

# Health and Wellbeing Board

**Date: Thursday, 5th September, 2024**

**Time: 10.30 am**

**Venue: Brunswick Room - Guildhall, Bath**

**Members:** Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Catherine Bailey (University of Bath), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Saranna Burgess (AWP (Mental Health Care)), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), 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)), Mary Kearney-Knowles (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), 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), Martin Sim (Bath College), Richard Smale (Integrated Care Board) 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**

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## NOTES:

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

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

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

## 3. Recording at Meetings:-

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control. Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators. 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](http://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, 5th September, 2024

at 10.30 am in the Brunswick Room - Guildhall, Bath

### A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

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

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

(b) The nature of their interest.

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

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

5. TO ANNOUNCE ANY UPDATES OR URGENT BUSINESS AGREED BY THE CHAIR

1. To remind the Board that the South West Health & Wellbeing Board Network Conference on Leadership for Health and Wellbeing is taking place on the 4<sup>th</sup> of October at Somerset County Cricket Club.

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.

### ITEMS FOR COMMENT/SIGN OFF

8. LITHIUM-ION BATTERY SAFETY BILL

15 minutes

The Board to comment on proposed legislation in relation to the safety of Lithium-ion Batteries.

9. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN - QUARTER 2 EXCEPTION REPORT (Pages 13 - 42)

20 minutes

The Board to receive the Quarter 2 exception report on the four priorities of the Joint Health and Wellbeing Strategy Implementation Plan.

Sarah Heathcote/Paul Scott to give a brief introduction to the key findings and actions.

10. WINTER PLANNING (Pages 43 - 70)

20 minutes

The Board to receive an update on winter planning.

11. PHARMACIES AND THE PREVENTION AGENDA (Pages 71 - 74)

20 minutes

Uzo Ibechukwu, Chief Pharmacist – B&NES, Swindon & Wiltshire Integrated Care Board to present.

12. BATH AND NORTH EAST SOMERSET COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP (BCSSP) ANNUAL REPORT (Pages 75 - 138)

20 minutes

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

13. BETTER CARE FUND UPDATE (Pages 139 - 142)

5 minutes

The Board is requested to ratify the Quarter 1 Better Care Fund submission.

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

**HEALTH AND WELLBEING BOARD**

**Minutes of the Meeting held**

Thursday, 11th July, 2024, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Laura Ambler	Integrated Care Board
Catherine Bailey	University of Bath
Councillor Alison Born	Bath and North East Somerset Council
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Suzanne Westhead	Bath and North East Somerset Council
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust

**1 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**2 EMERGENCY EVACUATION PROCEDURE**

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

**3 APOLOGIES FOR ABSENCE**

Apologies had been received from:

Sophie Broadfield – Bath and North East Somerset Council

Paul Harris - Curo

Sara Gallagher - Bath Spa University

Will Godfrey - Bath and North East Somerset Council

Mary Kearney-Knowles - Bath and North East Somerset Council

Val Scrase - HCRG Care Group

Martin Sim - Bath College  
Cara Charles Barks - Royal United Hospitals Bath NHS Foundation Trust

Substitutions:

Jon Nash for Scott Hill - Avon and Somerset Police

Heather Crolley for Val Scrase - HCRG Care Group

Rich Harris for Martin Sim - Bath College

Joss Foster for Cara Charles Barks - Royal United Hospitals Bath NHS Foundation Trust

#### **4 DECLARATIONS OF INTEREST**

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

#### **5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

#### **6 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

There were no items from the public.

#### **7 MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 2 May 2024 be approved as a correct record and signed by the Chair.

#### **8 HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN - STANDING ITEM**

The Chair gave the following update:

1. The Reporting Leads for the 4 priority themes of the Joint Health and Wellbeing Strategy were continuing their work to monitor and log progress in relation to the actions set out in the implementation plan.
2. Following David Tretheway's retirement, Sophie Broadfield will take over as the sponsor for Theme Two – "Improve skills, good work and employment."
3. The next round of escalation reporting would be at the September meeting.
4. The programme of themed development sessions was providing an opportunity for the Board to have a deeper insight in to some of the opportunities and challenges in implementing the strategy.

#### **9 EXPERIENCES OF REFUGEES IN ACCESSING AND USING HEALTH AND SOCIAL CARE SERVICES IN B&NES**

Sue Poole (Healthwatch) and Alice Herve (Bath Welcomes Refugees) gave a presentation on a report undertaken by a University of Bath student on the experiences of refugees in accessing and using health and social care services in Bath and North East Somerset and Swindon. A copy of the presentation had been circulated with the agenda and the key findings and recommendations are

summarised below:

1. Overall the process of registering with the GP worked well in both areas.
2. There was a lack of understanding with refugees of how the NHS worked leading to confusion and frustration.
3. There was a perception that refugees were placed at the back of the waiting list.
4. Translation services could be improved, this included support to book appointments with GPs.
5. Dental Access needed to be improved.
6. Specialist mental health support was needed for refugees.
7. The impact of housing instability on physical and mental health needed to be recognised.
8. There was a systemic issue that when refugees had to change area, they go back the start with their NHS support

Laura Knight, Employment and Accessibility Officer at Bath and North East Somerset Council was invited to update the Board about an initiative to appoint a Ukrainian Youth Ambassador to engage and advocate on behalf of other young Ukrainian refugees especially in relation to wellbeing, education, training and pathways to employment. She reported that the B&NES Resettlement Team also funded an officer to advise and guide refugees. She advised that there had been 1,000 refugees in B&NES over the last 8 years under a variety of different resettlement schemes.

Board Members raised the following comments.

1. There needed to be closer working with the Home Office in relation to supporting refugees and asylum seekers. A number of partners had been supporting a group of asylum seekers who were temporarily housed in a hotel in Bath, but the group had been moved on without the knowledge of the local authority/other partners who had been working with the families.
2. Some refugees chose not to stay in the area even though they were offered a good package of support, as they sought relocation closer to family members in different parts of the country. This was not necessarily a bad outcome as it was important for refugees not to feel isolated.
3. There was a relatively small group of unaccompanied asylum seekers in the area, but they needed a high level of support due to the trauma they had experienced.
4. The report highlighted the powerlessness of refugees and lack of control they had over their lives.
5. The University of Bath was a university of sanctuary and would welcome working with the Ukrainian Youth Ambassador. The university offered a scholarship for a Ukrainian student, but there not been any applicants.

It was RESOLVED that the Board, through the ICB, would raise the issue of effective communication with the Home Office in relation to supporting asylum seekers and refugees.

## 10 **BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE MENTAL HEALTH STRATEGY**

Georgina Ruddle/Jane Rowland, Associate Directors, Mental Health, Bath & North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) gave a

presentation on the BSW ICB All Age Mental Health Strategy.

The presentation gave an overview of the strategy as follows:

1. Strategy production - context & methodology
2. Strategic vision & aims
3. Our Population & Current Delivery Status
4. The BSW Mental Health Strategic Conceptual Model
5. Strategic Commitments
6. Strategy finalisation

The Board raised the following comments:

1. It was important for the BSW ICB All Age Mental Health Strategy to be aligned with other strategies e.g., Joint Health and Wellbeing Strategy.
2. Assurance was needed on how capacity could be managed to meet demand.
3. Any research needed to feed into the Council's Strategic Evidence Base.
4. The Board would like to receive further updates on the implementation of the strategy and factors that were making a difference.
5. There needed to be alignment with the transformational work being carried out by the third sector.
6. There was a need to identify how early interventions linked in with the strategy.

In response to a question about the strategy, it was confirmed that there was a transition model supported by AWP/Oxford Health and the Third Sector. There was also an opportunity for co-production with children and young people on transition to encourage their voice in the process.

The Board RESOLVED to note the presentation.

## 11 **BE WELL B&NES: WHOLE SYSTEMS HEALTH IMPROVEMENT FRAMEWORK**

Dr Annette Luker (Consultant in Public Health), Hannah Thornton (Public Health Registrar), Kate Richards (Public Health Registrar) and Chris Chatten (Project Manager, Leisure Services and Physical Activity) gave a presentation on the Be Well B&NES: Bath and North East Somerset (B&NES) Whole Systems Health Improvement Framework 2024–2034 which had been circulated in advance of the meeting.

It was noted that Board members had previously had an opportunity to comment on the framework.

The Board RESOLVED to approve the Be Well B&NES: Bath and North East Somerset (B&NES) Whole Systems Health Improvement Framework 2024–2034.

## 12 **BETTER CARE FUND UPDATE**

Laura Ambler/Suzanne Westhead introduced the report and drew attention to the following:

1. BSW ICB Community contract arrangements – pooled funding would be reduced as this element of voluntary contributions would be directly through the community contract and not through the Better Care Fund.
2. There may be a change to future funding arrangements due to the new



Government.

- 3. Currently, BCF funding was restricted to adult social care.
- 4. The BCF had make a difference, for example the work with the RUH in relation to hospital discharges.
- 5. The Board was being asked to ratify the mid-point return.

The Board RESOLVED to ratify the 24/25 Better Care Fund Planning addendum.

**13 UPDATE ON ADULT SOCIAL CARE**

Suzanne Westhead drew attention to the update on Adult Social Care (ASC) which had been circulated in advance in the meeting, in particular the ASC Transfer Evaluation and upcoming Care Quality Commission (CQC) Inspection:

- 1. CQC was planning to inspect Bath & North East Somerset Adult Services during the week beginning September 9.
- 2. This would be the first inspection in 14 years.
- 3. 150 Councils were being inspected and B&NES was one of the early inspections.
- 4. The outcome report would be published by the end of October.

The Chair thanked all staff involved, including HCRG, for ensuring the smooth transition and Adult Social Care services.

The Board RESOLVED to note the update.

The meeting ended at 12.30 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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## 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

*Biannual exception reporting will take place at Health and Wellbeing Board (HWB) meetings which fall in Q2 and Q4. Use the RAG rating (shading and write RED, AMBER or GREEN) to indicate where progress is significantly off track or ahead of expected target or timescale. Threshold determined by whether the identified 'risk' will be resolved by the end of financial year.*

<b>Date of Health and Wellbeing Board meeting this report will be reviewed at:</b>	<b>5/9/24 (Q2)</b>
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#### 1 - Sign off from Sponsor

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

#### 2. Open 'Amber' and 'Red' actions from previous exception reports

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?
Resource has now been identified for an emotional health and wellbeing lead	1.2.2	Laura Ambler	New Family Therapy Provision (AWP)	Now GREEN	
<i>Big Education</i> commissioned to deliver a project to support schools to improve educational outcomes of disadvantaged children	1.3.1	Olwyn Donnelly	Produced B&NES data report on Disadvantage & Attainment B&NES Survey on Inequality in Education Recruited and trained 6 school leaders and established Action Learning Sets	RED	

Taking action to reduce exclusions and suspensions for all CYP open to social care, particularly CLA and those with CCP	1.3.2	Sarah Gunner	NB figures will fluctuate Continuing to work with schools to reduce exclusions Virtual School continuing to monitor pupils at risk of suspension	Now GREEN
Taking forward revised Safety Valve Plan 3 areas of focus: strengthening system of SEN support; Proactive development of local specialist provision; strengthening statutory decision making.	1.4.1	Olwyn Donnelly	Building capacity and help at a pre-statutory level and ensure needs can be identified and met in a timely fashion.	AMBER
Influence ICA to invest and take action to address emotional wellbeing and mental health.	1.4.2	Laura Ambler	Resource has now been identified to support this work going forward.	Now GREEN
Work is ongoing to resource a Designated Social Care Officer (DSCO) as recommended in the SEND Review.	1.4.4	Mary Kearney-Knowles	Update on the new role.	AMBER

### 3 New exception reports

<p><b>Priority ONE</b></p> <p><b>Ensure Children and Young People have the best start in life and are ready for education and learning</b>  <b>Intended outcome: All our children are healthy and ready for learning and education.</b></p>
<p><b>Strategy Objective</b>  <b>1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.</b></p>

Strategy objective Action <i>Add hyperlink to detailed update on progress on this indicator where available</i>	Risk level – RAG (see chart below)	Reason for escalation (leave blank if green unless <u>exceptional progress</u> )	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	Was GREEN Now AMBER	Although many agencies provide and undertake trauma informed training there is further work required to confirm there is a shared resilience approach.	Recognition that some services have a very strong trauma informed resilience approach which can be shared/promoted amongst the wider CYP workforce.  Review the current trauma informed resilience approach training and resources available.	There is a clear shared trauma informed resilience approach training/ resource which is available and promoted consistently to the wider CYP workforce.	September 24 – March 25	
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 <i>Add hyperlink to detailed update on progress on this indicator where available</i>	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?
1.2.1 Ensure continuity of Early Help offer	GREEN					
1.2.2 New Family Therapy AWP provision.	GREEN					
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 <i>Add hyperlink to detailed update on progress on this indicator where available</i>	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?

<p>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</p>	<p>RED</p>	<p>% of PP/FSM pupils achieving ARE at end of reception and year 6 has dropped in B&amp;NES</p> <p>MATS hold the funding and responsibility to deliver interventions for FSM/PP children not defined as 'vulnerable'</p>	<p>Update - We have commissioned <b>Big Education</b> to deliver a project supporting our schools to improve the educational outcomes of disadvantaged children.</p> <p>To date the project has:</p> <ul style="list-style-type: none"> <li>• Produced <a href="#">B&amp;NES Data Report re Disadvantage &amp; Attainment</a></li> <li>• <a href="#">B&amp;NES Survey Responses re Inequality in Education</a></li> <li>• Recruited and trained six school leaders to lead action learning sets across thirteen schools. Each school is supported to design an intervention or change to practice to address the attainment gap, according to their</li> </ul>			
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			<p>context and based on best evidence.</p> <ul style="list-style-type: none"> <li>Impact evaluation data will be collected and analysed during March &amp; April 'twenty-five and a final report issued.</li> </ul> <p>The project will culminate with a B&amp;NES conference in May'25 to present the findings from the ALS with the aim of leaving a legacy of best practice.</p>			
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	GREEN				
1.3.3	Continue affordable schools work.	Was GREEN	5 out of 12 schools from phase 3 have	Recruitment for phase 4 of the Affordable Schools		Encourage partners working with



	<p>Now AMBER</p>	<p>committed to having a staff meeting (but some schools may adopt practice without PH involvement)</p> <p>There are emerging concerns from the Affordable Food Network around capacity within the affordable food providers.</p> <p>The Household Support Fund is not guaranteed after September.</p> <p>The DfE Holiday Activity Food Programme funding is not</p>	<p>Programme will commence in September 24.</p> <p>The Affordable Food Network and the Fair Food Alliance includes members who work with children and young people. The Community Wellbeing Hub is also promoted through the Affordable Schools Programme and there is representative from Citizen's Advice.</p>			<p>children, young people and families to actively participate and attend the Affordable Food Network.</p> <p>Promote and encourage schools to engage in the Affordable Schools Programme.</p>
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		confirmed from April 2025.				
<b>Strategy Objective</b> <b>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)</b>						
<b>Strategy objective Action</b>  <i>Add hyperlink to detailed update on progress on this indicator where available</i>	<b>Risk level</b> <b>RAG (see chart below)</b>	<b>Reason for escalation</b> <i>(leave blank if green unless <u>exceptional progress</u>)</i>	<b>Actions to control risk</b>	<b>Success measures</b>	<b>Timescales</b>	<b>Any requests to Health and Wellbeing Board?</b>
1.4.1 Retain commissioned services	<b>AMBER</b>	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 focuses on three broad areas –  (i) strengthening the system of SEN support, to build capacity and help at a pre-statutory level and ensure needs can be identified and met in a timely fashion.  (ii) pro-actively developing local			

		<p>required to resubmit our plan to show how we will get the DSG back into a balanced position for 2028-2029.</p> <p>(This will include looking at our discretionary spend on preventative services commissioned from the DSG)</p>	<p>specialist provision that reflects local needs.</p> <p>(iii) strengthening statutory decision-making to ensure consistent, high-quality decisions about access to support and the use of resources.</p>			
1.4.2	Influence ICA to invest and take action to address emotional wellbeing and mental health.	GREEN				
1.4.3	Use and refresh Dynamic Support Register and Care, Education and Treatment Plans to ensure support	GREEN				

	provided is needs led and tailored to child					
1.4.4	Improve transition processes between children and young people and adult services (Physical and MH provision)	AMBER				

**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

## 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: 5 Sept 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?
<i>None to date</i>					

**3 New exception reports for areas that have deviated significantly from expectations set out in the JHWS implementation plan or where there is exceptional 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 <b>Add</b> <i>hyperlink to detailed update on progress on this indicator where available</i>	Risk level – <b>RAG</b> (see chart below)	Reason for escalation (leave blank if green unless <u>exceptional progress</u> )	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. The latter has been led by Council colleagues and developed with the CWH Partnership and wider partners, and it sets out the strategic, economic, financial and commercial case for a CWH.  For information about the CWH see: <a href="https://communitywellbeinghub.co.uk">https://communitywellbeinghub.co.uk</a>	Amber	CWH Business Plan in place and the CWH is operating and delivering well.  RAG rated Amber because use of Better Care Funds for the CWH beyond March 2025 has not yet been formally agreed; due to be agreed by Autumn 2024 via Better	The risk that Better Care Funding is not agreed has been minimised through Council and ICB meetings; strategic leads have agreed to recommend use of BCF to fund the CWH beyond March 2025.	Recommended CWH budget agreed in principle – agreed.  Recommended budget secured through BCF governance.	January 2024; complete  BCF governance to conclude in Autumn 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 with other front

		Care Funding governance. Will become green once funding agreed.				doors across the system.
<b>Strategy Objective</b>						
<b>3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life</b>						
<b>Strategy objective Action</b> <i>Add hyperlink to detailed update on progress on this indicator where available</i>	<b>Risk level – RAG (see chart below)</b>	<b>Reason for escalation (leave blank if green unless exceptional progress)</b>	<b>Actions to control risk</b>	<b>Success measures</b>	<b>Timescales</b>	<b>Any requests to Health and Wellbeing Board?</b>
3.1.2 Implement Be Well B&NES – the Whole System Health Improvement Framework	Amber	Amber as action plans now aiming to be developed by December 2024 (rather than Summer 2024)	Framework development completed and signed off by HWB in July 2024  Work underway to scope and develop network groups	Action Plans now due for completion in December 2024  Continued wide engagement of stakeholders in the delivery of the Action Plan	December 2024	For HWB members to continue to champion this work within their own organisations and with partners working across the system

3.1.3 Cultural strategy to include activities that support/promote wellbeing	Green		To note: An audit on cultural activity across B&NES will be undertaken in September - November 2024, which will help to identify where doing well and less well in relation to health and wellbeing outcomes. This, with other evidence such as findings of the LGA Cultural Peer Challenge that took place in 2023, will be used to inform the new Culture Strategy.	Key products developed, including the Strategy, indicator set, and qualitative measures.	Cultural Plan (2 year) Strategy to be developed by end of 25/26	For members to flag any funding opportunities to support the alignment of culture and health and wellbeing outcomes
<b>Strategy Objective</b> <b>3.2 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions</b> <i>(cross ref to ICA's priorities 2,3 and 4 and cross cutting themes)</i>						
<b>Strategy objective Action</b> <i>Add hyperlink to detailed update on progress on this indicator where available</i>	<b>Risk level</b> <b>RAG (see chart below)</b>	<b>Reason for escalation</b> <i>(leave blank if green unless <u>exceptional progress</u>)</i>	<b>Actions to control risk</b>	<b>Success measures</b>	<b>Timescales</b>	<b>Any requests to Health and Wellbeing Board?</b>
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	Green			Social Prescribing Project Manager in	2024/25	Not currently



social prescribing means in B&NES				post – complete.  Scoping work to inform Framework complete – ongoing.  B&NES Framework for social prescribing developed and being implemented – ongoing.		
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**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:**

<b>Priority Indicator</b>	<b>Timescales</b> <i>(Period covered by data)</i>	<b>Summary Points</b> <i>(Pull out and summarise key points)</i>	<b>Comments</b> <i>(e.g., limitations of the data, alternative interpretations, links to actions being undertaken in JHWS implementation plan...)</i>
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 31 <sup>st</sup> March 2022) shows an increase above the England average; 28.4% for B&NES compared to 22.5% for England.	During 2020 and 2021 the survey methodology was changed due to COVID. 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 is 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.  Anxiety increased during the Covid-19 pandemic.
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

*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: 5 Sept 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 significantly from expectations set out in the JHWS implementation plan or where there is exceptional 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 <b>Add</b> <b>hyperlink to</b> <b>detailed update on</b> <b>progress on this</b> <b>indicator where</b> <b>available</b>	Risk level – <b>RAG</b> (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	<b>GREEN</b>	RAG rated green on the basis that the policies in the Local Plan will still aim to support health and wellbeing.	To note: The government recently published the draft revised National Planning Policy Framework (NPPF) for consultation, as well as revised standard method housing figures. The changes to the NPPF and any implications for the Local Plan will be updated on within the next report as discussions are currently ongoing.			To engage in Local Plan workshops/meetings (where requested) to support policy content development during 2024 and 2025.

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

Biannual exception reporting will take place at Health and Wellbeing Board (HWB) meetings which fall in Q2 and Q4. Use the RAG rating (shading and write RED, AMBER or GREEN) to indicate where progress is significantly off track or ahead of expected target or timescale. Threshold determined by whether the identified 'risk' will be resolved by the end of financial year.

<b>Date of Health and Wellbeing Board meeting this report will be reviewed at:</b>	<b>5/9/24 (Q2)</b>
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### 1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4.2, 4.3	Chris Mordaunt	Laura Ambler	Yes/No

### 2. Open Amber and Red actions from previous exception reports - NONE

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

<b>LEAD OFFICER: Chris Mordaunt</b>
<b>Priority FOUR Create Health Promoting Places</b>
<b>Strategy Objective</b> <b>4.2 Improve take up of low carbon affordable warmth support for private housing; and encourage B&amp;NES social housing providers to provide low carbon affordable warmth for existing social housing to help prevent damp and mould and cold-related illnesses</b>

Strategy objective Action	Risk level – RAG (see chart below)	Reason for escalation (leave blank if green unless <u>exceptional progress</u> )	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 <a href="http://www.energyathome.org.uk">www.energyathome.org.uk</a>	Green					Note and share website <a href="http://www.energyathome.org.uk">www.energyathome.org.uk</a>

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 – RAG (see chart below)	Reason for escalation (leave blank if green unless <u>exceptional progress</u> )	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					
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

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

Biannual exception reporting will take place at Health and Wellbeing Board (HWB) meetings which fall in Q2 and Q4. Use the RAG rating (shading and write RED, AMBER or GREEN) to indicate where progress is significantly off track or ahead of expected target or timescale. Threshold determined by whether the identified 'risk' will be resolved by the end of financial year.

<b>Date of Health and Wellbeing Board meeting this report will be reviewed at:</b>	<b>5/9/24 (Q2)</b>
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### 1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4.5	Paul Scott	Laura Ambler	Yes/No

### 2. Open Amber and Red actions from previous exception reports

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?
	4.5.3 <b>AMBER</b>  (To influence population outcomes group to left shift	Sadie Hall, NHS BSW ICB	<i>The ICB can evidence some progress in this area and have further development forthcoming under the Integrated Community Based Care Programme (ICBC) - details of which are not possible to share just yet.</i>	<b>AMBER</b>	

	resources to focus on babies, children and young people)		<i>Children and Young People’s Core20PLUS5 will be a focus for the ICB for 2024-26, and financial recovery plans reference the investment fund to increase measures delivering prevention and early intervention to be delivered in May 2025. So strategically there has been progress, but impact is less tangible at this point, so we are leaving the rating as Amber.</i>		
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**3 New exception reports** *Please keep text as brief as possible*

<b>LEAD OFFICER: PAUL SCOTT</b>						
<b>Priority Four Create Health Promoting Places</b>						
<b>Strategy Objective</b> 4.5 The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation (Cross referenced to ICA’s priorities 2 and relevant cross cutting teams)						
<b>Strategy objective Action</b> <i>Add hyperlink to detailed update on progress on this indicator where available</i>	<b>Risk level –</b> <b>RAG</b> (see chart)	<b>Reason for escalation</b> (leave blank if green unless <u>exceptional</u> )	<b>Actions to control risk</b>	<b>Success measures</b>	<b>Timescales</b>	<b>Any requests to Health and Wellbeing Board?</b>

	below)	progress)				
4.5.1	Establish B&NES health inequalities network					
4.5.2	Develop B&NES health inequalities plan					
4.5.3	To influence population outcomes group to left shift resources to focus on babies, children and young people	Continue to push forward strategic intentions through delivery of the Integrated Community Based Care Programme and the Core20Plus5 Programme for Children and Young People.				

## **Risk Assessment**

Risk Level - RAG (Red, Amber, Green)

### **None - green**

Action plan on or exceeding target  
Continue to monitor

### **Medium amber**

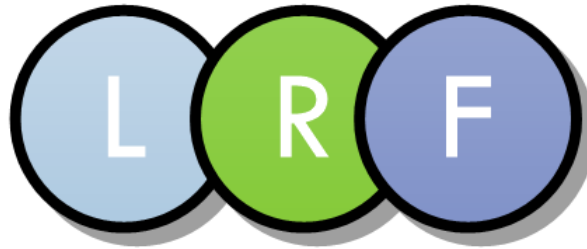
Some items not delivered to timeframe  
Monitoring suggests a trend line diverging from plan  
Low risk/likely to resolve

### **High red**

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



# Local Resilience Forums Winter Preparedness



Local Resilience Forum

Local Resilience Forums (LRFs) and Local Health Resilience Partnerships (LHRPs) are partnerships of emergency responders, that have the responsibility to coordinate multi-agency activity to **prepare** for emergencies

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- Business/Exec Management Group Meetings
- Plans e.g. Communicable Disease Plan
- Risk Groups
- Training and Exercising
- Core/Capability Groups
- Voluntary Agencies
- ESRI Project
- Exercise Canute
- Op Link/PEAT
- Civil Contingencies Forward Look

**Avon & Somerset**  
**Local Resilience Forum**  
working in partnership



Agenda Item 10



Bath and North East Somerset,  
Swindon and Wiltshire Together

**BSW| Together Local Health Resilience**

# B&NES Council Emergency Planning, Preparedness & Response

DRAFT copy

Bath & North East  
Somerset Council

Improving People's Lives

- Category One Responding Authority
- Provide a 24hr Duty Officer
- Clear governance structure for Tactical/Strategic Officers
- Major Incident Plan and other plans in place e.g. Rest Centre Plan and Vulnerable People Cell
- Risk Management
- Training and Exercising
- Operational Teams Winter Service Planning
- Business Continuity Arrangements
- Community Resilience
- Outbreak management and acute response

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# Winter Preparedness Programme & Events

- Community Resilience Day - Friday 6 Sept
- Boaters' Wellbeing Fayre – Saturday 14 September
- University of Bath, Bath Spa University, Bath College, Norland College – new student welcome events, throughout September
- Care Provider Winter Preparedness Workshop – 15 October
- Covid-19 & Flu vaccination programme; internal Council and community programme, including outreach vaccination for eligible vulnerable groups.
- Vaccine confidence training for health professionals
- Training and Exercises – Measles, Meningitis and Bath Christmas Market



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Bath and North East Somerset,  
Swindon and Wiltshire Together

**DRAFT**

# **BSW Winter Plan – 2024/25**

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Initial overview for BaNES Health and Wellbeing Board (5<sup>th</sup> September 2024)

V0.02 – (see last slide for version control)

# 24/25 Planning approach

- [The 24/25 priorities and operational planning guidance](#) to set out the key objectives and the priorities for our Integrated Care system throughout the year including the Winter Period.
- From an UEC perspective, the key objectives are to improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24 to deliver the following key performance outcomes:
  - Improving A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
  - Improve Category 2 response times to an average of 30 minutes across 2024/25
- Partners worked collaboratively to develop our system operational plan for 2024/25 and these were submitted in May 2024 which covers the whole of the financial year and not specific to Winter period (Oct 24 to Mar 25).
- In UEC system partners utilised the work of the demand and capacity to develop our local annual plans to support out of hospital capacity and the investment needed to support out of hospital pathways which underpins the planned Urgent Care and Flow Delivery Group 24/25 work plan under 'Localities'. This involved joint working across the ICB and local authorities to ensure that capacity meets projected demand supported by the additional investment in the 2024/25 discharge funds and assured through BCF assurance process.
- In addition, 3 key transformational work programmes (Care Coordination, Virtual Wards and Intermediate Care (now referred to Flow programme)) and a number of improvement programmes that have been identified to support delivery of the key metrics.
- The plan is monitored monthly by Urgent Care and Flow delivery group and reported directly to the ICB board and System Planning and Delivery Exec meetings to review progress and identify actions to support recovery.
- Partners are reviewing internal plans for Winter and the Demand and Capacity group is overseeing a refresh of our current operational plans against activity and outcomes year to date to support identification of further actions required to be assured capacity to support flow over Winter and maintain/improve patient safety and experience.
- Specific system groups have also initiated meetings to work collectively to develop specific plans for example IP&C group.



# BSW Urgent Care and Flow Delivery Group 24/25 Plan



## Urgent Care and Flow Delivery Group

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Focus areas

<b>Virtual Wards</b>	<b>System Care Coordination</b>	<b>Process Improvements</b>	<b>Locality Plans</b>
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<b>Virtual Wards</b>	<b>System Care Coordination</b>	<b>Process Improvements</b>	<b>Locality Plans</b>
Additional system capacity, national guidance statuses requirement to provide additionality to acute trust beds in the system	Attendance and admission avoidance through diverting ambulances / attendances away from acute trusts	Opportunity to delivery improvements in LOS & improve alternatives in acute trust flow, timely interventions for patients by senior clinical decision makers	Out of hospital capacity to support out of hospital discharges to support delivery of NCTR

Activities / Opportunities

<b>Virtual Wards</b>	<b>Care Coordination</b>	<b>Acute</b>	<b>Community</b>	<b>Locality Plans</b>
BSW Integrated model (step up and step down)	Falls UCR Community Services	Flow SDEC Ward Processes	Referral pathways P1-P3 Intermediate Care Streaming and Redirection	Capacity NCTR

Outcomes & Measures (24/25 Impact)

- |  |   |   |   |
|--|---|---|---|
| <b>Virtual Wards</b>   | <b>System Care Coordination</b>   | <b>Process Improvement</b>  | <b>Locality</b>   |
| <ul style="list-style-type: none"> <li>Increase utilisation of VW beds</li> <li>Reduce acute trust occupancy</li> <li>Reduce attendance and admission</li> <li>Reduce LOS of complex frail patients</li> </ul> | <ul style="list-style-type: none"> <li>Reduce ambulance conveyance</li> <li>Reduce attendances and admissions</li> <li>Reduce LOS</li> <li>Reduce overcrowding in ED and associated harms</li> <li>Decrease in handover delays</li> </ul> | <ul style="list-style-type: none"> <li>Reduction time between DRD and discharge date</li> <li>Increase productivity</li> <li>Reduce LOS and NCTR nos</li> <li>Increase &lt;1 day LOS</li> <li>Improve 4 performance &amp; Cat 2 response</li> </ul> | <ul style="list-style-type: none"> <li>Reduce LOS in acutes and community pathways</li> <li>Reduce NCTR nos</li> <li>Achieve JB% in line with national guidance</li> <li>Reduce acute escalation capacity and associated costs</li> </ul> |

Reductions in activity expected in 24/25

<b>Virtual Ward 24/25</b>	<b>System Care Coordination</b>	<b>Process Improvement</b>	<b>Locality</b>
<ul style="list-style-type: none"> <li>Step up = 120-300 NELs per month / 22-55 acute beds</li> <li>Step down = 12-29 acute beds</li> </ul>	<ul style="list-style-type: none"> <li>11 admission per month,</li> <li>2 acute beds,</li> <li>25 ED attendances per month. 33 ambulance conveyances per month</li> </ul>	<ul style="list-style-type: none"> <li>Handover delay reduction</li> <li>ED performance to 81.3%</li> <li>Reduction in bed occupancy to 96%</li> <li>NCTR 9%</li> </ul>	<ul style="list-style-type: none"> <li>New NCTR target of 9% agreed across system</li> </ul>

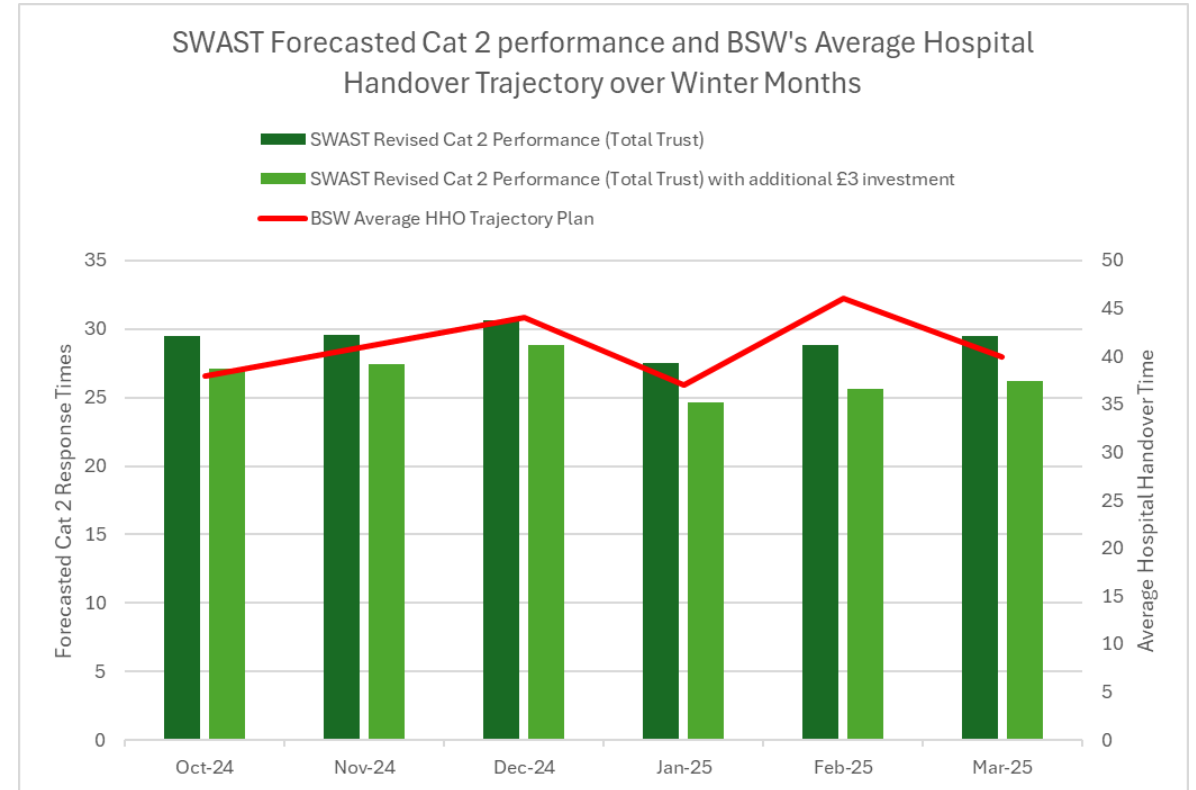
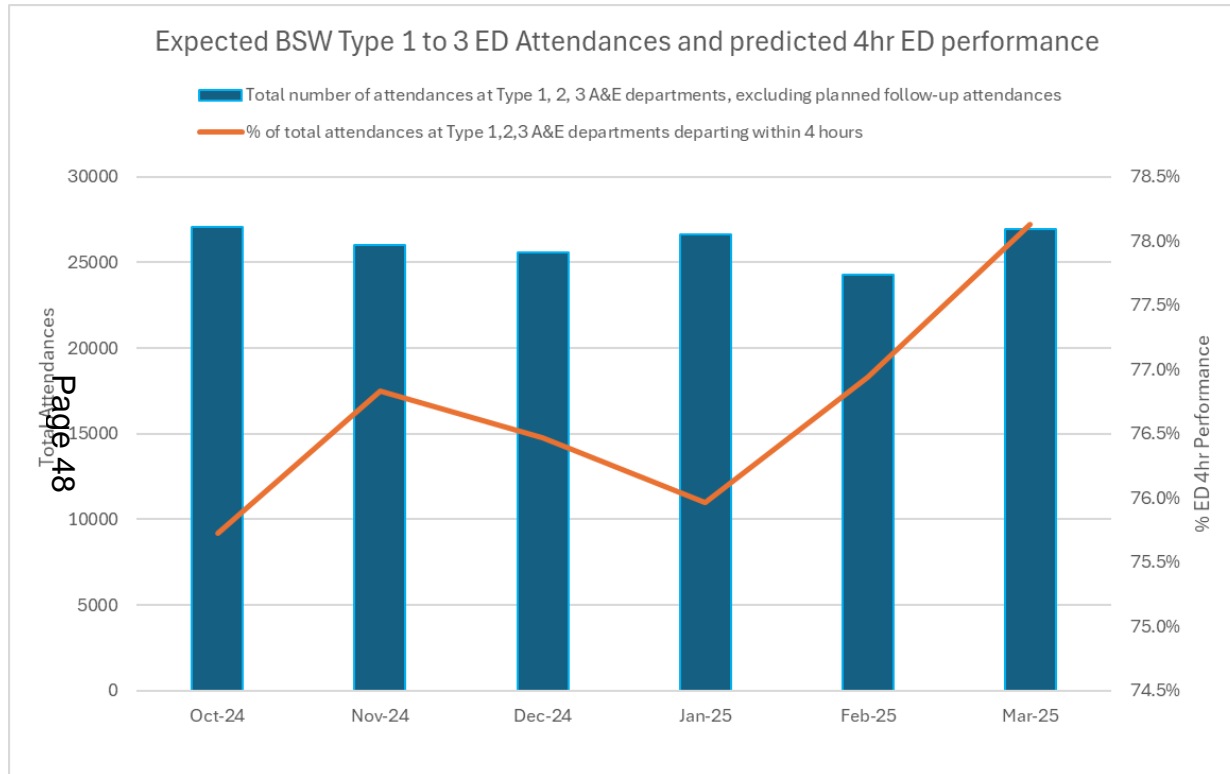
Forecasted Savings %

<b>RUH</b>	<b>GWH</b>	<b>SFT</b>
<ul style="list-style-type: none"> <li>Bed Occupancy – 92%</li> <li>Discharge lounge occupancy – 40pts per day (70% by 10 am and 100% by midday)</li> <li>% discharged by 12 midday – 33%</li> <li>Zero P0 delays &gt; 24hrs post EDD</li> <li>&lt; 1 day LOS (SDEC) – 45% of admissions</li> <li>&gt; 7 day LOS – less than 188 patients</li> <li>&gt;14 day LOS – less than 96 patients</li> <li>NCTR numbers – reduction to 55 patients</li> </ul>	<ul style="list-style-type: none"> <li>Reducing daily UTC breaches by c50% (+5 breaches mitigated oer day) including Mar 2025 to improve Type 3 performance to 95+% consistency (92% in Mar 24)</li> <li>Rapid assessment and treatment model for majors chairs, improving ED non-admitted performance c1-2% and mitigates safety risk</li> <li>Further improvements identified that have not yet been quantified</li> </ul>	<ul style="list-style-type: none"> <li>Establishing a formal CDU (pathway on SSEU with ring-fencing of 4 spaces. Trial in Mar 24 demonstrated the ability to avoid 8 breaches daily. – 3.6% estimated improvement*</li> <li>Establishing a booked minors clinic (6 slots) to send appropriate patients home overnight to reattend a booked appointment the next day – 2.6% estimated improvement*</li> <li>Removal of all expected patients attending ED and awaiting review (Av 3.3 per day). – 1.5% improvement*</li> <li>Improvement in bed occ to enable better flow</li> </ul>

# Our current assumptions



- Based on our operational plans, we were expecting the following activity and performance over the winter months.



- However, activity has been above plan in the initial months of 24/25 and performance lower than anticipated.
- The demand and capacity group are reviewing our assumptions in August to test what further actions and mitigations are required to recovery performance back to our original plan. Updated expected to be shared in September UCFDG.



# Overview of BaNES Programme

Key

BSW wide priorities

BaNES locality priorities

Home is Best  
Transformation Programme



**Vision:** Embedding a culture of “Home is best” to reduce our reliance on bed based care and preventing de-conditioning to improve patient experience and reduce patient harm.

## Attendance & Admission Avoidance

- 1** **NHS@HOME (VIRTUAL WARD)**  
Working towards the integrated model across BSW
- 2** **URGENT TREATMENT CENTRES & MIUS**  
Streaming and redirection to most appropriate setting
- 3** **PROACTIVE CARE**  
Community Pharmacy, Primary Care, Integrated Neighbourhoods, Social Prescribing, Targeted Personalisation
- 4** **URGENT COMMUNITY RESPONSE**  
Increase engagement & alignment in BSW & Respond to Fall Car ceasing
- 5** **CARE COORDINATION**  
Continue to develop local offer, working with BSW Care Co

## Home with no formal support P0

- 6** **CARE JOURNEY MANAGEMENT**  
Review the Care Journey Coordinator role within CCC Promoting independence & maximising well-being & supporting MADE events
- 7** **PREVENTING DECONDITIONING**  
Promoting movement and activity in hospital to prevent deconditioning
- 8** **COMMUNICATION**  
Empowering people to access and engage with care through personalisation, information and direct access
- 9** **EQUIPMENT PROVISION**  
Standardising equipment provision across all services to only provide necessary enabling equipment and optimise returns of equipment after use.

## Home with additional support P1

- 10** **HOME FIRST & REABLEMENT**  
Align provision into one service in line with Intermediate Care guidance
- 11** **INTERMEDIATE HOMECARE**  
Oversee the intermediate home care provision
- 12** **SELF FUNDING TEAM & BROKERAGE**  
Reduce delays in self-funding and brokerage packages of care
- 13** **SOCIAL CARE**  
Reduce delays for Adult Social Care Assessments by improving shared working and optimising assessment processes

## Bedded Care P2

- 14** **DEMENTIA PATHWAY**  
Create a defined pathway for patients with dementia which includes all available services and give guidance on appropriate spend associated with trial periods.
- 15** **DELIRIUM PATHWAY**  
Pilot and imbed a complex discharge pathway to support delirium patients to go home
- 16** **MANAGE BEDBASE**  
Review of pathway demand and dependencies to understand needs of cohort, and model bed base to suit population. Working together to trial new (old) ward and new ways of working.
- 17** **DISCHARGE HUB**  
Imbedding the use of the transfer of care hub throughout the wards

- 18** **COMMUNITY WELL BEING HUB @RUH & @Community** - Consolidate voluntary sector support to discharges and prevention and embed in the discharge lounge
- 19** **TECHNOLOGY ENABLED WELLBEING** - Innovative use of technology enabled services for patients & carers, to transform the way people engage in & control their own healthcare. Ensuring 24/7 monitoring of TEW data.
- 20** **MENTAL HEALTH, DRUG & ALCOHOL, HOMELESSNESS** – Optimise pathways for patients affected by these issues to ensure they are receiving the right help in the right place.
- 21** **HEALTH INEQUALITIES** – Throughout all projects ensuring we have specific focus on those affected by health inequalities.

# BaNES Locality funded schemes 24/25

Plan	Funding/ Source	Delivery against scheme / Q1 Review Summary	NCTR	LOS	Admission avoidance	ED / Ambo Avoidance
Community recovery homecare	£1.600k (ADF-ICB)	<ul style="list-style-type: none"> <li>All interim homecare currently spot purchased. 31% of budget utilised – average of 1250hrs per week.</li> <li>Issues relating to engagement between providers and reablement to support quality care, sourcing and adjustments</li> </ul>				
30 Care home beds (D2A)	£2.184k (ADF-ICB)	<ul style="list-style-type: none"> <li>Swift reduction in use of D2A beds over last year has now been stabilised at an average of 29 beds (to July 24).</li> </ul>				
GP Cover for D2A Care Home Beds	£0.050k (ADF-ICB)	<ul style="list-style-type: none"> <li>This provision supports the positive impact on those discharged to their usual place of residence and has reduced residential admission in comparison to peaks in this last year, however identification of discharge pathways means 78% of P2 discharges have ended in long term placements (74% 23/24). Community hospitals used for P2 and stroke rehabilitation with social work involvement for ongoing packages and placements.</li> <li>Care Home D2A beds which are used mainly for P3 discharges average length of stay increased to 70 days due to some complex longer term cases requiring resolution across services. 50% of current cases have an average LoS of 21 days, and 17 cases an average of 76 days.</li> </ul>				
Dorothy House EOL Discharge support (flow lead)	£0.025k (ADF-ICB)	<ul style="list-style-type: none"> <li>In Q1 24/25 managed 104 referrals and 58% of those (n=60) supported into DH EOL pathway (this is an increase of 3% c.f. 23/24), 14 to H@H.</li> <li>The majority of referred patients are referred to Dorothy House hospice at home services, and small number to the inpatient unit at the hospice. Sometimes large packages of care cannot be accommodated by the hospice. Support is provided to patients who go to other locations, including nursing homes.</li> </ul>				

# BaNES Locality funded schemes 24/25

Plan	Funding/ Source	Delivery against scheme / Q1 Review Summary	NCTR	LOS	Admission avoidance	ED / Ambo Avoidance
Art Plus RUH reablement	£0.4k (ADF-ICB)	<ul style="list-style-type: none"> <li>Funded until end of Dec 24.</li> <li>Closure of scheme in progress</li> </ul>	TBC			
PUSH Paediatric Community clinics (RSI) BEMs	£0.099k UEC	<ul style="list-style-type: none"> <li>Not yet started, planning in progress. Due to start in November 2024</li> </ul>			Nov 24 start date	
Individual Hospital Discharge Fund	£0.025k (ADF-ICB)	<ul style="list-style-type: none"> <li>8% Utilisation to date. The service continues to have a positive impact on the system and for individuals experience.</li> <li>Benefits realised include improving flow for individuals 'stuck' and unable to be discharged for unusual reasons not covered but support elsewhere however budget is unlikely to be fully utilised by year end.</li> <li>Some issues identified with mitigations being put in place.</li> </ul>				
Bath Mind ED role	£0.055k (ADF-ICB)	<ul style="list-style-type: none"> <li>Awaiting formal approval, agreed reporting and Bath MIND Q1 feedback</li> </ul>			TBC	
Community Discharge Equipment	£0.157k (ADF-ICB and Council)	<ul style="list-style-type: none"> <li>Not reported (funding backstop)</li> </ul>	TBC			

An evaluation of the schemes at the end of Q1 has been undertaken by the community and B&NES place team to understand progress and impact so far, which will be triangulated with the latest demand and capacity predictions for Winter in September 2024.



# BaNES Locality Weekly Update

Criteria	No. / RAG rating	As at (date)	Against target of (if appropriate)	+/- last report
RUH OPEL status	<b>OPEL 2</b>	15 Aug		<b>-1</b>
RUH NCTR BaNES P1-3	16	15 Aug	Target: 20	<b>-8</b>
RUH ED attendances	267	14 Aug	NB: RUH does not RAG rate ED attendances	<b>+20</b>
HCRG OPEL status	<b>OPEL 2</b>	14 Aug		<b>=</b>
Community Hospital NCTR	15	14 Aug	Target TBC	<b>-3</b>
Paulton MIU attendances	34	14 Aug	Target TBC	<b>-3</b>
Patients awaiting social care allocation		As at 31 July, there were a total of 60 patients awaiting CAAs: 14 in D2A beds, and 46 awaiting CAAs for Reablement/CJC Interim		
Care Home capacity: any challenges?	Y	14 Aug	Ongoing challenges around sourcing affordable residential and nursing dementia beds.	
Primary Care GPAS status	<b>Amber 2</b>	9 Aug		<b>=</b>
Primary Care OPEL status	<b>OPEL 3</b>	9 Aug		<b>=</b>
Community Wellbeing Hub referrals: <b>RUH total</b> (weekly)	51	8 Aug	Target TBC	
Community Wellbeing Hub referrals: <b>ALL</b> (monthly)	Monthly referrals to CWH from all sources in June totalled 755 for 373 service users, compared to 799 for 348 service users in May. Referrals from RUH for June totalled 233 for 76 service users, compared to 284 for 89 service users in May.			
Orchard House capacity	<b>1</b>	15 Aug	NB: total bedded capacity = 4	

**Report for w/c: 12/08/2024**

Any anticipated risks to delivery in coming week?	
Anticipated risk	Mitigations
<ul style="list-style-type: none"> <li>Increasing number of P1 referrals</li> <li>Flow through DTA beds</li> </ul>	Working closely with community and Reablement to maintain flow

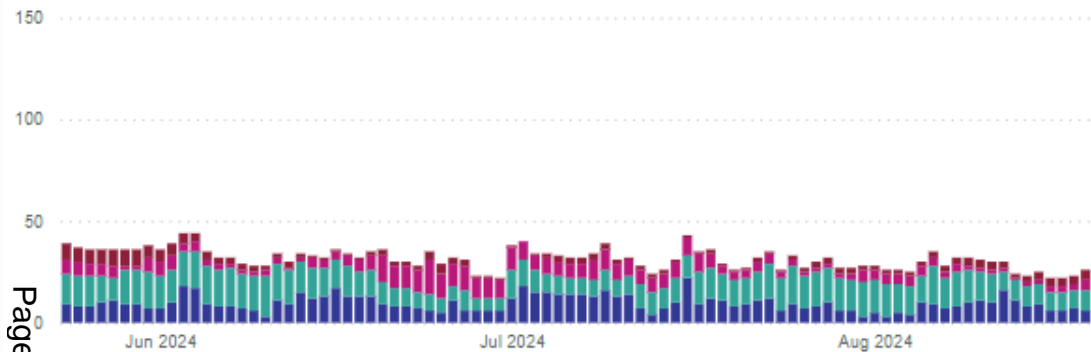
Key upcoming events from ICA calendar	
Event	Date
<ul style="list-style-type: none"> <li>None noted</li> </ul>	

# Weekly NCTR and Length of Stay Monitoring



## BANES

● Pathway 0 ● Pathway 1 ● Pathway 2 ● Pathway 3



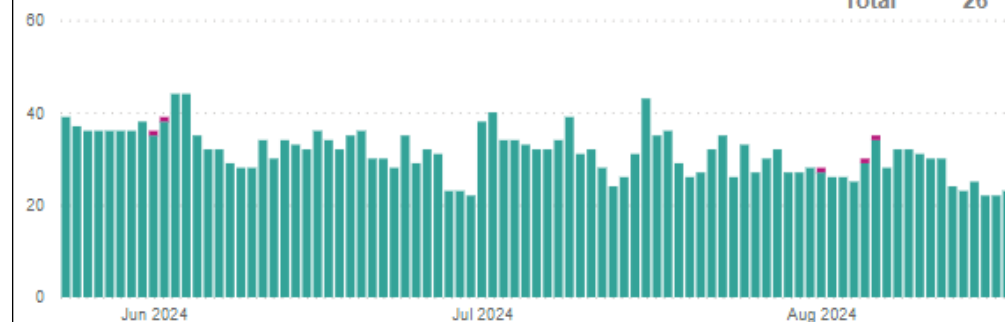
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Latest

P0	P1	P2	P3	Total
6	10	5	5	26

## BANES

TRUST ● GWH ● RUH ● SFT

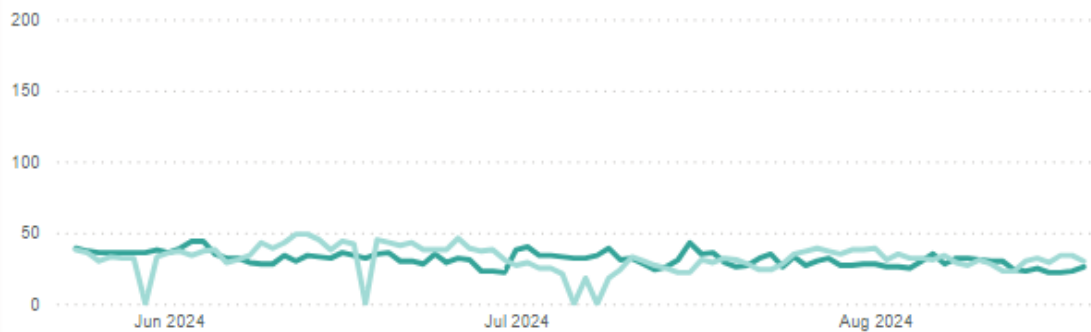


Latest date

TRUST	NCTR
GWH	0
RUH	26
SFT	0
Total	26

## BANES

● NCTR ICA ● NCTR TTYL ICA ● NHSE Target



Latest

26

## Avg LoS

ICA Week	BaNES			
	P0 LoS	P1 LoS	P2 LoS	P3 LoS
12/08/2024	3	5	7	7
05/08/2024	4	5	6	4
29/07/2024	5	6	5	6
22/07/2024	2	7	12	2
15/07/2024	2	6	12	4
08/07/2024	5	5	9	5
01/07/2024	3	5	11	2
24/06/2024	5	6	7	3
<b>Total</b>	3	6	9	4



# D&C Update (expected Sep 24)

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Anticipating outputs to show

- 24/25 Operational Plan trajectory
- 24/25 monthly actual
- Forward project for actual, in 3 scenarios (best, worst, middle)

# Example – (Name of Service Line) Winter overview



Insert a visual overview of predicted winter activity on a weekly basis – ideally showing:

- previous year(s) as a line comparison
- 24/25 planned activity / performance
- expected activity (e.g. based on current projections / worst case/ best case depending on service intel)

Text box to be deleted post completion of table below which requires narrative around expected activity, identification of any risks or challenges and what mitigations being put in place to address

## Activity predictions / forecast

- X
- X
- X
- X

## Risks / Challenges

- X
- X
- X
- X

## Mitigations

- X
- X
- X
- X

# Additional capacity plans over Winter

## ➤ Hospital at Home (Virtual Wards) and Care Coordination

- Both programmes have been asked to consider what additional capacity /actions they can take over Winter using in-year slippage funding from their allocated budgets.
- Proposals are being reviewed in the August 2024 Steering Groups and will be shared with UCFDG in September.

## ➤ Children respiratory clinics (locality plans)

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- Localities have secured funding to operate Children respiratory clinics in primary care for Winter based on the previous Winter which have increased primary care capacity. In B&NES this was provided by BEMS with 1,600 children and young people being seen with targeted clinics in known areas of deprivation
  - Final plans are being drawn up by the One Place and Children and Young People to rollout for 24/25. The plan in B&NES is for a BEMS service taking any learning from last year.
- **Other plans - tbc**
    - There are no other current plans at present, but opportunities will be explored as they arise, and the team will utilise a UEC prioritisation tool that has been developed to test attractiveness and achievability.



# Specific areas of focus

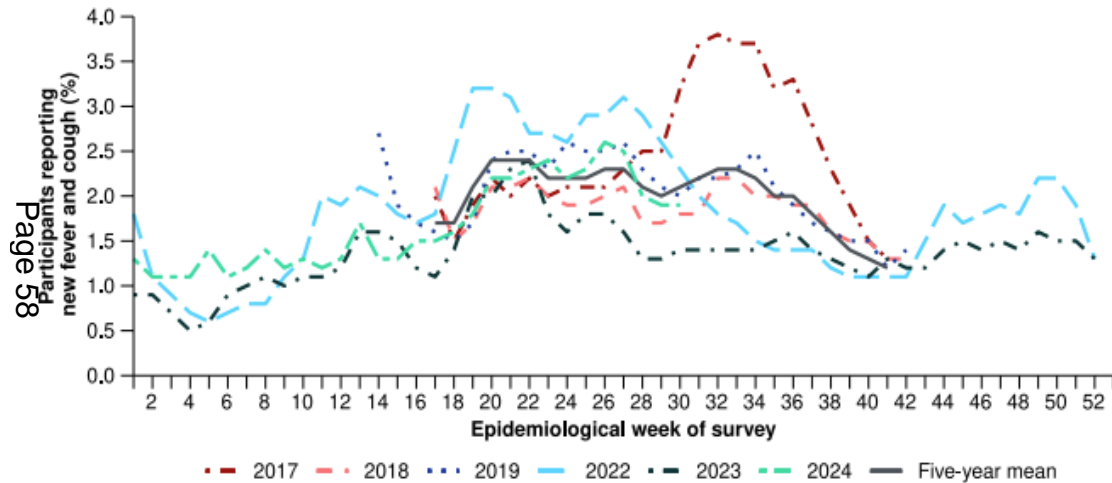
- The final version of the winter plan will provide assurance on our plans in the following areas:
  - Infection prevention and control
  - Vaccination plans
  - Care homes
  - Mental health
  - Children and Young people
  - Primary care services
  - Elective capacity plans
  - Workforce and Wellbeing
  - EPRR Winter Preparedness
  - Communication and Engagement

# IP&C Winter Planning



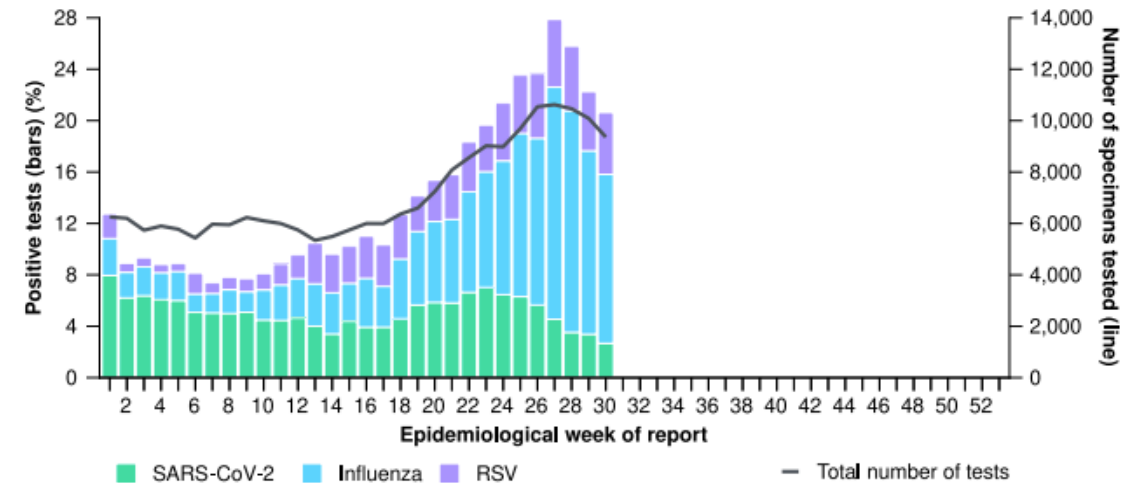
System group is meeting regularly to review plans for 24/25. This group also monitoring the latest intelligence from the [Australian Respiratory Surveillance Report 9 – 15 July to 28 July 2024 \(health.gov.au\)](https://www.health.gov.au)

**Figure 1: Age standardised percentage of FluTracking participants reporting new fever and cough symptoms compared with the five-year mean by year and week of report\*, Australia, 2017 to 28 July 2024**



\* FluTracking has expanded the reporting period from 2020 onwards due to COVID-19. As such, five-year historical comparisons are not available for data reported before May and after October for any year before 2020. The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. As such, the five-year mean includes the years 2017 to 2019 and 2022 to 2023. Please refer to the Technical Supplement for interpretation of the five-year mean and for notes on impact of COVID-19 on FluTracking data.

**Figure 3: Total number of specimens tested by sentinel laboratories and proportion of positive sentinel laboratory tests by pathogen and week of report†, 1 January to 28 July 2024**



\* Number of specimens tested excludes data from Western Australia as testing denominator data are different for the three pathogens in Western Australia.

† A small minority of total samples from Victoria are tested only by respiratory panel (influenza, parainfluenza, adenovirus, human metapneumovirus, seasonal coronaviruses, RSV, and some picornaviruses) but not for SARS-CoV-2. These minority samples include only forensic materials; all other samples are tested by respiratory panel and SARS-CoV-2 assay.

# Vaccination Programme Update Operational Group Priorities

- Covid programme to start from **3<sup>rd</sup> October** in line with Flu season
  - (exception : Flu 2-3yr olds starts 1<sup>st</sup> week September)
- **Eligibility:** [JCVI recommendations](#) (08.08.24 awaiting operational note)
  - adults aged 65 years and over
  - all residents in a Care homes (includes older adults and non- older adults care homes as per table 3 of the Green Book)
  - persons aged 6 months to 64 years in a clinical risk group (as defined in tables 3 and 4 of the [COVID-19 chapter of the Green Book](#))’
  - **Awaiting clarification on Frontline Health and Social Care Workers**
- **Priority Groups**
  - **Care Homes residents, Severely Immunosuppressed, Housebound patients and Children aged 6 months to 4 years in the clinical risk group**



# New Adult RSV (respiratory syncytial virus) vaccination programme

- Adults turning 75 yrs old on or after 1<sup>st</sup> Sept eligible
- Offered single RSV dose on or after 75<sup>th</sup> birthday
- One off catch up for those already 75-79 to be completed at earliest opportunity, majority prior to 31<sup>st</sup> August 2025
- Recall oldest first so they don't miss the opportunity (eligible until the day before 80<sup>th</sup> birthday)
- Catch up ideally during Sept / Oct 2024 to give maximum clinical protection from winter virus
- Ideally NOT given at same appointment or same day as covid and/or flu (reduced effectiveness of RSV)



# New Maternity RSV programme

- Year round programme
- All pregnant women to be offered from week 28
- Licensed up to week 36 but can be given off label until delivery
- Protection within 2 weeks
- Women who give birth within 2 weeks still pass on protective antibodies to babies
- Can be given at same time as covid and flu if eligible
- Pertussis usually given at 20 week scan appt
- If pertussis not received and presents at 28 weeks when due for RSV, can and **should** be given together to provide protection
  - Give at separate sites (different arms)





Bath and North East Somerset,  
Swindon and Wiltshire Together

# Winter planning Communications approach and priorities

Page 6  
August 2024



# Our new communications approach

We are working differently. We're proactively collaborating with our regional SW ICB communications teams to share resources, coordinate planned activities and introduce a 'once and well' approach where possible. We continue to work closely with our system partners.

## Our focus for 2024/25

- **BSW Vaccination Programme collaboration** to help promote availability of vaccinations for adults and children and increase uptake amongst target cohorts, including flu, covid, RSV, whooping cough.
  - Winter vaccination communications and engagement activities will be branded by the NHS national campaign – Get Vaccinated, Get Winter Strong.
- **BSW System collaboration** to focus on campaign activities to help reduce unnecessary pressure on local health and care services, specifically by talking about, **self-care, availability of health and care services and when to use them and preventative actions.**
  - Coordinated communications and engagement activities will be branded Help Us Help You.
- **Regional collaboration** with South West ICBs on agreed population health management priorities, specifically **hypertension and smoking cessation.**
  - Coordinated communications and engagement activities will be branded NHS South West.



# Help Us Help You #helpushelpyou

## BSW Vaccination programme

### Get vaccinated, get winter strong!

- Flu
- Covid
- RSV
- Whooping cough
- Measles
- All childhood immunisations
- Vaccine accelerator project will focus separately on raising awareness of the lifecycle of required vaccinations for children and adolescents.

A new vaccination information portal will be developed and will house resources in different languages and formats (eg easy read).

## BSW Together [system]

### Self-care

- Healthy living and exercise.
- Good mental health.
- Hand hygiene.
- Keeping a well-stocked medicine cabinet at home to treat minor illnesses and injuries.

### Right service, right time

- NHS App
- NHS 111
- Pharmacy First
- Primary Care
- Urgent Care
- Emergency Care
- Community services

### Preventative actions

- Not visiting hospital or a health care setting if you are unwell.
- Cancelling an appointment if you are not able to make it.
- Act FAST- Stroke symptom awareness

## NHS South West [region]

### Population Health Management priorities

#### Hypertension

Helping to identify and 'treat to target' people with high blood pressure.

c.11,500 people in BSW need to be found to reach the national target of 77%.

Know Your Numbers! – check your blood pressure events – September.

Outreach events – October / November

#### Smoking cessation

Helping people to quit smoking for good.

- Stoptober
- Further planning meeting with region on 13 August.





# Governance and oversight



# Assurance Process key dates 24/25

Committee/Board	Aug 24	Sep 24	Oct 24	Nov 24
Urgent Care and Flow Delivery Group	14 <sup>th</sup> Aug 24 (9 <sup>th</sup> Aug)	11 <sup>th</sup> Sep 24 (4 <sup>th</sup> Sep)	9 <sup>th</sup> Oct 24 (2 <sup>nd</sup> Oct)	13 <sup>th</sup> Nov 24 (6 <sup>th</sup> Nov)
ICB Executive Management Meeting	21 <sup>st</sup> Aug 24 (12 <sup>th</sup> Aug)	18 <sup>th</sup> Sep (9 <sup>th</sup> Sep)	16 <sup>th</sup> Oct 24 (7 <sup>th</sup> Oct)	
ICB Quality and Outcomes Committee		3 <sup>rd</sup> Sep 24 (23 <sup>rd</sup> Aug)		5 <sup>th</sup> Nov 24 (7 <sup>th</sup> Nov)
ICB Board		19 <sup>th</sup> Sep 24 (5 <sup>th</sup> Sep) <b>Initial Assurance</b>		21 <sup>st</sup> Nov 24 (7 <sup>th</sup> Nov) <b>Final Assurance</b>
BaNES Health and Wellbeing Board		5 <sup>th</sup> Sep 24 (16 <sup>th</sup> / 27 <sup>th</sup> Aug)		

(Red dates) = Dates papers due for boards / committees

# Version control

Version number	Date	Initiating author	Updates / Changes made
V0.1	14/08/24	Emma Smith	Selection of BSW Slides for BaNES H&W board from the Master BSW Winter plan
V0.2	21/08/24	Emma Smith	Inclusion of Home is Best, BaNES monitoring and NCTR monitoring examples
V1.0	21/08/24	Emma Smith	BaNES locality weekly update

# Community Pharmacy in BaNES

**Ezozo Ibechukwu**

**ICS Chief Pharmacist (BSW ICB)**

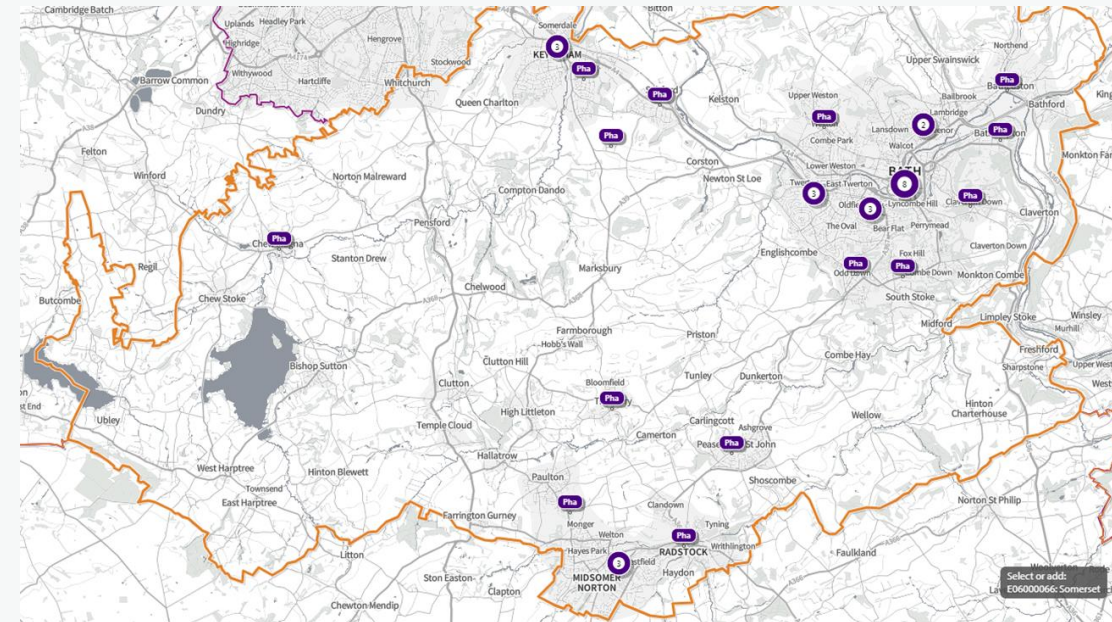


# Community Pharmacy in BaNES

## Pharmacy challenges in BaNES:

- Workforce: high vacancy rates for both pharmacists and pharmacy technicians
- Understanding the impact of changes to the provider landscape (consolidations & closures)
- Continued national contract negotiation
- CP Estate & Digital Integration
- Core20+5 Priorities

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# Community Pharmacy Priorities

## Increase utilisation of Pharmacy First

- A new service from Jan 24 for 7 minor ailments
- Can create capacity for 70-90,000 GP and Urgent Care appointments across BSW
- Pilot pharmacist independent prescribing services (minor illness) in five BSW pharmacies (1 in BaNES)

## Prevention and Health Inequalities

- Community Pharmacy prescribing clinics – Hypertension
- Reduce HI in access to:
  - Oral contraception
  - Blood pressure checks
  - Stop smoking services

## Partnerships & Sustainable Workforce

- BSW collaboration with Schools of Pharmacy (Bath and Reading)
- 140-250 trainees and undergraduates per year from October 2024 providing:
  - Health checks & Screening services
  - Blood pressure checks
  - Vaccination
  - Public health support

Plus:

- Growing prescribing pharmacist specialist capacity to manage long-term conditions medicines reviews from primary care such as Diabetes and CVD
- Strategic workforce planning to enable whole system Pharmacy engagement e.g. GP/Community/Acute split roles
- Enabling community research engagement and access to clinical trials
- Development of new Quality Assurance metrics

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<b>Bath &amp; North East Somerset Council</b>	
<b>MEETING/ DECISION MAKER:</b>	<b>Health and Wellbeing Board</b>
<b>MEETING DATE:</b>	<b>5<sup>th</sup> September 2024</b>
<b>TITLE:</b>	<b>Bath &amp; North East Somerset Community Safety &amp; Safeguarding Partnership (BCSSP) Annual Report 2023-2024</b>
<b>WARD:</b>	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b>	
Attachment 1: BCSSP Annual Report 2023-2024	
Attachment 2: BCSSP Annual Report 2023-2024 Executive Summary	

## **1 THE ISSUE**

1.1 The B&NES Community Safety & Safeguarding Partnership (BCSSP) is introducing its Annual Report for 2023-2024, alongside its priorities to be actioned in the Strategic Plan 2024-2027.

## **2 RECOMMENDATION**

The H&WB Board is asked to:

- 2.1 Note the Annual Report and Executive Summary for the BCSSP
- 2.2 Raise any queries in respect of community safety and/or safeguarding activity
- 2.3 Recommend any additional areas it would propose that the BCSSP give consideration to in 2024-2025

## **3 THE REPORT**

3.1 The report contains information covering the following areas:

- The current community safety and safeguarding context for B&NES
- The Partnership governance arrangements and new structure
- Achievements against community safety and safeguarding priorities for 2023-2024

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

### 3.2 Activity and Information Highlights

- 2023-2024 is the first full year of reporting for the BCSSP with Fiona Field as Independent Chair
- The recommendations from the Local Government Association (LGA) peer review have been implemented.
- The BCSSP has undergone a complete restructure to assist in meeting the Working Together to Safeguard Children 2023 requirements and to give parity to the three strands of work.
- The BCSSP has published 4 Safeguarding Adult Reviews (SARs) and continued to undertake work towards recommendations from previous SARs
- The Practice Review Group has noted that the themes apparent in SAR's are predominantly linked to self-neglect and Mental Capacity. A learning event has been held to address the learning points.
- The Practice Review Group has received 3 serious incident notifications for consideration and a Rapid Review was deemed appropriate for each case. A Local Child Safeguarding practice Review (LCSPR) was recommended for one of the notifications and was conducted jointly with the South Gloucestershire Children's Partnership
- Non-accidental injuries to non-mobile babies still remains prevalent both nationally and locally, and the BCSSP has continued its joint working with Swindon and Wiltshire to address these concerns, including developing BSW Bruising in Under 1's and Unborn Baby protocols.
- The BCSSP has carried out multi-agency audits including a Section 11 Audit, Section 175 Audit, Safeguarding Adults Audit and Engaging with Fathers audit

## 4 STATUTORY CONSIDERATIONS

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

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

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

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

## **6 RISK MANAGEMENT**

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

## **7 EQUALITIES**

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

## **8 CLIMATE CHANGE**

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

## **9 OTHER OPTIONS CONSIDERED**

- 9.1 None

## **10 CONSULTATION**

- 10.1 The BCSSP Annual Report was approved by the BCSSP in August 2024. It has been approved by the members of the Executive Group.

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

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

## **Annual Report Executive Summary 2023-2024**

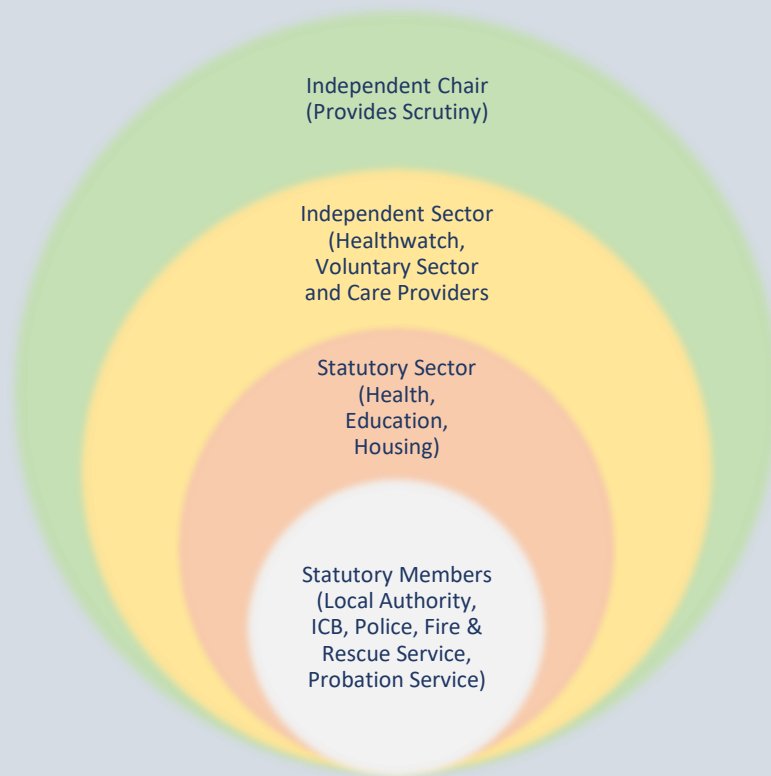




## About the B&NES Community Safety & Safeguarding Partnership

### Safeguarding is everyone’s business.

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



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

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



## **Our Statutory Duties**

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

### **Community Safety:**

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

Their function is to:

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

### **Safeguarding Children:**

Working Together to Safeguard Children 2023 sets out that the three safeguarding partners should agree on how to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others and implement local and national learning, including from serious child safeguarding incidents.

Safeguarding arrangements must include:

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

### **Safeguarding Adults:**

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

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

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



- Assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

## **Multi-agency Learning and Practice Development**

In this reporting period, the BCSSP has not undertaken any Domestic Homicide Reviews. It has undertaken 3 Child Safeguarding Practice Reviews, of which 2 have been published and 4 Safeguarding Adult Reviews.

### **Child Safeguarding Practice Reviews and Rapid Reviews**

The purpose of reviewing serious child safeguarding cases is to identify improvements that can be made to safeguard and promote the welfare of children.

2 serious incident notifications have been received for consideration by the BCSSP between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. A Rapid Review was deemed appropriate for each notification, and it was agreed that local learning had been identified through this process. A CSPR conducted jointly with South Gloucestershire was completed and published in this period.

All 3 reviews involved babies under 1 year of age with suspected non-accidental injuries.

### **Safeguarding Adult Reviews (SARs)**

The BCSSP must arrange for a SAR to review a case involving an adult in its area (with needs for care and support). During the period covered by this report, 1 case for consideration has been received, which did not meet the SAR criteria and 4 SAR reports have been ratified.

### **Domestic Homicide Reviews**

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

## **Multi-agency Quality Assurance**

### **Section 11 Audit**

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

For 2023-2024, the five children's Partnerships across the Avon and Somerset region worked together to audit organisations working with children and families. The self-audit form was circulated to all partners across the 5 local authority area in August 2023 to assess monitor and evidence progress and achievements in relation to meeting safeguarding requirements.

A full report has been produced and shared with the partnership.

### **Section 175 Education Audit**

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

When the Education Reference Group was established, they agreed to take on the responsibility of the S175 audit. They made the decision to change the timeframe for conducting the audit, to align with the academic year. The audit was circulated in September 2023 and the deadline for responses was January 2024.

A full report has been written and ratified through the Education Reference Group.





### **Safeguarding Adults Audit**

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

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

Whilst this audit is beneficial to the BCSSP in gaining oversight of member organisations and assurance on their community safety and safeguarding work, it is not a statutory audit and therefore not all organisation took part in the exercise. However, we did have a 29% increase on returns this year.

### **Multi-agency Training and Workforce Development**

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

The appointment of a BCSSP trainer has mitigated the need to use external trainers as frequently, which has enabled greater focus on local practice issues (previously external trainers tended to utilise national events in discussions rather than specific local incidents). This change has been reflected in course feedback whereby delegates have continually highlighted the successful use of local knowledge, with discussions and practice issues being based on local information.

### **Partnership Achievements**

2023-2024 has been a period of change for the BCSSP. In person development days were held in April and December of 2023, which brought together partner organisations to review the LGA Peer Review findings and the effectiveness of the current multi-agency arrangements. The engagement of partners over these 2 days was admirable, and demonstrated the level of commitment in leading the partnership to be the best it can be. This has been positive in that a structure has been agreed and chairs appointed for the new groups, but it has also meant that some groups will no longer continue and the BCSSP is cognisant that the work of those groups still needs to be reflected within the partnership.

### **Our Commitments for 2024-2025**

The BCSSP reviewed its performance for 2023-2024 and is firmly committed to working in partnership to achieve the objectives as set out in the 2024-2027 strategic plan. Our priorities have been identified through a range of evidence. This includes learning from Safeguarding Adult Reviews, Child Safeguarding Practice Reviews, Domestic Homicide Reviews, bringing executive partners together for two development days and consulting with wider partners. We have also considered current legislation, national, regional and local plans, local strategic needs assessment, including crime and disorder, public health and housing.

Much work has taken place to restructure the partnership and ensure our partners were involved and in agreement with the changes. The new structure has been positively received and the commitments were agreed at a multi-agency level.

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# Bath & North East Somerset Community Safety & Safeguarding Partnership

## Annual Report 2023-2024





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

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Welcome to the integrated annual report for BCSSP. The report covers children, adults and community safety issues for 2023-2024. This has been a challenging year in different ways for all partners of the BCSSP, but everyone has continued their support to the work of the Board and sub groups as evidenced within this report.

I have now been the Independent Chair for a full 12 months in BCSSP. I have led the development of a different approach for the Board in order to streamline work and clarify what our priorities need to be for the next 3 years. This work has involved all partners in the development of a new strategy for 2024-2027 and I thank everyone for their enthusiasm and willingness during 2023 as we developed our new direction.

During 2023, the Government published new Working Together 2023 guidance for children's services, following consultation. In planning our new approach to safeguarding and community safety through our integrated Board, we needed to ensure we were compliant with the Working Together requirements. The new structure in place from April 2024 gives a sharper focus to children's safeguarding and local leadership across partners. The structures in place still support our integrated partnership approach at strategic level to all safeguarding and community safety priorities but also create specific sub groups to scrutinise and challenge the delivery of local children and young peoples' services.

This report describes some of the learning that has taken place following a review of a child or vulnerable adult when potential harm may have been caused. It is a statutory part of our work to hold a review, but most importantly, it gives all partners opportunity to challenge each other in order to improve local services and avoid a similar situation happening again. Often, when family members have been involved in the review, the thing they tell us they most want to happen is that the same situation does not recur for another family. I would like to thank all the family members who have helped in the reviews described in this report, their experiences are invaluable to our learning and our ability to change and improve services.

The statistical information in the report shows concerns and safeguarding referrals have continued to rise locally - this is in line with national trends.

We can see that in both children's and adults' data, neglect, psychological neglect and self-neglect were the highest reasons for concerns being raised. This is not a good news story, but a raised level of referrals does demonstrate that awareness of safeguarding and reporting concerns is happening at earlier stages. We know that early interventions can make more of a positive difference to outcomes for families and individuals.

Unfortunately, we can also see that concerns about safeguarding are happening for adults in the residential and nursing home sector.

However, it is positive to see the fall in the number of child sexual exploitation figures in 2023-24 that can be partially explained by greater awareness of the issues in the community and amongst staff working with children.

The BCSSP will continue to carry out the statutory duties across 3 areas of work – children, adults and community safety. We recognise that we want to continue to have an integrated approach as much as possible but also be able to focus on specific pieces of work as identified in the new strategy.

I commend this report to you and hope you find it informative and engaging.

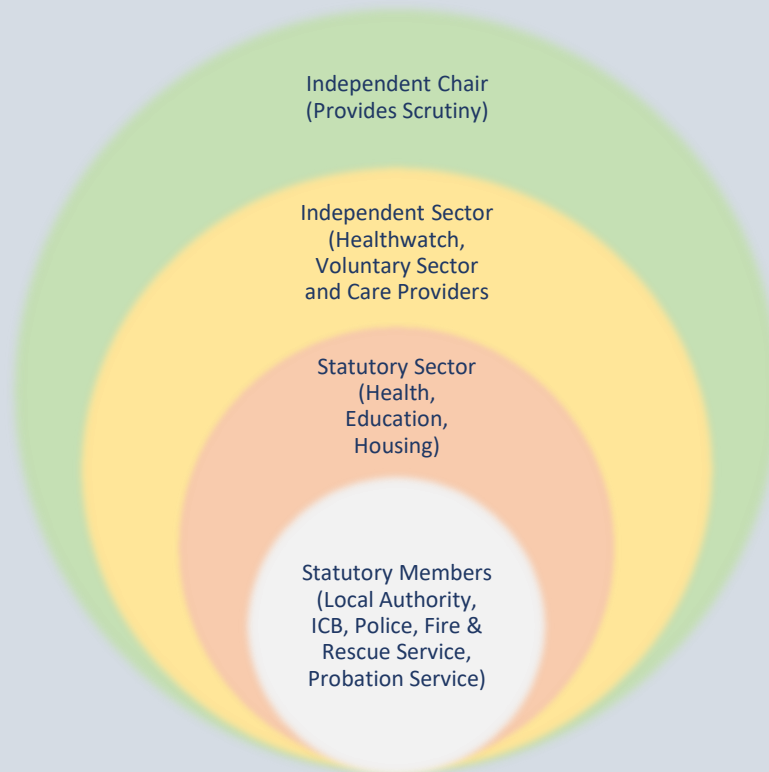
Fiona Field.

Independent Chair of BCSSP.

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

### Safeguarding is everyone's business.

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



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

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

## How we work

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

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

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

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



## What we do

Through our collective arrangements, we:

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



## Our Statutory Duties

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

### Community Safety:

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

Their function is to:

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

### Safeguarding Children:

Working Together to Safeguard Children 2023 sets out that the three safeguarding partners should agree on how to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others and implement local and national learning, including from serious child safeguarding incidents.

Safeguarding arrangements must include:

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

### Safeguarding Adults:

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

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

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

**Safeguarding is  
Everyone's  
Responsibility**

### 3. Partnership Structure

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In 2022, the BCSSP commissioned the LGA to undertake an independent review of our partnership arrangements, which highlighted many strengths and some recommendations for change. In response to the recommendations, we reviewed the composition of the partnership to ensure effective involvement at an appropriate level. It was also noted that the structure (Fig.1 current structure) of the partnership was creating some challenges regarding clarity for accountability and focus, and in consultation with our partners we have developed a new structure, as set out below in Fig.2, which will

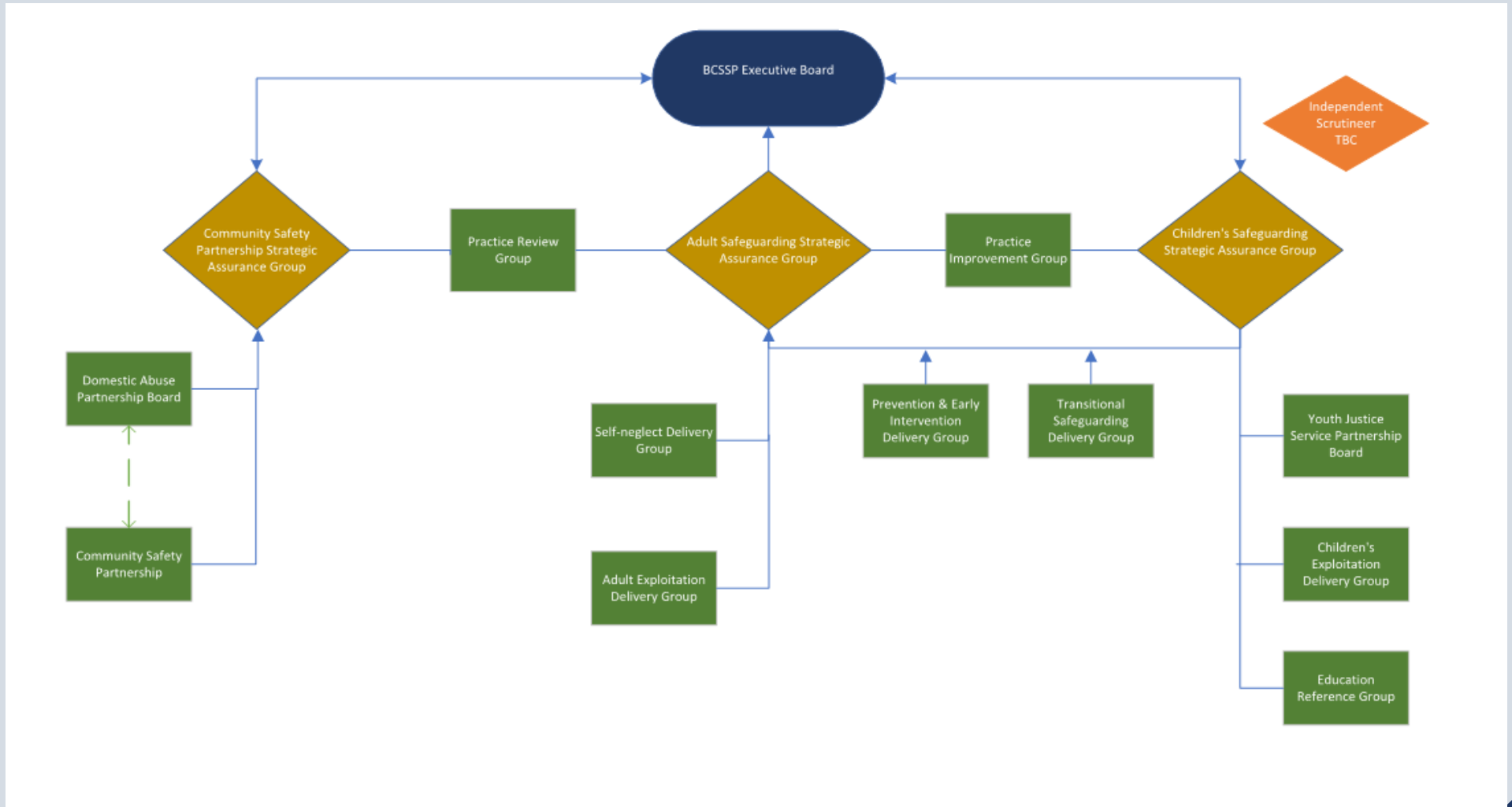
be implemented on 1<sup>st</sup> April 2024. We know that to continue to improve we need committed, consistent senior leadership; the right level of engagement and resources from partner organisations; and the right governance structure and arrangements. This includes a precise approach to the sharing of relevant qualitative and quantitative information, enabling us to improve our proactive approach to holding agencies to account. We also need to be cited on related risks agencies are responding to that may impact upon community safety and safeguarding.



Fig. 1 Current Structure



Fig 2. New Partnership Structure (from April 2024)



## 4. Multi-agency Learning and Practice Development

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In this reporting period, the BCSSP has not undertaken any Domestic Homicide Reviews. It has undertaken 3 Child Safeguarding Practice Reviews, of which 2 have been published and 4 Safeguarding Adult Reviews.

### Child Safeguarding Practice Reviews and Rapid Reviews

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

This process is managed through the Practice Review Group. 2 serious incident notifications have been received for consideration by the BCSSP between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. A Rapid Review was deemed appropriate for each notification, and it was agreed that local learning had been identified through this process. A CSPR conducted jointly with South Gloucestershire was completed and published in this period.

All 3 reviews involved babies under 1 year of age with suspected non-accidental injuries.

In response to the increased risk to under 1's from abuse and neglect and the National CSPR Panel publications 'Out of Routine' and 'The Myth of Invisible Men', B&NES have been working with Swindon and Wiltshire (BSW) to coordinate activity and system improvements in safeguarding unborn babies and under 1's. The aim is to improve awareness of the vulnerability of this group across all agencies through training and practice development opportunities; evidence response to local and national learning and case reviews and its impact; develop shared policies; and seek assurance of application of practice.

A BSW wide learning event was held on 4th March 24 covering key aspects of under 1s

work. To date the bruising in under 1s policy has been developed and the unborn baby protocol. An under 1s audit has been completed and actions shared with the relevant agencies who are providing evidence against progress.

During this reporting period, 2 Child Safeguarding Practice Reviews have been completed.

Review 1 was in relation to a young person who was in care and review 2, a young person who lost their life through knife crime.

Key learning identified from review 1 included:

- A national shortage of suitable homes for children who are in care – this created a geographical barrier.
- The importance of specialist risk assessments in relation to past trauma and present challenges being fully understood by professionals involved in the care of the young person.
- Having robust transitional arrangements and strong links between children's social care and adult social care to ensure compliance with procedures is essential.

Key learning identified from review 2 included:

- Multi-agency threshold guidance should include the needs of children who are vulnerable to significant harm through peer-on-peer violence.
- Violence Reduction Partnership protocols should be developed for seeking and sharing information about individual children with other agencies and with parents to reduce the risk on inconsistency.
- Consider how best to stimulate the market and resource alternative provision for children less suited to/interested in academic study and identify children at risk of permanent exclusion from school who may not exhibit the standard risk factors or meet the usual criteria for alternative provision.

All learning and recommendations are developed into an action plan which is monitored through the Practice Review Group.

Partners have shown significant commitment to ensure the notifications were reviewed and required report completed to a high standard. There have been delays in submitting final reports to the national panel, this was to ensure that families had the opportunity to add their voice to the reviews.

### **Safeguarding Adult Reviews (SARs)**

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

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

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

The BCSSP Safeguarding Adult Reviews are managed through the Practice Review Group. During the period covered by this report, 1 case for consideration has been received, which did not meet the SAR criteria and 4 SAR reports have been ratified (Colleen, David, Andrew and Adult 'C').

#### *Adult 'Colleen'*

The case involved a serious incident which occurred in 2021 in relation to a 97-year-old woman, 'Colleen'. Colleen had care and support needs, she had been diagnosed with Alzheimer' in 2020, was reported to lack mental capacity, was refusing assistance at home, suffering from malnutrition, pressure sores and falls, despite a package of care being in place. Colleen died in January 2022.

Learning from this review included:

- Making Safeguarding Personal – the review found that the family were fully involved in Colleen's care, but they were left to do much of the coordination of care

themselves. Despite expressing their frustrations and challenges, limited action was taken by professionals in response.

- Self-neglect featured in this case. All professionals should have an understanding of the self-neglect policy and feel confident in applying it.
- Professionals need to ensure that the Mental Capacity Act is fully understood and put into practice in the context of self-neglect, ensuring that the presence of mental capacity is not used as a validation for not acting.

#### *Adult 'David'*

David had a history of homelessness, rough sleeping and alcohol abuse. He was known to several agencies and was being supported to find appropriate housing but was ineligible for housing benefit due to the amount he had in savings. Whilst David had agreed to move into supported accommodation, he would only move to specific areas and was reluctant to explore other options. David did spend some time in a hostel, where concerns about his alcohol use and his physical and emotional wellbeing were raised, there were also concerns that he was vulnerable to financial abuse.

In November 2022, following a brief period in a hostel, David was asked to leave and began sleeping rough in a park. During this time, professionals were supporting David to access short-term housing and became increasingly concerned during a period of severe cold weather as he continued to decline temporary accommodation despite the potential risk to life. In December 2022, David was admitted to hospital. On admission, he was soaking wet and freezing cold with sores on his legs and back. Sadly, David died in hospital in January 2023, aged 68 years.

Key learning from this review included:

- Mental capacity assessments must be decision-specific and time-specific, and assessments should not be of the ability to make decisions generally.
- Care Act assessments should be conducted in a timely manner with particular focus on referrals for those with no permanent address.

- Consider how effective practice can be promoted and supported for adults experiencing homelessness

#### Adult 'Andrew'

Andrew had previously been living in Taiwan for 20 years where he worked as a teacher, before returning to the UK following the breakdown of his marriage and loss of his job

Following his return to the UK, Andrew had a period of time where he was homeless and living on the streets. He accessed temporary accommodation at Julian House homeless shelter, which he found this very stressful.

Andrew had a history of Hepatitis C, Chronic Fatigue Syndrome, and depression. He had a very long history of drug and alcohol addiction and was an ex IV-drug user. He had been on long-term benzodiazepines and anti-depressants which were prescribed by a Psychiatrist in Taiwan in addition to Tramadol which had also been prescribed.

Andrew has been under the care of B&NES Drug & Alcohol Service who reduced his Tramadol and Clonazepam and commenced him on Buprenorphine which he continued to be prescribed until January 2023, when he was found deceased in his home.

Learning from this review included:

- Effective communication between agencies is essential to enable appropriate information sharing. Clear records should be kept and shared where necessary.
- Professionals should give greater consideration to concerns of exploitation.
- Whilst there was no explicit evidence of this, given the events in other recent SAR's, consideration should be given as to whether organisations discharged their safeguarding duties due to unconscious bias around substance misuse and the complexities of self-neglect.

#### Adult 'C'

Adult C had a history of mental ill health going back to 2013 and from 2017 had become bedbound and was displaying significant self-

neglect behaviour. Concerns were raised about the potential failure of a number of organisations in their duty to prevent ongoing harm to her, resulting in long-lasting physical and mental health impairment for her. Although the mental health and wellbeing of Adult C has improved since rehabilitation, she is left with significant physical disability.

Adult C describes herself as 'happy' and having a 'normal family life' and a 'successful' career prior to becoming unwell. She is educated to degree level and was employed until 2014, when she left her position due to mental ill health and a decline in her physical health. Practitioners described her as an intelligent and articulate woman who knows and speaks her mind.

Adult C is married, and both she and her husband participated in this review, along with her mother and sister-in-law.

Learning from this review included:

- Ensuring the voice of the person is central throughout single and multi-agency involvement and intervention
- Parity of esteem should be given to mental and physical health needs
- Understanding legal options and knowing when and how to access legal advice
- Understanding the impact on the carer and ensuring careful assessments for both the carer and person they are caring for

#### Domestic Homicide Reviews

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

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





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

### Family Involvement

Hearing the families voice is exceptionally important within these reviews and we endeavour to engage the families with the process as much as we can. We are grateful to all those who support the reviews and assist in identifying learning.

The families of the young persons for whom CSPRs were conducted have contributed greatly and provided valuable feedback not just around how partner agencies worked with them, but also in relation to the CSPR process itself.

The families of the adults subject to SARs have also been keen to be involved, providing valuable insights into the lives of the individuals, and in one case, a family member joined the BCSSP self-neglect learning event to share their experience, which was an exceptionally powerful message.

The BCSSP extend their gratitude for this input, which assist us in developing increasingly effective systems, albeit through tragic circumstance.

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

- BSW wide under 1's work and the development of new multi-agency policy and procedure.
- An under 1's audit.
- Implementation of the ICON (responding to infant crying) programme across BSW.
- A self-neglect and mental capacity learning event
- Introduction of a self-neglect delivery group
- Introduction of a transitional safeguarding delivery group
- Improving how we capture and reflect the voice of the child/adult/parent/carer
- A review of the self-neglect policy
- A business case submitted to the executive board to implement change in how we manage self-neglect cases
- Learning briefings have been produced and published.
- Exploration as to why we have not received any DHR referrals for consideration. Police colleagues confirmed there were no cases to refer.
- Commissioned an external training provider in relation to legal literacy (adults)

## 5. Multi-agency Quality Assurance

### Section 11 Audit

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

For 2023-2024, the five children's Partnerships across the Avon and Somerset region worked together to audit organisations working with children and families. The self-audit form was circulated to all partners across the 5 local authority area in August 2023 to assess monitor and evidence progress and achievements in relation to meeting safeguarding requirements. Some organisations work across more than one local authority and completed the audit once to cover all relevant areas. 17 audits were

completed in total for B&NES, which is an increase on last year.

The specific areas the audit focussed on were:

- Safeguarding Structure
- Learning and Development
- Listening to Children
- Information Sharing
- Regional Themes
- Children's Partnerships

Overall, organisations participated well and reflected on practice to provide considered responses. Some organisations detailed a process and provided evidence of application and impact whilst others just said they had a process, with limited or no evidence against this which makes it challenging to gain assurance. This was particularly apparent in the question: How do you know that learning from local Child Safeguarding Practice

Reviews is impacting practice? when a third of respondents acknowledged that this is an area that requires improvement. This also reflects what the Partnership are seeing in practice.

A full report has been produced and shared with the partnership.

### **Section 175 Education Audit**

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

Keeping Children Safe in Education is the statutory guidance from the Department for Education issued under Section 175/Section 157 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, the Non-Maintained Special Schools (England) Regulations 2015, and the Education and Training (Welfare of Children) Act 2021.

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

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

When the Education Reference Group was established, they agreed to take on the responsibility of the S175 audit. They made the decision to change the timeframe for conducting the audit, to align with the academic year. The audit was circulated in September 2023 and the deadline for responses was January 2024.

The mechanism by which the BCSSP established assurance was through individual schools self-evaluating their performance under an agreed framework. An audit tool was circulated to 84 education establishments and considered responses were received from 83 of them.

The majority of ratings were green, but where any 'amber' ratings were given, for example, where a policy is written and in the process of

going to parents for consultation, schools establish and implement individual action plans to address these areas for development.

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

Recommendations identified through the audit process are:

- Safeguarding Governors to be reminded that it is their duty to ensure that safeguarding and anti-bullying policies are updated. This needs to be included in their annual workflow.
- Promote the NSPCC training for Safeguarding Governors.
- Future audits should request that responses include details of when something will be achieved, e.g. All staff to complete Domestic Abuse training by June 2024.
- All DSLs to attend Managing Allegations training. Settings should encourage other staff to attend.

### **Safeguarding Adults Audit**

The self-assessment audit tool was circulated to partnership members in October 2023 across the five partnership areas to assess, monitor and evidence progress and achievements in relation to meeting adult safeguarding requirements. The five partnerships worked together to ensure a consistent approach to the audit across the region and minimising the work required for those organisations who work across multiple local authority areas.

In B&NES, 18 completed audits were received. This is a 29% increase on the returns received last time the audit was conducted in 2021.

The specific areas the self-audit focussed on were:

- Leadership
- Evidence of Policy in Practice
- Safer Recruitment
- Learning from SARs
- Making Safeguarding Personal
- Exploitation
- Transition



Recommendations for the BCSSP from the audit included:

- seeking further assurance on organisational understanding of their responsibilities in relation to the Mental Capacity Act
- seeking further evidence of how learning from local SAR's and reviews has driven change and improved practice
- seek assurance that views of the individuals are gathered and accurately

recorded in relation to safeguarding and informed consent

- evidencing systems and support are in place to enable professional curiosity to be demonstrated in practice.

There were a number of delays in submissions, which has caused a delay in a full report being produced.



## 6. Multi-agency Training and Workforce Development

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

In April 2023, following an 18-month period of the BCSSP Inter-Agency Safeguarding & Community Safety Trainer post being vacant, it was extremely positive that a full-time trainer joined the team on a two year fixed term contract. The post holder is managed by B&NES Council Organisational Development Business Partner who specialises in Safeguarding and Multi-agency training.

The trainer is responsible for the development, and the delivery of the majority of BCSSP courses. Where there is a need for specialist input the BCSSP Trainer and the Business Partner will work with colleagues from partnership organisations or external independent trainers, to ensure the most appropriate knowledge and expertise is gained for course creation and delivery. The Business Partner also makes provision for the effective administration, evaluation, and quality assurance of all BCSSP learning opportunities.

The appointment of a BCSSP trainer has mitigated the need to use external trainers as frequently, which has enabled greater focus on local practice issues (previously external trainers tended to utilise national events in discussions rather than specific local incidents). This change has been reflected in course feedback whereby delegates have continually highlighted the successful use of local knowledge, with discussions and practice issues being based on local information.

The BCSSP trainer has also been able to re-establish links with partner agencies, arranging guest speakers from local organisations and the co-delivery of training with colleagues from across the workforce. This involvement fully embraces the multi-

agency model of training and utilises specialist knowledge available across the authority.

The collaborative model of working with partners supports additional quality assurance to take place, with a shared approach to the development of course content and materials. Additionally, this year further peer reviews of courses have taken place with surrounding authorities to benchmark course complexity and learning outcomes.

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

The methods of evaluation used have evidenced:

- An increase in practitioner's confidence in applying knowledge and skills following training, and having further tools, strategies and techniques to use to gain better outcomes with families.
- An increased understanding of multi-agency roles and improved communication and information sharing between professionals, including the making of appropriate referrals.
- Practitioners hold a greater understanding of legislation, policy, procedure and guidance and how to apply this into practice.
- Practitioners found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter.

In line with last year, the requirement of independent study alongside some learning events has continued to receive a conflicting response. Some delegates have shared that they appreciate the opportunity to reflect on the information gained in the session before building on this knowledge with the activities set. Other delegates have advised that they

find it challenging to find time in their diary to undertake the necessary work and would find it easier for all learning to be trainer led; with the length of the session being extended.

The programme provided by the BCSSP resulted in the provision of 76 training sessions taking place which comprised of 27 different training topics. A further 13 courses were cancelled, 9 due to low numbers booked and 4 due to sickness / personal circumstances of different trainers.

Similarly to last year, liaison with surrounding local authorities highlighted that low attendance has been an issue with regards to either certain areas of the workforce attending multi-agency training or that particular themes appear to elicit limited interest.

Consideration has been given to the impact of ongoing challenges experienced across the children's and adults' workforce with relation to recruitment, retention and resources and the complexity for agencies of balancing the developmental needs of the workforce alongside other organisational necessities.

A multi-regional approach to exploring and responding to these issues is taking place whenever possible.

#### **Examples of delegate feedback:**

*"I feel better informed to be able to make decisions and support s47 enquiries in future. As a future DDSL I may have to support ICPC and feel more informed about my role as part of this!"*

**(Teacher: Advanced Child Protection)**

*"This training has changed my understanding of the act significantly. Examples of practice have helped me understand how I can apply the act to my place of work."*

**(Anonymous: MCA)**

*"I am more confident of being aware of safe guarding issues that may arise within my role"*

**(Home Care Assistant: Level 2 Adult Safeguarding)**

*"Great to discuss the topic with other practitioners . I feel confident in who to refer to and how this works."*

**(Student: Exploitation for Children's services)**

*"OMG: I learned so much...an understanding of the MCA, how and when to assess MC, the importance of record keeping, the importance of case law in making decisions, definition of Best Intentions and statutory assessment. I could go on!"*

**(Coach: MCA)**

*"[The trainer] got through what is necessarily a lot of information without feeling rushed, highlighting the main practical points in a way that was useful for my day to day work and brought a fresh focus to training I have now had several times working in this sector."*

**(Housing Co-Ordinator: Level 2 Adult Safeguarding)**

## 7. Key Performance Indicators

The BCSSP agreed the following performance indicators for partners for 2023-2024. It was agreed that it is each agencies responsibility to determine which of their staff members fall into the category of 'relevant'. Relevant means to their role and responsibilities and awareness training can be face to face, e-learning or equivalent.

Indicator	Training	Target %
1.1	Relevant staff have undertaken Prevent training (WRAP or equivalent)	85%
1.2	Relevant staff have undertaken Prevent awareness training	85%
1.3	Relevant staff have undertaken FGM awareness training	80%
1.4	Relevant staff have undertaken Domestic Abuse awareness training	80%
1.5	Safeguarding leads have awareness of Modern Slavery/Human Trafficking	100%
1.6	Relevant staff have undertaken complex trio awareness training (also referred to as toxic trio, trilogy of risk or the trio of vulnerability.)	80%
1.7	Relevant staff have undertaken Exploitation awareness training	80%
1.8	(ADULT) Relevant staff have undertaken MCA/DOLS training within 6 months of taking up post	90%
1.9	(ADULT) New staff have undertaken safeguarding adult's awareness training within 3 months of starting in post	90%
1.10	(ADULT) Relevant staff have completed SA level 2 training within 6 months of taking up post	90%
1.11	(ADULT) Relevant staff have completed SA Level 3 training	80%
1.12	(ADULT) Relevant staff have undertaken self-neglect training	80%
1.13	(CHILDREN) New staff have undertaken Child Protection awareness training within 3 months of starting in post	90%
1.14	(CHILDREN) Relevant staff have undertaken Foundation child protection standard training	90%
1.15	(CHILDREN) Relevant staff have undertaken Introduction to child protection training	90%
1.16	(CHILDREN) Relevant staff have undertaken Advanced Child Protection Training	90%

Partner organisations who completed the annual report return submitted their training figures against the KPI's. The results are shown in the table below.

It is a complex representation as organisations decide which staff are considered 'relevant' and due to the varying numbers of staff in each organisation 100% could represent 1 staff member or 1000.

Both Adult and Children's Social Care have had issues accessing the training data and numbers may not be wholly accurate. This is being looked at. Adult social Care figures may also be impacted as a large number of social workers from HCRG Care Group have just been reintegrated into the Council and do not have training records.

Children's Social Care recognise the importance of accessing multi-agency training but given some of the workforce pressures and the demands currently placed upon the service they are trying to balance the workforce's learning needs alongside service provision. There is a plan in place to address their performance in this area and to ensure more staff are accessing the relevant training.

It is positive that the responses reflect an increase in the number of staff undertaking MCA training, given this has been identified as key learning from SAR's.

Agency ratings in % against the KPI's.

KPI	Target %	RUH	Midsomer Homecare	Project 28	Oxford Health	HCRG Care Group	Health watch	Avon Fire & Rescue	DHI*	Southside*	BSW ICB	Julian House	Children' s Social Care	Action for Children	POhWER	Police*	Adult Social Care	YCSW
1.1	85	90	100	100	90	98	N/A	N/A	/	100	100	N/A	33	100	100	100	/	88
1.2	85	94	100	100	100	92	N/A	TBC	/	100	94	N/A	74	100	100	/	14	88
1.3	80	88	100	100	88	96	N/A	0	/	100	94	N/A	73	100	100	/	5	81
1.4	80	88	100	100	88	96	N/A	0	/	80	94	100	68	100	100	100	0	80
1.5	100	100	100	100	100	96	N/A	100	100	100	100	100	54	100	100	100	4	100
1.6	80	89	100	100	88	96	N/A	100	/	100	80	N/A	67	100	N/A	100	0	93
1.7	80	88	0	100	88	96	N/A	100	N/A	100	95	N/A	72	100	100	/	25	93
1.8	90	91	100	100	76	98	N/A	0	/	100	95	N/A	100	100	100	/	27	N/A
1.9	90	92	100	100	93	95	100	97	100	100	95	100	N/A	100	100	100	N/A	100
1.10	90	91	100	100	93	92	100	92	90	100	95	N/A	N/A	100	100	/	39	100
1.11	90	93	100	100	86	85	N/A	100	/	/	95	100	N/A	100	N/A	/	18	100
1.12	80	91	100	100	86	N/A	N/A	97	/	100	/	N/A	N/A	100	N/A	100	7	/
1.13	90	88	N/A	100	97	98	100	97	/	/	95	100	93	100	100	100	N/A	100
1.14	90	88	N/A	0	97	84	N/A	N/A	/	/	95	N/A	100	100	100	/	N/A	97
1.15	90	89	N/A	100	88	91	N/A	N/A	/	100	95	100	87	100	N/A	/	N/A	93
1.16	90	89	N/A	100	100	100	N/A	N/A	/	100	100	N/A	55	100	N/A	100	N/A	90

Key:

Red = More than 15% below the KPI

Amber = Less than 15% below the KPI

Green = met or exceeded the KPI

Blue = N/A

/ = nil or narrative response given

\* Where DHI show a number of / responses, the majority of these KPI's have a figure against the number of staff trained, but this hasn't been represented as a %, and therefore is not comparable within this table. Where Southside and Police KPI's show / , it is because there was nil response provided.

## 8. The Work of the Partnership Subgroups

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The BCSSP Executive Group and Operational Group are chaired independently by Fiona Field. The Executive leads the production of the strategic plan, supported by the Operational Group and the subgroups. The Operational Group provides support and challenge to the subgroups to improve performance outcomes and gain assurance of good community safety and safeguarding practices.

The subgroups have each developed a delivery plan to assist in delivering against the BCSSP strategic plan. The groups provide reports to the Executive which will consider whether guidance, and assistance or direct action is needed to remove barriers to achieving outcomes.

### Practice Review Group

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

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

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

This subgroup has had strong commitment from all statutory partners and in 2023-2024 has:

- Ensured statutory compliance
- Identified key themes to review and explored preventative training options
- Reviewed the new Working Together 2023 statutory guidance
- Produced learning briefings in response to SAR's and CSPR's

### Domestic Abuse Partnership

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

In 2023-2024 it has:

- Continued the work against the DA Act action plan and developed a DA Act assurance plan
- Supported the completion of the B&NES DA Needs Assessment
- Continued to explore perpetrator programmes
- Provided a multi-agency response to the DHR Legislation consultation
- Reviewed the MARAC process and proposed a new way of working which will be progressed in 2024-2025

### Prevention & Early Intervention

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

In 2023-2024, the subgroup has:

- Received the SUDI audit report
- Discussed the redesign of early help services
- Contributed to the Under 1's work, with a focus on the importance of working with fathers

Under the new structure discussions, this group was originally going to be disbanded, so did not have hold as many meetings in the year. However, it has now been agreed the



group will continue with a greater focus on the requirements of the Care Review.

### **Youth Justice Service Partnership Board**

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

The Partnership Board have transformed the way they work to hear voices of the child and hold each other to account to ensure their agencies are taking a child first approach.

Staff have remained committed and shown great perseverance and creativity in offering support to children and their families.

Achievements for 2023-2024 include:

- An agreed vision statement between the YJS Team and the YJS Partnership Board
- Regular activity and outcome reports on key areas of service delivery including Out of Court Resolutions, Policing, Speech and Language Therapy, Nursing, Education, the Compass prevention service, Harmful Sexual Behaviour and the Enhanced Case Management initiative.
- The Board maintains and reviews Challenge and Risk Registers.

Looking forward, the group will continue to monitor and enable the YJS Team in its priorities to reduce disproportionality, strengthen participation, embed child first principles and reduce serious violence.

### **Exploitation**

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

Key achievements for 2023-2024 include:

- Ratification of the Missing Protocol
- Knife Crime audit findings review and an action plan
- Ratification of the Harmful Sexual behaviour Protocol
- A review of knife crime incidents in B&NES
- Received an update on learning from CSPRs

Under the new structure this group will focus solely on children and young people.

### **Community Safety Partnership**

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

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

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

In 2023-2024, the subgroup has:

- Received information on the Youth Space, Safe Bus, Sudden Death report and the Cost-of-Living Impact from Trading Standards
- Developed a community safety work plan covering both local requirements and those of the Office of Police and Crime Commissioner
- Reviewed ASB data
- Worked across the Avon footprint to develop a data dashboard which is part of a 2-year project.



Following a review of statutory requirements, under the new structure the Community Safety Partnership will be accountable to the Strategic Community Safety Group.

### **Mental Capacity Act Quality Assurance**

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

In 2023-2024, the subgroup has:

- Completed an organisational policies spot check
- Reviewed the relevant actions from SAR's against the groups objectives

Under the new structure, this group no longer sits with the BCSSP, although it does still provide updates when requested.

### **Quality & Performance**

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

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

In 2023–2024 the subgroup has:

- Continued to seek greater clarity on quality and performance across B&NES and refined the data set – although the data scorecard is still in development
- Received the service user feedback report
- Reviewed the MARMM audit report

Going into 2024-2025, this group will be disbanded under the new structure. 3 focussed strategic assurance groups will oversee the work of community safety, safeguarding children and safeguarding adults.

### **Training & Workforce Development**

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

In 2023-2024, this subgroup has:

- Supported the design and development of the Stop Adult Abuse Week campaign
- Reviewed and agreed the key performance indicators in relation to training and submitted a proposal to the Executive Group
- Reviewed outcomes from learning reviews to ensure areas for development are captured in future training
- Evaluated the BCSSP training provision and the learning and development framework

Within the new structure, this group has been renamed the Practice Improvement Group to reflect its work more accurately and how it needs to integrate learning into practice.

### **Education Reference Group**

The Education Reference Group (ERG) was established in January 2023 as a multi-agency subgroup of the Partnership. It constitutes a broad range of representatives who can ensure that appropriate practices and procedures are in place, regarding safeguarding and child protection within educational settings.

It robustly ensures that the education sector is embedded within the partnership and recognises the crucial role that education plays in safeguarding and promoting the wellbeing of children and young people.

In 2023-2024, the subgroup has:

- Discussed the prevalence of harmful sexual behaviour in schools
- Completed a S175 Audit
- Planned the CP Forum agendas
- Reviewed the child-on-child abuse survey report.

## 9. Reflecting on Partnership Achievements

2023-2024 has been a period of change for the BCSSP. In person development days were held in April and December of 2023, which brought together partner organisations to review the LGA Peer Review findings and the effectiveness of the current multi-agency arrangements. The engagement of partners over these 2 days was admirable, and demonstrated the level of commitment in leading the partnership to be the best it can be. This has been positive in that a structure has been agreed and chairs appointed for the new groups, but it has also meant that some groups will no longer continue and the BCSSP

is cognisant that the work of those groups still needs to be reflected within the partnership. It must be noted that with impending changes, the partnership subgroups did lose some focus and attendance at meetings fluctuated with the uncertainty of change, and this has impacted on the output of the subgroups to varying degrees. It is the aim that the new structure will improve focus on each strand of work and that once membership of each group is agreed, there will be greater clarity for partners about their role and the expectations of each group

Our safeguarding partners were also asked to reflect on their achievements in relation to the following key requirements:

Requirement	Sample of Responses
How has your organisation contributed to the functioning and structure of the multi-agency arrangements?	<ul style="list-style-type: none"> <li>• The safeguarding team have supported the work around restructuring the BCSSP and took part in the BCSSP development day in 2023-2024. (RUH)</li> <li>• Attending appointed subgroups, involvement in adult safeguarding portal work, attend SAR learning (Midsomer Homecare)</li> <li>• Specialist Safeguarding Nurses attend MARAC meetings and share information and contribute to safety planning for victims and children. (HCRG Care Group)</li> <li>• All members of the safeguarding team have a role in attending one or more of the BCSSP groups. Their role within the organisation is also to share key updates and learning back into our organisation (HCRG Care Group)</li> <li>• AFRS has contributed to the work of partnership agreements, supporting other agencies and working collaboratively with agencies. This included actively participating in a wide range of partnership meetings and consultation documents</li> <li>• Contributed to statutory reviews and seek assurance that learning is both identified, implemented and changed practice (BSW ICB)</li> <li>• Senior managers across Children’s Services chair a number of sub-groups and are represented on ALL sub-groups so that we ensure the Children’s Services effectively contributes to our multi-agency delivery of the partnership’s safeguarding priorities.(Children’s Social Care)</li> <li>• ASP have contributed to the functioning and structure of the multi-agency arrangements through active participation in the development phases of the restructure following review. (Police)</li> <li>• Adult social care support in discharging a number of assurance actions and chair a number of meetings, including the PRG and the MCA working group, and have agreed to chair a number of meetings within the new structure.</li> <li>• Representatives from the organisation contribute to multi-agency working to reduce serious crime and exploitation; we are represented on the Serious Youth Violence Steering and Operational Groups;</li> </ul>



	<p>Partnership Working to Reduce Exploitation and Violence Meeting; and the Serious Youth Violence Group. (Youth Connect South West)</p>
<p>How has your organisation contributed to the strategic priorities of the BCSSP?</p> <ul style="list-style-type: none"> <li>• Develop a 'Think Family, Think Community' approach.</li> <li>• Learning from experience to improve how we work</li> <li>• Recognising the importance of prevention &amp; early intervention.</li> <li>• Providing executive leadership for an effective partnership.</li> </ul>	<ul style="list-style-type: none"> <li>• The training at level 3 Safeguarding Face-to-Face in both adults and children has strengthened the domestic violence narrative with a significant section related to this and the think family philosophy. (RUH)</li> <li>• There are robust Governance processes in place for discussions of safeguarding issues, including the highlight reports to the ICB, in order to meet safeguarding contract standard requirements. (RUH)</li> <li>• We use “lessons learned” from complaints and safeguarding to inform future care. (Midsomer Homecare)</li> <li>• Delivering outreach, we can get messages to the public and working with the Violence Reduction Partnership delivering and taking part in Knife Crime events and annual conferences. (Project 28)</li> <li>• Training opportunities relating to serious youth violence promoted and staff supported to attend. (Oxford Health)</li> <li>• Changes in policy and procedures developed by the partnership shared with clinical staff and CAMHS management. Application of the changes reviewed as part of safeguarding supervision sessions. (Oxford health)</li> <li>• A number of key colleagues, seventeen in total, attended a Learning event for a Safeguarding Adult Review in January 2024. The learning from this case has been shared locally in teams and continues to be referred to in SG champions meetings, Safeguarding supervision sessions, and closing the loop meetings. (HCRG Care Group)</li> <li>• AFRS support the prevention and early intervention throughout their day-to-day activities, information on how to spot indicators of concern is shown on the intranet, and we have recently employed an Onward Referral Advisor to ensure early intervention referrals can be made to relevant agencies.</li> <li>• We recognise that proactive measures aimed at preventing abuse and intervening early can significantly mitigate harm and disrupt unhelpful ways of managing the impact of trauma. (Southside)</li> <li>• Our outreach team engage with clients that are rough sleeping in the area and engage them with services to support their health and wellbeing and work to identify the most appropriate housing pathway. Working with our hostel and supported housing teams as well as other agency staff like DHI/HITT clients are given the opportunity to access the most relevant support services at point of contact. We work closely with colleagues in health services to ensure our clients are able to access primary healthcare including dentistry and vaccinations (Julian House)</li> <li>• Our Practice Framework, rooted in a strength-based approach, which focusses on identifying and building upon the inherent strengths and capabilities within families rather than solely addressing deficits or challenges. This approach not only empowers families but also fosters a more positive and supportive relationship between practitioners and the families they serve. (Children’s Social care)</li> <li>• Produced a video in the last year promoting fact Bath West Children’s Centre Services is part of the community and embedded within the Think Family model. Work with the whole family – for example opening Forest Families during school holidays to enable older siblings to join in activities as well as the under 5’s. (Action for Children)</li> <li>• ASP have shaped an effective partnership approach in the aftermath of a number of serious violence incidents within BANES to provide community reassurance (Police)</li> <li>• The ‘Think Family, Think Community’ approach is informing the work we continue to do with our children’s colleagues and wider partners on the Preparing For Adulthood pathway development (Adult Social Care)</li> </ul>

	<ul style="list-style-type: none"> <li>• One of the main changes following from serious incident, has been the introduction of the Concerns Log which helps to monitor those young people for whom there are escalating or changes in levels of concern. This data helps to ensure the young people are highlighted regularly to senior managers and safeguarding staff and each case is regularly reviewed (Youth Connect South West)</li> </ul>
<p>How has your organisation used data to encourage learning?</p>	<ul style="list-style-type: none"> <li>• Data is collected and analysed around the numbers of young people presenting to the trust with emotional dysregulation, social care involvement and length of stay. This shared with the Safeguarding Team in the ICB and through our safeguarding highlight reports. (RUH)</li> <li>• Number of referrals to children social care reviewed by the safeguarding service. Quality of the referrals made reviewed by the safeguarding service. Analysis used to discuss with clinical CAMHS staff in supervision sessions improvements in quality of referrals (Oxford health)</li> <li>• We currently collate quarterly data on safeguarding training compliance which is used to identify any areas of concern and which areas are doing well with training. (HCRG Care Group)</li> <li>• The data team monitor safeguarding registers. We have completed some analysis of self-neglect for example and are developing work streams around staffs understanding of Mental Capacity and impact of Executive functioning when considering self-neglect.(DHI)</li> <li>• Quarterly core data analysis has revealed patterns in service usage and underrepresented groups accessing Southside services. It also highlights gaps in support, prompting the development of targeted initiatives (Southside)</li> <li>• Data underpins commissioning and safeguarding practice. The NHS has invested considerably in digitalisation and is working across the Partnership to share data to identify trends, practices and locations in which to focus safeguarding practice. Work has been undertaken with BCSSP in developing a data dashboard to support learning (BSW ICB)</li> <li>• Regional Managers complete internal monthly compliance reports, and these are used to identify gaps and any training needs. We look at trends across services and look at how best we can respond to increasing need/demand for services (Julian House)</li> <li>• Regional scrutiny adds another layer of evaluation, providing a broader perspective on performance and highlighting areas for development. This external oversight helps to ensure accountability and transparency of our service delivery. (Children’s Social Care)</li> <li>• there are two fundamental activities that adult social utilise data to support learning and understanding of needs. These being:             <ul style="list-style-type: none"> <li>• Access to operational data to inform targeted support and analysis of needs – examples of this is the Client Level Data set and improved Safeguarding Dashboards, to better provide operational and strategic.</li> <li>• Engagement with and findings from local research - Adult Social Care in Bath and North East Somerset Council are pleased to be part of a number of key research initiatives with Bath University (Adult Social Care)</li> </ul> </li> <li>• The data collected from the concerns log helps provide an opportunity to collate themes of concerns within different teams in the organisation. This can be used to help target learning and training, making the use of resources (Youth Connect South West)</li> </ul>
<p>How has information sharing improved practice and outcomes?</p>	<ul style="list-style-type: none"> <li>• Sharing information with other professionals involved in the care of a client helps to make sure that the right people are supporting clients in the right way (Midsomer Homecare)</li> </ul>

	<ul style="list-style-type: none"> <li>• Joint working and information between the children's workforce have ensured that Young People are safer within the community and that their exploitation risk is managed with sharing information within multi agency meetings (Project 28)</li> <li>• Work with RUH regarding self-harming presentations has supported more effective working between CAMHS and RUH clinical staff to ensure outcomes for children are improved. (Oxford Health)</li> <li>• Disseminated information and findings from strategic meetings into operational team meetings and again further into 1-1 supervision. (Action for Children)</li> <li>• Improved access to advocacy services via professional referrals and drop ins e.g. care act advocacy (POhWER)</li> <li>• ASP have improved information sharing with partners to respond to incidents effectively as a partnership. Effective information sharing has ensured a rapid and efficient response to incidences of serious violence within BANES. This improvement has better safeguarded members of our communities (Police)</li> <li>• We continue to share and receive information that improves practice and outcomes for adults in various forums, such as; PREV, disrupt, ASB Case Conferences, MARAC and channel. We are reviewing how adult social care is represented in MARAC now adult social care staff have transferred to the council and we are seeking to strengthen our presence and relationship within MAPPA (Adult Social Care)</li> </ul>
<p>How has your organisation sought and utilised feedback from 'service users' to inform work and influence service provision?</p>	<ul style="list-style-type: none"> <li>• Using the Making Safeguarding Personal approach, patients and family are invited to participate in any safeguarding adult review meetings to ensure their views are captured and represented. (RUH)</li> <li>• When we receive feedback or send questionnaires, we use that information to change the way we work if this is possible. We always try to work with clients in a way that is suitable to them, as long as it is safe and effective. (Midsomer Homecare)</li> <li>• Service user forums and feedback is an integral part of the development of Project 28 with exit surveys and an opportunity to carry out a survey on the Wrap. All feedback is collated and delivered back to service users by 'you said ' ' we did ' posters.</li> <li>• participation group in BSW is very strong:             <ul style="list-style-type: none"> <li>• Contributing to the development of the 16-25 pathway: Being part of the transition project group and supporting the team in designing information and a film about transition</li> <li>• Helping create a questionnaire to gain feedback from young people using the Single Point of Access</li> <li>• Working with BaNES youth groups to plan and run a mental health event</li> <li>• Training session with CAMHS staff around supporting neuro divergent young people. (Oxford health)</li> </ul> </li> <li>• Hearing from service users is core to Healthwatch – these views relate to health or social care service providers, rather than our own 'service users'. We primarily act as a conduit for sharing views and feedback back to local decision makers and service providers in the public but also private and voluntary sector.</li> <li>• Regular feedback and making safeguarding personal means that lived expertise and voice is sought from individuals and stakeholders, through survey and exit questionnaires. This then forms learning and development to make changes to improve system wide issues (DHI)</li> <li>• ICB seek information from Service Users through co-ordinated engagement consultations when reviewing services, however through contract monitoring we also seek users views through Friends and Family questionnaires (BSW ICB)</li> </ul>

	<ul style="list-style-type: none"> <li>• We have a range of ‘Participation’ work, which includes working alongside our commissioned services to gather the voices of young people, such as our in-care councils and care experienced council. We are committed to working collaboratively with our Young Ambassadors. We have a proactive team of Care Experienced Young people, who are helping us to shape our service (Children’s Social Care)</li> <li>• examples of changes we have made are:             <ul style="list-style-type: none"> <li>• amendments to the Disability Related Expenditure [DRE] policy because of a complaint, which also lead to changes in process; ensuring the correct people are involved in decision making when the safeguarding issues are present.</li> <li>• We have introduced trauma informed learning and are continuing to explore how to provide learning opportunities around affiliating trauma informed approaches within adult social care, because of a complaint (Adult Social Care)</li> </ul> </li> <li>• There is also representation for young people at trustee level- the board has a specific post for a young person trustee- this must be someone who has accessed services provided by YCSW over the past three years (Youth Connect South West)</li> </ul>
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## 10. Our Commitments for 2024-2025

The BCSSP reviewed its performance for 2023-2024 and is firmly committed to working in partnership to achieve the objectives as set out in the 2024-2027 strategic plan. Our priorities have been identified through a range of evidence. This includes learning from Safeguarding Adult Reviews, Child Safeguarding Practice Reviews, Domestic Homicide Reviews, bringing executive partners together for two development days and consulting with wider partners. We have also considered current legislation, national, regional and local plans, local strategic needs assessment, including crime and disorder, public health and housing.

Much work has taken place to restructure the partnership and ensure our partners were involved and in agreement with the changes. The new structure has been positively received and the following commitments were agreed at a multi-agency level.

### Community Safety Priorities

The Avon & Somerset Office of the Police and Crime Commissioner (OPCC) produces a Police and Crime Plan for Avon & Somerset. The [B&NES joint community safety plan](#), in line with statutory requirements, identifies evidence driven priorities for B&NES whilst being mindful of supporting the OPCC priorities. B&NES joint community safety plan is produced with the Avon & Somerset Office of the Police and Crime Commissioner and our local priorities are:

- Protecting the most vulnerable from harm
- Strengthen and improve local communities to improve outcomes for local people

The overarching community safety priorities of the BCSSP are:

- Priority 1:** To develop the strategic oversight and scrutiny of the CSP arrangements
- Priority 2:** We will further develop our work with partners to prevent people from becoming involved in and reduce instances of serious violence.
- Priority 3:** Continue to identify opportunities for longer term funding to reduce domestic abuse incidents and improve outcomes for survivors.

### Safeguarding Children Priorities

- Priority 1:** We will strengthen the role of education in the partnership.
- Priority 2:** Ensure a child-centred approach with a whole family focus.



**Priority 3:** Keeping children and young people safe from harm from exploitation.

BCSSP to remain agile to the community safety and safeguarding needs of B&NES.

### Safeguarding Adults Priorities

**Priority 1:** Improve understanding of and support professionals to work with those individuals who self-neglect.

**Priority 2:** We will create confidence in practitioners in the application of the Mental Capacity Act and understanding of the interplay with the Mental health Act.

**Priority 3:** We will connect with our communities and hear their voice within the partnership.

### Overarching Priorities

**Priority 1:** Have policies and procedures that are current and in line with best practice.

**Priority 2:** We will create confidence in practitioners to be professionally curious and improve this practice.

**Priority 3:** We will ensure effective collection, sharing and analysis of data, enabling early identification of community safety and safeguarding risks, issues, emerging threats, and joined-up responses across relevant agencies.

**Priority 4:** Ensure clear transitional arrangements are in place between children's and young adults services

### How we will achieve this

Each of the delivery groups has developed an action plan to support the BCSSP Strategic Plan 2024-2027.

The action plans have been developed for a 12 month period and progress is monitored quarterly. The work of the delivery and of individual organisations contributes to the plans and evidence of outcomes is sought to provide assurance to the Strategic Assurance Groups.

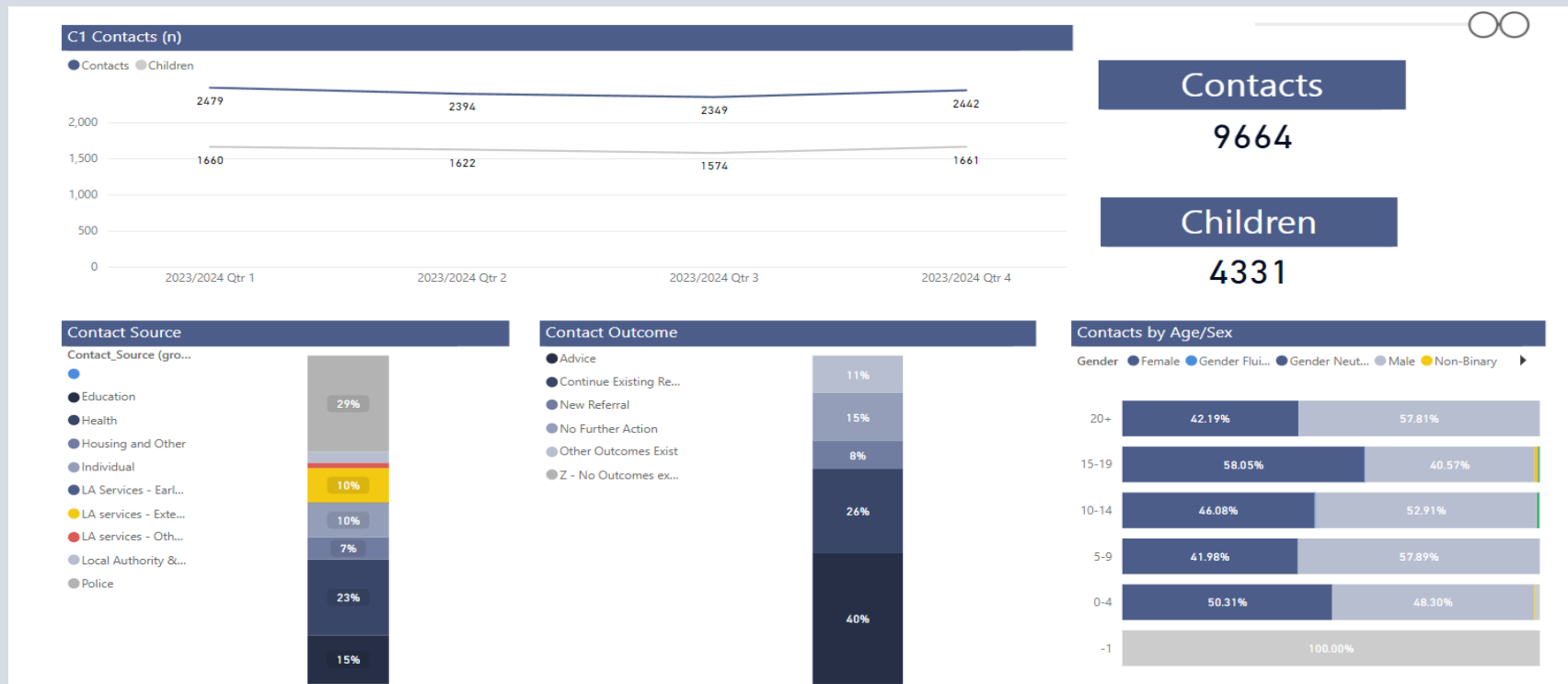
Alongside this, data submitted by our partners is monitored and analysed, allowing the

## 11. Appendices

### 11.1 Children's Social Care

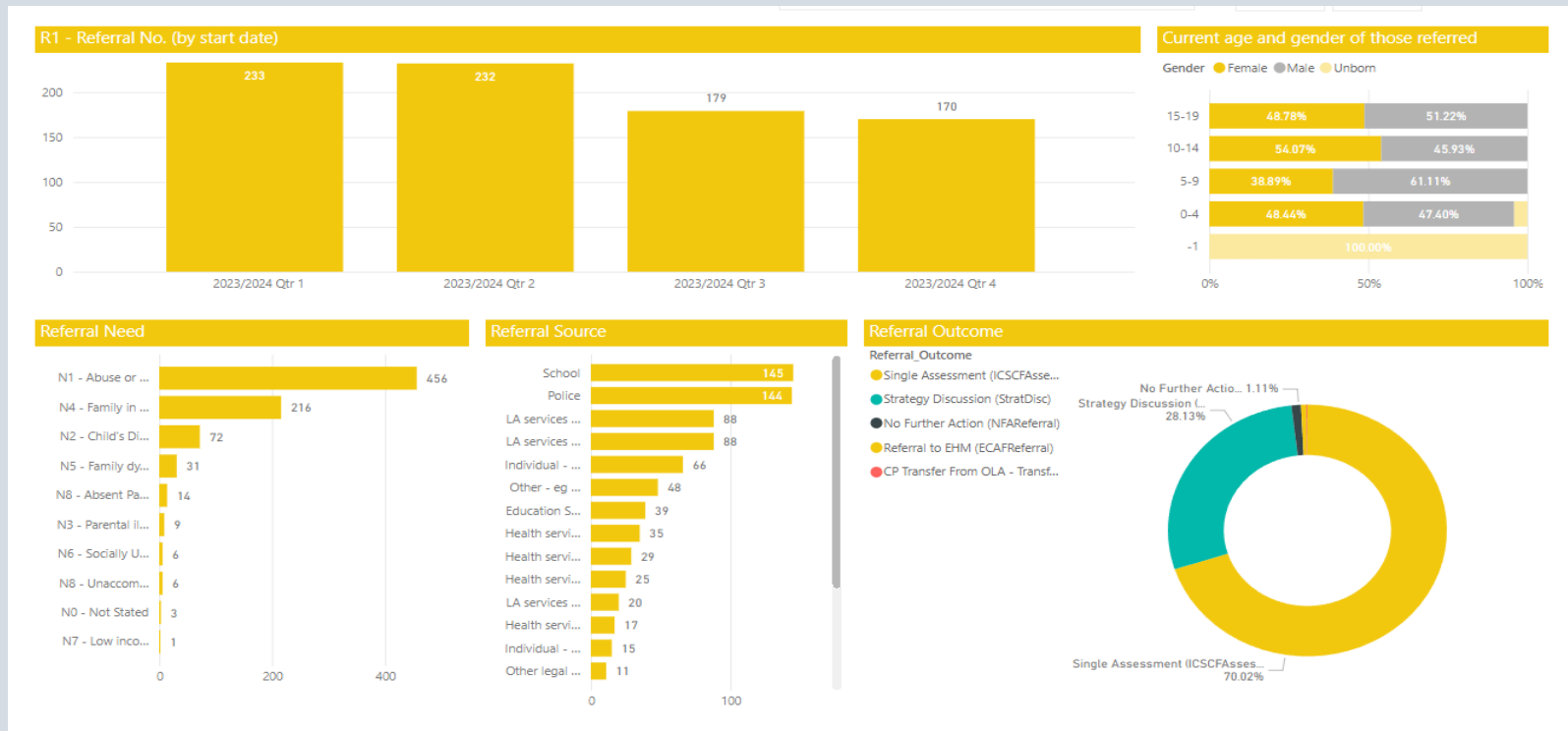
#### Contacts for the period 01.04.2023 – 31.03.2024

There has been a small increase in number of contacts and number of children in comparison to last year. Police remain the highest contact source. There has been an 11% increase in the contact outcome being advice and this is the main outcome of contacts coming in to Triage. Only 15% of new contacts go on to be assessed by Children's Social Care.



### Referral Trends 01.04.2023 – 31.03.2024

There is a decrease in referral conversion over the last two quarters in 23/24, despite contact numbers remaining similar, although these have risen again in Quarter 1 24/25. The greatest conversion from contact to referral remain School and Police.

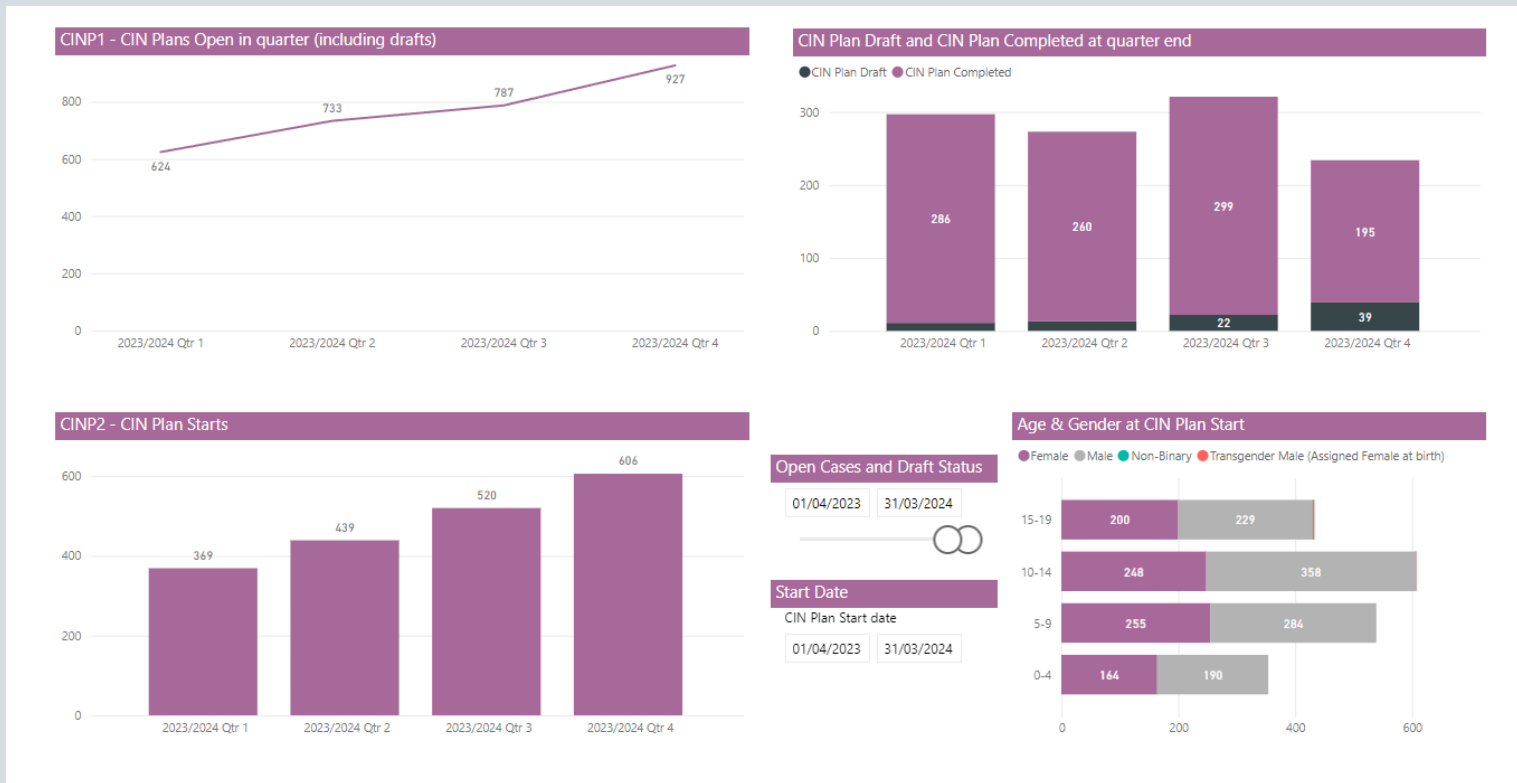




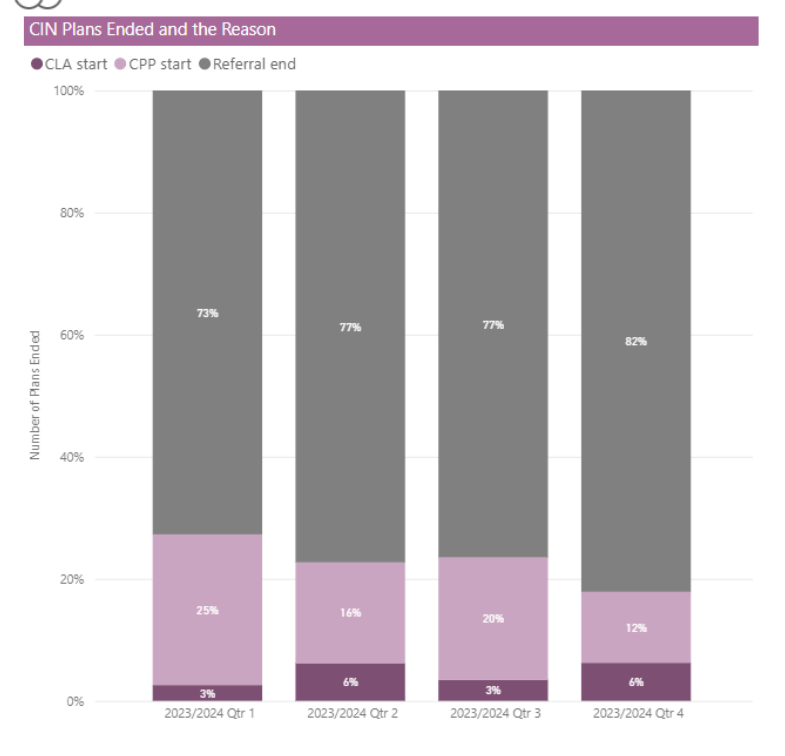
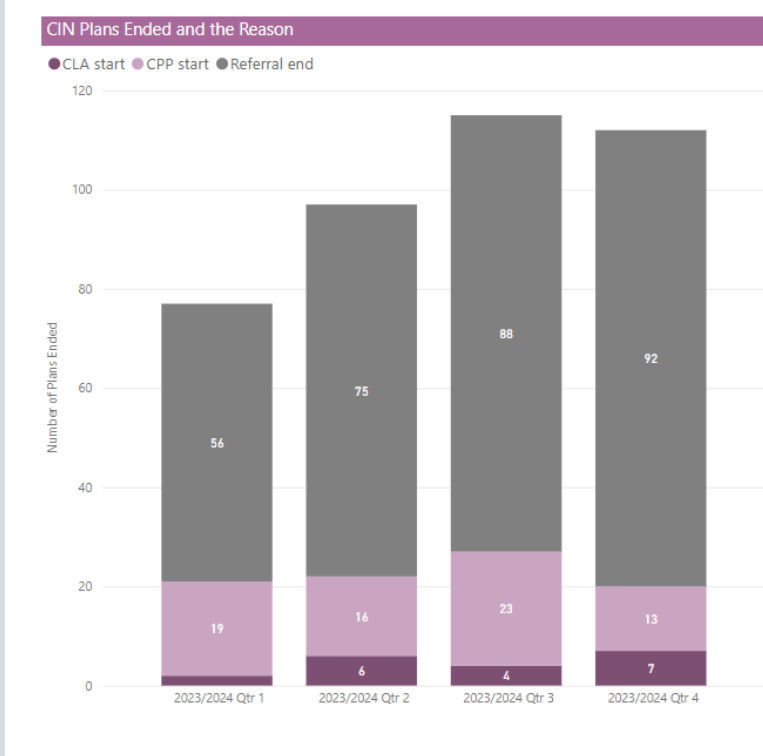


## Child in Need Plans

Child in Need numbers have increased within the safeguarding service and the Disabled Children's Team. This has continued to rise throughout the year. A small number of children that are supported through CIN processes escalate to CP & CLA. This demonstrates the effective relationship-based work within Children's Services whereby 82% of children and young people that receive a CIN service step down from Children's Social Care.







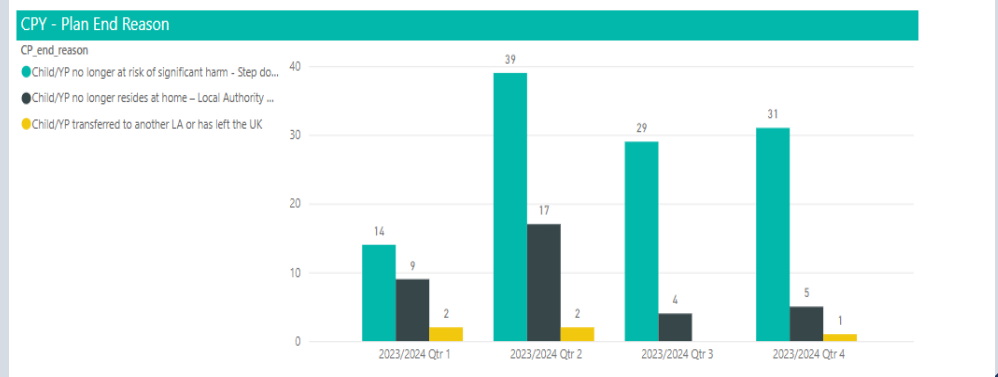
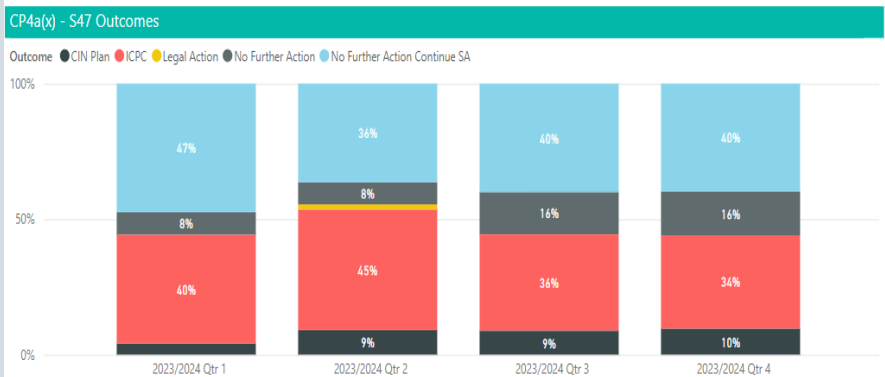
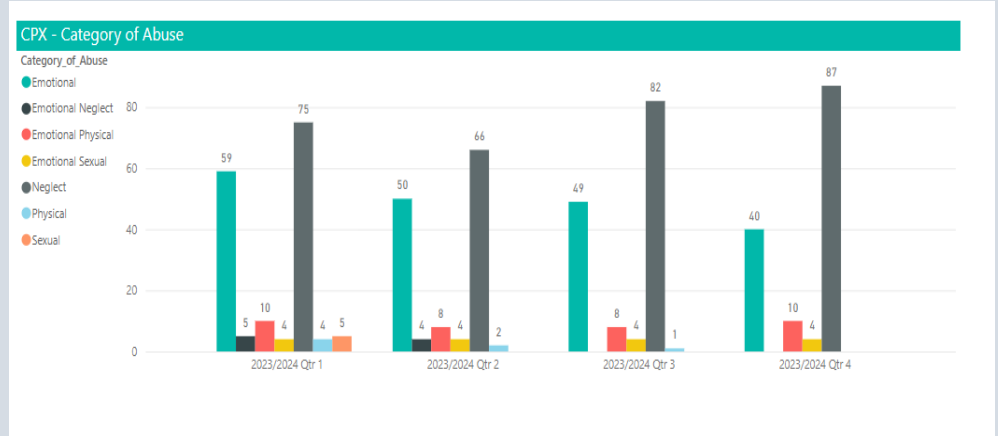
## Children Looked After

Children Looked After numbers have come down again slightly with children leaving care due to their age and care proceedings concluding with family arrangements or children remaining with their parents. Numbers remain slightly higher than previous years due to increased complexities within families.



### Child Protection

Only between 34% and 45% of Child Protection Enquiries result in threshold being met for an Initial Child Protection Conference. The rise in the child protection numbers in 2023 reflects the increased complexity that families are presenting to Children’s Social Care, this has come down slightly, however remain high. In Banes as of 31.03.24 there were 141 children and young people subject of a CP Plan, only 9 of those young people have been subject to a CP Plan for more than 18 months. Emotional abuse and neglect have remained consistently the most notable category of need for children on child protection plans. Effective support is provided enabling the majority of families to step down to CIN with only a small amount becoming subject to legal proceedings.



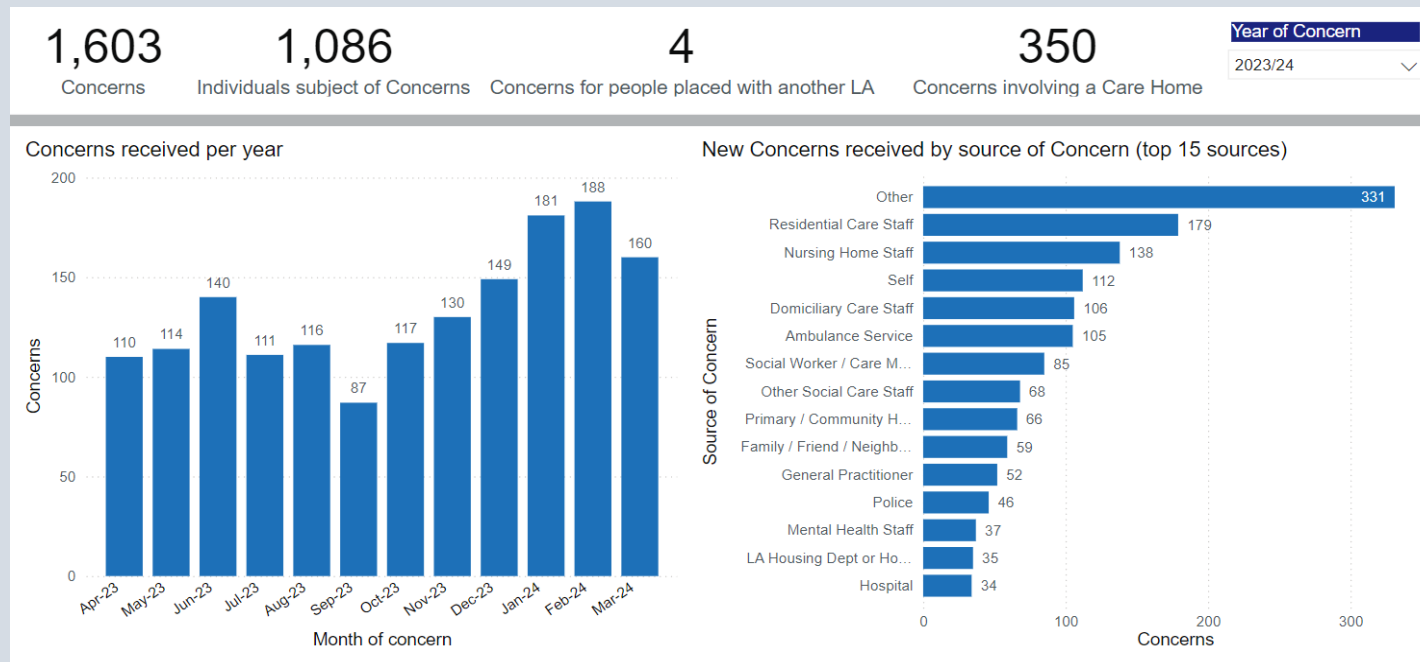
## 11.2 Adult Social Care Data

### Concerns Received

The analysis undertaken in this section has been produced for the purposes of providing information for the Partnership Board, for the period of Q1-Q4 of 2023-2024.

For 2023/24 the reporting is based on the number of safeguarding concerns raised with B&NES Council that met the Care Act description of a safeguarding concern [Reasonable cause to suspect the risk of abuse or neglect].

These are then described as s42(1) and s42(2) enquires. To note, when referenced both s42(1) and s42(2) enquires are actually s42(2) enquires pursuant to the Care Act 2014. S42(1) enquiries are concerns that fit the s42(1) Care Act description, but alternative actions can be set, that will address the concern being raised, without a need for further enquiries. Actions are monitored by the Council Safeguarding and Quality Team and are not closed until assurance is received that all actions have been completed. A S42(2) enquiry is an enquiry where; further enquires and actions are required. These enquiries ordinarily lead to a Safeguarding Planning Meeting, an enquiry report being recorded and an action plan to reduce the risk to the person, developed.

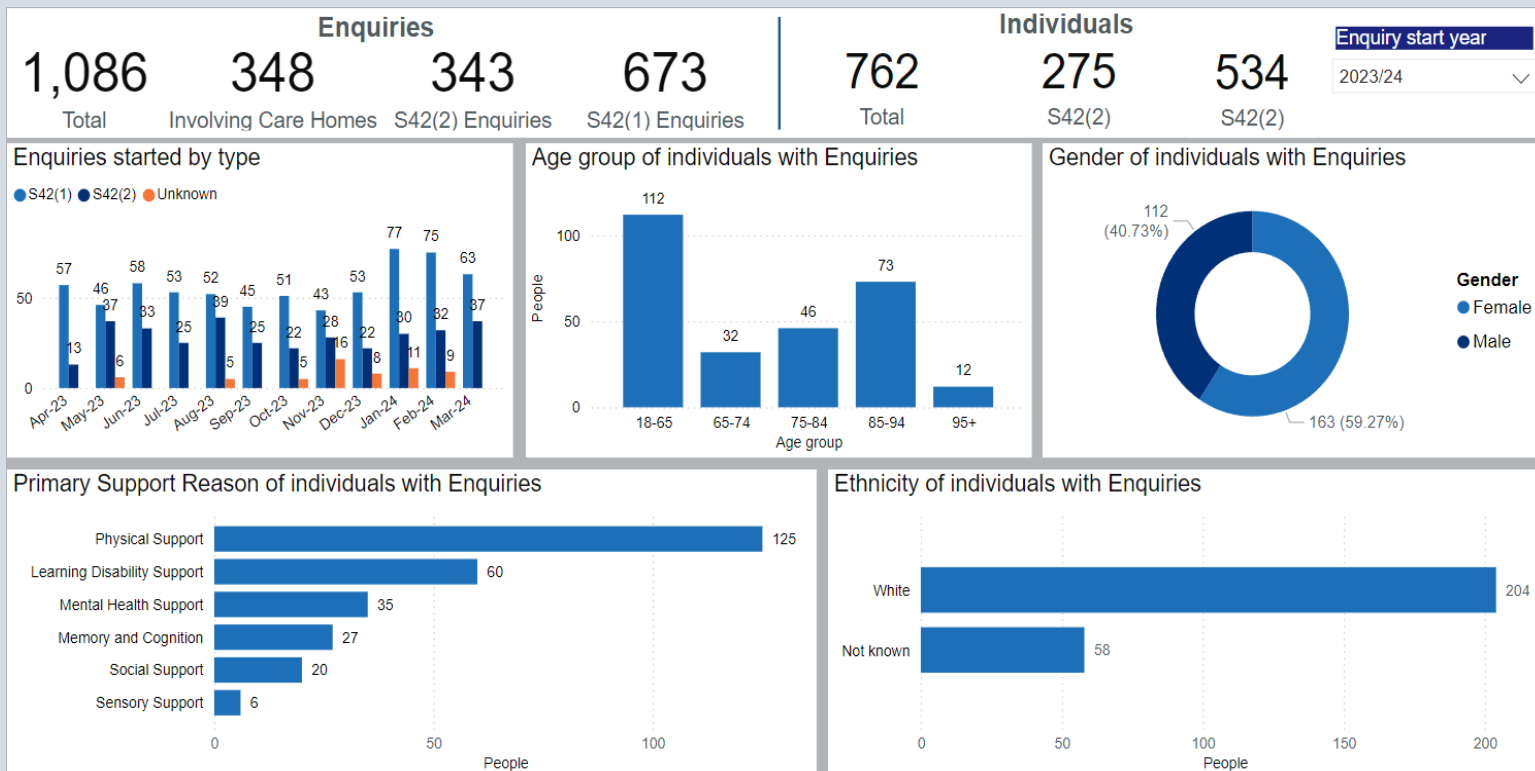




## Enquiries Starting

During the reporting period April 2023 – March 2024, 1603 concerns were raised relating to 1086 people. Previously we would report in addition to this, cases that were “screened out” before a threshold decision, as the concern did not relate to a safeguarding issue [Reasonable cause to suspect the risk of abuse or neglect]. We ceased to continue to capture these referrals on the introduction of the Safeguarding Portal in November 2023, whereby we had recorded 260 referrals were treated in this way.

Although we received 51 less concerns than in 2022-23 period, there is still a 57% increase in safeguarding alerts (from 1021 in 2021-22 to 1603 in 2023-24). The organisations that are reporting the most are residential homes, which were the highest reporting organisation type in the 2021-22 reporting year, compared to the highest number of concerns being reported last reporting year were by nursing homes. This is in comparison to last year being residential care settings. Reporting under ‘other’ continues to be high.

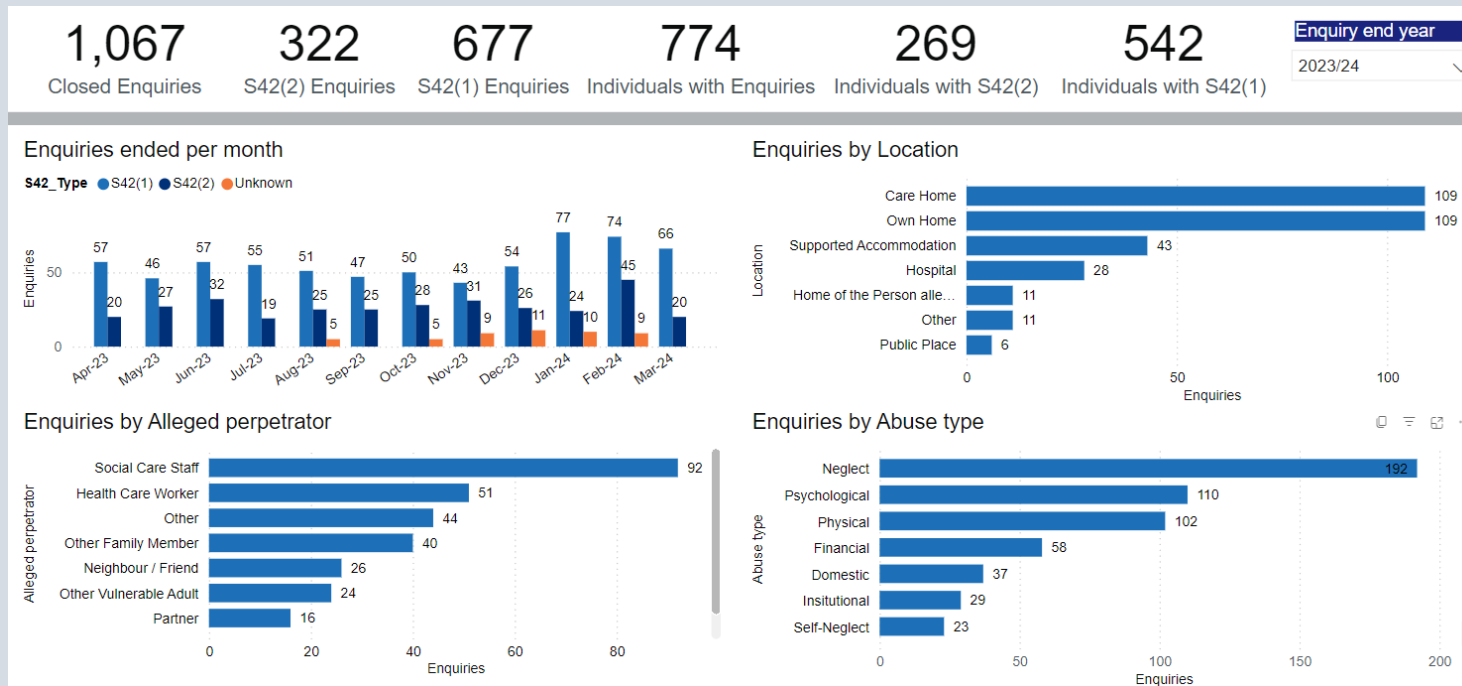


## Enquiries Ended

Of the 1603 concerns, 343 progressed to S42(2) enquiries, with a conversion rate remaining at 21%, as reported last year. The report this year also shows that concerns which progressed to S42(1) have dropped from 809 last year to 673 this reporting year. The remaining concerns received did not meet the Care Act s42(1) criteria and therefore did not require safeguarding actions. There have been 517 of these contacts received. The Safeguarding Team continue to monitor these referrals to see if there are organisations or types of issues that are reported that do not meet the Care Act criteria.

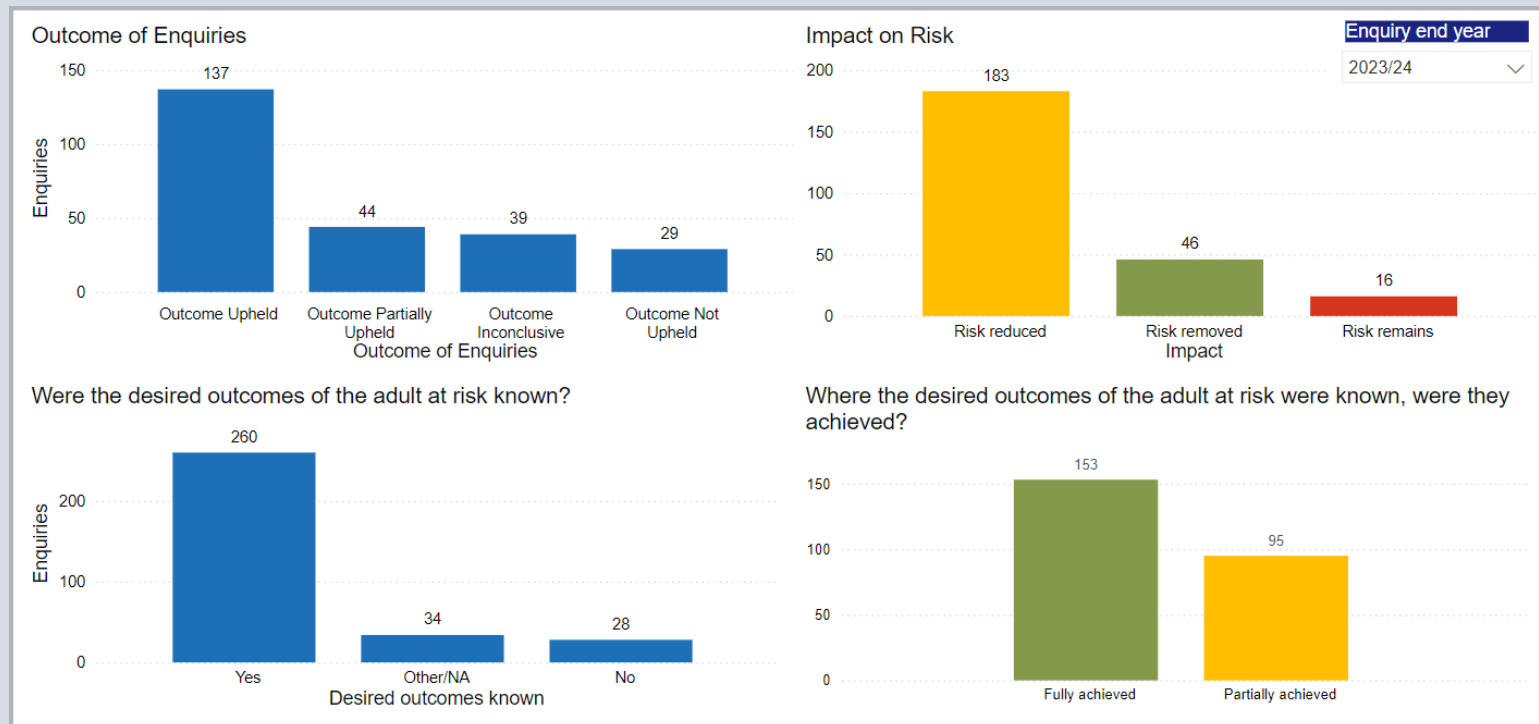
**Primary Support Reason.** There continues to be an increase in the reported number of people with a physical disability, mirroring what was reported in last two annual reports. As part of the review of the data set and Liquid Logic changes, we have changed this to include “not divulge”, as well as “not known”. We will be able to report on this in the next annual submission.

Adults aged 18-65 continue to be the prevalent group, where enquiries are being made, with enquiries where the adult has been recorded as female, continue to be higher. As part of the review of the data set and Liquid Logic changes, although we report on biological assigned gender, we are now also capturing self-identified gender identity.



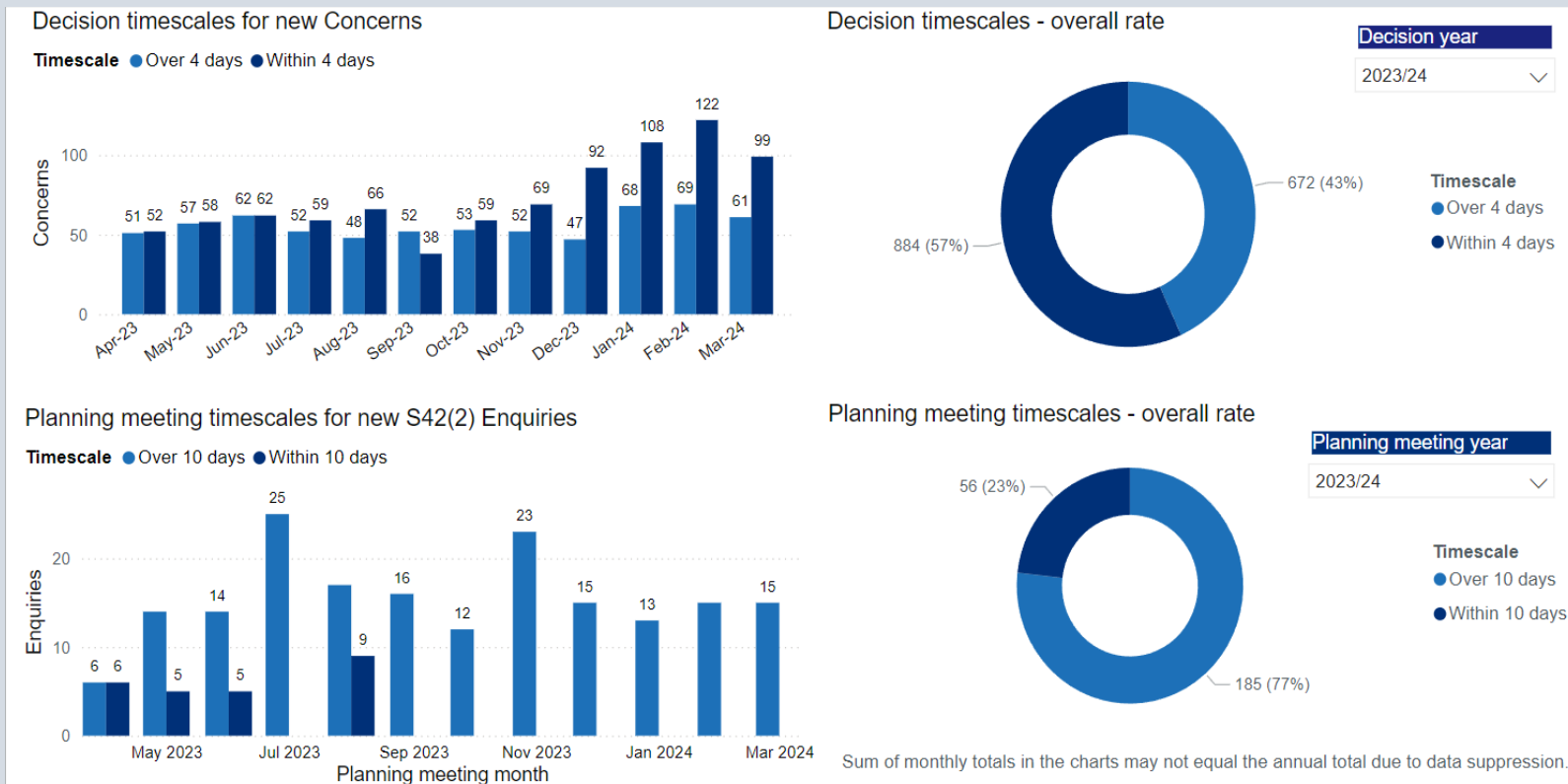
### Outcomes of Closed Section 42(2) Enquiries

We previously reported that we had seen a decrease in adults being asked, and outcomes being expressed [from 70% in 2021-22 to 57% in 2022-23]. We are pleased to advise that we have seen this increase again. Out of the 322 s42(2) enquiries, nearly 81% of adults were asked and their outcome was known. Although we have seen a decrease in adults' outcomes being fully achieved, from 77% in 2022-23 to almost 59% this year. We attribute this change to more adults providing their desired outcomes and fewer, in fact no situations, where adults outcomes were not achieved [contract to last year where there were 9]. We have seen that the percentage in risk being reported to have been removed remains at 17% and in 70% of enquiries the level of risk experienced by the person is reduced during the safeguarding process, as reported in 2022-23.



### Processing Performance

Although we do not have 100% of decisions being made within 4 days of the concern being raised, we are pleased to report that this has increased to 57%, from 42% reported last year. The performance for planning meetings currently sits at 23% being completed within 10 day. We continue to work towards these performance measures and continue to strive for 100% but attribute this to several factors. The increase in referrals, with no comparable increase in resources to manage this demand and the fact that “enquires” are being made earlier in the process, at the contact stage of receiving the referral.





### 11.3 Avon & Somerset Constabulary Data

Missing Children	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Missing Children	105	98	+7	+7.1%
Number of Missing Children Reports	282	178	104	58.4%
Number of Repeat Missing Children	54	57	-3	-5.3%
Number of Children Missing from Care	8	6	+2	+33.3%
Number of Repeat Children Missing from Care	2	3	-1	-33.3%

The number of children reported missing, and the number of missing children reports, in Bath and North East Somerset continue to rise. 105 children were reported missing in the last 12 months, rising by 7 children or by 7.1% compared with the previous 12 months. 54 of these children were reported missing repeatedly, 3 fewer children than were reported missing repeatedly in the previous 12 months. The number of missing children reports rose to 283 in the last 12 months compared with 178 in the previous 12 months, an increase of 58.4%, significantly above the 5.6% rise recorded across the force area as a whole.

The number of children reported missing from care in Bath and North East Somerset remains low at 8 children in the last 12 months, rising from 6 children in the previous 12 months. The number of children going missing from care repeatedly fell to 2 children in the last 12 months compared with 3 children in the previous 12 months.

Safety and Anti-Bullying	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Suspects of Crimes	590	560	+30	+5.4%
Number of Domestic Abuse Incidents (Excluding Crimes)	944	1,043	-99	-9.5%
Number of Domestic Abuse Crimes	1,926	1,696	+230	+13.6%
Number of Domestic Abuse Crimes - Victim Age 16 - 17	46	37	+9	+24.3%
Number of Child Victims of Crimes	908	719	+189	+26.3%
Number of Child Victims of Race Hate Crimes	26	28	-2	-7.1%

The overall number of child victims of all crime types in Bath and North East Somerset rose by 189 victims to 908 victims in the last 12 months, or by 26.3%, compared with the previous 12 months. This rate of increase is above the 17.7% increase recorded across the force area as a whole.

The number of Domestic Abuse Crimes with a victim aged 16 or 17 recorded in Bath and North East Somerset rose by 9 crimes in the last 12 months compared with the previous 12 months. The numbers recorded in Bath and North East Somerset are relatively small. However, the 24.3% increase does contrast with the position across the force area as whole where the number of Domestic Abuse Crimes with a victim aged 16 or 17 remained almost unchanged.

The number of child victims of recorded Race Hate Crimes in Bath and North East Somerset fell by 2 victims to 26 victims in the last 12 months from 28 victims in the previous 12 months. Given the relatively small numbers involved, care should be taken when comparing the percentage change in Bath and North East Somerset with the percentage change recorded force-wide. All forms of Hate Crime are subject to a high degree of under-reporting and it can reasonably be concluded that the actual levels are greater than the levels reported.

Child Sexual Exploitation	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Sexual Exploitation Crimes	72	129	-57	-44.2%

Child Sexual Exploitation (CSE) is not a Home Office “offence type” and CSE offending is made up of a wide range of offences. A CSE flag is therefore attached to qualifying offences on police systems. The number of Child Sexual Exploitation tagged offences in Bath and North East Somerset fell in the last 12 months, compared with the previous 12 months, by 44.2% or by 57 crimes to 72 crimes in total. This fall is greater than the 37.9% fall recorded across the force area as a whole. As highlighted in past commentaries, changes in this measure can be difficult to interpret, given that it measures both the effectiveness of activity to reveal this often “hidden” form of abuse and increase recognition and reporting, and the effectiveness of activity to prevent sexual exploitation, including repeat victimisation. This measure shows wide fluctuations in identified offences and the reductions reported here should not be interpreted as indicating a decline in the prevalence of CSE.

Child Protection	12 Month Rolling			
	Current	Previous	Chg	% Chg
Number of Child Protection Crime (excluding Domestic Abuse Crimes)	339	303	+36	+11.9%
Number of Child Protection Serious Sexual Offences	94	67	+27	+40.3%
Number of Non-Familial Sexual Crimes - Child Victim	145	107	+38	+35.5%
Number of Child Protection Crimes for Cruelty and Neglect of Children	172	64	+108	+168.8%

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

The data shows that the volume of recorded “Child Protection” crimes in Bath and North East Somerset rose by 11.9%, or by 36 crimes, in the last 12 months compared with the previous 12 months, rising to 339 crimes. This increase is in line with the 12.3% increase recorded across the force area as a whole. This should be viewed in the context of sustained increases in the volume of these offences across the last decade.

Demand on the system from Child Abuse offences remains high across the force area as a whole and the long-term trend remains one of significant growth. Force forecasting indicates that overall demand from Child Abuse offending (excluding Indecent Images of Children (IIOC) offences) is likely to increase by about 13.2% over the next 4 years to about 8,760 offences by 2027/28. The sustained increases in the numbers of suspects downloading and sharing IIOC and engaging with children online are expected to continue. A simple projection of demand dealt with by the Internet Child Abuse Team (ICAT), based on previous referral increases, indicates a 46% - 65% increase on current volumes of referrals by 2026. Recent legislative provisions are expected to increase industry detection which will contribute to increased IIOC referrals to the Constabulary.

Within the partnerships’ agreed broad measure of “Child Protection” crimes, there were increases in recorded offences in Bath and North East Somerset in all 3 offence groups. Recorded child neglect offences in Bath and North East Somerset rose by 108 crimes in the last 12 months compared with the previous 12 months to 172 crimes. This 168.8% increase is above the 148.6% increase recorded across the force area as a whole. The increases might be attributable, in part at least, to the work of the child safeguarding partnerships to increase professionals’ awareness and understanding of child neglect and the action to take. Non-familial sexual offences against children in Bath and North East Somerset rose by 38 crimes to 145 crimes; this 35.5% increase is more marked than the 11.5% increase recorded across the force area as a whole. Recorded Child Protection Serious Sexual Offences rose by 27 crimes to 94 crimes in the last 12 months in Bath and North East Somerset, a 40.3% increase which is well above the 10.7% increase recorded across the force area as a whole.

### **Initial Child Protection Conferences**

The Police were invited to 17 Initial Child Protection Conferences (ICPCs) in Bath and North East Somerset in the fourth quarter of 2023/24 and attended all 17. The police attended all 78 ICPCs held in Bath and North East Somerset in 2023/24.

### **Use of Police Protection Powers**

Across the force area as a whole, the Constabulary used police protection powers under Section 46 of the Children Act 1989 on 384 occasions in 2023/24, compared with 317 occasions in 2022/23, a 21.1% increase. The volume remains high compared with historical levels.

The reporting of the use of police protection powers at local authority area level is subject to data quality issues whereby 27 records in the last 12 months, and 15 records in the previous 12 months, were not linked to a beat code. The Constabulary used police protection powers linked to beat codes in Bath and North East Somerset on 41 occasions in the last 12 months, compared with 45 occasions in the previous 12 months, and 8.9% fall.

### **Children in Custody**

In the last 12 months, 70 children and young people aged under 18, whose latest recorded address was in Bath and North East Somerset, were arrested and brought into custody, 8 of whom were charged and detained. Of these 74 children and young people, one of whom was arrested and brought into custody in the fourth quarter of 2023/24, none of whom were charged and detained.

## 12. Glossary

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

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

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

SARI	Charitable organisation – Stand Against Racial Inequality – which provides training and advocacy services
SCR	Serious Case Review now replaced by Child Safeguarding Practice Review
<b>Term</b>	<b>Meaning</b>
SHEU	School Health Education Unit
SICC	Senior In Care Council – empowered to undertake projects to make the changes they want to see to improve the experiences of young people in care
Section 11 Audit (statutory)	A self-assessment audit designed to seek assurance that key people and agencies make arrangements to ensure their functions to safeguard and promote the welfare of children
Section 175 Audit (statutory)	A self-assessment audit that seeks assurance that education establishments make arrangements to ensure their functions are carried out with a view to safeguarding and promoting the welfare of children
VAWG	Violence Against Women and Children (funded) project
VRU	Violence Reduction Unit – provides a local response to serious violence
WRAP	Workshop to Raise Awareness of Prevent

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

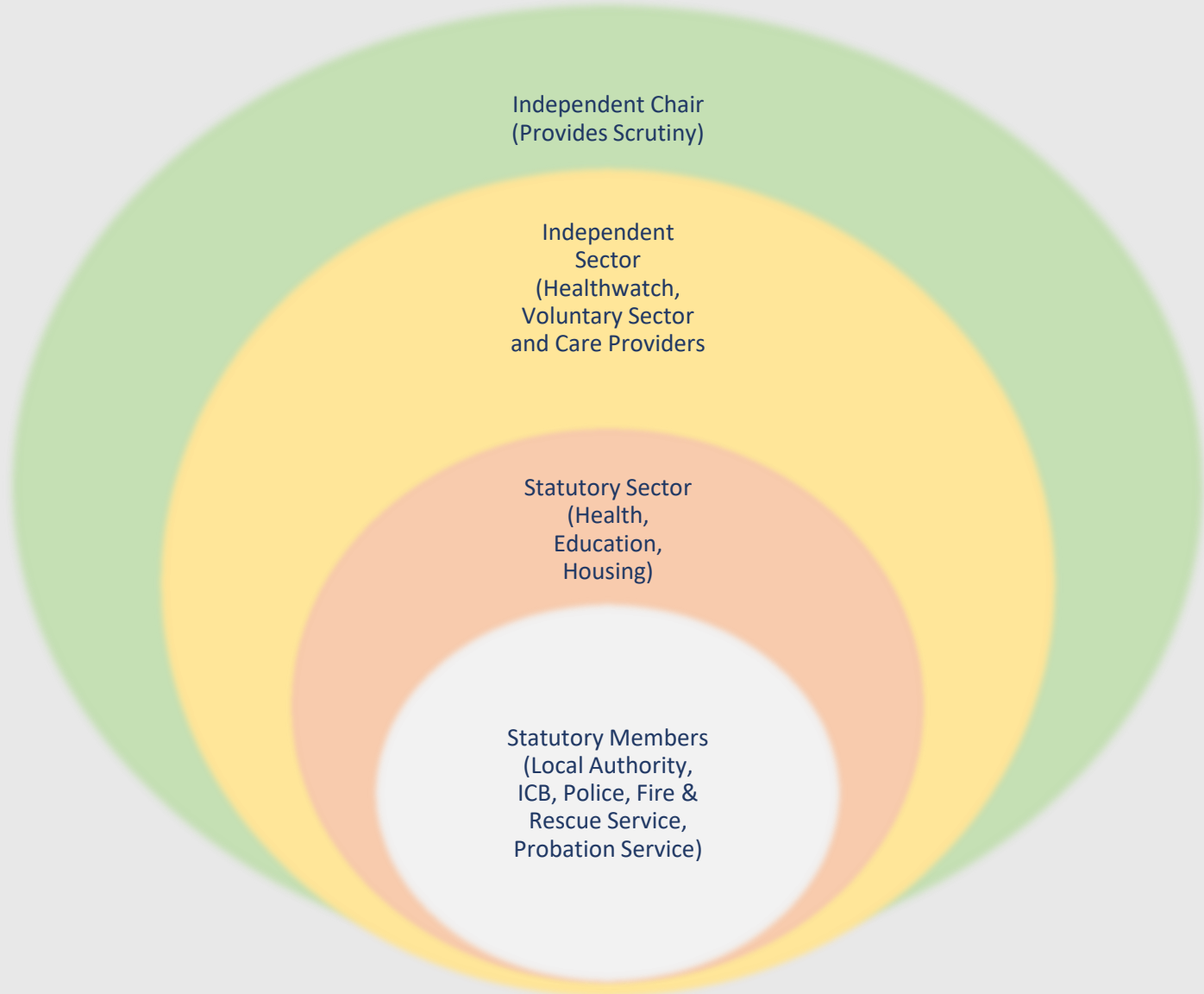
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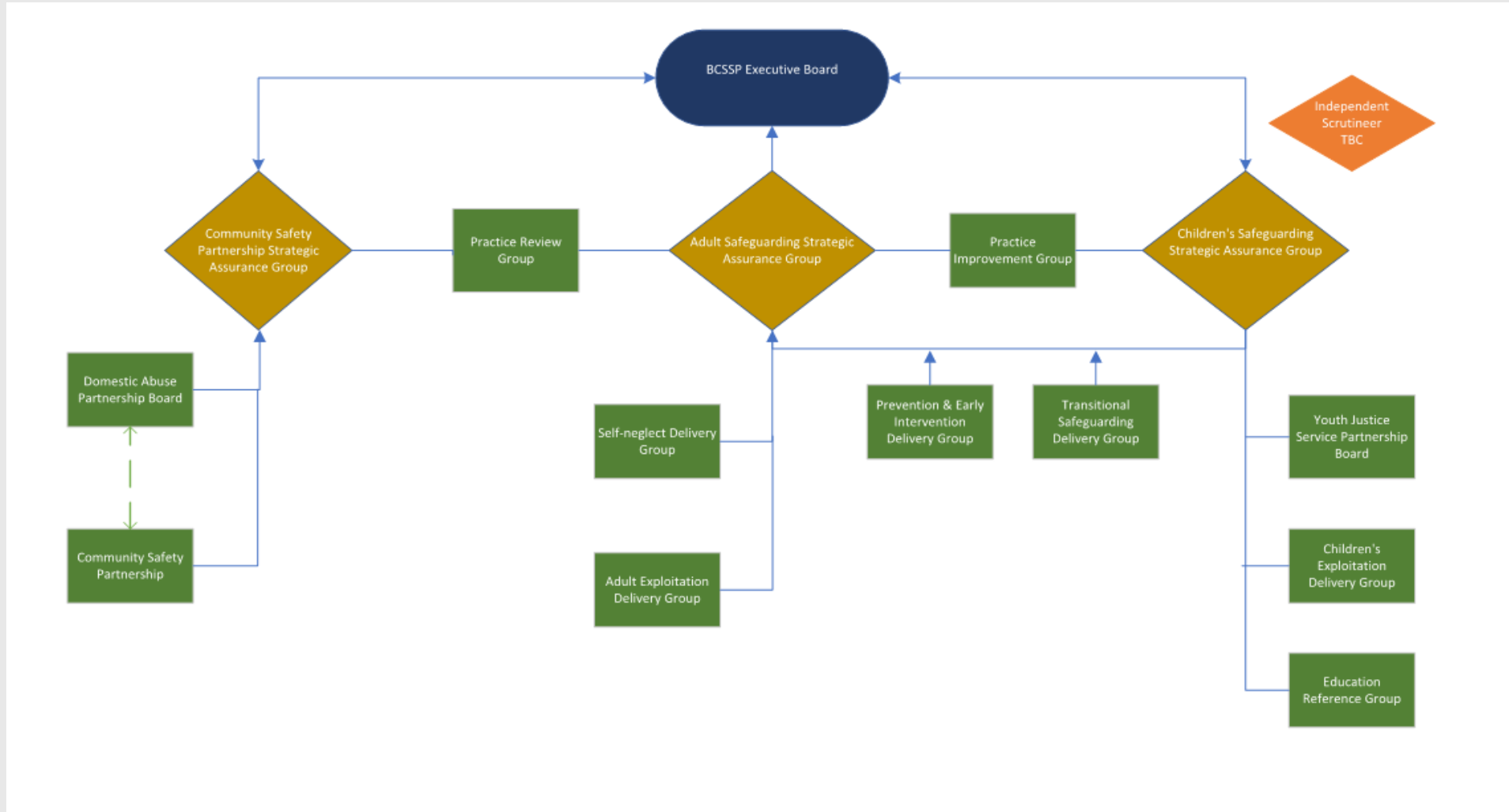
## **Annual Report 2023-2024**



## Partnership Members



## Partnership Structure from April 2024





## Multi-agency Learning & Practice Development

- 2 serious incident notifications have been received and progressed to Rapid Reviews
- 1 Child Safeguarding Practice Review (CSPR) has been completed jointly with South Gloucestershire
- 2 CSPRs have been concluded, with a decision not to publish the full reports
- 1 request for consideration of a Safeguarding Adult Review (SAR) has been received, which did not meet the criteria
- 4 SAR reports have been concluded and a learning event held in relation to self-neglect.
- No Domestic Homicide Reviews have been received.

# What has happened as a result of reviews?

BSW wide under 1's work and the development of new multi-agency policy and procedure.	An under 1's audit.	Implementation of the ICON (responding to infant crying) programme across BSW.	A self-neglect and mental capacity learning event
Introduction of a self-neglect delivery group	Introduction of a transitional safeguarding delivery group	Improving how we capture and reflect the voice of the child/adult/parent/carer	A review of the self-neglect policy
A business case submitted to the executive board to implement change in how we manage self-neglect cases	Learning briefings have been produced and published.	Exploration as to why we have not received any Domestic Homicide referrals for consideration. Police colleagues confirmed there were no cases to refer.	Commissioned an external training provider in relation to legal literacy (adults)



The appointment of a BCSSP trainer has mitigated the need to use external trainers as frequently, which has enabled greater focus on local practice issues



76 training sessions



27 different training topics



13 courses were cancelled, 9 due to low numbers booked and 4 due to sickness / personal circumstances of different trainers.

Indicator	Training	Target %
1.1	Relevant staff have undertaken Prevent training (WRAP or equivalent)	85%
1.2	Relevant staff have undertaken Prevent awareness training	85%
1.3	Relevant staff have undertaken FGM awareness training	80%
1.4	Relevant staff have undertaken Domestic Abuse awareness training	80%
1.5	Safeguarding leads have awareness of Modern Slavery/Human Trafficking	100%
1.6	Relevant staff have undertaken complex trio awareness training (also referred to as toxic trio, trilogy of risk or the trio of vulnerability.)	80%
1.7	Relevant staff have undertaken Exploitation awareness training	80%
1.8	(ADULT) Relevant staff have undertaken MCA/DOLS training within 6 months of taking up post	90%
1.9	(ADULT) New staff have undertaken safeguarding adult's awareness training within 3 months of starting in post	90%
1.10	(ADULT) Relevant staff have completed SA level 2 training within 6 months of taking up post	90%
1.11	(ADULT) Relevant staff have completed SA Level 3 training	80%
1.12	(ADULT) Relevant staff have undertaken self-neglect training	80%
1.13	(CHILDREN) New staff have undertaken Child Protection awareness training within 3 months of starting in post	90%
1.14	(CHILDREN) Relevant staff have undertaken Foundation child protection standard training	90%
1.15	(CHILDREN) Relevant staff have undertaken Introduction to child protection training	90%
1.16	(CHILDREN) Relevant staff have undertaken Advanced Child Protection Training	90%



# Commitments 2024-2025

## **Community Safety Priorities:**

Priority 1: To develop the strategic oversight and scrutiny of the CSP arrangements

Priority 2: We will further develop our work with partners to prevent people from becoming involved in and reduce instances of serious violence.

Priority 3: Continue to identify opportunities for longer term funding to reduce domestic abuse incidents and improve outcomes for survivors.

## **Safeguarding Children Priorities:**

Priority 1: We will strengthen the role of education in the partnership.

Priority 2: Ensure a child-centred approach with a whole family focus.

Priority 3: Keeping children and young people safe from harm from exploitation.

## **Safeguarding Adults Priorities:**

Priority 1: Improve understanding of and support professionals to work with those individuals who self-neglect.

Priority 2: We will create confidence in practitioners in the application of the Mental Capacity Act and understanding of the interplay with the Mental health Act.

Priority 3: We will connect with our communities and hear their voice within the partnership.

## **Overarching Priorities:**

Priority 1: Have policies and procedures that are current and in line with best practice.

Priority 2: We will create confidence in practitioners to be professionally curious and improve this practice.

Priority 3: We will ensure effective collection, sharing and analysis of data, enabling early identification of community safety and safeguarding risks, issues, emerging threats, and joined-up responses across relevant agencies.

Priority 4: Ensure clear transitional arrangements are in place between children's and young adults services



BCSSP



<b>Bath &amp; North East Somerset Council</b>	
MEETING/ DECISION MAKER:	<b>Health and Wellbeing Board</b>
MEETING/ DECISION DATE:	<b>05 September 2024</b>
TITLE:	<b>Bath and North East Somerset Better Care Fund Quarter 1 National Data Return 24/25</b>
WARD:	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b> None	

## **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 1 report for financial year 24/25 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 1 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 Quarterly reporting has been requested by NHSE which requires consultation, agreement, and ratification in line with the locality agreed governance process.
- 3.3 Most recently the 24/25 BCF plan addendum was ratified by HWB on 11<sup>th</sup> July 2024.

- 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 quarterly returns over the past 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 quarterly submission requires spend reporting for the Additional Discharge Fund element of the pooled Better Care Fund, which replaces previous monthly reporting required for this funding element. Some nationally defined scheme types require reporting of outputs, however this does not apply to any of the schemes within the B&NES spending and activity reporting.
- 3.6 The spend and activity reported relates to only the aspects of the BCF planning funded by the Additional Discharge Fund, which the HWB approved in the planning addendum submission in July 2024.
- 3.7 The return should only be considered a partial reflection of activity in these categories across the locality.
- 3.8 The Quarter 1 return has been compiled by the Better Care Fund Manager in consultation with relevant senior partners within B&NES Council and ICA.
- 3.9 The return simply consists of the table below reporting Q1 spending against the pre identified scheme lines with no significant planned spending variations to note:

**Better Care Fund 2024-25 Quarter 1 Reporting Template**

**3. Spend and activity (Discharge Fund only)** [Add new schemes](#) [existing schemes](#)

Selected Health and Wellbeing Board:

Checklist											Yes	Yes	Yes	Yes
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if none)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.		
102	Care Act Assessments	Resource to Support Completion of Assessments	Integrated Care Planning and Navigation	Assessment teams/joint assessment	Local Authority Discharge Funding	£120,000	£30,000	-	NA		Yes	Recruitment, further consideration to be given to alternative routes of support		
102	Care Journey/Coordination	Resource to support planning and Co-ordination of care	Integrated Care Planning and Navigation	Support for implementation of anticipatory care	Local Authority Discharge Funding	£101,000	£26,750		NA		No			
102	Home First Pathways	Resource Support for Home First Scheme	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Local Authority Discharge Funding	£279,521	£69,881		NA		No			
102	Home First Pathways	Resource Support for Home First Scheme	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Local Authority Discharge Funding	£57,437	£14,380		NA		No			
102	Discharge Schemes	Community Schemes to support Discharge	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)	Local Authority Discharge Funding	£581,639	£145,425	-	NA		No			
103	Discharge Schemes	Community Schemes to support Discharge	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)	ICB Discharge Funding	£1,903,384	£455,107	-	NA		No			

- 3.10 Following discussion the return was approved on 28<sup>th</sup> August 2024 by Laura Ambler (B&NES ICA Place Director), Natalia Lachkou (B&NES Assistant Director of Integrated Commissioning) and Suzanne Westhead (B&NES Director of ASC) and was submitted according to the deadline of 29<sup>th</sup> August 2024.
- 3.11 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.

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

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