

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

Date: Monday, 14th October, 2024

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

Councillors: Dine Romero, Liz Hardman, Paul Crossley, Dave Harding,
Ruth Malloy, Lesley Mansell, Joanna Wright, Onkar Saini and Bharat Pankhania

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

The Panel will have a pre-meeting at 9.00am



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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.

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday,
14th October, 2024**

at 9.30am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS
2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS
4. DECLARATIONS OF INTEREST

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

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN
6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES: 9TH SEPTEMBER 2024 (Pages 7 - 26)
8. CABINET MEMBER UPDATE (Pages 27 - 32)

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

9. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE (Pages 33 - 36)

The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues.

10. B&NES COMMUNITY SAFETY & SAFEGUARDING PARTNERSHIP (BCSSP) ANNUAL REPORT (Pages 37 - 100)

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.

11. SCHOOL ATTENDANCE AND EXCLUSIONS - KEY TRENDS ACROSS 2022-2023 AND 2023-2024 (Pages 101 - 122)

This report provides the Panel with an overview of attendance and exclusions key trends across 2022-2023 and 2023-2024.

12. PANEL WORKPLAN (Pages 123 - 126)

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

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk 01225 394458.

BATH AND NORTH EAST SOMERSET

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

Monday, 9th September, 2024

Present:-

Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Paul Crossley, Dave Harding, Robin Moss (in place of Lesley Mansell), Joanna Wright and Onkar Saini

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

Cabinet Member for Adult Services: Councillor Alison Born

Cabinet Member for Children's Services: Councillor Paul May

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Rebecca Reynolds (Director of Public Health & Prevention), Ceri Williams (Policy Development & Scrutiny Officer), Annette Luker (Public Health Consultant), Amy McCullough (Public Health Consultant) and Laura Ambler (Place Director for the B&NES locality in the Integrated Care Board)

22 WELCOME AND INTRODUCTIONS

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

23 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

24 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Lesley Mansell had sent her apologies to the Panel, Councillor Robin Moss was present as her substitute.

Councillor Bharat Pankhania had also sent his apologies to the Panel.

25 DECLARATIONS OF INTEREST

Councillor Liz Hardman declared an other interest with regard to agenda item 6 (Items from the Public) as she has an involvement with a Community Support Group that is a part of 3SG.

26 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

The Chair agreed to hear the Cabinet Member Update from Councillor Paul May, Cabinet Member for Children's Services at this point in the meeting as he had a prior engagement to attend later in the morning.

Councillor May addressed the Panel and highlighted the following points from his update. A copy of the update will be attached as an online appendix to these minutes.

- The proposal is to re-purpose the now closed Charlton House into a new SEND School providing 12 residential places and an additional 18 day places for young people aged 11-17 with complex special educational needs in the area of autism with social, emotional and mental health difficulties.
- This project is directly linked with the Safety Valve work which includes the commitment from B&NES to increase the sufficiency of places for children and young people with an Education Health & Care Plan (EHCP). The project will reduce the overspend in the Dedicated Schools Grant (DSG) and increase the local offer, preventing expensive out-of-county placements and allowing the pupils to be educated within their own community.
- The average cost of an out-of-county day placement at an Independent Special school currently stands at £96k. The cost of residential SEND placements currently stands at £318k (average placement costs with a mix of 38 & 52wks). This project will result in estimated savings to the Council of £2,171,075 (education and transport) and £2,043,859 (residential) per annum, the latter directly benefitting the Children's Social Care budget.
- The proposed new school would be opened under the Dept. of Education's 'Free School Presumptive Route', where a local authority identifies a need for a new school in its area. If approved through the PID and SMD process, the next step will be to publish the specification for the school and engage with prospective proposers (single or multi-academy trusts) who may wish to apply to establish the new free school.

Kevin Burnett asked if the funding involved was separate to that received through Safety Valve or was it all tied in together.

Councillor May replied that it was understanding that it is tied in with the Safety Valve funding. He added that a £4m grant had already been allocated to the Council by the Government and that an additional £6m Dedicated Schools Grant (DSG) funding has been added for this project.

He added that he still intends to bring to the Panel an update on Safety Valve once he has received further information from the Department for Education (DfE).

Councillor Joanna Wright asked the following questions of Councillor May.

How many ECHPs within B&NES are not issued within the statutory timescale of 20 weeks, after the decision is taken to carry out a needs assessment?

How does this number compare with the national average?

What are the main causes for B&NES not to issue ECHPs within the statutory timescale?

As VAT is soon to be included onto fees for private schools how will this affect young people with special needs in B&NES?

Councillor May replied that he would respond to those questions in writing.

The Chair asked if it was the expectation that the new SEND School provision would be for use by B&NES children only.

Councillor May replied that it was his view that that is the intention, to provide a better solution for the children and their families that live within B&NES.

Kevin Burnett said that he would welcome clarity on what the admission criteria would be for the new SEND School as he was of the opinion that for SEND schools they were not able to state it would only be B&NES children that could attend.

Councillor May replied that he would reply on this matter at the next meeting of the Panel.

The Chair thanked Councillor May for his update on behalf of the Panel.

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

Becky Brooks, Director, 3SG addressed the Panel. A copy of her statement will be attached as an online appendix to these minutes, a summary is set out below.

'On behalf of the Third Sector in B&NES, and as the Director of 3SG, which supports 250 charities across the area, I would like to update the Panel on the re-procurement of Community Contracts from the sector's perspective.

At the beginning of this year, we were told that there would be no 'cliff edge' in funding - and that the Council would work in collaboration with us as valued partners. Whilst I am grateful for the effort that has been made in opening up conversations with myself in the last month or so, until last week, the Sector was largely in the dark about timelines and as far as I am aware, has had little interaction in terms of collaboration or consultation. The Sector still doesn't know what cuts are coming and where - and this has created huge anxiety, uncertainty and difficulty in making plans for the future.

We are yet to see the outcomes of the Community Services review, despite having asked for it over several months - this is disappointing, because it would be helpful to know where cuts will fall, and to understand the Council's thinking. We hoped there

would be an open dialogue around this piece of work, and as far as I am aware, this has not been the case, as was promised by Cllr Mark Elliott at the beginning of this year. If this review is in another format, which I have been told that it is, we would still like to see it, where commercial sensitivities allow.

Whilst I appreciate that the Council has had a busy and pressured time with Adult Social Care coming back in house and now a CQC inspection, the Third Sector desperately needs the Council to start communicating more effectively, trusting it as equal partners to deliver services. Real change is needed for the future of procurement in B&NES and in January, we were asking for that brave and bold piece of work to be done.

I would like to direct members' attention to the recent Council tender in Swindon, in which the Swindon Carers' Centre, supporting residents for over 25 years, had to withdraw, because the ask was completely unachievable for the money offered. It also meant the charity would need to close as a result of losing such a large contract. I cannot imagine what B&NES would look like without its Carers' Centre, and I am genuinely concerned that this scenario could play out with other charities in B&NES. Who picks up services then?

As of last week we received confirmation that market engagement events are likely to take place at the end of September and early October. It is unlikely that would-be providers will go into procurement until the end of the year and that temporary contracts are likely going to be needed to sustain services. Whilst this creates more uncertainty for the Sector, I hope that commissioners use this time to listen and engage with the Sector in a more open way.

Members of this Panel hopefully know of B&NES' Community Wellbeing Hub - an example of where tearing up the rule book and cross sector collaboration has seen proven prevention results and is held up as good practice nationally.

We need to rekindle that pandemic spirit - to move away from transactional relationships, with an emphasis on co-production and trust on both sides and exploring the art of the possible. Bristol, North Somerset & South Gloucestershire (BNSSG) has managed to do some really interesting work in this space and we urge B&NES Council to look at its brave neighbours who recognise that ultimately we all have to evolve our systems to thrive in future. And that is what B&NES deserves - a strong, thriving Third Sector providing sustainable, exemplary services for residents.'

Kevin Burnett said that he was disappointed to hear these comments as he believed that the Council were due, before the summer, to look at the services involved alongside the third sector. He asked what the next steps should be.

Becky Brooks replied that they would like to have a period of engagement with the Council over the next few weeks as work on this issue should not be carried out behind closed doors.

Councillor Robin Moss said that it was worrying that talks between the third sector and the Council had not been taking place as promised. He asked if there was any

update on the budget situation as £802,000 was planned to be saved from within this service area over a now two year period.

Becky Brooks said that it was disappointing to have lost so much time since the original budget decision had been announced and that the sector are willing to do what is necessary to enable ongoing provision. She added though that they need to understand the challenges they might face in order to provide the best outcomes for residents.

The Chair commented that in his role as Chair of the Corporate PDS Panel Councillor Moss could monitor the progress of the budget plans.

Councillor Liz Hardman said that considering the number of services and providers involved the lack of consultation was a concern. She added that the prospect of interim contracts was not satisfactory.

Kate Morton, Chair of B&NES 3SG said that the staff involved need to know the precise situation regarding their contracts.

Councillor Joanna Wright said that she was confused as the Panel had been told previously that talks between the Council and third sector were taking place. She added that it was important that our residents are not failed due to the lack of consultation and that she understood the stance being taken by the sector from a business point of view.

Councillor Alison Born, Cabinet Member for Adult Services said that she appreciated that this is a difficult time for our Community Partners and that the budget decision was never an easy one to make.

She stated that a full review of services was being carried out and that recommissioning would commence on the conclusion of that, with potentially a smaller budget.

She explained that the budget savings were now due to phased over two years, £401,000 each year, and that this would be from within the whole of the Adult Social Care budget.

She said that there is still an intention to work with the sector with two workshops planned to take place in September / October. She added that the knowledge that the providers can give is valuable.

She said that at this point that interim contracts were still likely to be needed and that the Council will seek to provide the best outcomes for the public and the sector.

Kevin Burnett asked why the review was being carried out in isolation without the providers being involved.

The Director of Adult Social Care said that she was sorry to hear that the sector were currently unhappy with the present situation and that she would make attempts to turn it around.

She stated that a baseline assessment of all provision was being carried out to enable an agreement to be reached on the levels of funding that would be required. She added that a budget for this year has been agreed with Councillor Mark Elliott, Cabinet Member for Resources.

She explained that they were in the process of outlining the models of commissioning required.

She apologised again and said she would take up the matter with the Executive Director – Operations to assure that the sector are involved in future discussions.

The Chair said that she would like the Panel to be updated on this issue at least by November. She asked for clarity on whether £802,000 was being withdrawn from the budget within this year.

The Director of Adult Social Care replied that £401,000 was to be removed from across the Adult Social Care budget this year and the next.

Councillor Wright said that the Cabinet Member for Adult Services should provide leadership on this matter and asked what she was able to do.

Councillor Born replied that she was willing to speak with all parties on this matter.

Councillor Moss stated that if the £802,000 savings from the overall Adult Social Care budget were planned to be taken over two years then this needs to be seen in the quarterly financial returns of the Council.

He added that he expected the 2025/26 budget discussions to begin in November 2024. He said that in January 2024 this decision had been highlighted as the most important to address and that there were lots to be proud of that the sector provides.

He stated that he believed that the Panel minutes from 10th June 2024 were not an accurate record given what the Panel have heard today from the sector.

Councillor Onkar Saini asked what steps were being taken to ensure that services continue.

The Director of Adult Social Care replied that the sector had not been in receipt of any uplift payment for the past 10 years and that this was an area of risk that they were analysing. She added that the Risk Assessment could be shared in November.

Councillor Saini asked if the Needs Assessment would address the issues of Housing and Mental Health.

The Director of Adult Social Care replied that they have a responsibility under the Care Act on these issues and that they do carry out work on prevention in relation to Mental Health.

The Chair asked if a timescale could be given for the next steps that are planned to be taken.

The Director of Adult Social Care replied that she would hope to have a timeline in place in November after speaking and agreeing one with third sector colleagues.

The Chair asked if the Care Quality Commission (CQC) were due to meet with any representatives from 3SG during their visit later in the week.

Kate Morton replied that some sector representatives were due to them during the week.

Councillor Wright stated that there should be no further drift on this matter and said that the Panel should be updated on progress prior to November.

The Chair said that she would follow this up on behalf of the Panel.

Becky Brooks commented that she was disappointed not to be involved in the baseline assessment and that the workshops were not a forum in which an open dialogue could take place. She added that the sector could find it difficult if they are told to work within a certain model and asked for an opportunity to be able to share their knowledge.

Rosie Phillips, Chief Executive, DHI asked where the Housing & Homelessness Review sits within this process and asked if the review outcomes could be shared. She added that third sector workers involved in this area should have at least been consulted as part of the review.

The Chair replied that she believed that the issue of housing is within the remit of the Climate Emergency & Sustainability PDS Panel.

The Chair asked that when the Panel is updated in relation to the budget for Adult Social Care that they also receive an update on the proposed savings for this year within Children's Services.

The Chair, on behalf of the Panel, thanked Becky Brooks for her statement and for other third sector colleagues for their contributions to the discussion.

28 MINUTES: 15TH JULY 2024

Kevin Burnett offered the following observations on the minutes for 15th July 2024.

- Page 7 – Last paragraph – Should read '3 Inspectors'
- Page 7 - 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).

- Page 9 – Any response from Public Health regarding retaining leisure provision on the former Culverhay site.
- Page 16 - How many of the 12 B&NES schools involved in the PINS project were in Radstock?
- Page 19 - Free School Meals – how many children are accessing this resource that are eligible for it?
- Page 21 – Response required - Should it be considered that Public Health provide some funding into Youth Justice prevention, especially around the prevention of knife crime.

The Chair asked for those issues to be resolved and for any additional information to be shared with the Panel.

The Panel confirmed the minutes of the previous meeting, with these comments in mind, as a true record and they were duly signed by the Chair.

29 CABINET MEMBER UPDATE

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

CQC Inspection

Following the Government's introduction of a new local authority inspection regime for Adult Social Care, B&NES was informed in April 2024 by the Care Quality Commission (CQC) that our adult social care services would be inspected within the next 6 months. Therefore, B&NES is one of the first 15 councils to be inspected by the CQC.

On 15th August the Adult Social Care Leadership Team delivered a 3 hour presentation to the CQC inspectors which also included inputs from public health and housing. We attended a logistics planning meeting with the CQC on 21st August to prepare in detail for the on-site visit in September.

The on-site Assurance Visit takes place this week with a team of 8-12 inspectors expected to be here from 10th to 12th September. They will be conducting interviews with a range of front-line staff across the Adult Social Care partnership.

Following the on-site visit to B&NES, CQC inspectors will provide high level feedback to the Director of Adult Social Care on 19th September.

Age Friendly Communities

On the 18th June, BANES Full Council supported the motion for the application by the local branch of Age UK, to the World Health Organization for B&NES to become an Age Friendly Community. The initiative will be informed by data provided by

B&NES residents aged 55 and over, through the Aging Well community Survey which was also hosted by Age UK.

The goals of the programme are to transform B&NES into an inclusive, supportive and accessible place where everyone can age well, in whichever way they see fit. The programme will be supported by the newly re-convened Ageing Well Network which will bring together voluntary sector organisations that support people to age well and encourage older people to speak out about the issues that are important to them and their communities.

Kevin Burnett asked if the Panel could receive further information regarding the eight Domains of Age Friendly Community Framework.

The Director of Adult Social Care replied that there was link that she could circulate to the Panel to give them additional information.

Councillor Robin Moss said that he would welcome some feedback to Council at some point as to the progress made with regard to Age Friendly Communities.

The Chair, on behalf of the Panel, thanked Councillor Born for her update.

30 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 the following areas from the update report. A copy of the update report will be attached as an online appendix to these minutes.

Blood pressure checking outreach clinics underway in B&NES

Bath and North East Somerset, Somerset and Wiltshire Integrated Care Board (BSW ICB) is hosting a series of free blood pressure checks across the local area as part of the national Know Your Numbers Week initiative.

Events have taken place at the Somerset and Dorset Heritage Railway in Midsomer Norton, Bath Rugby and the Alice Park Youth Music Festival with future events also scheduled at Bath City FC.

The Alice Park Youth Music Festival was also used to carry out some community engagement work to gather views of children and young people about access to local services.

Awareness campaign uses mirrors in leisure centres in B&NES to highlight cancer risks

NHS messages prompting gym-goers to look out for potential signs of cancer will appear in the changing rooms of some leisure centres in B&NES over the coming weeks.

The stickers will feature the messages 'Check you out' and 'Know what's normal for you' and remind people that if something in their body doesn't feel right, they should make contact with their GP.

Leisure centres taking part in the initiative are Culverhay Leisure Centre, Odd Down Sports Ground Bath, Bath Sports and Leisure Centre and Keynsham Leisure Centre.

Flu and RSV vaccination programme underway in B&NES

A vaccination programme has started across B&NES to provide vaccines to protect against flu, COVID-19 and respiratory syncytial virus (RSV).

This year the Joint Committee on Vaccination and Immunisation (JCVI) has recommended adults aged 65 and over, residents of care homes for older adults and those with underlying health conditions aged 6 months to 64 years will be eligible for flu and COVID-19 vaccinations.

Vaccines for RSV, a common cause of coughs and colds which can be dangerous to older people and young children will be available to those aged 75 to 79 and pregnant women from 28 weeks.

Official opening of the Dyson Cancer Centre at the Royal United Hospitals Bath

Her Majesty the Queen officially opened the Dyson Cancer Centre at the Royal United Hospitals Bath (RUH) on September 3rd. Patients, staff, supporters and guests from the wider community were on hand to mark the occasion. Her Majesty was given a guided tour of the new purpose-built centre, which brings together many of the RUH's cancer services under one roof, including the RUH's oncology, chemotherapy and radiotherapy services.

The new centre sees around 350 patients a day and is backed by over £40m in government funding as part of the New Hospital Programme.

The Dyson Cancer Centre was also supported by an additional £10m fundraising campaign from RUHX, the hospital's official charity, including a £4m donation from the James Dyson Foundation and £1m by the Medlock Charitable Trust.

BSW ICB Compliments and complaints

BSW ICB is committed to responding to patient needs and encouraging a culture that seeks and uses people's experiences of care to improve the commissioning of services.

Our Patient Advice and Liaison Service (PALS) and Complaints Service offers advice and information if patients have concerns or complaints.

People wishing to make a complaint or raise a concern about the care received from a GP practice, dental surgery, opticians or pharmacy must contact the South-West regional complaints team or the healthcare provider directly.

People wishing to make a complaint about the RUH can visit the RUH PALS office next to the RUH main entrance, call 01225 825656 / 826319 or email ruh-tr.pals@nhs.net.

BSW ICB will do its best to resolve complaints, however, if members of the public are not satisfied with the way their complaint has been handled, and would like to take it further, they can contact the Parliamentary and Health Service Ombudsman which makes final decisions on unresolved complaints about the NHS in England. The Ombudsman is independent of the Government and the NHS, and their service is confidential and free of charge.

Patients can also get free help and support from an Advocacy Service when pursuing complaints. Advocacy services are independent charities which represent the interests of patients. They offer a free, independent and confidential advice and support services for people making a complaint relating to either health or social care.

The Chair asked what role the Panel can play in scrutinising Health Services.

Laura Ambler replied that from the ICB's perspective the Panel's role is to scrutinise their jointly commissioned services.

Councillor Robin Moss commented that he was curious about the qualifying criteria for the Covid and Flu vaccinations and the difference between those and for RSV as no vulnerable groups were identified for RSV. He also queried why pneumonia had not been included in this vaccination programme.

Laura Ambler replied that she would take this query away for discussion with colleagues and reply in due course.

Councillor Moss said that the updates received by the Panel are welcome, but that he would also like to hear where pressures might be building within the area.

Laura Ambler replied that a report on Winter Pressures had been taken to the Health & Wellbeing Board and said that summary of that report could be shared with the Panel.

Councillor Joanna Wright commented that pharmacists at Boots Southgate have noticed an increase in users from Lambridge who are accessing methadone in the city centre, rather than the Lambridge pharmacy, because the local pharmacy cannot hold enough methadone. She said that access to the city centre is challenging for many of these residents and asked if more methadone could be held at the Lambridge pharmacy.

Laura Ambler thanked Councillor Wright for drawing this to her attention, she said she that she would pass this onto colleagues in the ICB to see if anything could be done.

Councillor Wright said that she agreed with the comments made by Councillor Moss regarding the Panel receiving information about the likely pressures within the area.

Laura Ambler replied that she would consider what type of mechanism should be put in place for the Panel to receive such a report. She added that they had previously mentioned whether the Panel should be notified when such reports are published for the Health & Wellbeing Board.

Councillor Wright asked if there was any update regarding dentistry that could be given.

Laura Ambler replied that there was not on this occasion and that the work regarding Dental Vans was ongoing.

The Director of Public Health replied that she would discuss the issue in relation to methadone further with Councillor Born as part of an ongoing piece of work regarding pharmacies and our commissioned Drugs & Alcohol Services.

She added, in response to the comments made by Councillor Moss, that there is a National Committee for Vaccination & Immunisations which will have researched and identified the groups of people most at risk and made those decisions on who should be in receipt of these vaccinations. She said that she could share further explanatory information with the Panel.

Councillor Dave Harding asked if there were plans to expand the blood pressure checking outreach clinics and cancer awareness campaign to the rural communities.

Laura Ambler replied that they have recently reestablished an Engagement Team within the ICB and that they were seeking to highlight where there are themes, issues or groups of people that we need to reach out to. She added that she would be mindful of this when compiling future update reports.

Councillor Liz Hardman referred to the recent decision made by the Cabinet Member for Adult Services on the subject of the Bath and North East Somerset, Swindon & Wiltshire Integrated Contract Award and asked if the Panel could be informed of what services would be within the contract.

Laura Ambler replied that this decision relates to the Integrated Community Based Care Programme which is currently in an ongoing procurement process and therefore no further comment could be given. She said that an update will be brought to the Panel in due course.

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

31 PUBLIC HEALTH UPDATE

The Public Health Consultant(AL) outlined the following areas from within report in relation to 'Be Well B&NES – A whole systems approach to health improvement'.

- Be Well B&NES is a new Whole Systems Approach to health improvement in Bath and North East Somerset. It has been developed, and will be owned and delivered, by a collaborative network of partners including healthcare

providers, educational settings, leisure providers, Council departments, and community organisations.

- Two well attended network events have been held and enabled a wide variety of partners to come together to think about how we can do health improvement better across B&NES.
- Be Well B&NES aims to take action on the biggest preventable risk factors for ill health, health inequity and premature death including obesity, tobacco, physical inactivity and the harmful use of alcohol and drugs. These risk factors are closely linked with emotional wellbeing and contribute to a wide range of health conditions including cancer and heart disease.
- Studies have shown that Whole System Approaches work; when we tackle health issues across and at deeper levels of the system, we see better results.
- Two network groups are proposed to bring together system stakeholders with relevant interest and expertise. One network group will focus on a geographical community and one on a children and young people's setting. These networks will co-develop and deliver action plans enabling prioritised actions across different levels of the system. A third operational delivery group will be created to ensure a universal health improvement approach is delivered, and to take forward targeted actions, for example improving the reach of training.
- This is an iterative way of working; regular review will enable the network groups to develop and change in response to the system. It is likely that over the ten-year span of Be Well B&NES, we will shift focus and work across several different areas and settings, learning from successes and challenges.
- The approach we have used in Bath and North East Somerset is based on the Whole Systems Guide for Obesity commissioned by Public Health England. We have been supported in the process of developing the framework by academics at the University of Bath.

Councillor Paul Crossley asked how the success of the programme will be identified, how would they monitor any long-term benefits and have any targets been set.

The Public Health Consultant(AL) replied that this a slightly different way of working although targets for individual based interventions would be set. She added that the project will seek to look at the reasons behind the actions that have been taken.

She said that there could be common factors such as access to facilities, transport needs or support as to why these issues are occurring. She added that they have heard from Community Partners in the preliminary stages of the programme and they will now seek to hear the views from the communities themselves.

She said that action plans will be developed as work progresses.

Councillor Crossley asked if any work was to be carried out that would look at whether there is an infrastructure deficit in the area. He gave an example of how the swimming facilities have been withdrawn from the Culverhay Leisure Centre and asked if there were any plans to replace them.

The Public Health Consultant(AL) replied that their ambition is to work with many partners to understand the needs of the particular community. She stated that no community had yet been specifically approached to commence this work. She said that she was not able to give any guarantees at this stage, but that they are aware of assets within the local area.

Councillor Crossley referred to the issue of obesity and asked if the programme would address making the best choices in terms of food that is purchased and cooked. He explained that a local chip shop is known to give larger portions to children / families that they know are on a particularly low income.

The Public Health Consultant(AL) replied that if a community were to identify that this was an area of concern then a discussion would take place with regard to what actions, if any, should be taken.

Councillor Dave Harding said that he would like to know more about how the particular geographical communities will be decided.

The Public Health Consultant(AL) replied that a data assessment has been carried out to attempt to assess where the greatest health improvement need is. She said that a discussion has taken place within the Be Well B&NES Steering Group with regard to how best to approach the identified community.

Councillor Harding asked if the Steering Group reports could be shared with the Panel.

The Public Health Consultant(AL) replied that the framework of the project has been reported to the Integrated Care Alliance and the Health & Wellbeing Board, but that Steering Group information has not been part of any public records to date.

Councillor Joanna Wright asked if any anthropological research had been used within the programme and whether any other areas of the country have used this approach successfully.

She also raised the issue of trust and how important it would be to build the right networks for the programme to succeed.

The Public Health Consultant(AL) replied that trust was indeed an important issue and the reason why community representatives and groups were identified as the best place to provide information and help build those networks.

She added that the approach used has been commissioned by Public Health England and developed by Leeds Beckett University in 2015. She added that she was aware of a number of other local authorities that were using it and that Swindon also use a Whole Systems Approach towards Obesity.

Kevin Burnett asked if this programme was linked to finding factors that impact a child's attainment at school and does it identify these factors in terms of the role of the school and the role of the wider network.

The Public Health Consultant(AL) replied that are two ongoing inter-linking pieces of work being carried out, this Health Improvement Framework and work around Educational Attainment and that the parties involved need to be aware of both.

The Public Health Consultant(AM) added that there was a crossover of people involved and that in terms of attainment there has been a previous commitment to update the Panel on this project. She said that they need to assess where best to input the provision as they recognise the importance of improving the lives of children and young people.

Kevin Burnett referred to section 3.8 of the report and asked if the 'children and young people's setting' was likely to be a school.

The Public Health Consultant(AL) replied that they have not assumed that it will directly be schools, but recognise that it needs to be a tangible setting to work within.

Councillor Onkar Saini asked what are the key health metrics that will be tracked in terms of Active Travel and health improvements.

The Public Health Consultant(AL) replied that Active Travel was given as an example as it shows the multiple of different departments and people that need to come together. She added though that no specific target has been set.

Councillor Saini asked how the programme can adjusted if further needs are recognised during the pilot period.

The Public Health Consultant(AL) replied that they are not viewing this as a pilot, it is a framework that they want to see and develop over a ten year period. She added that Public Health were not leading the programme, it is very much a systems partnership. She said that some priorities have been identified and envisaged that a number of action plans would be created and monitored.

She said that the hope over the ten year period is to see an improvement in the big metrics, such as smoking, physical inactivity and rates of obesity.

Councillor Saini asked what data sources were being used and how recent was this data.

The Public Health Consultant(AL) replied that many sources have been used, including national statistics that have been broken down to a local level. She added that information on subjects such as rates of overweight and obesity in adult populations and food insecurity are amongst those gathered.

She added that where possible they will try not to introduce new measures to monitor against as this can have an impact on resourcing. She said that they will also ensure that their data is qualitative.

Councillor Liz Hardman asked how secure the funding for the programme was, given that it is set to be over a ten year period. She also welcomed the work within her locality, such as Somer Valley Rediscovered.

The Public Health Consultant(AM) addressed the Panel and outlined some key areas in relation to Social Prescribing.

- In recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way.
- There are a number examples of social prescribing good practice underway in B&NES. The Community Wellbeing Hub delivers social prescribing by creating the infrastructure for residents to be referred to a wide range of community partners that offer support to connect with local services and activities.
- A multi-partner Social Prescribing Task and Finish Group has been established to oversee and inform the work, joint-chaired chaired by 3SG and B&NES Council, and with support from Bath Mind.
- To develop a strategic approach to social prescribing, a two-year Social Prescribing Project Manager post (employed by 3SG) has been funded to lead and coordinate system-wide work. In year one (2024/25) the post-holder will co-ordinate the development of the social prescribing framework. Current activities to support this include; working with partners to agree shared language and a definition of social prescribing that all partners can work to.
- A business case for the Active Way is currently under development, which will be used to try and secure longer-term funding for elements of the Active Way that demonstrate both effectiveness and cost effectiveness. Without further funding, the service will come to an end in Autumn 2025.
- The Active Way is in year two of its three-year pilot and is currently delivering a wide range of walking and cycling related interventions within the Somer Valley, in priority areas such as Twerton, and in partnership with settings such as Pennard Court.
- The University of West of England (UWE) is verifying results as part of their evaluation of the Active Way programme, and suggest that there were statistically significant increases in cycling and walking more than three times a week after the end of the 6 week game compared to at the beginning.

The Public Health Consultant(AM) addressed the Panel and outlined some key areas in relation to Sexual and Reproductive Health.

- From 1st April 2013, Local Authorities have been mandated to commission comprehensive open access sexual health services, including free testing and treatment for sexually transmitted infections (STIs), notification of sexual partners of infected persons, and free provision of contraception.
- B&NES generally has good SRH outcomes, for example new STI diagnoses are lower than the England and SW averages, the teenage conception rate remains low and shows a significant reduction from 2009 to 2021, and total prescribed long-acting-reversible contraception (LARC) rates remain high.
- However, although HIV diagnoses are much lower than the England and SW averages, late diagnoses of HIV are increasing and double the England average.
- Our mainstream service/clinical hub Riverside Clinic is contracted with Royal United Hospitals NHS Foundation Trust until March 2029 with agreed funding until March 2026.
- Services currently delivered or subcontracted by HCRG are part of the community transformation programme, including Clinic in a Box, GP LARC and pharmacy sexual and reproductive health services, and will either be recommissioned or re-contracted from August 2024 with an aim for contract commencement in April 2025.

The Chair asked if work is carried out with our local universities and colleges as well as our schools.

The Public Health Consultant(AM) replied that they do and have a good relationship in place with them and meet on a regular basis. She added that they will attend Fresher's Week events and have held webinars to provide information to students.

Kevin Burnett referred to framework and commented that in his opinion it was specific in some areas, but generic in others. He asked if this was based on the levels of Public Health funding or how was it agreed.

The Public Health Consultant(AL) replied that these are the health improvement aims that the system has come together and agreed upon. She explained that in the first workshop with partners they carried out a mapping exercise that included around 50 people looking at the causes and factors towards health improvement in B&NES and a number of common themes were identified.

She added that at the second workshop discussion then turned to how could this all be brought together. She said that it was not related to funding within Public Health.

Councillor Crossley stated that the Panel should champion this ongoing work, but would like officers to consider whether they were able to put any aims, goals or targets in place.

The Public Health Consultant(AM) replied that they will consider that and could return to a future meeting of the Panel to give them an update on progress.

The Chair thanked the officers for their work and for attending the Panel

The Panel **RESOLVED** to:

- i) Note the work underway for each of the three programmes of work.
- ii) Note the risks to long-term sustainability of some of the interventions available for our residents.
- iii) Support the ambitions of each programme of work by considering opportunities to champion each programme and their alignment with wider Council work.

32 KNIFE CRIME PREVENTION TASK GROUP UPDATE

The Chair introduced this report to the Panel and wished to thank all those that had taken part in the work of the Group so far. She stated that there was not a simple solution to this issue and that they have heard from a number of groups and parents that have been affected by this issue and that at times it had been emotionally challenging.

Councillor Paul Crossley said that in terms of next steps he would encourage talks with the relevant Cabinet Member to ensure that a budget is in place to take this work forward. He said that an analysis should be undertaken to understand the costs to society from the effects of knife crime re: NHS, Social Services, Police etc.

The Chair said that the budget would need to involve a wider discussion with other partners and organisations. She added that she could ask about research into the society costs as mentioned.

Councillor Joanna Wright said that she would support the points made by Councillor Crossley. She questioned whether young people are now too frightened to go out because of knife crime and what measures are in place to provide support to our young people affected by this issue.

The Chair said she would ask the Group to explore these points.

Kevin Burnett referred to the Terms of Reference and asked if it was felt that the Group had covered all these topics in their work to date.

The Chair said that the focus has been on considering opportunities for improving prevention of knife crime across Bath and North East Somerset.

Councillor Wright asked if County Lines was in any way attributable in this scenario.

The Chair she would ask for that to be addressed within their report. She also raised an area for the group to discuss regarding the number of young people involved in serious violence and knife crime and the above average number of pupils that have been permanently excluded from school, and that these young people are particularly at risk of such crimes.

The Director of Public Health suggested that the Panel receives the Serious Violence Action Plan and discusses it at a future meeting.

The Chair acknowledged that and said that the Task Group would also like to see the Action Plan.

The Panel **RESOLVED** to:

- i) Note the update and the recommendations they have made to help shape the future direction of the Task Group.

33 PANEL WORKPLAN

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

Councillor Joanna Wright highlighted the lack of available disabled accessible taxis within B&NES and said that she was unsure of where to raise this issue within the Council.

The Chair said that she was aware that this is an issue, but was unsure of how to progress this from the point of the Panel.

The Director of Adult Social Care said that she would think of who best could address this matter in terms of accessibility.

Councillor Wright asked if the Council was prepared for how the change in Winter Fuel Payments will affect a certain number of our residents.

The Chair said that this matter should be addressed within the November meeting following the Government's announcement of the Autumn Budget Statement.

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

The meeting ended at 12.30 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Lead Member PDS Report 14/10/2024.**1. Exclusion and Attendance Report**

I am pleased to introduce Sarah Gunner, Headteacher of the Virtual School . Sarah will present a report on Exclusion and Attendance later in the meeting.

2. Safety Valve Update

As previously advised, the local authorities' re-submission into the government's safe valve programme has been on hold while the new government assesses a way forward for safety valve local authorities.

We don't yet know what the new government's policy position will be in this area, but we have been asked to update our plan, tweak it, and resubmit it by the 1st of October. We have now done this, and we await instructions on the next steps.

Outside of the formal DFE process, our team has been progressing well on our Safety Valve plans. We now have a SEND and AP advice service in place, six new staff offering professional advice to schools to support pupils with SEND, and new staff in the SEND team to help cope with demand and improve decision-making. Our SEND capital projects are also making good progress. More details are in the next section.

3. Capital Update**Culverhay**

The project is progressing to deliver the 120 place Special Free School and 55 place Alternative Provision School on the Culverhay site. The Council has committed to deliver a cleared site to the Department of Education and this will include moving the current Alternative Provision at Rush Hill.

We have identified Dartmouth Avenue as a suitable site, a project manager has been appointed and architects are about to be appointed. A further site visit is planned for the 3rd of October with relevant stakeholders (including the Midsomer Norton Partnership Trust) to finalise the adaptations and refurbishment required.

The next meeting between the Dept of Education Programme Managers for the Free Schools project is due on the 10th of October when we should have an update around the recruitment of their Technical Advisor for the project and progress of their feasibility study

Charlton House

The service specification for residential and day special school has now been published on the Dept of Education and B&NES websites. There is a consultation event planned for 1st of October to share draft plans and information about the Charlton House site. The deadline for submissions for potential providers to run the school will be the 14th of December and the successful provider should be appointed in February '25.

A project manager has been appointed, a design team will be appointed week commencing the 14th of October, a public consultation is planned for the end of November to allow local residents and stakeholders view the plans, and the aim is to submit full planning application by the end of March 2025. The current projected opening time is September 2026 but if possible, we will open sooner.

4. Ofsted Annual Conversation

I am pleased to provide an update on Ofsted arrangements.

Ofsted have confirmed that they will retain an annual conversation around social care. A Local Authority Self- Assessment will continue to be required.

Ofsted have also advised that they will move to termly conversations with the Local Authority with regards to education.

5. Corporate Parents

Recent meeting had good member attendance, thank you. Venue and style of the room to be reviewed. I invite Cllr Wright to share her proposal regarding making an application to the National Trust to apply for one of the Sycamore Tree samplings for Alice Park.

6. Knife Crime Awareness Event for Parents and Carers

I am pleased to announce that the B&NES Violence Reduction Partnership (VRP) have now arranged a further parental knife crime awareness event at St Mark's School on Monday 21st October 2024, starting at 6pm.

The event is aimed at parents and carers who would like to know more about the dangers of knife crime or are concerned that their children are at risk. They aim to increase awareness of key issues surrounding knife crime, empowering you and your children to make informed and positive decisions to stay safe.

You will have the opportunity to hear from guest speakers with lived experience, who have been personally affected by knife crime. There will also be a presentation by Street Doctors, followed by a panel discussion with the opportunity to ask questions.

For queries, please email VRP_Events@bathnes.gov.uk.

Or book your ticket now on Eventbrite:

<https://www.eventbrite.co.uk/e/bnes-vrp-knife-crime-awareness-event-for-parents-carers-tickets-1022634837327>

I would welcome some update on the task and finish exercise on serious knife crime that the CAHW is leading on.

7. **DFE Update**

Policy Paper to include schools, social care ,SEND and Transport due November 2024. I will begin this to CAHW in due course.

DFE have announced match funding for Capital Development, to include residential homes. B&NES colleague and ICAS colleague attended a briefing session with DFE. Children's Services will be developing a residential homes options and have agreement to secure external specialist expertise input to progress.

8. **Schools Streets**

I am pleased up to update as promised, that one pilot has been agreed and they have sought expressions of interest from schools.

9. **Black History Month**

There are a number of events planned around our city to celebrate Black History Month in October. Please see list below.

Changing Narratives of Bath's Heritage

Michael Tippett Centre, Newton St Loe, Bath, BA2 9BN

Thu 17th October 2024

Welcome to Black History Month at Bath Spa University, where we are celebrating the rich heritage and contributions of Black communities under the theme 'Reclaiming Narratives'.

<https://www.bathspa.ac.uk/news-and-events/events/bhm24-changing-narratives/>

Dispelling Health Myths'

MS Teams meeting on Thursday 17th October 1-2pm

With this year's theme being 'Reclaiming Narratives' and one of the core goals being to correct historical inaccuracies, this event hosted by the RUH, will be a panel talk focused on dismantling healthcare myths. [Dispelling Health Myths at the RUH](#)

Avon Fire and Rescue Service are excited to invite you to our Black History Month Coffee Morning at Bath Fire Station on **Tuesday, 3rd October**, from **10:00 AM to 1:00 PM**.

If you have any questions or would like to confirm your attendance, please feel free to reach out to kyle.rees@avonfire.gov.uk.

Diane Abbott: A Woman Like Me

Thursday, 24 October 2024 7-8pm at St Swithins Church, Bath

From challenging expectations as a bright and restless child of the Windrush generation to making history as the first elected Black female MP in the UK, **Diane Abbott** has had her share of barriers to break down.

<https://www.batharts.co.uk/events/diane-abbott-a-woman-like-me>

10. Ofsted Inspection Report of Adoption West Regional Adoption Agency

The annual report for Adoption West Regional Adoption Agency for 2023/2024 has been shared with CAHW. I would be pleased to accept any comments/feedback on the report.

I am very pleased to now include the recent Ofsted Inspection report for Adoption West. Ofsted inspectors were on site 12-16th August 2024. The agency is owned by the 6 Local Authorities and the Board was chaired by Mary Kearney-Knowles at the time of the inspection

Ofsted judgements:

- **Overall experiences and progress of service users** -GOOD
- How well children, young people and adults are helped and protected- GOOD
- The effectiveness of leaders and managers-GOOD

Link to the report : [50257608 \(ofsted.gov.uk\)](#)

11. Youth Justice Inspection

The Youth Justice Service has had an HMIP (His Majesty's Inspectorate of Probation) Inspection announced. The Inspection will focus on the work of the Youth Justice Service and the wider multi-agency partnership work to prevent offending and to support children in the justice system.

The work towards the inspection began at the start of last week and will last for 5 weeks.

4 Inspectors will be onsite, at the Civic Centre Keynsham, for one week, starting at midday on Monday 21st October until approximately 1pm on Friday 25th October. T

While on site, the inspectors will conduct a range of interviews with practitioners and managers and some focus groups with colleagues from partner agencies.

I will be pleased to provide feedback post the inspection.

12. Regional Fostering Southwest Hub.

I previously updated you on the Regional Fostering Southwest Hub.

The website, **Fostering South West**, is live and contains updates: please see attached link:

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

13. Health and Wellbeing Board

As agreed at last CAHW, please see link to the Health and Wellbeing Board Meeting 05.09.2024

<https://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=492&MId=6473>

Key papers for discussion:

- Health and Wellbeing Strategy Implementation Plan- Quarter 2 Exception Report
- Pharmacies and the Prevention agenda
- Bath and North East Somerset Community Safety and Safeguarding Partnership (BCSSP) Annual Report.

Following the thematic review Ofsted CQC Preparing for Adulthood, a report and the action plan will be shared at the November Health & Wellbeing Board and CAHW.

14. Children with Complex Needs

The review of children with most complex packages of support, both in the community and in care is still underway, across the 3 Local Authorities (B&NES, Swindon and Wiltshire) and the ICB. I will provide a further update when it is completed.

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

Maternity update and pre and post-natal birth trauma support

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board's vision for maternity care is for all women to have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence.

In terms of pre and post-natal support for women who have experienced a range of trauma including previous birth trauma, BSW ICB has a maternal mental health services team called Ocean which provides a pathway approach to identification and provision of support for women with trauma, grief and fear of pregnancy related to childbirth.

This service provides support through birth reflections which allow parents to explore their birth experience and give them the opportunity to clarify events.

The service also offers tailored support within maternity services throughout pregnancy from specialist midwives, information for women experiencing miscarriage and psychological interventions for trauma provided by psychologists. The evaluation of the Ocean services demonstrates a significant reduction of trauma scores following treatment.

The maternity teams are also focusing on the prevention of trauma in maternity and neonatal services. This includes training for staff and improvement work related to informed and supported choice for service users.

Personalised care plans are also in place to support women to access information throughout their pregnancy journey, along with a decision-making tool that helps service users with informed decision-making. We have a website where information can be reviewed. www.bswtogether.or.uk/maternity

The majority of recommendations from the recent All Party Parliamentary Inquiry on birth trauma were already been integrated into the Three Year Plan for Maternity and Neonatal services which was published in March 2023 and we have reviewed the recommendations to identify if any additional actions were required.

BSW Suicide Prevention Strategy 2024-2029

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 set out two requirements for suicide prevention:

- 1) The current suicide prevention programme will cover every local area in the country (this refers to dedicated funding provided to STPs then ICBs.)

- 2) All systems will have suicide bereavement support services providing timely and appropriate support to families and staff.

Both of these were met in BSW.

BSW has a suicide rate that is lower than the national average, in contrast to many other areas of the South West. There is a marked gender inequality in the ratio of male to female deaths from suicide both in BSW and nationally, with males over-represented. There is also evidence of a strong association between suicide rates and levels of deprivation at a national level. Taking action to reduce the risk of suicide will address both of these inequalities in BSW

A paper has been presented for comment to the BSW Suicide Prevention Group, the BSW Thrive Programme Board and the BSW Population Health Board.

The Strategy has been amended following feedback, including highlighting work on prevention and early intervention (with detailed actions being captured in future Place-based plans) and a distinction between system-based actions accountable to the BSW group and Place-based work to be picked up by local suicide prevention partnerships in each of B&NES, Swindon and Wiltshire.

Members of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel are asked to note the contents of the BSW Suicide Prevention Strategy and that the BSW Suicide Prevention Group will take forward the following recommendations and for the work:

Recommendations to be implemented at Place:

- Localities should consider their local priorities to create bespoke action plans suited to the needs of their respective locality
- Localities should develop actions that provide prevention and early intervention, particularly for higher-risk groups
- Local authorities to monitor suspected suicide rates amongst young people to identify a selected priority group within the younger people population
- A range of output and outcome indicators will be presented by local authorities, alongside relevant partners, annually at the BSW Suicide Prevention Group with an aim for collaboration and learning.

Recommendations to be implemented at System:

- Awareness and training are system priorities (which should be implemented locally, bespoke to the needs of each locality).
- Introduction of a standardised reporting approach from the three local authorities 'near to real-time suspected suicide surveillance' (nRTSSS) into the BSW Suicide Prevention group
- Consider the need for collation of this data at BSW level (*currently two different police areas and systems*) to create an overall BSW system.

- Continue to engage with the regional nRTSSS Sector Led Improvement Group
- Ensure dialogue between suicide surveillance and bereavement support services in each area.

Cancer services update

In B&NES the RUH, along with hospitals in Swindon and Salisbury, is receiving focused support from regional performance teams and Cancer Alliances, including additional funding and regular monitoring meetings.

This approach has been shown to help reduce backlogs more effectively than in those not receiving this additional support.

Waiting times at the RUH have been addressed through a number of actions including support for urology ultrasound appointments from Salisbury Hospital and support for colonoscopy investigations from Sulis Hospital.

Cancer teams at the RUH have reported the most frequent pathway for someone being diagnosed with a new cancer is through a visit to its emergency department.

The ICB is also running awareness campaigns to encourage BaNES residents to do all they can to help themselves reduce the risk of cancer through healthy lifestyle advice, attending screening appointments and contacting their GP practice if they are worried about cancer symptoms.

As reported at last month's committee meeting, the recently opened Dyson Cancer Centre at the RUH provides residents with a purpose-built facility bringing together many of the RUH's cancer services under one roof. The new centre sees around 350 patients a day and is backed by over £40m in government funding.

Stoptober campaign to encourage people to stop smoking

BSW ICB is participating in a campaign to encourage local people to stop smoking during the annual Stoptober awareness month.

Stoptober is the Department of Health and Social Care's annual stop smoking campaign, based on evidence that if a smoker makes it to 28 days smoke-free, they are five times more likely to quit for good. Since it first launched in 2012, Stoptober has helped over 2.5 million people make a quit smoking attempt. With your help, this year we aim to encourage the remaining 5 million smokers in England to give quitting a go this October and support them to quit successfully.

The ICB has supported the campaign through publicity, its social media channels and press releases and signposted local people to the HCRG Stop Smoking Support and Vaping Advice service.

We have also signposted to the national Stoptober free quitting tools including the NHS Quit Smoking app, daily email support, Facebook support group, and information about quitting smoking with a vape.

While smoking prevalence in adults in B&NES is 11 per cent of adults compared to 11.6 per cent for England, smoking in adults in routine and manual occupations (age 18-64) is 28.9 per cent compared to 19.5 per cent for England. Smoking prevalence in adults with long-term mental health conditions (age 18+) is also higher than the national average at 33 per cent compared to 25.1 per cent for England.

Physiotherapy Services provided by HCRG

There was a request from committee members for an update on uptake, waiting times and number of patients seen over the past two years by the HCRG physiotherapy service. Physiotherapy is a significant high-volume service and we would like to work with committee members to understand what particular elements you would like an update on, and arrange to return at a future date with specific information and a relevant representative to provide context.

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	14 October 2024	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	B&NES Community Safety & safeguarding Partnership Annual Report	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>BCSSP Annual report</p> <p>BCSSP Annual Report Executive Summary</p> <p>BCSSP Annual Report Presentation</p>		

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 Panel 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

4 STATUTORY CONSIDERATIONS

- 4.1 Safeguarding is everyone's business and the BCSSP would like the Panel to consider the information contained in the report on this basis.
- 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 Panel, 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.
- 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.

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.

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

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Bath & North East Somerset Community Safety & Safeguarding Partnership

Annual Report
2023-2024





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

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.

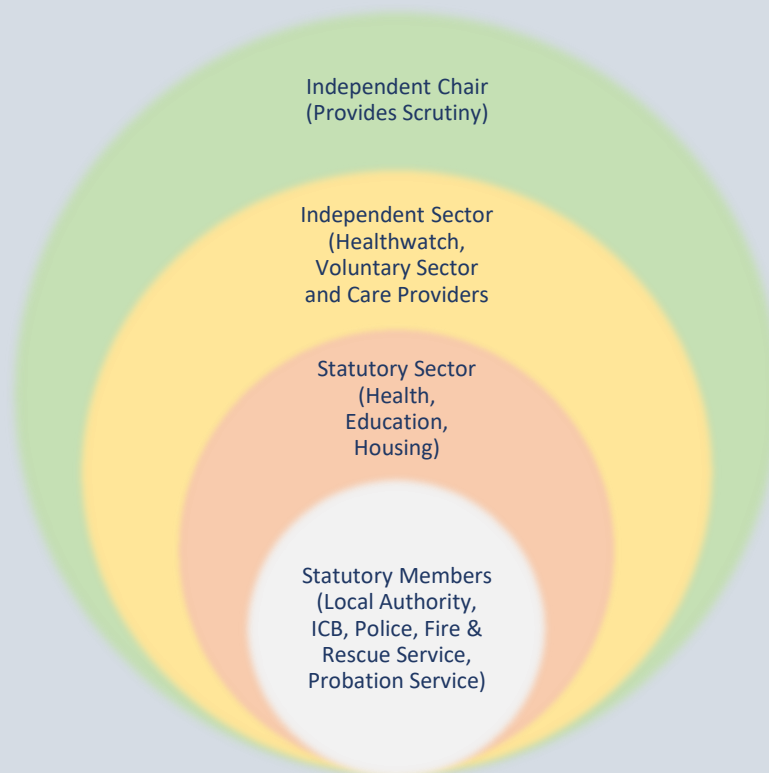
Fiona Field.

Independent Chair of BCSSP.

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 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**

Partnership Structure

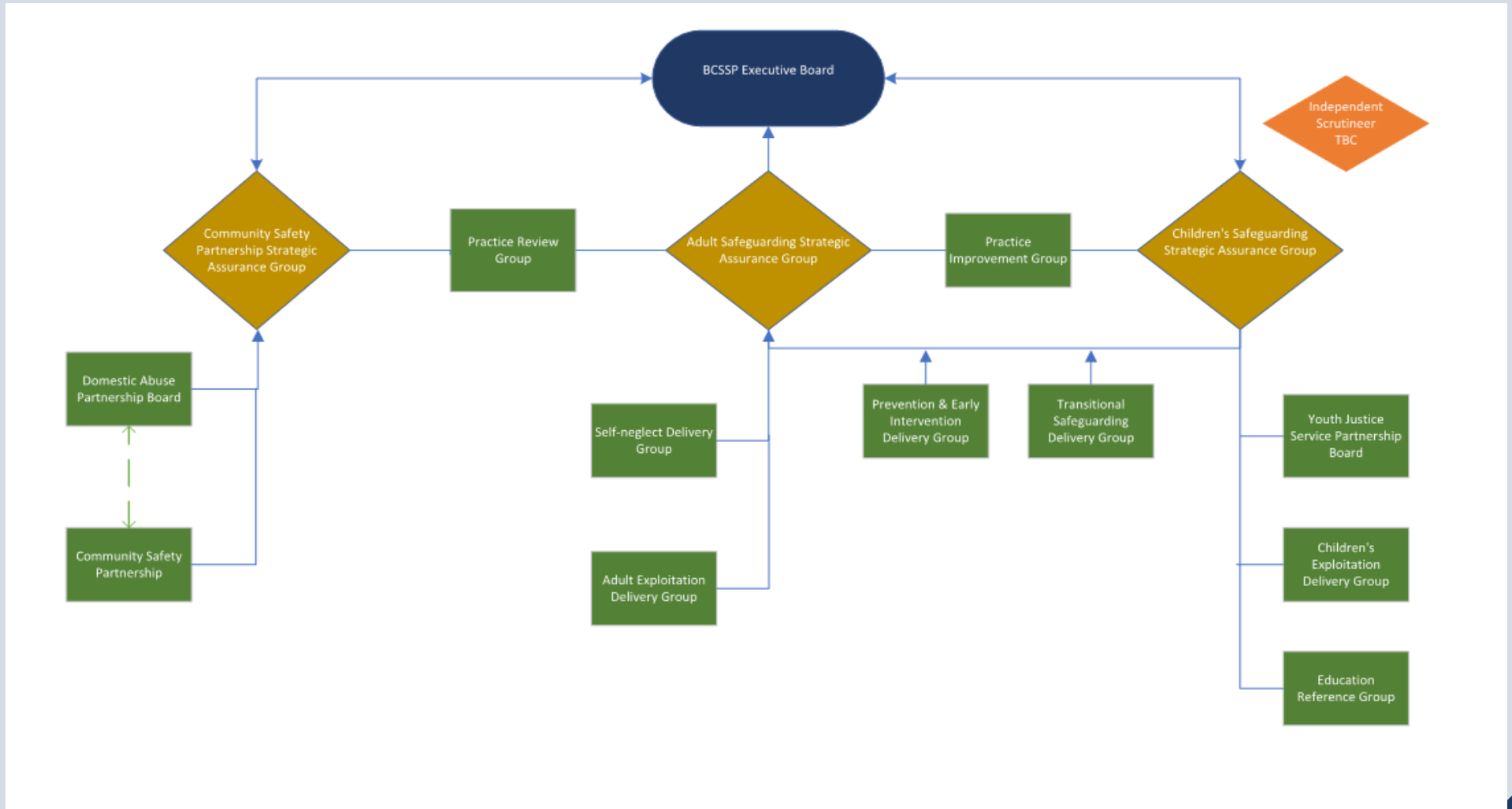
In 2022, the BCSSP commissioned the LGA to undertake an independent review of our partnership arrangements, which highlighted many strengths and some recommendations for change. In response to the recommendations, we reviewed the composition of the partnership to ensure effective involvement at an appropriate 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 1st 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)



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. 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 1st April 2023 and 31st 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)

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.

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.

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)

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.

The Work of the Partnership Subgroups

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

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

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.

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
<p>How has your organisation contributed to the functioning and structure of the multi-agency arrangements?</p>	<ul style="list-style-type: none"> • The safeguarding team have supported the work around restructuring the BCSSP and took part in the BCSSP development day in 2023-2024. (RUH) • Attending appointed subgroups, involvement in adult safeguarding portal work, attend SAR learning (Midsomer Homecare) • Specialist Safeguarding Nurses attend MARAC meetings and share information and contribute to safety planning for victims and children. (HCRG Care Group) • 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) • 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 • Contributed to statutory reviews and seek assurance that learning is both identified, implemented and changed practice (BSW ICB) • 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) • 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) • 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. • Representatives from the organisation contribute to multi-agency working to reduce serious crime and exploitation; we are represented on

	<p>the Serious Youth Violence Steering and Operational Groups; 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"> • Develop a 'Think Family, Think Community' approach. • Learning from experience to improve how we work • Recognising the importance of prevention & early intervention. • Providing executive leadership for an effective partnership. 	<ul style="list-style-type: none"> • 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) • 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) • We use "lessons learned" from complaints and safeguarding to inform future care. (Midsomer Homecare) • 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) • Training opportunities relating to serious youth violence promoted and staff supported to attend. (Oxford Health) • 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) • 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) • 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. • 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) • 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) • 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) • 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) • ASP have shaped an effective partnership approach in the aftermath of a number of serious violence incidents within BANES to provide community reassurance (Police)

	<ul style="list-style-type: none"> • 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) • 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)
<p>How has your organisation used data to encourage learning?</p>	<ul style="list-style-type: none"> • 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) • 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) • 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) • 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) • 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) • 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) • 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) • 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) • 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"> • 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. • 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) • 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)

<p>How has information sharing improved practice and outcomes?</p>	<ul style="list-style-type: none"> • 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) • 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) • 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) • Disseminated information and findings from strategic meetings into operational team meetings and again further into 1-1 supervision. (Action for Children) • Improved access to advocacy services via professional referrals and drop ins e.g. care act advocacy (POhWER) • 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) • 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)
<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"> • 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) • 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) • 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. • participation group in BSW is very strong: <ul style="list-style-type: none"> • 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 • Helping create a questionnaire to gain feedback from young people using the Single Point of Access • Working with BaNES youth groups to plan and run a mental health event • Training session with CAMHS staff around supporting neuro divergent young people. (Oxford health) • 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. • 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)

	<ul style="list-style-type: none"> • 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) • 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) • examples of changes we have made are: <ul style="list-style-type: none"> • 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. • 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) • 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)
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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.

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.

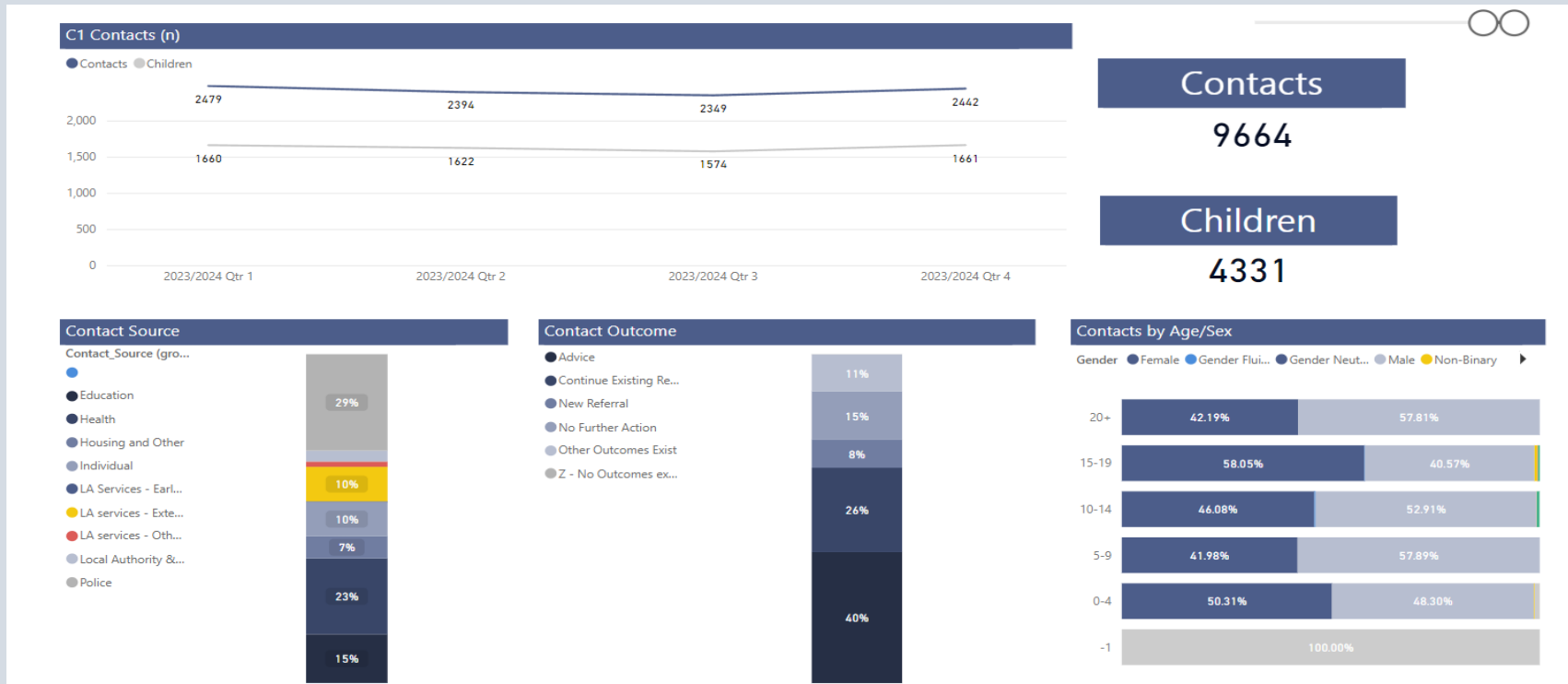
Alongside this, data submitted by our partners is monitored and analysed, allowing the BCSSP to remain agile to the community safety and safeguarding needs of B&NES.

Appendices

Children's Social Care

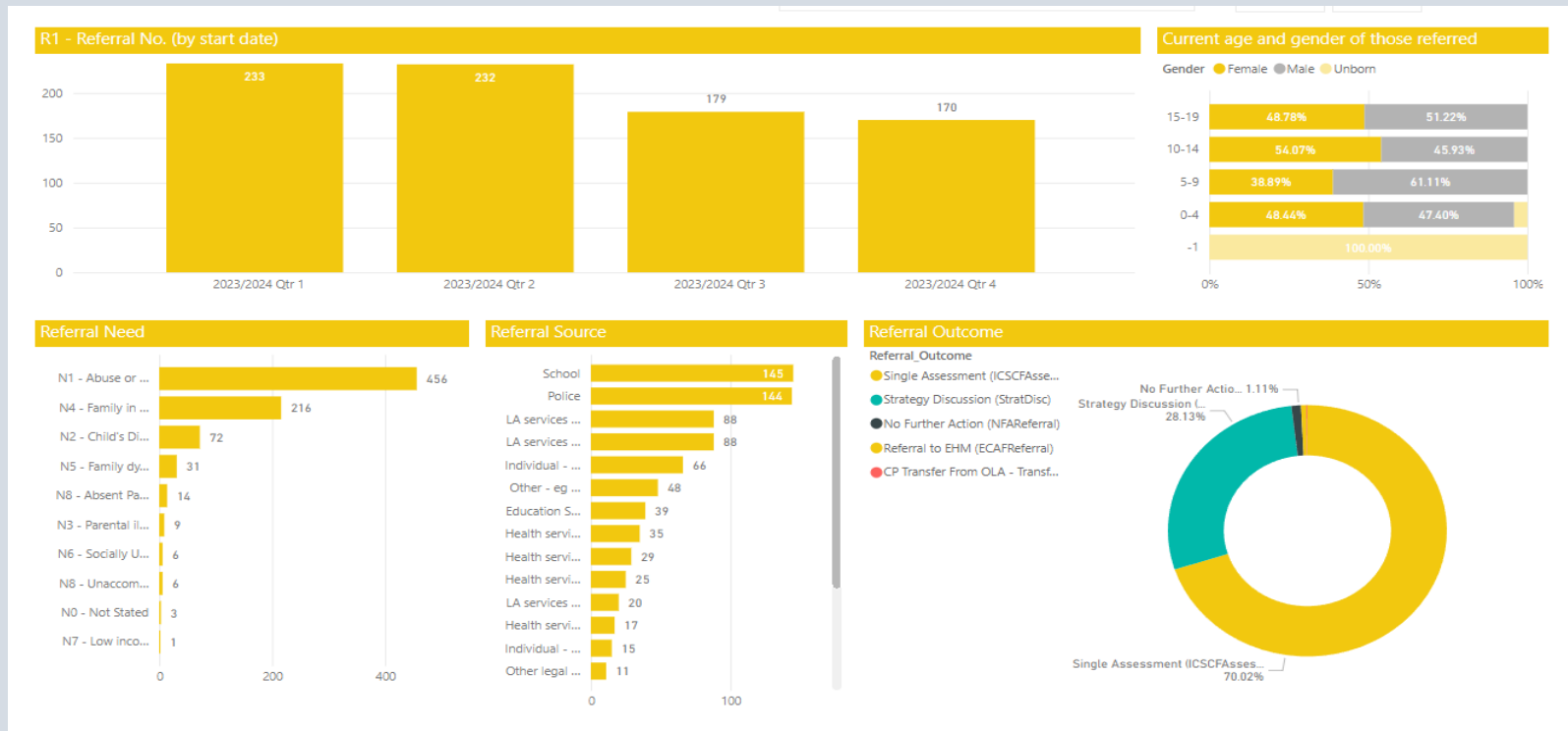
Contacts for the period 01.04.2023 – 31.03.2024

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.



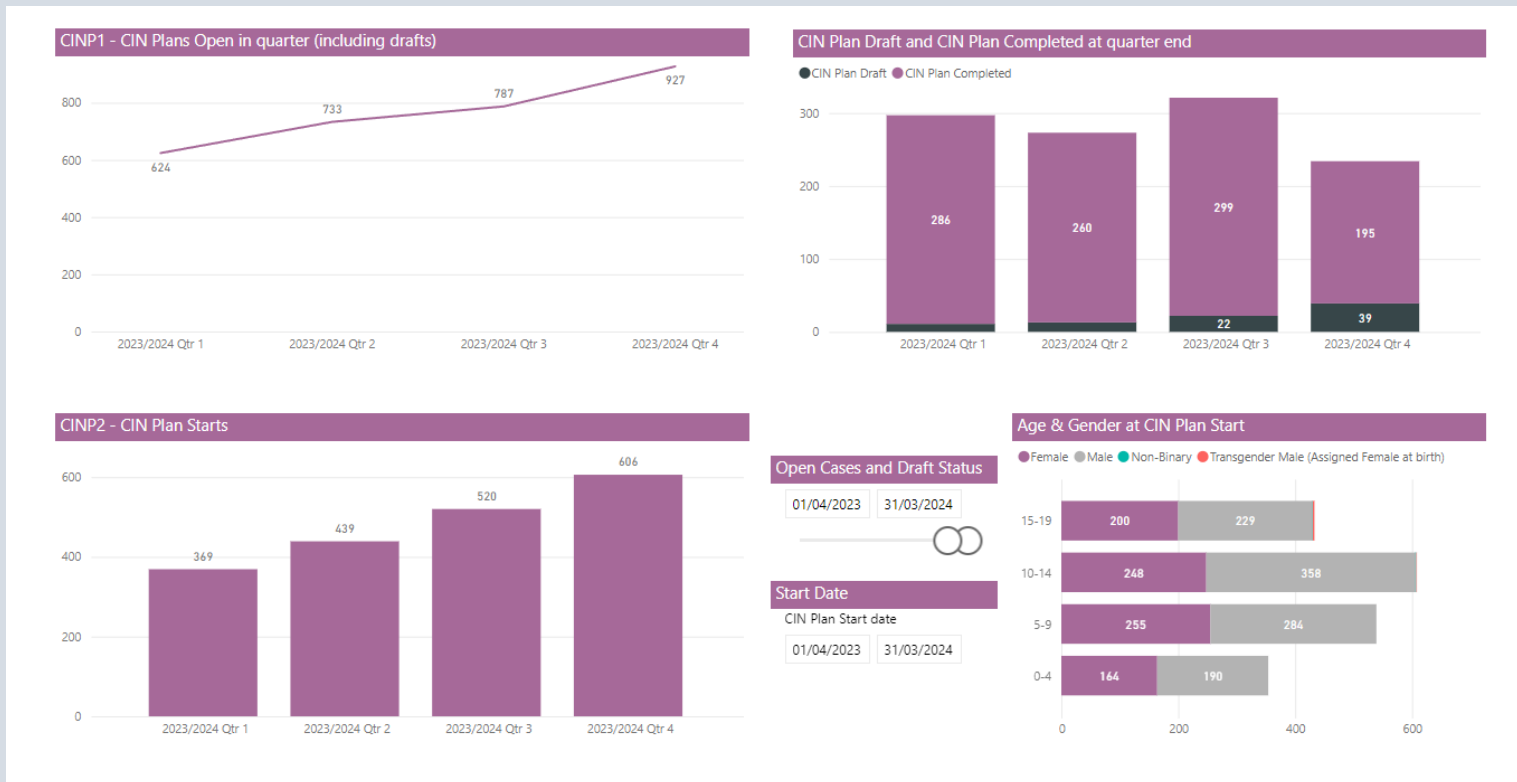
Referral Trends 01.04.2023 – 31.03.2024

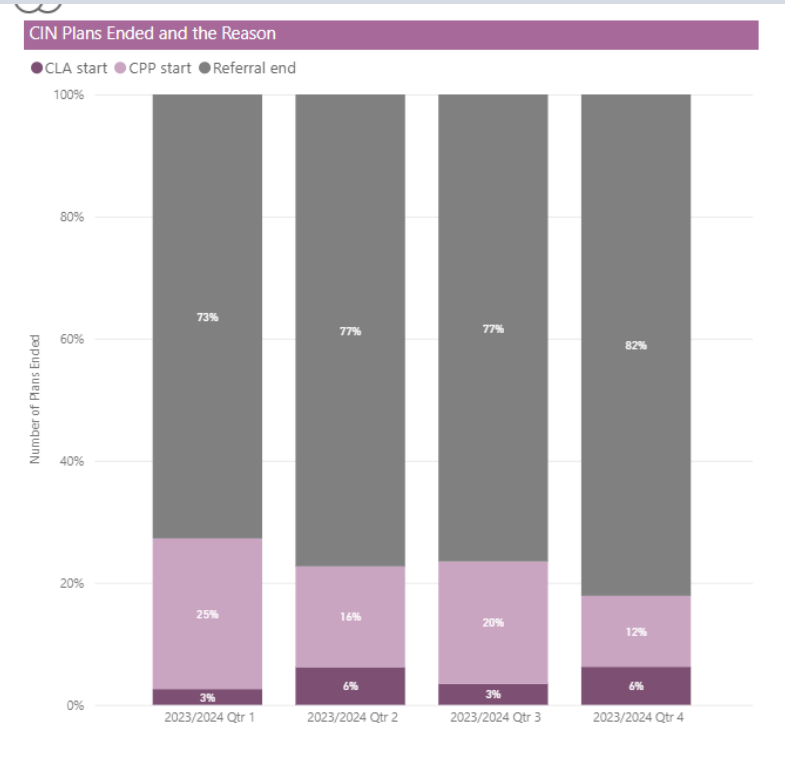
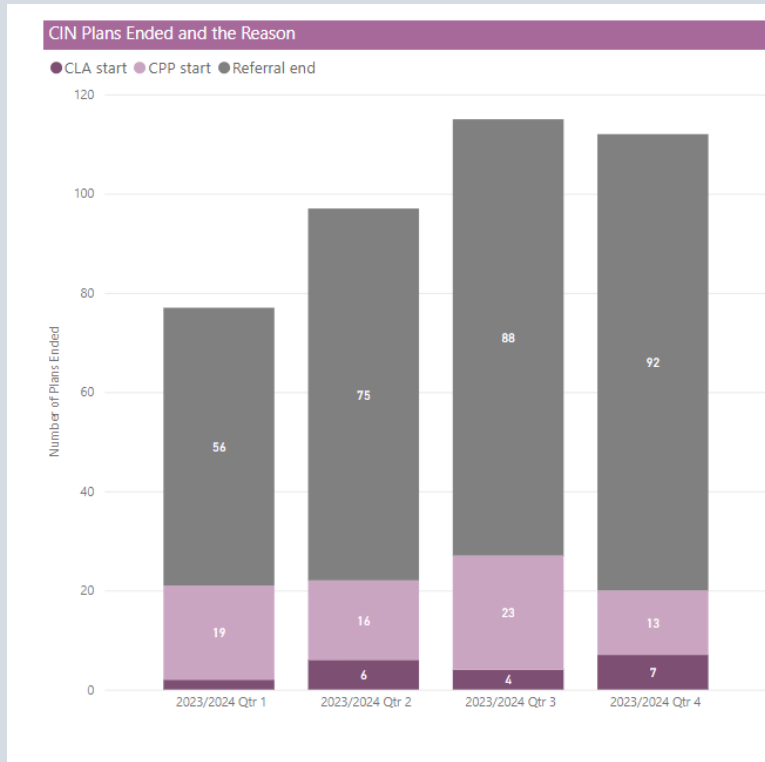
There is a decrease in referral conversion over the last two quarters in 23/24, despite contact numbers remaining similar, although these have risen again in Quarter 1 24/25. The greatest conversion from contact to referral remain School and Police.



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.





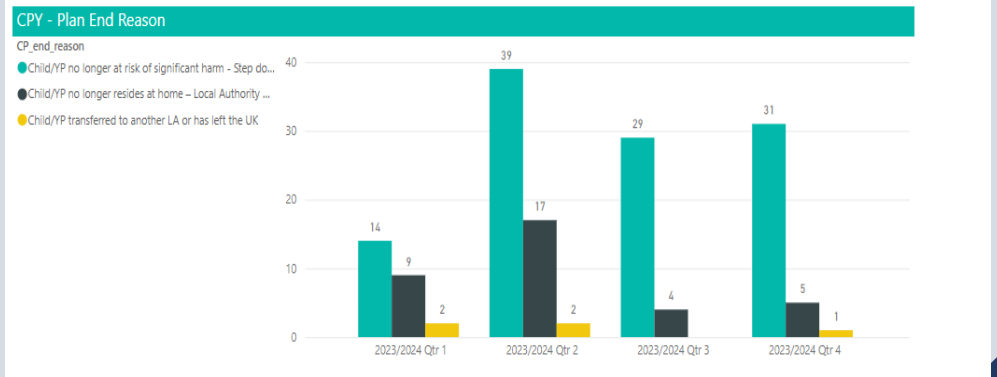
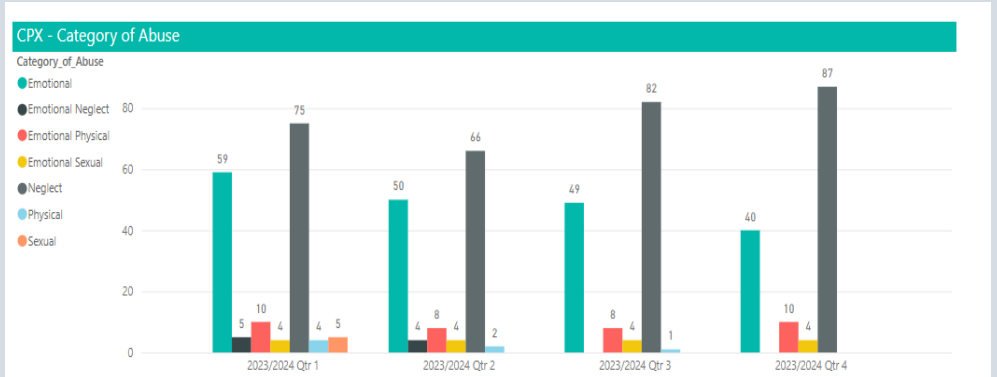
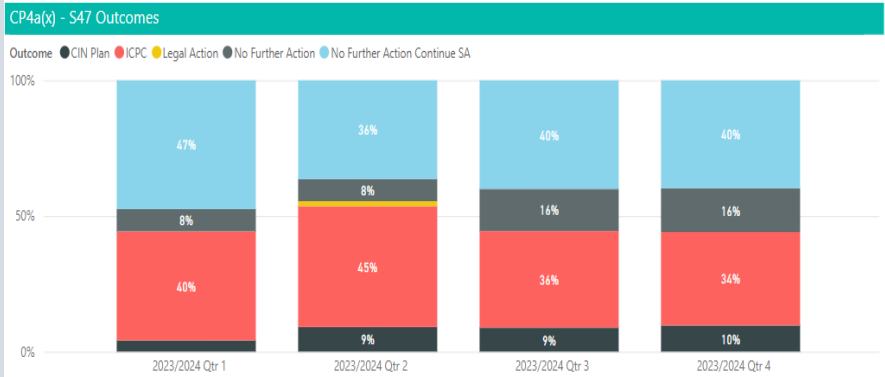
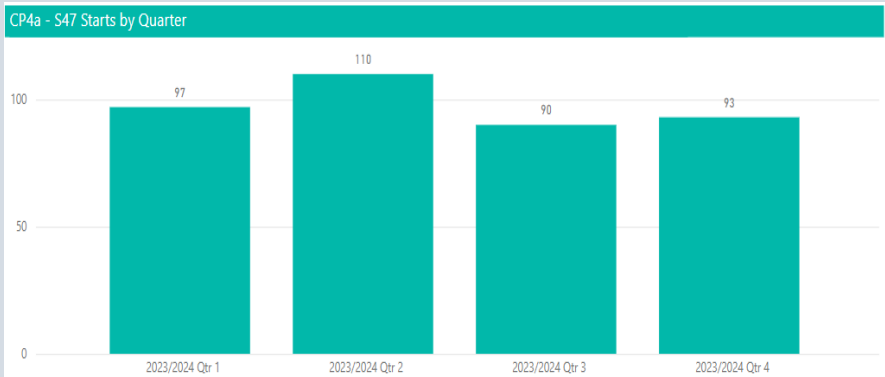
Children Looked After

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.





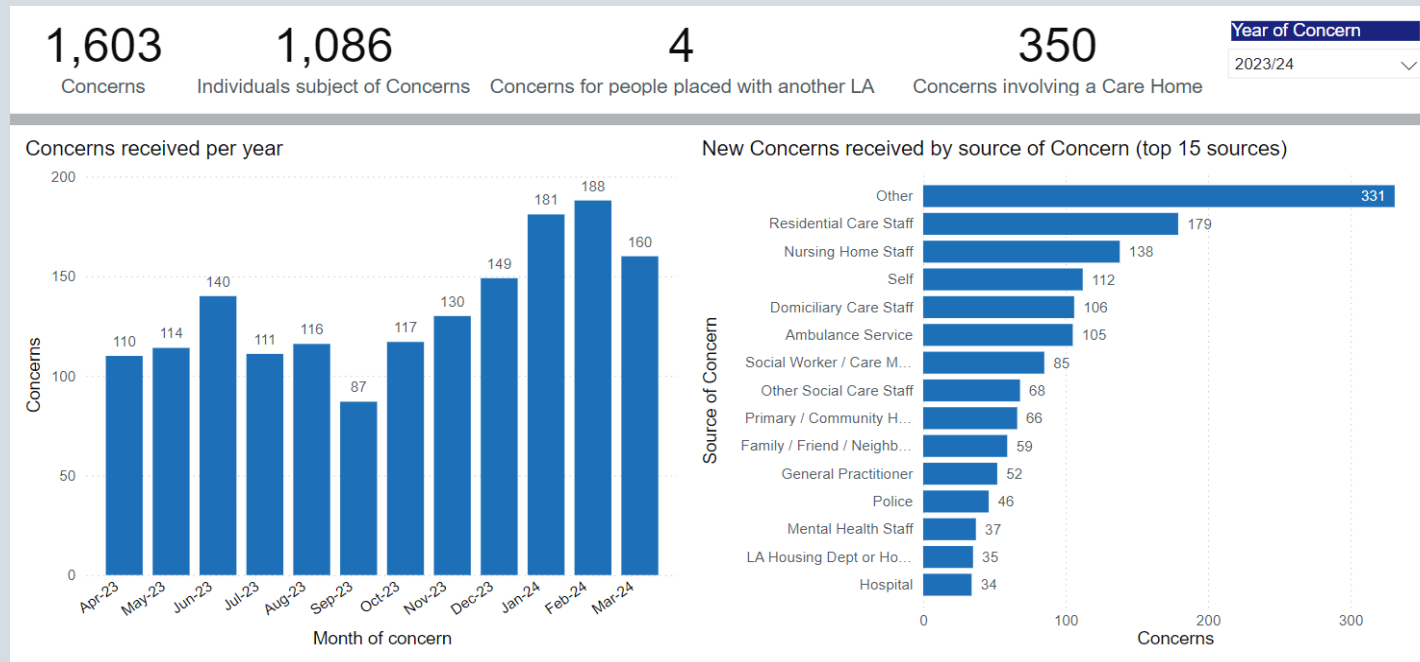
Adult Social Care Data

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].

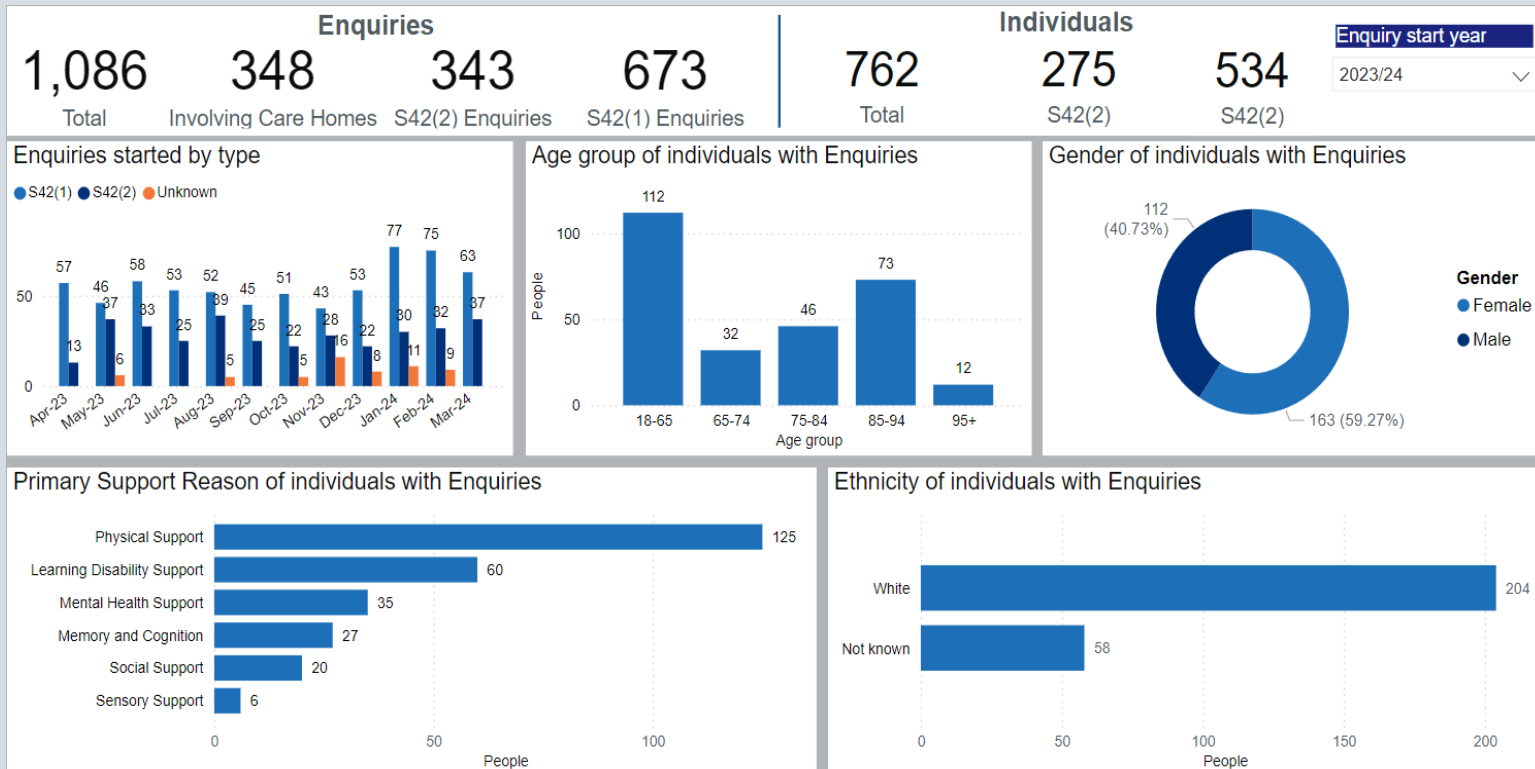
These are then described as s42(1) and s42(2) enquires. To note, when referenced both s42(1) and s42(2) enquires are actually s42(2) enquires pursuant to the Care Act 2014. S42(1) enquiries are concerns that fit the s42(1) Care Act description, but alternative actions can be set, that will address the 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.

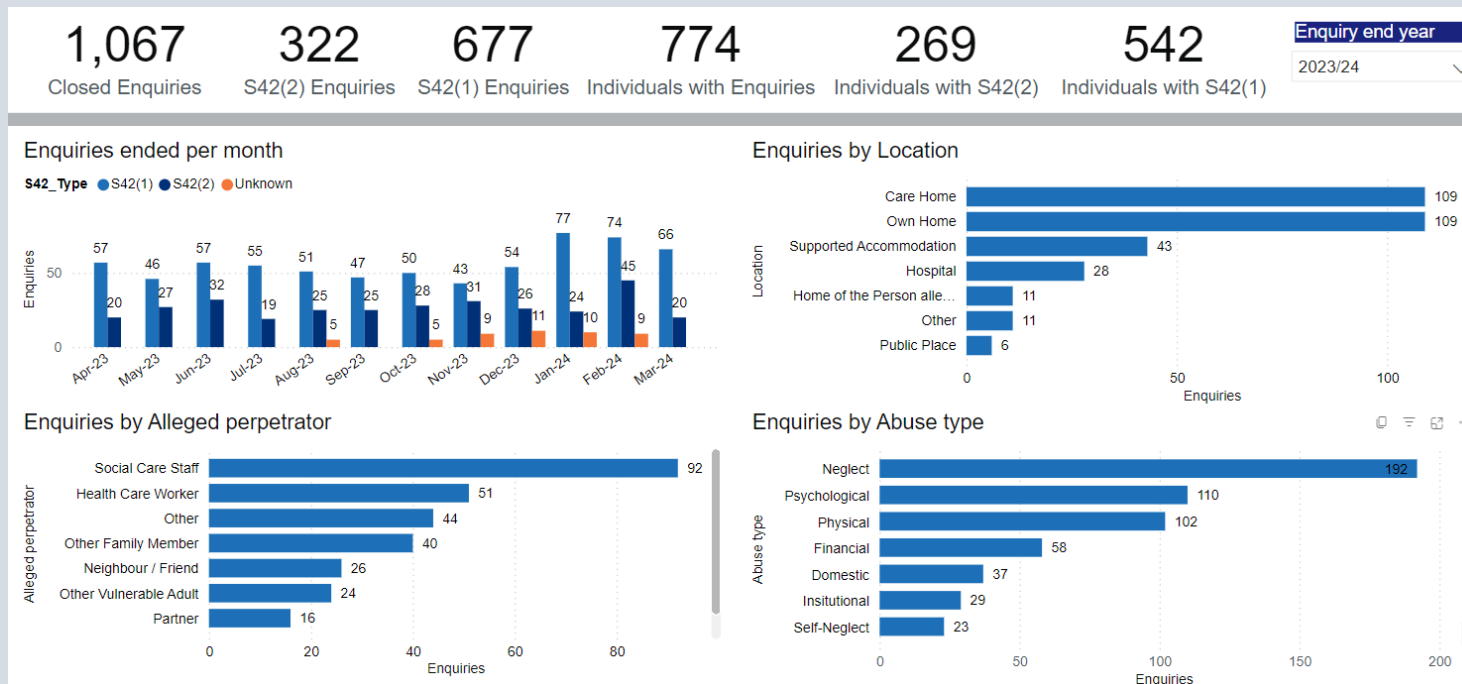


Enquiries Ended

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.

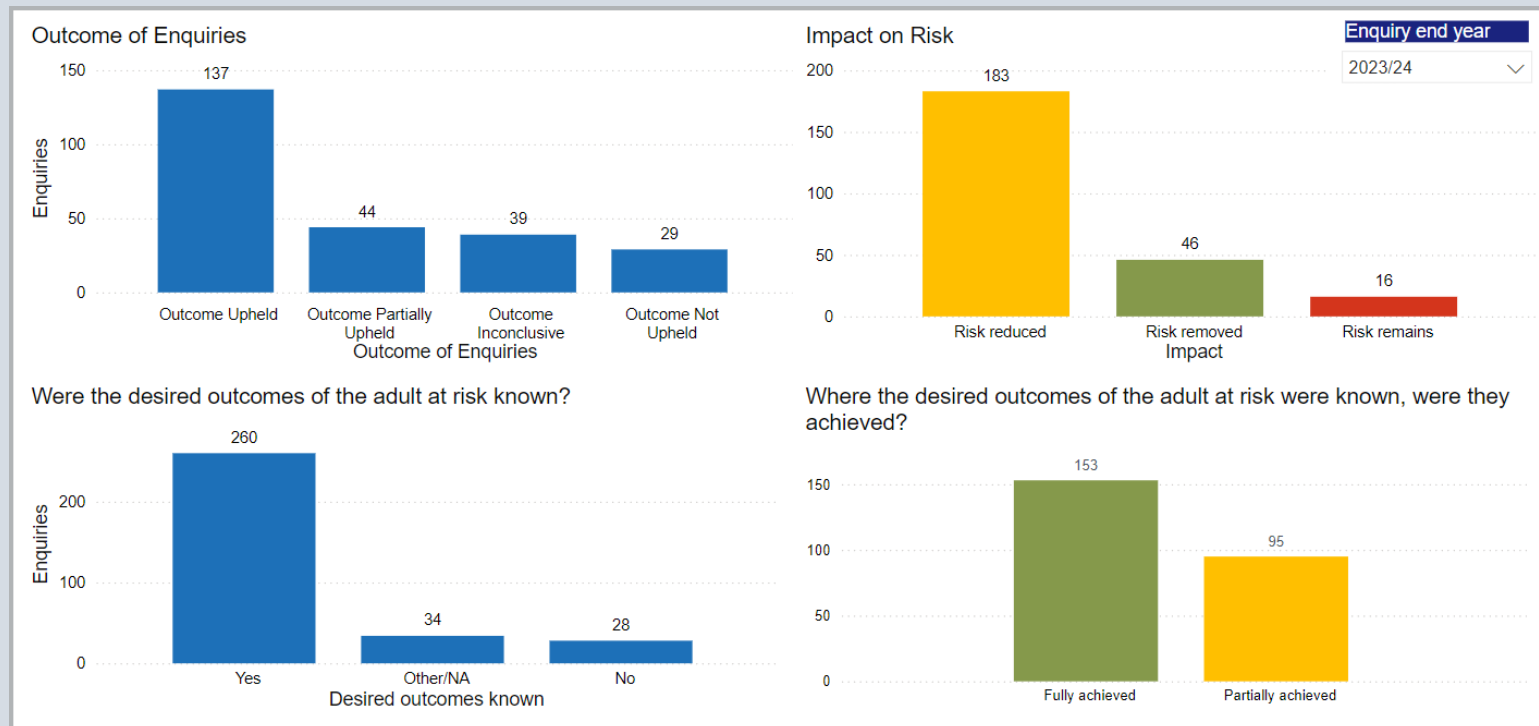
Primary Support Reason. There continues to be an increase in the reported number of people with a physical disability, mirroring what was reported in last two annual reports. As part of the review of the data set and Liquid Logic changes, we have changed this to include “not divulge”, as well as “not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



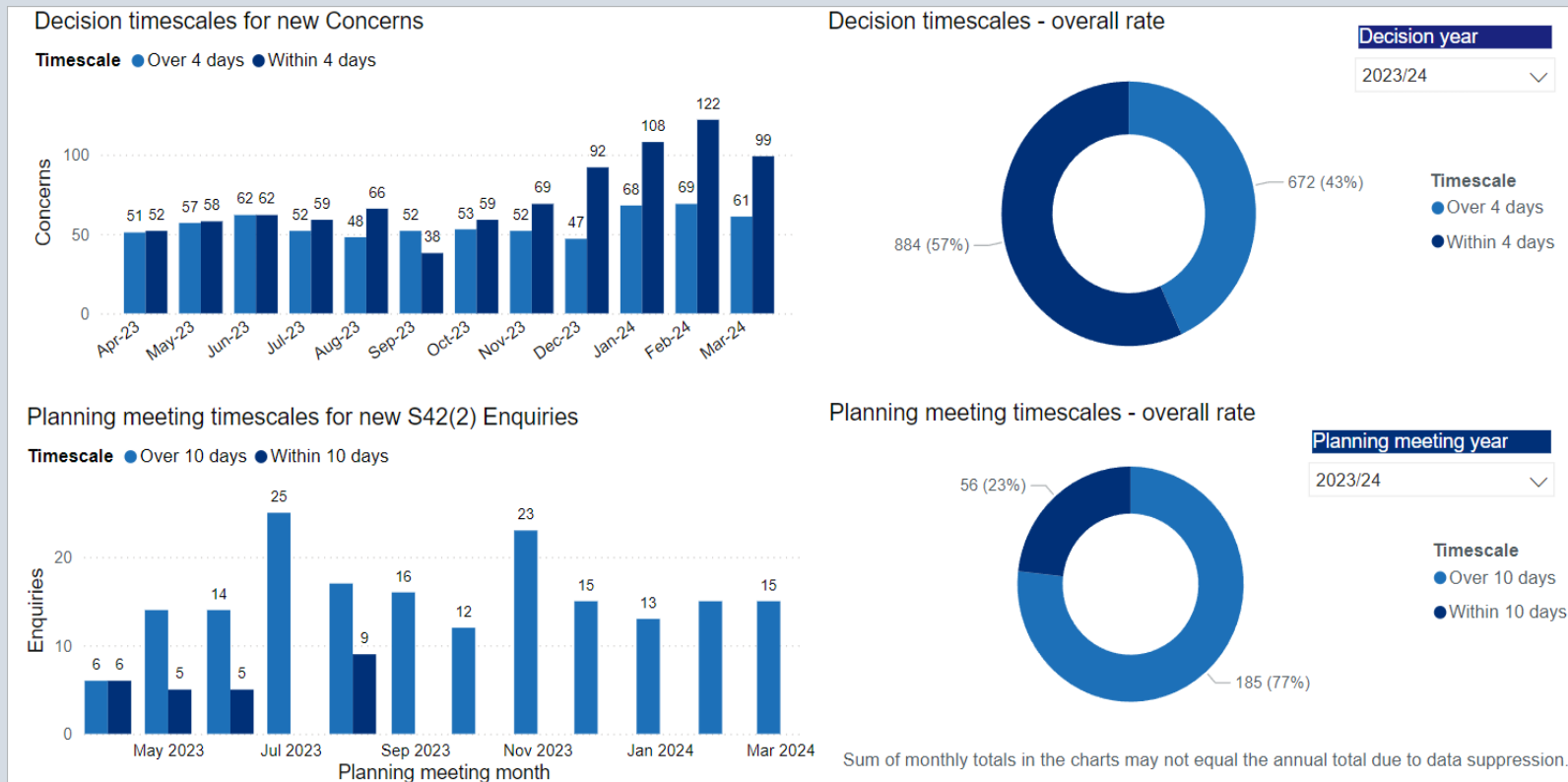
Outcomes of Closed Section 42(2) Enquiries

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.



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.

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

IDVA	Independent Domestic Violence Advocate – specialist professional who works with victims of domestic abuse
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
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

Annual Report Executive Summary 2023-2024

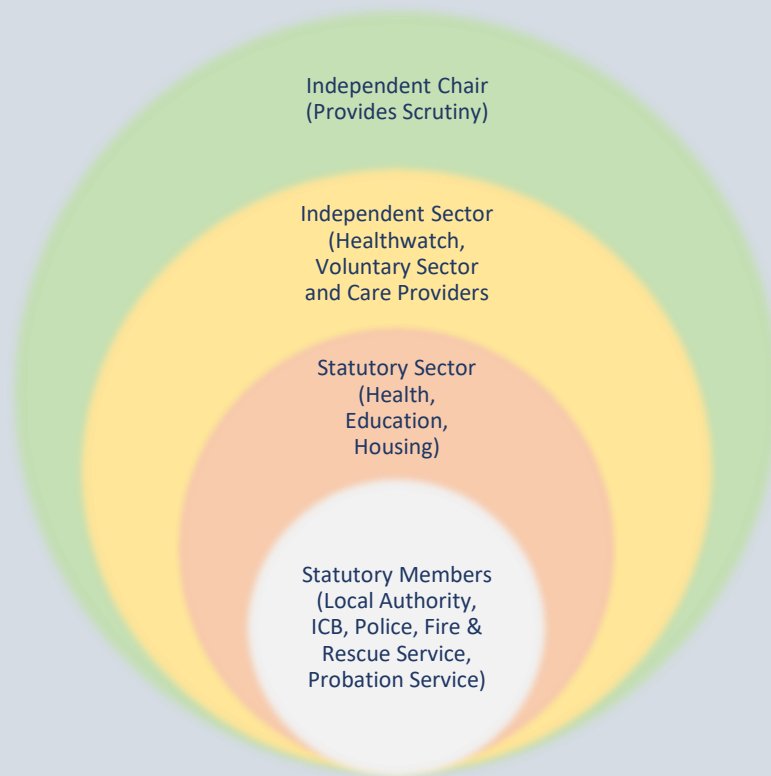




About the B&NES Community Safety & Safeguarding Partnership

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 1st April 2023 and 31st 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**

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Annual Report 2023-2024

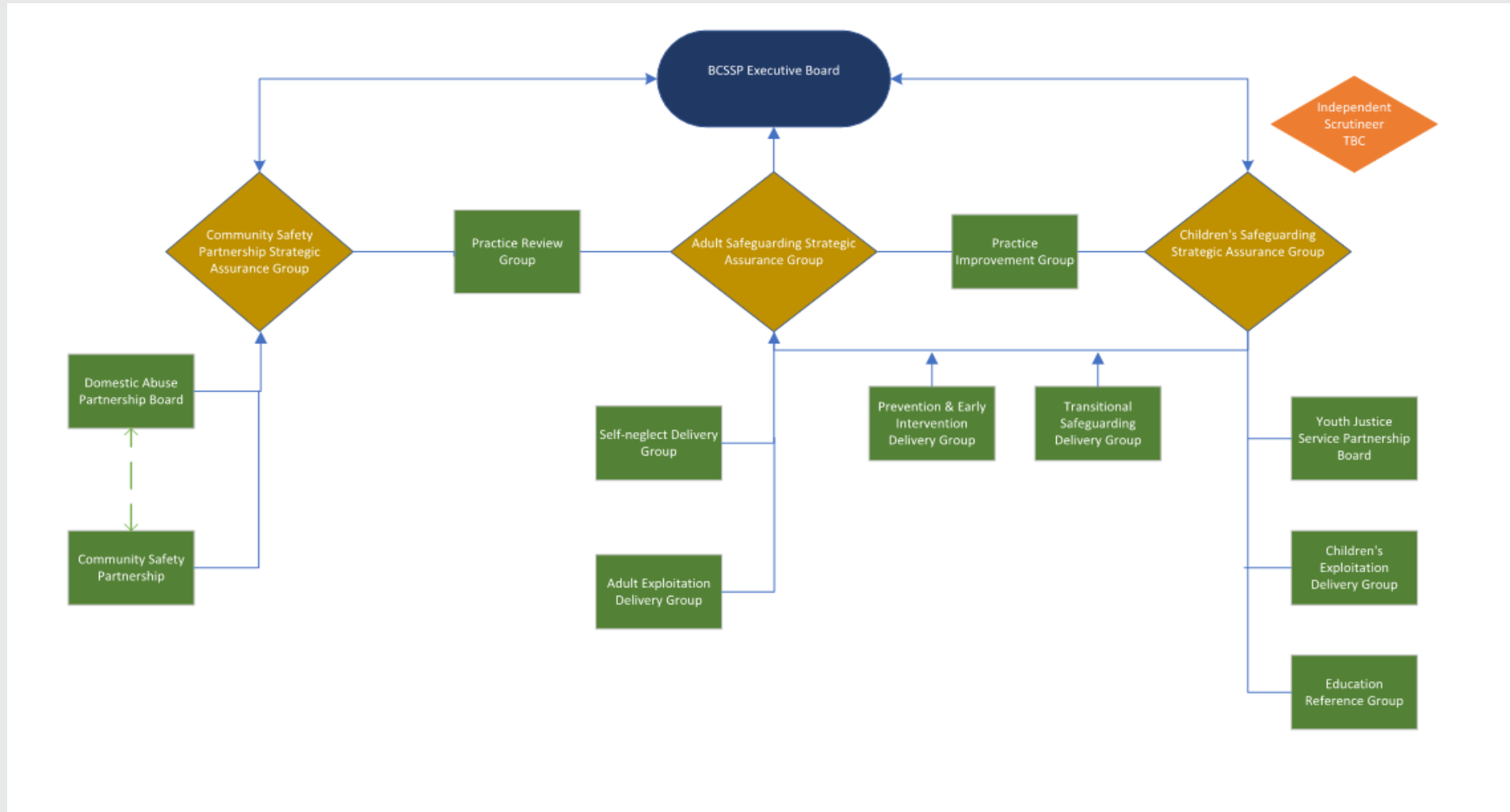




Partnership Members



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%

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:

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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

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	14th October 2024	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	School Attendance and Exclusions – Key trends across 2022-2023 and 2023-2024	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Equalities Impact Assessment		
Data Presentation		

1 THE ISSUE

- 1.1 This report provides the panel with an overview of attendance and exclusions key trends across 2022-2023 and 2023-2024.
- 1.2 This report's summary of education performance is drawn from the council's Strategic Evidence Base (SEB) produced by the council's Business Intelligence team and data, and the DFE National statistics:

<https://explore-education-statistics.service.gov.uk/>

2 RECOMMENDATION

The Panel / Committee is asked to;

- 2.1 Note our pupils' overall positive attendance for 2022-2023 and 2023-2024. Our overall absence rate, % persistent absentees and unauthorised absence rate sits below national and regional data.
- 2.2 We are aware that our attendance for children open to CPP is an area that we need to address and this is a target that sits across the children's services directorate.
- 2.3 Note that whilst permanent exclusions rose in 2022-2023, that these were reduced in 2023-2024 to below the 2023 national average.

2.4 Be assured that Local Authority Officers continue to collaborate strategically with schools and partners and the Regional Director's office to improve educational outcomes for all pupils in B&NES.

3 THE REPORT – SUMMARY

3.1 Latest DFE data (2022/2023): Our overall absence rate, % of persistent absentee and unauthorised absence rate is below national and regional data.

3.2 We know we have a target within children's services to raise the attendance for our most vulnerable children open to CPP plans.

3.3 Our % persistent absentee for FSM pupils sits slightly above national. Our % of FSM severely absent pupils sits above national and regional.

3.4 https://assets.publishing.service.gov.uk/media/66bf300da44f1c4c23e5bd1b/Working_together_to_improve_school_attendance_-_August_2024.pdf
Working together to improve school attendance became a statutory document in August 2024.

3.5 School Permanent Exclusions rose in 2022/2023 placing B&NES above the national average. In 2023/2024 this number has reduced, taking our exclusion rate back to 0.09 which sits at the national average for 2022/2023. We have significantly reduced our permanent exclusions for CIN and CPP and there have been no permanent exclusions for CLA.

3.6 Our permanent exclusion data shows no significant disproportionality in relation to ethnicity but it is difficult to comment on trends due to the small numbers.

3.7 The suspension rate in 2022/2023 continued to rise, in line with the national and regional trends. Our suspension rate remains below national and regional rates.

3.8 The suspension rate for CIN and CPP is above regional and national rates, although it relates to a small number of pupils. The suspension rate for CLA has fallen steadily over the 3 reporting years placing us below the national average.

3.9 Our suspension rate data shows a disproportionality with young people from an ethnicity of major mixed being more likely to be suspended. This is a trend that has been identified in previous years.

4 CLIMATE CHANGE

4.1 This report contains information on attendance and exclusions in B&NES schools. No climate issues have been identified in the production of this report.

5 OTHER OPTIONS CONSIDERED

5.1 No other options have been considered for writing this report.

6 CONSULTATION

6.1 This report has been developed with the input and consultation of the Council's Business Intelligence team.

7 EQUALITIES

7.1 An equalities impact assessment has been completed and submitted to support this paper. This report reveals several areas where outcomes highlight inequalities between different groups of children in Bath & North East Somerset. The evidence in this SEB will continue to be used to strategically inform several work streams to improve inequalities in outcomes and disproportionality in negative outcomes.

Contact person	Sarah Gunner – sarah_gunner@bathnes.gov.uk
Background papers	<i>Report attached</i>
Please contact the report author if you need to access this report in an alternative format	

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Equality Impact Assessment / Equality Analysis

(Updated December 2022)

Item name	Details
Title of service or policy	Report on Attendance and Exclusions
Name of directorate and service	Education & Safeguarding
Name and role of officers completing the EIA	Sarah Gunner – Virtual School Headteacher
Date of assessment	14 th October 2024

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The main aim is to identify any discriminatory or negative consequences for a particular group or sector of the community, and also to identify areas where equality can be better promoted. Equality impact Assessments (EIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis. **Not all sections will be relevant – so leave blank any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<p>This is a report on attendance and exclusions for schools in B&NES</p> <p>This report's summary of education performance is drawn from the council's Strategic Evidence Base (SEB) produced by the council's Business Intelligence team and data, and the DFE National statistics: https://explore-education-statistics.service.gov.uk/</p> <p>The report aims to inform Policy Development & Scrutiny (PDS) of the attendance and exclusion trends of children and young people in our schools. The report is used to assist Cllrs and Officers in understanding where children do well and if groups of children in B&NES do not achieve as well. It contains information about attendanc and suspensions</p>
<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? 	<p>This report is not a statutory requirement. However, it is of significant interest for the Council to understand the trends in school attendance and exclusions and to focus on where certain groups of children and young people is an area of concern.</p>

1.3 Do the aims of this policy link to or conflict with any other policies of the Council?

NA

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equalities training have staff received to enable them to understand the needs of our diverse community?	Cllrs have received mandatory equalities training in 2023. The Business Intelligence (BI) team produces the SEB; in line with the Council's priorities around equality and supporting disadvantage.
2.2 What is the equalities profile of service users?	The school attendance data in B&NES applies to all statutory school age children attending B&NES schools. This data is then presented to reflect those who are open to social care and pupils eligible for free school meals. The exclusion data is split into permanent exclusions and suspensions, again this is reported for all statutory school age children attending B&NES schools. This data is then presented to reflect those who are open to social care, pupils eligible for free school meals and looking at disproportionality due to ethnicity.
2.3 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	No consultation is planned for the presentation of this data.

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3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	<p>The LA provides a range of early help and preventative services to support all children and young people to engage in attending school from the earliest opportunity.</p> <p>The LA provides a range of early help and preventative services to prevent exclusion and support inclusion. This includes the addition of the Education inclusion co-ordinators this academic year.</p> <p>All schools have access to a form where they can highlight equalities issues, or serious racial/inequalities incidents and request additional advice from Equalities Officers in B&NES</p>	None identified
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The LA currently does not undertake work to close this gender gap.	
3.3 Pregnancy and maternity	We have no data in this area. However, when the LA is notified of teenage pregnancies, the LA/School nursing	No current local data is available in this area.

	provides advice, support and guidance to schools on their legal duties.	
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	No data on attendance or suspension from this group is available from our SEB. Nor does the Department for Education (DFE) produce this data.	No data on the educational outcomes from this group is available from our SEB. Nor does the DFE produce this data.
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration both physical, sensory and mental impairments and mental health)	The LA provides additional resources through Education Health Care Plans (EHCP) funding/inclusion support funding and provision of SEND services, Education Psychology, Early Years Area Special educational needs co-ordinators (SENCO's) /Portage and Children's centres to assist children with SEND in their education. This academic year the SEND and AP advice service has been launched to support young people at risk of exclusion and for those struggling to attend school.	The Local Authority is investing additional capital to develop additional resource bases to ensure that we have enough specialist placements for children with SEND
3.6 Age – identify the impact/potential impact of the policy on different age groups	There are more suspensions and exclusions in the secondary age range.	
3.7 Race – identify the impact/potential impact on across different ethnic groups	The Council undertakes several work streams to support the improvement of educational outcomes of Ethnic minority children and young people in B&NES schools; this includes commissioning the Black Families Education Support Group, Stand Against Racism & Inequalities (SARI) and the promotion of the Race Equality Charter Mark.	Suspensions for black and mixed-race children in B&NES schools are higher than regional and national averages.

<p>3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people</p>	<p>No data on educational outcomes by sexual orientation is available in the SEB. Nor does the DFE produce this data</p>	<p>No data on educational outcomes by sexual orientation is available in the SEB. Nor does the DFE produce this data</p>
<p>3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?</p>	<p>NA</p>	<p>NA</p>
<p>3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.</p>	<p>No data on educational outcomes by religious belief is available in the SEB. Nor does the DFE produce this data</p>	<p>No data on educational outcomes by religious belief is available in the SEB. Nor does the DFE produce this data</p>
<p>3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).</p>	<p>The LA is engaged in several initiatives to support schools to develop strategies to improve outcomes for children in the early years and in primary school. E.g. Primary Empowerment Project & Language for Life and Improving Disadvantage Educational Outcomes Project.</p>	<p>Attendance in B&NES for FSM children is below their peers. The % of FSM persistent absentees and severe absentees sits above neighbouring authorities.</p>
<p>3.12 Rural communities* identify the impact / potential impact on people living in rural communities</p>	<p>NA</p>	<p>The SEB does not break down education performance by geographical location</p>
<p>3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed</p>	<p>NA</p>	<p>No education data is available for this group.</p>

Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).		
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*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Disproportional suspensions of black and ethnic minority children	Continue to work with partners through the Race Equality Task Force to promote strategies to reduce suspensions/exclusions in B&NES schools.	Full take-up of the Race Equality Charter Mark in all B&NES schools.	Chris Wilford	September 2025

Continue to support initiatives to support schools and multi-academy trusts to develop strategies to improve attendance for pupils eligible for FSM.	This broad and complex issue requires the collaboration of several partners, including the South West Regions group and trust leads.	Schools are engaged in all available initiatives supported by the LA and the South West Regions Group.	All education leaders in B&NES and South West regions group	September 2025

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Chris Wilford (Divisional Director or nominated senior officer)
Date: 2.10.24

Attendance and Exclusions

Sarah Gunner

Virtual School Headteacher

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Bath & North East
Somerset Council

Improving People's Lives



Attendance

'Absence rates by geographic level' in Bath and North East Somerset, England and South West for 2022/23

Move and reorder table headers

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	2022/23		
	South West		England
	Bath and North East Somerset	South West	
Authorised absence rate	5.1%	5.4%	5.0%
Percentage of severe absentees (50% or more missed)	1.9%	2.4%	2.0%
Unauthorised absence rate (persistent absentees only)	6.9%	8.2%	8.9%

Attendance for vulnerable groups

'LA - Absence (six half terms)' for CINO at 31 March, CLA 12 months at 31 March and CPPO at 31 March in Bath and North East Somerset, England and South West for 2022/23

		England	South West	
			South West	Bath and North East Somerset
CINO at 31 March	Overall absence percentage	17.6%	20.2%	15.6%
	Persistent absentees percentage	48.8%	53.0%	41.3%
	Severe absentees percentage	10.4%	13.8%	9.6%
	Unauthorised absence percentage	8.2%	9.2%	5.2%
CLA 12 months at 31 March	Overall absence percentage	8.3%	9.4%	8.2%
	Persistent absentees percentage	20.0%	23.4%	20.0%
	Severe absentees percentage	4.9%	6.1%	c
	Unauthorised absence percentage	3.0%	2.9%	2.1%
CPPO at 31 March	Overall absence percentage	21.7%	24.1%	23.4%
	Persistent absentees percentage	57.5%	61.8%	59.0%
	Severe absentees percentage	14.8%	18.9%	19.2%

Attendance for FSM

This is the latest data

'Absence rates by pupil characteristic - full academic years' for FSM eligible in Bath and North East Somerset, England and South West for 2022/23

Move and reorder table headers

	2022/23		
	South West		England
	Bath and North East Somerset	South West	
Overall absence rate	11.9%	12.3%	11.1%
Percentage of persistent absentees (10% or more missed)	39.1%	39.8%	36.5%
Percentage of severely absent pupils (50% or more missed)	5.1%	5.0%	3.8%
Unauthorised absence rate	4.1%	4.7%	4.7%

Permanent Exclusions

'Suspensions and permanent exclusions - by geography' in Bath and North East Somerset, England and South West between 2020/21 and 2022/23

Move and reorder table headers

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	2020/21			2021/22			2022/23		
	South West		England	South West		England	South West		England
	Bath and North East Somerset	South West		Bath and North East Somerset	South West		Bath and North East Somerset	South West	
Permanent exclusions	16	391	3,928	13	682	6,495	39	1,002	9,376
Permanent exclusions (rate)	0.06	0.05	0.05	0.05	0.09	0.08	0.14	0.13	0.11

Permanent Exclusions by Ethnicity

This is the latest data

'Suspensions and permanent exclusions - by characteristic' for Ethnicity Any Other ethnic group, Ethnicity Major Asian Total, Ethnicity Major Black Total, Ethnicity Major Mixed Total, Ethnicity Major White Total and 1 other filter in Bath and North East Somerset, England and South West for 2022/23

Move and reorder table headers

		South West		England
		Bath and North East Somerset	South West	
Ethnicity Any Other ethnic group	Permanent exclusions	0	6	114
	Permanent exclusions (rate)	0.00	0.09	0.06
Ethnicity Major Asian Total	Permanent exclusions	1	3	393
	Permanent exclusions (rate)	0.14	0.01	0.04
Ethnicity Major Black Total	Permanent exclusions	0	15	434
	Permanent exclusions (rate)	0.00	0.10	0.09
Ethnicity Major Mixed Total	Permanent exclusions	2	52	786
	Permanent exclusions (rate)	0.13	0.15	0.14
Ethnicity Major White Total	Permanent exclusions	33	900	7,411
	Permanent exclusions (rate)	0.14	0.13	0.12
Ethnicity Unclassified	Permanent exclusions	3	26	238
	Permanent exclusions (rate)	0.49	0.19	0.17

Permanent Exclusions 2023-2024

Pupils issued Permanent Exclusion

2023-24

40
Pupils

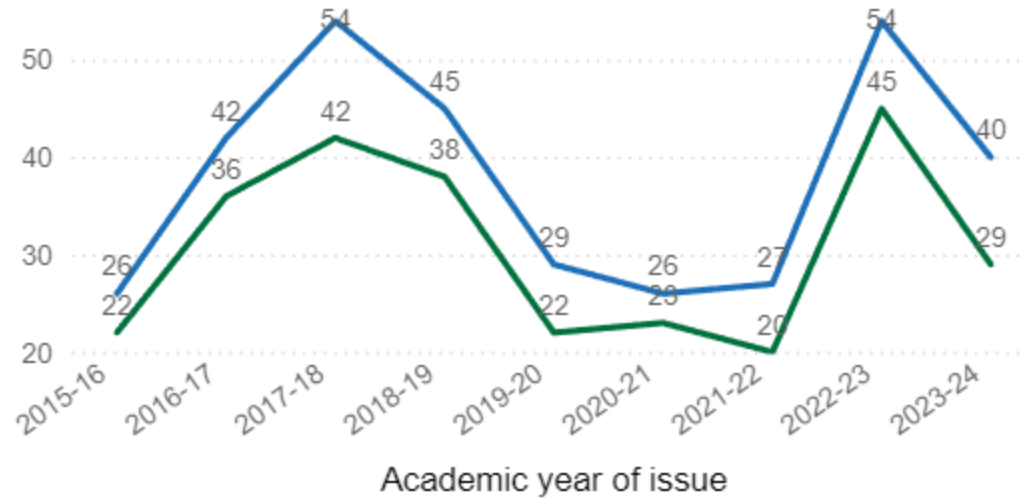
Effective Permanent Exclusions

2023-24

29
Pupils

Permanent Exclusions

● Pupils issued Permanent Exclusions ● Effective Exclusions



Suspensions

'Suspensions and permanent exclusions - by geography' in Bath and North East Somerset, England and South West between 2020/21 and 2022/23

Move and reorder table headers

	2020/21			2021/22			2022/23		
	South West		England	South West		England	South West		England
	Bath and North East Somerset	South West		Bath and North East Somerset	South West		Bath and North East Somerset	South West	
Suspensions	1,900	41,502	352,454	2,266	62,318	578,280	2,551	90,257	786,961
Suspension (rate)	6.94	5.46	4.25	8.22	8.13	6.91	9.28	11.72	9.33

Suspensions for vulnerable pupils

This is the latest data

'LA - Suspensions and permanent exclusions' for CINO at 31 March, CLA 12 months at 31 March and CPPO at 31 March in Bath and North East Somerset, England and South West for 2021/22

Move and reorder table headers

		South West		England
		Bath and North East Somerset	South West	
CINO at 31 March	Total number of pupils with one or more suspension	64	1,810	17,150
	Percentage of pupils with one or more suspension	14.85%	14.75%	11.92%
CLA 12 months at 31 March	Total number of pupils with one or more suspension	9	410	4,760
	Percentage of pupils with one or more suspension	9.38%	14.06%	12.22%
CPPO at 31 March	Total number of pupils with one or more suspension	10	450	4,320
	Percentage of pupils with one or more suspension	14.29%	15.69%	13.86%

Suspensions by ethnicity

This is the latest data

Suspension (rate) for 'Suspensions and permanent exclusions - by characteristic' for Ethnicity Any Other ethnic group, Ethnicity Major Asian Total, Ethnicity Major Black Total, Ethnicity Major Mixed Total, Ethnicity Major White Total and 1 other filter in Bath and North East Somerset, England and South West for 2022/23

Move and reorder table headers

	South West		England
	Bath and North East Somerset	South West	
Ethnicity Any Other ethnic group	8.04	6.81	5.86
Ethnicity Major Asian Total	3.00	2.55	3.16
Ethnicity Major Black Total	5.11	9.94	7.17
Ethnicity Major Mixed Total	12.67	13.34	10.01
Ethnicity Major White Total	9.05	12.05	10.60
Ethnicity Unclassified	18.37	15.47	12.96

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

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

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

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

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

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

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

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
14TH OCTOBER 2024				
14 Oct 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	B&NES Community Safety & Safeguarding Partnership (BCSSP) Annual Report	Kirstie Webb Tel: 01225 396350	Director of Children and Education
14 Oct 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	School Attendance and Exclusions - Key trends across 2022-2023 and 2023-2024	Sarah Gunner, Virtual School Headteacher	Director of Education
11TH NOVEMBER 2024				
11 Nov 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Support Contracts Update	Suzanne Westhead	Director of Adult Social Care
11 Nov 2024	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Implementation of the Suicide Prevention Strategy	Rebecca Reynolds, Paul Scott Tel: 01225 394074, Tel: 01225 394060	Director of Public Health and Prevention

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
FORTHCOMING ITEMS				
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People
Page 123	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation - Community Health Services offer from April 2025	Laura Ambler, Natalia Lachkou	Director of Adult Social Care
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Child Sexual Exploitation / Modern Slavery	Mary Kearney-Knowles Tel: 01225 394412	Director of Children and Education
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Attainment Gap Project Update - St John's Foundation	Christopher Wilford Tel: 01225 477109	Director of Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Safety Valve Update	Christopher Wilford Tel: 01225 477109	Director of Education

The Forward Plan is administered by **DEMOCRATIC SERVICES:** Democratic_Services@bathnes.gov.uk