

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

**Date: Monday, 16th December, 2024**

**Time: 9.30am**

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

**Councillors:** Dine Romero, Liz Hardman, Paul Crossley, David 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.

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4. **Public Speaking at Meetings**

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

**Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.**

Further details of the scheme can be found at:

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

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday,  
16th December, 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 CHAIR
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: 11TH NOVEMBER 2024 (Pages 7 - 22)
8. CABINET MEMBER UPDATE (TO FOLLOW)

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 23 - 34)

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

10. INDEPENDENT REVIEWING OFFICER (IRO) ANNUAL REPORT (Pages 35 - 78)

The Children's Health and Wellbeing Panel review the annual report so as to ensure members are appraised on the care provided to children for whom the Local Authority are responsible.

11. EDUCATION, HEALTH AND CARE PLAN (EHCPs) OVERVIEW (Pages 79 - 108)

This report provides the Panel with an overview of Education, Health and Care Plans (EHCPs) in B&NES.

12. PANEL WORKPLAN (Pages 109 - 112)

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

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

**BATH AND NORTH EAST SOMERSET**

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

Monday, 11th November, 2024

**Present:-**

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

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

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

**Also in attendance:** Suzanne Westhead (Director of Adult Social Care), Kate Morton (Chief Executive - Bath Mind and Chair of B&NES 3SG), Rebecca Reynolds (Director of Public Health), Laura Ambler (Place Director, B&NES ICB), Caroline Holmes (Place Director, Wiltshire ICB) and Paul Scott (Associate Director of Public Health)

**46 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**47 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

**48 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

The Panel received apologies from Councillor Saini, Councillor Pankhania and Kevin Burnett.

**49 DECLARATIONS OF INTEREST**

There were none.

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

There was none.

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

Councillor Eleanor Jackson had given notice that she would like to make statement prior to agenda item 11 (Implementation of the Suicide Prevention Strategy). A copy of the statement can be found on the Panel's Minute Book and as an online appendix to these minutes.

## **52 MINUTES: 14TH OCTOBER 2024**

Councillor Liz Hardman referred to two questions she had asked of the BSW ICB at the previous meeting in relation to the Ocean website and the 4 – 6 month waiting period and the shortage of midwives within the area.

Laura Ambler, Director of Place for Bath and North East Somerset, BSW ICB replied that actions were in hand to obtain this information to be shared with the Panel.

Councillor Lesley Mansell referred to the statement made by Councillor Eleanor Jackson and said that on the conclusion of that she had asked whether she thought the Council should adopt the 'Social model of disability'. Councillor Jackson had replied that she believed they should, and Councillor Mansell asked for that to be noted in the minutes.

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

## **53 COMMUNITY SUPPORT CONTRACTS UPDATE**

The Director of Adult Social Care and Kate Morton (Chief Executive - Bath Mind and Chair of B&NES 3SG) addressed the Panel and highlighted the following points to them from their presentation.

Director of Adult Social Care:

- Review carried out with the 3<sup>rd</sup> Sector as contracts are due to expire in April 2025.
- Savings target of £802k still to be achieved across Adult Social Care & Housing.
- Lack of engagement with the Council cited by 3SG at the September CAHW Panel meeting.
- Funding allocation of £3,439,048 from three sources (Council, ICB & BCF) make up the indicative total.

### What the Commissioners have done so far...

- Contract Management - A detailed review of the richness of the existing information, intelligence and insight.
- Data Review - A detailed review of service specific data held by B&NES Council and HCRG Care Group.
- Service on a Page - Produce concise, detailed overviews of existing services, reviewed by commissioners.

### Contract Baselineing

- Information, advice and guidance
- Prevention & Early targeted support including independent living support
- Support for Carers

Kate Morton:

- Since September 2024 Panel meeting a great deal of co-production and collaboration has been carried out between the Council and the 3<sup>rd</sup> Sector.

### Market Engagement Events

- 24th September 2024 - Engagement with incumbent 3rd sector providers.
- 8th October 2024 - Market engagement event opened to organisations from wider market.
- Two further events facilitated by Stone King Solicitors
  - 30th October 2024 - Engagement event led by 3SG with Council commissioners on the art of the possible.
  - 1st November 2024 - Engagement event with the 3rd sector providers, well attended (over 30 people).

### Key Themes from the Engagement Events

- Focus on the joint purpose
- More alignment with the ICB
- Equal partnership and seeking to understand the needs of both the third sector and the Council
- Requires a strategic partnership approach
- Lack of Council appetite for risk as concerns about fear of challenge
- Over complicated processes - less transactional arrangements

- Open book approach to partners
- Concerns about new providers joining the market and then sub-contracting to local providers
- Wellbeing Hub is a great example of how well we work together

### Next steps

- Research those Councils who have managed to change their model and what lessons they have learnt
- Develop commissioning models with the sector
- Analyse themes from two market engagement events to inform the community support model
- Develop commissioning intentions and commissioning model for 2025/26
- Continue engaging with residents and service providers on bridging current contracts and future community support arrangements

The Chair commented that this was a very positive message for the Panel to hear.

Councillor Liz Hardman asked what the status of the current contracts were and what will happen from April 2025.

She also asked if it was known whether Julian House would have to close, asked if there was a revised timeline for the Commissioning Model to be in place and what the impact will be on 2025/26 budget.

The Director of Adult Social Care replied that contract bridging arrangements will be put in place with all providers from April 2025, unless any wish to differ. She added that she was hopeful that new contracts would be in place by September 2025 and that she would seek to share a revised timeline with the Panel in January 2025.

She added that this process has been made slightly more difficult by the increase in National Insurance contributions announced in the recent budget.

Kate Morton replied that 3SG were working closely with all 240 providers and said that a further engagement session was planned to take place in the New Year. She added that from a Bath Mind perspective she was concerned, but positive, as they were at the table and able to have an influence on any changes. She added that there is the time to make the changes required.

Councillor Hardman commented that she was hopeful that the Government would put in place exemptions for the 3<sup>rd</sup> Sector in relation to National Insurance contributions.

Councillor Joanna Wright asked for an explanation of the term 'Open book approach to partners'.

The Director of Adult Social Care replied that when working with the independent sector, this is where we are able to look at their finances and assess whether further support or an uplift is required. She added that when working with the 3<sup>rd</sup> Sector it is about understanding their pressures in terms of buildings and leases etc.



Councillor Wright said that sounds like a lot of admin to undertake if required for all 240 providers and asked if the Council has the ability carry out such work.

Kate Morton replied that this would only be the case for 36 providers.

The Director of Adult Social Care added that it was also unlikely to be required in the case of all 36 providers, only those that have highlighted any pressures. She added that this work would be carried out by the commissioners.

Councillor Lesley Mansell asked for the Panel to be provided with an updated timeline for the contracts process. She also asked if any comment could be given with regard to the impact of Social Prescribing and collaborative working opportunities.

Kate Morton replied to inform the Panel that the 3<sup>rd</sup> Sector have been commissioned by Public Health to carry out a two-year study on Social Prescribing across B&NES. She added that they had almost completed the first year of the study and were in the process of developing a framework and would present that to the Health & Wellbeing Board when complete, possibly in February 2025.

She added that as part of the contracts process they will seek to ensure that there is little to no duplication of services through working collaboratively and to also show a transparency of services.

The Director of Adult Social Care added that she would provide an update on the contracts in the New Year and hoped for the process to be completed by September 2025.

She said that the 3<sup>rd</sup> Sector already do a great deal of collaborative working and cited Bath Mind / Age UK, Bath Ethnic Minority Group, the RUH and the Health & Wellbeing Hub as just a few good examples.

Councillor Mansell asked if North East Somerset was covered within these collaboration examples.

Kate Morton replied that Bath Mind and many of the other organisations work across the whole of the Council area.

Councillor Ruth Malloy asked how they would attempt to make processes less complicated and which other Local Authority models have they studied.

Kate Morton replied that they have been looking at the work of a number of 3<sup>rd</sup> Sectors and Authorities within London boroughs and the north of England, including Greater Manchester, York and Derbyshire and their frameworks and access to funds.

The Director of Adult Social Care added that they will now be jointly developing their commissioning arrangements prior to any procurement and would include a

discussion on the length of the contracts given, whether 3, 5 or 7 years. She said that she had been looking at the work within Richmond and Leicester.

Councillor Wright stated that it would be useful for the Panel to receive a list of the Council's Statutory Duties that they have to deliver.

The Democratic Services Officer said that he would source that information for the Panel.

The Chair commented that it needs to be understood what the impact will be on our Statutory Duties if and when the proposed savings are made.

The Director of Adult Social Care replied that one of her main duties is to provide the Council with a break-even budget.

Councillor Wright asked what does early intervention in terms of Mental Health look like for the average person.

Kate Morton replied that the role of Bath Mind would be to either make contact with individuals via phone or in person to enable strategies or social prescribing measures to be put in place or to attempt to engage them more within their local community.

The Chair asked to be reminded of when the proposed budget savings would now be made.

The Director of Adult Social Care replied that the Council had received a grant of £400k in 2024/25 from the Department of Health & Social Care which meant that they could defer the proposals and that the saving of £802k needs to be found ahead of the 2025/26 budget.

The Chair commented that she believed that the issue relating to Julian House was being addressed through the Climate Emergency and Sustainability Panel as this matter was within their remit. She added that the Housing Plan was also due to be discussed by that Panel at its January meeting.

The Chair, on behalf of the Panel, thanked the Director of Adult Social Care and Kate Morton for their update and presentation.

## **54 CABINET MEMBER UPDATE**

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel. She said that it was the Liberal Democrat administration's view that the Community-based Care contract should be provided by NHS service providers.

She stated that this follows on from a lack of trust when Virgin Care was sold to a private equity company in 2021 without the knowledge of local commissioners and said that this led to the Council decision to not extend the HCRG contract for Health & Care and to bring local Adult Social Care services back in house from HCRG in April 2024.

She said that whilst the award of the contract to HCRG was disappointing it was accepted that it was an outcome of a robust procurement exercise and hoped that they would work across the BSW area to develop accessible, effective and high quality services for our residents.

Councillor Born highlighted the following areas from her update report.

#### Englishcombe Lane Development

Planning permission has now been granted for the development of 16 new homes for people with complex learning disabilities and autism.

#### Royal Victoria Park café and leisure facilities

Following a recent procurement exercise by B&NES Council the current operator of the tennis and golf facilities, Excel Tennis Ltd, was awarded a contract to run both the café and the leisure activities for the next 20 years. It has already invested over £250K in refurbishment of the pavilion and café area - Treetops.

#### Budget Pressures

There are in-year pressures on adult social care budgets, primarily in the areas of learning disabilities and older people. These are being managed and Adult Social Care is currently predicting a break-even position at year end.

#### Drugs and alcohol

The B&NES Drug and Alcohol Partnership submitted a Synthetic Opioids Preparedness Plan to the national Joint Combating Drugs Unit as part of a national approach to tackle the risks from drugs like fentanyl or nitazines.

#### Black History Month

B&NES worked alongside AWP to arrange and host an event for Black History Month. Pauline Spence-McCalla, B&NES employed admin in the older adults mental health team was key in putting the interactive and fun agenda together.

Councillor Liz Hardman asked how the information relating to Drugs and Alcohol was being delivered to young people.

Councillor Hardman asked what impact the Food Access Toolkit has had so far.

The Director of Public Health replied that the toolkit has been developed by the University of Bath and was a board game designed around case studies from people who have experienced food insecurity and was seen as a good way to promote discussion as to how people could be supported. She added that it was in its early stages and therefore slightly too early to give an indication of its impact.

Responding to the issue of Drugs and Alcohol she said that Project 28 do carry out some work within schools, but that it was a difficult balance to find between informing them of the risks and sharing awareness in relation to Synthetic Opioids.

Councillor Hardman asked if the list of Warm Places for residents within B&NES needed to be reassessed ahead of this coming winter.

The Director of Adult Social Care replied that the list is looked at every year and want to continue to offer these warm spaces to those who need them.

Kate Morton added that the 3<sup>rd</sup> Sector are working with the Council on providing areas that they have access to.

Councillor Hardman said that she would welcome further feedback on this issue.

Councillor Joanna Wright said that she would challenge the approach to Drugs and Alcohol awareness from the Director of Public Health and said all young people should be alerted to the real danger of Synthetic Opioids and we must keep them safe.

The Director of Public Health replied that all Combatting Drug Use Partnerships had recently submitted their plans to the National Combatting Drugs Unit on preventing / monitoring the use of Synthetic Opioids and that this could be shared with the Panel as a future agenda item.

The Chair said that she welcomed this offer to the Panel.

Councillor Lesley Mansell said that the information shared in the update is welcome, but would like to see more information regarding outcomes / progress that these initiatives are having, especially the Food Access Toolkit.

The Director of Public Health replied that feedback on the impact of this project could be given in around 12 months' time.

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

## **55 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 informed them that today she was accompanied by Caroline Holmes, Director of Place – Wiltshire, BSW ICB.

Laura Ambler began by acknowledging that the Panel wish to discuss in more detail the award of the Integrated Community-based Care contract that had been recently awarded to HCRG Care Group and said that if it was felt that a further discussion was needed following this meeting then that could be arranged.

She said that she would attempt to address a number of key themes / questions that have been raised, these being;

- Engagement / Procurement process
- Patient / Public involvement
- Nature of a Private Provider
- Role of the Council / Panel

She stated that the ICB had a legal duty to proceed with the procurement as the current contract was coming to a conclusion with no scope for it to be extended. She added that this meant that there was no option for a public consultation to take place as it was not optional.

She explained that the ICB are not legally allowed to limit who can make bids for the contract as part of this process.

She said that they were looking for a Lead Community Partner to be established to work in partnership across the system including with our voluntary sector, primary care, mental health and acute providers.

She stated that the process had been followed robustly, in line with national Public Contracts Regulations (PCR) guidelines and that therefore the outcome must be abided.

On the matter of patient and public involvement she explained that they were seeking a transformational approach and that would be achieved by using our priorities to develop outcomes-based commissioning.

She said that it was the ICB's responsibility, as Lead Commissioner, to stand shoulder to shoulder with the new provider who would engage with service users in discussions on the provider's proposals. She added that the ICB have previously engaged with the public, service users and providers on their priorities as set out in their Care Model and ICP Strategy. The care model and ICP strategy then informed the commissioning intentions for this procurement.

She stated that the commissioning intentions were also informed, where appropriate, by those with lived voice and service users.

She explained that the Lead Provider and the ICB are looking to engage with service users and broader communities and want to work with the Panel for their views as part of that process.

On the issue of Private Providers within this workspace she reiterated that no block or favour is given to any provider and that a robust process was followed. She said this comprised of the following stages.

- Selection Questionnaire
- Invite to Tender (1)
- Dialogue sessions alongside Local Authority colleagues to probe and test the bidders thinking and their proposals.
- Once at least one potential successful bidder had been identified we were able to proceed to Invite to Tender (2)

- Responses were then received and evaluated. There were a broad range of evaluators across ICB, Local Authorities and service users and those with lived voice.

She stated that having followed this process, HCRG were awarded the contract.

She said that HCRG are keen to work with the Local Authority and its partners and attended the recent meeting of the Health & Wellbeing Board. She added that they are willing to collaborate and to shape further engagement.

The Chair said that should it be decided that a further discussion is required on this issue then she would like to invite HCRG to attend. She asked for clarification if the Market Events held were seen as public engagement or were these solely for the commercial operators.

Laura Ambler confirmed that the Market Engagement Events were not an appropriate stage to include patient or public involvement and these were for a range of providers with 255 people across 69 providers in attendance. She added that where appropriate they did hear from those with a lived voice and service users to feed into the commissioning intentions, but this was not part of a formal consultation exercise.

Caroline Holmes added that what had informed the Market Engagement Events was the work that had been carried out as part of the BSW Health & Care Model which had been subject to extensive public engagement. She added that this work had identified the aspects of our care model including the introduction of their Neighbourhood Teams and provision of specialist services within the community.

Councillor Liz Hardman asked if they really thought that they were meeting the needs of the public by going through the procurement process without consulting the vast majority of them. She added that she has concerns about HCRG being the provider of these services.

Laura Ambler replied that the process taken by the ICB was entirely around thinking about our communities and their population health management as that is their statutory responsibility. She added that through their Strategy and Care Model work they had an understanding of the broad needs of the area which had informed the commissioning intentions.

She stated that there is still an opportunity now to work with the provider to shape with service users what the services will look like. It was also noted that HCRG have a very good record with 97% of the services provided by them being either good or outstanding.

Caroline Holmes added that one of the requirements of the provider going forward is that they work using a population health management approach to understand the needs of their local communities. She said that this will involve working with local neighbourhoods and their GPs to design services and keep them relevant.

The Chair asked if the Panel could view the types of questions that were set as part of the tendering process.

Laura Ambler replied that they could seek to set out the nature of the types of questions that were asked.

Councillor Ruth Malloy asked how many bids were received and who were they from.

Laura Ambler replied that they had received more than one bid and that they had come from a range of providers.

Councillor Paul Crossley asked if before the contract had been awarded to HCRG had they spoken to other areas where they hold contracts about their work to gain feedback on the services they provide.

Laura Ambler replied that they had not done so as part of this procurement process as they need to be even handed in their decision making and base this on the process and regulations to be followed which did include appropriate questions on due diligence.

Councillor Crossley replied that he was not satisfied with this response and that he would expect due diligence to be carried out when awarding a contract of this size and magnitude. He added that he would have expected those involved in the decision to hear how their services work on the ground. He said that he would like to see that in the process of awarding future contracts that they do state that they will enquire with other organisations prior to the contract award.

Councillor Lesley Mansell said that she echoed the feelings expressed by Councillor Crossley. She stated that she was still waiting for an answer from the ICB to a question on physiotherapy services provided by HCRG asked around six months ago.

She asked what questions were asked as part of this procurement process around the quality of services that will be delivered and what was known about the quality of services that HCRG currently provide in the area.

She also asked how the access to care will be improved and what benefits will be seen across our communities as part of this contract.

Laura Ambler apologised in relation the physiotherapy data, which she said was available and would send to the Panel. She added that the quality of care that HCRG provide has been rated by the CQC as either outstanding or good.

She said that it was within the contract that the transformation of services needs to be met and that any release of funding would be reinvested into community services. She added that HCRG have already provided significant investment to enable a safe transfer of services to take place.

She stated that HCRG would be working to a Stepped Care Model and that this would hopefully lead to improved access to services and relieve pressure on our Primary Care.

Caroline Holmes added that the Chief Nursing Officer, Gill May, oversees a team that monitors the quality of services from all providers across the BSW area and that team were involved in creating a series of quality measures that will be used to assess the services going forward. She said that this would also include patient feedback.

Councillor David Harding asked if an explanation could be given for the term 'Outcomes Based Commissioning'.

Caroline Holmes replied that this is a different way of managing contracts and that instead of looking at them from a micro level, individual service by service, they will be looked at from the needs of the local population as a whole. She added that performance indicators were then allocated to these outcomes so that they could be monitored against delivery.

Councillor Harding referred to a case study from HCRG into an integrated Autism and ADHD Assessment Pathway and said that he would welcome seeing the outcomes based framework and the performance indicators as this would enable further scrutiny.

Laura Ambler replied that they would welcome the Panel's involvement and challenge. She added that HCRG's work on ADHD was already beginning to have a positive effect on waiting times and access to services.

Councillor Joanna Wright commented that the ICB were aware that the contract was nearing an end and have mainly used the updates to the Panel as a tick box exercise when they should have involved us at an earlier stage.

Laura Ambler replied that she saw the updates as a way to bring to the Panel relevant and timely information. She stated that the contract process was conducted under procurement regulations that did not allow for the Panel to be involved. She said that it was never the intention to not be forthcoming with information and was open to changing the format of the updates that are provided.

Councillor Wright asked for an explanation of the term 'Inappropriately located building'.

Laura Ambler replied that this term was used for buildings in a state of disrepair, not fit for purpose or inappropriately located and that there is a commitment to providing access to services where people need them.

Councillor Wright asked for more Panel inclusion on this to establish whether these buildings are of community value.



Councillor Hardman commented that HCRG state that they will be operating a new model of community health and asked to what extent will our communities be involved in the development of the specification of care.

Laura Ambler replied that the ICB are looking to work with HCRG to look at what the service design will be and that will include hearing from service users and those with a lived voice.

Councillor Mansell asked if more detail could be provided to the Panel regarding the new LDAND mental health unit being built in Bristol, as well as the Partnership in Neurodiversity in Schools (PINS) project.

Laura Ambler replied that they could bring further information to the Panel and said that the building of the unit was meeting its timescales and was an integral part of their work.

The Chair, on behalf of the Panel, thanked Laura and Caroline for attending and their commitment to holding a future discussion in relation to the Integrated Community-based Care contract.

## **56 IMPLEMENTATION OF THE SUICIDE PREVENTION STRATEGY**

Councillor Eleanor Jackson addressed the Panel, a copy of her statement is attached as an online appendix to these minutes and a summary is set out below.

*'Quite a few years ago now I attended a wake at St Nicholas Church, Radstock for a 20 year old NEET, who had taken his own life out of loneliness and depression. A grant had been found through our then in house youth services for some art therapy for the bereaved young people, but a long term solution was needed. I asked around the group, 'What can BANES do?' The answer was unanimous. The youth clubs are doing great work for children, but we feel we are being abandoned when we turn 18.*

*Reading the report, which is a good systematic approach to the problem (but suicide is not like knife crime or growing food. It has a myriad network effect, scarring families and communities), I am not really sure that there is a grasp of recent changes, and the challenge of social media abuse and bullying. Not to mention the ease with which young people can gain information about methods.*

*There is no mention of the side effects of some drugs, such as a well-known anti high blood pressure prescription medication producing suicidal thoughts.*

*One fact re our young people: whether at home or school – or the youth clubs, they need stability and continuity. They need to know where and how they can get professional help if they need it. Labelling won't help. This council making sure that such expertise, and local knowledge is available is crucial.*

*Suicides are more than statistics, and whatever their age or background, there needs to be effective prevention now.'*

The Associate Director of Public Health addressed the Panel and explained that he was also Chair of the BSW Suicide Prevention Group. He said that he would like to emphasise that a lot of work is carried out within schools and with young people on this matter.

He said good relationships were in place with the Transport Police and Samaritans and that training had taken place with their staff. He added that locally it was a low number of deaths that occur on the trainline, but that these can often happen away from the station areas.

He said that he was also aware of the many local organisations that are working hard on the stigma of this issue and felt that people were now more able to talk about things more openly.

He stated that they do recognise the impact that each death will have on the family and friends of those involved.

Councillor Alison Born commented that this was a complex issue and said that the report shows the breadth of work in place to attempt to address it. She also wished to thank all those involved in these service areas.

The Associate Director of Public Health introduced the report to the Panel and informed them that the number of deaths locally from suicide had fallen over the past three years and was below the national average.

He said that a new national strategy had been launched last year which has led to a refresh of our own strategy. He added that online safety was of course more of an issue now than 10 years ago when the last national strategy was published.

He stated that collaboration work takes place across the BSW area and that the action plan shows the work that takes place across many themes.

Councillor Joanna Wright referred to section 3.10 of the report and asked what was meant by 'surveillance data'.

The Associate Director of Public Health replied that there is a national programme relating to real time surveillance and that differs from the information that is received from the Office for National Statistics which can take a year to be published. He added that the surveillance data referred to in the report is about receiving a notification of an event in real time, or at least within a day, to see if any patterns are occurring and to make a referral for bereavement / support services to the family and friends involved.

Councillor Wright spoke of the impact of social media and the practice of catfishing can have on young people.

The Associate Director of Public Health replied that in these cases it was not always easy to get information as Police involvement could be ongoing. He said that in such cases it was important to work with schools with regard to online safety.

Councillor Lesley Mansell referred to the Equality Impact Assessment of the report and asked how the risks towards people with mental health issues who are LGBTQ+ have been identified.

She also highlighted some of the other groups considered to be of risk, including; Children & Young People, middle aged men, Farmers and those who self-harm.

She said that there was also a link between food insecurity and mental health and that she would welcome more information on this matter within a future report.

The Associate Director of Public Health replied that the data they use regarding LGBTQ+ was national data that showed higher levels of poor mental health and self-harm. He added that good evidence was in place nationally to confirm that middle aged men are a cohort to monitor.

He added that Farmers were considered to be among the high risk occupational groups alongside Nurses and Teachers and that these were being addressed both locally and nationally.

He informed the Panel that a refresh of the Council's own Suicide Prevention Strategy was ongoing and that a stakeholder event was planned to take place at the end of the month. He added that he would be happy to return to the Panel to discuss the new strategy.

Kate Morton commented that the 3<sup>rd</sup> Sector were working closely with the Council and other organisations to provide a co-ordinated approach. She added that they were looking to develop plans to address the needs of both individuals and those identified at risk cohorts.

Councillor Liz Hardman commented that she felt that the current strategy and action plan were thorough, but asked for more detail in terms of how the success of the strategy is measured. She asked how mental health support is co-ordinated in schools, especially Multi-Academy Trusts.

The Associate Director of Public Health replied that he acknowledged the point made about metrics and said it was a case of being able to prioritise the time to document in more detail how specific measures have worked.

He added that in relation to schools, from a Public Health perspective, the work goes through the Schools Hub to deliver a whole school approach to mental health.

The Chair, on behalf of the Panel, thanked him for the report and asked when he could likely return with the new version of the strategy.

The Associate Director of Public Health replied that March 2025 could be a possibility.

The Panel **RESOLVED** to note the progress made to date.

**57 PANEL WORKPLAN**

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

- Community Support Contracts
- Integrated Community-based Care Contract (HCRG)
- Suicide Prevention Strategy – March 2025
- Synthetic Opioids
- Transport to Hospital Schools (HERS)
- Music Service
- Home Education

Councillor Eleanor Jackson informed the Panel that Fosseyway School in Westfield had won a national award for the quality of its Religious Education.

The Chair said to pass on the congratulations of the Panel to them regarding this achievement.

The meeting ended at 2.29 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny  
Panel – Monday 16 December 2024****Update on the new Sulis Elective Orthopaedic Centre**

Sulis Hospital is a partner of the Royal United Hospital Bath. The hospital is currently building the Sulis Elective Orthopaedic Centre (SEOC) on its site just outside of Bath, and it is now entering the final build stages with the team now readying the new wing for a December launch.

The new SEOC wing will create capacity for 3,750 non-emergency, orthopaedic operations for NHS patients across Bath and North East Somerset, Swindon and Wiltshire, as well as the wider South West region each year, allowing people to have the surgery they need. NHS patients will see reduced waiting times and waiting lists with increased capacity to offset delays.

SEOC is the most environmentally friendly building developed at Sulis Hospital, and aligns with a commitment to reducing environmental impact through energy efficiency and sustainable materials. Solar panels and ground source heat pumps have been installed.

The last stages of preparation will include further sustainability plans such as a sustainable travel plan activated across the site.

**Sustainable travel plan**

Launched in November, a new travel initiative encourages healthy and sustainable travel habits that benefit everyone. The initiative includes making e-bikes available to all staff for long-term hire, with charging available at Sulis Hospital.

There will also be charging points for electric vehicles, a comprehensive overview of bus travel, including WESTlink bus routes, and an extension of the Sulis Hospital car sharing scheme.

Lucy Travis, Senior Shared Travel Plan Officer for Bath and North East Somerset Council, worked with the RUH and Sulis on sustainable travel initiatives.

**Recruitment**

The SEOC is also bringing around 100 new jobs to the area, both clinical and non-clinical.

This recruitment is in progress and going well. Following a successful open day in July, which attracted more than 110 visitors, Sulis received approximately 700 expressions of interest for all role types. Throughout November and December, Sulis will be inducting more 30 new starters.

**Almost half a million vaccinations given so far this autumn**

Since the launch of this winter's campaign to protect people against flu, Covid-19 and Respiratory Syncytial Virus (RSV), more than 450,000 vaccinations have been delivered to eligible people living locally.

In October, it was announced that NHS staff had delivered more than 10 million Covid-19 and flu vaccinations nationally, as the effort to avoid a triple-demic this winter ramped up.

Covid-19 jabs were rolled out to those eligible on 3 October, while flu jabs have been available for pregnant women and children aged between two and three-years-old since 1 September.

In BSW, vaccinations have been delivered in walk-in clinics, GP surgeries, pharmacies and community settings, with the initial phase focussing on reaching those unable to leave their home without assistance, such as housebound patients and care home staff and residents.

Dr Barry Coakley, Deputy Chief Medical Officer, said: "It's been a good start to this year's winter vaccination programme, which means many of our most vulnerable people are already protected as we move towards the colder months."

### **Physiotherapy performance in Bath and North East Somerset**

At a previous meeting, committee members had requested further information regarding the performance of community-based physiotherapy in Bath and North East Somerset.

The ICB has since worked in collaboration with colleagues at HCRG Care Group, which provides community-based physiotherapy care in the BaNES area, to produce a detailed overview of how the service is currently performing. The full report is attached as Appendix A.

### **Pharmacy provision in Bath and North East Somerset**

Data from the most recent Community Pharmacy Workforce Survey is now available and provides a snapshot of staffing inside community pharmacies as of autumn 2023.

As it stands, this data is currently the only source of metrics on the community pharmacy workforce.

The ICB is in the process of analysing the data, while simultaneously reviewing the impacts of local initiatives to tackle the workforce challenges that have been seen in the region.

Some of the initial results can be seen below:

- The number of full-time equivalent pharmacists in BSW has increased from 212 in 2022 to 222 in 2023
- The ICB has increased the number of trainee pharmacists from six in 2022 to 20 in 2023
- The pharmacist vacancy rate in BSW has fallen from 28 per cent in 2022 to 22 per cent in 2023
- The number of independent prescribers within pharmacies has increased from 19 in 2022 to 28 in 2023

Pharmacy opening hours are part of pharmacies' Terms of Service for providing NHS pharmaceutical services. Most must open for 40 core contractual hours.

Some pharmacies must open between 72 and 100 core contractual hours, called 100-hour pharmacies. As of May 2023, 100 hour pharmacies can apply to reduce their hours to no less than 72 hours per week. Provided the pharmacy met the criteria set out in the regulations, the commissioner cannot prevent that reduction.

One of the conditions is that the pharmacy must maintain any opening hours between 5pm and 9pm, Monday to Saturday. So, even where a 100 hour pharmacy may have had hours after 9pm, the ICB is not able to prevent them from removing those later hours.

In Bath and North East Somerset, a number of pharmacies are currently available after 5pm. The Southgate branch of Boots in Bath city centre is open until 7pm, as is Swiftcare Pharmacy in Midsomer Norton.

In addition, Keynsham Pharmacy is currently open until 8pm, while Midsomer Pharmacy in Radstock is open until 9pm.

### **New initiatives to support children and young people**

The ICB uses the national [CYPCore20PLUS5](#) framework to underpin all work carried out to support children and young people, with progress measured against the following five clinical areas:

- Children and young people's mental health
- Asthma
- Epilepsy
- Oral health
- Diabetes

Recently, as part of ongoing efforts to increase focus on mental health, the ICB has launched the BSW Youth Worker Pilot, which involves having a dedicated youth worker in each of the region's acute hospital emergency department, including the Royal United Hospital in Bath. This is provided by our third sector partners and the service in B&NES is provided by Off the Record.

The youth workers will be on hand to provide a person-centred, trauma-informed intervention for any child or young person aged between 11 and 25-years-old who attends hospital due to mental health or as a result of a long-term condition, such as diabetes and epilepsy.

This new initiative not only aims to reduce emergency department attendances and hospital admissions, but also to enhance overall wellbeing of children and young people.

The ICB has launched an epilepsy specialist nurse pilot at the Royal United Hospital in Bath, which offers additional care for any young people admitted as a result of their epilepsy. The new role also has links into the community, which helps to offer improved clinical outcomes and enables staff to embed new ways of working across Bath and North East Somerset.

In May 2024, the ICB launched the BSW [Asthma Friendly Schools](#) accreditation. Working in partnership with Bath and North East Somerset Council, schools can access resources to become accredited as asthma-friendly, which has been shown to improve outcomes for children living with the condition.

To improve diabetes outcomes, the ICB has focused on prevention of obesity by expanding its local complications for excessive weight (CEW) clinics. In addition, teams are working to adopt the latest guidance from the National Institute for Health and Care Excellence (NICE) around managing blood glucose levels in patients with type 1 diabetes, with an emphasis on ensuring children and young people are prioritised.

As part of our current and future ambition, the ICB aims to embed paediatric expertise within all areas of community and primary care.

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# MSK Physiotherapy and OIS (BaNES) Summary 2022-2024

# MSK Physio in Numbers (Oct 2022 – Oct 2024)

	Referrals Received	New Patient Contacts	Waiting times for urgent	Waiting times for Routine	Patients waiting to be contacted	Friends and Family Results
Oct 2022 – Oct 2023	6143	3661	2.4 weeks	21.4 weeks	Oct 2023 - 1233	440
Oct 2023 – Oct 2024	7594	4981	2.1 weeks	19.3 weeks	Oct 2024 - 994	492
% Change	+23% increase	+36% increase	12.5% improvement	9.8% improvement		12% increase in responses
Total No patients assessed in departments (22-24)	13737	8642				92.5% Recommended in 22-23, 96.25% recommended in 23-24

# OA Pathway in Numbers (Oct 2022 – Oct 2024)

	Referrals Received	New patient contacts	Waiting Times
Oct 2022-23	1063	907	13.35 Weeks
Oct 2023-24	1337	790	15.13 weeks
% Change	+25.78% increase	-12.9% decrease in Contacts*	+13.33% increase in wait times

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### Waiting Times impacted by:

- Difficulty recruiting to 1 WTE Exercise Instructor since February 2024

### Mitigation:

- 1 WTE Locum Physiotherapist now in place to reduce waiting times by end of Q4 2024/25.

# Community Pain in Numbers (Oct 2022 – Oct 2024)

Page 28

	Referrals Received	New patient contacts	Waiting to be contacted	Waiting Times
Oct 2022-23	199	137	47	16.8 weeks
Oct 2023-24	332	251	42	13.5 weeks
% Change	+66% increase	+83% increase in Contacts		-19.65% decrease in wait times

# Practice based Physiotherapy in Numbers (Oct 2022 – Oct 2024)

- This service allows for early intervention and keeps referrals to the department down every month.
- This service see an average of 430 patients per month in GP Practices across all BaNES postcodes (including BA1) with 3.0WTE staff.
- Very few patients are further referred into the physiotherapy outpatient department and are in the main managed within 1-2 sessions.

# Orthopaedic Interface Service in Numbers (Oct 2022 – Oct 2024)

	Referrals Received	New Patient Contacts	Waiting times (median)	Number of Referrals classed as URGENT	% seen within 18/52	Patients waiting to be contacted	Friends and Family Results
Page 30 Oct 2022 – Oct 2023	2745	2249	7.6 weeks	402	93.93%	Oct 2023 - 653	401
Oct 2023 – Oct 2024	3444	3025	7.3 weeks	693	96.4%	Oct 2024 - 674	280
% Change	+26% increase	+35% increase	4% improvement	72% increase	2.5% improvement	3.2% increase	30% decrease in responses
Total No patients (22-24)	6189	5274					95% Recommended

# Physio in Numbers – not the whole picture

Whilst hard to quantify all staff report an increase in complexity of cases, with increasing co-morbidities and chronicity of long-term conditions which can result in an increase in the number of sessions required.

The outcome measures show that 92% of those completing a course of physio achieved, or partially achieved, their goals in 22/23, which increased to 95% in 23/24.

A number of successful initiatives have been carried out to reduce waiting times

care.think.do.

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<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING/ DECISION MAKER:</b>	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	
<b>MEETING/ DECISION DATE:</b>	<b>16 December 2024</b>	<small>EXECUTIVE FORWARD PLAN REFERENCE:</small>
<b>TITLE:</b>	<b>Independent Reviewing Officer (IRO) Annual Report 2023-2024</b>	
<b>WARD:</b>	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b>		
Independent Reviewing Officer (IRO) Annual Report 2023-2024		

**1 THE ISSUE**

- 1.1 An annual report of the Independent Reviewing (IRO) Service for Looked After Children is required in accordance with the Children and Young Person’s Act 2008 and subsequent statutory guidance published by the Department for Education. The report is produced in order to provide the Director for Children’s Services, the Lead Member for Children and the Corporate Parenting Board with information pertaining to the work of the Independent Reviewing Service (IRS) which is responsible for monitoring and reviewing the care provided to children and young people for whom the Local Authority are corporate parents.
- 1.2 The Children’s Health and Wellbeing Panel review the annual report so as to ensure members are appraised on the care provided to children for whom the Local Authority are responsible.

**2 RECOMMENDATION**

**The Panel is asked to;**

- 2.1 Note the challenges that have been identified within this reporting period, which has led to some children having changes in their IRO, with some children having had contact with two – three IRO’s in this reporting period. There have also been periods where child in care reviews have not occurred within the statutory timeframes. Since the end of this reporting period, please note that the service has returned to having a full complement of staff and the substantive head of service has returned to the service, these factors have led to children receiving a much more consistent service and an improvement in the timeliness of child in care reviews, with 98% on time by Q2 of 2024-2025.

**2.2** Promote the role of the Independent Reviewing Officer (IRO) for the children in the care of the Local Authority. Recognising the value that IRO's offer to children in care, the relationship at times being one of the most long standing and providing consistency for the child. IRO's seek to form positive relationships with the children in which they are allocated, empowering them to participate in their child in care reviews and share they wishes and feelings.

### **3 THE REPORT**

3.1 Please see attached the Independent Reviewing Officer (IRO) annual report for 2023-2024 which sets out how the IRO Service continues to ensure that Bath and North East Somerset Council are meeting the needs of the children and young people for whom it is corporate parent.

### **4 STATUTORY CONSIDERATIONS**

4.1 The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004 all local authorities have been required to appoint an IRO to protect children's interests throughout the care planning process.

4.2 The IRO Handbook was introduced in 2010 providing statutory guidance for IRO's and setting out the functions of the local authority in terms of case management and review for looked after children.

4.3 The Care Planning, Placement and Case Review (England) Regulation 2010 apply specifically to children who are looked after by a local authority. The objective of these Regulations is to improve outcomes for children in care by improving the quality of the care planning processes.

4.4 IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone who is involved in the child or young person's life fulfils the responsibilities placed upon them.

4.5 IRO's are expected to ensure that;

- Review meetings are held for all children and young people who are being cared for by the Local Authority,
- The views and wishes of children and young people in care are heard and considered when decisions are being made about them,
- Children and young people understand their care plan and any changes to this,
- The Local Authority is a good corporate parent to all children and young people in care by ensuring they get the same opportunities, support, love and care that other children living within their families receive.

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

5.1 No request is being made for additional resources, however the service has faced significant pressures during this reporting period due to staff absence, there is never sufficient capacity within the service to support absenteeism.

## **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 has been completed and is attached.

## **8 CLIMATE CHANGE**

8.1 The Independent Reviewing Service seeks to use the most efficient means of transport when travelling to see children in care to reduce the services carbon footprint. The service has sought to implement ways of sending correspondence securely using digital methods.

## **9 OTHER OPTIONS CONSIDERED**

9.1 None

## **10 CONSULTATION**

10.1 This report has been reviewed and endorsed by all Independent Reviewing Officers within Bath and North East Somerset Council.

10.2 The report has been shared and endorsed by the Director for Children's Services and Education.

<b>Contact person</b>	Sarah Hogan, Head of Service Children's Quality Assurance and Safeguarding
<b>Background papers</b>	None
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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**Bath & North East  
Somerset Council**

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**Improving People's Lives**

**Independent Reviewing Officer (IRO)  
ANNUAL REPORT 2023-24**

**Author: Michelle McKay Interim Head of Service for Children's Quality  
Assurance, Children and Young People Directorate**

**Contributions by: Independent Reviewing Officers**

**May 2024**

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## 1. Introduction and Purpose of the Annual Report

- 1.1. This report provides the Director of Children's Services, the Lead Member for Children's Services, and the Corporate Parenting Board with information about the children and young people currently in the Local Authority's care.
- 1.2. The Independent Reviewing Officers (IRO) Handbook (2010) provides statutory guidance to all local authorities regarding children placed in the care of a local authority. The guidance seeks to ensure improved outcomes for children in care so that they can reach their full potential. Section 7, paragraph 11 states that the IRO Service Manager must provide an annual report on the delivery of the IRO Service, which members of the Corporate Parenting Board can then scrutinise.
- 1.3. This annual report provides information on the profile of the children for whom the Local Authority is the corporate parent and how the IRO service maintains oversight of the plans for these children. It does not cover all areas of the child in care portfolio, as it focuses on the areas identified for improvement and the progress made in the last 12 months, along with future areas with reasoning. The report is compiled in line with GDPR, so when a small number of children are described under a certain characteristic that could cause identification, the number will be converted to a percentage.
- 1.4. Following its presentation to the Health and Wellbeing Board, this report will be posted on the Council website as a publicly accessible document and disseminated across children's social care for further consideration.

## 2. Reporting Period

- 2.1. This report covers 1 April 2023 to 31 March 2024. Some data sets may vary slightly from those published by Council Children's Services due to minor variations in the timeframe for data capture and data uploading onto various systems. The author of this report came into the post as an interim arrangement to cover this reporting period.
- 2.2. During this reporting period, a statutory Child Safeguarding Practice Review (CSPR) was commissioned by Bath and North-East Somerset Community Safety and Safeguarding Partnership (BCSSP) following the death of a child in care in March 2023. The outcomes and recommendations of the LCSPR<sup>1</sup> are considered fully within this report.

## 3. The Legal, Statutory and National Context of the IRO Role

- 3.1. The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004, all local

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<sup>1</sup><https://bcssp.bathnes.gov.uk/sites/default/files/202405/CSPR%20Skye%20Executive%20Summary.pdf>

authorities must appoint an IRO to protect children's interests throughout the care planning process.

- 3.2. The IRO Handbook was introduced in 2010, providing statutory guidance for IROs and setting out the local authority's functions regarding case management and review for children in care<sup>2</sup>.
- 3.3. The Care Planning, Placement, and Care Review (England) Regulation 2010 apply specifically to children in the care of a local authority. These Regulations aim to improve outcomes for children in care by improving the quality of the care planning processes.
- 3.4. IROs must oversee and scrutinise the Care Plan devised for every child or young person in the Local Authority's care. The IRO will ensure that everyone involved in the child or young person's life fulfils their responsibilities to achieve good outcomes for the child and permanency.
- 3.5. IRO's statutory responsibilities and functions are to ensure:
  - Review meetings are held within a set time frame for all children and young people to consider their care plan, which is a key component for those in Local Authority care.
  - The views and wishes of children and young people in care are listened to and central when decisions are made about them.
  - The Local Authority is a 'good corporate parent' to all children and young people in care by ensuring they get the same opportunities, support, love, and care that other children living within their families receive.
  - Concerns related to care planning or needs of children in care are raised as part of the Dispute Resolution Protocol (DRP).
  - Quality Assurance (QA) is a core function of the IRO role.

#### **4. Bath and Northeast Somerset Council as Corporate Parent**

- 4.1. IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone involved in the child or young person's life fulfils the responsibilities placed upon them to achieve good outcomes for the child, along with permanency.
- 4.2. Children deemed looked after by a local authority are known or referenced by differing words or titles. It is worth respectfully advising that the children of Bath and North East Somerset to whom Council members are accountable would like to be known as Children in Care, CiC for short.
- 4.3. All Officers and Councillors of Bath and North East Somerset have a duty to ensure that the needs of children in care are being met and that children

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<sup>2</sup>[https://assets.publishing.service.gov.uk/media/5a7e2b2740f0b623026899c6/iro\\_statutory\\_guidance\\_ios\\_and\\_las\\_march\\_2010\\_tagged.pdf](https://assets.publishing.service.gov.uk/media/5a7e2b2740f0b623026899c6/iro_statutory_guidance_ios_and_las_march_2010_tagged.pdf)



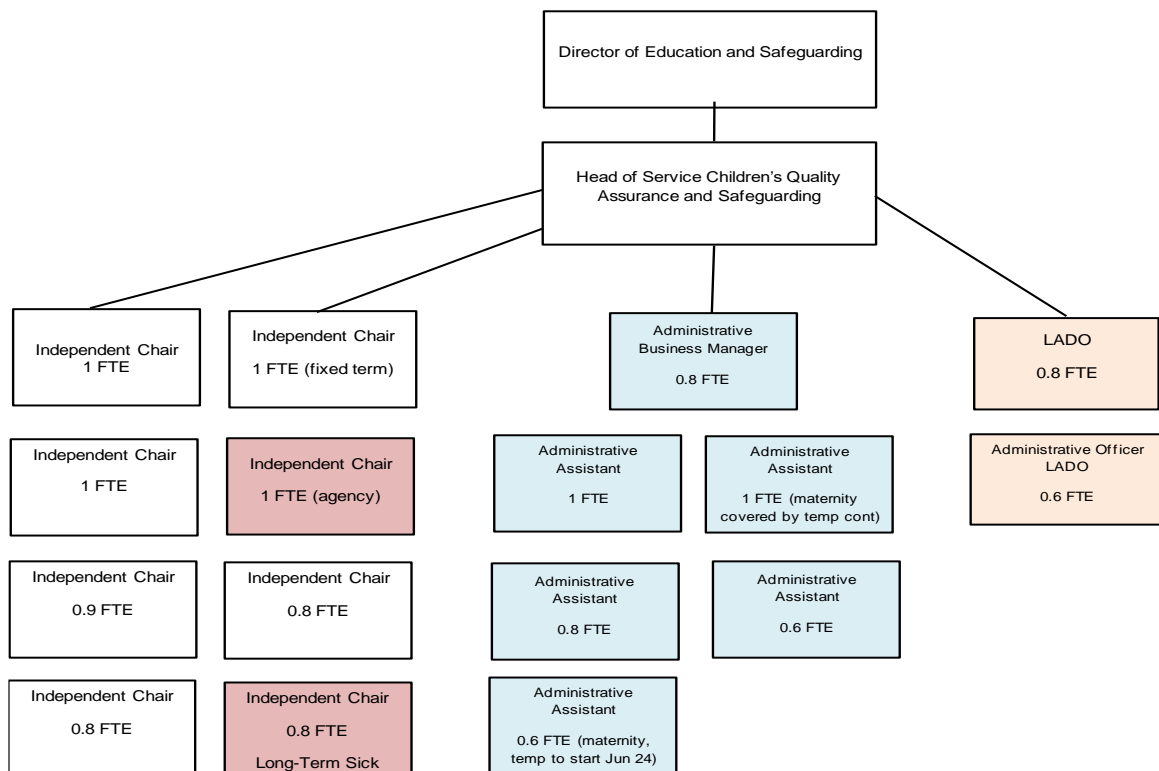
grow up feeling loved, cared for, safe, and have the same opportunities as their peers. All council members should be committed to advocating for the needs of children in care and promote and provide opportunities that allow children to develop and grow, overcoming the adverse experiences they may have experienced before entering local authority care.

4.4. Upon election, all Councillors take on the role of ‘Corporate Parent’ to children in the care of Bath and North East Somerset Council and those young people with care experience. Corporate parents have a duty to take an interest in the well-being and development of these children as if they were their own. Whilst the lead member for children’s services has responsibilities, the role of corporate parent is carried by all councillors, regardless of their role in the Council (Corporate Parenting: Terms of Reference, Sept 2022).

4.5. Within Bath and North East Somerset, the Corporate Parenting Group (CPG) is open to all Councillors, and all members of the CPG must ensure they have a comprehensive overview of the progress of children in the care of the local authority, scrutinising the quality, effectiveness and performance of the services provided.

## 5. The Bath and Northeast Somerset Council IRO Service

### 5.1. Establishment of Safeguarding and Quality Assurance Service



5.2. The IRO service continues to sit within the Safeguarding and Quality Assurance (SQA) Service for Children and Young People, which is currently part of the Education and Safeguarding directorate. This area of operation is

being considered by the wider Smarter Structures programme and may therefore change.

5.3. The SQA service has three core business areas, which are highlighted below:

- i. The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the local authority's care. This is a legal requirement under Section 118 of the Adoption and Children Act 2002. All local authorities must appoint an IRO to protect children's interests throughout the care planning process.
- ii. The delivery of Child Protection (CP) Conferences within statutory timescales. The service must review and monitor the progress of all children subject to a child protection plan. The timeliness of conferences and the duration of child protection plans are key areas of performance that form part of statutory returns and regional benchmarking.
- iii. A Local Authority Designated Officer (LADO) to address allegations of abuse against a person in a position of trust working with children (0-18 years old). The LADO is responsible for ensuring allegations are responded to in a timely way, that where the threshold is met, an investigation by the employer is carried out and that the child's welfare is foremost. Working Together to Safeguard Children (2018) (Chapter 2, paragraph 4) set out the role of LADO and remains governed by the Local Authorities duties under Section 11 of the Children Act 2004.

5.4. As stated in previous reports, Bath and North East Somerset delivers the IRO and the CP function as an Independent Chair. This role is unique to this local authority and was created in 2017 to provide greater flexibility and capacity within the service. It is worth noting that both roles are significantly different and work under the guise of different legislation and differing escalation processes. At the end of the reporting year, the service had responsibility and oversight of approximately 357 children whose plans were either child protection or CiC.

5.5. The market supplement, agreed in March 2022, is attached to the role of Independent Chair and LADO, aligning the functions with those of team manager across children's social care and the pay awarded similar to roles within other local authorities. This has assisted with better recruitment for advertised vacancies. The team became fully staffed just before the end of this reporting period, with two long-term sickness members returning. Diagram 5.1 reflects the establishment as of May 2024.

5.6. The permanent Head of Service for SQA returned to the post in May 2024, with a two-week handover period agreed to maintain service delivery. Interim Head of Service arrangements have been in place for the duration of this reporting period.

5.7. During the reporting period, service delivery was notably affected by absences due to sickness and vacancies. Three Independent Chairs experienced prolonged sickness absences originating from the preceding

reporting period of 2022-2023. Additionally, two members returned however subsequently required a further period of sickness absences, leading to considerable challenges in managing caseloads and resulting in numerous Independent Reviewing Officer (IRO) engagements for children

## 6. IRO Service Provision Performance

6.1. The manager of the IRO service is responsible for appointing an IRO within five days of a child entering care; due to staff sickness and service capacity, this was not always achieved during this reporting period. While the average caseload of each IRO on a fully staffed team would have been manageable, the staffing deficit impacted caseloads for a period of time. Each IRO now manages a caseload within the desired range. Caseloads for IROs encompass both children subject to a Child Protection Plan (CP) and Children in Care. The IRO handbook outlines that the average caseload falls between 50-70 children per IRO. IROs have a combination of both CP and CiC, and case accountability does not go above 70 children.

6.2. There are no intentional changes to a child's IRO unless the IRO leaves their role or the child requests a new IRO; however, this was not the case from 2023 to early 2024, when some children experienced several changes in IRO

**Table 1:** Total Number of CiC over a four-year period

	March 2021	March 2022	March 2023	March 2024
<b>No. CiC</b>	181	197	231	<b>216</b>
<b>CiC start</b>	52	77	95	<b>79</b>
<b>CiC end</b>	53	61	63	<b>90</b>
<b>% Increase of CiC from the previous year</b>	0%	+9%	+17%	<b>-6.5%</b>

6.3. As the above data shows, the number of children and young people in care at the end of this reporting period has decreased by 6.5%, with 216 children in care at the year-end of March 2024

6.4. The current trend for the last two quarters of 2023-24 is that more children left care than came into care, a trajectory that has continued into the first quarter of 2024-25. On further analysis, it appears that the first quarter for 2024-25 is likely due to several CiC who had ceased to be looked after in the previous quarter, with a delay in their status ceasing on their electronic file, which reports to PowerBi. Therefore, the actual figure reported as CiC

leaving in 2023-24 should be higher, equating to 42- 44% leaving care and 36% being CiC overall, a decrease of the CiC population closer to 8%.

**Table 2:** Reason for CiC leaving care

Reason for leaving care	2019-20	2020-21	2021-22	2022-23	2023-24
Turned 18	31%	34%	35%	29%	<b>28%</b>
Returned to family	33%	17%	23%	27%	<b>31%</b>
Placed under SGO	17%	19%	23%	18%	<b>13%</b>
Adoption (legal status)	15%	30%	7%	9%	<b>4%</b>
Other	4%	0%	8%	18%	<b>24%</b>

Source: Children's Services Data, Previous years parameters unclear. Parameters for 22-23 & 23-24 are defined by PowerBi as E—E-codes leaving care are combined into groups, e.g., E45+E46, rounded up to the nearest %.

- 6.5. As in the previous reporting year, the number of children leaving care to return living with their families has increased by 4%. This figure accounts for children who returned in a planned way and those who returned home unplanned. Children are returning to birth families with additional support and under the guise of orders, assisted by the reunification framework, explained in further detail below. 'Other' includes several factors such as - ceased for any other reason, transferred to adults' service, etc.
- 6.6. As advised in previous reports, the NSPCC reunification framework is utilised within the authority. The child's IRO will be informed when a decision is made to explore reunification and progress a return home assessment. The IRO considers permanency as a matter of course during a CiC review.
- 6.7. This report details children returning home to their families for various reasons, with some planned reunifications and others unplanned. The reunification process plays a crucial role in supporting the return home. This process ensures the carer possesses the necessary skills and resources for safe and effective parenting. This proactive approach seeks to promote positive outcomes for returning children and minimise the risk of future breakdowns requiring re-entry into the care system. Within the reunification framework, 14 children returned home.

**Table 3: Quarterly Children entering and leaving care**

	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24
<b>Children coming into care</b>	24 (0)	32 (+8)	9 (-18)	14 (- 8)
<b>Children leaving care</b>	25 (+7)	21 (+10)	18 (+3)	26 (+7)

Source: Children's Social Care PowerBi actual number start and end. Previous years in comparison in brackets.

6.8. The overall pattern in Table 3, demonstrates a decline in children coming into care, coupled with children leaving care, which has continued to grow.

6.9. The IRO Service, in a positive stride, facilitated 566<sup>3</sup> CiC reviews in the 2023-2024 reporting period reflecting a significant 14% increase compared to the 497 reviews conducted in 2022-23. All children newly into care will require their first child in care review within 20 working days of their entry into care, and their second review should take place within three months of the first, thereafter reviews take place every six months, unless there is a change in the child's care arrangement (this can be for planned and unplanned changes). The increase in the number of reviews for this reporting period is likely linked to the number of children coming into care and the need for those children already in care to require additional reviews due to changes in long term care plans or changes in care arrangements. It is difficult to determine this increase in reviews as positive or negative as the reasoning will be different for each child.

6.10. The number of reviews held out of timescale\_exceeding the timeframe is an area that requires improvement. Table 4 provides a breakdown by quarter and comparisons to the previous year to facilitate further analysis.

**Table 4: Quarterly timeliness of CiC reviews**

	Reviews out of timescale	Reviews in timescale	% Out of time	% On time	Total held*
<b>Q1</b>	49 (19)	109 (101)	29% (16%)	71% (84%)	158 (120)
<b>Q2</b>	18 (21)	126 (101)	12.5% (17%)	87.5% (83%)	144 (122)

<sup>3</sup> \*Source PowerBi advises 566, IRS tracker advises 480.

<b>Q3</b>	19 (20)	103 (95)	16% (17%)	84% (83%)	122 (115)
<b>Q4</b>	34 (40)	108 (100)	24% (29%)	76% (71%)	142 (140)

Source: LCS reporting N200

6.11. Several challenges contributed to reviews exceeding the statutory timeframe. Accumulated staff sickness and annual leave impacted capacity within the service, as well as vacant posts taking some time to fill.

**Table 5:** Quarterly timeliness of distribution of CiC Review minutes

	<b>Min out of timescale</b>	<b>Mins in timescale</b>	<b>% Out of time</b>	<b>%On time</b>	<b>Total reviews held*</b>
<b>Q1</b>	69	50	58%	42%	119
<b>Q2</b>	70	52	57%	43%	122
<b>Q3</b>	59	31	66%	34%	90
<b>Q4</b>	144	5	97%	3%	149

Source: Business Support IRS Tracker<sup>4</sup>

6.12. Following a child's review, IROs are statutorily obligated to provide written records of decisions or recommendations within five working days. A full review record must be distributed within 20 working days. The IRO service has not achieved its target of ensuring that 85% of review records are completed within the statutory timeframe. This year's reporting format for review record timeliness has been revised to enhance oversight and accountability. Previously, the report categorised data into three timeframes: 0-20 days, 21-25 days, and 26+ days. This year, the report utilises two categories: within and outside the statutory timeframe. This streamlined approach provides clearer insights into compliance levels and facilitates accountability for IROs and business support staff. Specifically, IROs are responsible for completing review minutes within 15 working days, and business support have 5 working days for dissemination.

6.13. The IRO service completed and circulated 29% of CiC review records within the statutory timeframe of 20 working days during the 2023-24 reporting period. This represents a 3% decline compared to the previous year. It's important to note a potential data discrepancy. The IRS tracker system reports a completion rate of 29%, while further analysis suggests an overall figure between 25% and 40%, given an additional 86 meetings were completed by IRO, but data was not captured. This discrepancy may be due to the IRS tracker not capturing all CiC review meetings. Including these additional meetings could potentially raise the percentage of timely distributed minutes.

<sup>4</sup> IRS tracker does not directly match PowerBi figures.

6.14. To gain a more accurate picture moving forward, weekly completion sheets are completed by IROs and sent to the email inbox for business support. Business support will allow the integration of both data sources for a truer and more accurate picture. However, unless tracked, the minutes sent by IROs directly will not be considered within this data, and therefore, 71% were deemed to have been sent out of timescale. The IRS tracker does not directly match PowerBi figures, given that there is a transition of IROs completing and sending their minutes from reviews directly to children and attendees of meetings and advising business support. They are now required to advise business support to prevent further discrepancies in data. A recent CSPR highlighted this issue; it was unclear as to whether a child had received their IRO's well-written and compassionate letter and minutes of the meeting due to no tracking of data during this period. The authority deems this unacceptable, given that this information should be known and available to advise them whether their child received their information around care planning. As a result, business support will monitor the process with an IRS tracker to ensure all children receive their letters and review minutes.

6.15. Timely completion of pre-meeting social work reports impacts the efficiency of CiC reviews. Incomplete reports can cause blockages within the child's electronic file, hindering timely access to information. However, even in such instances, consultations occur between IROs and social workers to ensure reviews proceed smoothly and provide updates for CiC participants. It is acknowledged that the previous SQA manager had identified and raised the issue of the non-completion of pre-meeting reports; the pre-meeting report completion rate for Q4 of the previous year was just 66.3%. A different approach was utilised, and a significant effort across the whole service was undertaken in Q1 of the current period, with sustained improvement until Q3; disappointingly, the current completion rate has dropped to 57.1% (refer to Table 6).

6.16. Several assumptions are made due to the significant drop after a considerable drive for completion involving the assistant director and the SQA service early in the first reporting period. The assumption is that the figures have declined in the last quarter, given IRO sickness, causing a number of already overdue CiC reviews to be held at short notice. This caused a demand on the time of the social workers who were already committed to other areas of work.

**Table 6:** CiC SW pre-review reports timeliness

	Q1	Q2	Q3	Q4
2023-24	8 %	83%	82.9%	57.1%
2022-23	66.3%	67.3%	73.5%	66.3%

Source: PowerBi quarterly dashboard

## 7. Profile of children in care in Bath and Northeast Somerset (Bath and Northeast Somerset) on 31 March 2024

- 7.1. Nationally: To assist with the perspective of Bath and North East Somerset's profile of children, a brief summary of national trends needs to be considered<sup>5</sup>. These will be considered in each domain below and a comparison to last year. The number of CiC by local authorities in England rose to 83,840 up 2%, continuing the rise in recent years. This rate is 71 CiC per 10,000 children, up from 70 last year. Both the numbers of CiC starting and CiC ceasing have increased; the number of CiC starting during the year has increased by 6% to 33,000, and the number of CiC ceasing during the year increased by 5% to 31,680. The number of CiCs that were adopted was down 2% to 2,960.
- 7.2. Many of the changes within the release of sex of children can be explained by the large increase in unaccompanied asylum-seeking children (UASC) this year. UASC has increased by 29%, following the 37% increase seen last year. UASC influenced many of the changes seen in the figures this year as they are a distinct cohort with specific characteristics; for example, they are generally male, aged 16+ years.
- 7.3. In 2023, most CiC were looked after under a Full Care Order (76%, down from 78%). However, the number and proportion of children looked after under voluntary arrangements<sup>6</sup> have increased; 19% of CiC were looked after under voluntary agreements this year, up from 17%. This figure is higher due to the increase in UASC, who remain voluntarily accommodated. CiC under a Placement Order continues to fall, down 4% to 4,350 children.
- 7.4. Age and Gender: Nationally, the latest government statistics on looked-after children in England show a 57% male and 43% female representation. This aligns with ONS mid-year population estimates where males are slightly overrepresented in the CiC population (compared to 51% in the overall child population)<sup>7</sup>. In Bath and North East Somerset, the gender breakdown of children in care differs slightly. Male children in care account for 62%, an increase from 50.5% in the previous reporting period and a wider gap than national figures. Conversely, female children in care represent 37%, a decrease from 48% the previous year and below the national average. A small discrepancy exists in Bath and North East Somerset figures due to the inclusion of children identifying as non-binary. As "non-binary" becomes a more widely accepted gender norm, data collection practices regarding gender identification may change in future reports. Birth identification may become the primary data point used<sup>8</sup>.

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<sup>5</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023>

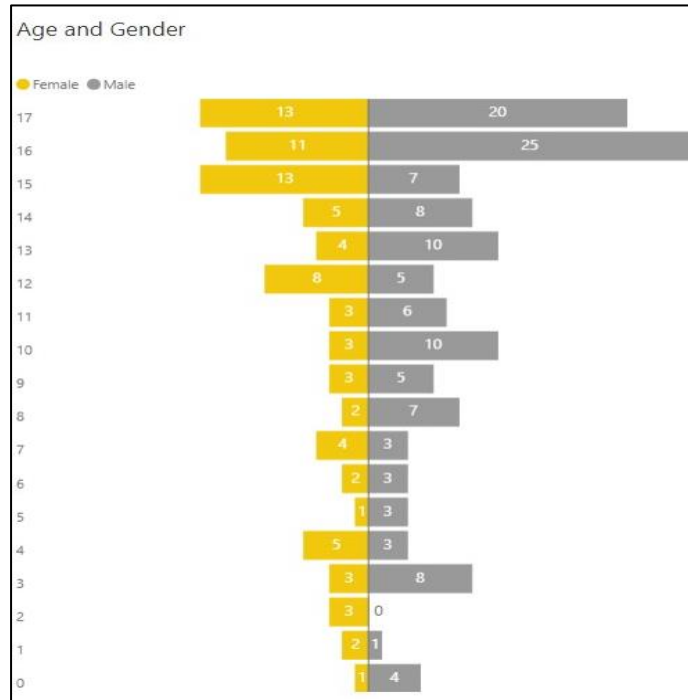
<sup>6</sup> Section 20 CA89

<sup>7</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023>

<sup>8</sup> <https://osr.statisticsauthority.gov.uk/publication/collecting-and-reporting-data-about-sex-and-gender-identity-in-official-statistics-a-guide-for-official-statistics-producers/pages/1/>



**Graph 1: Ages of CiC**



Source: Children's Social Care PowerBi score card

The above shows the age ranges of children in Bath and North East Somerset care over a period. This highlights the consistency over the years that most CiC are aged 10 and above. There has been an increase of 20 young people in the 16+ age range due to the increase in UASCs as part of the National Transfer Scheme. The groupings in Graph 1 and in Table 7 have been compiled into groups to prevent identification under GDPR and presented in percentages. Table 7 shows a comparison of all CiC.

7.5. **Ethnicity:** The ethnicity of the CiC cohort is mixed, as stated and includes a variety of ethnicities. Table 6 shows a comparison of all CiC in a comparison. Bath and North East Somerset data on the ethnicity of CiC shows a higher proportion of White children (74%) compared to the national average (71%). Children from mixed ethnic backgrounds (12.5%) also comprise a significant portion of the CiC population in Bath and North East Somerset. While Black and Asian ethnicities are represented in Bath and North East Somerset (2% and 5.5%, respectively), these figures fall below the national average. It's important to note that more children in Bath and North East Somerset have unknown ethnicity recorded (4%) compared to the national figure (2%)<sup>9</sup>; this is likely to be the child's ethnicity not being recorded at the first point of contact with the service. Regardless, the IRO actively considers and promotes the cultural and identity needs of each CiC during their reviews and recommendations, ensuring each child's cultural and identity needs are met.

<sup>9</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023>

**Table 7: Ethnicity of CiC**

Ethnic background			
	All CLA	Not UASC	UASC
White	74%	80%	0%
Mixed	14%	15%	6%
Asian or Asian British	5%	1%	53%
Black or black British	3%	2%	18%
Other ethnic group	2%	1%	24%
Not stated	1%	2%	0%
Not recorded	0%	0%	0%

Source: PowerBi

7.6. Legal Status: Information is collected on the legal status underlying CiC, which helps to describe why the child is in the local authority's care. These include: a Care Order- a court order placing a child in the care or supervision of a local authority. A voluntary agreement also known as section 20 allows the local authority to provide accommodation for a child with parental consent or when no one with parental responsibility is in place. A Placement Order is a court order allowing a local authority to place a child for adoption

7.7. In 2023, Nationally, most CiCs were looked after under a Care Order (76%, down from 78%). However, the number and proportion of CiC voluntary arrangements have increased; 19% of CiC were looked after under voluntary agreements this reporting year, up from 17%. Much of this increase is due to the increase in UASC, who are usually voluntarily accommodated. CiC under a Placement Order continues to fall, down 4%, to 4,350 children.

7.8. In Bath and North East Somerset, current reporting data shows that there has been a steady increase in CiC subject to full Care Orders for the third reporting period who have a permanence plan to remain a CiC. Plans for these children will be closely reviewed by their IRO, with reviews held at least once every six months. Children in long-term care benefit from the longevity of the IRO relationship. This focus allows IROs to develop strong relationships with the children, acting as a consistent voice and advocate throughout their care journey, especially when changes in care arrangements are needed. Furthermore, IROs play a critical role in ensuring that Bath and North East Somerset, acting as corporate parents, not only fulfil their responsibility for a child but nurture the child's talents and improve mental well-being as well as long-term outcomes within education.

7.9. An IRO shared recent feedback about a child:

*this young person has a real talent and performed their own music at a local festival last summer. At their recent review, we heard they're using their music in their learning and have made great progress. This young person would not attend a school or*

*engage with professionals before their current placement and is a completely different child from the one I first knew several years ago. This is a positive outcome for this young person developing a passion they love”.*

7.10. This reporting period shows a decrease in Interim Care Orders compared to the previous year. This indicates a reduction in children subject to full care orders in the future reporting period. Additionally, the reunification rate contributes to a slow but steady decrease in the overall CiC population.

7.11. The permanence aspect of children being made subject to Placement Orders demonstrates a positive increase for the second consecutive year. Furthermore, identifying a forever home where a child will be loved and cared for throughout their life, as opposed to their minority years in a foster placement, is a positive outcome for CiC. This is to be considered along with those children placed with a relative or connected person under an SGO, as these have also increased, and these placements are reflected in the departure date of leaving care. Children made subject to a Placement Order have their care plan closely reviewed by the IRO to ensure timely progression is made in order to have the least amount of time and intervention in a child’s life, and these reviews are held as per statutory guidelines and in some instances at a higher level than required to ensure finding and transition planning is progressing.

**Table 8:** Ages and legal status CiC

Age category	Interim Care Order	Full Care Order	Placement Order granted	Vol. Accom Section 20	Total
Under 12m	5	0	0	0	5
1-4 years	11	5	9	0	16
5-9 years	4	24	2	3	33
10-15 yrs	6	61	0	15	82
16+ years	0	32	0	34	69
<b>Total</b>	<b>27</b>	<b>126</b>	<b>11</b>	<b>52</b>	<b>216</b>

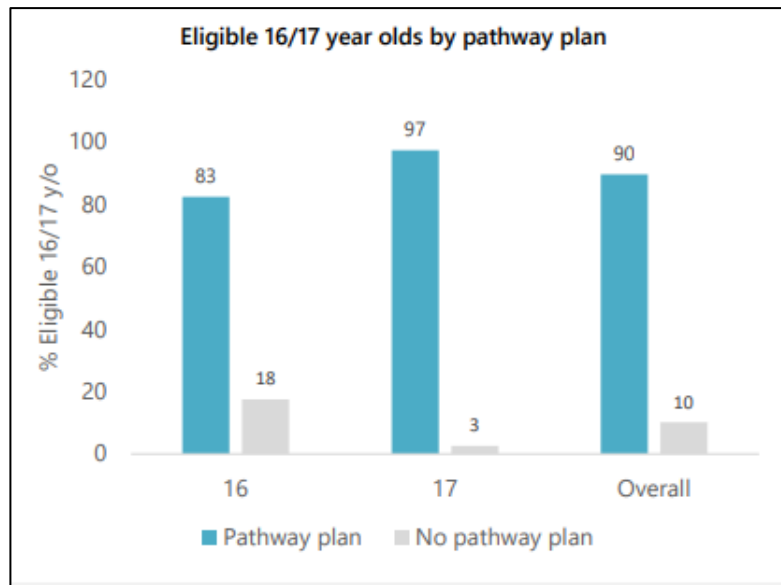
Source: Children's PowerBi

7.12. Age is a significant area that IROs will consider; if they identify a child who has been left at risk of harm in the CP arena for too long, this will be raised directly with the social work team and the manager of the IRO service, utilising the dispute resolution process. Independent Chairs and IROs will highlight any children where legal intervention should have been considered sooner.

- 7.13. Table 8 details the legal status and age breakdown of CiC as of March 31, 2024. Notably, the number of children under 12 months subject to ICOs has significantly decreased compared to the previous year (19 vs. the current reporting period). This aligns more closely with figures from the 2021-22 reporting period. Conversely, the number of CiC aged 16 and above accommodated under Section 20 has seen a considerable rise in the past three years, from 27 to 56, before settling at 34 in this reporting period. This increase can be attributed, in part, to the allocation of additional UASC to the council, as will be discussed later in the report. These UASCs remain classified as CiC. A slight decrease in placement orders granted for children is also evident. This likely correlates with the reduction in ICOs and FCOs mentioned earlier and is not considered a cause for concern.
- 7.14. The figures include children with a disability, who account for 17% of the CiC population; a percentage of this group is likely to require an assessment by adult social care to consider what support they may need as they become adults. For these children aged 16+, a referral to Adults Social Care transition panel is necessary and IROs will make recommendations as to the timescale for such referrals being completed. The transition panel must consider whether a young person is entitled to a transition assessment under the Care Act 2014. The assessment will consider the young person's needs regarding care and support post-18, including accommodation for all over 18. In the last reporting period, IROs identified delays in completing transition assessments, which has left some children turning 18 without certainty as to what support they may receive from adults social care. Issues of drift and delay should be addressed promptly by the IRO via the DRP process.
- 7.15. Ensuring a smooth transition from childhood to adulthood for CiC, especially those facing ongoing challenges like mental health issues or being a UASC, is an area of continuous focus and improvement. National guidance and the recent CSPR underscore the importance of effective communication and collaboration between health, children's social care, adult social care, and education. We recognise the importance of well-planned transitions with clear guidelines and the involvement of all stakeholders, including young people. While separate child and adult systems exist, legislation like the Children and Families Act 2014 supports young people with complex needs. Bath and North East Somerset is committed to playing a vital role in facilitating these transitions to adult services by involving young people in assessments to ensure their voices are heard, keeping all parties informed to ensure coordinated support, and allocating resources promptly to address their identified needs. Supporting the transition of services from child to adult care can be challenging and remains an area for improvement.
- 7.16. Over the past year, there has been a significant focus on ensuring CiC have needs assessments and pathway plans. These plans are crucial in supporting a smooth transition to adulthood for CiC by identifying necessary independent living skills development and exploring post-18 accommodation options. As of the reporting period end, 57.1% of all 16 and 17-year-old eligible children have a pathway plan. While this demonstrates progress (see

Graph 2), there is room for further improvement. Notably, the data excludes some CiC due to differing collation parameters. IROs are actively monitoring this area and have conducted mid-point reviews of CiC records. When gaps or concerns are identified around no pathway plan, they are addressed through the Dispute Resolution Process (DRP).

**Graph 2: Pathway plans**

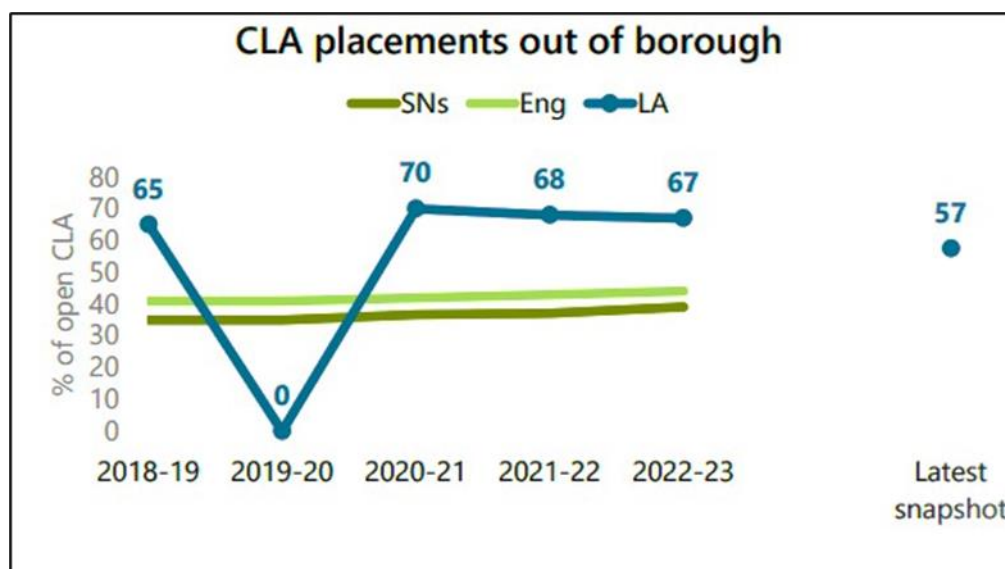


Source: Chat v6.0 -children services analysis % data snapshot April 2024

## 8. Children placed at a distance from Bath and Northeast Somerset

8.1. Local authorities have a duty to provide suitable accommodation for CiC within their area, ideally near the CiC's family home. However, a national shortage of appropriate placements can make achieving this goal challenging. In Bath and North East Somerset, the reporting period saw an increase in CiC placed outside the local authority area and a significant distance from their families or corporate parent. This trend is partially offset by 177 CiC from other authorities being placed within Bath and North East Somerset. Research indicates that family-type placements are generally better suited for younger CiC. However, some children require residential placements or specialised schools to address their needs and ensure safety; these placements are often located outside the local authority area. It is acknowledged that there is a national shortage of placements, and Bath and North East Somerset are looking at several ways to address this. Bath and North East Somerset has seen a slight decrease in the number of CiC placed outside the local authority area, with the current figure estimated at 57%. There are several reasons why it has decreased, which include children being placed with their own extended family, to name one.

**Graph 3: CiC placed out of area**



Source: ChAT v6.0 - % data to Insight January 2024

8.2. To address challenges associated with high-cost placements, out-of-county placements, and those involving UASC. Bath and North East Somerset senior management team hold regular meetings. These meetings prioritize the best interests of each CiC. The SQA Manager attends these meetings to ensure placements align with each child's evolving needs and well-being—discussions centre on whether current placements offer the most suitable environment for development. While cost-effectiveness is considered, decisions ultimately prioritise the CiC's well-being. This includes both immediate safety needs and long-term goals towards independence. The meetings identify placements that might hinder the development of independent living skills, particularly for older children placed out-of-county. The meeting process also balances CiC needs with responsible resource management. This includes exploring the potential benefits of a placement closer to Bath and North East Somerset to facilitate family relationships and continued support from Personal Assistants (PAs), especially for CiC transitioning to adulthood.

8.3. The SQA Manager actively participates in high-cost placement meetings, leveraging IRO updates to ensure placements demonstrably meet each child's needs, even if they incur higher costs. Ultimately, these meetings strive to secure placements that nurture the CiC's well-being, safety, and path to independence. This is achieved through a balanced approach prioritising effective resource utilisation and a child-centred approach.

## 9. Unaccompanied, Asylum Seeking and Trafficked Children:

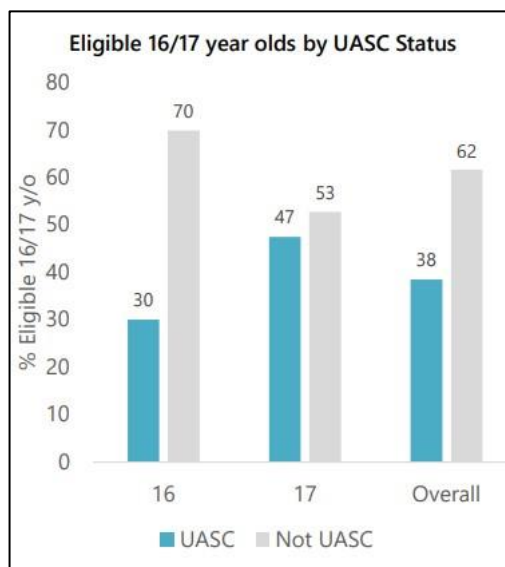
9.1. In the UK, a person becomes a refugee when the government agrees that an individual who has applied for asylum meets the definition of the Refugee Convention. In turn, they will 'recognise' that person as a refugee and issue them refugee status documentation. Usually, refugees in the UK are given

five years' leave to remain as refugees. They must then apply for further leave, although their status as a refugee is not always limited to five years. Children become UASC if they do not have a parent or caregiver with them.

9.2. In this reporting period, Bath and North East Somerset Council have seen a decrease in CiC seeking asylum or refuge; there were 21 UASC as of the final reporting quarter for 2023-24. This is a decrease on last year's figures of 32 UASCs accommodated. This is due to a hold on accepting referrals of UASCs into the area from the National Transfer Scheme. The authority made a representation to the government to pause referrals until other local authorities had met their 0.1 % allocation for under-18s, highlighting the impact of lack of local sufficiency, increased pressures on both resources and financial pressures impacting Bath and North East Somerset. However, the current figure is still an increase from 11 UASCs from the previous reporting year of 2021-22 year. A risk was identified in a previous reporting period when the NTS allocated many UASCs to Bath and North East Somerset, which caused a sudden demand for services.

9.3. As advised in previous reporting periods and continued into this period, most UASCs received in Bath and North East Somerset's allocation are young people between 15 and 18, who comprise a large proportion of the Section 20 CiC cohort, see graph 4.

**Graph 4:** CiC UASC comparison



Source: ChAT v6.0 - % data to Insight January 2024  
 Note: Eligible being a CiC

9.4. Most UASCs are not placed locally or are already residing in larger cities across the country, often a placement they were placed in before being allocated to Bath and North East Somerset as the corporate parent. Some children who have a placement within the local area say they would like to move to larger cities where they can maintain contact with friends they already know or be part of the community they feel they can fit within. On

arrival in the UK, some UASCs speak little or no English, which makes integrating into a predominantly white English-speaking area difficult.

9.5. Regarding former relevant UASC who are deemed 'not in employment, education or training' (NEET) care leavers. They are 17% NEET aged 17/18; this figure decreases by over half to just 7% for UASC post-18. This aspect requires exploration during the CiC reviews by the IROs to ascertain the additional barriers, besides language, to joining education before 18 years of age. The SQA service will also continue to work alongside other children's services teams to consider the complexities of this cohort and how we best meet their needs.

9.6. The IRO service has recognised the importance of continuing to develop the skills, knowledge, and expertise in working with the cohort of UASCs. IROs introduce themselves to the children and young people, providing translated documents that explain their role, how they can be contacted and the purpose of a child-in-care review. Minutes of the reviews are also translated into the first language. It can often be daunting for UASCs as they feel that the IRO is part of the system and feel threatened or at risk of deportation, so additional time is required to develop meaningful relationships. IROs will meet all children in person before their reviews to reassure them and ensure the use of interpreters to enable the CiC to participate fully.

## **10. Voice of the Child, Participation and Feedback**

10.1. This area has been a focus since the last reporting period and continues to develop. IROs oversaw 566 reviews in this reporting period, with previous attendance at 56% of reviews seeing a child attend and speak for themselves, have their advocate speak for them, or attend but choose not to contribute. This number has increased steadily through the past year. Children aged four and under will continue to be seen by their IRO in their placement with their carers for an observational relationship assessment, ascertaining how at ease the child is in their environment and how the child interacts with other members of the family/household, recording this as the child's voice. Some children choose not to attend their reviews; whilst they are encouraged to attend, it is acknowledged that some children do not wish to attend, and the IRO service respects this.

10.2. IROs and Advocates have worked together to ensure children's reviews are child-friendly. Throughout the year, Advocates have supported young people in making decisions about activities they want to do and ways that they want to lead their own meetings. IROs have facilitated these requests and have been positively working with Advocates to ensure that the meetings remain child-focused.

10.3. IROs have referred children to advocacy who lack confidence in the process or/and adults and those CiC who do not share views engage in discussions or the decision-making. Advocates' work with these young people has led to positive results; they have built trust through this relationship and, in some cases, have eventually run their own meetings.



- 10.4. One example is a young person who did not share their views with anybody and initially met their Advocate over four sessions. When they met their IRO for the first time, they had built enough trust in more than one adult to ask their Advocate if they could see their IRO more often. This request was supported and facilitated. Another young person was not speaking with professionals and was referred for advocacy. The young person eventually developed a rapport with their advocate to meet in person. Eventually, with advocacy support, the young person could share their views at their CiC review.
- 10.5. Outside of the reviewing process, Advocates and several IROs have increasingly jointly worked with young people on issues, which means that some issues have been resolved much faster. There has been ongoing communication, including a recent face-to-face meeting between SQA, Commissioning, and 'Shout Out' to consider improving collaborative working across services.
- 10.6. Direct feedback has been received from the advocacy service 'Shoutout', who advised, "It's been really good to work with IROs this year. Our communication has helped us understand what is happening to young people and better support them. When we work together around a review, it makes a difference to children's experience of the review process, and the young person can see how their views count. It has been really good that some IROs have written letters to young people after their review."
- 10.7. All CiC are sent a consultation document before their reviews and offered independent advocacy by the IRO service as a matter of process.

## **11. Dispute Resolution Protocol**

- 11.1. The CiC service's dispute resolution process has been under intense internal and external scrutiny for the past year, which is expected to continue. The recent LCSPR identified weaknesses in how the SQA service used the previous dispute resolution process during 2022-23<sup>10</sup>.
- 11.2. Key points identified that IROs primarily relied on informal email escalations to social workers and team managers when challenging care plans with no clear response timeframe. It is accepted that escalations were raised, but little resolution occurred with themes, e.g. incomplete pre-meeting reports and outstanding needs assessments/pathway plans, which persisted for several reviewing cycles without resolution. The lack of formal documentation and a centralised data reporting system hindered effective tracking and resolving disputes. This led to inaccurate reporting on the status of outstanding and resolved issues. Moving forward, in response to concerns regarding dispute resolution, a new standardised protocol and template were developed in late 2023 with input from other departmental HoS. Following a pilot phase, this process was ratified in January 2024.

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<sup>10</sup> <https://bcssp.bathnes.gov.uk/sites/default/files/2024-05/CSPR%20Skye%20Executive%20Summary.pdf>

- 11.3. The new protocol aims to create a more transparent dispute resolution process. This includes using electronic recordings and establishing clear, measurable actions (SMART goals) to address identified issues. Additionally, all midpoint reviews identifying concerns with CiC plans or electronic files will be formally logged as Stage 1 in the Dispute Resolution Process (DRP). This ensures timely responses and follow-up by social workers, with tracking by SQA business support.
- 11.4. The CiC service acknowledges the need for improvements and is committed to continuing the standardised dispute resolution process with clear escalation protocols. Additionally, a temporary data reporting system is used to track and monitor disputes; this will move to electronic data report oversight in the next reporting period. Reviewing IROs' use of the dispute resolution process is crucial to strengthening this critical area.

## **12. Quality Assurance by the IRO**

- 12.1. IROs must closely monitor the care planning for children and young people in care, including the progress of CiC between their reviews. Social Workers must inform a child's IRO of significant changes/events in the child's life. Any proposed changes in the care plan should be discussed with the IRO before implementation there can however be delays in significant information being shared with IRO's which can impact on the timeliness of reviews for CiC.
- 12.2. The IROs ensure minimum quality assurance around the child's care planning by completing the quality assurance and recommendations document in a child's electronic file following the review. As referenced in the last report, no midpoint quality assurance reviews existed for CiC. A tool on the CiC electronic file was a post-review QA document completed by IROs; this had minimal impact despite completion by IRO around care planning. This left the potential for drift, especially around transitional stages from children to adult services, requiring a pathway plan and multi-agency cooperation. This area has been developed, and a midpoint review template has been developed and implemented for CiC. These midpoint reviews are an opportunity to identify drift or poor practice, name areas for improvement and accountability, and utilise the DRP with clear timeframes for work completion, all before the CiC review.
- 12.3. The recent feedback below from a professional regarding an IRO demonstrates the challenges and good practices of IROs within the SQA service. "I was impressed with your child-centred approach to the LA's care plan. Your feedback to the social work DTM was respectful, professional and well thought out. It is not easy to disagree with colleagues. Still, it is the fundamental purpose of having an independent IRO to have oversight to ensure that the care plan is in the best interests of the children we serve".
- 12.4. The SQA service will focus on long-term outcomes, not just process metrics. Measuring children's outcomes via the quality assurance aspect and scrutiny of CiC plans is the best way to achieve this, ensuring the corporate

parent meets its statutory responsibilities. Areas highlighted during the CSPR process and its final recommendations have already started to be implemented.

12.5. It has been identified nationally that a major challenge in children's services is the transition to adult services. Children's needs aren't addressed holistically across service provisions. It is identified that there is a positive trend with children's services improving their data intelligence and collaborative working, which includes Bath and North East Somerset, as well as addressing transitional arrangements that can significantly improve how services collaborate for a child's well-being. As the Children Commissioner Dame Rachel de Souza points out:

*'We can't reliably say whether the system is achieving the outcomes we want for children; children fall through the gaps between services because the data and technology is not up to scratch; reform programmes often only touch on one element of a child's life without seeing them as a whole – that mental health, education, disability, and social care need to work alongside each other'.*

12.6. The strength of an IRO and the SQA manager lies in having clear oversight of the child's journey from entering as a CiC to mapping their journey to reunification, permanency, and/or transition into adulthood. The SQA manager will report to the Service Improvement Board every quarter for all children, whether CP or CiC, the performance of the CP Chairs/ IROs. The improved dispute resolution process and focus on mid-point reviews position the SQA manager to significantly contribute to wider service delivery quality assurance.

### 13. Update on areas developed in 2023-2024

13.1. Each year, the IRO service identifies areas of practice that require further development or improvement; areas identified in the reporting year 2023-24 are below, along with the updates. Any reds or ambers will carry over into the 2024-25 area for development; green will continue as standard practice.

**Table 9:** targeted areas for improvement 2023-24

Area for development/ improvement	Update
Ensuring allocation of all CiC, which includes UASC.	For the reporting period 2023-24, the focus has been on ensuring every child in care has an allocated IRO when they enter the process, regardless of IRO capacity, this at year end has been achieved but with some challenges throughout the year. The SQA has also been focused on ensuring social work pre-meeting reports for CiC reviews and pathway plans are available. Timely provision of both documents is essential to supporting and mapping a clear path for CiC.

Improving timeliness of CiC reviews. To ensure quality assurance of children's plans by midpoint QA.	This is an area that continues to be developed.
Review escalation policy and process. Address if not effective.	The escalation protocol/ policy has been reviewed, and a new protocol and template have been created. The protocol was agreed upon with other HoS in early January 2024, piloted, and fully implemented in April 2024. It will be reviewed within the next reporting period for effectiveness and data capture to ensure the Service Improvement Board is aware of issues raised by IROs and CP Chairs.
Ensure the child's voice is captured in the CiC reviews.	The CiC voice is critical to service development and improvement. Within CiC reviews, a clear-labelled section identifies the child's voice, which will continue to be developed. The child's voice is more evident within CiC reviews and is part of the midpoint QA undertaken by the IRO. The DRP identifies a section of impact on the child, which includes the voice. The SQA Manager will continue to ensure innovative ways to capture this feedback are delivered within the service area.
Feedback from children, young people, their families, and carers. (2019)	This continues to be an area for improvement / development the challenges faced within the IRO service this year has meant little progress in this area.
Children in care will have access to life story work delivered in an age-appropriate way. (2019 – 2021)	In 2021, a working group developed Guidance for Social Workers around completing Life Story Work with children on the edge of care and children in care. The purpose was to improve practice and offer consistency regarding what children can expect from us in supporting their narrative and identity through talking about their experiences. The guidance and associated resources have now been finalised, they are available on the Tri-X system for all staff. IRO's however are yet to see evidence of life story work being completed with children in care.
Improving the number of children in care review records disseminated within 20 working days.	This is an area that continues to be developed.
IROs are to have input and oversight of any plans for reunification.	This ongoing, IRO's are seeking clarity however as to how reunification is understood and promoted within children's social care.
Themed audits are to be undertaken, identified by the themes emerging from the quality	Outstanding.

assurance activity within the Service and the data reports.	
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#### 14. Summary of period and areas for development in 2024-2025

- 14.1. The period of 2023 – 2024 was difficult for children's services due to the CSPR being undertaken, particularly for the SQA service. Implementing the dispute resolution procedure along with midpoint reviews had its challenges; however, recognising a critical area ensures impact for the children in progressing their care planning when the IRO has identified areas for improvement and/or concerns. The SQA service had the insight and understanding to quickly develop, improving service delivery, whilst acknowledging that individuals, in particular social workers and managers, have formed excellent relationships with children and that it is the system that requires focus, as this identifies inadequacies that increase the vulnerability of our CiC.
- 14.2. At the time of writing of this report, the SQA service is fully staffed and functioning and in a position where it can fully focus on quality assurance delivery, ensuring that all CiC within Bath and North East Somerset have a care plan that focuses on permanency and improving their life outcomes. It is also acknowledged that much positive work with children by their social workers is undertaken across the service, which is very much valued. Recognition within this report supports areas of improvement, which reflects the commitment of staff within the SQA service, including the IROs, Business support staff and LADO.
- 14.3. All of our CiC, past, present, and future, are valued individuals who deserve the best outcomes, and the SQA service will continue to strive to improve their outcomes. Bath and Northeast Somerset Council has recognised that having been a “child in care” is deemed and will be treated as a protected characteristic.<sup>11</sup> Areas for future and ongoing development to support CiC are identified in the table below.

**Table 9:** Areas of Future Improvements

Area for development/ improvement	Risk & Measure
Pathway plans and needs assessments of all CiC aged 15 years and 9 months.	<p>CSPR critical marker<sup>12</sup></p> <p>The IRO will identify all CiCs who do not have pathway plans and needs assessments in a timely fashion, and a SMART plan will be agreed upon with the social worker at the CiC review. The IRO will monitor this for completion at the midpoint review. If it is not completed as required by age or requested</p>

<sup>11</sup><https://newsroom.bathnes.gov.uk/news/care-experienced-people-bnes-given-protected-characteristicstatus#:~:text=People%20who%20have%20experienced%20being,and%20services%20help%20prevent%20discrimination.>

<sup>12</sup> LCSPR Finding 7 CSC did not ensure compliance with procedures, no needs assessment or pathway plan

	<p>by the IRO, then the DRP will be actioned by the IRO.</p> <p>It is accepted and recognised that the Children's Social Care managers are accountable for ensuring that the needs assessments and pathway plans are completed as part of the supervision process and management oversight. The DRP is a secondary action following the non-action of CS managers and social workers.</p>
<p>DRP protocol and policy is to be embedded across the service.</p> <p>DRP data is to be monitored.</p> <p>SQA HoS is to review the new DRP and protocol by 17.10.24.</p>	<p>CSPR critical marker<sup>13</sup></p> <p>DRP will be reviewed for effectiveness and data capture within the next six months/mid-October to ensure the impact on children in progressing care planning when concerns are highlighted by IROs. Updates will be given internally to Senior Managers via the Safeguarding Improvement Board quarterly. The data will allow insight into risks and barriers across CS and actions to remedy them. The main risk is that the impact on children, whether CP or CiC, will be significant should their plans drift, transitioning to adults not be achieved in a timely way, or planning for permanency not be secured. The secondary risk is that the service delivery is not meeting its statutory duties and responsibilities in a safeguarding capacity or as a corporate parent.</p>
<p>Timeliness of CiC reviews to continue to improve.</p> <p>To ensure quality assurance of children's plans by midpoint QA reviews in line with CP. Both will assist the IRO role in meeting its statutory function more effectively.</p>	<p>CSPR<sup>10</sup> critical marker</p> <p>Although the timeliness of reviews has improved slightly, and IRO input is being added to the CiC file, it is critical to continue improving this area as a whole to ensure that the IRO LCS pathway is completed with the pre-meeting report, minutes, and letter to facilitate clear oversight and dissemination data. This area of focus will continue and is reported quarterly to the Service Improvement Board. Quality assurance of midpoint reviews are underway to identify drift and delay in the transition to adult services and permanency planning focus.</p>
<p>Improving the number of children in care review records disseminated within 20 working days of the child's review, achieving at least</p>	<p>CSPR<sup>14</sup> critical marker</p> <p>As in previous years, the 85% target has not been met, with the reporting period for 2023-24 being low. Given the issues identified in this report around staffing within SQA service deficit, the current performance is still low and acknowledged. As</p>

<sup>13</sup> Rec 6: BCSSP LCSPR - The newly introduced Safeguarding & Quality Assurance Team tracking system and a review of the Local Dispute Resolution Procedure for all children in care is audited within 6 months of this LCSPR being published to ensure impact for children in progressing care planning when concerns are highlighted by IRO's.

<sup>14</sup> Rec 6: BCSSP LCSPR - The newly introduced Safeguarding & Quality Assurance Team tracking system (which includes completion of mid-point review)... audited within 6 months.

85% compliance in this area.	advised in this report, the overall figure is likely between 25% and 40% on time; therefore, the original 29% is highly likely to be underestimated based on previous and current data patterns. Early indicators for the first quarter of 2024-25 show an improvement in this area and it is anticipated that this area will make remarkable progress in the next reporting period.
Feedback from children, young people, their families, and carers. (2019)	This is an area that continues to be developed. Feedback forms are not completed, and QR codes are an area for consideration. The QR code and/or feedback forms could be disseminated with all CiC minutes. These will further include instructions on complaining about the IRO and the service provided, supporting CiC in rating their reviews.

M. McKay  
Interim HoS for SQA  
31.05.2024

Revisions made by Independent Reviewing Officers  
September 2024

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# Equality Impact Assessment / Equality Analysis

(Updated December 2022)

Item name	Details
<b>Title of service or policy</b>	Independent Reviewing Service
<b>Name of directorate and service</b>	Education and Safeguarding
<b>Name and role of officers completing the EIA</b>	Sarah Hogan, Head of Service, Children's Quality Assurance and Safeguarding
<b>Date of assessment</b>	November 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"> <li>● How the service/policy is delivered and by whom</li> <li>● If responsibility for its implementation is shared with other departments or organisations</li> <li>● Intended outcomes</li> </ul>	<p>The Independent Reviewing Service works directly with children placed in the care of the Local Authority and is a statutory requirement as set out in the Adoption and Children Act 2002. Since 2004 all Local Authorities have been required to appoint an Independent Reviewing Officer (IRO) to looked after children. In 2010 the IRO handbook was introduced which provides statutory guidance for IRO’s.</p> <p>The IRO Service sits under the Director for Education and Safeguarding, the functions of the Service are to ensure the care planning for children placed in the care of the Local Authority are sufficiently meeting the child’s needs.</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"> <li>● Is it a new service/policy or review of an existing one?</li> <li>● Is it a national requirement?).</li> </ul>	<p>The Manager of the IRO Service has responsibility for completing an annual report for the Director of Children’s Services, the Lead Member for Children and the Corporate Parenting Board, providing information about the children and young people placed in the care of the Local Authority. This report is a statutory requirement as set out in the IRO handbook.</p>

<ul style="list-style-type: none"> <li>How much room for review is there?</li> </ul>	
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	The IRO Service reviews and monitors the care planning for children in care and the quality of social work practice within children's social care.

## 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?	All IRO's hold a Social Work Qualification where issues of equality, discrimination and oppression are a significant focus. Social Workers participate in continued professional development as a requirement of their registration with Social Work England. IRO's access equalities and diversity training as offered by the council and share their learning and knowledge with colleagues. Issues of diversity and equality feature within supervision and team meetings, IRO's work with children who have experienced a great deal of adversity within their childhood and must be sensitive to and consider in their work the affect this has on children now and as they grow and develop.
2.2 What is the equalities profile of service users?	The IRO Service works with children from birth to 17 years old who cannot remain living with their family. These children will have been exposed to varying degrees of neglect or abuse. Two thirds of the children placed in the care of the Local Authority are White British, there is an over representation of children and young people who are from a Black, Asian Ethnic Minority Group.
2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	This continues to be an area of challenge for the service, there is currently no clear feedback strategy for the service, with service delivery being assessed in line with statutory requirements, key performance indicators and feedback provided directly to IRO's or the manager of the service. At present there is a piece of work being progressed to look at how

	<p>feedback can become more embedded across the whole service area, with consideration being given to the use of QR codes for children and their families/carers.</p> <p>Any complaints made regarding service delivery are considered fully, informing and shaping future practice within the service,</p>
<b>2.4</b> What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	This EIA has been completed by the manager of the IRO service, who is relying upon their knowledge, expertise and oversight of the service.
<b>2.5</b> If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	Feedback from children in care, their carers, parents and family members will need to consider issues of equality. A feedback / consultation strategy will have various platforms in which consultation/feedback can take place and will need to consider issues of accessibility and service equality.

### 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

<b>Key questions</b>	<b>Examples of what the service has done to promote equality</b>	<b>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</b>
<b>3.1 Issues relating to all groups and protected characteristics</b>	A child who is placed in the care of the Local Authority is required to be allocated	There is no scope for a care experienced young person to have input from an IRO

	<p>an IRO within five working days of their entry into care. The role of the IRO is set out within statutory guidance and underpinned by legislation. Any child in the care of the Local Authority will be allocated an IRO irrespective of their age, disability, gender, religion or belief, sex and sexual orientation</p> <p>It is imperative that children form a positive relationship with their IRO, where there are identified difficulties in this relationship which cannot be resolved, the manager of the IRO service will look to reallocate and consider what the child may want from their IRO to support appropriate matching.</p> <p>Children over the age of 7 can have an advocate to support them in understanding the decisions being made about them and to capture their wishes and feelings. Advocates are available to all children in care 7 years and over, for children with a disability advocates are experienced in finding ways to best communicate with them and on their behalf.</p>	<p>as the IRO's duties end once a child turns 18. IRO's however consider all plans for children approaching adulthood and will escalate any concerns relating to plans for a child post 18 with children's social care colleagues.</p>
<p><b>3.2 Sex</b> – identify the impact/potential impact of the policy on women and men.</p>	<p>The IRO report considers the breakdown of males and females in care of the Local Authority, nationally, 57% of children in care were male and 43% female. In Bath</p>	

	<p>and North East Somerset the gender breakdown differs slightly, with male children accounting for 62% of children in care and females 37%. Children identifying as non-binary are represented within the cohort of children within Bath and North East Somerset, currently representing 1%.</p> <p>Children coming into the care of the Local Authority is a result of assessments and decisions made by children's social care colleagues, there is no greater chance of coming into care whether you are male or female, it is based on whether the child is deemed to be safe.</p>	
<p><b>3.3 Pregnancy and maternity</b></p>	<p>Given the remit of the IRO service, there would be no Unborn Baby's allocated to an IRO. If a child in care were to become pregnant then IRO's would ensure that appropriate support and planning was in place for mother, father and baby, this would include plans for baby once born.</p> <p>A child in care would be supported to parent their baby, remaining in their foster placement or moving to a more specialist provision where there are levels of support, advice and guidance that meet the needs of mother and / or father and baby.</p>	<p>The service provided to a pregnant child in care would not differ to any other child in care.</p> <p>Should a baby be placed in care and not alongside their parent, the IRO would ensure the parent was actively involved in any meetings the IRO led and had the opportunity to contribute to care planning.</p>

	<p>If a parent was in care and had children of their own also in care, there would be different IRO's allocated to prevent any possible issues of conflict and to ensure views, wishes and feelings of each child were considered on an individual level as well as alongside their parent/child's.</p>	
<p><b>3.4 Gender reassignment</b> – identify the impact/potential impact of the policy on transgender people</p>	<p>The IRO service and statutory guidance that underpins the work of the IRO does not differentiate based on gender identity. IRO's are very alert to issues of gender and the confusion some children have with their identity. The IRO service will seek to ensure care planning considers a child's identity and support they may require. Specialist support will form part of the recommendations from a child in care review where areas of need for a child require additional input from those with the relevant expertise.</p>	<p>The IRO report does not consider issues of transgender, this may be something that requires consideration in future years, however given the small number of known children who have needs related to their gender it may not be appropriate to include these in a document that is publicly accessible due to identification of these children becoming possible.</p>
<p><b>3.5 Disability</b> – identify the impact/potential impact of the policy on disabled people (ensure consideration both physical, sensory and mental impairments and mental health)</p>	<p>Children in the care of the Local Authority that have a disability have often entered care with their parents' consent. Children with disabilities have the same level of contact with their IRO as other children who don't have a disability. IRO's are sensitive to the vulnerabilities of children in care who have a disability. remaining alert to their care experiences, being curious about their experiences and</p>	<p>The views, wishes and feelings of Children with a disability is an area of challenge, IRO's are reliant upon those familiar to the child to convey their wishes and feelings, which the IRO will take into consideration when reviewing aspects of care planning.</p>

	<p>being creative in how they obtain the wishes and feelings of this cohort.</p> <p>IRO's are expected to continually develop their knowledge and skills and review national and local learning reviews that highlight how best to work with children who are deemed to have a disability.</p>	
<p><b>3.6 Age</b> – identify the impact/potential impact of the policy on different age groups</p>	<p>The IRO service works with children from birth until 17 years old, with IRO's having oversight of the care plans being devised for these children. IRO's have to provide a view on the final care plan devised for a child; in doing so they will consider the child's age, level of needs and issues related to identity and culture.</p> <p>IRO's will challenge a care plan that does not provide the child with age appropriate permanence, such as a care plan for a child under two years old being foster care as opposed to adoption or family placement.</p> <p>The age in which a child comes into care does not determine the level of contact or input service the child receives from an IRO. The IRO however will need to consider different aspects of care planning, a young baby will have very different needs to an adolescent.</p>	<p>As mentioned above, IRO's cannot continue to work with a child beyond the age of 18. IRO involvement post 18 has been considered within the Local Authority but issues of consent, what this would look like and what the role would entail were all felt to be barriers. No other neighbouring authorities provide IRO input post 18.</p>



<p><b>3.7 Race</b> – identify the impact/potential impact on across different ethnic groups</p>	<p>IRO's consider a child's race and culture when reviewing and monitoring the care plan. IRO's will ensure that children have care arrangements where their ethnicity and race are promoted and considered, ensuring children are placed in areas that they feel connected to and where they feel they are represented.</p> <p>IRO's ensure the use of translators and that documents for children and their parents are translated. IRO's will make recommendations at a child's review that promote the child's ethnicity, race and culture.</p> <p>Unaccompanied Asylum Seeking Children's journey to the UK will have been traumatic and often these children have lost parents, siblings and family members and face an uncertain future when arriving in the UK.</p> <p>IRO's expect work with these children to focus on their experiences at home, reflecting on their journey to the UK and will want to see that action is being taken by the Local Authority to secure the child's future stay in the UK.</p>	<p>Placement sufficiency can create challenges in matching children to carers where there is a community in which the child can feel connected to. IRO's always seek to ascertain the views, wishes and feelings of children in care and consider this when reviewing the plans in place for them. Where IRO's identified concerns about placement matching, they would explore this further with the social worker, if concerns were to such a level the IRO felt immediate action was necessary they would raise directly with the social worker and their manager.</p>
<p><b>3.8 Sexual orientation</b> – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people</p>	<p>The statutory nature of the IRO service means that the service provision to a child in care should not alter based on any issues of equality. IRO's in working with children in care will be alert to presenting areas of need and ensure these are considered within a child's care plan.</p>	

<p><b>3.9 Marriage and civil partnership</b> – does the policy/strategy treat married and civil partnered people equally?</p>	<p>N/A given age of service users.</p>	
<p><b>3.10 Religion/belief</b> – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.</p>	<p>IRO's are accountable in ensuring all aspects of a child's needs are being met.</p>	<p>The IRO report does not specify matters related to religion or belief, however this is an area that IRO's in their work with children focus on and review. IRO's would expect to see reference to how a child's religion, beliefs and culture were going to be met and promoted whilst in care.</p>
<p><b>3.11 Socio-economically disadvantaged*</b> – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances <b>(this is not a legal requirement, but is a local priority).</b></p>	<p>IRO's become appointed to children and young people at the point in which they become looked after by the Local Authority.</p> <p>A child coming into care will be expected to have a final care plan devised by their second child in care review, when they have been in care for approximately four months.</p> <p>IRO's will review and monitor the care plans being devised and will expect to see that all family members have been explored as a long term care option before Local Authority care or Adoption. IRO's will highlight any gaps in service provision or assessment.</p> <p>IRO's will want assurances that intervention has been provided to the child's parents in order to address any safeguarding concerns or gaps in knowledge, IRO's would utilise the dispute resolution protocol if they had concerns that a child and/or their family were not receiving services that could improve the family dynamics and parenting capacity.</p>	

<p><b>3.12 Rural communities*</b> identify the impact / potential impact on people living in rural communities</p>		
<p><b>3.13 Armed Forces Community **</b> serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed 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).</p>	<p>There should be no differential treatment for a child who has links to Armed Forces. Good social work practice and care planning would see full exploration of a child's family and networks, with any support and intervention identified being assessed as necessary for the family and delivered in a way families can freely access.</p>	

\*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
Feedback from children, their families, carers and the professionals working with them to have opportunity to provide feedback on the IRO service.	Feedback strategy to be developed which sets out how feedback will be sought, what methods will be used and how feedback received will be taken into account when looking at service improvement.		Sarah Hogan	March 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](mailto: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:**



(Divisional Director or nominated senior officer)

**Date:** 05.12.2024

<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING/ DECISION MAKER:</b>	<b>Children, Adults, Health &amp; Wellbeing Policy Development &amp; Scrutiny Panel</b>	
<b>MEETING/ DECISION DATE:</b>	<b>Monday 16<sup>th</sup> December at 9.30am</b>	<b>EXECUTIVE FORWARD PLAN REFERENCE:</b>
<b>TITLE:</b>	Education, Health and Care Plan (EHCPs) Overview	
<b>WARD:</b>	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b> Power Point file, EIA		

## 1 THE ISSUE

- 1.1 This report provides the Panel with an overview of Education, Health and Care Plans (EHCPs) in B&NES.
- 1.2 This report's summary of EHCPs is drawn from dashboards managed by the Business Intelligence team and data collected by ISOS partnership as part of the safety valve plan in BANES. Regional and National data has been provided by the DFE.

## 2 RECOMMENDATION

**The Panel / Committee is asked to;**

- 2.1 Note the national, regional and local picture regarding the increase in applications for Education, Health and Care Needs Assessments (EHCPNA) and the increase in issued plans as detailed in the attached slides.
- 2.2 Be assured that Local Authority Officers continue to work strategically with social care, health, schools and other partners in order to work within statutory guidelines and support schools in delivering the very best outcomes for our children and young people.

### **3 THE REPORT - SUMMARY**

**3.1 Please refer to slides 3, 4.** Locally, regionally, and nationally, the number of applications for EHCPs has increased across all education phases from early years to post 16.

4.9% of CYP in B&NES have an EHCP compared to 4.8% of CYP nationally and 5% in the Southwest. Plans have increased by 0.4% per year in B&NES for the last 4 years, showing a steady increase compared to other Local Authorities where the increase has been substantial in the last year.

This suggests that measures taken in the last year to improve decision making and panel processes have had a positive impact on mitigating the increase in plans. As part of our safety valve action plan, we have launched the SEND and Alternative Provision (AP) Advice service to support our schools and wider professionals in delivering the very best outcomes for our children and young people, increasing expertise within our settings working with schools to meet the needs of our young people within school's resources. We expect that this increased expertise and support in schools will reduce the number of CYP requiring an EHCP.

**3.2 Please refer to slides 6, 7 and 8.** These slides show the current number of applications for Needs Assessment, new EHCPs and total EHCPs over the past 5 years in B&NES.

Management of this caseload includes important work not only assessing, issuing and maintaining plans but also transitioning CYP away from them when their outcomes have been met, or they move into employment.

The service plans to focus on clearing a backlog of plans that are awaiting cessation in the new year which will create a temporary reduction in plan numbers. Long term, due to the impact of the SEND/AP advice service, we expect the number of requests for assessment to decrease.

**3.3 Please refer to slide 9** The LA has a statutory duty to complete a needs assessment within a 20-week timescale. There are multiple factors that affect the completion of this process, including the availability of professional to provide advice (Health, Social Care, Therapies, Educational Psychology), local placement sufficiency and SEND caseworker capacity.

Our Parent Carers, through BPCF, tell us that the most important part of this process is to ensure a high-quality plan is written that is fit for purpose and effective, and so a balanced approach to timeliness is important. Our Quality Assurance Officer is now in place to ensure that we work collaboratively with our colleagues who provide professional advice for plans to ensure that we receive information of the highest quality allowing to produce high quality plans.

Our parents and carers have told us that along with quality plans, communication about the status of plan progress is very important, and in many cases more important than meeting the 20 week deadline. For that, and many other reasons, we are looking to implement a portal that will allow parents easy 24/7 access to their case notes so that they can check progress at a time that is convenient to

them. Our phone line continues to be available 9-5 each day for queries and to support any parent or carer who cannot access an online system.

The service has been processing a backlog of needs assessments where data quality issues have resulted in the system not recognising an issued plan despite all statutory processes being followed. As we have worked to update our systems to resolve these historic issues, this has affected our overall timeliness data which currently sits at 25% completed in 20 weeks and an average time to issue the plan of 31 weeks.

In order to better consider how the service is performing, we can consider plans that have been requested since September 2023. There has been a significant improvement in timeliness to 35% during this time, and if we consider plans requested since January 2024 a further improvement to 39%. This demonstrates the impact of service improvements during the last 18 months.

**3.4 Please refer to slides 10, 11, 12 and 13** When the local authority, parents and carers are unable come to an agreement regarding assessing, issuing or the content of a plan then the Code of Practice allows the SEND tribunal (SENDIST) to be used to make that decision. We are committed to resolving disagreements prior to tribunal, and endeavour to work with Global Mediation, our Schools and other professionals to support resolution at the earliest possible opportunity.

49% of all applications to the SENDIST are resolved at mediation in B&NES. In 2013, only 2 cases were taken to full tribunal with 1 found in favour and 1 against the LA.

## **4 CLIMATE CHANGE**

**4.1** This report contains information on the assessment and issue of EHCPs. As we increase our local offer of specialist and resource base places, we expect the average commute to school for this group to decrease.

## **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 BI and finance teams.

## **7 EQUALITIES**

**7.1** The evidence in this report will be used to strategically inform several work streams to improve inequalities in outcomes and disproportionality. Please refer to the attached EIA.

<b>Contact person</b>	Laura Donnelly - laura_donnelly@bathnes.gov.uk
<b>Background papers</b>	N/A
<b>Please contact the report author if you need to access this report in an alternative format</b>	



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# Bath & North East Somerset Council

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**Improving People's Lives**

[Education, Health and Care Plan \(EHCPs\)  
Overview](#)

## Glossary

- **CYP** – Child or Young Person
- **EHCNA** – Education, Health and Care Needs Assessment
- **EHCP** – Education, Health and Care Plan
- **SENDIST** – First Tier Tribunal (Special Educational Needs)
- **Mediation** – Disagreement resolution conducted by an independent mediator
- **BPCF** – B&NES Parent Carer Forum
- **Timeliness** – The percentage of needs assessments completed within the statutory 20 week timescale

# Headline facts and figures - 2023/24

EHC plans

**434,354**

pupils in schools in England. Up by 11.6% from 2023

▶ [What is this?](#)

EHC plans

**4.8%**

percent of pupils with an EHC plan. Up from 4.3% in 2023

▶ [What is this?](#)

SEN support/SEN without an EHC plan

**1,238,851**

pupils in schools in England. Up by 4.7% from 2023

▶ [What is this?](#)

SEN support/SEN without EHC plan

**13.6%**

percent of pupils with SEN support. Up from 13.0% in 2023

▶ [What is this?](#)

## Over 1.6 million pupils in England have special educational needs (SEN)

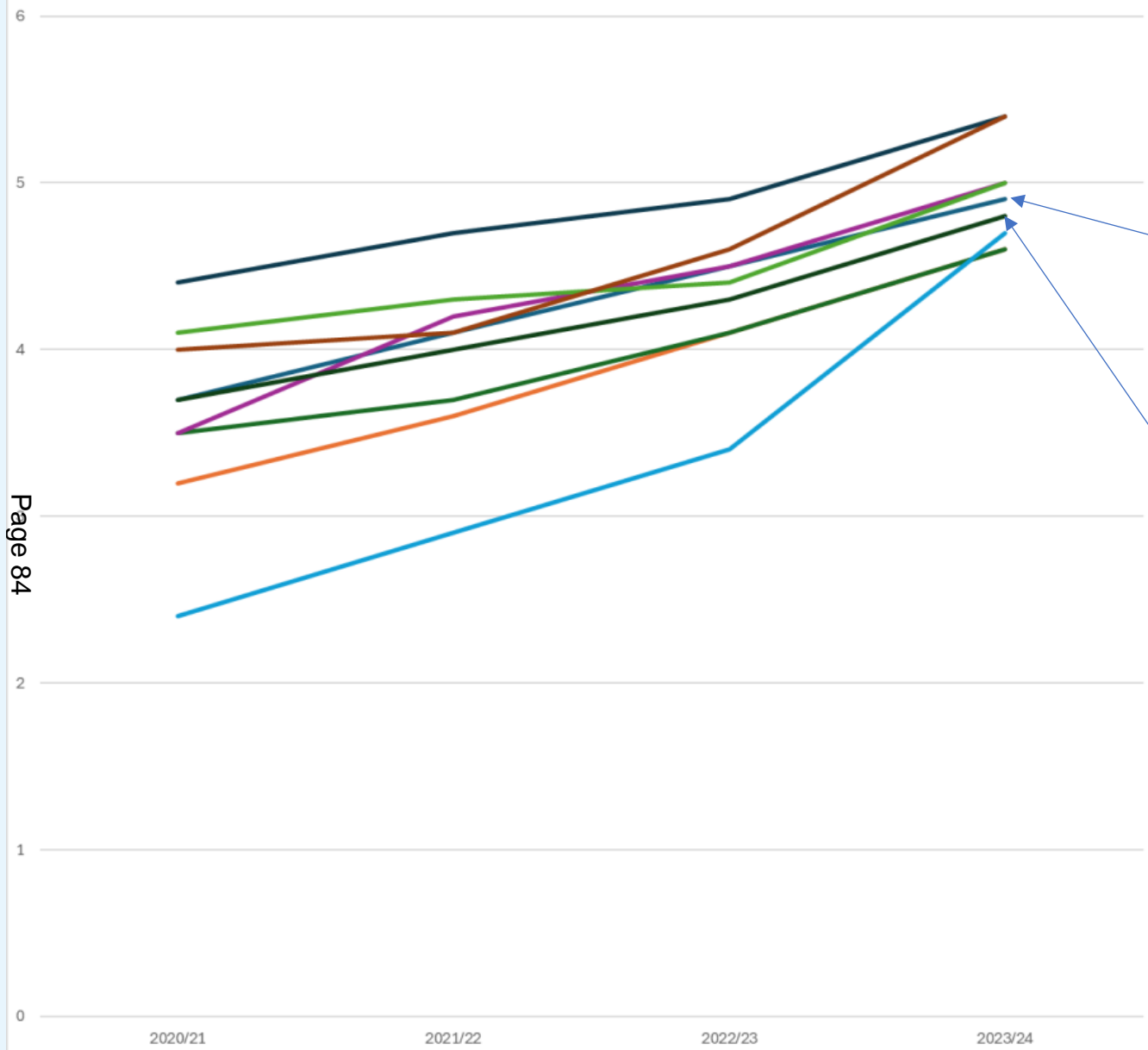
An increase of 101,000 from 2023. This includes the number of pupils with an education, health and care (EHC) plan and the number of pupils with SEN support, both of which continue a trend of increases since 2016.

- The percentage of pupils with an EHC plan has increased to 4.8%, from 4.3% in 2023.
- The percentage of pupils with SEN (SEN support) but no EHC plan has increased to 13.6%, from 13.0% in 2023.

**The most common type of need for those with an EHC plan is autistic spectrum disorder and for those with SEN support is speech, language and communication needs.**

This data is presented by academic year

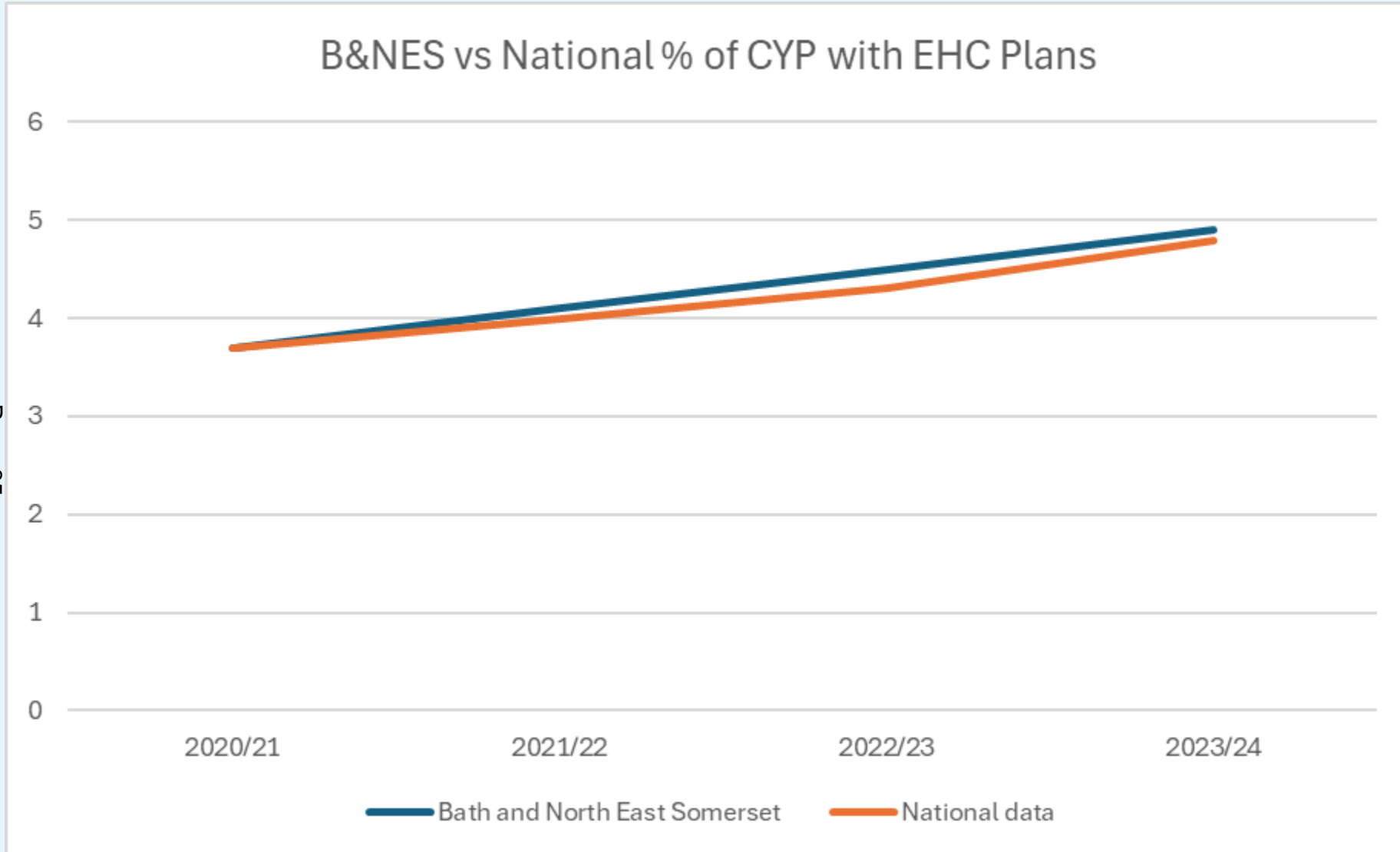
Percentage of CYP with EHC Plans - Local Area and National Data



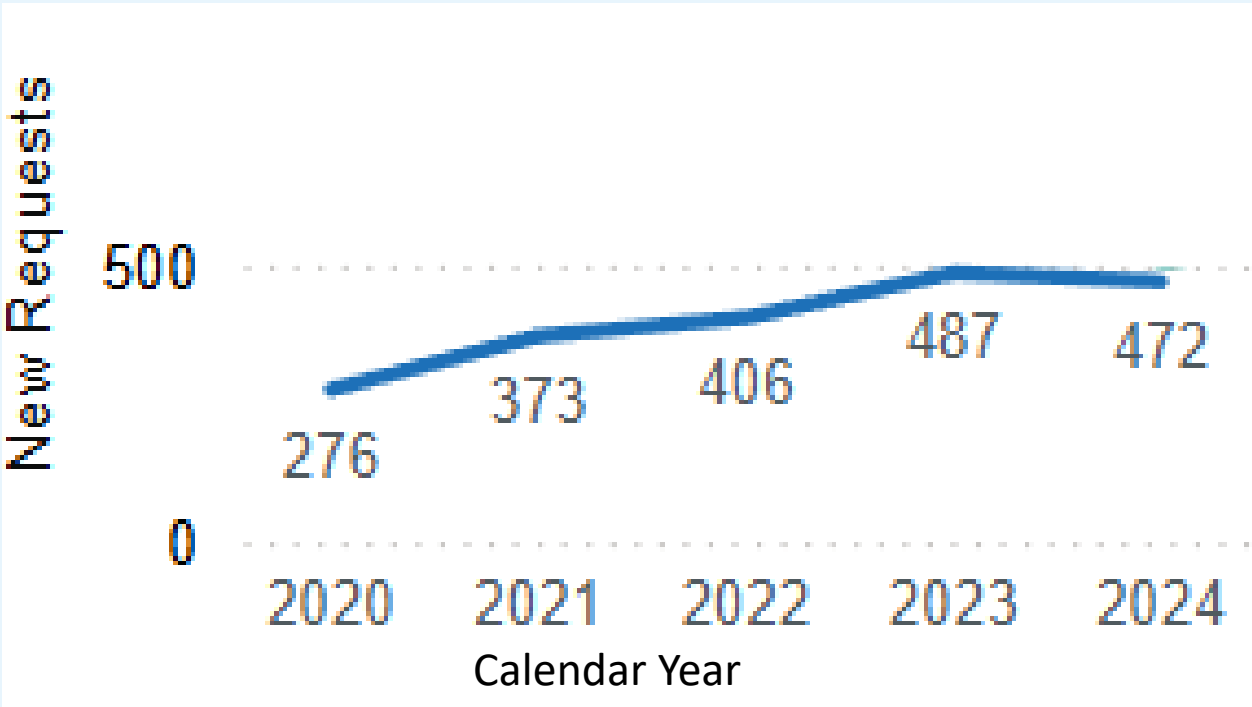
% of CYP with EHC Plans:

Local Authority	2020/21	2021/22	2022/23	2023/24
Bath and North East Somerset	3.7	4.1	4.5	4.9
Bristol, City of	3.2	3.6	4.1	4.6
Gloucestershire	3.5	3.7	4.1	4.6
North Somerset	2.4	2.9	3.4	4.7
Somerset	3.5	4.2	4.5	5.0
South Gloucestershire	4.1	4.3	4.4	5.0
Swindon	4.4	4.7	4.9	5.4
Wiltshire	4.0	4.1	4.6	5.4
National data	3.7	4.0	4.3	4.8
South West	3.8	4.1	4.4	5.0

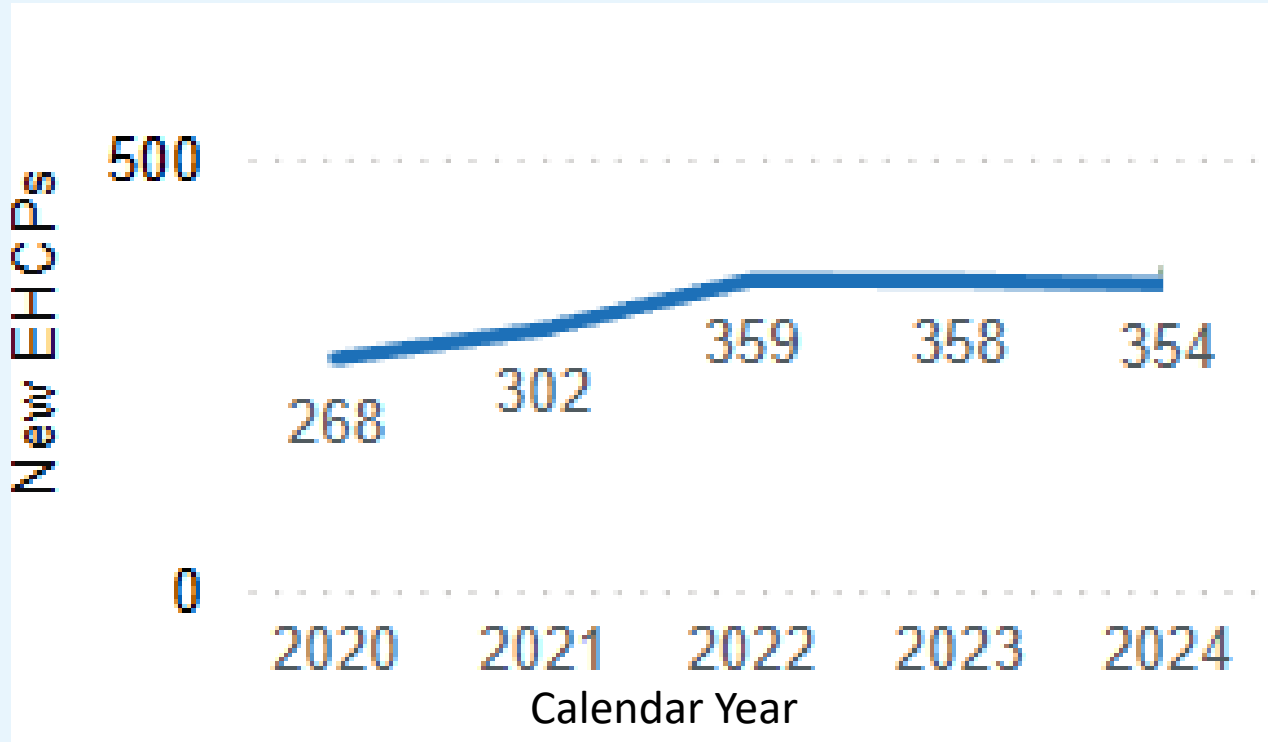
This data is presented by academic year



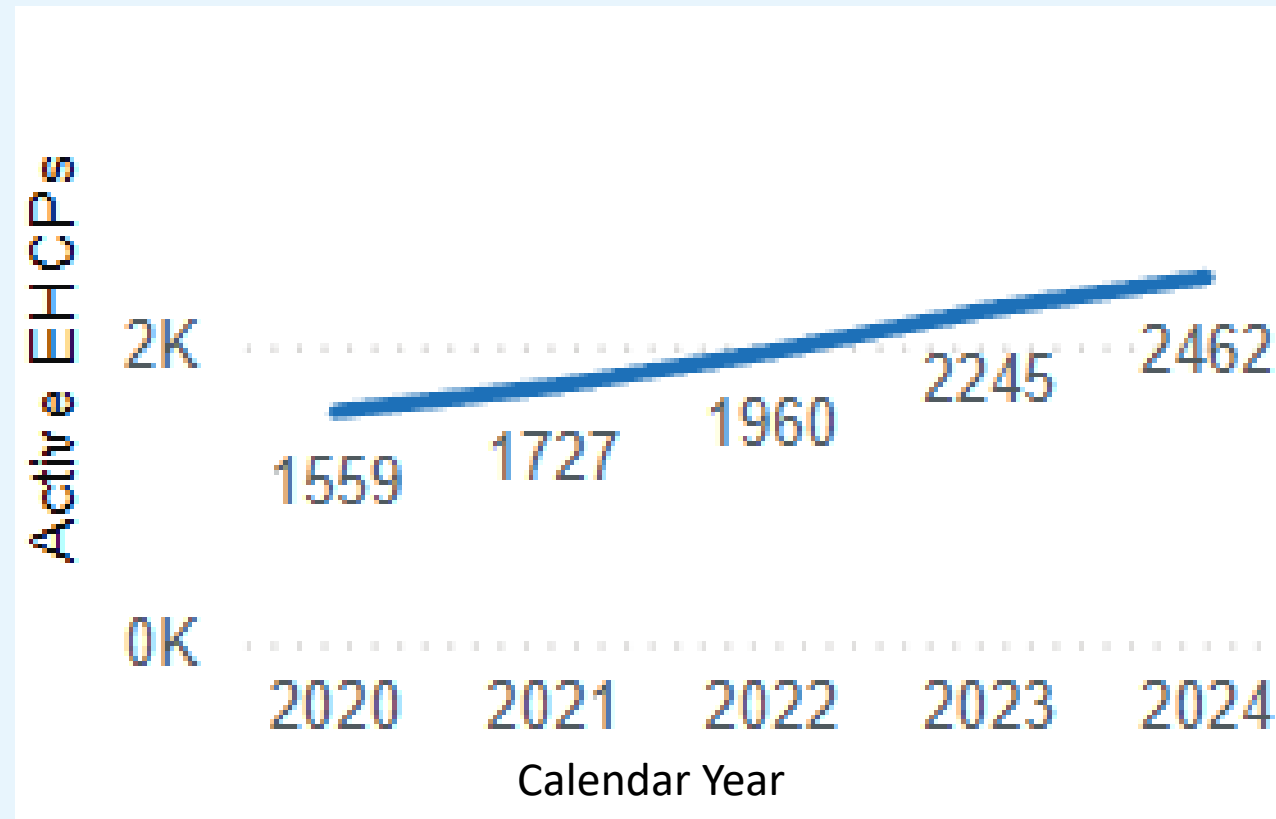
# How many requests for assessment do we receive in BANES?



# How many new EHCPs have been issued per year?

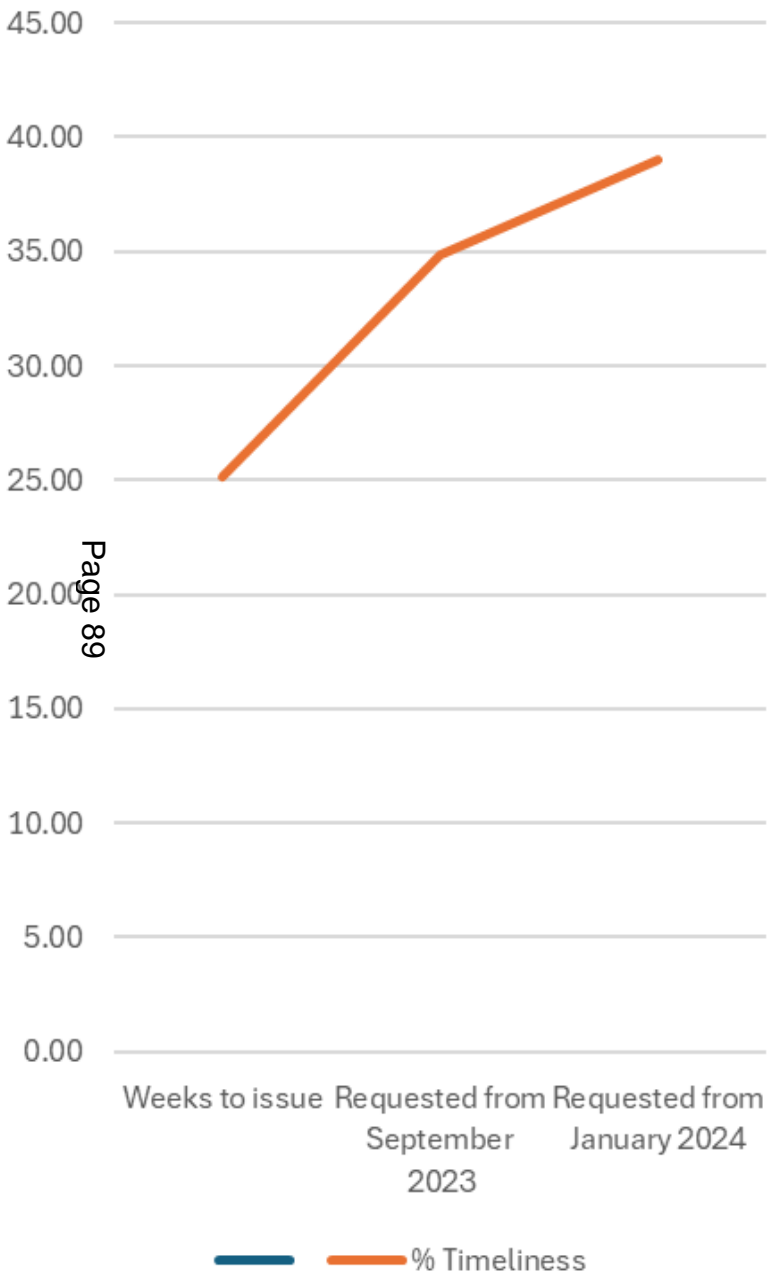


# How many active EHCPs are there in B&NES?





## Timeliness



## EHCNA completed within 20 weeks

	Cumulative	Requested from September 2023	Requested from January 2024
Weeks to issue	31.25 weeks	26.11 weeks	24.12 weeks
% on time	25.14%	34.88%	39.01%

The data in this graph is presented as a percentage, with varying time frames. Comparisons should be made cautiously

## Mediation requests

- 81 mediation requests were received in 2024.
- 49% were resolved at mediation stage, 51% went onto SENDIST (Tribunal).

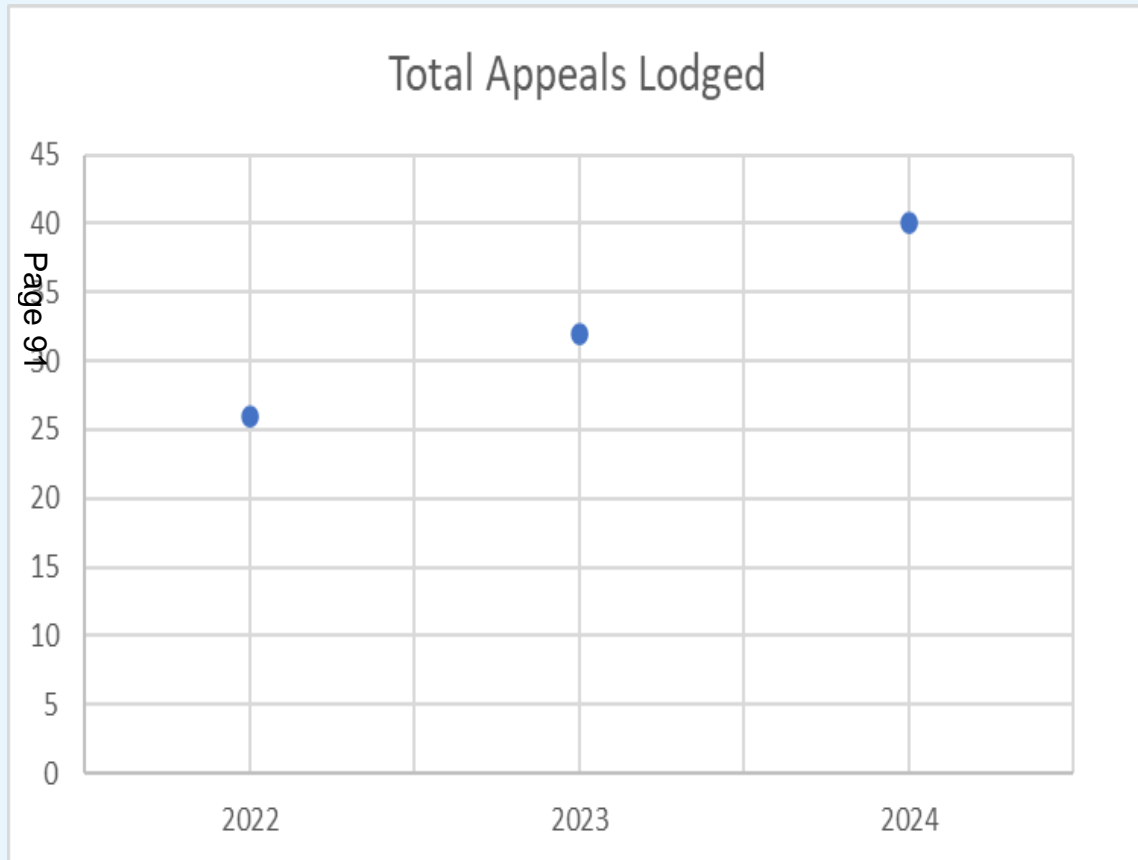
The service will move to a new case recording system in 2025 which will allow us to report on more detailed appeal and mediation data.

Data prior to Jan 2024 has not been recorded reliably.

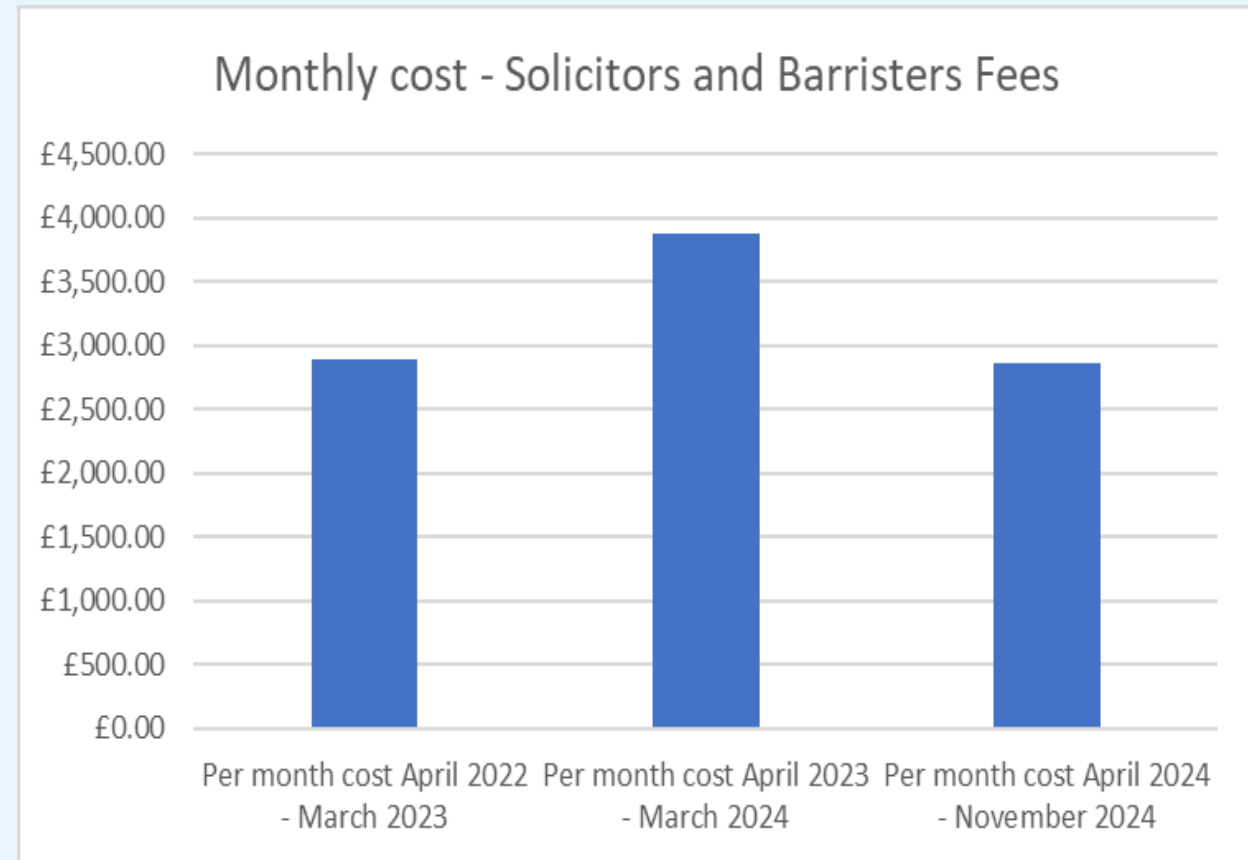
# Appeals lodged with SENDIST

National tribunal data is available via this link:

[Tribunal Statistics](#)



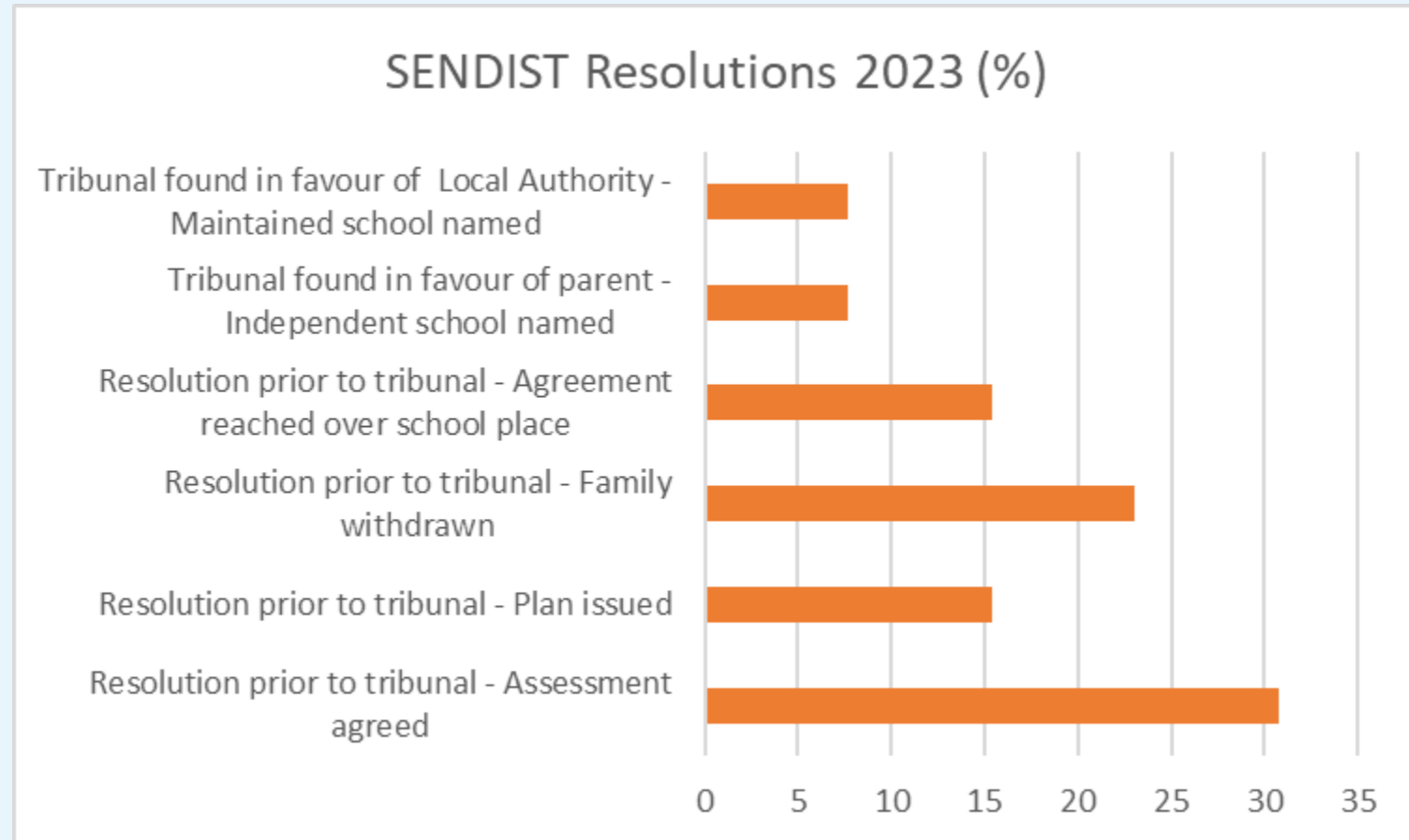
This data is presented by calendar year

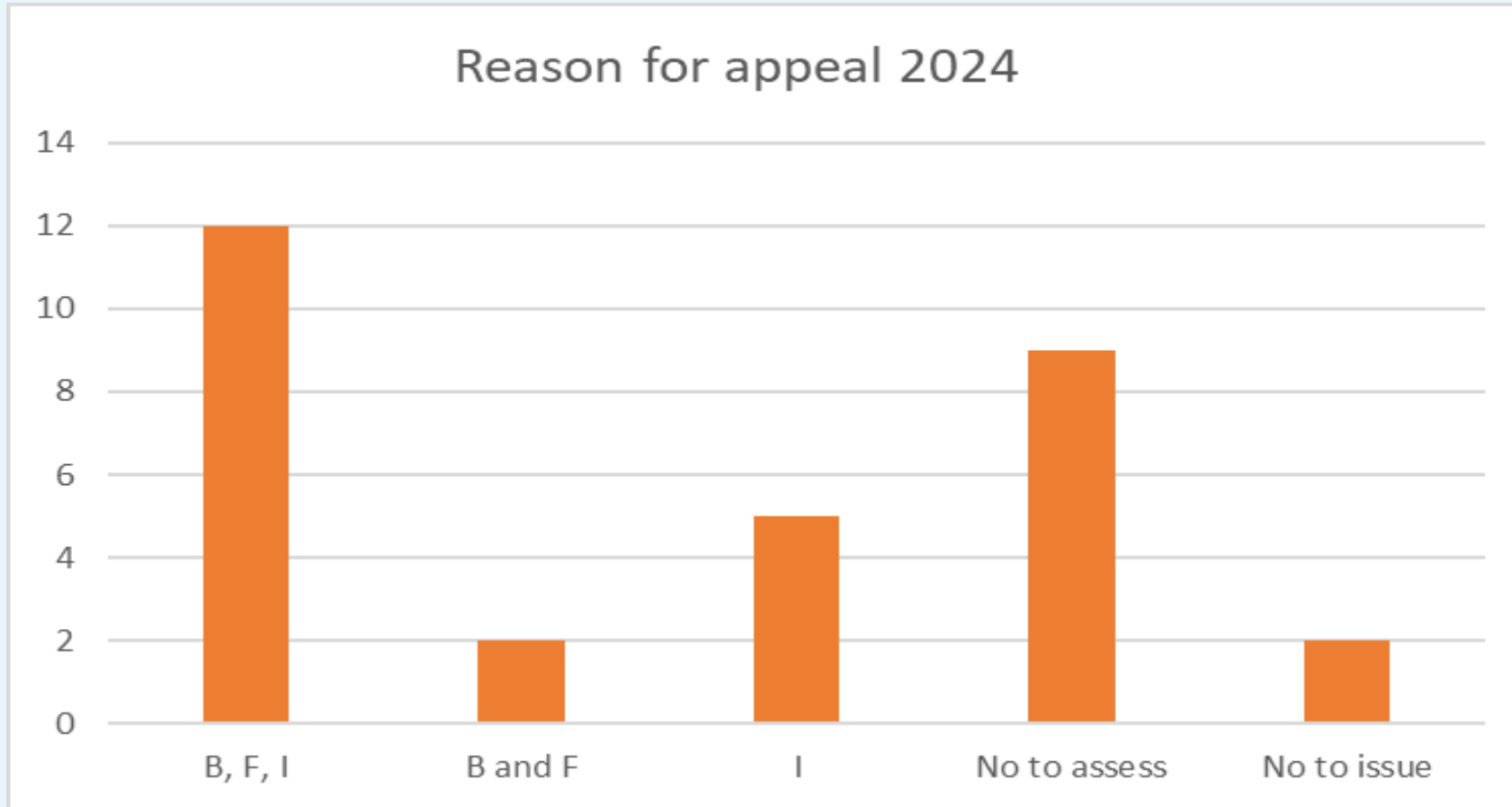


This data is presented by financial year, divided by month

# Appeal Outcomes

The local authority works with families to come to an agreement at all stages of the appeals process, right up until the tribunal date.





- Section B – Description of needs
- Section F – The provision required by the Child/Young Person
- Section I – Placement (Name and/or Type of School)

# Annual Reviews

In 2024, 53% of plans have received an annual review.  
We do not have timeliness data for this measure.

Our next focus in service improvement is to increase this to above 90%, within statutory timescales.

## Staffing Requests

- To continue to improve the service given to our families, and to meet statutory timescales, a staffing request is being submitted to secure additional permanent and temporary colleagues
- Caseloads remain too high within the service to offer the level of support, communication and focus required to our families and schools

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# Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
<b>Title of service or policy</b>	SEND Statutory Service
<b>Name of directorate and service</b>	Children's Services & Education
<b>Name and role of officers completing the EqIA</b>	Laura Donnelly, Head of SEND
<b>Date of assessment</b>	5 <sup>th</sup> December 2024

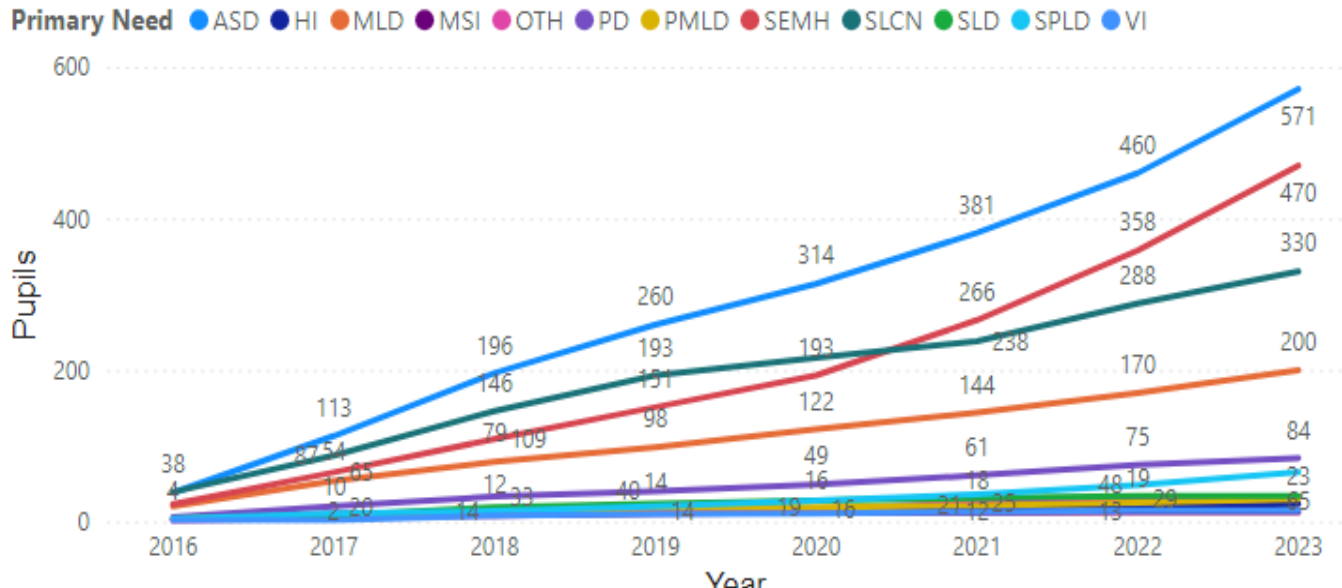
Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The main aim is to identify any discriminatory or negative consequences for 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.

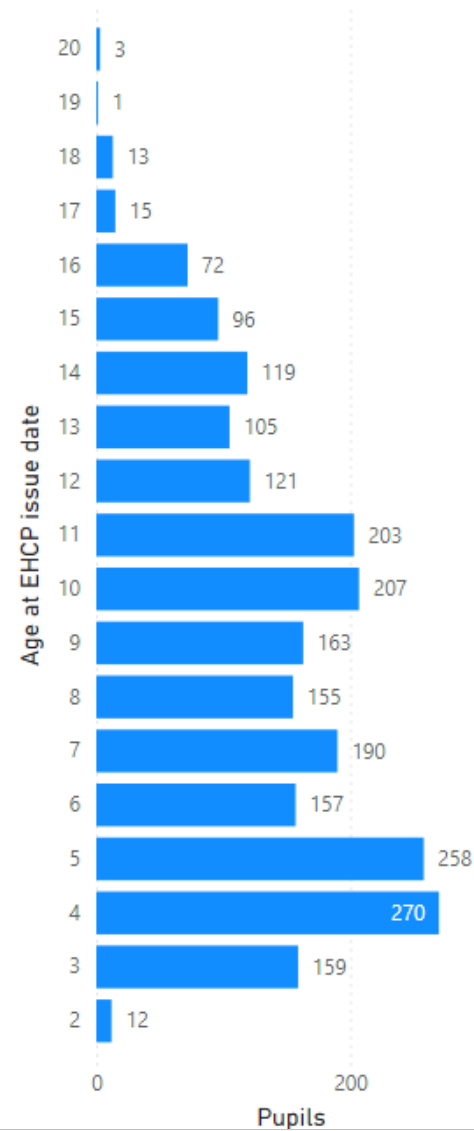
### 1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. <ul style="list-style-type: none"> <li>● How the service/policy is delivered and by whom</li> <li>● If responsibility for its implementation is shared with other departments or organisations</li> <li>● Intended outcomes</li> </ul>	This is an update from the statutory SEND team and does not include any changes to new or existing policy.
1.2 Provide brief details of the scope of the policy or service being reviewed, for example: <ul style="list-style-type: none"> <li>● Is it a new service/policy or review of an existing one?</li> <li>● Is it a national requirement?).</li> <li>● How much room for review is there?</li> </ul>	The statutory SEND service works to deliver the Local Authority's responsibilities under the Special Educational Needs and Disability Code of Practice 2015. This is a national requirement.  How this is delivered can be reviewed.
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	No.

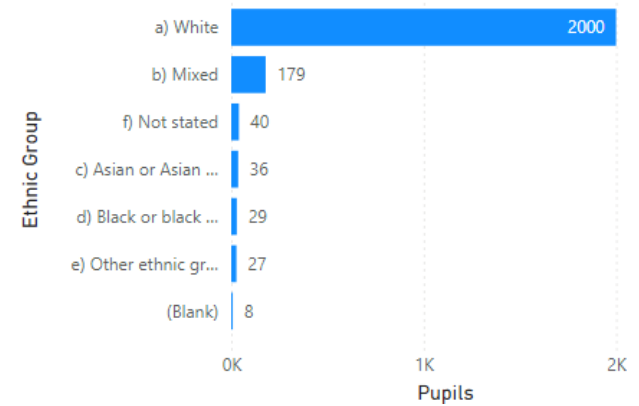
## 2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to																																																																																																																					
<p><b>2.1</b> What equalities training have staff received to enable them to understand the needs of our diverse community?</p>	<p>All council staff have mandatory equality training provided by the Council annually. Children's services and Education staff have access to additional training provided by SARI.</p>																																																																																																																					
<p><b>2.2</b> What is the equalities profile of service users?</p>	<p>The equalities profile at the time of writing of the current cohort of children and young people who have an Education and Health Care Plan (EHCP) is as follows:</p> <p>Primary Need for pupils with an EHCP as at the SEN2 Survey date</p>  <table border="1"> <caption>Primary Need for pupils with an EHCP (2016-2023)</caption> <thead> <tr> <th>Year</th> <th>ASD</th> <th>HI</th> <th>MLD</th> <th>MSI</th> <th>OTH</th> <th>PD</th> <th>PMLD</th> <th>SEMH</th> <th>SLCN</th> <th>SLD</th> <th>SPLD</th> <th>VI</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>38</td> <td>4</td> <td>10</td> <td>2</td> <td>20</td> <td>14</td> <td>14</td> <td>19</td> <td>16</td> <td>21</td> <td>12</td> <td>23</td> </tr> <tr> <td>2017</td> <td>113</td> <td>8</td> <td>10</td> <td>2</td> <td>20</td> <td>14</td> <td>14</td> <td>19</td> <td>16</td> <td>21</td> <td>12</td> <td>23</td> </tr> <tr> <td>2018</td> <td>196</td> <td>146</td> <td>70</td> <td>109</td> <td>12</td> <td>33</td> <td>40</td> <td>14</td> <td>14</td> <td>19</td> <td>16</td> <td>23</td> </tr> <tr> <td>2019</td> <td>260</td> <td>193</td> <td>131</td> <td>98</td> <td>40</td> <td>14</td> <td>14</td> <td>19</td> <td>16</td> <td>21</td> <td>12</td> <td>23</td> </tr> <tr> <td>2020</td> <td>314</td> <td>193</td> <td>122</td> <td>49</td> <td>16</td> <td>16</td> <td>16</td> <td>19</td> <td>16</td> <td>21</td> <td>12</td> <td>23</td> </tr> <tr> <td>2021</td> <td>381</td> <td>266</td> <td>144</td> <td>61</td> <td>18</td> <td>18</td> <td>18</td> <td>21</td> <td>12</td> <td>23</td> <td>12</td> <td>23</td> </tr> <tr> <td>2022</td> <td>460</td> <td>358</td> <td>170</td> <td>75</td> <td>19</td> <td>19</td> <td>19</td> <td>29</td> <td>13</td> <td>29</td> <td>13</td> <td>29</td> </tr> <tr> <td>2023</td> <td>571</td> <td>470</td> <td>200</td> <td>84</td> <td>23</td> <td>23</td> <td>23</td> <td>33</td> <td>15</td> <td>33</td> <td>15</td> <td>33</td> </tr> </tbody> </table>	Year	ASD	HI	MLD	MSI	OTH	PD	PMLD	SEMH	SLCN	SLD	SPLD	VI	2016	38	4	10	2	20	14	14	19	16	21	12	23	2017	113	8	10	2	20	14	14	19	16	21	12	23	2018	196	146	70	109	12	33	40	14	14	19	16	23	2019	260	193	131	98	40	14	14	19	16	21	12	23	2020	314	193	122	49	16	16	16	19	16	21	12	23	2021	381	266	144	61	18	18	18	21	12	23	12	23	2022	460	358	170	75	19	19	19	29	13	29	13	29	2023	571	470	200	84	23	23	23	33	15	33	15	33
Year	ASD	HI	MLD	MSI	OTH	PD	PMLD	SEMH	SLCN	SLD	SPLD	VI																																																																																																										
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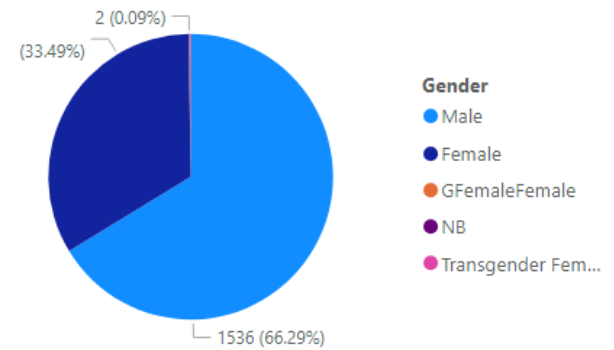
Age at EHCP issue date



Ethnicity



Gender



<p><b>2.3</b> Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?</p>	<p>The Special Education Needs and Disability (SEND) Team has plans to reinstate the annual EHCP survey following recruitment to the team.</p> <p>Complaints relating to service delivery have risen over the last 12 months, particularly complaints relating to timeliness and the team's ability to respond to emails and telephone correspondence.</p>
<p><b>2.4</b> What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>Parents, carers, and young people have told us via formal complaints channels that responsiveness needs to improve. Our schools have also complained about the capacity of council services to respond to enquiries and deal with matters of urgency. The statutory SEND team manager also engages with our parent carer forum on a regular basis to support relationships with parents using our services. They understand our demand pressures but want better communication services with us. They also want access to better IT services (portal) to communicate with us.</p>
<p><b>2.5</b> If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?</p>	<p>The service area will carry out an annual survey with parents to test user satisfaction.</p>

### 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
<b>3.1 Issues relating to all groups</b> and protected characteristics	A staffing increase has been requested to improve the delivery of services for children & young people with SEND.	The plans are not intended to discriminate based on any protected characteristics, but some individuals may be more impacted than others.
<b>3.2 Sex</b> – identify the impact/potential impact of the policy on women and men.	It is noted that B&NES have a higher ratio of males with SEND 66.29%	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
<b>3.3 Pregnancy and maternity</b>	Increased staffing levels should speed up access to support services for all children and young people with SEND	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
<b>3.4 Gender reassignment</b> – identify the impact/potential impact of the policy on transgender people	S services such as Off the Record who provide groups and support for LGBTQ+ YP are signposted.	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
<b>3.5 Disability</b> – identify the impact/potential impact of the policy on disabled people (ensure consideration both physical, sensory and mental impairments and mental health)	The highest category of need for CYP with an EHCP in BA&NES is autism, followed by Social Emotional and Mental Health. The Live Well webpage provides a detailed directory of all services available to children/yp <a href="https://livewell.bathnes.gov.uk/">https://livewell.bathnes.gov.uk/</a> SENDIAS provides free impartial advice to children/yp with SEND and their parents/carers.	
<b>3.6 Age</b> – identify the impact/potential impact of the policy on different age groups	It is noted that there is a spike in EHCPs during key school transition times. This informs us that a focus on moving from	These plans will only impact children and young people up to the age of 25.

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
	school to college and into adulthood requires careful consideration to ensure a continuity of care and support.	
<b>3.7 Race</b> – identify the impact/potential impact on across different ethnic groups	Children from ethnic minority groups in B&NES can have lower educational outcomes and greater exclusion rates. Training has been provided to all colleagues within the service to enable them to better support all groups to achieve positive outcomes. The race charter mark has been introduced to our schools.	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
<b>3.8 Sexual orientation</b> – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people		There are not anticipated to be any adverse or negative impacts on this protected characteristic.
<b>3.9 Marriage and civil partnership</b> – does the policy/strategy treat married and civil partnered people equally?		There are not anticipated to be any adverse or negative impacts on this protected characteristic.
<b>3.10 Religion/belief</b> – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		There are not anticipated to be any adverse or negative impacts on this protected characteristic.
<b>3.11 Socio-economically disadvantaged*</b> – identify the impact on	Children on free school meals are more likely to have SEND, and the	

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
<p>people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances <b>(this is not a legal requirement, but is a local priority).</b></p>	<p>improvement of support to children with SEND should improve the life chances of these children in the long term.</p>	
<p><b>3.12 Rural communities*</b> identify the impact / potential impact on people living in rural communities</p>	<p>Rurality is a concern for families and young people. Transport services post-16 and the use of public transport in our rural communities do not provide easy access to ETE opportunities post-16.</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>
<p><b>3.13 Armed Forces Community **</b> serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed 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).</p>	<p>The Armed Forces community can experience discrimination and inconsistency in access to services, including education. During equalities training, people are reminded to be considerate of the impact that children/yp experience.</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>
<p><b>3.14 Care Experienced ***</b> This working definition is currently under review and therefore subject to change:</p>	<p>The service works in partnership with the Virtual School to provide a dedicate SEND practitioner with a reduced case</p>	<p>There are not anticipated to be any adverse or negative impacts on this protected characteristic.</p>



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
In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.	load to ensure the very best level of support to our care experienced young people. We work collaboratively with Social Care and the Virtual school to improve transition to adult services.	

\*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.

\*\*\*The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

#### **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

### 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](mailto: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:** 05/12/2024

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

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

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

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

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

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

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



<b>Ref Date</b>	<b>Decision Maker/s</b>	<b>Title</b>	<b>Report Author Contact</b>	<b>Director Lead</b>
<b>16TH DECEMBER 2024</b>				
16 Dec 2024	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Independent Reviewing Officer (IRO) Annual Report</b>	Sarah Hogan Tel: 01225 39 6810	Director of Children and Education
<b>FORTHCOMING ITEMS</b>				
Page 109	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Covid 19 - Impact of Long Covid across our communities</b>		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People
	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Community Services Transformation - Community Health Services offer from April 2025</b>	Laura Ambler, Natalia Lachkou	Director of Adult Social Care
	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Child Sexual Exploitation / Modern Slavery</b>	Mary Kearney-Knowles Tel: 01225 394412	Director of Children and Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	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
Page 110	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 <b>DEMOCRATIC SERVICES:</b> <a href="mailto:Democratic_Services@bathnes.gov.uk">Democratic_Services@bathnes.gov.uk</a>				