

Notice of Meeting

Health and Wellbeing Board

Councillor Megan Wright (Bracknell Forest Council) (Chair)
Nicola Airey, NHS Frimley ICB (Vice-Chair)
Philip Bell, Involve
Nicholas Durman, Healthwatch Bracknell Forest
Neil Bolton-Heaton, Healthwatch
Dr Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Jo Dixon, Healthwatch
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Jane Hogg, Frimley Health NHS Foundation Trust
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Sonia Johnson, Bracknell Forest Council (Children's Social Care)
Councillor Michael Karim, Bracknell Forest Council
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)
Dave Phillips, Bracknell Forest Safeguarding Board
Jonathan Picken, Bracknell Forest Safeguarding Board
David Radbourne, South Central Sub Region NHS
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)
Fidelma Tinneney, Berkshire Care Association



Thursday 7 December 2023, 2.00 - 4.00 pm
Online Only - Zoom

Agenda

All councillors at this meeting have adopted the Mayor's Charter which fosters constructive and respectful debate.

| Item | Description | Page |
|------|---|------|
| 1. | Apologies | |
| | To receive apologies for absence and to note the attendance of any substitute members. | |
| 2. | Declarations of Interest | |
| | <p>Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting.</p> <p>Any Member with a Disclosable Pecuniary 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 Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.</p> <p>Any Member with an affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.</p> | |

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| 3. | Urgent Items of Business | |
| | Any other items which the chairman decides are urgent. | |
| 4. | Minutes from Previous Meeting | 5 - 12 |
| | To approve as a correct record the minutes of the meeting of the Board held on 6 September 2023 | |
| 5. | Matters Arising | |
| 6. | Public Participation | |
| | <p>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 at committee@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.</p> <p>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.</p> <p>Reporting: Lizzie Rich</p> | |
| 7. | Health & Wellbeing Strategy Update | 13 - 44 |
| | <p>To monitor delivery of the Health & Wellbeing Strategy.</p> <p>Reporting: Heema Shukla, Deputy Director: Public Health, Bracknell Forest Council and Louise Noble, Service Director, Children, Families and All-Age Services, Berkshire Healthcare Foundation Trust</p> | |
| 8. | Bracknell Forest Partnership Plans | 45 - 96 |
| | <ul style="list-style-type: none"> • Bracknell Forest Adult Health & Care Plan • Children & Young People's Plan <p>Reporting: Nicola Airey, Director of Commissioning and Assurance, Place Convenor Bracknell Forest, NHS Frimley ICB and Grainne Siggins, Executive Director People, Bracknell Forest Council</p> | |
| 9. | Sexual Reproductive Health Needs Assessment | To Be Tabled |
| | Reporting: Tessa Lindfield, Director of Public Health - East Berkshire and Rebecca Willans, Consultant in Public Health | |
| 10. | Safeguarding Board Annual Report | 97 - 158 |

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| | Reporting: Brian Boxall, Independent Chair and Scrutineer of the Bracknell Forest Safeguarding Board | |
| 11. | Forward Plan Reporting: ALL | 159 - 160 |
| 12. | Agency Updates / AOB | |
| | https://frimley.ntropydata.co.uk/frimleynewhospital | |

Sound recording, photographing, filming and use of social media is permitted. Please contact Lizzie Rich, 01344 352253, lizzie.rich@bracknell-forest.gov.uk, so that any special arrangements can be made.

Published: 29 November 2023

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**HEALTH AND WELLBEING BOARD
6 SEPTEMBER 2023
2.00 - 3.49 PM**

Present:

Councillor Megan Wright, Bracknell Forest Council (Chair)
Nicola Airey, NHS Frimley ICB (Vice-Chair)
Philip Bell, Involve
Nicholas Durman, Healthwatch Bracknell Forest
Dr Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Dave Phillips, Bracknell Forest Safeguarding Board
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)

Apologies for absence were received from:

Sonia Johnson
Councillor Michael Karim
Melanie O'Rourke
David Radbourne

Also Present:

Ali Woodiwiss
Ben Cox
Kathryn MacDermott
Sarah Van Heerde
Peter Saunders

12. Declarations of Interest

There were no declarations of interest.

13. Urgent Items of Business

There were no urgent items of business.

14. Minutes from Previous Meeting

The minutes of the previous meeting held on 6 June 2023 were agreed as a correct record.

15. Matters Arising

There were no matters arising.

16. Public Participation

The Board considered the following question submitted by Sharon Ashmore-Mobbs regarding the SEND agenda item:

“Please can the board comment on the proposed closure of the SEND Health and Wellbeing workstream, given that the vast majority of EHCPs are being completed without directly assessing a child's occupational therapy (OT) needs? This is further compounded by the lack of inclusion of private assessment information, where available. Children undergoing EHCP assessment where OT advice is sought should be seen within the statutory six-week period - surely, the board would agree that a triage call where the OT does not even meet the child, so they cannot articulate their needs or recommend provision, is consistent with neither the wording nor the spirit of the SEND Code of Practice?”

Grainne Siggins, Executive Director: People responded to the question and commented that Bracknell Forest had a robust programme for the SEND improvement plan to address identified areas of weakness arising from the SEND inspection. The workstream was being concluded as actions on the improvement plan had largely been completed.

Ali Woodiwiss, Head of Transformation for Frimley ICB commented that the improvement work and effectiveness of current therapies would continue to be monitored through other governance structures and processes.

A triage process was used for young people which included a report outlining the next steps for each individual, up to and including a full assessment for the young person. The SEND Code of Practice outlines advice rather than assessment around therapy services.

A supplementary question was received from Sharon Ashmore-Mobbs as follows: ***“What evidence of impact has the Health and Wellbeing workstream project team gathered to gain confidence that the work of this group has met its targets, and ensured there is real life change for families? Has there been endorsement of this impact by community co-production partners, such as Bracknell Parent Carer forum?”***

Grainne Siggins commented that a detailed response on the evidence of impact on key items from the written statement of action had been provided in the quarterly update to NHS England. It was confirmed that these elements in the quarterly report had been signed off. The workstream also reported to the SEND improvement partnership board who agreed with the positive response in terms of impact, and the SEND improvement partnership included members of the Parent Carer forum.

Ali Woodiwiss commented that one of the key actions from the workstream was the reduction in waiting times for SEND services, which had reduced in the last 12 months from 70 weeks waiting time to under 30 weeks waiting. The business-as-usual work following the workstream's closure would continue to work to reduce waiting times, and this would be overseen through alternative governance methods. The Board considered the following question submitted by Vicky LeJeune regarding the SEND agenda item:

“Will all children be given OT assessments within the EHCP timescale and if they can not meet the deadline will they be done privately instead, rather than them being triaged / not done at all?”

Ali Woodiwiss commented that not all referrals would necessarily require a full Occupational Therapy assessment, and advice may be given in different forms. Each local authority had its own position on private assessments and Bracknell Forest would consider private assessments when an NHS assessment was not available. The Board considered the following question submitted by Emma Hester regarding the SEND agenda item:

“Does the board have an awareness that EHCPs are being finalised even if advice that is needed (agreed by all parties) is incomplete, and that completion of EHCPs is being used as a measure of progress in the SEND strategy?”

Grainne Siggins commented that oversight for the improvements on SEND statement of action is via the SEND improvement partnership board which met bi-monthly to review a comprehensive data matrix including all operational aspects of EHCP.

A supplementary question from Emma Hester was received as follows: ***“Is the DCS able to comment on whether data is being scrutinised to identify what percentage of EHCPs are finalised with outstanding advice and how this impacts the accuracy of the overall reporting of EHCP completion?”***

Grainne Siggins commented that the SEND improvement partnership board data included all aspects of EHCPs including those which were in progress, and those which had been delivered within the statutory timescale of 20 weeks and those outside this timescale. The data was used internally and with the SEND improvement partnership board’s oversight.

17. **SEND programme update**

Grainne Siggins, Executive Director: People at Bracknell Forest Council presented the SEND programme update.

The written statement of action included 113 actions which had been monitored through the programme workstreams.

A significant amount of data was being used to oversee and monitor SEND improvement, including continual monitoring of the quality of EHCPs. There had been some delay in moving forward some of the actions within the written statement of action, but work was continuing.

The SEND dataset had recently been expanded to include information which impacted on EHCP processes, including data on CAMHS waiting times and other related services.

The Local Authority had invested in the SEND infrastructure, however there had been delays in securing the right officers to fill posts. The majority of SEND posts were now filled.

A mapping process was progressing to understand families’ journeys through the EHCP process, and while this work was now progressing well, there had been delays from the original timelines in the written statement of action. The delays had been notified and agreed by NHS England and the Department for Education.

There had been significant developments on the information on EHCPs stored in the Capita system, and further work was planned.

Leadership capacity remained a risk to the programme, and the local authority was mindful of the volume of work for those in SEND leadership roles and continued to monitor this.

In response to questions, it was noted that the Parent Carer Forum were commissioned to work with the local authority to ensure their reach was as far and wide into the parent and carer community in Bracknell Forest as possible, and their membership had increased over the last 12 months.

18. **Health & Wellbeing Strategy progress update**

Heema Shukla presented an update on the Health and Wellbeing Strategy progress.

It was noted that the recommendations of the National Institute of Clinical Excellence guidance on self-harm should be monitored by the Children and Young People's Partnership which was better placed to oversee this work.

It was stressed that Board members should be actively monitoring and actioning elements of the strategy through senior management in their own organisations. Heema introduced the report on the strategy's actions, and the Board commented that it would be useful to have a dashboard for the next meeting to track each action, what outcome it's achieving, and a key contact for each item. It was hoped that this would add clarity to where wherever blockages arose, and what could be done to rectify these issues.

Heema introduced speakers to present on two key projects relating to Priorities 1 and 2

Priority 1: Improve emotional wellbeing in children and young people

Peter Saunders, Senior Psychotherapist in the CAMHS Mental Health Support Team presented on the work of mental health support teams working across Bracknell, particularly focussing on a whole-school approach to pupils' health and wellbeing. The initiative of mental health support teams had arisen from the Transforming Children and Young People's Mental Health Provision green paper, co-authored by the Department of Health and Department of Education. The aim was to bring CAMHS closer to schools and into the wider community.

The Bracknell Forest mental health support team was supporting 17 schools across Bracknell Forest, on a whole-school approach. A key element of the team's work was providing consultation space for staff to share concerns about pupils' mental health or wellbeing, and the need arising from this consultative work had been measured. Arising from the consultative work with staff, it was noted that as well as mental health and wellbeing concerns, schools had brought lots of concerns relating to autism and ADHD, social care issues and behavioural issues which were outside of the remit of the team. There had also been issues with schools not understanding the remit of the team in some instances. Peter gave an overview of some of the schools the team were working with at the moment, which included Kennel Lane and College Hall. There were concerns that the percentage of referrals from some large secondary schools was not proportionate to their size, and it was hoped that referrals from these schools would increase to make best use of the provision.

Peter explained that it had proven difficult to quantify and capture progress against the team's principles, and a self-evaluation toolkit had been developed for schools to consider their whole-school approach to wellbeing. The team were also holding a meeting in September with the mental health leads in schools to set whole-school approach goals.

A senior mental health lead forum had been established, as inspired by work in Reading. The forum would meet through the school year to share good practice of a whole-school approach, and 80% of Bracknell Forest schools had signed up to the forum.

The team were establishing mental health action groups to hear from parents, carers and pupils to collectively identify whole-school approach goals.

Peter explained that the next priorities for the team were to train staff to deliver PPEP Care evaluations, to promote the team in schools and raise awareness of their work, and to help schools to consider maximising their school environment for wellbeing.

In response to questions, the following points were noted:

- It was noted that additional funding was coming from NHS England and the Department for Education to support the work of mental health support teams, but the allocation and detail of this was not yet clear.
- Peter explained that it would be useful for the support teams to have opportunities to engage with governors and school leadership, to ensure that appropriate resources were allocated to mental health and wellbeing in schools.
- It was stressed that there were many protected populations to consider in schools, and in some instances the school would be a surrogate family to child. It was therefore critical for schools to feel welcoming to pupils, and to place greater significance on emotional needs of pupils with the help of the mental health support team.

Priority 2: Reduce eating disorders and self-harm and improve health and wellbeing of people with mental difficulties

Kathryn MacDermott, Berkshire Healthcare Foundation Trust presented a piece of work commissioned by Berkshire Healthcare Foundation Trust to map the needs of the Berkshire population against talking therapies work.

The result of the work was a GIS map of emotional health and wellbeing for adults in Berkshire, which included NHS Talking Therapies and any similar services delivered by the local authority including face-to-face and virtual services. The national trend of lower referral rates in areas with mental health practitioners and social prescribing work was found to generally be true across the Berkshire Primary Care Networks. The map included layers on the referral pathways, demographics, employment status, deprivation demographics, ethnicity and disabilities so it was possible to gather targeted data from the tool's layers.

The map tool would be used to inform BHFT service planning to maximise patient benefit, which was particularly key in addressing health inequalities.

In response to questions, the following points were noted:

- The map was hosted on a paid portal for which BHFT held a few licences, however local authorities would soon be able to submit requests for information to be provided from the map.
- The tool had already started to influence some service provision, particularly around Talking Therapies, and more would be built into the system to further maximise its capabilities.
- As a result of the map's output, the online self-referral process for Talking Therapies had been changed to make the user journey smoother, and more languages had been added to the self-referral process. It was noted that referrals into Talking Therapies generally reflected the ethnicities in each area, however there was some improvements to be made in some areas.
- Board members asked Kathryn to share the slides and update on the tool as appropriate. **(Action: Kathryn MacDermott)**

19. **Working together to deliver a resilient winter**

Nicola Airey, Ben Cox (Frimley ICB) and Sarah Van Heerde (Bracknell Forest Council) presented the work towards a resilient winter in Bracknell Forest. Health colleagues prepared for a winter surge in anticipation of demand increase, particularly due to the declining capacity and flexibility across services. The considerations and challenges of winter included workforce pressures, community resilience, conflicting and competing service demands, population health, communications, and building on good practice from COVID. The three priorities for

the ICB's Winter Framework were admission avoidance, community resilience, and discharge and flow. The priorities had been jointly agreed with other partner agencies.

The government had several initiatives to support local authorities through the winter, including the adult social care discharge fund, spend schemes within the Better Care Fund to support admission avoidance including resourcing family members in a caring capacity following discharge care and step-up beds in Heathlands. The adult social care target operating model had additional focus on hospital discharge and flow through the winter. The local authority maintained strong links with the voluntary sector who could support the priorities.

NHS initiatives included extending the mental health Safe Haven project from 4 to 7 days a week, using Frimley Healthier Together to promote paediatric wellbeing, a paediatric consultant hotline for GP's in primary care networks, a psychiatric liaison nurse, and paediatric Virtual Wards to support admission avoidance.

The primary care networks' winter plan included an additional 93 appointment available for GPs to book patients into Bracknell Urgent Care, and being able to direct patients to other services within their communities.

The Winter Plan would be monitored weekly at meetings between Bracknell Forest Place NHS staff and Bracknell Forest Council, and this meeting would monitor adult social care discharge fund bids. Relevant updates on the Winter Plan would be brought to Bracknell Forest partnership meetings as required, and updated would be regularly submitted to NHS England.

The Board thanked Nicola, Ben and Sarah for their update and for maintaining a partnership approach to winter planning across Bracknell Forest.

In response to questions, the following points were noted:

- Bracknell Forest Council were aware that the pressure on hospitals and health services was increased through the winter, and were committed to both supporting people to stay in the community for as long as possible, and supporting discharges as quickly as possible.
- The voluntary and community sector could offer support to the prevention agenda through social connection, recognising those who are struggling to stay well in community.

20. **Developing a Health & Wellbeing Board Forward Plan**

Andrew Hunter asked all Board members to consider any items they would like to schedule into the Board's forward plan for the next year, or any report which would require sign off by the Board. Any member with an item to add to the forward plan should contact the clerk, Lizzie Rich.

It was suggested that the local Health and Care Plan be presented to the Board in December 2023.

21. **Agency Updates**

Phil Bell, Involve reported that Involve had won a tender to act as lead organisation for the Frimley VCS Health Alliance, which aimed to strengthen the voluntary and community sector's voice in health-related decision making. Board members congratulated Involve, and acknowledged the great work of Involve.

CHAIRMAN

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To: **Health and Wellbeing Board**
7 December 2023

Joint Health and Wellbeing Strategy delivery progress report Executive Director of Place Planning and Regeneration

1 Purpose of Report

- 1.1 The Joint Health and Wellbeing Strategy aims to improve 36 outcomes for population health across five priority areas. To deliver improvements in these outcomes 51 interventions/projects are planned over the three-year period.
- 1.2 The interventions include on-going projects and new projects. The approach approved by the Board was a combination of improvement methodology, logic model and Plan Do Study Act (PDSA) cycles due to the diversity of the interventions.
- 1.3 The purpose of this paper is to report an amendment to the governance structure for delivering the strategy. This now includes a newly formed oversight group that sits below the HWB Board with membership including key senior people from the strategic partners. To present to the board on the improved dashboard to monitor progress of delivery plans across the five priorities on the 51 outcomes.

2 Recommendation(s)

- 2.1 Approve the amended governance structure for the HWB strategy delivery with the establishment of a joint oversight group.
- 2.2 To approve the draft dashboard for monitoring the progress of the delivery of the strategy by the HWB Board
- 2.2 To note the progress against the actions as set out in the dashboard,

3 Reasons for Recommendation(S)

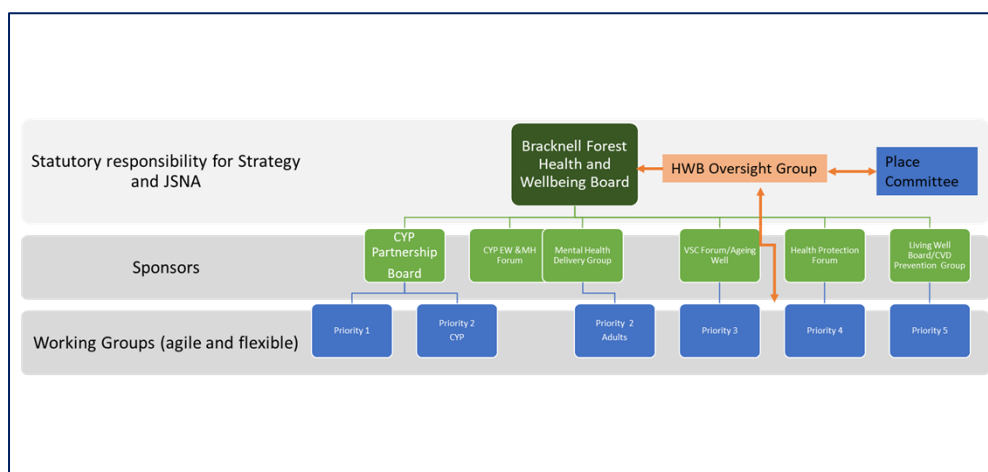
- 3.1 The oversight group enables improved engagement and oversight by each organisational lead for delivery of Health and Wellbeing Strategy. It supports recommendation three from the Sept 2023 meeting. It will receive reports from the working groups for each priority area.
- 3.2 At the HWB Board meeting in Sept 2023, feedback was received on the improved dashboard. The dashboard was approved by the oversight group. This is a shared document with accessibility for all leads to enable individual updates.

4 Supporting Information

- 4.1 The amended governance structure is shown in Figure 1 below. The HWB oversight group includes key senior member from the Strategic Partners who can coordinate the reporting from their organisation. As senior members within their organisation they can ensure the HWB strategy delivery is discussed at appropriate decision-making meetings. The oversight group acts as a conduit for updating the place

committee as appropriate and receive feedback. Members of the oversight group chair the working groups to enable reporting.

Figure 1: Governance for the delivery of the strategy



- 4.2 An improved HWB delivery dashboard to monitor the progress on the interventions/projects has been updated to include further information. This includes actions grouped by priority area, description of outputs from the action. A column to indicate the outcome(s) linked to the project and which organisation(s) are leading on the task with named officer. An additional column on narrative on the RAG status. The next steps are to develop an indicator trajectory for improving the 36 outcomes to accompany the project/interventions dashboard. An indicators trajectory for 36 outcomes will accompany the interventions/project dashboard at the next HWB Board for discussion and approval.
- 4.3 From the 51 actions six are delayed and two are red. The six that are delayed are not at risk of delivery and work in ongoing, but timelines have shifted. The delayed actions are shown in Table 1 with comment on delay and new date for completion. In few cases, this date is reliant on plans that are outside local control.

Table 1: Description of the six actions delayed with ongoing actions and new completion dates.

| Actions that are delayed | Work on-going/reasons for delay | New End date |
|---|--|--------------|
| Priority 1 | | |
| Action 1 Develop and implement a CYP engagement plan to gain insights into participation in and attitudes to peer led social activities; and what would constitute a good offer of activities. Leads Katherine Davis (BFC) and Samina Hussein (ICS) | Initial insights highlighted through engagement with YHC's and scoping of community map activities. More detailed insights planned to start in January | March 2024 |
| Action 4 Review current MHST model which uses CYP undergoing therapy to support others who might need support and build on this to (include a wider network of peer led health and wellbeing support Lead Louise Noble (BHFT) | This is now aligned to the school healthy school's programme for which work is underway with schools | Sept 24 |

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| Priority 2 | | |
| Action 20. Conduct a rapid desktop review of frameworks/standards used in mental health pledges and mental health promoting organisations, gain insights from local organisations and employees on pledge content to design a bespoke Bracknell Forest Pledge and support required to implement it. Lead Louise Duffy (BFC) | Partially scoped but now aligned to the Workplace Healthy Alliance workstream. Will be covered through Healthy Workplace Alliance meetings and the accreditation. | TBC |
| Priority 4 | | |
| Action 35. Produce reports on uptake of national immunisation programme showing uptake by GP or ward level to identify any variation in uptake of childhood and other adult vaccinations (flu, covid, pneumococcal) Leads OHID/NHSE Screening Lead | East Berks Health Protection Forum re-established. Data is presented at borough level. Additional local work required to explore data at ward level. | TBC |
| Priority 5 | | |
| Action 46 Co-produce plans for prevention of uptake of nicotine containing products and increase in number of people that access and successfully quit smoking. Leads Louise Duffy (BFC) and Mahmuda Ullah (ICS) | Smoking side-lines project complete Vaping in children work underway. Data quality improvement in progress Swap to stop scheme/SSS funding. Target groups to reduce inequalities identified. based on findings from all above, the scope for East Berkshire Tobacco control alliance is being established to start Jan 2024. | TBC |
| Action 48 Review and evaluate the current weight management services and establish a weight management pathway based on NICE guidance (CG189 updated 2022) Leads Tanvi Baretto (BFC) and Mahmuda Ullah (ICS) | Evaluation of tier 2 weight management services completed. A health weight framework adopted by Living Well Board Initial meetings convened by ICS -awaiting times and plans from ICS. | TBC |

The two actions that are red are reliant on external agencies to be delivered. The first is the screening and immunisation commissioning which is in the process of transferring to local ICB. The second is the pan Berkshire Toolkit for self-harm which has not been started yet, but the group is re-established now, so we await the timelines for the work.

5 Consultation and Other Considerations

5.1 As these were considered for the HWB strategy these are not applicable to this report.

Background Papers

- Appendix 1 Dashboard for HWB to monitor progress on 51 key actions- Dec 2023 update.

Contact for further information.

Heema Shuka, Deputy Director Public Health - [01344 355365](tel:01344355365)

Heema.Shukla@bracknell-forest.gov.uk

Appendix 1

Progress on Actions Dec 2023

(Please Note Table for each priority start at new page)

| Priority 1 (Sponsors Grainne Siggins, BFC and Nicola Airey, ICB) Give all children the best start in life and support emotional and physical health from birth to adulthood. | | | | | | | |
|--|--|---|--|------------|------------|---|---|
| Key Actions | Outputs | Contributes to improvement in outcome(s) | Lead Organisation and responsible officer | Start date | End date | RAG Rating Status Green: on track/ completed; Amber: delayed, Red: at risk as external partners not engaged; Grey: start date falls outside reporting quarter | Brief narrative on RAG rating |
| 1. Develop and implement a CYP engagement plan to gain insights into participation in and attitudes to peer led social activities; and what would constitute a good offer of activities | A detailed insights report on the social behaviours of CYP and views on what social activities CYP are likely to engage that supports emotional and physical wellness. | Improve personal wellbeing/happiness. Reduce anxiety and depression in all children and young people. Reduce the feeling of being alone and excluded. | BFC Katherine Davies Frimley ICS Samina Hussein | Jan 2023 | Sept 2023 | Delayed | Initial insights highlighted through engagement with YHC's and scoping of community map activities. More detailed insights to be captured in January and feed into gap analysis outlined in key action 2. |
| 2. Map existing opportunities and groups within Bracknell Forest for CYP and include in the community map- mapping under the 5 ways to wellbeing headings this includes get active and get creative | A gap analyses of peer led social activities and networks that enable CYP to become emotionally resilient and improve their physical fitness. | Increase number of peer support groups for children and young people | BFC Katherine Davies | Jan 2023 | March 2023 | Complete | CYP activities scoped and added to the Community Map. 110 CYP activities (previous quarter was 49). Information from action 1 and 2 to be pulled together in gap analysis from January. |
| 3. Work with local community organisations and CYP to develop a network that builds on the current assets/offer | Offer of diverse range of activities that meet the needs of diverse CYP community developed | | BFC Katherine Davies Nicki Davies | Oct 2023 | March 2025 | On track | Scoping completed CYP 110 assets uploaded to community map. Engagement with CYP workforce such as SEND, FIS, Early Years and voluntary sector ongoing to identify activities. |
| 4. Review current MHST model which uses CYP undergoing therapy to support others who might need support and build on this to (include a wider network of peer led health and wellbeing support | Emotional and mental health awareness increased in school setting and normalised similar to physical health | | BHFT | Jan 2023 | March 2024 | Delayed | -completion date Sept 2024 to align with Healthy Schools (whole school approach) |
| 5. Undertake a review of the usage of the public health Thrive and Healthier Together webpages and using the information develop a survey and focus groups to improve the reach and experience of the user group | A report on current usage and feedback from users with plans to improve the reach and experience of users | Improve the experience of children, young people and their parents in navigating the system and services | BFC and Frimley ICB | April 2023 | March 2025 | On track | A peer support group piloted -findings to be presented at next emotional health network (Nov 2023) prior to CYP Board |

| | | | | | | | |
|---|---|---|---|------------|-----------|---------------|---|
| | | Improve awareness of emotional health, self-help and services among children, young people and their families | | | | | |
| 6. Review the reach (engagement) with current 0-5 year parent groups identifying what is working well, barriers in accessing the groups, identify gaps in provision. | A report with recommendations to be considered by early years group | Reduce the feeling of anxiety and loneliness in new parents | BFC Tanvi Baretto and Cherry Hall BHFT Alison Stares Home Start Sharon Kearins | Jan 2024 | June 2024 | | Initial meeting had to discuss this piece of work. Plan to start work in January 2024 |
| 7. Review training offer and participation in parenting, emotional and mental health, breastfeeding and weaning courses | An action plan to improve offer and participation rates | Improve awareness of emotional health, self-help and services among children, young people and their families | Frimley ICS Samina Hussein | Feb 2023 | Dec 2023 | On track | Offer review and courses promoted, collecting data on participation |
| 8. Conduct a baseline review of CYP services for inclusivity, in particular with regards to gender (male parent), neurodiversity and disability | Based on review, plan to improve inclusivity | Reduce health inequalities in targeted population | BFC Tanvi Baretto ICB Samina Hussein | April 2024 | Sept 2024 | | |
| 9. Review refreshed local transformation plan to include actions relevant to delivering outcomes. | | | Frimley ICS Samina Hussein | TBC | TBC | Awaiting plan | |
| 10. Map and publish all available services that provide emotional health and wellbeing early mental health support (health commissioned, council commissioned services and voluntary and community sector) for families with SEND and analyse gaps to inform commissioning needs. | Needs based commissioning intentions/plan | | BFC Manjit Hogston | Aug 2022 | Nov 2022 | Complete | |

| Priority 2 (Sponsor Alex Gild BHFT) Promote mental health and improve the lives and health of people with mental ill-health. | | | | | | | |
|--|---|---|---|------------|---------------|---|--|
| Key Actions | Outputs | Contributes to improvement in outcome(s) | Lead Organisation and responsible officer | Start date | End date | RAG Rating Status Green: on track/ completed; Amber: delayed, Red: at risk as external partners not engaged; Grey: start date falls outside reporting quarter | Brief narrative on status rating |
| 11. Use behavioural insights to identify key risk factors in Bracknell Forest among those that have lived experience and professionals to support development of prevention plan. | 1. An evidence-based population based universal and targeted intervention programme devised and planned based on findings of behavioural insights using theory of change approach 2. Workshop with stakeholders to agree Year 2 and Year 3 actions, outputs and indicators based on findings from behavioural insights report | Reduce Eating difficulties/ disordered eating at a population level | BFC | Jan 2024 | Oct 2024 | | Discussion and proposals presented at CYP Board, People directorate , and E Berks PH SMG Slough wishes to join in this project – meeting arranged 7 Dec |
| 12. Review and promote uptake of training programmes for early identification of eating disorders and timely referrals from all settings | 1. BEAT training for GP and primary care clinicians, nurses and other healthcare professionals 2. MindEd Training on Eating Disorders to frontline staff 3. Psychological Perspectives in Education and Primary Care (PPEP Care) training 4. MSHT emotional and wellbeing Webinars | Early identification and management | MHST (Vicki Livingstone) & Frimley ICB (Samina Hussain) | Jan 22 | Ongoing | On track | OnTrack offer expanded to all staff – data on number of staff trained collected for local programmes. MHST have used Oxwell data to look at trends around eating habits so will be putting on more training for schools. |
| 13. Review current support that enables recovery for those suffering from eating difficulties/disordered eating with those with lived experience and take appropriate actions to ensure appropriate recovery services are available in the community | Increase in offer and support for recovery from eating difficulties/ disordered eating | Reduce Eating difficulties/ disordered eating at a population level | BHFT Claire Moran BFC Katherine Davies | Oct 2024 | TBC | | Working group after discussions with BHFT and community based providers |
| 14. Co-produce a holistic and place-based approach to responding to self-harm that is consistent with the forthcoming NICE (National Institute of Clinical Excellence) guidance | 1. Webinar launched and baseline data collected 2. A series of reflective learning sessions for the CYP workforce who regularly work with children and young people - to allow brave spaces for professionals to establish a collective understanding of self-harm 3. A report based on rapid review on practice, policy, and evidence on what works and analyses of inked data at local level. 4. Next steps agreed | Reduce self-harm in children and young people | BFC Katherine Davies | Nov 2022 | December 2023 | On track – | Report received and presented at CYP Board and other relevant boards HWB Board. First T&F Group scheduled for January to take forward recommendations from the report. BFC and HIN comms departments working together to disseminate findings. |
| 15. Review the draft pan-Berkshire multiagency self-harm toolkit and adapt to Bracknell Forest based on local insights | A local version of the pan Berkshire toolkit adopted for Bracknell Forest | | | Dec 2023 | April 2024 | | Due to Staff changes in West Berks awaiting toolkit |
| 16. Continue to develop and embed the MHST Wave 5 and 6 programmes of learning and implementing the Early Evaluation of the Children and Young People's Mental | 1. Promotion of Get Help service to non-MHST schools continuing so that support can be accessed in place 2. Plan for a healthy schools programme using a whole school approach to | Increase in number of schools promoting mental health and wellbeing | MHST (Yanni C & Vicki Livingstone) | Dec 2022 | Ongoing | On track | 16 schools are supported and whole school approach package and training |

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| Health Trailblazer Programme July 2021 across all schools | promoting children and young people's mental health and wellbeing to be rolled out to schools | | | | | | webinars available to all schools |
| 17. Use the learning from the happiness hub (adult mental health community network) model to establish a CYP mental health network | A CYP community based mental health network established | Reduce mental health stigma | BFC and BHFT | Jan 2024 | Dec 2024 | | Youthline have submitted bid to the DHSC Early Intervention Fund. If successful, the funding will support the development of an early intervention hub for CYP in Bracknell Forest. Notification of successful bids expected early December. |
| 18. Monitor and report Local transformation plans/strategies for reviewing referral pathways, triaging, risk-management panels and signposting to services across the system | <ul style="list-style-type: none"> Improving GP Access to Early Help Review of referral pathways, triaging, risk-management panels and signposting to services across the system Review of pathways for same day Urgent Care Providers to flow ROMs as part of NHSE reporting Berkshire Healthcare Foundation Trust to flow ROMS Voluntary Sector to flow to ROMS | Improve the experience of children, young people, and their parents in navigating the system and services | Frimley ICS- Samina Hussain | Ongoing | On going | | Local transformation meets every quarter Mapping tool of adult mental health – low level emotional health and inequalities Adult and Children Mental health strategy draft ready – presentation to Board in Dec meeting |
| 19. Implement the delivery plan and evaluate a 'front door' aimed at children and young people to find appropriate services for low level emotional wellbeing and mental health (TBC as per ICS LTP refresh) | TBC from refreshed ICS Local Transformation plan | | | TBA | TBA | | |
| 20. Conduct a rapid desktop review of frameworks/standards used in mental health pledges and mental health promoting organisations, gain insights from local organisations and employees on pledge content to design a bespoke Bracknell Forest Pledge and support required to implement it. | <ol style="list-style-type: none"> Options report based on rapid desktop review Insights report from local organisations and employees A Bracknell Forest Mental Health Pledge created. Support and training package developed to support signing the pledge Proposal for evaluation in culture developed | Reduce stigma associated with mental health | BFC – Louise Duffy | Nov 22 | April 23 | Delayed – | A desk based analysis of mental health pledge has been drafted. Will work with HROD to create proposition for a MH pledge for Bracknell Forest Council and consult with the Healthy Workplace Alliance about this through meetings and healthy workforce accreditation process. |
| 21. Commission an external provider to develop a bespoke mental health awareness training to be offered to customer facing staff including Retail staff, Library Staff, Parks staff, Housing staff, Museum and Leisure staff. | <ol style="list-style-type: none"> An external provider secured, and course content agreed Training course dates announced Report on evaluation of practice and awareness of own mental health among attendees during training and in six and 12 months | Increase in awareness of service provision by need among all frontline workers and the public | BFC – Louise Duffy | Sept 2022 | Jan 2023 | On track | <i>Let's Face It!</i> training has been offered once a month. Pre- and Post-evaluation shows positive impact on participants. Working with targeted workforce e.g. child minders/early years and health care. Also offered |

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| | | | | | | | through workplace alliance. |
| 22. Mapping of current reach of lifestyle services to people living with emotional and mental health issues and conditions | Increased offer and access of lifestyle services to enable people living with emotional and mental health conditions to be healthy | Improved lifestyles for people with mental health conditions | BFC- Felicity Antwi - Adjei | Sept 2023 | March 2024 | On Track | Plan for equity audit Quality of data required improvement. Plan to improve data capture and recording agreed with Providers. Data quality monitored on a quarterly basis to ensure full year data is available for equity audit |

PRIORITY 3: Sponsor Philip Bell, Involve
Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares

| Key Actions | Outputs | Contributes to improvement in outcome(s) | Lead Organisation and responsible officer | Start date | End date | RAG Rating Status Green: on track/ completed; Amber: delayed, Red: at risk as external partners not engaged; Grey: start date falls outside reporting quarter | Brief narrative on status rating |
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| 23. Work with local organisations and communities to increase the offer and spread of accessible and diverse social activities e.g., groups, volunteering, coffee mornings, befriending, support groups to enable opportunities for social connections | Identify/increase in provision of social activities that meets the needs of all the different communities (defined by small areas or similar characteristics or health condition) Improved accessibility of the offer of social activities by increasing the number of community venues where access to transport is low Raised awareness of the dementia and other carer support offer in Bracknell working with providers, residents, and carers | Number of assets in community map August 2022 increased from a baseline of 326 activities. Number of outreach venues that offer social activities increased from Baseline: 10 Number of promotional activities/awareness campaigns from a baseline of 20 Number of friendship tables | BFC Tina Nash Involve (TBC) | Oct 2022 | Ongoing With quarterly monitorin g | Ongoing | track as part of community map, social prescribing activity and Happiness Hub |
| 24. Include voluntary and community sector organisations MECC (Making Every Contact Count) module to increase all customer facing organisations to signpost and refer clients appropriate to service | Increased signposting and referrals to VCS organisations by all customer facing organisations. Increase no. of frontline staff trained to have 'healthy conversations' | Number of referrals tracked through JOY marketplace (PH and VCS) Number of staff trained in MECC who have used healthy conversations in their role | BFC Joanne Pittard | Oct 2022 | July 2024 | On track | Can only track referrals made via JOY from social prescribing service. 28 in Q2 123 staff trained in 2023 2 Trainers recruited to deliver regular sessions to staff and wider workforce in 2024 |
| 25. Increase use of Bracknell Forest Green spaces through green volunteering programme, walks, outdoor activities. | Improve resident's feelings of self-esteem, confidence, and wellbeing. Increase physical activity levels, social connections, wellbeing etc. | Number of resident's reporting an improvement. Baseline: 0 Proportion who have made lifestyle changes. | Involve Caroline Pragnell | Oct 2022 | Oct 2024 | On Track – data reported every quarter | Over 50% of participants reported improved mental health, social connections and confidence. |
| 26. Increase use of libraries and other adult learning places | | Number of sessions in libraries and other community learning setting Increase in numbers participating in these sessions | BFC Abdul Azad | October 2022 | On going | On-going. Ongoing and on track | Events were planned with Sports Centre and Open Learning Centre were this September . Social prescribing craft sessions bi-weekly held in Bracknell Library |
| 27. Run a focus group with community map assets to understand partnership working and support | A support offer developed and implemented | 1.Number of assets engaged in the partnership and supported Baseline = 60 | BFC | Aug 2022 | Sept 2022 | Ongoing and on track | Number of assets engaged in partnership = 122 (101 previous quarter). |

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| | | | | | | | Assets in partnership invited to attend Great Wellness Exchange in September. Attendance from Scottish Dancing, Scrabble Club, Ukulele Group, and others. |
| 28. Launch new improved community map to increase it's awareness and usage across Bracknell Forest | <ol style="list-style-type: none"> 1. Launch event for partners 2. Road show to promote community map to residents 3. Training offer for partners 4. Establish quarterly monitoring of the community asset map | <ol style="list-style-type: none"> 1. Communications plans 2. Road show locations and dates agreed 3. Number of partners attending training <p>Baseline - 0</p> <ol style="list-style-type: none"> 4. Increase usage of the community map, tracked through google analytics <p>Baseline: 1461 visits in 2021/2022</p> <ol style="list-style-type: none"> 5. Number of assets on the community map <p>Baseline: 326</p> | BFC Tina Nash | Oct 2022 | Nov 2022 | Complete - presented at last board meeting | <p>Visits = 5259 (993 in the last quarter)</p> <p>No. of assets = 430 (399 previous quarter).</p> <p>Subscribers to newsfeed = 217</p> <p>Professionals training sessions: 31 sessions delivered, 209 professionals.</p> |
| 29. Replace the current paper-based and manual system to a fully integrated digital solution | A digital referral pathway with case management data capture (interventions and outcomes) implemented | Percentage of referrers using JOY to make a referral Baseline: 80% | BFC Joanne Pittard | May 22 | ongoing | Complete | 100% referrals via JOY |
| 30. Work with statutory, voluntary and community sector organisations to raise awareness of the service and encourage appropriate referrals | <p>A plan to promote the service at various events including the launch of the community map, across council wide networks, and external providers</p> <p>Provider plan for engagement with JOY marketplace to encourage appropriate referrals whilst raising the profile of their services.</p> | <p>Number of referrals with primary need is loneliness/social isolation Baseline 22%</p> <p>Percentage of clients with an improved loneliness/or wellbeing score. Baseline: 40%</p> <p>Percentage of under represented groups accessing the service. Baseline less than 2%</p> <p>Percentage of inappropriate referrals reduced tracked through the JOY database Baseline: 7% inappropriate referrals for last qtr.</p> | BFC Joanne Pittard | July 2022 | ongoing | On track | <p>Figures taken from JOY 01/09/22 - 01/09/23</p> <p>65% of clients saw an improvement to their overall well-being</p> <p>30% of clients reported an improvement to their baseline loneliness score</p> <p>40% of clients had an improvement to their baseline well-being score</p> <p>Average satisfaction with the service was 90%</p> <p>3410 client contacts in the last 12 months , of which 20% were in-person.</p> <p>Declined referrals in Q2 = 9%, has increased by 5% Q1</p> |
| | | | | | | Not on track | |

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| 31. Relaunch and promote the social prescribing service to residents through various channels | A communications plan to promote the service amongst residents with consideration of different engagement methods for diverse communities | Increase in number of appropriate self-referrals Baseline (8%) | BFC Joanne Pittard | Nov 2022 | On going | On track | <p>New referral and case management software and increased team size. 2 social prescribers undertaking qualification to enhance skill set.</p> <p>Service promoted at great wellness exchange and through forums such as old age consortium and hardship forum.</p> <p>Summer programme – delivered a timetable of 16 events across 3 months. 72 residents attended.</p> <p>Winter programme is currently being widely promoted both internally and externally to stakeholder groups.</p> <p>Social Prescribing activities and events - Public Health Portal - Bracknell Forest Council (bracknell-forest.gov.uk)</p> |
| 32. Create a network of health and wellbeing service practitioners to enable shared learning and collaborative practice | A network established with a better understanding of different practitioner roles and clients and inter service referrals | Number of network events Baseline: 2 | | June 2022 | Ongoing | Regular meetings as part of Happiness Hub, SP meetings | Over the last 12 months the team have attended 224 events/activities. |

| Priority 4 (DPH) Keep residents safe from infectious diseases and address the long-term impacts of COVID-19 | | | | | | | |
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| Key Actions | Outputs | Contributes to improvement in outcome(s) | Lead Organisation and responsible officer | Start date | End date | Status Green: on track/ completed; Amber: delayed, Red: at risk as external partners not engaged; Grey: start date falls outside reporting quarter | Brief narrative on status rating |
| 33. Work with East Berkshire Hub and UKHSA lead on a framework/plan for a local wider outbreak management plan | Revised and update Local Outbreak Management Plan (LOMP). Relaunch LOMP | Reduce the impact of future outbreaks of communicable disease | BFC Gabby Haffner | Dec 2023 | July 2024 | Starting December 2023 | Work on going – dependent on national and local changes |
| 34. In collaboration with NHSE/OHID screening leads review current quality and uptake of national screening programmes in Bracknell Forest to identify and plan for quality improvements and targeted work in areas/communities of low uptake | A quality and performance report with recommendations for improvement agreed at the Health Protection Forum (Q2 2023) | Reduce Health Inequalities in all national screening programmes | NHSE/ICS BFC Gabby Haffner | Jan 2023 | Sept 2023 | Behind schedule due to delay in re-establishing Berks East Health Protection Forum | Monitored through re-established Health Protection Forum – Data requested to present at next Board Meeting |
| 35. Produce reports on uptake of national immunisation programme showing uptake by GP or ward level to identify any variation in uptake of childhood and other adult vaccinations (flu, covid, pneumococcal) | Immunisation performance report produced and presented to Health Protection Forum | Reduce health inequalities in immunisation | NHSE/ICS BFC Gabby Haffner | TBC | TBC | | East Berks Health Protection Forum re-established. Health Protection Plan across E Berkshire Forum provides opportunity to assess data. Some additional local work to explore data at ward level. |
| 36. Review engagement and communications during Covid and produce lessons learnt report | A report with recommendations on communications and methods to engage with local communities on health protection | Reduce the impact of communicable disease and other health protection topics by use of effective comms | BFC Gabby Haffner | Jan 2023 | April 2024 | On track | Survey included comms specific questions. Data will inform next steps. Findings from survey and from Covid enquiry |
| 37. Continue to work with NHS infection control team and Council Public Protection Partnership to review and improve infection risk and improve good practice in high risk settings | | | ICS/ BFC Gabby Haffner | On -going | Dec 2026 | On going | |
| 38. Provide assurance to the Health and Wellbeing Board on adverse weather planning | | | ICS/ BFC Gabby Haffner | Jan 2023 | Dec 2026 | On-going work on winter and hot weather preparedness and to minimise excess deaths | Winter planning by NHS on Sept Board agenda. Adverse weather plan Dec Board |
| 39. Review the implementation of the NICE guidance on reducing health harm from cold homes in Bracknell Forest and make recommendations. | | | BFC PPP and Gabby Haffner | June 2024 | Sept 2024 | Starting June 2024 | |
| 40. Develop and implement a plan to mitigate the long-term impacts of COVID. | Local Covid impact on population health report based on perceptions/views of residents, published literature and local long Covid estimates. | Appropriate use of COMF to mitigate potential long-term health and wellbeing impacts of Covid | BFC Gabby Haffner | Dec 2022 | Dec 2023 | On track. | Survey complete, findings shared. Innovation funding and COMF allocated. Post survey findings determine further actions which include council-wide initiatives. |

| Priority 5 Improve years lived with good health and happiness | | | | | | | |
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| Key Actions | Outputs | Contributes to improvement in outcome(s) | Lead Organisation and responsible officer | Start date | End date | RAG Rating Status Green: on track/ completed; Amber: delayed, Red: at risk as external partners not engaged; Grey: start date falls outside reporting quarter | Brief narrative on status rating |
| 41. Conduct a rapid evidence review including grey literature and good practice to recommend evidence-based practice/methods for increasing health literacy and self-care. | A toolkit based on the findings of the review for use locally/plan for community led healthy conversations. | Improvement in health literacy of local population. | BFC Louise Duffy Annie Yau-Karim and Dave Bryan | Jan 2024 | March 2024 | In development | Proposal for community profile and community engagement approach has been developed. First cohort of minority groups being identified. Engagement will comprise 3 stages: <ul style="list-style-type: none"> Epidemiological data analysis World café events and lived experience/stories Identification of health leaders within groups. |
| 42. Map current CVD prevention programmes and evaluate the effectiveness of the programmes to identify good practice that can be rolled out across the borough. | A plan to reduce variation through roll-out of good practice through shared learning A plan to reduce variation through roll-out of good practice through shared learning. | Reduction in variance between practices. Improvement in detection and management. | ICB Lalitha Iyer and Helen Single | Dec 2022 | Ongoing | Complete | Ongoing work as part of ICS CVD prevention work under the Medical Director as new good practice identified |
| 43. Adapt and implement the ICS CVD prevention plans at place. | A local plan in place agreed. | | ICS Helen Single | Jan 2022 | Ongoing | Complete for current plans | Monitored as part of the ICS living well programme to identify any required updates |
| 44. Undertake health equity audit of CVD primary and secondary prevention services to inform targeted action on CVD and diabetes prevention and management. | Plan to reduce health inequalities in cardiovascular health and diabetes outcomes. | Increase in offer and uptake of smoking cessation and weight management services in targeted populations. Improvement of management outcomes in targeted population | BFC and ICB Felicity and Richard Freeman | Dec 2022 | July 2023 | Ongoing | Felicity to work with community engagement officer and providers to increase uptake of smoking cessation and weight management services in targeted populations. Core20PLUS5 population groups prioritised in any initiatives. |
| 45. Review commissioning and performance of NHS health checks and make recommendations for improvement | Plan to improve commissioning and performance of NHS health checks locally | 100% of eligible cohort invited for NHS Health Check Increase in number of invited cohorts receiving a health check . | Tarvi Baretto and Felicity | Dec 2022 | Sept 2023 | Completed | Audit is now complete and final report has been submitted in November 2023. Commissioners to build in recommendations to |

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| | | Increase in appropriate referrals to lifestyle services from the NHS health checks programme | | | | | the new NHS HC service specification |
| 46. Co-produce plans for prevention of uptake of nicotine containing products and increase in number of people that access and successfully quit smoking | A refreshed tobacco plan based on insights on use of vaping in BFC outside the smoking cessation pathway and other local intelligence | Reduction in uptake of tobacco products among different age groups Number of schools participating in offer of courses to increase awareness of harms from nicotine use | BFC and ICB Louise Duffy and Mahmuda Ullah | Dec 2022 | Sept 2023 | Delay | Smoking sidelines project complete Vaping and young people insight report has been drafted Data quality improvement in progress Links made to ICB Frimley Living Well Ambition Swap to stop scheme/SSS funding. Target groups to reduce inequalities identified based on findings from analysis and intelligence data. The scope for East Berkshire Tobacco control plan is being agreed and will commence Jan 2024. |
| 47. Develop innovative solutions to support people with unhealthy weights to achieve and maintain health weights. | An options proposal paper presented to appropriate meeting | A scaled up service to reduce current waiting lists | BFC Tanvi Baretto | January 2024 | July 2024 | | |
| 48. Review and evaluate the current weight management services and establish a weight management pathway based on NICE guidance (CG189 updated 2022) | A pathway agreed working with iCS | Compliance of NICE guidance to ensure quality of services commissioned | BFC and ICS Tanvi Baretto and Mahmuda Ullah | Mar 2023 | March 2024 | Delay | Evaluation of tier 2 weight management services completed. Initial meetings convened by ICS - awaiting timeframes and plans from ICS A health weight framework adopted by Living Well Board |
| 49. Map current physical activity offer for all ages and diverse communities, identify gaps and develop a physical activity pathway in accordance with NICE public health guidance to enable all residents including people with mobility and sensory difficulties to meet the CMO guidelines on physical activity. | A physical activity pathway with offers of different activities agreed. | Compliance with NICE and CMO guidelines on physical activity Increase in number of people participating in different forms of physical activity | BFC Felicity | Oct 2022 | Dec 2023 | On track Gaps identified, system map in progress, external evaluation of some of the programmes under way | |
| 50. Develop a plan based on whole system approach agreement to change the key environmental issues in Bracknell to create healthy environment enabling healthy choices | A whole system approach to obesity report for Bracknell Forest with key (strategic) actions | Increase in number of opportunities to enable/facilitate maintaining healthy weights | BFC Tanvi Barreto | July 2022 | July 2023 | Completed | Final report received. In November. Some suggested changes to be incorporated. Strategic action plans agreed |
| 51. Develop a plan for the Council and the local NHS to be exemplar healthy | A joint plan agreed as part of the Bracknell Forest Workplace Health Alliance work programme. | Number of workplaces engaged with workplace healthy charter. | BFC and ICB Louise Duffy and | Nov 2022 | July 2024 | BFC Healthy workplace Alliance established | Workplace Alliance membership and meetings – currently 18 |

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| workplaces and extend the learning to local businesses | | Number of settings engaged and achieved baby friendly certificate | Mahmuda Ullah | | | | businesses registered. Repository of resources to support health and wellbeing available to businesses. BFC Healthy Workforce Accreditation programme due to be launched in early 2024 in partnership with Surrey CC. 2 x HWB training sessions organised for Jan and Feb 2024. |
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CYP MH Services

Bracknell Health and Wellbeing Board

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Louise Noble, Service Director Children, Families & All-age Services (CAMHS, BEDS & LD)

Berkshire Healthcare





Developing Emotional and Mental Well-Being in a THRIVE Framework

Louise Noble,
Service Director, Children, Families and All-Age Services (CAMHS, BEDS & LD)
Berkshire Healthcare Foundation Trust

Deborah Hunter,
Principal Child & Educational Psychologist and Strategic Lead for Mental Health & Emotional Well-being
Brighter Futures for Children

30

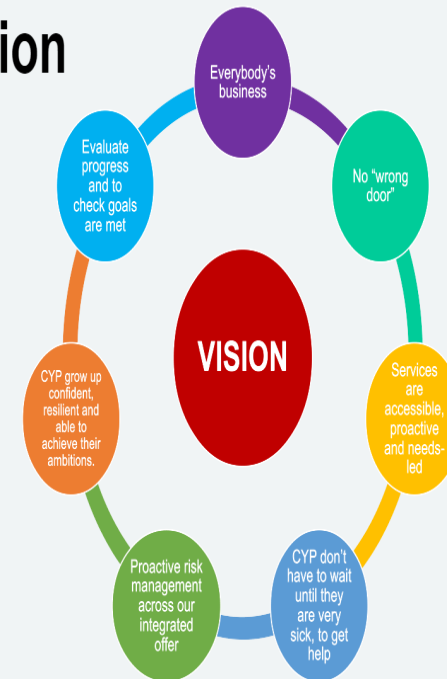


What Makes This A Good Time For A Review?



A Working Vision for Berkshire West

Children, Young People and their families and carers are supported to achieve or maintain good emotional and mental health and wellbeing, at the right time and at the right level, by services which they define alongside professionals, through shared decision making.

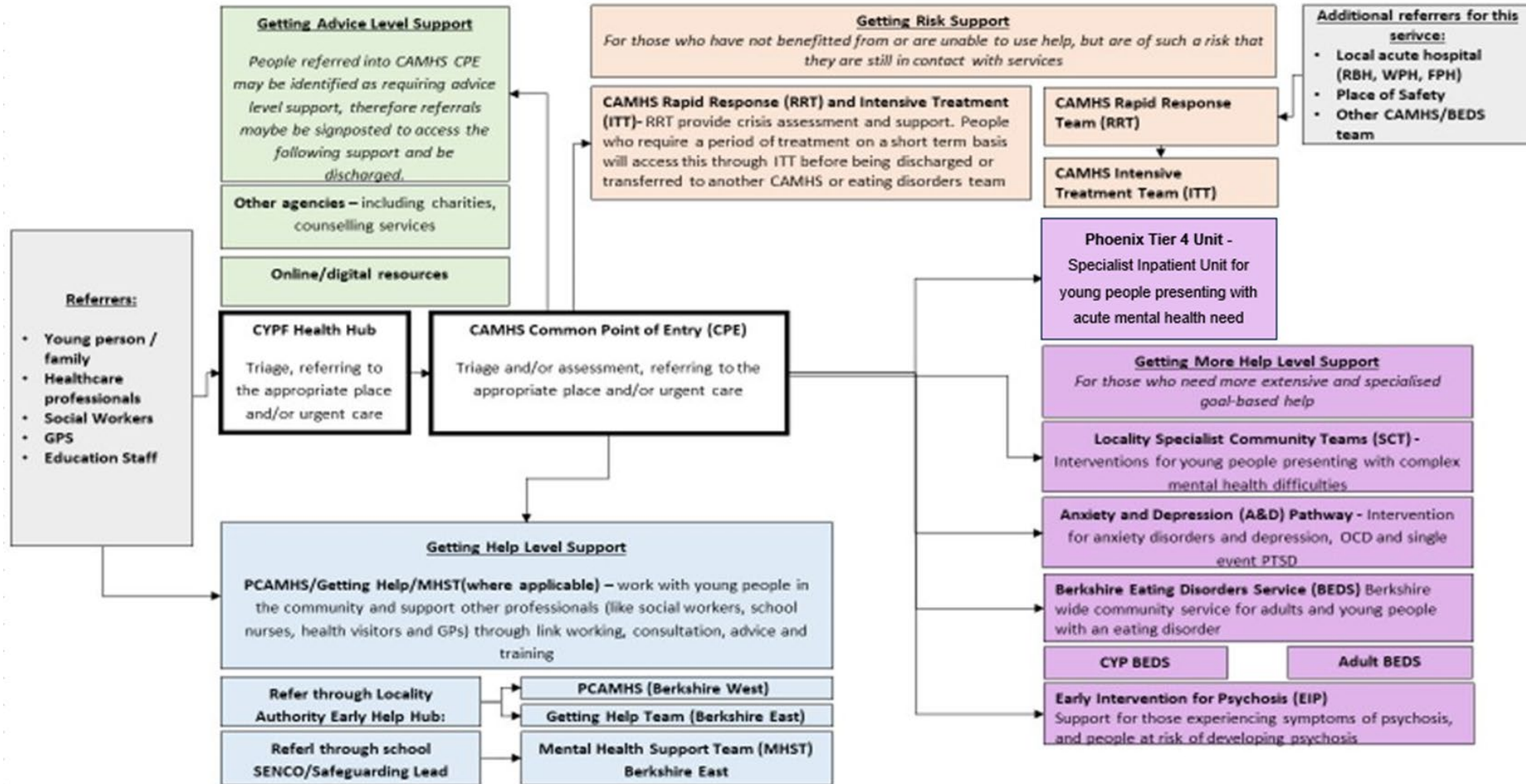


Emotional and Mental Well-being is Everyone's Business



CYP MH Service Referral Routes & Access

31



DRAFT Defining and measuring waiting times

This might be called a 'Clock Stop'



A service receives a referral (including self-referral, GP, Teacher, Social Worker... etc.)



This is what many people in the NHS call a 'Clock start'



A mental health professional talks to a child, young person and/or their parent/carer or another professional involved.

They try to understand the feelings, concerns, and difficulties, what might be causing them and what help might look like.

Help starts when the professional agrees with the child, young person, parent of carer ...

...that advice would help – for example, to understand their feelings and what they can do to manage them - and the professional provides that there and then.

... that another service is better placed to help and supports them to access it, for example education, housing, social care.

... how they can help and what should be in a 'care plan'/'plan of care' and gets started. This might include therapies (such as counselling, or cognitive behavioural therapy, or family therapy) and/or medications. There might be options to choose from.

... that the cause of difficulties, feelings and concerns are unclear and that a process called "formulation" would help by exploring together (including with other professionals) all the things that might make life harder or better and, from this, what might help. This might take several meetings.

..... The child, young person, parent or carer decides they no longer want or need help from the service

In all scenarios the professional should provide information about:

- what might help and different options available
- how long it might take to access different parts of the care
- How they will know if things are getting better (see box below)
- When care will be reviewed and what to do if the child, young person, parent or carer thinks things are getting worse.



This only tells us what and when someone received support, it doesn't tell us if it helped.

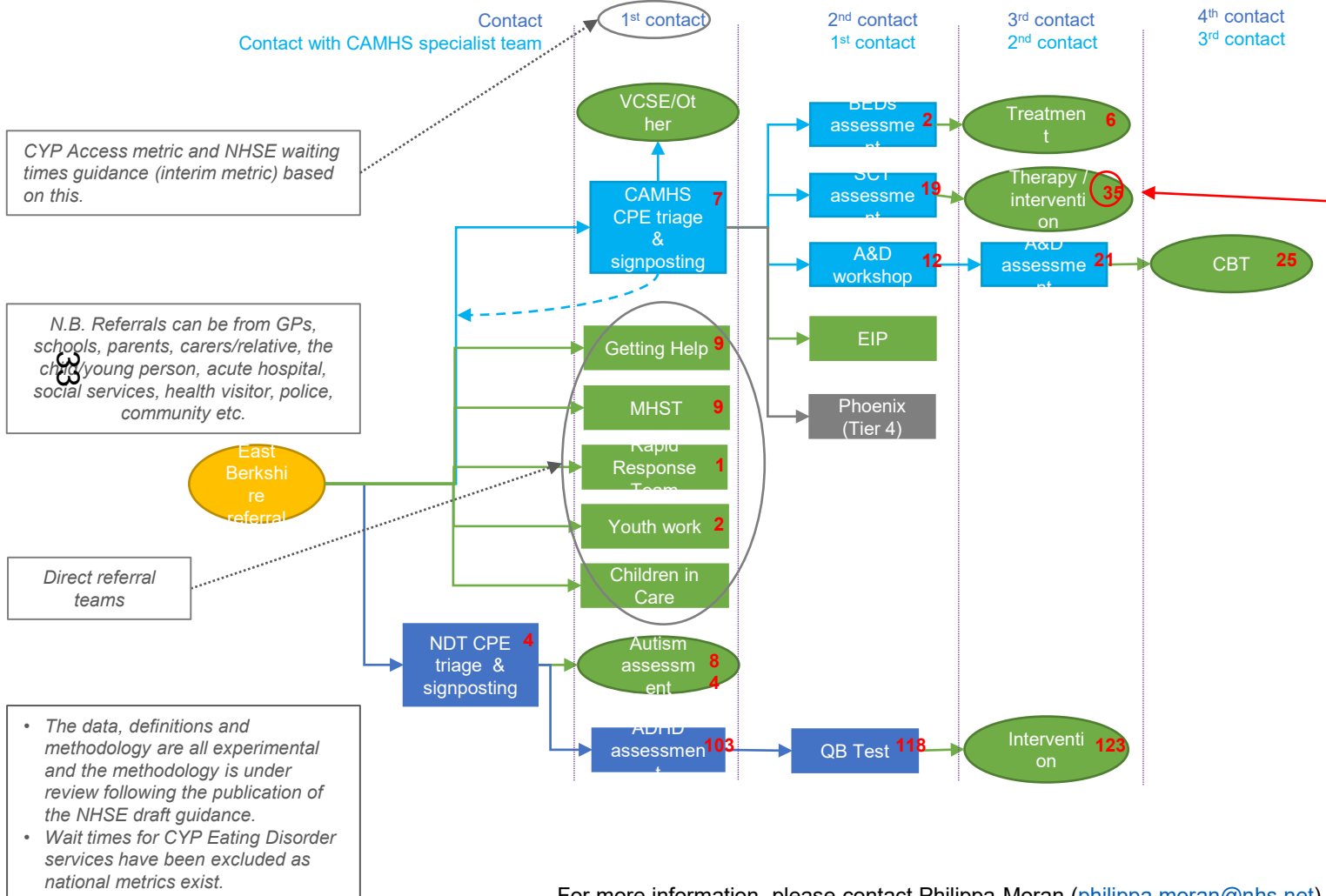
Professionals should use tools called **experience and outcomes measures** to help the child, young person, parent/carer know if things are working. This data is also used nationally to help improve services.

Professionals will describe the different tools available and agree with the child, young person, parent/carer which would be best to use.

East Berkshire CYP Mental Health Pathway at BHFT

Agreed with Louise Noble, BHFT 04/07/2023

Metrics / reporting in *mpm*



CYP Access metric and NHSE waiting times guidance (interim metric) based on this.

N.B. Referrals can be from GPs, schools, parents, carers/relative, the child/young person, acute hospital, social services, health visitor, police, community etc.

Direct referral teams

- The data, definitions and methodology are all experimental and the methodology is under review following the publication of the NHSE draft guidance.
- Wait times for CYP Eating Disorder services have been excluded as national metrics exist.

Average number of weeks waited from referral based on local reporting from MHSDS @ Jun-23 (rolling 12 months)

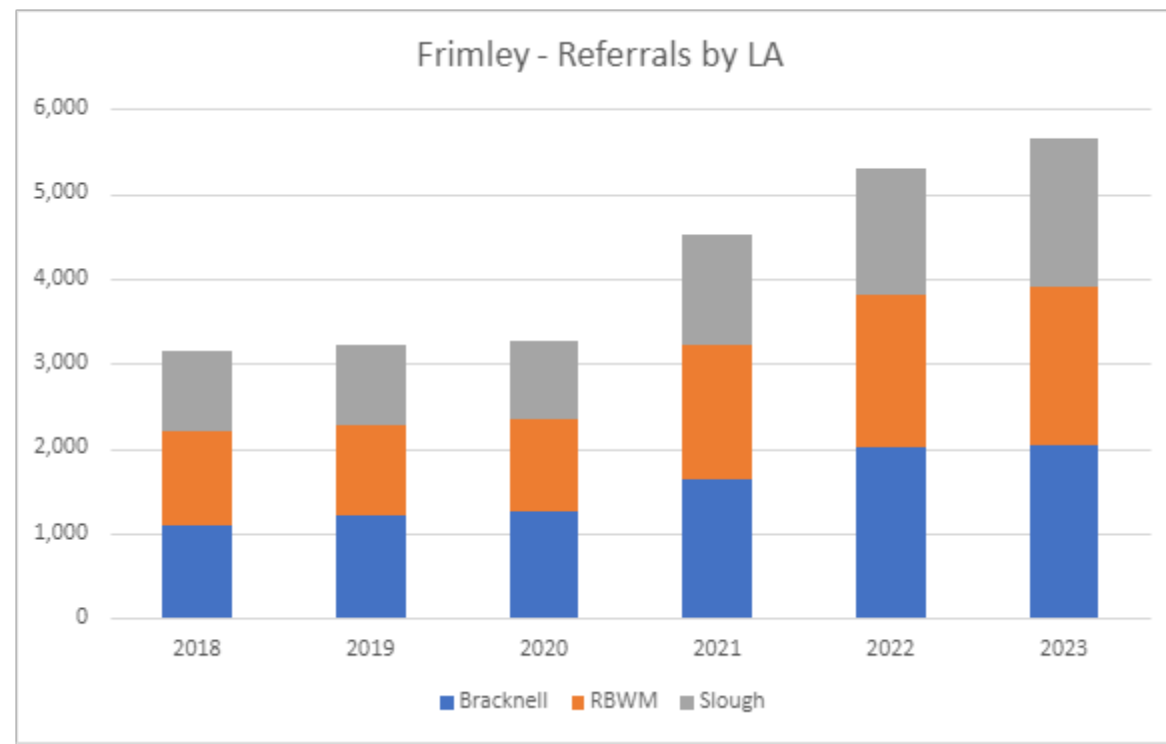
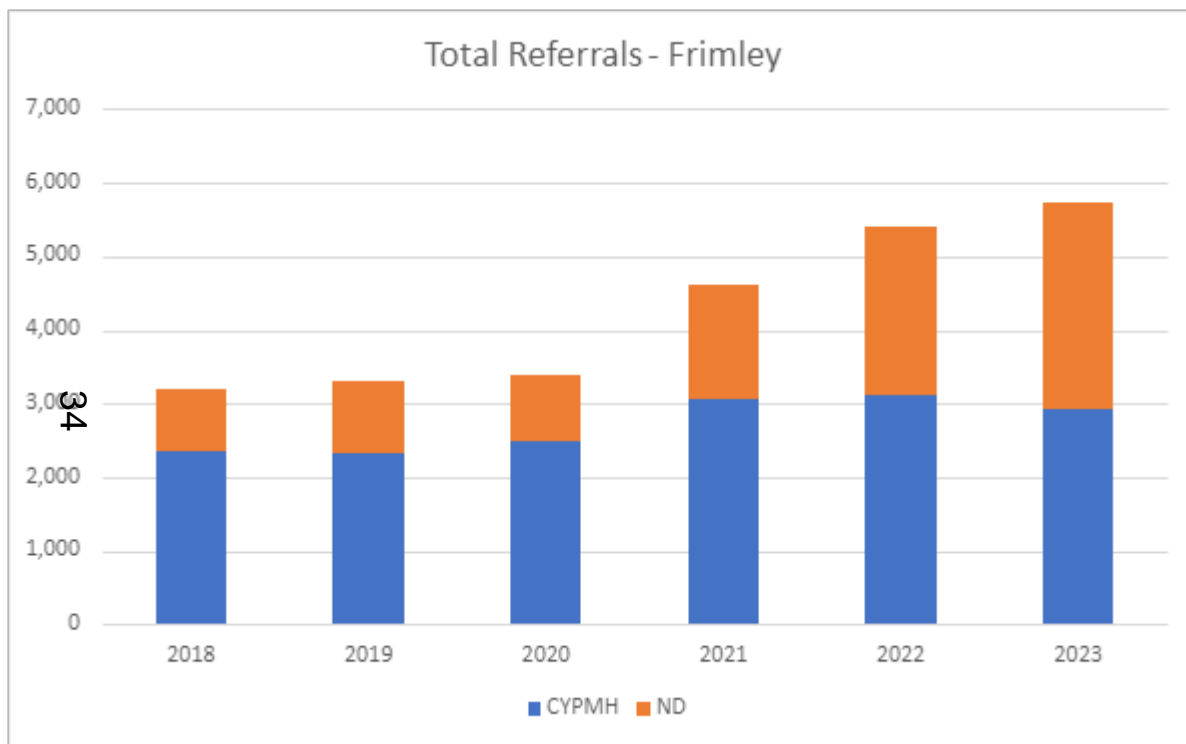
- A&D Anxiety and Depression
- ADHD Attention Deficit Hyperactivity Disorder
- BEDs Berkshire Eating Disorder service
- BHFT Berkshire Healthcare NHS Foundation Trust
- CAMHS Child and Adolescent Mental Health Service
- CBT Cognitive Behavioural Therapy
- CPE Common Point of Entry
- CYP Children and Young People
- EIP Early Intervention in Psychosis
- MH Mental Health
- MHST Mental Health Support Team (in schools)
- NDT Neurodiversity
- Q&R Quantitative Behavioural

- 1st, 2nd & 3rd contact are proxy measures for the levels of intervention. **Some young people will experience a shorter wait**, examples as follows:
 - 1st contact with SCT or A&D may be treatment either because CPE or RRT may have been able to clearly formulate needs, difficulties & identify the primary clinical care pathway, or because GH/MHST (AnDY clinic) are stepping up from within a clinical care pathway. Over the coming months the aim is to eliminate the need for the assessment in SCT & A&D, and the workshop in A&D.
 - Direct referral teams transfer referrals to other teams (including between themselves but not back to CPE) if clinical presentation changes. When that happens, 1st contact with the next team would be treatment rather than assessment.
- 1st contact for direct referral teams will meet the NHSE draft definition of 'help' i.e., assessment, but also intervention.
- BHFT are working on streamlining processes and protocols for CPE with the aim of enabling CPE clinician interventions at 1st contact to meet the NHSE draft definition of 'help'.
- For BEDS, assessment and treatment happen on the same day (two contacts with a clinical discussion in between).
- CAMHS Phoenix/access to Tier 4 is not an ICB commissioned service but is included for completeness.

For more information, please contact Philippa Moran (philippa.moran@nhs.net) and



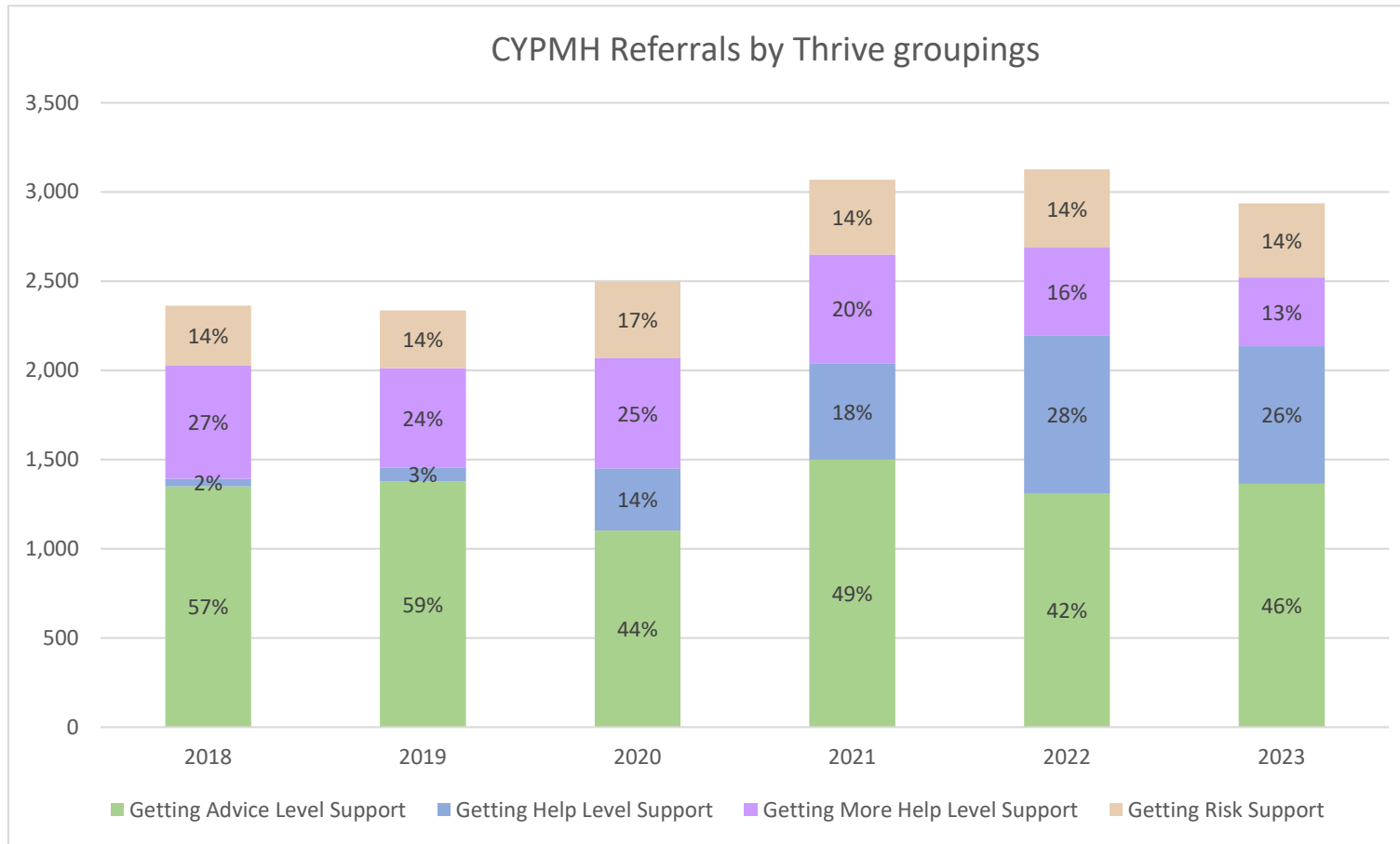
Referrals



The ratio of referrals has changed from 26% ND to 49% ND over the last 6 years.

Referrals by THRIVE groupings

35



CAMHS wait times overview



Berkshire Healthcare
NHS Foundation Trust

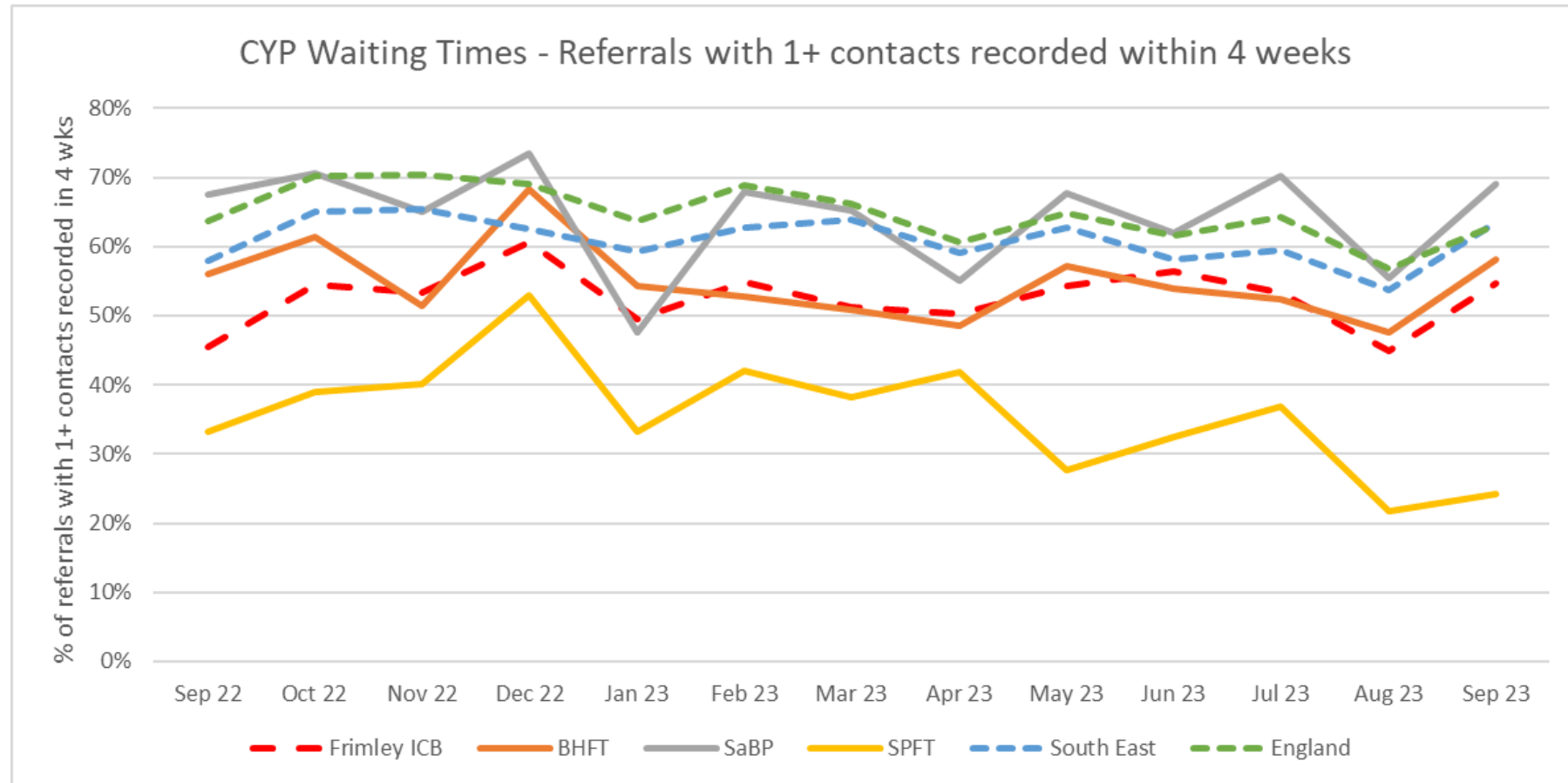
Latest data to end Sept-23

Frimley ICB CAMHS Waiting Times

(excluding, Autistic spectrum disorder service, and Neurodevelopment service)

Source: [CYPMH Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform](#)

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We provide care and support to children, young people and their families in Berkshire.

I'm looking to...

Get mental health

Referrals

1 Read the information carefully before and after you start a referral to see if it is the right route for you.

2 Check our Support and Advice pages for self-help techniques to help with managing symptoms.

Attention Deficit Hyperactivity Disorder (ADHD)

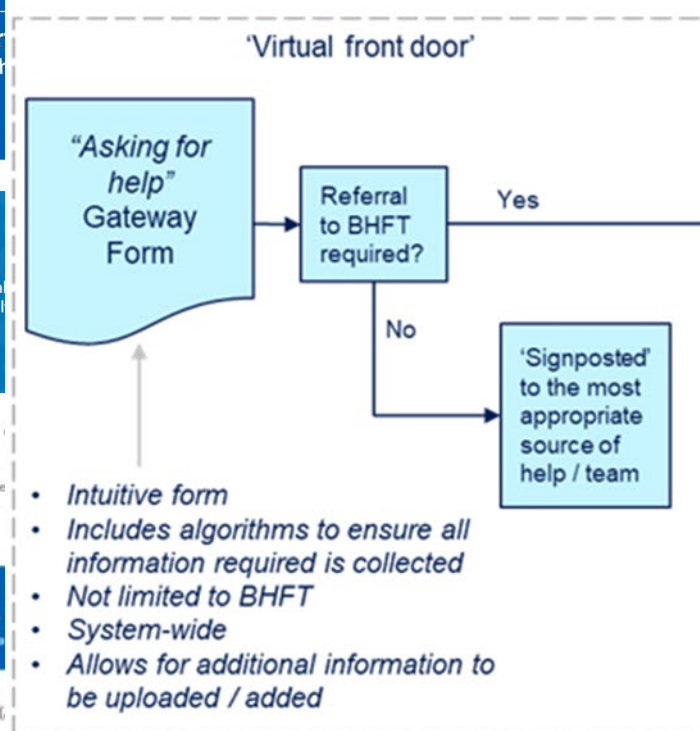
Autism referral

Child and Adolescent Mental Health Service (CAMHS)

Children's Community Nursing

Community Nutrition and Dietetics

Community paediatricians

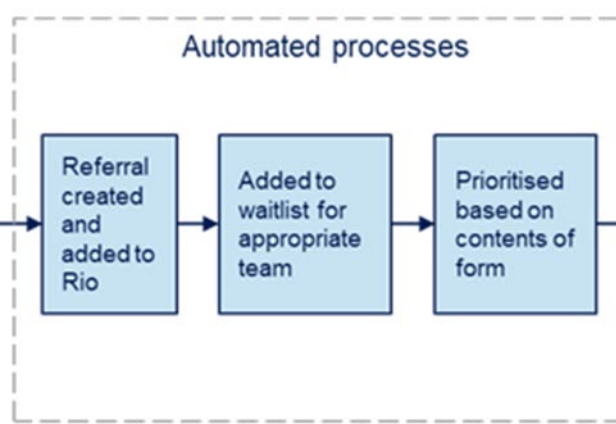


Child and Adolescent Mental Health Service (CAMHS)

For emerging mental health issues

If your child is developing difficulties with their mental health, the first level of help and support we offer is through our Schools Mental Health Support Teams (MHST), or if your child's school does not have an MHST, through our Community Getting Help services.

If you live in the East of Berkshire, these services are provided by Berkshire Healthcare.



Local Authority, rather than Berkshire

contact the school to discuss support.

If you need urgent help now

If you are having suicidal thoughts or extreme mental health difficulties and need to talk to someone now, you can contact our mental health support team by calling freephone 0800 129 9999.

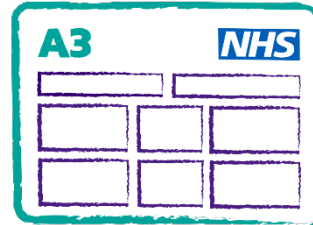
If you are currently receiving help from CAMHS and things have become very difficult for you, and you need some extra help, you can call the CAMHS duty worker Mon-Fri 9am-5pm. They will be able to talk to you, and if it's helpful, organise some extra support for you, but this may take a little time to arrange. The number for your duty worker will have been given to you following agreement of your initial treatment plan, but if you can't find it, call us on 0300 365 1234 (calls charged at local rate).

Improving Flow & Waiting Times



Improvement Huddles

Individual team driver metrics

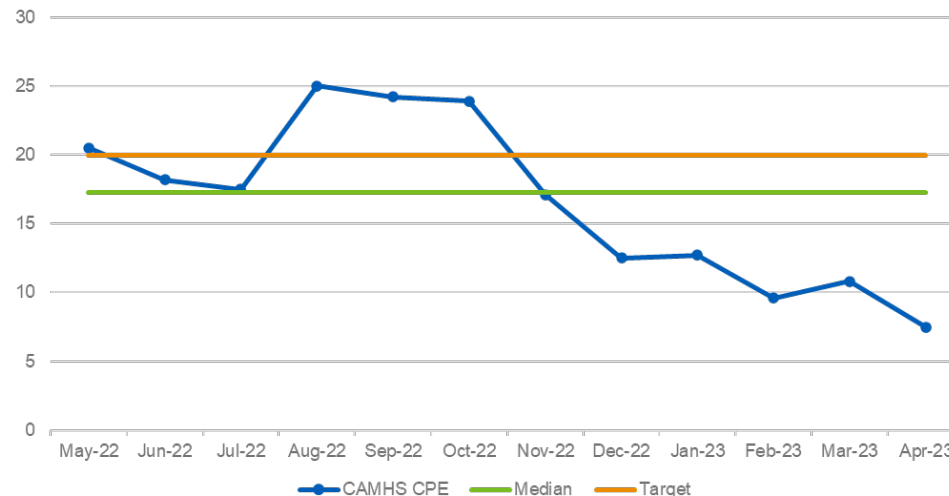


- CPE = Reducing waiting times
- SCTs = maximising clinical activity

- East Getting Help improving referrals process project
- Rapid Response staff retention project – improving staff joy
- Anxiety and Depression Team – flow, value stream mapping
- Yellow Belt projects
 - ROMS
 - iWGC/ESQ
 - addressing inequalities

| Improvement Huddle Board | | | |
|--------------------------|---|--------------------|---------------------|
| Huddle Time | 3 New Improvement Ideas | 2 Work in Progress | Implemented Tickets |
| 1 Standard Work | Team Free Care, Patient Experience, Supporting our Staff, Money Matters | Quick Wins | |
| | | 1 2 3 | |
| | | | 5 Celebrations |
| Escalated Tickets | 4 P-I-C-K Chart | Plan Do Study Act | |
| 1 2 3 | P-prioritise, Investigate, C-check, K-keep for later | 1 2 3 | |
| 38 | | | 6 Weekly Recording |
| | | | M T W Th F Sa Su |

CPE Avg. Weeks to First Appointment (May 22 - Apr 23)



Quality Improvement

Improvement Opportunity

Name: Date:/20....

The problem I would like us to explore is....

This problem relates to: (circle the main one)

Harm Free Care Patient Experience
Supporting our Staff Money Matters

It is happening because....

A potential improvement is.....

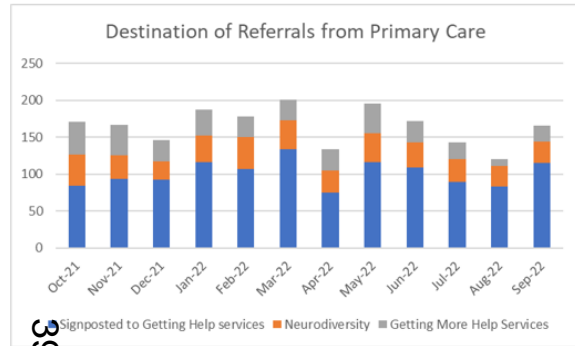
Other projects/developments

- CAMHS Clinical Care Pathways Implementation
- Digital CAMHS Project.
- Pilot projects with VCSE providers
- Schools integration projects
- New service developments

~ 40 days for routine referrals to complete their journey through the CYPF Hub
 ~100 days once signposted to access 'help' from signposted service

Pilot: CYP Mental Health roles in Primary Care

Primary Care continues to be the top route for referrals to Berkshire Healthcare CAMHS – 34% of referrals to CAMHS & CYP ND services.



| % Referrals by Destination Service | |
|-------------------------------------|-----|
| Signposted to Getting Help Services | 61% |
| Neurodiversity Assessment | 20% |
| CAMHS Getting More Help Teams | 18% |
| CAMHS Crisis Service | <1% |

GP colleagues tell us:

- They don't understand the services available, which is the right service, how to refer to other services, they don't have the time to work or they are often just seeing the parent and not the child
- Berkshire Healthcare referral process is familiar and straightforward
- People think that a GP referral carries more 'clout' and will be responded to more quickly so seek referrals from GP's
- Parents tell the GP that school have asked them to ask the GP to make a referral
- People have confidence in the 'NHS' brand – GP first point of contact; request referral to NHS services

- RBWM Pilot: 60% needed GH/MHST; 30% were helped by assessment, formulation & advice; None needed Getting More Help/Getting Risk Support services
- Some (? many) CYP are not accessing the signposted support

Berkshire Healthcare NHS Foundation Trust
A3

Title of Improvement Project/Problem Solving Item:
 Improving the East Berkshire Getting Help Team Referral Pathway

Project Team Members:
 Vicki Livingstone, Yani Chocalingum, Rhona Edwards, Abigail Taylor, Lucy Jacobs, Mel Jarvis, Robert Williams, Louise Noble, Sophie Widdison

Step 1: Problem Statement:
 The East Getting Help team referral process is confusing and inconsistent. This impacts the length of time taken for children and young people to access help in the most timely way.
 This problem links to the harm free care and patient experience areas of True North.

Step 2: Current Situation:

Referral to CPE → Time Taken (Avg. 42 days per referral) → Discharged from CPE
 Requested from CPE → LA Early Help Hub → Referred to Getting Help
 New Referrals (Avg. 10 per week)
 Total Getting Help Accepted and Signposted (Jan 22 - Dec 22)

Step 3: Vision/Goals:
Vision:
 ⇒ One referral form for all referrals
 ⇒ 100% of young people to get to the right place/team
 ⇒ Fewer people lost in the system
 ⇒ Clear plan that is communicated well
 ⇒ Clear pathway of services available to all, and how to access those services
Goals:
 1. Decrease in % of referrals signposted from CPE from East Beks.
 2. Decrease in waiting time waste in pathway:
 2.1 Time from referral to Getting Help
 2.2 Decrease in time between CPE and Getting Help
 2.3 Decrease I time between MASH form and first appointment
 3. Improved refer and staff feedback
 4. Increased referrals to Getting Help Team
 5. Increased accepted %

Step 4: Analysis, Issues and Root Causes:
Issues:

- There is some waste in some local processes e.g. length of time of allocations meetings, day of week
- High number of referrals signposted away from CPE that do not get referred to Getting Help
- High number of referrals for Getting Help level support going to CPE. Top Root Causes for this are:
 - Hard to navigate BHFT website, process of what process should be isn't clearly mapped and communicated
 - Referrers not clear on eligibility criteria for GHTs—why? Internally we aren't either
 - LA MASH form not fit for purpose

Step 5: Countermeasures:

| Countermeasure | Owner | Start Date | End Date | Status | |
|---|--|--|--------------------------|-----------|------|
| 1. Referrals coming to CPE that are for Getting Help level support | Lack of understanding of eligibility criteria for Getting Help | WAM ght - build upon. Get clinical expertise to support mapping in CPE/green cases | Rhona/Robert | | |
| 2. Referrals coming to CPE that are for Getting Help level support | Get T website referral pathway is not clear | Website working group | TEC | | |
| 3. Referrals coming to CPE that are for Getting Help level support | MASH form is not user friendly | Meet with LA leads, presenting gaps and getting forward look with Forestry transformation leads | Louise/Gemma | | |
| 4. High length of time taken between referral and signposting letters being sent out in CPE | WCA to be completed | | Mel/Robert/Julia | | |
| 5. Excess processing in WAM and Slough meetings | Was needed at the time, hasn't been reviewed recently | 1. Move allocations meeting to Weds (same day as EHC) 2. Review frequency to fortnightly if suitable | Rhona/Gemma | Completed | FAO3 |
| Excess processing in Blackrock meetings | Was needed at the time, hasn't been reviewed recently | To discontinue EHC consultation meeting | Yani | | |
| Slough - wasted time between Vireo and MASH | | Increase EHC referrals MCT on Monday morning | | | |
| High numbers of referrals coming to CPE that are for Getting Help level support | Lack of understanding of eligibility criteria | Review to MCT and discuss to action GHT allocation meeting day change | Avonita | | |
| Low Getting Help team referrals from GP and high numbers to CPE | Limited time, forms are not reviewed timely, lack of understanding of CAMHS services | Getting Help team drop to consultation 'only' use of Slough | Project group to oversee | | |
| CYPF website | Was not been updated/reviewed | Review in project group meeting | | | |
| | | CYP AHMS role development work | Avonita | | |
| | | Use of AI as part of CYPF website project | Mel | | |

Step 6: PDSA Cycles:

Step 7: Outcomes:

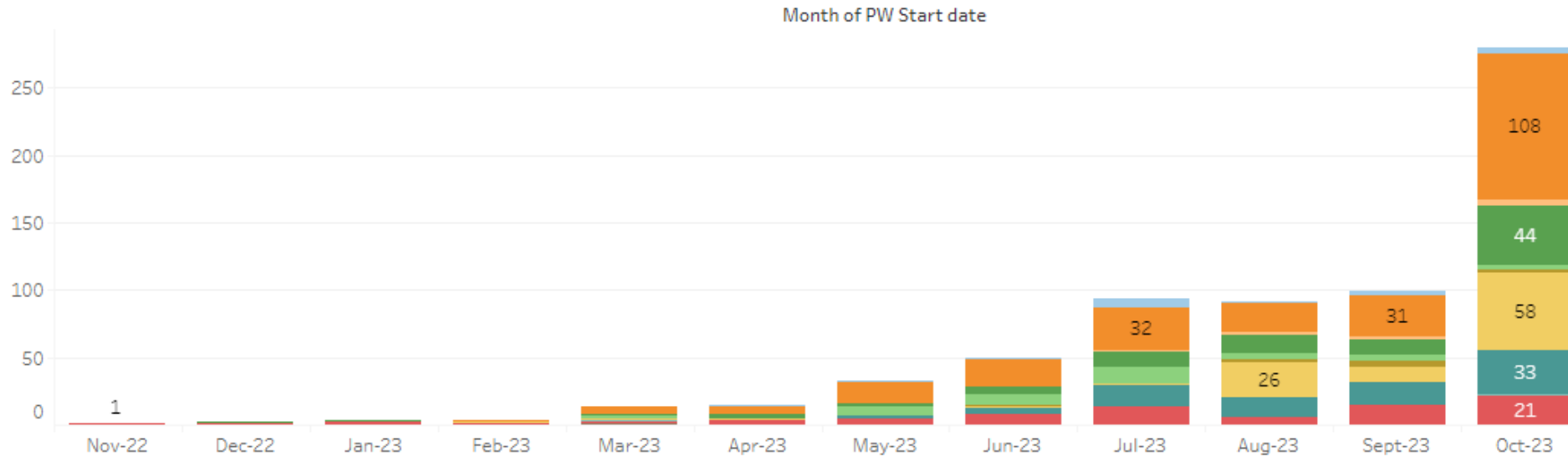
Step 8: Insights:

Clinical Care Pathways

Pathways Started



Pathways Started Bar Graph



Getting Risk Support

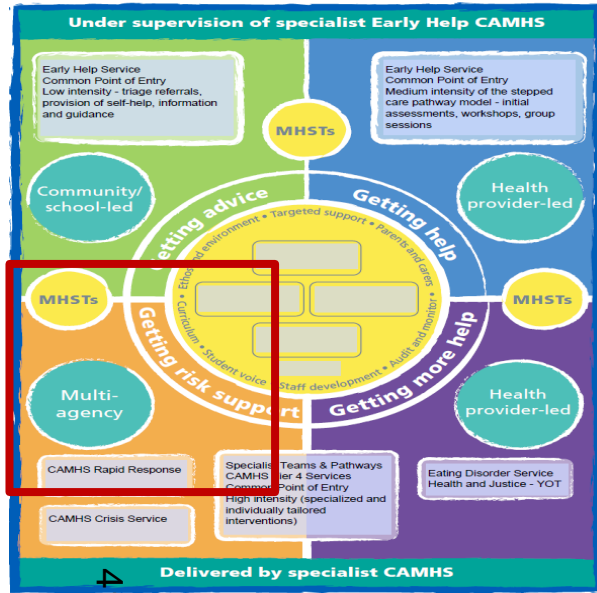
Berkshire wide crisis service consisting of two teams

RRT Assessment team

RRT Intensive Treatment Team (from Sept 2022)



Berkshire Healthcare
NHS Foundation Trust



Extension of Service to 24/7

Pilot from Jan 2023: Staff member based at RBH responding to crisis calls through NHS111/CRHTT and crisis presentations to A&E.

75% able to be discharged/presentation to acute service avoided.

Funding confirmed to continue & extend to WPH, expected to commence Sept 2023

Acute Liaison Post

Estates Project: Assessment Suite



Deep dive audit – work in progress:

- 75% of crisis presentations are the CYP first presentation to CAMH services
- 5% waiting mental health assessment
- 5% waiting mental health treatment
- 21% had a diagnosis or were waiting an autism assessment
- 16% had a diagnosis or were waiting an ADHD assessment
- 40% A&E presentations do not require emergency medical attention
- Issues related to school & relationships top contributors to crisis

Following crisis presentation, approx 35% are referred to Getting Help level services, 10% for an ND assessment, 10% to CIC and 5% to a Getting More Help CAMHS team.



CAMHS Children in Care Service
Berkshire Link Team
CYP MH LD Service
DSR & Keyworking Service

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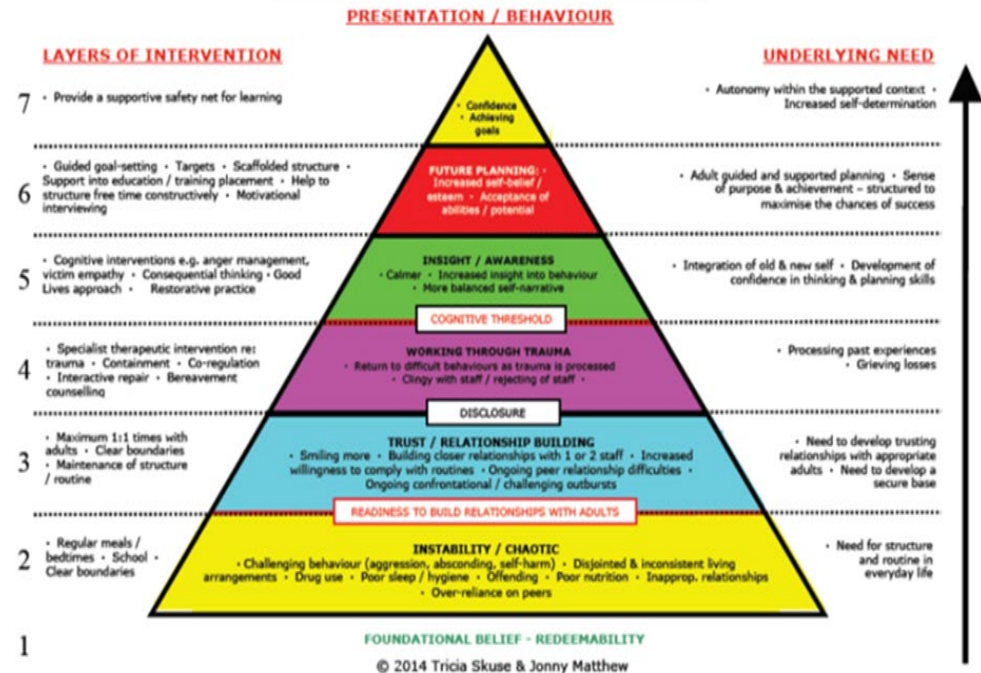


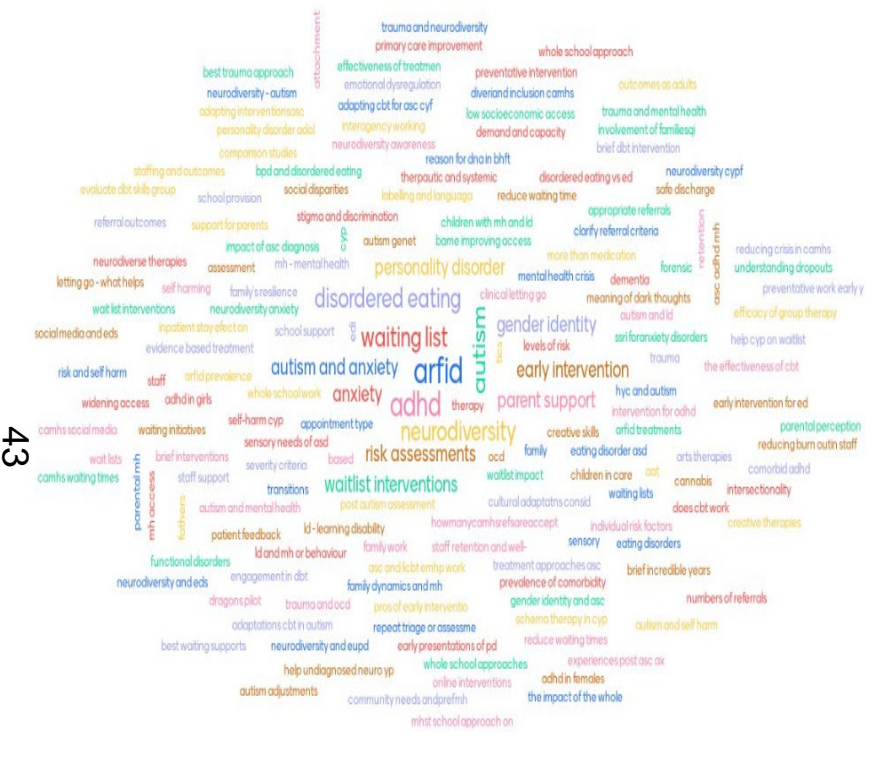
These are our children

A review by Dame Christine Lenehan
Director, Council for Disabled Children

Commissioned by the Department of Health

TRAUMA RECOVERY MODEL





| Study Name | Summary | Status |
|--|---|--|
| Interventions to Improve Patient Safety for CAMHS treated Adolescents | The study is looking to develop an app for mobile phones that adolescents could use if they were having thoughts of self-harm. | Feasibility – we are going through local processes to ensure we are able to support the study locally |
| Dissociative Experiences in Adolescents | This study aims to investigate the role of specific details of traumatic events in the subsequent development of posttraumatic dissociation. | In Set Up – we have gone through the feasibility process and we are now completing relevant checks before issuing confirmation to open the study |
| IVY | The overarching aim of this research is to establish the effectiveness and cost-effectiveness of Intensive Community Care Services compared with Usual Inpatient Care, Treatment As Usual (TAU) in young people with severe psychiatric disorders | Open and recruiting patients |
| TOGETHER | The aim of the proposed study is to conduct a feasibility randomised controlled trial of the Groups 4 Health (G4H) intervention, delivered to young service-users who are currently experiencing mental health difficulties | Open and recruiting staff |
| IPOF | To develop a programme theory to understand the underlying mechanisms by which online mental health communities impact on people's mental health and wellbeing. To use this programme theory to develop best practice tools to improve uptake, safety and usefulness of online communities. | Open and recruiting staff and patients via the SHARON platform |
| STADIA | The aim is to evaluate the clinical and cost-effectiveness of the DAWBA SDA tool, as an adjunct to usual clinical care for CYP presenting with emotional difficulties referred to CAMHS. | In Follow Up – the research team are completing data collection for recruited participants |

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Children and Young Peoples' Plan 2023-2026



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Agenda Item 8

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Foreword

Welcome to the Children & Young People’s Plan for Bracknell Forest. The plan is overseen by the Children & Young People’s Partnership Board – and is all about how we will work together to improve outcomes for children and young people in the area.

Bracknell Forest is a great place to grow up. The borough is relatively prosperous, green and safe – which is why we call it a “borough of choice”. We have also had a track-record of providing successful services for children locally. In the past five years we have seen rapidly improving schools, our children’s services have been rated as Outstanding and we have developed a new Town Centre Youth Hub within our award winning town centre. These achievements help us to feel confident that we can achieve more in the future. We recognise however that we have much more to do, and we cannot assume that services will continue to improve without concerted hard work and focus. We know that some services are not supporting children as we would like them to and we have identified priorities for improvement within this plan.

The Partnership Board is jointly Chaired the Local Authority and Health and is made up of members from a range of local organisations that exist to support the community. We each have a wide range of challenges, cross-cutting themes and priorities but this plan is our story about the way that we will join up to focus on some of the things that we think are most important. In this document we are setting up the areas that we understand we need to do more to improve, the way we are going to work together to do this, actions we are committed to and the things that we will measure so that we can see if we succeed. This is a multi-agency partnership, and the plan articulates the things we have agreed in various forums that have been coproduced.



Nicola Airey

Director of Commissioning and Assurance,
Place Convenor Bracknell Forest
Joint Chair Bracknell Forest
Children Young Peoples Board



Grainne Siggins

Executive Director: People
(Director of Children’s Services, Director of Adult Services)
Co-Chair South East ADASS Regional Branch
Joint Chair Bracknell Forest Children Young Peoples Board



We want to support all children in Bracknell Forest to realise their potential. Bracknell Forest is a great place for children to grow up and to thrive. By working together we want to ensure that children have access to the support that they need at each stage of their lives, and that no child is held back because we were not there when they needed us.

As we said in 2018, it is our intention to work together as partners, combining our skills, expertise and resources to support children, young people and families. Every member of the Children & Young People's Partnership will commit to the delivery of this strategy and help children to have the best possible opportunities we can provide.

As we write this plan in 2023 we recognise that all members of our community are facing challenges and uncertainty. We recognise that this makes it all the more important that we use our resources and our efforts to ensure that we are effective in everything that we do. To achieve this the following will be cornerstones of our approach:

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- We will engage with children and families in decisions, ensuring that their voices are heard and listened to
- We will place children and families at the heart of our thinking and ensure we always make decisions in their best interests.
- We will focus on the things that will have the biggest impact on children and young peoples lives.
- We will use shared intelligence and information to understand our progress and to target our resources to where they are needed most.
- We will continually develop and transform local services that children, young people and their families need, and ensure that they are able to access them at the right time and right place.

Introduction



About this plan

This is our plan to improve outcomes for Children and Young People in Bracknell Forest. The plan explains the areas that local partners consider to be priorities and explains the work that we will do to meet them. The plan represents a commitment from local agencies to work together in a concerted and joined up way to make changes that matter. This page gives an overview of the way the plan is organised and describes this partnership.

This plan has four sections:

1. **Introduction** - describes the ambition of the plan, how it is intended to work, and where it fits into work within the borough
2. **About Bracknell Forest** – describes the population and wellbeing of the area in more detail
3. **Our Core Priorities** – explains the focus of the plan, the things we want to change and how we intend to do it
4. **Action & Delivery Plan** – outlines the work we intend to do and our approach to delivering the plan

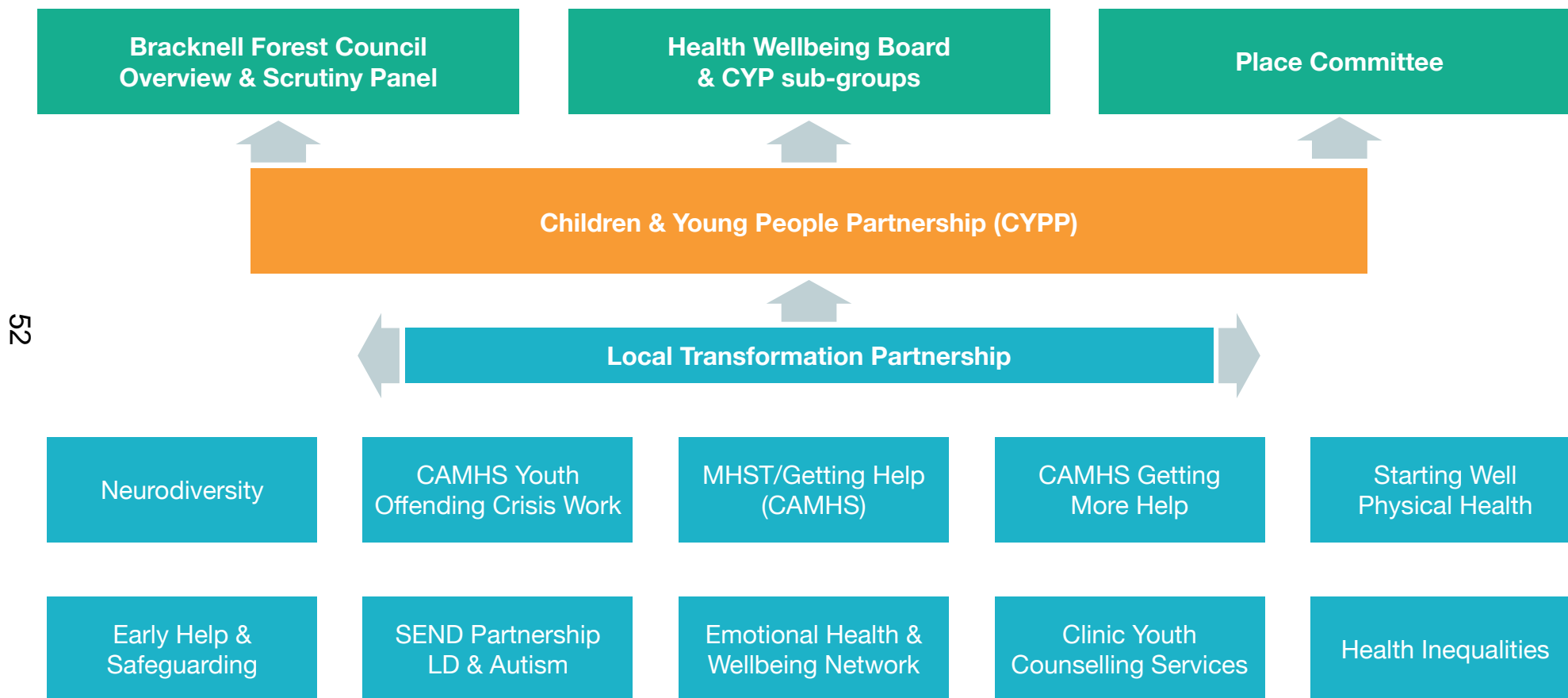
The members of the Children & Young People's Partnership Board represent a range of services and partners including education, voluntary sector, health services, children's social care and others. Their Membership includes the Lead Member for Children & Young People. The group enables local agencies to collaborate, working together to meet the needs of local children.

This Plan has been designed so that everyone will be able to judge whether or not it has been delivered successfully. The plan includes a number of priorities, as well as indicators of success that will be used to measure whether children have benefited from our work. The Board will receive regular updates about implementation of the strategy which will include a dashboard to display progress and progress in completing actions.

How this plan fits in within Bracknell Forest

Local agencies work together in a wide range of forums and services that consider different needs and services.

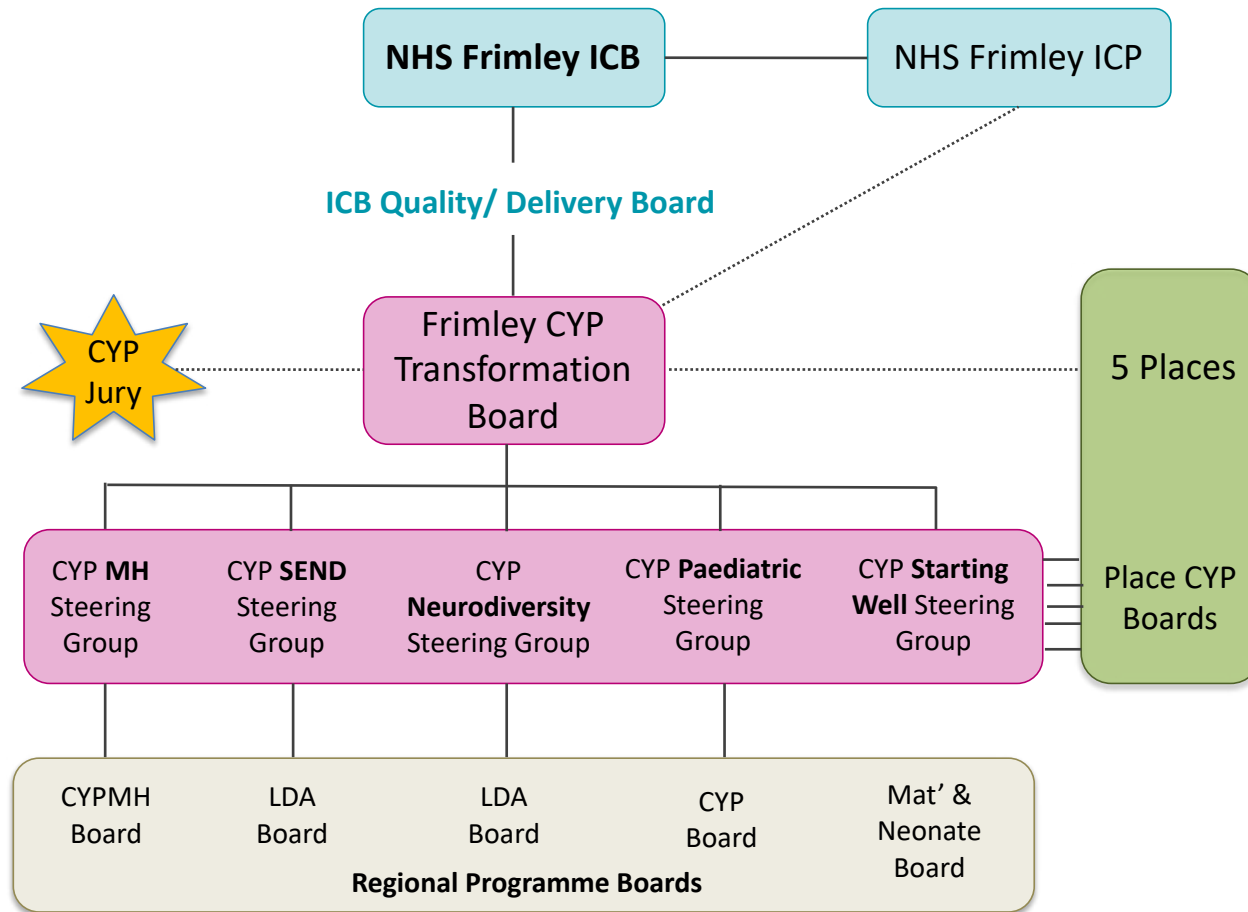
This plan sets out the work that the CYP Partnership will prioritise as we collaborate together. Our focus is on particular areas in which we can add value collectively, and that are particularly important to our residents and our partners.



CYP Portfolio Governance

NHS Frimley- Bracknell Forest is one of the 5 Places

The governance that will support and give assurance on the delivery of the CYP portfolio. Bracknell Forest is part of NHS Frimley Integrated Care Board (ICB) as one of the 5 Places, the statutory NHS organisation responsible for planning and delivering health and care services. At ICB level, governance of the Children and Young People’s Portfolio as shown below.



CYP Jury
 A youth friendly space offering proactive input and reactive feedback to the CYP Board.
 2 CYP per place, representation across characteristics.

The CNO is the ICB board member lead for CYP.

CYP Transformation Board membership drawn from partners across ICS. Will oversee delivery of portfolio and act as a creative space where collaboration flourishes.

The maternity and neonatal programme reports directly to the LMNS Board, which reports to ICB.

How this plan fits in within Bracknell Forest

Key Strategic Documents

Bracknell Forest Council Plan: This is the key strategic document of the Council and sets out key themes and priorities. The plan includes Education and Skills, Caring for you and your family and Communities as key themes. A new plan is being developed during 2023.

Bracknell Forest Health and Wellbeing Strategy 2022- 2026: this is a joint plan that sets the priorities for improvement based on our current understanding of the health and wellbeing profile of the population. In addition to findings from our Joint Strategic Needs Assessment (JSNA), it considers insight from practitioners, service users and residents. The strategy sets out the actions that local partners will take to achieve improvements and reduce health inequalities.

Frimley ICS 5-year Plan 2020 – 2025 “Creating Healthier Communities”: Outlines six Strategic Ambitions that will establish the golden thread throughout the work of the Frimley system. The focus of the strategy is about how the system will work with communities rather than doing to.

Frimley ICB Children & Young People Portfolio Strategy: Outlines a Call to Action to improve the health and wellbeing of children and young people with a focus on transforming children’s care. System leaders across the ICS have agreed priorities for improvement for 2022-24 children and young people’s services delivering transformation to services. The NHS framework for delivering this is the Core20Plus 5 Framework (see next page).

In addition to these overarching documents are a range of service and needs specific strategies that set out the way that local partners will deliver improvement. These include core priorities such as **SEND Improvement** (in draft), **Early Help and Children & Young People’s Mental Health**



This plan sits alongside a range of existing, and developing, plans and strategies that are all seeking to deliver improvements to children and families in the borough. These range from broad strategies outlining the priorities of organisations with a large geographical footprint to bespoke local plans that focus on a single outcome.

In this context, we have developed this plan to be clear and specific about the outcomes that we want to impact upon through the work of the Children and Young People’s Partnership.

The Core20plus5 approach is designed to support integrated Care Systems to drive collective targeted action in healthcare inequalities improvement

Core20

The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

PLUS

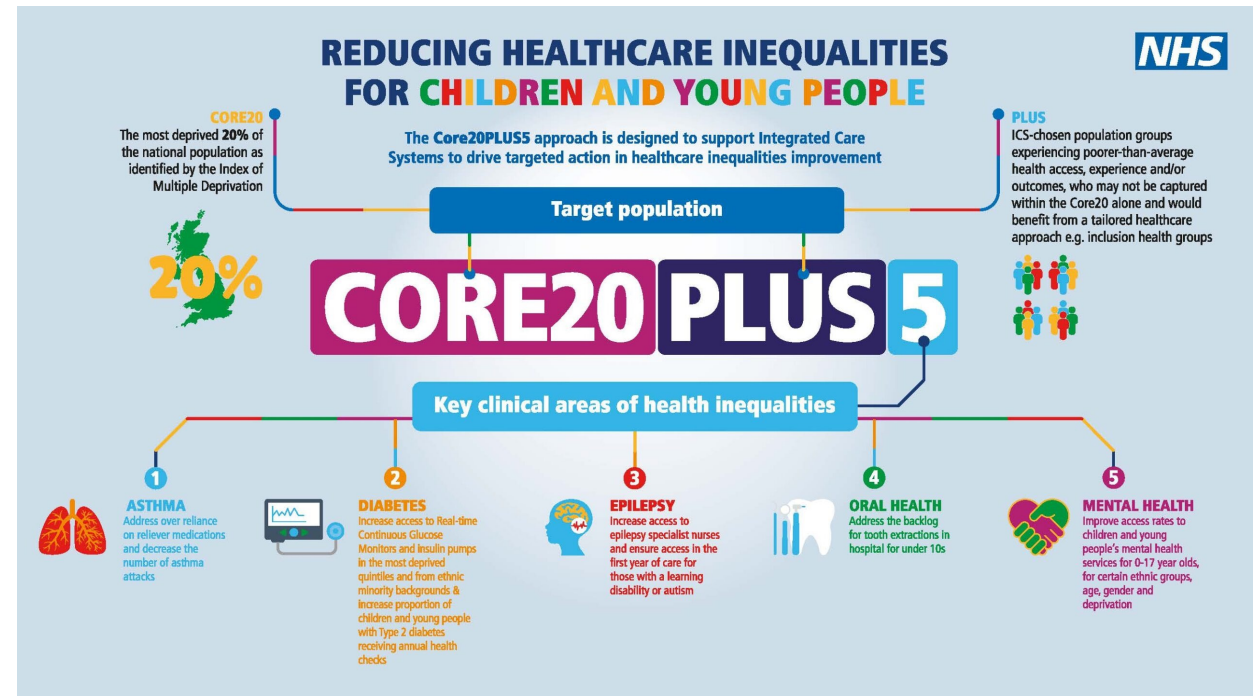
PLUS population groups should be identified at a local level. Populations we would expect to see identified are ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion, known as inclusion health groups and coastal communities (where there may be small areas of high deprivation hidden amongst relative affluence).

Inclusion health groups include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

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There are five clinical areas of focus which require accelerated improvement. Governance for these five focus areas sits with national programmes; national and regional teams coordinate activity across local systems to achieve national aims.

- **Asthma:** Address over reliance on reliever medications and decrease the number of asthma attacks.
- **Diabetes:** Increase access to real-time continuous glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds and increase proportion of children and young people with Type 2 diabetes receiving annual health checks.



- **Epilepsy:** Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
Oral health: Address the backlog for tooth extractions in hospital for the under 10s.
- **Oral health:** Address the backlog for tooth extractions in hospital for the under 10s.
- **Mental health:** Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.

Source: NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

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About Bracknell Forest

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Population



Bracknell Forest's 2021 population estimate was **124,607**, with **24.2%** of residents being children and young people. **77.8%** of the population was White British.

Our **0 to 19** population will see the largest decrease in Berkshire East over the next **10 years**.

The borough has a significantly lower proportion of children and young people from a non-White British background compared to the rest of Berkshire East and England. The proportion of school-children who do not have English as a first language is also significantly lower.

The proportion of births from mothers who were born outside of the UK is increasing at a faster pace in Bracknell Forest than the rest of Berkshire East.

Deprivation



Bracknell Forest ranked **284th out of 317** English LAs on the Index of Multiple Deprivation 2019

There are no children aged **0 to 15** year olds that live in the most deprived **20%** of neighbourhoods nationally.

However, in 2019, **8.9%** of CYP aged **0-15** were affected by income deprivation in Bracknell Forest. This was lower than the national average of **17.1%**, but there was variation up to **21.0%** in Great Hollands South, with Wildridings and Central wards having similar levels of deprivation.

Deprivation has been increasing, such that the percentage of school pupils eligible for FSM increased from **8.1%** in 2012 to **12.5%** in 2023.

Education



Bracknell Forest has **29** state-funded primary schools and **7** state-funded secondary schools. As of 2023 **100%** of these are rated good or outstanding.

In 2022 **68%** of children achieved a **9-4** pass in English and Maths compared to **64%** nationally. The score for similar local authorities however was **73%**.

In January 2023 **14.2%** of primary school students and **16.3%** of secondary school students were identified as having a special educational need or an Education Health and Care Plan.

In January 2023 **14.6%** of pupils spoke English as an Additional Language (EAL), up from **9.0%** in 2012.

In March 2023 **5.1%** of **16/17** year olds was NEET or Unknown which was an increase compared to the year before. For Care Leavers this percentage was **43.1%**.

Health



Under 18 hospital admissions for mental health conditions in 2021/22 was **71.9** per **100,00** population, compared to the South-East rate of **116.2**.

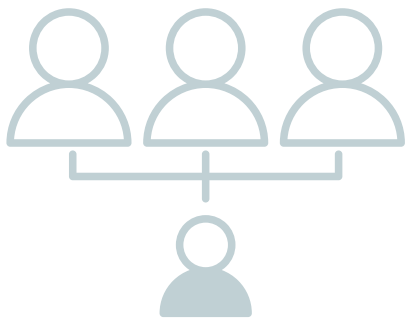
Between June 2021 and May 2022 **878** children we referred to CAMHS and **497** to Neurodiversity services.

In 2022 **21%** of children we considered overweight or obese in reception year and **32%** in Year 6. This compared to **22%** and **38%** respectively.

There were **67.2** Emergency Hospital admissions due to injury per **10,000** children in 2022. This compared to **84.3** for England. The alcohol related admission rate for children was **23.4** compared to **29.3** for England.

The Under **18** Conception Rates per **1000** Girls was **6.4** in Bracknell Forest in 2021 compared to **13.1** nationally.

Care Leavers



There are currently **237** care leavers in Bracknell Forest, and increase of **52** since 2021. Of these, 137 are currently receiving services. The number of care leavers in the borough is expected to continue to rise in the coming years.

Care leavers face many challenges as they transition into adulthood, they have often experienced trauma, they

are lacking support networks and don't have the financial resources of other young people.

Care leavers face specific challenges in relation to gaining full independence as adults. Nationally care leavers are considerably more likely to struggle to find inappropriate housing and secure education, training and employment than other young people. In March 2023, **14%** of **19-21** year old care leavers in Bracknell Forest were not in suitable accommodation and **43%** were not in education, employment or training.

Over the last three years, the Covid-19 pandemic, cost-of-living crisis, and staff shortages and ever-increasing budget constraints in local government have placed enormous pressure on care leavers and severely restricted the support available to them, leaving these young people increasingly struggling to cope, not only with the pressures of accommodation and finances, but also with loneliness and poor mental health. According to the National Youth Advocacy Service, up to 86% of care leavers will experience anxiety and loneliness, with 61% being diagnosed with depression or other mental health conditions. A 2022 Ofsted survey of children in care and care leavers found that more than a third of care leavers felt they left too early, over a quarter did not meet their personal adviser until they were 18 or older, around a quarter reported they were not at all involved in

SEND



There are **29** state funded primary schools, **6** state funded secondary schools and one all-through school in Bracknell Forest

13% of primary and **14.9%** of secondary school children were identified as having either Special Educational Needs requiring SEN Support or an Educational Health

and Care Plan (EHCP) in January 2023.

In January 2023, **31.1%** of the Bracknell children who are looked after had an EHCP, **10.1%** of those with a child protection plan had an EHCP, and **13.6%** of those with a child in need plan also had an EHCP.

The number of EHCPs in Bracknell Forest has increased and is just above the Local Authority average in England, in terms of percentage of residents. The number of plans has increased by an average of **13.5%** in each of the years since 2020.

developing plans about their future, and only around a third had a say in the location they'd like to live in and only a fifth in the type of accommodation. Furthermore, according to Home for Good, care leavers account for 25% of both the homeless and adult prison populations. Of those aged 19-21, 41% were not in education, employment or training (NEET), more than three times higher than the figure for all young people of that age.

Our learning from engagement OxWell Student Survey 2021

The OxWell Student Survey measures the wellbeing (health and happiness) of children and young people aged 9–18 years old. The survey is a collaboration between young people, schools, the NHS, and the OxWell Study Team at the University of Oxford's Department of Psychiatry. The questions in the survey address a range of issues relevant to wellbeing, including questions about lifestyle and school life. Factors assessed in the survey include mental wellbeing, anxiety, indicators of vulnerability, sleep patterns, online safety, protective factors such as exercise and healthy eating, and attitudes to accessing mental health support. Designed for pupils in years 5–13; there are three age-matched versions (one for years 5–7, one for years 8–11 and one for years 12–13/FE). The versions differ slightly and are age appropriate, as approved by the University of Oxford Research Ethics Committee. OxWell Student Survey collected data from February - March 2023 over 43,734 students from 175 schools and 10 FE Colleges in four English counties participated, offering localised knowledge about the experiences of young people.;



Local information for Bracknell Forest from 2023

OxWell 2023 Student Survey provides results for Bracknell Forest, from which 3,205 students in years 5 to 13 took part from 6 primary schools, 4 secondary schools and 1 Further Education college.

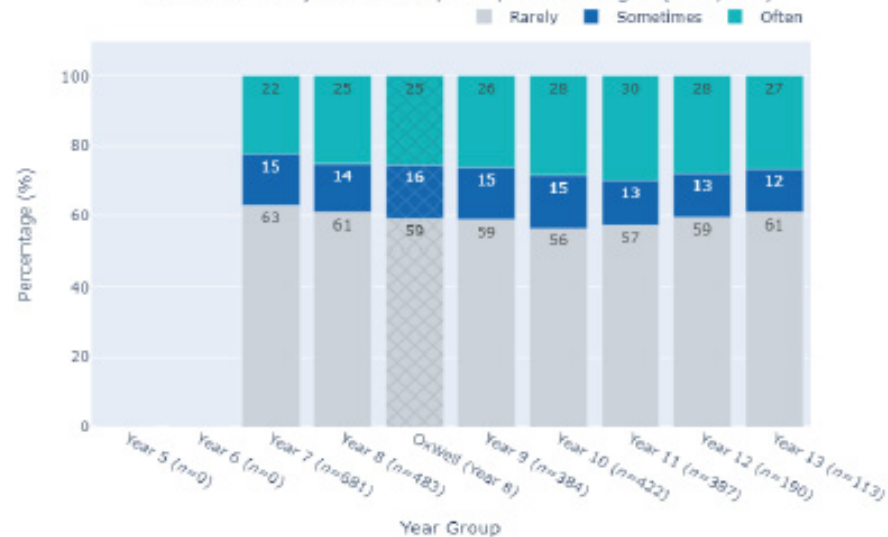
The OxWell Student Survey asks students a substantial number of questions, covering a range of factors that are important to understand their wellbeing, school/college experience, mental health, and experiences of accessing mental health support. There are also questions about the current cost of living crisis, worries about body shape and weight, social media exposures, maltreatment and self-harm. The survey provides an important insight into what students themselves are experiencing and also what help they might want. The data are collected without any identifiable information (such as name or date of birth) to try and encourage students to be as accurate as possible in their responses.

Current Student Concerns

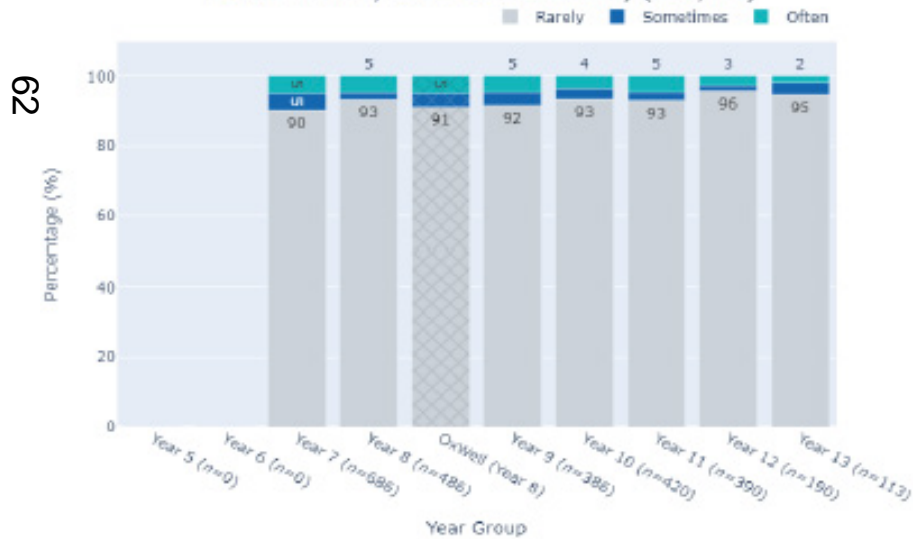
It is important to understand some of the worries that adolescents are currently experiencing, as many of these can play a role in mental health problems. For example, worries about the environment - or what is being referred to as 'eco-anxiety' - is of increasing concern, especially for our school/college-aged population as the impact of climate change becomes apparent. This is also the first year that OxWell has asked about worries regarding gender identity. We hope the data can start to fill gaps in our knowledge - especially when we examine the later data around what services and support are most acceptable.

Proportion of Students Worried About Different Issues

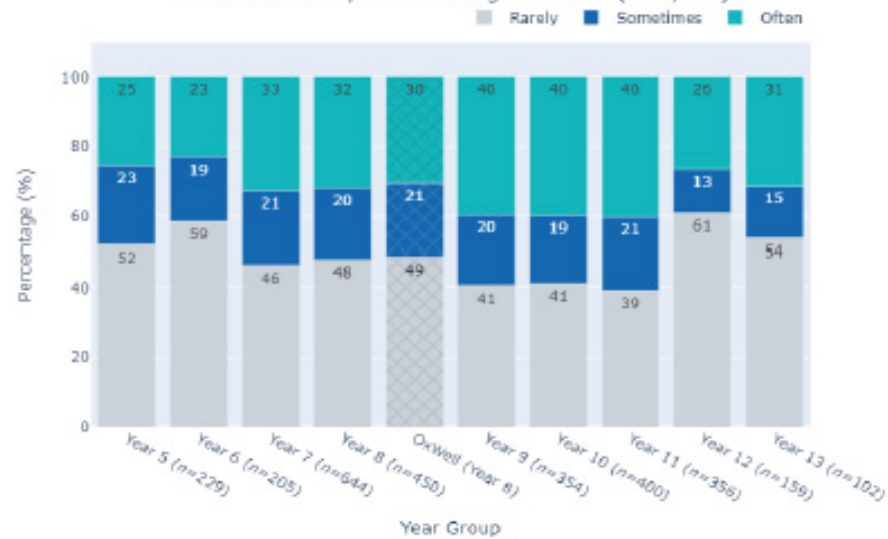
Extent of Worry About Body Shape and Weight (n=2,660)



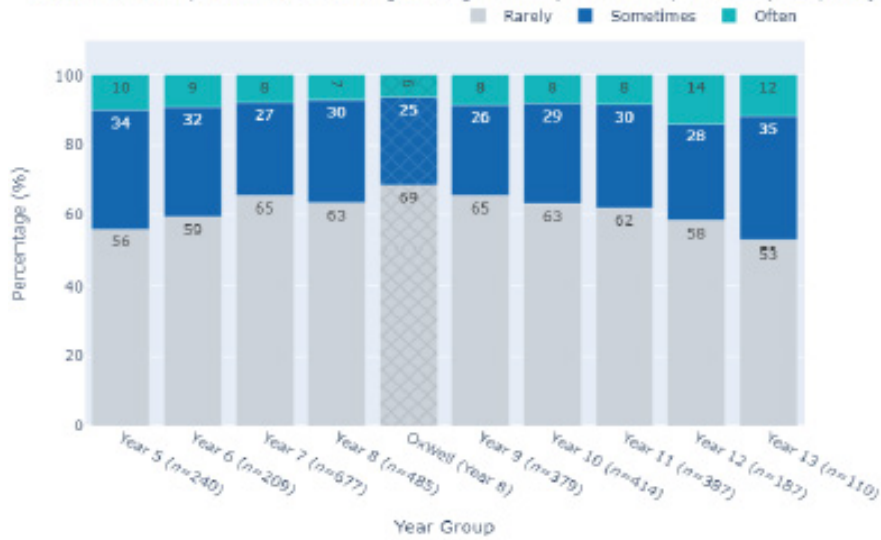
Extent of Worry About Gender Identity (n=2,671)



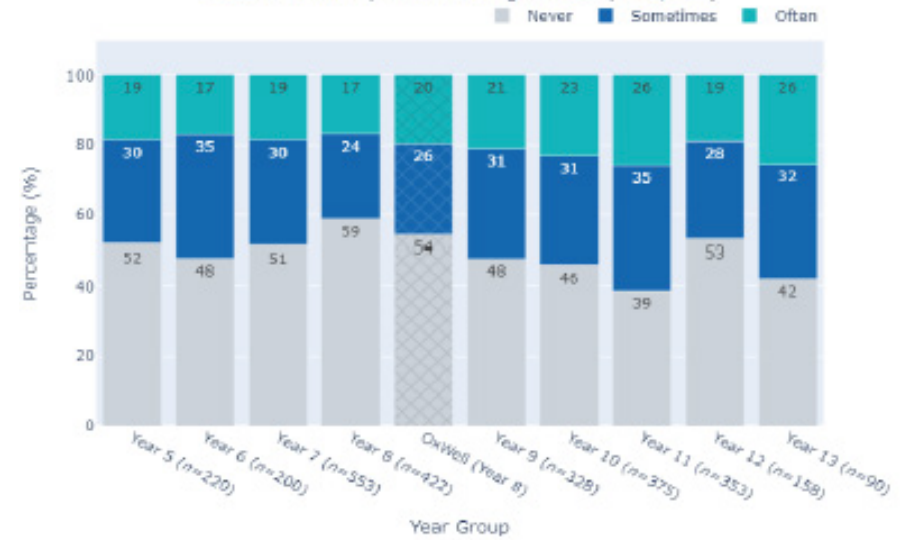
Extent of Worry About Going to School (n=2,899)



Extent of Worry About Not Having Enough Money for Family Needs (n=3,088)

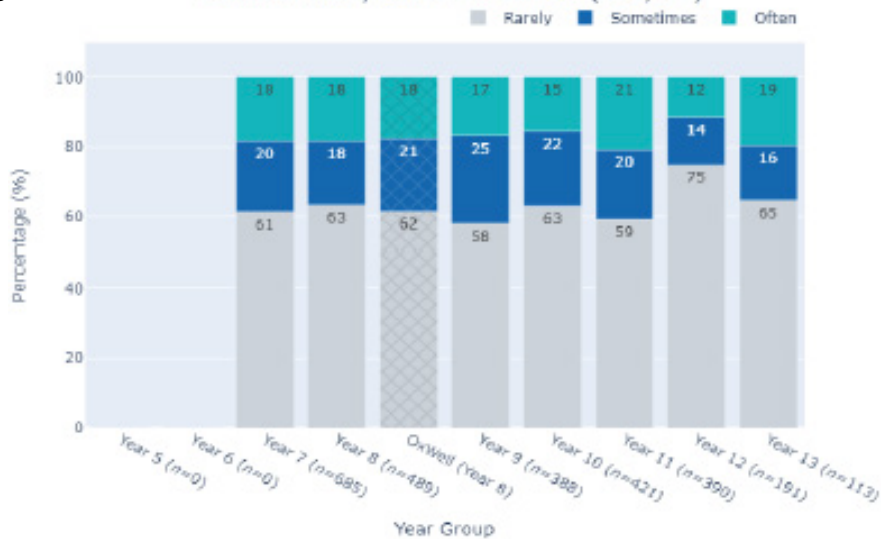


Extent of Worry When Going to Bed (n=2,699)



63

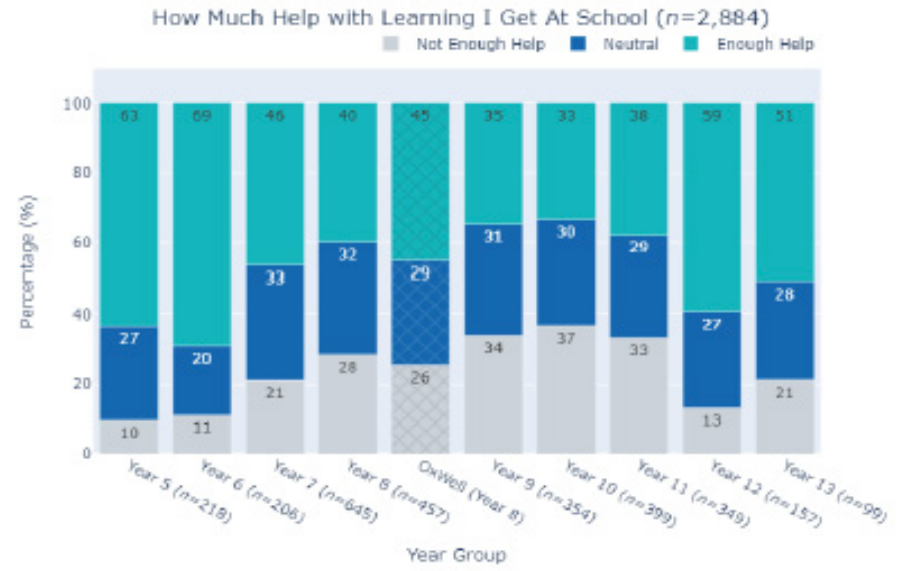
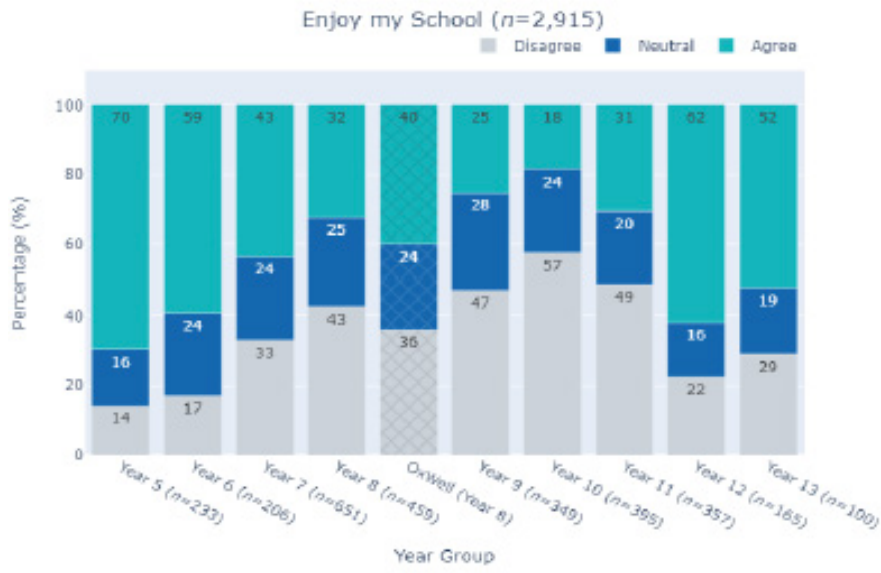
Extent of Worry About The Climate (n=2,677)



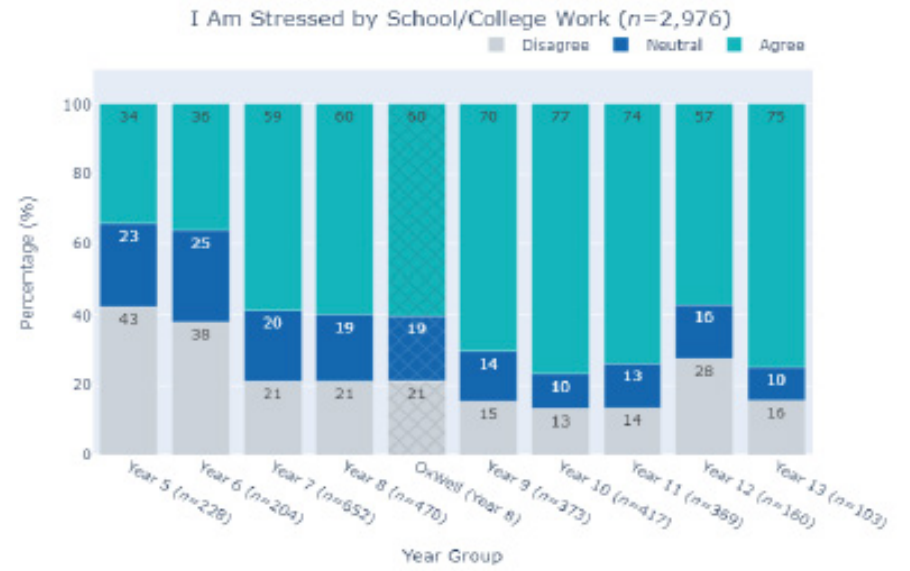
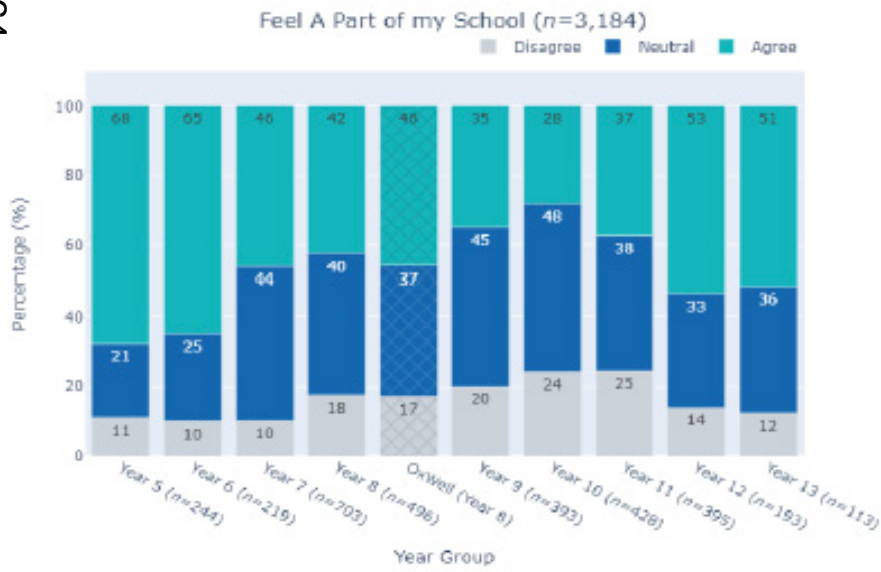
School/College Experience

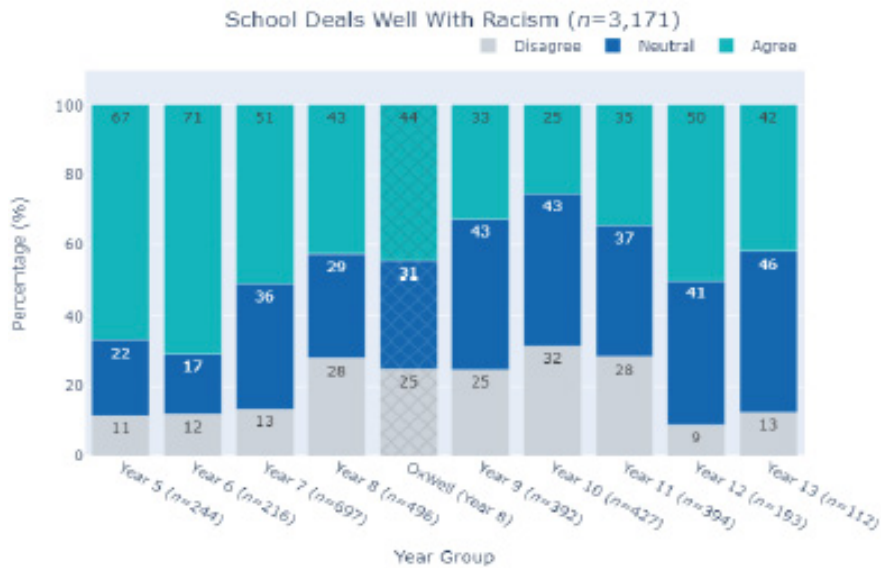
Students were asked a range of questions about their school/college experience, including learning support received, time absent, detention, and exclusions- the details of these responses will be available on LodeSeeker. Many schools/colleges find these questions helpful - from understanding patterns of behaviour in year groups to reports to governors, parents and even OFSTED. The students were asked if they enjoy their school/college, and whether they felt like they were part of their school/college. There are some indications that feeling a sense of 'belonging' is important for overall mental health. Of note, 11% of students in the area reported that they felt unsafe at school/college.

Student Responses to Each School/College Experience Issue



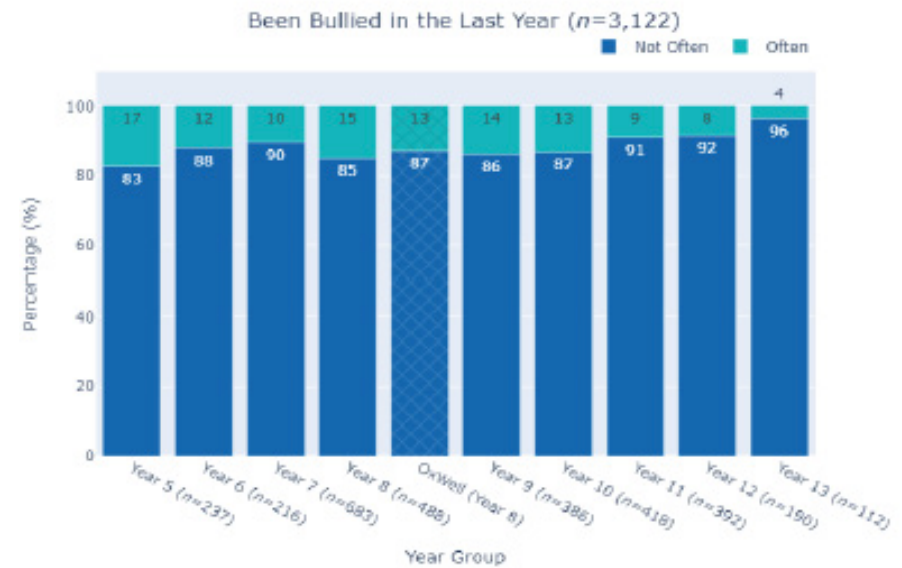
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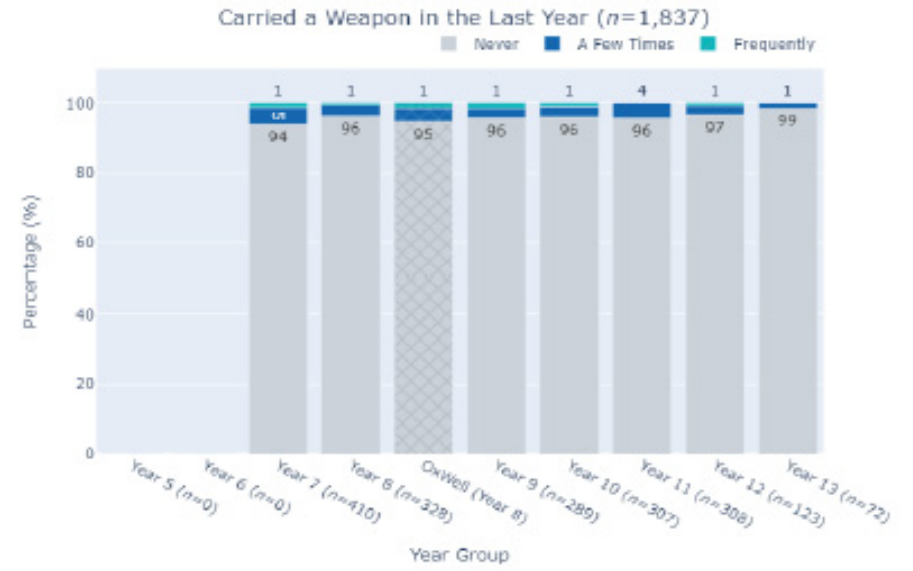
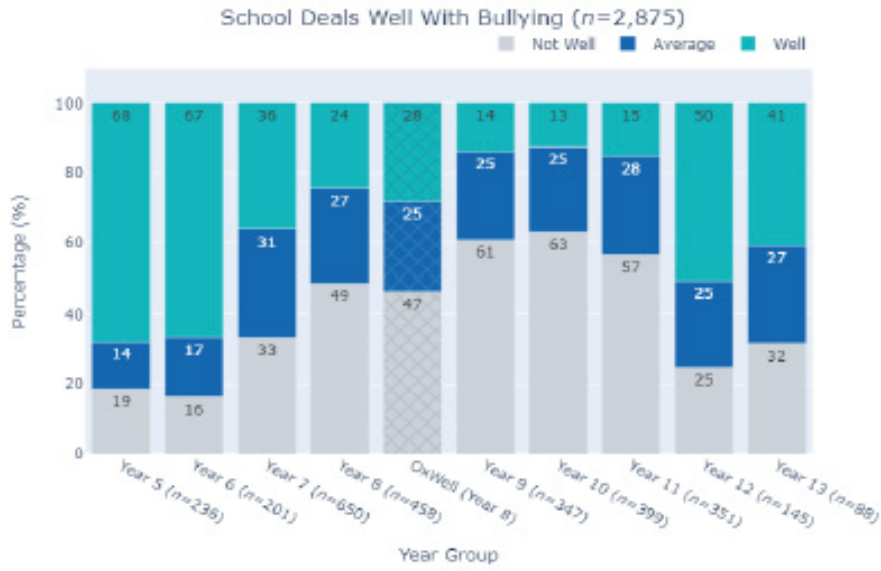
directly on LodeSeeker to ensure that the identity of respondents is protected.

Proportion of Students' Responses to Bullying, Aggression, and Abuse Issues

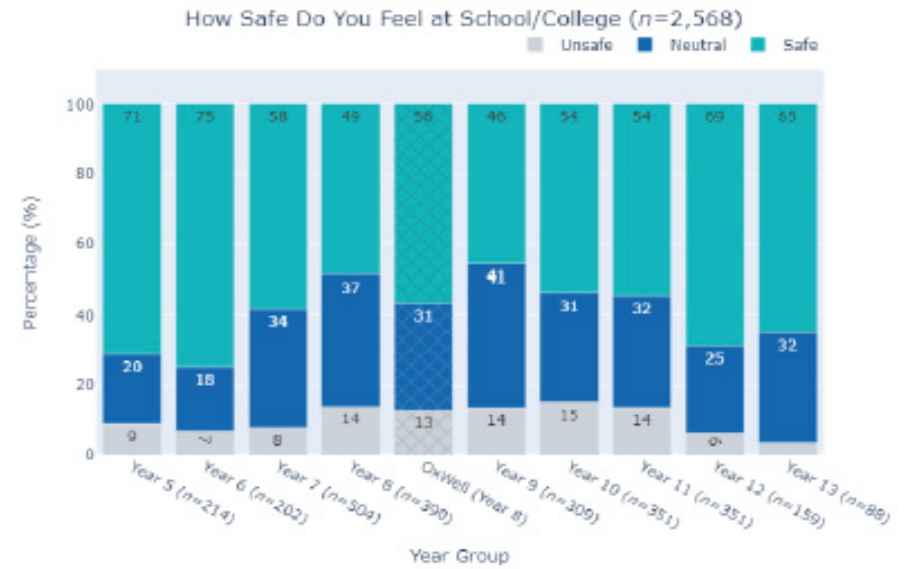
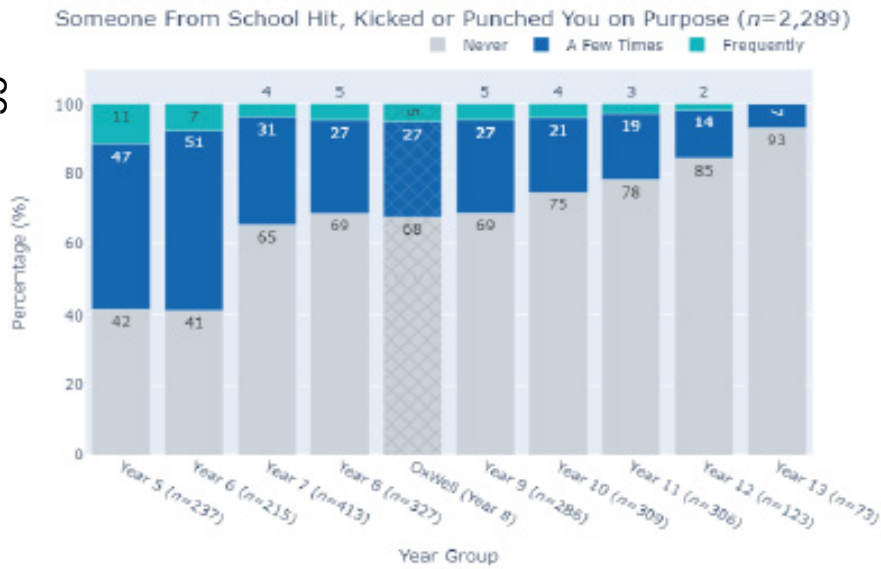


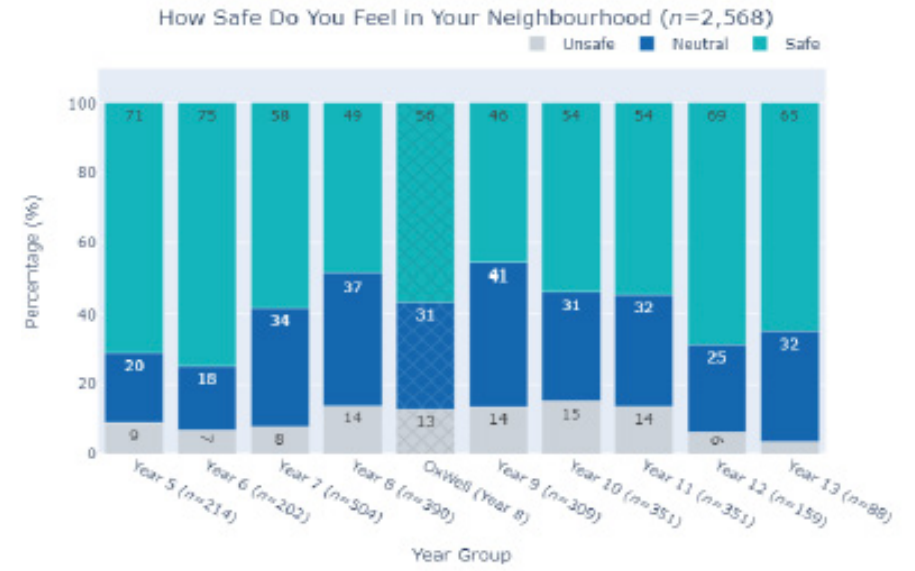
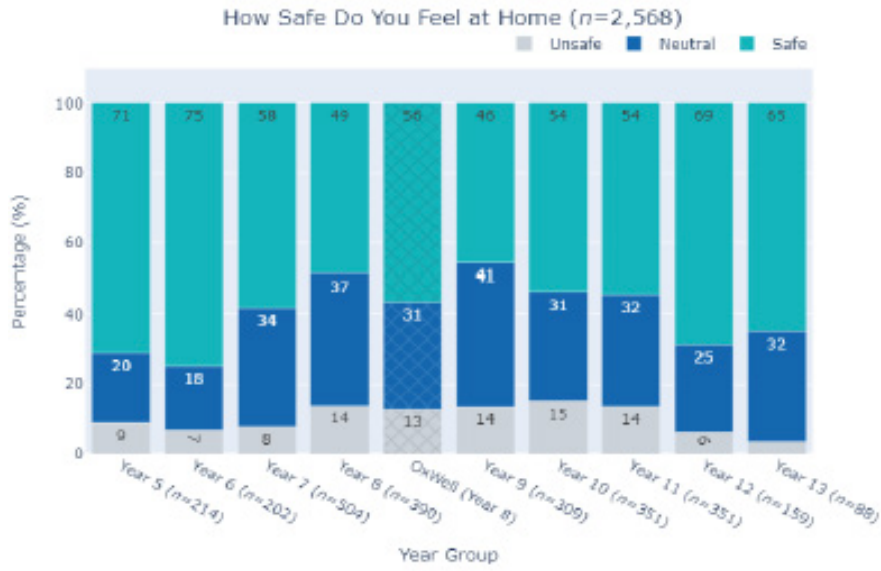
Bullying, Aggression, and Abuse (at school/college and at home)

The OxWell survey asks about a number of areas that cover exposure to difficult and potentially traumatic events. We ask about peer victimization, abuse and bullying, but also about aggression either directed towards them or that they have directed towards others. Bullying has been demonstrated in a number of longitudinal studies to impact on short and longer-term mental health. As bullying often takes place either in school/college or by individuals known from school/college, it is a particularly important area to try and address for student mental health. OxWell also asks about experiences in homes, for example by asking about maltreatment (physical, sexual and emotional abuse, witnessing parental violence and neglect). We report in Table 1 on the number who feel unsafe at home. The more detailed results are available from LodeSeeker and also directly from the OxWell research team, as any response option that has less than 10 respondents cannot be examined

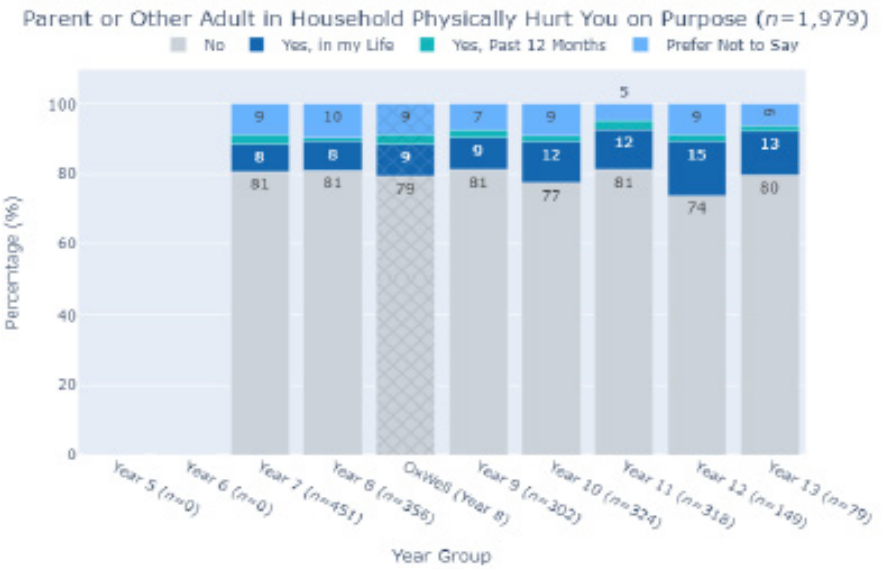
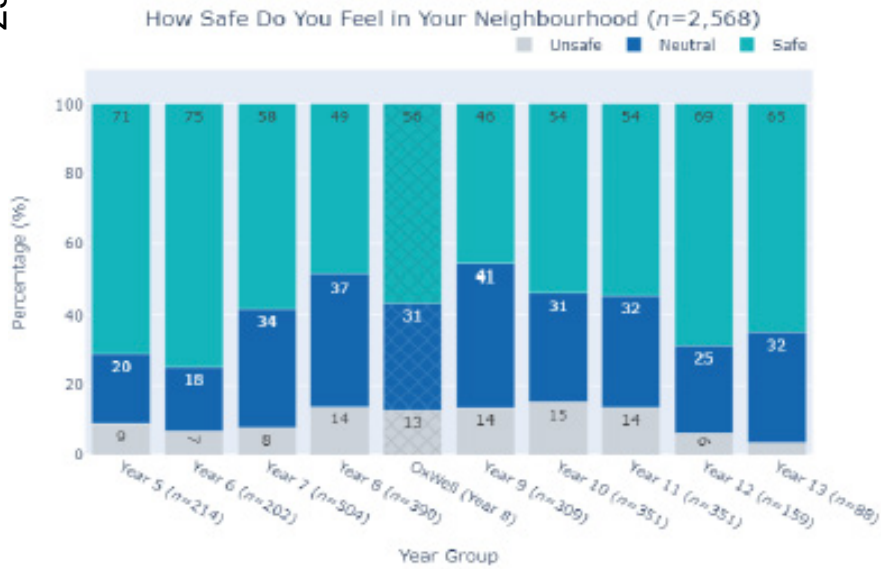


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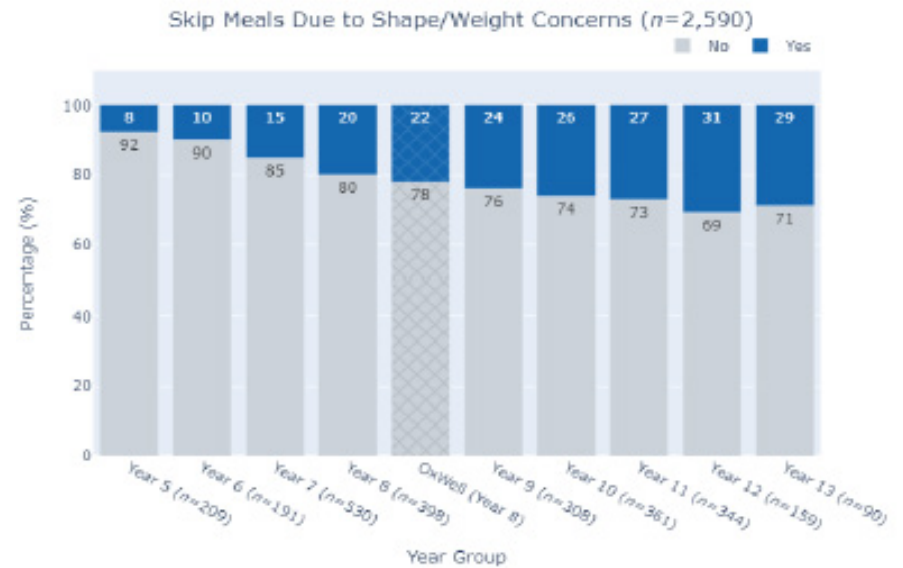
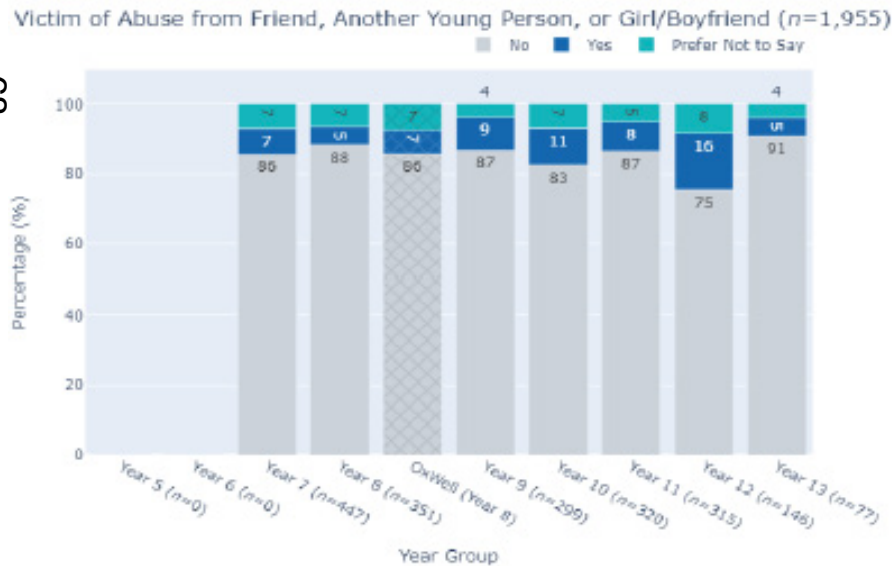
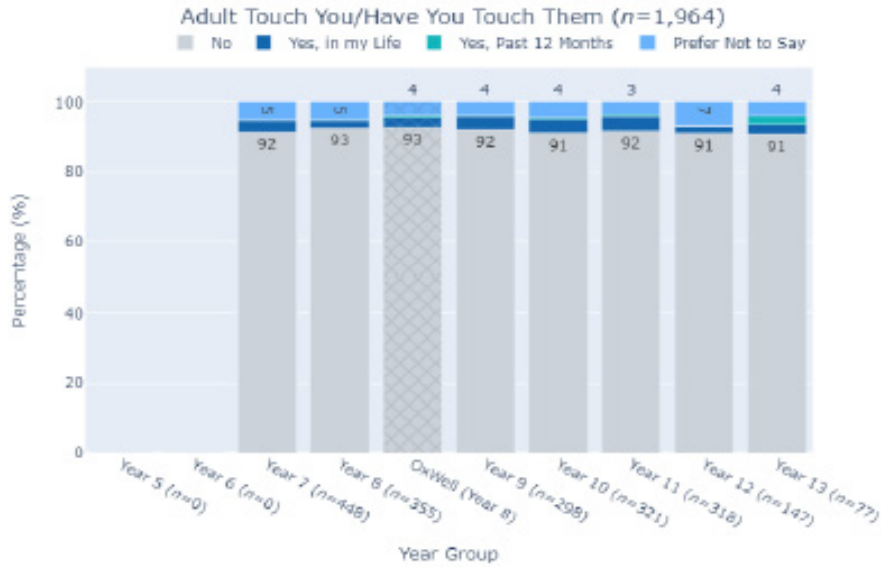
67



Eating

Some schools/colleges have observed a high number of shape and weight concerns in their students, this is reflected in higher referrals to child and adolescent mental health services (CAMHS), especially during and following the pandemic. OxWell asks about restricted eating and weight loss; additional questions that can be accessed from LodeSeeker include whether they thought they were fat even when others thought they were thin, and beliefs around shame and blame regarding eating too much. OxWell also asks if their concerns about eating interfere with their life.

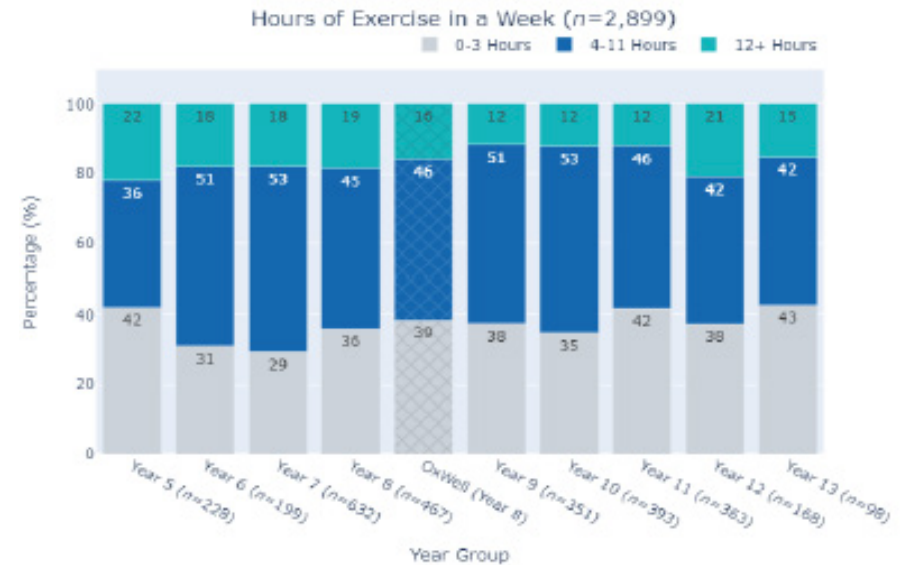
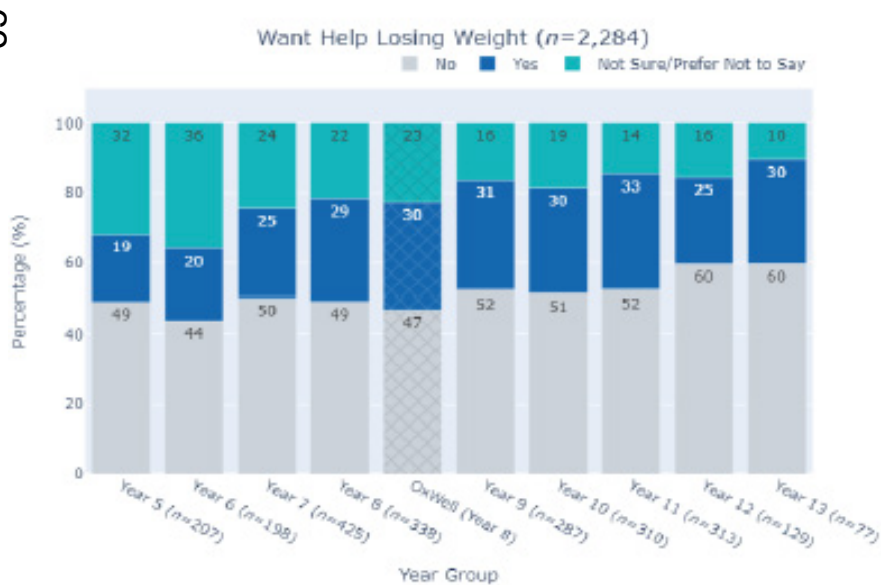
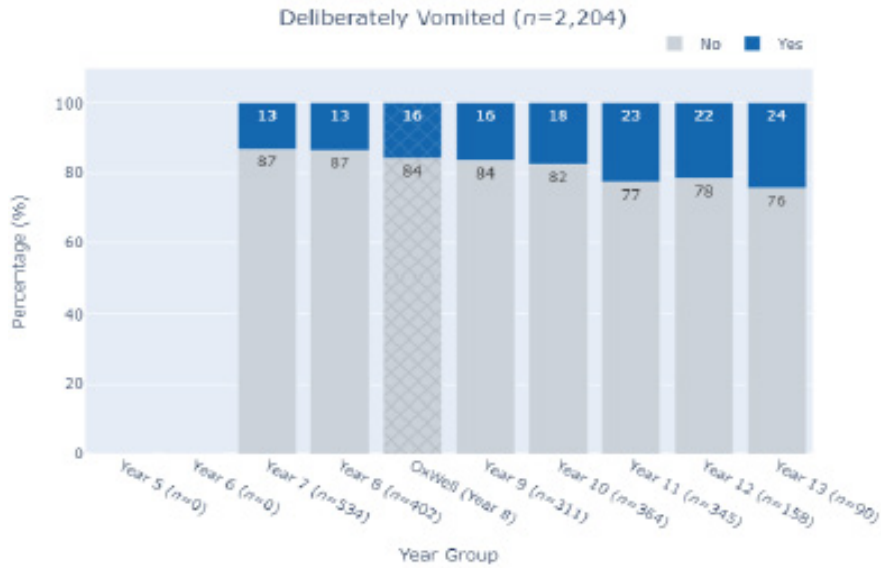
Student Responses to Eating and Diet Questions

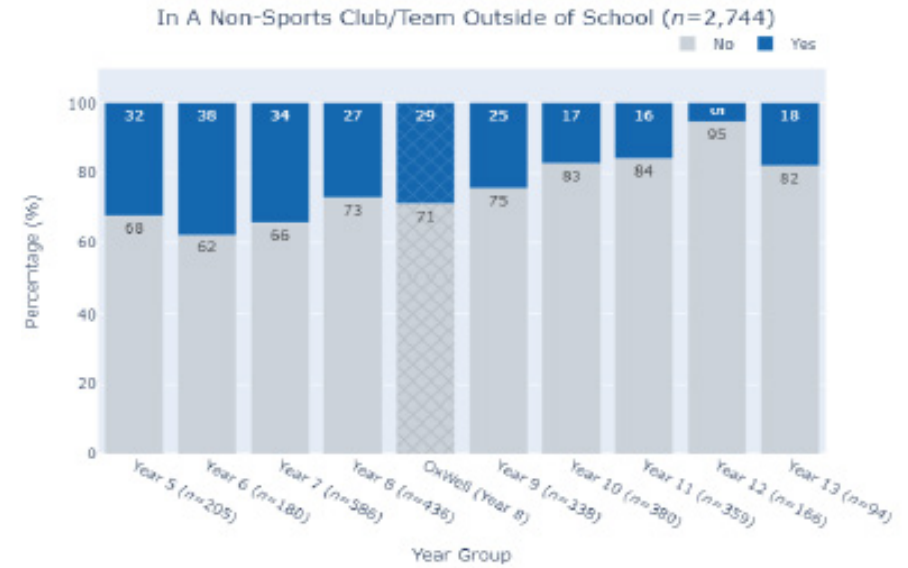
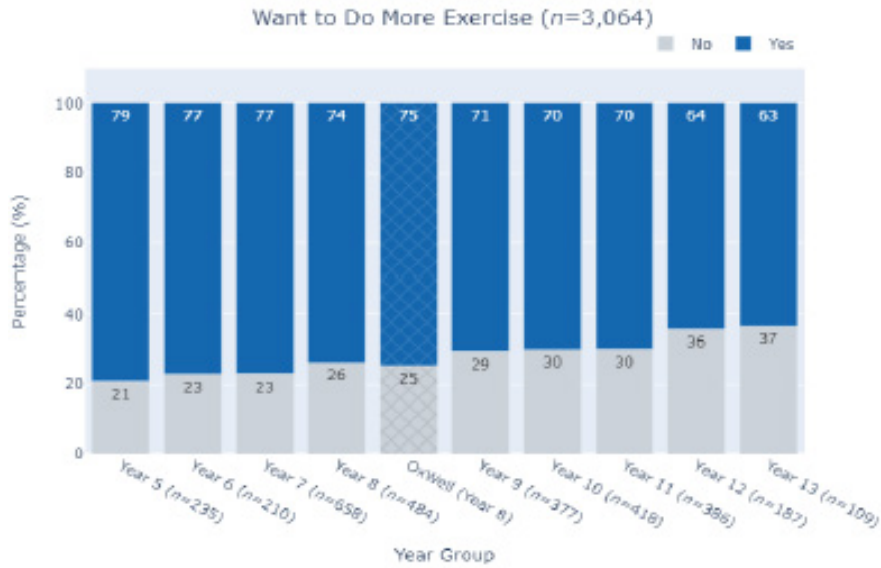


Levels of Physical Activity

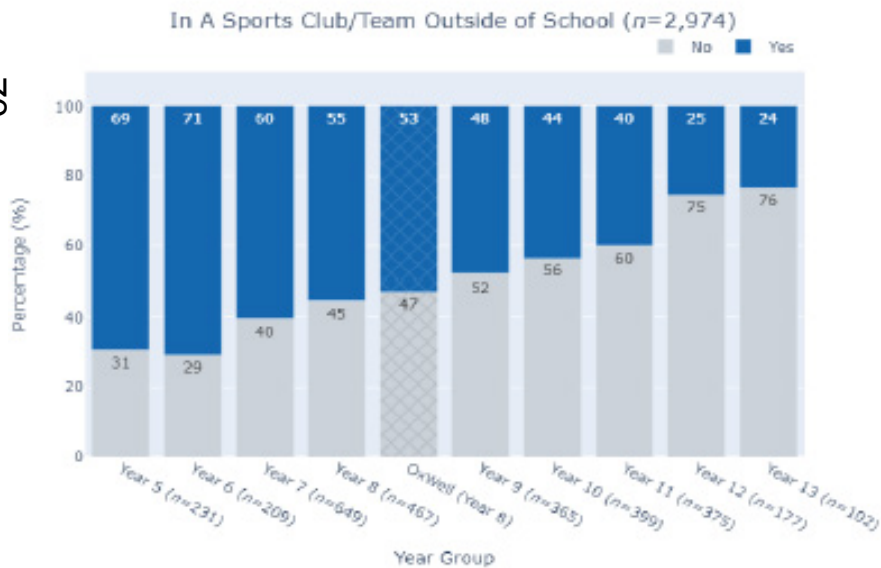
Maintaining a balance with school/college and other developmental goals, including physical activity, is an important part of the lives of many children. We ask how often they engage in physical activity inside and outside school/college, if they would like to do more physical activity, if they enjoy these activities, and we also ask how they travel to school/college. Many studies have demonstrated the relationship between levels of activity and physical and mental health making this an important area to encourage for students.

Student Responses to Physical Activity Questions





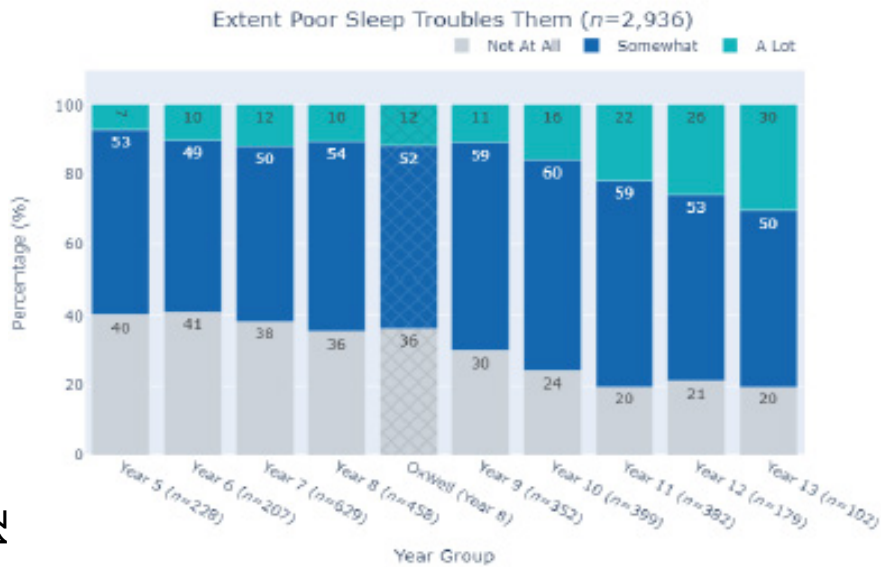
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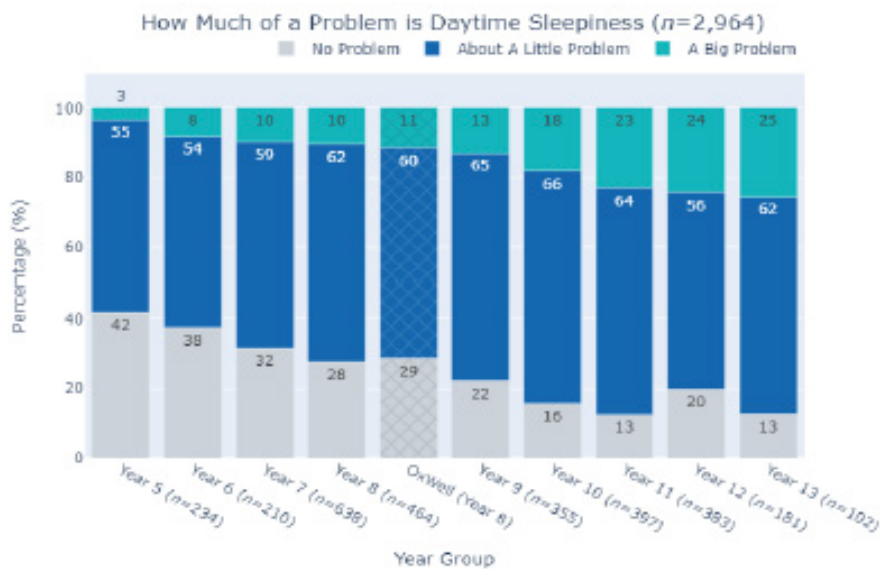
Sleep

Students were asked a range of questions about their sleep habits, including the time they go to bed and the time they wake up on school/college days and weekends and also if they take daytime naps. These questions are important as we know that sleep patterns are related to mental health and well-being; sleep is affected in many mental illnesses as well as poor sleep impacting on a range of other activities. Here, we present results about the quality of their sleep, alongside findings around daytime sleepiness.

Student Responses to Sleep Questions



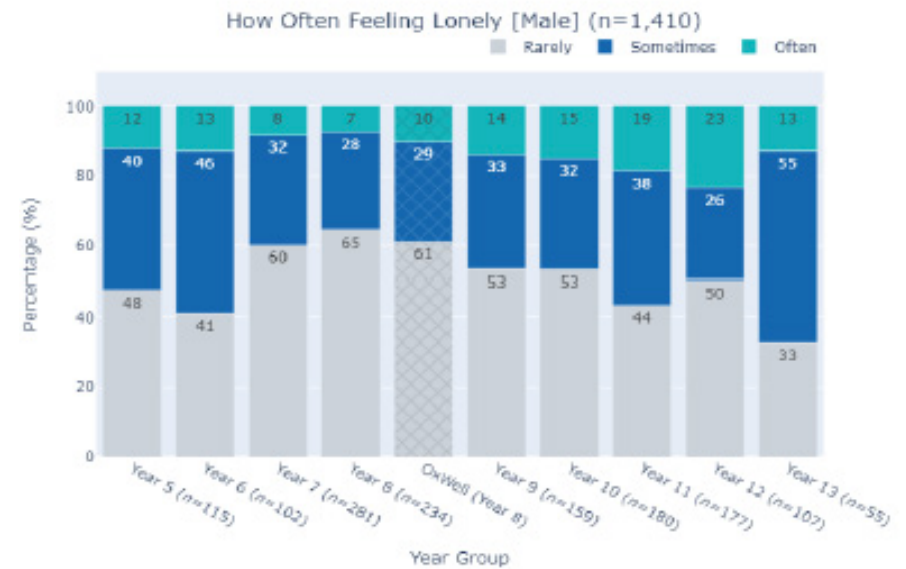
71

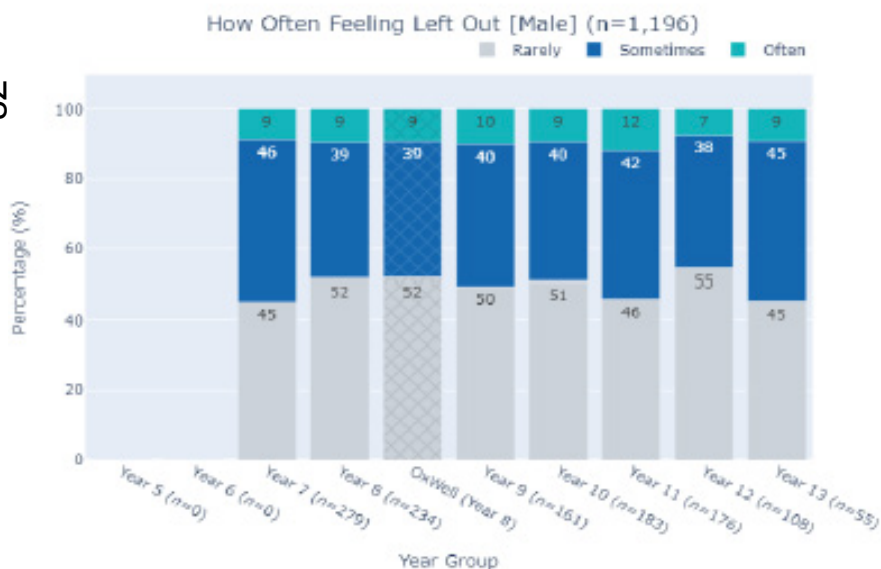
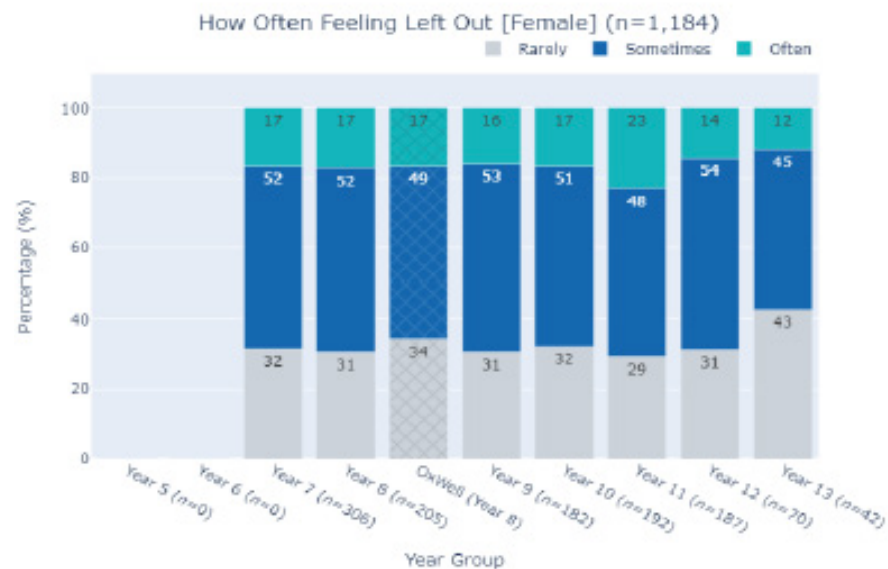
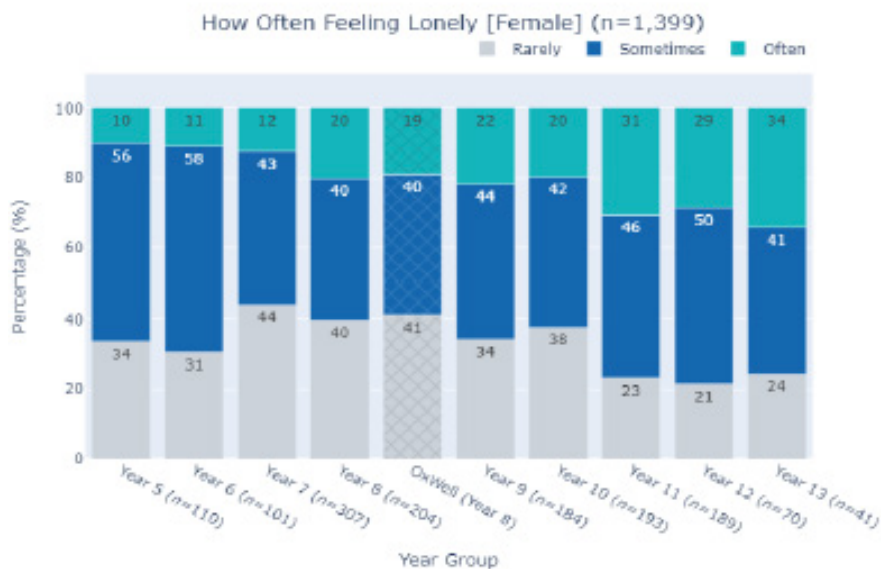


Loneliness & Friendships

Loneliness is an indicator of a number of poor mental health outcomes. It might be that isolation and bullying precipitate a mental health problem or it might be that if you have depression you are less likely to seek out your friends, which can exacerbate low mood. It is however an area that schools/colleges can play an essential role by helping students remain involved and included in activities that can help build their relationships and authentic friendships, as well as enhance their self-esteem. Previous OxWell findings have shown how following self-harm, most students turn to their friends for support.

Student Responses to Loneliness & Friendships Questions





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Mental Health & Self-Harm

As this is primarily a mental health and well-being survey, there are a number of questions on well-being; anxiety and depression; eating disorders; and paranoid thoughts. We report here on a depression and anxiety scale (RCADS-11) as well as on self-harm exposures. We then report on how accessible students find mental health services and support.

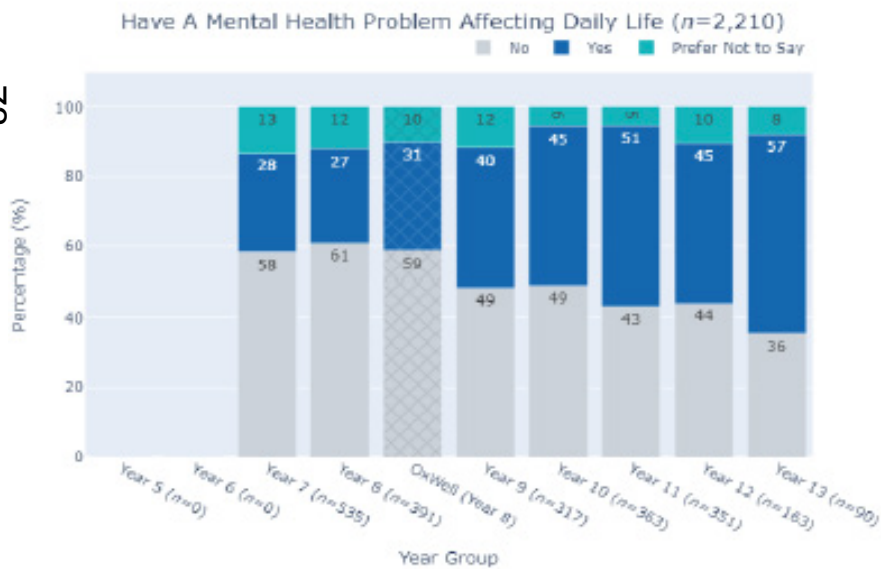
The RCADS-11 provides information on the likelihood of a student falling in the range for a clinical anxiety or depressive disorder. Results are presented separately for males and females (as this is how the measure has been developed - with no separate measure for those not identifying as either male/female). Across many surveys it has been observed that females often score more poorly than males and that these scores get worse as students get older. We present the total findings first (both anxiety and depression combined), and then separate anxiety and

depression - although many have a combination of symptoms.

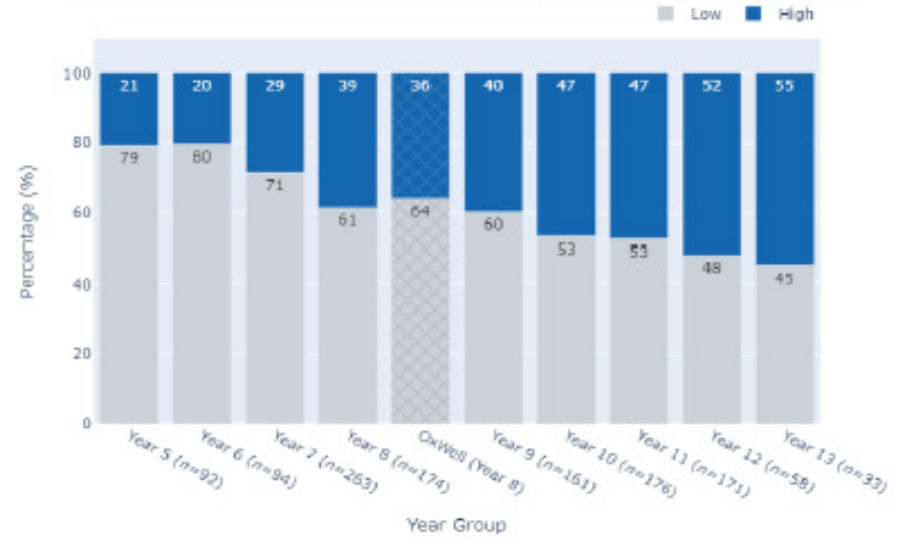
Please note, that in LodeSeeker there are a number of questions that are of particular relevance to how mental health support and services can be better understood. We ask about the types of service they have accessed: structured (CAMHS, social care, primary care, private provision, charities, online); school (counsellors, EMHPs, nurses, other adults) and family/friends. We also ask if they found the support they received helpful and about the barriers to accessing further care.

Student Responses to Mental Health, Self-Harm, and Mental Health Services Questions

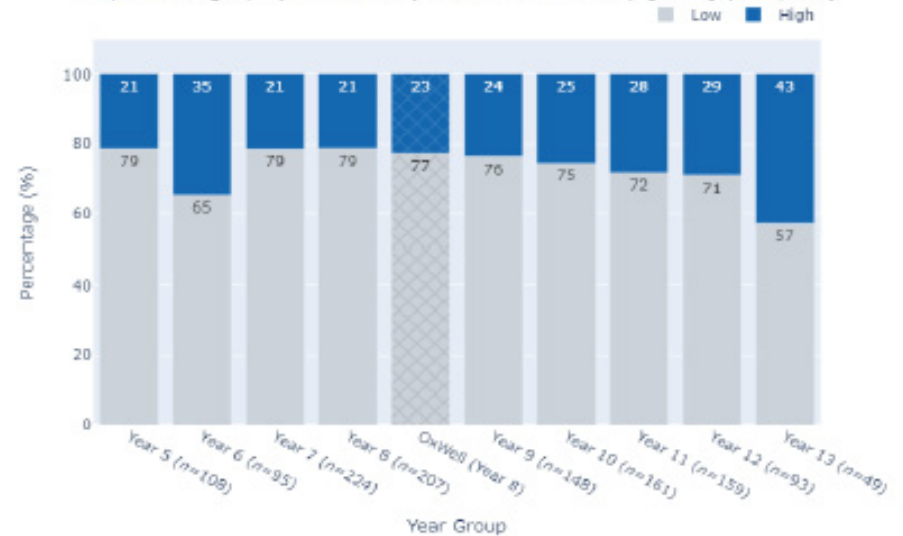
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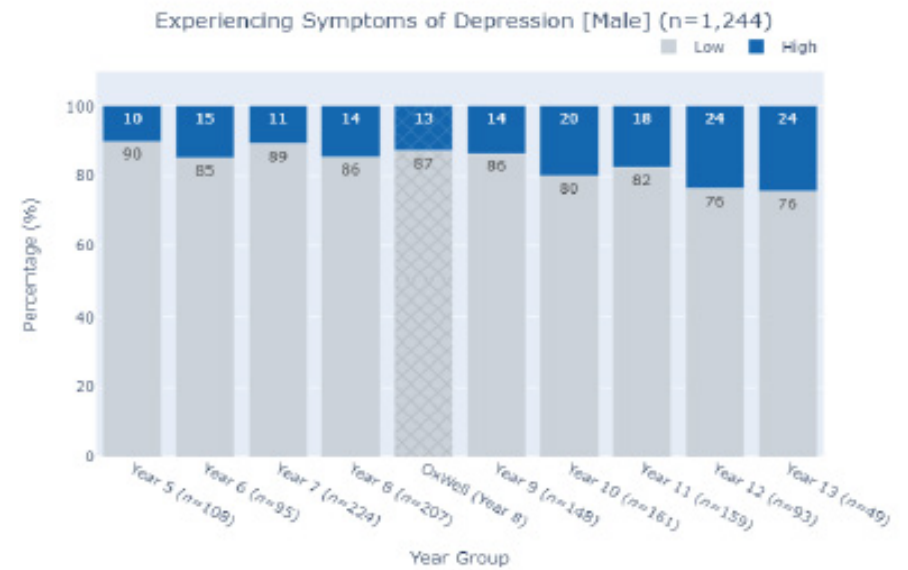
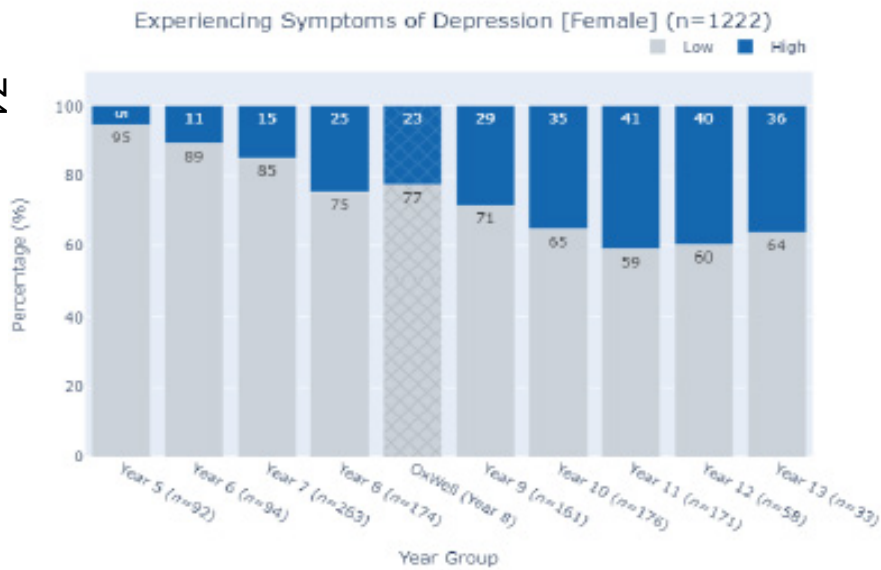
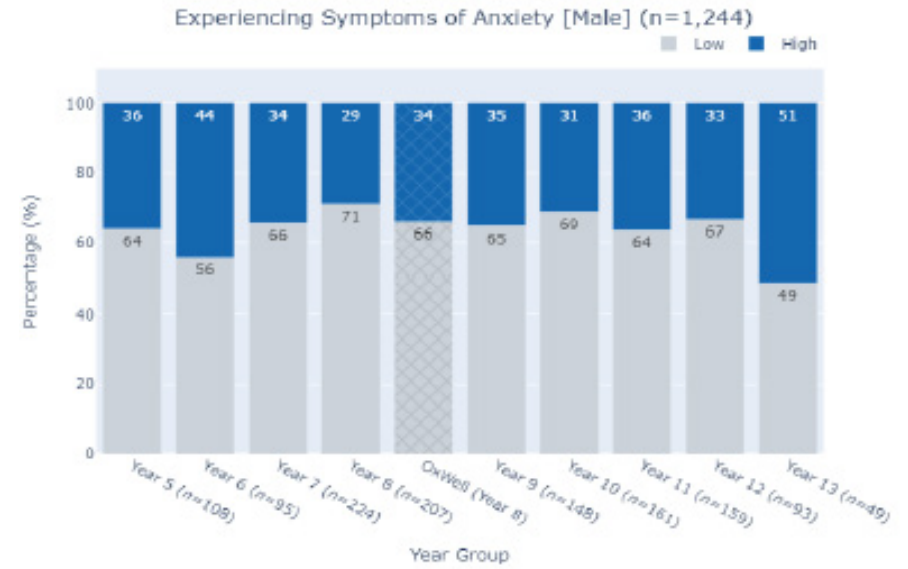
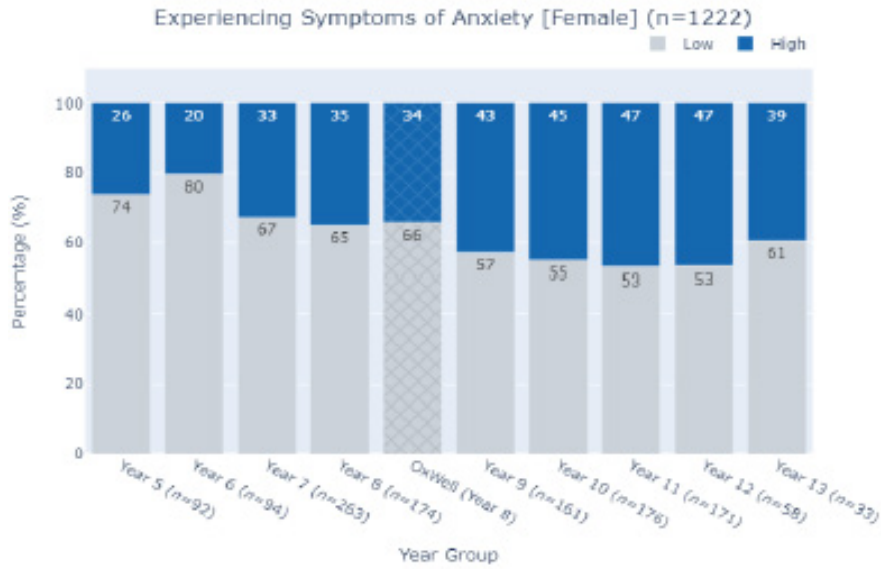


Experiencing Symptoms of Depression and Anxiety [Female] (n=1222)



Experiencing Symptoms of Depression and Anxiety [Male] (n=1,244)





74

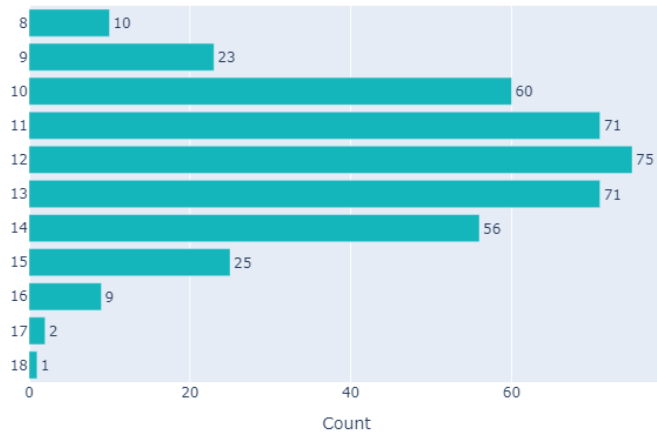
For the whole area, 545 reported (21%) that they had self-harmed in the last month. Please note this response does not give an indication of severity.

This year we have also added new questions on self-harm to be answered by those in years 5 and 6, and then for those in secondary school we asked how old they were when they first self-harmed.

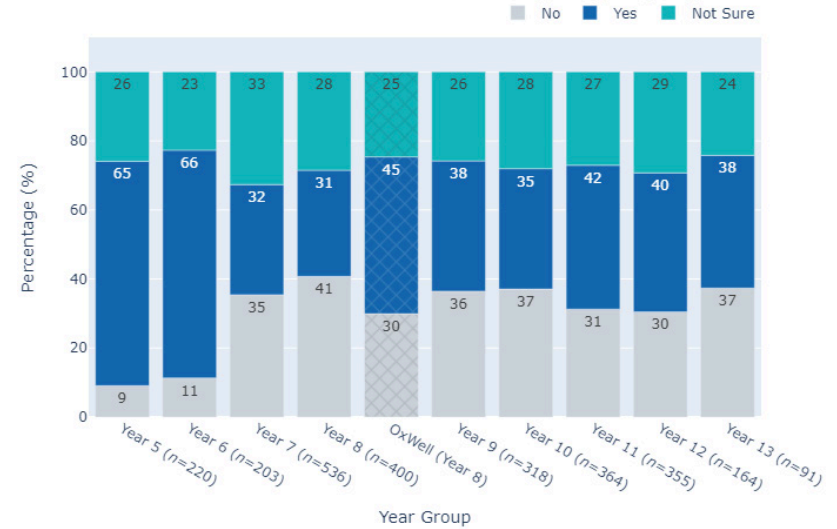
We asked about how accessible support for mental health problems is for students and we have previously observed variation in responses to this question both within and between schools/colleges.

75

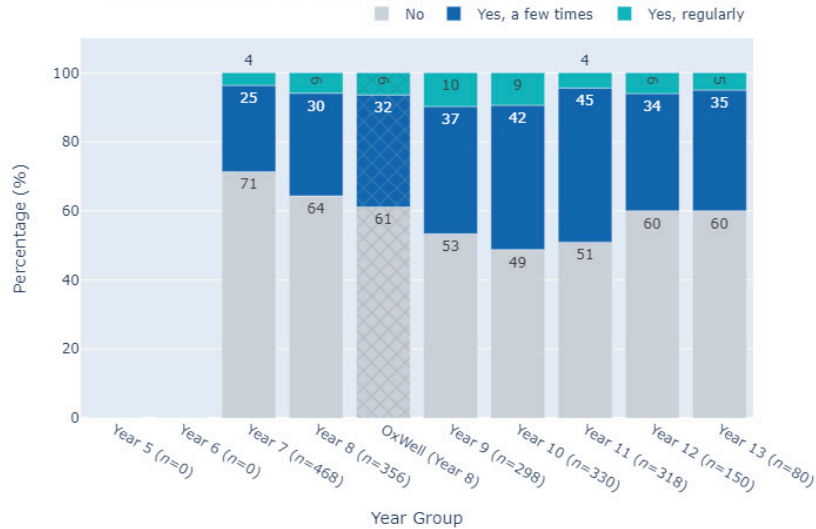
Age when First Self-Harmed (n=431)



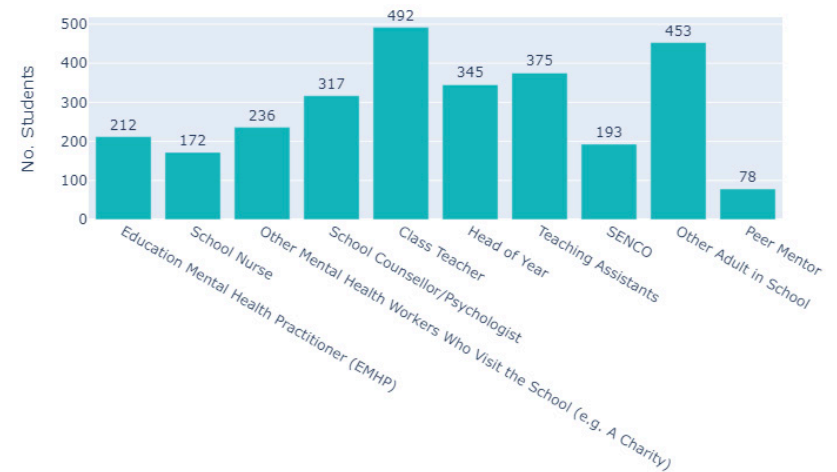
Know Who Provides Mental Health Support (n=2,651)



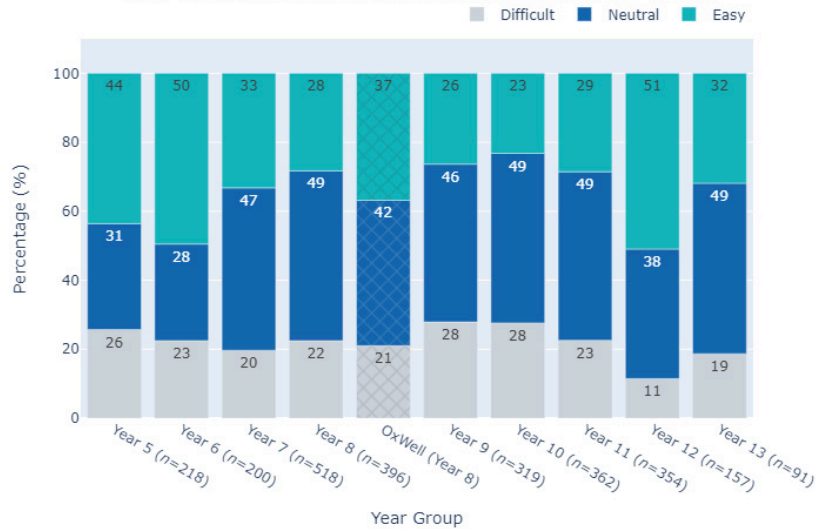
Come Across Self-Harm Content on Online Platforms (n=2,000)



Who Provides Mental Health Support

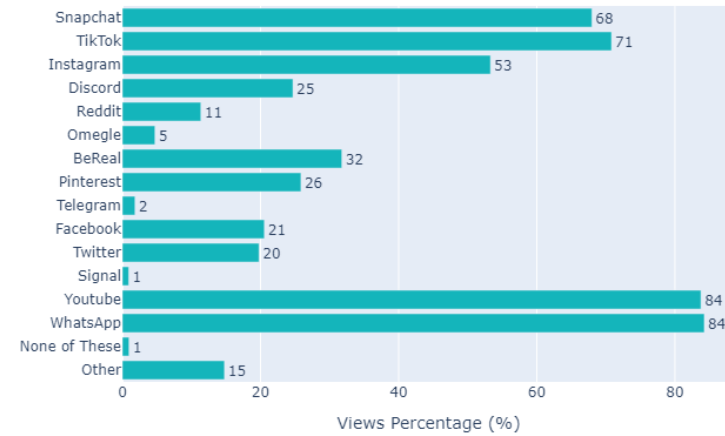


Easy to Access Mental Health Support at School (n=2,615)



Student Responses to Online Behaviours Questions

Online Platforms Accessed in Last 24 Hours (n=2,077)

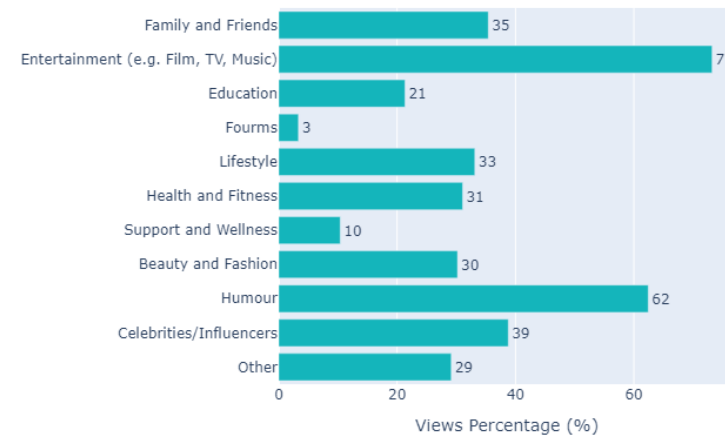


Online Behaviours

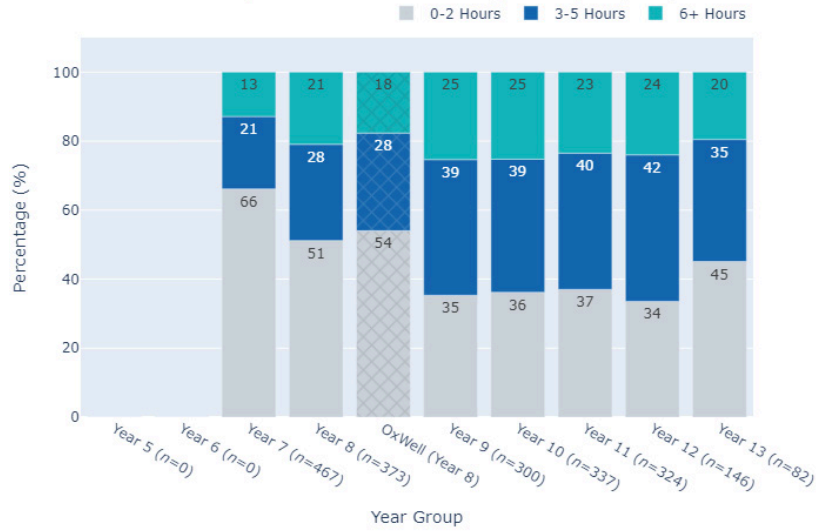
76

It is increasingly apparent that young people are moving in both virtual and in-person social environments and so we have asked questions in OxWell to better understand what they are doing and their relationships. Questions asked include how many hours they spend gaming and on social media, as well as further information about whom they might interact with online and which platforms they have been on in the last 24 hours. We also ask about levels of parental monitoring and if they have met up with people they have first met online, and some of the details of those meetings. Previous OxWell findings have shown that those students gaming for the longest time did not necessarily have negative mental health outcomes, but some at-risk groups were identified - such as girls gaming on their phones.

Social Media Content Accessed in the Last 24 Hours (n=1,983)



Hours Spent on Social Networking Sites (n=2,029)

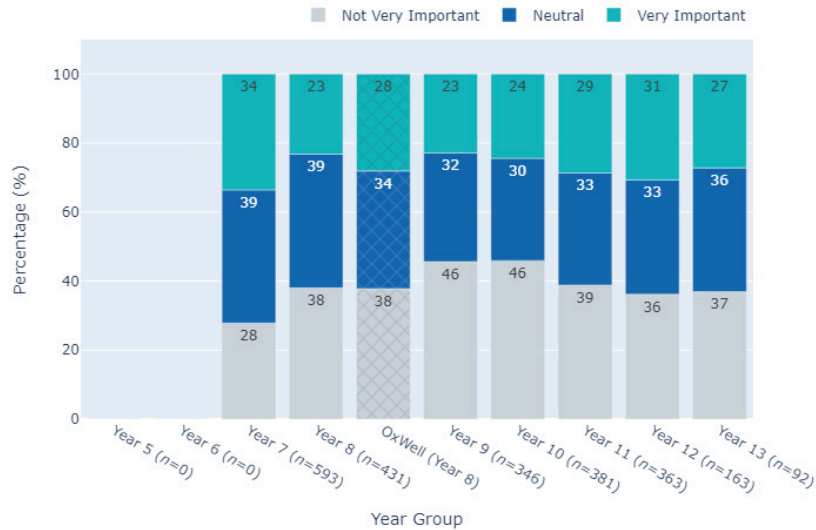


Substance Use

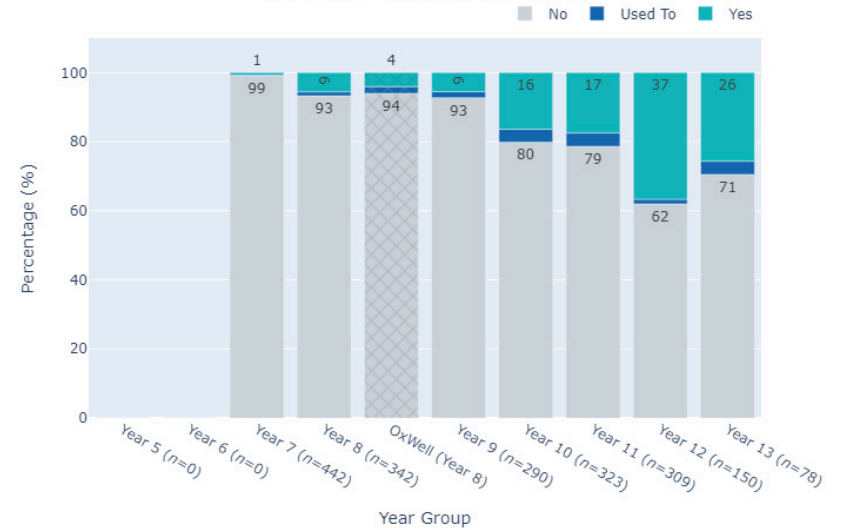
Alcohol consumption and drug use are known to coincide with, and exacerbate, mental health problems. For this reason, we ask a range of questions related to the prevalence of these behaviours and the reasons behind them, how they access vaping products and alcohol, how frequently and how much they drink (if they do), and if and what drugs they might have been offered and taken.

Student Responses to Substance Use Questions

Importance of Meeting a Friend Face to Face When Most Distressed (n=2,369)

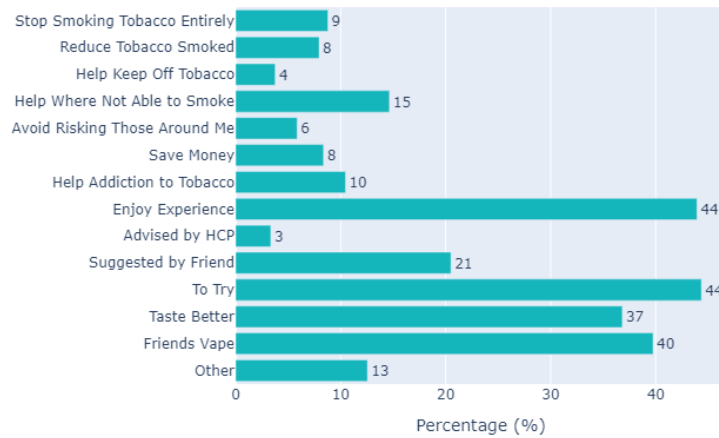


Vape/Use E-Cigarettes (n=1,934)

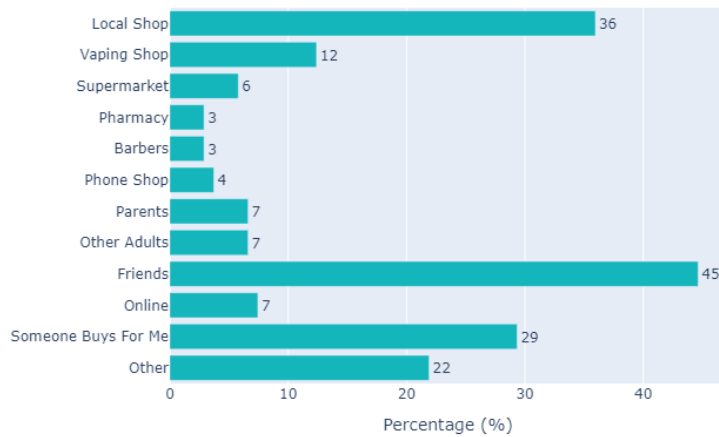


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Reasons for Currently Vaping (n=239)



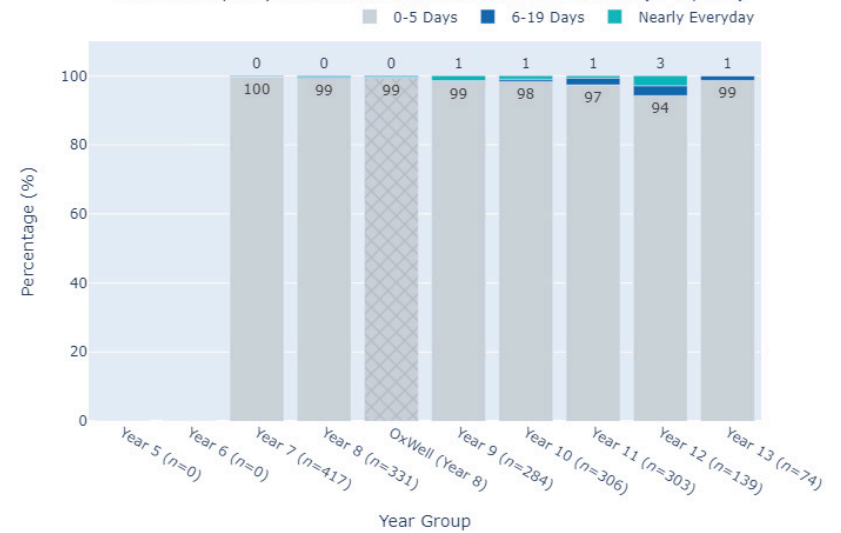
Usual Sources for Vape Products (n=242)

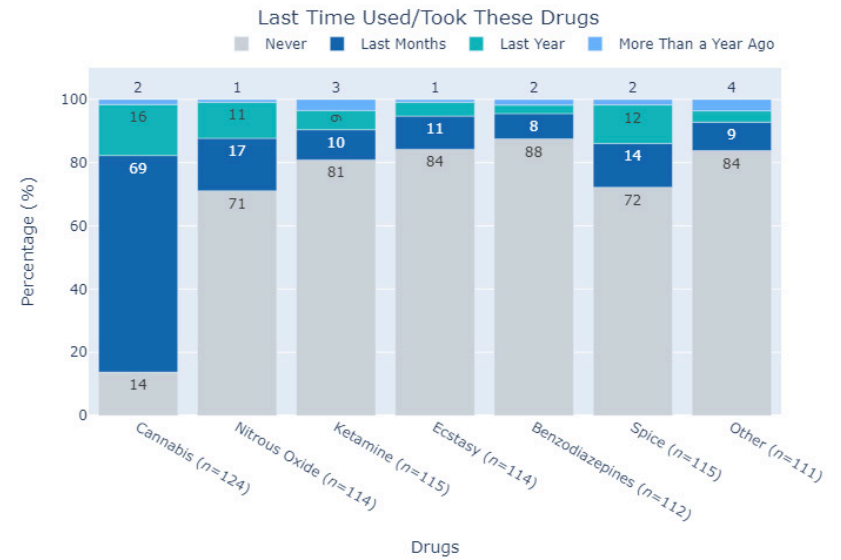
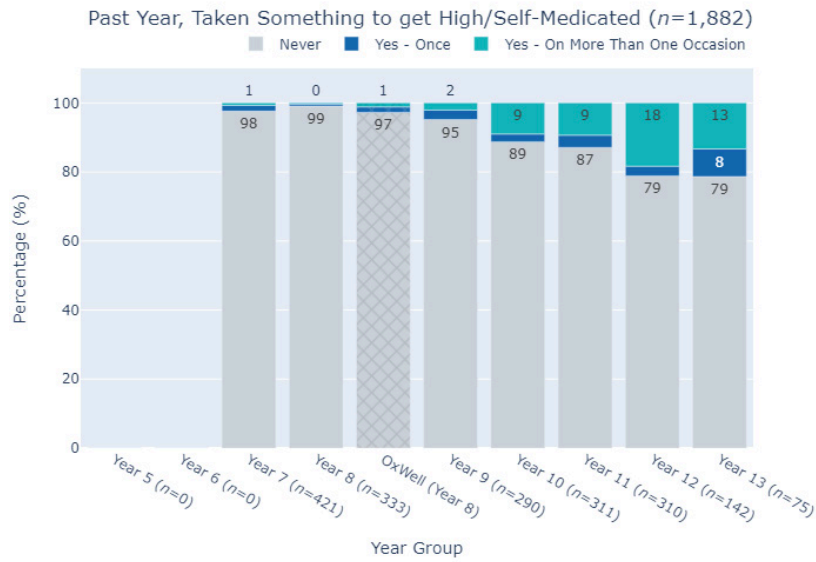


Past Month, Days Had at Least One Alcoholic Drink (n=1,866)



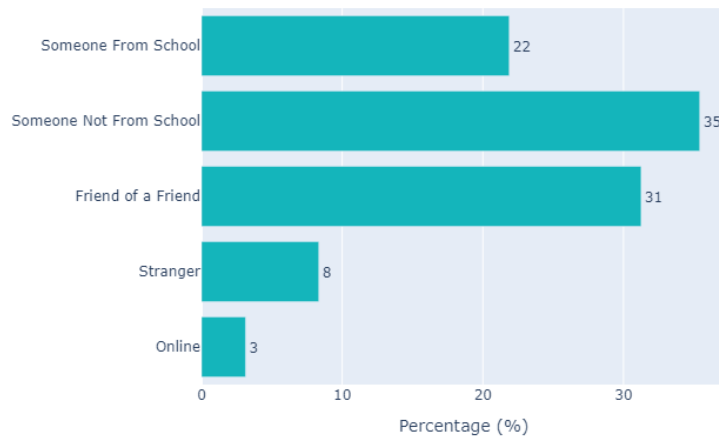
Past Month, Days Had Four or More Alcoholic Drinks (n=1,854)





79

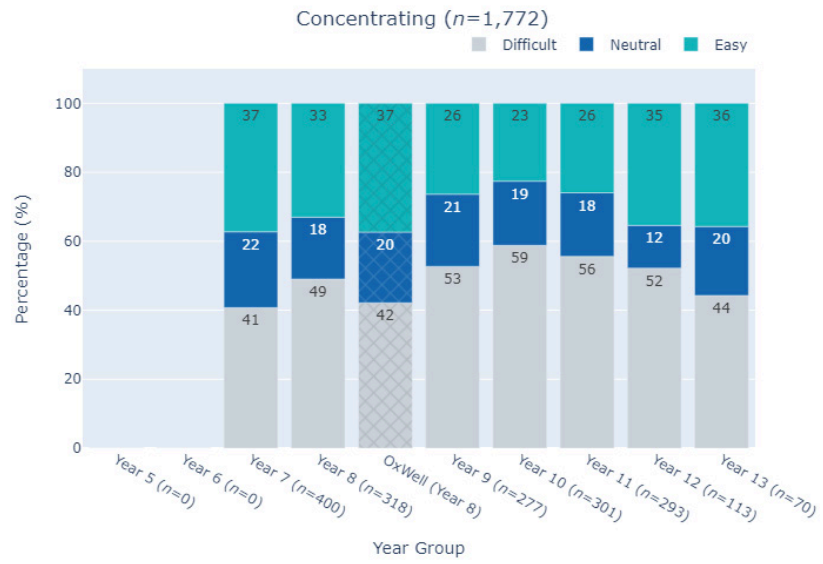
Sources of First Drugs (n=96)



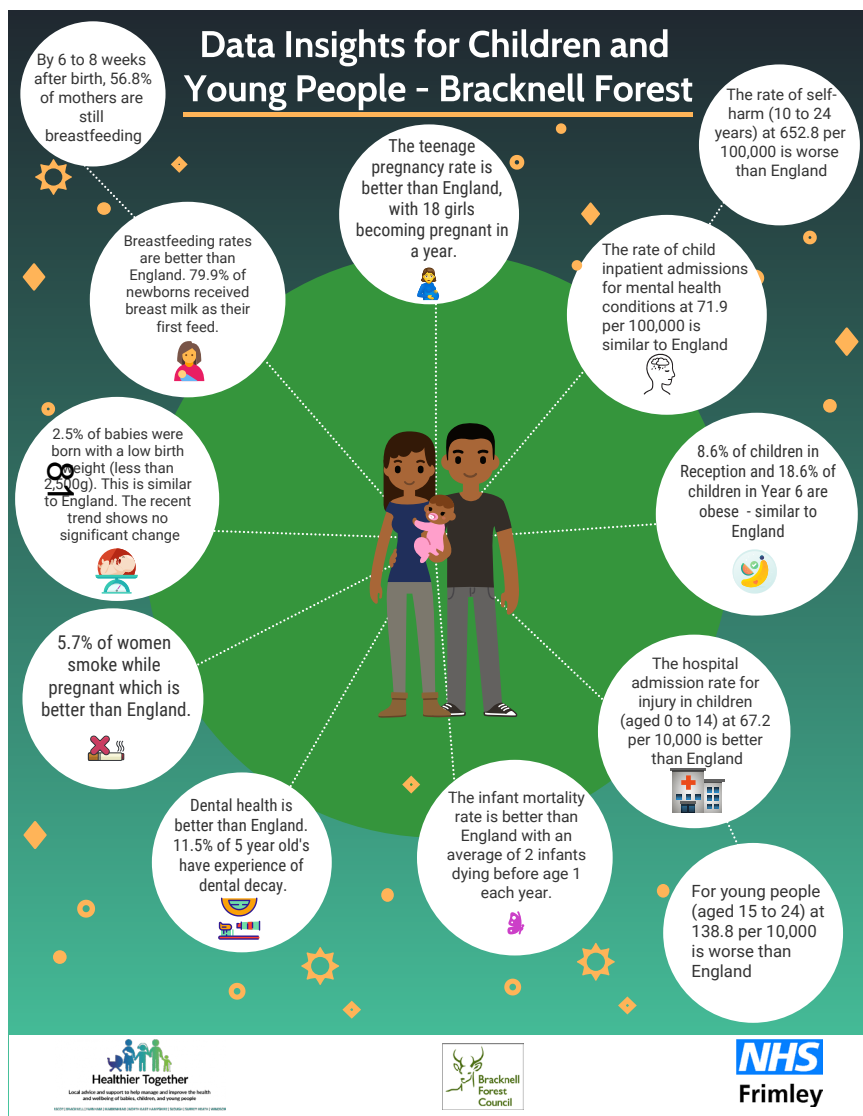
Cognition

Cognitive processes such as thinking, concentrating, and making decisions can have an impact on mental health outcomes and are asked about in the survey. Asking about how well students are concentrating can help to better understand their needs.

Student Concentration



Overall, comparing local indicators with England averages, the health and wellbeing of children in Bracknell Forest is better than England.



- The infant mortality rate is better than England with an average of 2 infants dying before age 1 each year. Recently there have been 2 child deaths (1 to 17 year olds) each year on average.
- The teenage pregnancy rate is better than England, with 18 girls becoming pregnant in a year.
- 5.7% of women smoke while pregnant which is better than England.
- Breastfeeding rates are better than England. 79.9% of newborns received breast milk as their first feed. By 6 to 8 weeks after birth, 56.8% of mothers are still breastfeeding.
- The MMR immunisation level meets recommended coverage (95%). By age 2, 95.1% of children have had one dose.
- Dental health is better than England. 11.5% of 5 year olds have experience of dental decay.
- 8.6% of children in Reception and 18.6% of children in Year 6 are obese similar to England amber in EB
- The rate of child inpatient admissions for mental health conditions at 71.9 per 100,000 is similar to England. The rate of self-harm (10 to 24 years) at 652.8 per 100,000 is worse than England.
- 2.5% of babies were born with a low birth weight (less than 2,500g). This is similar to England. The recent trend shows no significant change.
- The hospital admission rate for injury in children (aged 0 to 14) at 67.2 per 10,000 is better than England, and for young people (aged 15 to 24) at 138.8 per 10,000 is worse than England.(Source Child Health Profiles (phe.org.uk)

Our Priorities



Our framework for delivering improvements

We know that delivering changes that will improve outcomes for children and young people in the borough is hard. All of the partner organisations have a wide range of competing priorities and pressures, and limited resources to achieve them. Recognising this, we have focused this plan on the **outcomes that we collectively believe are most important** in Bracknell Forest, **and the ways of working that will deliver them.**

Priority Outcomes

These are the priority areas that are the focus of this plan. These are things that are very important to residents of the borough and to us, and that we believe we can improve through the way that we work together.



By selecting these areas we are committing that the partnership will align our work and give them additional focus during the duration of the plan. We plan to make a measurable and sustainable impact on children and young peoples lives in the borough.

Delivered
Through

How we will work together

The way that we work will be fundamental to delivering change. We have agreed a number of “enablers” that will be a golden thread through the work that we do.

These will ensure that we are rigorous, transparent and effective in our efforts. We are committed to working in partnership, including with local children and young people, and in doing so will increase our chances of success.

In the following slides we these priority outcomes and enablers. These set out the way we are thinking about each of these challenges and the key approaches that we intend to take to deliver change for local children.

Priority Outcomes

We are focusing on a small number of priority areas. These are outcomes that we believe local partners can have a significant impact if we work together effectively. They are also areas that we have collectively agreed need improvement and that will have a significant impact on local children and young people.

Tackling Health Inequalities: We are committed to drive positive change by reducing health inequalities and improving the health of Children and Young People who live, work and study in the borough. Reduce the differences in health between different groups of people. Support individuals at high risk of bad health outcomes to live healthy lives. The NHS Long Term Plan referenced an ambition that Health would focus on all children aged 0-25 to ensure a strong start in life and the resulting of CYP Transformation Programme has been prioritising improvements in childhood immunisation, long-term conditions, mental health, weight management. The Core20plus5 NHS framework outlines five key areas of Health Inequalities which are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

Stronger Support for Emotional Wellbeing and Mental Health: Children and young people are in greater need of support to their emotional wellbeing than ever before. We know that services are stretched and children are not always getting the support that they need. This is particularly challenging following the pandemic. We will work together to focus on the way that services can join together to meet the needs of children in the most effective way at all stages of their lives.

Improved life chances for Care Leavers: The support that we can provide to children who have experienced being in care is particularly important to us and to them. We know that the support we provide to care leavers can be life changing and can help them to make their way successfully in life. Working together we will ensure that we deliver outstanding support to care leavers and that we will consider their needs and their wishes in the way that we design services to support them.

Improving Services for Special Educational Needs & Disabilities: We are committed to improving local services for children with special educational needs and disabilities. We will build on progress we have made to continue to develop and enhance our support for local children to give them the best possible experiences and opportunities for the future.

Being Ambitious about Education for Employment: Supporting every child to achieve their potential throughout their education and as the transition into adulthood has been a key aspiration for the borough. It is at the heart of aim to be a “Borough of Opportunity”. Through our partnership working we will continue to strive for greater progress and to ensure that no child is left behind.

Improve Children and Young Peoples lives with good health and happiness.

We are committed to drive positive change by reducing health inequalities and improving the health of Children and Young People who live, work and study in the borough. Reduce the differences in health between different groups of people. Support individuals at high risk of bad health outcomes to

live healthy lives

The NHS Long Term Plan referenced an ambition to ensure a strong start in life for children and young people, and the resulting CYP Transformation Programme has been prioritising improvements in childhood immunisation, long-term conditions, mental health, weight management and many more, our paediatric networks are working to ensure children and young people are able to access high quality services locally.

How we will work together

Through the following enablers we intend to provide consistency and focus to our work to achieve outcomes. These are commitments to ways of working that will run through all of our work. Each of these enablers will apply in a cross-cutting way to the work of the partnership, and will also specifically relate to each of the priority outcomes (as set out in the following pages).

Collaborative partnerships and service integration: Bringing together partners to work in a seamless and joined up way is our commitment to putting children and families at the heart of our services. Helping local children is everyone's business and should not be limited to the extents of any single organisation. By **working collaboratively to create shared approaches** to our workforce, service pathways and locations.

Listening and co-production with children and families: We aim to strengthen our approach to co-production, so that the voices of children and young people are at the heart of the decisions that we make about the way that we support them. We intend to make this a golden thread that runs through all our work, as a core value and evident in all of our actions. We will use **engagement and co-production** in relation to each priority outcomes to involve children and young people in evaluating the impact of services and in designing new ways of working.

Transformation and joint commissioning: We will work together to ensure that the services across the system are aligned and coordinated. Where we commission services we will ensure sure that they reflect the needs of local children and that they are aligned to the priorities of the partners and work alongside other services. We will prioritise develop **priority actions** and transformation of services that will have the biggest impact on outcomes.

Systematic use of data and insight to support decisions: As individual agencies whether delivering or commissioning support to children we have a range of sources of data. We have improved the way that we use this data to understand performance of services and their impact on children. In delivering this plan we will enhance this further by regularly discussing **key indicators of success** for each outcome and using in-depth analysis to help us to plan and deliver improvements.

Priority 1-Outcome: Tackling Health Inequalities

Why this is a priority: Health Inequalities are ultimately about differences in the status of Children and Young People’s health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have, to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in health status, for example, life expectancy, access to care, availability of given services, quality and experience of care, levels of patient satisfaction, behavioural risks to health such as smoking rates and wider determinants of health and quality of housing. We are committed to reducing these inequalities by working with partners and data sources to have a clear understanding and required action to improve access and services as per Core20Plus5 Framework and JSNA for Bracknell Forest.

| Working collaboratively to create shared approaches: | Priority Actions: | Engagement and co-production: | Key Indicators of Success: |
|--|---|---|---|
| <p>The Frimley Children and Young Peoples Strategy</p> <p>NHS Core20Plus5 Framework NHS Long Term Plan</p> <p>Frimley ICS Children Young People Urgent Care Oversight Group.</p> <p>Local Transformation Plan</p> <p>Child Health Information Service (CHIS)</p> <p>Health and Wellbeing Strategy P1, P2 and P4 and JSNA data.</p> | <ul style="list-style-type: none"> Strengthening the clinical areas identified in CORE20plus5, Asthma, Diabetes, Epilepsy, Mental Health & Oral Health and defining plus groups. Improve school readiness for Reception and KS1 Delivering improved outcomes for Childhood Obesity and Childhood Immunisations Deep dive into UEC Admissions Improving the delivery of health visiting and school nursing offer and increase awareness Childhood Immunisations and Breastfeeding. Establish a whole-school approach to health in Bracknell Forest | <ul style="list-style-type: none"> Continue the Young Health Champions programme in Bracknell Forest and involve them in co-production and peer support Insights and intelligence from GPs/PCNs Deep Dives on data Co-production and peer support from Frimley Health Youth Board. | <ul style="list-style-type: none"> Improve attendance of pupils with respiratory conditions and reduce hospital admissions (National bundle of Care targets) Develop innovative solutions to support those with unhealthy weights to achieve and maintain health weights. Increase in offer and uptake in weight management in target populations (HWBS) Improved rate of uptake in childhood immunisation for 0–5-year-olds with a particular focus on increasing uptake in those communities where take up is currently lowest. Increased rates of breastfeeding at birth and 6–8 weeks with a particular focus on increasing rates in those communities where breastfeeding rates are currently lowest. School readiness data HNA |

Priority 2- Outcome: Stronger Support for Emotional Wellbeing & Mental Health

Why this is a priority: We recognise that children who need help and support with the emotional wellbeing are waiting too long for support, Whilst others are not able to access help that they need. Mental health problems are affecting many more children than ever before and we know that improving the help and support they receive can have a life changing impact. By making this a priority we intend to ensure that the right person is available at the right place and the right time to provide support to a child, young person or their family using the Thrive Framework an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families and mental health needs are defined by children, young people and their families, alongside professionals, through shared decision making.

| Working collaboratively to create shared approaches: | Priority Actions: | Engagement and co-production: | Key Indicators of Success: |
|---|---|--|--|
| <p>The Frimley Local Transformation Plan group oversees delivery of an ambitious strategy and action plan. CAMHS Getting Help and Getting More Help Services attend LTP.</p> <p>In Bracknell Forest, the Emotional Health and Wellbeing Network to oversees and coordinate local activity. Co-Chaired by CAMHS Getting Help and Early Help</p> <p>Our Early Help strategy is in place to create a shared approach to meeting needs across the children’s workforce.</p> | <ul style="list-style-type: none"> • Delivering improved Crisis Support (Thrive Framework) • Strengthening transition arrangements for children with mental health problems • Expanding the reach of schools based Mental Health Support Teams | <ul style="list-style-type: none"> • Continue the Young Health Champions programme in Bracknell Forest and involve them in co-production and peer support • Engaging with SILSIP (Children in Care Council) and Care Leavers Council to co-produce support for care experiences young people • Development of a Co-Production Network to support peer-engagement • CAMHS will continue to gather feedback on experiences of services | <ul style="list-style-type: none"> • % of service users showing a reliable improvement (ROMs) • Reducing waiting times for CAMHS services • Indicators on happiness and wellbeing from the ONS survey and the local survey on mental health and wellbeing of school children in Years 5-13 conducted by Oxford University (OxWell Survey) • Reduce admissions for mental health conditions for children and young people aged 10 to 19 |

Priority 3- Outcome: Improved life chances for Care Leavers

Why this is a priority: Care experienced young people face a range of obstacles to achieving success in their lives. In Bracknell Forest we recognise the important role that we have in helping to remove these obstacles and supporting care leavers to achieve their ambitions. We know that we can do more however to improve opportunities for care leavers to access education, training and employment and to improve the local offer of support available to them.

| Working collaboratively to create shared approaches: | Priority Actions: | Engagement and co-production: | Key Indicators of Success: |
|---|--|---|--|
| <p>The Corporate Parenting Advisory Panel includes local partners ensuring that we support children in care and care leavers.</p> <p>Working together with local partners we will further develop the local offer in order to support the health, safety, accommodation and employment of care leavers as they move into adulthood.</p> | <ul style="list-style-type: none"> • Enhance support for care leavers to access and succeed in higher education • Increase employment opportunities open to care leavers and their readiness to take them up • Improve mental health support offer for children in care and care leavers • Ensure that pathway planning is fully effective in supporting care leavers to achieve their potential | <ul style="list-style-type: none"> • Further develop the Care Leavers council and ensure that local partners contribute to their meetings • Increase the range of care leavers who are involved in activities and peer support • Increase co-production and the impact of care leavers on service design | <ul style="list-style-type: none"> • Increase the % of care leavers in education, training or employment • Increase the number of care leavers who attend University • Increase the number of care leavers who are employed through apprenticeships |

Priority 4- Outcome: Improving Services for Special Educational Needs & Disabilities (SEND)

Why this is a priority: Support to children with SEND has not been good enough in Bracknell Forest. A joint inspection by the CQC and Ofsted in late identified nine areas of significant weakness, and this meant that children were not receiving the right support in a timely way to meet their needs. Local partners are working together to address these failings and to ensure that in the future Bracknell Forest will be an excellent place for children with SEND to receive the support needed to succeed in education.

| Working collaboratively to create shared approaches: | Priority Actions: | Engagement and co-production: | Key Indicators of Success: |
|---|--|---|--|
| <p>Local partners are working closely together to oversee and coordinate service improvement.</p> <p>A SEND Improvement Board is working together to deliver a Written Statement of Action that outlines how service improvement will take place.</p> | <ul style="list-style-type: none"> • Developing and delivering a clear, co-produced SEND Strategy • Delivering effective therapeutic support to children with SEND • Improve transition arrangements to support young people into adulthood • Developing the Local Offer to ensure advice, support and social care is available • Establish a Strategy for Alternative Provision. | <ul style="list-style-type: none"> • Embedding co-production as a business-as-usual process within SEND services • Engaging parent carers at a strategic level in service design and delivery • Development & delivery of a Communication and Engagement charter | <ul style="list-style-type: none"> • % EHCPs completed within statutory timescales • Reducing the number of complaints about SEND support • Reducing waiting times for accessing therapeutic support • Decreasing the % of children who are educated out of borough • Reducing fixed term exclusions for children with SEND |

Priority 5- Outcome: Improving education outcomes for all pupils, including disadvantaged or vulnerable pupils, and those with SEND

Why this is a priority: Effective education is at the heart of the support that the borough can provide to every child. This means that we need to work together to meet the needs of all children, regardless of the challenges they face to succeed in education and to be ready to access employment. We are committed to ensuring equitable and improved education outcomes for all pupils. Through inclusive programmes and collaborative partnerships, we strive to unlock the full potential of every child and ensure that the gaps between disadvantaged and vulnerable pupils, or those with SEND, and their peers are significantly narrowed.

| Working collaboratively to create shared approaches: | Priority Actions: | Engagement and co-production: | Key Indicators of Success: |
|--|--|---|---|
| <p>Joint working across the People Directorate to deliver the Learning Improvement Strategy.</p> | <ul style="list-style-type: none"> Ensuring sufficiency of quality early years places for 0-5 years old Supporting effective transitions into and out of all key stages Creating an inclusive culture in schools and settings in which disadvantaged pupils and those with SEND thrive Ensuring the curriculum is matched to pupil need, including through a strong focus on reading Promoting equality, diversity and inclusion in schools | <ul style="list-style-type: none"> Engagement of key stakeholders in the development of the new Learning Improvement Strategy, including Headteachers, governors and across LA teams | <ul style="list-style-type: none"> Improved attainment for disadvantaged pupils or those with SEND at all statutory assessment points EYFS to KS5. Narrowed gap between disadvantaged pupils and their peers at all statutory assessment points EYFS to KS5. Narrowed gap in suspensions and exclusions between disadvantaged pupils or those with SEND and their peers. Narrowed gap in absence and persistent absence between disadvantaged pupils or those with SEND and their peers. 97% of schools continue to be judged good+ by Ofsted and reports reflect the inclusive culture and effective provision for disadvantaged pupils and those with SEND. Reports of incidence of discrimination are rare and are tackled decisively. Participation in school sport and physical activity continues to be high |

How We Developed The Plan

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How we developed the Plan

A refresh of Children and Young People’s Plan has been a collaborative effort. We have consulted with our many dedicated partners, parents/carers and children and young people to learn as much as possible about the needs of our children and young people, how well our services are currently meeting those needs and what system-wide changes are required to deliver the best possible support.

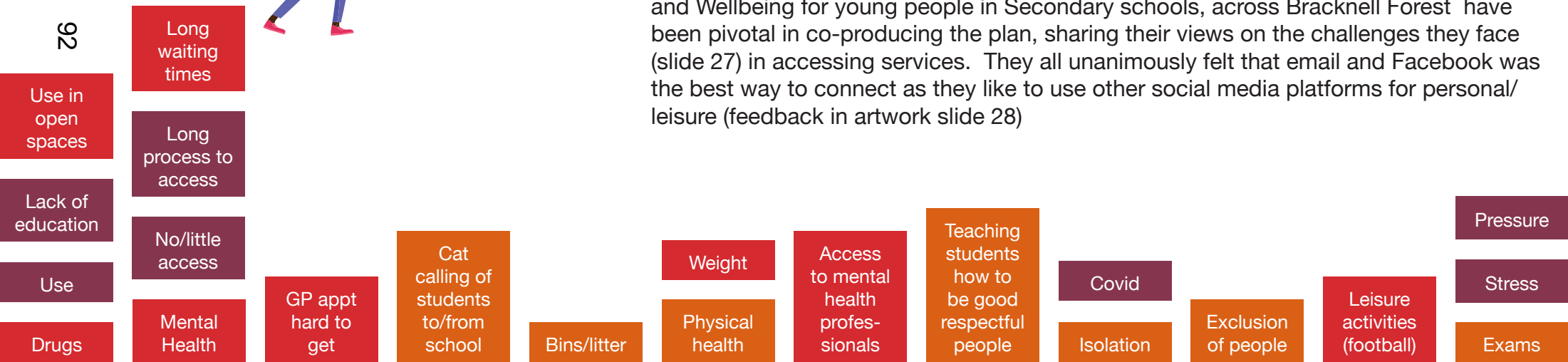


Children and Young People’s Partnership Board and Co-production

Children and Young People’s Partnership is a long-standing partnership to bring together agencies sharing responsibility for the successful delivery of outcomes and services for children across Bracknell Forest. The partnership includes representatives from the Council, NHS and community organisations and other partners which enables strategic decision making across Children Young Peoples agenda. It has supported the development of this Children and Young People’s Plan and while actively engaging with all user groups /networks to ensure their voices are heard to co-produce the plan.

Bracknell Forest Health Champions is a peer education group to promote Health and Wellbeing for young people in Secondary schools, across Bracknell Forest have been pivotal in co-producing the plan, sharing their views on the challenges they face (slide 27) in accessing services. They all unanimously felt that email and Facebook was the best way to connect as they like to use other social media platforms for personal/leisure (feedback in artwork slide 28)

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Challenges



Appendix



THRIVE Framework for System Change – 5 groups



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Abbreviations

- BFC** - Bracknell Forest Council
- CAMHS** – Child and adolescent mental health services
- CIC** – Children in care
- CNO** – Chief Nursing Officer
- CYP** – Children and young people
- EHCP** – Education, health and care plan
- EBSA** – Emotionally based school avoidance
- FE** – Further education
- ICB** Integrated Care Board
- ICP** – Integrated Care Partnership
- ICS** – Integrated Care System
- LA** – Local authorities
- LDA** – Learning disability and autism
- MHSTs** – Mental Health Support Teams in Schools
- NEET** – Not in employment, education or training
- NHS Frimley** – Frimley Health and Care Integrated Care System
- PEP** – Personal Education Plan
- PPEP Training** – Psychological perspectives in education and Primary Care
- SDQ** – Strengths and difficulties questionnaire
- SEMH** – Social, educational and mental health
- SENCo** – Special educational needs coordinator
- SEND** – Special educational needs and disabilities

Terminology

Place – in the context of BFC, ‘place’ refers to the borough, or local authority

System – the local ‘system’ encompasses all the groups/ organisations working in partnership to deliver the best possible outcomes for children and young people (including the local authority, health, education, the voluntary sector and parent/ carer or youth voice groups)

Any references to “**children**” or “**young people**” should be taken to mean any young person aged 0–18 for social care and the majority of children’s services and up to age 19 for our youth service.

We provide statutory support to care leavers up to the age of 21 and up to the age of 25 for those who want the support to continue. Support for young people who have special educational needs and disabilities is available up to the age of 25.

The NHS Long Term Plan has an ambition to selectively moving to a ‘0-25 years’ service will improve children’s experience of care, outcomes and continuity of care

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**TO: The Health and Wellbeing Board
7th December 2023**

Bracknell Forest Safeguarding Board Annual Report 2022/23

Independent Chair and Scrutineer: Bracknell Forest Safeguarding Board

1. PURPOSE OF REPORT

1.1 To present the Bracknell Forest Safeguarding Board annual report 2022/23 which has previously been approved by the Safeguarding Board.

2. RECOMMENDATION

2.1 The Health and wellbeing Board is asked to NOTE the report.

3. REASONS FOR RECOMMENDATION

3.1 The Safeguarding Board's annual report was approved on the 19th October 2023 by the Safeguarding Board

4. ALTERNATIVE OPTIONS CONSIDERED

4.1 None

5. SUPPORTING INFORMATION

5.1 The Care Act states that a Safeguarding Adult Board (SAB) must publish an annual report that must clearly state what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic plan.

5.2 It should include information about any Safeguarding Adults Reviews (SARs) that the SAB has arranged which are ongoing or have reported in the year (regardless whether they commenced in that year). The report must state what the SAB has done to act on the findings of completed SARs.

5.3 Working Together 2018 guidance states that in order to bring transparency for children, families and all practitioners about the activity undertaken, the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on Child Safeguarding Practice Reviews (CSPRs), and how effective these arrangements have been in practice.

5.4 The Safeguarding Board has previously approved the general format of its annual report. Contributions from partners have been collated and included in the report. The Annual report is published on the Bracknell Forest Safeguarding Board [website](#) and disseminated in accordance with statutory requirements.

6. ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

6.1 None

Background papers

[Bracknell Forest Safeguarding Board Annual Report 2022/23](#)

Contact for further information

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Bracknell Forest
Safeguarding Board



Bracknell Forest
SAFEGUARDING BOARD

ANNUAL REPORT

2022-2023



Bracknell Forest Safeguarding Board

Version 2

18.9.23

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1. Welcome and Reflections...

...from the Independent Chair and Scrutineer

I am pleased to introduce the Bracknell Forest Safeguarding Board 2022/23 annual report. I have briefly set out a summary of the Board challenges and work undertaken during the past year. More detailed accounts are contained within the annual report.

During the past year, the strategic focus of Bracknell Forest Safeguarding Board has been to continue to embed an ethos that supports an effective 'all-age' approach to work undertaken within the borough. At the same time the Board has maintained an oversight of the statutory requirements in respect to both children and adults, challenging partners to ensure robust local processes remain effective and keep vulnerable individuals safe.

As well as chairing the Safeguarding Board and Safeguarding Partnership, I have established routine meetings with a wide range of senior officers and have continued to receive the necessary assurances through a range of data and relevant reports.

The past year continued to be dominated by the impact of the cost-of-living crisis and the long-term impact of COVID. This has presented all partners, both statutory and within the voluntary sector, with difficult challenges.

Evidence of Effective Partnership Working

The all-age Safeguarding Board was constituted in late 2019. Soon after its commencement it was confronted with COVID-19 and, as set out in last year's report, was able to support the partners during this difficult time. This year it was important to ensure that an all-age board was working effectively and that partners continued to support the approach. To that end a peer review was commissioned.

It concluded:

"The all-age board is a welcome development with partners valuing the opportunity for working together across children's and adults' services and recognising the potential this offers for innovation and improvement."

"...The balance of attention on children's and adults' safeguarding was thought to be managed well."

The review did highlight the need to ensure that disability received the required focus and that the Board needed an improved understanding of the relationship between the Board and supporting subgroups and to

improve the performance management of the strategy. This will be a major focus of the work in the coming year.

I have continued to observe a good partnership ethos but, whilst partners continue to work together, it is evident that the pressures they all face, especially in relation to recruitment and retention, dominates discussions and remains the highest risk to effective safeguarding.

The July 2022 Bracknell Forest OFSTED report provided further independent evidence of good partnership working.

“Relationships with partners have been strengthened and improved, which has had a positive impact on the quality of referral information and early joint working.”

This inspection resulted in an ‘Outstanding’ grading which was a major achievement considering that it followed soon after the disruption of COVID-19.

However, an earlier Ofsted SEND inspection required a Written Statement of Action because of significant areas of weakness in the area's practice. Progress has been made and the Board will continue to monitor the subsequent action plan which is also subject to OFSTED oversight.

Work has continued to progress in the area of transitioning. The findings of the Task and Finish group, through an audit, hearing the voice of the child with the help of the local college and learning from Child Case reviews, has resulted in the production of an action plan and the formation of a Transitional Safeguarding Subgroup. This group will continue to progress this important area of work over the coming year.

During the year two Safeguarding forums were held:

- June 2022: Raising Awareness of Hidden Harm and Support for Carers
- November 2022: Cost of Living

They were online and well attended by staff from all agencies including the voluntary sector.

The Board's Safeguarding Partnership meetings have continued to be well attended and to be a particularly effective mechanism through which learning between agencies has taken place. Through regular meetings of this group, partners collaborated to help mitigate against the increased safeguarding risks during this period.

The Safeguarding Board's Strategic Plan 2023-26 continues to focus on the four Ps and sets out the strategic priorities for the coming year.

The Board has continued to collate information within a risk register that highlights the unique local and regional circumstances and challenges partners have collectively identified. Support for improved information sharing has been underpinned by the Memorandum of Understanding (MoU), which has continued to strengthen working between the Safeguarding Board and other local strategic partnerships:

- Health & Wellbeing Board (HWB)
- Children and Young People's Partnership (CYPP)
- Corporate Parenting Advocacy Panel (CPAP)
- Community Safety Partnership (CSP)

This has been supported by an Operational Managers' group. This approach is designed to enable improved communication between the partnership Chairs, their officers and to provide a more efficient approach that avoids unnecessary duplication. The focus of the MoU is now to identify risks that impact across all partnerships, leading to shared data and a more effective joined-up approach to these risks.

A number of adult and child reviews have been commissioned over the year leading to significant learning promoted across partners. These are set out in the report.

Partners have now been assisted by Supportive Safeguarding Learning Visits. Two have been held to date, one to support the Fire Service and one to look at a local Thames Valley Police Custody suite. Visits are supported by several partner agencies. They have found these visits to be mutually beneficial to the visited organisation and has improved the wider partnership's understanding of each other's roles and pressures. A further visit is planned for Broadmoor Hospital.

Conclusion

This report summarises the wide range of work of the Board during another difficult year. I believe, as the Scrutineer, that the partners are in a good position to continue to deliver safeguarding to the local community, both children and adults. There will be some major challenges, but these have been identified and acknowledged as potential risks.

I would therefore like to thank the many staff working across wide-ranging local services for their hard work and the additional efforts they've made.

Their responses have been outstanding and have ensured that vulnerable people in Bracknell Forest have continued to be supported.

Brian Boxall
Independent Chair and Scrutineer

2. The Structure and Purpose of the Safeguarding Board

In 2019 Bracknell Forest Council, Thames Valley Police and Frimley ICB published their multi-agency safeguarding arrangements for children, together with their plans to integrate the requirements of the Care Act to ensure an 'all age' approach to safeguarding the most vulnerable residents within the borough.

A structure to support our work (see figure below) consists of:

- a Safeguarding Board whose membership includes senior decision makers of each of the three statutory partners and who fulfil the statutory requirements in relation to safeguarding both children and adults.
- a Safeguarding Partnership whose membership includes representatives from a wide- range of local partners from statutory and non-statutory organisations.
- Local and regional subgroups and task and finish groups.



The Board has continued to develop following the merger and leads adult and children safeguarding arrangements across its locality. The Board comprises senior leads from statutory partners, has an Independent Chair and Scrutineer (ICS) and meets on a quarterly basis. There has been 100% attendance from safeguarding partners throughout the year.

All partner organisations within Bracknell Forest are expected to prioritise a safeguarding approach that promotes the values of respecting individuals' dignity, individual rights and that aims to help them feel or actually be safe.

Promoting the concept of 'safeguarding being everyone's business' is at the heart of the collaborative philosophy promoted within the work of the Board.

The partnership member organisations are currently:

| | | |
|--|---|--|
| Berkshire Healthcare NHS Foundation Trust | Frimley Clinical Commissioning Group | Representative of Faith & Belief Group |
| Berkshire Women's Aid | Frimley Health Foundation Trust | Royal Berkshire Fire and Rescue Service |
| Bracknell Forest Council | Headteacher representatives | Royal Military Academy |
| Bracknell Forest Public Health | Involve Community Services | Silva Homes |
| Bracknell Healthwatch | Look Ahead | South Central Ambulance Service |
| Bracknell & Wokingham College | National Probation Service - Bracknell | Thames Valley Police: Local Policing Area/ Protecting Vulnerable People |
| CAFCASS | Police and Crime Commissioners Office | The Ark |
| Department of Work and Pensions | Public Protection Partnership | West London Mental Health Trust |

3. How to Report Concerns

If you are worried about a vulnerable child or adult, it is important that you report your concerns to the appropriate people, as soon as possible. This will help to ensure the safety and well-being of the individual is put first.

In an emergency where there is a threat to life or serious injury **call 999**, or if you are concerned that a crime has been committed, **call 101**.

I'm worried about a child

If you're concerned about the safety and wellbeing of a child right now, you should phone:

- 01344 352005 (8:30am to 5pm, Mon-Fri)
- 01344 351999 when office is closed.

In an emergency, or if you believe a child is at immediate risk of harm call the police on 999.

Before making a referral to MASH consider if the child or young person's needs can be met by services from within your own agency, or by other professionals already working with the family. Read their [advice for professionals](#) and complete the safeguarding referral [form](#).

Early Help Pathway

Some children may require early help where their needs are not clear, or not being met. Complete this [form to request support](#).

Parents seeking behavioural, emotional or mental health support for their child should also use this referral form to request help.

If you want more information on '[what is child abuse?](#)' then the NSPCC provides information on the different types of abuse, spotting the signs and the effects of abuse.

I'm worried about an adult

If you need guidance or advice, you can call:

- Adult Social Care on 01344 351500.
- 01344 351999 when office is closed.

In an emergency, or if you believe someone is at immediate risk of harm call the police on 999.

To alert us about adult abuse, fill in this [safeguarding concern form](#).

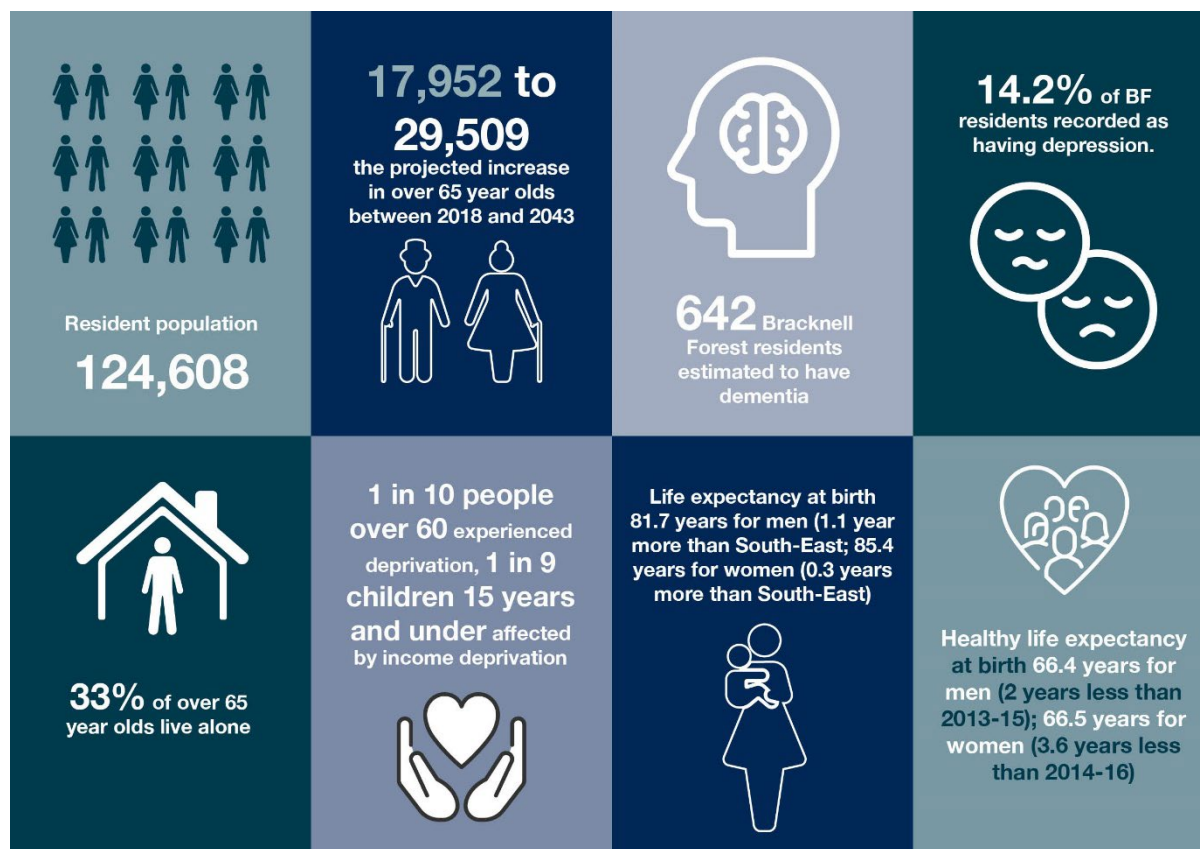
The following organisations can give more information and support:

- [AgeUK](#)
- [Berkshire Women's Aid](#)- provides support to both male and female victims of domestic abuse (call: 0118 950 4003)
- [Mind](#)
- [Public Concern at Work](#)- free confidential advice for people who have witnessed wrongdoing at their work and need advice about whistle blowing (call: 020 3117 2520)
- [Social Care Institute of Excellence](#)
- [Victims First](#)- provide free support to any victim of any crime in Berkshire, regardless of whether the crime has been reported to the police or not (call: 0300 1234 148)

4. Bracknell Forest Demographics

Bracknell Forest is a unitary authority area in Berkshire. The major urban area is situated in the centre of the borough, with the settlements of Sandhurst and Crowthorne to the south, Binfield to the north and North Ascot to the west.

Historically, Bracknell Forest has had a young population compared to the national age profile with a smaller proportion aged 50 years or older (34.7%) compared to the South-East (39.3%) and England (37.8%) but there is an increasing proportion of older people.



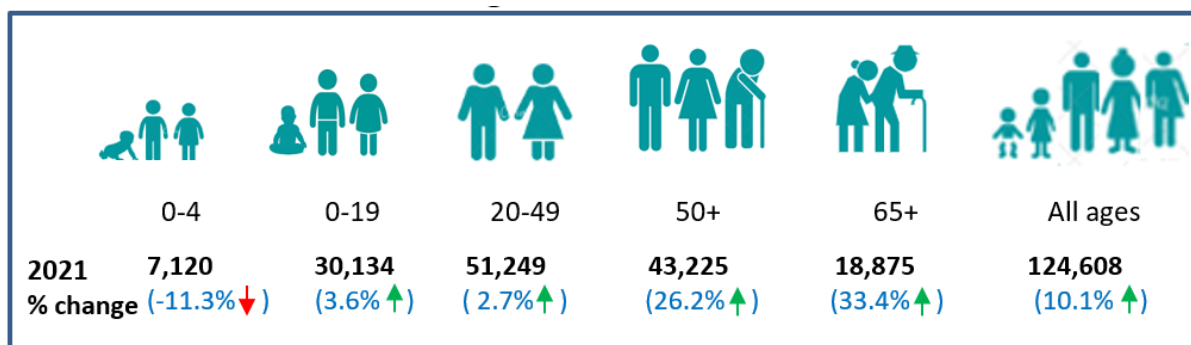
Sources for the data used are referenced below.¹

1. [Census 2021 Age by single year](#)
2. [Population projections for local authorities: Table 2 - Office for National Statistics](#)
3. [Public Health Profiles: Dementia: QOF prevalence \(all ages\) 2021/22](#)
4. [Public Health Profiles: Depression: QOF prevalence \(18+ yrs\) 2021/22](#)
5. [Public Health Profiles: Mental Health: QOF prevalence \(all ages\) 2021/22](#)
6. [Census 2021: Living arrangements by age - Household reference person](#)
7. [Public Health Profiles: Life expectancy at birth \(male, 3 yr range\) 2018-20](#)
8. [Public Health Profiles: Life expectancy at birth \(female, 3 yr range\) 2018-20](#)
9. [Public Health Profiles: Health life expectancy at birth \(male\) 2018-20](#)
10. [Public Health Profiles: Health life expectancy at birth \(female\) 2018-20](#)
11. [IMD - Income Deprivation Affecting Older People Index \(IDAOP\) - score \(%\) in Bracknell Forest](#)

Population Statistics from 2021 Census²

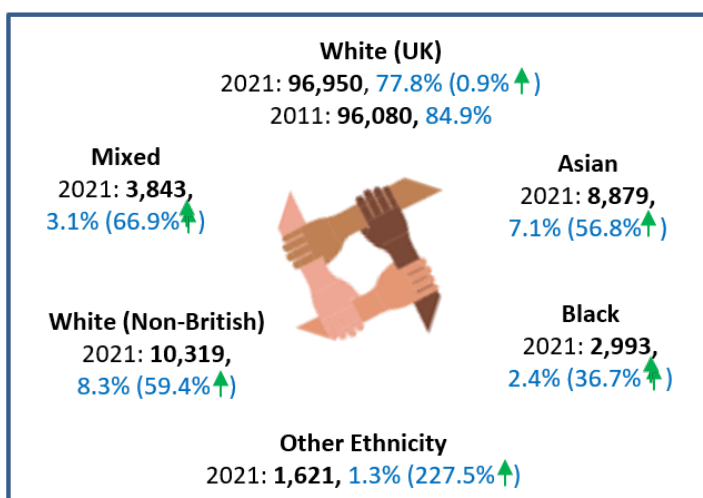
Age Distribution

There has been a 10% increase in the population in Bracknell Forest which can be seen predominately in the over 50s age groups. 0–4-year-olds have seen a decrease (11%) in their numbers.



Ethnic Composition

While the 2021 census shows there are more UK White British living in Bracknell Forest (96,950) the percentage has decreased to 77.8% (from 84.9%).



Disability (under Equality Act 2010)

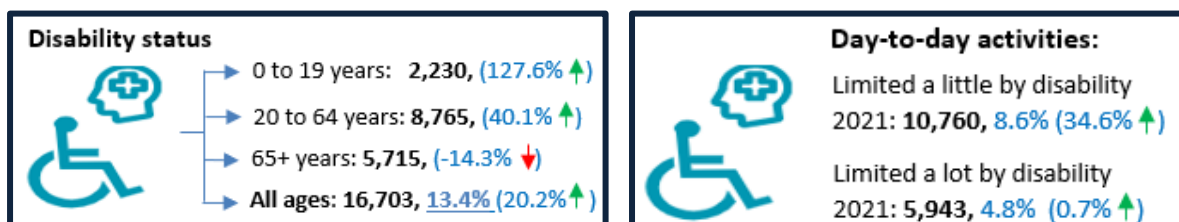
The Census 2021 changed the question people were asked to be more closely aligned to the definition of disability in the Equality Act 2010, where an individual is defined as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities.

The overall proportion of people that are disabled across England and Wales (E&W) decreased in 2021 although the number of households with at least

² Note that % **change** under age distribution and households composition refers to % **change of population size** between 2021 census and 2011 census.

one member that was disabled increased by 6.1% to 24.8 million. The census data on disability within households show that in Bracknell Forest:

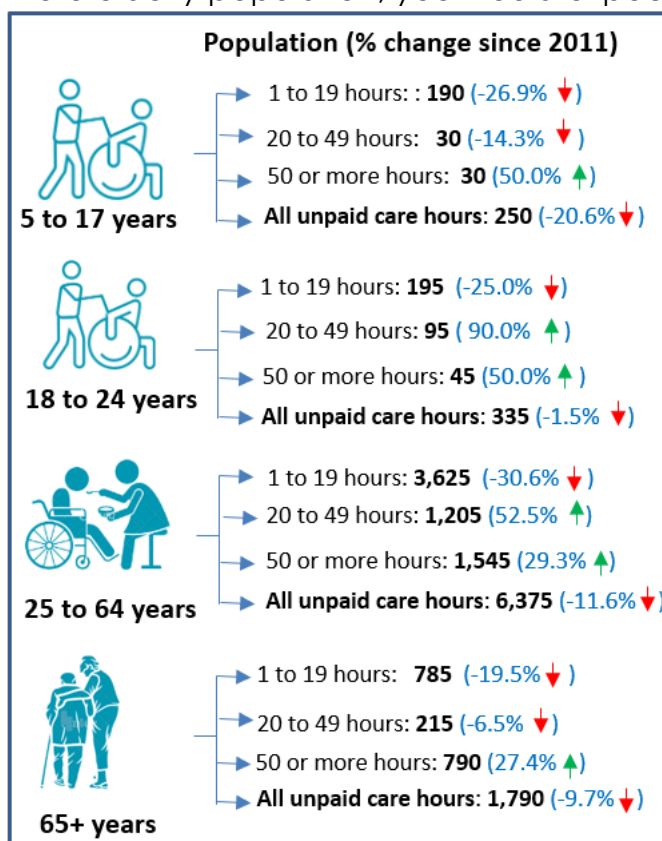
- in 74% of households, no people are disabled (compared to 68.0% E&W)
- 21% of households include one disabled member (compared to 25.4% E&W)
- in the remaining 5% of households, two or more people are disabled within the household (compared to 6.6% E&W)



Provision of unpaid care by age and hours

The Census 2021 results included data about unpaid carers. Unpaid carers are people who look after, or give any help or support to, anyone with long-term physical or mental health conditions or illnesses. They could also offer support to anyone with problems related to old age, excluding anything they do as part of paid employment.

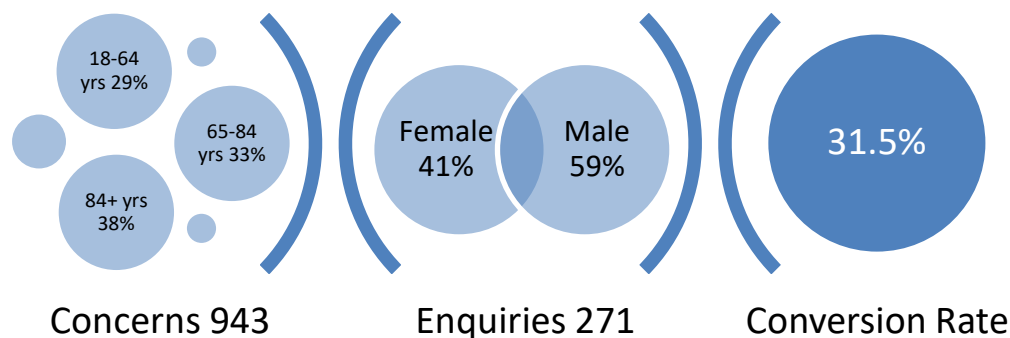
The provision of unpaid care is closely related to the age of a population. In a more elderly population, you would expect more unpaid care provision.



5. Safeguarding Activity

Safeguarding Adults Data 2022-23

A safeguarding concern is any issue raised with Adult Social Services, which is identified as being about an adult safeguarding matter. If the concern meets the criteria for safeguarding (as defined by the Care Act 2014), a Section 42 Enquiry¹ is raised, which involves fuller investigation and formal intervention.

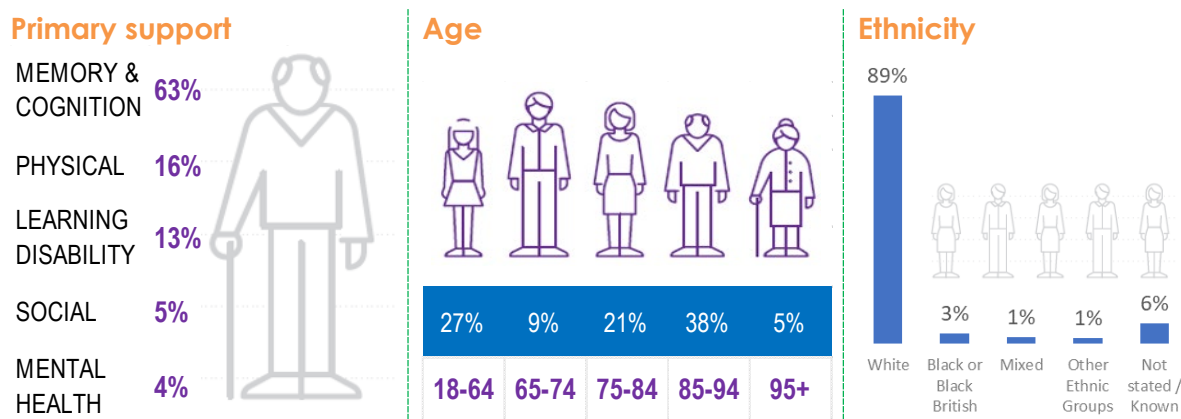


During the period of 2022 - 2023, there were 943 reported concerns of abuse, which represents a 4.8% increase compared to the previous year (902).

The number of enquiries that commenced under Section 42 during the year experienced a substantial increase from 108 to 271, representing a significant rise of 151% from the previous year.

During the same period a total of 638 individuals were involved in Safeguarding Concerns. 224 individuals were specifically involved in Section 42 Safeguarding Enquiries, while 25 individuals were involved in other safeguarding enquiries.

Reasons and characteristics of those involved in Safeguarding Enquiries:



¹ <https://www.berkshiresafeguardingadults.co.uk/bracknell/procedures?procl=1439>

73% of Safeguarding Enquiries related to people aged over 65 and 27% relate to working age adults (18-64).

89% of Safeguarding Enquiries involved people who identified themselves as White and 5% related to people who identified themselves as being part of the Black, Asian and Minority Ethnic (BAME) population. This is an increase from last year, when 5% of people indicated they were from the BAME community and is closer aligned to the 2011 Census. In 6% of cases ethnicity was refused, not known or not stated.

For comparison, the total number of Safeguarding Concerns per 100,000 adults for England (2021-22) was 1,218 and in Bracknell Forest (2022-23) was 975. The total number of section 42 enquiries per 100,000 adults was 364 in England (2021-22) whereas in Bracknell Forest it was 280 (2022-23).

The most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 49%, followed by Physical Abuse and Self-neglect.

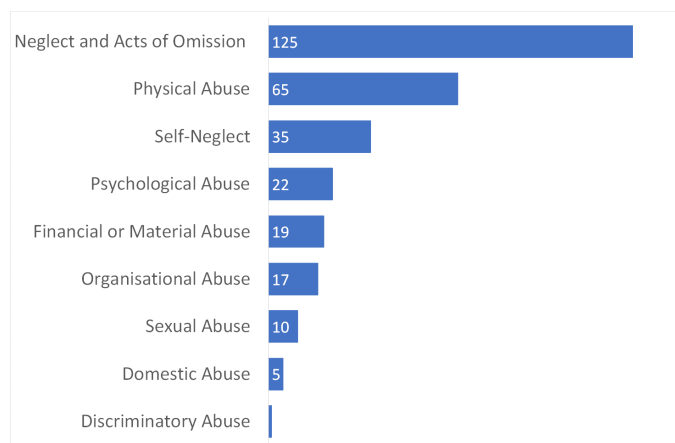


Figure 1 Concluded Enquiries by Abuse Type 2022-23

The majority of risks were located in their own home (40%), followed by residential homes. Where a risk was identified, 96% was reduced or removed.

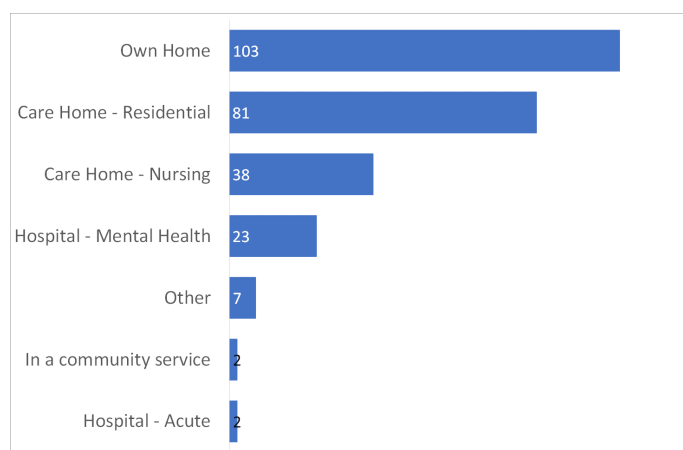


Figure 2 Concluded Enquiries by Location 2022-23

34% of concluded enquiries found the person at risk had lacked mental capacity, of these 84% had support provided by an advocate, family or friend.

In 42% of concluded Safeguarding Enquiries, the person at risk was asked and expressed what their desired outcomes were. Of these, 92% had their outcomes fully or partially achieved in the safeguarding enquiry. In 21% of concluded Safeguarding Enquiries, the person at risk was asked but did not express what their desired outcomes were.

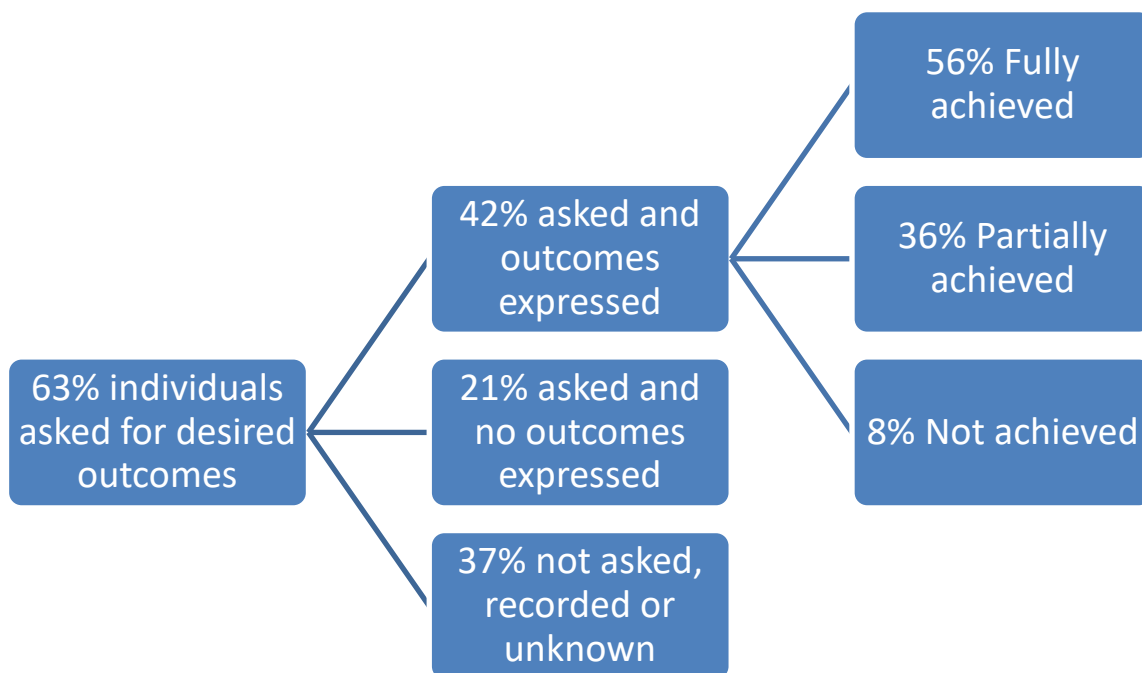


Figure 3 Desired Outcomes for Concluded S42 Safeguarding Enquiries



Safeguarding Children Data 2022-23

1. Early Help Services

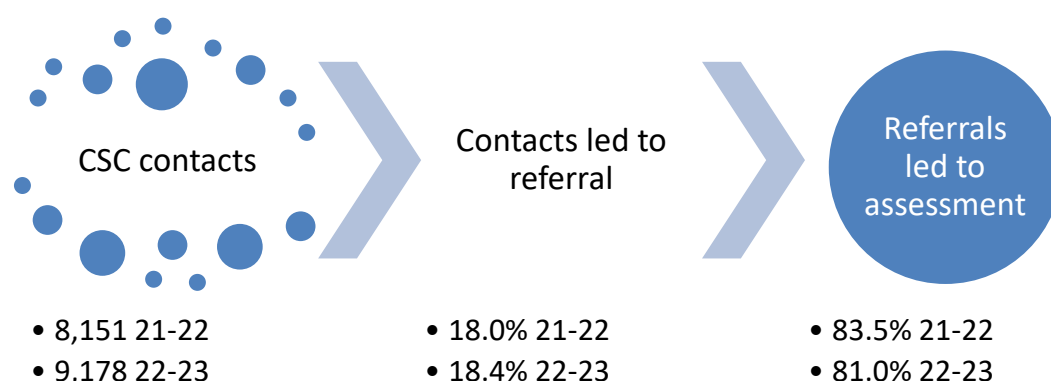
Between 1 April 2022 and 31 March 2023, Bracknell Forest had 1823 children referred to Early Help, which equates to 894 families. This is a 13% increase from the previous year (2021-2022). Schools are consistently the largest referrer at 36% which highlights their understanding of thresholds.

Early Help now have a more robust triage system in place when a family is referred, with a member of staff working as a full time Duty Early Help Professional. The Early Help triage system has been further refined to include a RAG rating and risk assessment which is applied to all families at point of referral. This ensured families were offered the correct support at the right time and significantly reduced the waiting list for family work.

The Early Help duty system is effective; this has been highlighted by a reduction in the percentage of Early Help referrals progressing to Early Help assessments (from 59% to 44%) and a 14% increase of families signposted to more appropriate services (from 20% to 34%).

2. Children in need of protection

There has been a sustained increase in initial contacts to Children's Social Care with 9,178 in 2022-23, an increase of 13% from the previous year (21-22) and 24% increase from the year before that (20-21). Less than a fifth of contacts led to a referral but from those 81% led to an assessment. There is work taking place to make the thresholds guidance clearer, audit the quality of contacts and referrals and rejuvenate the Early Help Assessment to ensure that we continue to deliver right services at the right time for the right children. The top referrers came from schools (29%), the police (23%) and local authority services such as adult social care (20%)



Nearly a quarter (23%) of referrals had a previous referral within the last 12 months compared to 19% the previous year.

Children subject to a Child Protection Plan

There were 158 children with a child protection (CP) plan at the end of March 2023 which is the same as March 2021 but lower than March 2022 (185). The reduction

was seen predominately for those recorded as needing protection from emotional abuse. The rate per 10,000 children was higher in Bracknell Forest (53.9 in Mar-23) compared to the national (42.1 Mar-22) and South-East (43.1 Mar-22).

There were more boys subject to a CP Plan across all age groups except for 16+ where there are slightly more girls. Many of the older children are known to MACE panel and profiling of this cohort takes place within this work.

The majority of children subject to a CP Plan are White British (88%) which is higher than the national figure (73% Mar-22). It is important that training for all organisations continues to promote the identification of children across all ethnic groups.

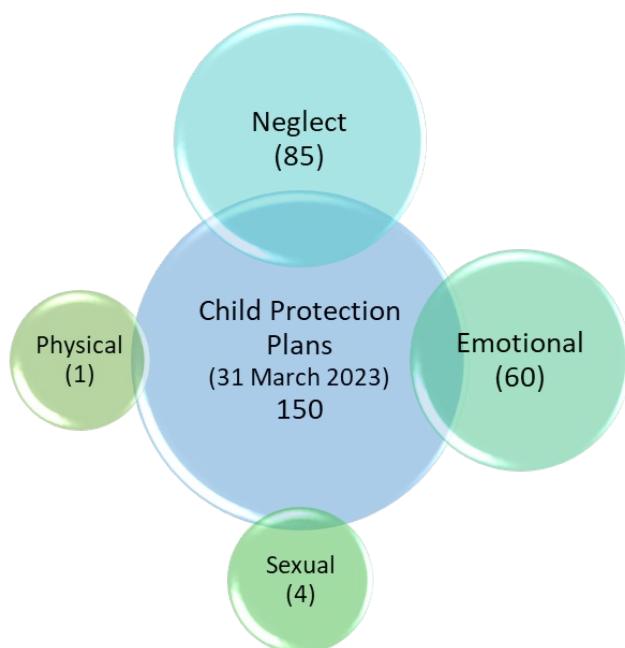


Figure 4 Children subject to protection plans by abuse type.

Children Looked After

There were 84 children who became looked after during 2022-23 and at the end of March 2023 there were 157 children looked after. This compares to 137 the previous year. The increase has been mainly in adolescent males and Unaccompanied Asylum-Seeking Children through the mandatory National Transfer Scheme. The rate per 10,000 remains lower than the national and South-East averages.

A high proportion of children looked after are of a white background (73%) but is becoming more diverse.

Placement stability is an important part of ensuring that care is a positive experience for children looked after and key if they are to recover from the trauma they have experienced prior to coming into care. Outcomes for children are generally better when they have stability and the aspiration is for children to move placements as infrequently as possible as this can impact upon their educational achievements, peer relationships and their access to services. Long term placement stability has

increased in Bracknell Forest (65% compared to 63.5% previous year)² although some children (11.5%) in Bracknell Forest had multiple moves³. Some of the reasons for a placement change include:

- children stepping down from residential to live within a family environment of foster care.
- moving to live with adopters.
- moving to long term foster care.
- needing to move in line with their care plan.
- gang activity, missing episodes and county lines (as a move may be needed to manage the risk factors although this affects a small number of children).

Where a placement move is unavoidable, multi-agency discussions take place at the various Life Chances Team meetings to ensure support is in place from the most appropriate person.

There were three children recorded as being privately fostered at the of March 2023 compared with one the previous year. The local authority has effective systems in place to monitor those in these arrangements, and there is ongoing work with partner agencies to ensure that notifications are made. The annual report was completed and presented to the Safeguarding Board.



² Calculated by taking the number of children under 16 who have been looked after for at least 2.5 years (30 months) and have been in the current placement for at least 2 years (24 months) divided by the number of children under 16 who have been looked after for at least 2.5 years (30 months).

³ 3 or more placements during the year.

6. Learning from Reviews

The Case Review subgroup (CRSG) meets on a quarterly basis, with the co-Chairs also engaged in additional routine management meetings to oversee the progress of cases. The focus of the CRSG has been to ensure that all the requirements of the regulations in respect of [Rapid Reviews](#), [Safeguarding Adult Reviews](#) and [Local Child Safeguarding Practice Reviews](#) are fully met. Where cases do not meet the threshold for a statutory review, members of the panel are able to recommend partners engage in single agency activities and/or consider the merits of joint learning approaches. These seek to identify areas of good practice/effective systems as well as areas requiring improvement.

During 2022-23 the Board continued to refine its 'all-age' Rapid Review (RR) process to offer an effective response that enables partners to share learning swiftly and also an understanding of the adequacy of their safeguarding responses. While it is understood that organisations may be required to undertake internal enquiries following significant incidents, the Board has clarified its expectation that under such circumstances they must not delay the notification of RRs. In addition to the steps taken to strengthen our local RR responses, the Board's Business Unit has worked to help facilitate a Task and Finish group that explored the feasibility of a pan-Berkshire process to ensure a consistent approach being undertaken across the region. This remains work in progress.

During the year, a total of seven rapid reviews were conducted and considered learning in respect of both children and adults.

The CRSG has continued to ensure learning is shared directly with designated staff located within lead agencies and through the work of the Board's Learning and Development Forum (BFLDF), a wider range of partner organisations engaged in the dissemination of key messages emerging from reviews.

In addition, the specific learning from each review undertaken is made available to members of the public via the [Board's website](#), with targeted learning events held online in order that a wider professional audience is able to be engaged in helping further disseminate learning. Where appropriate, reports are shared via the [NSPCC portal](#) and the [National SAR Library](#). To support the onward promotion of findings from the reviews undertaken, the Business Unit has ensured that a dedicated learning brief is provided to attendees and is available on the Board's [website](#).

Safeguarding Adult Reviews

During 2022/23 Bracknell Forest Safeguarding Board completed two Safeguarding Adult Reviews as required under [section 44 Care Act 2014](#).

The following cases were completed during this period and due to concerns for the wellbeing of family members the Board decided that they should both be published anonymously. As a result, the summaries below have been restricted in detail.

Case 1 involved the tragic death of a young woman who was in receipt of a range of services and who had been the subject of safeguarding measures at different points during her childhood. Prior to her death, the young woman took a very large number of prescribed drugs, probably with the intent of taking her own life. The review noted that she had taken overdoses on several occasions and attempted to end her own life on a number of other occasions. As a child she reported she had been sexually assaulted and over time went on to make further allegations of other sexual assaults. She subsequently began to self-harm, reported hearing voices and was later detained by police. By the time of her death she had been detained on several occasions. It was noted that she went on to report physical health complaints that required medical/hospital treatment. In the coming years she experienced numerous changes of placement/address.

The review made the following recommendations, which are subject to on-going implementation:

- The continued development of foster placements which can provide a comprehensive and tenacious service to children and young people who have experienced complex trauma.
- The improvement of policy and practice in relation to managing the risk of harm and safeguarding of young people who are transitioning into adulthood.
- The development of alternative practice approaches to adults at risk of harm where there are concerns about the adult's ability to make decisions when they have experienced complex trauma.
- The strengthening of procedures that address the needs of young people with complex trauma histories can be prioritised and given greater consideration.



Case 2 involved the significant injury to a woman perpetrated by her partner in their home at a time when their children were present. The attack was prolonged and life-threatening. The review identified that such violence and coercive control had been a longstanding feature of her marriage. It was also noted that her husband had previously been convicted of offences against children.

The review made the following recommendations, which are subject to on-going implementation:

- Training on safeguarding adults and the multi-agency Risk Framework should be provided to relevant practitioners.
- Agencies to review their guidance on professional curiosity.
- A multi-agency audit should examine safeguarding referrals to the Local Authority and the use of the multi-agency Risk Framework.

In summary, both of the above reviews have helped highlight the importance of the following issues:

- Long term exposure to violence within the family.
- Impact of substance misuse and associated criminality.
- Effects of pandemic on individuals and service provision.
- Effects of long-term trauma resulting in serious mental ill-health.
- Oversight of medications prescribed.
- Vulnerability of care leavers during transition from children to adults' services.

Local Child Safeguarding Practice Reviews (LCSPRs)

[Working Together 2018](#) sets out the statutory requirements for practice reviews and also highlights the learning that can be achieved through an initial analysis of cases that may not meet the requirements for a formal LCSPR. During the period covered by this report the Bracknell Forest Safeguarding Board (BFSB) completed one LCSPR (see Case 1 below for details) and commissioned one other. In addition, BFSB commissioned a substantial Local Learning Review involving several children/young people. This review is on-going, and details will be reported within the Board's annual report 2023/24.

The following case was completed during this period and due to concerns for the wellbeing of family members the Board decided that it should be published anonymously. As a result, the summary below has been restricted in detail.

Case 1 involved a number of children who witnessed serious domestic abuse perpetrated by their father. At the time of the attack, the children were subject to child protection plans and since their birth had been known to safeguarding services.

The following recommendations are subject to on-going implementation:

- Coercive control should feature as a significant area within training provided to practitioners.
- Consideration should be given by practitioners to the role and use of the advocacy service.
- A multi-agency audit should be conducted to ensure robust arrangements for managing safeguarding adult referrals.
- Relevant professionals receive training on safeguarding adults' procedures and the use of the Multi-agency Risk Framework.
- Substance misuse services should review structures to ensure they are sensitive to issues of gender.

Feedback on learning from partner organisations

Although not directly linked to the above reviews, the following partner organisations have demonstrated how they have implemented important learning into their work.

- Berkshire Healthcare Foundation Trust have increased their awareness of the multi-agency risk framework tool and improved recording of carers. New staff must do clinical risk training and staff are encouraged to discuss complex cases.
- Bracknell Forest Council holds learning events and engagement in relation to serious case reviews – ensuring opportunities for dissemination of learning and opportunities for practitioners to reflect. They have also made specific changes to practice and services.
- CAFCASS described their internal process which alerts senior leaders to incidents relating to families to whom they are working with or recently involved.
- Silva Homes have tightened procedures around reporting of domestic abuse and introduced mandatory training for housing officers in this area.
- The Ark Trust made Unconscious Bias training mandatory for all volunteers, as it is for staff.
- Involve Community Services have promoted activities and primary messaging from the Board.

- National Probation Service have implemented changes as a result of learning from their reviews such as DA and child safeguarding checks.

Some partners are incorporating learning from a much wider area:

- The West London NHS Trust run a monthly meeting that carefully reviews the progress of actions from reviews and subsequent practice changes are then incorporated and disseminated.
- Frimley NHS ICB have been involved in an increasing number of reviews across the ICS area and learning has been disseminated across a wide number of themes.
- SCAS incorporate learning from 24 LAs and Boards into their policies, practices and processes. They have been working to develop staff knowledge around the bruising protocol and unexplained injuries, including a detailed training package.
- TVP officers have received additional training days.
- FHFT detail how they have contributed to Berkshire Partnership Boards.

Through the work of the CRSG the Board has strengthened its monitoring of the actions allocated to partners in order that the findings from reviews result in long-term improvements. Further work is in progress to consolidate this with the work of the Quality Assurance Subgroup. With the support of the Independent Chair and Scrutineer, there will an increased focus on the impact of these activities.

7. What have we done to support our strategy?

During 2019/20 the Safeguarding Board developed its [strategic plan for 2020 - 2023](#). Progress against the action plan is contained in Appendix 1.

The plan adopts a systems approach to ensure approaches to statutory safeguarding responsibilities and is underpinned by the following strands:



The overarching strategic direction for 2020 – 2023 is:

“Working together, and as individual partners, we will quickly identify, understand, prioritise and respond to risks and issues arising throughout our local community, particularly those caused or intensified by the impact of Covid 19 and the increased cost of living, as captured in the Board’s risk register.”

Oversight of the plan is provided by the Board and Partnership and subject to scrutiny by the ICS.

Partner Contributions to the Strategic Plan

Partners were asked how their safeguarding policies contributed to the Board’s Strategic Plan (see full responses in appendix 2):

- Berkshire Healthcare (BHFT) engaged in multi-agency working groups and sent senior representation to the Board to ensure strong partnership working. The Trust run on-call advice lines for staff for both safeguarding children and safeguarding adults to ensure staff have quick access to advice.

- Bracknell Forest Council make a key contribution to the Strategic Plan. They describe partnership working as being at the centre of their approach, including many services that are integrated and have co-located teams. All services are working towards being proactive to reduce any safeguarding concerns that are often encountered. All services are strengthening their safety culture to empower staff, people with lived experiences and families to raise any safety concern without fear or blame. They continue to promote a Safety culture by learning from and reviewing feedback from people with lived experiences, safeguarding, serious incidents, and complaints.
- CAFCASS described their safeguarding policy and strategic risks including growing caseloads, retention and recruitment issues and maintaining quality of work with children.
- FHFT have given details of their safeguarding commitment including a Safeguarding Exec Group which aims to ensure that systems and processes are in place to safeguard vulnerable patients.
- Frimley NHS ICB – their priorities match the Board's 4Ps. They have described the workstreams that have contributed to improvements i.e MCA, campaigns, community safety, work with care home and domiciliary providers, training.
- Involve continues to promote safeguarding messages to its sector partners and provides an increased number of safeguarding training sessions.
- National Probation Service have implemented system to track child safeguarding enquiries to inform their assessment and risk of harm to others.
- SCAS describes its work in each of the 4Ps such as increasing its safeguarding team to build relationships with Boards, engaging in a broad range of preventative activities, and training program.
- Silva Homes also describe their work under the 4Ps such as regular attendance at our Partnership meetings, MARAC, CSP and CP meetings, implementing audit recommendations and training.
- The Ark Trust run programmes of prevention activities, working with BU to capture voice of the adults with care and support needs, work with partner organisations to deliver joined up services and promote safeguarding campaigns.
- TVP (LPA) have problem solving team with safeguarding officers that work in partnership. They have a safeguarding toolkit /flowchart to address inconsistencies across LPAs. They have exploitation hub for advice.

8. Activities of the Board and its Subgroups



Safeguarding Board

- Assurance received:
 - from TVP regarding local responses made to Child Q National Review and strip searches – status in Bracknell Forest.
 - From TVP regarding Police attendance at CP strategy meetings.
 - from the CCG regarding the Ockendon review recommendations for maternity services.
- The Board approved:
 - the Pan Berks Allegations Management Framework (Adults).
 - the Annual Report for 2021-2022.
 - Terms of Reference and Constitution for Bracknell Forest Safeguarding Board and Safeguarding Partnership were reviewed and updated.
- Themed discussions were held on:
 - Exploitation & serious violence.
 - The impact of Covid-19.
- Received regular updates from:
 - The Case Review, Quality Assurance and Communication, Engagement & Prevention subgroups and monitored their work.
 - Those responsible for overseeing the SEND action plan following an Ofsted inspection.
 - Those responsible for overseeing the SCAS improvement plan.
 - Board partners.
- Were informed of:
 - from Early Help Partnership's strategy.
 - regarding CQC LA assurance framework.
 - The Ofsted inspection and judgement of CSC.

- The National Safeguarding Panel's updates in response to the National review on children with disabilities and complex needs and received assurance regarding children placed outside of BF.
- Care Governance concerns regarding two care homes and one GP practice in Bracknell Forest.
- Took part in a peer review of the work of the Board and following its report formulated an action plan for necessary improvements following the report.
- The Board met quarterly.

Safeguarding Partnership

- Themed discussions were held on:
 - Neglect
 - "How will we ensure partners work effectively together to develop mutual understanding of each other's roles and functions?"
 - Evaluating partners' work to prevent harm and offer of early help.
 - Contextual safeguarding.
 - LPS & MCA, following a presentation from Frimley ICB and local authority.
- Received regular updates from the Board that included details of work undertaken by
 - The Case Review, Quality Assurance and Communication, Engagement & Prevention subgroups.
 - Partner agencies current campaigns being undertaken/planned.
 - 'Prevent'.
- Presentations providing assurance / information sharing:
 - CAFCASS and how feedback is received from children.
 - Healthwatch regarding their Annual Report.
 - CQC on the 'State of Care' report.
 - CAFCASS about the work taking place linked to learning from case reviews.
- Informed all members of the Pan Berks Allegations Management Framework.
- Regular review and updating of the Risk register.
- Met every six weeks.

Case Review Subgroup

- Monitored action plans for six reviews.

- Undertook one local learning review.
- Produced learning briefs and held learning events linked to completed reviews.
- Provided three learning sessions on Fabricated, Induced Illness (FII).
- Provided learning sessions on 'Contributing to a review'.
- Reviewed the work of the subgroup against the SCIE Quality Markers.
- Met quarterly.

For further, more detailed information on case reviews and the work of the CRSG undertaken during the year please see section 6.

Communication, Engagement and Prevention (CEP) Subgroup

- Worked with partners to support and promote the carers' project – to capture voices and lived experience.
- Continued to seek and establish links with under-represented communities in Bracknell Forest.
- Promotion of 'What good looks like' leaflets.
- Promoting safeguarding risk and referral routes.
- Maintained communication networks and social media posts.
- Organised and ran two Safeguarding forums – 'Hidden harm and safeguarding support for carers' and 'Safeguarding risks in a cost-of-living crisis'.
- Produced newsletters.
- Supporting local safeguarding campaigns.
- Begun work on revised Safeguarding Board website.

Quality Assurance (QA) Subgroup

- Monitored action plan following review of quality of safeguarding referrals and concerns.
- Received presentations from partners on their QA processes.
- Analysed the annual adult self-assessment returns from partners.
- Agreed the QA framework.
- Analysed data from core safeguarding pathways for children and adults.
- Undertook multiagency audit of transitional safeguarding cases.
- Supported the work to merge the annual adult self-assessment into the pan Berks S11 process.
- Undertook supported learning visit to TVP custody suite.

- Began work on the Performance Framework to address peer review recommendations.
- Met quarterly.

Transitional Safeguarding Task and Finish Group

- Received case studies and “lived experiences” of people.
- Created an action plan to address recommendations of the transitional safeguarding multi agency audit.
- Researched partners approaches to transitional safeguarding.
- Decision made to make this a substantive subgroup.

Training and Professional Development Forum

- Continued to act as a forum to support partners safeguarding training.
- Received presentations on partner safeguarding training programmes Including support provided to staff affected by issues discussed.
- Held discussions on approaches to evaluating impact of training.
- Facilitated discussions on how case review learning could be incorporated into training programmes.
- Decision made to make a substantive subgroup.

9. Peer Review

A peer review of the all-age Safeguarding Board arrangements took place during 2022/3 to evaluate the effectiveness of the approach, the impact of the Board, and identify opportunities for improvement. The methodology included a desktop review of relevant documents, online meetings with all BFSB Board members, subgroup chairs and the Business Unit, observation of both a Board and Safeguarding Partnership meeting and email invitations to all partners to provide written feedback directly to the reviewer to a short list of SWOT based questions.



The findings of the review were:

- The all-age board is a welcome development with partners valuing the opportunity for working together across children's and adults' services and recognising the potential this offers for innovation and improvement. Overall, all-age focus was seen as 'the right thing to do'.
- The Independent Chair and Business Unit received widespread praise for their support to partners and in progressing the all-age board. The balance of attention on children's and adults' safeguarding was thought to be managed well. Of more concern was the breadth of the scope, now meaning that some areas across all ages may not get the required focus, notably disability and mental health safeguarding issues.
- Partners were keen to make sure that BFSB continues to improve its reach in terms of diversity and attention to issues of equality.
- The area which was the focus of most concern and questions related to performance management of the strategy and to the links between the architecture of BFSB groups and their respective roles in the shaping, delivery and assurance of the strategy.
- As demand pressures grow across all services, with resulting impacts on workforce and budgets, partners were acutely aware of the need to be able to evidence the value of the partnership and to ensure that the purpose and desired outcomes of all meetings and work was clear and measurable.

'The All-age Board was seen as 'the right thing to do'

An action plan has been implemented to address the recommendations of the peer review:

- In reviewing the new strategy, to ensure that disability, mental health and diversity issues are represented as areas of priority and that there is evidence of co-production in developing focus, aims and desired outcomes.
- The all-age board is well placed to take a regional and national lead now in areas such as transitional and contextual safeguarding. Partners should identify how to now build on their successful foundation of bringing together the children's and adults' partnerships by assuring, evidencing and communicating the implementation of learning from shared case reviews to reshape local service delivery for improved outcomes.
- Partners should review BFSB's performance framework to ensure that strategy, delivery, assurance and outcomes are understood and visible to all.
- Review and clarify the respective roles, responsibilities and communication channels between Board, Partnership and subgroups in shaping, delivering and assuring strategic aims. Consider holding strategy and assurance workshops together to improve understanding and ownership of the work.
- Review the funding of the Board, in order to ensure that ambitions for priorities in local partnership working for safeguarding can be maintained and sustained.
- Through the Communications, Engagement and Prevention subgroup, identify a wider range of tools, such as greater use of social media, for more inclusive communication to all areas of both the workforce and community.

The impact of the work to address the recommendations will be reported in next year's annual report.

10. Communication, Safeguarding Events and Training

The Business Unit shared communications to partners by newsletters, social media and emails via the Communications, Engagement and Prevention (CEP) Subgroup highlighting:

- Local campaigns
 - Water Safety
 - 'Who's in Charge?'
 - Safe Sleep
 - Dog Safety
 - Carers Week
- National campaigns

A safeguarding calendar was created to help track national events that all partners could acknowledge and share. Through spreading knowledge, it is hoped to strengthen the impact of these events for everyone in the borough. Some examples are:

- Mental Health Week
- Safer Internet Day
- Carers Week
- Child Safety Week
- National Safeguarding Day
- Information regarding reviews

Bracknell Forest SAFEGUARDING BOARD

Who was GH?
GH, a 62-year-old male, was receiving dedicated adult care whilst commencing. He had been admitted into hospital in 2015 and had a below-knee amputation and became a wheelchair user. It took time to find him appropriate respite accommodation and in the intervening period he moved from hotel to hotel. He had a pet dog which was not allowed to be with him for most of this time. His social worker described GH as "distraught" with the possibility of not finding accommodation which would enable his dog to live with him.

Following his hospital discharge his Social Worker (SW) obtained him sheltered accommodation in a flat that allowed his dog to live with him. GH was initially reluctant to accept offers of support, although a package of support was eventually put in place for him. The SW maintained regular contact to support him regarding housing, tenancy, support for personal care, money and debt management.

Background History
GH was a long-term drug user. His first contact with the ACT was in Feb 2015 but he was not yet engaging with DASH. The SW noted he had episodes of low mood swings, possible suicidal ideation. The SW was in contact with health services for him. He told her he was lonely with friends and family. These concerns were assessed and managed by ASC.

In September 2018 he received a Notice of Seeking Possession (NSCP). However, on several days in June 2018, visitors to his property were rude and abusive towards other residents which caused a nuisance, upset and fear. His visitors caused damage by kicking the communal front door and it was believed they were using illegal drugs within his property where drug paraphernalia was found. GH and some of his family members were known to social services historically and, at times, required a high level of input from ASC. It was believed GH shared his medication with his family members, but he stated that they had taken it from him.

Seven days before his death, his dog was taken away by the RSPCA due to its poor health and conditions, and unfortunately for GH, had been put down on the 17th September 2018. On the same day, he had been served an eviction notice by his housing landlord.

Despite support from ASC and his SW, he unfortunately died from an overdose of prescription drugs in the early hours of the morning while at home.

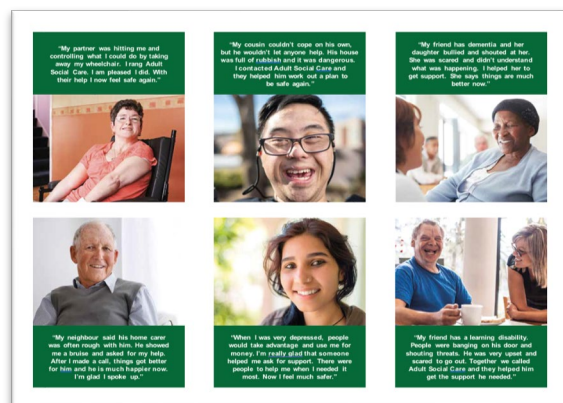
Which agencies worked with GH and were involved in the review?
Thames Valley Police, GP & E. Berks Clinical Commissioning Group, Bracknell Forest Council, Berkshire Healthcare Foundation Trust, South Central Ambulance Service, Sheltered housing provider, Domiciliary care provider, Emergency Duty Team.

At the end of every case review learning events are held. Professionals are invited to hear about the circumstances of that particular review and the learning that emerged from it. A learning brief is produced to support these events. The brief is disseminated widely throughout partners organisations as well as to the attendees of the sessions. It is also shared on the [Board's website](#).

- Information leaflets produced by the Board

The CEP Subgroup has been involved in producing 'What Good Looks Like' leaflets which have been disseminated both electronically and in hard copy. They have also been translated into Ukrainian and Nepalese.

We have also produced a 'Supporting People to be Safe' leaflet and continued to share our safeguarding posters for children and adults.



Safeguarding Events

The Safeguarding Board held two Forums during the year.

The first forum was held in June 2022. This online event helped attendees learn about hidden harm for families living with dementia, child to parent abuse and those struggling with substance misuse and hoarding issues. There was also information about carers and where help is available.



Safeguarding Forum: Raising Awareness of Hidden Harm and Support for Carers
8 June 2022 2pm-4pm

PROGRAMME


| | |
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| 2.00pm | Opening remarks - Grainne Siggins, People Director, Bracknell Forest Council |
| 2.05pm | Introduction - Brian Boxall, Independent Chair and Scrutineer, Bracknell |

The second forum was in November 2022 on the cost-of-living crisis which was expected to increase safeguarding risks to vulnerable children and adults. This online event was in collaboration with Safeguarding Boards across East Berkshire (Bracknell Forest, Windsor and Maidenhead, Slough) to look at how agencies can help prevent the detrimental impact of increases to the cost of living and identify what support is available to help those that need it.

AGENDA

SAFEGUARDING RISKS IN A COST-OF-LIVING CRISIS




Location: Microsoft Teams
Date: 22 November 2022
Time: 1.30pm to 4pm

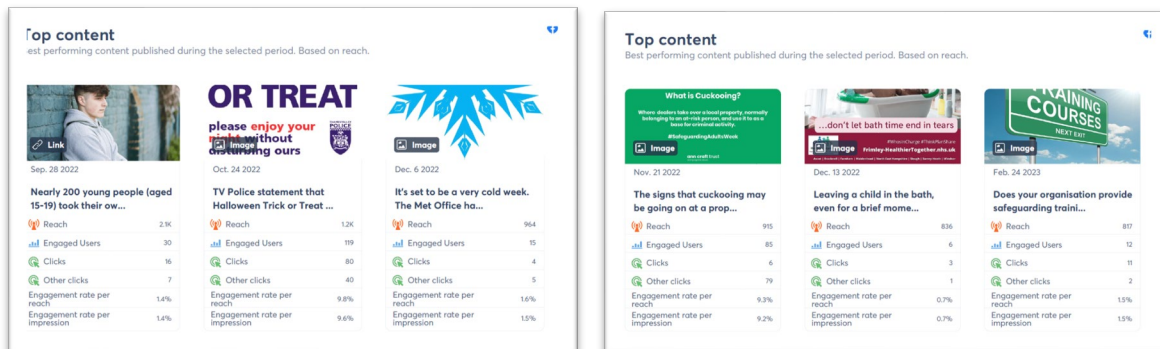

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|-----------------|---|--|
| 1.30pm - 1.40pm | Introduction will be provided by the Independent Chair and Scrutineer (ICS) for Bracknell Forest Safeguarding Board | Brian Boxall ICS |
| 1.40pm - 2.05pm | County Lines and Criminal Exploitation: An overview, joint working, challenges and opportunities | Lee Newman-West Detective Inspector SEROCU |

Social Media

Facebook has been the primary Social Media vehicle during 2022/23 although Twitter was used regularly, and a new Instagram account was set up. During this year 99 posts were published on Facebook which had 567 engaged users.

| | | |
|--|---|--|
|  Posts published 99 ↗ 120% |  Posts reach 23,335 No data |  Engaged users 567 No data |
|--|---|--|

Some of the top posts included information around suicide in young people, cuckooing, leaving a child unattended in a bath and safeguarding training.



Learning and Professional Development

As previously referenced in section 6 of this report (Learning from reviews), during the year the Safeguarding Board has supported multi-agency learning in respect of the following topics/areas:

- Multi-agency Risk Framework training
- Developing awareness of Fabricated or Induced Illness (FI)
- Learning events following publication of SARs and LCSPRs, including sharing of relevant learning briefs
- Training for staff in preparation for contributing to a safeguarding review (adults & children).

Partner Training

Partners were asked to provide details of their safeguarding training during 2022-23.

In Bracknell Forest Council, Berkshire Healthcare (BHFT), Broadmoor, Frimley Health (FHFT), Frimley NHS ICB, TVP, SCAS, Involve, Silva Homes, The Ark, CAFCASS and NPS staff are expected to complete some level of adult and child safeguarding training (usually e-learning), many as part of their induction. Most have staff attending domestic abuse training and there is a wide range of other topics such as:

- Child sexual exploitation
- Modern slavery
- Prevent

Many organisations also have staff attending Level 2 and Level 3 safeguarding training.

The Board also asked if partners have arrangements in place to ensure all relevant frontline practitioners complete training on:

- Coercive control
- Mental Capacity Act
- Trauma Informed Practice
- Unconscious Bias / Cultural competence

All partners have these as part of their training programme except for trauma informed practice where the picture is more mixed. Broadmoor Hospital continues to develop its Cultural Competence Practice Framework, and this is led by the BAME transitional lead role.

CAFCASS, ICB, SCAS and Silva Homes stated that they captured evidence of impact of safeguarding training on practice. NPS can evidence an increase in the number of domestic abuse checks and child safeguarding checks.

Voice and Lived Experience of Children and Vulnerable Adults

The Board strives to hear about the lived experience of children and vulnerable adults by work that is being done with partners and it continues to be a priority within the Strategic Plan.

Multi-agency audits continue to demonstrate that there is quality direct work with children and vulnerable adults and their voices are heard, although in some children's cases it was unclear if the views recorded came directly from the child or were the practitioner's interpretation. As a result, the importance of advocacy is being highlighted with the audit improvement plan.

The Quality Assurance Subgroup received assurance that the multi-agency Risk Framework was being applied effectively to ensure robust person centred, co-produced plans in line with the principles of making safeguarding personal, for people experiencing risk in their lives. The Safeguarding Partnership received assurance of the effective application of thresholds also ensured child centred co-produced plans.

Further co-production work is developing with a Carers Roadshow being implemented to capture and share experiences of carers and the cared for.

Some partners reported on consultation and feedback that they had undertaken during 2022-23.

Bracknell Forest Council

Bracknell Forest Council are committed to listening to the voice of children and young people and actively seeking their views not only around the decisions that will affect them directly but also to help improve the services that support them. They do this through a variety of means including SiLSiP

(Say it Loud Say it Proud), their Children in Care Council (CICC), meetings and events, Care Leavers Events, their new Care Leavers Council and through consultations. They have been involved in staff recruitment and training for staff.

Bracknell Forest Council consulted on their All-age Integrated Carers Strategy and sent out a survey by email and post to 728 carers, 242 parent carers, 194 parents of young carers and had 275 returns. They also visited 10 carers groups, spoke to 150 carers and held a focus group in a school. They spoke to professionals who provide carers services in the community, social workers and partners in the NHS. This consultation helped them to produce their strategic priorities which are:

- Recognising and supporting carers in the wider community
- Services and support that works for carers
- Employment and financial wellbeing
- Supporting young carers
- Young adult carers

Berkshire Healthcare NHS Foundation Trust

Training feedback surveys are collected by the safeguarding team and analysed quarterly. Content and delivery are reviewed accordingly. The safeguarding team are currently reviewing all safeguarding training to enhance opportunities for interaction as well as meeting the needs of staff who are not neurotypical. Domestic abuse training has led to an increase in staff reporting and seeking support due to concerns about domestic abuse in their personal lives. The domestic abuse specialist practitioner has supported the Trust's wellbeing team so that they are able to provide support to staff members.

Patient feedback and questionnaires across the Trust offer opportunities to feedback on any aspect of service user experience that's important to them and could include any safeguarding concerns.

The **Trust wide staff survey** is carried out yearly and is anonymous. The last survey showed the Trust that there is an inequality of experience for our Black, Asian and ethnic minority colleagues. For example, there are significant differences in colleagues sharing their experience of harassment, discrimination and perception of opportunities for career progression. The Trust are asking for staff to support the development of an action statement to address racism.

Community Safety Partnership

In July 23 the Community Safety Partnership (CSP) consulted on the extension of the Public Spaces Protection Order (PSPO) in Bracknell Town Centre. They also included questions on serious violence in the recent Youth Review consultation that took place over the summer.

In the case of the PSPO consultation, those results will inform their evidence for the extension proposal and the results of the serious violence questions in the Youth Review consultation will be used together with data in the Serious Violence SNA. They are expecting to consult on the CSP priorities in Spring 2024.

Domestic Abuse

Berkshire Women's Aid gain feedback from their clients. The summary for 2022/23 shows there were 55 planned closures with BWA clients, and 54 feedback forms completed. From those:

- 91% (n=49) reported feeling safer
- 87% (n=47) felt their wellbeing had improved
- 83% (n=45) felt their quality of life had improved
- 85% (n=46) felt optimistic about the future
- 80% (n=43) felt more confident in themselves
- Of those with children (n=40), 88% (n=35) felt they had been supported to improve safety of their children.

Survivor voices work is due to be recommissioned as part of DA Safe Accommodation strategy. A small working group is also due to be set up as a subgroup of the DA Executive Group to look into gathering survivor voices on a longer-term basis. TVP are also gaining views of survivors regarding knowledge of/views of the Domestic Violence Disclosure Scheme.

11. Looking Ahead

During 2022-23 the Board agreed a revised Strategic Plan for 2023-26. The strategic direction continues to focus on the long-term impact of Covid, but also considered the impact of current cost of living crisis.

The priorities for Year 1 (2023-24) are:

1. Partnership

Encourage closer working between children and adult services through challenge and promotion of all-age protocols to strengthen links between services.

Continue mapping of pathways, review information obtained from Transitional Safeguarding T&F Group and implement actions including the development of transitional safeguarding guidance.

2. Prevention

Continue to develop and promote understanding of safeguarding risks and corresponding referral routes.

Audit of partners prevention and early help work.

Gain understanding of, and promote, trends of the types of abuse occurring and their location.

Develop guidance for neglect, self-neglect and update the thresholds for safeguarding.

Monitor and analyse available safeguarding information including that obtained from Transitional Safeguarding T&F group.

Introduce safeguarding e-learning system.

3. Protection

Thematic discussions at Safeguarding Partnership informs understanding of adequacy of local arrangements.

Formalise the process for gathering information from local multi-agency partnerships.

To support partners in promoting MCA and LPS within their training.

Facilitate presentations and discussion at Safeguarding Partnership and Board.

4. People

Develop and improve the current Safeguarding Board website.

Collaborate with the Community Cohesion and Engagement Partnership and Public Health to understand issues in BF communities and how to engage with them.

Importantly, the Peer Review of the Board has also helped contribute the strategic development for future years and is referenced in section 9 of this report.



12. Financial Summary

As there is no national formula for funding, levels of contribution are agreed locally. Bracknell Forest Council currently contribute most of the Board's direct funding. In addition, Bracknell Forest Council hosts the Safeguarding Board's Business Unit. The ICB and Thames Valley Police are the only other partners who currently contribute to the Board. Income and expenditure for 2022/23 are shown below.

Safeguarding Board 2022/23

| | |
|--|----------------|
| INCOME / BUDGET | |
| BF Council Budget (base budget plus adjustments) | 169,155 |
| Partnership Funding | 55,947 |
| Gross Budget | 225,102 |
| Underspend | 101,235 |
| AVAILABLE FUNDING 2022/23 | 326,337 |
| COSTS | |
| Staff costs: Business Managers x 2 (32 hours / 22.5 hours) Partnership and Performance Officer (22.2 hours) Business Support Officer (22.5 hours) | 164,657 |
| Independent Chair and Scrutineer | 18,989 |
| Child and Adult Case Reviews (CSPRs and SARs) | 26,181 |
| Other costs | 10,242 |
| TOTAL SPENDING 2022/23 | 220,069 |
| | |
| UNDERSPEND 2022/23 CARRIED FORWARD TO 2023/24 | 106,268 |

Strategic Plan 2020-2023 – action plan progress – April 2023

1. Prevention – we will ensure partners work together to prevent all forms of harm recognising the long-term consequences

| | |
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| <p>i. By publishing up-to-date multi-agency guidance/ procedures that help partners maintain a high level of safeguarding awareness.</p> | <p>1a. Policy and Procedures (P&P) multi-agency safeguarding guidance continue to be routinely reviewed through pan-Berks meetings (for adults and children separately).</p> <p>1b. Adult P&P website reviewed for effectiveness following the work of a task and finish group taking feedback from practitioners. Each local authority to contribute £450 per year to maintain website. The provider is ceasing to trade; a working group is meeting regularly to identify a new provider for sept 2023.</p> <p>1c. Children’s P&P have continued to be updated on a quarterly basis. Local panel have ensured updates reflect our regional learning and Tri.x draw on national developments.</p> <p>1d. Consideration is being given to the need for local policies given the existence of the online PB P&Ps. Work has commenced on developing a local neglect strategy, a rapid review policy and a Local Multi Agency Hoarding Protocol agreed & circulated.</p> |
| <p>ii. By evaluating: partners work to prevent harm and offer of early help</p> | <p>Regular partnership meeting ensures feedback on effectiveness of local preventative work and informs the Board’s Risk Register. This will continue in the 2023/6 plan. Review of safeguarding referrals completed which has helped to evaluate effectiveness of partners work and highlighted need for further emphasis on prevention – Prevention is on forward plan for QA Sub Group and is included in TOR for Transitional Safeguarding review QA sub group considers safeguarding performance. Rapid Reviews and Case reviews evidence compliance with procedures and inform actions to be taken to mitigate gaps. CEP subgroup continues to develop work on organisations promoting risks and referral routes. Early help strategy development being reported to the board.</p> |
| <p>iii. By evaluating: the strength of collaborative working within the borough to identify those who are most vulnerable.</p> | <p>Members of the Safeguarding Partnership continue to provide updates on their work and emerging risks. This has supported and enabled collaborative working. The Risk Register is constantly updated reflecting this. Risks that apply to other partnerships are shared with them. The Risk Framework continues to be used and further promotion of the framework is taking place. Work to implement the Framework for 16/17 year olds is developing. The CEP subgroup is collating responses on feedback from children and adult on the services they receive and are promoting work to tackle inequalities and ensure the voice of seldom heard groups is captured. Subgroups are evaluating strengths through case reviews and multi-agency reviews. The well-attended Safeguarding Forums highlighted local risks to community organisation and provided resources to support collaborative working.</p> |

| | |
|---|---|
| <p>iv. By promoting and evaluating a 'contextual safeguarding' approach by partner organisations.</p> | <p>Recently established local multi-agency group exploring exploitation and serious violence has started to report to the Board. Recent partnership workshop discussed serious violence and exploitation and outputs to be discussed by the Board to inform its strategy and the coordinated approach to working with other strategic partnerships. The Transitional Safeguarding review includes contextual safeguarding in its ToR. The work of the Board will be further informed by the recently established subgroups of the Community Safety Partnership. A workshop on contextual safeguarding is taking place at the January 2023 safeguarding partnership</p> |
| <p>v. By supporting partners to continue to embed an 'all age approach' to safeguarding including expansion of the risk framework to develop its application for older children.</p> | <p>Work continues to promote an all-age approach to safeguarding and is reflected in the reconfiguration of the local subgroups and continues to be promoted through the Board's safeguarding partnership. The Business Unit continues to promote this approach within its joint working with neighbouring safeguarding partnerships. Challenges identified within this work is shared within meetings of the BFSB and its Partnership. It is intended that the proposed e-learning will help promote understanding of an all-age approach. The Risk Framework is continually promoted further through presentations to partners and meetings are underway to explore application to children. The Board has explored conceptual frameworks (such as the 'Family Approach') to support future strategic planning. The review of Transitional Safeguarding will incorporate the all-age approach and the frameworks referred to above. A peer review will provide feedback on effectiveness of all-age approach. Transitional safeguarding task and finish group work is being reviewed along with case review findings and further actions are being developed for the 2023 – 26 plan</p> |
| <p>vi. Through continual collation of risks identified by partner organisations and the mitigating actions being taken (to include a focus on the impact Covid and Covid recovery).</p> | <p>A risk register is informed by evidence provided by local partners, and in line with the Board's strategic direction, is continually updated following analysis undertaken within meetings of the Partnership and Safeguarding Board. A 'memorandum of understanding' is in place between BF partnerships and further ensures that risks and relevant information is shared between strategic partnerships. The risk register was reviewed in September '22 to ensure relevance and effectiveness. Risks associated with the cost-of-living crisis are being collated as well as the long term Covid impact risks</p> |

2. Protection – we will ensure a robust outcome focussed approach to protect people at risk of experiencing abuse and neglect

i. By working with partners, we will seek assurance that safeguarding thresholds are understood and where there is concern about decision making staff promptly challenge and if necessary, escalate issues using the SB procedures.

A Task and Finish Group has been established to review and revise the guidance. This will be reviewed every two years. The review of safeguarding referrals gave assurance that thresholds are understood but further awareness raising will take place and further assurance gained that the thresholds are well understood. Multi-agency audits/LSCPRs/SARs continue to scrutinise how thresholds are applied on an ongoing basis. A working group is now reviewing the safeguarding children thresholds

ii. We will require partners to evidence the effectiveness of actions taken to safeguard the most vulnerable.

CEP subgroup is collecting the voice of child /adults. Individuals are routinely invited to take part in learning reviews. The CEP group's membership has been expanded to include representatives of the community to gain evidence and assurance of work to safeguard the most vulnerable. The safeguarding forum in November 22 focussed on work to protect the most vulnerable due to the cost of living increases.

QA subgroup review safeguarding performance data at each meeting and adult self-assessment data. BF and S11 panel returns are scheduled to be analysed in forthcoming meetings. Partner safeguarding QA processes are presented at each meeting. The recent review of referrals has helped evidence effectiveness of actions and areas for improvement.

Case Review subgroup monitors progress against SAR/CSPRs multi and single agency action plans. Detailed discussion and corresponding challenge takes place at regular safeguarding partnership meetings. Key partners provided evidence and case studies of actions at community forum in November 2021. QA and Case Review subgroup working together to evaluate impact of learning from case reviews. Boards QA Framework will focus on impact of work.

iii. We will require assurance that local practice recognises the impact of inequalities and ensures safeguarding plans reflect the unique needs of the individual.

Discussions continue to take place with community leaders to identify issues of inequality and challenges. The Safeguarding Forum highlighted the importance of reaching all communities. The Safeguarding Board is also sharing information with other BF Boards through joint MOU meeting to ensure issues are addressed appropriately. CEP subgroup has been collecting the voice of adult/ children and raising awareness of safeguarding matters. The CEP group's membership has been expanded to include representatives of the community to gain further insight into the impact of inequalities. The audits of safeguarding referrals / concerns provided assurance that cases were being dealt with appropriately. However recent feedback has highlighted potential to improve cultural awareness. Case Review subgroup work identified the need for equality of approach and action plans will aim to address this. The Business unit is currently supporting work to produce national guidance to ensure discriminatory abuse is robustly addressed within case reviews. Potential Inequalities are discussed at Partnership and subgroup chairs meeting and has included the impact of Covid and the impact of the cost-of-living crisis.

iv. We will require partners to demonstrate compliance with the Mental Capacity Act (MCA) and the Liberty Protection Safeguards (LPS).

Periodic reports re LPS from Head of Safeguarding and Practice Development are being received by the Board and its Safeguarding Partnership.

Annual adults self-assessment returns provide assurance of compliance with MCA.

Case reviews also analyse compliance with MCA and has provided recommendations as required. The partnership has been advised to ensure awareness of MCA is maintained. The Business unit is to ensure its work with the Local Learning and Development Forum promotes the focus

on LPS /MCA within partners training. Proposed e-learning could assist also. Themed discussion to take place at Board together with monitoring of implementation of LPS. Partners continue to be reminded to maintain training and awareness of MCA. Assurance has been provided by some partners that MCA training is a priority.

v. We will implement local, regional and national learning to ensure local procedures are the subject of continuous improvement.

The work of the East Berkshire L&D group continues to be developed. The BF L&D Forum promotes key messages for inclusion in their development/training activities. The Case Review subgroup ensures reviews include learning events/briefs and webinars. Learning is shared between Boards within the region. Safeguarding Forums share case studies and promote safeguarding matters to community representatives for dissemination. Proposed Task and Finish will share approaches to rapid reviews undertaken across Berkshire. The learning and development forum is now becoming established and facilitating the dissemination of learning

3. Partnership – we will seek assurance about the effectiveness of local partnerships and collaborations to safeguard people

i. We will review and revise the Strategic Partnerships Memorandum of Understanding.

MoU has been adopted by the Chairs of the Boards. Meetings of partnership officers regularly take place. A common theme of Transitional Safeguarding has already been agreed. A Partnership meeting identified that serious violence is an area of joint concern. Common themes like these demonstrates the need for joint governance such as the MOU is now providing. Officers are meeting to co-ordinate information sharing regarding work of Boards. The MOU officers group is now becoming established. The independent chair is holding a strategic meeting in January to review progress

ii. We will ensure partners work effectively together to develop mutual understanding of each other's roles and functions.

Members of the Safeguarding Partnership group provide updates on their work and roles at each meeting. A themed discussion on each partners roles and priorities at this meeting highlighted the need for partners to explain their roles particularly when there are organisational changes. This is core to the work of the CEP subgroup e.g., comms plan, community leaders meetings and forum. The BF L&D Forum facilitates mutual understanding. A local BF self-assessment for organisations has been developed and is being implemented to strengthen this work. Additional scrutiny provided by the ICS. The Case Review subgroup continues to identify good practice and areas for development. The Safeguarding Forums ensure partners clarify their local work amongst a wide range of community organisation representatives. ICS is further developing the subgroup chairs meeting to include pan Berkshire subgroups Pan Berkshire policy and procedures groups regularly update procedures which promote clarity relating to the roles and functions of partners. Further work has been identified to promote the policy and procedures. Partners

are providing information on their services at each partnership meeting

iii. We will continue to support partners to identify emerging risks and to work collaboratively to implement effective solutions.

Risk register is central to identifying emerging risks and backed up by work of the subgroups. Work with all key partners has helped establish potential risks. This collaborative approach has strengthened problem solving and has supported the prioritisation of emerging risks. The risk register is shared as a standing item within each meeting of the Board. The register continues to be updated as a result of information received from all sources but particularly Partnership and Board meeting discussions. Risk and referral route awareness being developed by CEP and MOU group. A review of the risk register process took place in September 2022. The risk register continues to be updated

4. People – we will seek assurance that people who use services are involved in safeguarding processes and the work of the board.

i. We will work with local partners to establish an understanding of the Bracknell Forest community as it relates to safeguarding.

CEP work has previously identified community leaders who are supporting the work to understand issues facing Bracknell Forest communities. This group is now being expanded as a result of collaboration with the local authority community engagement manager This work includes making safeguarding videos and promoting the voice of individuals.

The Board's Safeguarding Forum has been developed to enhance this. The implementation of the memorandum of understanding is facilitating better information sharing amongst Bracknell Forest partnerships which will include support to enable better understanding of local communities and how to engage them.

The Safeguarding Forums promote the need to understand safeguarding needs of all communities. Further work to reach communities through existing local forums is taking place. Work is developing with public health and the CCEP partnership to gain a further understanding of the community

ii. We will require partners to work together to identify factors associated with inequalities and any barriers to people's engagement with local safeguarding processes and the work of the Board.

The Business Unit continues to work with community leaders and all partners through subgroups and the safeguarding partnership to identify safeguarding inequalities and to determine the needs of local community.

The CEP subgroup is working with local communities to produce safeguarding materials and its membership is

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|---|---|
| | <p>being expanded with the aim of reaching more communities.</p> <p>This action was promoted at the Safeguarding Forum.</p> <p>Community feedback is leading to a need to discuss board communication systems</p> <p>The CEP group's membership has been expanded to include representatives of the community to gain further insight into the impact of inequalities.</p> |
| <p>iii. We will require partners to secure feedback from adults and children on the services they use.</p> | <p>The CEP subgroup and the Board's Safeguarding Partnership are receiving information collected by partners regarding the voice of children and adults.</p> <p>The CRSG has sought to strengthen the involvement of individual and begun to reflect this within dissemination of learning. Findings from the recent review of safeguarding referrals has additionally helped to identify any necessary improvement.</p> <p>The Transitional Safeguarding review is gaining feedback from children and adults regarding their experiences and the CEP subgroup is working to understand and promote the voice of carers.</p> <p>Partners have been reminded that they need to provide feedback they receive within their organisations processes. Greater links are being developed with existing forums to gain feedback</p> |
| <p>iv. We will require partners to work together in an all-age approach to improve communication of the safeguarding messages to the local community.</p> | <p>Work with community leaders to identify safeguarding inequalities to determine the needs of local community. One safeguarding awareness video has been produced.</p> <p>The Safeguarding Forum has been developed to enable on-going conversations around the different forms of inequality.</p> <p>Safeguarding messages are promoted via the board and partner's websites, social media and via campaigns and a partnership campaign calendar is in development. Partners have been asked to promote safeguarding messages by supporting and sharing Safeguarding Board communications. A communication plan is being updated. Partners reminded of the importance to share communications and the CEP group is carrying out work to ensure communication links are robust.</p> |

How partners have contributed to BFSB's Strategic Plan

Safeguarding Board partners were asked 'How have the adult and children safeguarding priorities / actions that your organisation implemented during 2022/23 contributed to the [Strategic Plan](#)'

Berkshire Healthcare NHS Foundation Trust (BHFT)

Partnership – BHFT engaged in multi-agency working groups and sent senior representation to the Board to ensure strong partnership working. Multi agency working is strongly promoted.

Prevention – The Trust has facilitated virtual face to face safeguarding training incorporating learning from local reviews to ensure staff are competent in recognising early signs of abuse and neglect and taking action to prevent harm. The trust run on-call advice lines for staff for both safeguarding children and safeguarding adults to ensure staff have quick access to advice. Staff are also able to access specialist advice from the domestic abuse specialist practitioner and the mental capacity act lead. All staff working with children receive child protection case supervision. Multi-agency meetings such as strategy meetings, early help meetings and core groups are prioritised by staff.

Protection – Child protection conferences are prioritised and staff receive supervision where child protection plans and outcomes are reviewed with a specialist child protection named professional. Named professionals support staff to challenge where cases are not progressing or positive outcomes for children are not evident.

People - BHFT has a strong user feedback system to inform development of services.

Bracknell Forest Council

Services across the council make a key contribution to the Strategic Plan, and to safeguarding for our residents every day. The following include some illustrative examples of progress during the past year:

Partnership:

All services work closely with all partner agencies to ensure the safety and wellbeing of any person they work with. Partnership working is at the centre of our approach, including many services that are integrated and have co-located teams.

Through our MASH our children's social care and Early Help teams are working increasingly effectively in order to ensure that children and families receive the support and protection that they need. Referrals have increased during the year, and the teams have worked hard to engage with referring agencies to respond in a quick and effective way to concerns.

Our children's services have been rated as Outstanding by Ofsted during 2022/23. A key aspect of this has been in relation to strong local partnership working to ensure that children are safe – with an emphasis on multi-agency practice and decision making that places children at the centre of decisions.

Our adult social care teams have worked in partnership with NHS colleagues to respond to unprecedented challenges and avoid as many delayed discharges from hospital. Our hospital teams, intermediate care and commissioning teams have responded proactively to needs and continued to adapt to changing demands.

Our Learning Disability and Autism Partnership Board meets quarterly with service users, carers, commissioned services, schools, health as well as the community and voluntary sector with a shared ethos of wanting to make the lives of people with Learning Disabilities and Autism better.

Our education service has further developed Designated Safeguarding Lead network meetings in order to increase information sharing including good practice from schools to schools and learning from local and national safeguarding reviews.

The Community Safety Partnership (CSP) resolved 19 complex crime and ASB cases through the main Partnership Problem-Solving Group, and 7 complex crime and ASB issues resolved with the Town Centre Partnership Problem-Solving Group. In addition, a multi-agency operational problem-solving approach to adult victims of serious violence and exploitation as well as adult perpetrators was launched.

Prevention:

Our adult social care teams have focused on the continued improvement of strengths-based practice that support people to remain independent and use their strengths and assets. Our reablement team models this approach, providing support to more than 400 people during the year, of whom approximately 180 required no further ongoing care after their support.

The Autism Team hold a weekly drop-in session for those primarily not known to Adult Social Care but with a diagnosis of Autism, providing short term interventions often preventing a person from going into crisis.

Our Breakthrough Services, Waymead Respite and Day Services provide valuable levels of support to adults with learning disabilities and autism with getting and holding employment; attending Job/Benefits Centres; overnight and day respite to support individuals and families etc. The support provided by these services are preventative services which are crucial in promoting and maintaining the well-being and health of the people with learning disabilities/autism and their carers.

Our Community Team for people with a Learning Disability & Autism is a joint Health and Social care Team. We ensure that people with a learning disability have access to an annual health check. This is effective in identifying previously unrecognised health needs, including those associated with life-threatening illnesses.

The Team are also working with the Integrated Care Board in piloting a reasonable adjustments flag which details the needs of the individual. This is then added to the persons health record that can be accessed by any health professional interacting with that person.

The Approaching Adulthood team for Adult Social Care are working with the Transitional Safeguarding Subgroup to look at the needs of young people transitioning to adulthood, identifying gaps in provision, such as education, health and housing with a focus on prevention.

Our mental health and out of hours services have worked with partners to provide a better prevention and more efficient care to promote the mental health, recovery, general well-being, and life chances for people with their families, and carers.

All services are working towards being proactive and have moved away from reactive services. The service areas are working in partnership to provide services such as enhanced harm reduction provisions and improving people's physical and mental health. In doing this it will **reduce any safeguarding concerns that are often encountered**. We will continue to attend all relevant risk training and ensure our risk assessments are up to date and reflective of the current situation. We will ensure we make appropriate use of all Risk Panel and Risk Framework meetings and learn from SARS to improve the services offered.

Our Early Help and Family Safeguarding Models are designed to secure and provide the support that families need to address challenges and to enable children to thrive. Our Early Help service responded to 99% of contacts within their target of three days to ensure that families receive a timely response.

Our Education Safeguarding Team hold half day safeguarding reviews – encouraging best practice. We are seeing more schools now purchase a full day review, with a half day review the following year. Half day review allows schools to 'pick and mix' certain key areas, allowing a more tailored experience following on from a look at the whole school safeguarding approach during a full day safeguarding review.

Protection:

All services are strengthening their safety culture to empower staff, people with lived experiences and families to raise any safety concern without fear or blame. The services will continue and improve on its response to crisis management, assessing the risks and opportunities, finding solutions that meet the needs of both the people with lived experience and the organisations.

The local authorities Care Governance Board brings together professionals from different teams, disciplines and organisations to consider and review information about provider quality concerns and make "flagging" decisions. The Board then oversees progress and activity in relation to quality improvements.

The council worked closely with partners in the NHS to oversee improvements and safeguarding within care settings that faced quality and safety issues – including the new Heathlands Nursing Home that received an inadequate inspection months after opening. Teams coordinated work to ensure oversight, training, and welfare checks to ensure safety.

Regular meeting between MASH Team, Early Help and the Education Safeguarding Team Member are used to disseminate key learning, areas for development and contextual safeguarding issues based on referrals and their contacts with schools.

Our Performance and Quality Boards, along with other key groups such as the Safeguarding Children's Monitoring Meeting, provide oversight and scrutiny of practice trends within the People Directorate. Actions and decisions are tracked and responded to in order to ensure that learning is embedded into practice.

The implementation of a new Home Care Framework from April 2022 has resulted in increased availability of care to meet needs, as well as enhancing protection through a more robust contract with monitoring and reporting requirements.

The CSP's Safe Accommodation Action Plan has seen the launch of a bidding process against the New Burdens Fund, Trauma-informed Training being rolled out to 38 BFC staff, appointment of a

Safe Accommodation Outreach Worker, re-tendering of refuge and outreach provision, creation of a short guide on victim support services, launch of a Sanctuary Scheme and the set-up of an emergency furniture provision fund.

People:

The council has reviewed the terms and conditions of our social care workforce, alongside a range of other measures to increase the attractiveness of Bracknell Forest as a place to work. This has increased salary rates and has shown an impact on reducing the need for agency staff.

The council has also refreshed its Core Values and Behaviours and launched these with a range of council wide messages. A staff survey in November 2022 was focused on the perceptions of staff in relation to these values and behaviours and showed a high level of staff satisfaction. The council's Corporate Management Team is overseeing actions in relation to areas identified in the survey.

To continue to promote a Safety Culture by learning from and reviewing feedback from people with lived experiences, safeguarding, serious incidents, and complaints. We will develop further the Making Safeguarding Personal throughout all of the services and be respectful about decisions people make.

Broadmoor Hospital – West London NHS Trust

SAFEGUARDING ADULTS:

Following the TUPE of the Broadmoor Hospital Social Workers to Trust employment in July 2021, the associated Sec 75 Partnership Agreement for Safeguarding Adults with Bracknell Forest was fully revised. It is now going through a further revision to incorporate the service provision agreement for IMCA's and the Hospital's established safeguarding monitoring of patients in seclusion or long term segregation, **(Partnership and Protection)**

We continue to ensure the completion of closure forms involving patients and their views for every termination of a safeguarding plan. On closure, any safeguarding related action points that do not need a stand-alone plan are incorporated into the patient's nursing care plan. There is a new multi-agency Safeguarding Template added to the RIO clinical system where outcomes can also be recorded. **(Prevention, Protection, People)**

There is continued close monitoring of "below-safeguarding threshold" concerns, with each of the 14 wards using specific safeguarding and Prevent action logs within their clinical team meetings for these cases. **(Prevention and Protection)**

In 2022-2023 we continued to have safeguarding representation through an allocated social worker attending the Seclusion, Management and Review Group (SMARG). The social worker contributes to long term segregation reviews with patients. **(Prevention, Protection and People)**

A social work safeguarding representative is a key member of the Internal Referrals and Transfers weekly meeting (IRT). This meeting makes decisions on all internal patient transfers between wards. **(Prevention and Protection)**

The hospital has continued to develop staff awareness on maintaining professional boundaries. Staff receive mandatory boundaries training, and the Trust has recently commissioned active bystander training.

In August 2021, Broadmoor Hospital started to implement the "Safewards" initiative. This is a recognised model that encourages staff, patients, carers and other support persons to work together to make wards safer for everyone and the development of "Safewards" has continued to develop through this reporting period. **(Prevention, Protection and People)**

Social workers and other disciplines continue to act as Domestic Abuse Prevention Ambassadors (DAPAs) to promote awareness for both patients and staff, having received the required training. The Trust has also published a Staff Affected by Domestic Abuse S43 policy, ratified in June 2021. The Trust issued a completely revised Domestic Abuse D12 policy in July 2022. **(Prevention, Partnership, Protection and People)**

We continue to adopt "making safeguarding personal" principles, enabling patients (where possible and appropriate) to contribute to decision making and their safeguarding planning. The hospital maintains a proportionate response approach, where some safeguarding related concerns are effectively and proportionately managed outside of a formal safeguarding framework. The revised Partnership agreement identifies the appropriate commissioned IMCA service for the Bracknell Forest area. Broadmoor Hospital IMHA service provider was changed to POWHER in 2023. **(People)**

We have continued to revise the Safeguarding Adult User Guide and this is currently going through a further revision to incorporate information on more recent Safeguarding Adult areas, (Scamming, Cuckooing, Coercion and Control). The draft revisions also include additional content on Good Practice Principles in Safeguarding, links to the Governments Coercion and Control practice guidelines and the current Bracknell Forest PiPoT policy. The Trust is in the process of developing its own PiPoT policy which will be reported on in the 2023-2024 submission. In this year, the Trust has also developed an accessible revised information leaflet on Safeguarding for both patients' safety and staff responsibilities. **(People, Prevention, Partnership, Protection)**

SAFEGUARDING CHILDREN:

In this review period, authorised children (approved to have child visits in their best interests) have had both face to face and virtual visits with their relatives. All child visits are subject to robust assessment and authorisation in full compliance with the Department of Health, High Secure Directions for Child Visits (2013). In the last year (April 2022-March 2023), there was a total of 35 face to face and virtual child visits. There are presently 16 families who are approved to have child visits. Broadmoor Hospital is currently exploring the viability of introducing the Storybook Dads initiative which has been running successfully within the Prison Service for a number of years. **(Prevention, Protection and People)**

The child visits panel and the safeguarding children clinical improvement group (SCCIG) are held monthly. The panel and the SCCIG have representation from Bracknell Forest children's social care department. **(Prevention, Partnership and Protection)**

In this reporting year, The Trust's central safeguarding team has completed a project to develop a more unified recording process for preparing and collecting feedback on child visits across the whole Trust, including Broadmoor Hospital. Revised Child Visiting information and child visiting feedback reports are now available on the Trust website and within RIO respectively. **(Prevention, Protection and People)**

The new child visits film has been completed, following the move into the new hospital in 2019. This new film provides information to families and children and features a "walkthrough" of a child visit

from a child-focused perspective, using a child actor. The film also includes a “walkthrough” for Virtual Child Visits. This is available on the Trust website. **(People)**

The Trust central safeguarding team continues to produce a monthly safeguarding children and adult data report for all individual service lines across the Trust, including Broadmoor hospital. This report is reviewed by the SSCIG and focuses on child visits, training compliance, Trust developments, projects, initiatives and shared learning. **(Prevention, Partnership, People and Protection)**

CAFCASS

Our Safeguarding Policy sets out the requirements placed by Cafcass on its staff and contractors, relating to our statutory function of safeguarding and promoting the welfare of children. It details the procedures to be followed when completing a section 16A risk assessment; making a referral to children’s services; taking urgent action to protect a child; and responding to an allegation made against a person who works with children.

Our strategic risk profile saw some increase in risk related to issues associated with rising demand, increased complexity of the work, and record levels of work staying open longer, all resulting in growing caseloads. Noteworthy risks include resourcing related to recruitment and retention due to increased levels of turnover of staff and availability of social workers within the sector. Priority remains focused on developing targeted approaches to recruitment in those areas having difficulty to recruit. Risks related to demand have remained critical throughout the year, with the private law transformation programme currently reviewing processes for allocation and closure of children’s cases in order to mitigate these risks.

We face challenges in not only how to maintain the quality of our work with children but also, equally importantly, how we can continue to sustain and ensure the resilience and wellbeing of our staff. In this context, while the governance framework in place is working for now, we will continue to keep this under review. We continue to monitor organisational and strategic risk through our new reporting process which includes identification of emerging risks, and this is supported by regular assessment of environment risk.

At a local system level, our assistant directors, their heads of practice and service managers are responsible for managing relationships with designated family judges, local authority directors of children services, and other local partners. They meet with each on a regular basis to agree local working arrangements, including involvement in any local pilot programmes. We have delivered training to the BFSB and contributed to SARs and Learning reviews.

Frimley Health Foundation Trust (FHFT)

The safeguarding of vulnerable patients has remained a priority across FHFT.

The safeguarding team remain visible and available across all clinical area throughout the Trust, to support staff caring for vulnerable patients.

The Trust has a Safeguarding Executive Group which meets quarterly and is chaired by the Chief of Nursing and Midwifery. The aim of the group is to ensure that systems and processes are in place to safeguard vulnerable patients.

Assurance to commissioners have been provided through quality assurance as well as ongoing communication throughout the year. Training has been provided by the safeguarding team, reinforcing the importance of capacity assessments and good quality applications, and in response to local learning and themes.

- Monitoring current legislation and policy in relation to Safeguarding Patients.
- Overseeing the development, implementation and monitoring of systems, processes, and policies to ensure adults are safeguarded whilst in FHFT care.
- Dissemination learning of safeguarding and safeguarding partnership reviews.

The Trust is cognisant that staff are making an increased number of referrals that staff are making referrals in the reporting year. In addition, there has been an increase in requests from Trust staff for targeted areas of training and support such as Mental Capacity Assessments, Deprivation of Liberty, withdrawal from alcohol and inter familial domestic abuse.

All staff report through the incident reporting system where appropriate.

There is guidance in both the children/adult safeguarding adult policy which is accessible to staff via the intranet.

The Trust works effectively with partner agencies. Raising awareness and ensuring staff within the organisation understand the full scope of their responsibilities within the reporting processes for safeguarding adults and children, the Mental Capacity Act, Mental Health Act and Deprivation of Liberty Safeguards (DoLS).

Frimley Health Foundation Trust as part of induction for all new members of staff provide Safeguarding level two training via e-learning. The Trust also provides level three Safeguarding to key staff as identified by the intercollegiate guidance.

Contributed to a Joint Targeted Area Inspection (JTAI) in Surrey, which focused on early help.

Ongoing support for Trust staff on increasing confidence in timely applications and of the Mental Capacity Act.

Recruitment and retention challenges across both teams directly impacting capacity and increased workload on remaining team members.

Numbers of staff trained in level 3 adult safeguarding currently does not meet the Trust 85% standard. Plan proposed for 2022/2023.

Review the newly published Safeguarding Accountability and Assurance Framework (SAFF) for 2022.

The Trust has also engaged in the Benchmark against the SAFF 2022 to embed and ensure improved quality for FHFT which includes, compliance with safeguarding standards to protect children and adults at risk.

Safeguarding practitioners/Named professionals are recognised nationally as requiring additional clinical supervision due to the nature of the role.

Due to the nature of the safeguarding role, it is essential that all practitioners are provide a safe place, to reflect on their practice with an independent supervisor.

Safeguarding supervision for Head of safeguarding and Specialist Nurses is facilitated externally. In addition, the Head of Nursing for Safeguarding meets with the Director of Safeguarding (Frimley Health & Care ICS) frequently.

Safeguarding supervision is provided in a variety of ways; 1:1 supervision, group supervision, peer review and ad hoc. Face to face supervision is delivered for key staff groups: specialist paediatric nurses, neonatal unit, Emergency Department, and the paediatric ward. There is currently no formal facilitation within adults.

Forward Planning 2023/24

- Finalise and ratify the Supervision Policy.
- Develop a supervision plan cross site for adults.
- Capture data on staff groups receiving supervision, how often, by whom and within timescales.

Frimley NHS ICB

Frimley ICB geographical boundaries cross 5 Local Authorities; the ICB safeguarding team work hard to maintain a committed and active partnership with each safeguarding board and invites the safeguarding boards into the quarterly ICS Safeguarding Health group. This means that communication from health organisations to the boards remains current and relates to each Board's priorities.

It is pleasing to note that the partner relationships are strong and collaborative with grateful challenge. The team will implement continuous improvement across the whole area should it be deemed important that lessons learnt in one area are implemented in another.

The priorities of Prevention/Protection/People match the local ICB NHS priorities.

2022 – 2023 has seen a very busy and challenging year for safeguarding. The local safeguarding teams work together under specific portfolios which, together, cover the established and emerging safeguarding priorities for children and adults and children who are placed in care.

The portfolios are reported upon every 6 months within the ICB safeguarding quarterly report and summarised in the annual report. They also form part of the agenda for team meetings and are reported upon every quarter at each place meeting including Bracknell Forest place.

The following workstreams contribute to the above priority improvements; actions include:

- Improvements in the application of the **Mental Capacity Act**, application to the court of protection for Deprivation of Liberty standards and preparation for Liberty Protection Standards (now delayed).
- **Safeguarding Campaigns and Communications:**
 - i. Child and Baby Safety: #who'sincharge, #thinkplanshare. Advice for all practitioners to consider safe sleeping messaging.
 - ii. Hypothermia – advice for frontline practitioners regarding early signs of hypothermia and actions to take in the event.
 - iii. Water Safety – due to deaths of young people 2022; a concentration on the safety message and development of a safety film went out early May 2023.
- **Domestic Abuse Diverse communities project**; this is continuing and sits across the whole of Frimley ICB areas.

- Work with **Children in Care** by the Designated Nurse for Children in Care; improvements to hearing and understanding the voice of the child and work to improve the compliancy for health assessments and GP notifications for children in care.
- **Community Safety partnership work** relating to domestic abuse and preparation for action planning around the Serious Violence Duty 2022; this includes active participation in serious violence prevention.
- **Work with Care homes and domiciliary providers**; any specific safeguarding meeting attended by a member of the ICB safeguarding team and also quality team.
- **Prevent**: working with the Prevent board and any channel panel referrals.
- Part of prevention of death by suicide group; ensuring work done via rapid reviews relating to suicide is brought to the Berkshire wide group.
- **Safeguarding Training** strategy for primary care and the ICB teams.
- **Child Death Overview Panel**; ensuring ICB representation at executive meetings, panel meetings and also organising Joint Area response meetings in the event of an unexplained child death. This ensures that learning from any JAR is fed into the correct safeguarding processes.
- Working with ICB teams and providing **specialist safeguarding supervision** including Continuing healthcare teams, children's commissioning team, medicines optimisations team and care homes leads.
- **The Fire Referral form** has been placed on the DXS record system to allow a practitioner to refer for a fire safety check any patients who are at risk of fire eg exposed to Oxygen therapy, petroleum-based emollients, reduced mobility (especially those that are heavy smokers), mental health issues and risks relating to hoarding
- The ICB safeguarding team have worked with the Medicines Optimisation Team and NHS England to develop clear **guidance for GPs about prescribing** of puberty-blocking treatments and hormone replacement therapy in child / young people with Gender Dysphoria. This has become particularly relevant following the decommissioning of the Tavistock Gender Identity Clinic and an increase in unregulated private providers.

Involve Community Services

As an infrastructure charity, Involve continues to promote key safeguarding messages to its sector partners. This includes publications of Safeguarding Reviews and associated learning, as well as some active campaigning and areas of focus in line with the priorities of the Safeguarding Board.

As a training organisation, Involve has increased the number of Safeguarding sessions it offers annually to the not-for-profit agencies and groups across the borough. In this academic year, our charity has offered nine level-1 adult safeguarding learning sessions, and four level 2/3. Similarly, we offered 8 children's safeguarding level-1 sessions and 3 level 2/3. We are committed to growing our training offer in line with need as we realise this is a fundamental aspect of resident care that underpins all service delivery.

National Probation Service

We have implemented a new system of requesting and tracking child safeguarding enquiries from partners, which means that we have more information to inform our assessments of People on Probation and their risk of harm to others.

Royal Berkshire Fire and Rescue Service

We successfully delivered our Safeguarding Action Plan to align with National Safeguarding Fire Standard, the National Fire Chiefs Council (NFCC) Self-Assessment and RBFRS Peer Review outcomes. The Action Plan was completed and a continual update on progress was provided through to Area Manager Collaboration & Policy. The Action Plan has been completed apart from Quality Assurance and Evaluation sections which will be transferred over to the new 2023/2024 Action Plan.

The Fire Standard Implementation Tool document has been updated and completed and will be signed off by AM Jim Powell at the Programme Board in July 2023.

The service delivers an effective safeguarding function that identifies continuous improvement.

We have implemented and written an Information Sharing Agreement for our partner agencies.

We completed the Meeting Structure Framework and implemented this across the three hubs through Prevention Managers, with Heads of Service authorisation and agreement. This was agreed as part of the governance structure within the Prevention and protection Support Group (PPSG).

The Safeguarding Meeting Structure Framework has now been published on RBFRS' Safeguarding Siren Document Library. Prevention Managers will now be cascading updates from their boards back into RBFRS' internal Safeguarding Working Group.

We continue to provide data to all the Berkshire Safeguarding Boards/Partnerships on a quarterly basis with regards to Safeguarding referrals submitted, Threat of Arson referrals completed, Safe and Well Visits completed and Adult at Risk Programme attendees.

We have carried out an immersive theatre event with Prospect Park Hospital to ensure that there is better consideration of our service provisions when patients return home and resettle back into the community across all six Berkshire Local Authorities. This will now form part of their risk assessment for those individuals who have known fire risk behaviours.

SCAS

The safeguarding service has been part of an improvement plan following an inadequate rating from a CQC inspection in May 2022. The BOB ICB have been fully engaged in the NHSE/ICB which has been held fortnightly. Phase 1 of the improvement plan is now complete, with all actions such as 'must do' and 'should do' completed. The phase two recovery plan is now in process. A full workplan is available if required.

Partnership- South central ambulance service has invested and increased its safeguarding team and is continuing to build relationships with our safeguarding boards, integrated care boards, local authorities, and other internal and external stake holders. These relationships are demonstrating good outcomes for service users.

Prevention- SCAS engages in a broad range of preventative activities, including educational roadshows, training and development and signposting service users to other appropriate services.

Protection- SCAS have introduced a training program that will help our clinicians to recognise abuse and neglect and has systems in place to ensure staff can report to the appropriate service. As a first

responder organisation we are limited to what options we have available to protect people and require the support of other agencies to ensure people are protected. We achieve this by working closely with other agencies to share information and risk.

People- SCAS actively promote the work and importance of safeguarding boards within the organisation.

Silva Homes

Partnership

We have attended regular meetings of the BFSB to ensure we are up to date with latest developments and to build relationships with other agencies.

We have a dedicated colleagues who attend MARAC, community safety partnership meetings and child protection meetings.

Our tenancy support service offers bespoke support to customers identified as hoarders and we run a hoarding support group that partner agencies can refer into which is partly funded by contractor social impact funds.

We have a dedicated panel to assess the appropriateness of internal transfers for customers deemed at risk of harm by us or partner agencies and regularly move victims of domestic abuse to safe accommodation.

Prevention

We have been audited around our safeguarding processes and implemented the recommendations including keeping all referrals and concerns in a central database. External contractors provide us with assurance that safeguarding referrals will be escalated to a named contact as part of the procurement process.

Protection

All safeguarding concerns raised by colleagues, contractors, customers or partner agencies are investigated by trained colleagues and escalated as appropriate to the relevant agency. Referrals are followed up to ensure they are not missed.

People

All frontline colleagues receive in person training biannually by specialist trainers. Online training is provided to all new starters and front-line colleagues annually. Domestic abuse training is part of housing officers' induction process.

The Ark Trust

The Ark Trust run programmes of prevention activities – e.g. internet safety targeted at people with care and support needs.

We have worked with the Business Unit to capture the voice of adults with care and support needs as well as those of their family carers.

We have worked with partner organisations to help deliver joined-up, effective services minimising duplication and maximising resource.

We promoted safeguarding campaigns to the wider community through our social media channels.

Thames Valley Police

We have a problem-solving team with embedded safeguarding officers that work closely with safeguarding services across the local authority and other partner agencies, to deliver safeguarding in partnership.

TVP has implemented a force wide safeguarding tool kit/flow chart to improve and standardise safeguarding responses. This has addressed inconsistencies across the 11 LPAs.

The force has introduced an online 'Exploitation Hub' for officers and staff to use to seek advice, guidance and best practise.

As part of the Force Review - TVP will be increasing our Neighbourhood Policing numbers which will include Harm Reduction Hubs and increased number of dedicated schools officers, and officers to support Mental Health colleagues.

Linked to the National Vulnerabilities Action Plan (NVAP) the force will monitor and drive progress via the Vulnerabilities Strategic Group and Force Performance Group.

Health and Wellbeing Board Forward Plan

| Date of meeting | Item | Presenting |
|---|--|--|
| 14 March 2024 Agenda setting 7 Feb | HWB Strategy update Pan Berks Suicide Prevention Strategy HWB Scheme of Public Participation | Heema Shukla Mike Briggs Lizzie Rich |
| 4 June 2024 Agenda setting TBC | HWB Strategy update | Heema Shukla |
| Annual items to note | Safeguarding Board Annual Report Annual December meeting | Brian Boxall |

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How long?

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