

## **BATH AND NORTH EAST SOMERSET**

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

Monday, 15th July, 2024

**Present:-** Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Paul Crossley, Dave Harding, Ruth Malloy, Lesley Mansell and Joanna Wright

**Co-opted Members (non-voting):** Kevin Burnett and Chris Batten

**Cabinet Member for Children's Services:** Councillor Paul May

**Also in attendance:** Mary Kearney-Knowles (Director of Children's Services and Education), Christopher Wilford (Director of Education and Safeguarding), Laura Ambler (Place Director, B&NES, BSW ICB) and Carla Cooper (Head of Youth Justice and Young People's Prevention)

#### **11 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and those present introduced themselves.

#### **12 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

#### **13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

There were none.

#### **14 DECLARATIONS OF INTEREST**

There were none.

#### **15 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

Greg Hartley-Brewer made a statement to the Panel, a summary of which is set out below.

Today, as elected councillors with no ties to health regulators, you have the chance to make recommendations that will confront and expose an ongoing cover-up of very serious alleged criminality by doctors in Bath.

In doing so 1000's of patients will finally be given a voice, all of whom have the right to know they were being treated by doctors with untested criminal allegations, which have been concealed from them, and to know of their potential risk of harm.

The place you should always be the safest is with your doctors. It took me a long time to process the true nature of the serious criminality that occurred. The cover-up began before I had even worked out what had happened.

Three senior staff at NHSE South-West were the ones who instigated it. They concealed evidence from the clinical reviewer which perverted his report. They concealed evidence from me. And then falsely claimed a full investigation had taken place.

The cover-up was then sustained by others at NHSE South-West in conjunction with senior staff from BANES CCG and what then became BSW ICB.

In the face of these very serious allegations these senior staff, who have a statutory duty to protect patients and uphold their safety, placed the reputation of the NHS first.

Senior staff who cover-up alleged serious criminal acts leaving 1000's of patients exposed to untested risk have no place working in the public health sector.

There is clearly enough evidence to indicate something wrong happened during the multiple consultations with the two infectious disease experts and which gives potential to the allegations.

This is why no statutory body investigated it, because they didn't want to expose the rarest of the rare, and the fall-out that would come with doing so.

All I have ever called for is an investigation in the public interest. And, as the Professional Standards Authority (GMC's regulator) states, even if there is no evidence, allegations of deliberate harm against doctors can't be left untested as it doesn't protect the public.

If the Committee wants to ensure that alleged criminal harm is never covered-up again at a local level then it might want to consider recommending to the ICB that they instigate an independent, external investigation into how this happened.

On the issue of the doctors, I would ask that the Committee recommends that the police investigate this matter in the public interest.

I would ask that your committee today acts with determination, resolve and fortitude to protect 1000's of people you represent, and to ensure that this never happens again!

The Chair explained that the powers of the Panel are limited, but she asked for the statement to be shared with Health colleagues, particularly the BSW ICB, and appropriate partners for them to consider what action should be taken.

The Chair, on behalf of the Panel, thanked Greg Hartley-Brewer for his statement.

## **17 MINUTES: 10TH JUNE 2024**

Kevin Burnett commented that the Panel were still waiting to receive:

- A Community Summit summary from the Education team.
- A response to his question regarding changes to the HERS (Hospital Education Reintegration Service).

The Director of Education & Safeguarding replied that prior to the meeting commencing he had replied on these points to Kevin Burnett via email and asked the Democratic Services Officer to circulate this to the remaining members of the Panel.

He added that he had asked the St Johns Foundation to bring an update on their Children's projects for the September Panel.

The Chair thanked him for this update and said that they would discuss in their agenda setting meeting whether the Foundation should attend in September, or a subsequent meeting, as that meeting was intending to have a focus on Public Health.

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

## **18 CABINET MEMBER UPDATE**

Councillor Paul May, Cabinet Member for Children's Services addressed the Panel and highlighted the points below from his update report. A copy of the report will be attached as an online appendix to these minutes.

### Youth Justice Plan 2024- 2026

He said he was pleased to be able to present the Youth Justice Plan to the Panel and would discuss this further later in the meeting. He added that he would be willing to provide any feedback from this Panel to the Council meeting that takes place later this week.

### Ofsted / CQC Thematic Review of Preparing for Adulthood

B&NES Local Authority and ICS were notified of an Ofsted /CQC thematic review of Preparing for Adulthood on June 10th 2024.

Colleagues across Children's Services, Public Health, Adult Social Care, the ICS (health colleagues) with support from a whole range of council services completed the significant submission requirements.

3 Inspections – 1 Health, 2 Ofsted, (1 Education and 1 Social Care lead) were on site in the Civic Centre from Monday June 24th – June 27th: there was a full timetable of meetings over the 4 days involving a whole range of staff.

He informed the Panel that he attended the feedback session on June 27<sup>th</sup> 2024 and was impressed at the positive feedback to Children's Services. The work of the SEND team and the improvements underway were noted as was the quality of social work practice.

The Local Authority and the ICS will receive a letter following the thematic visit, not a graded judgement. He said that the letter can be shared with the members of the Panel when received.

The Local Area Inclusion Partnership (LAIP), co-chaired by the LA and ICS will progress an action plan in response to the visit/letter.

Kevin Burnett asked if there were to be any resource implications for clearing the Culverhay site prior to commencing work on the building of the Special and AP Free Schools.

Councillor May replied that the site was a corporate site and that the Cabinet had taken a decision to be able to free up the land for these new provisions to be built. He said that there would be costs associated with the clearing the site, but these were contained within the Council's already agreed budget.

Kevin Burnett asked if the Ofsted Annual Conversation was a desktop exercise and how much work was required from officers to take part in it.

Councillor May replied that this was not a Member led meeting, but one that takes place annually and a lot of work is required from officers for them to submit information to Ofsted. He added that he felt that this was a positive process to be a part of.

Kevin Burnett asked for further information regarding the review of support to Children with Complex Needs and was this looking at who pays for what type of support.

Laura Ambler, Director of Place B&NES, BSW ICB replied that this was a joint review to attempt to understand the needs of our most vulnerable children. She added that the review would involve an assessment of our top 20 most expensive cases and seek to analyse if we are meeting their needs in the most appropriate way. She said that the outcomes of the review would be shared with the Panel.

Kevin Burnett said that he welcomed the feedback from the recent meeting of the Health & Wellbeing Board, but asked if future updates could include a little more detail on his thoughts following the discussion on the reports.

Councillor May replied that this particular meeting of the Board took place after the deadline to submit his update report. He added that Panel members were more than welcome to attend the meeting themselves.

Kevin Burnett asked if the ICB's SEND representative was involved in the review of support to Children with Complex Needs.

Laura Ambler replied that Gill May, Chief Nurse has been working alongside the directors within Children's Services as part of the review. She added that she and colleagues within her Learning Disabilities and Autism team were also involved.

Councillor May added that it was important that the Council and the ICB work together on this issue to be in the best position to help our most vulnerable residents.

Councillor Liz Hardman asked if the PINS project was connected to the Complex Needs review.

Laura Ambler replied that PINS has potential as a project to help meet some needs, but it was a pilot project and separate to the review taking place.

Councillor Joanna Wright referred to the update on Safety Valve and asked if the acronym ISOS could be explained and if more information about their role could be shared in future updates.

The Director of Education & Safeguarding replied that he did not know the meaning behind the name ISOS and would seek an answer for the Panel. He added that they were an organisation that includes people who used to work in local authorities and for the Department for Education and were now working as consultants in education, specifically for SEN funding and processes for local authorities. He said that they have successfully worked with them previously on a review of the first Safety Valve plan submission and subsequent second plan.

Councillor Wright asked for a question to be relayed to the Cabinet Member for Adult Services regarding the proposed savings within the Adult Services budget. She asked if providers have been consulted with, when would the review close and any findings be published.

The Chair commented that it would be useful to have an answer to this question prior to the Panel meeting in September.

Councillor Liz Hardman asked if there were plans to help with the relocation of the Hindu Temple that is currently situated on part of the Culverhay site.

Councillor May replied that the current lease for the temple runs year on year and that officers were working with representatives of the temple to seek another site for it or if it can be accommodated as part of the ongoing site.

The Chair referred to the current leisure provision on the site and asked what the process was for potentially retaining that to assist with positive public health outcomes for local residents.

Councillor May replied that the Cabinet decision regarding the site was taken with a focus on education provision and that other site uses were left open within the resolution. He added that subject to further agreement with the DfE it was hoped that any leisure provision included as part of the development of the Special and AP Free Schools would be able to be used by the public outside of school hours.

The Chair asked if officers from Public Health could address this point when they attend the September meeting of the Panel in terms of access to and proximity of leisure provision.

Councillor Lesley Mansell asked to be sent a copy of the Equalities Impact Assessment (EIA) with regard to the Youth Justice Plan. She praised the work of the Youth Hub in Radstock for its work in upskilling young people and said that she hoped that funding for it would continue. She added that she was aware that a lot of young people have been adversely affected by the Covid pandemic.

Councillor May replied that he would ask officers to circulate the EIA to the Panel. He added that addressing Social, Emotional and Mental Health issues for our young people was a main point for the Council and that they were working on suitable solutions. He informed the Panel that demand for such services has more than doubled.

The Chair asked if it was known yet how supportive the new Labour Government was of the Safety Valve programme and whether there is any contingency within the budget for any additional work planned as part of that programme.

Councillor May replied that any work involving the Safety Valve programme is intended to improve the services that are provided without cutting the costs. He said that should Safety Valve be stopped it would have serious implications for many Children's Services across the country and that they would struggle severely.

He added that it was important work alongside Parent & Carer Forums to make sure the right measures are in place and said that the pressure on the service is immense.

He stated that the new Secretary of State had indicated that she is keen to work effectively with the Association of Directors of Children's Services (ADCS) regarding Safety Valve and associated funding.

The Chair added that she expected the Local Government Association (LGA) to also share their view on the next steps of the programme.

The Chair asked why elected members were not part of the review carried out by Ofsted and the CQC.

The Director of Children's Services & Education replied that at the beginning of the Preparing for Adulthood review officers did ask if elected members could take part and were informed that it was to be an officer only review. She added that a subsequent request was made for the Cabinet Member to be allowed to attend the feedback meeting and this was allowed.

She said that she felt that the review had been a positive experience to have undertaken in advance of future inspections.

The Chair, on behalf of the Panel, thanked the Cabinet Member for his update.

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

Laura Ambler, Director of Place for Bath and North East Somerset, BSW ICB addressed the Panel and sought to highlight four areas from the update report. A copy of the update report will be attached as an online appendix to these minutes.

### Primary Care Access Recovery Plan (PCARP)

There are currently 221,645 patients registered with a GP Practice in BaNES (June 2024). The range of Practice Registered list sizes vary from 26,000 (Heart of Bath) to 5,258 (Westfield). There are six Primary Care Networks (PCNs) in BaNES covering between 69,709 (Three Valleys) to 26,000 (Heart of Bath).

The Primary Care Access Recovery Plan (PCARP) forms part of the Operational Planning guidance and supports the Fuller Stocktake vision focussing on the first element of streamlining access to care and advice. The national ambitions for the PCARP are:

- To make it easier for patients to contact their practice and;
- For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

BSW has made good progress with the delivery of PCARP in BaNES, as well as Swindon and Wiltshire during the first year of the programme and is in a good position regionally.

Second year of PCARP: as a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year.

### British Medical Association (BMA) GP Collective Action

The BMA is currently balloting GPs on taking collective action in England. This ballot process will last until 29 July. GP members who run their surgeries will vote on whether to support the BMA's call for collective action. The decision to launch the ballot came after the BMA formally entered a dispute with NHS England following the member referendum on the 2024/25 GMS contract changes in March.

Collective action is not the same as strike action, but it could see GPs prioritising the focus of their work. While discussions are ongoing, nothing is fixed, and all plans being explored are subject to change.

The BMA will seek to direct action from 1st August 2024.

## Partnership in Neurodiversity in Schools (PINS)

BSW ICB is working in partnership with our local authorities and parent carer forums to pilot the provision of support to primary schools to help them meet the needs of their neurodivergent children.

This is a needs-led approach without the need for a diagnosis. By supporting primary school-age children and helping schools to identify and support their needs, these tools can be carried through into senior school and adulthood.

Assessing and meeting the needs of children with Special Educational Needs and Disability (SEND) in mainstream schools is the foundation for improving outcomes, parental confidence and delivering the financially sustainable SEND system, as envisaged in the SEND and Alternative Provision (AP) Improvement Plan.

The PINS project is testing a new model for supporting good outcomes in mainstream schools for Neurodiverse students and strengthening parent, carer and school partnerships. The project will focus on strengthening knowledge, skills and improving environments to better meet the needs of neurodiverse children. Through a focus on supportive learning environments and well- equipped schools, we can improve the outcomes for this group of children.

## Sulis Elective Orthopaedic Centre

Planning permission has now been granted by BaNES Council for the Royal United Hospitals (RUH) Bath NHS Foundation Trust (RUH) to build a new wing at Sulis Hospital, a fully operational independent hospital owned by the RUH that treats both NHS and private patients.

Situated at Sulis Hospital in Peasedown St John, just outside of Bath, the new Sulis Elective Orthopaedic Centre (SEOC) will act as an NHS elective surgery hub; it will serve NHS patients from across the South West, helping to tackle the region's backlog of elective, non-emergency surgery.

It will mean an additional 3,750 non-emergency, orthopaedic operations can be carried out for NHS patients at the hospital each year.

Surgery at the site will be protected from disruption and cancellations caused by surges in emergency hospital admissions because Sulis does not have an emergency department. This means that the SEOC will enhance the resilience of services in the future.

A breaking ground event is scheduled to take place on Wednesday 24th July.

Kevin Burnett referred to the figures listed within the update for the Primary Care Access Recovery Plan and asked how many other authorities they were being compared to.

Laura Ambler replied that the figures were a comparison to other authorities across the South West of England.

Kevin Burnett asked if the app referred to was the NHS App that was released first of all during the Covid pandemic, what was seen as its role now and how are the public being encouraged to use it.

Laura Ambler replied that it was the same NHS App and that there was a drive to increase registrations to enable people to manage their own health records in a proactive way.

Kevin Burnett asked if she was able to elaborate on the prospective records access enabled and the one care navigator course.

Laura Ambler replied that being digitally enabled and to have the ability to share records appropriately was critical to achieving integrated seamless care. She added that the role of the care navigator is to attempt to direct people to the most appropriate service.

Kevin Burnett asked if the ICB had any impact on the GP Collective Action.

Laura Ambler replied that this was an ongoing national discussion and that the role of the ICB is to have a watching brief and to understand what it will mean for local areas once a decision is made.

Kevin Burnett referred to the Partnership in Neurodiversity in Schools (PINS) and asked how many schools had signed up so far, how does this work fit in with the Council's new SEND and AP Advisory Service and what happens when any support required has been identified.

Laura Ambler replied that it was recognised that there has been an increase in the demand profile for children presenting with neurodiversity needs. She said that this was due to having a better understanding of such conditions and being able to identify them.

She added that there was an increase in the number of Autism only profiles coming forward.

She stated that 40 schools had signed up to take part and that when they did so they completed a self-assessment checklist to identify what potential areas of support would be needed.

The Director of Education & Safeguarding added that the SEND / AP Advice Service will be operational from September and that part of its role will be to signpost people / schools to the work of the PINS project.

Kevin Burnett asked if there was a limit to the number of schools that could take part in the PINS project.

Laura Ambler replied that this pilot version has stated that it wants to have a minimum of 40 schools involved and could possibly roll out further in the future. She added that 12 schools within B&NES had signed up to the project.

Kevin Burnett asked what happens once a school has completed the self-assessment and identified that certain areas of support are required.

Laura Ambler replied that this is when they will begin to receive the targeted support from the health and care specialists. She added that this is a nationally funded project with a direct amount awarded to the BSW footprint.

Councillor Joanna Wright asked how members of public can make complaints and challenge the behaviours of their GP surgeries if they are not happy.

Laura Ambler that this would normally begin with the Patient Advisory Liaison Service (PALS) and said that individual practices should also have their own complaints process to follow and that these should be available online to view.

Councillor Wright commented that she welcomed the reply as it was important to allow the public to feel able to make complaints should such issues arise. She added that she would welcome further information on how the process works and said that easier avenues to access should be made available.

Laura Ambler replied that she would take the matter away for further consideration and provide the Panel with a response at a future meeting.

Councillor Wright referred to the PINS project and said that she was aware of a letter from the Palladium Academy Trust that says the funding available will not match the spending required and that unfunded SEND provision will have to cease due to financial difficulties. She said that this highlighted the extreme pressure that some schools are working under.

Councillor May said that he was aware of this issue and had held a discussion with the Director of Education & Safeguarding regarding it. He added that funding is received through the Dedicated Schools Grant and that if a Trust feels that it is not adequate enough they must raise that directly with the DfE.

The Chair said that she felt that schools were being asked to do more with less resources and hoped that the new Government would address this.

Councillor Wright asked for the Panel's comments around the pressure on schools to be fed back as part of the PINS project. She also queried how many schools had decided to not take part in the project due to the pressure they feel that they are under already.

Laura Ambler replied that she would relay these comments as part of the evaluation of the project.

Kevin Burnett stated that it was his view that the funding given to schools was dire. He also said that he would welcome Ofsted playing more of a role in feeding back comments to the DfE following any reviews carried out with the Local Authority, especially with regard to funding. He added that he appreciated the work that the PINS project was trying to address.

Councillor Dave Harding referred to the Primary Care Access Recovery Plan and asked if further information could be received, to include figures in relation to B&NES rather than just the ICB and GP practices by deprivation quintiles as this could possibly identify any issues regarding access to IT.

He said that he would like to see the numbers over the past five years, and then ongoing, as part of this plan of fully trained GP's, new doctors and health professionals funded through the ARSS Programme to have a better understanding of the capacity levels.

Laura Ambler said that she would welcome those specific questions via email and then would supply a response.

Councillor Harding agreed to do so.

Councillor Lesley Mansell commented that she would appreciate the update reports being circulated earlier than they currently are to enable more time for Panel members to read them. She asked if the more isolated communities, such as boat dwellers, would be able to access the Dental Van.

Laura Ambler replied that they don't yet know what provision will be possible through the Dental Van and were being mindful of the groups that could benefit from it.

Councillor Mansell added that she had received feedback from residents within her ward that were worried about providing information electronically and using the NHS App.

Laura Ambler replied that she understood the concerns but stated that the NHS App was secure and was a way of enabling people to access their own records / data. She added that arrangements can be made so that a helper or carer could access them if required.

Councillor Mansell commented that PINS was seen as a positive way forward, but asked how that would relate to people who may need some form of diagnosis before receiving a service, giving Housing as an example. She asked what training and information would be provided as part of the project.

Laura Ambler agreed that it should be seen as a positive initiative that can provide support without the need for a complete diagnosis. She said that understood the challenges for those people that require a diagnosis to access a particular service. She added that through this pilot there would be shared learning opportunities for many members of staff.

Councillor Ruth Malloy asked how children that are in need of urgent dental care will be identified.

Laura Ambler replied that there is a Public Health programme that is looking at the oral health care of children. She added that it will also be recorded how many children present for emergency dental care, such as extractions at our acute hospitals.

Councillor Mansell asked how many of the 12 B&NES schools involved in the PINS project were in Radstock.

Laura Ambler replied that she would find out and reply in due course to the Panel.

Kevin Burnett asked if it was felt that there is now a better understanding of areas surrounding neurodiversity.

Laura Ambler replied that she believed that more people were now aware of these types of conditions and that it was now more about being able to identify the needs of individuals. She added that there is a Programme Board that has a schedule of work and she would be happy to supply an update to a future meeting.

The Chair asked if within the digital records area of work, there were any plans to be able to expand it across the whole country to allow for dual registration for groups of people, such as students.

Laura Ambler replied that there was a way to go on this matter and that both the ICB and NHS England were looking at this.

The Chair, on behalf of the Panel, thanked Laura Ambler for the update.

## **20 YOUTH JUSTICE PLAN 2024 TO 2026**

Councillor Paul May, Cabinet Member for Children's Services introduced the report to the Panel. He said that it was important to recognise the report in terms of an impending inspection of the service later in the year and the need to put the child first. He added that the work undertaken as part of the Knife Crime Review has also been important and that overall the risk to our children & young people was relatively low.

The Director of Children's Services explained that this was a two-year plan and had been written from a child first perspective.

The Head of Young People's Prevention Services addressed the Panel and stated that whilst it is a two-year plan it would be reviewed annually. She informed them that the plan complies with the legislation and guidance and that putting the child first was at the heart of their work.

She stated that there were four strategic priorities within the plan.

- Reduce Disproportionality
- Strengthen Participation
- Embed Child First Principles
- Reduce Serious Violence

She explained how important it was to hear the voices of the children concerned alongside those of their parents and carers. She added that there were strong performance figures within the plan and highlighted that the custody rate is low as well as the rate for re-offending.

Kevin Burnett said it was thankfully pleasing that overall they were talking about low numbers, but asked if any further comment could be given to the rise in first time offenders.

The Head of Young People's Prevention Services replied that a small increase had been anticipated due to the new Police child gravity matrix which required consistency over the level of official cautions to be given.

Kevin Burnett asked if further information could be given around the strategies for schools for those children with SEND who offend and those who offend who have been excluded from school.

The Head of Young People's Prevention Services replied that with regard to exclusions she was part of a working group on this issue and they were looking into the matter of disproportionality and forming an action plan. She added that they were also seeking to work with those children who were being repeatedly suspended from school to prevent further exclusions.

The Director of Education & Safeguarding added that the increase in offenders with SEND is likely to be due to having their needs identified at an earlier stage rather than in previous years it would not have been the case. He explained that as part of his role he sits on the Youth Justice Board and they will be looking to work with the SEND & AP Advice Service to provide support to schools on suspensions, exclusions and training relating to race and ethnicity.

He added that there are additional resource bases in place in advance of the planned new AP school. He said that he believed that overall this year there have been fewer exclusions and would seek to try to do better again next year.

Kevin Burnett asked if the MATs CEOs are able to be kept informed of the decision-making processes.

The Director of Education & Safeguarding replied that CEOs are being given the opportunity address meetings of the School Standards Board. He added that involving them in the decision-making process was not as easy and would need to be discussed with the DfE regions group.

Councillor Liz Hardman asked what work could be done proactively with regard to exclusions from school. She said that the Virtual School receives a notification when potentially a Looked After child might be excluded and asked if this could be updated to include other groups of children. She asked if it was known why there had been an increase in young children becoming first time offenders and what actions were planned to address this.

The Director of Education & Safeguarding thanked her for the suggestion and replied that the Virtual School does oversee this work and was taking steps to provide additional support where possible. He said that he felt that the number of exclusions was likely to reduce this year. He added that the SEND & AP Advice Service will develop over the next three years and more arms of support will be put in place.

The Chair asked if similar bodies to the Virtual School could provide support to this cohort of children and asked if officers could explore this.

The Director of Education & Safeguarding replied that he chairs the Race Equality Task Force which is a partnership with the Local Authority and voluntary sector groups such as SARI and Black Families Education & Support Group. He said they provide a good approach to working with schools on areas such as racial equality and challenging exclusion disproportionality through the Race Equality Charter Mark that nearly all our schools have signed up to.

He added this work addresses having a more inclusive curriculum in place to cover issues of race and gender. He added that he hoped to roll out the work of the Race Equality Charter Mark even further over the coming year.

The Chair asked for an assurance that as well as hearing the voice of the child work was being done with them to co-produce and be included in attempting to address issues moving forward.

The Head of Young People's Prevention Services replied that they are committed to working in this way and do have children sit on our interview panels when recruiting practitioners. She added that they have also been involved in creating a child friendly space within their office area so that they can feel more comfortable when attending meetings.

She explained that they have also been supported in producing a number of child friendly leaflets on topics such as Knife Crime, Court Appearances and Referral Panel Meetings.

Councillor Paul Crossley asked if there was a reason why the first-time offending rates in B&NES were increasing whilst those in the Avon & Somerset area were decreasing.

The Head of Young People's Prevention Services replied that the figures in B&NES had decreased over the past 10 years and felt that the rates within Avon & Somerset had been slower to decline which is why that is seen as notable on this occasion against our increase.

Councillor Crossley referred to the KPIs and said that the two key things to help prevent further offending were housing and employment. He stated that he was pleased to see that over the past four quarters that 100% had been achieved in terms of housing and asked was this exceptional or the norm.

The Head of Young People's Prevention Services replied that this was a continuing trend as it was recognised the need for these children to be in suitable accommodation.

Councillor Crossley asked what could be done to address the reduction in numbers taking part in education, training and employment.

The Head of Young People's Prevention Services replied that when considering the data in this regard, the numbers can be quite small and therefore have a big impact

on the figures. She added that the suitability of the education and training will continue to be monitored.

Councillor Crossley asked if it could be explained as to what is meant by a Gravity Score of 5 or more.

The Head of Young People's Prevention Services replied that these would be offences such as Serious Assault, Robbery or Aggravated Burglary. She added that the number of offences of this nature within B&NES were low.

Councillor Joanna Wright said that she was pleased to hear of the work in relation to the voice of the child and asked if peers within each age group were involved to provide support to each other in any way.

The Head of Young People's Prevention Services replied that this one of the key elements, to enable young people to be able to let off steam in a safe environment and talk with either a trusted adult or alongside their peers. She added that the work of the Violence Reduction Partnership was also an important part of this structure.

Councillor Mansell asked if it was taken into account that English might not be the first language of some children and that some may use sign language or other forms of communication.

The Head of Young People's Prevention Services replied that if required, a translator or appropriate support would be booked for each session that took place.

Councillor Mansell referred to the subject of Free School Meals and asked how many children are accessing this resource that are eligible for it.

The Director of Children's Services replied that they would seek to provide this information so that it could be included within the minutes of the meeting.

Councillor Mansell asked what the protective characteristics of the case studies were with regard to reparation and restorative justice.

The Head of Young People's Prevention Services replied that she would attempt to find out this information and reply to the Panel.

*Since the meeting has taken place the Head of Young People's Prevention Services has confirmed that one child has dyslexia, and one has ADHD - no other protected characteristics were identified.*

Councillor Mansell asked what activities are in place for children from ethnic minority groups to attempt to actively change and seek to improve their outcomes.

The Head of Young People's Prevention Services replied that this is a big area of concern as the number of ethnic minority children within the justice system are over-represented. She added that they do have an Anti-Racism Action Plan in place to address such matters. She said that the plan does cover a number of strategic aspects that show how they work alongside Avon & Somerset Police and other local authorities.

She stated that one aspect of this work is to seek no disproportionality in their out of court offers and that they were linking in with education colleagues with regard to exclusions as these children were more likely to fall into the justice system.

In response to a query raised earlier in the meeting she said that there was an Equalities Impact Assessment (EIA) and that this would be shared with the Panel.

Kevin Burnett referred to the KPIs and asked the following questions. He asked with regard to the Mental Health Screenings for any information on outcomes or successful interventions.

The Head of Young People's Prevention Services replied that once the children have been screened and any needs have been identified there are a range of provisions that can be offered and would be detailed to their specific needs. She added that they could be offered support the School Nurse in terms of lower tier emotional and wellbeing support, anxiety and depression. She said that if there were higher level concerns they could be referred to Child & Adolescent Mental Health Service (CAMHS) or to other providers such as Off The Record.

Kevin Burnett asked what happens following the screening for Substance Misuse if anything is identified.

The Head of Young People's Prevention Services replied that all children that they work with are screened and depending on the level of need they could either be supported through the School Nurse to stop smoking or vaping. She added that if there were more serious concerns they could be referred to Project 28 which is a DHI service for children and young people.

Kevin Burnett asked if it was an exception that fewer children were engaging with wider services.

The Head of Young People's Prevention Services replied that this figure related to the end of an intervention and whether a child was involved in a service following it concluding. She added that it was possible that they did not require any further services.

Kevin Burnett asked if support services that were engaged with the Council also took part in the disproportionality training.

The Head of Young People's Prevention Services replied that the whole of the Youth Justice Service had undertaken the training around cultural competence and diversity. She added SARI offer regular workshops to staff within Children's Services.

Kevin Burnett asked if the service were able to offer a direct route to CAMHS.

The Head of Young People's Prevention Services replied that they do have a link between the two teams, and they do offer us consultations.

Councillor Hardman asked if the number of children entering the Youth Justice system was to be seen as a blip or a trend.

The Head of Young People's Prevention Services replied that it was too soon to say if this was to be seen as a continuing trend, but they are concerned by the potential outcomes. She added that they were unsure as to the reasons for these figures and posed whether it could be related to the pandemic.

The Chair asked what preventative work was being carried out outside of schools and asked if it should be considered that Public Health provide some funding into this area, especially around the prevention of knife crime.

The Director of Children's Services replied that they do work alongside Public Health colleagues in terms of reducing serious violence and have held events, which have been welcomed and plan to continue. She added that Public Health do contribute to the Multi Agency Team in terms of the Youth Justice Service by providing officers including a dedicated School Nurse and additional input from CAHMS.

The Chair said that she would address the Council meeting later in the week and relay some of the points raised during the debate today. She said that she would raise the matter of equity of funding and ensuring its continuation.

Councillor May said that in regard to funding he had approached the new Police & Crime Commissioner for a meeting to discuss a number of issues and that this was set to be held in due course.

The Panel **RESOLVED** to note the plans for the delivery of youth justice services in the year ahead.

## 21 **PANEL WORKPLAN**

The Chair introduced the workplan to the Panel and the following subjects were noted as potential future items of discussion.

- Public Health focus for 9<sup>th</sup> September meeting
- Community Support Contracts - Budget proposals update
- Complaints Feedback Process / Flowchart – ICB – September

Kevin Burnett raised the following issues for consideration.

- Whole Systems Health Improvement Framework – Public Health – September
- Cancer Services Update – ICB – September
- Schools Health and Wellbeing Survey – Public Health – January
- Birth Trauma – ICB – September

Councillor Lesley Mansell suggested the following items for the Panel to receive information about.

- Physiotherapy Services provided by HCRG – Uptake, waiting list, number of patients seen over past two years etc. – ICB – September

Councillor Liz Hardman asked for clarification if there would be an update on the Community Services procurement at the September meeting.

Laura Ambler, BSW ICB replied that the Director of Adult Services was leading on this matter and that an update would be provided for the Panel in September.

Councillor Ruth Malloy suggested that the Panel receive an update from the B&NES Fair Food Alliance.

The Chair suggested that this could be included in the Public Health report that the Panel will receive in September.

Councillor Paul May proposed that the Panel receives a report to a future meeting detailing any changes in priorities for both Adults & Children's Services following the General Election and the plans set out by the new Labour government.

Kevin Burnett raised two further items for the Panel to consider.

- IRO Annual Report
- Bath Community Safety Partnership Annual Report

The Director of Children's Services proposed that they be scheduled for the November meeting of the Panel.

The Panel **RESOLVED** to note their current workplan alongside these proposals for future work areas.

The meeting ended at 12.31 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

## **Lead Member PDS Report 15/07/2024.**

### **1. DFE Safety Valve Update**

On Friday, 23<sup>rd</sup> of May, officers submitted our re-submission to the safety valve team. This met the timescales set by the DFE. I am assured that our draft plans, as outlined in the last paper to the PDS, are robust and will deliver better services for children with SEND, a better early help offer for children and schools and setting in B&NES and, importantly, more SEND schools places through additional resource bases, a new special school, an alternative provision school and a residential school.

As you will know, a general election was called on the 22<sup>nd</sup> of May and a general election was held on the 4<sup>th</sup> of July. As a result, the DFE have not been able to provide any feedback or make arrangements for the sign-off of our Safety Valve plans. We also do not yet know what new government plans are for SEND or SEND funding, so we have not progressed in formalising the plans with the DFE.

Our plans were developed with the support of an organisation called ISOS, an independent company that both provide support, research and analysis to local authorities and the department for education, on matters relating to SEND and Education. We have also worked closely with our partners, schools, and parent carer forum to formulate our plans and we believe that our plans are the right actions to be taken for our local area and as such, we continue to work on the delivery of key aspects of the plans. Regardless of the outcome and future of the Safety Valve programme, we will publish our action plans as a SEND Collaboration Strategy for B&NES and share this strategy with this panel.

### **2. Culverhay & Charlton House**

Now that Culverhay has been identified as the site for the Special and AP Free Schools, the 'kick off' meetings between the Department of Education, the Academy Trusts (Midsomer Norton Partnership Three Ways) and the Local Authority have started. The responsibility for building the new schools will lie with the Department for Education, and they will draw up the relevant feasibility studies, with the expectation that the Local Authority will deliver a cleared site.

#### **Charlton House**

The required adaptations to the Charlton House to convert the building to a 30-place special school with 12 residential beds have been investigated through a feasibility study. The next steps for the project would be full project delivery to convert the property to a small special school with a residential children's home. This school will be for some of our most complex children with autism and social, emotional and mental health difficulties, allowing them to be educated in their local community.

### **3. Youth Justice Plan 2024- 2026**

I am pleased to be able to present the Youth Justice Plan 2024.

This plan sets out the actions to help make Bath and North East Somerset a safer place and support children to live crime-free lives. It is also being considered by the council's meeting on Thursday this week.

The Youth Justice Plan sets out how services would be organised and funded and what steps will be carried out to prevent youth offending and re-offending across the district from 2024 to 2026.

It builds on the progress made in the previous plan which included a reduction in reoffending of more than 5% from the period July 2021 to June 2022 and delivered interventions on knife crime, including Street Doctors first aid and safety training and 4 knife crime awareness events for parents and carers. A 5<sup>th</sup> event is planned for July 18<sup>th</sup> at Broadlands school, and the service are planning for an additional 5.

I will be pleased to take and feedback from this PDS Panel to the council meeting this week.

### **4. Ofsted Annual Conversation**

Colleagues across Council to include the Chief Executive, the Chief Operating Officer and senior leaders across Children's Services attended the annual Ofsted Conversation on June 7<sup>th</sup> 2024. The service met with the Regional Director for Ofsted and other Ofsted inspectors. The key areas of focus were children's social care and alternative provision. The LA will receive a letter in due course.

### **5. Ofsted CQC Thematic Review of Preparing for Adulthood**

B&NES Local Authority and ICS were notified of an Ofsted /CQC thematic review of preparing for adulthood on June 10<sup>th</sup> 2024.

Colleagues across children service, public health, adult social care, the ICS (health colleagues) with support from a whole range of council services completed the significant submission requirements and the room/IT set-up arrangements. Inspectors worked off-site June 10- 21<sup>st</sup> 2024.

3 Inspections – 1 health, 2 Ofsted, (1 education and 1 social care lead) were on site in the Civic Centre from Monday June 24<sup>th</sup> – June 27<sup>th</sup>: there was a full timetable of meetings over the 4 days involving a whole range of staff. All partners to include the third sector, education settings and Parents Carer Forum were actively engaged in the programme.

I attended the feedback session on June 27<sup>th</sup> 2024 and was impressed at the positive feedback to Children's Services. The work of the SEND team and the improvements underway were noted as was the quality of social work practice. Waiting times for access to some health services were highlighted for improvement.

as well as the overall knowledge of the early help offer/early help APP across the wider system.

The Local Authority and the ICS will receive a letter following the thematic visit, not a graded judgement. The Local Area Inclusion Partnership (LAIP), co-chaired by the LA and ICS will progress an action plan in response to the visit/letter.

## 6. Regional Fostering Southwest Hub.

I previously updated you on the Regional Fostering Southwest Hub. It is a trial for one year so we will need to keep it under review to ensure it works effectively for us. In house foster care remains the most effective and cost-efficient solution for vulnerable young people in care.

The website, **Fostering South West**, the combined voice of local council foster care across the whole region, is now live: please see attached link:

<https://www.fosterwithyourlocalcouncil.org.uk>

To date 5 new B&NES Fostering household have been identified via this project.

## 7. Health and Wellbeing Board

As agreed at last CAHW, please see link to the Health and Wellbeing Board Meeting 11.07.2024

[Agenda details on public web site](#)

Key papers for discussion:

- Health and Wellbeing Strategy Implementation Plan
- Bath and North East Somerset, Swindon and Wiltshire Mental Health Strategy
- Experiences of refugees in accessing and using health and social care services in B&NES
- Be Well B&NES: Whole Systems Health Improvement Framework

## 8. Children with Complex Needs

The 3 Local Authorities across BSW (B&NES, Swindon and Wiltshire) and the ICB are currently undertaking a review of children with most complex packages of support, both in the community and in care. This will support the appropriate level of support from statutory partners.



## Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel – Monday 14 July 2024

### Primary Care Access Recovery Plan (PCARP)

There are currently 221,645 patients registered with a GP Practice in BaNES (June 2024). The range of Practice Registered list sizes vary from 26,000 (Heart of Bath) to 5,258 (Westfield). There are six Primary Care Networks (PCNs) in BaNES covering between 69,709 (Three Valleys) to 26,000 (Heart of Bath).

The Primary Care Access Recovery Plan (PCARP) forms part of the Operational Planning<sup>1</sup> guidance and supports the Fuller Stocktake<sup>2</sup> vision focussing on the first element of streamlining access to care and advice. The national ambitions for the PCARP are:

- To make it easier for patients to contact their practice and;
- For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

The PCARP seeks to support recovery by focussing on four key areas:

PCARP Areas of Focus	
Area	Focus
Empower Patients	<ul style="list-style-type: none"> <li>• Improving information and NHS App functionality</li> <li>• Increasing self-directed care where clinically appropriate</li> <li>• Expanding community pharmacy services</li> </ul>
Modern General Practice	<ul style="list-style-type: none"> <li>• Implementing 'Modern General Practice Access'</li> <li>• Better digital telephony</li> <li>• Faster navigation, assessment and response</li> </ul>
Build Capacity	<ul style="list-style-type: none"> <li>• Larger multidisciplinary teams</li> <li>• More new doctors</li> <li>• Retention and return of experienced GPs.</li> <li>• Higher priority for primary care in housing developments</li> </ul>
Cut Bureaucracy	<ul style="list-style-type: none"> <li>• Improving the primary–secondary care interface</li> <li>• Building on the 'Bureaucracy Busting Concordat'</li> </ul>

<sup>1</sup> <https://www.england.nhs.uk/long-read/2024-25-priorities-and-operational-planning-guidance/>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

BSW has made good progress with the delivery of PCARP in BaNES, as well as Swindon and Wiltshire during the first year of the programme and is in a good position regionally.

- Third highest ICB in the South West in terms of percentages of face-to-face primary care appointments being offered
- Fourth highest ICB in the South West number of appointments per 1,000 offered
- Third highest in South West GP staff FTE per weighted 10,000 patients
- Second highest in South West % Patient Registrations via NHS App offering all NHS functionalities.
- Joint first in South West % practices with prospective records access enabled
- First in South West for % practices which have completed one care navigator course
- First in the country with 6.6 registrations per 1000 GP population via NHS App. The national average was 3.7, SW average was 4.2.

Second year of PCARP: as a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year. The PCARP Programme Trajectories and Next Steps will enable progress to continue with system partners.

### **Dental Van update**

The Department of Health and Social Care published its Dental Recovery Plan in February with the ambition to make dental services faster, simpler, and fairer for our population. One priority stated in the plan is to bring dental care directly to under-served, more isolated communities via the deployment of mobile dental vans which includes the area covered by BSW ICB.

BSW ICB is still working with the National team on the planned procurement process and specification for this service and expect for further information to be released now we are out of the pre-election period. We are actively engaged in the priority of increasing access to NHS dentistry and improving the oral health for children and young people and are actively exploring all opportunities to increase access for the population.

### **British Medical Association (BMA) GP Collective Action**

The BMA is currently balloting GPs on taking collective action in England. This ballot process will last until 29 July. GP members who run their surgeries will vote on whether to support the BMA's call for collective action. The decision to launch the ballot came after the BMA formally entered a dispute with NHS England following the member referendum on the 2024/25 GMS contract changes in March.

Collective action is not the same as strike action, but it could see GPs prioritising the focus of their work. While discussions are ongoing, nothing is fixed, and all plans being explored are subject to change.

The BMA will seek to direct action from 1st August 2024.

<https://www.bma.org.uk/bma-media-centre/gps-leaders-in-england-vote-to-launch-a-ballot-for-collective-action>

### **Partnership in Neurodiversity in Schools (PINS)**

BSW ICB is working in partnership with our local authorities and parent carer forums to pilot the provision of support to primary schools to help them meet the needs of their neurodivergent children.

This is a needs-led approach without the need for a diagnosis. By supporting primary school-age children and helping schools to identify and support their needs, these tools can be carried through into senior school and adulthood.

Assessing and meeting the needs of children with Special Educational Needs and Disability (SEND) in mainstream schools is the foundation for improving outcomes, parental confidence and delivering the financially sustainable SEND system, as envisaged in the SEND and Alternative Provision (AP) Improvement Plan.

Partnerships for Inclusion of Neurodiversity in Schools (PINS) will bring health and education specialists and expert parent carers into mainstream primary settings to:

- help shape whole school SEND provision
- provide early interventions at a school level
- upskill school staff
- support strengthening of partnerships between schools and parent carers

The PINS project is testing a new model for supporting good outcomes in mainstream schools for Neurodiverse students and strengthening parent, carer and school partnerships. The project will focus on strengthening knowledge, skills and improving environments to better meet the needs of neurodiverse children. Through a focus on supportive learning environments and well-equipped schools, we can improve the outcomes for this group of children.

Each school in the programme will complete the nationally agreed self-assessment tool for schools to identify priority areas for support. Schools will collate the findings and use them to assess themselves against a number of high-level domains

(including Leadership, Culture and Values; Mental Health; Readiness to Learn; Teaching and Learning; Environment and Communication).

### **Children's Health Services & Young People's Programme**

BSW ICB is involved in multiple workstreams in this area and has a full CYP programme of activity which we are currently reviewing. We have also provided a significant level of input to the CQC/Ofsted Preparing for Adulthood thematic review.

Considering the broad scope of work underway, we propose providing a comprehensive update and presentation at the next Scrutiny Panel meeting in September.

### **Sulis Elective Orthopaedic Centre update**

Planning permission has now been granted by BaNES Council for the Royal United Hospitals (RUH) Bath NHS Foundation Trust (RUH) to build a new wing at Sulis Hospital, a fully operational independent hospital owned by the RUH that treats both NHS and private patients.

Situated at Sulis Hospital in Peasedown St John, just outside of Bath, the new Sulis Elective Orthopaedic Centre (SEOC) will act as an NHS elective surgery hub; it will serve NHS patients from across the South West, helping to tackle the region's backlog of elective, non-emergency surgery.

It will mean an additional 3,750 non-emergency, orthopaedic operations can be carried out for NHS patients at the hospital each year.

The new development, which has secured £25m in national NHS funding, will be a centre of excellence, working to national best-practice standards and providing high-quality care. The plans include:

- Two additional modular theatres
- Additional inpatient capacity
- Seven extra day case pods
- Conversion of two existing theatres to laminar flow theatres, providing a work area with sterile conditions and the very highest standards of cleanliness.

Surgery at the site will be protected from disruption and cancellations caused by surges in emergency hospital admissions because Sulis does not have an emergency department. This means that the SEOC will enhance the resilience of services in the future.

Around 60 per cent of capacity will be used to carry out elective orthopaedic procedures that would otherwise be managed at the RUH's main Combe Park site, with the remaining 40 per cent available to support the wider region's NHS elective recovery programme and future growth in demand projected to arise from the ageing population in Bath and the South West.

### **Sulis Elective Orthopaedic Centre**

Planning permission has been secured for the development of a two-theatre orthopaedic hub at Sulis Hospital in Bath, which will care for an additional 3,750 patients each year, when fully operational.

The new Sulis Elective Orthopaedic Centre (SEOC) will act as an NHS elective surgery hub; it will serve NHS patients from across the South West, helping to tackle the region's backlog of elective, non-emergency surgery.

It will mean an additional 3,750 non-emergency, orthopaedic operations can be carried out for NHS patients at the hospital each year.

A breaking ground event is scheduled to take place on Wednesday 24th July.

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