The A&S VRP embraces a priority focus on the prevention and reduction of public space violence for under 25's (children and young people); including homicide, attempted homicide, robbery, wounding, grievous bodily harm, knife and gun crime, alcohol and drug related violence and areas of criminality where serious violence or its threat is inherent, such as county lines and modern slavery.

We also recognise and commit to supporting a joined-up response to existing partnership work to tackle serious violence across the whole pathway and in the broadest sense, including domestic abuse, rape and serious sexual offences and violence against women and girls more generally."

Examples of existing partnerships that tackle serious violence in these areas include:

- Offender management schemes such as IRiS, MOSOVO, IMPACT and MAPPA for people aged over 25
- MARAC, the specific high harm team in the IOM and Southside for domestic abuse
- The Bridge (Sexual Assault Referral Centre) and Operation Bluestone for rape, serious sexual offences and violence against women and girls

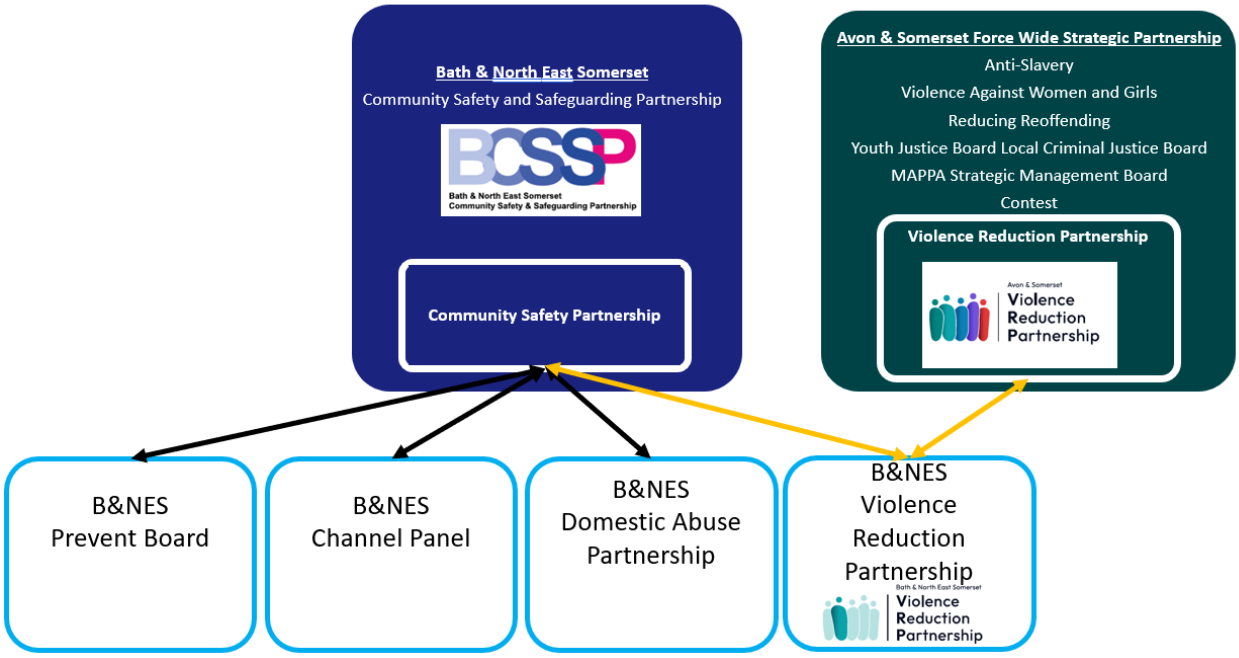

Figure 1 –Local Serious Violence Governance

[3] https://www.avonandsomerset-pcc.gov.uk/working-for-you/partnerships/violence-reduction-units/

B&NES 2023 Strategic Needs Assessment Findings Summary

Serious violent crime is increasing nationally and not just within larger cities. There is particular concern around rising levels of serious violence and knife crime amongst children and young people aged under 25. When reviewing the data and trends around serious violence, we should bear in mind that what is recorded may not always reflect the true extent of the situation, as not all incidents and risks are reported or recorded.

Bath & North East Somerset is an area of relatively low deprivation. However, in line with national trends there appears to be an increasing level of violent crime. This crime is concentrated in areas of high footfall such as the City Centre, Keynsham, Somer Valley and Radstock.

The majority of perpetrators are male and there is a disproportionate representation of black ethnic minorities amongst both perpetrators and victims[4]. The evidence is for both repeat offending and repeat victimisation. Though our data shows a smaller proportion of offences being committed by women, amongst local youth there is a perception of increasing violence being perpetrated by young women and girls[5].

When focusing on weapon possession and knife crime, the data shows an unclear picture of whether offences are rising or falling. However, anecdotal evidence from young people and professionals suggests an increase in knife carrying amongst young people. This is associated with a perception of rising violent antisocial behaviour.

Determinants of serious violence were reviewed and are summarised in Figure 2. Domestic abuse remains a common flag in young offenders and although levels do not appear to have changed in B&NES, we should remain aware of the significant impact that domestic abuse can have. Further familial factors such as a lack of parental supervision and parental substance misuse are also known determinants.

Mental health needs are rising nationally and the local Child and Adolescent Mental Health Services have seen an increase in demand and waiting times. Mental health and emotional dysregulation are recognised to increase the risk of involvement in serious violence. However, it is a topic which is infrequently reported and discussed amongst young offenders.

B&NES has higher than average rates of fixed and permanent school exclusions, and high-risk individuals are overrepresented in these groups[6]. Furthermore, gaps in attainment for those who are disadvantaged or on free school meals persist. There are links between poor attainment, exclusion and serious violence. Serious violence can be linked to unmet needs in children, there is no reason to suggest this does not apply to B&NES.

[4] 2023 Avon and Somerset Serious Violence Strategic Needs Assessment
[5] 2023 Violence and Intimidation against young women and girls in Bath and North East Somerset – Galdem Report.
[6] 2020 https://beta.bathnes.gov.uk/sites/default/files/serious_violence_in_bnes_2020.pdf

Nationwide illicit drugs are reported as a key factor in a high proportion of cases of criminal behaviour including youth violence and homicide. In B&NES the use of illicit drugs is comparatively high given its levels of deprivation, and substance misuse is the most common non-family vulnerability amongst young offenders. Similarly, alcohol is known to be a contributing factor to youth violence. B&NES has relatively high rates for the admission of <18s to hospital for alcohol specific conditions[7].

The influence that organised crime and gang involvement have on serious violence is well known. County lines and drug selling gangs have been linked to violent crime in B&NES[8]. Though support is available for exploited people, it is not possible to determine at this time if it is sufficient to meet the extent of exploitation in the young people of B&NES.

The impact and role that technology can have in perpetuating violence was highlighted in focus groups and surveys. For example, in a survey of year six students in B&NES almost a quarter had searched for violent images, films or games.

Other risk factors identified include adverse childhood experiences, children in need, deprivation, unemployment and housing. Importantly these risk factors may not occur in isolation and in fact many determinants identified are risk factors for each other. For example, substance misuse shares many of the same determinants as serious violence.

[7] OHID Public Health Data https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133228/pat/6/par/E12000009/ati/402/are/E06000022/iid/92904/age/173/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0 reference

[8] 2018 Centre for Crime and Justics Studies. Young People Violence and Knives https://www.crimeandjustice.org.uk/publications/young-people-violence-and-knives-revisiting-evidence-and-policy-discussions

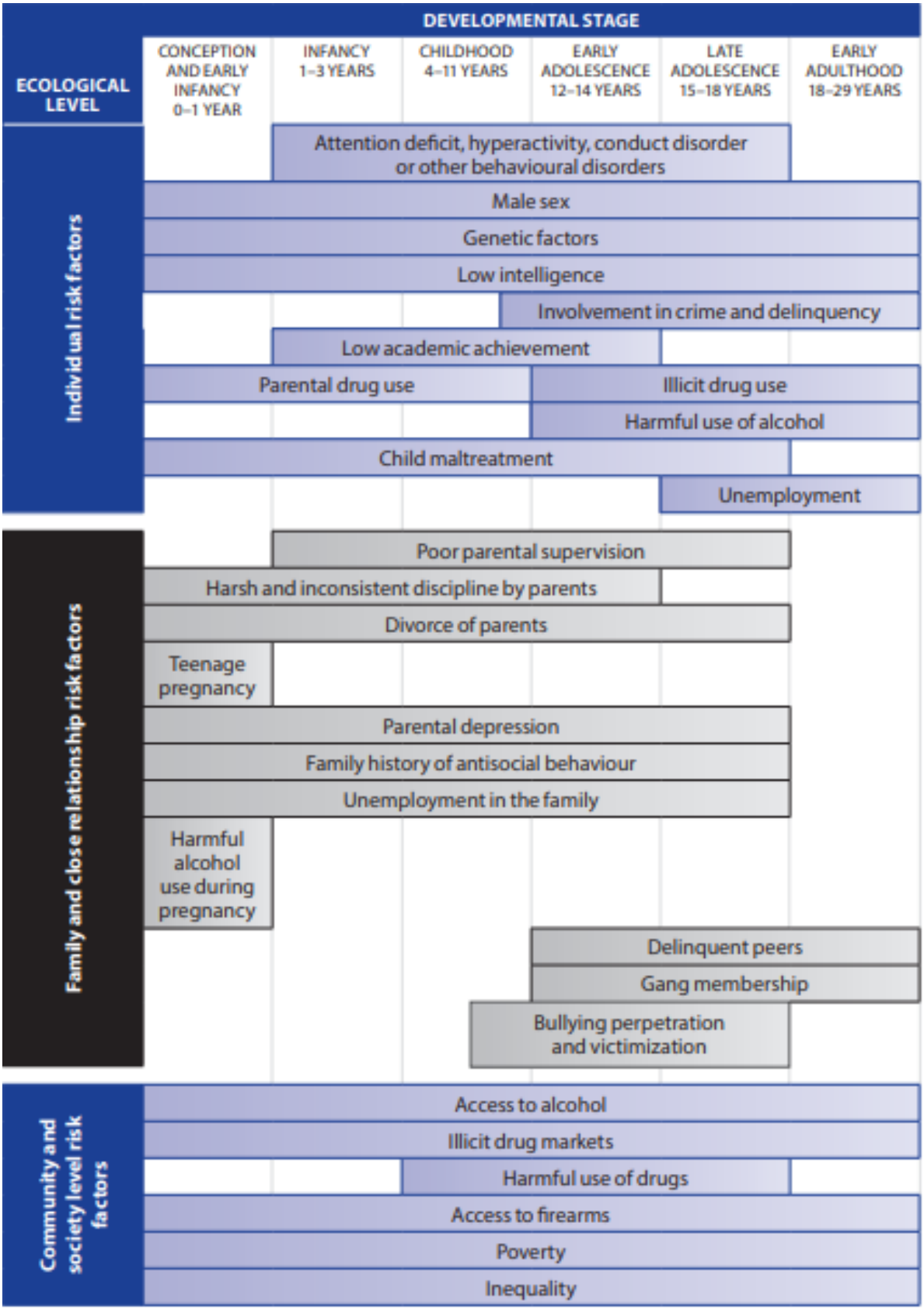

Figure 2 - Risk factors for serious violence. Source: World Health Organisation[9]

[9] https://www.who.int/publications/i/item/preventing-youth-violence-an-overview-of-the-evidence

Community Engagement

Ensuring that the voices of the community of B&NES are heard is a key part of the public health approach to serious violence. The voices and experiences of the B&NES community were integrated through contributions from:

- Serious violence specific focus groups with staff from: primary and secondary schools, third sector organisations linked to reducing serious violence, the ICB, police and different roles supporting a reduction in serious violence from across the council.
- A knife crime awareness event which included discussion and questions from parents.
- Surveys of residents including the Galdem Report (a survey of 11-19 year olds focusing on violence against young women), the voicebox survey (a residents survey for people >18 years that asks questions about community safety) and the schools survey (targeting ages 8-19 and including questions about safety and knife crime).

Below is a summary of some of the findings from this engagement:

What are the reasons young people are getting involved in serious violence in B&NES?

1. **Exclusion from school**
   Due to multiple long-lasting impacts and by exacerbating other risk factors.
2. **Exploitation through county lines and involvement in illicit drugs**
3. **Having additional educational needs**
   This was thought to be particularly impactful if undiagnosed or resources were not in place to support the young people.
4. **Previous links to serious violence**
   This was thought to be true both in terms of exposure to previous parental violence or the individual having been previously involved in violent incidents.
5. **Being a current or previous victim of bullying**
6. **Recent violent events**
   Violence stemming from fear for their own safety or for retribution for past incidents of violence.
7. **Peer pressure and “bravado”**
8. **Glamorisation/Normalisation of violence**
   This was occurring online but also through the violent actions of their role models (e.g. older peers or family members).
9. **Technology and the online world**
   In addition to glamorising violence through sharing violent content, social media at times was acting as a platform for arguments to escalate.
10. **Feeling Disempowered**
    For some violence was a route to power which they did not have through other avenues (such as financially, academically or socially).

11. **A lack of understanding of the impact of serious violence**
    For some this was a lack of knowledge but for others it was felt to be due to a lack of deterrence.

Additional Concerns Highlighted

1. That violent and aggressive behaviour may be occurring at an **earlier age.**
2. That more young people are **resorting to violence** during arguments.
3. That more young people are **left unsupervised.**
4. A **fear of criminalisation** if parents seek support for their children being involved in serious violence.

Suggestions from focus groups to reduce serious violence

1. **Community Involvement**
   Strengthening community support and relationships with adults outside of school.
2. **Cross-Border Working**
   Emphasising the importance of collaboration across borders to address violence.
3. **Young Voices in Planning Future Interventions**
4. **Preventative Measures**
   Early identification and clear preventative measures and pathways for high-risk children.
5. **Support in School**
   More support within schools to build relationships and address struggling children, as well as resources to provide information to students about serious violence.
6. **Improved information sharing across schools**
   This was particularly highlighted in regard to ensuring excluded students could be supported as best as possible when they move schools.
7. **Build Community Trust in Public Services**
   So that community members feel able to seek help and work with partners working in this space.

What has been done so far in B&NES

There is much work already occurring across the determinants of serious violence as well as targeting serious violence more specifically.

Interventions linked to serious violence in B&NES

Many of these interventions will have broad benefits beyond reducing violence, including improving educational outcomes, self-esteem and behaviour. There are also many further interventions that target the determinants of serious violence that aren't specifically identified in this list including, but not limited to, the Early Help platform and its offerings.

Education Setting Focused Interventions

- **Education Inclusion Project**
  A short term funded project that aims to reduce school exclusion by addressing the root causes of incidents and behaviour that lead to exclusion from school.

- **County Lines Awareness Workshop**
  Workshops for year 5 and 6 children aiming to tackle county lines drug trafficking and grooming and addressing the consequences of both.

- **Be The Change**
  Further education and University staff training to identify and prevent harassment.

- **Alternate Provision**
  A variety of different education options available to B&NES residents to support pupils with additional needs.

Community Focused Interventions

- **Detached Youth Work**
  A collaborative partnership between Youth Connect South West and Project 28 in which youth workers go to target hotspot areas at risk of serious violence and engage with children in these areas.

- **Youth Work and Community Engagement**
  In addition to the detached youth work, Youth Connect South West also deliver youth work at locations throughout B&NES.

- **Youth Sport Mentor**
  Relationship building and sport for children not in school.

- **Street Doctors**
  Emergency first aid training sessions which empower young people and professionals affected by violence to keep themselves and others safe.

- **Lived experience mentoring**
  A peer mentorship scheme delivered by community provider Southside targeting those who have been exploited, involved in serious violence or who are at risk of involvement in serious violence.

- **Night Time Economy Joint Briefings**
  Includes Police, Taxi Marshals, Street Pastors, businesses and the street medics.

- **Safe and Secure Bath**
  A partnership to prevent and deter crime and antisocial behaviour in the city centre.

- **Surrender Bins**
  A place to safely dispose of weapons.

- **Bleed control kits**
  Lifesaving kits to help control bleeding located in similar places to defibrillators.

- **Parent Engagement Events**
  Community events such as the Knife Crime Awareness event which hosted speakers with lived experiences as well as Street Doctors.

- **Parent Support Groups**
  Supportive groups for parents struggling with challenging behaviours.

- **CRUSH – Domestic Abuse Support**
  Delivered in partnership with Julian House, it is a structured programme of group support for children and young people aged 13-19 who have witnessed, experienced and/or are at risk of domestic abuse.

- **Youth Connect South West Postvention Support**
  The Youth Connect South West team were involved in delivering some of the immediate, short term and long term support following a number of recent local fatalities. Their work involves relationship building, directing people to other services and providing a safe space for people.

Planned interventions

- **Social Media and Youth Violence Training**
  Planned for 2024, workshops and training on the effects of social media on

youth violence.

- **VRP Conference – Social Media, Music and Language**
  Planned for Spring 2024, a conference to explore the impact of social media, music and language on youth violence.

Partnerships and Strategies Supporting Serious Violence Reduction

- **Partnership to Reduce Exploitation and Violence (PREV) Meetings**
  PREV seeks assurance that the right support is available for those at risk of serious violence and exploitation. Multiagency members include the VRP, ACE and the police.

- **Adolescent Child Exploitation (ACE) Team**
  Acts as a hub to direct children at risk of exploitation to necessary services.
  Willow Project
  Preventative work aiming to prevent children from being exploited.
  Complex Strategy Work
  Multiagency mapping of vulnerabilities across groups of children.
  Case Discussions
  Multiagency platform to discuss emerging concerns in children.
  Exploitation and County Lines Film
  VRP and ACE Teams in partnership made this film highlighting the risks and challenges of exploitation.

- **Domestic Abuse Partnership**
  A multiagency group that works to provide early help, protection and support to victims of domestic abuse.

- **B&NES Health and Well Being Strategy - Our Vision for 2030**
  A broad strategy that considers many of the determinants of serious violence, including improving educational attainment and strengthening inclusive communities.

- **B&NES Corporate Strategy 2023-2027**
  Highlights the corporate importance to focus on prevention.

- **B&NES Drug and Alcohol Strategy 2022-2027**
  Aims to focus on prevention to reduce the harms of alcohol and substance misuse.

- **B&NES Economic Strategy Review 2014-2030**
  Outlines the strategy to improve some key determinants of serious violence including employment and housing.

- **B&NES Local Plan 2022-2042 (Currently under development)**
  Outlines a plan to improve some key determinants of serious violence including employment and housing.

- **B&NES Early Help work**
  A new needs assessment and strategy is currently under development. Early help provides a first focal point for residents to come to find support.

- **Youth Justice Service Partnership Board**
  Takes responsibility for all aspects of youth justice service governance and leads strategically across relevant partners, including local authorities; education and social care; health; police; and probation to fulfil their statutory duties effectively and to ensure a high-quality service is provided to all children.

Priorities

1. Prevention and Early Intervention

Primary Prevention – preventing serious violence from occurring.

Objectives:

i. Promote a public health approach to reduce serious violence by ensuring interventions are targeting the determinants of serious violence.
ii. Ensure findings from our community engagement are used by exploring determinants that are important to our community e.g. the impact of social media.
iii. Provide a variety of interventions that can target multiple areas of an individual's life i.e. home, community and school.
iv. Evaluate the impact of current interventions to ensure that the interventions offered give the most value to the community.
v. Ensure that residents of B&NES know how to seek support and that existing referral pathways are appropriately linked.
vi. Seek out individuals at highest risk of being involved in serious violence and ensure that appropriate support is readily available to them.

2. Response and Support

Secondary Prevention – Immediate response after violence to manage short term consequence and prevent reoccurrence or progression.
Tertiary Prevention – Reducing long term harm after violence and preventing further reoccurrence.

Objectives:

i. Ensure support is available for those who have been impacted by violence.

ii. Develop and disseminate a local toolkit to guide the immediate and long-term response to those impacted by serious violence.
iii. Provide information so that the general public know how to appropriately respond to serious violence.

3. Community engagement and ongoing assessment of need

Objectives:

i. Conduct further community engagement to better understand the causes of, impacts of and ways to mitigate serious violence and its determinants. This should include, but not necessarily be limited to, children and young people <18 years, young adults 18-25 years and adults involved in delivering higher education.
ii. Monitor the perception of serious violence in B&NES and share information with communities so that they are aware of current data and trends.
iii. Share work that is being done to reduce serious violence with our community so that they can feel confident that actions are being taken.
iv. Collate and respond to upcoming releases of information related to serious violence in B&NES, including police and health data from the A&S strategic needs assessment, the findings from investigations of recent fatalities in B&NES and new data dashboard for serious violence in B&NES.

4. Alignment and collaboration within and across organisations

Objectives:

i. Respond to the findings from the A&S OPCCs serious violence reduction needs assessment and strategy by collaborating with those involved to ensure a joint up approach to reducing serious violence in B&NES.
ii. Ensure that the findings from the B&NES councillors Knife Crime Prevention Task and Finish group inform ongoing serious violence plans in B&NES.
iii. Ensure that those strategies targeting determinants of serious violence acknowledge the potential impact on serious violence.

Measures of success

The Serious Violence Duty sets out three key success measures for the prevention and reduction of serious violence:

1. A reduction in hospital admissions for assaults with a knife or sharp object.
2. Homicides recorded by the police.
3. A reduction in knife and sharp object enabled serious violence recorded by the police.

In B&NES these first two measures are relatively low which may lessen the usefulness of interpreting them as key indicators. Furthermore, inconsistent coding of the first measure may limit its accuracy. Additionally, these measures don't factor in perceptions of safety amongst residents, nor do they reflect the longer time frame for a public heath approach targeting determinants.

We will therefore develop measures specific to B&NES. They will be developed with the implementation plan. These locally agreed measures will reflect the priorities and broadly cover the following aspects:

1. **Improving key determinants of Serious Violence**
   We need measures to reflect our public health approach of targeting determinants of serious violence.

2. **Harm Reduction**
   We need to continue to monitor and reduce end outcomes of serious violence.

3. **Perception of safety**
   The perceptions of safety in residents and its impacts on the lives of communities should be monitored through community engagement and aimed to be improved.

4. **Delivery of our commitments**
   An implementation plan for 2024-2025 will be developed to operationalise our priorities and can be used to track our progress.