

Health and Wellbeing Board Agenda



BRISTOL CCG

Date: Thursday, 27 February 2020

Time: 2.30 pm

Venue: First Floor Committee Room 1P09 - City Hall,
College Green, Bristol, BS1 5TR

Distribution:

Board Members: Alison Bolam, Helen Holland, Asher Craig, Christina Gray, Julia Ross, Justine Rawlings, David Jarrett, Elaine Flint, Tim Poole, Vicky Marriott, Georgie Bigg, Jacqui Jensen, Robert Woolley, Andrea Young, Eva Dietrich, Jo Makinson and Terry Dafter

Copies to: Nancy Rollason (Service Manager Legal), Sarah Sharland (Legal Officer), Sally Hogg and Oliver Harrison (Democratic Services Officer)

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Date: Wednesday, 19 February 2020



Agenda

1. Welcome, Introductions and Safety Information

Please note: if the alarm sounds during the meeting, everyone should please exit the building via the way they came in, via the main entrance lobby area, and then the front ramp. Please then assemble on the paved area between the side entrance of the cathedral and the roundabout at the Deanery Road end of the building.

If the front entrance cannot be used, alternative exits are available via staircases 2 and 3 to the left and right of the Council Chamber. These exit to the rear of the building. The lifts are not to be used. Then please make your way to the assembly point at the front of the building. Please do not return to the building until instructed to do so by the fire warden(s).

2. Apologies for Absence and Substitutions

3. Declarations of Interest

To note any declarations of interest from the Councillors. They are asked to indicate the relevant agenda item, the nature of the interest and in particular whether it is a **disclosable pecuniary interest**.

Any declarations of interest made at the meeting which is not on the register of interests should be notified to the Monitoring Officer for inclusion.

4. Public Forum

Up to 10 minutes is allowed for this item.

Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to democratic.services@bristol.gov.uk and please note that the following deadlines will apply in relation to this meeting:-

Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest by 5 pm on Friday 21 February

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your



submission must be received in this office at the latest by 12.00 noon on Wednesday 26 February.

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|--|--------------------------|
| 5. Minutes of Previous Meeting | 2:45pm |
| To agree the minutes of the previous meeting as a correct record. | (Pages 5 - 10) |
| 6. Mental Health Support Teams in Schools | 2:50pm |
| Geraldine Smyth, BCC Public Health | (Pages 11 - 23) |
| 7. Keeping Bristol Safe Partnership and Joint Targeted Area Inspections | 3:10pm |
| Ann James, Director of Children and Families Services | (Pages 24 - 84) |
| 8. Better Care Fund Plan Update | 3:40pm |
| Daniel Knight, Integrated Partnerships Manager, CCG and BCC | (Pages 85 - 101) |
| 9. Shaping Healthier Behaviour | 4:00pm |
| Professor Marcus Munafò, University of Bristol | (Pages 102 - 103) |
| 10. Healthier Together Update | 4:20pm |
| Justin Warr | |
| 11. Going for Gold Update | 4:25pm |
| | |
| 12. Forward Plan | 4:30pm |
| To note the forward plan. | (Page 104) |



Bristol City Council Minutes of the Health and Wellbeing Board

22 January 2020 at 3.15 pm



Board Members Present: Alison Bolam, Helen Holland, Asher Craig, Christina Gray, Justine Rawlings, Tim Poole, Vicky Marriott, Terry Dafter

Cathy Caple, Stephen Parker, Tim Keen

Officers in Attendance:-

Sally Hogg, Mark Allen, Oliver Harrison

1. Welcome, Introductions and Safety Information

2. Apologies for Absence and Substitutions

Apologies were received from:

Elaine Flint

Jacqui Jensen

Sumita Hutchinson

Jean Smith

Tim Keen substitutes for Andrea Young

Stephen Parker substitutes for Eva Dietrich

Cathy Caple substitutes for Robert Wooley

3. Declarations of Interest

None received

4. Public Forum

None received

5. Minutes of Previous Meeting

There was a discussion on minute formatting. It was agreed that minutes should show a separation between the input of presenting officers and the discussion that follows. Minutes will also be circulated to the whole membership for amendments. The minutes from 27 November 2019 will be recirculated.



Review of Actions:

1. Board Members to request information on public sector fleet fossil fuel reduction plans from their organisations and feed this back to Mark Allen. [OUTSTANDING]
2. Healthier Together (HT) prevention work-stream. Christina Gray is currently working with HT leads to create a new forum on prevention and tackling health inequality. She will bring back information on the approach to a future HWB. ACTION

All other actions complete.

6. Bristol Health Needs Highlight Report

John Twigger gave a presentation on the Bristol Health Needs highlight report. This was based on the production of the Joint Strategic Needs Assessment (JSNA), which contains a great deal of data. The highlight report draws out the key issues. This includes key demographics, health indicators and areas for action.

- Bristol has a growing population, which is unusually young for a core city. There is a significant 20 – 34 years old population in Bristol and fewer older people.
- Bristol is 22% non-white British, but this is increasing, with 38% of school age children NWB.
- Life expectancy has levelled out in recent years, but there is a significant deprivation gap of 8 years for men, 6 years for women between the most affluent and deprived wards. Healthy life expectancy has an even bigger gap of 20 years.
- The obesity level is twice as high in deprived areas. 16% of Bristolians smoke, 10% of pregnant women smoke. Assaults are 5 times more likely in the most deprived wards.
- This data is being used to identify areas of opportunity to improve life expectancy.

Discussion notes:

- When considering the high level statistics, we also need to be aware in nuances within the data. For example, the assumption on knife crime nationally is that it relates to youth gangs, but in Bristol the main driver is adults within the home. Self-harm has a large number of manifestations ranging from minor all the way up to suicide.
- The JSNA feeds into the One City Plan ambitions. This information will be used for setting the HWB objectives next year in order to make them more outcome-focused.
- Maternal smoking statistics for Bristol seemed lower than expected, but the figures are based on self-reporting at time of delivery. The smoking cessation strategy has strong targeting on maternal smoking. Smoking is usually cultural within a whole family. ACTION Vicki Marriott to send North Somerset maternal smoking material to Christina Gray.
- Members agreed that it was helpful to have highlights rather than the full JSNA. Members are welcome to look at the full report and make suggestions of what highlights to include.

7. Health and Wellbeing Strategy Draft Structure and Outline

Mark Allen gave an update on the HWB draft strategy



- The draft strategy has a large amount of areas included within it, so members may want to focus this down.
- The priorities are divided into five categories: healthy early years, bodies, mind, places and systems.
- These categories are then sub-divided into various indicators
- The expectation is that the strategy is a live document, but the frequency of update needs to be decided by the HWB

Discussion notes:

- Where possible we can align the strategy with One City Plan dashboard
- There was a discussion about adding a priority for homelessness, but this sits within the Housing Board. HWB will contribute to homelessness prevention with priorities on mental health and substance misuse.
- It would be helpful to demonstrate what the HWB contribution is going to be for the other boards' priorities. This shows the value of HWB and will help joint working. This should be considered at the meeting of chairs of thematic boards, so they can all look at how they are adding value to each other.
- The strategy is headline information, underpinned by various strategies and plans. It would be impractical to put everything in it. The yearly plan on a page review will also relate to this.
- There should be ambitions that link from the vision to the priorities. These could be based on the six 'opportunities for action' in the earlier Bristol Health Needs report: early years (development, low income families, first time criminal justice entrants), mental health (self-harm), healthy weight (obesity esp. in deprived areas), smoking (reduction), substance misuse (reduction) and violence (esp. domestic violence).

8. Feedback from Healthier Together (STP)

Justine Rawlings gave an update on Healthier Together, based on the recent programme update paper, which summarised key developments from Dec 2019 to Mar 2020. These included:

- An update on the Five Year Plan, which should be published in March
- Integrated Care, including community contracts and locality working
- Merger between University Hospitals Bristol and Weston Area NHS Trust
- Outpatients transformation to improve access to services via digital
- Urgent care during cold winters
- Mental Health, Learning Disability and Autism overarching steering group and programme boards
- Mental Health Strategy, due for approval in March
- Learning Disability and Autism 'All Age' Workshop on 22 January
- The first Children and Families programme board took place on Monday 25 November
- Workforce development, including making BNSSG the best place to work, learning academy to optimise skills, addressing workforce shortages, collaborative 'staff bank' and Peloton leadership programme
- Locality Hubs, where physical locations are being agreed.

Discussion notes:



- Digital access to care is a significant development. Bristol and South Gloucestershire Councils have recently won bids for digital care systems. South Gloucestershire is introducing a 'Red Box' reporting system for care homes. This enables much better data sharing between health organisations.
- An update on locality hubs would be useful ACTION SH
- The healthier together programme update shows highlights, but for this to be more useful to HWB in future, we need to know the specific areas of focus. ACTION SH JR
- There was a discussion about the possibility of the Healthier Together team providing a regular update and potentially attending HWB to give that update. ACTION MA
- There was discussion on the Mental Health, Learning Disability and Autism steering group and programme boards. The local authority board on this subject is not as thriving as it has been, so this is an opportunity to renew with CCG and BCC representatives, and people with lived experience.

9. Forward Plan

The Forward Plan was noted by the Board

OH set dates for next year and circulate these to members ACTION

AOB

BCC is having an independent peer review, focused on public health and wellbeing. This is to investigate how well BCC puts health at the heart of what it does. There will be discussion with health and wellbeing board members on 4, 5, 6 March). Sam Eddy will approach members to arrange timeslots.

Minutes need to accurately record when substitutes attend OH ACTION

There was a discussion about One City health and wellbeing objectives being focussed on the Public and VCSE sector, with little focus on business. The private sector has high representation on the other thematic boards, especially economy. They are also involved in health interventions even though they do not sit on HWB. For example, they are key drivers for mental health at work schemes. Thrive at Work as a national organisation is interested in Bristol as a case study. A future session on workforce development would be useful as it would allow HWB to work with the economy board and private sector SH ACTION HH.

ACTION SUMMARY

1. Christina Gray is currently working with HT leads to create a new forum on prevention and tackling health inequality. She will bring back information on the approach to a future HWB.
2. Vicki Marriott to send North Somerset maternal smoking material to Christina Gray.
3. The healthier together programme update shows highlights, but for this to be more useful to HWB in future, we need to know the specific areas of focus (Sally Hogg, Justine Rawlings)
4. Investigate possibility of the Healthier Together team providing a regular update and potentially attending HWB to give that update. (Mark Allen)
5. There needs to be an update on locality hubs at HWB (Sally Hogg, Justine Rawlings)



6. Set dates for next year HWB and circulate these to members (Oliver Harrison)
7. Minutes need to accurately record when substitutes attend (Oliver Harrison)
8. A future session on workforce development would be useful as it would allow HWB to work with the economy board and private sector (Sally Hogg)
9. Gather evidence on alcohol free spaces for the Drug and Alcohol Strategy (Christina Gray).

10 Developing a multiagency drug and alcohol strategy for Bristol

Thara Raj gave a presentation on the initial framing of a Drug and Alcohol Strategy for Bristol.

- There are several ambitions in the One City Plan: (2024) no increase in substance misuse deaths, (2034) significant reduction in alcohol related hospital admissions, (2036) reduce substance misuse deaths by 25%, (2044) reduce substance misuse deaths by 50%
- Our vision is to make Bristol a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol.
- Approach is non-judgemental. Want best start for families and children safe from impact of substance misuse. People empowered to avoid using drugs or alcohol to cope. Services to build resilience. Individuals with dependency can recover and contribute.
- Substance misuse leads to a wide variety of negative impacts. Number of deaths is higher from alcohol misuse than drug misuse.

Discussion notes:

- Cannabis use in Bristol among young people is twice the national average. There is a perception in more deprived communities that drug use is being tolerated by authorities. It is important that service provision and access is fairly distributed across the city. Delivery via community organisations is very useful here as they have local knowledge and can be trusted by users, e.g. locals that are former users, now supporting users.
- This demonstrates the great pressures on healthcare system caused by substance misuse.
- Council and CCG, where does DA strategy land? The Mental Health Strategy has substance misuse in it. The Drug and Alcohol Strategy is building on the iterative Mental Health Strategy. There does not appear to be a commissioning strategy for drug and alcohol services.
- It is essential that the police have significant input into the drug and alcohol strategy. The keeping Bristol safe group, which includes police, will feed in.
- There was discussion about appropriate resourcing for these services and where funding responsibility lies. However, the strategy is not about commissioning services, but developing an approach. All agencies will be involved.
- It would be helpful to have more statistics on mental health services related to drug and alcohol issues.
- There was a discussion on alcohol issues and responsible drinking. Bristol's strong night time economy versus cost of alcohol on services. There has been discussion in scrutiny about having alcohol free spaces. HWB may wish to pursue this if it is an intervention that would lead to desirable outcomes. In some cities, the recovery industry runs alcohol free nightclubs to great effect. Some communities that do not drink



alcohol (e.g. for religious reasons) would also be interested in those spaces. ACTION CG Gather evidence on alcohol free spaces.

Meeting ended at 5.00pm

CHAIR _____





Bristol Health and Wellbeing Board

Title of Report:	Mental Health Support Teams in Schools
Author (including organisation):	Geraldine Smyth, Senior Public Health Specialist, BCC
Date of Board meeting:	27th Feb 2020
Purpose:	Decision

1. Executive Summary

This paper informs the HWB about the developing CCG bid for funding for Mental Health Support Teams (MHSTs) in schools. The signature of a member of each of the HWBs in the BNSSG area is required before the bid can be submitted. This paper identifies wards in Bristol where children and young people are most affected by risk factors for mental ill health and argues that this knowledge will help target the most appropriate schools in which to place the mental health teams. The paper also informs the HWB about funding arrangements.

2. Purpose of the Paper

This paper supports the case for the Bristol part of the BNSSG bid for funding to place MHSTs schools. The final bid needs to be signed at senior level across all three LAs, including a representative from each of the Health and Wellbeing Boards. This paper is intended to inform the board about the development of this work and get agreement for sign off.

3. Evidence Base

BNSSG intends to submit a bid for the third round of funding from NHSE and DfE to place mental health teams in schools across the Healthier Together area. The closing date for bids is 16 March 2020. Funding will be for three years and it is hoped that the money will then shift to CCG baselines, although no final decision has been made about this. These teams will provide an early intervention service, offering support for mild to moderate mental health issues and preventing escalation into more serious mental health problems. The timeline includes 12 months training for practitioners at Exeter University. The teams will be able to work in primary, secondary and special schools and can also work with children out of mainstream education and in FE colleges.

The programme aims to achieve 25% coverage of the school age population. NHSE estimates that each MHST will work with 500 young people in a year, within a population of 8,000. The indicative structure of these teams is set by NHSE (see Appendix). The 2018 mid-term population of school age children records approximately 70,000 5-18 year olds, so if the aim is to cover 25% of this group the target population is 17,500. Based on this number, Bristol can hope for 2 teams if the bid is successful. There may be opportunities to increase this in the future but we need to identify which schools would most benefit from this work in the short term and how we can steer the work effectively to reduce health inequality. The bid is still being developed but we are making the case that in Bristol we should focus on areas of multiple deprivation, associated with high levels of risk for mental ill health.

National estimates suggest that 1 in 8 children and young people aged 5-19 experience a mental health disorder at any one time. High levels of vulnerability and findings from the Pupil Voice survey suggest that this figure is likely to be higher in Bristol. Levels of self-harm

among school age females in particular are significantly high and this is seen in hospital admissions, emergency department data and feedback from pupils themselves. Bristol has high a proportion of vulnerable young people who are at increased risk of mental health disorders. This includes those with SEND (15.5% compared to an England average of 14.4%), those who are NEET (7.7% compared to England average of 5.5%) LGBTQ+ (17%), children engaged with social care, children in the criminal justice system (7.4% compared to England average of 4.5%), children receiving a fixed term exclusion from school (18.3 per hundred compared to England average of 10.1 per hundred) and children growing up in income deprived households (19.7% compared to England average of 17%). These can be mapped by ward and also against the information collected from young people in the Bristol Pupil Voice report to guide successful targeting of schools for mental health support teams. The ward with the highest rate of risk factors is Hartcliffe and Withwood. Other wards with high proportions of children and young people experiencing risk factors are Filwood, Lawrence Hill and Avonmouth and Lawrence Weston. Focusing on specific education settings in these and neighbouring wards should ensure that these new mental health teams are able to target the children and young people in Bristol who are most at risk. The CCG is currently seeking confirmation from NHS England on the funding arrangements, values, and the process for drawing down funding. The current understanding is that funding will be transferred to the CCG, and they hold responsibility for the selection and contracting of a suitable provider to deliver the mental health teams in schools, in partnership with schools and local authority colleagues. The CCG will present to its own executive team in early March, to seek approval to submit the expression of interest and at that stage have completeness of information.

The CCG will then confirm the contracting arrangements, which will be further informed by ongoing conversations with all partners. The CCG will be responsible for the contracting informed by procurement support and approved by executive team early March 2020. The recommendation in this paper will help Bristol to meet the aims of the One City Plan, including the aim for mental health and physical health to be treated equally. It will also help to improve outcomes for children who have adverse childhood experiences (ACEs). In addition it will help tackle inequalities by focusing the new service on children in the areas of highest deprivation.

4. Recommendations

We recommend that the Health and Wellbeing Board agrees to support the progress of this work as described and to sign off the bid when it is completed.

5. City Benefits

Risk factors for poor mental health are most pronounced in the wards with the highest levels of deprivation. By placing the new mental health teams in schools within areas of highest need Bristol should have improved health outcomes, particularly mental health outcomes, for children, young people and families. It will also contribute to reducing the number of fixed term exclusions, reducing the number of children who are first time entrants into the criminal justice system, helping to improve outcomes for children in the social care system, reducing the number of young people who self-harm and improving levels of wellbeing in the school aged population. Better mental health among young people can be linked to higher attainment and better employment opportunities.

6. Financial and Legal Implications

No legal implications. This will be additional money coming into Bristol via CCG. Financial figures are currently being established.

7. Appendices

Appendix 1 Evidence of need in Bristol.

Paper to inform the Bristol section of the BNSSG bid for mental health support teams in schools.

Geraldine Smyth

Senior Public Health Specialist, BCC

Have we engaged the right stakeholders in the development of the proposal, including senior strategic commitment to the joint delivery:

Director Children and Families (BCC) via EDM email

Executive Director: People (BCC) via EDM email

Director Education: (BCC) via EDM email

Public Health, BCC including the Director of Public Health, the Public Health Consultant for Children and Young People and the Public Health Consultant for Mental Health

Education colleagues, including Head for Alternative Learning Provision, Lead for School Improvement and Virtual School

Educational Psychologists

Children's Commissioning in BCC

Families in Focus including Mental Health Lead

Schools Safeguarding Advisor, BCC

Commissioned providers of mental health services for young people:

- AWP
- Off the Record

Lead Primary Mental Health Specialist

Public Health England

Paper for Health and Wellbeing Board Feb 2020

Creative Youth Network

Although high levels of need have been identified among children and young people in some parts of Bristol, final decisions about specific schools do not need to be made until later in the process. Target schools will be engaged once the level of funding has been agreed and we know how much Bristol has been awarded. Funding for the first year covers training for the practitioners, which allows time to make decisions about how many and which schools will be covered.

Assessment of local need including inequalities and vulnerable groups

The BNSSG CCG intends to bid for funding from NHS England and DfE to place mental health support teams in schools across the CCG area. This paper highlights the need for mental health support

teams in schools in Bristol. According to the 2018 mid-term population estimate, there are 70,049 school aged children and young people (5-18 year olds) in Bristol. NHSE estimates approximately 500 individual children and young people will receive interventions per 8000 school aged pupils per team per year from the Mental Health Support Teams in schools. If this funding met the needs of the whole school age population, Bristol would require between 8 and 9 teams. However, NHSE have advised that the aim is to meet the need of 25% of the school age population. The bid for Bristol would therefore be for two teams.

The Bristol City Council data school census in January 2020 recorded 58,124 5-18 year olds attending state schools in Bristol, of which 22,441 (38.6%) are from BAME backgrounds. The actual number of 5-18 year olds will be higher as this figure excludes pupils attending non state schools and those attending schools outside of Bristol.

The wards with the highest populations of school aged children and young people are Hartcliffe and Withywood (4,206), Avonmouth and Lawrence Weston (3,636), Lawrence Hill (3,520) Filwood (3,168), and Westbury on Trym and Henleaze (2,742)¹. The first four of these wards have the highest levels of deprivation in the city².

The wards with the highest **BAME** population are all in the East Central locality. The highest is Lawrence Hill, where 59.6% of the whole population is from a BAME background. Neighbouring wards with high BAME populations are Easton (37.9%), Eastville (34.6%) and Ashley (33.5%).³

The most recent national study⁴ estimates that 1 in 8 5-19 year olds experience at least one mental health disorder at any one time. The inclusion of 19 year olds makes this group slightly older than the school aged population. The 2018 mid-term population figures record approximately 80,000 5-19 year olds in Bristol. Based on this, it can be inferred that there are approximately 10,000 children and young people in Bristol aged 5-19 experiencing at least one mental health disorder. However, high levels of deprivation in some parts of the city and a high proportion of young people experiencing vulnerability, suggest that the number may be higher than this.

This suggestion is supported by the Pupil Voice report for 2019⁵, which states that out of 4,900 pupils who responded to the Pupil Voice survey, 5% of primary school aged pupils and 35% of secondary school aged pupils have scores on the Stirling Children's Wellbeing Scale and Warwick-Edinburgh Mental Wellbeing Scales respectively that indicate poor mental health.

In Bristol the rate of hospital admissions for mental health conditions among children and young people aged 0-17 is relatively low compared to the rate for England⁶ but the rate of hospital

¹ <https://bristol.opendatasoft.com/explore/?refine.theme=Education&sort=modified>

² <https://www.bristol.gov.uk/documents/20182/32951/Deprivation+in+Bristol+2019.pdf/ff3e5492-9849-6300-b227-1bdf2779f80>

³ <https://bristol.opendatasoft.com/explore/?sort=modified&refine.theme=Population>

⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

⁵ Bristol City Council, 2019

<https://www.bristol.gov.uk/documents/1904666/2333935/Bristol+Pupil+Voice+Report+2019.pdf/7fc58966-0edc-3ed5-6366-7b5774ceb981>

⁶ Public Health England Children and Young People's Mental Health and Wellbeing Profiles, September 2019; <https://fingertips.phe.org.uk/profile/child-health->

admissions for self-harm among young people aged 10 – 24 is significantly higher⁷. The rate for 15-19 year olds is highest at 1,071 per 100,000 compared to 648.6 per 100,000 for England. Rates of self-harm admissions vary across Bristol, but the highest rates are in Bristol South and Bristol East localities⁸. In addition, the Bristol Self-harm Surveillance Register⁹, which records information about patients presenting to hospital emergency departments for self-harm, has consistently recorded high numbers of presentations among females aged 15-19.

There is further evidence of high levels of self-harm among the school aged population in the Bristol Pupil Voice report. 5% of secondary school boys and 11% of secondary school girls who responded to the survey (n=4,900) said that they harm or cut themselves as a means of dealing with their problems¹⁰. This information can be mapped by school to support effective targeting by mental health teams.

Bristol has high proportions of vulnerable groups who are at increased risk of mental health disorders. These can be mapped by locality (North, South and East Central), ward and also against the information collected from young people in the Bristol Pupil Voice report to guide successful targeting of schools for mental health support teams.

These groups include:

- 15.5% of school age children in Bristol (10,606) have **special educational needs and disabilities** (SEND). This includes 2.85% of school age children who have social, emotional and mental health needs, higher than 2.39% for England¹¹. The rate of SEND in Bristol is significantly higher than the England average, which is 14.4%. The highest rate and number by a considerable margin is in Hartcliffe and Withwood, with almost one quarter of children (24%) with SEND. Other wards in South Bristol that have high numbers and percentages are Filwood (18.6%) and Hengrove and Whitchurch Park (17.2%). In East Central Bristol the highest rate is in Lawrence Hill (18.3%) and in the North area the highest proportion is in Avonmouth and Lawrence Weston (14%)¹².
- In 2018 7.7% of 16 and 17 year olds in Bristol were not in education, employment or training (**NEET**). This is significantly higher than the average for England, which is 5.5%¹³. The proportion is higher for males in Bristol (8.5%) than for females (6.9%). Bristol data for 2017

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⁷ Public Health England Children and Young People's Mental Health and Wellbeing Profiles, September 2019; <https://fingertips.phe.org.uk/profile/child-health->

[profiles/data#page/6/gid/1938133228/pat/6/par/E12000009/ati/102/are/E06000023/iid/90812/age/173/sex/4](https://profiles.data#page/6/gid/1938133228/pat/6/par/E12000009/ati/102/are/E06000023/iid/90812/age/173/sex/4)

⁸ Hospital Episode Statistics (via NHS Digital).

⁹ Bristol Self-harm Surveillance Register https://cpb-eu-w2.wpmucdn.com/blogs.bristol.ac.uk/dist/3/343/files/2019/09/BSHSR_AnnualReport-27062019-PRINT.pdf

¹⁰ Bristol City Council, 2019

<https://www.bristol.gov.uk/documents/1904666/2333935/Bristol+Pupil+Voice+Report+2019.pdf/7fc58966-0edc-3ed5-6366-7b5774ceb981>

¹¹ <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

¹² <https://bristol.opendatasoft.com/explore/?refine.theme=Education&sort=modified>

¹³ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

shows that the highest number and percentage is in the South locality, with 13.1% in Hartcliffe and Withywood , 15.2% in Filwood and 8.4% in Hengrove and Whitchurch Park . In the North the highest proportions are in Southmead (11.4%) and Avonmouth and Lawrence Weston (11.1%). In East Central the highest figure is in Lawrence Hill (8%). The lowest rate in the city is in the western part of North Bristol in Redland, with 1.1% of 16 and 17 year olds recorded as NEET¹⁴.

- 17% of secondary school pupils who responded to the Pupil Voice survey identified as **lesbian, gay, bisexual, other, questioning or unsure**¹⁵. This is significantly higher than the proportion within the whole population, as suggested by national data¹⁶. There is a consistent correlation with other mental health factors highlighted in the Bristol Pupil Voice report and this data will be used to inform the decisions about which schools to target for the mental health teams in schools.
- Bristol has been successful in recent years in reducing the number of **Children in Care** in the city and the rate in Bristol (66 per 10,000) is now close to the rate for all England (65 per 10,000). However, new national figures show that the number of children in care in England is at a 10 year high¹⁷. Also, the percentage of Children in Care whose mental health assessment score indicates a cause for concern is slightly higher in Bristol (42.3%) than in England (38.6%)¹⁸. Unaccompanied Asylum Seeking Children (UASC), who are included in this population, have particularly high needs in terms of mental health¹⁹. The UASC population in Bristol has increased over recent years from a total of 13 in 2013/14 to a total of 65 during 2017/18²⁰. In Bristol the ward with the highest number of children in care is Hartcliffe and Withywood: 13.4% of children in care in the city are from this ward. This is significantly higher than Avonmouth and Lawrence Weston, which has the second highest number: 7.4% of children in care in Bristol are from this ward.
- Looking more broadly at children in the social care system (children in care, children in need and children with a child protection plan), the highest numbers can again be seen in South Bristol. 14.7% of the children engaged with social care in Bristol are in Hartcliffe and Withywood and 6.5% are in Filwood. In East Central Bristol the highest proportion (5%) is in Lawrence Hill. In the North area of the city 7.3% of these children are in Avonmouth and Lawrence Weston, 5.9% are in Southmead and 5% are in Henbury and Brentry. Wide variation can be seen across the city. The lowest proportion is in the western part of North Bristol with 0.1% of these children in Clifton Down and another 0.1% in Cotham²¹.

¹⁴ <https://bristol.opendatasoft.com/explore/?refine.theme=Education&sort=modified>

¹⁵ Bristol City Council, 2019

<https://www.bristol.gov.uk/documents/1904666/2333935/Bristol+Pupil+Voice+Report+2019.pdf/7fc58966-0edc-3ed5-6366-7b5774ceb981>

¹⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017>

Accessed Sept 2019

¹⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf

¹⁸ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>. Accessed Sept 2019

¹⁹ <https://www.bristol.gov.uk/documents/20182/3099546/JSNA+Chapter+LAC+and+Care+leavers+%28Nov+18+29.pdf/050d8eab-c72f-7d29-5d29-ddc20799c738>

²⁰ <https://bristol.opendatasoft.com/explore/?sort=modified&refine.theme=Health+%26+Social+Care>

²¹ <https://bristol.opendatasoft.com/explore/?sort=modified&refine.theme=Health+%26+Social+Care>

- 7.4 per 1000 10-18 year olds in Bristol are in the youth justice system²². The rate of children who are first time entrants to the **criminal justice system** in Bristol is particularly high and although it has fallen considerably since 2010, it remains significantly higher than the national rate with 402.6 per 100,000 in Bristol compared to 238.5 per 100,000 for England²³. In 2018/19 the highest rates of youth offenders were in Hartcliffe and Withywood (21.4 per 1000), Central (19.4 per 1000) and Filwood (15.8 per 1000). These areas were also **hotspots for violent crime in 2016-19**²⁴ but this data covers all ages. The lowest rates were in Cotham and Redland, where there were no youth offenders. A report about youth violence is currently being written by BCC and is expected to be available in mid-February. This will include information on knife crime offences in Bristol by locality and is likely to contain data that will inform the targeting of schools.
- Bristol has a very high rate of children who are **excluded from school**. In 2017/18 the rate of secondary school pupils who received a fixed term exclusion in Bristol was 18.3 per 100, much higher than the national average of 10.1 per 100. Rates for primary school exclusions in Bristol were also high at 2.8 per 100, twice the national rate of 1.4 per 100. The highest rate is among pupils in special schools, where the rate is 36.8 per 100 pupils, almost 3 times the national rate of 12.3 per 100²⁵.

Between 2016 and 2019 there were 14,797 exclusions in Bristol involving 4,059 individuals. The pattern suggests frequent recurrent episodes for some individuals. 48% of the individuals excluded had two or more separate episode of exclusion during the year, 15% (approx. 300 pupils) had 5 or more during a single year.

Based on 3 years of data (2016/17 to 2018/19), the mean average number of exclusion episodes by ward of residence is 435 and the mean number of individuals involved is 119, but this is heavily influenced by a relatively small proportion of wards with extreme statistics.

The highest incidence of pupil exclusion during this period is seen in South Bristol. Hartcliffe and Withywood has the highest number with 2,195 episodes of exclusion affecting 510 pupils. Filwood is also high, with 1,999 episodes involving 373 pupils. Hengrove and Whitchurch Park had 800 exclusions involving 168 pupils.

In North Bristol the highest number is in Avonmouth and Lawrence Weston, which has 1,231 exclusion episodes involving 268 pupils. Lockleaze has 557 episodes affecting 171 people and Southmead has 898 episodes involving 232 people. In East central the highest numbers are in Lawrence Hill with 919 episodes involving 356 people. Ashley has 538 episodes involving 238 people. In Easton and Eastville there are fewer episodes (323 and 289 respectively), but high numbers of young people (126 and 129) were involved. (See Fig 1 below)

The enormous variation in the incidence and risk of school exclusion across the city is highlighted by the range of exclusion incidents at a ward level during this three year period

²² <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/0/gid/1938133228/pat/6/par/E12000009/ati/102/are/E06000023>

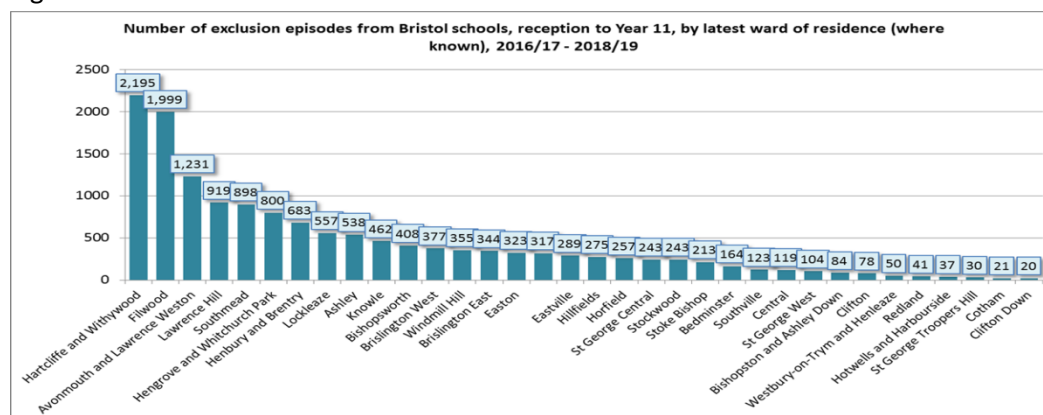
²³ Public Health England Children and Young People's Mental Health and Wellbeing Profiles, September 2019; <https://fingertips.phe.org.uk/search/first%20time%20entrants#page/3/gid/1/pat/6/par/E12000009/ati/102/are/E06000023/iid/10401/age/211/sex/4>

²⁴ <https://bristol.opendatasoft.com/explore/?refine.theme=Safety&sort=modified>

²⁵ Department for Education School Census 2018 <https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2017-to-2018>

(20 to 2,195) and the range of people involved (8 to 510). In the same period Clifton Down, Cotham, Hotwells and Harbourside and St George Troopers Hill all had fewer than 40 incidents, involving fewer than 15 individuals. During the same three year period, a state school pupil living in Hartcliffe and Withywood was nearly 16 times more likely to have one or more exclusions from school, than a pupil living in Westbury-on-Trym and Henleaze.

Fig. 1



- During 2018/19 the Bristol Education Welfare Service received 752 referrals of **children missing education (CME)**, an increase from 497 referrals the previous year²⁶. These children are not registered at a school or as receiving suitable education at home or elsewhere. In the first 6 months of the school year 2019/20, there were another 590 referrals, indicating that referrals are continuing to increase. 171 of the 2019/20 referrals were from East Central Bristol, 155 from North Bristol and 108 were from South Bristol. 156 referrals did not include a locality²⁷. The largest group of CME was White British, followed by Somali.
- An additional vulnerable group are children and young people who are still on a school roll, but have stopped attending the school and whose whereabouts are not known; and those, who are recorded by the local authority as being home educated but whose whereabouts are also not known. In Bristol these children are known as **Pupil Tracking**. In 2018/19 there were 436 Pupil Tracking referrals, compared to 406 the previous year. The largest number of referrals by ethnicity was recorded as White British followed by Somali²⁸.
- 19.7% of under 16s and 19.7% of under 20s live in **income deprived households**, significantly worse than the average for England which is 17% for both groups. At ward level, the greatest levels of deprivation in Bristol are in Hartcliffe & Withywood, Lawrence Hill and Filwood²⁹. Using eligibility for Pupil Premium as a measure, the highest rate of disadvantage is in the South locality. In Hartcliffe and Withywood almost half of children (48.4%) are classed as disadvantaged and in Filwood the rate is 43.6%. Very high levels are also found in parts of the North locality. Avonmouth and Lawrence Weston has 31.7%, Southmead has 33.5% and

²⁶ Bristol City Council, Children Missing Education and Pupil Tracking Annual Report, Academic Year 2018-2019

²⁷ BCC internal data

²⁸ Bristol City Council, Children Missing Education and Pupil Tracking Annual Report Academic Year 2018-2019

²⁹ <https://www.bristol.gov.uk/documents/20182/32951/Deprivation+in+Bristol+2019.pdf/ff3e5492-9849-6300-b227-1bdff2779f80>

Lockleaze has 34.4%. In East Central Bristol Lawrence Hill has 44.7% of pupils who are eligible and Ashley has 28.6%³⁰.

There is clearly a significant need for mental health teams in South Bristol, particularly in Hartcliffe and Withywood and Filwood, and a further need in Lawrence Hill and in Avonmouth and Lawrence Weston.

If the bid is successful, based on NHSE guidance, Bristol expects to get funding for two mental health teams, although when NHSE estimates are applied to the population in Bristol, there is actually a need for 8 or 9 teams. As an initial suggestion, we should consider one team for the South locality targeting schools in Hartcliffe and Withywood, parts of Filwood and one alternative learning setting and a second team to work across North and East Central Bristol, targeting schools in or around Lawrence Hill, Easton and Avonmouth and Lawrence Weston plus one/ two alternative settings. This could also include some settings in Southmead and Lockleaze, depending on the resource given to Bristol.

Assessment of local provision and integration with existing services, including with education settings/education-based provision

Bristol has good systems in place to support the successful integration of mental health teams into schools. The city has made mental health and wellbeing a priority within the One City Plan³¹, with an aim that mental health and physical health will be treated equally. It has also set an ambition to reduce Adverse Childhood Experiences (ACEs) among children and young people and has a commitment to becoming ACE aware throughout children's services, including supporting a trauma informed approach.

The Thrive Bristol ³² programme, which aims to promote good mental health across the city, has children and young people as one of its work streams and the initial focus of this strand is improving mental health in schools through the Healthy Schools programme.

A JSNA chapter on Children and Young People's Emotional and Mental Health and Wellbeing ³³ was published in 2017. A report was also written by Centre for Mental Health to inform the priorities for the CYP strand of Thrive. Both of these documents make recommendations for the promotion of mental wellbeing in schools.

The BNSSG CCG is currently developing a joint all age mental health strategy.

The Bristol Strategy for Children, Young People and Families³⁴ runs to 2020 and is being refreshed this year. Children's Emotional Health and Wellbeing is the first priority within this strategy.

³⁰ <https://bristol.opendatasoft.com/explore/?refine.theme=Education&sort=modified>

³¹ <https://www.bristolonecity.com/about-the-one-city-plan/>

³² <https://www.bristol.gov.uk/mayor/thrive-bristol>

³³ <https://www.bristol.gov.uk/documents/20182/34748/Children+and+Young+People+Mental+Health+report+March+2017/0d364755-31a1-7d6e-0512-4eacdb3231e0>

³⁴ <https://www.bristol.gov.uk/documents/20182/1309383/Bristol%27s+strategy+for+children+young+people+and+families/e4b7cbbd-3c6e-4527-8bb2-9a0094ef5b7f>

Bristol also has a strategy for children and young people aged 0-25 who have special education needs and disabilities³⁵ and this is linked to the all age mental health strategy.

Mental health is a focus for many schools in Bristol. There are several areas of work between schools and partner agencies that enable an integrated approach to support the mental health of children, young people and their families. This provides a strong framework for mental health teams to operate successfully in schools.

Bristol is developing a new approach to school behaviour policies and is creating guidance focusing on an attachment and ACE aware approach to Inclusion.

In 2016 CASCADE training³⁶ was commissioned to strengthen links between mental health services and schools. 94% of schools attended this 2 day training and feedback was very positive in terms of increased knowledge and strengthening relationships.

The Bristol Healthy Schools programme³⁷ enables good partnership working with schools across the city and BCC. This recently revised programme includes an 'Essential' award, which incorporates a mental health component, and a 'Specialist' award for mental health and wellbeing, with criteria built on the NICE/PHE guidelines. To achieve these awards schools must demonstrate that they have developed a whole school approach to improving mental health, identifying leadership, revising school policies and the environment, focusing on the taught curriculum and identifying and supporting vulnerable children and families. Although any school can apply, this work is particularly targeted at schools in the 4th and 5th quintiles of deprivation, in an aim to reduce health inequalities for the school age population in Bristol. This work will help to identify appropriate schools for mental health teams to target, focusing on need and reducing inequalities in health. In January 2020, 23 primary, secondary and special schools had achieved the mental health award under the old system, before the recent revision.

Those schools that are identified as appropriate settings for the new mental health teams but who have not yet engaged with the Healthy Schools programme will be offered support by BCC to begin working on the Healthy Schools Essential award. This will happen during the initial 12 month period of mental health practitioner training. This will help schools to establish leadership for mental health and to set up methods of identifying vulnerable pupils, so that mental health teams can work more effectively within stronger partnerships when they engage with these schools.

Bristol has increased the number of schools completing the Pupil Voice survey and this is now a requirement for all schools who are engaged in the Healthy Schools programme. This will enable some data collection to be part of systems measuring change following the introduction of mental health teams in schools.

The Families in Focus (FiF) service works with schools to provide help and support for vulnerable pupils and their families, including coordinating a multiagency team around the school. It has three

³⁵<https://www.bristol.gov.uk/documents/20182/2041050/The+Bristol+Strategy+for+Children+and+Young+People+%E2%80%93+with+Special+Educational+Needs+and+Disabilities+%E2%80%93+2022%29+.pdf>

³⁶<https://www.annafreud.org/media/7245/bristol-cascade-workshops-feedback-report.pdf>

³⁷<https://www.bristol.gov.uk/web/bristol-healthy-schools/awards-programme/our-awards>

locality based partnership managers, one of whom leads for the service on mental health. FiF managers also co-ordinate and lead three multiagency network meetings every year in each locality of Bristol, which are attended by a broad range of voluntary and statutory sector services, including school leaders. The primary mental health specialists deliver training workshops about children and young people's mental health at each of these meetings.

The Public Health school nursing service is provided by Sirona Care and Health, as part of the Children's Community Health Partnership³⁸.

The commissioned mental health services in Bristol also work closely with schools. Bristol has commissioned the following organisations:

1. AWP provides the CAMHS service. In recent years the referral process into CAMHS was broadened to enable schools to make direct referrals. CAMHS provides a range of specialist mental health services, some of which are targeted at vulnerable groups such as Children in Care. In addition, all Bristol schools have a named CAMHS Primary Mental Health Specialist, working in partnership and offering advice and support in response to pupils' mental health needs. This service also supports the triage process following referrals into CAMHS, to ensure that young people receive the most appropriate support according to their needs.
2. Off the Record (OTR) works with young people aged 11 and over and has developed successful partnerships with all of Bristol's mainstream secondary schools, offering 1:1 sessions and Resilience Lab groups. Between April and Sept 2019 they ran 37 sessions in secondary schools in which they saw 732 individuals. The sessions were well evaluated with 70% of attendees reporting positive outcomes. They also offer hubs and pop ups in schools, promoting mental health services, signposting and enabling pupils to accessing the right help at the right time. Between April and Sept 2019 OTR delivered 71 hub and pop up sessions to 1,788 individuals. OTR offers several programmes including one focusing on mental health among LGBT+ young people and another focusing on the needs of BAME young people. OTR and CAMHS have a strong partnership e.g. providing joint assessments and triage. They work within an iThrive³⁹ model, helping young people to get the level of support they need and ensuring quicker access to services.
3. Kooth is an online counselling service for young people. Schools promote this confidential support to their pupils.

Contracting Arrangements for Mental Health Teams in Schools

The BNSSG CCG is currently seeking confirmation from NHS England on the funding arrangements, values, and the process for drawing down funding. The current understanding is that funding will be transferred to the CCG who holds responsibility for the selection and contracting of a suitable provider to deliver the MHSTs, in partnership with schools and local authority colleagues. The CCG is currently collecting all of this information and will present to its own executive team early in March to seek approval to submit the expression of interest and at that stage have completeness of information.

³⁸ <https://cchp.nhs.uk/>

³⁹ <https://www.annafreud.org/what-we-do/improving-help/thrive-framework/>

The March meeting will be where the CCG confirms the contracting arrangements which will be informed by ongoing conversations with all partners. The CCG will be responsible for the contracting, informed by procurement support and approved by executive team early March 2020.

Outline service model

NHSE estimates that approximately 500 individual children and young people will receive interventions per 8000 school aged pupils per team per year from the Mental Health Support Teams in schools. The 2018 mid-term population figures suggest that Bristol would need 8/9 teams to meet the need of all children and young people in the city. However, NHSE has advised that the programme aims to achieve 25% coverage of the school age population. Bristol is therefore hoping to get funding for 2 mental health teams to provide the service in a mixture of primary, secondary and special schools. These teams will provide an early intervention service, offering support for mild to moderate mental health issues.

NHSE has produced the following table as an indication of the composition of each mental health support team

	AfC Banding	WTE
Admin	4	0.5
EMHP	5	4
Supervisor/Practitioner	6	2
Supervisors/higher level therapists	7	1
Team Leader	8a	0.5
Total		8

During the first 12 months of the contract, practitioners and supervisors will receive training at the University of Exeter.

The schools chosen will have a catchment from children who live in the areas of highest deprivation in the city to ensure that support is targeted at CYP who are vulnerable to experiencing health inequalities. This will include mainstream primary and secondary and special schools. Experience suggests that children in Bristol PRUs and special schools have high mental health needs according to the iThrive model (see below) and may already have needs that reflect ‘getting more help’ and ‘getting risk support’, which is likely to be above the threshold for MH teams in schools. We plan therefore to focus some effort on these PRUs and special schools to target the relatively small number of pupils who meet the Getting Help level of need and to be able to advise referral into higher level services for those who have higher need.



The iThrive model is a needs led approach to mental health. Different levels of need are described according to the quadrants identified below.



Bristol Health and Wellbeing Board

Title of Report:	Keeping Bristol Safe Partnership
Author (including organisation):	Ann James, Director Children and Families Services, Bristol City Council (on behalf of Keeping Bristol Safe Partnership)
Date of Board meeting:	
Purpose:	Oversight and assurance

1. Executive Summary

On 3rd September 2019 Cabinet agreed to constitute the new safeguarding arrangement for Bristol, namely, Keeping Bristol Safe Partnership consolidating the statutory functions of the four existing boards Safer Bristol Board (CSP), Bristol Safeguarding Adults Board (BSAB), Bristol Safeguarding Children's Board (BSCB) and the Children and Families Partnership Board (CFPB) to deliver relevant statutory duties in relation to safeguarding and promoting the welfare of children, helping and protecting adults with care and support needs, and reducing crime and disorder, substance misuse and re-offending¹. This was in response to the required changes published in Children and Social Work Act 2017 and Working Together 2018 that ended the local authority's duty to hold a Local Safeguarding Children's Board. It required the three statutory partners (Local Authority, Police Constabulary and Bristol Clinical Commissioning Group) ensure effective multi-agency safeguarding arrangements we in place to enable effective partnership working and assurance of the effectiveness of the safeguarding system. Partners acknowledged the changing landscape of Safeguarding; for example with the focus shifting exclusively from intra-familial abuse for children and adults at risk to include very complex contextual safeguarding concerns, and together Partners took the opportunity to propose a whole system approach that will facilitate innovative solutions to high risk complex situations.

2. Purpose of the Paper

- The purpose of this paper is to provide the Health and Wellbeing Board with sufficient overview and assurance of the new safeguarding arrangements in Bristol.
- Provide Health and Wellbeing Board with the opportunity to consider its role in safeguarding and how it will operate in partnership the Governance arranged outlined

There are two key documents that set out the function, governance and terms of reference for the Keeping Bristol Safe Partnership:

- The Keeping Bristol Safe Partnership Constitution and Terms of Reference - Appendix 1
- The Keeping Bristol Safe Partnership Local Arrangements – Appendix 2

3. Evidence Base

¹ The Keeping Bristol Safe website is found at <https://bristolsafeguarding.org/>

Following the formal constitution of the Partnership on the 9th September 2019, the first 12 months will be transitional phase during which the functions that have been brought together will be developed and reviewed. The current working model comprises of the 'Executive' with senior officers who have delegated authority to speak on behalf of the safeguarding partner they represent, make decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters. They will own the Strategic Plan for the Partnership and direct the business of the three multi-agency Business Delivery and Performance Groups, providing high support / high challenge to drive outcomes, quality and performance. The membership of the Keeping Bristol Safe Executive is detailed on page 3 of the Constitution and Terms of Reference - Appendix 1.

The Business Delivery and Performance Groups will ensure single agency and partnership work to protect children, adults and communities is coordinated and effective. They will have a shared focus on service delivery, early intervention, prevention and commissioning arrangements. These groups will be action and task orientated, forward thinking and provide theme specific guidance and challenge to safeguarding partners. The groups will report to the Executive. Working to the Business Delivery and Performance groups are a number of task and finish groups set up to deliver certain projects or pieces of work. These multi-agency groups will comprise membership of the wider Partnership and will draw on the expertise of specialist roles and participation groups across the city. There are a small number of multi-agency groups already established to deliver key priorities for the city, for example the Domestic Abuse group, the Statutory Review groups and Contextual Safeguarding group.

The Partnership recognise that data and performance information is key to understanding our business and enabling the identification of priorities for the city and tracking the impact of agreed actions. A new performance framework and dashboard are currently being developed. The Partnership priorities are detailed on page 5 of the Local Arrangements – Appendix 2. Detailed business activity such as delivering action plans from statutory reviews has transferred to the new arrangements as agreed by the outgoing Boards.

4. Recommendations

- For the Health and Wellbeing Board to be sighted on the Keeping Bristol Safe Partnership's development of strategy and policy relating to its priorities.

5. City Benefits

The work of the Keeping Bristol Safe Partnership brings partners in Bristol together to support and protect children, adults and our communities from harm and takes a whole system approach to facilitate innovative solutions to high risk complex safeguarding situations.

6. Financial and Legal Implications

N/A

7. Appendices

Appendix 1 – The Keeping Bristol Safe Partnership Constitution and Terms of Reference
Appendix 2 - The Keeping Bristol Safe Partnership Local Arrangements

Keeping Bristol Safe Partnership

Constitution and Terms of Reference 2019

Contents

1. Establishment and title
2. Membership and delegated authority
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11. Business delivery and performance groups
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1. Legal Agreement
2. Child Death Overview Panel
3. Complaint Procedure
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1. Establishment and Title

1.1. Keeping Bristol Safe Partnership (hereinafter referred to as the Executive Board) is constituted to deliver relevant statutory duties as follows:

- To safeguard and promote the welfare of children as required by The Children Act 2004 and supported by the statutory guidance, Working Together to Safeguard Children 2018
- To help and protect adults with care and support needs at risk of abuse or neglect as defined by the Care Act 2014 and supporting statutory guidance
- To reduce crime and disorder, substance misuse and re-offending as required by the Crime and Disorder Act 1998
- To cooperate to improve the wellbeing of children and young people as defined in The Children Act 2004.

Relevant statutory provisions in relation to the constitution of the Executive Board:

1.2. This constitution identifies and sets out arrangements for agencies to work together to these statutory functions within the local authority area of Bristol City Council and meets the following requirements

1.3. The Children and Social Work Act 2017 and Working Together 2018 specifies that under new arrangements, there are three statutory partners who have a shared and equal responsibility to put in place arrangements to work together to safeguard and promote the welfare of children. The statutory partners are the Local Authority, Police and Clinical Commissioning Group.

1.4. The Care Act 2014 requires a Local Authority to establish a Safeguarding Adults Board. It identifies that the Local Authority is responsible for setting up the Executive Board, and that the Clinical Commissioning Group and the chief officer of the Police for that area should be represented.

1.5. The Crime and Disorder Act 1998 established Community Safety Partnerships (CSP) (then known as crime and disorder reduction partnerships). This legislation has been subject to amendment through the Police and Justice Act 2006, Crime and Disorder Regulations 2007, the Local Government and Health Act 2007, the Policing and Crime Act 2009 and latterly the Crime and Disorder Regulations 2011. Taken together, these define the Police, the Local Authority, Probation, Fire and Rescue Service and Clinical Commissioning Groups as the responsible authorities who constitute the strategic group to direct the work of the partnership.

1.6. The lead agency representatives responsible for discharge of their statutory functions in relation to Safeguarding Adults Board and Multi-agency Safeguarding Children Arrangements are:

- Executive Director of People, Bristol City Council¹

¹BCC has approved the nomination of this role in the absence of a Chief Executive (CX) role in the council. In the BCC structure the CX responsibilities as related to safeguarding are delegated to the Executive Director – People.

- Chief Executive Officer, Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (BNSSG CCG)
- Chief Constable, Avon and Somerset Police.

The above together with;

- Probation
- Chief Fire Officer – Avon Fire and Rescue

Are also the responsible authorities for the Community Safety Partnership.

2. Membership of the Executive Board and Delegated Authority

2.1. Working Together 2018 requires the Executive Board to identify those relevant agencies whose involvement is required to safeguard and promote the welfare of children and families. These are set out in the published Safeguarding Arrangements document: <https://bristolsafeguarding.org/children-home/about-us/keeping-bristol-safe-partnership/>

2.2. The lead representatives have delegated their functions as set out below including representation on the Executive Board although they retain overall accountability for any actions or decisions taken on behalf of their agency.

2.3. In delegating their authority the lead representatives authorise their representatives to:

- make decisions on behalf of their organisation
- commit them on policy, resourcing and practice matters

2.4. The Executive Board members are:

- Executive Director, People, Bristol City Council
- Director of Nursing and Quality, BNSSG CCG
- Superintendent, Neighbourhood and Partnerships, Avon and Somerset Police
- Office of the Police and Crime Commissioner (Observer status given PCC role of holding CSP to account)
- Head of Bristol and South Gloucestershire LDU, National Probation Service
- Assistant Chief Probation Officer, Community Rehabilitation Company
- VCSE sector (through VOSCOUR, the local VCSE support and development agency)
- Education sector (nominated head teacher)
- Director, Children and Families Services, Bristol City Council (Deputy DCS)
- Director, Adult Social Services (DASS)
- Area Manager - Risk Reduction, Avon Fire and Rescue

2.5. The Executive Board members with delegated authority will be competent to:

- Bring a perspective from a sector involved with children, adults with care and support needs at risk of abuse or neglect, victims of crime, people with offending behaviour or wider community safety partners

- Advise on communication and implementation of Board priorities within their sector.
- Disseminate information between the Executive and their agency including its commissioners or contracted services, and for identifying, monitoring and evaluating any necessary actions.
- Commit to report to the lead representatives who are accountable for the quality of services provided in the city to children, adults with care and support needs at risk of abuse or neglect, victims of crime, people with offending behaviour

2.6. The agencies identified in paragraph 2.4 are the full members of the Executive Board. The full members include the additional 'responsible authorities' for the purposes of the Community Safety Partnership beyond those who are also responsible authorities for the Safeguarding Adults Board and Multi-Agency Safeguarding Children Arrangements.

2.7. The Safeguarding Business Unit will maintain an actions log to track against the delivery of agreed actions within meetings.

2.8. The Safeguarding Business Unit will maintain a challenge log for matters which may be out of the direct control of the executive, for example matters which need to be developed at a regional or national level.

3. Arrangements for Decision Making and Support for the Executive Board

3.1. The Executive Board will meet a minimum of 8 times a year to deliver its statutory functions. Meetings will be supported by the Safeguarding Business Unit, who will be responsible for the preparation of the agenda and circulation of papers. Papers will be circulated 7 days in advance. Draft minutes will be circulated 7 days following each meeting and approved at the subsequent Executive Board.

3.2. Quorum for each meeting will be 5:

- 2 of the 3 statutory partners, and three representatives from the other designated agencies.

3.3. In the event the Independent Chair is unable to attend a meeting the Executive Board will elect a chair (who will still have a vote) but quorum will still be 5.

3.4. All Executive Board members are equal and have a single vote.

3.5. The Independent Chair does not have a vote.

3.6. Within a framework of accountability, due diligence and governance, the Executive Board members will take decisions in relation to the following relevant statutory functions:

- the development and content of the strategic plan
- the development of annual business plans and identification of the priorities in support of the strategic plan

- the content of the annual report (also referred to as the 12-monthly report in Working Together 2018)
- the contribution of resources including the budget, the commissioning and acceptance of statutory reviews:

Save for the purposes of Domestic Homicide reviews. It will be the sole responsibility of the Independent Chair in consultation with Executive Board members as designated chair of the CSP to commission and accept the review.

3.7. The decision making process with regards to statutory reviews is set out at section 9 of this constitution.

3.8. It is the role of the Independent Chair to encourage a working relationship between partners of mutual understanding and respect, assurance and professionally respectful challenge.

3.9. Decisions on the acceptance of new policies and procedures is delegated to the Business Delivery and Performance Groups.

4. Objectives

4.1. The core objectives for the Executive Board are as follows:

4.1.1. Section 14(1) of The Children Act 2004:

- To coordinate what is done by each person or body represented for the purpose of safeguarding and promoting the welfare of children in Bristol.
- To ensure the effectiveness of what is done by each such person for that body or for that purpose.

4.1.2. Care Act 2014:

- to improve local adult safeguarding arrangements and ensure partners help and protect adults with care and support needs who are experiencing or at risk of neglect or abuse (see definition in 6.3).

4.1.3. The Crime and Disorder Act 1998:

- To reduce crime and disorder, substance misuse and reoffending within Bristol.

4.2. The Care Act 2014 and supporting statutory guidance provides that whilst the Executive Board has a role in coordinating and ensuring the effectiveness of work being undertaken by individuals and organisations in relation to adult safeguarding and promoting the welfare of adults, it is not accountable for their work. This principle is adopted for the purposes of the whole scope of work for the Executive Board.

5. Core Duties

5.1. In relation to Children:

- To develop policies and procedures for safeguarding and promoting the welfare of children in line with Working Together 2018.

5.1.1. This includes policies and procedures in relation to:

- Action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- Training of persons who work with children or in services affecting the safety and welfare of children;
- Recruitment and supervision of persons who work with children;
- Investigating allegations concerning persons who work with children;
- The safety and welfare of children who are privately fostered;
- Co-operation with neighbouring and placing children's services authorities and their joint and equal partners and relevant agencies.

5.2. In relation to Adults :

The safeguarding duty applies to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing or at risk of abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5.3. The Executive Board has a duty to:

- Publish a strategic plan for each financial year
- Publish an annual report detailing what the Executive Board has done during the year to achieve its main objectives and implement its strategic plan
- Conduct any safeguarding Adult reviews in accordance with section 44 of the Care Act 2014.

5.4. In addition with specific regard to its duties under The Care Act 2014 and statutory guidance the Executive Board will:

- Develop policies and procedures for adult safeguarding and to ensure individuals, their families, friends and members of the community and professionals understand how and when to raise a safeguarding concern.

5.5. Ensure safeguarding practice complies with the Care Act 2014 statutory guidance in particular Making Safeguarding Personal and the six principles of safeguarding:

- Empowerment. People are supported and encouraged to make their own decisions and informed consent
- Prevention. It is better to take action before harm occurs
- Proportionality. The least intrusive response appropriate to the risk presented

- Protection. Support and representation for those at greatest need
- Partnership. Local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability. Accountability and transparency in safeguarding practice

5.6. Ensure safeguarding practice is cognisant of the five principles of the Mental Capacity Act 2005:

- Principle 1: Assume a person has capacity unless proved otherwise.
- Principle 2: Do not treat people as incapable of making a decision unless all practicable steps have been tried to help them.
- Principle 3: A person should not be treated as incapable of making a decision because their decision may seem unwise.
- Principle 4: Always do things or take decisions for people without capacity in their best interests.
- Principle 5: Before doing something to someone or making a decision on their behalf, consider whether the outcome could be achieved in a less restrictive way.

5.7. In relation to Community Safety the Executive Board's duties are addressed elsewhere in the constitution, with the exception of the duty to produce a reoffending strategy which is discharged at the Regional Force level (Avon and Somerset Constabulary).

6. Role of the Independent Chair

6.1. The Independent Chair is accountable for developing a mature and committed citywide leadership partnership.

6.2. The Independent Chair will be appointed for 2 years, which can be extended with the agreement of all three statutory partners for up to 2 years.

6.3. Bristol City Council Executive Director for People is responsible for the appointment of the Independent Chair following a selection process involving and agreed by an Executive Board recruitment panel. The recruitment panel must include partner agency representation from Avon and Somerset Constabulary and the BNSSG Clinical Commissioning Group.

6.4. The Independent Chair will have an annual performance review led by the three named statutory members.

6.5. The Independent Chair's contract will be with Bristol City Council (acting on behalf of the Executive Board).

6.6. The Independent Chair can be removed from post on the basis of poor performance or breach of contract by the Bristol City Council Executive Director for People with the agreement of the Executive Board, including Partner agency representation from Avon and Somerset Constabulary and the BNSSG Clinical Commissioning Group.

This will be in line with BCC Policy and Procedure for Performance, Disciplinary matters and Grievances.

6.7. The Independent Chair, supported by the Safeguarding Business Unit will:

- Ensure parity of time and resources across the statutory functions.
- Ensure effective performance assessment is in place.

6.8. The Independent Chair will facilitate the partners in discharging their statutory duties, ensuring accountability, due diligence and governance. In addition, they will:

- Work with multi-disciplinary subject matter experts to inform oversight of the Executive Board functions and delivery
- Demonstrate a commitment to excellence in safeguarding and community safety delivery
- Advise executive leaders on areas of development and make proposals for change when necessary
- Speak with authority on safeguarding and community safety issues including to the media
- Ensure the continued confidence of all members in maintaining the independence of the Executive Board, whilst holding all agencies to account for delivery.

6.9. The Independent Chair will be responsible for:

- Overseeing the development of strategic plans and supporting annual business plans in particular by consulting with the Children's Shadow Board, adult participation and engagement groups, Healthwatch and relevant agencies.
- Ensuring the delivery of an annual strategic assessment by the community safety partnership
- Attending relevant scrutiny meetings of Bristol City Council (Adults, Children and Education Scrutiny Commission and the Community Scrutiny Commission) to report on the work of the Executive Board, including the presentation of the annual report
- Ensuring the Keeping Bristol Safe Partnership fulfils its duty for CSPs and Police and Crime Commissioner (PCC) to cooperate with each other as set out in The Police Reform and Social Responsibility Act 2011. This will include sending the annual community safety plan and strategy to the PCC, sharing priorities where mutually agreed, attending PCC meetings as required and responding to PCC requests for reports on specific issues

6.10. The Executive Board and Independent Chair activities and performance with regards to Action Plan outcomes will be also be held to account by the Accountability Oversight Group, who will be the lead Councillors for Adults, Children and Community Safety from Bristol City Council, the Police and Crime Commissioner and representative of the Executive Board from NHS BNSSG CCG. This group will meet three times a year to review and oversee the work of Keeping Bristol Safe Partnership.

6.11. The Bristol City Council Executive Director of People will, on behalf of the Executive Board, report to the relevant scrutiny commissions of BCC, namely People and Communities, on an annual basis to enable the commissions to review the work of the Executive Board and delivery against the Executive Board's strategic priorities.

7. Annual Report

7.1. The Independent Chair on behalf of the Executive Board will publish an annual report which will report on progress against priorities, barriers to progress and any learning from statutory reviews and related action plans commissioned in the reporting year and will be submitted to:

- Mayor Bristol City Council
- The Police and Crime Commissioner for Avon & Somerset
- Chief Constable Avon and Somerset Constabulary
- Chief Executive BNSSG Clinical Commissioning Group
- Bristol Health and Wellbeing Board Chairs
- Healthwatch Bristol
- Bristol City Council Scrutiny Commissions

7.2. The annual report will also be submitted, within 7 days of publication, to the child safeguarding practice review panel and the What Works Centre of Children's Social Care.

7.3. The Strategic Plan and Annual Report will be made widely available and published on the Keeping Bristol Safe Partnership website.

8. Decision making and commissioning for Statutory Reviews

8.1. The Executive Board is responsible for commissioning and responding to the findings of the three types of statutory reviews:

- Child Safeguarding Practice Reviews
- Safeguarding Adult Reviews
- Domestic Homicide Reviews

8.2. Child Safeguarding Practice Reviews (CSPR) (Children and Social Work Act 2017 & Working Together 2018). Working Together 2018 states that:

8.2.1. Safeguarding partners must make arrangements to:

- Identify serious child safeguarding cases which raise issues of importance in relation to the area, and
- Commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken.

8.2.2. A CSPR should be considered for serious child safeguarding cases where:

- abuse or neglect of a child is known or suspected
- and a child has died or been seriously harmed.

This may include cases where a child has caused serious harm to someone else. Serious harm includes, but is not limited to serious and/or long-term impairment of a child's mental or physical health or intellectual, emotional, social or behavioural development

8.3. Safeguarding Adults Reviews (SAR) (Care Act 2014 and Care Act 2014 Statutory Guidance). The Care and Support Statutory Guidance states that:

- A safeguarding adult's board (SAB) must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult
- SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support

8.4. Domestic Homicide Reviews (Domestic Violence, Crime and Victims Act 2004). The Home Office Statutory Guidance for the Conduct of Domestic Homicide Reviews (DHR) defines a DHR to mean:

- A review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by;
 - a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
 - b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.

NB: Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship; a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted.

8.5. The principles of each of these review processes are similar.

- Members of the safeguarding partners or wider relevant agencies will notify the Safeguarding Business Unit of any serious incident they assess meets or may meet the criteria for review
- A Statutory Review Group chaired by a representative of one of the Partners will be convened with membership of safeguarding or community safety senior operational professionals
- It is the Review Group's responsibility to review the information provided in the referral, supported where appropriate by other agencies' information. They will make a recommendation to the Executive Board as to whether, in their

- professional opinion, the criteria for a statutory review is met and set out the reasons for this recommendation, including any professional difference of views
- The lead representatives or their delegates in relation to CSPR or SAR, or the Independent Chair in relation to DHRs, will make the final decision as to whether to commission a review
 - The decision should be communicated to the Safeguarding Business Unit in writing within 5 working days of receiving the recommendation. The three lead representatives must have a named deputy who can make this decision in their absence
- 8.6.** The decision-making and timeliness in relation to CSPR and SAR will be subject to scrutiny by the Independent Chair.
- 8.7.** In the case of a decision to commission or accept the finding of a DHR, the three lead representatives or their delegates will have 5 working days from the Independent Chair's decision to make representations before the decision is finalised.
- 8.8.** Any statutory review will be commissioned, through the Bristol Statutory Review process.
- 8.9.** The Statutory Review Group will have oversight of:
- 8.9.1. The review process
 - 8.9.2. The quality and timeliness of reviews being delivered and managed by convened statutory review panels, and
 - 8.9.3. Delivery against the review's action plans by the Executive and the Business Delivery and Performance Groups.
- 8.10.** It is the responsibility of the Safeguarding Business Unit Manager or Statutory Review Group Chair(s) to escalate to the Executive Board any issues with agencies not engaging with the statutory review process. It will be for the Executive Board to determine whether to seek to use its legal powers to compel engagement.
- 8.11.** Presentation of final reports will be to the Executive Board for agreement. All named agencies and other interested parties must have the opportunity to see and comment on the report and its findings prior to it being presented to the Executive Board. In relation to DHRs the Independent Chair will make the final decision to accept the report, in consultation with the Executive Board.
- 8.12.** Given the need for urgency, the decision for submission of reports to the National Panel for Rapid Reviews for CSPRs will be made outside of the meeting process by the majority decision of the representatives of the three statutory partners. They must agree this decision in writing with two working days.
- 8.13.** The decision whether to publish a CSPR or SAR will be made by the Executive Board at the time of accepting the report.

8.14. The decision for submission of a DHR to the Home Office Quality Assurance Panel and approval of publication locally once approved by the Panel will be made by the Executive Board.

8.15. All published reports will be placed on the KBSP website.

9. Resources

9.1. The Executive Board will ensure that an adequate and reliable pooled budget and other resources are available to deliver and scrutinise the strategic plan for the KBSP arrangements.

9.2. The partner organisations share responsibility for determining the level of contributions required from each agency and the use of those resources. The Executive Board will review contributions required from relevant statutory board partners every three years to ensure that financial responsibilities are shared equitably. Any changes to agency contributions are to be agreed no later than October each financial year.

9.3. The budget will be administered by Bristol City Council, on behalf of the partners.

9.4. The pooled budget will be sufficient to:

- drive forward the day to day business of the Executive Board including the monitoring and evaluation of its work
- ensure collaboration across the partners is delivered both operationally and tactically
- take forward staff training and development
- provide administrative and organisation support for the Executive Board and its sub-groups, and those involved in policy and training
- contribute to any agreed regional supporting arrangements
- employ an Independent Chair
- commissioned and respond to the findings of statutory reviews

9.5. Specifically the budget should be sufficient to fund the Safeguarding Business Unit to undertake the work required to coordinate and deliver the work of the Executive Board.

9.6. Bristol City Council Legal Services will provide legal advice and Bristol City Council Communications Team will provide communications advice to the Executive Board unless to do so would constitute a conflict of interest.

NB. Legal advice will be free of charge for core board work as set out in the written agreement (Appendix 1). By exception, any advice or representation needed beyond this will be funded by the Executive Board.

9.7. In the case of conflict of interest, either another member agency will provide legal or communications advice or independent legal or communications advice will be commissioned. The decision to commission independent legal or communications advice will be made by the majority decisions of the representatives of the three named partners on the Executive Board.

10. Business Planning

- 10.1.** The Executive Board will arrange the production of a Strategic Plan supported by a Business Plan each year. The Plan will set out the Executive Board's strategic priorities and a work programme for the forthcoming year, and will include measurable objectives and progress. There will be a regular half-yearly progress report to review the Business Plan. The production and review of the Plan will be led by the Executive Board who will meet eight times per year to drive forward the business. The Strategic Plan will be made available to each member agency, relevant inspectorates, the Regional Office of the NHS England and the wider community.
- 10.2.** In establishing the strategic plan the Executive Board will make reference to key information including Joint Strategic Needs Assessment data and the Police and Crime Commissioner strategic assessment, and feed into regional plans such as the South West Reducing Reoffending plan.
- 10.3.** Bristol City Council Public Health will produce the annual strategic risk assessment on behalf of the KBSP and make recommendations on priorities to the Executive Board for approval.

11. Business Delivery and Performance Groups

- 11.1.** The Executive Board will constitute three Business Delivery and Performance Groups, leading on delivery of the plan:
- Keeping Adults Safe
 - Keeping Children Safe
 - Keeping Communities Safe
- 11.2.** There will be also be Statutory Review Groups
- 11.3.** Partners will identify suitably qualified, skilled and committed staff to actively contribute to the Business Delivery and Performance Groups in order to deliver the agreed plan.
- 11.4.** Pace and traction in the priorities of the Executive Board will be also be supported by the use of task and finish groups, who are commissioned to find solutions to systemic problems, including domestic abuse, contextual safeguarding, drug and alcohol treatment.
- 11.5.** Partnership arrangements will engage with any regional sub groups, as agreed by statutory partners, where additional value is added to the work of the Bristol partners by working together on a wider footprint.

12. Public Participation and Engagement

- 12.1.** The Executive Board has a duty under the Care Act 2014 to consult with Healthwatch and the local community on the development and content of its strategic plan.
- 12.2.** The Executive Board also has a duty under the Crime and Disorder Act 1998 to regularly engage and consult with the community about their priorities and progress achieving them.
- 12.3.** The Executive Board will ensure that it puts arrangements in place to consult with and respond to the voice of children and families.
- 12.4.** This will be achieved through Children’s Shadow Board, adult consultation and engagement groups, those who have had to seek the support of the adult safeguarding system, victims of crime and disorder in particular victims of criminal exploitation, sexual violence and domestic abuse, and by engaging with substance misuse services.

13. Information sharing and Information Governance

- 13.1.** The Safeguarding Business Unit is hosted by Bristol City Council, who is the data controller for the Executive Board and sub structures. Agencies remain data controllers for their own data, and do not enter into joint data ownership unless specifically stated.
- 13.2.** Information sharing is undertaken within the relevant statutory framework a summary of which is set out below:
- The General Data Protection Regulation (GDPR) supplement by; Data Protection Act 2018
 - The Freedom of Information Act 2000
 - Human Rights Act 1998 (Article 8)
- 13.3.** The position has been established previously that Safeguarding Boards are not subject to the Freedom of Information Act 2000 (FOIA). Given that the membership of the Partnership is the same as it was for the Boards, this position will have remained the same. Of course many of the members of the Partnership will be subject to FOIA and would need to deal with any requests that they received regarding information relating to the Partnership that they held in accordance with the legislation and their own internal legal advice.

14. Dispute Resolution

- 14.1.** Working collaboratively to safeguard, promote welfare and increase safety in our communities is at the heart of our arrangements. Through effective leadership, openness, transparency and effective professional challenge, there is a commitment to resolving any disputes locally between the core partners, relevant agencies and wider partnership members in a timely fashion.
- 14.2.** If there is a professional dispute between Executive Board members this will be resolved in the first instance through mediation between the Executive Board

members facilitated by the Independent Chair, if resolution is not possible the matter will be referred to the lead representatives for final decision.

15. Liability

15.1. Notwithstanding any other provision of this constitution, but subject to any separate written agreement between the executive members, each executive member accepts that the Executive Board is not an incorporated organisation and so individual member organisations will be liable in respect of any successful action brought against the Executive Board (or its constituent members) in relation to a decision made by the Executive Board.

16. Review of the Constitution

16.1. This constitution will be reviewed annually and referred to Statutory Partner Organisations for review and approval.

Appendices

Appendix 1

Agreement for legal advice to the board:

Legal Advice that will be provided without charge:

- Legal Services will attend Executive Board meetings if requested to do so and/or there is a specific item on the agenda that requires legal advice
- Legal advice will be sent in writing in advance if needed to statutory review group meetings and Lawyers will attend for complex matters or if they are specifically requested to do so. This would be for example, where reviews are in the early stages of planning, or where draft reports are being presented
- The Head of Legal Services will attend Executive Board meetings where reports are being presented and input in to publication planning meetings
- Legal Services will give advice in respect of policies and procedures that are being developed/amended by the Executive Board.
- Legal Services will meet regularly with the Business Manager to cover any issues arising, including statutory review progress.

Legal advice that that is outside of the core work for the Executive Board:

- Counsels advice - to be agreed and funded by Statutory Partners
- Preparation for and attendance at Court, including Coroners Court

Appendix 2

Child Death Overview Process:

Two partners are responsible for the Child Death Review process – the Local Authority and the NHS BNSSG CCG. Additionally, the Police work in partnership with the responsible partners in this process.

The Child Death Overview Panel (CDOP) remains a function of the children's multi agency safeguarding arrangements in *Working Together to Safeguard Children 2018*. The CDOP reviews all child deaths of children normally resident in the area it serves. The joint panel for Bristol and surrounding local authority areas will continue, as it is compliant with the 2018 guidance, to enable learning from a larger cohort than could be achieved as a single authority area.

The Bristol CDOP Processes are set out in the published CDOP arrangements.

The CDOP is accountable to the Department of Health and NHS England.

https://www.safeguarding-bathnes.org.uk/sites/default/files/woe_cdop_publication_document_bnssg_arrangements_final_270619.pdf

Keeping Bristol Safe Partnership

Complaint Procedure for Statutory Reviews

This procedure relates to Safeguarding Adult Reviews (SAR), Child Safeguarding Practice Reviews (CSPR), and Domestic Homicide Reviews (DHR), as described in the Constitution and Terms of Reference 2019 Section 9.

It does not cover complaints about section 42 Care Act safeguarding enquiries, which will be dealt with under the Statutory Adult Social Care complaint process.

Complaint

It has been agreed that the Local Authority will administer complaints about the process or actions of the Executive Board.

A complaint can be made about issues applicable to the Executive Board such as:

- The conduct of the Independent Chair appointed by the Local Authority on behalf of the Executive Board;
- Failure to follow due constitutional process in decision making;
- Failure to disclose a conflict of interest in the Executive Board or Statutory Review Group and to take due steps to manage this;
- Failure to discharge statutory functions in line with the legislation.

Or a complaint can be made about specific issues about Statutory Reviews, such as:

- Whether local guidance has been followed in making a decision about whether to undertake a statutory review or not;
- Whether policies and procedures have been followed;
- The length of time taken by the Executive Board to conclude a review;
- Communication with the individual or their representative;
- Failure to appropriately involve an adult with care and support needs or their representative;
- Failure to appoint an advocate.

This list is not exhaustive, and complaints will be considered on a case by case basis.

Decisions on the outcomes of statutory reviews are not considered under this process.

A complaint concerning a statutory review will be accepted from:

- The subject of the review;
- Any individual named in the review;
- An individual, acting on the behalf of an individual who can complain, where consent has been given;
- An individual; acting on behalf of an individual who can complain but lacks capacity to provide consent, where it is considered in their best interests to accept the complaint;
- An individual acting on behalf of a deceased individual where they have sufficient interest to raise the complaint;
- An organisation that is not a statutory member of the Board but is a named party within a review.

Process

Where an individual wishes to make a complaint they should visit the Keeping Bristol Safe Partnership website: <https://bristolsafeguarding.org/> and follow the complaints process.

The complaint will be received by the Joint Safeguarding Business Unit who will notify the Customer Relations Team.

The Joint Safeguarding Business Unit will acknowledge the complaint within 3 working days (See Template Complaint Response, Appendix 1) and allocate to the Keeping Bristol Safe Partnership Business Manager (Respondent).

Copies of the complaint will be shared by the respondent with the Independent Chair and the named Safeguarding Lead for the Police, CCG and the Local Authority (See Constitution and Terms of Reference 2019 Section 2) who will be responsible for identifying a respondent in the event that the Business Manager is unavailable.

If the Business Manager is the subject of the complaint, it will be allocated to the relevant manager within Bristol City Council, who will become the respondent.

The respondent will contact the complainant either by telephone or in writing within 5 working days to discuss the detail of the complaint.

The respondent should determine:

- The complaint to be investigated;
- Complainant's desired outcomes;
- The methodology of dealing with the complaint (e.g. key persons to be interviewed, relevant paper work, policies and legislation);
- When complainant should expect to receive a written response.

Following the fact finding telephone call or meeting, the respondent will write to the complainant within 2 working days setting out the action plan they have agreed.

Within 15 working days of the complaint being received, the respondent will send a written response to the complainant (See Appendix B: Template Complaint Response) to include:

- Explanation of how complaint was investigated;
- Conclusions reached;
- whether the complaint is upheld or not
- Actions to be taken as a result of complaint;
- Information about escalation.

The time can be extended depending on the complexity of the complaint.

The Respondent will have access to information relevant to the complaint held by the Executive Board, and by members of the Statutory Review Group who contributed to a

decision or action which is the subject of complaint. The respondent will consult the Independent Chair to inform of the response, unless they are the subject of the complaint when it will be escalated to the named Safeguarding Lead for the Police, CCG and the Local Authority.

The report will be shared with the Executive Board Independent Chair.

Where there is confidential or sensitive information involved, a decision will need to be made as to how much information can be shared with the complainant.

The complainant will be kept informed of the progress of the complaint.

Copies of response letters will be sent to the Customer Relations Team for reporting and monitoring purposes.

If the complainant is dissatisfied with the outcome of the complaint, they can contact the Business Manager within 15 days. The Business Manager will request one of the named Safeguarding Leads (the Police, CCG and the Local Authority) to allocate a manager to review the decision.

Alternatively, the complaint may be able to pursue their complaint with the Local Government and Social Care Ombudsman (LGSCO).

The LGSCO's key test for whether they can investigate the complaint is whether the remedy can be achieved by the Local Authority, rather than some other body participating in the work of the Board.

Appendix 1

Complaint Acknowledgement

Confidential

**Reply to
Telephone
E-mail
Our ref
Your ref
Date**

Dear

Thank you for telling us your concerns about xx.

Your complaint has been given to xx. They will contact you to discuss the issues you have raised. You may be able to discuss the matter by telephone, or a meeting may be arranged.

Xx will want to agree with you:

- the issues that you are concerned about;
- how you see the problem being resolved;
- how the complaint will be looked into;
- how you will be told about the outcome;
- the date you should know the outcome.

Sometimes, it may not be possible to let you know the outcome by the agreed date because, for example, a key person has not been available to speak to. If this happens, xx will get in touch with you to agree a new date when you should know the outcome.

I hope it will be possible to resolve your concerns as soon as possible.

Yours sincerely

Complaint Response Template:

Confidential

**Reply to
Telephone
E-mail
Our ref
Your ref
Date**

Dear

Re: Your complaint about xx

Thank you for meeting with me on *date* to discuss your complaint.

or

Thank you for your letter of *date* telling us about your complaint.

To confirm, your complaints are as follows:

- 1. Complaint one:**
 - 2. Complaint two:**
- And so on

In our meeting *or* in your letter you said that you are looking for the following to happen to resolve your complaint (your desired outcomes):

- List desired outcomes here

I've looked into your complaints and have responded to each one below:

1. Complaint one

*You need to say whether you consider the complaint or any part of it to be upheld or not or whether you have been unable to reach a conclusion. You need to **provide evidence** to show how you have reached your conclusion, e.g. from staff and witnesses interviewed, records, policies, procedures, regulations, etc. If you have partially upheld a complaint, state clearly which parts are upheld and which parts are not.*

2. Complaint two, etc.

In terms of your desired outcomes,

This is the place where you address each of the desired outcomes in turn, explaining clearly whether or not you will be taking any action, and why. For upheld complaints, you will need

to consider whether the desired outcome can be met or whether an alternative or additional action is required to remedy any injustice caused. Possible remedies could include:

- *an apology;*
- *practical action specific to the particular complainant;*
- *a review of practice;*
- *a financial remedy;*
- *an assurance that the Board will monitor the effectiveness of its remedy.*

If you consider that the complaint is not upheld, this is where you sensitively say that it is with regret that you are unable to agree to whatever they're asking for, giving reasons.

I hope that this response has fully explained how your complaint has been dealt with. If you have any further queries please contact me again.

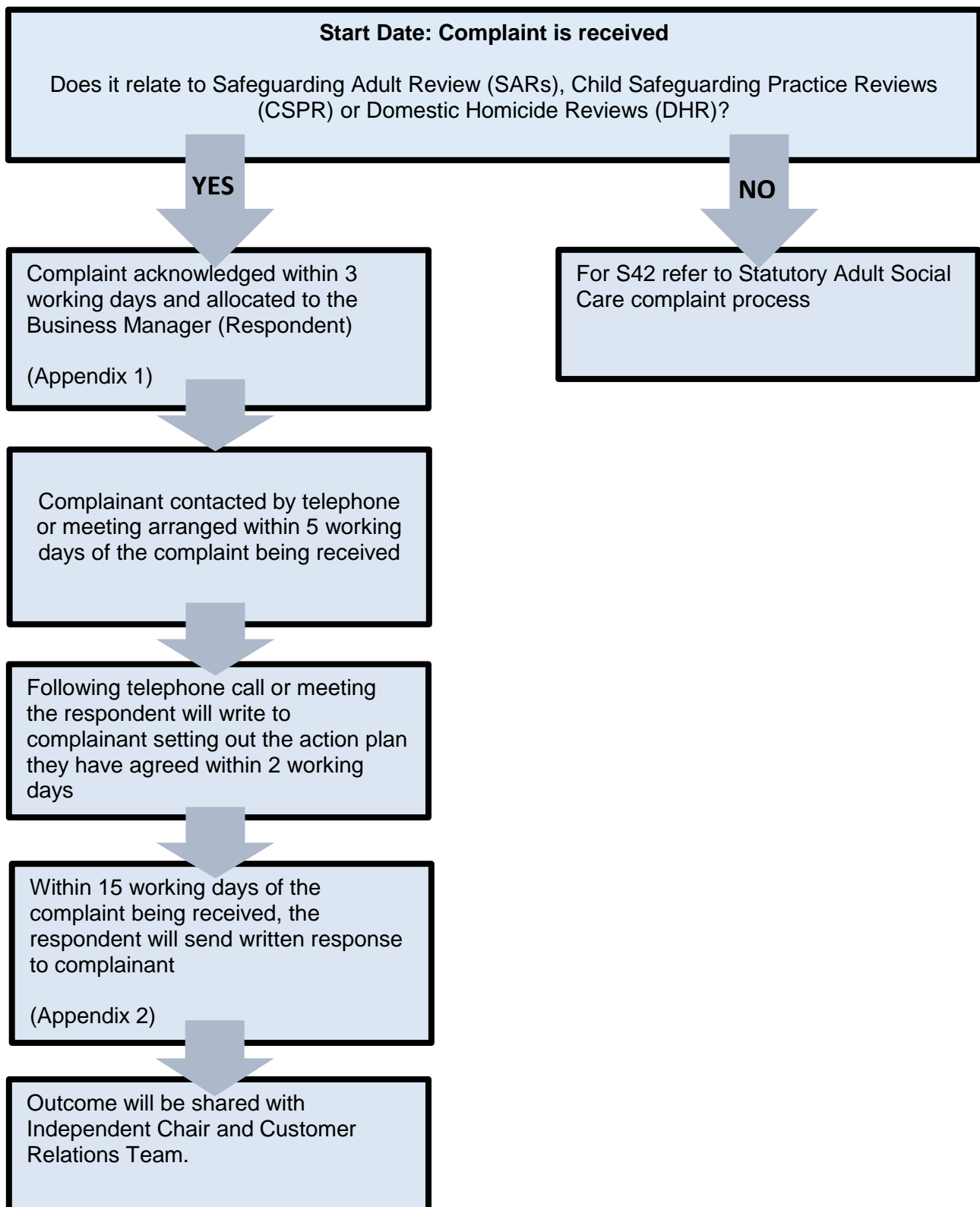
In respect of SARs, if you are unhappy with the outcome of your complaint, you may wish to contact the Local Government and Social Care Ombudsman:

Telephone: **0300 061 0614**

www.lgo.org.uk

Yours sincerely

Appendix 3



Appendix 4

Code of Conduct

Keeping Bristol Safe Partnership (KBSP)

Code of Conduct Executive Board Member

Name _____

Organisation _____

Job Title _____

Duty of confidentiality

- I understand that confidential information relevant to the work of the Executive Board is subject to the common law Duty of Confidence, General Data Protection Regulations 2016, the Data Protection Act 1998 the Human Rights Act 1998 and of the Caldicott principles.
- I undertake to ensure that confidential information is obtained and processed fairly and lawfully; is only disclosed in appropriate circumstances; is accurate, relevant, is not held longer than necessary; and is kept securely.

As a member of the Executive Board, I undertake that

- I will declaring in writing to the Chair of the Executive Board any financial interest - whether direct or indirect in any existing or proposed matter being considered by the Executive Board;
- I will declare in writing to the Chair of the Executive Board any interest or association with any Executive Board activity, which could cause a potential conflict of interest.
- I will carry out a strategic role in relation to safeguarding and promoting the independence, wellbeing and safety of children and adults at risk and communities;

- I have the authority to speak on behalf of my organisation to represent its views and various duties;
- I am authorised to account to my organisation on all matters relating to safeguarding children and adults at risk and communities and to recommend ways to implement necessary changes within my organisation;
- I am able to commit my organisation to deploy resources to support safeguarding work by the allocation of financial or human resources to directly support the achievement of the KBSP's agreed objectives; I will ensure that the safety and wellbeing of children and adults at risk and communities is promoted within services provided by my organisation;
- I will develop my knowledge and understanding of safeguarding in order to keep up to date and to share this expertise within the Executive Board and my own organisation.

I undertake to contribute to the effective functioning of the KBSP by:

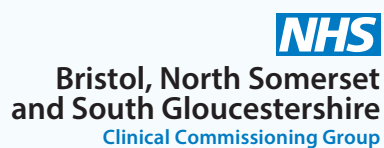
- Attending all meetings and if unable to attend I will send written response to agenda items in advance, as appropriate
- Ensuring that staff and volunteers within my organisation are kept fully informed of the KBSP's work;
- Representing the interests of children, adults at risk and communities on other committees that I am a member of;
- Contributing to the work of the sub-groups by identifying and mandating appropriate delegates from my own organisation and ensuring that they keep me informed as appropriate;

Signature: _____

Date: [Click here to enter a date.](#)

KEEPING BRISTOL SAFE PARTNERSHIP

Local Arrangements
2019/20



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- 1 Relevant Agencies

1. Introduction

This document sets out the new multi-agency safeguarding arrangements in Bristol, known locally as Keeping Bristol Safe Partnership (KBSP).

The KBSP partnership has responsibility (and will be constituted) to deliver statutory duties to safeguard and promote the wellbeing of children as required by Working Together to Safeguard Children 2018¹; to help and protect adults at risk of neglect and/or abuse by delivering the functions of a Safeguarding Adults Board (SAB) as required by The Care Act 2014²; and to protect our local communities from crime and to help people feel safe by delivering the functions of a Community Safety Partnership Board (CSP) in accordance with the Crime and Disorder Act 1998³.

In responding to change, the safeguarding partners along with local agencies and organisations are committed to the transformational journey to improve local safeguarding arrangements and outcomes for children, adults and communities.

Under the KBSP arrangements, agencies will work together in a system where:

- ▶ the views and experiences of children, young people, families and adults are at the centre of all we do
- ▶ excellent practice is the norm
- ▶ partner agencies hold one another to account effectively

- ▶ 'new' safeguarding issues are identified early
- ▶ learning is promoted and embedded
- ▶ information is shared effectively
- ▶ the public feel confident that Bristol citizens are protected from harm

The launch of this multi-agency integrated safeguarding and community safety partnership reflects Bristol's ambition to work collaboratively across local agencies and organisations to develop an equitable and robust partnership. The arrangements set out an innovative new way of working across the safeguarding system ensuring that contextual, place-based responses are modelled and facilitated by the strategic senior leadership. The KBSP is a key driver of change as it brings partners together at a strategic and operational level, ensuring a proactive and responsive approach to the needs of children, adults and communities and drives opportunities to shape and influence policy development leading to improved practice and outcomes.

With specific regard to promoting the safeguarding and welfare of children these arrangements were published on 29th June 2019 and will be implemented by 29th September 2019 as required by Working Together 2018.

The arrangements will be refreshed and republished by January 2020. We will refine and shape the arrangements for adults and communities and taking account of our learning from bringing these functions together and supporting us to embed the partnership.



Jacqui Jensen
Executive Director
Bristol City Council



Andy Marsh
Chief Constable
Avon and Somerset Police



Julia Ross
Chief Executive
Bristol, North Somerset,
South Gloucestershire Clinical
Commissioning Group

¹ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

² <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

³ <https://www.legislation.gov.uk/ukpga/1998/37/contents>

2. Background

In 2016 the Government, in response to the Wood Review (2015), proposed a stronger more flexible statutory framework to support local partners to work together more effectively to protect and safeguard children and young people, embedding improved multi-agency behaviours and practice which are set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018.

This legislation ends the local authority's duty to have a Local Safeguarding Children Board and instead requires three statutory partners (Local Authority, Police and Clinical Commissioning Group) to have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of children in a local area. Partners in Bristol took the opportunity to review and restructure the strategic arrangements across the safeguarding system.

We recognise the changing landscape of safeguarding and noted considerable and growing overlaps in the issues of concern to the LSCB, SAB and CSP and the shortfalls that can result from silo working that these groups may inadvertently create. The partnership identified an increase in connectivity between the groups for example, sexual exploitation, hate crime, modern slavery, serious violence and gang crime, criminal exploitation and mate crime that affects children, adults, families and communities.

We recognise that children live in families; families and

adults live in communities. We will take a person centred, place based approach to safeguarding, one that is not bound by notional or unhelpful divides such as that between vulnerable children and vulnerable adults.

It is our intention that the new partnership arrangements will enable and support innovative solutions to high risk complex situations, for example extra-familial and complex safeguarding (the risk in the environment rather than the traditional risk in the home) and will facilitate a whole system approach.

The proposed structure supports the strategic aims of the Bristol's One City Plan (2019)⁴ which has the ambition that no one is left behind and everyone can achieve their potential; that we learn from the past and take action to unlock the future; that diversity is recognised as an asset; and that we work in partnership with each other to achieve shared ambitions.

These arrangements are set to enable strength based, aspirational and optimistic approaches for children, adults and communities. The partnership is focussed on enabling and empowering children, young people and adults to be more resilient and safeguarded within their families, peer groups, schools and communities and to find resolutions for themselves, for example in recognising that by taking a life course approach, reducing Adverse Childhood Experiences will improve individual's aspirations and achievements in adulthood.

⁴<https://www.bristolonecity.com/one-city-plan>

3. Priorities

The outgoing Boards have developed strategic and business plans based on consultation with the public. It is the commitment of the KBSP that the delivery of improvements is not impaired by the transition to new arrangements. Therefore the KBSP commits to continuing to deliver against the following integrated priorities over the next 9 months whilst the 2020-2023 KBSP Strategic Plan is consulted on and developed. Further detailed business activity such as delivering action plans from statutory reviews has transferred to the new arrangements as agreed by the outgoing Boards.

Priority One

Develop a whole-life course strategic approach to Serious Violence and Domestic Abuse

Priority Two

Implement a contextual safeguarding approach to extra-familial abuse and risk for children and young adults

Priority Three

Improve the participation of children, young adults and adults in safeguarding processes through Making Safeguarding Personal and developing participatory systems

Priority Four

Ensure the focus on frail elderly vulnerabilities is maintained in the new arrangements

4. Local Safeguarding Arrangements and Partners in Bristol

The arrangements meet each of the individual statutory requirements in respect of representation and leadership. Further detail about how this will be achieved is set out in the document and the constitution of the partnership.

The three named statutory partners defined under the Children Act 2004 (as amended by the Children and Social Work Act 2017) are the Local Authority, a clinical commissioning group for an area any part of which falls within the local authority area and the chief officer of police for an area any part of which falls within the local authority area.

Working Together 2018 identifies the lead representatives from each of the safeguarding partners as the local authority chief executive, the accountable officer of a clinical commissioning group, and a chief officer of police, and also reflects the need for identification of local relevant agencies.

The Care Act 2014 (statutory guidance) requires a Local Authority to establish a Safeguarding Adult Board and identifies that the following organisations must be represented, the local authority which set it up, the CCGs in the local authority's area, the chief officer of police in the local authority's area.

The Crime and Disorder Act 1998 established community safety partnerships and this Act together with more recent changes identify "responsible authorities" Police, Local Authority, Fire and Rescue Service, National Probation Service, Community Rehabilitation Companies and Health (CCG).

For Bristol, the lead representatives of the KBSP are:

Executive Director – People Directorate	Bristol City Council
Chief Executive Officer	Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (BNSSG)
Chief Constable	Avon and Somerset Police

As set out in Working Together 2018 and the Care Act 2014 (statutory guidance), the lead representatives are able to delegate their functions although they retain accountability for any actions or decisions taken on behalf of their agency. In Bristol, the lead representatives have identified the following senior officers in their respective agencies who have responsibility and authority for ensuring full participation with these arrangements⁵.

The senior officers have delegated authority to speak on behalf of the safeguarding partner they represent, make decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters, and will hold their own organisation or agency to account on how effectively they participate in and implement the local arrangements.

Executive Director – People Directorate	People Directorate Bristol City Council
Director of Nursing and Quality	Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (BNSSG)
Superintendent - Neighbourhood and Partnerships	Avon and Somerset Police

In addition to the three named partners the KSPB will have representation at its Executive from the following partners:

- 】 Office of Police and Crime Commissioner
- 】 Avon Fire and Rescue
- 】 National Probation Service
- 】 VCSE Sector (through VOSCUR, the local VCSE support and development agency)
- 】 Education Sector (through a nominated Head Teacher)
- 】 Children and Families Services (DCS)
- 】 Adult Services (DAS)

⁵ In the absence of the Chief Executive role in Bristol City Council the lead representative has been designated to the Executive Director - People Directorate.

4.1 Geographical Boundary

These arrangements cover the local authority, Bristol City Council.

Some named statutory partners are also responsible for working collaboratively with neighbouring local authorities and across a wider geographical footprint. The KBSP is committed to participating in regional working where it is appropriate to do so and will do this through groups such as the Avon and Somerset Strategic Safeguarding Partnership (ASSSP)⁶, ADASS Regional Adult Safeguarding Group and Channel Regional Chairs network, Avon and Somerset Reducing Reoffending Board, Avon and Somerset Local Criminal Justice Board.

4.2 Relevant Agencies

The strength of local partnership working is predicated on safeguarding partners working collaboratively together with relevant agencies whose involvement is required to safeguard and promote the welfare of children, families and adults. KBSP recognises the importance of maintaining the existing, strong partnerships in Bristol. As referenced in Appendix 1 and in line with statutory guidance, the KBSP will retain the option to request representatives from other agencies and/or organisations as the partnership develops and/or the need arises from a particular area of partnership work. Where a relevant agency has a national remit, such as CAF/CASS and British Transport Police, the safeguarding partners will collaborate and take account of the agency's individual responsibilities and potential contributions towards a number of local safeguarding arrangements.

Every year the KBSP will hold a whole partnership consultation and development event. This will enable all partners to remain connected, engaged and able to influence the work of the KBSP. Furthermore new Task and Finish Groups and project work will be circulated to the partnership to enable them to commit resources and time to projects which are appropriate to them.

4.3 Early Years settings, schools, and other educational establishments

Early years providers play an important role in safeguarding and promoting the welfare of children as defined by their duties under Section 40 of the Childcare Act 2006. There are robust arrangements in place at a strategic and operational level to engage with early years providers to ensure they are fulfilling their safeguarding responsibilities. This includes the support commissioned by Bristol City Council through BAND (Bristol Association for Neighbourhood Daycare) for supporting and developing childcare provision in Bristol. The KBSP will maintain close links with BAND through collaborative training, LADO work and Bristol City Council's contract management.

The KBSP recognises the crucial role schools, colleges and other education providers play in safeguarding and promoting the welfare of children and young people as detailed in the statutory guidance Keeping Children Safe in Education 2018. There are established, collaborative relationships with education providers in the city and established forums to build engagement in the new arrangements. The Education Reference Group, involving representatives from across the sector, brings an important perspective to the work of the KBSP and the chair of this group will work closely with the KBSP Executive to ensure clear communication and dialogue across the education sector to safeguard children. This work is further supported by the annual audits conducted as part of fulfilling our duties under Section 175 of the 2002 Education Act, coordinated and supported by the Bristol City Council Safeguarding Education Team.

In addition the expert perspective of the education sector is brought directly into the decision-making executive of the KBSP through the sector representative role. This role will be fulfilled by a Bristol Head Teacher who will be able to identify opportunities for working collaboratively with the education sector at the KBSP and shape the strategic plans and decisions appropriately for that work.

⁶ Partnership of five Director of Children Services (DCS), three Director of Nursing and Avon and Somerset force leadership for Safeguarding

4.4 Residential Homes and Care Providers

All residential homes for children and adults within Bristol, including those provided by Bristol City Council and private, voluntary and charitable sector organisations are identified by the safeguarding partners as relevant agencies. There are mechanisms in place to engage providers in local arrangements, with the Bristol City Council Placement and Quality Teams providing quarterly performance reports to the KBSP Adults and Children Business Delivery and Performance Groups.

The KBSP is committed to developing and maintaining strong links with NHS England's local Quality Surveillance Group. There is an expectation that the Quality Surveillance Group will inform the KBSP Executive of organisational or systemic quality issues which may impact the safety or safeguarding of children and adults.

Bristol City Council runs regular Provider Forums for Adult Care Providers. A representative from the Provider Forums attend the Adults Business Delivery and Performance Group and relevant Task and Finish Groups which provides the route for escalating concerns from providers about issues of safeguarding and safety, as well as provide a forum for the KBSP to share information and learning.

4.5 Youth Custody

The Youth Offending Team (YOT), which includes supervision of children subject to detention in youth custody has been identified as a relevant agency and as such forms an integral part of the wider partnership arrangements. It has senior representation on the KBSP Executive through the Director of Children and Families Services.

There are no youth custody settings in Bristol however the KBSP are alive to the risks posed to the small number of Bristol children in a custodial settings out of area. The KBSP will work with the YOT Board and where appropriate the Youth Justice Board to ensure the processes to ensure oversight of these children's safety are effective. The KBSP Children's Business Delivery and Performance Group will receive bi-annual reports on the numbers of children in custodial settings; their locations; numbers of reported restraints and numbers of reported incidents to enable oversight and challenge. In addition the KBSP Children's Business Delivery and Performance Group will receive a copy of the Bristol City Council's Independent Reviewing Officer's annual report which will include their oversight of children remanded to Local Authority Accommodation or Youth Detention Accommodation.

4.6 Resourcing

The new arrangements are supported by the Joint Safeguarding Business Unit which consists of a manager, policy and projects officer, project officers, training officer, data analyst and business support administrators. There is also a range of participation and making safeguarding personal activity involving public engagement which is funded by the KBSP. This model is currently funded by income from the pre-existing arrangements with contributions from Local Authority, health partners, the Police and Probation Services.

The Joint Safeguarding Business Unit is hosted by Bristol City Council who provide their line-management, HR, finance and employee support as part of their in-kind contributions to the KBSP. The three partners named in all three statutory functions undertake a minimum of twice yearly 1:1s with the Joint Business Unit's Business Manager to increase shared ownership and oversight of the delivery of the partnership work by the Joint Safeguarding Business Unit.

It has been agreed that the partnership will establish a sustainable funding model which pools funds across all work covered by these arrangements, builds contingency and agrees management of over/under spend. The partner organisations share responsibility for determining the level of contributions required from each agency and the discharge of those resources. The KBSP Executive will review contributions required from named partners to ensure that financial responsibilities are shared equitably; agency contributions are to be agreed no later than October in the preceding year.

Statutory Child Practice Reviews are funded through the pooled budget. Safeguarding Adults Reviews are

funded through additional contributions to the pooled budget equitably (three equal contributions) between the three partners. Domestic Homicide Reviews are funded through the Bristol City Council held budget which shares contributions between Bristol City Council and the Office of the Police and Crime Commissioner. One strategic priority for the KBSP is to develop a single funding model for statutory reviews and work with regional partners to establish a regional procurement framework for statutory reviews.

Legal advice for the partnership is provided by Bristol City Council's legal team to the KBSP as part of Bristol City Council's in-kind contributions to the KBSP. This is separate to any legal advice sought by individual members. In the event that specialist legal advice is required by the partnership or that the Bristol City Council Legal Team is unable to provide the partnership legal advice without there being a conflict of interest, this legal advice will be funded through three equal contributions by the three core partners. When legal advice is required for the Community Safety Partnership function of the KBSP the core partners may request contributions from the other named partners.

Communications advice and coordination of partnership communications is provided by Bristol City Council's communications team to the KBSP as part of Bristol City Council's in-kind contributions to the KBSP. This is separate to any communications advice sought by individual members. In the event that specialist communications advice is required by the partnership above and beyond the in-kind offer, this will be agreed and funded through equal contributions by the core partners.

5. Scrutiny and Assurance

Working Together 2018 states that the role of independent scrutiny is 'critical to provide assurance in judging effectiveness of services'. For these safeguarding arrangements there is a range of ways that scrutiny and assurance will be achieved which are set out below.

5.1 Role of the Independent Chair

The KBSP collectively agreed to appoint an Independent Chair with chairing functions, and with emphasis on the scrutiny and challenge roles. The Independent Chair does not hold the independent scrutiny role which is set out in 5.2.

The key functions of the Chair are:

- ▶ To Chair the KBSP Executive meetings to support the Executive members ambition to enact their statutory responsibilities
- ▶ To enable scrutiny and challenge within the KBSP meetings, through objective agenda setting with the Joint Safeguarding Business Manager and observation and questioning
- ▶ To work with the Business Unit to develop the structure of assurance to scrutinise the effectiveness of safeguarding arrangements
- ▶ To facilitate the development of an environment of robust scrutiny and effective challenge
- ▶ To ensure parity of esteem and resources to children's and adults safeguarding and community safety in the strategic plan and KBSP timetable
- ▶ To represent KBSP at other meetings and events locally, regionally and nationally and to feedback on matters for local consideration and development
- ▶ To speak with authority on safeguarding and community safety including representing KBSP with the media
- ▶ To scrutinise recommendations, decision making and terms of reference with regard to Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews
- ▶ To support the KBSP to provide holistic leadership and parity to the safeguarding of children, adults and communities
- ▶ To provide a significant role on maintaining communication with the KBSP relevant agencies and to inform development day agendas
- ▶ Assist when there is disagreement between the named partners responsible for protecting children, adults and communities

The Chair will also be challenging the effectiveness of the KBSP and statutory agencies by:

- ▶ Assuring that the voices of children, families, adults, victims of crime, survivors of interpersonal violence and domestic abuse to inform the work of the partnership
- ▶ Working with safeguarding and community safety partners to develop a robust performance monitoring framework, which includes contextual narrative against data where required
- ▶ Contribute to the KBSP's annual report on the effectiveness of the safeguarding partnership.
- ▶ Advising the KBSP as to whether the safeguarding partners are fulfilling their statutory duties
- ▶ Reviewing membership of the relevant agencies and making recommendations regarding the relevant agencies
- ▶ Supporting and ensuring leadership by the safeguarding partners on action plans from statutory reviews and the KBSP takes account of relevant learning
- ▶ Ensure appropriate working relationships with key partnerships including the Quality Surveillance Group, Avon and Somerset Strategic Safeguarding Group; YOT Board; Family Justice Board; Serious Organised Crime Joint Action Group (SOCJAG), and Health and Wellbeing Board, Avon and Somerset Reducing Reoffending Board, Avon and Somerset Local Criminal Justice Board
- ▶ Engage with the Local Authority Scrutiny Committees with KBSP members as required

5.2 Partnership Oversight and Scrutiny Arrangements

The KBSP, including the Executive, are independent of any individual organisation, and of any other partnership Board.

An Accountability Oversight Group, formed of Cabinet Members from Bristol City Council, the Police and Crime Commissioner and representative of the Board from NHS BNSSG will meet with members of the KBSP Executive twice yearly (moving to annually following the transition year) to receive a report on the effectiveness of the new safeguarding arrangements.

As the democratic body with statutory duty, Bristol City Council is required to report to its relevant scrutiny commissions and the partnership recognises this as an opportunity for Council Scrutiny to act as a 'critical friend' to ensure decisions taken by the partnership reflect the opinions, wishes and priorities of the people of Bristol.

The partnership will take account of the recommendations of a range of single agency statutory and thematic inspections such as those undertaken by Ofsted, CQC, HMICFRS and HMIP into safeguarding arrangements, and joint inspections such as Joint Targeted Area Inspections (JTAI).

5.3 Independent Scrutiny

Working Together 2018 states 'the role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases' and 'the independent scrutineer should consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership'.

Avon and Somerset Strategic Safeguarding Partnership (ASSSP) have agreed to develop a regional approach on behalf of the five 'places'⁷ in the Avon and Somerset Constabulary footprint. This system will enhance local

delivery of scrutiny and will coordinate the approach, therefore introducing efficiency, opportunities for shared learning, and reduce duplication across the five 'places'. An Independent Scrutiny Coordinator has been appointed by the ASSSP in order to provide the support and facilitation of assurance activity to all place-based areas within the Avon & Somerset geographical footprint. The arrangements will be assessed on how effectively they are working for children, young people, and families, as well as practitioners, and how well the safeguarding partnership is providing strong and effective leadership.

5.4 Scrutiny Assurance Framework

The KBSP is structured so that quality assurance and performance drives the work of the partnership. A robust, mixed methodology approach enables the partnership to hold other agencies and the partnership as a whole to account. The work of keeping people safe in Bristol is done through the day-to-day interaction of the staff of many different agencies, companies and organisations. The KBSP Executive will ensure, through its programme of audits such as Section 11 of the Children Act, quality and market audits of adult services, police coordinated deep dive processes, and learning reviews that the quality of work is continuously improved through shared learning.

The activities overleaf underpin our partnership quality assurance and performance framework:

⁷ Bristol City Council, Bath and North East Somerset, Somerset, North Somerset, South Gloucestershire



The multi-agency quality assurance approach is underpinned by the following principles:

Person Centred: the focus and purpose of all quality assurance will be on the experiences, progress and outcomes of the individual on their journey through our safeguarding systems. Individuals' views and experiences will be central to how we understand the quality and impact of the work we are doing and how we learn and improve.

Strengths-based: our approach to quality assurance will be positive - looking at informing and encouraging improvement and supporting the development of staff and services whilst providing essential systemic information on the health and effectiveness of the system. Quality assurance will be characterised by both high support and high challenge across the service.

Reflective: we believe practitioners and systems improve where there is high quality space for thinking and

reflection, and opportunities for different perspectives. Quality assurance activities delivered through this framework will promote reflective practice and shared learning.

Collaborative: quality assurance will be collaborative. Instead of a top down approach, quality assurance work will be based on working with staff and managers to facilitate a culture of co-owned improvement. Commitment to quality assurance will be modelled and prioritised throughout the partnership.

Appreciative and Enquiring: we provide opportunities to capture, understand and share good practice and the steps taken to achieve good outcomes for individuals in the city. We will be enquiring and curious practitioners.

Accountable: as individual practitioners, leaders and organisations across the system we are accountable for our own work and for prioritising and engaging openly and transparently with quality assurance activity. We take responsibility for contributing to system improvement and driving outcomes for people as a result of learning from quality assurance activity.

5.5 Participation and Engagement

Voice, engagement activity, co-production and working collaboratively with children, families, adults, victims of crime, survivors of interpersonal violence and domestic abuse is a key priority for the KBSP and we are ambitious to build on the strong foundations of voice and engagement activity already undertaken.

We have an embedded Children's Shadow Board who inform the work of the KBSP by being a place where adults can ensure that children and young people are at the heart of designing services and a forum, where the KBSP hears children and young people's safeguarding issues and concerns. They run a bi-annual citywide school survey to hear from a wide-range of children on what their priorities and concerns are. The Shadow Board also hold scrutiny events where they request the attendance of KBSP partners to come and provide evidence of progress against areas of concern. Recent examples from 2019 have been in respect of waiting times for CAMHS

services and improvements following the social care ILACs full inspection.

In the SAB there is a history of effective consultation with adults at risk and carers on issues such as strategic planning and policy creation, and in lay member roles through the Older Adults Forum. The KBSP intends to expand this work to increase opportunities for adults in the city to challenge, engage with and contribute to safeguarding work.

Remodelling of the community safety participation activity will also take place.

We will continue to ask our relevant agencies and other partners how they ensure they have captured the voices of children, young people and families, adults and communities and how it influences their work as well as identifying other innovative ways to gather this feedback through the partnership.

Where possible, we will involve participation groups in learning reviews and events.

5.6 Policy and Procedure

To enable effective peer quality assurance activity there is a need for a consistent view of what 'good' looks like. The KBSP has active representation on the regional procedures groups for adults (ADASS Policy Group) and Children (South West Child Protection Procedures), which both cover twelve local authority areas in the wider South West.

6. Business Delivery and KBSP Structure

6.1 Business Planning and Delivery Groups

The KBSP Executive will lead the production of a strategic plan supported by three multi-agency Business Delivery and Performance Groups (BDPG). The KBSP Executive will provide high support / high challenge to the BDPG's and through this will drive outcomes, quality and performance. The groups will drive the delivery of the plan and business planning in relation to:

- › Keeping Adults Safe
- › Keeping Children Safe
- › Keeping Communities Safe

These groups will ensure single agency and partnership work to protect children, adults and communities is coordinated and effective, have shared focus on early intervention, prevention and commissioning. These groups will be action and task orientated, forward thinking and provide theme specific guidance and challenge to safeguarding partners. The groups will provide exception reports for the KBSP Executive, should it be required the groups will seek assistance from the KBSP Executive to remove barriers to improve outcomes or to ensure appropriate engagement.

These groups will not replace the statutory groups that went before.

6.3 KBSP Structure



7. Statutory Reviews

The KBSP is responsible for commissioning and responding to the findings of three types of statutory reviews:

1. Child Safeguarding Practice Reviews (Children and Social Work Act 2017 & Working Together 2018)
2. Safeguarding Adults Reviews (Care Act 2014 and Care Act 2014 Statutory Guidance)
3. Domestic Homicide Reviews (Domestic Violence, Crime and Victims Act 2004)

The responsibilities for these statutory reviews are largely similar:

1. Members of the safeguarding partners or wider relevant agencies will notify the Joint Safeguarding Business Unit of any serious incident they feel may meet the criteria for review. In the case of CSPRs the Local Authority has an additional responsibility to make an Ofsted Serious Incident Notification for cases which meet this threshold. The Local Authority will share that notification with the other safeguarding partners via the Business Unit. Safeguarding partners may challenge the Local Authority on their decision not to make an Ofsted Serious Incident Notification by making an CSPR referral to the Business Unit.
2. A Statutory Review Group chaired by a representative of one of the KBSP Partners will be convened with membership made up of safeguarding or community safety senior operational professionals from across the partnership with expertise in the relevant review area. It is their responsibility to review the evidence provided in the referral and supported where appropriate by other agencies' information. They will make a recommendation to the KBSP Executive's Core Partners as to whether, in their professional opinion, the legal criteria for the statutory review is met and set out the justification for this recommendation.

3. In CSPRs there is an additional responsibility to hold Rapid Reviews. Therefore meetings of the Statutory Review Group in these cases will be held at the latest 10 working days after notification providing agencies time to pull together information for the Rapid Review process but also time for the report to be written, signed off and submitted to the National panel with 15 working days.
4. Rapid Review reports and DHR and SAR recommendations will be signed off by the KBSP's statutory review decision-makers – the representative of Bristol City Council, Avon and Somerset Constabulary and BNSSG Clinical Commissioning Group in line with the constitution. The recommendations and decision will be scrutinised by the Independent Chair of the KBSP.

If a statutory review is to be commissioned, this will be done via the Bristol Statutory Review process.

Decisions to publish any such report will be made by the KBSP and any published reports will be placed on the KBSP website.

Any decision not to recommend a review by the case review panel will also be subject to review by the Independent Chair.

The relevant Statutory Review Group will have oversight of the review process, the quality and timeliness of reviews being delivered, manage the convened statutory review panels, and delivery against the review's action plans by the KBSP Executive and the Business Delivery and Performance Groups.

8. Data and Intelligence

The KBSP uses data and intelligence to assess the effectiveness of the help being provided to children, adults and communities across the safeguarding system, from early help through to statutory processes such as Child Protection, Section 42 Enquiries, Deprivation of Liberty Safeguards, and MAPPA. We are confident that there is a wealth of performance data and intelligence that is used across the partnership. Through the KBSP, there are opportunities to further develop our performance data and intelligence across the partnership and bring together one multi-agency dataset to orientate our analysis towards measuring collective interventions and outcomes across the safeguarding system. The KBSP will facilitate further work to develop our approach to the principles of Outcomes Based Accountability, which identifies key questions to inform our monitoring, evaluation and next step planning:

- 】 What is the outcome we want for at risk groups in Bristol?
- 】 What is the curve we want to turn – what does success look like?
- 】 What is the story behind the baseline?
- 】 Where have we been and where are we headed?
- 】 How much did we do, how well did we do it and is anyone better off (performance measures)?
- 】 Are we making a difference (indicators)?

A culture of continuous learning and improvement, with both challenge and support for leaders at all levels, has set high standards and expectations for systems leaders, safeguarding and service leaders and practice leaders, safeguarding partner organisations and selected relevant agencies/other agencies included in our arrangements. At the same time, it enables the workforce to be confident that decisions and 'risks' are shared and helps to ensure that high quality and safe practice, based on achieving the most positive outcomes for children, young people, families and adults as the norm.

A wide range of performance, activity and compliance data is regularly used across the workforce to aid ongoing management oversight and ensure best practice. This is a key feature of the KBSP Scrutiny and Assurance Framework, which also incorporates case audit, quality assurance, practice observations and service user feedback and views.

Performance data and intelligence is routinely collated and fed into key partnership arrangements through the Business Delivery and Planning Groups.

There will be a flexible approach to monitoring performance and intelligence to ensure that the information collated relates to current need and any new and emerging threats to inform decision-making and strategic direction leading to better outcomes.

9. Thresholds

Our vision in Bristol is that we will effectively work together to prevent and protect all children, young people and adults from harm. We believe in proportionate interventions which reduce the need of individuals having professional intervention in their lives and promotes and maximizes independence. We are firmly committed to the principles of Making Safeguarding Personal and contextual safeguarding and our practitioners will be skilled in risk enablement, recognising that taking risks can enable individuals and help improve their wellbeing. We are committed to having conversations about safeguarding and safety and work to a goal of individuals and families receiving the Right Help, at the Right Time, for the Right Duration for them whilst fulfilling our statutory requirements.

In Bristol the language of 'thresholds' should be reduced. We should see evidence of practitioners discussing what is needed for this individual in this case whilst making defensible decisions within statutory frameworks.

To support these professional discussions the KBSP has adopted two key documents:

- 1. Bristol Threshold Guidance for Children**
- 2. Regional Safeguarding Adults Policy**

10. Annual Report

The Safeguarding Adults Board and Multi-Agency Safeguarding Children Arrangements require the partnership to publish an annual report and 12-monthly report respectively. The KBSP Executive supported by the Independent Chair will publish a joint annual report including details of delivery against the Community Safety Partnership functions it holds.

The report will be submitted to:

- 】 The Mayor of Bristol City Council
- 】 The Police and Crime Commissioner for Avon & Somerset
- 】 Chief Constable Avon and Somerset Constabulary
- 】 Chief Executive BNSSG Clinical Commissioning Group
- 】 Bristol Health and Wellbeing Board Chairs
- 】 Healthwatch Bristol

The annual report will also be submitted, within 7 days of publication, to the National Child Safeguarding Practice Review Panel and the What Works Centre of Children's Social Care.

The Strategic Plan and Annual Report will be made widely available and published on the internet, on the KBSP website.

11. Commissioning Multi Agency Training

As outlined in the guidance frameworks for all three functions of the KBSP, multi-agency training is important for supporting the collective understanding of local need and for practitioners to be effective in universal services and across the safeguarding pathway. This spans from early help through to targeted and specialist services. To be effective practitioners need to continue to build their knowledge and skills and be aware of the new and emerging threats. Individual organisations and agencies are required to ensure that their workforce is sufficiently trained and competent in safeguarding children, young people and adults. The premise of multi-agency training is that it is 'added value' and 'better together' to provide a collective understanding of the local needs.

Locally and regionally there is a commitment to developing a consistent approach to multiagency training, which is underpinned by robust evaluation processes to ensure that the training programme is clearly focussed on the needs of partners to deliver effective services. The KBSP funds a multi-agency training and conference service who lead on the delivery of learning and development event in line with the partnership's needs analysis. Currently this work is predominantly focused on meeting the multi-agency requirements for children's safeguarding, although a multi-agency safeguarding adults training programme and joint conferences have also been delivered by the team.

The KBSP will build on this foundation through development of an increasingly integrated regional (constabulary-wide) workforce development strategy aligned to provide improved practice consistency in the constabulary area. The KBSP are also committed to exploring models and opportunities to develop the safeguarding adults and community safety vulnerability training offer across the city for an integrated workforce development offer.

In addition to more traditional training activities, there will also be development opportunities under the KBSP arrangements focussed around information sessions, briefings, practice forums and conferences. KBSP partners will have the opportunity to engage a wide range of their workforce in partnership activities such as task and finish groups, policy development, and peer regional scrutiny. These development activities promote putting theory and research into practice, developing evidence-based practice and expertise, sharing perspectives and learning and enhancing confidence in helping and protecting people in Bristol.

Appendix 1

List of selected relevant agencies and other agencies included in the Keeping Bristol Safe Partnership

Education and Childcare Schools and Academies

Air Balloon Hill Primary School	Bristol Gateway School	Elmfield School For Deaf Children
Andalusia Academy	Bristol Grammar School	Elmlea Infant School
Ashley Down Primary School	Bristol Hospital Education Service	Elmlea Junior School
Ashton Gate Primary School	Bristol Metropolitan Academy	Ever Green Academy
Ashton Park School	Bristol Steiner School	Fair Furlong Primary School
Ashton Vale Primary School	Broomhill Infant School & St Annes Park CC	Fairfield High School
Avonmouth C.E. V.C. Primary School	Broomhill Junior School	Fairlawn Primary School
Avonmouth Children's Centre	Brunel Field Primary School	Filton Avenue Nursery & Children's Centre
Badminton School	Cabot Primary School	Filton Avenue Primary School
Badock's Wood Children's Centre	Carmel Christian School	Fishponds Church of England Academy
Badock's Wood Community Primary School	Cathedral Primary School	Fonthill Primary School
Bannerman Rd Children's Centre	Cheddar Grove Primary School	Four Acres Academy
Bannerman Rd Community Academy	Chester Park Infant School	Four Acres Children's Centre
Barton Hill Primary Academy	Chester Park Junior School	Frome Vale Primary Academy
Bedminster Down Secondary School	Christ Church C.E. V.C. Primary School	Glenfrome Primary School
Begbrook Primary Academy	City Of Bristol College	Gracefield Preparatory School
Belgrave School	City Academy Bristol	Greenfield E-Act Academy
Bishop Road Primary School	Claremont School	Hannah More Primary School
Blaise Primary & Nursery School	Cleve House School	Hareclive Primary Academy
Brentry & Henbury Children's Centre	Clifton College	Hartcliffe Children's Centre
Brentry Primary School	Clifton High School	Headley Park Primary School
Briarwood Special School	Colston's Girls' School	Henbury Court Primary School
Bridge Farm Primary School	Cotham Gardens Primary	Henbury School
Bridge Learning Campus - Primary	Colstons School	Henleaze Infant School
Bridge Learning Campus - Secondary	Compass Point: South St Children's Centre	Henleaze Junior School
Bristol Brunel Academy	Compass Point: South St Primary School	Hillcrest Primary School
Bristol Cathedral Choir School	Cotham School	Holy Cross Catholic Primary School
Bristol Free School	Easton C Of E Primary School	Holymead Primary School
		Horfield C.E. V.C. Primary School

Hotwells Primary School	Maintained Nursery	St Patrick's Catholic Primary School
Ilminster Avenue E-Act Academy	Redfield Educate Together Primary Academy	St Paul's Nursery School & Children's Centre
Ilminster Avenue Specialist Nursery & CC	Redland Green School	St Peter's Church Of England Primary School
Kingfisher School	Redmaids High Senior School	SS. Peter & Paul R.C. Primary School
Kingsweston School	Redmaids High Junior School	St Philip's Marsh Nursery & Barton Hill CC
Knowle DGE Academy	Rosemary Early Years Centre	St Pius X Catholic V.A. Primary School
Knowle Park Primary School	School Of Christ The King	St Teresa's Catholic Primary School
Knowle West Children's Centre	Sea Mills Childrens Centre	St Ursula's E-Act Academy
Knowle West Nursery	Sea Mills Primary School	St Werburghs Park Nursery School
Lansdown Park Academy	Sefton Park Infant & Junior School	St Werburgh's Primary School
Holymead Primary School	South Gloucestershire and Stroud College	Steiner Academy Bristol
Little Hayes Nursery & Children's Centre (amalgamated with Speedwell Nursery)	Shirehampton Primary School	Stoke Bishop C.E. V.C. Primary
Little Mead Primary School	Southern Links Children's Centre	Stoke Park Primary and Nursery
Long Cross Children's Centre	Southville Primary School	Summerhill Academy
Luckwell Primary School	Speedwell Nursery & Children's Centre	Summerhill Infant School
May Park Primary School	St Anne's Infant School	The Dolphin School
Merchants' Academy Primary	St Barnabas C.E. V.C. Primary School	The Kingfisher School
Merchants' Academy Secondary	St Bede's Catholic College	The Limes Nursery & Children's Centre
Minerva Primary Academy	St Bernadette Catholic Primary School	The Meriton - Young Parents Education & Support
New Fosseway School	St Bernadette Catholic Secondary School	Torwood House School
Notton House Academy	St Bernard's Catholic Primary School	Two Mile Hill Primary School
Nova Primary School	St Bonaventure's Catholic Primary School	Upper Horfield Children's Community School & CC
Oasis Academy Bank Leaze	St Brendan's Sixth Form College	Venturers Academy
Oasis Academy Brightstowe	St Christophers Special	Venturers Trust
Oasis Academy Brislington	St George C.E. V.C. Primary School	Victoria Park Primary School
Oasis Academy Connaught	St John's C.E. V.C. Primary School - Clifton	Wansdyke Primary School
Oasis Academy John Williams	St Joseph's Catholic Primary School	Waycroft Academy
Oasis Academy Long Cross	St Mary Redcliffe & Temple C.E. V.A. Secondary School	West Town Lane Academy
Oasis Academy Marksbury Road	St Mary Redcliffe C.E. V.C. Primary School	Westbury Park Primary School
Oasis Academy New Oak	St Matthias Academy	Westbury-On-Trym Church Of England Academy
Orchard School	St Michael's On The Mount C.E. V.C. Primary School	Whitehall Primary School
Our Lady Of The Rosary Catholic Primary School	St Nicholas Of Tolentine Catholic Primary School	Wicklea Academy
Parson Street Primary School		Woodlands Academy
Perry Court E-Act Academy		Woodstock Special School
Queen Elizabeth's Hospital School		
Redcliffe Children's Centre &		

Alternative Provision

Catch 22 Include Bristol
 LPW Independent School Bristol
 LPW Independent School Bristol
 Bristol Futures Academy
 Bristol Futures Academy
 St Matthias Park Academy
 St Matthias Park Academy Brentry
 Lansdown Park Academy
 Bristol Hospital Education Service
 North Star Outreach
 CLF Nest
 Lansdown Park Academy KS2

Governing bodies (of maintained schools, maintained nursery schools, pupil referral units, further education providers and higher education providers)

All governing bodies

Childcare Providers

All childcare providers

Children's Centres

Avonmouth Children's Centre
 Badocks Wood Community Primary School and Children's Centre
 Bannerman Road Children's Centre
 Brentry and Henbury Children's Centre
 Broomhill Infants School and St Anne's Park Children's Centre
 Filton Avenue Nursery School and Children's Centre
 Four Acres & Bishopsworth Children's Centre
 Hartcliffe Children's Centre

Knowle West Children's Centre
 Little Hayes and Hillfields Early Years and Family Centre
 Long Cross Specialist Children's Centre
 Redcliffe Nursery School and Children's Centre
 Rosemary Early Years Centre
 Sea Mills Primary School and Children's Centre
 Southern Links Children's Centre
 Speedwell Nursery School and Children's Centre
 St Pauls Nursery School and Children's Centre
 St Philip's Marsh Nursery School and Barton Hill Children's Centre
 Stoke Park Nursery
 The Limes Nursery School and Children's Centre
 Upper Horfield Children's Centre and Community School

**Health and Social Care
NHS England**

NHS England and NHS Improvement South West

NHS (*Foundation) Trusts

Avon and Wiltshire Mental Health Partnership NHS Trust (Mental Health)
 - Child and Adolescent Mental Health Services
 - Recovery Orientated Alcohol & Drugs Service
 North Bristol NHS Trust (Acute)
 - Bristol Royal Infirmary
 South Western Ambulance Service

NHS Foundation Trust (Ambulance)
 University Hospitals Bristol NHS Foundation Trust (Acute)
 - Southmead Hospital

Health Providers

Bristol Community Health
 General Practitioners
 Sirona Care & Health (CIC)

Adoption Service

Adoption West

Fostering Service

Bristol City Council Fostering Service

Independent, Charity and Voluntary Sector Fostering Providers

All providers commissioned by Bristol City Council for Bristol children and young people in care

Residential Homes and Care Providers**Bristol City Council
Children's Homes**

Bishopthorpe Road
 Briar Way
 Silbury Road
 Witch Hazel Road
 The Bush
 New Belbrook

Independent, Charity and Voluntary Sector Children's Home Providers

All providers commissioned by Bristol City Council, BNSSG, Youth Justice Board for Bristol children and young people

Bristol City Council Care Homes

Bristol East Intermediate Care Centre
 Bristol South Rehabilitation Centre
 Concord Lodge
 Redfield Lodge

Independent, Charity and Voluntary Sector Care Home Providers

All providers commissioned by Bristol City Council, BNSSG, for Adults in Bristol

Criminal Justice

Children and Family Court Advisory and Support Service

Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company

HMP Bristol

National Probation Service

Youth Offending Team (Bristol City Council)

Police and Immigration

British Transport Police

Port Police Force operational in the area

Fire and Rescue Service

Avon Fire and Rescue Service

Charities and Voluntary Sector

1625 People

One25

Avon & Bristol Law Centre

Barnardos

BME VOICE & INFLUENCE, VOSCUR

Brandon Trust

Bristol Autistic Spectrum Service

Bristol Child Poverty Action Group

Bristol Citizens Advice Bureau

Bristol Community Links

Bristol Drugs Project

Bristol Mind

Bristol Multi-Faith Form

Bristol Older People's Forum

Bristol Refugee Rights

The Care Forum

Centre Service User Forum

Circles SW

Community Therapeutic Services

Creative Youth Network

Dhek Bhal

Disablist Hate Crime Working Group

Freeways

Integrate Bristol

Milestones Trust

Misfits

Next Link

Off The Record

Stand against Racism and Inequality

SARSAS

Second Step

St Mungos

The Green House

Unseen

Victim Support

VOSCUR

Sport and Leisure Providers

All sport and leisure providers

Private, Charity and Voluntary Sector Organisations

All private, Charity and Voluntary sector organisations who provide activities, support and services to children, young people and communities

Religious and Faith based organisations

Bristol Multi Faith Forum

All faith based organisations

All religious organisations as set out in the schools admissions regulation 2012

Others

Bristol Mental Health

HealthWatch

Community Children's Health Partnership

Office of Police and Crime Commissioner

Bristol Health and Wellbeing Board

Title of Report:	Joint Targeted Area Inspection
Author (including organisation):	Ann James, Director Children and Families Services, Bristol City Council (on behalf of Keeping Bristol Safe Partnership)
Date of Board meeting:	
Purpose:	Information and discussion

1. Executive Summary

This report is to brief the Health and Wellbeing Board on joint targeted area inspections (JTAI) of arrangements and services for children in need of help and protection in local authority areas in England. These inspections are undertaken by Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service (HMICFRS) and Her Majesty's Inspectorate of Probation (HMI Probation).

JTAIs are carried out under section 20 of the Children Act 2004. They are an inspection of multi-agency arrangements for:

- the response to all forms of child abuse, neglect and exploitation at the point of identification
- the quality and impact of assessment, planning and decision making in response to notifications and referrals
- protecting children and young people at risk of a specific type (or types) of harm, or the support and care of children looked after and/or care leavers (evaluated through a deep dive investigation into the experiences of these children)
- the leadership and management of this work
- the effectiveness of local safeguarding arrangements in relation to this work.

Inspectors evaluate children's experiences against a full range of the criteria, looking for strengths, areas for improvement and examples of innovative and effective practice.

Some JTAIs inspect responses to all forms of child abuse, neglect and exploitation but others focus on a specific type (or types) of harm. The theme from September 2019 is children and young people's experiences living with mental ill health with a focus those aged 10 to 15 years old. The inspection framework and guidance is found here: <https://www.gov.uk/government/publications/joint-inspections-of-arrangements-and-services-for-children-in-need-of-help-and-protection>

And the thematic guidance for children's mental health is found here:

<https://www.gov.uk/government/publications/joint-targeted-area-inspections-on-the-theme-of-childrens-mental-health>

2. Purpose of the Paper

- To inform the Health and Wellbeing Board of the statutory framework for JTAI which may include scrutiny of their partnership and single agency delivery against the framework should Bristol be chosen.

- To highlight opportunities for development and improvement in provision of mental health services for children and young people learning from initial inspection reports.
- To outline the need for close alignment between Keeping Bristol Safe Partnership and the Health and Wellbeing Board.
- For Health and Wellbeing Board members to identify and take any necessary actions back to their individual organisations

3. Evidence Base

As of today's date three local authority areas have had a children's mental health thematic JTAI published. Appendix 1 outlines markers for good quality practice for partners to consider. The first column is populated with the evidence gathered from these inspections, the second and third columns allow partners to evaluate their organisations practice and evidence of impact.

The framework enables us to capture evidence of strength in the partnership offer to children including initiatives such as the co-located Primary Mental Health Specialists in Children's Social Work and Families in Focus teams.

Quality Assurance and Performance information has highlighted a number of areas for improvement to the Keeping Bristol Safe Partnership over the last two years. It would be helpful for organisations to hold these findings in mind when undertaking this activity to capture what progress has been made by the partnership in these areas:

Learning from the Child Death Overview Panel

The last Child Death Review Annual Report 2017-2018 highlighted a theme of recurrent factors in under-18s dying by suicide in cases from 2015-2018. The review found that:

- During review of this group of deaths, it was recognised that the golden thread throughout all the cases was education and the importance of supporting children and young people in this setting. Questions were raised in each case relating to education
- Press intrusion following inquests which is largely out of the Coroner's control but can add to families' distress
- The expert in child suicide that attended this CDOP meeting highlighted that previous suicide in the family is associated with an increased incidence of suicide in children and young people
- At the time of the previous suicide themed CDOP in May 2015, the PSHE programme was not statutory. All agreed in this meeting that PSHE was a vital part of school education particularly regarding child sexual exploitation, and they were reassured that Sex and Relationship Education is now to become statutory, although content has not yet been agreed nationally
- Over the course of the last two suicide themed CDOP meetings, one issue that has been highlighted is that often the child's friends are more aware of their true feelings/intentions than family or professionals. This again highlighted the importance of emotional support in an educational setting and students feeling confident to signpost friends appropriately or disclose concerns to school staff

The CDOP Annual Report 2017-18 found that an emotional, behavioural or mental health condition in a parent or carer was identified as contributing to the ill-health, vulnerability or

death of the child in 3% of deaths reviewed. Mental health issues include maternal or paternal depression, previous self-harm and previous suicide attempts.

Performance Information and Quality Assurance

The Keeping Bristol Safe Partnership is aware of increasing numbers of children being assessed under section 2 of the Mental Health Act. AMHP service has received 30 requests to assess young people under the MHA in the past year. A review of these cases found that the majority of these children are not known to children social care and many are presenting in distress out of hours. This raises opportunities to develop the partnership's prevention offer for children and to work together to improve our out of hours' crisis provision for under-18s and their families.

In the last 18 months the Keeping Bristol Safe Partnership has commissioned two learning reviews in respect of children who were experiencing significant mental ill health. Both highlighted issues in relation to local inpatient bed sufficiency which contributed to the children's harm. One review, currently underway, is also highlighting challenges in care coordination for a child in care who lived outside of the Bristol area.

Recent quality assurance activity of the response to children impacted by forced criminality and county lines identified opportunities to improve the accessibility of the mental health offer for boys and young men given the impact of early trauma evidence in most of these children's lives. Bristol City Council Children and Families Services have undertaken a system-wide quality assurance practice day of their service's understanding and practice in respect of children experiencing mental ill health involving collaborative audits with staff, feedback from children and families, focus groups and review of performance data. The Strategic Safeguarding and Quality Assurance Manager is available to share methodology with partners, should they wish to undertake a similar exercise within their own service.

4. Recommendations

- For partners at the Health and Wellbeing Board to consider their evidence for and contribution to a mental health focussed JTAI
- For partners to evaluate their organisations, and the partnership's, practice and evidence of impact against the indicators of best practice
- For partners at the Health and Wellbeing Board to use the findings of the JTAs to develop and assure their health and wellbeing strategy for children experiencing mental ill health within their organisations

5. City Benefits

This proposal tests interagency working and identifies best practice to improve how we work together to support and protect children and young people.

6. Financial and Legal Implications

Not applicable

7. Appendices

Appendix 1 – Good Practice Markers

Appendix 1

JTAI Good Practice Markers

Evidence of Good Practice	Organisation Evaluation	Evidence of Impact
The partnership takes effective action to use information about children’s mental health needs in order to inform appropriate commissioning decisions or to strengthen governance of the quality and outcomes of service delivery.		
There is good evidence that consideration of the impact of adverse childhood experiences is helping to inform planning to meet children’s needs.		
When children need a specialist service from the child and adolescent mental health service (CAMHS), they are able to access support quickly to ensure that children do not experience further harm.		
Children from diverse backgrounds receive a sensitive service from professionals. They demonstrate a good understanding of children’s needs, particularly in relation to those arising from their culture, ethnicity, gender, sexuality or their emotional well-being and mental health.		
Joint commissioning across the partnership is supported by a needs-led strategy about the way these services are commissioned. Community and voluntary sector providers are not clear about how they fit into the local area’s emotional well-being and mental health offer.		
Disabled children receiving appropriate services, such as positive behaviour support services, short break provision, paediatric and specialist therapies, in a timely way. Therefore, the impact of mental ill health on children is assessed and reduced to improve their emotional well-being and safety.		
Where there is drift and delay in children receiving appropriate services for their mental ill health there is evidence of effective challenge by professionals.		
Practitioners have caseloads which enable them to undertake meaningful and purposeful interventions which children which improves their emotional wellbeing.		
Within children’s social care, schools and the YOT, there are examples of professionals working creatively and persistently to engage with children who are reluctant to engage, or whose circumstances make it difficult for them to engage, with professionals. Professionals are diligent in working to build trusting relationships with children who in many cases have experienced abuse, neglect, disruption in placements and significant loss in their lives.		

Practitioners demonstrate a good understanding of the impact of childhood trauma and the child's lived experiences on their emotional health and well-being. Children known to social care are being provided with services to support their mental health needs.		
There is an extensive range of training for practitioners which means that a skilled workforce is being trained in a variety of techniques, including specialist attachment-based training, assessment of parent/child interaction, and developmental trauma in childhood.		
All practitioners have access to clinical supervision to enhance and develop their practice, as well as to support them in the emotional impact of their work.		
There is a specific speech and language therapy service to young people known to the Youth Offending Team (YOT).		
There are regular opportunities for health partners to access good quality safeguarding advice from the Children and Families' Services.		
Referrals from partners help staff to identify whether children have needs relating to their emotional well-being and mental health.		
Where not provided on the referral, health information is routinely sought to contribute to decision-making at the Front Door for children requiring an early help service. Children are referred to early help services with a clear holistic evaluation of their needs.		
Information about children's outcomes discussed in the MASH is routinely shared with all health practitioners from whom information was requested. There is a high return of information requests to the MASH from GPs.		
Children living in long-term neglect receive appropriate and effective intervention. Sustainability is assessed and tested effectively, and where there is insufficient change appropriate interventions are provided which helps improve their lives and emotional well-being and mental health (children do not experience repeat periods of early help support or child in need planning without any significant change or intervention).		
There has been wide take up of mental health training offer such as THRIVE		
There is a wide range of provision to support children with their emotional health and well-being needs		
Children's health assessments for children in care are timely and inform their care plans.		
When actions in plans are not completed, for example actions from looked after children's health assessments, inspectors found evidence of effective challenge by independent reviewing officers to address this.		
There are timely decisions about placement and securing permanency for all children in care which has a positive impact on their sense of belonging.		
When children in care receive a service from CAMHS, they are provided with flexible and responsive support that is tailored to meet their individual needs. This includes more frequent visiting and support in line with the wishes of the child and their care staff, alongside re-offering		

specialist interventions at a time when children are ready to engage. CAMHS has provided additional guidance and training for care home staff in response to their concerns, and this helps to provide children with a consistent response when they need help and interventions.		
For children who have been involved with agencies for some time and who have complex needs, progress of plans to improve their health, well-being and safety are well monitored to ensure that children are making progress.		
Schools are strong and active partners in multi-agency working. Staff in schools recognise and understand the emotional and mental health needs of their pupils and worked closely with professionals to make sure that children get the services they needed.		
Co-location of mental health workers with Children and Families' Services have been enabled by the Clinical Commissioning Group and Local Authority.		
24-hour mental health service for children and young people reduces the number of young people being admitted to hospital or requiring a mental health act assessment.		
For children with very complex needs, there is a coordination of plans and an integrated plan that brings together all the risks and needs of the child. This means that all agencies have a clear and holistic picture of the complexity of children's lives.		
Senior leadership across the partnership is stable. Attendance and commitment to key strategic boards provide a robust multi-agency overview of children's mental health needs. The children and young people partnership system design group reports to the health and well-being board and maintains a strong focus on children's emotional well-being and mental health. An example of this work is the protocol agreed to inform practice to meet effectively the needs of children being discharged from hospital following an admission relating to their mental health.		
Joint commissioning is reflective of the well-developed partnership arrangements between strategic leaders. The joint strategic needs assessment has helped commissioners to understand the health needs of children, including the prevalence of poor emotional well-being and mental health. Pooled budgets enable effective joint decision-making about where resources should be directed in order to meet local needs.		
A wide and varied range of services from the community and voluntary sector (CVS) work well together to deliver targeted emotional health support for children. The intent is to focus on early intervention and prevent escalation to statutory services. Children and their families use these services when support is required to address their emotional and mental health needs.		
School-based interventions support approach to recognising and meeting children's needs at the earliest opportunity. All schools have a mental health lead. Training for pupils as peer listeners and school-based staff receiving mental health awareness training also supports this preventative approach.		
The growth and commitment of the trauma-informed practice network to become a trauma-informed city has recently been recognised, understood and supported by senior leaders and members of the health and well-being board and cabinet. This inspection identified the use of a trauma-informed approach in several services delivering support for children's mental health. These include the child and adolescent mental health service (CAMHS), the youth offending team		

(YOT), substance misuse services, police and the CVS. Inspectors noted an increasing use of a common language and practice. The trauma-informed approach is also beginning to influence commissioning intentions, and this is supported by the strong links between the health and well-being board and the community safety partnership.		
Partners are aware of the referral pathways to raise concerns for children. The co-location of agencies in the multi-agency safeguarding hub (MASH) generally supports timely and effective decision-making. However, the lack of a consistent presence of health and education decision-makers in the MASH means that some decisions lack appropriate input from these agencies.		
The co-location of the children looked after health team, CAMHS and the permanence social work team is effective in promoting information-sharing and joint planning to meet children's emotional well-being and mental health needs.		
Mental health specialists from CAMHS provide consultation to multi-agency professionals to support children's emotional well-being and mental health.		
The community mental health team, CAMHS and local policing teams actively work together to assess intelligence and information to develop local policing plans. Mental health practitioners support tactical policing decisions so that they are developed in the best interests of children experiencing mental ill health.		
When school nurses are supporting children, they are persistent in ensuring that the needs of children are met.		
The police's mental health delivery board oversees the response of local police to children experiencing mental ill health. The force encourages innovative practice, and this has resulted in a more child-centred approach through the introduction of a child-centred policing team.		
An effective liaison and diversion service within police custody suites means that children experiencing poor mental health receive prompt intervention during their time in custody.		
A street triage car delivered through the police, an approved mental health practitioner and the ambulance service provide a community-based response for children experiencing mental ill health. This prevents children from presenting to acute services and provides effective support at the earliest opportunity.		
Good multi-disciplinary work between CAMHS and other health services ensures that children receive well-planned care delivered by the most appropriate service. When children present in mental health crisis at the acute hospitals, the CAMHS outreach team (COT) provides a timely response, and all children are seen within 24 hours. The CAMHS outreach practitioner supports hospital ward staff to commence an assessment as soon as the child is well enough, and this means that appropriate intervention is offered at an appropriate time for the child.		
School staff promptly refer concerns for children when they are first identified. Schools provide key support for children when emotional or mental health needs are identified and complete comprehensive assessments when alternative education provision is required to meet children's needs.		
Senior leaders from all agencies within the partnership recognise the need for their workforce to have the right knowledge and understanding to support the emotional well-being of children		

<p>experiencing mental ill health and with any additional needs. The local authority provides a varied range of learning and development opportunities that address children's mental health needs for all the workforce. YOT staff are provided with specific targeted training, for example skills training on risk management (STORM) that focuses on suicide and self-harm. Frontline staff in health providers access relevant training that focuses on safeguarding, child sexual exploitation and the impact of adverse childhood experiences on children's lives. Hospital staff have all received training on 'mental health first aid'.</p>		
<p>The police have invested in external training for 36 officers to become trauma-informed ambassadors. These officers have been allocated two additional days of training to disseminate their learning to their peers. The force has also trained enhanced crisis communicators in the control room to engage with callers (including children) who are suicidal, are threatening self-harm or are high-risk missing persons. Inspectors saw evidence of these skills resulting in police intervention and preventing serious harm.</p>		
<p>Regular reflective learning panels help the police to understand the standards of practice of the workforce. An additional two days per year training supports continual improvement.</p>		
<p>At the children's social care 'front door', practice is consistently stronger than when a child is already known to children's social care. Local authority assessments are timely, they mostly consider the impact of past experiences, provide a good analysis and they clearly record the child's voice.</p>		
<p>Assessments completed by health practitioners are mostly child-focused, and identify risks and needs.</p>		
<p>Professionals explore children's diverse needs that arise from their culture and religion. This enables professionals to work sensitively with children and their families to understand how to best provide support.</p>		
<p>Children are meaningfully and actively involved in consultation about the development of services and co-production of initiatives. An example of this was earlier this year when the 'Young Safeguarders' group took over the safeguarding children's board meeting. The young people identified their three areas of priority as mental health, suicide and knife crime. Each strategic leader of the board made a pledge to address these issues and improve practice. Strategic leaders told inspectors how powerful it was to hear children's views directly.</p>		
<p>The partnership responded swiftly to the findings of this inspection, firstly addressing the needs of a small number of children that were raised by inspectors. The partnership then reflected on its practice and has developed a new multi-agency case resolution protocol to be implemented with immediate effect. This will provide an agreed pathway for raising concerns when outcomes for children are not achieved.</p>		



Bristol Health and Wellbeing Board

Title of Report:	Better Care Fund Plan Update
Author (including organisation):	Daniel Knight – Jointly appointed across Bristol City Council and BNSSG CCG
Date of Board meeting:	27th February 2020
Purpose:	Oversight and assurance

1. Executive Summary

The Better Care Fund (BCF) is a national programme, which seeks to join-up health and Social Care services at a local level. Each year the Bristol City Council and the CCG jointly agree how to utilise a mandated amount of funds to achieve the BCF principles and metrics, which is to be agreed by the Health & Wellbeing Board.

2. Purpose of the Paper

This paper is to provide an overview of the key changes within the 2019/20 BCF Framework and share the final Bristol BCF plan. In addition to this, the paper also describes the planning process that was taken within Bristol and proposes a revised governance arrangement to monitor the effectiveness of our BCF programme.

3. Background

The £5.3bn five-year Better Care Fund programme was announced by the Government in June 2013 and started in 2015. The programme aims to ensure a transformational change in integrated Health and Social Care (H&SC). The BCF has been described as “One of the most ambitious ever programmes across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and Local Authorities to work more closely together around people, placing their well-being as the focus of health and care services.”

Each year the CCG and Local Authorities are required to jointly submit a BCF plan to NHS England. These plans outline our local performance targets and how funds are to be spent, to then be formally agreed through the Health and Wellbeing Board (H&WB).

It should be noted that the 2019/20 BCF Planning Requirements, were delayed by six months and subsequently the minimum contributions to BCF. This had meant that Bristol City Council and BNSSG CCG were unable to finalise the BCF plans until late September 2019.

4. Recommendations

The Health and Wellbeing Board is asked to note the changes to the BCF Planning Framework, as well as the local planning process that Bristol City Council and BNSSG CCG took to jointly agree the 2019/20 BCF plan.

The Board are also asked to agree the services that are within the BCF plan and the revised governance arrangements within **Appendix One**.

5. Financial and Legal Implications

A key change that was released within the BCF Planning Guidance was the significant increase in inflation from the 2018/19 minimum contribution. When the Integrated Partnerships Team were conducting the BCF Review they did not anticipate the inflation being higher than 2.1% as looking at previous years we had seen a steady increase year on year, as seen in Table 1 below.

Table 1: Percentage Increases in BCF Funding by Year.

	2016/17	2017/18	2018/19	2019/20
Percentage uplift	1.72%	1.79%	1.90%	6.00%

NHS England has recognised that this would represent a significant funding gap for CCGs, because of the initial operating planning guidance issued to CCG at the beginning of the financial year, assumed a 1.79% uplift for BCF including “Protection of Adult Social Care”. NHS England recognised the cost pressure that the increase in uplift would place on CCGs and had agreed that additional funding be made available to BNSSG CCG to mitigate the impact for the Protection of Adult Social Care element.

6. Appendices

Appendix One – HWB BCF Update



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

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Better Care Fund Update

Created by
Daniel Knight



Existing arrangements



Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group

National Conditions

The National Conditions that remain to be achieved are;

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- Agreement to invest in NHS commissioned out of hospital services
- Managing Transfers of Care

Better Care Fund National Metrics

The previous Metrics that remain in 2019/20 are;

- Delayed transfers of care
- Non-elective admissions (General and Acute)
- Admissions to residential and care homes
- Effectiveness of reablement

Shaping better health





Key Changes



Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group

New submission arrangements

Changes to the requirements for the BCF narrative plans are listed below;

- Not repeat information they previously provided in 2017-19 plans
- Include more meaningful information, with a focus on the impact of BCF
- Narrative was through a set template, rather than freeform narrative plan

Other changes

With the introduction of the Stranded Patient metric in June 2018, local systems were tasked with reducing the number of patients in hospitals for extended periods of over 21 days. BCF would continue to support this ambition by continuing work to implement and embed the High Impact Change Model, which is linked to the 4th National Condition “Managing Transfers of Care”.

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BCF Finances

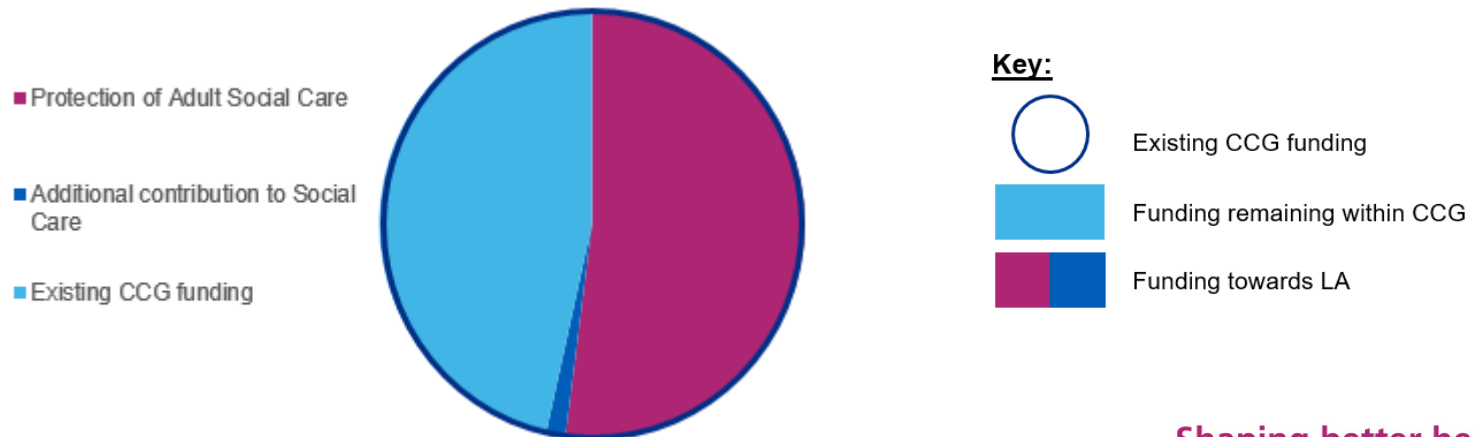


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The minimum contribution to BCF is made from existing funding streams and allocations, therefore, Bristol's BCF is made up of existing services that fit within the BCF principles and support its performance metrics and outcomes. Within the CCG's minimum contribution to BCF there is also a minimum contribution to Adult Social Care, these figures are outlines below.

Total Minimum Contribution to BCF	Total Minimum Contribution to Social Care
£31,315,545	£16,281,009

The below diagram outlines how the CCG's contribution to BCF is used to meet the minimum contribution to each areas BCF.



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BCF Finances



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In previous years the percentage uplift, set nationally to be applied to BCF has seen a steady increase year on year. This year the published BCF Policy Framework has set this level at 6%.

	2016/17	2017/18	2018/19	2019/20
Percentage uplift	1.72%	1.79%	1.90%	6.00%

A number of options were considered across the Local Authority and BNSSG CCG and it was jointly agreed that the additional uplift would be used to fund Home Care packages, as this was a current pressure within our Health and Social Care system.





BCF Planning



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In preparation for the 2019/20 BCF submission, the Integrated Partnerships Team undertook a joint review of the previous budgets within the 2018/19 BCF plan.

The BCF review had proven significantly more complex than initially anticipated, more specifically trying to obtain existing documentation on previous BCF schemes, largely due to a change in personnel within the CCG and BCC.

Due to changing system priorities, some schemes had changed their remit and focus over time. As a result, some additional work was required to refresh existing scheme schedules to ensure that they continue to support the organisation and current system priorities.

The table below outline the key changes to each area from the 18/19 BCF plan

Removed Scheme	Budget	New Scheme	Budget
Care Act Implementation	£395,535	Investment if DOLS and Safeguarding	£395,535
Prevention & Maximising Independence	£5,249,774	Core Investment in Tier 3 services	£5,249,774
BCH - Community Services	£2,343,000	Brunel Care - Dementia Step up beds	£112,000
		Second Step - Community Rehab Service	£2,051,000
		wellspring Healthy Living Centre	£180,000

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2019/20 BCF Plan



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One of the main changes we took for the 2019/20 was to arrange the BCF budgets into themes, this would give greater transparency over where the funds would be going and ensuring we investing in the right areas to meet the needs of our local population.

Budget/Scheme
Investment in System Wide Transformation Support
Integrated Partnerships Team
Investment and Transformation of Services to Improve Discharge from Acute System for those aged 65+
NBT Integrated Discharge Service (IDS) Lead
British Red Cross - Home from Hospital Service
BCC - Reablement Service
Intermediate Care
Investment in Reablement Services (Homefirst model)
Funding to meet system pressures
Investment in and Transformation of Tier 2 Services (Help when you need it)
Discharge to Assess
Carers
Investment in Tier 3 Services (Help to live your life) for those aged 65+
Core Investment in Tier 3 services
Investment in Community Services
BCH - Community Services
Wellspring Healthy Living Centre
Investment if DOLS and Safeguarding (core service)





2019/20 BCF Plan



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Budget/Scheme
Investment in, Equipment, Technology and Physical Environment
Community Equipment
Disabled Facilities Grant
Investment in Mental Health Services
Brunel Care - Dementia Step up beds
Second Step - Community Rehab Service
Ace Service
Mental Health Crisis Housing and health
Employment Service
Missing Link
Rethink
Bristol Mind
Tranquiliser project
Windmill City Farm
Bristol Hearing Voices Network
Long term care including mental illness and LD (Section 117)





Governance



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Existing arrangements

Following the BCF Review of the local budgets we also looked at the governance arrangements to monitor the BCF Programme across BNSSG. Each locality had applied the same principles to governance and its function however, reporting and assurance have been interpreted differently;

- Bristol – BCF is monitored as a stand alone programme – with highlight reports
- North Somerset is monitored as part of the wider joint commissioning – reports by exception
- South Glos is also monitored as part of the wider joint commissioning – with highlight reports on key work areas

The above approaches all tackle integration on a “Place Based” and “Neighbourhood” level, but not at a “Population” level.

Feedback received identifies a need to use our local BCF’s in a different way taking a strategic approach. This shift in focus would see the direction of BCF move from a transaction and performance improvement approach to transformation and strategy to enable integration.

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Governance



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Case for change

Having an inconsistent approach could undermine the existing joint arrangements and cause confusion to our providers.

By aligning the BCF governance across health and social care we would strengthen our “Collective commissioning voice” when commissioning services from providers to meet the needs of our local population.

The review has highlighted good practice across the three localities, which have been reflected in the proposed governance.

Aligning the governance will support our future aspirations of becoming an ICS.

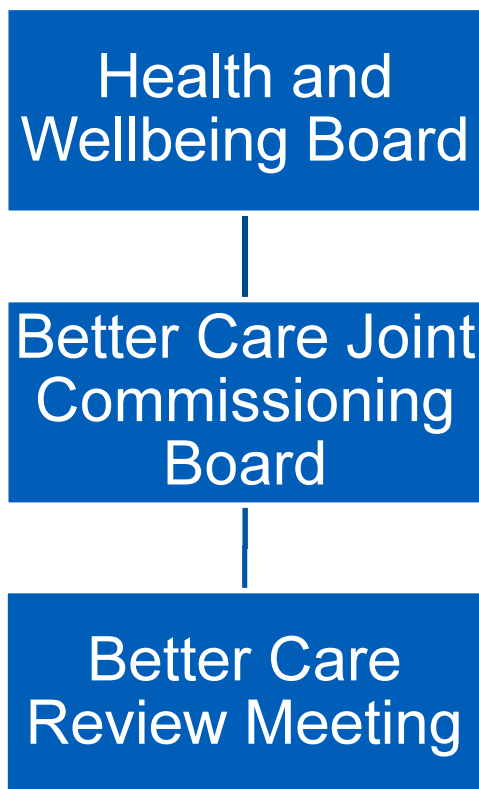
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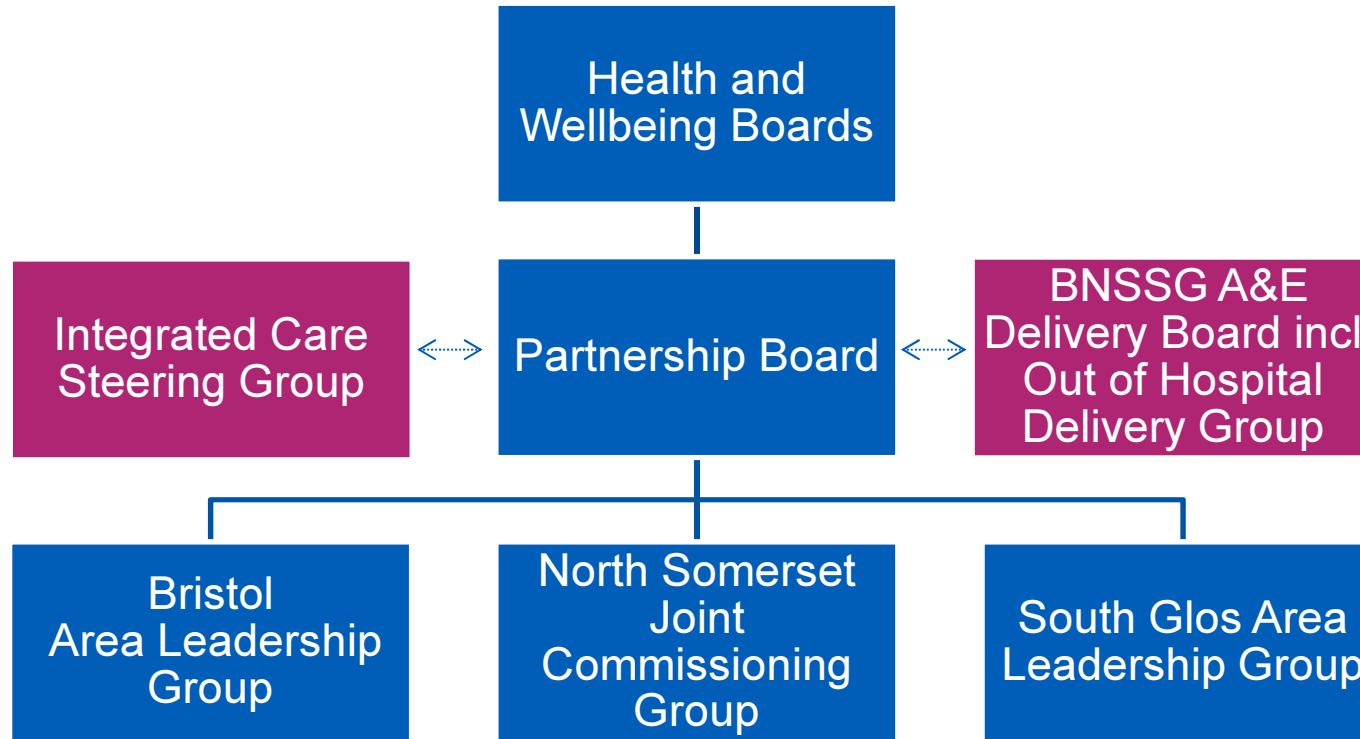
Previous Bristol arrangements





Governance

Proposed BCF Governance



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— Direct reporting arrangement <--> Indirect reporting arrangement
■ BCF Governance ■ Other Governance arrangements

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Governance



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Benefits of Change

Aligning the three different Better Care governance arrangements still reflects the local area to ensure we meet the needs of our local population and would provide the following benefits;

- Stronger integrated commissioning voice
- Collective health and social care leadership
- Provides a platform for health and social care to develop a shared vision
- Ensures consideration to all localities when making potential changes to local care markets
- Will provide a population approach informed by the needs of our local needs
- Incorporating and sharing best practice across system
- Standardised reporting
- Enables our future aspirations of becoming an ICS

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Governance



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Partnership Board

- The Partnership Board will not have decision making authority however, will make recommendations to H&WB for approval on any deviation from plan or finance.
- Provide leadership and direction for the development of health and social care services taking into account local needs, national direction, STP and the three local Health & Wellbeing Board's Strategies.
- Maintain an overview of performance and delivery against agreed plans, ensuring that action is taken when required.
- Be responsible for providing leadership on future joint commissioning arrangements to strengthen our integrated Commissioning voice, when working with providers
- Sign off all statutory and mandatory returns in relation to Better Care (ahead of H&WBs)
- Receive and sign off financial updates on the three BCF's
- Shall consist of commissioners only, meeting quarterly **Shaping better health**





Governance



Bristol, North Somerset
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Clinical Commissioning Group

Area Leadership Group

- Receive and scrutinise performance monitoring for local BCF plans and work programmes?
- Monitoring performance against the four BCF metrics as well as the local health and social care system.
- Be responsible for reporting any performance issues to the Partnership Board for direction
- Receive all statutory and mandatory returns in relation to Better Care for discussion and comment (ahead of the Partnership Board)
- Inform the Partnership Board of the local needs of the population and pressures related to both health and social care?
- Will consist of commissioners and providers, meeting quarterly





Bristol Health and Wellbeing Board

Title of Report:	Shaping healthier behaviour
Author (including organisation):	Marcus Munafò, University of Bristol
Date of Board meeting:	27th February 2020
Purpose:	Information and discussion

- Paper to be no more than two pages long please
- Draft papers are reviewed by the Public Health team
- Board correspondence: HWB@bristol.gov.uk

1. Executive Summary

There is an opportunity to improve public health across the City via choice architecture interventions that “nudge” behaviour towards healthier options without making use of typical policy levers such as taxation or restriction of access.

The proposal is to implement two intervention pilots, one to reduce tobacco use (by creating vaping spaces), and one to reduce alcohol consumption (by increasing the availability and visibility of alcohol-free options).

2. Purpose of the Paper

To open a discussion around the possibility of Bristol introducing a limited number of choice architecture interventions, focused on reducing tobacco and alcohol use.

3. Evidence Base

Tobacco and alcohol use represent two major contributors to morbidity and premature mortality. Reducing both tobacco and alcohol use would result in substantial public health benefits, and downstream economic benefits.

4. Recommendations

Two proposals are presented for discussion, one to reduce tobacco use and the other to reduce alcohol use.

In order to reduce tobacco use, the proposal is to create opportunities for smokers to transition to e-cigarette use (whilst recognising the need to prevent uptake among young people). This could be done by creating a “gradient” between smoking and vaping, so that the latter is easier than the former. For example, public spaces could be designated smoke-free whilst allowing vaping, or outside spaces in workplaces could be similarly designated as available for vaping but not smoking. This would create an incentive for smokers to transition to vaping. Public Health England advice

and National Centre for Smoking Cessation guidance recommends the use of vaping as an alternative to smoking.

In order to reduce alcohol consumption, the proposal is to require public houses and bars that serve lager / ale on draught to offer at least one alcohol-free option on draught (perhaps limited to those with a certain minimum number of taps). Preliminary evidence from the University of Bristol suggests that this will increase the selection of alcohol-free drinks rather than alcoholic drinks by increasing their availability and visibility. There is also anecdotal evidence that the opportunity to consume an alcohol-free option in a pint glass would reduce any social stigma associated with selecting alcohol-free options, since the fact that it is alcohol-free would be essentially “invisible” after purchase. This could be delivered as a pilot (e.g., in the city centre) initially.

5. City Benefits

Reducing tobacco and alcohol use will result in substantial public health benefits. These proposals offer an opportunity to “nudge” individuals towards less harmful choices, without actively restricting choice or increasing costs.

The alcohol-free market is growing and improving the selection and promotion of non-alcoholic drinks provides an opportunity for licensed venues to reduce alcohol consumption without losing revenue.

Tobacco use is strongly socially patterned, so reductions in smoking are likely to benefit less advantaged groups. The impact of offering alcohol-free options may be more attractive in more advantaged groups, which will require monitoring.

6. Financial and Legal Implications

Not applicable.

7. Appendices

Not applicable.

DRAFT Forward Plan as of February 2020

March 13th 2020, 10am – 12pm – BNSSG ‘Creative conversation’

- *Town Hall, Weston-Super-Mare*

March 25th 2020, 2:30-5pm – Joint Session with the Environmental Sustainability Board

- Shared challenges and opportunities
- One City Climate Strategy
- Fuel poverty action plan

April (date TBC) – Formal Board

- Health and wellbeing strategy
- Fuel poverty action plan
- Carers strategy
- Adverse Childhood Experiences – workforce development

May (date TBC) – Development Session

June 12th 2020, 10am – 12pm – BNSSG ‘Creative conversation’

- *South Gloucestershire*

September 29th 2020, 10am – 1pm – BNSSG ‘Creative conversation’

- *City Hall, Bristol City Council*

December 16th 2020, 2pm – 5pm – BNSSG ‘Creative conversation’

- *Castlewood, Clevedon*