Bracknell Forest Council

NOTICE OF MEETING

Health and Wellbeing Board
Thursday 12 December 2013, 2.00 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health and Wellbeing Board

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr William Tong (Vice-Chairman)
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Glyn Jones, Director of Adult Social Care, Health & Housing
Dr Janette Karklins, Director of Children, Young People & Learning
Timothy Wheadon, Chief Executive, Bracknell Forest Council
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group
Lise Llewellyn, Director of Public Health
Andrea McCombie-Parker, Local Healthwatch
Helen Clanchy, Thames Valley Area Team

ALISON SANDERS
Director of Corporate Services

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If you require further information, please contact: Priya Patel
Telephone:01344 352233
Email: priya.patel@bracknell-forest.gov.uk
Published: 4 December 2013

Health and Wellbeing Board
Thursday 12 December 2013, 2.00 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

AGENDA

Page No

1. **Apologies**

   To receive apologies for absence and to note the attendance of any substitute members.

2. **Declarations of Interest**

   Any Member with a Disclosable Pecuniary Interest or an Affected Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

3. **Urgent Items of Business**

   Any other items which the chairman decides are urgent.

4. **Minutes from Previous Meeting**

   To approve as a correct record the minutes of the meeting of the Board held on 5 September 2013. 1 - 8

5. **Matters Arising**

6. **Public Participation**

   QUESTIONS: If you would like to ask a question you must arrive 15 minutes before the start of the meeting to provide the clerk with your name, address and the question you would like to ask. Alternatively, you can provide this information by email to the clerk Priya Patel: priya.patel@bracknell-forest.gov.uk at least two hours ahead of a meeting. The subject matter of questions must relate to an item on the Board's agenda for that particular meeting. The clerk can provide advice on this where requested.

   PETITIONS: A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities.

7. **Integration Transformation Fund**

The purpose of this report is to explain the background, details and conditions of the Integration Transformation Fund and to propose an approach and timescale for developing the Integration Plan. 9 - 18

8. **Autism Self Assessment 2013**

The Board is asked to consider this report to ensure that people with an Autistic Spectrum Disorder (ASD) living in Bracknell Forest have access to an appropriate range of support and health services. 19 - 44

9. **Joint Strategic Needs Assessment Update**

To provide the Health and Wellbeing Board will a progress report on the redesign Joint Strategic Needs Assessment (JSNA) and refreshed data for 2013/14. 45 - 48

10. **Review of Childrens' Public Health Commissioning Opportunities**

The Board is asked to note the approach to children's planning to drive the provision of public health services to children. 49 - 56

11. **Local Safeguarding Children's Board: Annual Report**

The LSCB's 2012/13 Annual Report regarding the effectiveness of safeguarding and child protection practice in Bracknell Forest locality is provided to the Health and Wellbeing Board for information and to assist the members of the Board to consider their ongoing statutory safeguarding responsibilities. 57 - 100

12. **Services around Children's Mental Health**

Jean/Claire Bright 101 - 116

13. **Actions taken between meetings**

Board members are asked to report any action taken between meetings of interest to the Board. 117 - 196

- Helping You To Say Independent Guide
- Adult Safeguarding Annual Report

Copies of these papers are available on the online version of this agenda.

14. **Forward Plan**

Board members are asked to make any additions or amendments to the Board's Forward Plan as necessary. 197 - 200

15. **Dates of Future Meeting**

13 February 2014
10 April 2014

Dates for 2014-15:
5 June 2014
4 September 2014
11 December 2014
5 March 2015

Board members will be sent Outlook appointments for the 2014-15 dates, please add these dates to your diary if you do not use Outlook.

HEALTH AND WELLBEING BOARD
5 SEPTEMBER 2013
2.00 - 4.00 PM

Bracknell Forest Council

Present:
Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr William Tong, Bracknell Forest & Ascot Clinical Commissioning Group (Vice-Chairman)
Councillor Dr Gareth Barnard, Executive Member for Children, Young People & Learning
Glyn Jones, Director of Adult Social Care, Health & Housing
Dr Janette Karklins, Director of Children, Young People & Learning
Lisa McNally, Consultant for Public Health
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group
Chris Taylor, Local Healthwatch (Substitute)
Timothy Wheadon, Chief Executive, Bracknell Forest Council

Apologies for absence were received from:
Helen Clanchy, Thames Valley NHS Commissioning Board Representative
Dr Lise Llwellyn, Director of Public Health for Berkshire
Andrea McCombie-Parker, Local Healthwatch

Also Present:
Cllr Virgo, Chairman of the Health O&S Panel
Lynne Lidster, Head of Joint Commissioning
Graham Symonds, Commissioning, Services to Schools and Youth Service Lead
David Williams, CCG Director of Development
Craig Anderson, Royal Berkshire NHS Trust: Director of Finance
Ed Donald, Royal Berkshire NHS Trust: Chief Executive
John Taylor, Royal Berkshire NHS Trust: Associate Director of Strategy

42. **Declarations of Interest**

There were no declarations of interest.

43. **Urgent Items of Business**

There were no urgent items of business.

44. **Minutes from Previous Meeting**

RESOLVED that the minutes of the Health and Wellbeing Board held on 4 July 2013 be signed by the Chairman and approved as a correct record.

45. **Matters Arising**

Minute 31: Shaping the Future: Update on Progress from the Clinical Commissioning Group (CCG)
David Williams, Director of Development at the CCG informed the Board that he was pleased to report that the early support discharge service for stroke patients would be in place this month. The CCG had a number of productive discussions with the

Council's Adult Social Care officers and over the next few months would be monitoring how the service was bedding in.

Health partners were now close to agreeing a model for rehabilitation services and investment of £700,000k had been agreed however this was predicated on the closure of ward 8 at Heatherwood Hospital.

The procurement process for the Urgent Care Centre was currently underway, a provider would be announced in November 2013 and it was hoped that the service would be up and running in early 2014. In terms of the judicial review application sought by the Royal Borough of Windsor and Maidenhead Council (RBWM) it was reported that the application had been refused by the High Court, which would mean the end of the litigation process in terms of the Shaping the Future proposals. RBWM had however indicated that they would be requesting that the Secretary of State make a referral to the Reconfiguration Panel. This Panel could then recommend that services be independently reviewed.

The Chairman expressed that it was very concerning that the RBWM continued to frustrate decisions around Shaping the Future. He stated that the Council would be expressing their comments through a press release as well as writing a letter to the Secretary of State. He asked how much delay to proposed services could be caused if the Secretary of State decided that the referral merited a full independent review.

The CCG's Director of Development stated that they were committed to the early support discharge service for stroke patients and this would not be affected by an independent review. If an independent review was to go ahead this would affect the Urgent Care Centre and Rehabilitation services and a contract could not be awarded.

It was reported that under national timescales the Reconfiguration Panel would have four weeks to decide if the referral merited a full independent review. If a full review did take place there would be a delay in the Urgent Care Centre and Rehabilitation services. If the delay continued to after April 2014, this would significantly impact the CCG's financial plans. In addition, the Urgent Care Centre would significantly reduce pressure on A&E services, if this was delayed there would also be an adverse impact on Frimley Park and Heatherwood and Wexham Park and their A&E attendances. The CCG felt that there was no merit in the referral; the proposals had the full support of clinicians locally and other local councils in the area. The CCG were hopeful that the referral would be refused.

The Chairman assured health partners that the Council was fully supportive of their position; a motion had been agreed at the last full Council meeting that affirmed the Council's commitment to local health services.

It was reported that signposting would continue and an emphasis on self care and how services should be accessed. This was particularly important with winter pressures coming up.

The Board agreed to support health partners as far as possible and to reaffirm the Shaping the Future proposals wherever possible.

46. **Public Participation**

There were no submissions from members of the public to the meeting.

47. **Presentation from the Royal Berkshire NHS Foundation Trust**

The Board's views and feedback were sought on the Royal Berkshire NHS Trust's draft five year integrated plan. The Chief Executive of the Trust, Ed Donald delivered a presentation and made the following points:

- The Trust's five year plan presented the Trust's emerging view over the next five years. Beginning a dialogue with local authorities about this plan was important to the Trust.
- The Trust felt that the following four elements were central to everything the Trust did: i) what were patients saying about services, ii) what were staff saying, iii) what were the clinical outcomes and iv) was value for money being achieved.
- The Trust saw the key challenges that lay ahead as providing; safe, high quality care for all, managing forecast demand increases jointly, safe and modern infrastructure to meet demand and financial stability.
- The Chief Executive stated that demand for services was set to grow and one of the major challenges that lay ahead for the Trust was to consider how they could work better to keep people well and at home. The Trust operated from an ageing building that was 175 years old in parts. The Trust's A&E was designed to cope with 65,000 patients a year, demand was forecast to grow up to 100,000 in the coming years. Any work that could be done to prevent Bracknell Forest residents from using the A&E services at the Trust would be greatly appreciated.
- The Trust felt that innovative approaches were needed to deal with this level of demand. Currently the Trust did not have any beds that were unused or being closed, every bed was in use. Waiting lists for elective and planned surgery had increased despite attempts to reduce waiting times. The Chief Executive stated that he would welcome the Board's views, particularly on the methodology used by the Trust to predict population growth and demand on services. The Trust had estimated that 125 additional beds would be needed across the healthcare economy, based on medium growth and 87% occupancy. Feedback from the Board to ensure that there was alignment on major diseases would also be useful.
- In terms of strategic investments, the Trust had invested in the Royal Berkshire Healthspace. The Chief Executive felt that this facility was underused and would like to see it used to its fullest potential. The Healthspace provided real choice for both patients and GPs. It was noted that Frimely Park were already providing services from the facility, the Heatherwood and Wexham Park Trust would also be welcome to utilise the facility. He also looked forward to the delivery of the Urgent Care Centre.
- He looked forward to working with CCG colleagues to establish one stop shops and to general closer working with GPs. Integral to this closer working would be the use of technology to ensure GPs could view when patients were booked in for day surgery and other similar developments.

CCG representatives expressed concern around the prediction that 125 additional beds would be required across the local health economy and asked that a dialogue around this be continued outside of the Board meeting.

The Trust's Chief Executive confirmed that the forecasting in the Trust's five year plan took into account the Trust's catchment area as it currently stood.

The Board commented that in terms of integration work there was clearly scope for work around prevention and perhaps considering more fully outreach services. The Chairman stated that he would like to see partners coming together to carry out

prevention work wherever possible, as this would reduce costs overall. The Board were clear that Public Health work would have a significant role to play in this.

The Council's Chief Executive commented that he felt it encouraging that the Trust saw a more fuller use of the Healthspace facility regardless of who the provider was. The Trust's Chief Executive confirmed that he hoped to see the name of the Royal Berkshire Clinic at Brants Bridge changed to the Royal Berkshire Bracknell Healthspace once this had been agreed by the Trust's Board which was likely to be in October/November 2013.

The Board agreed to coordinate its feedback and share this with partners.

48. **Funding and Integrated Development Work**

The Director of Adult Social Care, Health & Housing reported that in February 2013 the Board had been presented with priorities for spending in Social Care as well as a range of proposed programmes and projects which had been agreed by the Board. Since then, NHS England had produced a common template to be used nationally, which required a different reporting style and the headings to be used were listed under paragraph 3.3 of the agenda papers. The Council and CCG had subsequently needed to manoeuvre their original intentions into the template.

Both the Council and CCG would need to report regularly to NHS England and therefore ensuring work was tailored to NHS England's template would prevent additional work.

The Board noted the Public Health projects detailed in Annex A and the Adult Social Care year end performance and Quarter one performance in Annex B.

The Director of Adult Social Care, Health & Housing reported that the Integration Fund would bring together CCG allocations and Social Care allocations with a potential injection of £5.9m. There would be conditions attached to this money, a report would be brought to the next Board meeting to provide details of what integration would entail. This work would build on a position of strength given the relationship the Council already had with the CCG. It was noted that with the use of creative solutions between partners, better outcomes for patients could be achieved.

The Vice Chairman reported that timelines had now been defined for this work and a two year plan would need to be completed by Dec/Jan 2014. The work would need to be signed off by the Board. It was noted that the CCG straddled two local authorities and this would also need to be taken into account.

The Chairman reported that he would be keen to see an update on this work. It was reported that a scoping report would need to be completed and submitted to the Board for sign off.

It was **RESOLVED** that;

i) the Board signed off the Health & Wellbeing Board report (14 February) together with Section 256 (S256) and return to NHS England (paragraph 3.1 in the agenda papers refers),

ii) noted the Public Health projects in Annex A of the agenda papers,

iii) noted the Adult Social Care year end performance and Quarter one performance in Annex B of the agenda papers,

iv) establish a local 'Integration' Task Force to develop proposals for the integration fund. These proposals must be reported and approved by the Health & Wellbeing Board.

49. **Refresh of the Children & Young People's Commissioning Approach**

The Children and Young People's Partnership Board had agreed a revised commissioning approach in May 2013 and the Board was asked to note the approach and recent progress.

The Director of Children, Young People and Learning reported that the revised commissioning approach established the basis of joint planning and commissioning for the C&YP Partnership. It also recognised that all partners may have their separate commissioning processes. The commissioning approach also took into account the need for decommissioning.

The Council's Chief Executive suggested that value for money be incorporated into the four underpinning priorities for the commissioning approach. It was agreed that this would be incorporated.

The Board welcomed the report and stated that it would assist Public Health colleagues to identify priorities for children and young people and focus on these.

Board members recognised the value of considering what could be achieved collectively to achieve similar objectives across a range of partners.

The Chairman suggested that a more granular approach with outcomes would be useful. It was agreed that including examples would achieve this.

It was noted that page 56 of the agenda papers titled 'Priorities for commissioning strategy development and other work priorities' presented an area where integration could be achieved. CCG representatives confirmed that they had now identified someone to support the Commissioning Working Group for Children and Young People.

The Board agreed that representation from the voluntary sector was key and this would be followed up with Bracknell Forest Voluntary Association.

It was **RESOLVED** that the Board noted the Children and Young People's commissioning approach and recent progress.

50. **Annual Report - Shadow Board 2012-2013**

The Director of Adult Social Care, Health & Housing reported that the annual report presented highlights of activity during the Board's shadow year. The Board had met privately during its shadow year and had established its governance arrangements and undertaken a host of other varied activities and discussions.

Lynne Lidster, Head of Joint Commissioning reported that the annual report covered the period up until April 2013 when the Board became statutory. It was intended to be for the public to give a sense of the Board's work over the last year and the report would be published on the Council's website once agreed by the Board.

She stated that the report detailed the responsibilities of the Board and set out decisions made by the Board and provided a brief overview of each area. The Chairman asked the section around decisions of the Board be more clearly formatted.

It was noted that page 76 detailing the membership of the Board needed to be updated.

It was **RESOLVED** that the Annual Report be approved by the Board.

51. **The NHS Belongs to the People: A Call to Action**

CCG representatives reported that they wanted to bring this item to the Board's attention, all partners had a responsibility to engage the public in their work and this item encouraged partners to work together to ensure one message was delivered cohesively. As various themes emerged, it was likely that there would be a number of common messages that all partners would want to communicate.

Board members felt that the information from NHS England was somewhat unclear; partners would need to consider carefully what message they wished to collectively communicate to the public. The Board felt that this would involve a message around there being some difficult conversations with stakeholders around healthcare not being sustainable as it currently stood. Public engagement would need to be built into the CCG's timetable.

It was noted that the NHS England Local Area Team would be setting up a small steering group who would work with CCG's. A Thames Valley event around this work was already scheduled and networks were beginning to emerge.

Board members queried the role of local Healthwatch in this work as it seemed to be that NHS England had omitted them this in their literature. The Board agreed that Healthwatch would have a strong role to play in this work alongside the Board.

The Chairman commented that often messages from the NHS to the public were patronising and poorly delivered, it was key that the Board ensured that their communication was pitched appropriately.

The Public Health Consultant reported that her team were currently preparing to consult with 18,000 residents about health through the Public Health survey. This would provide a good starting point for the call to action, as part of the requirements detailed by NHS England were to undertake user and carer surveys. It was noted that partners should use NHS England's resources to support their work.

The Chairman agreed to contact the Local Area Team at NHS England to suggest that a meeting be arranged with chairmen of Health & Wellbeing Board's and other lead members and directors to establish what messaging was required and what assistance from NHS England would be available to undertake this work.

52. **Actions taken between meetings**

Members noted the actions that had been taken between meetings and the update reports.

53. **Forward Plan**

There were no additions/amendments to the forward plan.

54. **Dates of Future Meeting**

12 December 2013
13 February 2014
10 April 2014

CHAIRMAN

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TO: HEALTH AND WELLBEING BOARD
12 DECEMBER 2013

INTEGRATION TRANSFORMATION FUND
Director of Adult Social Care, Health and Housing
Bracknell and Ascot Clinical Commissioning Group (CCG)

1. PURPOSE OF REPORT

1.1 The purpose of this report is to explain the background, details and conditions of the Integration Transformation Fund and to propose an approach and timescale for developing the Integration Plan.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:-

2.1 Note the requirements of the Integration Transformation Fund.

2.2 Agree the timescale and support the approach to developing the Integration Plan for sign off by the Council's Executive, Bracknell and Ascot Clinical Commissioning Group Governing Body and the Health and Wellbeing Board.

3. REASONS FOR RECOMMENDATIONS

3.1 The Integration Plan for Bracknell Forest must be agreed and submitted to the NHS England Area Team by 15 February 2014.

4. ALTERNATIVE OPTIONS CONSIDERED

4.1 All options for the integrated provision of services will be considered in developing the Integration Plan.

5. SUPPORTING INFORMATION

Integrated Care and Support: Our Shared Commitment

5.1 Following the publication of the Care Bill, the Government announced, in "Integrated Care and Support: Our Shared Commitment", that local areas must develop integrated health and social care services over the next five years. It is recognised that there is no blue print for integrated care, and while elements of different models will be transferable, every locality is unique and needs to develop a different model to suit the needs of local people. A national collaboration will drive progress and provide support, and a national programme of integration pioneers will share solutions and identify barriers to integration, some of which will be addressed at a national level.

5.2 The statement from Government sets out the following expectations for local areas:

- Local leaders should join together to develop innovative models for integration
- There should be Health and Wellbeing Board level commitment to integration and an agreed action plan
- Integration should adhere to the principles of the Caldicott Report and the NHS Constitution on data sharing
- Solutions to integration should be co-produced with local people who are supported by health and social care services
- Progress against the definition and personal narrative for integrated care to be measured
- That care should be co-ordinated around the needs of the individuals not diseases or dependency scores
- Individual's data to be shared where this is important for the quality or safety of care
- Opportunities are to be identified for frontline staff to build relationships with colleagues who provide parallel forms of care
- Organisations should avoid retreating into familiar silos as the financial climate toughens
- Organisations should be ambitious in planning person centred care and jointly allocating resources

5.3 Implementation of further integrated working will be funded by a £3.8bn Integration Transformation Fund.

<u>NHS Funding for Social Care and the Integration Transformation Fund</u>

5.4 The actual NHS Funding for Social Care for 2013/14 and planned ITF funding for 2014/15 and 2015/16 is as follows:

2013/14 (£1,295K for Bracknell Forest)

		£	£
(i)	Community Equipment and Adaptations		10k
	Demographic and System Capacity Support	*10k*	
(ii)	Telecare		
(iii)	Integrated Crisis and Rapid Response Services		71k
	Additional Support for LTCs	*71k*	
(iv)	Maintaining Eligibility Criteria		620k
	Demographic and System Capacity Support	*620k*	
(v)	Reablement Services		86k
	Demographic and System Capacity Support	*60k*	
	Stroke Care	*26k*	
(vi)	Bed-Based Intermediate Care Services		60k
	Demographic and System Capacity Support	*60k*	
(vii)	Early Supported Hospital Discharge Schemes		20k
	Demographic and System Capacity Support	*20k*	

(viii)	Mental Health Services		108k
	Dementia Adviser	*35k*	
	Dementia Support	*73k*	
(ix)	Other Preventative Services		100k
	Public Health Projects	*100k*	
(x)	Other Social Care		220k
	Support for Carers	*100k*	
	Supporting People with autism	*80k*	
	Programme Development Capacity	*40k*	
	Total		**1295k**

2014/15 (£1.1bn nationally)

a. The £900m funding the NHS planned to transfer to fund social care in 2014/15
b. An additional £200m investment in 2014/15

2015/16 (£3.8bn nationally)

a. £1.9bn NHS funding
b. £1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:
    - £130m Carers' Breaks funding
    - £300m Clinical Commissioning Group (CCG) Reablement funding
    - £354m capital funding (including c£220m of Disabled Facilities Grant)
    - £1.1bn existing transfer from health to social care (as 2014/15)

5.5 The funding for 2015/16 of £3.8bn is comprised of £3.45bn revenue and £0.35bn capital. It is unclear how allocations will be made, and it is also unclear what conditions attach to the money – for example, £1bn of the £3.8bn will be paid when local results are achieved. This creates considerable uncertainty for both the Council and the CCG.

If the allocation was made on the same basis as the 2013/14 money, the £3.8bn would break down as follows:

	£m Nationally	£000 BFC (possible)
Continuation of existing NHS transfer to social care	900	1,357
Funding to accelerate transformation	200	302
New NHS funding for integration	2,000	3,015
Further funding for carers and people leaving hospital who need support to regain independence	350	528
Capital funding for projects to improve integration locally, including IT funding to facilitate secure sharing of patient data and improve facilities	350	528
Total	3,800	5,729

BFC Allocations are on the basis that the money is shared on the basis of relative needs formula, and that the formula does not change

Current social care allocations, including NHS Money for Social Care, has been on the basis of relative needs formula (RNF). The Government is currently undertaking a review of RNF for adult social care
£1bn of the money – or about £1.5m of Bracknell's possible allocation – is dependent on achieving local results.

5.6 The fund does not in itself address the financial pressures faced by Councils and CCGs. The £3.8bn funding brings together NHS and Local Government resources that are already committed to existing core activity. Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that will deliver better outcomes for individuals. This calls for a shared approach to delivering services and setting priorities and presents the NHS and Councils, working together through the Health and Wellbeing Board, an opportunity to shape sustainable health and care (Annex A).

5.7 Part of the fund will be linked to performance. The detail on how this element will work is yet to be decided by Government. It is likely that that the performance metrics to be used will be determined by data that is already available. The Spending Review agreed that £1bn of the £3.8bn will be linked to achieving outcomes. In summary, 50% of the pay-for-performance element will be paid at the beginning of 2015/16, contingent on the Health and Wellbeing Board adopting a plan that meets the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% will be paid in the second half of the year and could be based on in-year performance. Whilst the exact measures are still to be determined, the areas under consideration include:

- Delayed transfers of care
- Emergency admissions
- Effectiveness of reablement
- Admissions to residential and nursing care
- Individuals' experience

5.8 It is essential that CCGs and Councils engage from the outset with all providers, both NHS and social care, that are likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. CCGs and Councils should also work with providers to help to manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services. It is also essential that the implications for providers are set out clearly for Health and Wellbeing Boards and that their agreement for the deployment of the fund includes agreement to the service change consequences.

5.9 In 2015/16 the fund will be allocated to local areas, where it will be put into pooled budgets under joint governance between CCGs and Councils. A condition on accessing the funding is that CCGs and Councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

5.10 Councils will receive their detailed funding allocation following the Autumn Statement. When allocations are announced later this year, they will include two-year allocations for 2014/15 and 2015/16 to enable planning.

Local Agreement and Planning for the Integration Transformation Fund

5.11 Each Health and Wellbeing Board is required to sign off the plan for the Council and the CCG area. The plan to be signed off by the Bracknell Forest Health and Wellbeing Board will cover the Bracknell Forest Local Authority Area. The Government has published a template which is expected to be used to develop, agree and publish integration plans (Annex B). The template sets out the information and metrics that are needed to ensure the conditions of the fund are being met. Local areas are asked to provide a shared risk register, with agreed risk sharing and mitigation covering, as a minimum, steps to be taken if activity volumes do not change as planned.

5.12 The plan must outline how the following conditions of the fund are to be met:

- The plan must be jointly agreed
- Protection for social care services (not spending)
- 7 day services in health and social care to support people being discharged from hospital and to prevent unnecessary admissions at the weekend
- Better data sharing between health and social care, based on the NHS number
- A joint approach to assessments and care planning and assurance that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes on the acute sector.

5.13 Health and Wellbeing Boards are required to submit the agreed planning template by 15th February 2014.

Draft Outline Project Plan

5.14 The Council and the CCG have begun to establish mechanisms for developing integrated plans. The Health and Wellbeing Board agreed to establish an Integration Task Force and a working group to

- undertake detailed analysis of current expenditure
- identify opportunities for integration
- develop plans for investment and dis-investment and service re-design
- Analyse the impact on other organisations e.g. acute hospital trusts
- Propose a risk sharing plan for the Council and the CCG

5.15 Membership of the Integration Task Force is as follows:

Glyn Jones – Director for Adult Social Care, Health and Housing, BFC
Zoë Johnstone – Chief Officer: Adults and Joint Commissioning, BFC
Lynne Lidster – Head of Joint Commissioning, BFC
William Tong – Chair of Bracknell and Ascot Clinical Commissioning Group
Mary Purnell – Head of Operations, BACCG

5.16 Membership of the working group includes:

- Public Health, Finance and Commissioning staff from Bracknell Forest Council
- Commissioning and Finance staff from Bracknell and Ascot CCG
- Project Support staff from the Commissioning Support Unit

5.17 The following timetable has been proposed:

Integrated Taskforce –Planning Phases

Phase	Task	Milestone	Outcome	Support
Scoping Nov- Dec	Scope current spend Agree values and principles for ITF Identify challenges and risks	Workshop mid Nov	Agree understanding of current position	CCG and BFC Officers. CSU Team
Prioritisation Dec - Jan	Agree priority areas for joint work, based on analysis and benchmarking	HWB report Dec 12th	Prioritised work plan for short, medium and long term	BACCG, BFC, Kings Fund, CSU, HWB
Commissioning Feb 2013- March 2014	Detailed plans for newly specified and commissioned services	TBC for each work stream	Commissioned services ready to start by April 2015.	Joint teams with CSU support
Implementation	New services commissioned and contract monitoring in place	April 2015	Commissioning plans implemented	Joint teams with CSU support

Governance

5.18 The plan must be approved by the Council's Executive, the CCG Board and the Health and Wellbeing Board in February 2014.

Approach to identifying funding and indicative priorities

5.19 An early list of opportunities has been established which looks to take the development of integrated work further and builds on areas of success to date. These include:

- Community Response and Reablement and Urgent Care
- Linking the Innovation Fund and Public Health Grant (£100k)
- Continuing Healthcare
    - A) Opportunities for integrating assessment functions (within the National Framework)
    - B) Providing integrated ongoing support
    - C) Pooling budgets
- Joint Commissioning and Procurement
- Dementia
- Personalisation, particularly in Health
- Communications and public engagement
- Exploring Housing Options for Vulnerable People
- Services for children and young people
- Leisure and wellbeing services

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal implications are identified within the main body of this report.

Borough Treasurer

6.2 There are considerable financial implications for the Council from the expansion of the NHS money for Social Care, and the introduction of the ITF.

In 2014/15 the increase of NHS money for social care equates to approximately £300k, based on Bracknell's current share of the national transfer, which is as per the funding formula for adult social care. In respect of 2015/16 it is unclear precisely how much money will need to go into the fund, as highlighted in the body of the report in paragraphs 5.4 and 5.5, but initial estimates suggest approximately £5.7m. The allocation mechanism has yet to be determined by the NHS England, but it is worth noting that the funding formula for adult social care will potentially change to coincide with the introduction of the Care Cap.

It should be noted that £1bn of the total national fund of £3.8bn is payable on results, which on current formula allocations amounts to £1.5m for Bracknell. There is a risk that money to this value will be spent on efforts to achieve outcomes, but will not be reimbursed if those outcomes, are not achieved. The current judgement is that Bracknell performs well on the outcomes that are likely to be used as a basis for awarding the performance element of the money, for example delayed discharges from hospital, but the risk should not be ignored.

However, this should be regarded as an opportunity to achieve better outcomes for people locally, and potential efficiencies locally.

Equalities Impact Assessment

6.3 An Equalities Impact Assessment will be completed for each service change that is proposed as a result of the Integration Plan.

Strategic Risk Management Issues

6.4.1 Elements of existing BFC and CCG funding will be transferred to the ITF. Early indications show that this will include the Disabled Facilities Grant alongside existing NHS funding to social care e.g. for Intermediate Care and demographic pressures. Securing budgetary provision for existing services will be critical to the development of the Integration Plan.

6.4.2 It is a requirement of the ITF that Clinical Commissioning Groups and Councils understand the implications of decommissioning services from NHS providers, both Acute and Community Foundation Trusts. CCGs and Councils must agree the sharing of risk around the destabilisation of NHS Acute Sector and Community Services. The ITF guidance states, “CCGs and Local Authorities should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services”.

6.4.3 Both the CCG and the Council must be in agreement to the priorities for funding from the ITF. This will require a shared understanding of the needs of the population and future demand.

6.4.4 The performance framework for the ITF is still to be determined. Bracknell Forest Council is a high performing authority. It is not yet clear whether the implementation of the performance related part of the ITF will require meeting “stretch targets”. Sufficient funding must be allowed in the ITF to improve performance relating to existing services.

6.4.5 In developing the Integration Plan, it is critical to ensure that services are planned to meet the needs of the people in Bracknell Forest. This will require local pathways and services that are tailored for the area rather than generic services across the east of the county.

6.4.6 There is a further joint risk implicit in the performance area around Acute hospitals.

7. CONSULTATION

Principal Groups Consulted

7.1 Consultation will be undertaken with appropriate organisations and people as a result of proposed service changes. It is a requirement of the ITF to consult.

Method of Consultation

7.2 To be determined, dependent on the service changes proposed.

Representations Received

7.3 All representations will be considered in developing the Integration Plan.

Background Papers

Annex A – ITF Letter
Annex B – Draft Integration Plan Template

Contact for further information

Glyn Jones, Adult Social Care, Health and Housing - 01344 351458
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Mary Purnell, Head of Operations, Bracknell and Ascot CCG
mary.purnell@nhs.net

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TO: HEALTH AND WELLBEING BOARD
12 DECEMBER 2013

AUTISM SELF-ASSESSMENT 2013
Director Adult Social Care, Health and Housing

1 PURPOSE OF DECISION

1.1 To ensure that people with an Autistic Spectrum Disorder (ASD) living in Bracknell Forest have access to an appropriate range of support and health services.

2 RECOMMENDATION

2.1 That the Health & Wellbeing Board note the content of the Autism Self-Assessment, and determines an appropriate course of action in relation to the service deficits identified. This to include identifying which NHS organisation is responsible for commissioning specialist healthcare services for people with ASD.

3 REASONS FOR RECOMMENDATION

3.1 On 2nd August 2013 the Department of Health announced that it would be requesting self-assessments from Local Authorities. The deadline for submitting responses was the 30th September. ASCHH DMT approved the self-assessment report for submission on 24th September 2013. As part of the self-assessment report requirements, stipulated by Norman Lamb, Minister of State for Care and Support, the report is to be shown to the local Health and Wellbeing Board.

3.2 The service deficits identified are in line with the priorities identified in the Health and Wellbeing Strategy. The main areas of service deficit are

- the development and implementation of a multi-agency autism training plan,
- Specialist healthcare as identified in 5.6

The details and evidence are in the main body of the report and appendix 3

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 No change

5 SUPPORTING INFORMATION

5.1 The purpose of the Department of Health requesting the completed self-assessment is to:

- assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy;

- see how much progress has been made since the first self-assessment, as at February 2012;
- provide examples of good progress made that can be shared and of evidence of remaining challenges.

5.2 The National Autism Strategy, "Fulfilling and Rewarding Lives", outlines statutory requirements for Local Authorities and NHS bodies through five core areas of activity including increasing awareness and understanding of autism among health and social care frontline professionals.

The National Strategy aims to increase understanding of autism by ensuring each locality:

- improves autism awareness training for all frontline public service staff, in line with the needs of their job, and
- develops specialist training for staff in health and social care.

5.3 As part of the Joint Commissioning Strategy for Adults with Autism Implementation Plan there has been an ongoing campaign of awareness across the locality. To date this has included several awareness events, ranging from individual days to a whole week in 2012, work with partners to increase awareness in universal/public services and an awareness training campaign for health and social care staff within the Council.

5.4 As noted, Berkshire Healthcare NHS Foundation Trust (BHFT) are commissioned to provide a limited Berkshire-wide service with further limited impact for Bracknell Forest residents. Currently, if adults with an ASD (Autistic Spectrum Disorder) have an IQ higher than 70 and do not have clinical mental health needs they are not eligible to receive support from either learning disability or mental health services from BHFT. The 2013/14 Berkshire-wide service specification that BHFT work to, showing the difference from the commissioning arrangement for 2012/13, is set out in the following table.

Berkshire-wide Activity	**12/13**	**13/14**
ASD Psychology assessments	100	125
ASD post diagnostic groups 'Being me' co-working with National Autistic Society	0	30/40 patients yr
ASD post diagnostic counselling –Individual sessions	0	20 patients/yr
ASD very complex cases that often are sent out of area to Maudsley, e.g. hoarders	0	5 patients/yr Intense clinical work for complex presentations
ASD Understanding autism training staff workshops	0	6 workshops per year for CMHT, SS IAPT , carers etc
ASD pathway to be established and hosted	0	Mapping of all services to create a joint pathway across Berkshire to provide an ASD network and to host quarterly meetings incl all professional and voluntary groups

5.5 In many circumstances the support provided by Bracknell Autism Community Team (made up of social care practitioners) has been resource-intensive, although there are areas of need where other interventions have been required. People who have autism usually experience 3

main areas of difficulty, albeit to differing degrees. These are called the Triad of Impairments: difficulties with social communication, social interaction, and social imagination. Given this the time required and needed to develop and maintain positive working relationships with people with autism, understand their needs and develop person centred support arrangements to meet those needs is time intensive.

5.6 The range of healthcare needs the Bracknell Autism Community Team has identified are varied and include as examples:

- Communication support to help individuals better interpret the world and communicate more fully with people (typically provided by Speech and Language Therapy or Occupational Therapy)
- Sensory support where individuals are highly sensitive to stimuli such as noise, light and touch (typically provided by Occupational Therapy)
- Mental health problems, anxiety, as well as aggressive and ritualistic behaviours, all of which can contribute to social isolation (typically provided by Psychological Therapy or Psychiatry)
- Daily / self care support: Individuals can often be poorly motivated and have difficulty in sequencing tasks (typically provided by Occupational Therapy)

For further information on the needs for these services within Bracknell Forest please see Appendix 3.

5.7 For many people, access to specialist services would delay or prevent the need for long term support, where it allows people to manage to live more independently, and provide expertise to address particular needs. For example, where individuals have sensory problems an Occupational Therapist assessment to identify issues and strategies to deal with them could support improvement in health and well being.

5.8 The table below indicates the expected number of people living in Bracknell Forest with ASD over the next few years. The increase may be more than this as national and local strategies raise awareness of assessment and diagnosis pathways, as well as knowledge of how to access support.

Estimated number of people with ASD in Bracknell Forest:-

YEAR	**2010**	**2015**	**2020**
Number of people (all ages)	1155	1199	1248
Number of people (18+ years)	882	934	953

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 There are no specific legal implications arising from this report.

Borough Treasurer

6.2 There are no direct financial implications within this report, for the Council.

Equalities Impact Assessment

6.3 An EIA is not necessary as this self-assessment report does not impact any supported individuals or staff.

Strategic Risk Management Issues

6.4 The self assessment report has been submitted so the reputational risk associated with not providing a return has been militated against.

Not discussing and acting upon the identified service deficits poses a reputational risk for the Health and Wellbeing Board.

Workforce Implications

6.5 There are no workforce implications.

7 CONSULTATION

Principal Groups Consulted

7.1 Feed back has been received from:

- The Autism Partnership Board
- The Autism Team
- Colleagues from Housing
- Bracknell & Ascot Clinical Commissioning Group (Central Southern Commissioning Support Unit)
- Berkshire Healthcare NHS Foundation Trust
- People with autism and their carers
- Berkshire Autistic Society
- JustAdvocacy

Method of Consultation

7.2 Telephone and e-mail consultation and meetings

Representations Received

7.3 All representations have been incorporated into the self assessment

Background Papers

Appendix 1: Autism Self-Assessment
Appendix 2: DH Letter from Norman Lamb MP, Minister of State for Care and Support
Appendix 3: Autism Unmet Needs Paper

Contact for further information

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Appendix 1

Response to the Department of Health Autism Self-Assessment 2013

by the Bracknell Forest Autism Partnership Board

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?
One, Bracknell & Ascot Clinical Commissioning Group

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?
Yes
If yes, how are you doing this?
The Council is involved in the review of the autism assessment and diagnosis pathway, in partnership with other authorities and partners.

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?
Yes
If yes, what are their responsibilities and who do they report to?
Nick Ireland (nick.ireland@bracknell-forest.gov.uk), the Head of Service for Learning Disabilities, is responsible for taking the lead in development of support for adults with autism in line with the national expectations and legislative framework. The Head of Learning Disabilities reports to Zoë Johnstone (zoe.johnstone@bracknell-forest.gov.uk), Chief Officer for Adults and Joint Commissioning.

4. Is Autism included in the local JSNA?
Green
Information in the JSNA includes PANSI statistics which outlines population and demographic profiling of adults with autism.

5. Have you started to collect data on people with a diagnosis of autism?
Green
The Community Team for Adults with Autism maintains a record of people diagnosed with autism with information (not exhaustive) including accommodation and employment status.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?
Yes
If yes, what is;

- **the total number of people?** 111
- **the number who are also identified as having a learning disability?** 50
- **the number who are identified as also having mental health problems?** 17

7. Does your commissioning plan reflect local data and needs of people with autism?
Yes
If yes, how is this demonstrated?
Please refer to the Bracknell Forest Joint Commissioning Strategy for Adults with Autism found at http://www.bracknell-forest.gov.uk/autisticspectrumdisorder

8. What data collection sources do you use?
Green
The Council uses PANSI projections, operational information from our Autism Team, the Bracknell Forest JSNA and consultations to inform our strategic activity.

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

Green

Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group have a Joint Commissioning Strategy for Adults with Autism. There is health representation on the Partnership Board but there is scope for improving engagement and joint working.

10. How have you and your partners engaged people with autism and their carers in planning?

Green

The Strategy Development Group, which included people with autism and carers, led the consultation and development of the Joint Commissioning strategy. Thereafter Bracknell Forest Autism Partnership Board was formed, with representation from people with autism and carers. The Partnership Board also includes a range of stakeholders including Bracknell and Wokingham Mencap, Just Advocacy, Berkshire Autistic Society and the National Autistic Society who, respectively, support and advocate for carers and adults with autism.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

Green

The Autism Partnership Board commissioned Berkshire Autistic Society to lead an ongoing program of awareness of autism across the local area inclusive of all services so that reasonable adjustments are made.

One example of positive developments is with local employment where this has resulted in better feedback from people when using mainstream services such as A4E and Maximus on the Government's Work Choice programme. Leisure facilities and other places such as the local cinema have also engaged and received training, now providing an offer that is autism friendly.

The local college have started a mentor scheme to support integration into college life.

The Council's programme of autism awareness training has been provided to staff from universal services to ensure reasonable adjustments are made at all public-facing Council services.

12. Do you have a Transition process in place from Children's social services to Adult social services?

Yes

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

A clear policy and procedure is in place to ensure practitioners are clear as to their responsibilities when supporting young people approaching adulthood. The Policy provides an overview of the support and planning for young people approaching adulthood that either have a Statement of Special Educational Needs and/or have complex needs. Every term, key to ensuring appropriate support, is a meeting of managers from children and adult social care and other key agencies, such as the NHS, Connexions and the Local Special School. The meeting automatically identifies those young people approaching adulthood, who will need support. The panel identifies lead practitioners and agencies both in children's and adult's services who will co-ordinate support and planning arrangements.

13. Does your planning consider the particular needs of older people with Autism?

Green

The strategy looks at whole population needs for people with autism, which includes older people with autism. The Bracknell Forest Older People's Strategy also takes account of these needs and refers to the Adult Autism Strategy Implementation Plan to ensure synergies and equitable support for all adults with autism.

Training

14. Have you got a multi-agency autism training plan?
No

15. Is autism awareness training being/been made available to all staff working in health and social care?
Green
Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.
There is a mandatory programme of awareness training for all staff working in Council services, including some NHS healthcare practitioners. Front-line staff must undertake a full day training course where non-front-line staff must complete an e-learning module. For new employees, autism awareness also forms part of the corporate equality and diversity induction training. Self-advocates and carers had input and were involved in the design of both training methods, with occasional involvement in the face-to-face delivery of the training too.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?
Green
There is mandatory training in place for all front-line practitioners.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?
No
The Chair of the CCG has acknowledged the need for further work to engage primary care practitioners in autism awareness.

18. Have local Criminal Justice services engaged in the training agenda?
Yes
The aforementioned training is available to CJS partners. CJS partners are actively engaged in this and receive awareness training from the Berkshire Autistic Society, as part of the Autism Partnership Boards commitment to raising awareness.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?
Green
The established autism assessment and diagnosis pathway is being reviewed, led by Berkshire Healthcare NHS Foundation Trust in partnership with all Berkshire Unitary Authorities and other partners.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?
Month (Numerical, e.g. January 01) 03
Year (Four figures, e.g. 2013) 2011

21. How long is the average wait for referral to diagnostic services?
12 - 14 weeks.

22. How many people have completed the pathway in the last year?
35.

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

Yes
The CCG has commissioned a review of the Assessment and Diagnosis pathway. Please refer to question 19 for more information.

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?
a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis
b. Specialist autism specific service

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?
Yes
Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?
The Community Autism Team work closely with the Assessment and Diagnosis team and referrals are made between both services.

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?
The Council provides a specialist, Community Autism Team, advocacy, carer support and care providers (including domiciliary care and floating support) as well as supporting awareness and accessibility amongst universal services as previously described.
Bracknell Forest Council are working in partnership with Berkshire Autistic Society to run Being Me and Social Eyes courses, designed to support people post diagnosis.
Berkshire Healthcare NHS Foundation Trust provides Berkshire-wide post diagnostic therapeutic support for Bracknell Forest residents, via a limited number of places on time limited psycho-educational groups, counselling and Cognitive Behavioural Therapy.
The Voluntary and Community Sector, including organisations such as Berkshire Autistic Society and Bracknell and Wokingham Mencap, also provide key support services for adults with autism and their carers.

Care and Support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a cooccurring learning disability and without?
a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget 106
b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability 56
c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability 50

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?
Yes
If yes, please give details
The Community Autism Team acts as a single point of contact for signposting and information.

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?
Yes
If yes, please give details

Referral to the Community Autism Team allows people with autism but without a learning disability to access community care assessment and other support.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?
Green
This forms part of the Council's Advocacy Contract with Just Advocacy.

All new advocates receive in-house autism training and they also attend various workshops put on by organisations such as the National Autistic Society. They also attend one or two events or conferences each year related to autism. Longer term staff are experienced in supporting people living with autism and a number of them have previous in-depth career experience of teaching, supporting, or developing psychology based programmes for people with autism.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?
Green
The Council has an Advocacy Policy which enables adults with autism, whatever their ability, access to an advocate.

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?
Yes
Provide an example of the type of support that is available in your area.
The Autism Team, as well as universal services who are equipped to make reasonable adjustments, are able to signpost people to other types of support if they do not meet FACS eligibility. There are also social groups, Voluntary and Community Sector organisations, mentoring schemes and many other ways for adults with autism to access support and services.

33. How would you assess the level of information about local support in your area being accessible to people with autism?
Green
There is a lot of information available which is under constant review and improvement. The Autism Partnership Board is committed to an ongoing campaign of awareness.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?
Green
Both a needs analysis and plan is in place to specifically meet the housing needs of people with autism. The housing plan includes what kinds of places people want to live in e.g. where and who with.
This is to make sure that people can live in accommodation that is right for them.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?
Green
The Autism Partnership Board has an employment plan. Within that there are ways in which we promote employment. Specifically, people with autism have access to the Council's Supported Employment Service (Breakthrough) and receive practical support to gain and keep a job role. Awareness training and support are offered to local employers, the local Retailers Forum, local employment agencies and all staff at the local job centre.

36. Do transition processes to adult services have an employment focus?

Green
Approaching adulthood procedures and practise focus on meeting people's needs in ways that are meaningful for them.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?
Green
CJS are engaging as key partners and recently held a session with the Autism Partnership Board. This generated an Action Plan with one result being the allocation of a specific Police Officer with a lead for autism in the local area.

Optional Self-advocate stories

Self-advocate stories.
Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.

Self-advocate story one
Question number 35
2011, I was 18 and just out of sixth form, having received my first jobseekers benefits and ready to look for work. Supported by the Bracknell Autism team, I was able to access support with Breakthrough.
I gained interview techniques and CV writing skills. This helped me secure a casual clerical assistant position in the Environment Culture and Communities department of the Council.
After my job in the council I volunteered before being successful in getting a 4 hour per week job with a charity called The Ark Trust. I was employed as an Admin Assistant for the Ark and six months later I was offered two extensions to my hours going from four to 20 hours per week, working part time as the Ark's chief receptionist and later becoming a partner of Healthwatch Bracknell Forest.
Thanks to Breakthrough I went from having no job and no experience, to having a permanent job and becoming a valued member of the team. I am now not receiving any benefits and like being part of the general working community.

Self-advocate story two
Question number 10
I really enjoy going and try to go as regular member of the Autism self advocacy group. Liz (Just Advocacy) supports us as a group. The group is really knowledgeable and finds that it doesn't just offer advice to the Autism Team and other local services, but will also help other members of the community with ASD. The self advocacy group is part of the Autism Partnership Board, which I find very beneficial as we can raise any issues.

Self-advocate story three
Question number 34
My family contacted the Autism Team on my behalf. The initial support I received was very helpful and I was supported to move out of home where I was living with my family and live on my own. Without the support of the Autism Team I wouldn't have been able to do this.

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?
a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?
Yes

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter of 5th August
2013?
Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.
The data fill will remain open after that for two reasons:
1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions. Please note modifications to comment text or additional stories entered after this point will not be used in the final report.
What was the date of the meeting of the Health and Well Being Board that this was discussed? Please enter in the following format: 01/01/2014 for the 1st January 2014.
12/12/2013

From Norman Lamb MP
Minister of State for Care and Support

To: **Directors of Adult Social Services**

Copied to: **Directors of Public Health**
Directors of Children's Services
Clinical Commissioning Group Leads and Accountable Officers
Chairs of Health and Wellbeing Boards

Richmond House
79 Whitehall
London
SW1A 2NS

Telephone: 020 7210 3000

2 August 2013

Dear Colleague

The 2010 Adult Autism Strategy *Fulfilling and Rewarding Lives:* Evaluating Progress – the second national exercise.

This letter is to obtain your assistance in taking forward the second self-assessment exercise for the implementation of the Adult Autism Strategy. Local Authorities play a key role in implementing the recommendations of the Strategy and the statutory guidance that supports it.

The purpose of the self assessment is to:

- assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy;
- see how much progress has been made since the baseline survey, as at February 2012;
- provide evidence of examples of good progress made that can be shared and of remaining challenges.

An on-line return to Public Health England via the Improving health and lives website is required **by Monday 30 September 2013**.

I am sorry that this exercise is to a broadly similar timescale as the one on Learning Disabilities. We had tried to avoid this but with the information

that is submitted being a vital part of the Review of the Adult Autism Strategy and the unavoidable timetable for the Learning Disabilities self assessment, this has not proved possible.

The Adult Autism Strategy

The Adult Autism Strategy *Fulfilling and Rewarding Lives* was published in 2010. It is an essential step towards realising the Government's long term vision for transforming the lives of and outcomes for adults with autism. The Department of Health is the lead policy department for the Strategy but with delivery shared across a range of government departments and agencies, and local health and social service providers.

The Autism Strategy has five areas for action aimed at improving the lives of adults with autism:

- increasing awareness and understanding of autism;
- developing a clear, consistent pathway for diagnosis of autism;
- improving access for adults with autism to services and support;
- helping adults with autism into work; and
- enabling local partners to develop relevant services.

The Strategy is not just about putting in place autism services but about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.

Review of the Strategy

The Department of Health is currently leading a formal review of progress against the Strategy. This is an opportunity for Government to assess whether the objectives of the Strategy remain fundamentally the right ones, to be assured of the progress that is being achieved by Local Authorities and the NHS, and consider what should happen to continue to make progress and what barriers could be resolved. The investigative stage of the Review will last until the end of October and the Strategy will be revised as necessary by March 2014.

The self-assessment exercise

This exercise builds on the first self assessment exercise which looked at what progress had been made since February 2012. This was based around the self-assessment framework which the Department of Health

launched in April 2011 to support localities with the delivery of the Adult Autism Strategy and the statutory guidance for health and social care which was issued in December 2010. The individual returns received and related reports from February 2012 can be found at www.improvinghealthandlives.org.uk/projects/autsaf2011.

We hope to get a national overview of local area implementation of the strategy, identify the good progress made with examples of the impact for people with autism where possible and for this to assist the review in developing next steps for the strategy. We are also keen to understand the challenges which may be impacting on progress and local solutions.

The list of questions is more focused than last time but will still enable a comparison with results from the 2012 exercise. For some questions there is a RAG rating system with scoring criteria for that question. If a question is scored Red or Amber, respondents will be asked to say what is stopping progress and for Green scores there will be the opportunity to say what actions have enabled progress. Examples of good practice and where actions have made a positive impact on individuals are also being sought.

It is important to come to a multi-agency perspective, including liaison with Clinical Commissioning Groups, to reflect the requirements of the implementation of the strategy, although the Local Authority is tasked with the consolidation of the return as the lead body locally. The returns will be analysed by the Public Health England learning disabilities observatory. The on-line questionnaire can be accessed at www.improvinghealthandlives.org.uk/projects/autism2013. Respondents should be aware that all local responses will be published in full online.

Action needed

I would be grateful if you could draw attention to and discuss this letter with the person who is responsible for adult autism within your authority, so that they lead the co-ordination of the return in your area. The timescale for completion of this part of the exercise is **Monday 30 September 2013**.

The response for your Local Authority area should be agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism. I am also asking that you are aware of the content of the return when it is submitted and that it is discussed by the local Health and Well Being Board by the end of January 2014 as

evidence for local planning and health needs assessment strategy development and supporting local implementation work.

Technical detail on how the returns are to be made can be found on the improving health and lives website.

Queries on:

- The Autism Strategy Review itself can be sent to autism@dh.gsi.gov.uk
- Questions on the self assessment exercise can be sent via the ADASS Network e-mail address Team@ADASS.org.uk for the attention of Zandrea Stewart, the ADASS National Autism Lead.

The letter has been prepared with the support of Zandrea Stewart and Sam Cramond (Head of Partnerships, NHS England). A briefing for all Directors of Social Care on the Review will also be sent via the ADASS network. The letter will be circulated to CCGs via the NHS England CCG bulletin on 8 August.

NORMAN LAMB

Autism: Unmet Health Needs

A paper for further investment in Bracknell Forest

Introduction

This paper aims to evidence the degree of, and significance of, unmet needs for adults with autism. The paper takes operational data from teams supporting adults with autism in Bracknell Forest.

Background Information

What is Autism/Asperger Syndrome

Autism is a serious and lifelong developmental disability. On its own, autism is not a learning disability or a mental health problem. However, some people with autism have an accompanying learning disability, learning difficulty or mental health problem.

Autism is a spectrum condition. This means that while all people with autism share certain difficulties, the condition affects them differently. Some people with autism are able to live relatively independent lives but others may need a lifetime of specialist support.

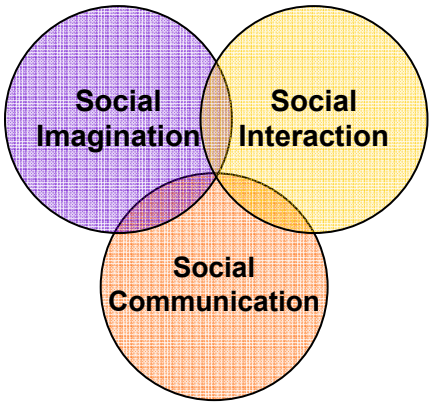
Asperger syndrome is a form of autism. People with Asperger syndrome are often of average or above average intelligence. They have fewer problems with speech but may still have difficulties with understanding and processing language.

People who have autism usually experience three main areas of difficulty but to differing degrees. These are called the Triad of Impairments.

The Triad of Impairments

People with autism can have difficulty;

- with abstract ideas,
- predicting what other people will do or think,
- with new or unexpected situations or planning for the future,
- thinking outside of their routines,
- understanding other people's feelings.



People with autism may not;

- be able to understand other peoples feeling i.e. they have difficulty with empathy,
- understand social rules e.g. they can speak about inappropriate subjects or appear very blunt,
- be able to express / understand their own feelings.

Very often people with autism will prefer to be by themselves.

People can have difficulties with verbal and non verbal communication and this includes the following:

- Facial expressions and tone;
- Sarcasm or jokes;
- Taking speech very literally

Some people will have no verbal speech, but others who may have good language skills may not understand the social rules associated with conversation e.g. they will speak for too long or not understand the turn taking aspects of conversation.

Further to the Triad of Impairments there are three other common themes to autism.

- **Routines and special interests**

  Routines: People on the autistic spectrum can stick to their routines very inflexibly, but this may help them make sense of a world that can otherwise be very unpredictable.

  Special Interests: Some people can develop almost obsessional interests, and they will be very knowledgeable in these areas e.g. bird watching or Dr Who.

- **Sensory sensitivity**

  This is sometimes called the fourth impairment and we are now becoming much more aware of its significance.

  People on the spectrum may experience over sensitivity (hypersensitivity) or under sensitivity (hypo-sensitive) in relation to any of the 7 senses; vision, hearing, taste, smell, touch, proprioception (body awareness) and vestibular (movement awareness).

  Examples of hypersensitivity: People can find it impossible to block out background noise, deal with bright colours or the seams on their clothing.

  Examples of hypo-sensitivity: Some people will rock or poke their eyes in order to create a sensation. Difficulties with proprioception can lead to problems in navigating rooms full of obstacles, such as furniture and people, and with fine motor skills.

- **Mental health**

  People with autism or Asperger syndrome are particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life (Tantam & Prestwood, 1999). Ghaziuddin et al (1998) found that 65% of their sample of patients with Asperger syndrome presented with symptoms of psychiatric disorder.

  Because people with autism can struggle to communicate it can mean that it is not until the illness is well developed that it is recognised. This delay in diagnosis and treatment can lead to aggression, paranoia, substance misuse, withdrawal or refusal to leave a house or room, increased obsessional behaviour and suicidal feelings.

  The three main issues are depression, anxiety and obsessive compulsive disorder.

  Depression: About 1 in 15 people with Asperger syndrome experience symptoms (Tantam, 1991).

  Anxiety: Muris et al (1998) found that 84.1% of people with pervasive developmental disorder met the full criteria of at least one anxiety disorder (phobia, panic disorder, separation anxiety disorder, avoidant disorder, overanxious disorder, obsessive compulsive disorder). This does not necessarily go away as the child grows older. For some people, it is the treatment of their anxiety disorder that leads to a diagnosis of Asperger syndrome.

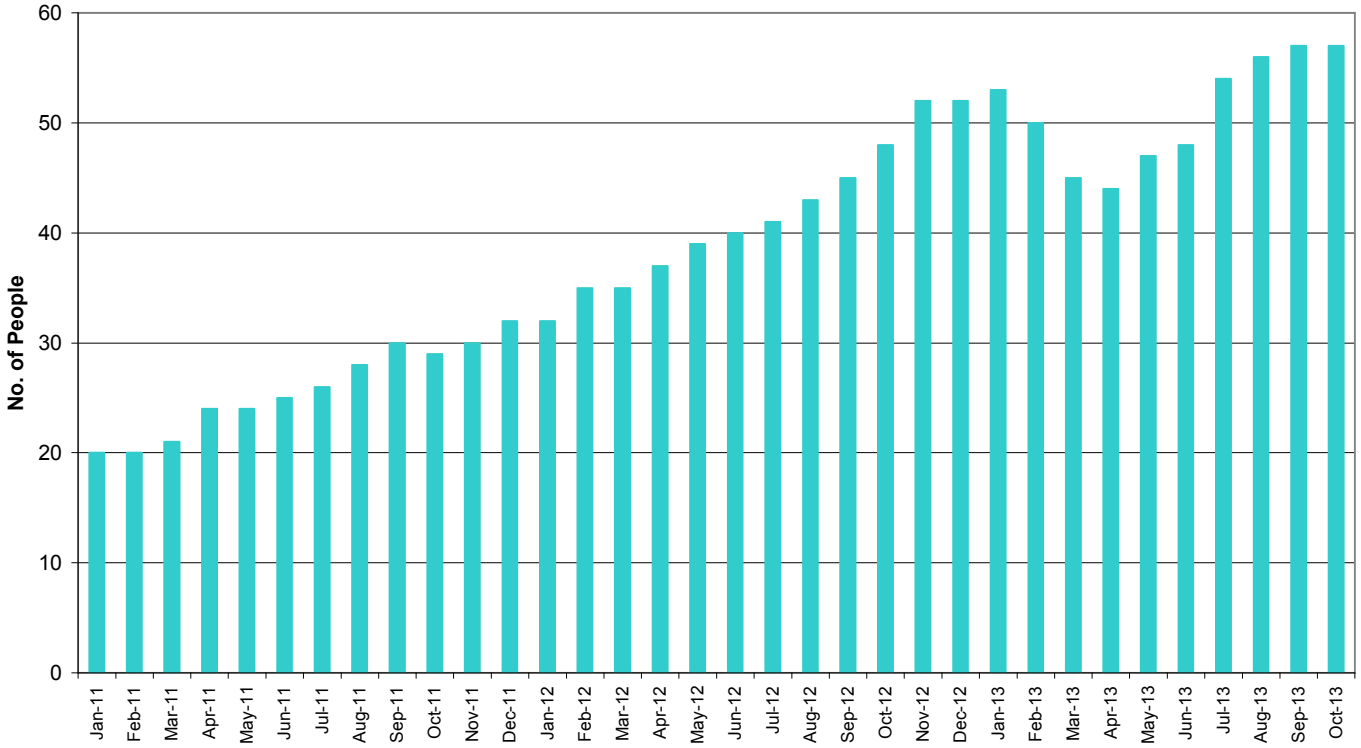
  Obsessive compulsive disorder (OCD): Szatmari et al (1989) studied a group of 24 people to discover that 8% with Asperger syndrome and 10% with high-functioning autism were diagnosed with OCD. This compared to 5% of the control group of people without autism but with social problems. Thomsen el at (1994) found that in the people he studied, the OCD continued throughout adulthood.

Autism: Unmet Health Needs

A paper for further investment in Bracknell Forest

Current Demand and Unmet Need

Below is a picture of the current demand for social services in Bracknell Forest.



Area	Demand
Adults with a diagnosis eligible for support	56
Total Population[1]	115,100
Population with autism (1% prevalence)	1,151

Local Issues / Unmet Needs - The Evidence

1. Social isolation
2. Poor daily living skills and self care
3. The prevalence of Anxiety/Self harm/Aggressive behaviour/Mental health Issues

1. Social isolation

Without exception, each and every individual who receives a service from the ASD team suffers a degree of social isolation and the team has used a number of strategies to alleviate this. Each case is slightly different and each requires its own strategy. Some have been more successful than others.

Examples:

MB is a young man who lived with his mother and two younger siblings. He rarely emerged from his bedroom. When he did it was often to verbally or physically attack his mother or sister.

CS was another young man who lived with his father and stepmother. He hadn't left their one bedroom flat for 2 years. He also had violent fantasies associated with serial killing.

[1] Source: ONS June 2012 mid-year population estimates

SK is a woman in her thirties, on the autistic spectrum. She takes communication very literally and has very poor theory of mind. This is in spite of having a high IQ. As a result, she continually gets involved in a series of confrontations with her neighbours and others including the council and the health service.

In all 3 examples Psychology intervention would have helped each person to develop the necessary strategies to manage their mental health and wellbeing. However this was not available.

2. Daily Living Skills and self care

Many individuals struggle with this area of daily life. They are often poorly motivated and have difficulty in sequencing tasks. There are also sensory issues.

Examples:

SB cannot bear to hoover because of his hypersensitivity to noise, yet he is completely obsessed by recycling to the detriment of his flat mates, and completely lacks empathy toward them. This is a complex situation which gives rise to huge difficulties for SB, and his housemates. There is no specialist health input to support him.
OT could provide a sensory assessment which would identify areas of sensory difficulty for this individual. They would then identify strategies for minimising the impact on him and those with whom he lives.

NR's flat was in such a state that the council would not enter to refurbish his bathroom and kitchen. His heating had also broken down several years before and he had gone through several harsh winters with no heating at all. He couldn't clean his flat or ask for help.
If OT support was available they would complete an assessment of his activities of daily living [ADL]. In this instance an assessment of his Domestic ADL skills would be appropriate. This would involve interview and observations of how he managed ADL tasks. Then with him the OT would develop a programme or plan to address the areas of deficit and either work directly with the individual or work with a provider commissioned to support the individual. This could be reviewed and developed as the need arose e.g. as his skills improved. Assistive technology could be used to help him with these tasks e.g. computer programmes to scaffold decision making or systems of reminders and prompts through apps on an iPhone.

SS is an example of a young lady who can hold down an office job but cannot make a snack.
Again this would require a Domestic ADL assessment by an OT. A programme devised to support the person with cooking skills. This would take into account problematic areas such as sequencing the tasks within food preparation, examining reasons for possibly anxiety when cooking, looking at possible sensory reasons for a reluctance to cook (heat, texture, taste). Support would be provided through appropriate interventions such as ensuring that the kitchen and kitchen equipment/appliances were appropriate for the individual and structures to assist within the tasks visual timetables, 'easy read 'recipes.

JP holds down a job but can't do up his shoe laces or use the toilet properly.
In this case the OT would use a Personal assessment ADL [PADL] looking at his self care skills. This would be in order to identify issues and devise an appropriate support plan e.g. task development tying laces, cleaning himself after using the toilet which he could work on directly or work with a support provider. They may also identify equipment that may support the individual to achieve their goals e.g. shoes with Velcro, clos-omat toilet. Advice regarding possible medical issues would also need to be sought e.g. some form of digestive disorder which may need support thought dietetics service.

As with other people referred to OT the role of the OT is to assess and evaluate an individual's skills and abilities through ADL and develop interventions, treatments and programmes to overcome any

difficulties. As with any OT interventions the person is placed at the centre of both the assessment and intervention process[2]. The aim is to work with him/her to achieve his/her goals.

The role of Occupational Therapy with adults with autism would have two main features:

1. Activities of Daily Living

   This could involve the full spectrum of activities within an individual's life from self-care, domestic, accessing the community, leisure and employment, depending on the individual's need. Programmes based on assessment would be devised. OT could provide direct support for individuals or work with provider agencies to set up programmes that will improve daily living skills and self care e.g. through individualised programmes based on task analysis, through using appropriate equipment and assistive technology. Interventions could range from one to one work to use of group work e.g. to develop social skills.

2. Sensory Assessment

   Sensory problems are prevalent amongst individuals on the ASD spectrum. It is certain that the individuals supported by the team are detrimentally affected in this way. However, none of them has had an assessment. An assessment to identify issues and then strategies to deal with them could make for an immediate improvement in health and well being.

3. Anxiety/Self harm/Aggressive behaviour/Mental health Issues

Examples:

CS has been mentioned previously. He didn't leave his room for 2 years and was becoming increasingly obsessed with on line sites dedicated to mass murder. He was not sectionable and not eligible for a service from CMHT as he was not assessed as having a severe and enduring mental illness at that time. CMHT professionals gave advice in their own time. As a result Excel/Choice were commissioned and he was treated by their Psychology/Psychiatry service in a residential unit until he had recovered sufficiently to move into his own home,
The psychologists monitored behaviour and also developed strategies to help manage anxiety, social dysfunction and to improve self esteem. Psychiatry addressed CS's mental health issues and prescribed anti depressant medication which was pivotal in his recovery.

If Adult Social Care hadn't funded this package, CS was deteriorating so rapidly that he may have gone into crisis eventually needing an acute admission.

SG suffers with anxiety and poor self esteem. She is currently self harming but was told by the GP that there are no therapeutic interventions to help her.

SR is a young man who is intellectually capable of going to university and yet he cannot function without his teddy bear which he takes everywhere. The Teddy bear serves as a means of Managing SR's anxiety and without it he cannot leave the house. If he attends an activity where he cannot take the bear then his mother has to sit outside of the venue with the bear in her car so he at least knows it is somewhere near.
SR needs support to manage his anxiety in a way which does not leave him open to aggression and social exclusion. At the moment this is not available to him.

SD is now having problems with the police. The only intervention he was offered was Talking Therapies which didn't work for him, Talking therapy is a tiered time limited service that largely focuses on Cognitive Behavioural Therapy (CBT)[3]. However, this focuses on exploring the way individuals think about themselves and their feelings which would be very problematic for individuals who have difficulties with Social Imagination, one of the Triad of impairments. People with Autism can have difficulties in

[3] CBT is a talking therapy that can help you manage your problems by changing the way you think and behave.

dealing with abstract concepts such as feelings, they may require concrete ways of looking at emotions or may use language that is not conventionally understood. CBT can be adapted for use by people on the Autistic spectrum but this takes expertise and a good knowledge of the condition. Workers providing the therapy don't usually have this level of knowledge. As a result Talking Therapies is not usually helpful for those on the Autistic Spectrum. Because of this, SDs family paid for counselling privately.

Talking therapies also didn't work for MS who fantasises about killing her mother.

This lack of support and intervention is already having a detrimental affect on these young peoples' lives and they may well deteriorate as they get older.

In addition to Occupational Therapy skills there is a need for psychology treatments. A primary psychological treatment for mood disorder is Cognitive Behavioural therapy as it changes the way a person thinks and responds to feelings like anxiety.
According to Hare and Paine (1997) there are ways of adapting this for the use of people on the autistic spectrum but this would require the therapist to have a knowledge and understanding of autistic spectrum disorder in a counselling setting.

Psychologists are also needed to support a holistic assessment of an individuals needs as part of a multidisciplinary team set up to deliver a package of health and social care provision and then to review and evaluate that package.
They could include:

- Counselling
- Visual timetables
- Use of Diaries
- Social Scripts
- Cartoon communications
- Concrete strategies for dealing with anxiety. For example someone with little insight or imagination will have difficulty in recognising they are anxious. There they would be told that if they begin sweating and their hearts race they need to use the breathing exercises to make these symptoms diminish.

People on the Autistic Spectrum can experience a range of mental health difficulties, especially anxiety and depression. This can be mistaken for psychotic disorders so it is important that psychiatrists treating them have knowledge of autism and Aspergers syndrome.
With this expertise they can use conventional drug therapies to treat anxiety, depression and other disorders. Behavioural approaches may also be effective but any package must be tailor made and overseen by a qualified professional.
If diagnoses and interventions are made early and effectively by psychiatrists experienced in autism, then there is more likelihood that they can continue to live and be treated in their communities, thereby avoiding crises and acute admissions.

Autism: Unmet Health Needs

A paper for further investment in Bracknell Forest

Demand Summary

Support Type	Unmet Need*
Adults requiring Occupational Therapy Support	15
Adults requiring Psychology Support	24
Adults requiring Psychiatry Support	5

**As of September 2013*

Key Challenges

- How to secure formalised and permanent input from certain Health skill sets proportionate to need and demand. Individuals can be completely debilitated without such – see CS case study.
- Access to specialist services would certainly impact on crisis interventions but would also add a strong preventative focus.
- Over the next 10 years it is expected there will be an increase in the population of Bracknell Forest and Berkshire and therefore an increase in the numbers of people with ASD. Following national and local campaigns to raise awareness about ASD and diagnosis we can anticipate an increase in demand for assessment, support and funding.

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TO: HEALTH AND WELLBEING BOARD
12 DECEMBER 2013

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE
Strategic Director of Public Health

1 PURPOSE OF REPORT

1.1 To provide the Health and Wellbeing Board will a progress report on the redesign Joint Strategic Needs Assessment (JSNA) and refreshed data for 2013/14.

2 RECOMMENDATIONS

2.1 That the board notes the progress to date.

That the Board discusses and agrees the next steps for launching the Web based JSNA for consultation.

3 REASONS FOR RECOMMENDATIONS

3.1 To provide the board with a current picture of the progress both from the Berkshire Public Health shared team and the Bracknell Forest Public Health team.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None

5 SUPPORTING INFORMATION

5.1 The JSNA Programme has made excellent progress, meeting the all the agreed timescale for the delivery of Phase One of the redesigned JSNA. This includes:

- the review of the existing JSNA sections
- where appropriate the rewrite of specific sections
- the development of new sections that reflect the strategic needs of the local population
- developed bespoke web process maps
- designed the web architecture
- scoped the web section scripts
- creation of 18 ward profiles

5.2 The Bracknell Forest JSNA Project Group has been instrumental in keeping the local programme on target with the support of the Shared Team. The group has had representation from all directorates across the council and Clinical Commissioning

Groups (CCG's). This focus has proved beneficial in providing a co-ordinated and collaborative approach to producing 85 sections that have highlighted the strategic needs of residents in Bracknell Forest. All the 85 sections completed and sent to the Shared Team ahead of schedule. The Shared Team have reviewed all the section following a robust quality assurance process and have been handed back to the IT colleague who has been responsible for loading onto the web site.

5.3 The Shared Team have revised the web processes maps to ensure that the IT colleague could complete the design of the web architecture. This has provided a guided structure to work from which has ensured loading of sections into the appropriate heading was correct. This process has allowed additional time to test and refine the both the structure and content.

5.4 The Bracknell Forest and Ascot Clinical Commissioning Group's have received their final the CCG's Profiles, which were delivered on the 15th November. These will be linked on the JSNA Web site as a Hyperlink which will provide information for key stakeholders.

5.6 The 126 ward profiles across Berkshire were completed ahead of the deadline (30th Sept), these included the 18 ward profile specifically for Bracknell Forest. These have been loaded onto the web site and are ready for testing and consultation.

5.7 A Web designer has been sourced, agreed and appointed to further develop the "look and feel" of the JSNA. This company are currently in the process of scoping out the design options.

5.8 The Shared Team have now completed their process on time and have handed over the Bracknell Forest JSNA to the Bracknell Forest Pubic Health Team. The local team will be responsible for the consultation process, the JSNA summary and launch, along with future development.

5.9 There will be a presentation to the Board of the test website and snapshot of ward profiles.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal issues are addressed within the main body of the report.

Borough Treasurer

6.2 All costs for this work are contained within existing budget.

Equalities Impact Assessment

6.3 The Health and Wellbeing Board will need to meet the Public Sector Equality Duty under the Equalities Act 2010 and consideration will be given to this throughout the JSNA redesign process.

Strategic Risk Management Issues

6.4 Staff capacity issues with regards to having the time to meet the deadlines for reviewing the existing JSNA and populating the project templates for the web pages.

Other Officers

7 CONSULTATION

Principal Groups Consulted

7.1 Advisory Board, Adult Social Care, Health and Housing staff, Public Health Consultant and Members.

Method of Consultation

7.2 Meetings, presentations and workshops for consultation.

Representations Received

7.3

Background Papers

Three sample Ward Profiles

Contact for further information
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TO: HEALTH AND WELL BEING BOARD
12 DECEMBER 2013

REVIEW OF CHILDRENS' PUBLIC HEALTH COMMISSIONING OPPORTUNITIES
Strategic Director of Public Health

1 PURPOSE OF REPORT

1.1 The Bracknell Forest Health and wellbeing strategy as part of its key principles identifies the need to focus on our children. This paper summarises a practical programme that will allow us to explore and identify these opportunities.

1.2 This paper briefly outlines the national changes that will be occurring in childrens' commissioning for public health services.

1.3 The paper also outlines a local approach to support this change. In consultation with a wide range of stakeholders, this work will scope out current services, identify levels of need, and establish a way forward for commissioning and service delivery. The work also includes a bid for the small health visitor transformation funding.

2 RECOMMENDATIONS

That the Health and Well Being Board:

2.1 Note this approach to children's planning to drive the provision of public health services to children.

3 REASONS FOR RECOMMENDATIONS

2.2 Two of the principles that underpin the Health and Well-Being strategy are:

2.2.1 Organisations should work together to make the best use of all the resources they have – This includes staff and money, and working together to get more things done safely for more people and more quickly. This may mean that some organisations have to change the way they work to focus more on preventing ill health, as well as than treating it.

2.2.2 The support and services that people get should be of the best possible quality, and should keep them safe from harm that can be avoided.

2.3 The relevance of this work is that one of the key priority groups identified in the strategy are children. In addition this work encourages and supports the integration services centred on the needs of our children. Within this priority are one of the key aims is to: *Embed prevention and early intervention into the routine delivery of all services to children, young people and families -Prevention and early intervention is a key national and local priority aimed at supporting children, young people and families early before any problems / difficulties escalate into more significant and serious issues which require more intensive support at a much higher level of need.*

2.4 This work outlined in this paper therefore addresses the priorities identified in the Health and Well Being Strategy and the approach highlighted in this strategy.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None

5 SUPPORTING INFORMATION

National Context

5.1 The Health and Social Care Act changed the pattern of commissioners for a range of health services including those that serve children.

5.2 The local authority already has established and extensive responsibilities with regards childrens' care: education, safeguarding and social care services as well as early intervention and prevention services - often delivered through children's' centres.

5.3 From 2013/2014, Clinical Commissioning Groups (CCGs) have been charged with commissioning the majority of health services (supported by the national NHS England) and are responsible for allocating resources and providing commissioning guidance. This includes children's accident & emergency services, paediatrics in district general hospitals and children & adolescent mental health services (excluding level 4 provision).

5.4 The NHS England Local Area Team are responsible for Level 4 children & adolescent mental health services. In addition the area team commissions children's' immunisation services, newborn screening and routine primary care and health visiting until 2015.

5.5 As part of the movement of public health responsibility to the local authority, public health services for children and young people aged 5-19 have been transferred though in a staged approach. Bracknell Forest currently has an overview role on immunisation and directly commissions school nursing.

5.6 The next stage is the transfer of health visiting and family nurse partnership programme in 2015 following the expansion of the health visitor programme. This expansion is part of a national government commitment to expand the number of health visitors by 4200 and ensure sustainability of service. The investment in Health visiting services provides a further opportunity to strengthen the support to families through the delivery of the Health Child Programme.

Public Health Outcomes

5.7 The new role of local government is to improve the health of their local population but also to reduce inequalities in health.

5.8 Nationally whilst life expectancy is increasing the reduction in health inequalities is not being seen. In the original Marmot report in 2008 the review of the evidence of what works in reducing inequalities and identified that there were six core actions that would lead to reduction in inequalities: however central to a long term solution was a focus on the child - giving every child the best start in life and maximizing their opportunities. School nursing and health visiting are key public health services.

5.9 Public Health Outcomes that will be influenced by the school nursing and health visiting programmes include:

5.9.1 Under 18 conceptions
5.9.2 Infant mortality
5.9.3 Low birth weight of term babies
5.9.4 Smoking status at time of delivery
5.9.5 Breastfeeding (initiation and at 6–8 weeks)
5.9.6 Vaccination coverage
5.9.7 Healthy weight 4–5 years
5.9.8 Tooth decay in children age 5

5.10 The opportunity of the change in the commissioning of childrens' universal public health services allows each Unitary Authority to examine how best to align the current pattern of care to achieve the best outcomes in this time of financial constraints maximising the impact of the Health Visitor and school nursing roles and transfer.

Proposal for Children's Services Review

5.11 Nationally there is work underway to ensure the smooth and sustainable transfer of health visiting services to local government and ensure the leadership role of health visitors is continued within the new commissioning arrangements.

5.12 However we also wish to review the 0-19 year old offer across our services to ensure that they are focused on the existing and emerging needs of our children, since school nursing is now already commissioned through Public Health in Bracknell Forest Borough Council.

5.13 The approach therefore begin with a through review of existing services for our children, reflecting these against needs and best practice to develop a 5 year plan to support the our health and well being strategic goals. The work will be managed to ensure that the needs of the various age groups are addressed and allow us to re-specify and commission the school nursing and health visiting roles.

5.14 The work will describe in detail the current pattern of services for our children within each Unitary Authority area, to review whether these services best serve the needs of our local children now and going forward and then to re design the services, to allow the services to be re-commissioned to achieve the best outcomes and alignment. A more detailed description of these stages of work is in Appendix A.

5.15 This work will involve all key stakeholders including local government staff in children's' social care, education representatives from schools, voluntary sector representatives / users, healthcare provider services, public health, local political leaders, local area NHS England team and Clinical Commissioning Groups.

5.16 Nationally, part of the health visitor transition work has made available a small amount transition funding - approximately £20k for Berkshire to support this process. The fund was announced on 6 November with applications to be submitted by November 13. The approach that we are submitting builds on work that is summarised above and previously discussed with the Director of Children's Services and leaders. In summary the focus of this bid for funding will be to review the approach to 0-5 year's service delivery, and develop a new strategy for this area for Bracknell Forest.

5.17 This approach will be repeated for older school age children to maximize the integration and impact of services.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal provisions are contained within the main body of the report. The consultation in respect of the transfer of health visitor functions as recited in the report complies with the Cabinet Office and Gunning principles as expanded in Coughlan , for a fair and transparent consultation process prior to the transfer of the function to the Local Authority.

Borough Treasurer

6.2 The estimated costs of the work outlined in the report are £20k, which is the subject of a bid for external funding established specifically for this work. In the event that the bid is not successful, the costs would be met from existing Public Health resources.

Equalities Impact Assessment

6.3 Following agreement of the proposed approach, each work stream will be subject to an equality impact assessment. Equal access to services will be a key consideration throughout the process of service scoping and exploring options for the future.

Strategic Risk Management Issues

6.4 Risk management will be a fundamental consideration as services are scoped and discussed.

7 CONSULTATION

Principal Groups Consulted

7.1 The approach outlined in this paper is centred on consultation and engagement with a wide range of stakeholders, including professionals and residents. Views will be sought in relation to several issues, including the current pattern of services, current levels of need and future commissioning and service provision.

Method of Consultation

7.2 Meetings, Stakeholder Events and Forums, Web-Based Consultation

Representations Received

7.3 None

Background Papers
Outline of Health Visitor Transformation Proposal (Annex A)

Contact for further information

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Appendix A

Health Visitor Transformation Proposal

Key Stages

Stage 1 - What is currently available to our children and families?

The starting point will be to understand and accurately describe what is already in place in our local area. Recent experience has shown that there is not a full understanding of the range of services provided by others within the local economy. Therefore the first stage of this work will be a workshop whereby each area presents the full range of services they provide; this allows each stakeholder to understand the full range of services in their area. This will allow immediately a greater understanding and potentially an immediate impact on care.

In addition with the funding available we will undertake parent and user experience surveys , asking for ways in which services could be improved Professionals working in the childrens services will also be invited to give feedback on how they think services cold be improved. This will feed into services redesign

Opportunity to share and understand review the services / patterns in the neighboring authorities so we can share experience / best practice / outside of the UA boundary

Stage 2 - Needs assessment for children 0-5 in Bracknell Forest.

This work will allow working in local groups to identify goals and outcomes to be delivered in the new environment. This will focus on universal and hard to reach groups to ensure both an improvement in health and a reduction in equalities.

The services will then be challenged to review how going forward, using the new evidence of effective service provision, and addressing the issues raised by users and providers their services can deliver these outcomes effectively maximizing the increase in health visitor capacity.

Stage 3 - Service re design and implementation

This work may involve:

I. additional support for existing professionals with in services to embed new ways of working - support may be sought from the Thames Valley Local Education and Training Boards (LETBs).
II. workforce development of new roles and skills
III. new contract formats supporting an outcomes based approach / delivering pooled / integrated budgets

The bid also includes immediate support to the provider to implement some key evidence based tools that maximise the outcomes for our children.

The provider has been with others developing a HV Service improvement plan. Part of this is the introduction of the Ages and Stages Child Health Review Tools for the 9 month and 2 year universal reviews from January 2014

The expectation is that this tool will allow earlier detection of children requiring support. The strategy development phase of this work will establish how these connections can be improved linking the child and family to the full range of services**.**

The BHFT Health Visiting Service will introduce the 'Solihull Approach to understanding children's behaviour'. The Solihull approach, **which is already adopted within some Bracknell Forest services,** is an evidence-based integrated theoretical model that can be used in practice, to provide a way of thinking about relationships. It supports professionals in their work with families and it has been proven to improve children's and parents' emotional relationship and wellbeing. The approach is known to support the parent-child relationship. Service within children's centres and more widely also have this underpinning principle.

The review of services will allow us to explore this tool and its application within the boarder framework of children's services in each UA to ensure consistency of approach for families irrespective of provider.

The national resources available will be used to deliver the workshops, venues, facilitation and write up of events (cartoonists will be used to capture the details and develop new models - an effective and engaging method to ensure clarity of outputs. In addition the resources will support professional and user experience capture through a variety of routes.

Governance

Engagement:

The work will be coordinated across Berkshire with Directors of children's services as key leaders and designers of this work - the events will be co chaired Public and Health and Childrens services.

The major provider for health visitor provision has been a part of the early discussions on this work as part of regular Public health and commissioner service development meetings

Programme Oversight:

In East Berkshire there is a strategic Children's Commissioning group being set up and this group will act as the overarching group for this work.

A health visitor transition board (with children's services and public health involvement) working with providers will be established across Berkshire and link into both the strategic children's commissioning group and with regular reports to the Health and Well-being board.

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TO: HEALTH AND WELLBEING BOARD
12 DECEMBER 2013

LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2012 /13
Director of Children, Young People and Learning

1 INTRODUCTION

1.1 The LSCB's 2012/13 Annual Report regarding the effectiveness of safeguarding and child protection practice in Bracknell Forest locality is provided to the Health and Wellbeing Board for information and to assist the members of the Board to consider their ongoing statutory safeguarding responsibilities.

2 RECOMMENDATION

2.1 The Health and Wellbeing Board is asked to note the learning and recommendations from the LSCB 2012/13 Annual Report (annex 1)

2.2 The Health and Wellbeing Board is asked to consider the key messages contained in section 8 of the Annual Report and the role of the Board in ensuring these key messages are supported through the ongoing work of the Board to partners, through key plans, strategies and direct practice.

2.3 That a protocol is developed between the LSCB and the Health and Wellbeing Board to clarify safeguarding accountability and how scrutiny and challenge can be effectively undertaken and evidenced.

3 REASONS FOR RECOMMENDATIONS

3.1 Statutory Guidance Working Together to Safeguard Children 2013 states that the LSCB Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None applicable

5 SUPPORTING INFORMATION

5.1 Working Together to Safeguard Children (2013) provides the statutory framework for the safeguarding responsibilities of those working with children and young people, including the responsibilities of the LSCB.

5.2 The report summarises the main areas of activity in the last year, some areas to note are:

- The overall approach that has been taken to the completion of the Section 11 safeguarding self assessment for organisations working across Berkshire. This process has been well coordinated by a Pan Berkshire Group, which has provided appropriate support and challenge throughout.

- The strong and robust response to the Section 11 self assessment process by Bracknell Forest Council, which has been led by the Chief Executive and demonstrated a strong commitment to safeguarding across all Council Departments.
- The undertaking of in-depth case review of a small number of children where there had been a significant safeguarding incident that had not met the criteria for a Serious Case Review, but the LSCB felt that further analysis would be beneficial in learning from them to inform future practice.
- The ongoing commitment to monitoring a key set of performance data, and in-depth analysis of areas of concern.
- The Quality Standards Group providing evidence of seeking the voice of the parent in an audit of parents accessing parenting support, and evidence that the impact of the Bruising Protocol, (developed following the Serious Case Review) is having in terms of professionals making a referral using the protocol.
- The ongoing successful delivery of safeguarding training which has see a 26% increase in attendance from the previous year (1,617 attendees).
- The success of the 2012 LSCB Conference on the theme of Safeguarding Vulnerable Children which was attended by 250 members of the children's workforce across statutory, private and voluntary organisations.
- The progress made against the Targeted Priority areas, which have been achieved through a strong commitment across the LSCB, Community Safety Partnership and the Children and Young People's Partnership.
- The additional areas of LSCB activity and challenge which highlights specific examples of the way in which the LSCB has addressed local safeguarding issues and concerns.

5.3 The report notes the Targeted Priorities for the 2013/14 Business Plan, which in addition to the ongoing priorities around Domestic abuse, Substance and alcohol misuse and Neglect, have added Child Sexual Exploitation, and Early Help.

5.4 The report provides a range of key messages which are aimed at those responsible for key partnerships and strategic planning across all organisations working with children, young people and families.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 Not applicable.

Borough Treasurer

6.2 Not applicable.

Equalities Impact Assessment

6.3 The LSCB does not work directly with children, young people and families. Its main function as a Board is to ensure the effectiveness of safeguarding of partner agencies. Within these functions the LSCB would address any equalities issues that arose in the course of its activity.

Strategic Risk Management Issues

6.4 This report provides an account of the LSCB activity in the past year. Within this account the report provides a list of key messages which are designed to provide partner agencies with some focus on areas of development which may help to reduce the risk of harm to children and young people in the future.

Contact for further information

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Bracknell Forest
Local Safeguarding Children Board

Annual Report
April 2012 to March 2013

Chairs forward

I am delighted to present the Bracknell Forest Safeguarding Children Board Annual Report for 2012/13. The Safeguarding Children Board is a strategic partnership working together to safeguard and promote the welfare of children living in Bracknell Forest.

This Annual Report describes the main achievements of the Board and partners during 2012/13 to improve safeguarding practice and outcomes for children and young people.

The Report also describes the priority areas for Bracknell Forest LSCB going forward in 2013/14. It has agreed five targeted priorities in addition to ensuring that the Board fulfils its core statutory functions. The targeted priorities are focussing on the need to reduce the impact of domestic abuse, substance misuse and neglect on children and the need to embed early help and reduce the risk of child sexual exploitation. The core functions are:

- To continue to hold partner agencies and organisations to account for their practice through ongoing scrutiny of case files, performance data and Section 11 self assessments.
- To continue to commission effective multi-agency safeguarding training.
- To continue to review all chid deaths and undertake case reviews where appropriate.
- To continue to ensure polices and procedures are developed and are fit for purpose.
- To raise awareness in the wider community of safeguarding arrangements

The recent publication by DfE of the revised statutory guidance, Working Together (March 2013) demonstrates the Government's Commitment to strengthening the role of LSCBs to monitor and scrutinise the effectiveness of all safeguarding arrangements.

The Board in this Annual Report provides significant evidence of the scrutiny and challenge it has undertaken throughout the year and this culture of continuous self assessment and constructive challenge is becoming increasingly rigorous and embedded within all partner organisations. The challenge going forward for the Board is to robustly demonstrate and evidence the impact of this activity on improving children's outcomes.

This Annual Report clearly demonstrates the significant amount of effective safeguarding activity undertaken by all partners in Bracknell Forest. I would like to record my thanks to all those who are involved in the Safeguarding Children Board and to all practitioners and the wider workforce who continue to demonstrate their commitment, passion and energy to protecting children and improving practice.

Alex Walters

Independent Chair, Bracknell Forest Safeguarding Children Board.

Contents

1. Introduction

This Annual Report is published by Bracknell Forest Local Safeguarding Children Board (LSCB) and is intended to give those working with, and planning services for children, young people and their families an overview of the work of the LSCB, its achievements and the challenges for its work in the future.

The early part of this document provides information in respect to the reports content, the context in which the LSCB undertakes its role, its statutory mandate and the structure of the Board, LSCB Forum and its Sub Groups.

The remainder of the report goes on to provide details of the range of work undertake during the year to ensure children and young people are appropriately
Safeguarded, their welfare is promoted through services delivered locally and how partner agencies are held to account on the effectiveness of their safeguarding arrangements.

The appendices referred to in the main body of the report provide additional detailed information as well as important contact details should further information be required.

1.1 About Bracknell Forest

Bracknell Forest lies 28 miles west of London and covers an area of 42 square miles, covering the towns of Bracknell and Sandhurst, the villages of Crowthorne, Binfield and outlying areas.

The Borough's population is 113,200 (2011 Census). The population growth rate has slowed considerably since 2001 from 11.7% to 3.3%. The population is relatively young (median age 38 years). Only 12.5% of the population is of pensionable age, compared to 16.3% nationally, although this is expected to grow. 28,000 (25%) are young people under the age of 18 years and the total number of pupils currently on roll at Bracknell Forest schools is approximately 16,000 (Jan 13).

While unemployment rates and measures of poverty and deprivation compare favourably with other areas of the UK, we recognise the impact this can have on the families affected and that such issues can adversely impact on children and young people's development.

Given the close proximity to other towns in the region, many families access services from agencies located within other Local Authority areas. This can present a challenge to organisations working with the most vulnerable families. This is particularly true of those families in need of emergency/ temporary housing. As a result all too often children have to move out of the area until their parents can find more permanent accommodation locally. This risks links being broken with families and supportive services and provides a further obstacle to information sharing as well as significant practical difficulties in regard to the monitoring of vulnerable children.

84.9% of those living in Bracknell Forest are reported to be 'White British' (2011 Census). However, the percentage of those from Black and Minority Ethnic Groups (BME) has increased in recent years. This is further reflected in the number of school pupils from BME communities which increased to 18% in 2013. Although English is the first language for 90% of all pupils, a total of 78 languages (excluding English) are currently being spoken locally.

For children and young people growing up in Bracknell Forest, community cohesion is extremely important. While a lot of good work continues to be done through the local Community Safety Partnership, the LSCB is aware that being the victim of hate crime, anti-social behaviour, prejudice and discrimination can significantly impact of children and young people's wellbeing.

Vulnerable Children and Young People

At the 31st March 2013 there were:

578 Children/Young People who had been assessed as being 'in need' of additional services (as defined within s17 Children Act 1989). This is the equivalent of 217.3 per 10,000 of the population of children and young people within the wider community. At the time of writing this report it was not possible to compare the proportion of children receiving these services with the equivalent data gathered regionally and nationally.

112 Children/Young People were the subject of Child Protection Plans because they were likely to suffer significant harm. This is the equivalent of 42.1 per 10,000 of the population of children and young people within the wider community. This is above the previous years average for the region (33.7 per 10,000) and the country (37.8 per 10,000). This is an area of continued focus and scrutiny by the LSCB to understand the increase and monitor the quality of wok undertaken.

103 Children/Young People who were 'Looked After' by the Local Authority, with the majority of these being placed in foster care and is the equivalent of 38.7 per 10,000 of the population of children and young people within the wider community. This is below the previous years average for the region of (47 per 10,000) and across the country (59 per 10,000).

1.2 About the Local Safeguarding Children Board (LSCB)

The LSCB was first instituted as a statutory board in April 2006, and has become an established inter-agency forum that brings together senior managers who represent a broad range of organisations working together to promote the welfare of, or protect, children and young people in Bracknell Forest.

The LSCB is independently chaired and a key element of the Chair's function is to hold to account the partner members of the LSCB, both individually and collectively.
This critical role reflects the statutory requirement recently re-issued in the updated guidance, Working Together to Safeguard Children (HMGov, 2013)[1] .

This guidance in association with the underpinning legislative obligations[2] makes clear the requirement for LSCBs to have in place robust scrutiny of partner organisations and to ensure that its independent function is not subordinate to, nor subsumed within, other local structures.
Statutory regulation supporting the implementation of Section 14 of the Children Act 2004 requires that the central focus of the LSCB is to:

- Ensure the effectiveness of local services safeguarding and child protection practice.
- Co-ordinate services' to promote the welfare of children and families.

In addition Regulation 5[3] of the Local Safeguarding Children Boards Regulations 2006 sets out the following specific LSCB roles and functions that support the objectives set out below:

(a) Developing policies and procedures
for safeguarding and promoting the welfare of children in the area of the authority including policies and procedures in relation to:

- The actions 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.

[1] http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf
[2] http://www.legislation.gov.uk/ukpga/2004/31/contents
[3] http://www.legislation.gov.uk/uksi/2006/90/regulation/5/made

- Recruitment and supervision of persons working with children.
- Investigation of allegations concerning persons who work with children.
- Safety and welfare of children who are privately fostered.
- Cooperation with neighbouring children's services authorities and their Board partners.

(b) Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising the awareness of how this can best be done and encouraging them to do so.

(c) Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.

(d) Participating in the planning of services for children in the area of the authority.

(e) Undertaking reviews of serious cases and advising the authority and Board partners on lessons to be learned

Regulation 6 provides for the inter-agency LSCB **Child Death Review** process, with Regulation 5 (3) providing for the LSCB to have discretion in respect of its engagement in any other activities "that facilitates, or is conducive to, the achievement of its objectives".

Regional Collaboration

The risks facing some children and young people such as those referred to in this report have increasingly resulted in agencies across the Thames Valley area working more collaboratively. The LSCB has continued to support such initiatives and a regional perspective is maintained through an Independent Chairs and Business managers forum that ensures better communication and joint strategic planning and to make best use of scarce resources. It also provides oversight of a number of pan Berkshire sub-groups that support the LSCB to deliver its statutory functions.

One example of issues raised is that the forum has required Thames Valley Police to provide evidence of ongoing improvement to their internal processes and practice in relation to Domestic Abuse and the quality of referrals to Children's Social Care which is actively monitored by Bracknell Forest LSCB.

1.3 How does the LSCB Operate?

The **LSCB** meets six times a year on a bi-monthly basis, it is responsible for:

- Ensuring compliance with the statutory functions required of the LSCBs in Working Together to Safeguard Children 2013.
- Monitoring progress against the Business Plan.
- Scrutinising and challenging sub group activity.
- Monitoring Serious Case Review and Individual Management Review action plans.
- Receiving and commenting on annual reports on safeguarding activity.
- Agreeing and managing the Partnership Forum agenda.
- Developing the use of shared resources across partner agencies to enable the LSCB to carry out its duties and propose efficiencies.

The LSCB **Partnership Forum** meets three times a year and is intended to focus on:

- Discussion areas that are brought to the partnerships attention because of excellence or concerns.
- Sharing information and informing all partners on strategic developments.
- The consideration of national developments local initiatives and associated learning.
- The dissemination of information on 'lessons learned'.
- Supporting partners in their effective communication of safeguarding 'messages' within their own agency and within multi-agency settings.
- Participating in a rolling programme of workshops designed to extend members knowledge and understanding of specific issues to inform strategic governance and prepare for Announced Inspection.

The **LSCB Sub Groups (see appendix A)** report directly to the LSCB. The primary Function of the sub-groups is to undertake activity to meet the statutory functions of the LSCB and the strategic priorities identified in the business plan.
All sub-groups have terms of reference, which are approved by the Executive, and reviewed on an annual basis.

The Independent Chair works closely with all LSCB partners, and plays a key role in holding all agencies to account. The Independent Chair provides an effective link between the LSCB and a range of regional and national strategic activity and developments. The Chair is a member of the national association of Independent LSCB Chairs and attends their regional network meetings and annual conference.

The **Business Manager** supports the Chair in the ongoing management of the Executive, and Forum business activity. The Business Manager works with local organisations and regional networks to support the Chairs of the various sub-groups, providing advice, guidance and undertaking tasks and activities as relevant.

The Independent Chair, Business Manager, Board and Forum Members and Sub-Group Chairs have a collective responsibility to ensure they are able to represent the LSCB priorities within the range of roles and responsibilities they hold in their respective agencies. Their role is to ensure that where relevant priorities and actions should be joined up with strategic priorities and actions of key partnership plans to secure joint working and more effective use of resources.

2. Effectiveness of Local Safeguarding Arrangements

This section looks at how well organisations in Bracknell Forest keep children and young children safe, how well they work together, what lessons have been learnt, what has worked well and what might need to change or improve.

The LSCB assesses the effectiveness of local safeguarding arrangements in various ways, including:

i. Section 11 safeguarding self-assessments undertaken by organisations.
ii. Individual case analysis/auditing activity (including Serious Case Reviews)
iii. Review of safeguarding incidents
iv. Review of all Child Deaths
v. Review of performance management information
vi. Receiving feedback from children and young people

2.1 Section 11 Self Assessments

Bracknell Forest LSCB has implemented a strategy to ensure that all organisations working with children, young people or parents/carers self-assess the extent to which they adhere to the requirements of Section 11 of the Children Act 2004. It has supported partner agencies in undertaking assessments that are designed to help them consider their organisations management of its safeguarding responsibilities.

In the first phase of this work that commenced in 2009, all statutory partner organisations were asked to self-assess their performance; in the second phase schools (including private and independent schools) were also asked to undertake self-assessments and in the third phase consideration was given to voluntary, community, faith and early years services, some of whom were not technically subject to these requirements, but for whom the LSCB had a responsibility to ensure safeguarding standards were met.

During 2012/13:

We have continued to work closely with the other five LSCBs operating across Berkshire and have collectively sought to audit the 'Section 11' compliance of those statutory partner organisations operating across the region. This has included Thames Valley Police, Probation services, The Healthcare Trust and two acute hospitals and CAFCASS.

The process has been coordinated and monitored by a Pan Berkshire Section 11 Sub Group which has alerted the LSCB to the challenges of undertaking such work with limited resources, and the need for partners to identify additional capacity to support improvement. The complexities relating to the ongoing changes within the health economy have been a particular issue in 2012/13, and this has been brought to the attention of the Board.

The outcome of this is that the LSCB's across all six unitary authorities have been assured of the status of partner organisation compliance with S11 Standards, and Bracknell Forest LSCB has reduced duplication for those partners who work across Berkshire (for example health, police). Any areas of concern that have been raised through the process and will be monitored by the Pan Berkshire Sub Group on behalf of the six LSCB's.

In addition to the work undertaken on a 'Pan Berkshire' basis, the LSCB has overseen a specific Section 11 self - assessment undertaken by all departments within Bracknell Forest Local Authority covering all the Local Authority functions. The Local Authority engaged very positively with this process and the self-assessments were robust and challenging. The resulting Action Plans will be reviewed in the autumn of 2013.

As a result of the S11 process, the LSCB has identified the following themes/issues for improvement within organisations:

- That induction processes provide basic safeguarding information and extend to all staff and volunteers.
- That the individual commitment of some managers is reflected across their organisation and in particular within its senior management.
- That clarification is given in respect of agencies expectations in relation to information sharing.
- That a clear line of accountability exists and is understood within organisations.
- That staff and volunteers in contact with the public have access to the online procedures jointly provided by the LSCBs across Berkshire.
- The need for organisations to ensure a clear understanding of the role of the LADO and processes for managing allegations against staff are understood and adhered to.
- Organisations clarify the minimum standards for training.

As a result of undertaking the self - assessment within Bracknell Forest a range of actions followed demonstrating a positive response to recommendations:

- **A briefing paper on safeguarding roles and responsibilities was written and presented to the senior managers within the local authority, including the Chief Executive, Directors and Chief Officers.**
- **A safeguarding training session was delivered to the senior managers group which covered the roles and responsibilities of the LSCB, LADO function and child protection.**
- **The same training was also made available to a range of other staff within the Local Authorities Corporate Centre, and Chief Executive's Office.**
- **The Safeguarding Cue Card was widely distributed across the authority.**

The LSCB has continued to monitor S11 compliance within voluntary, community and faith groups and has identified the need for further work to develop the support required by the sector. In addition the Board has recognised the need for a more proportionate methodology for small organisations if we are to promote high standards of Safeguarding within those groups who are not subject to S11 requirements and this will be a focus in 2013/2014.

2.2. Individual Case Reviews

Serious Case Reviews (SCRs)

Although no Serious Case Reviews (SCR) have been commissioned during the period of this annual report, the LSCB SCR Sub Group have continued to make great efforts to disseminate the learning from a Serious Case Review undertaken in respect of 'Child B', which was published in January 2013.

A great deal of specific learning from this SCR, together with the broader findings of research undertaken has been shared through presentations and workshops. The audiences have covered an extensive range of professional groups, senior leadership and management teams in a range of agencies and strategic partnerships including the Safeguarding Adults Partnership Board.

In addition, a presentation on the events surrounding the abuse of 'Child B' was presented to the 250 attendees at the LSCB's Annual Conference in June 2012 and a workshop capturing the learning from the SCR and also the 4 Case Review 'through the eyes of a child', was provided to a broad range of staff and volunteers. In addition to this event the LSCB has required that the learning from this review is reflected within the broader aspects of agencies professional development activities.

Recommendations made as a result of that SCR have been monitored by the SCR sub-group and the action plan which included all partner agencies has been signed off by the LSCB.

As a result of the Serious Case Review in respect of Child 'B', the LSCB published advice to parents/carers and a protocol for professionals in regard to bruising to immobile children. As a result of this Health partners subsequently reported that during the first six months of its implementation the 'protocol' resulted in 8 referrals with significant safeguarding concerns being subsequently confirmed in 4 of these cases.

In Jan 2013, Bracknell Forest LSCB volunteered along with five other LSCBs to be part of a national pilot commissioned by the Children's Improvement Board and involving SCIE to look at SCR processes and how to learning can most effectively be disseminated and embed in practice. Although no SCRs were undertaken during this period, the LSCB has been cognisant of learning established through the analysis contained in 'New learning from serious case reviews: a two year report for 2009-2011', (HM Gov, 2012).

The recently published Working Together to Safeguard Children (HM Gov, 2013), will provide the LSCB with a further opportunity to develop and bring together our SCR functions and a range of other activities that fall within the envisaged 'Learning and Improvement Framework'.

2.3. Review of Safeguarding Incidents and Case Reviews

In addition to the ongoing implementation of actions from the SCR into Child B, the LSCB SCR sub-group also reviewed the cases of three other children who were referred to the LSCB because they had been the subject of serious alleged abuse. A SCR was not commissioned in respect of these children, but in order to learn from their cases a brief analysis was completed and further work identified to be undertaken in order to maximise the learning for partner organisations.

In case 1, the child became the subject of more in-depth analysis and is the subject of an ongoing 'Partnership Review' which will be reported in the LSCB's 2013-2014 Annual Report. However, the approach adopted will utilise 'Practice Review' analysis and 'Systems' methodology. The review will seek to bring together a range of staff directly involved and will also attempt to engage the parents, in order that these perspectives are able to inform our understanding and support improvements.

In case 2, specific actions were able to be identified by the Serious Case Review Sub Group that will attempt to support staff in their work to engage men and has been identified as an area for further development.

This work will consider the specific interventions required when working with men whose violence may pose a risk to children, and how in cases where family members who have concerns about children can be encouraged to alert agencies.

In case 3, the initial analysis highlighted concerns about the practice of one of the partner organisations, which is being actively followed up and monitored by the LSCB SCR sub-group.

2.4 Child Deaths

The LSCB has a statutory responsibility for ensuring that a review of each death of a child normally resident in their area is undertaken by a Child Death Overview Panel (CDOP). The Panel membership is drawn from organisations represented on the LSCB, but has the flexibility to co-opt other relevant professionals where necessary and are accountable to the LSCB Chair.

Bracknell Forest LSCB works in partnership with 5 neighbouring LSCBs and jointly commission a Pan Berkshire CDOP to operate as an LSCB Sub Group and to fulfil the requirements identified in Working Together 2013.

The key purpose for reviewing child deaths is to learn lessons and reduce child deaths in the future. However, the panel identify areas in which all professionals, including healthcare and social care professionals can learn and improve the care they provide. As part of its function it routinely collects data on the following risk factors: maternal obesity, maternal smoking, co-sleeping, smoking parent/ carer, domestic abuse, IVF, alcohol, late bookings and consanguinity of parents

The LSCB is notified of the death of all children and young people reported to the CDOP and in turn receive regular reports following the completion of a more detailed analysis by the panel. This data is subsequently reported to the Department for Education.

The panel has achieved greater consistency in the approaches undertaken by agencies located in Berkshire and regularly communicates its work and findings through the LSCB and via the circulation of a new newsletter. In addition key messages and learning is disseminated through staff training

During the period April 2012 to March 2013 CDOP reviewed 6 child deaths that occurred in Bracknell Forest and a total of 57 across Berkshire. Statistically, there is a danger in regard to any judgement being made based on such small numbers of incidents, although they of course represent a catastrophic loss for each and every family.

However, undertaking such reviews across 6 LSCB areas does enable Boards to more reliably consider the possibility of emerging themes and ensure partner agencies take all appropriate actions to reduce the chances of such tragedies occurring.

Some of the positive trends emerging from the analysis of cases across Berkshire undertaken by the Panel include:

- A reduction in reviewed and actual numbers of deaths
- a 16.2% reduction in reviewed deaths from 68 in 2011/12, to 57 in 2012/13
- a 55% reduction in the actual number of deaths, from 75 in 2011/12 to 34 in 2012/13
- a 35% reduction in reviewed perinatal/neonatal deaths from 26 in 2011/12, to 17 in 2012/13
- during 2012/13 no cases of Sudden Infant Death Syndrome (SIDS) or Sudden Infant Death in Infancy (SUDI) were reviewed by the panel

The knowledge accumulated through the process provides important areas of ongoing challenge for the CDOP/LSCB, these include:

The need to continue to reduce neonatal mortality

- early recognition of 'at risk' pregnancies and neonates, and transfer to specialist care early
- adoption of neonatal sepsis guidelines (RBH)
- continuation of the promotion of 'Back to Sleep' – particularly to within BME communities

The need to identify and reduce deaths due to congenital/ chromosomal abnormalities - which represented 22 of 57 deaths (39%) to ensure:

- consanguinity data is routinely recorded
- continuation of reporting abnormalities to Congenital Anomaly Register for Oxfordshire, Berkshire and Buckinghamshire (CAROBB) and Fetal Medicine/Prenatal Diagnosis Teams
- undertaking screening and health promotion among those communities at high risk

One outcome of the work of CDOP was to promote guidance and information on safe sleeping; the "Back to Sleep" campaign consisted of leaflets and posters promoting best practice in safe sleeping to reduce the risk of cot death.

2.5 Performance Monitoring and Reporting

Bracknell Forest LSCB (in collaboration with neighbouring LSCBs) has sought to further consolidate a 'Pan Berkshire' dataset that reflects the local priorities determined by the six LSCBs.

An analysis of the information collated and performance data is considered undertaken by the LSCB and where necessary further scrutiny is undertaken. The information gleaned as a result of this routine data collation also informs the Board's strategic prioritisation and future business planning.

A list of the data routinely monitored by the LSCB is contained in appendix B.

In 2012/13 the LSCB has been encouraged by the following developments:

- **Reduction in school exclusions** - The rate of permanent exclusions has reduced significantly in 2012/13 (0.03% compared to 0.17%) which is a decrease of 23 pupils (28 to 5).
- **A reduction in first time entrants to youth offending service** - The number of first time entrants (FTE) to the Youth Justice system decreased from 67 to 34 (-49%) between 2011-12 and 2012-13. In contrast to this, there has been an increase in referrals to the YOS Prevention Service in past 12 months (about 35%) which suggests that work is being targeted at young people at risk of offending at an earlier stage.
- **Victims of Crime (u18s)** - There were 49 children identified as victims of violence with injury offences and 57 without injury in 2012/13. This is a reduction of 42% and 31% respectively.
- **The number of sexual offences against u18 year olds** has seen a reduction again this year (-15% between 2011/12 and 2012/13). The rolling quarterly average shows the overall trend is downward.

The LSCB will continue to monitor performance information, and in particular will be focusing on:

- **Child Protection Plans** - There has been an increase in the number of children and young people with Child Protection (CP) Plans in 2012-13. The end of March 2013 figure was 112 which is an increase of 30 (37%) from the same time the previous year. Some analysis has already taken place to understand the reasons behind this, and the LSCB will continue to monitor this closely.
- **Allegations against the workforce** - There were 56 allegations against the children's workforce in 2012-13 (compared to 47 in the previous year and 37 the year before that) and 15 of those (27%) led to disciplinary action. It is evident that there has been a particular rise in regard to staff in early years and education settings. There were none that led to criminal conviction but there are four ongoing criminal cases; two from 2011 and two from 2012.
- **Domestic abuse where children are in the household** - There were 1,842 domestic abuse incidents in 2012/13. Children were identified as being in the household in just over half (54%) of these. In the 988 domestic abuse incidents where children were identified, there were 1,871 children linked to the incidents on the crime recording system. The trend data suggests that the number of domestic incidents where there were children in the household has been rising (12% higher than the previous year).
- **Drug and Alcohol Misuse** - There were 82 under-18s in drug/alcohol treatment during 2012/13 (42 of these were new presentations). This is a 19% increase on the previous year (69).

2.6 Involvement of Children and Young People

The LSCB is aware that it has more to do if it is to ensure children and young people's voice is strongly heard in the evaluation of services.

However, there are many good examples of work undertaken locally that have helped inform the development and delivery of services. Excellent work has been done with young people in an attempt to develop initiatives and services including those focussed on E Safety and Domestic Abuse.

Through the engagement of children and young people the LSCB Raising Awareness group was able to develop resources that addressed the issue of domestic abuse and bullying. Young people's participation in surveys relating to abuse within their relationships also helped inform the work of the LSCB and the production of the DVD previously mentioned. This resource was also adapted for use within the local Nepali community.

Similarly the sub-group promoted / co-ordinated other campaigns led by partner agencies such as the Police and Schools led projects to highlight violence against girls and women and the provision of 'healthy relationship' workshops targeted at young people in Bracknell Forest. While it is feared that many children and young people are effected by the 1,649 incidents of Domestic Abuse locally reported to the Police (Government estimates suggest that only 1/3 of such abuse is reported), a small scale study undertaken in Bracknell Forest helped raise awareness amongst young people

and professionals, and concluded that 27% of those young people surveyed had experienced verbal abuse within their relationships with other young people, with 18% reporting aspects of physical abuse taking place.

In addition, the LSCB has also been assured by the work being undertaken with 'Looked After' children and young people, as well as the increased level of consultation being developed in regard to children and young people subject to Child Protection Plans.

During 2013/2014, the LSCB will work with partner agencies to encourage them to capture more information of their engagement work that is thought to take place but is currently difficult to evidence.

3 LSCB Sub Group

3.1 Quality Standards and Case Reviews

The Quality Standards and Case Review sub-group of the LSCB provides an important quality assurance role, combining audit and scrutiny functions to ensure the effectiveness of services to children / young people and their families. The sub group's work is split into the following three areas:

1. 'Targeted' Practice Reviews. Practice Reviews are undertaken on an inter-agency basis and are informed by an annual programme of work addressing targeted themes set out within the LSCB Business Plan. A standardised format of audit supports the process of case review and seeks to provide an in-depth analysis of interventions, identifying both good practice as well as areas for improvement.
2. Analyses of 'S11' audits, submitted by those agencies that provide services within Bracknell Forest. A separate 'Pan Berkshire' S11 sub group monitors organisations that deliver services on a county wide basis.
3. Peer review of a multi-agency' Child Protection' core data.

In 2012/13 the group's work plan included:

- The submission of Bracknell Forest Council's S11 self assessment
- Case audits regarding the impact of Domestic Abuse
- Qualitative analysis of a sample of repeat referrals to Children's Social Care
- Qualitative analysis of a sample of cases involving children under 1 year of age

The findings from analysis of the above reviews were reported to the LSCB, and actions agreed.

Domestic Abuse

The audit work undertaken by the Quality Standards and Case Review sub group in regard to Domestic Abuse, together with the Action Plan endorsed by the LSCB Forum, was presented to the Domestic Abuse Executive group who will monitor progress and update the LSCB Exec on progress against issues identified.

However, much effort has been made to tackle Domestic Abuse and build on the existing work reviewed in 2011. As a result the Domestic Abuse Service Co-ordination (DASC) project has continue to develop and is a key element of the Community Safety Partnership's strategy to tackle domestic abuse. The projected funded by the Local Authority aimed to address a gap in services to 'standard' and 'medium-risk' victims and perpetrators of such abuse.

The project has continued to improve the level of support to victims and their children, as well as to enhanced the level of management and supervision of perpetrators. Services to victims have also been enhanced and outreach services for victims are provided by both Berkshire Women's Aid and the Integrated Offender Management (IOM) service who offer enhanced therapeutic services.

In addition, Children's Social Care in conjunction with the Enhanced IOM have developed a 'Domestic Abuse Perpetrators Service' providing a 'one to one' service for perpetrators. In addition, police neighbourhood teams regularly visit those engaged in the project and where necessary additional support and surveillance is provided.

Although the LSCB continues to monitor the impact of the project and its initial results appear to be very promising, we understand that a full independent evaluation has been commissioned.

To date it has been reported that the number of repeat calls to police in respect of this cohort reduced by 35% in 2012/13 and is the lowest level of repeats calls since the project began recording such incidents in January 2011. In contrast to the previous year the project recorded a no repeat calls in December 2012. Christmas and New Year are known to be high risk times for Domestic Abuse (DA) and previous years have reportedly seen significant peaks in recorded DA as well as victims seeking outreach from support services.

As a result of these initial findings, the DASC project will be expanded in 2013/14 to include 90 couples. As mentioned above, Cambridge University is to conduct an independent scientific evaluation of the results to determine whether the DASC approach has been effective in reducing repeat offending. The results of this work will be reported to the LSCB and will feature in our 2013-2014 Annual Report..

Audit of Parenting Courses

Following recommendations from a previous thematic analysis, a review of parenting courses was undertaken in regard to 'harder to reach' parents, including those whose children were subject to Child Protection Plans.

The subsequent presentation and discussion resulted in valuable learning with the following key issues highlighted:

- Professionals are often not aware of the range of parenting options available
- The involvement of fathers is still variable and they are not always involved in decisions made about their children
- Issues around early help and the ongoing work is already being monitored by the LSCB
- The parenting strategy working group will look at the findings and recommendations from this report and ensure they are taken forward, where any issues arise an exception report will be made to the LSCB

Learning and Improvement Framework

Mindful of the proposed changes in respect of the statutory guidance contained in 'Working Together 2013', the group have considered how its function would compliment the concept of a 'Local Learning and Improvement Framework' (Chapter 4, Working Together 2013).

The requirements set out within the guidance give rise to questions about the links between the Sub Group and the various LSCB functions proposed, including those in respect of Serious Case Reviews, Child Protection Incident Reviews, Training and locally our activities in respect of performance management, S11 audits etc.

In line with the revisions made to the LSCB Business Plan and the additional priorities identified, the group reviewed its terms of reference and considered how its work plan could align with that of the Boards strategic priorities. In doing so it attempted to embrace some of the integration required within a 'Local Learning and Improvement Framework', but is aware that further work will be required to clarify how this can be taken forward.

The group have also considered the need to engage front-line staff (to include those from the community and voluntary sector); although establishing such an approach is likely to be difficult, it was recognised as being of great importance. In addition, the group discussed the challenge of how its work could ensure the engagement of children, young people and their families. This will be an area of increased activity in 2013/14.

3.2 Policies and Procedures (Pan Berkshire Sub Group)

The Policies and Procedures Sub Group is made up of representatives from each of the six Berkshire Unitary authorities. Its main function is to manage and oversee the Pan Berkshire Child Protection Policies and Procedures, undertake revisions as and when necessary and ensure that each respective LSCB is consulted on any proposed changes / developments.

The group has met three times during 2012/13 and facilitated a range of consultation and updates to the online system.

In addition to the core function of the group, it also monitors the amount of site usage, for people accessing the online policies and procedures. During 2012/13 there were 6% fewer visits overall (11,377 this year, 12,067 in the previous year).

In Bracknell Forest there has also been a reduction in people accessing the site, with 753 visits in 2011/12 and 535 visits in 2012/13. As a result, further work will need to be undertaken to raise awareness of practitioners of the online system and encourage greater use of the resource.

A key achievement has been the development and roll out of the Bruising Protocol for babies and immobile infants which was led by Bracknell Forest. This protocol was a direct result of the learning from the Serious Case Review on Baby B.

3.3 Commissioning and delivery of multi-agency safeguarding training and development (East Berkshire Sub Group)

Bracknell Forest LSCB has a strong track record of providing interagency training across a diverse workforce, including staff from both statutory and voluntary agencies.
In recent years the delivery of training has been coordinated regionally through an East Berkshire Training Group. In November 2012 work commenced to expand this collaborative model to include all six Berkshire LSCB's and to develop and strengthen its strategic function. Moving forward into 2013/14 a new Berkshire LSCB Training Sub Group will be piloted.

The training provided is detailed in a Training Calendar, which is available on the LSCB website; this details a comprehensive range of training available across the scope of universal, targeted and specialist safeguarding training.

During 2012/13 1,617 members of the children's workforce attended safeguarding training which represents a 26% increase on the previous year.
Analysis of participant's course evaluations evidenced high levels of satisfaction in respect of the inter-agency training attended.

- 70% of participants reported improved confidence.
- 10% reported confidence as being maintained.
- 20% made no comment.
- The increase in confidence was linked to improved knowledge, confidence to challenge others, and confidence in sharing knowledge with others.
- 100% of course participants reported that the course reflected current research, including quoting serious case reviews locally and nationally.

As a result of attending inter-agency training, the majority of participants reported having increased confidence and all agreed that its content reflected contemporary issues relating to child protection.

3.4 Shared Processes (Renamed Early Intervention Group)

The Shared Processes Group is an inter-agency group reporting to the LSCB and the Children and Young People's Partnership Board. Although the Group has maintained a focus on the delivery of the Common Assessment Framework, during 2012/2013, it has responded to the findings of reviews undertaken by the Local Authority Overview and Scrutiny Panel for Children, Young People and Learning, an 'internal' Council review of CAF processes, together with recommendations made by the LSCB . As a result work has been undertaken to improve access to and use of the CAF.

Key achievements in the year 2012/13 include:

- Increased Local Authority resources to build capacity, this included recruitment of a Common Assessment Framework Support Officer and an Early Intervention Social Worker, to target and work with families who have additional needs and to reduce the risk of these needs escalating to a crisis level.
- The introduction of an Early Intervention Hub, which will provide a single coordinated multi-agency forum to ensure prevention and early intervention services are offered to children and young people and families in a planned and coordinated way.
- The development of a range of tools and materials to support practitioners in undertaking assessment. This included tools to use with young people to enable them to contribute to the assessment in the most appropriate way. A leaflet for children in schools was also developed by young people as a way of explaining the CAF and how it might help.

- The development of step up and step down procedures into and out of tier three services such as Children's Social Care, CAMHS etc. This work is in its early stages and will continue during 2013/14.
- During 2012/13, a total of 273 CAF assessments were completed; outcomes of the CAF included multi-agency response (209), specialist services, Children's Social Care, CAMHS, SEN and Youth Offending Service.
- The Early Intervention Hub was launched in November 2012 and in the period November 2012 to March 2013, 176 cases were referred for multi-agency discussion.
- 113 practitioners from across the Children's workforce attended CAF training during the year, in addition to this a number of bespoke training sessions took place including school personnel, school Governors and midwives.
- Moving forward, work will be undertaken to evaluate the impact of the Hub on early intervention and to further embed the principles of early help. The LSCB will continue to monitor and receive reports on the effectiveness of the arrangements for providing early help as this is now a strategic priority for 2013/14.

3.5 Workforce Development

The LSCB remains appraised of safer workforce issues in a number of ways.

- The LSCB Safer Workforce training programme was reviewed and updated in 2011/12, in association with the Safeguarding Adults Partnership Board. Over 400 staff have attended the programme since its introduction in 2009; and places continue to be purchased on the training by neighbouring authorities.
- LADO (Local Authority Designated Officer) annual report to the LSCB on activity, key issues and outcomes.
- Presentations and updates in relation to the changes in the Disclosure and Barring Scheme, which included a workshop with the LSCB Forum members in March 2013.

The LSCB remains appraised of changes in workforce guidance, and it monitors the delivery of training through the sub-group. LADO issues are regularly reported and key issues noted. The wider Forum has been given the opportunity to participate in a workshop to receive information and understand the changes in safer workforce guidance.

3.6 Raising Awareness

The Raising Awareness Sub Group has continued to work closely with a number of the LSCB's Sub Groups in order that key messages are communicated to the workforce and wider public.

During 2012/2013 the group worked hard at communicating the learning from the Serious Case Review in respect of Child 'B' and associated areas of activity including dissemination of leaflets containing guidance for parents/carers and professionals highlighted earlier in this report. Awareness of these documents and other learning was further assured through a programme of lunchtime briefings for operational staff and their managers. Similarly, the LSCB newsletter and website supported the group's communication strategy and assisted in providing access to learning for large numbers of staff and members of the public.

'All Babies Count' booklets published by the NSPCC in respect of safeguarding infants were also purchased and disseminated, providing staff with a range of contemporary messages in regard to the vulnerability of very young children.

In addition to the above distribution of knowledge, staff working with young children were also targeted within a 'Step Up' campaign that sought to ensure they acted upon their concerns and reported cases of children they felt children may be a risk.

The LSCB Conference held in June 2012, also proved a very successful method of engaging large numbers of staff and volunteers (250 delegates) from organisations representing the breadth of the local partnerships.

The conference was opened by the LSCB Independent Chair, Alex Walters, and was an opportunity to hear from keynote speakers, including the Development Manager for the 'All Babies Count' campaign for the NSPCC, Sally Hogg; and a lead researcher for the 'Centre for Children and Family Research' (funded by the DfE), Rebecca Brown who is leading a longitudinal study on the impact of abuse and neglect on life chances for children. The speakers provided different perspectives and professional models of identifying, and responding to, the needs of vulnerable children.

As previously stated the focus of the day was on the learning from Bracknell Forest's Serious Case Review, and a number of specialist workshops were provided on the day on protecting vulnerable children, with a particular focus on children under the age of 5.

One of the highlights of the day was a presentation of a drama resource developed by Bracknell Forest young people from Edgbarrow School on the impact of domestic abuse on children and young people, called 'The Lobster'. This very powerful DVD resource is available to local LSCB partners to use in schools, youth support settings and other services working with young people - to help build understanding about domestic abuse, to promote what it means to be in a 'positive relationship' and to encourage young people experiencing or witnessing domestic abuse to seek help and support.

The impact of the conference was measured through evaluation, some key highlights / comments from people asked about how the Conference would improve their practice included:

"Increased my knowledge/awareness and increased my confidence within my area"
"To be very aware of vulnerability of babies"
"Bruising protocol - will be aware for siblings and babies that are immobile"
"Include bruising protocol in our new procedures"
"Policy updating and staff training"
"Plan how to use knowledge with families especially under 1s"
"Embed key learning with teams, raise awareness"

Some additional comments made included:

"Very motivational day"
"Fantastically run, wonderful speakers and brilliant involvement of young people"
"A good day for reflection and learning"

In addition to the focussed activity of the group in respect of the SCR, a key area of its other activities focussed on Domestic Abuse, bullying and stalking.

4. LSCB Targeted Priorities 2012/13 - progress and impact

This report describes the core activity undertaken by the LSCB to achieve its statutory requirements. The LSCB Business Plan 2011 to 2013 identified a number of additional targeted priorities to focus on in addition to the key statutory requirements.

The priorities were identified through consultation with LSCB partners, and with the Children and Young People's Partnership and the Community Safety Partnership.

The three targeted priorities were to:

- Work with partner agencies to reduce the impact of domestic violence on children, young people and families.
- Ensure partner agencies analyse, understand and seek ways to reduce the impact of **substance and alcohol misuse** on children, young people and families.
- Support partner agencies in developing a greater understanding of **neglect** and the impact this has on children, young people and families; and to work together to reduce the number of children experiencing neglect.

Progress against 2012/13 Targeted Priorities

1. Work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families.

The LSCB works closely with the Community Safety Partnership to address domestic abuse issues, in particular linking to the Domestic Abuse Forum, which coordinates the delivery of domestic abuse support across partner agencies. The Domestic Abuse Forum provides regular performance monitoring information for the LSCB, and produces an annual report to demonstrate its progress in addressing domestic abuse.

Although the LSCB has continued to be concerned at the prevalence of domestic abuse and the number of children present during domestic violence incidents, it has welcomed closer working between Thames Valley Police and the Local Authority and their commitment to improving the way in which reports of concern are dealt with.

There have been a number of achievements in the year, some of which are noted below:

- Domestic Abuse Perpetrators Service – providing individual work with male perpetrators where there is a child on a Child Protection Plan. This work has resulted in 29 children in families where the father has engaged with the programme coming off a Child Protection Plan since October 2011.

- Provision of targeted domestic abuse training across partner agencies, This includes 21 delegates attending an introduction to domestic abuse training, 42 delegates attending MARAC and DASH training, 13 delegates attending HBV and FM training, 7 delegates trained to facilitate PICADA programmes (specialist programme for children and young people who have witnessed domestic abuse), 24 delegates trained in understanding and supporting people who have been victim to Cyber-stalking.
- Promoting the features of positive relationships to children, young people, parents and carers through a play called "The Lobster" (jointly funded by the LSCB and the Community Safety Partnership). The play was shown to participants at the LSCB Conference in June 2012, and was rolled out as a DVD in December 2012 with a supporting resource pack for use in schools.

The LSCB has maintained an overview of this work, has contributed funding and Business Manager support towards the development of resources to be used in schools, and continues to monitor the impact of work across partner organisations.

2. Ensure partner agencies analyse, understand and seek ways to reduce the impact of substance and alcohol misuse on children, young people and families.

During the period covered in this annual report the LSCB raised concerns about the high levels of drug use among young people locally. In particular the increased use of Mephedrone was of significant concern as were the intelligence reports that the 'importation' of drugs from outside the area was being linked to concerns of sexual exploitation of some young women.
Given the area's proximity to London, there are also potential risks that a small number of young people's drug use on occasions brings them into conflict with organised gangs based in the capital.

In order to address the issue the following action was undertaken:

- A strategic group was established to develop and oversee the delivery of the actions in the Mephedrone Strategy, an additional worker was employed to deliver targeted outreach support to young people and a specific educational programme was commissioned.
- As a direct result of these actions outreach support has been delivered to young people in key areas of the borough, sessions were delivered in six secondary schools to appropriate year groups, and 39 young people entered treatment in the first three quarters of the year who were using Mephedrone, or other amphetamines compared to 26 in the previous year.

LSCB partners were able to contribute significantly to this strategic response to an identified need within the borough. The LSCB remained appraised of progress and of the effectiveness of the action plan, and will continue to monitor progress through reporting.

3. Support partner agencies in developing a greater understanding of neglect and the impact this has on children, young people and families; and to work together to reduce the number of children experiencing neglect.

Neglect had been identified as a specific issue in the 2012/13 Business Plan, and in order to gain a greater understanding of this a Neglect Sub Group was established to.

As a direct result of the work undertaken the following has taken place:

- A guide to neglect based on a graded care profile has been developed, and is due to be launched in 2013/14.
- Additional resources were allocated through the Council to provide a service that will work with neglectful parents who have a child on a Child Protection Plan and have mild cognitive disabilities.
- Targeted audit of parents who have had children on a child protection plan linked to their engagement with parenting groups.
- Identification of the need for further training on neglect, one action moving forward was to theme the 2013 LSCB Conference around the subject of neglect to support this aim.

The LSCB has been able to gain a better understanding of the issues of neglect, and the impact of this locally on child protection plans. The neglect guide is due to be launched in 2013/14, and the LSCB Conference in June 2013 will be themed around the subject of neglect in order to target a high volume of partners and stakeholders, therefore raising awareness of the issues.

5. Partnership Response to Recommendations in the 2011/12 LSCB Annual Report

The LSCB made a series of recommendations to the Children and Young People's Partnership and the Health and Wellbeing Board as a result of its 2011/12 Annual Report. This section details the responses from the Children and Young People's Partnership.

The Health and Wellbeing Board was established as a legal entity on 1 April 2013 and as such was not able to formally respond to those recommendations made while it was in Shadow form. It should be noted however that the Health and Wellbeing Board has received reports on a range of LSCB issues, including:

The LSCB Annual Report for 2012/13.

- A report on the Business Plan priorities for 2013/14.
- A report on the Section 11 self-assessment requirements, including highlighting the Health and Wellbeing Board responsibilities in relation to S11.
- This Annual Report is scheduled to be presented to the Health and Wellbeing Board in October 2013.

Children and Young People's Partnership

The box below details the recommendations made to the Children and Young People's Partnership in the 2011/12 Annual Report. A formal response to these recommendations is made through the Children and Young People's Plan Review to demonstrate what action has been taken to address the recommendations.

Recommendation to the CYP Partnership:

That the CYP Partnership reviews the progress it has made with implementing the learning from QSCR analysis and considers how the findings could inform the development of the Early Intervention Hub.

To ensure that organisations commissioned by statutory partner agencies to provide services to children, young people or families adhere to Bracknell Forest LSCB's minimum safeguarding standards and have completed a satisfactory Section 11 self-assessment.

To ensure that the learning from the Serious Case Review informs the strategic priorities of the CYP Plan; and directly informs the development of the Early Intervention Hub and the continued development of 'Shared Processes' i.e. Common Assessment Framework (CAF).

To ensure that the learning from the 4 Case Review informs the strategic priorities of the CYP Plan; and directly informs the development of the Early Intervention Hub.

Response from the CYP Partnership:

Any commissioning that is undertaken by the local authority which involves direct contact with children and young people requires that a satisfactory S11 self-assessment is undertaken. Safeguarding is included within the ongoing contract monitoring.

The Children and Young People's Plan retains as one of its overarching priorities a focus on safeguarding children and young people. Actions that sit under this priority are closely linked to the LSCB Business plan priorities and the Community Safety Partnership.

The Children and Young People's Partnership undertakes an annual review of the Children and Young People's Plan, and provides an account of actions undertaken as a result of LSCB recommendations. In the year 2012/13 there has been a focus on the continued development of the CAF, and on the development of an Early Intervention Hub. The Hub was launched in November 2012 and in the period November 2012 to 31 March 2013 discussed the needs of 192 children and young people.

6. Additional Areas of LSCB activity and challenge

During 2012/13 there have been a number of local issues brought to the attention of Bracknell Forest LSCB where the LSCB has undertaken additional scrutiny and required reports/information to provide further assurance. These include:

- **Child Sexual Exploitation (CSE) / Trafficking** - building on the work previously undertaken in regard to CSE, during 2012 the LSCB continued to gather local intelligence and monitor the risks to young people in Bracknell Forest. Presently, it does not appear that there are large numbers of young people being exploited however, the LSCB is mindful of the emerging evidence across Berkshire. In addition research being undertaken Nationally suggest such abuse is likely to remain hidden unless co-ordinated efforts are made to identify perpetrators and their victims. Through regular inter-agency meetings partner organisations currently monitor a small number of young people thought to be at risk of CSE. Closer links have also developed between this group and colleagues monitoring 'missing / absent' children. The LSCB contributed to the Children's Commissioners Inquiry into CSE and used the findings from her Interim Report (together with other research) to review our existing strategy.
- **Missing Children** - an inter-agency 'Missing Children's Meeting is held monthly in respect of children and young people from Bracknell Forest. The group co-ordinates joint responses to those who are repeatedly absent / go missing and as previously mentioned, Thames Valley Police (TVP) have strengthened the links between this group and their response to CSE. A dedicated TVP Intelligence Officer now attends meetings and link with colleagues working in the areas of CSE. Data (only available for part of this period) indicates a significant rise in the number of children/young people going missing on the first occasion, and an increase in those who do so repeatedly. Although partial, the data available also indicates there to be an increase in the proportion who are 'Looked After' by the Local Authority. The LSCB continues to monitor this area of work and receives regular reports from the LA.
- **Private Fostering** - notwithstanding an ongoing programme of raising public and professional awareness, the Local Authority received fewer notifications during this period than in previous years. This was also in spite of a procedure had been put in place to ensure that the private schools reported placements made during school holidays. In addition following a previous recommendation by the LSCB, schools are now contacted prior to each holiday and asked to return a form to the Local Authority stating whether any children are the subject to such arrangements. The LSCB continues to closely monitor this area of its work.
- **Previously high rates of permanent exclusions in Bracknell Forest schools** - the LSCB was pleased to note that positive action had been taken which included providing additional specialist support that has been targeted to address the specific needs of children /young people previously excluded from schools.

- **Substance Misuse** - the LSCB has continued to monitored partner agencies responses to parental substance misuse and its impact on children and young people. However, during 2012 the Board was appraised of growing concerns in regard to young peoples own use and the impact of Mephedrone. The Police together with specialist workers located within the Local Authority and Health Care Trusts informed the LSCB of the actions previously taken and the development of an inter-agency strategic group who will continue to manage the responses agreed. The issue of alcohol and substance misuse remains a targeted priority during the coming year.
- **The numbers of homeless families in Bracknell Forest and the support available to them** – The LSCB has a representative from Housing Needs as a member, and remains appraised of the issues and impact of homelessness, and of the actions taken to support those families who have been affected.
- **The potential impact of the welfare benefit changes in Bracknell Forest on children and families** – The LSCB has remained appraised of the pending changes in welfare benefits, and highlighted risks and concerns, and will continue to monitor impact on children, young people and families.
- **An external review of the Leisure function commissioned by the Local Authority** – The LSCB was able to contribute to the review, and received the final report and recommendations made as a result of the review.
- **An external review of an independent school commissioned by the school with LSCB support** – The LSCB was assured at the end of the review with regards to the processes in place for safeguarding children within independent schools. As a positive outcome a member of staff representing Independent Schools became a member of the LSCB Forum.
- **Ongoing monitoring of an independent school in Bracknell and assurance of the Local Authority and regulator response** – The LSCB was able to consider the processes in place when areas of concern are identified and clarify the appropriate action for relevant authorities to take.
- **The increasing numbers of children subject to Child Protection Plans and the effectiveness of the multi-agency responses** – The LSCB was able to consider through analysis some of the key data and issues in relation to the increases in child protection numbers. Further work continues to develop a better understanding of the needs of children, and this will be reported during the 2013/ 14 year.
- **The implementation of the Early Help arrangements** – The LSCB has retained oversight of the early help arrangements and received the annual report on the Common Assessment Framework, and noted the positive impact of the implementation of the Early Intervention Hub model. The LSCB will continue to monitor this through the work of the Early Intervention Group.
- **The structural changes in the health system and the assurance that safeguarding commitment would be maintained** – The LSCB membership has changed to reflect the changes within the health system, and various guest speakers have attended meetings to present and discuss developments. Good links have been made to the Health and Wellbeing Board; the Independent Chair attended to present the 2011/12 Annual Report, and is scheduled to do the same with the 2012/13 report.

- **The national DoH review into the Jimmy Savile case in relation specifically to his involvement with Broadmoor Special Hospital** – The LSCB has received regular progress reports on this via the Broadmoor and Adult Safeguarding Board representatives on the Forum.
- **The effectiveness of the Independent Reviewing Officer Role** – The LSCB received and discussed the Annual IRO Report which provides an account of the IRO role and reports on key challenges and good practice.
- **The effectiveness of the statutory Complaints Procedure** – The LSCB has received and commented on the Annual Statutory Complaints report for Children's Services.
- **South East Quality Assurance Project** - during the early part of this year the Children's Improvement Board funded a regional project to support the work of LSCB's across the south east region. It is hoped that this work will strengthen the LSCB's role in supporting / challenging partner agencies in their work to improve safeguarding practices. Building on the implementation of the Board's 'Safeguarding Tool Kit', this regional collaboration will further help the LSCB develop its engagement of children/families and front line staff within quality assurance activities.
- **Culturally Harmful Behaviours** - the LSCB is mindful that within communities some individuals/ families may participate in practices that are harmful to children / young people. During the period of this report the Board considered the Government's 'National Action Plan for tackling child abuse linked to faith or belief' and continues to require partners to remain vigilant as to these infrequent but significantly harmful incidence.
- **Forced Marriage and Female Genital Mutilation -** this type of abuse is not commonly reported within Bracknell Forest and as a result staff may not develop experience of managing such complex cases. In an attempt to support partners in maintaining awareness of these issues, the inter-agency guidance issued by the Board contains specific reference to local procedures, and links to both national guidance and fact sheets.
- **Engagement of Voluntary and Community Sector** – the LSCB recognises the important role that colleagues working in this sector play in protecting children and young people and the current challenges faced by local voluntary organisations. As a result the LSCB and Adult Safeguarding Board have begun to make renewed attempts to engage with local groups and are planning to establish a new Voluntary Sector Safeguarding Forum during 2013.

7. Priorities for 2013/14

The LSCB has completed its Business Plan for 2013/14 and in addition to the core strategic business priorities, has agreed five targeted priorities to focus on in the coming year. Three of these priorities continue from the Business Plan 2011-13 and there are two additional areas of priority -these are detailed below:

Targeted Priority 1

Reduce incidences of domestic abuse and the impact this has on children, young people and families.

Targeted Priority 2

Reduce the impact of substance and alcohol misuse on children, young people and families.

Targeted Priority 3

Develop an understanding of neglect and the impact this has on children, young people and families.

Targeted Priority 4

Develop and implement the framework for early help, and monitor the impact of this on children, young people and families

Targeted Priority 5

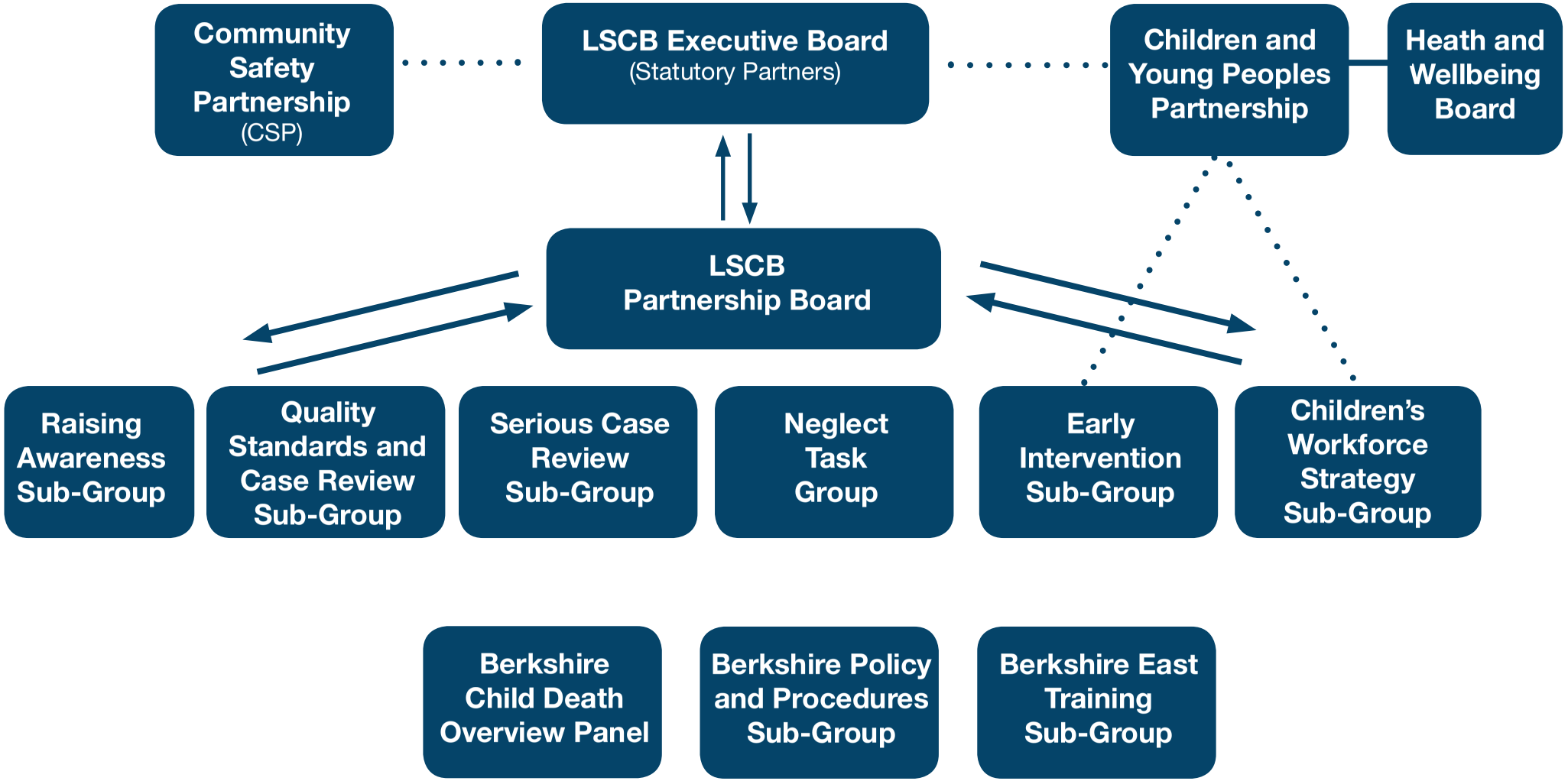
To work with partner agencies to develop a strategy for the coordination and provision of support to young people at risk of child sexual exploitation.

8. Key Messages for all partners and strategic partnerships

- To ensure the relentless focus on **Early Help** and support the continued development of the Early Intervention Hub in order to support children and families in a timely/effective way and prevent the need for escalation. To ensure the step up/step down procedures to Children's Social Care are robust and reduce the need for children to become subject to Child Protection Plans.
- To ensure a continued focus on **Domestic Abuse** by partners to implement the Domestic abuse strategy and deliver services to reduce the impact on children from domestic abuse.
- To ensure that **Substance Misuse** services are effectively supporting those families where parental substance misuse is a risk to children and young people.
- To ensure that all organisations have mechanisms to listen to the **voice of children** and young people and their families
- To ensure that all organisations are **informed by feedback from their staff** on the effectiveness of safeguarding arrangements.
- To ensure that senior managers and all partner organisations continue to invest resource in safeguarding through **continued commitment** to the work of the LSCB and in particular support to the scrutiny and quality assurance functions.

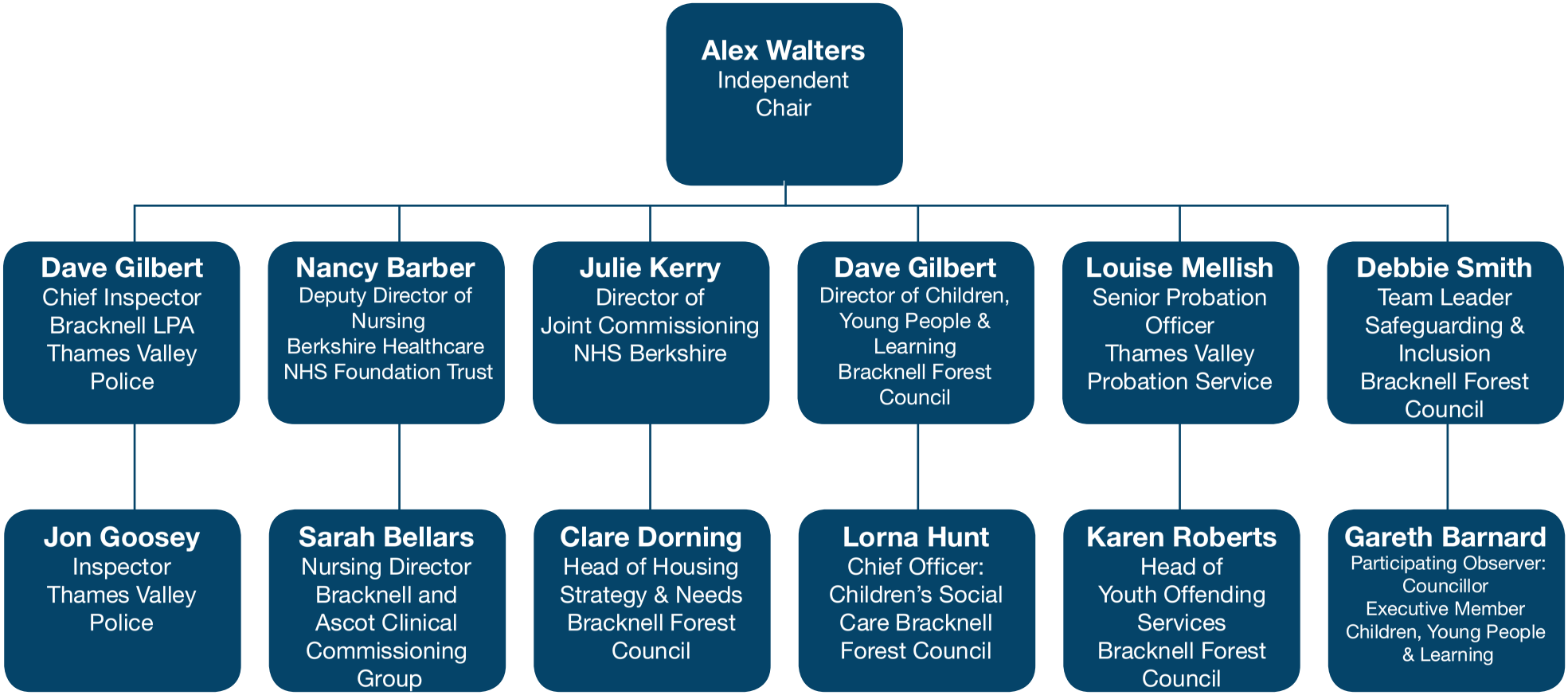
Appendix Ai

Bracknell Forest LSCB Structure and Strategic Partnerships



Bracknell Forest LSCB Executive

Appendix A2



www.bflscb.org.uk

For further information please contact: Bracknell Forest Local Safeguarding Children Board, Time Square, Market Street, Bracknell, Berkshire. RG12 1JD. Telephone: 01344 352000 Email: enquiries@bflscb.org.uk

Berkshire LSCB Comprehensive Dataset

Appendix B

Period of Review	Agency/ Source	Indicator
Annually	Acute	Hospital admissions caused by unintentional or deliberate injuries to C&YP[4]
Six Monthly	BHCT/CAMHs	Number of Referrals to the CAMHs service per 10,000 population aged under 18
Six Monthly	BHCT/CAMHs	Number of children and young people on the CAMHs waiting list
Six Monthly	BHCT/CAMHs	% of Referrals to CAMHs leading to assessment
Annually	BHCT/CAMHs	Number of Under 18 admissions to Hospital for emotional health needs
Annually	BHCT /CAMHs	Number of children and young people diagnosed with ADHD/ ASD
Six Monthly	CAF	% of CAFs referred to Social Care/ CAMHs
Quarterly	DAT	Number of Under 18s in treatment year to date
Quarterly	DAT	Number of Parents/Carers in treatment year to date
Annually	DAT	Number of clients under 18 with Care Plans
Quarterly	Education	Rate of permanent exclusions from school
Annually	Education	Number of children and young people that are electively home educated
Quarterly	Housing[5]	Number of homeless children and young people
Quarterly	Housing	Number of evictions of families with dependent children and young people (not collected)
Annually	HR	% of Statutory workforce with appropriate and up-to-date CRB checks and vetting
Annually	LADO	% of Allegations leading to disciplinary action
Annually	LADO	% of Allegations leading to criminal conviction
Quarterly	Police	Victims of crime under 18 years of age: (1) Violence against children with injury
Quarterly	Police	Victims of crime under 18 years of age: (2) Violence against children without injury

[4] Children and Young People

[5] Meeting the definition of 'statutory homeless'

Period of Review	Agency/ Source	Indicator
Quarterly	Police	Victims of crime under 18 years of age: (3) Robberies
Quarterly	Police	Victims of crime under 18 years of age: (4) Sexual offences
Quarterly	Social Care	Number of LAC[6] per 10,000 population aged under 18
Quarterly	Social Care	Number of C&YP with CP[7] Plans per 10,000 population aged under 18
Quarterly	Social Care	Number of Enquiries made to Children's Services per 10,000 population aged under 18
Quarterly	Social Care	The percentage of referrals made to Children's Services that led to an Initial Assessment
Annually	Social Care	% of referrals to social care that were repeat referrals
Annually	Social Care	% of LAC who participated in all their reviews during the period
Annually	Social Care	Number of children and young people in Private Fostering arrangements
Annually	Social Care	% of children becoming the subject of a CP Plan for a second or subsequent time
Annually	Social Care	% of children ceasing to be the subject of a CP Plan whose plan was in place for 2yrs +
Annually	Social Care	Emotional and behavioural health of Children in Care
Annually	Social Care	% of Initial Assessments for Children's Social Care carried out within 7 working days
Annually	Social Care	% of Core Assessments for Children's Social Care carried out within 35 working days
Annually	Social Care	% of LAC for whom all reviews in the year were carried out within the required timescales
Annually	Social Care	% of Child Protection Cases which were reviewed within the required timescales
Annually	Social Care	Stability of placements of LAC: number of placements
Annually	Social Care	Stability of placements of LAC: length of placement
Annually	TPU[8]	Under 18 conception rate
Quarterly	YOS	Number of first time entrants to the youth justice system (10-17 yrs)
Six Monthly	YOS	Number of young offenders who are sex offenders

[6] Looked After Children

[7] Child Protection

[8] Teenage Pregnancy Unit

References

1) Working Together to Safeguard Children (HM Gov, 2013)
http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf

2) s13.Children Act 2004
http://www.legislation.gov.uk/ukpga/2004/31/part/2/crossheading/local-safeguarding-children-boards

3) s5 Local Safeguarding Children Boards Regulations 2006
http://www.legislation.gov.uk/uksi/2006/90/regulation/5

4) s11.Children Act 2004
http://www.legislation.gov.uk/ukpga/2004/31/section/11

5) New learning from serious case reviews: a two year report for 2009-2011 (HGov, 2012)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184053/DFE-RR226_Report.pdf

6) Berkshire Local Safeguarding Children Board's Child Protection Procedures (Online)
http://berks.proceduresonline.com/chapters/contents.html

Copies of this booklet may be obtained in large print, Braille, on audio cassette or in other languages. To obtain a copy in an alternative format please telephone 01344 352000.

Nepali

यस प्रचारको सक्षेपं वा सार निचोड चाहिं दिइने छ ठूलो अक्क्षरमा, ब्रेल वा क्यासेट सून्नको लागी । अरु भाषाको नक्कल पनि हासिल गर्न सकिने छ । कृपया सम्पर्क गनूहोला ०१३४४ ३५२००० ।

Tagalog

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Urdu

اس دستاویز کے خلاصے یا مختصر متن جلی حروف، بریل لکھائی یا پھر آڈیو کیسٹ پر ریکارڈ شدہ صورت میں فراہم کئے جا سکتے ہیں۔ دیگر زبانوں میں اس کی کاپی بھی حاصل کی جا سکتی ہے۔
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Child and Adolescent Mental Health Services

Berkshire Healthcare Foundation Trust

Overview

Berkshire CAMHS are commissioned to provide Specialist Child and Adolescent Mental Health Services (CAMHS) for the population served by the Berkshire Clinical Commissioning Groups and the 6 local authorities in Berkshire.

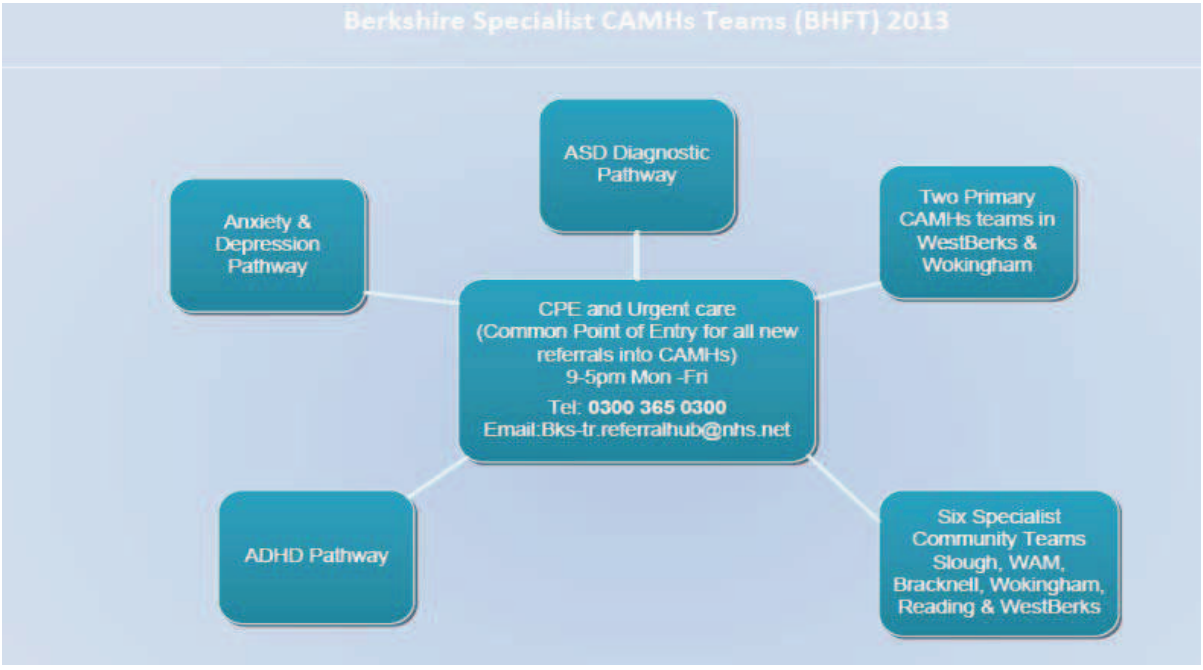
CAMH Services are defined through a 4-Tier system. Berkshire CAMHS provide Tier 3 specialist child and adolescent mental health services across the whole of Berkshire and Tier 2 services in Wokingham and West Berkshire.

Tier 3 services are defined in the NHS Health Advisory Service publication Together We Stand as: *services that are more specialised than those provided at Tier 2*. Teams of CAMHS professionals provide integrated, multidisciplinary and multi-agency care to children and young people with complex health and social need. The aim of Tier 3 services is to provide the assessment, care and treatment of young people whose needs are such that they cannot be effectively or safely managed by individual or pairs of practitioners at Tier 2 level. A detailed definition of the 4 tiers is given in Appendix 1.

The service is provided to children and young people aged 0-18 years and their families who may be experiencing severe and or complex mental health problems and neuro-developmental disorders which have a significant impact on the child or young person's development and cause distress to the child, young person and their parents/carers.

Service Structure

The structure of Berkshire CAMHS is shown in Figure 1 below.



Common Point of Entry

All referrals to the CAMHS service are received by the CPE (Common Point of Entry), who assess and direct the referral to the most appropriate team.

The CPE team is also available for advice and consultation regarding urgent concerns; if the professional needs support in determining whether the referral meets CAMHS criteria; or for help in identifying other relevant local services.

CPE clinics are held in the locality clinics and clinicians assigned to specific localities to enable the development of local knowledge and relationships with key partners. The main CPE base is at Fitzwilliam House however locality clinics are also held in Bracknell CAMHS, Churchill House.

The chart in Appendix 2 shows the flow of referrals through CPE and into the Specialist CAMHS service.

Urgent Care

The Urgent Care team are based alongside CPE at Fitzwilliam House and offer a same day response for urgent cases referred by local hospitals, GPs and other professionals (on weekdays only).

Specialist Pathways

We have three specialist pathways that work across all localities in Berkshire:

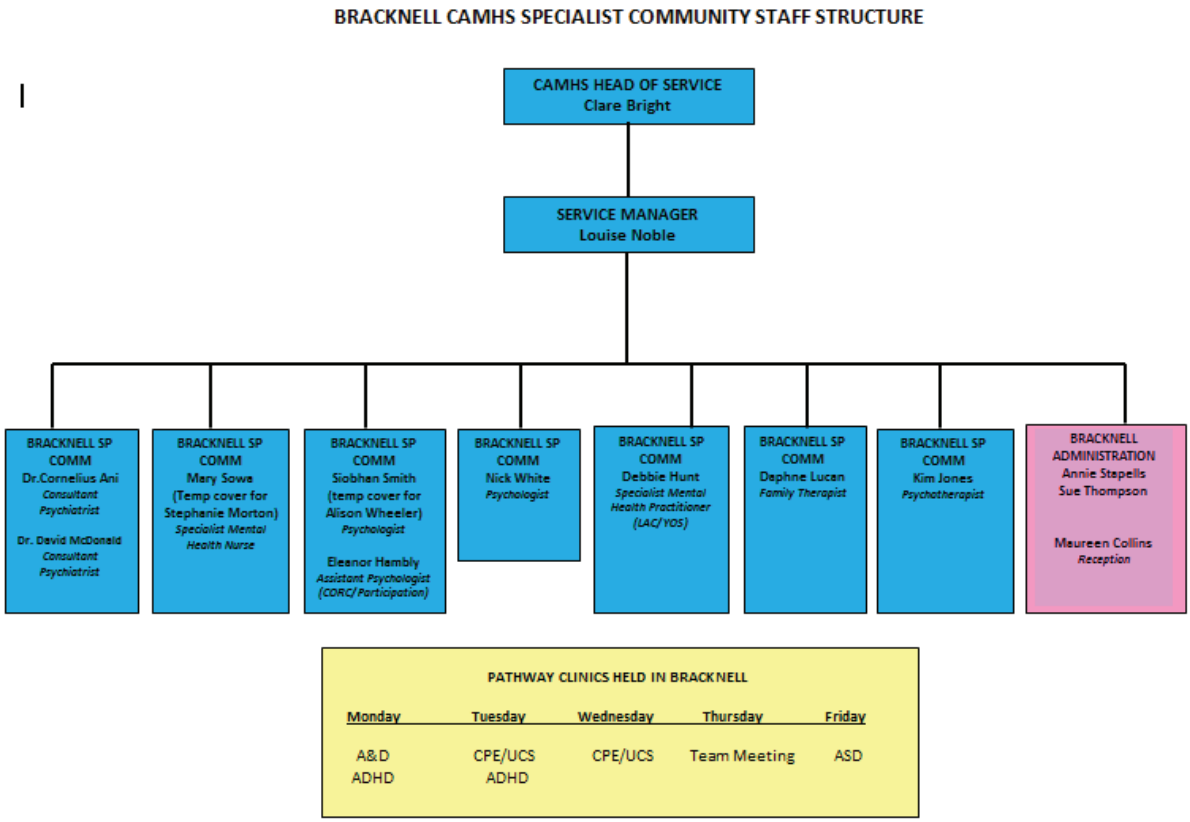
- *Attention Deficit Hyperactivity Disorder (ADHD):* The service provides a centralised team approach to the diagnosis and management of ADHD.
- *Autism Spectrum Disorder (ASD)*: The service is provides a centralized team approach to the diagnosis of ASD.
- *Anxiety & Depression*: The service provides CBT-based treatment programmes for children and young people who meet the ICD10/DSMIV criteria for a diagnosis of anxiety or depression, including OCD and single-event PTSD.

Bracknell children who meet criteria for one of the 3 pathways will be referred through CPE to the pathway central admin team and accepted onto the pathway case list. All Pathways operate locality clinics so children and families can be seen in the location that is most appropriate for them.

Specialist Community Teams (SCT's)

We have six Specialist Locality Teams based in the six localities across Berkshire. The Bracknell SCT is based at Churchill House, Bracknell. The SCT specialise in managing complex presentations requiring multiple interventions, complex or intensive risk management plans and high levels of multiagency working. The young people treated within the specialist community CAMHS require intensive treatment provided through different modalities and inter agency working. Therapies provided include: specialist nursing, psychology, child psychotherapy, systemic and family psychotherapy, cognitive behavioural therapy and child and adolescent psychiatry.

Figure 2 gives detail of the staff in the Bracknell SCT:



There are currently 248 children with open referrals receiving treatment within the Bracknell SCT. 30% of these cases are and are receiving a number of different treatments from the team and a similar % will require multiple series of treatments e.g. psychiatric care, CBT and family therapy.

The 3 case studies given in Appendix 3 provide further information on the complexity of young people seen in the SCT and the types of interventions provided.

Berkshire Adolescent Service

The BAS, at Wokingham Hospital, provides a 5-day per week inpatient and day-care facility. Bracknell children who require more intensive intervention than can be provided on an outpatient basis will be referred to the BAS. Services provided at the BAS include the Specialist Eating Disorders service and the Early Intervention in Psychosis Services as well as specific therapies for children with complex needs such as DBT and multi-family therapy.

There are currently 5 young people receiving care jointly from the BAS and the Bracknell SCT.

Tier 2 CAMHS

Berkshire CAMHS is commissioned to provide Tier 2 services in Wokingham and West Berkshire. In these localities, small teams of Primary Mental Health Practitioners offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at

Tier 1 to support service delivery. The teams also ensure safe and timely step up and step down from Tier 3 specialist CAMH services. Berkshire CAMHS are not currently commissioned to provide Tier 2 services

Bracknell LAC and YOS Service

BHFT has been commissioned to provide a specific CAMHS service to children and young people within the LAC and YOS teams. The CAMHS clinician is based within the CAMHS service at Churchill House but works as an integrated member of both teams.

There are 3 separate elements to this role:

1. Advice and consultancy to both extend the CAMHS provision to these children and young people by enabling and supporting to team to provide effective emotional wellbeing and mental health care and to facilitate early identification and treatment of those who require a CAMHS intervention.
2. The provision of direct patient care. Referrals from YOS or for LAC or Edge of Care children in Bracknell are fast-tracked through CPE to the CAMHS clinician for treatment. Quick and safe step-up to and step-down from tier 3 CAMHS services are also facilitated where appropriate.
3. Education and training for colleagues and carers.

Quarterly monitoring meetings are in place for this service.

Tier 4 Services

Tier 4 CAMHS Services are currently commissioned on a national basis through NHS England. There is currently no Tier 4 provision in Berkshire and limited provision across the county so children requiring secure, 7-day per week inpatient care for complex mental health needs will be placed in units outside of the county.
Work is currently on-going to consider options for Tier 4 provision in Berkshire moving forwards. No decisions have been taken as yet.

Bracknell CAMHS currently have 4 young people in Tier 4 placements in units in Oxford, Southampton and Northampton. Bracknell CAMHS remain involved in the care of these young people throughout their placement, with the Consultant Psychiatrist and other relevant clinicians attending regular Care Planning Assessment meetings at the Tier 4 unit.

Performance

Bracknell Forest is an active member of the pan Berkshire CAMHs Strait partnership Board. The Board is chaired by the Asst. to the CCG Commissioners, Sally Murray, Lead for Child Mental Health commissioning and attend by both lead CCg representatives and the 6 local authorities. Performance monitoring is part of the remit of the Board.

Data from the first quarter of 2013 shows that:

- The number of children and young people referrals into CAMHS has increased by approximately 31% compared to the same quarter last year.
- The number of cases of young people presenting with ‘deliberate self harm’ has increased by 52%
- The total CAMHS caseload had increased by 21%

This increase has been seen across all localities throughout the county; it is perhaps also reflected in the shortage of T4 in patient beds nationally.

New referrals received

Table 1 MR1Apr-18Aug

LA area	Apr	May	Jun	Jul
Bracknell Forest	56	77	58	67

In this financial year on average CAMHS have received 65 referrals a month for children living in the Bracknell area.

Caseload

The number cases of children who live in the Bracknell area currently open in each of the pathways is shown below

Table 2 MR91Apr-18Aug

Pathway	Total
Bracknell SP Comm	**248**
CAMHs A&D	**79**
CAMHs ADHD	**278**
CAMHs ASD	**87**
Grand Total	**692**

Waiting Times

From April 2013, CAMHS waiting time performance measure has changed from time to first contact to time to treatment, that is a specific programme of work or intervention.

Currently all referrals identified as being urgent on receipt in CPE are assessed within 24hours.

A paper on CPE was presented to the pan-Berkshire CAMHS Strategic Partnership Board in August and is given in Appendix 4.

Table 3 Average Waiting Times to Treatment

Team	Average waiting time in weeks	% cases seen within 12 weeks
Bracknell SCT	9	100%
ADHD Pathway	10	70%
ASD Pathway	12	56%
A&D Pathway	10	75%

The Table above gives current average waiting times to treatment in the SCT and pathways. Referrals are prioritised on the basis of clinical need and risk so high priority referrals will be seen more quickly.

The Service have a quality improvement target (CQUIN) to improve waiting times as follows:

- Waiting times for the assessment of 'Urgent' cases to 24hrs
- Waiting times for the assessment of 'Soon' cases to 4 weeks
- Waiting times for the assessment of ADHD and ASD cases to 7 weeks
- Waiting times for face to face appointments for routine cases to within 12 weeks

by end of Q4 13-14

To put this into context, Table 4gives average waiting times to **assessment** for Specialist CAMH Services across the country:

Table 4

Area	Average Waiting time to Assessment
North Essex	18 weeks
Gloucester	20 weeks
Kent	10 weeks
Warwickshire	20 weeks

Outcomes for children

Berkshire CAMHS is a member of CAMHS Outcome Research Consortium (CORC) which is a world-leading collaboration of mental health specialists from over 70 Child and Adolescent Mental Health Services (CAMHS) across the UK and beyond. Outcome measures are collected at a fixed time point, Time1 – Assessment, Time 2 – 6 months, Time 3 – 12 months.

Measures used in CORC are:

SDQ – **Strength & Difficulties questionnaire**

ESQ - **The Experience of Service Questionnaire** assesses users' views of SERVICES with respect to accessibility, humanity of care, organisation of care, and environment.

CGAS - The **Children's Global Assessment Scale** (CGAS) is a numeric scale (1 through 100) used by mental health clinicians to rate the general functioning of children under the age of 18.

Outcomes are presented in the CAMHs performance report at the quarterly Pan Berkshire CAMHS Strategy Group.

New Service Developments

Children & Young People IAPT project

Berkshire Healthcare NHS Foundation Trust are in partnership with Oxford Health NHS Foundation Trust, forming collaboration with the University of Reading as one of the three Children and Young People's Improving Access to Psychological Therapies (CYPIAPT) national sites.

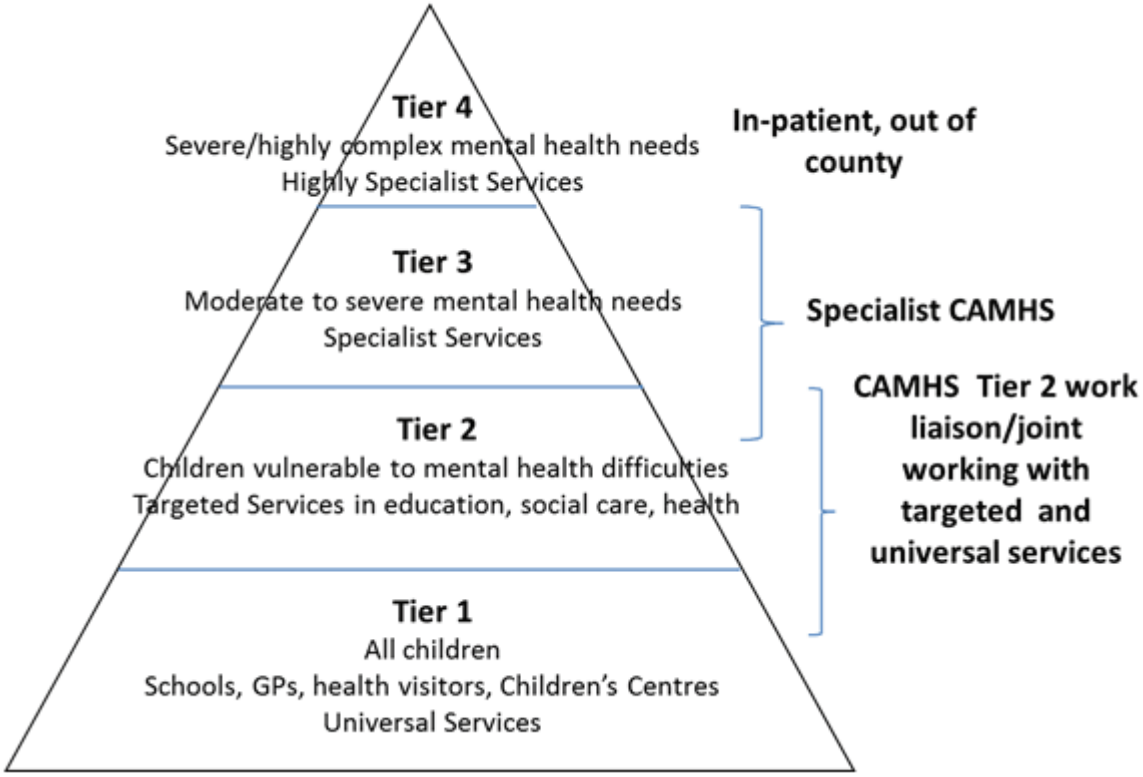
The pilot's started in early 2013 and its aim is to transform the existing service through the adoption of the programme which will help to improve services for children and young people. This will be done by:

- Working in partnerships with children and young people to shape local services, this includes service user participation.

- Develop session by session outcome monitoring to enable the practitioner and child/young person/parent to work together to improve outcomes.(A change from CORC which monitor by Time 1 Time 2)
- To further enhance the skills of CAMHS staff through training in evidence-based interventions.

There are currently two treatment pathways; Cognitive Behaviour Therapy (CBT) for Emotional Disorders and Parenting Training (PT) for Behavioural Disorders which comply with the NICE guidance for Depression, Anxiety, and Conduct Disorder.

Appendix 1: The four-tiered CAMHS framework



CAMHS: Four-tier strategic framework

Child and adolescent mental health services (CAMHS) deliver services in line with a four-tier strategic framework which is now widely accepted as the basis for planning, commissioning and delivering services. Although there is some variation in the way the framework has been developed and applied across the country, it has created a common language for describing and commissioning services.

Most children and young people with mental health problems will be seen at Tiers 1 and 2. However, it is important to bear in mind that neither services nor people fall neatly into tiers. For example, many practitioners work in both Tier 2 and Tier 3 services.

Similarly, there is often a misconception that a child or young person will move up through the tiers as their condition is recognised as more complex. In reality, some children require services from a number (or even all) of the tiers at the same time.

The model is not intended as a template that must be applied rigidly, but rather as a conceptual framework for ensuring that a comprehensive range of services is commissioned and available to meet all the mental health needs of children and young people in an area, with clear referral routes between tiers.

Tier 1

CAMHS at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies.

Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services.

Tier 2

Practitioners at this level tend to be CAMHS specialists working in community and primary care settings in a uni-disciplinary way (although many will also work as part of Tier 3 services).

For example, this can include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services.

Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1.

Tier 3

This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders.

Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

Tier 4

These are essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These can include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (e.g. for children who have been sexually abused), usually serving more than one district or region.

Practitioner agencies

Practitioners working in CAMHS will be employed by a range of agencies. Many (but not all) of those working at Tier 1, for example, will be employed directly by the Primary care trust (PCT) or the local authority (LA).

CAMHS specialists working at Tier 2 are less likely to be working for the PCT (although some of them might be), and more likely to be working for another NHS trust (or the LAs in the case of educational psychologists).

Most practitioners working in the more specialised services at Tiers 3 and 4 will usually be working

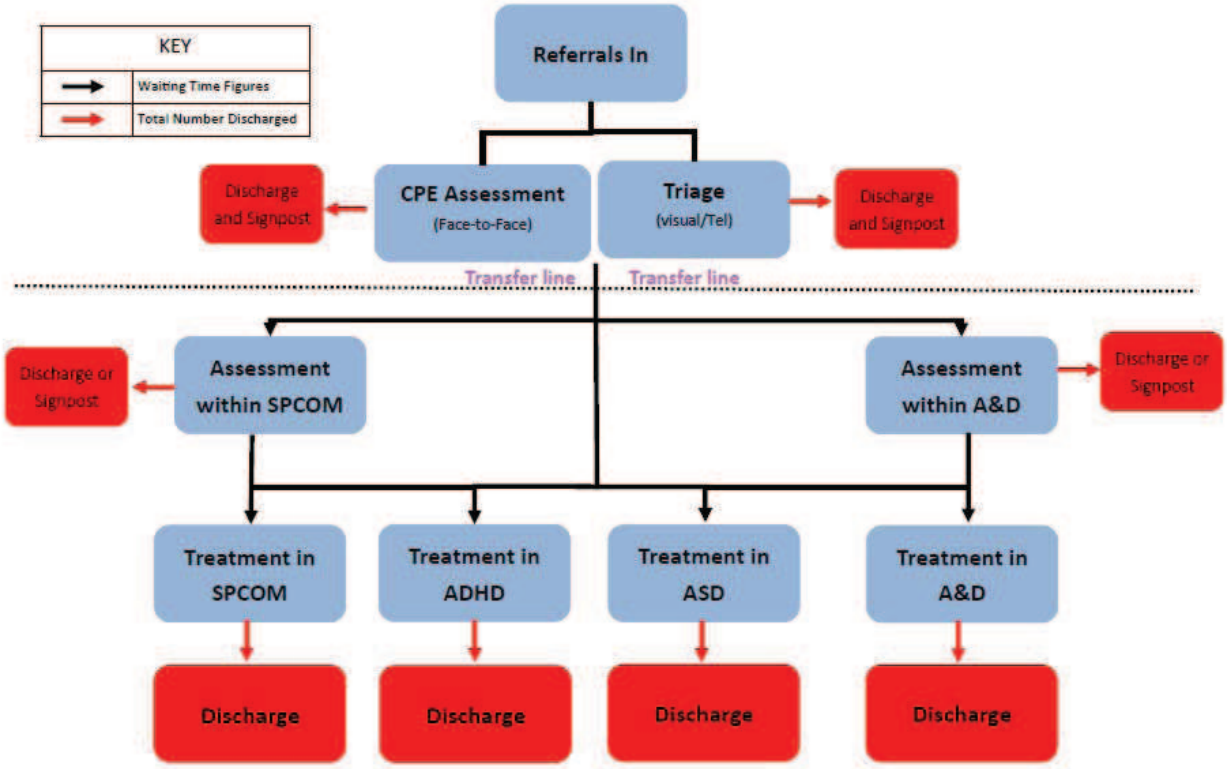
for other types of NHS trust (such as mental health trusts, acute trusts or care trusts, for example).

Clear supervisory arrangements and structures should be in place to ensure accountable and safe service delivery.

Where service delivery demands effective partnerships between agencies (e.g. children and young people with complex, persistent and severe behavioural disorders) joint protocols should be agreed at senior officer level between the NHS, social services and education.

(Taken from Department of Health, Every Child Matters website)

Appendix 2 Flow Diagram showing Referral Pathway through CAMHS



Appendix 3: Case Studies

Case Study 1:

Background:

A is a 9 year old boy who was initially referred to CAMHS in Sept 2012 with behavioural difficulties, primarily anger and aggression, possibly linked to an episode of trauma approx. 6 years prior to referral.

Assessment identified that difficulties had been present at home and school for the past 2-3 years but increasing over past 12months. The problems were more prevalent at home with differences in the behaviours reported by schools and parents. At school A could be silly, disruptive and rude, struggled to maintain friendships over any length of time and appeared to be on the outskirts of social groups; at home he was reported to have unpredictable explosive outbursts in which he could be physically aggressive and showed little understanding of or remorse for his actions. It was also noted that A showed some obsessive interests, sensory difficulties and had particular skills in his memory for detail and mental calculations.

Intervention

- Following Specialist ASD and ADHD assessments, A was diagnosed with high functioning Autism Spectrum Disorder (ASD); Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD). There remains a possibility of some post-traumatic stress disorder.
- A was referred to ASSK for a parenting programme and individual support in school.
- Following this, his family received a specialist parenting intervention, delivered to A and his family at home
- Consultant Psychiatrist involvement input to initiate and monitor prescription of Risperidone
- Coordination of and attendance at multi-agency meetings

Multi-agency input initiated by CAMHS:

- Referral to Educational Psychology for assessment with respect to observation of learning difficulties
- Referral to Occupational Therapy for assessment and support in relation to sensory difficulties.
- Referral to Children's Social Care in relation to concerns re risk of A's behaviour to other family members **and** concerns re parents parenting capability.
- Signposting to other support services including the Berkshire Autistic Society

Additional Multi-agency input:

- BST one to one support for family and access to advanced parenting support (to follow on from CAMHS parenting intervention if required).
- YOS prevention involvement wrt enabling A to understand when behaviour becomes criminal and prevent this
- Talking Therapies referrals for both parents & Anger management referral for father.
- Aiming High for respite activities and care.

Case Study 2

Background
K is a 17 year old female, who had previously been seen within CAMHS Services in relation to anxiety issues.

She was re-referred due to concern regarding low weight and absence of menstruation.
K was ambivalent regarding involvement in a specific therapy but did consent initially to attend for weight monitoring and further discussion.

Intervention

- K attended sessions of cognitive-behaviour therapy with clinical psychologist.
- Weight monitoring completed on weekly basis.
- Liaison with consultant paediatrician at Wexham Park Hospital with regard to medical monitoring.
- Liaison with paediatric dietician regarding diet plan.
- Joint discussion completed with young person and family members with consent from young person.

Outcome

- Weight monitoring initially indicated consistent weight over year long period.
- BMI continued to be below average range for age.
- Young person continued to be ambivalent regarding engagement with CBT, changes in diet and small further reduction in weight observed.
- Liaison with Tier 4 Eating Disorder service results in referral to BAS Eating Disorders programme.

Case Study 3

Background

R is a 17year old male who was initially referred to CAMHS in 2009 following a suicide attempt and again in 2011 for the same reason. He had been successfully treated with CBT in the past and had also been prescribed fluoxetine but that had been stopped in September 2012 as his mood had been stable for 12 months.

R was re-referred in August 2013 with low mood, suicidal ideas and parental concerns around the use of drugs. His mood had been low since the beginning of the year, triggered by a realisation that his decision to leave school was probably wrong and that he was not happy in his job. As his mood had gradually been getting lower R had started using drugs (mephedrone, cannabis) on a weekly basis.

Intervention

Referral received in CPE on 12/8/2013 and passed to Bracknell Specialist Community Team

Urgent telephone call received from R's mother on 13/8/2013. This was handled by the SCT Duty Clinician

Urgent appointment arranged for 16/8/2013 at which the following action was taken:-

- Referred to Drug & Alcohol Team
- Referred to Connexions
- CBT to be provided by CAMHS psychologist
- Referred for CAMHS Psychiatrist for medication review (GP had restarted Fluoxetine)
- Risk assessment carried out. No suicidal intent. Out of Hours emergency contact information provided for family.

R reported missing by parents on 19/8/2013. Police called.

Over the next few days, R goes missing several times. His family express concern re his capacity to make decisions in his own best interest and risks are identified wrt potential loss of home if R continues with substance misuse, theft from family and absconding.

CAMHS involved in significant liaison with Children's Social Care, Thames Valley Police and the Drug & Alcohol Service with regard to risk to R and his capacity to make decisions in his own best interest.

Tier 4 CAMHS placement identified. R agrees to admission however expresses a wish to remain in a local in-patient unit and a preference to be treated in an adult facility. This is agreed on the basis of the closeness of his 18th birthday.

R admitted to Ward 12 under the Admission of Minors Policy on 22/8/2013

Outcome

R transferred to the Berkshire Adolescent Unit for in-patient care on 28/8/2013

Appendix 4 CPE Paper to CAMHS Strategic Partnership Board

CAMHs Partnership Board

Update : Common Point of Entry_July 2013

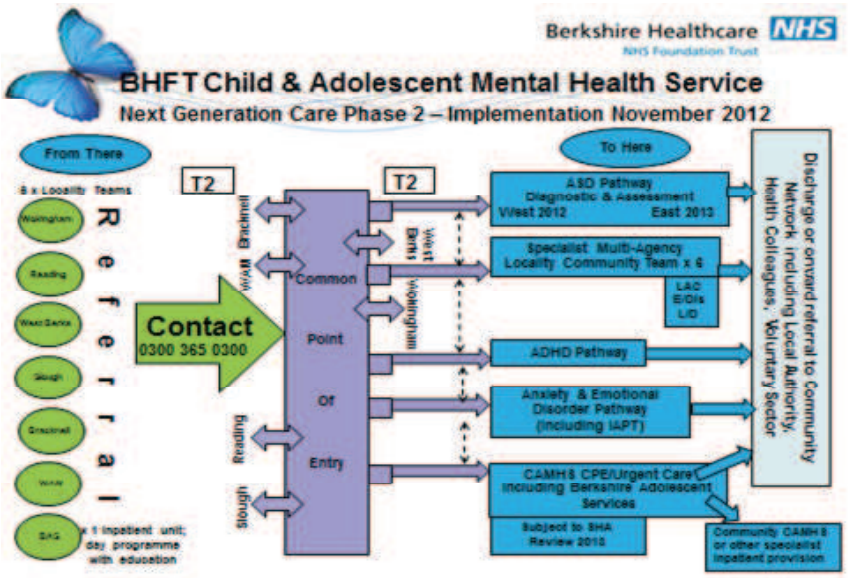
BHFT CAMHs – Common Point of Entry

The BHFT CAMHs Common Point of Entry (CPE) was formerly implemented on 19th November 2012 in line with the CAMHs Next Generation Care redesign and implementation roll out.

The function of CPE is to act as:

- (a) First point of contact for all referrers and referrals in respect of CAMHs.
- (b) Initial triage and assessment to ensure the child and/or young person is either signposted to most appropriate service outside of BHFT CAMHS provision or directed to the most appropriate care pathway.

From There to Here:



Establishment

Full establishment for CPE = 9wte: current 8wte recruited with full established to be achieved by 30th September 2013. This will enable a consistent approach to be developed in respect of approach to triage, local knowledge and where necessary initial assessments. Further it will enable a coherent approach to be further developed with adult services in respect to urgent care and presentation at both the local acute hospitals.

Referrals

Referrals into CAMHs via CPE has increased by approximately 30 % an additional increase of 20% over the last 12 months. In Q1 actual number received 121 compared to Q1 (2012) actual 919. In parallel to this there has also been a considerable increase in the number of 'urgent' crisis self harm or risk of self harm referrals that have required a response within 24 hours.

Breakdown by localities and CCG

New referrals received

	2012		2013							Grand Total
LA_Band	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
Bracknell Forest	40	48	54	42	61	40	55	52	32	**424**
Reading	31	48	38	76	62	72	95	83	69	**574**
Slough	33	47	54	44	51	36	52	64	51	**432**
West Berkshire	52	70	65	50	85	80	84	78	70	**634**
Windsor and Maidenhead	24	63	59	66	74	41	58	59	57	**501**
Wokingham	41	56	62	78	64	71	64	72	67	**575**
OOA	10	17	11	15	22	11	29	13	14	**142**
Grand Total	**231**	**349**	**343**	**371**	**419**	**351**	**437**	**421**	**360**	**3282**

Number of referrals received into CAMHs CPE from the 14th November 2012 to 22nd July 2013 by Local authority. OOA – Out of area home address but have a Berkshire GP.

	2012		2013							Grand Total
CCG_Band	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
NHS BRACKNELL AND ASCOT CCG	45	53	66	50	69	46	68	52	39	**488**
NHS NEWBURY AND DISTRICT CCG	37	55	50	34	68	55	63	47	47	**456**
NHS NORTH & WEST READING CCG	20	31	32	45	49	41	53	64	56	**391**
NHS SLOUGH CCG	32	50	51	45	47	37	53	62	53	**430**
NHS SOUTH READING CCG	27	43	26	55	37	63	68	52	41	**412**
NHS WINDSOR, ASCOT AND MAIDENHEAD CCG	22	58	54	61	73	40	56	56	54	**474**
NHS WOKINGHAM CCG	37	50	53	75	63	66	60	73	63	**540**
OOA	11	9	11	6	13	3	16	15	7	**91**
Grand Total	**231**	**349**	**343**	**371**	**419**	**351**	**437**	**421**	**360**	**3282**

Number of referrals received into CAMHs CPE from the 14th November 2012 to 22 July 2013 by CCG. OOA – Out of area GP but have a Berkshire home address.

Deliberate Self Harm

Team	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
East	8	6	10	7	12	1	10	7	18	79
West	10	7	9	14	16	16	18	24	11	125

Number of deliberate self-harm referrals received into CPE. All are seen within 24 hours of referral being made. The number of urgent deliberate self harm referrals has increased to on average one a day across Berkshire.

DSH Locality	Total
Bracknell	11
Out of Area	19
Reading	69
Slough	36
WAM	26
West Berks	18
Wokingham	25
Grand Total	**204**

Audit highlights that an awareness and access to CPE has led to an uptake in contact with the service especially by GP's.

Re-organisation and the cessation of some Local Authority T2 services has also impacted in the rise of referrals. This has also had an impact on signposting, where applicable to appropriate Local Authority T2 provision. This combined with usage of agency and locum staff at CPE has contributed to the variable quality of assessments. Further signposting to more appropriate services for children and young people particular needs.

In June – July 2013 focused approach has been made to re-establish and strengthen links with Local Authority T2 provision as well as the voluntary and independent sector. This has led to a rise of referrals signposted to other services post triage and/or assessment to 27%.

Children awaiting initial triage or first assessment.

20/07/2013	0-4 weeks	05-13 weeks	14-18 weeks	>18 weeks	Grand Total
CAMHs CPE	141	54	6	5	206
Grand Total	141	54	6	5	206

Number of CYP awaiting triage or first assessment. All referrals more than 14 weeks have an assessment appointment booked.

Signpost destination

Signposted destination 17/07/13	Total
Adult CPE	1
ARC	2
Assist	1
Autistic Society	2
Behavioural Services	28
Back to referrer/GP	162
CAF	2
Family Counselling	1
Health Visitor	2
ICP - Integrated Care (Bracknell)	4
Learning Disability	1
No 5 Counselling	1
Out of Area	2
Paediatrics	10
Parenting	3
Reading CAT North	16
Reading CAT West	17
Reading CATSouth	8
Relate	3
School Counsellor	4
Slough Early Help (Wellbeing & Mental Health)	14
Talking Therapies	3
Tier 2 Service	21
YOS	1
Youth Counselling	24

In respect of numbers, the largest number of referrals into the service has remained consistent with the overall thematic of CAMHs referrals in Berkshire i.e. Reading and West Berkshire children constitute the two largest groups referred to CAMHs for a service; predominantly ADHD and ASD in boys aged between 10- 15years. A change in the overall referral pattern is that whereas previously there has been a 50- 50 split between gender, a significant number of boys rather than girls are referred to CAMHs. This may reflect the decline in socio economic conditions for many families in the county exacerbated by the gap or cessations of T2 options in some areas i.e. counselling, connexions, behaviour support and the introduction of “traded services” in schools.

Consideration

CPE has been successful in working to be the common place for first point of contact with CAMHs.
A review of both access criteria and application of criteria to T3 service needs to be undertaken as part of the CPE team development plan.

Further work need to be undertaken with partners to ensure consistency of signposting to agencies where appropriate for T2 and T1 services through the enlivenment of local ' patch' meetings, shared training and opportunities to work in partnership.

On-going quarterly review to update and track the child journey through the CAMH service and or where the child 's needs have been assessed as being best met from another service.

Cb/July/2013

HELPING YOU STAY INDEPENDENT GUIDE

About this guide

A Prevention and Early Intervention Guide was first published in March 2011 by Bracknell Forest Council and was produced as an informative read for people living in Bracknell Forest. Being independent means having freedom, choice, dignity and control at home, work and in the community. It does not necessarily mean living on your own without support. It means everyone has the right to support that allows them to join in the community and live as active a life as they can, if they so choose.

This guide is for everyone: anyone who wants to get the most out of life; anyone preparing for the future and anyone who wants some support to deal with the challenges of life before they become problems will find this guide is for them. It is about ensuring people of all ages are able to maintain their independence and are able to access appropriate support when they need it.

In refreshing the guide, the council have placed a strong emphasis on giving information and advice to encourage people to take responsibility for their own health and wellbeing. We want people to remain healthier for longer and when they do need help, wherever they enter the health and care system, the process will be seamless and as stress free as possible. It is important to understand that the way health care is delivered will change with a lot more home based support and fewer days spent in hospital. Therefore, in refreshing this guide it has been renamed “Helping you stay independent” to reflect some of the changes made and happening in today’s health and care world.

The articles in this guide are not only a snapshot of what is available to you but should also be inspiration for you to think of your own approach to staying independent and happy.

Best wishes
Dale Birch
Executive Member for Adult Social Care, Health and Housing and Chair of the Health and Wellbeing Board

TAKING CARE OF YOURSELF

NHS Health Checks

We never go too long without taking the car for an MOT – but many of us go for years without a proper health check up. Staying fit and healthy is important in helping to prevent illness and falls in later life. In Bracknell Forest there are many schemes and programmes which people can use to keep healthy or to improve their health.

Anyone can be at risk of developing heart disease, stroke, diabetes and kidney disease. The good news is that these conditions can often be prevented, even if there is a family history of them. The trick is to learn about the risks early and make some changes.

NHS Health Checks can help by giving information on the risk of developing such health problems and giving expert, personalised advice on how to reduce it. This could mean anything from giving up smoking to doing more exercise. The NHS Health Check is available to adults in England between the ages of 40 and 74. Many General Practices are offering health checks, so check with your local practice. Alternatively, get in touch with the local Public Health team who can offer more information on how the NHS Health Check Programme is being expanded in Bracknell Forest at: public.health@bracknell-forest.gov.uk

Services aimed at health improvement can be found on the following website: www.bracknellandascotccg.nhs.uk/services/healthy-lifestyles/

Over 75 Health Checks

The “Over 75” health check scheme is a service which involves local GP surgeries and Bracknell Forest Council working together to help you stay independent and help reduce the risk of your health getting worse. As part of the scheme an occupational therapy assistant visits you in your own home, they discuss your general health, vision, hearing, mobility and how you manage with daily tasks. Health checks are also offered during the assessment with these results, along with any concerns, being reported back to your GP.

The “Over 75” health check scheme is not just a health assessment, it is about making sure you are aware of the services and help available, as well as letting you know there is support out there if you need it in the future.

If you would like more information contact the Business Support Team on 01344 351858.

GP annual health checks for people with a learning disability

The majority of GPs in Bracknell have had support to help them understand how to work with people with a learning disability so they can offer an enhanced annual health check service.

If you have a learning disability, or know someone who does, make sure you take up your annual health check and stay healthy. If you would like more information on what is available Tel: 01344 354466.

Self Care

There is a lot someone can do to maintain their own health and treat simple health conditions, often without the need to involve a doctor or nurse. Self Care is a process of identifying for yourself whether you need to seek help as well as having the confidence to look after yourself when you can, if you can.

A key part of Self Care is gathering enough information and knowledge as well as having access to sources of health and care advice. The telephone number 111 is the NHS helpline anyone can call. The health staff you speak to by phoning 111 can help to identify whether you need professional help or support, or whether you would be better to look after yourself and wait for symptoms to improve at home. They would also tell you whether your local chemist may be an appropriate place to visit or seek advice; you may not realise that local pharmacists have spent almost as long training as a doctor so are fully qualified to advise you.

The internet is also a good place to find information for those who have access:

- Guidance from the NHS about common conditions, where to find local services and a health A-Z can be found on NHS Choices at www.nhs.uk/Pages/HomePage.aspx
- Information from local GPs on how to care for yourself when you have a common medical complaint can be found at Bracknell and Ascot Clinical Commissioning Group website www.bracknellandascotccg.nhs.uk/
- Local services which can provide support services to people in their own home can be found at Bracknell Forest Council's iHub ihub.bracknell-forest.gov.uk/kb5/bracknell/asch/home.page

An excellent example of Self Care advice is what to do when you have a heavy cold or flu, there is very little your doctor can do to help you unless you are unfortunate enough to develop complications. If you are an older person or have certain medical conditions, then you may be able to have a flu jab at the start of winter. If you are one of the thousands of people who develop flu, advice would be to remain at home, keep warm, drink plenty of water and take paracetamol as instructed on the packet. If you are concerned that your symptoms are developing into something more serious than flu, then phone 111 to seek further advice.

Diet and Exercise

Improving diet and physical activity levels helps to manage weight. However, the benefits go way beyond that. A healthy diet and active lifestyle help to avoid illness such as diabetes, as well as having a positive effect on mental well-being. What is more, making positive changes doesn't have to be a chore; in fact, you could meet new people and having fun doing it.

Weight Management

Being overweight has consequences. For example, it can lead to a range of health problems including diabetes, heart disease and even some types of cancer. When it comes to healthy eating and losing weight, all the evidence suggests that by sticking to certain, common sense rules it succeeds in managing your weight. These include things like eating lots of fruit and vegetables, cutting down on saturated fats and sugars, just as importantly, not skipping breakfast. Try the NHS 12-Week Weight Loss Programme and see how you get on. Maybe join a weight loss club or programme where you will get expert advice and meet others with the same goals.

Smoking

If you smoke then quitting is the single most important thing you can do for your health. It's often not easy to quit, but with the right advice and support, any smoker can do it.

Why Quit Smoking?

There are so many benefits to stopping smoking. These include:

- less risk of serious illness such as cancer and stroke
- feeling fitter and more energetic
- younger looking skin and whiter teeth
- better mental well-being
- more money to spend on other things.

You are far more likely to succeed in quitting if you get some expert help. The staff at local Stop Smoking Services (called 'Smoke Free Life') will offer you a warm welcome and help you through the quitting process. They offer free, weekly one to one or group sessions, as well as a free weekly supply of Nicotine Replacement Therapy. Take the first step today by getting in touch with them. Their details are: 'Smoke Free Life' Stop Smoking Service. Tel: 0800 622 6360 or text QUIT to 66777 or go to their website at www.smokefreelifeberkshire.com

Being Active

Increasing physical activity is of course an important part of losing weight. However, there is far more to gain from an active lifestyle. Regular exercise reduces the risk of serious illnesses like heart disease and stroke, as well as providing a boost to mental well-being. In later life it is particularly important in reducing the risk of being able to get around, accidental falls and even memory problems.

To really reap the rewards of physical activity, it's important to exercise for the right amount of time and at the right level of intensity. So, for example, adults between the ages of 19 to 64 years should exercise for around two and a half hours a week in total at a level which leaves them out of breath. It doesn't matter what it is – walking, cycling or ballroom dancing – it's the intensity and duration that counts.

Probably the best way to really make a positive change in relation to physical activity is to not do it alone. There are a number of clubs or programmes to suit a whole range of ages, abilities and interests. There's absolutely no reason why getting physically active shouldn't also involve a lot of fun and a lot of new friends.

Leisure Centres

Bracknell Leisure Centre, Bagshot Road, Bracknell, Berkshire, RG12 9SE.
Tel (General): 01344 454203 Tel (Office): 01344 861717.
Edgbarrow Sports Centre, Grant Road, Crowthorne, Berkshire, RG45 7JL. Tel: 01344 776211.
Email: edgbarrow.sports-centre@bracknell-forest.gov.uk
Sandhurst Sports Centre, Owlsmoor Road, Sandhurst, Berkshire, GU47 0SD.
Tel: 01344 778836 Tel: 01628 627 690.
A list of services for all abilities is available via http://www.bracknell-forest.gov.uk/dietandexercise

Mental Wellbeing

Mental well-being is a vital part of everyday life just as much as physical health. It is a crucial resource to help handle everyday life and is not merely the absence of mental health problems. In fact, a person with a diagnosed mental health problem can have positive mental well-being with the right support.

Mental well-being does not stay the same as lives and circumstances change. There are many influences on an individual's wellbeing, for example work pressures, bereavement, physical illness, drug and alcohol and many more.

There are many ways to improve mental well-being:

Connect

Build connections with those around you - family, friends, colleagues and neighbours. Whether they be at home, work, school or in your local community. Think of these as the cornerstones of life and time invested in developing them helps to support you in many aspects of your lives.

Be active

Exercising makes you feel good. Most importantly, discovering a physical activity that suits your level of mobility and fitness can be very rewarding. It could help with sleep problems and enhance your mood.

Keep learning

Try something new:

- Rediscover an old interest
- Sign up for a taster course Adult and Community Education and Learning
- Sign up for that course
- Take on a different responsibility at work
- Fix a bike
- Learn to play an instrument or how to cook your favourite food
- Set a challenge and enjoy achieving.

Learning new things can make you more confident as well as being fun.

Give

Do something nice for a friend, or a stranger. Thank someone, smile, volunteer your time. Join a community group, linking and working with the wider community can be incredibly satisfying and creates connections with interesting people who can inspire.

VOLUNTEERING OPPORTUNITIES

Volunteering in Bracknell Forest

Volunteers should be celebrated because they give their time and expertise for free. Bracknell Forest Voluntary Action (BFVA) runs the Volunteer Centre for the borough. This acts as a free recruitment agency, assisting the many voluntary and community organisations in the area to find volunteers. The popular volunteering opportunities which people recognise are roles such as:

- driving for Good Neighbours (local car transport schemes providing vital transport for people to get to a doctor or hospital appointment)
- helping at a day centre (making and serving teas and lunches)
- activities with people who may be lonely or isolated.

There are many other things that people can do as a volunteer. If you would like more information on volunteering, contact BFVA on 01344 304404 or email vro@bfva.org. You can also see the range of roles and apply online via www.do-it.org.uk

Helping each other to live fulfilling lives

Years ago, families often lived in the same area so were at hand to help out relatives. In this modern world, often that close support is not there. LETS stands for Local Exchange Trading System. LETS is a barter system which helps people to exchange goods and services with minimal use of money by encouraging the sharing of skills and resources. There's a wealth of often unused skills and expertise so LETS is a great way of helping others whilst receiving help in return when needed. If this sounds like you and you are willing to trade what you have - a skill, some time or an item for you need, then Bracknell LETS is for you. Members advertise their goods, skills and services in a regularly produced directory.

LETS welcomes new members - many people find it a useful way of getting to know other people. Bracknell LETS meets at Newbold School, Popeswood Road, Binfield, on the first Wednesday of each month from 7.30pm. Find out more at bracknell-lets.co.uk or at Bracknell-LETS on Facebook.

Befriending Scheme

Paid for by Bracknell Forest Council, the Befriending Scheme is a service aiming to introduce trained volunteers to adults who may be vulnerable, isolated or lonely. These vulnerable adults include:

- those with health problems
- people living alone having lost loved ones and with families living some distance away
- people who find it very hard to get out and about or have other circumstances which make opportunities for developing friendship difficult.

The main purpose of the scheme is for the volunteer befriender to meet regularly for a planned period of time with adults they are matched with to do activities which are helpful to that person. These activities may include:

- meeting for a talk
- going out
- visits to shops, garden centres, cafes etc
- going to other activities in the community.

The scheme also runs regular group activities including a twice monthly coffee mornings and weekly board games with local primary children, with additional events during the year.

If you would like more information about the Befriending Service, contact Bracknell Forest Voluntary Action Tel no 01344 304404, e-mail: www.bfva.org

The Voluntary, Community and Faith Sector

There are a lot of different groups and organisations that are often referred to as the voluntary, community and faith sector. They include:

- charities
- religious groups
- community groups
- co-operatives
- clubs.

They provide a lot of vital services, many can help prevent a situation getting worse. Others provide information, advice and advocacy services supporting people, carers and families to understand their condition and the services they can access. Also there are many groups providing social activities for all including social clubs, dancing, sport, keep fit, community cafes and arts and crafts.

Bracknell Forest Voluntary Action supports this voluntary, community and faith sector activity in the borough, and as a result has a wider knowledge of both local and national groups along with organisations offering support, services and activities. Therefore if you would like any information about these organisations and how they can help please telephone 01344 304404, email info@bfva.org or call into the office in Amber House, Market Street, Bracknell.

HEALTH RELATED ASPECTS

New Hope

Bracknell Forest's Drug and Alcohol Action Team (DAAT) are committed to making sure anyone who lives in Bracknell Forest with either a drink or drug problem can access help and support.

New Hope is the first point of contact for those aged 18 or older who drink too much or use drugs; its location is in Units 16/17, Market Street, Bracknell. There are a number of services provided here:

- needle exchange products service in order to prevent the spread of diseases by the use of dirty needles. When people come in for this service they are also given immediate advice to raise their awareness of the risks when taking drugs, how to reduce those risks and to ensure they are using everything in a safe way

- clinic every two weeks where people can be tested for a blood borne viruses like Hepatitis and HIV and are able to receive vaccinations against Hepatitis B.

You can make an appointment to see someone by calling the telephone number at the bottom of this article or by attending one of the following drop-in sessions:

- Tuesday - 5:00 pm to 8:00 pm
- Saturday - 12:00 pm to 2:00 pm.

There is no need to make an appointment for a drop-in session. You will be seen by a worker who can provide advice, information, further appointments and referrals to specialist services.

Supporting Young People

There is also a Substance Misuse Worker based at the Youth Offending Service along with a Parenting Early Intervention Project Worker. They work closely together in delivering presentations to schools, youth clubs and also work with Connexions, to educate young people about the effects and risks of drugs. The aim of this early intervention work is to prevent young people from using drugs in the future. If you would like more information please contact New Hope on 01344 312360.

Stroke Coordinators

Who are Stroke Coordinators?

Stroke Coordinators are staff with specialist skills in stroke care. They include specialist nurses working in hospitals as well as other workers based in the community who help to coordinate people's return home following a stroke. In Bracknell Forest, support for those who have experienced stroke is provided by a Community Stroke Coordinator from the Stroke Association based within Adult Social Care and Health.

Wherever possible, the Community Stroke Coordinator would make initial contact with you to give as much information and advice as possible before you leave hospital. Arrangements can then be made to visit you at home within six weeks of leaving hospital. Further visits would be offered over a period of time to help you and your family to adjust to the changes associated with the stroke.

The coordinator can also arrange for you to undergo a supported self-assessment in order to identify any further health and social needs you may have to help you and your family/carer achieve greater independence. The Bracknell Forest Stroke Coordinator can be contacted on 01344 482986.

What is a stroke?

A stroke is caused by a disturbance of the blood supply to the brain.

What is a TIA?

Transient Ischaemic Attack (TIA) is also called 'mini-stroke'. It is similar to a stroke with the same signs, but gets better within 24 hours. However, it could be a warning sign of a more serious stroke and it is vital it gets the same **F.A.S.T.** action by calling 999.

Why you must act F.A.S.T.

The sooner somebody who is having a stroke or TIA gets urgent medical attention, the better their chances of a good recovery. So recognising the signs and calling 999 for an ambulance is crucial. F.A.S.T is a simple test to help recognise the signs and understand the importance of fast emergency treatment:

F = Facial weakness
Can the person smile?
Has their mouth or eye dropped?

A = Arm weakness
Can the person raise both arms?

S = Speech problems
Can the person speak clearly and understand what you say?

T = Time to call 999.

Reducing your risk

Some are more at risk of having a stroke if they also have certain other medical conditions. These include:

- High blood pressure
- High cholesterol
- Atrial fibrillation (an irregular heartbeat)
- Diabetes.

It is important these conditions are carefully monitored and treated. The risk of having a stroke is higher amongst certain ethnic groups, including South Asian, African and Caribbean. This is partly because high blood pressure and diabetes are more common in these groups.

Leading a healthy, active lifestyle is vital to help reduce your risk of having a stroke. There are also lifestyle factors that may increase the risk of having a stroke. They include:

- Smoking
- Being overweight
- Lack of exercise
- Poor diet
- Drinking more alcohol every day than is recommended.

The NHS recommends women should not regularly drink more than 2-3 units a day and men should not regularly drink more than 3-4 units a day.

Integrated Care

If someone has more complicated health and social care needs then they might benefit from a more intensive and joined up service, this is called integrated care. The aim is to work out how a team can work together more effectively to provide someone with the joint care and support that the person requires. The team is made up of a GP, a District Nurse, Community Matron, Social Care Practitioner and a Care Co-ordinator and they aims to provide health and social care support which is flexible, personalised, and seamless. The person is involved and gets a copy of their integrated care plan.

Locally, there are three groups, or clusters, of GP surgeries working to gradually develop integrated case management caseloads in their areas. The groups are Bracknell North, Bracknell South and Ascot

The Dementia Advisory Service

If you are worried about your memory problems, but do not have a diagnosis of dementia you will need to contact your GP in the first instance.

The dementia advisory service can provide advice and support for those people diagnosed with dementia, their carers, family and friends. This information includes:

- local support services
- getting a break
- legal planning
- support for carers
- living well with dementia
- national support services
- money matters.

If you would like more information please contact the Dementia Advisor on: 01344 823220.

ASSISTANCE TO STAY INDEPENDENT

Making yourself heard

If you need some support to speak up about decisions you need to take or about the things that are important in your life, it may help you to have support from an advocate.

Advocacy is:

- speaking up for, or acting on behalf of, yourself or another person
- doing something to help people say what they want, secure their rights or represent their interests
- making sure people feel part of the community.

People who work as advocates have experience in supporting individuals who find it hard to get their voice heard. They use different ways to help people so they can be fully involved in the decisions about their lives. Advocates also support people and groups to speak up for themselves – this is called self-advocacy. One group, called Be Heard, is for adults with a learning disability living in Bracknell Forest.

Just Advocacy is an independent charity providing advocacy support to people and groups. If you would like to find out more about getting support from an advocate or one of the self-advocacy groups you can contact Just Advocacy: Tel: 01276 28515 or text: 07852 634 113 email: staff@justadvocacy.org.uk, or visit www.justadvocacy.org.uk

SEAP (Support, Empower, Advocate, Promote), provide advocacy support to enable people to talk about their experience of health services and to make a complaint if they want. If you would like more information contact SEAP Bracknell Forest Tel: 0300 3435702 Email: BracknellForest@seap.org.uk Minicom: 01424 457601.

If someone needs help to make an important decision about their lives, because they don't have the ability to do it for themselves, they can speak to a specialist advocate. In Bracknell Forest, this is provided by POhWER. If you would like more information Tel: 0300 4562370.

Technology to help you live at home

Technology has made a lot of advances in recent years with things such as televisions, computers and mobile phones to name but a few. There are also a lot of different types of technology to help people with a wide-range of conditions live at home, while remaining independent and safe. It can provide peace of mind as well as freeing up the time of friends and family carers. This technology can range from equipment such as walking frames, bathing aids and grab rails to technology making use of automatic monitoring of things like: possible falls, unexpected opening of doors, alarms to alert when someone needs help and various types of sensors. There are a range of sensors, for instance, a bed sensor can be used to detect when a person gets out of bed at night and if they do not return within a certain period, an alarm would be raised, as the person may have fallen. The bed sensor can be combined with a light sensor so that when the person gets out of bed the light turns on so they can see where they are going.

These products can be bought or hired from many suppliers. If you would like more information contact adult social care on 01344 351500.

Forestcare

"Forestcare" is Bracknell Forest Council's emergency response service which monitors Lifeline alarms in the community and provides out-of-hours calls for the Bracknell Forest areas. If you would like more information log on to www.bracknell-forest.gov.uk or call 01344 352000.

Bracknell Forest Handyman Service

People who are eligible for support from the council can access the Bracknell Forest Handyman Service. This service is paid for by the council and can be used to make small changes to your home such as fixing handrails. If you would like more information, please contact Bracknell Forest Council on 01344 352000.

Food at Home

The council does not provide a "meals on wheels" service nor does it provide any financial help with buying a meal. However, it does provide a wide-ranging list of organisations from across Bracknell Forest who can either deliver food or offer meals at their locations. The organisations on the list have asked to be on the list and have been checked by the council's Environmental Health Team. The aim is to provide choice and flexibility which should help someone to choose meals that can meet personal preferences and requirements. Amongst other things the list provides details about:

- the types of meals available,
- the ability to cater for specialist requirements, for example dietary or cultural needs
- whether the organisation can deliver
- whether the premises are adapted and can cater for people with severe disabilities.

You can request a copy of this list – called Community Meals – by calling Tel: 01344 352000, or by visiting the council's I-Hub at www.bracknell-forest.gov.uk/ihub

Disabled Facilities Grant

If you experience difficulties getting around your home, for example having trouble getting up the stairs, you may be eligible for a Disabled Facilities Grant. This grant helps towards the cost of making changes which are reasonable and practical to meet your needs and enable you to continue to live in your home. To access the grant you would need to ask for an assessment of your needs and your finances.

You can claim this grant if you, or someone living in your property, are disabled and:

- you, or the person on whose behalf you are applying, either own or rent (including licensees) the property
- you can certify that you, or the person on whose behalf you are applying, intend to occupy the property as your/their only or main residence throughout the grant period - currently five years.

If you would like more information, please contact Bracknell Forest Council on 01344 351500.

Recovering from illness at home

No-one likes being ill and would all rather be at home rather than have with a lengthy stay in hospital. To prevent someone going into hospital, to allow them to leave early from hospital or to reduce the need for long term care, people living in Bracknell Forest may be referred to the intermediate care service provided by Bracknell Forest Council in partnership with the NHS. This allows people the chance of recovering at home from episodes of ill health or accidents by helping with recovery, support and rehabilitation. If someone cannot be supported to recover at home, they may be able to go into Bracknell Forest's Intermediate Care residential unit.

Following an assessment and depending on your needs, the Community Response and Reablement Team (CRRT) can provide this service free of charge for up to a six-week period.

There is also an Enhanced Intermediate Care Service helps to prevent someone going into hospital unnecessarily, making sure the person receives planned care at a suitable time to prevent a crisis occurring. Calls are dealt with in order of need with the team aiming to respond to a call in less than 2 hours, with the service continuing outside of normal office hours where required. This means you would get the same response times whatever the time, day or night.

Referrals for these services can be made by anyone. If you would like more information Tel: 01344 351500.

Falls Clinic

Anyone may have a fall, but older adults are more likely to fall than others. This is mainly due to them being more likely to have long-term health conditions that can increase the chances of a fall. A falls clinic is held every Tuesday at the Bridgewell Centre, to which you can either refer yourself via the number below or you may be referred by your doctor. The clinic is staffed by practitioners from health and social care and this allows a full assessment to be carried out, with any suggestions able to be dealt with by the appropriate member of staff. Your GP would be sent a letter telling them about the assessment.

If needed, you may be invited onto a “Positive Steps Programme” where you would complete a balance and strength exercise programme and receive advice on healthy eating, home hazards, how to get up after safely after a fall etc. The “Positive Steps Programme” is held at the Bridgewell Centre on a Wednesday afternoon over a six week period.

For those people unable to get to clinic, transport can be arranged. Referrals can be made by calling 01344 351500.

Occupational Therapy

Occupational therapy helps people to live as independently as possible and assists those with disabilities to carry out activities essential for daily living, with the aim of maintaining or improving independence. Occupation means any way people spend their time, from washing, dressing, toileting to paid or unpaid work, housework, education to sports, hobbies, and social activities.

Examples of activities essential for daily living include:

- Managing personal care, such as getting to the bathroom and getting on/off toilet
- Moving safely around the home, getting in/out of bed
- Managing steps and stairs
- Accessing property
- Ability to prepare meals
- Enabling an individual to take up or stay in paid or unpaid work.

Following an assessment, you may be eligible to receive support from an occupational therapist. If you would like more information contact adult social care on 01344 351500.

Sensory Needs Clinic

The aims of the sensory needs service are to promote independence and safety as well as providing short term programmes of rehabilitation to allow someone to manage activities essential for daily living. The service is for people who have some form of eye-sight or hearing loss.

An assessment is made to look at how your particular eye-sight or hearing problem affects your day to day life. If you are eligible, items of equipment may be provided and/or help may be given to adapt your home or you may be provided with a direct payment you can use for support either in the home or getting about.

In addition to these services, weekly clinics are held at the Bridgewell Centre so you could speak to an occupational therapist and try out equipment that might help you. Other support is available to help with issues like dealing with letters, bills and e-mails, sorting out benefits and/or communicating with others.

If you would like more information about attending the sensory needs service or clinic please contact adult social care on 01344 351500.

Minicom: 01344352045 Fax: 01344 351596 Email:adult.services@bracknell-forest.gov.uk.

Daytime Support

There are a number of locations around Bracknell Forest where there is the opportunity for daytime support for older people. These locations look to assist independence and stimulation through a range of activities and hobbies with the opportunity to meet others socially, share experiences and have refreshments and/or a meal. They also look at ways to build or re-build confidence in how to cope with daily life.

Some locations provide a daily service, while others may be open less often, although they all offer the opportunity to get together with other people. These centres are a mixture of local authority or voluntary organisations, and some have eligibility criteria to make sure their services are provided to those who most need them. Most centres provide transport, and sometimes provide other health care such as health checks or chiropody. More information on these locations can be found on the Ihub by searching for Day Centres.

DisabledGo The Bracknell Forest Access Guide

DisabledGo provides access guides to a number of venues in Bracknell Forest. The guides allow people of all abilities to know what facilities are available at these locations. These guides are normally available via the computer but printed copies can be made available. If you would like more information Tel: 0845 270 4627 or 01438 842710 email: questions@disabledgo.com or visit www.disabledgo.com/en/org/bracknell-forest

INFORMATION FOR CARERS

Working and caring

Did you know more than three million people in the UK work and also care for someone? Juggling work and care can be a challenge, but as a carer you have rights at work that can make this easier with support available to help you continue both working and caring. You have rights to request flexible working and to challenge decisions if you are not happy with the outcome. You may also have rights to various forms of time off. Your employer may offer other forms of support such as unpaid leave or telephone access to the person you are caring for during your working hours.

More information on theses right can be found at: www.gov.uk/browse/disabilities/carers or you can call the Carers UK's Carers Line on 0808 808 7777 or visithttp://www.carersuk.org/

If you provide regular and substantial care you are entitled to an assessment of your needs; this is called a carer's assessment. There is no legal definition of 'substantial' and 'regular' care but the impact your caring role is having on your life is considered along with the support you require to help you maintain your caring role. Local Authorities, such as Bracknell Forest Council, take into account your wish to work or undertake training when carrying out an assessment. If you would like more information contact adult social care 01344 351500 or visit www.bracknell-forest.gov.uk/carers

Carers' Grant

If you are aged over 18 and provide regular and substantial care for someone who is not eligible for support from Bracknell Forest Council, then you can apply for a Carers' Grant. This grant is run by Berkshire Carers Services and paid for by Bracknell Forest Council. You could use this money to get a break from your caring role. The funds can be used for things such as:

- a complete break, i.e. a holiday
- for funds towards care hours from a paid care worker
- to pay for costs towards a college course or for membership of a club or a sports activity.

The use of the money is very flexible; the most important thing of the grant is to support you in a way that best meets **your** needs. To ask for an application form, or to get information or advice, please call the Berkshire Carers Services on 0800 988 5462 or E-mail helpline@berkshirecarers.org

Carers' Emergency Respite

Do you worry about what might happen to the person you care for if you were taken ill or involved in an emergency? Then the Carers' Emergency Respite Scheme may be able to help you. The scheme is paid for by Bracknell Forest Council and run by Berkshire Carers Services. It is free of charge and open to any unpaid carer providing regular and substantial care to a resident of Bracknell Forest.

The scheme involves developing a plan to help make sure the person you care for continues to receive the support they need in a crisis or emergency. For example, a carer was recently rushed to hospital in the morning and the plan that had been developed meant a trained care worker supported the individual in their own home until the carer returned later in the afternoon.

There is no charge for support up to a maximum of 48 hours (72 hours over a Bank Holiday weekend). If the emergency continues for longer, then an assessment may be needed for the person being cared for. You must be registered with the scheme and have completed an emergency plan to receive support. If you would like more information about the scheme call 01628 777217 or email helpline@berkshirecarers.org

Heathlands Carers' Drop-in Service

When caring for someone, taking regular breaks is important to ensure you stay well and healthy. If you care for someone aged over 60 who has difficulties with their memory, you could benefit from this new service. Heathlands Carers' Drop-In Service is able to care for your loved one for two to four hours either on a one off, or more regular basis if you need a break to see some friends, get some chores done or simply have some time to yourself. Carers living in the local area are welcome to use this service. The person you care for would need to visit Heathlands for a free assessment of their needs and to have a support plan agreed which would then be available for staff to ensure the person gets the right support when they "drop-in".

This service is paid for by Bracknell Forest Council, however, people would be asked to make a small contribution to the cost of the scheme plus a charge for lunch if this is required. If you are receiving social care support you could use your personal budget pay for this service. Hairdressing and chiropody services are also available at additional cost. If you would like more information please call the centre manager on 01344 360775 or 01344 425650.

Carers' Lunch

Carers UK Bracknell is a voluntary organisation, working on behalf of unpaid carers; usually family or friends. It is run by volunteers, all of whom have been, or are, carers. They provide support as well as working on behalf of carers to keep their needs in the spotlight.

Four carers' lunches are held each year at Easthampstead Baptist Church, where representatives of the authorities are invited to provide updates on carer related issues as well as listening to carers' ideas and feedback.

If you would like more information about the Carers' Lunch and support group for ex-carers, please call the Berkshire Carers Services helpline on 0800 988 5462 or email helpline@berkshirecarers.org

Carers' Information and Advice

There are various organisations that can provide information and advice on a whole range of issues related to a carer's needs and the needs of the person for whom they care; they can help with information about benefits, health and social care services and can advise on what other organisations can give more help. Sometimes the carer just needs the opportunity to talk to someone in confidence, who understands their demanding caring role and the impact it can have on their lives. If you would like more information and to access support please contact either: Berkshire carers services Tel no 0800 988 5462, e-mail: www.berkshirecarers.org or Bracknell Forest Voluntary Action Tel no 01344 304404, e-mail: www.bfva.org

KEEPING SAFE

Keeping safe from harm

We all have the right to live safely, to be free from violence, fear and any abuse, no matter who we are, someone's age, disability, race or health, whether someone lives on their own, at home with their families or in supported accommodation.

Abuse can be defined as 'a violation of an individual's human and civil rights by any other person or persons'. The council have a safeguarding team who can investigate allegations of abuse.

If you suspect an adult is being abused:

- Contact the Bracknell Forest Community Response and Reablement Team Telephone 01344 351500
- In an emergency outside normal office hours you may contact the EMERGENCY DUTY TEAM on 01344 786543
- If you have concerns about abuse in relation to a care or nursing home or domiciliary care provider contact the Care Quality Commission on 03000 616161
- If you think someone may be in danger, call the emergency services on 999.

What if you are the person being abused?
Call one of the numbers above or ask someone you trust to contact them for you.

Making someone feel safer in town

The safety of the borough's residents is a top priority for Bracknell Forest Council, as such the council, in partnership with Thames Valley Police and local traders, run the Safe Place scheme. The scheme involves shops and other places within Bracknell Forest displaying a nationally recognised Safe Place symbol. This indicates that the shop or premises can provide a safe haven if a member of the public is feeling vulnerable or scared.

Individuals can carry a 'safe place' card which gives their name and contact details of someone to call if they need some help. When someone feels at risk, they can hand the card to one of the shop staff who can call the name and contact details on the card. There is no charge made for these cards plus carrying this card lets the person to choose who they would like to be contacted as well as having the local police number. The card also helps those who have difficulties with talking to others as the card can simply be handed to a member of staff who can then act on the card's instructions. If you would like more information or to receive a card contact adult social care on 01344 351500.

If you require help at any time, call the police on 0845 850 5505 or Bracknell Forest Council on 01344 352000.

Help find people should they get lost

Neighbourhood Return is a free service, using local volunteers to help find people with memory problems, including dementia, who have gone missing. Once a person is registered on the scheme, a search can start within 3-5 minutes after being told that they have gone missing.

To start a search, someone would contact Neighbourhood Return who would then contact registered volunteers to request help with a search. If volunteers are available, a description of the missing person, and if possible a photograph will be sent via text, a home phone message or an email. Neighbourhood Return then request volunteers search a local area close to them. If the volunteer finds the missing person they contact the call centre while staying with the person until other help arrives. All volunteers would be notified immediately when the person is found.

Being a volunteer is not a regular commitment as someone may be called rarely to help but if they are, they could help to save the life of a vulnerable person. If someone is not available to help when called, they just need to let the centre know. Someone can also stop or re-join the search at any time. If you would like to register a person with memory problems onto the scheme, or if you would like to register as a volunteer please contact the call centre on 0116 229 3118 or contact Karen White, CMHTOA, Church Hill House, 51-52 Turing Drive, Bracknell. Berks. RG12 7FR, Email: karen.white@berkshire.nhs.uk Tel: 01344 823220.

How to stay safe from fire

Royal Berkshire Fire and Rescue Service (RBFRS) aims to reduce deaths and injuries from fires and other emergencies. RBFRS works with residents and communities to raise awareness of fire, minimise the risk of fire and ensure everyone knows what to do if a fire should start:

Smoke alarms

• Fit smoke alarms to every level of your home
• Push the button once a week to check the batteries are working.

Escape plans

• Make an emergency escape plan in advance
• Keep exits clear.

Cooking

• Never leave cooking unattended
• Check the oven/hob is switched off when you've finished cooking.

Electrical safety

• Don't overload sockets - only use one plug per socket
• Always switch off plugs when they are not in use unless they are designed to be left on (e.g. freezers).

Smoking

• Make sure cigarettes are properly extinguished 'put it out, right out'
• Never smoke in bed - you might fall asleep and never wake up .

Home Fire Safety Check

Visit the Home Fire Safety Check website at www.rbfrs.co.uk where you can complete an online Home Fire Safety Check self-assessment and find other fire safety advice. In addition, you can visit the Electrical Safety Council's website at www.esc.org.uk for further advice and details of electrical product recall notice. TO REQUEST A FREE HOME FIRE SAFETY CHECK. Tel: Freephone: 0800 587 6679 or Email: communitysafety@rbfrs.co.uk

Support With Confidence Scheme

Whether you get a direct payment from the council to pay for your support, or you buy services privately, the Support With Confidence scheme aims to help you find Personal Assistants you can trust – from people and organisations that have been vetted and approved on grounds of quality, safety, and training.

The 'Support with Confidence' scheme in Bracknell Forest is paid for by Bracknell Forest Council and run by the Family Resource Centre UK. They approve and check workers and then add them onto a register. Members of the public with support needs are then welcome to access the register to arrange their support knowing that CRB/DBS checks, references and necessary training has been completed. If you would like more information please contact the Family Resource Centre on 01344 206113 or 0800 3289148.

Buy With Confidence Scheme

The Buy With Confidence scheme helps you avoid rogue traders by providing a list of approved local businesses. These traders have been checked by Bracknell Forest Trading Standards staff to ensure their trustworthiness and compliance with the law. Complaints against members are also monitored on a regular basis.

A list of all traders registered on the scheme can be found on the Buy With Confidence website. A list of Bracknell Forest's current approved traders can also be downloaded from www.bracknell-forest.gov.uk/environment/env-trading-standards/env-buy-with-confidence If you would like more information call Customer Services on 01344 352000 or email: customer.services@bracknell-forest.gov.uk

Comments, Compliments and Complaints

At some stage in life there may be a point reached where someone may need help with normal, everyday tasks. Although this might make people feel frail and vulnerable, they should always expect to feel safe and respected by those who give this support. Most people don't like to complain, but sometimes things go wrong, or people feel they could have been done better. On the other hand someone may feel that the service provided was excellent.

The council want to listen, respond and learn from your comments, compliments and complaints which will allow the council to improve services and prevent problems in the future. If you feel uncomfortable in raising an issue yourself, then ask a friend or family member to raise the matter on your behalf.

If you have adult social care support arranged through the council and want to find out more contact adult social care on 01344 351500

For any other comments, compliments and complaints about the council please contact via the website: www.bracknell-forest.gov.uk, by email, customer.services@bracknell-forest.gov.uk or by telephone 01344 352000

If you pay for any support yourself then you, or somebody on your behalf, should contact the organisation or company direct.

MONEY AND BENEFITS

Blue Badge Scheme

The Blue Badge scheme provides parking concessions for people with disabilities who travel either as drivers or passengers. The scheme applies to:

- People with severe walking difficulties
- People with very severe upper limb disabilities who regularly drive a vehicle but cannot turn a steering wheel by hand
- People who are registered blind
- People who receive a mobility allowance or higher rate of the mobility component of the Disability Living Allowance.

The badge costs £10 and allows badge holders to park close to their destinations as well as in designated disabled parking bays. The council provides a number of disabled badge holder parking bays within the Town Centre. If you would like more information on who is eligible and how to apply call Bracknell Forest Council on 01344 351464 or email BlueBadge.Applications@bracknell-forest.gov.uk

Money, Money, Money

Bracknell Forest Council can advise about entitled to benefits and how to go about claiming them. The team can help you to complete benefit claim forms and would support you through the application process.

They can also offer advice with regards to the new benefit changes coming into effect this year:

- PIP - Personal Independence Payment - replacing Disability Living Allowance for people under 60
- Universal credit - A new single payment for people who are looking for work or on a low income.

For other benefits, the team offers advice and contact details for making claims. For further information Tel: 01344 352010

There are a number of agencies which help with benefits advice and claim forms. These include:

Bracknell Forest Homes benefit advisors (for tenants)	0800 692 3000
The Pension Service	08456 060 265
Disability Living Allowance & Attendance Allowance helpline	08457 123 456

Direct payments

If you are entitled to support from Adult Social Care, you have a right to ask for a direct payment. Direct payments are payments made to your bank account instead of the council arranging your support. A direct payment can be made so you can arrange the services, or employ someone, to provide specific support that meets your needs. Direct payments give more flexibility and choice. There are some circumstances when direct payments cannot be made and Bracknell Forest Council can let you know about these. If you would like more information about receiving direct payments, contact the self-directed support co-ordinator on 01344 351420.

Looking after your home

Flexible Home Improvement Loan
"Are you an owner occupier?" Would you like to improve the warmth, safety and security of your home? Are you aged over 60?

If the answer is 'yes' to all these questions you might like to find out more about a Flexible Home Improvement Loan by calling Bracknell Forest Council on 01344 352000 for more information and to receive an information leaflet.

Keeping your home warm

Energy used in homes is responsible for over a quarter of all UK emissions of carbon dioxide, the main greenhouse gas causing climate change. Making your home as energy efficient as possible will improve your comfort, save you money and is better for the environment. For advice on improving the energy efficiency of your home, please contact the council's Sustainable Energy Officer on 01344 352536.

Information Hub

The iHub (Information Hub) has been created by the council as an online directory of services, support, sources of advice sources and activities for residents of the borough. Whilst primarily developed to provide information for people who may need some support to remain independent, it provides valuable information for all Bracknell residents. The iHub has information about:

- local groups
- activities in the community
- education and volunteering opportunities
- agencies providing support at home
- businesses which can deliver meals
- registered care homes for people who no longer feel able to live in their own home with support.

If you have any queries or comments about the ihub, or would like to add a service then, please email Information.Hub@bracknell-forest.gov.uk or call 01344 352000 or visit the website at www.bracknell-forest.gov.uk/ihub

Do you want to help by providing services

People who are eligible now have more control over how to get support to help meet their needs and want to look to have support in different, personal, local and tailored ways.

Local small businesses could benefit local people, whether the people receive funding from the local authority or funding themselves, by providing more personal and tailored support with local people to meet local needs.

This provides opportunities for you to create a small business on your own or as a group, which can offer a range of diverse, personalised and flexible support in innovative and creative ways as well as earning from it. These include activities such as helping people to gain a new skill or make new friends, lead a healthy life or enjoy a leisure activity.

For a short discussion to find out more about the benefits of being a community micro provider and explore your needs, contact Bracknell Forest on 01344 351504 or e-mail ASC&H.CommissioningTeam@Bracknell-Forest.gov.uk and join the mailing list. For links to support and advice providers, please visit the 'one stop shop' advice page at http://www.bracknell-forest.gov.uk/businesssupportandadvice

Looking ahead to 2014 and beyond

Bracknell Forest Council believes that it, and the people it works with, needs to provide good advice and information. This guide has aimed to provide a sample of the opportunities available for people to remain healthier for longer and what good support services look like.

WE WANT TO HEAR FROM YOU

For the majority, social life takes place in shops, clubs, libraries, leisure centres, restaurants and at home, these are the familiar everyday experiences. They are not traditional social care services but can make a huge difference to someone's continuing independence given a little extra thought by all concerned. The council seeks to encourage all agencies to tailor their support and services to meet individual needs.

Good quality information and advice can allow anyone to be as prepared as possible for dealing with the challenges of life. This will help people make informed decisions about how best to meet their social care needs and keep people independent and healthy.

It is very important to involve you in planning support and services for the future. If you would like to comment on this guide or share your ideas about what preventative services and opportunities should look like, the council would like to hear your views. Details of how you can feedback to the council are:

By email: ASC&H.CommissioningTeam@Bracknell-Forest.gov.uk

By telephone: 01344 351504 or 01344 351446

By post to: The Joint Commissioning Team Adult Social Care Health & Housing
1st Floor North, Time Square, Market Street, Bracknell RG12 1JD

i hub: Information.hub@bracknell-forest.gov.uk. or telephone 01344 352000.

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TO: HEALTH AND WELLBEING BOARD
12 DECEMBER 2013

BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 To inform the Board of the work of the Safeguarding Adults Partnership Board during 2012-2013.

2 RECOMMENDATION

2.1 That the Board note the report.

3 REASONS FOR RECOMMENDATION

3.1 In 2000 the Department of Health published guidance to all Councils with Adult Social Services Responsibilities (CASSR's). The report entitled 'No Secrets' set out guidance to local authorities and their partner agencies relating to the safeguarding of vulnerable adults within their communities.

3.2 A key recommendation in 'No Secrets' is that: "Lead officers from each agency should submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development".

3.3 In line with 'No Secrets' guidance, Bracknell Forest Council has lead responsibility for co-ordinating multi agency procedures that address allegations, disclosures or suspicions of the abuse of adults whose circumstances make them vulnerable. Work with partner agencies ensures that effective prevention strategies are developed and implemented. It is also essential that the Council and its partners have in place policies and procedures to enable an effective and timely response to all safeguarding alerts. At the heart of these processes the Council and its partners should also ensure that adults at risk are fully involved in achieving desired outcomes.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not applicable

5 SUPPORTING INFORMATION

5.1 The report highlights a number of key developments to further enhance the safety and wellbeing of adults at risk in Bracknell Forest. The report evidences the engagement of a number of key partner agencies and the work of the partnership as a whole in developing services and support that are both safe and meet individual outcomes.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal provisions are contained within the main body of the report.

Borough Treasurer

6.2 There are no direct financial implications within this report, for the Council.

Equalities Impact Assessment

6.3 Not applicable

Strategic Risk Management Issues

6.4 Adult Safeguarding is identified within the departmental strategic risk register. A number of actions are identified in the associated action plan to mitigate the identified risks.

7 CONSULTATION

Principal Groups Consulted

7.1 Bracknell Forest Safeguarding Adults Partnership Board
Bracknell Forest Safeguarding Adults Forum
Adult Social Care, Health and Housing Departmental Management Team
Corporate Management Team

Method of Consultation

7.2 Meetings

Representations Received

7.3 All representations received have been incorporated within the annual report

Background Papers
None

Contact for further information

Zoë Johnstone, Adult Social Care, Health and Housing - 01344 351609
Zoë.johnstone@bracknell-forest.gov.uk

Alex Bayliss, Adult Social Care, Health and Housing – 01344 351506
Alex.bayliss@bracknell-forest.gov.uk

Bracknell Forest Safeguarding Adults Partnership Board Annual Report

April 2012 – March 2013

Foreword

As chair of the Bracknell Forest Safeguarding Adults Partnership Board (the Board) I am delighted to commend this annual report to you. The Board has had a productive year, building on the firm foundations laid over previous years. During the period of this report there has been a significant amount of development work as statutory partners, particularly the NHS, prepared themselves for structural changes from the 1st April 2013. The Board is developing a strong relationship with the Bracknell and Ascot Clinical Commissioning Group (CCG) to ensure that the CCG is aware of and discharges its safeguarding responsibilities effectively. The Board was pleased to work with the East of Berkshire CCG federation in the appointment process for the Director of Nursing, which is a key role in the development of safeguarding across the CCG.

The Boards membership continues to be broad and encompasses relevant stakeholders. As new structures develop within the statutory sectors the Board will review its membership to ensure it remains appropriate and effective.

The Safeguarding Board has been working with the Primary Care Trust and the Learning Disability Partnership Board to ensure that the local response to the Winterbourne View scandal is robust and takes account of local needs. I am pleased to confirm that provision for adults with learning disabilities, were Bracknell Forest Council is commissioning their support, is already aligned to the model of support proposed by government.

For the board to remain effective, partnership between member organisations must remain strong, and whilst on occasion members will challenge partner organisations, the focus always remains on delivering the best outcomes for local people. With this in mind it is encouraging to see the evidence of these strong partnerships at both operational and strategic levels in the outcomes delivered with and for local people.

With regard to the need for safeguarding interventions over the period there was a 26% increase in the number of alerts received by Adult Social Care, Health and Housing (ASCH&H), which the board assesses as positive as this provides Adult Social Care, Health and Hosing, and partner agencies with the opportunity to give information, advice and where needed specialist safeguarding support to members of our local communities. It is clear from this report that all statutory agencies are identifying safeguarding issues and referring to ASCH&H and that alerts are being responded to in a timely manner.

The board has developed its approach to measuring the impact of safeguarding interventions and it is therefore encouraging to see that 98% of people who were able to comment said that they felt they were both engaged in the development of their safeguarding plan and that they felt safer following the intervention than before.

This report highlights the achievements made by organisations represented on the Board, which have enabled adults at risk to lead safer lives, whilst retaining as much choice and control as possible.

Whist the Board is not complacent about the need to continue the development of our approach and responses to adult safeguarding issues this report identifies the commitment and strength of partnership working in Bracknell Forest. Furthermore the Board remains committed to ensure that where abuse has or may take place, timely and effective support is provided by relevant agencies to prevent this occurring in the future.

To this end the Board has developed its business plan for the 2013-2014, which is contained within the main body of this report.

I hope you find this report informative and reassuring.

Glyn Jones
Director of Adult Social Care, Health and Housing
Chair of the Bracknell Forest Safeguarding Adults Partnership Board

1. Introduction

1.1 In 2000 the Department of Health published guidance to all Councils with Adult Social Services Responsibilities (CASSRs). The report entitled 'No Secrets' set out guidance to local authorities and their partner agencies relating to the safeguarding of vulnerable adults within their communities.

1.2 A key recommendation in 'No Secrets' is that: "Lead officers from each agency should submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development".

1.3 This report details the breadth of activity undertaken by the Board's members and identifies the achievements against the Boards business plan for last year.

2. Executive Summary

2.1 Berkshire Healthcare NHS Foundation Trust has reviewed its internal safeguarding guidance and disseminated this to all relevant staff. This has resulted in a reduction in inappropriate alerts (see page 9).

2.2 Bracknell Forest Community Safety Partnership has delivered the Domestic Abuse Service Co-ordination (DASC) project. This focused on providing enhanced support to victims of Domestic Abuse (DA) and their children, as well as providing supervision and management to the perpetrators, with a view to reducing 'medium-risk' repeat DA in Bracknell Forest. This has contributed to a reduction of 35% in Domestic incidents by the perpetrators in the cohort (see page 10)

2.3 Bracknell and Ascot Clinical Commissioning Group (CCG) joined the Board and are co-ordinating the learning from the Francis report (into the quality of care at mid staffs hospital) and the Winterbourne View report. The learning from these enquires will contribute to the increased quality and safety of local health services.

2.4 Thames Valley Police have increased the training for their Vulnerable Adult Co-ordinators and moved the decision making role for safeguarding within the referral centre to a Detective Sergeant. This has resulted in a more consistent level of decision making within the referral centres (see page 12).

2.5 The Board met 90% of the objectives it set in the 2012/2013 annual report, with the two outstanding actions being carried forward to 2013/2014.

2.6 The Board has implemented the majority of the empowerment strategy with full implementation by March 2014.

2.7 The Board has successfully implemented the approach to gaining the views of individuals about their experience of safeguarding practice. This has provided evidence of good practice by health and social care practitioners and identified were our approach can be further improved (see page 15).

2.8 There was an increase of 26% in the number of safeguarding alerts being raised compared to 2011/2012, however the Board see this as a positive

2.9 In 16% (70 alerts) of occasions where an alert was raised, abuse was either substantiated or partially substantiated. This is an increase of 4% compared to 2011/2012. It is not possible to say whether there is an increase in abuse within the Borough.

2.10 Whilst the Board is not complacent about the need for ongoing development it is confident that the approach to adult safeguarding remains relevant and appropriate, and that where abuse is identified, the responses of partner agencies is timely, appropriate and in line with the person's wishes and best interest.

3. National Context

3.1 During the period of the report the Government has made changes to the Disclosure and Barring Service (DBS) (formally the Independent Safeguarding Authority). The Government sort to narrow the definition of regulated activity. This change will have an impact on who can apply for DBS checks against the barred list (POVA and POCA).

3.2 However the revised scheme still allows employers and organisations undertaking voluntary work to have DBS checks but they will only have checks against the police national computer, not against the barred list/s.

3.3 Recent case law in respect of Disclosure and Barring Service checks have sought to redress the balance in favour of individual (in this case the prospective employee or volunteer) not to have all of their police record disclosed via the DBS checking system, rather than automatic disclosure of all police held information. The government will issues new guidance on this during 2013/2014.

3.4 The Government also published guidance to all NHS organisations on their responsibilities to safeguard adults at risk.

3.5 The Government announced its response to Winterbourne View and has set out its action plan for both CCGs and local authorities. The plan centred on ensuring that the use of assessment and treatment centres is closely monitored and that joint plans are developed between CCG and local authorities to support people to receive support in their local community and in line with their wishes and or best interest.

3.6 The Government announced its response to the Francis report into the quality of care provided at Mid Staffs Hospital., which centred on:

- Increasing the accountability of NHS Trust Boards
- Ensuring that staff are able to raise quality/safeguarding concerns within their organisation and that when this does happen action is taken.
- CQC was asked to review its methodology to inspecting Hospitals, and the post of Chief Inspector of Hospitals was created.
- Commissioners of hospitals need to develop plans to monitor the quality and standard of the hospital services they commission.

- Review of the way in which Nurse Training is delivered.

3.7 There was significant change in the NHS landscape during the period of this report brought about by the creation of Clinical Commissioning Groups (CCGs), area teams and clinical support units and the abolition of Primary Care Trusts (PCT). This brought about some challenges for the board as it engaged with CCG to ensure they were cognisant of local and national issues, whilst continuing to work with the PCT.

4. Proposed legislation

4.1 During 2012 the Government published the draft Care and Support Bill. The Bill built on the finding of the Law Commission report and recommendations into the legal framework for adult social care (including safeguarding). Given the breadth of the current legal framework it is welcome that the government proposes to simplify the framework into one single Act of Parliament.

4.2 The Draft Care and Support Bill proposes amongst other things, that Safeguarding Adults Boards (SAB) should be put on a statutory basis and to require Local Authorities to make (or cause to be made) enquires where an adult at risk in its area is or may be being subjected to abuse.

4.3 Further to the draft Bill the Government also launched a consultation on whether a new power should be introduced allowing Local Authorities to enter domestic premises to speak with an adult at risk who retains capacity, where a 3rd party is preventing the Local Authority speaking with them. The consultation also asked that if this power were to be introduced, how it should be executed.

4.4 The Board participated in the consultation and concluded that this power would be a welcome addition to the legal framework and that should it introduced and that the Local Authority should seek an order from the local magistrate. It was felt that this offered the necessary level of local implementation whilst ensuring that the proposed use of this power is considered by a party outside of the Local Authority to ensure that there is the correct level of independent scrutiny and transparency.

4.5 The Government has not responded to the consultation and as yet has no date has been announced for the Care and Support Bill to be considered by Parliament.

5. Bracknell Forest Safeguarding Adults Partnership Board

5.1 The Bracknell Forest Safeguarding Adults Partnership Board was established in March 2009, as a successor to the East Berkshire SAPB. The Board is chaired by the Director of Adult Social Care, Health and Housing and meets bi monthly. The Boards member organisations included:-

- Bracknell Forest Council
- Thames Valley Police
- NHS Berkshire
- Berkshire Healthcare NHS Foundation Trust
- West London Mental Health Trust (Broadmoor Hospital)
- Thames Valley Probation Trust
- Bracknell Forest Voluntary Action

- Berkshire Care Association
- Carers UK
- Bracknell Forest LINk

5.2 This membership represents a range of organisations working with adults who may be at risk and therefore has the ability to ensure that safeguarding strategies and key messages are disseminated to relevant people and organisations throughout the Borough.

5.3 Annex C identifies member organisations' attendance at the Board during the period of this report. Whilst there has been improvement in the attendance of a number of organisations, it is noticeable that the attendance of others has dropped compared to the previous year. The Board will improve it performance in this area during 2013/2014.

5.4 Whilst the Board has not undertaken a formal review of its membership during the period of this report two organisations will no longer be members of the Board after 31st March 2013, due to the changes following the implementation of the Health and Social Care Act 2012. The Board would like to place on records its thanks for the contribution that both Bracknell Forest LINk and NHS Berkshire made during their time on the Board.

5.5 The Boards' member organisations have undertaken a range of safeguarding activity during the period of this report which have been summarised as follows:

Developments by partner agencies during 2012-2013

5.6 Berkshire Care Association (BCA)

During 2012 /2013 BCA has:

- Shared safeguarding information through our network
- actively promoted safeguarding best practice at all of our meetings (Board and Provider)
- Provided informed guidance to providers and staff, families and people who are supported by services.
- Attended safeguarding partnership Board meetings across the county.
- Promoted safeguarding at all of our training events

5.7 Berkshire Healthcare Foundation NHS Trust

5.7.1 Partnership work has continued with the quarterly Partnership and Best Practice (between BHFT, H&WPH, RBH and the 6 unitary Authorities) meeting which has led to various improvements such as the development of guidance around the referral of pressure ulcers as safeguarding concerns. This has led to a reduction of inappropriate alerts being raised.

5.7.2 Further review of the BHFT safeguarding adult's team was conducted and there are now two full time posts:

- Safeguarding Adults Team Leader
- Safeguarding Adults Named professional.

Previously there was 1.5 WTE.

5.7.3 The Safeguarding Adults Team regularly attends SAPB subgroups and feed information back through the BHFT Safeguarding Adults group.

5.7.4 The trust developed a level 2 safeguarding adults training course in partnership with the East Berkshire Learning and Development sub group. This is currently being rolled out to all senior clinicians with plans to extend the target group in 2014-2015. It should increase the number of staff trained at level 2 by 400%.

5.7.5 Level 1 continues to be delivered to new staff at induction and throughout the year both through face to face sessions and e-learning. In partnership with the South Central Strategic Health Authority a Safeguarding Adults E-assessment has also been introduced across the trust.

5.7.6 The safeguarding adult's referral process has been standardised across the trust through partnership working with the six Local Authorities.

5.7.7 A BHFT Safeguarding Adults Clinical Champions group has been established for community staff with quarterly meetings allowing identified clinicians to develop their knowledge of safeguarding adults and to act as a local point of contact for their teams.

5.7.8 The BHFT policy has been regularly reviewed and updated to ensure it reflects the Berkshire best practice guidelines and local and national changes. This includes the addition of a section on disclosure of historical abuse following the Jimmy Savile Investigation. A review of policies and procedures in relation to visitors and volunteers was also undertaken. This process is on-going.

5.7.9 BHFT has been working with the Primary Care Trust to ensure that recommendations following the situation at Winterbourne View Independent Hospital are addressed.

5.7.10 The BHFT safeguarding team has been working alongside the complaints and PALS team to ensure possible safeguarding issues are considered when any complaint is received.

5.7.11 The safeguarding team regularly attend team meeting across the trust to raise awareness of safeguarding adults and ensure staff are fully aware of the policies and procedures.

5.8 Bracknell Forest Community Safety Partnership

5.8.1 During the reporting period, the community safety partnership has acted as lead partnership in relation to two key areas

5.8.2 The Domestic Abuse Service Co-ordination project (DASC) aims to provide enhanced support to victims of Domestic Abuse (DA) and their children as well as provide supervision and management to the perpetrators with a view to reducing 'medium-risk' repeat DA in Bracknell Forest.

5.8.3 A multi-agency group meets monthly to compile and monitor a strategy to reduce DA of each couple and interventions can include:

- Victim referral to Berkshire Women's Aid (BWA) for an enhanced outreach service
- Perpetrator/victim referral to the Integrated Offender Manager to provide 1:1 sessions for anger management, relationship counselling, stress management etc.
- Police visits to the couple's home to check that they are OK and have support as well as that they realise that DA won't be tolerated

5.8.4 During the reporting period this approach has contributed to a reduction in domestic incidents of 35% by the perpetrators in the cohort.

5.8.5 The community safety partnerships e-safety sub group works to raise awareness about the risks of internet use to vulnerable members of the community and provides relevant stakeholders with the knowledge and tools to support them to stay safe online.

5.8.6 The e-safety group expanded its work to include adults at risk in 2010 and the following has been carried out since this time:

- Quarterly training includes adult social care workforce
- The Exemplar Policy and Guidance Document has been refreshed in 2012 to include guidance and Acceptable User Policies (AUPs) aimed specifically at adults at risk and/or their carers.
- An awareness-raising session has been held with people who receive support from Re-think in Bracknell Forest with positive feedback
- Input has been provided from the e-safety sub-group to the recently refreshed BF Safeguarding Adults Training module

5.9 Bracknell Forest Voluntary Action

Bracknell Forest Voluntary Action continues to deliver adult safeguarding training (level 1) to the voluntary sector. During the reporting period they delivered training to 126 delegates from 33 different organisations. This has helped to continue raising awareness of adult safeguarding issues across the borough.

5.10 Frimley Park NHS Foundation Trust

5.10.1 During the period of this report the Trust was inspected by CQC and was judged to be fully compliant in all areas, including outcome 7 (safeguarding people who use services from harm).

5.10.2 The Trust safeguarding training programme continues to be delivered and at 31st March 2013 92% of unregistered staff (e.g. Health Care Assistants, Clerical staff estates staff ect) and 91 % of registered staff (Drs Nurses etc) have received Adult Safeguarding training. Further to this 300 volunteers have also received safeguarding training.

5.10.3 The trust has also updated its DoLS training, which has been rolled out to 250 key staff across the trust.

5.11 NHS Berkshire / Bracknell and Ascot Clinical Commissioning Group (CCG)

5.11.1 During 2012/2013 NHS Berkshire PCT Cluster. Until 1st April 2013 was the local NHS commissioning organisation. Since October 2012 the CCG Board has received comprehensive briefings on the transition process and the future arrangements that will be in place post 1st April 2013

5.11.2 Collaborative safeguarding training for each Board was arranged and completed by 31/3/13.

5.11.3 The CCG has appointed a Nurse Director who will cover the three CCG's in the East of Berkshire. The Nurse Director is an executive member of all CCG Boards in their respective federation area and is the lead executive director for Safeguarding.

5.11.4 The Central Southern Commissioning Support Unit has been commissioned to support and assist the CCG's in discharging their duties for safeguarding vulnerable adults.

The Nurse Director responsibilities relating to safeguarding are:

- Line management responsibility for designated nurse
- Provide support to any serious case reviews and IMRs
- Serious untoward incidents and investigations
- Lead on requests from the local area team e.g. Winterbourne assurance and health self-assessment framework for people with learning disabilities
- Provide assurance that safeguarding training is undertaken by all providers commissioned by the CCG
- Provide a monthly report on safeguarding adults to the CCG Boards including safeguarding alerts, SCR's and partnership reviews affecting local patients.

5.11.5 The CCG's have agreed additional funding for a joint safeguarding adults and children's lead, this demonstrates the commitment of the CCG's to raise the profile of safeguarding adults at risk, giving it the same priority as children.

5.12 Royal Berkshire Fire and Rescue Service (RBFR)

5.12.1 Whilst RBFR has not been able to attend the Board, it has submitted its analysis of the developments within the service for the period of this report.

5.12.2 RBFRS has continued to refine and evaluate its work to safeguard adults, among others, from fire. The main focus of approach has been to target against risk even more closely across all offered activities.

5.12.3 The Prevention Department's Home Fire Safety Check (HFSC) criteria have been reviewed and are now supported by the use of Mosaic demographic classification systems, to postcode level, therefore we are able to pin point particular vulnerable establishments.

5.12.4 Clearer understanding of the issue of hoarding (or chronic disorganisation) has been achieved by Prevention Managers and HFSC team.

5.12.5 Increased awareness of mental capacity by those responsible for safeguarding and of consent, for wider RBFRS staff, has been achieved.

5.12.6 Educational support for adults using oxygen at home has been provided as a result of working with the providers.

5.12.7 Improved provision to the deaf and hard of hearing communities has been ongoing.

5.12.8 Increased reach to the older community more widely e.g. by using RBFRS staff and volunteers in hospital and rural locations, dedicated events, including mobile libraries.

5.12.9 Increased use of access to services and partnerships, embedded as business as usual. And review of data held on adults known to RBFRS or partners.

5.13 Thames Valley Police

During the period of this report Thames Valley Police has undertaken a number of key activities to further improve its safeguarding responses. These include:

- Training for Vulnerable Adult Co-ordinators (these staff work in the police referral centres and co-ordinate police responses to safeguarding issues and liaise with other agencies regarding police responses)

- Decision-making responsibilities for referrals has moved to a Detective Sergeant to professionalise the role, similar to that of Child Protection Referral Manager

- Improving information sharing through improved awareness of Adult at risk work from frontline officers

- Introduction of a forum for addressing organisational learning from local and national serious case reviews

5.14 Thames Valley Probation Trust

5.14.1 Additional staff have received Safeguarding Training during the year at both Level 1 and 2, heightening their awareness of safeguarding issues and the procedure to be followed. In addition there has been an increase in the number of home visits to offenders and the ability to make links with family members to support the offender during the period of their order/licence. Family members are encouraged to contact the Probation Trust to speak to the offender manager regarding any concerns, problems, or change in circumstances.

5.14.2 Towards the end of last year Divert (Mental Health) Service was extended from Reading where it had been in place for around 20 years, to the east of the county. This has assisted in identifying those offenders prior to their court appearance or at their first court appearance who are likely to meet the safeguarding/vulnerable category and establish whether they are already

known to the Mental Health Services or should be diverted from the criminal justice system/need access to mental health services.

5.15 West London Mental Health Trust (Broadmoor Hospital)

5.15.1 During this period we have developed and the hospital has updated its mandatory training package to incorporate issues that identified in the Mid Staffordshire Enquiry. In addition we have included presentation slides to incorporate our Healthy Communities initiative which is an ongoing project to ensure a safe and healthy patient population.

5.15.2 This initiative has resulted in a review of our incident reporting. A mandatory alert will have to be raised in relation to various incident sections, e.g., harassment, threats, physical abuse. The threshold definition for safeguarding has been embedded within the incident reporting process and there is a directed link to the safeguarding referral form and immediate protection plan.

5.15.3 The Hospital's safeguarding panel now has a psychology representative.

5.15.4 West London Mental Health Trust has engaged with the NHS London Safeguarding Adult Assessment Framework (SAAF), which was shared with this Board and will be contributing to the Trust wide Action Plan which has been developed.

5.15.5 The hospital is commencing a peer review process where each ward will be visited every quarter by two peer reviewers. This model is patient centred and the reviewers will speak to all patients who wish to be seen and highlight any issues they raise. Actions will be decided immediately and patients will receive a letter in real time of what has been agreed. The reviews concentrate purely on patient care and quality of care. It is anticipated that this peer review process will provide additional assurance regarding safeguarding.

5.15.6 Patients also have access to Meridian, (an electronic device whereby they can enter comments in relation to any aspect of their care). This data is then processed to identify key concerns, areas of good practice and areas for development.

6. Progress against the objectives set out in the 2011/2012 Annual Report

6.1 The Board met in excess of 90% of its objectives during 2012/2013. The two areas that were not fully met will be met within 2013/2014 are as follows:

- **Review the Board's terms of reference and membership** - The Board took the decision not to formally review its membership and terms of reference until the outcome of the government consultation on the care and support bill is known. The bill will have a direct impact on the Boards work, and it was thought unwise to undertake a formal review until the outcome of the consultation is known.

- **Berkshire Healthcare Foundation NHS Trust (BHFT)intended to explore strategies to increase the involvement and participation of people who use BHFT services in safeguarding adult's policies and procedures developments -** BHFT intends to undertake this work during 2013/2014.

6.2 The remainder of the Board's objectives were met. The following table provides details of how each objective has been met.

6.3 In addition to the business plan for 2012/2013 the Board also responded to a number of national developments e.g. the publication of the winterbourne view serious case review, the Francis report and implemented the learning from other serious case reviews.

Bracknell Forest Safeguarding Adults Partnership Board
Business Plan – 2012 – 2013

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Practice development			
Increase the frequency of adults at risk being engaged in the development of their safeguarding plans	Bracknell Forest Council - Adult Social Care, Health and Housing	67% of individuals, whose circumstances required a safeguarding plan, were actively involved in its development. Of the remaining 33% 6% chose not to engage 27% where unable to engage due to their health.	
Implementation of the agreed method for gaining the views of individuals subject to a safeguarding referral.	Bracknell Forest Council - Adult Social Care, Health and Housing	98% of people who were able to provide feedback on their experience stated that they felt safer as a result of the safeguarding intervention.	
Revision of Adult Social Care and Health best practice guidance.	Bracknell Forest Council - Adult Social Care, Health and Housing	The Best practice guidance has been reviewed and is now operational within Adult Social Care, Health and Housing. The guidance is also available on the council's website.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Berkshire Healthcare NHS Foundation Trust will undertake the following developments:	Berkshire Healthcare NHS Foundation Trust		
• Develop a process for undertaking internal safeguarding audits to ensure best practice is followed.		An audit plan is in place with the audits commencing in 2013.	
• Develop and publish a safeguarding training strategy for BHFT staff which includes identification of training above basic awareness level 1 which can be delivered to improve knowledge, skills and confidence		Level 2 training now being delivered by the Trust to all relevant staff	
• Explore strategies to increase the involvement and participation of people who use BHFT services in safeguarding adult's policies and procedures developments.		This is a priority for 2013	
• Develop a network of Safeguarding Adult champions across services within the trust		Clinical Champions group established meeting quarterly	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Revision of current practice and recording of Mental Capacity Assessments within Broadmoor hospital.	West London Mental Health Trust	A detailed plan has been developed within the hospital to ensure that practice is in line with legislative requirements. The Safeguarding lead for the hospital has taken the lead for this in partnership with clinical leaders within the hospital.	
Roll out of revised guidance and best practice for e-safety	Bracknell Forest Adult Social Care Health and Housing	This has been disseminated and actions across the department. Training will be developed and made available to staff in line with the revised guidance.	
Implementation of a detailed plan focused on reducing the number of reported domestic incidents at 31st March 2013 compared with 31st March 2012.	Bracknell Forest Domestic Abuse Forum	The DASC (Domestic Abuse Service Co-ordination) project began in April 2011 in an effort to reduce repeat domestic incidents for medium-risk 'victims' of domestic abuse. The project co-ordinates all the ongoing work that is in place with a cohort of medium-risk 'victims' and where there are high repeat rates of domestic abuse This work has contributed to a 35% reduction in repeat domestic incidents for those people who are supported by the DASC project.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Strategic development			
Revision of the Safeguarding Adults Partnership Board's terms of reference and membership	Bracknell Forest Council - Adult Social Care, Health and Housing	This work is currently on hold as the Board await the outcomes of the Governments consultation on the Care and Support Bill	
Effective and safe transfer of DoLS functions for hospitals from NHS Berkshire to Local Authorities.	Bracknell Forest Council - Adult Social Care, Health and Housing	A Berkshire-wide transfer plan has been developed and implemented.	
Increase attendance at The Board by statutory partners	Bracknell Forest Safeguarding Adult Partnership Board	The LSCB and Frimley Park NHS Trust are now both represented on the Board. Attendance from NHS Berkshire has increased.	
Development of specific 'refresher' adult safeguarding training all levels, to reflect current practice and the findings of serious case reviews.	Bracknell Forest Council Learning and Development Team	A course has been designed and run, feedback from the course has been positive.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Review of Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training to ensure that it captures the learning from practice since the introduction of the legislation.	Bracknell Forest Council Learning and Development Team	A review of this training has been undertaken by Learning and Development in consultation with the Head of Adult Safeguarding. A new course has been developed for both MCA and DoLS that focuses on putting theory into practice.	
Development of an impact framework for adult safeguarding training (all levels) to enable the safeguarding Board to measure the impact of this training on delegate's practice and confidence to respond and report safeguarding concerns.	Bracknell Forest Council Learning and Development Team	Work has been undertaken by Learning and Development to produce an on line survey for delegates managers to completed post course. See section 7 for full details.	
Ratification and implementation of the East of Berkshire Safeguarding workforce development strategy.	Bracknell Forest Council Learning and Development Team	This strategy has been agreed and is now being implemented across the east of Berkshire.	
Thames Valley Police will create a specialist team within the economic crime unit to respond to allegations of financial abuse of adults at risk.	Thames Valley Police	The specialist team is now operational and will focus on high value financial abuse concerning vulnerable victims.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Implementation of PREVENT strategy within the trust. PREVENT is a government initiative to identify and support those who are vulnerable to radicalisation from extremist groups (A scheme is already up and running in Bracknell Forest).	Frimley Park Hospital NHS Trust	The strategy has been implemented across the trust with 200 key personnel being trained in strategy. This will enable people who are vulnerable to radicalisation to be identified and appropriate support offered.	
Thames Valley Probation Trust will expand the availability of the divert scheme within custody suites across Berkshire. The scheme is designed to ensure that people with mental health needs and or, those with drug and alcohol issues are identified at the charging stage and that support and or advice is offered at the earliest opportunity.	Thames Valley Probation Trust	The Divert scheme is now operational across Berkshire. Review of the scheme is positive and the scheme is provide successfully in appropriately diverting people with Mental Health issues or other vulnerabilities away form the criminal justice system and into other support agencies.	
East Berkshire wide developments			
Development of a multi agency performance scorecard that provides information of safeguarding outcomes for a range of agencies.	Bracknell Forest Council is leading on this work stream on behalf of the three safeguarding Boards across the east of the county.	The scorecard has been agreed across all relevant statutory agencies for the east of Berkshire. Further developments for the scorecard are detailed in the business plan for 2013/ -2014.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Quality and commissioning - review of current practice across the East of Berkshire will be undertaken with regards to quality assurance processes with a view to identifying shared principles.	Slough Borough Council is leading on this on behalf of the three safeguarding Boards across the east of the county.	A task and finish group has been established to oversee this development. The group has established a set of shared principles around care governance and information sharing which will be implemented during 2013-2014	

7. Bracknell Forest Safeguarding Adults Forum

7.1 The Forum meets on a quarterly basis and is an information sharing and consultation Forum, which ensures that local stakeholders are engaged in the safeguarding agenda. The Forum has been in operation for four years, and continues to be regarded by local stakeholders as a positive group, which is useful to the local community. The Forum reports to the Bracknell Forest Safeguarding Adults Partnership Board.

7.2 50 people have attended the group over the past year including representatives from:-

- People who use services
- Bracknell Forest Council
- Care Home providers
- Domiciliary Care agencies
- Advocacy organisations
- Thames Valley Hospice
- Independent Hospitals
- Ealing Social Services (Broadmoor High Security Hospital)
- Berkshire Healthcare NHS Foundation Trust
- Thames Valley Police

This was a decrease in attendance compared to previous years. Therefore during 2013/2014 a review of the forum will be undertaken to ensure it meets the need of local stakeholders.

Speakers at the forum have included:-

- The Safeguarding Adults Development Worker provided the Forum with an overview of the **One Community – Stop Hate Crime Now** campaign. The campaign is lead by the community safety partnership. Whilst the Borough has low levels of reported hate crime the campaign aims to raise awareness of hate crime within the borough and inform the public of the where they can receive support if they are the victim of hate crime.

- Be Heard (self advocacy group for people with learning disabilities) updated the forum on the mate crime session they facilitated for adults with a learning disability. The session's aims were to raise awareness of mate crime, encourage people to report mate crime to the police or other agencies and inform support agencies about how they can help people to stay safe.

- The Local Safeguarding Children's Board Business manager attended the forum to talk about the learning from a serious case review (not commissioned by Bracknell Forest LSCB) as there was learning for adult social care from the review.

8. Care Governance Board (CGB)

8.1 Adult Social Care, Health and Housing continue to operate a care governance approach, overseen by the Care Governance Board. The Board is focused on supporting local providers of social care and support to provide a high quality

service that meets the needs of individuals and maximises their choice and control. A detailed description of the Council's Care Governance approach is set out in annex A.

8.2 Over the period of this report the CGB worked with a range of providers of social care across the borough, including providers of domiciliary care and or residential/nursing care.

8.3 Following the identification of concerns a lead officer from Adult Social Care Health and Housing or if appropriate a partner agency e.g. the CCG is identified, and they work with the provider to make the necessary improvements in the standard of support.

8.4 It is pleasing to note that following the intervention of the CGB only 2.85 % of providers (1 of 35) were re-referred to the Board during the period of this report. This suggests that the work of the Board has a positive impact on the ability of local provides to provide sustained high quality services to Bracknell Forest residents.

8.5 Following an intervention by the CGB providers are encouraged to give feedback on the approach. Of the providers who gave feedback to CGB all commented that the approach was supportive, open and transparent

9. Links to associated safeguarding groups and forums

9.1 Adult Safeguarding is a golden thread of many activities for partner agencies. Members of the safeguarding Board are also members of a number of other Boards or forums Annex B sets out the work of the various Boards and forum and the links to the Safeguarding Adults Partnership Board.

10. Training

10.1 The three Safeguarding Adults Partnership Boards in the east of Berkshire have a joint workforce development subgroup. This group's aim, is to ensure a consistent level and quality of safeguarding training across the east of the county and to undertake a joint needs analysis for adult safeguarding training on an annual basis.

10.2 Following a review of training of adult safeguarding training provision across the east of Berkshire, it has been decided that for organisations providing care and support to adults at risk in Bracknell Forest, as of the 1st April 2013 level 2 and 3 safeguarding training will now be delivered by Bracknell Forest Council. It is felt that this will enable the training to be tailored to local need and embed local learning from experience.

10.3 Subsequent to the review of the Mental Capacity Act and Deprivation of Liberty Safeguards training in 2012/2012 a new provider was commissioned to provide master classes to local staff who are engaged in these areas of work. The master classes are focused on implementing the legal framework and relevant case law judgements. The revised training has been running for 6 months and a review of its success will be undertaken during 2013/2014

10.4 The Council's Learning and Development team have developed and piloted a post-course online questionnaire to enable analysis of the impact of safeguarding training on delegate' learning as a result of attending training.

The questionnaire is sent to the delegate's manager so that they can comment on the delegates practice since attending the course.

10.5 The new methodology was introduce for delegates attending level 1 safeguarding training between September 2012- 31st March 2013. Although the response rate was relatively low at 19% (30 delegates) the outcomes of the surveys were very positive.

- 82% (25 delegates) of delegates managers assessed their staff as being more professional when addressing safeguarding issues after the course (18% (5 delegates) had not identified a change).
- 77% (23 delegates) of delegate's managers assessed that their staff were more responsive to safeguarding issues following their attendance on the course (23% (7 delegates) had not identified a change).
- 77% (23 delegates) of delegate's managers assessed their staff as having a greater understanding off what to do would they become aware of a safeguarding issue (23% (7 delegates) had not identified a change).

10.6 The new methodology for identifying the impact on delegates will be rolled out to delegates attending all levels of safeguarding training (1, 2 and 3) in 2013/2014.

10.7 Table 1 details of the number of course provided throughout the year by Bracknell Forest Council, and the number of delegates attended. The number in brackets identifies delegates from the Private, independent and voluntary (PIV) sector.

Table 1

Course	Total Number of delegates attended (PIV sector)	Number of places available
Deprivation of Liberty Safeguards	16 (6)	30
Safeguarding Level 1	156 (77)	192
Safeguarding Level 2	15 (8)	19
Safeguarding Level 3	11 (5)	18
Safeguarding Best Practice Seminars	55 (6)	60

Course	Total Number of delegates attended (PIV sector)	Number of places available
Mental Capacity Act and DoLS master class	54 (13)	90
Domestic Abuse	20 (6)	40

11. Mental Capacity Act

11.1 The Mental Capacity Act came into force in 2007 and sets out the processes by which an assessment of capacity must be undertaken to be legally valid. The associated code of practice sets out guidance for professionals who support people who lack capacity.

11.2 The Mental Capacity Act also introduced the role of Independent Mental Capacity Advocates (IMCA).

11.3 There are specific circumstances under which Local Authorities must engage an Independent Mental Capacity Advocate (IMCA):

- When considering that a residential care home may be appropriate for an individual who has been assessed as not having the capacity to make this decision, and there are no family or friends available to support them in this decision.
- When decisions are needed regarding the provision, withholding or stopping of serious medical treatment and there are no family or friends available to support them with this decision.
- When someone may need to be deprived of their liberty for the purposes of receiving care or medical intervention, and they have no friends or family to support them, or to advise the friends or family.
- Local Authorities also have a discretionary power to engage an IMCA in Safeguarding Adults investigations even if there are family members or friends involved.

11.4 Bracknell Forest Council is a member of the Berkshire Implementation Network (BIN) for the Mental Capacity Act. This group meets on a quarterly basis to share information and agree training for Best Interest Assessors (see 10.3). A pooled budget is in place to commission the IMCA service across Berkshire. The budget is managed by Wokingham Borough Council. The BIN monitors the IMCA contract.

11.5 The following two tables set out the referral trends for the IMCA service by both the adult social care teams in Bracknell and Berkshire wide health care providers. It is not possible to say with certainty if the all people who met the threshold for referral were referred, however it has been recognised nationally that further work is required by both health and social care agencies to ensure

that the Mental Capacity Act (and therefore the role of the IMCA) is understood and applied where appropriate, therefore both the Adult Social Care, Health and Housing department and the Clinical Commissioning Group (CCG) will be undertaking quality assurance work in 2013/2014 to provide assurance that local practice is complaint with the MCA.

Adult Social Care IMCA referrals

Referring Team/Service	2012/2013
Mental Health – Older People	2
Mental Health	2
Learning Disabilities	15
Older Persons Teams	10
Safeguarding	1
Supervisory Body, (this is in relation to the responsibilities under the deprivation of Liberty Safeguards)	3
Total	**33**

NHS/Private Health referrals Berkshire wide

Referring Team/Service	2012/2013
Continuing Care	1
Dental Services	2
Podiatry	1
Prospect Park Hospital (Provided by BHFT)	2
Royal Berkshire Hospital NHS Foundation Trust	3
St Marks Hospital	2
Supervisory Body (this is in relation to the responsibilities under the deprivation of liberty safeguards)	3
Thornford Park Hospital (private)	1
Wokingham Hospital / Barkham Day Hospital	1
Total	**16**

11.6 Of the 25 IMCA referrals made by NHS partners in Berkshire one referral was regarding a Bracknell resident.

12. Deprivation of Liberty Safeguards (DoLS)

12.1 The safeguards apply to adults in a care home or hospital setting who lack capacity to consent to their stay in the care home or hospital in order to

receive support or treatment, and whose care regime is such that it amounts to a deprivation of their liberty.

12.2 There is no legal definition of deprivation of liberty. The question of whether the actions taken by staff or institutions to manage a person safely amount to a deprivation of that person's liberty is ultimately decided on a case by case basis. The DoLS Code of Practice assists staff and institutions in considering whether or not the steps they are taking, or proposing to take, amount to a depriving a person of their liberty. The DoLS give best interests assessors the authority to make recommendations about proposed deprivations of liberty, and supervisory bodies the power to give authorisations to deprive people of their liberty.

12.3 It is the role of Best Interest Assessor (BIA) to undertake six assessments, with an appropriately trained Doctor, for the purpose of determining whether the person is being, or needs to be, deprived of their liberty. In relation to Care Homes, it is the responsibility of the Council as Supervisory Body to ensure this happens and that the code of practice is complied with. During the period of this report, where the potential deprivation of liberty is in relation to receiving treatment in hospital, the relevant PCT was the Supervisory body, with responsibility for ensuring compliance. The six assessments are:-

- Age assessment (BIA) – The purpose of the age assessment is to confirm whether the relevant person is aged 18 or over

- No Refusals assessment (BIA) – The purpose of the no refusals assessment is to establish whether an authorisation to deprive the relevant person of their liberty would conflict with other existing authority for decision making for that person e.g. an advance decision to refuse treatment.

- Mental Capacity assessment (BIA or Doctor) – The purpose of the mental capacity assessment is to establish whether the relevant person lacks capacity to decide whether or not they should be accommodated in the relevant hospital or care home to be given care or treatment.

- Mental Health assessment (Doctor) – The purpose of the mental health assessment is to establish whether the relevant person has a disorder within the meaning of the Mental Health Act 1983.

- Eligibility assessment (BIA) – This assessment relates specifically to the relevant person's status under the Mental Health Act 1983. If they are already detained under the Mental Health Act, DoLS would not be used

- Best Interests assessment (BIA) – The purpose of this assessment is to establish the following:-

    - whether deprivation of liberty is occurring; and, if so, whether it is the best interests of the relevant person to be deprived of liberty;
    - whether it is necessary for them to be deprived of liberty in order to

- prevent harm to themselves and;
- Whether deprivation of liberty is a proportionate response to the likelihood of the relevant person suffering harm and the seriousness of that harm.

12.4 There were 13 DoLS applications to Bracknell Forest as the Supervisory Body in this reporting year, of which 10 were authorised. The 3 applications that were not authorised resulted in work with the managing authority (care home) setting out the rationale behind the decision not to authorise and what steps they could take to support the individuals appropriately in future. During 2011/2012 Bracknell Forest Council the council received 24 application but only 50% required authorisation. Whilst there has been a decrease in applications received, it is notable that the applications received are more appropriate. This suggests that the work the council has undertaken to support local care home providers to understand their obligations under DoLS has had a positive impact.

12.5 The Health and Social Care Act introduced the transfer of DoLS supervisory body responsibility (the authority that considers and authorises or denies all DoLS applications) from PCTs to Local Authorities for people in hospitals from April 2013. A detailed transfer programme was formulated on a Berkshire-wide basis. Each of the 6 unitary authorities communicated to local health providers what the change in supervisory body meant for them. Bracknell Forest has ensured that the relevant health providers are aware of the transfer and have the contact details within the council should they need to submit a DoLS application.

12.6 The Council has increased the number of Best Interest Assessors to ensure it has sufficient capacity to meet any increase demand in DoLS applications

13. Safeguarding empowerment strategy

13.1 During 2011-2012 the Board developed its empowerment strategy. The strategy had two clear aims:

- To empower all Bracknell Forest residents who may be at risk of abuse or neglect (now or in the future) to be aware of their rights and where to receive help, support and advice.
- To reduce the number of repeat safeguarding referrals

13.2 The Board produced a detailed action plan in order to achieve these aims. The action plan is on track to be delivered by March 2014.

13.3 The Board has made significant steps towards delivering the strategy. The initial focus was on high quality information and advice to local residents about safeguarding and what assistance is available to support adult at risk locally. The updated action plan, which details progress, is available via the Council website. They hyperlink is below

http://www.bracknell-forest.gov.uk/safeguardingadultspartnershipBoard

14. Statistical analysis

14.1 Annex D provides a detailed analysis of activity during the period of this report. However there are a number of key messages which are highlighted below.

14.2 There was a 26% increase in the number of safeguarding alerts (an alert is the fist contact Adult Social Care, Health and Housing receives regarding the potential abuse of an adult at risk) compared to 2011/2012. This increase in regarded as positive by the board as it has resulted in more people receiving advice, support and where appropriate safeguarding interventions that previous.

14.3 There is evidence that all local statutory agencies are raising safeguarding alerts in increasing numbers, this indicates that the east of Berkshire workforce development strategy is effective.

14.4 181 (43%) of alerts required intervention under the safeguarding procedures this was a 4% increase on 2011/2012. The remaining alerts resulted in information, advice or signposting being given to the individual or the person was offered a supported self assessment of their social care needs.

14.5 There is evidence that Adult Social Care, Health and Housing are responding to safeguarding alerts in a timely manner as on 154 (85%) occasions a strategy meetings took place within 5 working days. And 147 (78%) of referrals were concluded within 60 days.

14.6 71 (39%) referrals were either substantiated or partially substantiated.

14.7 On 44 (63%) occasions where abuse was substantiated or partially substantiated it took place in people own home, and 25 (35%) perpetrators were either a family member, a neighbour/friend or another family member.

14.8 11 (6%) safeguarding referrals were repeat referral (compared to the national average of 15%) and these related to 7 people.

14.9 There is evidence that staff who support the individual when safeguarding concerns are identified, are doing so in a way that supports the person to feel safer as 100 people (98%) who were able to communicate their views commented that they felt safer as a result of the safeguarding intervention.

15. Development plan for 2013 -2014

Developments
Berkshire Healthcare NHS Foundation Trust will : • Develop internal safeguarding audits to ensure best practice is being used • Monitor training delivery and ensure that all staff are trained at an appropriate level across services • Develop a Mental Health Safeguarding Adult champions group across the trust • Review current Safeguarding Adult reports to identify areas for improvement • Explore strategies to increase individual involvement and participation in safeguarding adults policies and procedures
Bracknell and Ascot CCG will ensure that: • GP registers setting out patients who are admitted to, and discharged from NHS funded placements are accurate. • The CCG works closely with local authority colleagues to ensure that joint health and social care reviews and discharge planning is provided where needed. • All people whose support is funded by the NHS receive an annual review • The CCG contributes to the self-assessment framework to support local agencies to measure and benchmark progress • The CCG continues to participate in the monitoring arrangements for the agreed Winterbourne Action Plan

Developments
Bracknell Forest Adult Social Care, Health and Housing will: • Review the Safeguarding Forum to ensure that it continues to meet the needs of stakeholders • Monitor safeguarding issues within the care home sector and provide 6 monthly reports to the board detailing issues identified and action taken. • Undertake research into the possible benefits of developing a model of 'family group conference' across Adult Social Care Health and Housing. • Monitor and evaluate the advocacy contract and guidance in relation to Bracknell Forest Council's Advocacy Policy and Best Practice Safeguarding guidance.
Bracknell Forest Adult Social Care, Health and Housing and Bracknell in partnership with Bracknell and Ascot CCG will: • Jointly develop systems with the CCG to identify and work with providers of health and social care who are not meeting their contractual requirements for safety and welfare in order to improve the standard of support provided to local people. • Jointly monitor the number of Deprivation of Liberty applications requested by health providers, and take action where there appears to a lower than expected number of applications by health care providers. • Develop and deliver a Quality Assurance Programme for Adult Social Care, Health and Housing and the CCG commissioned services in relation to compliance with the Mental Capacity Act.
Bracknell Forest Adult Social Care, Health and Housing, in partnership with West London Mental Health Trust, and London Borough of Ealing will: • Develop a memorandum of understanding between Bracknell Forest Council, West London Mental Health Trust and the London Borough of Ealing in relation to the governance and management of safeguarding arrangements within Broadmoor Hospital

Developments
Bracknell Forest Council Learning and Development Team will: • Implement the revised methodology for gathering post-training impact assessment to delegates attending levels 1, 2 or 3 safeguarding training.
Bracknell Forest Safeguarding Adults Partnership Board will: • In partnership with the Local Safeguarding Children's Board (LSCB) develop a common framework for supporting the third sector to increase aware of safeguarding and further develop practice in this area. • Disseminate relevant guidance on the Disclosure and Barring service to all relevant local organisations • Monitor local responses to the learning from the winterbourne view serious case review and the learning from the Francis report. • Review the Safeguarding Adults Partnership Board's structures, function and membership in light of the Care Bill and the proposed statutory nature of the Board. • Fully implement the Safeguarding Empowerment Strategy to enable people to safeguard themselves and feedback on people's experiences of the process •
Royal Berkshire Fire and Rescue service will: • Continue to make improvement in the use of Mosaic data and similar risk profiling tools, to better identify adults at risk. • Embed understanding of mental capacity and consent more widely. • Ensure that all prevention developments are subject to Integrated Risk Management Plan review and confirmation of managerial appointments.

Developments
Thames Valley Police will: • Increase training for frontline officers in identifying adults at risk, ensuring that investigations are conducted in a timely fashion. This will include multi-agency working and responsibilities in safeguarding meetings and other professionals meetings, as well as educating officers in appropriate signposting to other agencies where the adult does not meet the 'No secrets' threshold but would benefit from a level of support. • Further training for officers within DAIU dealing with Safeguarding incidents • Ensure investigating officers understand their obligations in updating the adult victim, or agency responsible for an adult at risk or other responsible party acting in the best interests of the adult. Further improvements in information sharing.
Thames Valley Probation Trust will: • A review will be undertaken on the referrals made to Divert scheme to ensure that they best practice is being implemented and that the right interventions are offered.
West London Mental Health Trust will: • Continue the development and implementation of the Mental Capacity Assessment tool that takes account of 'situational' capacity. This will be accompanied by a protocol to assist clinicians and practitioners within the hospital. The protocol will be submitted to the Board for comment. • Detailed Mental capacity will be developed and provided to all staff whose role it will be to undertake capacity assessments. • Develop a safeguarding link within categories of security information reports which are intelligence rather than incident based. • A large Trust-wide conference concerning Safeguarding Adults has been planned for 17 May, and will include presentations about the Francis Inquiry and Winterbourne View.

Developments
• Continue to work with the Department of Health investigation team into the past behaviours of Jimmy Saville and are providing reassurance that the procedures for safeguarding adults and children and the recruitment of volunteers is now robust in relation to safeguarding.
East Berkshire wide developments
RBWM will (in conjunction with Slough BC and BFC) • Review the delivery of level 2 and 3 adult safeguarding training.
Slough Borough Council will (in conjunction with RBWM and BFC) will: • Further develop and implement shared principles to managing quality in the care market across the east of Berkshire.
Bracknell Forest Council (in conjunction with SBC and RBWM) will: • Refine the east of Berkshire performance scorecard to incorporate baseline performance indicators where appropriate.

Annex A

Care Governance Board

The Council's Care Governance Board meets monthly to share, discuss and agree actions in relation to information received both internally and externally regarding providers of services. The Board receive information from a range of sources including:

- CQC reports and regulatory letters/information
- Other Local Authorities
- Safeguarding Alerts and or referrals
- Requests and authorisations for deprivation of liberty safeguards
- Quality assurance visits completed by Adult Social Care Contracts team
- NHS partners
- Providers of services

The Board considers each 'referral' on its own merits and decides what action, if any, is required. Where appropriate an action plan will be developed in partnership with the provider that identifies the actions required and the timescales for completion. The Board also decides on the level of concern against the criteria detailed below.

A **red flag** indicates a possible high risk to people using that service and no new packages will be commissioned whilst the concerns are being resolved. All individuals receiving support via BFC will be reviewed, and other relevant local commissioning organisations (Local Authorities and NHS) informed. A robust action plan will be developed with the provider and monitored.

An **amber flag** indicates a medium risk and will indicate that there is a robust action plan and monitoring regime in place. The commissioning of packages may be agreed after a risk management plan has been completed. As with services where the degree of caution necessitates a red flag, action plan updates and review outcomes will be shared at Care Governance Board and decisions made as to caution status.

A **green flag** indicates a low or no risk and will be given when the Chief Officer and Care Governance Board are satisfied that all quality issues and concerns have been addressed. All service providers where there have been no concerns will automatically have a green flag status.

Annex B

Links to associated safeguarding groups and forums

Multi Agency Risk Assessment Conference (MARAC)

A MARAC is convened on a monthly basis and is chaired by Thames Valley Police; a range of statutory partners attend the MARAC. The MARAC is focused on supporting high risk victims of Domestic Abuse, and reducing repeat incidents of domestic abuse. The MARAC follows the guidance set out by the Coordinated Action against Domestic Abuse (CARDA) and the Association of Chief Police Officers (ACPO)

During 2011-2012 there were1641 reported incidents of domestic abuse in Bracknell Forest of these 662 were repeat incidents (these figures have been produced by the Community Safety Partnership). Plans are in place to reduce the number of repeated incidents of domestic abuse by 2% by 31st March 2013 (compared to 31st March 2012). It should be noted that these figures are for all incidents of domestic abuse not just incidents where an adult at risk (Berkshire Safeguarding procedures definition) is the victim.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA are established by statute and have clearly defined responsibilities The MAPPA focus is on the management of registered sex offenders, violent and offenders who pose a serious risk of harm to the public. Adult Safeguarding is represented at the MAPPA to ensure that where appropriate offenders who may pose a risk to vulnerable members of our community are identified and management plans put in place.

Domestic Abuse Forum

The focus of the Domestic Abuse forum is to increase public awareness and improve services to those experiencing domestic abuse. This will include adults at risk. The Forum comprises local partner agencies, both statutory and voluntary sector.

South East regional Safeguarding Network

The network is part of the Association of Directors of Adult Social Services (ADASS) policy network. The regional safeguarding network aims to both influence and learn from national policy developments. Over the past year ADASS has reviewed its policy networks and the safeguarding regional network has become more focused on working collaborative with other policy networks (most notably personalisation and commissioning) to work on cross cutting issues and therefore mainstreaming safeguarding activity into other ADASS policy areas to achieve the best outcomes for people using social care services.

Berkshire Safeguarding Policy and Procedures

In June 2010 the Berkshire Safeguarding Policy and Procedures went live ‘on line’. The on line version is provided by Tri-X. Bracknell Forest hosts the contract for the 4 Adult Safeguarding Boards of Berkshire. The procedures are now more accessible to professionals, providers and members of the public. There is an editorial group in place that ensure the procedures are updated every 6 months

The procedures are available via this hyperlink
http://berksadultsg.proceduresonline.com/index.htm

Local Safeguarding Children's Board (LSCB)

The Adult Safeguarding Partnership Board is represented on the Local Safeguarding Children's Board via the Head of Adult Safeguarding. The two Boards have identified areas of commonality and the Board continues to be represented on the LSCB raising awareness sub group. The aim of this collaboration is to ensure that clear messages about the safeguarding of both children and adults at risk are disseminated to all local stakeholders appropriately.

Annex C

BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ATTENDANCE 2012 - 2013

Organisation	2011/2012 % attendance	2012/2013 % attendance	30 MAY 2012	16 JULY 2012	18 SEPT 2012	19 NOV 2012	14 JAN 2013	18 MARCH 2013
LSCB	0%	50%	A	P	P	A	P	A
South Central Ambulance Service	0%	0%	A	DNA	DNA	DNA	DNA	DNA
Heatherwood & Wexham Park NHS Foundation Trust	0%	0%	DNA	DNA	A	DNA	A	DNA
Carers UK	25%	0%	P	P	DNA	A	DNA	DNA
Bracknell Forest Council – Learning and Development	25%	50%	A	A	A	P	P	P
BFC - Housing Strategy & Needs	25%	33%	P	A	DNA	DNA	DNA	P
West London Mental Health Trust (Broadmoor Hospital)	25%	67%	A	A	P	P	P	P
NHS Berkshire	50%	32%	DNA	P	P	A	A	DNA
Berkshire Healthcare NHS Foundation Trust (CAMHS)	50%	17%	A	N/A	N/A	DNA	DNA	P

Organisation	2011/2012 % attendance	2012/2013 % attendance	30 MAY 2012	16 JULY 2012	18 SEPT 2012	19 NOV 2012	14 JAN 2013	18 MARCH 2013
Thames Valley Probation Trust	50%	33%	A	P	A	P	A	A
Bracknell Forest - LINKs	50%	0%	DNA	A	A	A	DNA	DNA
Berkshire Care Association	75%	67%	P	A	A	P	P	P
Berkshire Healthcare NHS Foundation Trust	75%	83%	A	P	P	P	P	P
Director of Adult Social Care, Health and Housing - BFC	75%	67%	P	P	A	A	P	P
Bracknell Forest Council - Community Safety Team	75%	83%	P	P	P	A	P	P
Thames Valley Police	75%	67%	A	P	A	P	P	P
Bracknell Forest Council – Legal Service	75%	33%	DNA	P	A	DNA	A	P
Bracknell Forest Voluntary Action	100%	50%	P	P	A	DNA	DNA	P
Bracknell Forest Council – Adult Social Care, Health and Housing	100%	100%	P	P	P	P	P	P
Frimley Park Hospital	N/A	33%	DNA	DNA	P	P	A	A

Organisation	2011/2012 % attendance	2012/2013 % attendance	30 MAY 2012	16 JULY 2012	18 SEPT 2012	19 NOV 2012	14 JAN 2013	18 MARCH 2013
Bracknell and Ascot CCG	N/A	100%	N/A	N/A	N/A	N/A	N/A	P

Key

DNA - Did Not Attend, no apologies received

A - Apologies received in advance of meeting

P – Present at meeting

N/A - Not applicable as organisation was not a member of the Board at the time of the meeting.

Annex D

Detailed statistical analysis of safeguarding activity during 2012/2013

1. Introduction

1.1 Alerts are defined as a concern that an adult at risk may have been, is, or might be, a victim of abuse. Not all alerts will require intervention under the safeguarding procedures. It should also be noted that where an alert does not meet the threshold for intervention under the safeguarding procedures, support, advice and or signposting will be given to the person making the referral.

2. Alerts

Number of all alerts and number of all referrals for Bracknell in 2012/13

2.1 During 2012/2013, Bracknell Forest Council received 425 safeguarding alerts; this was an increase of 26% compared to 2011/2012. Whilst it is not possible to say what has contributed the increase, there continued to be an increase in alerts raised by Thames Valley Police and Berkshire Healthcare Foundation NHS Trust, both of whom continue to undertake a significant amount of staff training. The increase in alerts is seen by the board as a positive as it gives agencies the opportunity to provide information and advice and where appropriate support to adults at risk, who might not otherwise have received it.

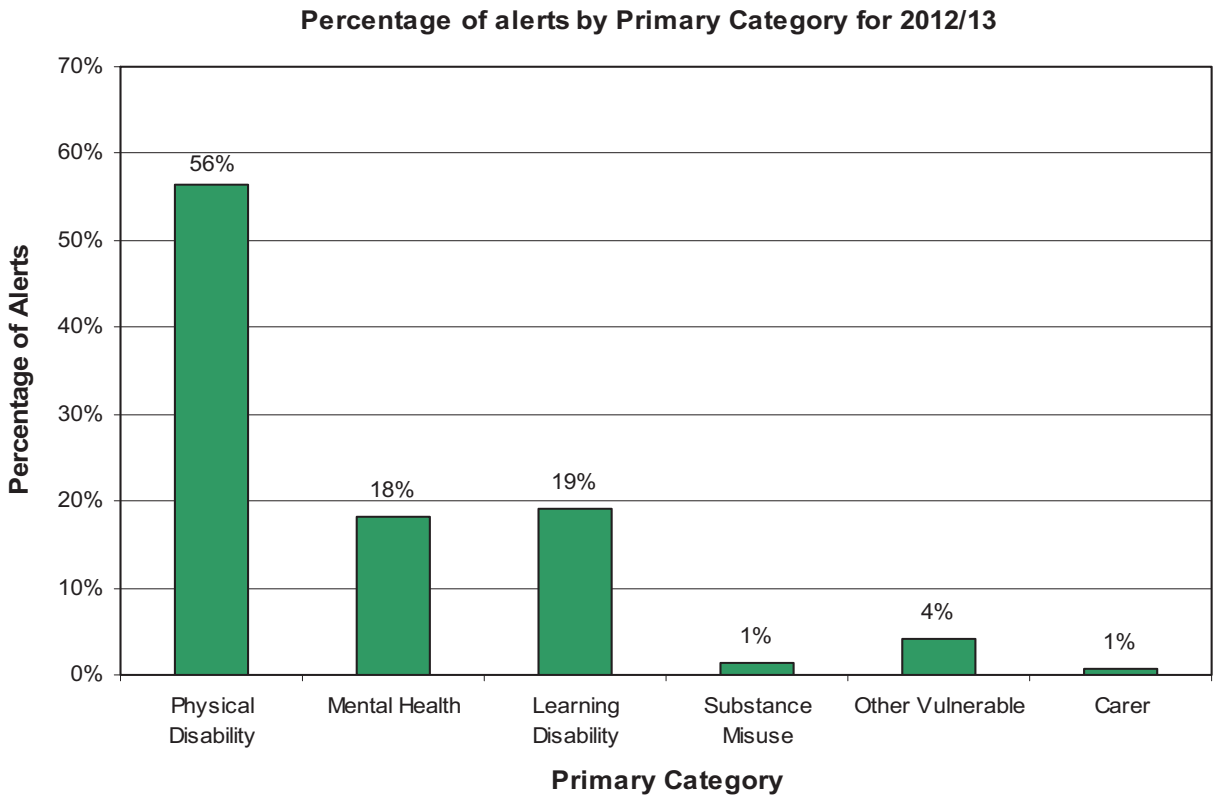
2.2 Table 1 identifies that 181 (43%) of the alerts received during the reporting period met the threshold for intervention under the safeguarding procedures; this is a 4% increase on 2011/2012.

Table 1

	Bracknell
Alerts	425 (51)
Referrals	181 (22)
% of alerts progressing to referral	43%

2.3 Table 2 identifies the percentage of alerts by care group. The care groups that have seen the largest increase in the number of alerts were learning disability (+3%), Mental Health (+5%) and 'other vulnerability' (+3%). Monthly monitoring takes place within Adult Social Care, Health and Housing to ensure that any changes in trend are identified and where necessary appropriate action is taken.

Table 2



2.4 Table 3 identifies the number of and percentage of alerts that required intervention under the safeguarding procedures and therefore progressed to a safeguarding referral by Care Group.

2.5 The three main care groups are broadly in line with the overall percentage of 43%. Although 55% (29 people) of alerts related to an adult with a learning disability progressed to a referral is higher than the overall average by 12%, this is not of concern and is an improvement on the 2011/2012 performance when 80% of alerts regarding an adult with a learning disability progressed to a referral. The change is thought to be due to increased staff training and increased understanding of the threshold for intervention under the safeguarding procedures.

2.6 In the 'other vulnerability' care group only 11% (2 people) of alerts required intervention under the safeguarding procedures, this is due to the person the alerts related to not meeting the definition of adult at risk, however support was offered under the "supporting people who choose not to engage" protocol.

Table 3

Care Group	No. of Alerts	No. of Referrals	% of alerts progressing to referrals
Physical Disability (including older people)	239	104	44%
Mental Health	77	29	38%
Learning Disability	82	45	55%
Substance Misuse	6	0	0%
Other Vulnerable	18	2	11%

Carer	3	1	33%
Total	**425**	**181**	**43%**

2.7 Tables 4 and 4A identify the percentage of all alerts received by age and gender. The tables identifies that 213 people aged 75 and over equate for 50% of all people subject to a safeguarding alert. When the gender of people subject to a safeguarding alert is analysed it identifies that 259 women represent 61% of referrals and 166 men equate to 39% of all safeguarding referrals.

Table 4 and 4A

	Female	**Male**	**Total**
18-64	21.2%	15.5%	**36.7%**
65-74	7.5%	5.9%	**13.4%**
75-84	14.8%	8.0%	**22.8%**
85+	21.9%	5.2%	**27.1%**
Total	**65.4%**	**34.6%**	

2.8 Table 5 identifies that the three main statutory agencies within Bracknell Forest, in safeguarding terms (Adult Social Care, the NHS and Thames Valley Police) raised 281 alerts (66%) in 2012/2013. This suggests that the training that these organisations have undertaken in the last year has had a positive impact. Furthermore 68 alerts (16%) came from members of the public (self referral, family, friends etc) again this indicates that the work the Board has done this year to raise awareness has had an impact. This work has included distribution of leaflets/posters, promotion of safeguarding on agency websites etc.

2.9 With regard to the percentage of alerts that progress to referral, again the three main statutory agencies contribute to 66% of this total with members of the public contributing 19% to the total.

2.10 Where an alert does not meet the threshold for intervention under the safeguarding procedures, support and advice will be offered to the person raising the alert and where appropriate the individual at the centre of the alert will be offered an assessment of their needs.

Table 5

	No. of Alerts (% of all alerts)	**Number of referrals (% of all referrals)**	**Percentage of alerts progressing to referral**
Care Quality Commission	5 (1%)	0 (0%)	0%
Education / Training / Workplace Establishment	3 (0.7%)	1 (0.5%)	33%
Family Member	35 (8%)	21 (12%)	60%
Friend / Neighbour	5 (1%)	1 (0.5%)	20%
Health Staff	114 (27%)	48 (27%)	42%
Housing	14 (3%)	8 (4%)	57%
Other i.e. leisure services, probation, other Council departments.	50 (12%)	19 (10%)	38%
Another Adult at Risk	2 (0.4%)	1 (0.5%)	50%
Police	53 (12%)	17 (9%)	32%
Self Referral	31 (7%)	10 (6%)	32%

Social Care Staff	113 (27%)	55 (30%)	49%
Total	**425**	**181**	**43%**

2.11 Table 6 compares the ethnicity of people who were the subject of a safeguarding referral compared with the local population. The figures identify that the ethnicity of those subject to a referral is broadly in line with the local population. However the board will continue to work with all local communities to ensure that the key safeguarding messages are available to all communities.

Table 6

	Bracknell	Local Population
White	93%	91%
Mixed	0%	2%
Asian	2%	5%
Black	0%	2%
Other	1%	1%
Declined	1%	0%
Not Recorded	2%	0%
Total	**100%**	**100%**

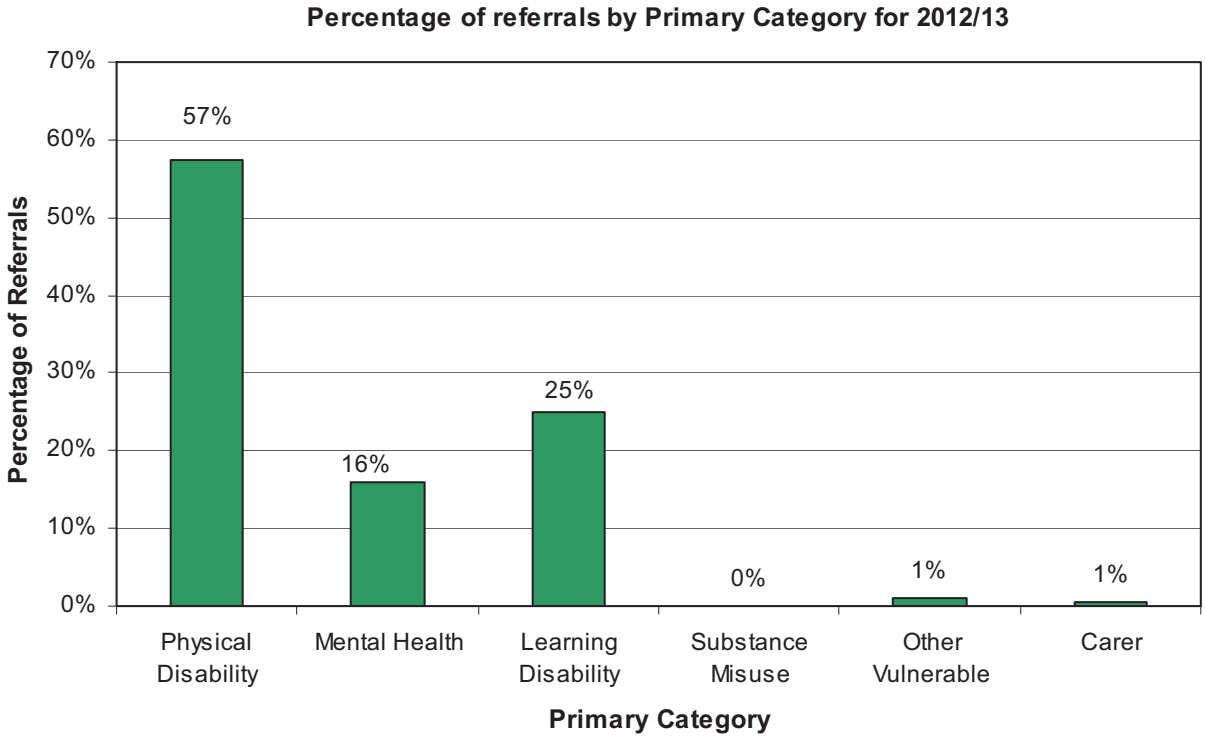
3. Referrals

3.1 Table 7 and 7A identify the number and percentage of referral by Care Group.

Table 7

Care Group	No. of Referrals	Percentage
Physical Disability (including older people)	104	57%
Mental Health	29	16%
Learning Disability	45	25%
Substance Misuse	0	0%
Other Vulnerable	2	1%
Carer	1	1%
Total	**181**	**100%**

Table 7A



3.2 Table 8 identifies that only 6% of referrals are repeat referrals (where the person concerned has two safeguarding referrals about their circumstances within the report year). An analysis of the 12 repeat referrals indicated that the subsequent issue could not have been predicted.

Table 8 Percentage of repeat referrals

Number of referrals	181
Number of repeats	11
Bracknell Total	**6%**

3.3 Table 9 identifies the percentage of people subject to a safeguarding referral who were known to Adult Social Care at the time of their referral. The information indicates that 387 (91%) people were already known to adult social care.

Table 9

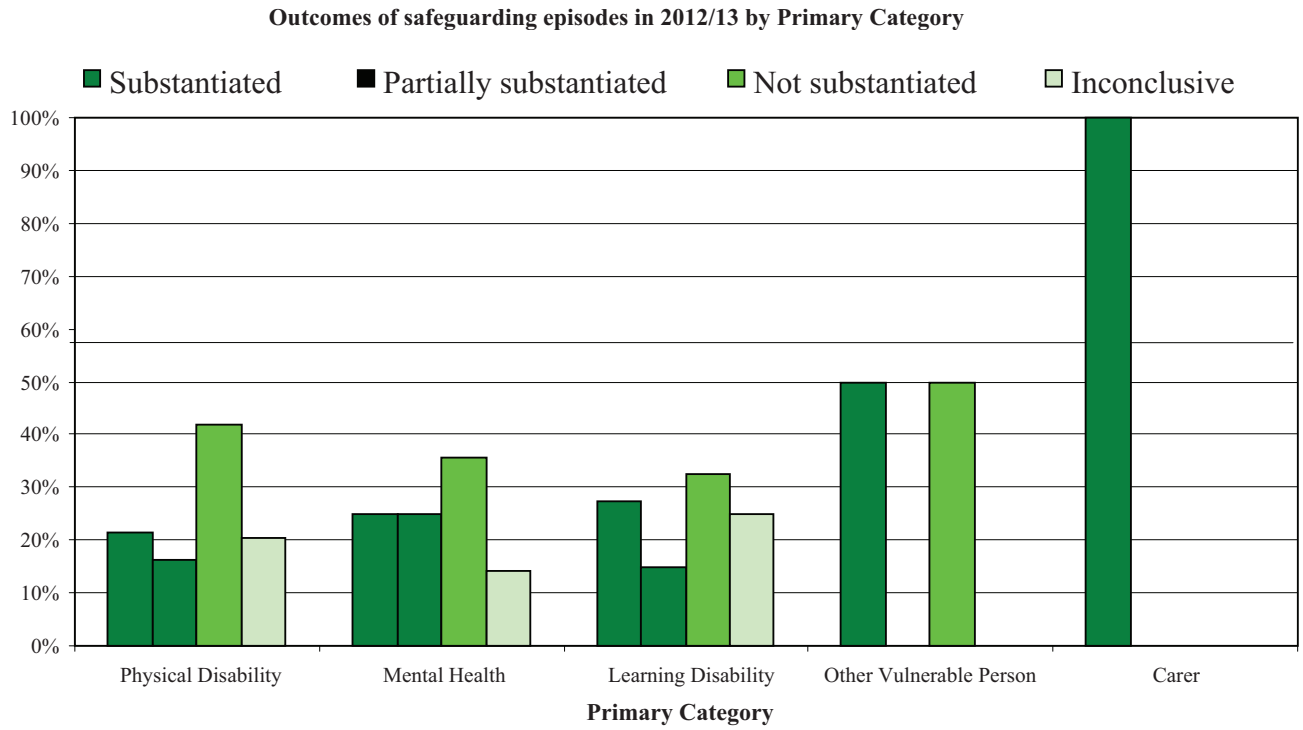
Number of Referrals	181
Known to BFC	164
Bracknell	**91%**

4. Outcome of the safeguarding assessment

4.1 Tables 10 and 10A identifies that 70 (39%) safeguarding assessments concluded that abuse was substantiated or partially substantiated. 65 referrals (38%) were not substantiated. It should be noted that there remains a small number of referrals have not been concluded yet which is why this table does not total 181. Adult Social Care, health and housing staff use the balance of probabilities when deciding the abuse is substantiated, not substantiated, partially substantiated or inconclusive.

4.2 Table 10 and 10A percentage of completed referrals by outcome of safeguarding assessment by care group

	Physical Disability (%)	Mental Health (%)	Learning Disability (%)	Other Vulnerability (%)	Carer (%)	**TOTAL (%)**
Substantiated	21 (21%)	7 (25%)	11 (28%)	1 (50%)	1 (100%)	**41 (34%)**
Partially substantiated	16 (16%)	7 (25%)	6 (15%)	0	0	**29 (17%)**
Not substantiated	41 (42%)	10 (36%)	13 (33%)	1 (50%)	0	**65 (38%)**
Inconclusive	20 (20%)	4 (14%)	10 (25%)	0	0	**34 (20%)**
TOTAL	**98**	**28**	**40**	**2**	**1**	**169**



5. Detailed analysis of outcomes where abuse was substantiated or partially substantiated

5.1 Table 11 and identifies that on 63% of abuse took place in the person's own home. Furthermore 15% (11 referrals) of abuse took place in a care home (both care homes and care homes with nursing) this is a 4% reduction compared to 2011/2012.

Table 11 - Location of the abuse – where the outcome of the referral was substantiated or partially substantiated

	Total (%)
Alleged Perpetrator's Home	**4 (6%)**
Care Home	**5 (7%)**
Care Home with Nursing	**6 (8%)**
Other	**4 (6%)**
Own Home	**44 (62%)**
Public Place	**6 (8%)**
Supported Accommodation	**1 (1%)**
Total	**70**

6. Relationship between the adult at risk and perpetrator

6.1 Table 12 shows that 25 (36%) perpetrators were the partner, family member or neighbour/friend of the individual. This is a reduction of 15% compared to 2011/2012. This suggests that agencies that support adult at risk may be successfully working with people and their families to prevent incidents of abuse, by providing appropriate advice and support to reduce the risk of abuse. 20 (29%) perpetrators were either health or social care staff; this includes nursing staff, social care staff working in care homes and domiciliary care services. This is a reduction of 16% compared to 2011/2012, this suggests that local providers of care and support are working well to ensure their workforce is able to provide a safe high quality service. This may also be influenced by the Councils approach to Care Governance.

Comparative data not available

Table 12 relationship between the adult at risk and the perpetrator – where the outcome of the referral was substantiated or partially substantiated.

	Total (%)
Health Care Worker	**6 (9%)**
Neighbour / Friend	**5 (7%)**
Not Known	**3 (4%)**
Other	**11 (16%)**
Other Family Member	**13 (19%)**
Other Professional	**5 (7%)**
Another adult at risk	**3 (4%)**
Partner	**7 (10%)**
Social Care Staff	**14 (20%)**
Stranger	**3 (4%)**
TOTAL	**70**

7. Category of abuse

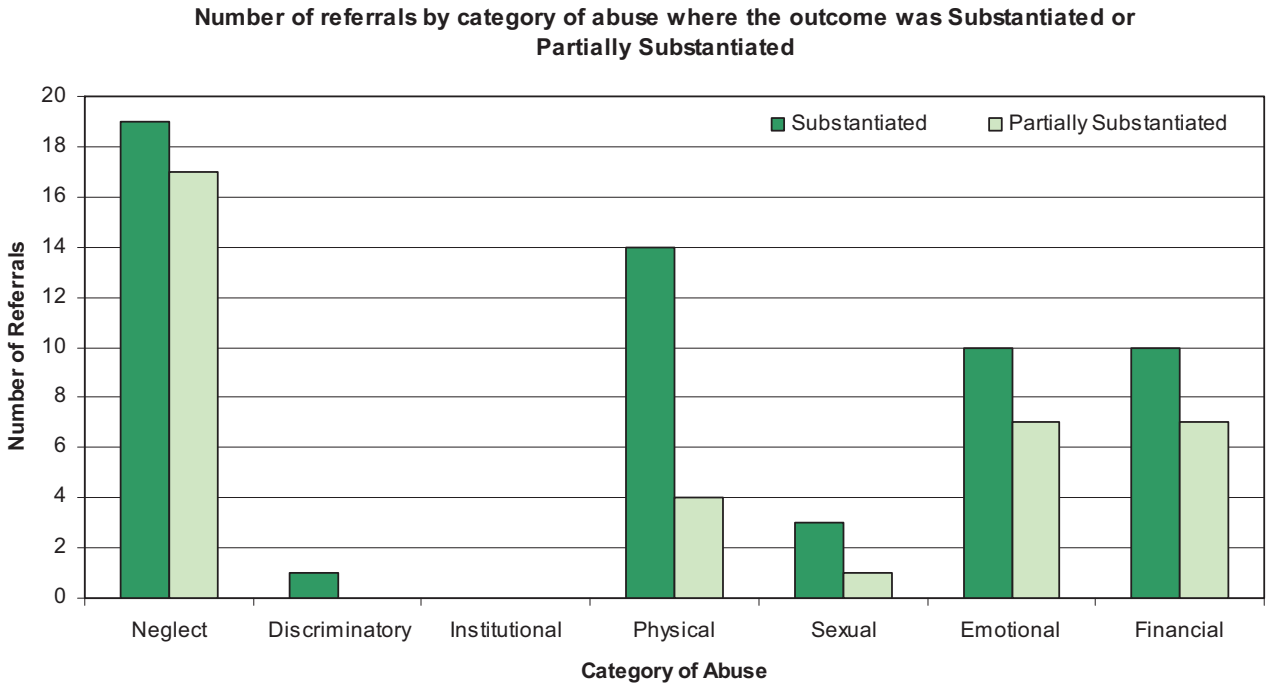
7.1 Due to the low number of substantiated and partially substantiated referrals it is not possible to provided detailed analysis of themes and trends. However, neglect is the highest represented category followed by physical and then financial and emotional abuse. There has been a 19% increase in the number of substantiated or partially substantiated referrals of neglect. This increase is often linked to financial abuse where by a family member has not supported their relative to access support due to concerns about having to contribute towards

the support arrangements. It should be noted that an individual may be subjected to more than one type of abuse.

Table 13 and 13A - Number of referrals by category of abuse where the outcome was substantiated or partially substantiated in 2012/13

***Please note**: More than one category of abuse can be recorded*

	Total (%)
Neglect	**36 (39%)**
Discriminatory	**1 (1%)**
Institutional	**0 (0%)**
Physical	**18 (19%)**
Sexual	**4 (4%)**
Emotional	**17 (18%)**
Financial	**17 (18%)**
Total	**93**



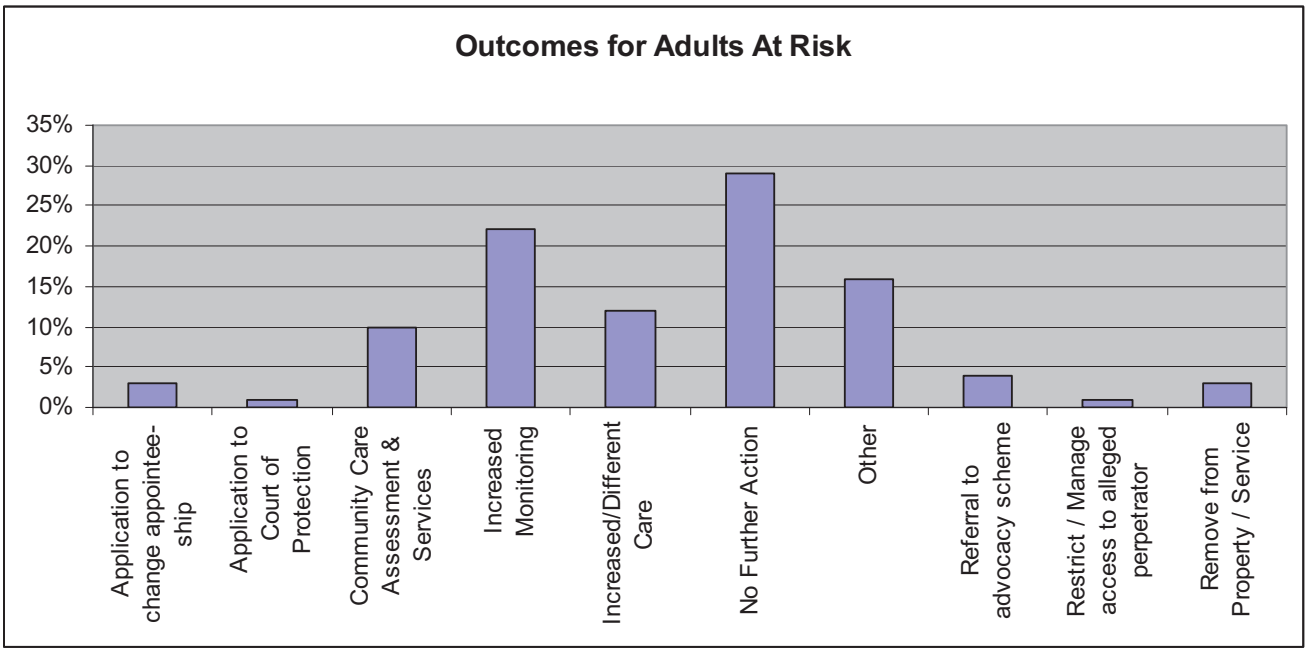
8. Outcomes for the adult at risk and the perpetrator

8.1 Chart 14 shows the range of outcomes for adults at risk and perpetrators were abuse was substantiated or partially substantiated. Given the range in needs for adults at risk it is unsurprising that there is a range of outcomes identified. It is encouraging to note that changes were made to support arrangements for the adult at risk (Assessment and services, increased monitoring and increased/different care) on 40 (44%) occasions. Whilst no further action was taken on 26 occasions (29%) of substantiated or partially substantiated referrals,

this will be due to the individuals wish or the fact that the individual disengaged with the safeguarding assessment.

8.2 Chart 14 - Outcomes for the adult at risk where the abuse was substantiated or partially substantiated.

***Please note**: more than one outcome can be selected for the adult at risk and the perpetrator*

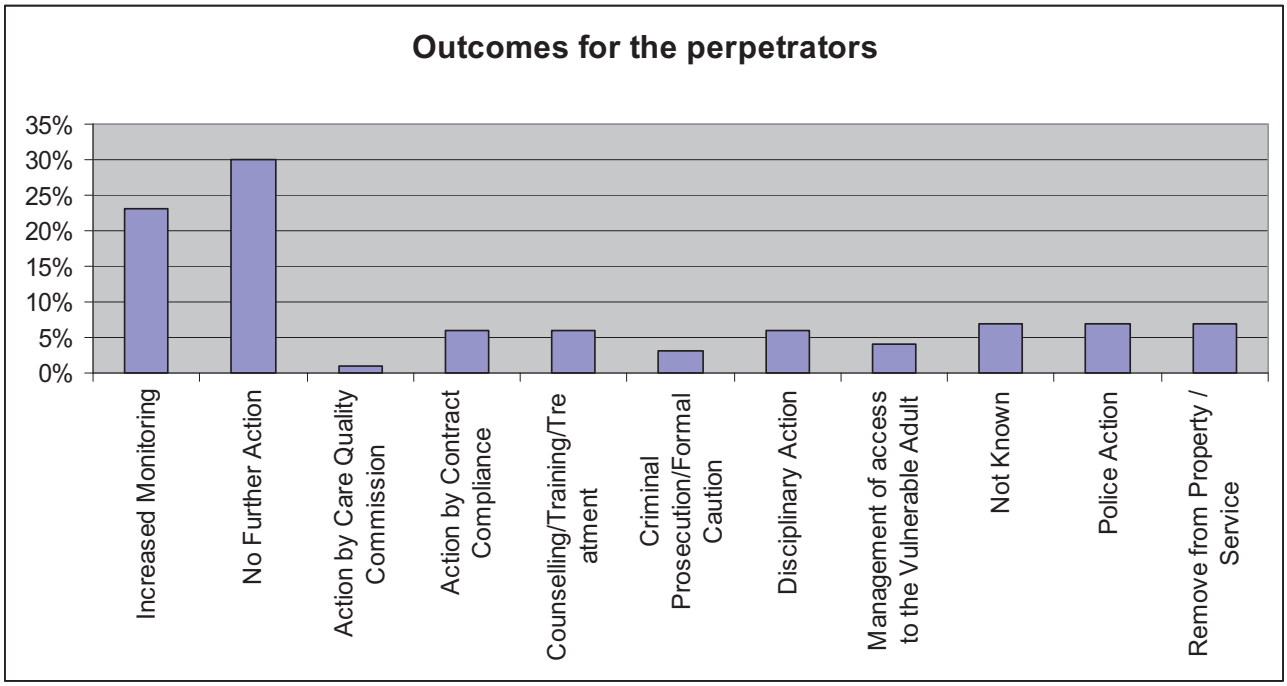


8.3 Chart 15 shows the range of outcomes for the perpetrator. 21 (30%) of substantiated or partially substantiated referral resulted in No Further Action for the perpetrators, this was a result of

- no agencies having powers to impose action on the perpetrator, or
- the adult at risk's decision that no further action should be taken as it may jeopardise a personal/family relationship.

It is positive to note that 6 occasions (9%) the police took action i.e. interviewed, prosecuted or gave a formal caution, and on 4 (6%) of occasions the employer of the perpetrator took action under their HR polices.

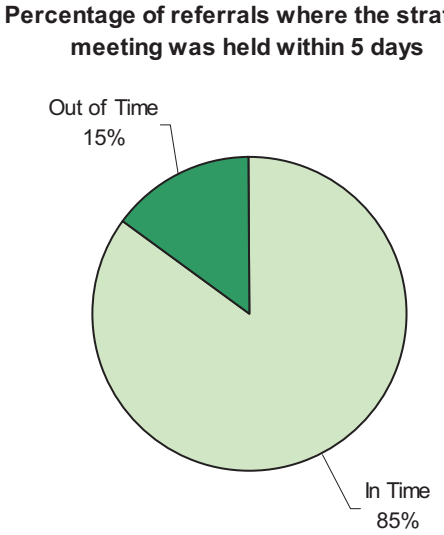
Chart 15



9. Timeliness of response

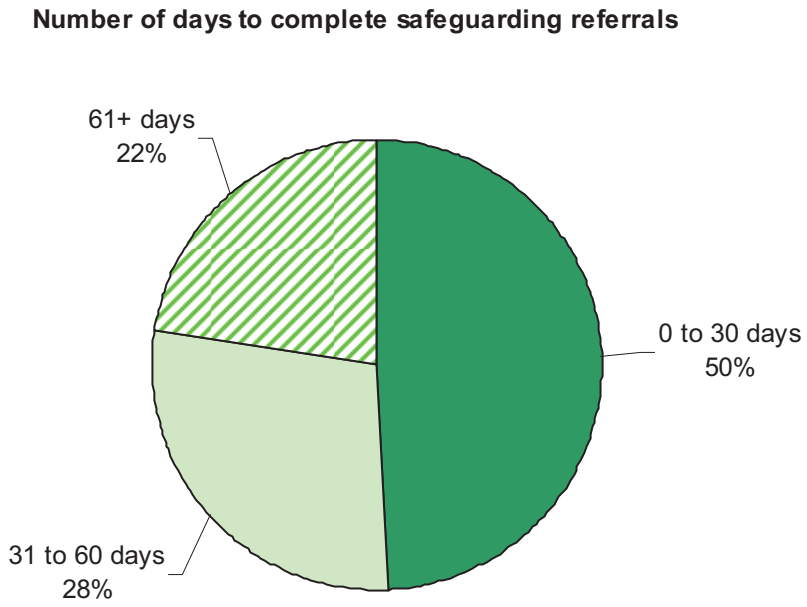
9.1 Chart 16 identifies that a strategy meeting was held within 5 working days on 154 occasions (85%). This of the remaining 27 occasions the strategy meeting was held within 6 days on 12 occasions and the longest period for a strategy meeting to take place was 9 days and this was due to a key partner agency not being available. However all necessary immediate safeguarding steps had been taken prior to the meeting.

Chart 16 - percentage of referrals that had a strategy meeting held within 5 working days of the alert



9.2 Chart 17 identifies the length of time it takes to conclude the safeguarding assessment. Whilst there is no national baseline to compare local practice to, it is best practice to conclude the safeguarding assessment at the earliest opportunity. Therefore it is indicative of good practice that 91 (50%) of the safeguarding referrals were completed within 30 days of the alert being raised and that 141 (78%) were completed within 60 days. The remaining assessments were unable to be completed within 60 days due to a number of reason e.g. – awaiting criminal or civil investigation, waiting for the employer to conclude a management investigation or the assessment is ongoing.

Chart 17



9.3 Table 18 identifies that on 395 (93%) of occasions following the receipt of a safeguarding alert the assessment and protection plan has been completed within the year. This is a further indication of strong practice across the Adult Social Care, Health and Housing department.

Table 18

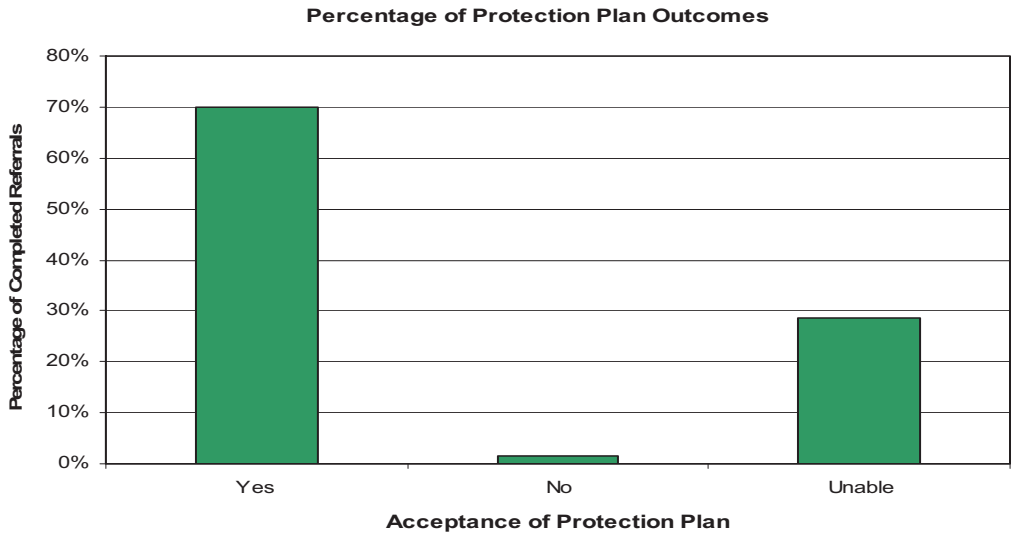
Number of Referrals	181
Number completed in year	169
Percentage	**93%**

10. Qualitative feedback

10.1 In order to have a rounded view of performance and practice in adult safeguarding work, it is important to use qualitative information in addition to quantitative information. Therefore adult social care, health and housing have developed a questionnaire which people are supported to complete (if they wish to), to identify their views on the practice of staff within the department. The following three qualitative data sets are the pertinent results of the questionnaires.

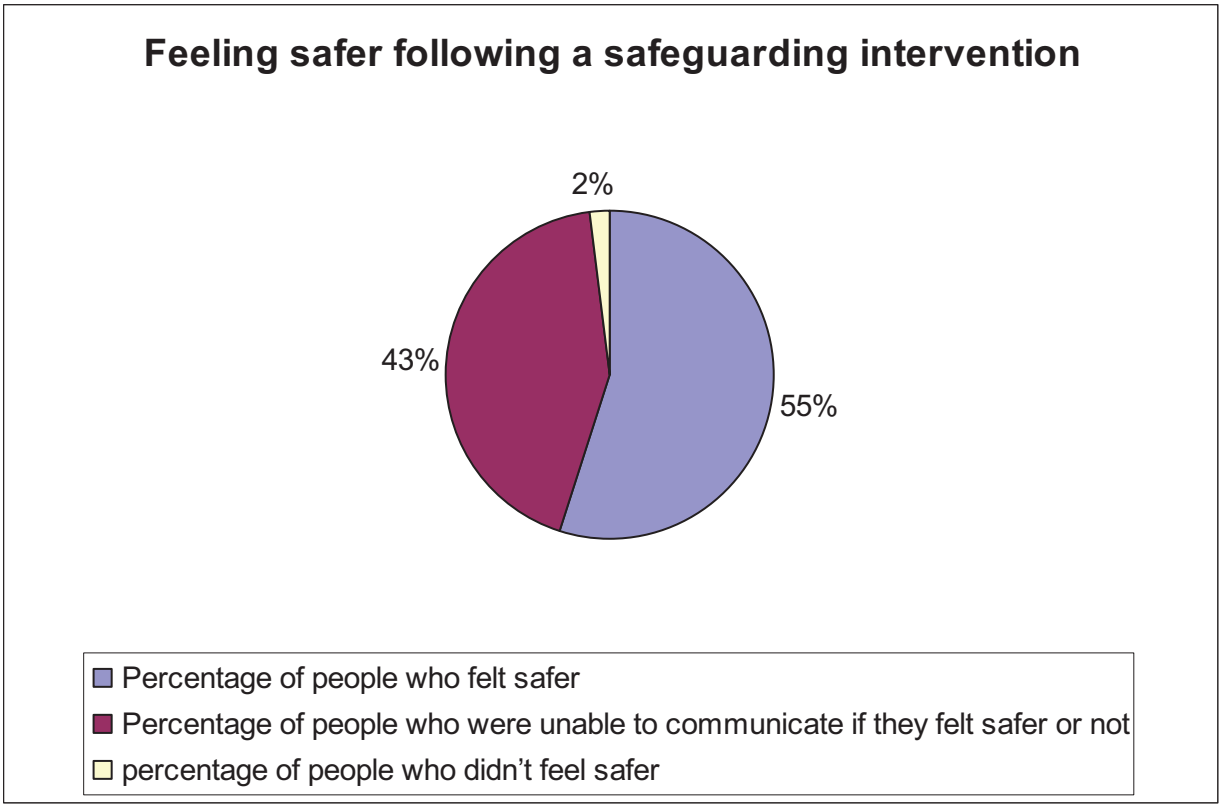
10.2 Chart 19 indentifies that 93 people (98%) who were able to comment stated that they were in agreement with their protection plan. This indicates that practitioners within the Adult Social Care, Health and Housing department are working in partnership with the adult at risk to develop protection plans that are in line with their wishes. Furthermore where the person is unable to indicate their wishes, practitioners will work with an advocate, IMCA or a family member (where appropriate) to ensure that the protection plan is developed in line with Mental Capacity Act principles.

10.3 Chart 19 - Acceptance of a protection plan



10.4 Chart 20 shows that 98% of people (93 people) subject to a safeguarding referral (regardless of outcome) and who were able to comment, stated that they felt safer as a result of the intervention. 73 (43%) people were unable or unwilling to communicate their views. Where a person was unable to communicate their views the practitioner would have worked with a family member, advocate or IMCA to ascertain the views, however that person would not have been able to indicate if the person felt safer or not. The 3 people (2%) of people who did not feel safer as a result of the safeguarding intervention chose not to take the advice and support provided by the social care team.

Chart 20

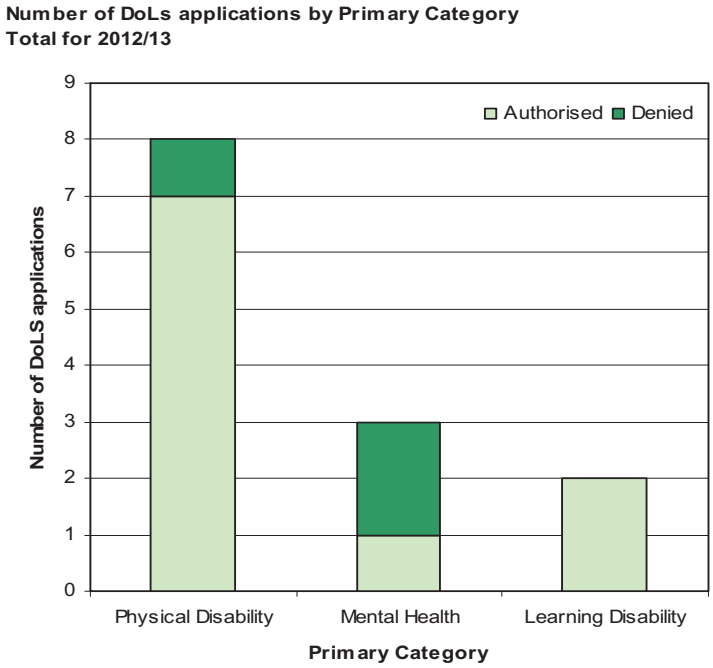


11 Deprivation of Liberty Safeguards (DoLS)

11.1 Table 21 shows that 8 (62%) of application related to an individual who primary need for support was due to a physical disability. However each person also had a diagnosis of dementia as did the three people within the Mental Health care group. Therefore dementia was a contributing factor in 11 (85%) of application.

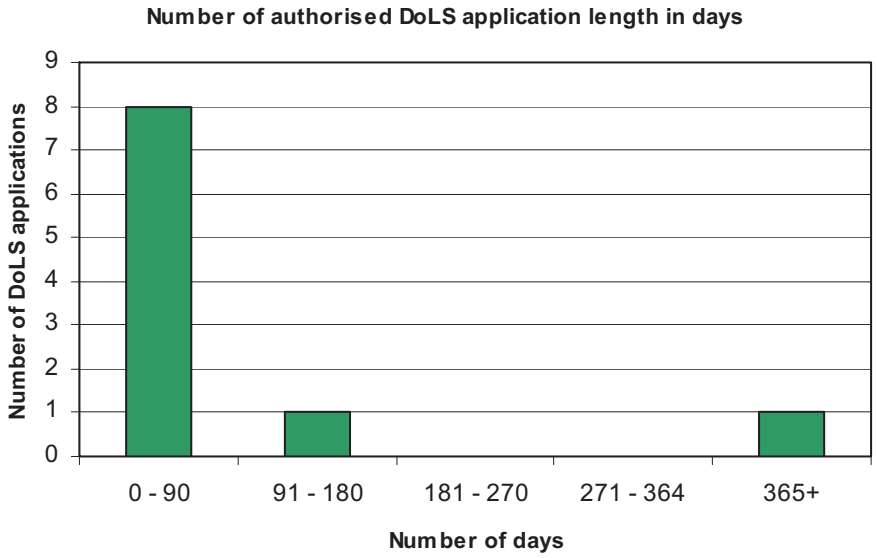
11.2 Whilst there has been a decrease in the number of DoLS application compared to 2011/2012 (24) the percentage of application that were approved has increased from 50% in 2011/2012 to 77% for 2012/2013. This increase suggests that Care Homes are better placed to identify when someone may be being deprived of their liberty and therefore submit an application to Adult Social Care, Health and Housing.

Table 21 - Number of DoLS application by care group and whether the application was granted or denied.



11.3 Chart 22 identifies the length of time the DoLS authorisation was granted for. The DoLS code of practice states that the authorisation should be granted for the shortest time possible and that the managing authority (care home) should work toward reducing the restriction on the person where ever possible. It is therefore practice within the department to give consideration to a short authorisation following an initial application and work with the home to see if the restriction can be removed within the timeframe of the authorisation. However on some occasion this is not possible and a longer authorisation is required to ensure the safety and welfare of the individual.

Table 22



11.4 At the 31st March 2013 there were 4 people subject to a deprivation of liberty authorisation, granted by Bracknell Forest Borough Council.

HEALTH & WELLBEING BOARD: FORWARD PLAN 2013/14

Scheduling of agenda items are subject to change.

Last meeting of the Board: 5 September 2013

Item	Decision	Responsibility	Submitted to Board:
Funding and Integrated Development Work	To **agree** arrangements to receive and provide comment upon commissioning strategies to connect, integrate and resource outcomes	Glyn Jones / Janette Karklins	**SUBMITTED**
Refresh of the Children & Young People's Commissioning Approach	Board to agree	Janette Karklins/Graham Symonds	**SUBMITTED**
Annual Report – Shadow Board 2012-13	Board to agree its Annual report	Cllr Birch/ Dr Tong	**SUBMITTED**
The NHS Belongs to the People: A Call to Action	Board to consider	NHS England	**SUBMITTED**
JSNA Update	To update the Board	Lise Llewellyn/Jo Hawthorne	**Action between meetings**
Joint Health & Wellbeing Strategy Update	To feed into the Board	Zoe Johnstone	**Action between meetings**
CCG paper on the Care Quality Commission report on Wexham Park Hospital	For information and comment.	William Tong/Mary Purnell	**Action between meetings**
Complaints and Comments Mechanisms in Local Health and Social Care System	For information	Lynne Lidster	**Action between meetings**
Immunisation Schedule for Routine Immunisation and for those in Clinical Risk Groups	For information	Lise Llwellyn	**Action between meetings**

12 December 2013

Item	Decision	Responsibility	Submitted to Board:

Integration Transformation Fund	To update	Glyn Jones	
Local Safeguarding Children's Board Annual Report	To note.	Janette Karklins/Sandra Davies	
Services around Children's Mental Health to include CAMHS	Board to consider recommendations of the Children, Young People Partnership Board	Janette Karklins/Sandra Davies	
JSNA Update	To update the Board	Lise Llwellyn/Jo Hawthorne	
Healthcare for People with Autism	To note	David Rossiter/Nick Ireland	
Adult Safeguarding Annual Report	To note	Alex Baylis	**Action between meetings**
Helping You to Stay Independent Guide	For comment	Glyn Jones	**Action between meetings**
Local Healthwatch Forward Plan	For comment	Andrea McCombie-Parker	
Learning Disability Self Assessment	For information		**Action between meetings**

13 February 2014

Item	Decision	Responsibility	Submitted to Board:

10 April 2014

Item	Decision	Responsibility	Submitted to Board:

Work in Progress/Outstanding Issues:

- Memorandum of Understanding between HWB and CCG (Mary/Kieth) – work in progress.

Other Areas the Board may need to consider:

Health and Social Care Act - Issues subject to commencement

Item	Decision	Responsibility
Charges for specific health services	To **receive information** on section 50 regulations relating to the application of application of Charges to Health Improvement and Health Protection Measures and to **decide** future action	CCG / LA
Personal health budgets	To **receive information** on section 55 regulations relating to personal health budgets and to **decide** future action	CCG
Mental Health Advocacy	To **receive information** on section 55 regulations relating to mental health advocacy and to **decide** future action	LA
Pharmaceutical Needs Assessment	To **agree** the process of developing, updating and publishing the Pharmaceutical Needs Assessment	LA
Application of the duty to integrate to health-related services	To **agree** a process to assess the commissioning of decisions of executive bodies against the JHWS	
Establishment of Care Trusts	To **agree** the protocols for establishing Care Trusts between the LA and the CCG	

New or draft legislation

From April 2013

Item	Decision	Responsibility
Draft Care and Support Bill	To **agree** arrangements for the joint working of the NHS CB, CCG, LA and carers' organisations and agreeing plans and budgets to support carers	William Tong/ Glyn Jones/Janette Karklins/NHS CB Representative

BF Local Safeguarding Children Board Annual Report 2011/2012 – Subject to approval of document

Item	Decision	Responsibility
General Practice, Health Visiting and Midwifery Case Review Recommendations	To **agree** protocols for ensuring the Board and Clinical Commissioning Group and other health providers commissioned through the Health and Wellbeing Board are sighted on Case Reviews and lessons learned for General Practice, Health Visiting and Midwifery Case Review Recommendations are integrated into CCG and General Practice quality assurance systems	
Co-sleeping and bed-sharing for infants and small children	For the Board **to give a view** on community health professionals' advice on co-sleeping and bed-sharing for infants and small children	Janette Karklins
Child protections practice of health economy providers	For the Board **to give a view** on the potential application of the Exemplar Safeguarding Audit Tool to audit the child protections practice of health economy providers	Janette Karklins
Single and Inter-agency Training	*There is covered in section 4 – does the Board need to take a view on extending this throughout the new health economy?*	