



NOTICE OF MEETING

Health and Wellbeing Board

Thursday 10 December 2015, 2.00 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health and Wellbeing Board

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)

Dr Tong, Bracknell & Ascot Clinical Commissioning Group (Vice-Chairman)

Councillor Dr Gareth Barnard, Executive Member for Children & Young People

Philip Cook, Involve

Alex Gild, Berkshire Healthcare NHS Foundation Trust

Jane Hogg, Frimley Health NHS Foundation Trust

Dr Janette Karklins, Director of Children, Young People & Learning, Bracknell Forest Council

John Nawrockyi, Director of Adult Social Care, Health & Housing

Rachel Pearce, South Central Sub Region NHS

Mary Purnell, Bracknell & Ascot Clinical Commissioning Group

Lise Llewellyn, Director of Public Health

Mark Sanders, Healthwatch

Fidelma Tinneney, Berkshire Care Association

Linda Wells, Bracknell Forest Homes

Timothy Wheadon, Chief Executive, Bracknell Forest Council

ALISON SANDERS

Director of Corporate Services

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If you require further information, please contact: Katharine Simpson

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Email: katharine.simpson@bracknell-forest.gov.uk

Published: 1 December 2015



Health and Wellbeing Board
Thursday 10 December 2015, 2.00 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

AGENDA

Page No

1. **Apologies**

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

2. **Declarations of Interest**

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

3. **Urgent Items of Business**

Any other items which the chairman decides are urgent.

4. **Minutes from Previous Meeting**

To approve as a correct record the minutes of the meeting of the Board held on 3 September 2015.

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5. **Matters Arising**

6. **Public Participation**

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

PETITIONS: A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to

be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities.

7. **Actions taken between meetings**

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

8. **Mental Health Street Triage Pilot for East Berkshire**

To receive a report from Chief Inspector Gavin Wong and Chief Inspector Dave Gilbert seeking the Health and Wellbeing Board's support for the introduction of a Mental Health Street Triage Service across East Berkshire.

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9. **Bracknell Forest Local Safeguarding Children Board Annual Report**

To receive the Local Safeguarding Children Board Annual Report 2014/15 and to note the Local Safeguarding Children Board's key messages.

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10. **Children and Young People's Mental Health Transformation Planning Update**

To follow

To receive an update on the work to transform the Child and Adolescent Mental Health Service

11. **Draft Joint Health and Wellbeing Strategy**

To consider a report seeking approval of the draft Joint Health and Wellbeing Strategy for 2016 – 2020.

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12. **Forward Plan**

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

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**HEALTH AND WELLBEING BOARD
3 SEPTEMBER 2015
2.00 - 4.25 PM**

Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Jane Hogg, Frimley Health NHS Foundation Trust
Dr Janette Karklins, Director of Children, Young People & Learning, Bracknell Forest Council
Mary Purnell, Berkshire East Clinical Commissioning Group
Mark Sanders, Healthwatch
Linda Wells, Bracknell Forest Homes

Also Present:

Elaine Bousfield, Xenzone
Carol Crowe, Berkshire East Clinical Commissioning Group

In Attendance:

Mira Haynes, Chief Officer: Older People and Long Term Conditions, Bracknell Forest Council
Lynne Lidster, Head of Head of Joint Commissioning, Bracknell Forest Council
Dr Lisa McNally, Consultant in Public Health, Bracknell Forest Council

Apologies for absence were received from:

John Nawrockyi, Interim Director of Adult Social Care, Health and Housing, Bracknell Forest Council
Lise Llewellyn, Director of Public Health, Bracknell Forest Council
Timothy Wheadon, Chief Executive, Bracknell Forest Council

16. Declarations of Interest

There were no declarations of interest.

17. Urgent Items of Business

There were no urgent items of business.

18. Minutes from Previous Meeting

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 4 June 2015 be approved as a correct record and signed by the Chairman.

19. Matters Arising

There were no matters arising.

20. **Public Participation**

No submissions had been received under the terms of the Health and Wellbeing Board's public participation scheme.

21. **Actions taken between meetings**

It was noted that no substantive actions had taken place since the Board's last meeting.

22. **Mental Health Support for Young People**

Elaine Bousfield, Managing Director of Xenzone, gave a presentation in respect of Xenzone's work to support the emotional and mental health of young people in Bracknell Forest through the introduction of Kooth an online counselling service which had been commissioned by the Bracknell and Ascot Clinical Commissioning Group and Bracknell Forest Council.

Xenzone was a national company providing online and face to face services to children and young people. Xenzone's service had been accredited by the British Association of Counselling and Psychotherapy and their counselling services were currently available in 23 different local authority and clinical commissioning group areas across the Country. Counselling was provided by a team of 28 highly skilled and experienced professionals supported by a team of associate counsellors completing a two year programme designed to provide them in-depth experience of working with children and young people. Evidence from elsewhere suggests that the provision of an online resource can help reduce waiting list for Child and Adolescent Mental Health Services (CAMHS) and reduce the number of inappropriate referrals to CAMHS. When a young person contacted Kooth they received online support within nine minutes and were provided with assessment appointments within 10 working days. Xenzone also worked with schools to develop in-reach programmes including resilience building programmes

When Counsellors identified that young person's depression was not improving or there were signs of psychosis or an active eating disorder then referrals would be made to a young person's GP or more specialist services. By providing services up to 10pm and at weekends Xenzone was able to provide an extra layer of support to those already being treated by CAMHS and who might need help from an out of hours service. Xenzone was also able to provide a blended service of online support and face to face counselling sessions and in the areas that had elected to commission this option it had been found to be a valuable preventative service.

The introduction of Kooth in Bracknell Forest, gave the Borough's young people access to an online community which offered them a range of tools to help support them including one to one access to a therapist, worksheets and articles, hosted web forums and online personal journals. Since the programme's launch in April 2015, 131 young people resident in Bracknell Forest had registered to use the online service, Kooth, with the majority needing support at the lowest of the three support levels offered. Feedback from young people signposted to Kooth by GPs was extremely positive, with the majority requiring only one or two sessions at the lowest support level, and GPs were keen to see the service developed further.

In school programmes had initially been introduced in Edgbarrow, Ranelagh and Sandhurst Schools and the Pupil Referral Unit and school staff had given positive feedback on the services offered. A small number of school governors had expressed initial reservations about the introduction of the service and Xenzone had

worked with schools to allay these fears and further tailor the service offered in schools. Initial concerns that the service would be overwhelmed by demand had been unfounded and the service would now be rolled out across all schools in the Borough.

Berkshire Healthcare NHS Foundation Trust (BHFT) had been reluctant to accept referrals to CAHMS services made by Kooth and Bracknell Forest's Public Health Team was working with Xenzone and BHFT to resolve this situation. It was agreed that intervention at a senior level would help resolve the situation and Alex Gild agreed to take up these concerns with BHFT.

Referral rates from hospitals were traditionally low (1 – 2% of referrals) and only a limited amount of time was spend promoting the service though hospitals. The complex nature of hospital coverage across the Borough was acknowledged however it was agreed that raising staff awareness of the service in key areas would be useful.

Engagement with the voluntary and community sector was still at an early stage with engagement to date primarily taking place through Youthline and young carers groups. Xenzone were keen to develop this area and it was agreed that Involve would provide support with this.

Under the current tiered system if a young person who had been treated and discharged from CAMHS went on to develop further problems then they would have to re-enter CAMHS at Tier 1 and restart the process. It has been recognised that this approach is not always helpful and Xenzone was working with partners to develop a more fluid, blended approach based on the 'Thrive' model.

The Board thanked Elaine Bousfield for her informative presentation and commended the success of the service to date. The Board expressed their full support of the service and requested that any barriers encountered be raised with the Board.

23. **Child and Adolescent Mental Health Service Transformation Plan**

Carol Crowe, Berkshire East Clinical Commissioning Group, gave an update in respect of the work taking place at a national and regional level to transform CAHMS by improving capacity and capability in the system by 2020.

NHS England has stated that it wanted to see CAHMS move away from the traditional tiered approach towards the development of an integrated whole system approach where the NHS, public health, local authority, children's services, education and voluntary and community sectors worked together to deliver a sustainable service that was built around the needs of children, young people and their families and placed an emphasis on the promotion of good mental health and wellbeing, early intervention and building resilience.

In August 2015, NHS England published 'Local Transformation Plans for Children and Young People's Mental Health and Wellbeing Service'. This guidance set out a strategic vision for improving mental health services for children and young people over the next five years and outlined a phased approach to securing locally driven sustainable transformation. The publication also provided guidance to support the development of Local Transformation Plans as well as a number of templates and self assessment forms that would need to be completed and incorporated into the Local Transformation Plan prior to its submission to NHS England.

It was reported that funding of £250million would be available nationally to transform CAHMS with funding allocated on a per capita basis. Bracknell Forest's allocation for

2015/16 would total £236,659 and it had been reported that this funding level would be the minimum funding level that would be repeated in future years.

Transformation work would be led by Clinical Commissioning Groups who would work in collaboration with commissioners, providers and young people and their families to develop and submit their Local Transformation Plans to Central Government by 16 October 2015. Berkshire East Clinical Commissioning Group had set up a Task and Finish Working Group to develop the East Berkshire Plan. This would then be signed of by the East Berkshire Children's Board.

It was agreed that Lisa McNally would sit on the Working Group. Representatives of the Director of Children, Young People and Learning and the Young Health Maker Group would be sought for the Working Group. It was suggested that Kooth be used to conduct an online survey of young people to feed into the Plan's development.

It was agreed that the Chairman of the Health and Wellbeing Board and a representative of the Director of Children, Young People and Learning would become members of the East Berkshire Children's Board.

It was stressed that Local Transformation Plans would be used to highlight and spread examples of good practice even if the service did not operate across the entire area covered by the Plan. Consequently Bracknell Forest's commissioning of Kooth could be included in the Berkshire East Plan.

The Health & Well-Being Board agreed that it expected the Transformation Plan to reflect the local needs and support. The Plan should have a clear focus on significantly reducing waiting times – with a regular monitoring and feedback to the Board. In addition, the Board expected commitment to proving support while young people were on the CAMHS waiting list (to prevent further deterioration) not just when they finally reached the end of it, and that this should be achieved through investment of some of the Transformation Funds into a 'blended' early intervention service using internet and face to face support on top of what was already provided.

Local Provision of CAMHS

It was reported that following the identification of additional funding the size of the Berkshire Adolescent Unit had been increased from seven to nine beds and that ten new members of staff had been recruited to CAHMS.

The CAMHS waiting list had remained stable with approximately 3,000 young people across Berkshire waiting for treatment; of these approximately 400 young people were resident in Bracknell Forest. Waiting list numbers had remained stable and the trajectories were currently showing reducing rates and it was expected that by March 2016 waiting times would be under 12 weeks.

It was acknowledged that the quickest way to reduce the waiting list was to ensure that initial referrals were correctly made and that alternative services were in place so that those who did not reach treatment thresholds received help early enough that a problem did not escalate. It was questioned whether it would be possible for Kooth to identify and work with those young people on the CAMHS waiting list who do not meet the common point of entry thresholds for CAMHS. This would result in those needing lower level interventions receiving them more quickly and reduce the waiting lists for those who need more intensive interventions. It was suggested that this approach could be incorporated into the Berkshire East Transformation Plan.

It was clarified that whilst CAMHS staff had undergone training in the NHS's Improving Access to Psychological Therapies (IAPT) programme to enable them to provide additional support to those suffering from depression and anxiety disorders. There was currently no children's equivalent to the Adults IAPT Programme. If the Borough wished to provide this service to its young people then this could be provided through Kooth's blended service.

The Board thanked Carol Crowe for her update.

24. Joint Working Arrangements: NHS and Local Authority

The Board considered a report providing an overview of the key areas of joint working between the Local Authority and the NHS.

It was acknowledged that the two organisations were good at ensuring that services were joined up from a strategic perspective however the challenge was to ensure that where organisations were working together to deliver services processes were working properly so that the service provided appeared to be joined up from a service user's perspective. It was proposed that a jointly delivered service be evaluated to ascertain whether this was this and a framework had been developed to enable this to be done in a structured way. It was suggested that Healthwatch Bracknell Forest and Involve could provide input in terms of the users' perspective.

It was acknowledged that the list of joint working arrangements was not exhaustive and that partners would be expected to assess areas of joint working that they were involved with.

The Board was informed that the principles set out by the Care Act enabled the development of an integrated care packages where patients could use the funding provided in alternative ways. A situation which should result in sufficient flexibility to enable services to become more joined up.

The Board agreed that the development of a common set of principles for assessing how 'joined up' services are from a end user perspective would be a useful tool and that the proposed assessment framework would provide the means to do this work.

RESOLVED that:

- i. The key areas of joint working in Bracknell Forest between the Local Authority and the NHS be noted
- ii. The proposed approach to future evaluation of the effectiveness of joined up working between the Council and NHS be agreed
- iii. The Child and Adolescent Mental Health Services would be evaluated using the framework proposed at Appendix B of the Director of Adult Social Care, Health and Housing's report.

25. Healthwatch Bracknell Forest Annual Report

The Board received the Healthwatch Bracknell Forest Annual Report for 2014/15.

The Annual Report was the second produced by Healthwatch Bracknell Forest and included an overview of the organisation's remit, details of the work that had taken place during the year and plans for the 2015/16.

Work was taking place to identify an appropriate group to represent the views of older people on the Healthwatch's Board. Initial contact had been made with a number of

charities working with older people and it was hoped that a representative from a local group would be identified in the near future.

The Board's attention was drawn to the statement that 202 individuals had been provided with signposting, advice and guidance during 2014/15. It was acknowledged that Healthwatch organisations in other areas were quoting much higher figures for the number of people assisted. This discrepancy was attributed to the fact that other areas were reporting the total number of contacts made rather than the number of individuals helped. When the number of contacts was counted the number of people helped by Healthwatch Bracknell Forest rose to over 6,200. An addendum would be added to the report to reflect this. It was suggested that future reports include information relating to where those contacting Healthwatch lived to help target services more effectively.

Healthwatch Bracknell Forest currently sat on the Borough Council's Health Overview and Scrutiny Panel and work was taking place to develop this relationship into other aspects of the Council's Scrutiny function.

The Board commended the clarity of the report.

RESOLVED that the contents of the Healthwatch Bracknell Forest Annual Report be noted.

26. **Forward Plan**

The Board noted the items on the Forward Plan.

CHAIRMAN

Report to: Bracknell Forest Wellbeing Board

Date: 10th December 2015

Contact: Chief Inspector Gavin WONG, Thames Valley Police

Part I

Mental Health Street Triage Pilot for Berkshire East

1. For Consideration

Mental Health Street Triage Pilot for East Berkshire (Bracknell Forest, Slough, Windsor and Maidenhead)

2. Purpose of Report

This report is offered by Thames Valley Police (TVP) for the introduction of a Street Triage Service in the East Berkshire area. This proposal is made using an evidence base generated as a consequence of a current Street Triage pilot in Oxfordshire.

The Board is being asked to support the introduction of the pilot.

3. Summary

In the period April to November 2015 there has been a 3% increase in the number of persons detained under s136 of the Mental Health Act in Slough, Windsor and Maidenhead and Bracknell Forest. This rising trend contrasts with an overall 10.9% reduction in the use of s136 detention powers across the whole of the Thames Valley Police area.

In Oxfordshire a Street Triage team was set up, consisting of a police officer and mental health practitioner to provide a rapid response capability between 1800hrs and 0200hrs to meet the needs of people who come to attention of Police rather than health services. A triage assessment is provided either by face to face or by telephone to attending Police Officers. Out of hours a dedicated advice line is available to Officers to enable informed decision making and to help to signpost an appropriate care pathway.

The service focuses on improving access to support and avoiding unnecessary detentions under s136 of the Mental Health Act. It feeds back about each individual to GP practices (where consent is given) to provide a closed loop of care and support. Street Triage supports parity of esteem for mental health services by ensuring a responsive, high quality, service is provided to persons experiencing mental health crisis.

This paper outlines a proposed business case for £136,000 investment per annum to commission a Street Triage Service for Slough, Windsor and Maidenhead and Bracknell Forest. TVP will support the Street Triage by providing resources with the

estimated cost of £57,000 per annum.

4. Background

Oxford Health NHS Foundation Trust and TVP established a Street Triage model whereby a dedicated clinical mental health professional (MHP) works alongside Police to assist with mental health incidents. This pilot has demonstrated measurable success in terms of delivering better care and service for individuals facing a mental health crisis as well as time and cost savings across services. The pilot has also been adopted by Buckinghamshire, Milton Keynes and West Berkshire. It is proposed that a similar service be delivered in East Berkshire that would have considerable advantages for both individuals and service providers. East Berkshire is the only area within TVP without a street triage pilot.

The implementation of a triage pilot supports the commitment of the *Mental Health Crisis Care Concordat* (2014) to improve the experience and outcomes for people facing mental health crisis. The Concordat requires that each local area:

- Has a jointly agreed local declaration across key agencies
- Shared action plan to review, monitor and track improvements
- A commitment to reduce the use of police stations as places of safety
- Evidence of sound local governance arrangements

Street Triage is a service that supports the Concordat statement that '*the police must be supported by health services which includes mental health services*'. Street Triage aims to help Police Officers make appropriate decisions, ensure people receive support quickly which leads to better outcomes, reduce unnecessary detentions under s136 of the Mental Health Act and reduce the use of police cells as a place of safety.

Street Triage fits with other strategic priorities around mortality and mental health. Suicide accounts for a proportion of avoidable deaths for people with mental health issues. Having accessible crisis services is imperative to providing quick, timely interventions.

The Oxfordshire experience indicates the following deliverables are achievable in East Berkshire:

- Improved experience for service users with appropriate access to support
- Approximately 72 averted s136 detentions each year
- Estimated savings of £144,000 per annum
- Relieve pressure on AMHP services and s12 Doctor demand
- Reduction in police time spent on mental health incidents

Further anticipated benefits identified by the Oxfordshire pilot are summarised as:

- A reduction in the use of police custody for people in crisis
- Access to records and sharing of information and improved partnership working
- Early intervention with mental health services and social care

- Increased Police understanding/confidence in dealing with mental health issues
- Strategies for people frequently in crisis, decrease in people repeatedly detained

5. Current Provisions

The current provision within East Berkshire provides for patients in public suffering from mental health disorder and in need of immediate care or control, to be 'detained' by police under s136 Mental Health Act. At this point, the patient is taken to a place of safety (POS) and can be detained there for a period of 72 hours for an assessment to be conducted. The designated POS for Berkshire is Prospect Park Hospital or a police cell. It is recognised that a police cell is not an appropriate location for someone suffering from a mental health condition and should only be used as a last resort. If there is no available space at Prospect Park, then patients may be taken to custody.

The provision of beds at Prospect Park is limited and the subsequent assessment of the patient required specialist resources i.e. AMHP and a Section 12 doctor.

Demand for s136 provisions at Prospect Park rose across Berkshire by 33% from 2013/14 to 2014/15 from 265 cases to 352, reflecting both an increase in s136 detentions and diverting from the use of custody. Of this demand, 153 cases came from the East of Berkshire.

Analysis of police custody data demonstrates Maidenhead custody suite experiences an average of 10 hours 30 minutes period of s136 detention, similar to the 10 hours Thames Valley average. The delay awaiting assessment is the highest in TVP at 7.45 hours from request to arrival of AMHP and s12 doctor. This is in contrast to 2.44 hours in Milton Keynes and 4.03 hours in Aylesbury and Wycombe. Prolonged detention periods may be attributable to increasing pressure on AMHP services.

Further analysis shows that year to date as of November 2015, the ambulance service was not used to transport s136 patients to a POS 22% of the time, despite the responsibility for transporting patients under section 136 being with the ambulance service. This would then fall to the police to transport the patient.

6. The Oxfordshire Pilot

The Oxfordshire pilot objectives were agreed as follows:

- To improve the experience and outcomes for service users
- To reduce the number of s136 detentions by identifying suitable, appropriate less restrictive alternatives
- To reduce police time spent managing mental health crisis situations
- To reduce costs

6.1.1 Improved the experience for service users

Service users who have used the service and completed questionnaires have reported they felt listened to, their issues were taken seriously, and they were given the right advice and treated with courtesy and respect. At a recent focus group service users were unanimously positive about the pilot scheme.

6.1.2 Improved outcomes for service users

There is evidence to suggest that there has been more considered use of s136 detention powers by the Police as a result of the support of the MHP. The number of patients not requiring admission or referral to community mental health services has fallen from over 40% prior to the pilot to less than 20% in December 2015. Admissions to acute wards have also fallen with more patients being treated in the community.

Research shows early intervention helps people get better quicker. People are remaining in contact with mental health services after triage, an average of 75% were still open to mental health services 2 weeks later. This rose to 83% in June.

Joint multiagency working is coordinated for people who repeatedly use the service to help the person manage their mental health and subsequent behaviours. The number of persons being repeatedly detained under s136 has decreased as people are receiving support and directed into care pathways. Last year 22% of people were repeatedly detained compared to 14% this year.

6.1.3 Reduction in the use of S136 detentions

S136 detentions have reduced by 21% across Oxfordshire and 29% in Oxford city. This is against a force wide decrease of only 1%. A total of 93 s136 detentions have been averted during the last 9 months as a result of Street Triage.

In Oxfordshire there has been a 78% reduction of Custody as a place of safety through the increased availability of s136 suites and the ability of the MHP to communicate directly with wards.

6.1.4 More appropriate use of police resources

Savings in Police time are evident through access to information and expertise allowing faster and better decision making. The presence of a MHP reduces the need for double crewed response units to be engaged in the care of patients whilst awaiting other services. Reducing s136 detentions prevents lengthy bed and cell watch duties. Officers are therefore able to resume to more appropriate duties.

There has been an overwhelmingly positive response from Police Officers.

6.1.5 Reduction in costs

The average s136 detention involves either 10 hours in a custody suite or 12 hours in a health based place of safety. The attendance of an AMHP and two s12 doctors is required following every s136 detention.

The cost of a s136 assessment is roughly estimated at £2,000 across all services:

AMHP £500
2 x Doctor £1000
Police time £200
Health based place of safety £200

In 12 months, 130 s136s have been averted saving over £260,000. This saving is redirected back into scarce resources which can be used more appropriately.

6.2 Access to records and information sharing

The MHP is able to look at records on RiO to offer appropriate support and advice not only to people presenting to the police in a crisis state but also those reported as missing or absent and to inform officers prior to welfare checks. Persons encountered were known to services in 74% cases.

7. Recommended/Proposed Action

If the initial Oxfordshire approach was to be adopted for East Berkshire, the proposed Street Triage service would allow 24 hour access to advice for Police from MHPs. A dedicated MHP (Band 7) or AMHP resource would operate 5 days a week between the hours of 17:00 and 01:00. The MHP/AMHP would be available to be deployed to incidents with a Police Officer within the Slough, Windsor and Maidenhead and Bracknell Forest Local Police Areas (LPAs) and to provide telephone triage to clients or advice to Police Officers and the Control Room staff across the East of Berkshire.

Outside the working hours of 1700 to 0100hrs there should be a single telephone point of contact at Berkshire Health available as an advice line for Police. This will enable Police to make informed decisions and signpost to the appropriate care pathway.

7.1 Costs

To enable the proposed model to operate, the draft funding budget required per annum is £136,000 divided as follows:

- 1.72 FTE Band 7 MHP/AMHP - £125,0000
- 0.35 FTE Band 4 Administrator (2 hours at the end of each shift) - £9,500
- Equipment/hardware – Laptop/iPad - £1500

In Oxfordshire Thames Valley Police have committed the following resources to the project which would be replicated in East Berkshire:

- Police Officer deployed during triage hours (32 hours per week) on plain time (£36,600)
- Use of a Standard Police Response Vehicle during triage hours (32 hours per week) - £3,000
- Provision of a Police Radio -£1000
- Training x 6 MHP in Command and Control and Radio £1,500
- Police Overtime contingency - £1,500
- TVP analytical support - £15,000

7.2 Identified benefits

It is expected that the outcomes and experiences for those experiencing Mental Health Crisis and requiring police intervention will mirror those of Oxfordshire.

- Patients treated with more respect and dignity
- Lower probability of being detained in Custody Suites
- More appropriate use of s136 powers by police
- More appropriate pathways identified and longer engagement in services
- Early intervention to prevent future crisis and aid recovery through care pathways and feeding back into the primary care system
- Strategies for people frequently in crisis

Reduction and averting of s136 detentions (following the Oxfordshire experience) could prevent 40% of detentions (72 detentions):

- A cost saving/redeployment of resources of £144,000
- Reduced demand on AMHP time
- Reduced requirement for s12 Doctors
- Release pressure on s136 suites and acute beds
- Reduction in police time being spent on mental health incidents

Information sharing will enable better and faster decision making and provide police officers with greater confidence in dealing with mental health issues and improved partnership working.

Feeding back to GPs provides a closed loop of care and support and helps support parity of esteem for mental health services by ensuring a responsive service is provided with quality of care.

7.3 Risks of not providing a service

- Failure to meet Berkshire Crisis Care Concordat Action Plan
- Negative experience for patients
- Continued increase in s136 detentions

- Necessitate extra places of safety and use of custody
- Reduction in appropriateness of detentions
- Not enough capacity to deal with s136s
- Increase in police time
- Lack of partnership working
- Service working in silos
- Parity of esteem not being achieved

8. Consideration

The Committee is asked to support the introduction of a Mental Health Street Triage Scheme for Berkshire East by the 1st April 2016.

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**TO: HEALTH AND WELLBEING BOARD
10 DECMEBER 2016**

**LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15
Independent Chair Local Safeguarding Children Board**

1 PURPOSE OF REPORT

- 1.1 The final draft of the Local Safeguarding Children Board (LSCB) Annual Report 2014/15 regarding the effectiveness of safeguarding and child protection practice in Bracknell Forest is provided to the Health and Wellbeing Board for information.

2 RECOMMENDATION

- 2.1 **The Health and Wellbeing Board is asked to note the report (attached as annex 1) and the key messages arising from it.**

3 REASONS FOR RECOMMENDATION

- 3.1 Working Together to Safeguard Children (updated March2015) provides the statutory framework for the safeguarding responsibilities of those working with children and young people, including the responsibilities of the LSCB. Working Together requires the LSCB Chair to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should cover the preceding financial year, and should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

4 SUPPORTING INFORMATION

- 4.1 Statutory regulation supporting the implementation of Section 14 of the Children Act 2004 requires that the central focus of the LSCB is to:

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

In addition Regulation 5¹ of the Local Safeguarding Children Boards Regulations 2006 sets out the following specific LSCB roles and functions that support the objectives set out below:

- Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.
- Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising the awareness of how this can best be done and encouraging them to do so.
- Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.

¹ <http://www.legislation.gov.uk/ukxi/2006/90/regulation/5/made>

Unrestricted

- Participating in the planning of services for children in the area of the authority.
 - Undertaking reviews of serious cases and advising the authority and Board partners on lessons to be learned
- 4.2 Regulation 6 provides for the inter-agency LSCB Child Death Review process, with Regulation 5 (3) providing for the LSCB to have discretion in respect of its engagement in any other activities *“that facilitates, or is conducive to, the achievement of its objectives”*.
- 4.3 The report summarises the main areas of activity in the last year, some areas to note are:
- Ongoing management oversight by Council Members and Senior Officers of the roles, responsibilities and key issues regarding safeguarding activity and impact. This includes the LSCB Independent Chair attending a meeting bi-annually with the Director Children, Young People and Learning, The Lead Member for Children, Young People and Learning and Chief Executive. The Leader of the Council also joins this meeting annually.
 - Agreement across the six Berkshire Unitary Authorities to take a lead on a specific sub group to ensure consistency and accountability for each area of work identified. Bracknell Forest LSCB has the Pan Berkshire lead for the Section 11 Sub Group.
 - Increased focus on the role of the LSCB in performance monitoring and seeking further information / action where concerns have been identified.
 - The continued high level of participation from Bracknell Forest Council in relation to reviewing the progress made across all departments of the Council in implementing and reviewing the Section 11 safeguarding self assessments.
 - The positive developments in working with Involve and delivery of a number of workshops with the Voluntary and Community Sector.
 - The development of the Learning and Improvement Framework and focus on working with partners in reviewing cases where multi-agency learning was evident. The roll out of a series of learning events to ensure practitioners have been able to hear about the reviews and take away key messages for practice.
 - The high level of engagement with young people regarding CSE through an event led by the Youth Council, and engagement of partner agencies in a joint event which focused on CSE, learning from Serious Case Reviews where CSE was a key factor. The outcomes of both events fed into a review of the CSE Strategy.
 - Continued focus on CSE by working to develop a profile of CSE, and undertaking further multi-agency audits.
 - During 2014/15 over 1360 individuals attended safeguarding courses commissioned by the LSCB for staff and volunteers across the Borough and offered generic learning in respect of safeguarding children and specific courses.
 - The oversight of the LSCB on a wide range of activity underpinning safeguarding across the Council and with partners, including a number of presentations during the LSCB Forum on issues such as managing allegations against the workforce, Young Carers and the impact of the new Care Act.
 - Progress noted against all areas of the targeted priorities of the LSCB Business Plan.

- 4.4 The report identifies targeted priorities for the new Business Plan for 2014- 2017 which in addition to the original priorities include two new priorities. The seven priorities for the coming three years are:

TP 1	To support further implementation of the framework for early help, and evaluate its impact on families
TP 2	Reduce the impact of domestic abuse on children, young people and families
TP 3	Reduce the impact of substance and alcohol misuse on children, young people and families
TP 4	To further develop the co-ordination of protection and support to young people at risk of child sexual exploitation
TP 5	Develop a greater understanding of neglect and reduce the impact this has on children, young people and families
TP 6	Reduce the impact of parental mental illness on children and young people
TP 7	To increase the understanding of the harm associated with the misuse of technologies, it links with bullying and the further development of proactive strategies to support children / young people and their families

- 4.5 The report provides a range of key messages which are aimed at those responsible for key partnerships and strategic planning across all organisations working with children, young people and families. It is expected that these organisations will take on board the messages and ensure they are embedded within policy and practice where relevant and appropriate.
- 4.6 The report identifies a number of key messages for partners and stakeholders for consideration. Those reading the report may wish to consider these messages and ensure they are addressed at the appropriate level.

Safer Workforce

Those providing services to children, young people and families, or those planning provision should:

- regularly assess workforce capacity and identify strategies to ensure their workforce is adequately equipped to fulfil their safeguarding responsibilities
- ensure that there is an awareness of the requirements of safe recruitment and a clear understanding of the management of concerns/allegations against staff working with children
- provide professional development that addresses the need for inter-agency learning in addition to specific competences in respect of individual \ organisational responsibilities
- ensure that staff receive supervision that provides adequate support to ensure they carry out their duties within the challenging context of child protection

Information Sharing

Those providing services to children, young people and families, or those planning provision should ensure:

- that they have understood and endorsed the LSCB's Information Sharing Protocol staff and volunteers have understood the requirements of [Working Together](#) (HMGov, 2015) and [Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
- staff challenge practice that does not reflect the above agreements/guidance and if necessary escalate such concerns using the processes established within the LSCB's [Inter-Agency Guidance](#) (http://berks.proceduresonline.com/chapters/p_resolution_prof.html).

Assessment and analysis of risk

Those providing services to children, young people and families, or those planning provision should ensure:

- children/young people are seen and engaged in activities that verify their wellbeing in spite of assurances provided by others
- the needs and capabilities of parents/carers are informed by reliable information provided by all those involved with the family and wherever possible information gathered is validated using reliable sources of information
- where assessment takes place historical information informs professionals understanding of the accumulative impact of adversity and resulting trauma and should fully inform decision making

Strengthening Partnerships

Those providing services to children, young people and families, or those planning provision should ensure:

- *the ongoing commitment of sufficient resources to support delivery of the LSCB Business Plan and the core requirements as prescribed within statutory guidance*

5 EQUALITIES IMPACT ASSESSMENT

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

6 STRATEGIC RISK MANAGEMENT ISSUES

- 6.1 This report provides an account of the LSCB activity in the past year. Within this account the report provides a list of key messages which are designed to provide

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partner agencies with some focus on areas of development which may help to reduce the risk of harm to children and young people in the future.

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Bracknell Forest Local Safeguarding Children Board

Annual Report

April 2014 to March 2015



Chairs Foreword

The Local Safeguarding Children Board (LSCB) is a strategic partnership bringing together organisations with a collective responsibility to safeguard and promote the welfare of children and young people.

As the Independent Chair of the Bracknell Forest LSCB I am delighted to present this Annual Report for the period 1 April 2014 to 31 March 2015.

As with previous years reports I have set out to describe the achievements and the challenges for the Board and its partners in ensuring the ongoing improvement of safeguarding practice for children and young people across the borough and for our young residents who receive specialist services provided outside of the area.

While the LSCB has continued to make progress in addressing safeguarding issues for our children and young people, we are not complacent and recognise the importance of ensuring this is sustained even through periods where demands increase but funding and resources are limited.

The LSCB Business Plan was a key document for the Board and guided its work during the year. As a result much of our activity was focused on ensuring we were able to address the targeted priorities identified while still fulfilling our core statutory responsibilities.

This progress was achieved through continued partnership working which research suggests, and we believe is at the heart of successful initiatives to address some of the challenges that many families face on a daily basis.



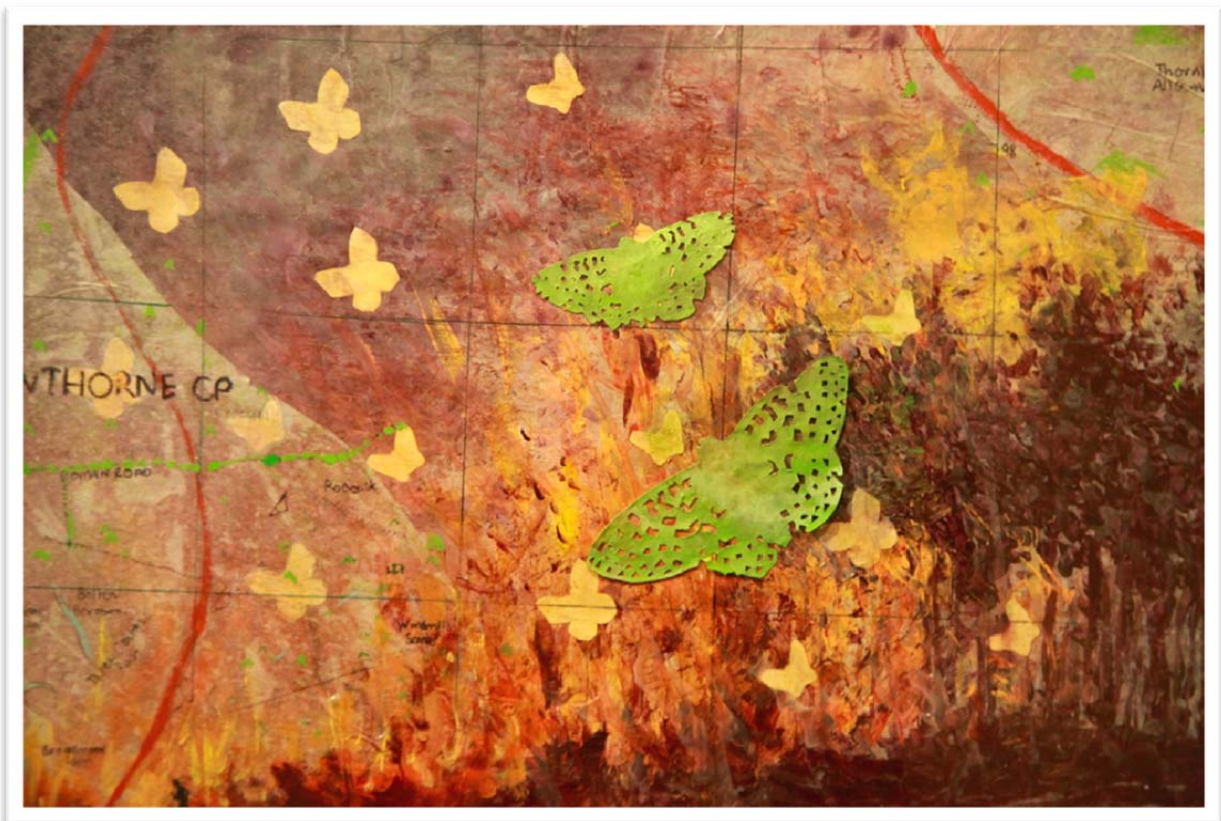
Working Together to Safeguard Children (HMGov, 2015) demonstrates the Government's commitment to strengthening the role of LSCBs in monitoring and scrutinising the effectiveness of local safeguarding arrangements. LSCBs are now subject to external scrutiny of their effectiveness with our key partner agencies also being held to account through similar processes of inspection.

This Annual Report provides evidence of the learning and the associated progress that has been made during 2014/15. The report highlights partner's contributions to developing a culture of constructive challenge and one that supports continuous improvement.

As the Chair of the LSCB I should state my gratitude to all those who are involved in the Safeguarding Children Board and in particular to all those in the workforce who have demonstrated their steadfast dedication and commitment, to protecting children and young people and improving their life chances.

Alex Walters
Independent Chair, Bracknell Forest Safeguarding Children Board

The pictures shown in this Annual Report are by Bracknell Forest children and young people aged 4-16 years as part of the My Bracknell Forest Art Exhibition



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1. Introduction

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

Part 1 of this report provides information about the wider environment in which children develop and gives the context to the work of the LSCB. Links to our website and other important documents are provided for those wishing to access more detailed information.

The second part of the report describes the work undertaken during the year to ensure partners have collaborated to prevent harm and ensure children and young people received early help, targeted services and steps taken to protect the most vulnerable children from further harm.

This report is shared widely with key partners and stakeholders including; the Children and Young People's Strategic Partnership, Community Safety Partnership, Thames Valley Police and Crime Commissioner, the Health and Wellbeing Board, the Family Justice Board and Bracknell Forest Partnership. Where relevant, specific recommendations have been made to these groups in order that we maintain a coherent and coordinated approach to the planning of services and ensuring their effectiveness.

1.1 About Bracknell Forest

Bracknell Forest lies west of London, at the heart of the Thames Valley and within the county of Berkshire. Bracknell was originally developed as a 'new town' and since its inception the population has grown continuously.

Although Bracknell Forest is one of the least deprived areas of the country and is ranked 291 out of 326 local authorities in England on the Index of Multiple Deprivation (2010), these headline figures mask significant pockets of deprivation that undoubtedly impact children and their families.

Information about Bracknell Forest can be found on the Joint strategic Needs Assessment website, this provides a comprehensive overview of Bracknell Forest at ward and borough level (<http://jsna.bracknell-forest.gov.uk/bracknell-forest-profile/ward-profiles>).

Six wards in the borough have child poverty figures above the South East average of 14.6%, and one ward is above the England average of 20.1%¹.

The 2011 Census showed that 84.9% of the population of Bracknell Forest was 'White British' and the BME population was 15.1%. The location of the Gurkha regiment at the Royal Military Academy in Sandhurst has led to a significant settled Nepali community in the Borough.

¹ % of Children in low-income families, DWP 2011

Since 2001 the proportion of school pupils from minority ethnic groups has increased steadily from 6% to just over 19.5%. By January 2015, 11.3% of pupils in the Borough had English as an Additional Language (EAL) and 82 different languages were spoken in our schools, although many are only spoken by a very small number of pupils.

The latest population estimate for the Borough suggested that there had been a rise of 3% since 2010 to 116,567².

24% of these residents were identified as being aged 0-17years and the proportion of those aged 0-14 years continues to be higher than the national average.

The percentage of pupils at the Early Years Foundation Stage achieving a good level of development increased during the year and was 65%, compared to 60% nationally during 2014.

In 2014, 68.3% young people within the Borough achieved 5 + A* to C grades in GCSE, and 57.0% achieved 5+ A* -C including English and mathematics. Although not as high as previous years, these are above the England and South East averages for attainment.

The number of Bracknell Forest students who took A level examinations in 2014 increased to 414 (366 in the previous year). 99% of these resulted in a pass grade, with the average points score increasing to 773.

Approximately 17,226 pupils are now on roll in primary, secondary and special schools in Bracknell Forest, although there is some cross-border movement of pupils between Bracknell Forest and neighbouring authorities, primarily Wokingham, Windsor and Maidenhead, Hampshire and Surrey.

1.2 Vulnerable Children and Young People

The experience of the most vulnerable children/young people living in the Borough is in sharp contrast to the majority of our 27,500 children and young people (24% of the total population) who our local research suggests are happy, healthy and achieving well. <http://www.bracknell-forest.gov.uk/survey-of-cyp-2013-report.pdf>

It is this small minority of children and young people for whom partner agencies have specific responsibilities to provide a coordinated response to prevent harm, address known risks and to support those affected by abuse and neglect.

The information below identifies the numbers of children who have received support from Children's Social Care during the year 2014/15 and those who have received early help through a Common Assessment Framework (CAF or Family CAF), or a referral to the Early Intervention Hub (more information on early help is included later in this report). <http://www.bracknell-forest.gov.uk/commonassessmentframework>

² Source: Population Estimates Unit, ONS: Crown Copyright 2013

Protecting Children/Young People from Significant Harm:

The number of children subject to a Child Protection Plan at 31 March 2015 was 122 (an increase from 108 in 2014), this was at the rate of 45.0 per 10,000 under 18 population.

68 of these plans were made under the category of neglect, which continues to be the highest category of need.

There has been a reduction in the number of plans made under the category of emotional abuse and 25 plans were in place under this category on 31 March 2015 compared to 37 in 2014.

Analysis undertaken suggests this may have been in part due to the focused work on domestic abuse and the local Domestic Abuse Perpetrators Service (DAPS).

Children subject to plans under the category of sexual abuse rose to 12 on 31 March 2015 (an increase from 2 in 2014), and a category of multiple abuse was 15 on 31 March 2015 (an increase from 4 in 2014).

While a number of factors may have led to the increase in plans to address sexual abuse, the recent publicity in respect of 'celebrity' and high profile Child Sexual Exploitation cases is thought to have had a significant influence.

Looked After Children:

The number of children looked after by the local authority at 31 March 2015 was 104 (a reduction from 113 in 2014), this was at the rate of 38.4 per 10,000 population.

61.3% of children looked after remained in stable placements which they had been in for two years or more, and is a marked improvement on the previous year where 51.6% of children were reported to be in stable placements.

13.5% of children looked after had three or more placement moves within the year, this is largely similar to 2014 (13.3%), whilst the figures show a slightly higher % rate in actual numbers, there was in fact one less child experiencing a placement move this year.

S17 Child in Need:

At the end of March 2015, 554 children in the Bracknell were receiving support from Children's Social Care under Section 17 of the Children Act 1989 (Child in Need). This number has remained similar over a two year period and was 555 in 2013.

Early Help Assessment (CAF):

At the end of March 2015, 349 CAF assessments had been completed within the Borough; this included 108 Family CAF assessments.

Referral to the EI Hub is the main outcome for CAF assessments, along with a number of multi-agency responses.

266 CAF reviews were completed in 2014/15 which is a positive increasing trend and follows the promotion of reviews within CAF training and also endeavouring to support the review process through visits to schools.

Early Intervention Hub:

At the end of March 2015, 352 referrals had been taken to the Early Intervention Hub for a multi-agency discussion. Nine of these cases were 'stepped up' to Children's Social Care and 113 cases were 'stepped down' from Children's Social Care for ongoing support at Tier 2. <http://www.bflscb.org.uk/sites/default/files/bf-lscb-thresholds.pdf>

1.3 About the Local Safeguarding Children Board (LSCB)

In April 2006, the LSCB was instituted as a statutory board and became an established multi-agency forum bringing together senior managers from a broad range of organisations working together to promote the welfare of, or protect, children and young people in Bracknell Forest.

Partners are individually and collectively held to account by the Independent Chair of the LSCB who ensures the regulatory role of the LSCB as described in statutory guidance Working Together to Safeguard Children (HMGov 2015) is fulfilled.

Statutory regulation supporting the implementation of Section 14 of the Children Act 2004 requires that the central focus of the LSCB is to:

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

In addition Regulation 5³ of the Local Safeguarding Children Boards Regulations 2006 sets out the roles and functions that support the above aims.



³ <http://www.legislation.gov.uk/ukxi/2006/90/regulation/5/made>

1.4 How did the LSCB operate?

The LSCB met every 2 months during 2014/15 and was responsible for:

- Ensuring compliance with the statutory functions required of the LSCBs set out in Working Together to Safeguard Children (HMGov, 2015)
- Monitoring progress against the Business Plan.
- Scrutinising and challenging partners and sub group activity. (see appendix C)
- Monitoring Serious Case Review and Individual Management Review action plans.
- Receiving and commenting on partner's annual reports on safeguarding activity.
- Developing the use of shared resources across partner agencies to enable the LSCB to carry out its duties and processes efficiently.
- Agreeing and managing the LSCB and Partnership Forum agenda.

The LSCB Partnership Forum met three times during 2014/15 and involves a wider group of partners focused on:

- The views of children/young people in relation to safeguarding issues and the services provided to them and their families.
- Developments within the work of organisations that impacted on the role of partner agencies and their ability to effectively safeguarding children/young people.
- Sharing information and informing all partners on strategic developments.
- The consideration of national developments, local initiatives and associated learning.
- Support for partners in their effective communication of safeguarding 'messages' within their own agency and within multi-agency settings.
- Participating in a rolling programme of workshops designed to extend members knowledge and understanding of specific issues to inform strategic governance and prepare for Announced Inspection.



LSCB Sub Groups

The LSCB Sub Groups (see Appendix A) reported directly to the LSCB throughout the year. The primary function of the sub-groups was to undertake activities to meet the statutory functions of the LSCB and the agreed local strategic priorities identified within the Business Plan.

A number of these sub-groups are jointly commissioned by the six LSCBs located within Berkshire and held to account through clear reporting requirements, with

additional oversight of other LSCB Independent Chairs within Berkshire. During the year all sub-groups reviewed their terms of reference; progress made and highlighted outstanding challenges to the LSCB.

LSCB Independent Chair

Throughout the year the Chair worked closely with all LSCB partners, and played a key role in holding agencies to account. The Chair provided an effective link between the LSCB and a range of regional and national strategic activity and developments.

The Chair is a member of the National Association of Independent LSCB Chairs and is the South East regional lead, chairing their regional network meetings and also sits on its national Board of Directors. As a result the Chair is able to represent local views at regional and national level and to bring in new and developing ideas to inform local developments and ideas.



Local Authority Governance

The Chief Executive of the Local Authority is required to hold the Chair to account for the effective working of the LSCB. This was achieved in a number of ways:

- During the year the Chief Executive was represented at both the LSCB and its Partnership Forum by the Director for Children, Young People and Learning.
- The LSCB Chair maintained regular contact with the Chief Executive through correspondence and twice yearly meetings with, the Lead Member for Children Young People and Learning, the Director for Children, Young People and Learning and the Chief Officer for Children's Social Care in attendance.
- The Leader of the Council also attends these meetings annually and receives regular briefings / updates from the Chief Executive.
- Reports providing an objective view of the effectiveness of local safeguarding arrangements were presented to these meeting by the Chair and were in turn shared with members of the LSCB. During the year the Chair also met with an officer from the Office of the Police and Crime Commissioner.

Outcomes:

As a result of these meetings the Chair has successfully raised the profile of a number of key safeguarding issues and has also secured additional resources for the LSCB, which include permanent funding for the LSCB Business Manager post to increase capacity and permanent funding to support performance and quality assurance activity.

LSCB Membership

Membership of the LSCB was reviewed during the year to ensure representation from all statutory partner agencies as well as that from other agencies with a significant contribution to make in supporting local safeguarding priorities. The Chair has addressed the gaps in membership and the Board is now strengthened by adult mental health services, and voluntary/community sector representation at the Board and Partnership Forum.

A list of members of the LSCB is set out in Appendix B.

The technical expertise offered by 'professional' members of the Board's Partnership Forum has been complimented by Lay Member representation for some years. As a result the independence afforded through this function was developed during the year and the same contribution is now made at the LSCB and will be extended to the Board's Learning and Improvement Sub Group.

Outcomes:

The revised membership of the LSCB reflects the way that agencies work together and the addition of adult mental health services in particular strengthen the joint work between adult and children's services, enabling a greater focus on key issues that adversely impact on children, including adult mental health, substance and alcohol misuse and housing conditions.

The addition of Involve (formerly BFVA) has enabled the LSCB to work more closely with the Voluntary and Community Sector, raising awareness of safeguarding and the work of the LSCB.

During 2014/15 the LSCB has been supported by:

- Business Manager (26 hours a week)
- Partnership, Performance and Project Officer (9 hours a week)
- Quality Assurance Officer (18.5 hours per week)

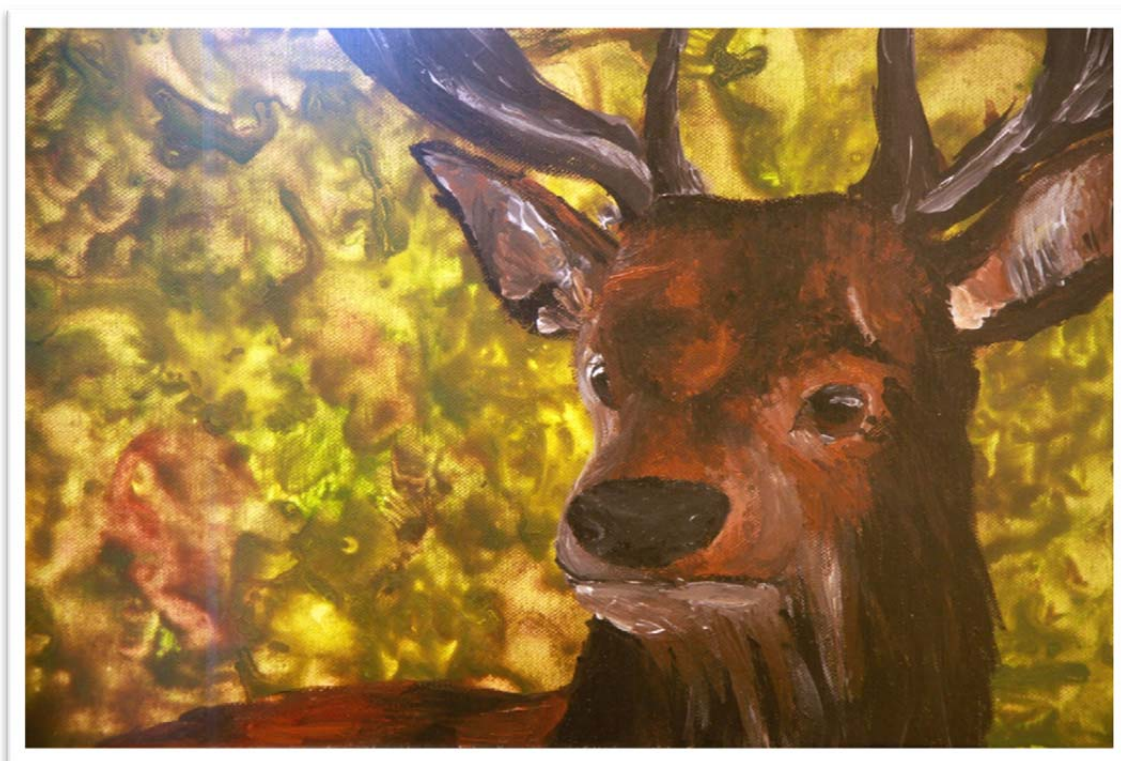
N.B: as of April 2015 the Business Manager hours increased from 26 to 32, and the Partnership Performance Project Officer post and the Quality Assurance post were combined to a single post of LSCB Partnership and Performance Officer working 29 hours per week.

1.5 Regional Collaboration across Thames Valley

Agencies from across the Thames Valley area have continued to work collaboratively in order to address the risks to children and young people. However, reorganisation and change within agencies have presented significant challenges in ensuring this approach remained feasible and continued to be an effective model for meeting the collective and individual requirements of the six LSCBs. The regional oversight of this work is maintained through an Independent Chairs and Business Managers Forum and progress is regularly reported directly to one of the LSCBs with an allocated 'host' role.

Outcomes:

Regional collaboration has ensured that some key priority areas of the LSCB's have been sustained and fulfilled key statutory functions of the LSCB, examples of this include the work of the Child Death Overview Panel (CDOP), and the Sexual Advice Referral Centre (SARC).



2. Learning and Improvement Framework

During 2014/15 the LSCB built on the work of its previous Quality Standards Sub Group to embed its new Learning and Improvement Framework.

As a result the Board established processes to ensure learning from a range of activities improved practice and therefore outcomes for children. During the year the LSCB did this by:

- Developing an inter-agency Learning and Improvement Sub Group to over see the implementation of the new strategy.
- Ensuring a 3 year programme of Safeguarding Standards / Section 11 self-assessments was undertaken of agencies to enable the LSCB to be assured individual organisations routinely identified areas of good practice and those requiring improvement.
- Commissioning multi-agency audits and scrutinising partner's individual quality assurance activities to determine whether good practice and identified improvements have been implemented and were consistently applied.
- Receiving child protection incident notifications and determining methodology to ensure learning took place and led to improvements in practice; and where necessary undertaking Serious Case Reviews.
- Reviewing of all unexpected child deaths.
- Routinely reviewing performance management data and information provided by partner agencies.
- Developing more robust approaches to receiving feedback from frontline staff, families and children / young people.

2.1 Monitoring of Safeguarding Standards (Pan Berkshire Agencies)

Bracknell Forest LSCB has an established strategy to support organisations working with children/young people and their parents/carers to undertake self-assessments in relation to the safeguarding standards set out within Section 11 of the Children Act 2004/s175 Education Act 2002. This work has been ongoing for some years and has successfully established a culture of self audit and periodic review.

In more recent years it was recognised that a number of agencies had regional functions and that it would be more efficient if these agencies were to receive a single combined request from the LSCBs based within Berkshire. This led to the creation of the Pan Berkshire LSCB S11 sub group that has coordinated requests to agencies and provided analysis of returns and progress made

Regular progress reports are made by the sub-group to the LSCB's, providing an assurance of the S11 Self Assessment process and outcomes. There have been challenges in undertaking this work within the limited resources available and the group is reviewing it function and considering alternative ways of working and modernisation of its systems in order to support more robust analysis.

During the year the subgroup also worked to:

- Complete the audit cycle and raised appropriate challenges where necessary
- Renew its membership incorporating professional views from the broader spectrum of agencies working with children and families
- Develop a clearer line of accountability and reporting directly to Bracknell Forest LSCB as the 'host' Board
- Modernise the key audit tool and systems that better reflected the responsibilities of agencies and that provided an overview summary of performance
- Streamline the work of the S11 panel to ensure better engagement with partner agencies
- Secure ongoing administrative support for the panel

Some key issues identified include:

- Understanding of 'safeguarding supervision' continues to vary across the children's workforce and opportunities exist for further exploration of multi-agency supervision or case discussion. As a result, detailed analysis was undertaken of practice within the Borough. Some good examples of supervision practice were identified, and further work is now planned to further strengthen such supervision across partner agencies.
- While safer recruitment training is available for staff within partner agencies, it would seem that some employers struggle to identify courses locally that have sufficient capacity. As a result the content and delivery of such courses delivered by the LSCB has been reviewed and attempts made to secure resources to increase the number of events planned for 2015/16.
- The quality and format of the S11 Submissions provided by Local Authorities were variable. Locally, Bracknell Forest engaged positively in this process and following a review of its action plan provided detailed information enabling the Board to be assured of the efforts being made to strengthen its safeguarding activities. As a result the local authority remains committed to safeguarding and continues to demonstrate management oversight at a corporate level.
- Although organisations did have a named senior person responsible for safeguarding, in some cases there appeared to be insufficient understanding of the actual range of responsibilities this entailed and how this influenced operational practice. As a result the LSCB has undertaken targeted work to raise awareness of roles and responsibilities and will continue to do this through 2015/16.
- The group noted that some larger partner organisations have increased the number of 'in house' training events for staff and as a result highlighted the need for a review of the current inter-agency training programme to consider the appropriate balance between single and inter-agency learning events. As a result partner agencies were engaged in a training needs analysis that will inform partner future planning and a revised pathway for accessing different levels of inter-agency training.

- Intelligence shared by agency representatives showed that there continues to be some confusion in regard to obtaining Disclosure and Barring Scheme checks as part of their safer recruitment processes (particularly for those in smaller voluntary organisations) and that employers need to ensure greater clarification is in place to inform safer recruiting practice. Within the Borough the LSCB has sought to address this within Voluntary and Community Sector forums, and through workshops held at the LSCB Partnership Forum. Details of the latest guidance have also been made available on the Board's website with changes communicated to partners through regular electronic updates.

Challenges during the period

- The sub group continues to refine its work but noted there have been some ongoing challenges, including: prioritisation and reorganisation within partner agencies, which has resulted in further 'churn' within the membership of the group and led to the appointment of a new chair.
- Securing Police and Children's Social Care representation remains a challenge that resulted in escalation to the LSCB Independent Chair's Forum.
- Ensuring sufficiently strong links between learning from s11 audits and the newly established Learning and Development sub-groups structures.
- Securing consistency in the quality and format of organisations self audit methods.
- Changes in the commissioning and governance arrangements in health and developing approaches that enable scrutiny of GP practices across Berkshire.

Outcomes:

The S11 Sub Group have developed an automated tool to support partners in undertaking their self audits and refined their methodology to ensure sufficient scrutiny of the information provided by organisations operating across the 6 LSCBs.

The Group has also engaged directly with agency representatives to offer support and guidance in respect of any improvements required.

2.2 Voluntary and Community Sector and Community Engagement

An action identified in previous LSCB Annual Reports identified the need for further work to be done in order to develop better links with the voluntary, community and faith groups to ensure minimum safeguarding standards were in place and understood by their staff/volunteers.

A good deal of progress has been made in strengthening links between the LSCB and this sector and through the development of Involve (formerly Bracknell Forest Voluntary Action), a series of events were sponsored by the LSCB and have helped build on the more limited engagement secured in previous years.

Initial improvements in communicating key safeguarding messages have been strengthened through the use of social media, newsletter distribution and a programme

of planned community events. In addition targeted community consultations have been designed to further support of the Board's ongoing problem profiling with respect to Child Sexual Exploitation (CSE).

Officers of the Board have also met with representatives from the Christian and Muslim Communities, and continue to consult with representatives from the Borough's Inter Faith Forum to ensure more is done to engage individuals and groups within the Borough.

Outcomes:

During 2014/15, the LSCB worked more closely with Bracknell Forest Voluntary (BFVA) during their transition to become 'Involve', at sponsored community events and established targeted consultations to support the Board's work in profiling the extent of CSE within the Borough.

Voluntary and Community Sector organisations are now routinely represented on the LSCB and relevant sub groups which has enabled the sector to contribute to the delivery of the Board's responsibilities.

2.3 Individual Case Reviews: Serious Case Reviews (SCRs)

Although no SCR's were commissioned by the LSCB during the year, criminal proceedings continued in regard to the serious unexplained injuries of a young child who was the subject of a SCR during 2013/4. Due to these ongoing proceedings, the LSCB has not been able to publish the findings from the review but has continued to disseminate the learning established and review the actions of partner agencies required to make improvements.

The LSCB has also co-ordinated a number of events to support partner agencies in disseminating this learning and the recommended improvements outlined by the review.

In addition, the content and delivery of the inter-agency training continues to be reviewed and updated to reflect the learning from local case review activity and national SCR publications.

Outcomes:

The LSCB has co-ordinated and delivered a number of events to support partner agencies in disseminating this learning and the recommended improvements outlined by the review. This means that a range of staff have had the opportunity to attend learning and participate in inter-agency learning.

Staff attending fed back that they found the opportunity to meet with and talk to colleagues from a range of agencies to be beneficial in informing their knowledge and professional practice.

Following these successful events, the LSCB has a regular programme of learning and improvement workshops in place.

2.4 Review of Safeguarding Incidents and Case Reviews

During the year the LSCB's Learning and Improvement Sub-Group were notified of the following cases in which learning was identified:

Case 1: involved a young person who it was alleged had sexually assaulted and exploited a number of fellow pupils. Although this case did not meet the criteria for a Serious Case Review, the school were keen to review how they had responded to the concerns raised, identify learning and to make any improvements necessary. The Board were assured that this work was undertaken promptly and were kept informed of the actions taken to learn from this case and strengthen the schools policies and procedures.

Case 2: involved the serious self-inflicted injury of a young person and although this did not meet the criteria for a Serious Case Review, a partner agency that had significant involvement with the family undertook a thorough review of their involvement. This was subsequently shared with the Learning and Improvement subgroup. As a result the LSCB was assured that an appropriate response had been made.

Case 3: involved notification of a case in which a young person from outside of the Borough had allegedly been involved in a serious assault of a young person residing in the Borough. As a result, the LSCB in the area the alleged perpetrator normally resides have subsequently commissioned a Partnership Learning Review and the LSCB has worked with local partner agencies to support this process and ensure any learning identified informs the LSCB's understanding of any improvements that may be required.

Case 4: involved a number of children who had been the victims of sexual assaults at the hands of a perpetrator residing within the Borough. Although this case did not meet the threshold for a Serious Case Review, a review of practice was undertaken separately by two partner agencies with improvements having been subsequently identified and shared with partner agencies through the Learning and Improvement sub group.



2.5 Auditing of the Effectiveness of Local Arrangements

In addition to the above case reviews, during 2014/15 the Learning and Improvement sub group reviewed its programme of audit and scrutiny work established during 2013/14 and ensured that the learning was documented and shared with partner agencies. Analysis of the methods used also informed the subsequent planning of the current programme of audits for 2015/16.

There were 3 multi-agency audits undertaken in 2014/15 with some aspects ongoing into 2015/16 and reflected the targeted priorities agreed by partners of the LSCB.

2.5.1 Child Sexual Exploitation

In 2013 the LSCB commenced on a programme of activity to better understand the profile of CSE across the Borough and commissioned an in-depth audit of three case files randomly selected from a group of young people identified as being vulnerable to CSE.

In addition to the information provided by partner agencies, the LSCB was able to engage directly with one of these young people and held a separate learning event with front line staff involved in their case.

In 2014 the LSCB embarked on a further programme of activity with partner agencies being asked to identify children/young people they considered to be at possible risk of CSE, those who had been exploited, the context and locations associated with CSE in the Borough and information about those suspected of perpetrating such abuse.

The work was informed by consultations with frontline staff and an engagement event involving young people from a range of schools across the Borough. This event was sponsored by the LSCB, but directly facilitated by young people from the Youth Council and enabled information to be shared as well as young people views to be elicited. Feedback from young people attending this event included the following key messages:

- Young people have better information on CSE that is helpful, but there needs to be more including information about the law and better communication between staff and parents.
- Schools need to help teach what consent means in order to help breed a culture where consensual sex is expected.
- Young people want to talk about their feelings.
- Although it can be shocking, more open discussions about relationships and exploitation from different perspectives are needed in year 9-11 although some felt this should be addressed in primary schools.
- There needs to be more safe places for young people to go to (e.g. drop in centres) and increased police patrols.

In spite of the recent efforts made to promote awareness of CSE and associated safeguarding messages, the above feedback from the young people clearly indicated the need for further work to be undertaken across the Borough to ensure that safeguarding messages continued to be promoted outside of the key events already in place.

While no new information was received in respect of children/young people thought to be at risk of, or suffering from CSE, the details of two alleged perpetrators was gathered and shared with relevant agencies.

Information collected from these events has also informed the Board's understanding of the cross border challenges of a small unitary authority and the potential risks for our children/young people when they travel to neighbouring areas where the risks of CSE may be higher.

The LSCB facilitated a further inter-agency case file audit of six cases in which children/young people had been absent/gone missing and a further audit of five cases where concerns had been raised about the risk of CSE.

Emerging themes include:

- The importance of early help and timely independent return interviews
- The risk of drift in cases where there were concerns for children/young peoples mental health and interventions delayed while they waited for specialist assessments
- Insufficient understanding of children/young people's vulnerability where complex issues may not have yet been adequately resolved
- The increased risk to pupils excluded from education
- Agencies policies in respect of the retention of records seemed to prevent workers accessing potentially important historical information
- Ongoing challenges as to how important information is shared within and between partner agencies
- The importance of disrupting CSE and need to strengthen the focus of all partners on the alleged perpetrator and steps taken to deter them
- Whether some of the cases had been held too long by partners before a comprehensive assessment had been undertake.

All of the issues identified through these processes are being actively considered by the CSE Strategy Group and will inform the refresh of the CSE Strategy and Action Plan for 2015/16.

2.5.2. Early Help

During 2014/15, the Sub-group considered reports completed following an audit of Early Help cases and the 'Step Up' and 'Step Down' process. These cases were randomly selected from a sample provided by the Common Assessment Framework (CAF) Co-ordinator and were audited using a newly stablished process which ensured that the views of both practitioners and their managers informed the sub groups learning.

The following key findings were shared with partner agencies:

- The quality of record keeping was considered to be either good.

- The CAF should not be seen as a substitute for referrals into CSC where significant concerns exist.
- The need to ensure a focus was maintained in respect of fathers' involvement.
- The Practitioners experienced difficulties in accessing specialist help when the child did not meet the thresholds for specific service provision.
- Reports demonstrated a clear focus on the child, but showed less understanding of impact of the wider family environment.
- The audit demonstrates effective and positive interventions by practitioners and that the Step Down process had worked well in the cases selected.
- The lack of early intervention in some cases was a concern identified by the group, although the challenges of delivering services to families who moved frequently were acknowledged.

2.5.3 Children subject to Child Protection Plans (for Neglect)

This audit was undertaken to consider the issue of neglect which remains the major reason for children becoming subject to Child Protection Plans.

The audit examined plans in place for six children whose ages ranged from pre-birth to 14 years old and consisted of four boys and two girls. The audit also explored the child's daily experience of neglect, parental and environmental risk factors, the help offered through the Child Protection Plan and the way in which the plan had progressed by the Core Group.

Themes identified within the audit included:

- **Early Identification /criteria for making a CP Plan**
Partner agencies identified and referred concerns about neglect, but there was no evidence of planning for 'step down' to the Early Intervention Hub when plans ended.
- **Quality of CP Plans**
The child protection plans audited were of good quality, although it was felt that improvements could be made to the format of plans and Core Group minutes. While all cases required an element of parenting work, resources available for intensive parenting support appeared to be limited and the panel questioned whether all voluntary sector services were known by workers.
- **Progressing CP Plans in Core Groups**
The audit demonstrated that professionals were able to identify indicators of neglect, but Core Groups appeared to have limited options to effecting change when parental behaviour was entrenched or they did not engage. The audit also suggested that improvements were needed to ensure all Core Groups progressed actions in a timely way, ensured better attendance, and that management oversight included monitoring of progress and staff supervision.

- **Outcomes for children when CP Plan ended**

The audit noted good practice in respect of therapeutic support to help children manage the emotional impact of neglect and/or parental substance misuse.

As a result of the recommendations made following the above audits, action plans were agreed and will continue to be monitored by the Learning and Improvement Group (LISG) in 2015/16.

2.5.4 Individual Agency Audits

In addition to the inter-agency analysis undertaken by the sub group, further audits were undertaken by the Local Authority in respect of joint working between Children's Social Care staff and their colleagues in local Police Child Abuse Investigation Units, Community Mental Health and Substance misuse services.

As a result examples of good practice were shared with the LSCB, as were areas requiring further improvement. The use of multi-agency supervision involving mental health and children's services was reported to be a positive example of facilitating closer working relationships between those from different disciplines.

Colleagues within the authorities Performance and Governance department now provide the LSCB with routine analysis of factors associated with cases being taken to Child Protection Conferences and have also helped its understanding of professional attendance which is to be extended to Strategy Meetings during the coming year. As a result further reviews are planned in respect of Strategy Meetings and will help ensure effective multi-agency working.

It is hoped that the routine analysis of referrals recently established by staff within the Community Mental Health services will help improve professionals understanding of the needs of young children whose parents/carers have mental health difficulties and promote a systemic approaches to providing effective help and further promote the concept of 'think family'.

During the year, the LSCB has used learning gleaned through the range of learning and improvement activities to challenge partners to ensure better communication and the early sharing of information. An example of this related to the domestic abuse notifications and the information required by partners to ensure help is offered at an early stage. As a result GPs now received such notifications, although the sub group's work continues to seek assurance that all relevant services are made aware of such risks to children including those based within Early Years Services.

2.5.5 National and Regional Learning

During the year, the subgroup considered the findings contained within the Annual Report of the National Panel of Independent Experts on Serious Case Reviews (NPIESCR) and the DfE funded research Barrier to learning from serious case reviews. Subsequently the LSCB jointly facilitated a Pan Berkshire strategic learning workshop. This event specifically focussed on the learning neighbouring LSCBs had derived from SCRs and their experiences of using different methodologies. The NPIESCR were subsequently invited to attend a future meeting of the group to further consider the context in which the sub group operates.

2.5.6 Staff Survey/Consultation Activity:

1. Safeguarding Supervision Survey

Supervision processes within partner agencies has also been addressed by the LISG Sub group through a recent staff survey. The results of this survey will be available in July 2015.

2. SCR/Partnership Review survey

During the year the LISG Sub Group identified the need to strengthen the systems in place to ensure actions identified within SCRs are robustly monitored and also undertook to consult with staff involved in SCRs/ Partnership Reviews previously commissioned.

Findings from the survey undertaken show that when compared to other methodology used, the 'Welsh Practice Review' methodology was favoured by staff. However, they also clearly indicated that they valued the learning events held by the Board as part of the 'SILP' SCR commissioned. Findings also showed the need for improved communications within such reviews and in particular that provided to them by their employers and the LSCB.

2.6 Child Deaths and the Child Death Overview Panel

Working Together (HMGov, 2015) outlines the statutory responsibility of the LSCB for ensuring that a review is undertaken of each death of a child, normally resident in their area, and this is undertaken by an independent Child Death Overview Panel (CDOP). Locally this service is jointly commissioned in partnership with our five neighbouring LSCBs.

The analysis provided by the CDOP follows a separate but related process in which an initial 'Rapid Response' is made by a team of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death.

CDOP membership is drawn from organisations represented on the LSCB, but has the flexibility to co-opt other relevant professionals where necessary and that are accountable to the LSCB Chairs.

The key purpose for reviewing child deaths is to learn lessons and reduce child deaths in the future. However, the panel also identify areas in which all professionals, including healthcare and social care professionals can learn and improve the care they provide to children in order to help reduce the rates of child deaths.

As part of its function it routinely collects data on the following risk factors; maternal obesity, maternal smoking, co-sleeping, smoking parent/carer, domestic abuse, IVF, alcohol, late bookings and consanguinity of parents.

The LSCB is regularly updated on the work undertaken by the CDOP and has been reassured that it is operating effectively in identifying the key priorities for action to prevent child deaths. It is encouraging that the number of child deaths (shown in the table below) has continued to fall across the six areas in question.

2012/13	2013/14	2014/15
57	60 (of these 5 related to child deaths in Bracknell Forest)	50 (of these 2 related to child deaths in Bracknell Forest)

Due to the small number of child deaths during the period and out of respect for the privacy of their families, details of their individual circumstances are not reported here. However, none of the children who died within the Borough were subject to child protection plans or any statutory orders at the time of their deaths and the learning in regard to the broader themes emerging from the work of the CDOPs is available at: <https://www.gov.uk/government/collections/statistics-child-death-reviews> and <http://www.berkshirechilddeath.org.uk/>

Key Learning

The following learning identified by the CDOP demonstrates its proactive attempts to avoid future deaths of children across the area:

- The development of an App containing advice relating to asthma
- Delivery of a targeted PSHE programme to increase awareness of consanguinity related deaths and other culturally harmful activities
- Continued promotion of safe sleeping advice
- Promotion of the latest recommendations for improving the health of women prior to pregnancy to reduce pre term births (OAHSNM)

Contributing to and being informed by learning from across the UK remains an important aim for the LSCB and during the year a subgroup of the CDOP prepared a paper for a national conference based on child deaths in relation to congenital anomalies. The panel have also sought assurance that work on reducing pre term births is also a regional health priority. As a result Thames Valley Children's and Maternity network has promoted training to increase awareness of the optimum way to take measurements during pregnancy. This is one of many further actions that the Oxford Health Sciences Academic network will take forward which aims to help set professional standards with the aim of achieving consistent screening and treatment in all hospitals in the Thames Valley.

The panel has responded to further accidental drowning's during the year and as a result has disseminated advice from the Health and Safety Executive to LSCB across the region. Follow up work with the Environment Agency has also promoted improved signage at a range of bridges where young people are known to play/swim.

The panel have also shared learning from the Thames Valley Cancer Network on culturally appropriate ways of marking children's deaths and circulated this to social care, health and education staff.

Outcomes:

Reducing rates of neonatal deaths remains a priority for the CDOP. As a result increased efforts are being made to ensure that agencies are able to address household risk factors such as infections in low birth weight babies and smoking.



2.7 Learning and Improvement Sub Group Key Achievements

In summary, as part of the implementation of the Board's new Learning and Improvement Framework, the LISG established a programme of routine scrutiny of partner agencies S11/safeguarding standards self audits and has increasingly challenged areas in need of improvement.

The sub group also increased the frequency of CDOP reporting and ensured that partner agencies were made aware of the key messages identified from this work. The subgroup also received and approved a review of the Rapid Response protocol supporting the initial actions taken following the unexpected death of a child and these improvements, together with other learning were the subject of an LSCB Forum workshop in September last year.

Learning activities during the period also indicated ongoing confusion in some areas regarding information sharing. As a result, the sub group escalated concerns to the LSCB and a review of local agreements was commissioned. This review has resulted in a refreshed protocol being drafted and will be circulated in due course seeking partner agency endorsement.

The sub group have also sought to improve the dissemination of learning through the existing inter-agency training and have continued to strengthen liaison with those designing and delivering courses locally.

During the year the sub group received information regarding the inspections of local GPs practices and the findings of the Care Quality Commission. The initial cohort inspected provided good evidence of robust practice safeguarding practice; however subsequent inspections have raised concerns which are being robustly addressed.

Challenge during the year

As is evident from the above information the LISG sub group has achieved much during the year with relatively little capacity. As a result, partner agencies have been under pressure to respond to an increased number of demands linked to this work and it has been necessary for the Officer of the LSCB and its Independent Chair to challenge a number of agencies to ensure they provided the information / support required.

2.8 Performance Monitoring and Reporting

The LSCB has monitored a range of data and performance indicators throughout the year.

During 2014/15, Bracknell Forest LSCB has sought to improve the information it gathers in respect of partner agencies performance and commissioned a revised data set to strengthen its scrutiny of this area of work. As a result the Board has developed a format that will help partners refine the information they provide, and both challenged and supported them in establishing systems to provide data that has not previously been available and to provide a contextual narrative.

The monitoring of data has allowed the LSCB to actively question and challenge data and performance where information suggests there may be a cause for concern, or further clarification may be needed.

Some examples of queries raised in 2014/15 include:

- **First time entrants to the Youth Justice System:** Following a reduction over the last three years there was a slight increase in the numbers of young people entering the youth justice system. The number of first time entrants to the Youth Justice system increased by 23% from 26 to 32 between 2013-14 and 2014-15.

Although there has been a rise this year the numbers continue to be low and continues to show the success of the focus and resources into early intervention work with young people at risk of offending. The Youth Offending Prevention Service works with young people following the early signs of the risk of offending and deters them from going on to becoming offenders in the criminal justice system.

- **The impact of homelessness:** There was an increase of 33% in the number of homeless children and young people (from 88 to 117) between Q4 2013-14 and 2014-15. The LSCB requested further information on this and analysis shows this is mainly due to loss of rental tenancies as a result of private landlords giving notice or increasing rents.

During 2014/15, the Council increased their supply of temporary accommodation by purchasing a further four properties using funding via the capital programme, and leasing a further five properties from private landlords.

- **Young Carers:** There are 160 young carers currently known to Bracknell Forest Council (compared to 151 last year), and of these 56% are female and 44% male. Nearly a quarter (24%) have their own diagnosis of a medical or special need, over three-quarters (77%) are caring for an adult and nearly half (48%) are caring for a brother or sister (some are caring for both). 16% are aged between 7 and 9 years old, 44% between 10-13 years old and 40% between 14 and 17 years old.

It is estimated that there is likely to be twice as many young carers in the Borough and following the implementation of the Local Authority's 'Strategy for Young Carers 2013 – 2017', the numbers already identified is expected to increase. The LSCB will continue to monitor the number of young carer's, but more importantly receive assurance as to the support they receive and the impact of the care they provide on their health and wellbeing.

- **Private Fostering:** Despite the efforts of the Local Authority and partner agencies to accurately identify private fostering arrangements the numbers of cases reported to them remains very small.

In March 2014 the number of children known to be privately fostered was only three and by March 2015 the number was two (with one that ended during the year).

The LSCB is aware that it is very unlikely that this represents the true extent of such arrangements for children/young people in the Borough. As a result this remains an area that the LSCB will continue to scrutinise and proactively raise awareness of with partner agencies.

- **Sexual offences against u18 year olds:** Between Jan-Mar 2015 there were 44 sexual offences recorded against under-18 year olds. This was an increase from the previous three quarters in which such offences totalled 45. The total for the year was 89 compared to 2013-14 where the number was 67. However, this increase is probably largely due to the new National Crime Recording Standards which required that Police recording altered and that all reports are 'crimed' before any investigation is started.

The LSCB is aware that most child victims do not report such offences and while such data is important the findings of research in regard to the true prevalence of sexual abuse is equally important to informing our appreciation of the likely scale of such harm.

The LSCB also receives a six monthly report from the Manager of the Child Protection Conference Chairs which provides an analysis of the conference activity and analysis of the key presenting factors; the combination of Neglect, Domestic Abuse and Drug/Alcohol in particular appear to continue to present a major risk in the lives of the children and young people subject to such plans.

The report also provides evidence of how well agencies are working together and are engaged in the child protection process.

The LSCB will continue to monitor performance information using the new reporting format that has been developed.

2.9 Involvement of Children, Young People and Families

The LSCB continues to encourage partner agencies to ensure children/young people are consulted and/or involved in any area of their work that might impact on their lives. The Board is aware of the ongoing work within local youth services to engage with schools, youth groups and the youth parliament and the progress being made to improve the use of information technology and social media.

Agency activity to involve children, young people and families

The LSCB has retained an oversight of a range of activity across partner agencies that seek to include the voice of the child / young person.

This includes:

- The annual report of the IRO which demonstrates the involvement of children, young people and families in their LAC review process. Child participation is 100% and there are a range of creative ways in which participation is encouraged.
- The Children in Care Council (called SiLSiP in Bracknell Forest) has played an active role in planning and developing services.

Supported by a Participation Officer SiLSiP present information to the Corporate Parenting Panel, they have an opportunity to meet with the Director and Lead Member of Children's Services, and in 2013/14 they developed a training package called "Do They Know", aimed at practitioners and managers at all levels; it has been delivered by looked after young people to members of the Corporate Parenting Panel, to the Director of Children, Young People and Learning and other senior managers and a range of practitioners. The training continues to be rolled out and there has been interest from other authorities in the training. It is also now identified as a good practice example on the National IRO website.

- The annual report of the Statutory Complaints function which provides an overview of the number and type of complaints made against Children's Social Care under either the Corporate or Statutory Complaints Procedure. The LSCB has noted that in the year 2014/15 there were three complaints made by children and young people and one involved the use of an advocate, which was a very positive process and managed well between the Investigating Officer, Independent Person, the Advocate and the young person.
- Targeted activity with children and young people in schools includes the use of the Lobster DVD developed by young people on the subject of domestic abuse.
- Ongoing delivery of Chelsea's Choice; a drama production for young people in Secondary School about the risks of Child Sexual Exploitation.
- A campaign led by Bracknell Forest Community Safety Partnership (CSP), targeted at primary school pupils across the borough. Six schools have already taken part in a pilot of Digiduck's Big Decision Workshop, in which year one children (aged five and six) build on their understanding of jokes and how they can sometimes be hurtful. Another six borough primary schools will be welcoming Digiduck into classrooms this term.

- Each Child Protection Conference provides an opportunity for parents and professionals attending to complete an evaluation form about their experience of the conference.

These are completed regularly by participants and feedback is reported to the LSCB through the CP Chair reports and continues to inform development and improvement in CP Conferences. Work is underway to look at how children and young people can be more involved including the use of advocacy in conferences.

In order to ensure more systematic support for the involvement of children/young people in the work of the LSCB, the Partnership Forum committed to redesign its agenda to ensure that children and young people can directly and indirectly engage with its members. This approach ensures that at each meeting of the Forum, time is ring-fenced to ensure members consider the views of children/young people whether or not they physically attend. This has included presentations on Young Carers, SiLSiP and the children in care charter and the sharing of issues raised by focus groups facilitated by the LSCB on child sexual exploitation.



3. LSCB Sub Groups

In addition to the work outlined within section 2 of this report the following sub groups also link to and support other core functions of the Board and reflect the agreed priorities set out within its Business Plan.

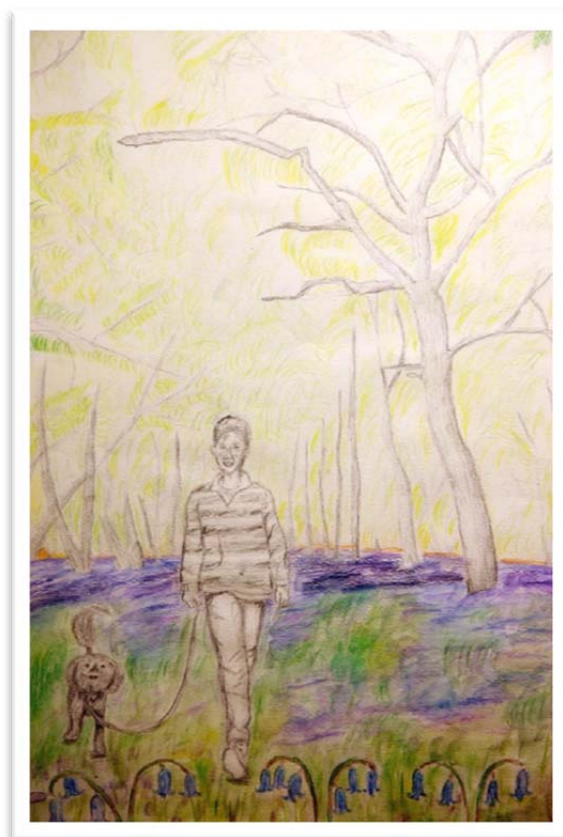
3.1 Missing Children and Child Sexual Exploitation Strategic Sub Group

The CSE Strategic Sub Group was developed during 2013/14 and has continued to expand its terms of reference to include oversight of missing children. Members of the sub group have worked hard over the past year to ensure that all partners appreciate the importance of CSE and that it is a targeted priority for the LSCB.

During 2014/15 the Strategic CSE Group reviewed and updated the CSE Strategy and working closely with the CSE and Missing Children Operational Group to ensure further improvements were made to the responses in those cases where children had been missing.

The CSE and Missing Children Operational Group, is Co-Chaired by Bracknell Forest Children's Social Care, and Thames Valley Police, and meets on a monthly basis to consider, and risk assess referrals made to group by agencies using a screening tool developed in conjunction with neighbouring LSCBs. Multi agency commitment to this work remains high and at the end of March 2015 a data evaluation demonstrated that an average of 15 children and young people were being discussed at each meeting during the year. The CSE/ Missing Operations group identifies important themes that emerge within the local area and the recent appointment of a dedicated specialist worker has resulted in improved responses being made to the early screening that forms part of the independent 'return interviews' offered to those who have been missing and to the wider intelligence being elicited by young people. There has been challenge from the LSCB to ensure that these arrangements for undertaking independent return interviews are in place, are robust and analysis leads to improvement in practice.

The sub group have escalated concerns in relation to young people who appear to be traveling between sexual health services in order to avoid the attention of professionals and the need for staff within such services to be extremely vigilant. These issues will all be taken forward by the Strategic Group during the next period.



Children/young people missing from Education was also raised as an area of concern and as a group, as a potential increased risk. As a result, the council now has a Children Missing Education group which meets quarterly to monitor and address these issues.

Throughout 2014/15, the CSE/Missing Strategic Sub Group considered reports from the CSE Operations Group and updates from partner agencies on progress towards achieving the aims of the CSE Action Plan. The group also considered the messages from research, recommendations from SCRs and published reviews which were also shared with members of the LSCB and its Partnership Forum. As has been mentioned previously, the engagement of frontline staff within the LSCB's ongoing programme of problem profiling also provided the opportunity for an external expert to share learning from other areas of the UK. A similar workshop was held offering senior managers the opportunity to consider the legislative and policy requirements associated with CSE and the importance of leadership in ensuring robust systems were in place to protect this group of children and young people.

Outcomes:

The LSCB's ongoing programme of problem profiling child sexual exploitation also provided the opportunity for an external expert to meet with frontline staff and senior managers to share learning from other areas of the UK.

Although much progress has been made during the year, the sub group was also required to challenge partners due to the low take up of the training made available by the LSCB. A subsequent review of the training pathways available to staff was undertaken and the group endorsed a more comprehensive programme of training, which subject to the available funding will provide professional development opportunities to both junior and the most senior staff alike. In turn the LSCB has challenged partners as to the sustainability of the current training without increased funding.

Increased scrutiny of partner's responses to Missing Children and CSE is planned for 2015/16 by way of an inter-agency audit of cases. This will focus on children have been missing and a separate cohort of those thought to be at risk of CSE and it is hoped that this will provide a more independent examination of individual and organisations and further insight into inter-agency working.

In order to ensure they are informed of the latest developments in this area of work members of the sub group have attended a number of regional and national events during the year and the Sub Group expanded its membership to incorporate a wider range of services that play an important role in tackling CSE. Improved links with the Voluntary and Community sector were made through representation from Involve (formerly Bracknell Forest Voluntary Action) and as previously mentioned plans are now in place for local groups to contribute directly to the ongoing profiling of CSE across the Borough.

The CSE Strategy can be accessed at: <http://www.bflscb.org.uk/sites/default/files/safeguarding-children-and-young-people-from-sexual-exploitation-strategy.pdf>

3.2 Training and Development Group (East Berkshire)

Bracknell Forest LSCB commissions multi-agency training through Bracknell Forest Council and has a strong track record of providing professional development opportunities to a diverse workforce, including staff from both statutory and voluntary agencies.

In January 2015 the existing Pan Berkshire collaboration was reviewed and although links are maintained between neighbouring Boards, it was recognised that planning across so many LSCBs was not a sustainable model. As a result Strategic and Operational planning for staff in the Borough is now overseen on an East Berkshire basis.

However, learning from quality assurance activities and reviews/serious case reviews continues to be shared between LSCBs and planning is in place to facilitate joint seminars that further build on the messages disseminated within core training.

The delivery of training is co-ordinated by staff within Bracknell Forest Council, with the overall strategy being managed via a newly established East Berkshire LSCB Sub Group from January 2015. During 2015 work has been done to further develop the analysis of the learning/training needs of the workforce across the Borough and has also included organisations that cover a number of LSCBs. Despite underdeveloped approaches to training needs analysis, scrutiny of S11 audits would appear to suggest compliance with required training, and indicative feedback from agencies at L&D Sub-group meetings provides positive assurance from partner agencies. However, empirical evidence would provide a more robust demonstration of this hence the prioritisation of activity in 2015-16.

Locally, the training provided is detailed in the LSCB's Training Calendar, which is disseminated across partner agencies and available on the LSCB website. It details a comprehensive range of training available across the scope of universal, targeted and specialist safeguarding training. Details of training can be accessed at: www.bflscb.org.uk/training

Activity

During 2014/15 over 1360 individuals attended safeguarding courses commissioned by the LSCB for staff and volunteers across the Borough and offered generic learning in respect of safeguarding children and specific courses covering:

- Common Assessment Framework
- Children with Disabilities
- Safer Recruitment
- Parental Mental Health
- Domestic Abuse
- E Safety
- Child Sexual Exploitation
- Substance Misuse
- S47 Investigations
- Neglect

In addition to these locally run events staff were also able to access training in other areas provided by neighbouring LSCBs.

The provision of Specialist Training in relation to specific topics, compliments the core Universal and Targeted Training provided through a rolling programme of inter-agency training. Throughout the year most LSCB training has been oversubscribed and in the few cases where numbers have been low the LSCB has provided a challenge to its partners and supporting them to improve their marketing of such events.

Where demand outstripped capacity it has been necessary for some staff within larger partner agencies to receive single agency training. As a result the newly established East Berkshire consortia is reviewing its strategy and evaluating capacity in order to ensure it can continue to promote inter-agency training as its preferred approach for the majority of staff.

The use of E-Learning for CSE was also reviewed during the year and as a result the sub group subsequently challenged the provider previously commissioned as no management information was available to evaluate its effectiveness. As a result a new provider was commissioned and it is intended that the use of this approach will be integrated into the planning for our 2015/16 programme of training. The available management information, together with improved evaluation of other courses will strengthen the LSCB's understanding of how such activities impact on practice and therefore the protection of children / young people.

The Training and Development Strategy has been revised by using examples from good and outstanding LSCBs across the country as well as the previous Berkshire strategy. This has been rewritten and released for comment and will be passed to all LSCBs for formal approval at the next available opportunity.

Securing representation on the sub group from all partner agencies has also proved increasing difficult during the year and as a result concerns were escalated to the Independent Chairs of local LSCBs who in turn have challenged partners.

Outcomes:

Over 1360 staff and volunteers benefited from Training and Development opportunities provided through the LSCB, with 852 staff attending Universal training, 351 attended Targeted training and 160 accessed Specialist courses.

Issues identified through serious case and other learning activities have been incorporated into relevant training provided ensuring that learning and development opportunities offered are up to date and relevant.

3.3 Early Intervention Group

The Early Help Group has maintained an overview of early help activity and some of this is summarised below:

The CAF continues to be a key tool to identify and assess needs to support early help. At the end of March 2015, 349 CAF assessments had been completed; this includes 108 Family CAF assessments.

Comparative data within the South East region suggests that Bracknell Forest has the highest rate of completion of CAF's (based on 13 out of 19 authorities).

The Early Intervention Hub continues to experience a high volume of referrals, at the end of March 2015, 352 referrals had been taken to the Early Help Hub for a multi-agency discussion. Nine cases were stepped up to Children's Social Care and 78 cases were stepped down from Children's Social Care for ongoing support at Tier 2.

Children's Centres provide a key element of early help for very young children and during the year the registration of 0-4 year olds registered was 79.4% (three of the centres individually had exceeded the 80% target).

Children's Centres continue to provide a wide range of activities that focus on early help, including targeted work on school readiness, supporting 2 year olds who meet the criteria for vulnerable child funding, family outreach support, Freedom Programme targeting early domestic abuse, Solihull Parenting programmes and the Young Parents Group.

A Family Intervention Team was established in September 2014 following an extensive review of parenting support across the Children, Young People and Learning Department. This team has been developed to re-focus on early help support and now works with families to reduce the risk of an escalation onto higher level statutory services.

The Youth Service has been through a period of significant change and is now delivering more targeted support for vulnerable young people. Support offered includes alcohol and substance misuse teaching sessions and direct work with young people. Attendances at sexual health clinics have remained high and the rolling rate of teenage conception for under-18s in December 2013 was suppressed as it was less than five.

The group has been working on a review of the Early Help Strategy and a new strategy has been completed and will be published in the summer of 2015.

Following the publication of a new threshold document a poster and short guide were developed to provide a quick reference for practitioners on thresholds; these have been widely circulated and are also available on the LSCB website: <http://www.bflscb.org.uk/links-and-publications>

The Group also received the first set of audits on early help, and an action plan has been developed to address the findings. A programme of early help audits is planned to begin in the autumn of 2015.

Bracknell Forest was one of nine local authorities to participate in the Local Authority Research Consortium (LARC) with LARC 6 focused on issues of neglect and how we can encourage family and local communities to take a more active role in identifying early indicators of neglect. The findings from the report published in April 2015 will be used to further develop local responses to neglect. The full report can be accessed at: http://www.nfer.ac.uk/publications/LRCN01/LRCN01_home.cfm

3.4 Policies and Procedures Group (Pan Berkshire)

The Group meets on average four times a year and following the agreement for each of the Berkshire LSCB's to host one of the Pan Berkshire Groups the Policies and Procedures Group is hosted by Slough LSCB.

During the year the group provided oversight of the online guidance jointly commissioned on a Pan Berkshire basis and highlighted the need for this to be reviewed ahead of its renewal in the autumn of 2015.

During the year the group also undertook a review of its terms of reference and although a new chair was appointed early in 2014, the Group has continued to be less stable than was hoped. As a result of the delayed progress in this work LSCB's raised concerns about the effectiveness of the current arrangement and have instigated a review of how the online guidance is commissioned and jointly overseen. A mixed range of activity has been undertaken during the year and a key focus of the group has been in ensuring that the policies and procedures on the system were reflective of the revised Working Together Guidance. Discussion and comparison has taken place across the six Berkshire authorities including an analysis of the similarities and differences in content.

New procedures for responding to CSE including a Pan Berkshire CSE Indicator Tool were completed and implemented during the year, providing consistent guidance for all agencies.

Membership of the Group has been challenging and this has been effected the capacity to progress some areas of work. The issues were robustly addressed and raised with the Regional Independent Chairs and positive action is being taken to ensure the Group is able to deliver its priorities.



4. LSCB Business Plan and Priorities

Details of the LSCB Business Plan are regularly reviewed and a copy of the current plan can be found at www.bflscb.org.uk/about-board

4.1 LSCB Targeted Priorities

During the year the LSCB revised its Business Plan and as a result of consulting with children/young people, staff and members of the Board identified two additional priority areas which were felt to be important in safeguarding children and young people within the Borough.

These were to ensure effective oversight of the work of partner agencies to:

Targeted Priority 1

Support further implementation of the framework for early help, and evaluate its impact on families

Targeted Priority 2

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

Targeted Priority 3

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

Targeted Priority 4

Reduce the impact of parental mental illness on children and young people

Targeted Priority 5

Develop a greater understanding of neglect and reduce the impact this has on children, young people and families

Targeted Priority 6

To further develop the co-ordination of protection and support to young people at risk of child sexual exploitation

Targeted Priority 7

To Increase the understanding of the harm associated with the misuse of technologies and further develop proactive strategies to support children / young people and their families

TP 1: Support further implementation of the framework for early help, and evaluate its impact on families

The LSCB contributed to the development of *“Creating Opportunities – Positive Futures, a prevention and early intervention strategy for children, young people and families in Bracknell Forest 2012 – 2014”* and has continued to monitor early help as a targeted priority area. This strategy is in the process of being reviewed and is scheduled to be presented to the Board in July 2015.

The work undertaken by the LSCB in regard to CSE has also highlighted the need for the development of the Early Help Strategy to help colleagues working with the youngest children to develop interventions that help better equip parents with strategies to prevent children becoming vulnerable to exploitation.

As previously suggested the Local Authority Research Consortium's work locally in respect of neglect also supports the focus on families and local communities to take a more active role in identifying early neglect and will be used to further inform local responses to neglect.

TP 2: Reduce the impact of domestic abuse on children, young people and families

The Domestic Abuse Forum Sub Group reports to the Community Safety Partnership which has a lead in the development and implementation of the Domestic Abuse Strategy. The LSCB monitors progress through a regular report on progress presented to the LSCB and through ongoing audit and quality assurance activity.

Examples of work undertaken in 2014/15 include:

- Delivery of training.
- Providing the PICADA (Positive Intervention for Children Affected by Domestic Abuse) programme.
- Providing IDVA (Independent Domestic Violence Advisor) and Outreach support through Berkshire Women's Aid and hosting a Women's Aid pilot project aimed at younger children.
- Introduction of a second tier perpetrator programme (Plain Talking) which supplements the existing Domestic Abuse Perpetrator Service (DAPS).
- Providing a Sanctuary Scheme (additional security in the homes of victims).
- Working with the Royal Military Academy to ensure systems were in place to tackle Domestic Abuse.
- Promoting positive relationships to children, young people, parents and carers through the 'Lobster' drama initiative /Stepping Up programme/Face Front Theatre productions.
- Undertaking a publicity campaign.
- Employment of a DA Co-ordinator.

However, in line with other areas of abuse 2014/15 saw an increase in levels of domestic abuse. The level of domestic abuse recorded crime increased by 12% to 570 cases when comparing figures for the previous year. Domestic abuse non-recorded crime (i.e. where a crime has not been committed but the incident has been reported to the police) also increased by 2% to 1548 cases during the year.

During the same period the number of referrals to MARAC (Multi Agency Risk Assessment Conference) decreased (by 24%) during the year to 93 and is below the SafeLives recommended number of 180 who it is suggested should be referred to the MARAC. As a result the LSCB is monitoring progress against this measure and understands that further analysis is to be completed in order to verify the accuracy of the estimated target.

The number of children in the household of those cases discussed has also decreased to 93, although this includes some double counting in respect of the repeat cases. Over half (52%) of cases continue to be referred to the MARAC by the Police, with 38% being referred by the IDVA (Independent Domestic Violence Advisor). The low level of other partner agencies referrals is also an area subject to ongoing monitoring by the Board.

The Domestic Abuse Service Co-ordination (DASC) oversees all the ongoing work that is in place with a cohort of medium risk cases where children are on Child Protection Plans or are CIN and where there are high repeat rates of domestic abuse. DASC ensure referrals for support to victims are made to Berkshire Women's Aid as well as to services for perpetrators of DA. Despite the challenges outlined above, an independent evaluation of project by Cambridge University showed that although work with perpetrators and victims may not reduce the number of domestic abuse incidences, the severity of the abuse itself was lessened.

Domestic abuse has remained a key feature in respect of cases coming to the attention of Children's Social Care. In addition to the Probation Service's 'Integrated Domestic Abuse Programme' (IDAP), the specialist Domestic Abuse Perpetrator Service (DAPS) have continued to support the work co-ordinated by the Local Authority in respect of families where children were the subject of Child Protection Plans. The DAPS worked with 32 men during 2014/15 and work also commenced during this period to establish a brief early intervention service 'Plain Talking'. It is intended that this new service will provide a confidential and anonymous helpline for anyone concerned about their violence and/or abuse towards a partner or ex partner.

The impact of DA on children/young people is well documented and the longer term impact of the work being co-ordinated across the borough will continue to be the subject of further evaluation. As a result Domestic Abuse remains a priority for the LSCB.

TP 3: Reduce the impact of substance and alcohol abuse on children, young people and families.

Work undertaken to address substance and alcohol misuse issues is coordinated by the Drug and Alcohol Strategy Group which covers both adult and young people within its remit and reports in to the Community Safety Partnership.

In Bracknell Forest approximately 45% of adults presenting for drug and / or alcohol treatment* in had childcare responsibilities. The percentage of parents in treatment in Bracknell Forest is significantly higher than the national average.

There were 198 parents/carers in treatment for opiate use (58), non-opiate drug use (29), alcohol use (89) and a combination of alcohol and non-opiate use (22) in Q4 2014-15. There were 113 new presentations (for parents/carers) in this quarter.

The LSCB has received reports which describe the operational links between Children's Social Care and the substance misuse services and mental health services- (please see below) to ensure a "think family" approach to safeguarding children where parents are engaging in substance misuse.

There were 74 young people in treatment for the year 2014-15. 50 of them were new presentations. The number of planned exits was 23 (62%) which is a 4% drop against

the previous year (66%). There has been a significant reduction on the percentage of young people presenting with Amphetamine as a drug of choice. In Q4 this year it was 35% compared to 47% in Q3 and 53% in 2013-14.

TP 4: Reduce the impact of parental mental illness on children and young people

In common with other areas of the country, work undertaken by the LSCB highlighted the vulnerability of some children/young people whose parents have mental health problems.

During the year work has progressed to promote greater liaison between Children's Social Care, Community Mental Health Services (CMHT) and professionals working in substance misuse services. As a result quarterly meetings between the 3 services now take place and have embraced the recommendations within 'What about the Children?' (Ofsted, 2013).

CMHT now monitor the number of children of adults receiving services and joint case file audits have been undertaken and learning shared with the teams involved and weekly CMHT multi-agency meetings also promote attendance by professionals from other disciplines. A newly appointed worker from CMHT now spends one day a week within the substance misuse service, offers a monthly consultation to CSC workers to discuss joint cases and all new workers are encouraged to spend time in each other's services as part of their induction.

Perinatal cases are now prioritised and seen within 5 days and if parent appear unable to cope with children or there is deterioration in their health a joint visit between CMHT and CSC staff is now recommended.

As a result of the development work undertaken safeguarding children is now a standing item within staff supervision and a named child protection professional is available to all staff needing safeguarding advice.

The following areas have been identified for ongoing development:

- Continued Joint liaison meetings between CMHT, CSC and SMART.
- Review of consultation processes for young people and parents and carers and a systematic process for collating their views and feeding into the service development.
- To undertake a review of the outcomes from CMHT monthly case discussions with CSC.
- Child Sexual Exploitation training to be mandatory for all CMHT staff.
- LSCB Targeted Safeguarding Children Training to be mandatory for all CMHT staff.

CMHT to explore their current referrals to CSC and compare these to previous years contacts in order to identify any learning. However, CMHT waiting times for treatment and numbers waiting have risen and this has been identified as risks and shared with the LSCB.

TP 5: Develop an understanding of neglect and the impact this has on children, young people and families.

During 2014/15 the LSCB built on the work of a task and finish group set up to undertake some research about neglect and its impact locally.

The publication of the Council's "Really Useful Guide to Neglect" and development of the LSCB training further strengthened practice and was further informed by messages from research and learning from serious case reviews.

- As mentioned previously scrutiny of this area of work was provided through an inter-disciplinary case file audit and highlighted a number of areas of good practice as well as those where improvements could be made-see section 2.3.
- Monitoring of the categories of children subject to a Child Protection Plan shows that at the end of March 2015 of the 122 children subject to a child protection plan 68 (56%) were under the category of neglect and has therefore continued to remain high in recent years.
- Improved integration of the work undertaken previously in respect of neglect within the Board's work on Early Intervention will improve oversight of the work being undertaken by partners.
- The LSCB sought additional funding from DfE as part of its Innovation programme to provide dedicated support for innovative work to examine further the interventions that would appear most effective and if successful support practitioners in there implementing these.

TP 6: To work with partner agencies to develop a strategy for the coordination and Provision of support to young people at risk of child sexual exploitation

The issue of CSE is covered in a number of areas of this report and will remain a key priority for the LSCB.

The CSE Strategy Group has continued to develop and implement its CSE Strategy and will seek to further develop work locally in light of local and national learning.

- The recent review of the Pan Berkshire screening tool will ensure greater consistency across the Borough and local region.
- Members of the inter-agency CSE Operations Group have ensured plans are in place for all children/young people at risk of CSE and will continue to monitor those who are reported missing. Further development of work to ensure that those missing from education and from care are monitored will be the subject of greater scrutiny by the LSCB.
- Improved CSE training is currently being delivered and improved e-learning modules have been commissioned and are being rolled out. However, resourcing of the current programme will not be sustained in the coming year and funding of the proposed pathway is need as a matter of urgency.
- Work continues to ensure greater awareness of CSE amongst young people in schools through drama productions and the LSCB is keen to see that this is extended to parents and carers.

- Police disruption of perpetrators activities has been successful in a small number of cases and the LSCB would like to see responsibility for this being shared more fully across partner agencies.

The LSCB plans to coordinate further 'problem profiling' of CSE within the local community within Bracknell Forest in the hope that this will further inform our local strategy which aims to, *Prevent CSE, Identify victims/perpetrators* and ensure successful *Prosecution* of those who commit/facilitate such crimes.

The LSCB is aware of the risk of children/young people being trafficked and it is hoped that the improvements made within the work of the CSE Operation Group will enable better information sharing to inform a more accurate understanding of this. However, the LSCB has requested that better links are made between regional organisations and that knowledge gleaned within each LSCB better informs the planning of their work locally.

Strengthening the links between key strategic groups within the Borough has continued during 2014/15 and the formation of a 'Joint Working Protocol' agreed by the Safeguarding Adults Protection Board, Health and Wellbeing Board and the Children and Young People's Partnership (www.bfsapb.org.uk/sites/default/files/bracknell-forest-joint-working-protocol.pdf) further underpins this joint commitment to co-ordination and strategy planning.

Targeted Priority 7: Increase the understanding of the harm associated with the misuse of technologies and further develops proactive strategies to support children / young people and their families.

The work of the E Safety Sub Group is overseen by the Community Safety Partnership and has worked to further develop the following areas of activity:

- **Communication and Awareness Raising**
To ensure that all children, young people, vulnerable adults and the wider community are equipped with the knowledge and skills to ensure safety online and when using other forms of communication technology.
- **Education and Training**
To ensure that all people who work with children, young people and other vulnerable groups in the community have access to good quality procedures and effective training to safeguard those at risk and are made aware of their responsibilities to ensure that technology is appropriately safeguarded.
- **Monitoring and Reporting**
To ensure that consistent systems and services are in place to prevent the community from becoming victims, ensure that minimum standards are met and enable reporting.
- **Responding to Specific Incidents**
To ensure that all victims are protected and given an appropriate level of support, and to encourage and support the identification and prosecution of offenders.

Internet safety and the misuse of technologies is a continually-evolving threat to children and young people and an area that has been prioritised by both the Community Safety Partnership (CSP) and LSCB.

Anecdotal evidence from practitioners in the borough suggests that children and young people are participating in extremely concerning behaviour online with little regard for, or understanding of the implications and repercussions in both the short and long term. This local anecdotal evidence suggests that what is happening in Bracknell Forest is reflective of the picture emerging from national research.

The E-Safety Sub Group carried out extensive research on current online trends and risks that young people were taking to inform its 2014/15 action plan. As a result of this research the following areas of concern were identified:

- Young people giving out personal information.
- Webcam abuse (as opposed to young people meeting strangers in the 'real world').
- Younger and younger children accessing the internet.
- Easy, unregulated access to online pornography and its impact on healthy relationships (i.e. consensus that the majority of young males felt they learnt more from watching pornography than they would in Sex Education at school, resulting in sexual expectations in relationships changing and young people feeling pressurised).
- Pressures for sending and exchanging sexually explicit images, these images going viral and extreme cyber-bullying as a result.

These areas of concern were shared within a workshop at the LSCB Forum during the year and the findings and recommendations from the following publications were also disseminated:

- 'Emerging Patterns and Trends Report #1: Youth-Produced Sexual Content' *The Internet Watch Foundation (IWF) in partnership with Microsoft, (March 2015).*
- 'Young People, Sex and Relationships: The New Norms' *Institute for Public Policy Research, (August 2014).*
- 'For Adults Only? Underage access to online porn' *A research report by the Authority for Television On Demand (ATVOD), (March 2014).*
- 'Basically... porn is everywhere: A Rapid Evidence Assessment on the Effect that Access and Exposure to Pornography has on Children and Young People' *Office of the Children's Commissioner (2013).*



4.2 Additional Areas of LSCB Activity and Challenge

During 2014/15 there have been a number of local issues brought to the attention of the LSCB where the LSCB has applied additional scrutiny and requested reports /information to provide further assurance. These are captured in a Challenge log which is an agenda item for each LSCB meeting-examples include:

Poor housing and poverty

The LSCB has remained appraised of the impact of poverty and the challenges many families face particularly in respect of the costs associated with local housing.

It continues to be of concern that children/young people face adversity linked to homelessness and poverty and is aware of the increased vulnerability that such circumstance can cause.

Culturally Harmful Behaviours

The LSCB is mindful that within communities some individuals/families may participate in practices that are harmful to children / young people. It continues to require partners to remain vigilant as to these apparently infrequent but significantly harmful incidences.

The issues of Forced Marriage and Female Genital Mutilation are not commonly reported within Bracknell Forest and as a result staff may not develop experience of managing such complex cases. In an attempt to support partners in maintaining awareness of these issues, the inter-agency guidance issued by the Board contains specific reference to local procedures, and links to both national guidance and fact sheets.

In addition to the Government's guidance distributed in the previous year the LSCB circulated copies of 'Tackling FGM in the UK, Intercollegiate recommendations for identifying, recording and reporting', published by a number of the Royal colleges. As a result of proposals made within last years annual report an East Berkshire FGM Steering Group led by health colleagues has undertaken analysis of the situation locally and continues to share learning emerging with members of the Board

Child Sexual Abuse and Exploitation

As has been demonstrated earlier in this report, much has been done to raise awareness of the harm associated with CSE and the robust responses needed to prevent such abuse and where it has occurred to provide appropriate support.

However, the recent increase in case of child sexual abuse has highlighted the need for partner agencies such as the police to be able to respond swiftly and sensitively to the victims affected. The LSCB together with neighbouring Boards has challenged ion Thames Valley Police and the Police and Crime Commissioner to ensure resources are made available and it is hoped that they will be able to consider increased prioritisation of safeguarding children within their future resources in the coming year.

Looked After Children and the role of the Independent Reviewing Officer

In last years report the LSCB identified the crucial role of the Independent Reviewing Officer (IRO) and the effectiveness of arrangements for Bracknell's looked after children. This years report identified examples of good practice, but also key challenges

that have also been demonstrated within the more recent findings of the CSE audits detailed earlier in the report.

It is encouraging that additional resources were secured to manage the increased workload associated with this service enabling an additional part time IRO post and increased management oversight of the service.

As a result work was undertaken to ensure children could access their IRO more easily and to improve the involvement of their parents in the review process. During the year, the service also reviewed its work, undertook an audit of its recording and engaged in internal peer review activity. Learning gleaned through the work of the IROs was shared with a wide range of professionals across the Borough and contributed to regional and national development of policy and practice.

Analysis of the data reported into the LSCB was informed by the views of IROs and their contribution to the Board's programme of audit has supported a number of areas identified as being in need of improvement.

The Management of Allegations against staff/volunteers and the role of the Local Authority Designated Office.

The Local Authority Designated Officer (LADO) plays a crucial role in provides advice and guidance to employers and other individuals/organisations that have concerns relating to adults who work with children and young people. The LADO overseeing this work is a qualified and experienced social worker and therefore compliant with the recent changes in statutory guidance.

The procedures they support apply where a person who works with children whether in a paid or voluntary capacity) has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

During the year the LADO has continued to raise awareness of employers to the potential risks posed by those they may employ and to understand their responsibilities in respect of safer recruitment and the procedures they should have in place for handling allegations against staff. Through their contribution to inter-agency training and the facilitation of a LSCB workshop, the LADO helped managers clarify the distinction between an allegation, a concern about the quality of care/practice and more general complaint.

The dissemination of such learning has helped implement changes Government guidance (as outlined in Working Together 2015 and 'Keeping Children Safe in Education', updated in 2015) and that partners share concerns without delay and in a coordinated manner.

During 2013/14 the LADO identified a number of areas (highlighted below) in which they have since facilitated the following areas of improvement:

- **To ensure all partner agencies have procedures in place to manage allegations.**

The LSCB's S11 audit tool has been updated to include a question about allegations and safer recruitment and is now being used to ensure a better understanding / overview of how this is understood and managed by organisations.

- **For the LADO to continue to contribute to training of managing allegations and to promote awareness of procedures for managing allegations with partner agencies.**

The LADO has worked with the LSCB to deliver Safer Recruitment Training and to establish a new course which will also combine a focus on managing allegations.

- **For the LADO service to continue to strengthen links with key LSCB partner agencies and private sector employers and organisations to ensure there is a continued awareness about the thresholds and process for managing allegations.**

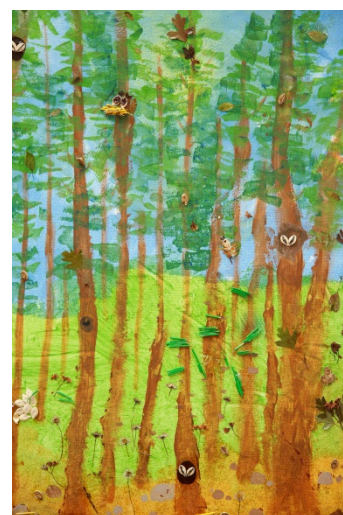
Work continued during the year to strengthen links with partner agencies and the LADO met with the Licencing team, school transport coordinator, independent providers, safeguarding leads for sports groups, the Chair of the CSE operational group and the Adult Safeguarding Manager. The LADO and their deputy have also attended the schools designated leads meeting and a GP training event.

- **For the Berkshire LSCB procedures to be revised in line with the London LSCB procedures and to agree criteria and outcome categories for managing all allegations.**

During the year work was completed to address the above recommendation and has been forwarded to the Pan Berkshire Policy and Procedures Sub Group for approval.

Complaints Report

Children's Social Care Complaints Services performs an important role in assuring the quality of response to children and young people, or parents and carers who make complaints. LSCB oversight of this work helps ensure continuing development and review of the service and learning for all partner agencies. In addition to reporting to members of the Board, the Complaints Manager has regular meetings with senior managers in Children's Social Care, and provides training for new Social Workers on the complaints process. Findings from complaints are considered in the development of policies and procedures and help ensure an ongoing culture of learning.



Out of the total of 47 complaints that were received during the year, 15 complaints were deferred / declined, 11 were investigated under statutory procedures and 21 were investigated under the Council's corporate procedures. As a result 32 of the 47 complaints received were investigated.

The nature of these complaints included concerns about:

- Assessments / investigations
- Communication
- Staff decisions / conduct
- Standard of service
- Eligibility criteria

While reports to the LSCB enabled scrutiny of such complaints, the Board also noted the positive feedback received such as that from one parent who stated “Your outstanding Social Worker helped me move out of a bad situation and has improved me and my daughter’s lives. I can’t thank you enough”.

There were 181 such compliments recorded during the year which is an increase on the previous year where only 91 compliments were recorded. The compliments covered both Children’s Social Care activity and activity within Strategy, Resources and Early Intervention services. The comments recorded came from range of individuals who had contact with the Council, either as service users or professionals with 3.9 compliments being received for every 1 complaint.

Children/Young People at risk of Radicalisation

Throughout the year the LSCB has disseminated information to partners about the importance of early identification of children at possible risk of becoming radicalised. Practical work continues via the Boroughs Community Safety Partnership to raise awareness within schools and colleges and at a strategic level to monitor levels of risk and work with the LSCB to raise awareness of the proposed new duties contained within the Counter-Terrorism and Security Bill.

In conclusion, preventing the above factors impacting on children within the Borough will continue to be strengthened through the strong partnerships and early help developed by the Board.

The LSCB will seek to continue to improve its oversight of core safeguarding processes such as assessment, planning and intervention within the context of inter-agency collaboration.

Throughout the year the LSCB was made aware of partner contribution to these processes and was able to challenge issues such as agency attendance at Strategy Meetings, Child Protection Conferences and Core Groups where necessary. The improved analysis of these core functions also provides the LSCB with important data in respect of parental factors and circumstances that lead to abuse and neglect. As a result these inform other strategies such as the work undertaken in regard to early help discussed previously in this report.

Strengthening a ‘Signs of Safety’ ethos within Child Protection Conferencing has been a focus in 2014/15 and will be fully launched by September 2015.

Through improved feed back from children/young people and their families/carers the Board’s is better informed of the impact services are having and this feedback is underpinned by the efforts made to promote participation at all stages of these processes, including that provided by staff themselves who embraced improvements to improve their reporting.

Improving the data and information provided by partner agencies continues to help the LSCB analyse areas in which it requires professionals to consider the current effectiveness of their interventions and to collaboratively consider innovative developments.

Information such as that below is routinely informing the LSCB's work and will continue to be refined during the coming year.

4.3 Financial Information

The budget is monitored by the Business Manager and reports are provided to the LSCB. The majority of the budget is spent on staffing to support the work of the Board.

The LSCB budget 2014-2015 was made up of contributions from the Local Authority, the CCG, Police, Probation, Broadmoor, CAFCASS and Berkshire Healthcare NHS Foundation Trust.

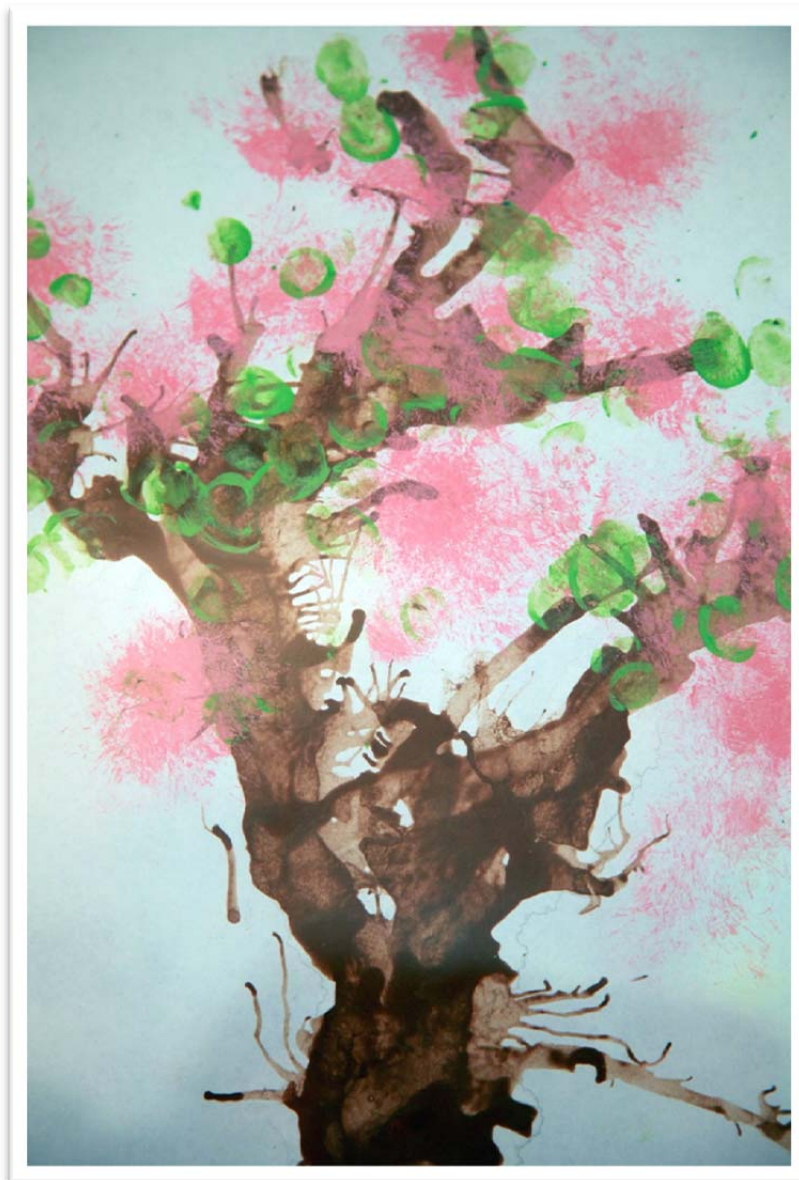
Supplies and services include expenditure for the cost of an Independent Chair, updates to the Child Protection Procedures and the costs associated with administering the LSCB training programme and the annual conference. This also covers any printing costs for publicity materials and leaflets.

In addition a small amount is spent under to cover the hire of meeting rooms, refreshments and venues for LSCB activities and meetings.

The LSCB has discussed the lack of capacity within the pooled LSCB budget and the Chair has formally written to the Chief Executive of each statutory partner organisation to raise the concern that the current LSCB budget needs to increase as it has remained the same for the last 5 years and has requested a proportionate 22% increase in funding for 2016/17.

LSCB Partners	Contributions 2014/15
Bracknell Forest Council	£51,840 (+ £22,000 for QA Officer)
Thames Valley Police	£2,050
Clinical Commissioning Group (on behalf of the health economy)	£20,500
National Probation Service	£1,025
Broadmoor	£550
Heatherwood and Wexham Park Trust	£1,025
Berkshire Healthcare Foundation Trust	£1,025
CAFCASS	£500.00
Grant	£7,300
Total	£85,800 (+ £22,000 for QA Officer) £107,800

LSCB Spending	Expenditure 2014/15
Salary Costs – Business Manager, QA Officer, Partnership Performance Officer.	£67,476 (inclusive of QA Officer post)
Independent Chair	£17,000
Supplies and Services: Includes costs for: <ul style="list-style-type: none"> • Training • SCR / Partnership Review • Printing / Room bookings / refreshments • Procedures updates • Involvement of Children and Young People 	£23,324
Total	£107,800



5. Summary

The strength of partnership working throughout this report is evident and many of the achievements of the last year could not have been made without the continued support and hard work of the LSCB and Forum members. However, it is clear that as pressures have increased on partner agencies it has become more difficult to secure the high levels of engagement required. As a result this area has become one in which the Chair has been required to make a number of challenges to ensure the Board remains effective.

Like partner agencies, the work of the LSCB has continued to increase in recent years and remains very broad. The support required to ensure that the LSCB operates effectively and can fully embrace its increased responsibilities, will in turn require sufficient resources that have yet to be secured. As a result this remains a central risk to the sustainability of the Board's work moving forward. Keeping children and young people safe remains a core function for the LSCB and although on occasions this aspiration is challenged our role is to ensure that their protection remains a priority and is "everybody's business". This report has highlighted areas of good practice undertaken by very committed professionals as well as areas requiring improvement and further development. As a result we continue to work to ensure that all those who come into contact with children and young people have the relevant knowledge, experience and support to enable them to fulfil their roles and responsibilities.

To become more effective we will also need to continually review, and evaluate the work that is done by, or on behalf of our partners and ensure we achieve a balance of appropriate support and robust challenge in order that all parts of our local system operate as effectively as each other.

5.1 Key Messages

Safer Workforce

Those providing services to children, young people and families, or those planning provision should:

- regularly assess workforce capacity and identify strategies to ensure their workforce is adequately equipped to fulfil their safeguarding responsibilities.
- ensure that there is an awareness of the requirements of safe recruitment and a clear understanding of the management of concerns/allegations against staff working with children.
- provide professional development that addresses the need for inter-agency learning in addition to specific competences in respect of individual \ organisational responsibilities.
- ensure that staff receive supervision that provides adequate support to ensure they carry out their duties within the challenging context of child protection.

Information Sharing

Those providing services to children, young people and families, or those planning provision should ensure:

- that they have understood and endorsed the LSCB's Information Sharing Protocol staff and volunteers have understood the requirements of Working Together (HMGov, 2015) and Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- staff challenge practice that does not reflect the above agreements/guidance and if necessary escalate such concerns using the processes established within the LSCB's Inter-Agency Guidance http://berks.proceduresonline.com/chapters/p_resolution_prof.html

Assessment and analysis of risk

Those providing services to children, young people and families, or those planning provision should ensure:

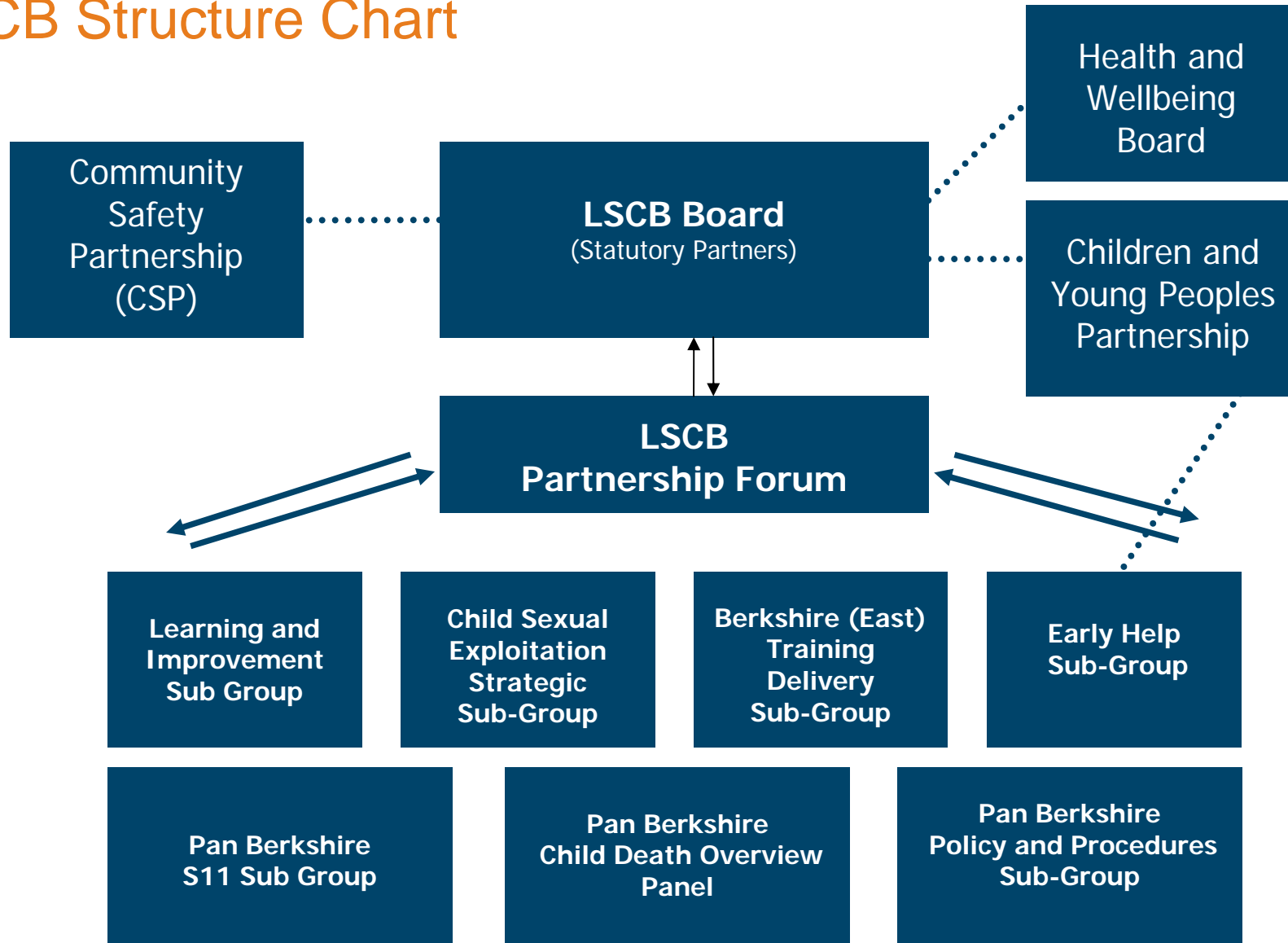
- children/young people are seen and engaged in activities that verify their wellbeing in spite of assurances provided by others
- the needs and capabilities of parents/carers are informed by reliable information provided by all those involved with the family and wherever possible information gathered is validated using reliable sources of information
- where assessment takes place historical information informs professionals understanding of the accumulative impact of adversity and resulting trauma and should fully inform decision making

Strengthening Partnerships

Those providing services to children, young people and families, or those planning provision should ensure:

- *the ongoing commitment of sufficient resources to support delivery of the LSCB Business Plan and the core requirements as prescribed within statutory guidance*

LSCB Structure Chart

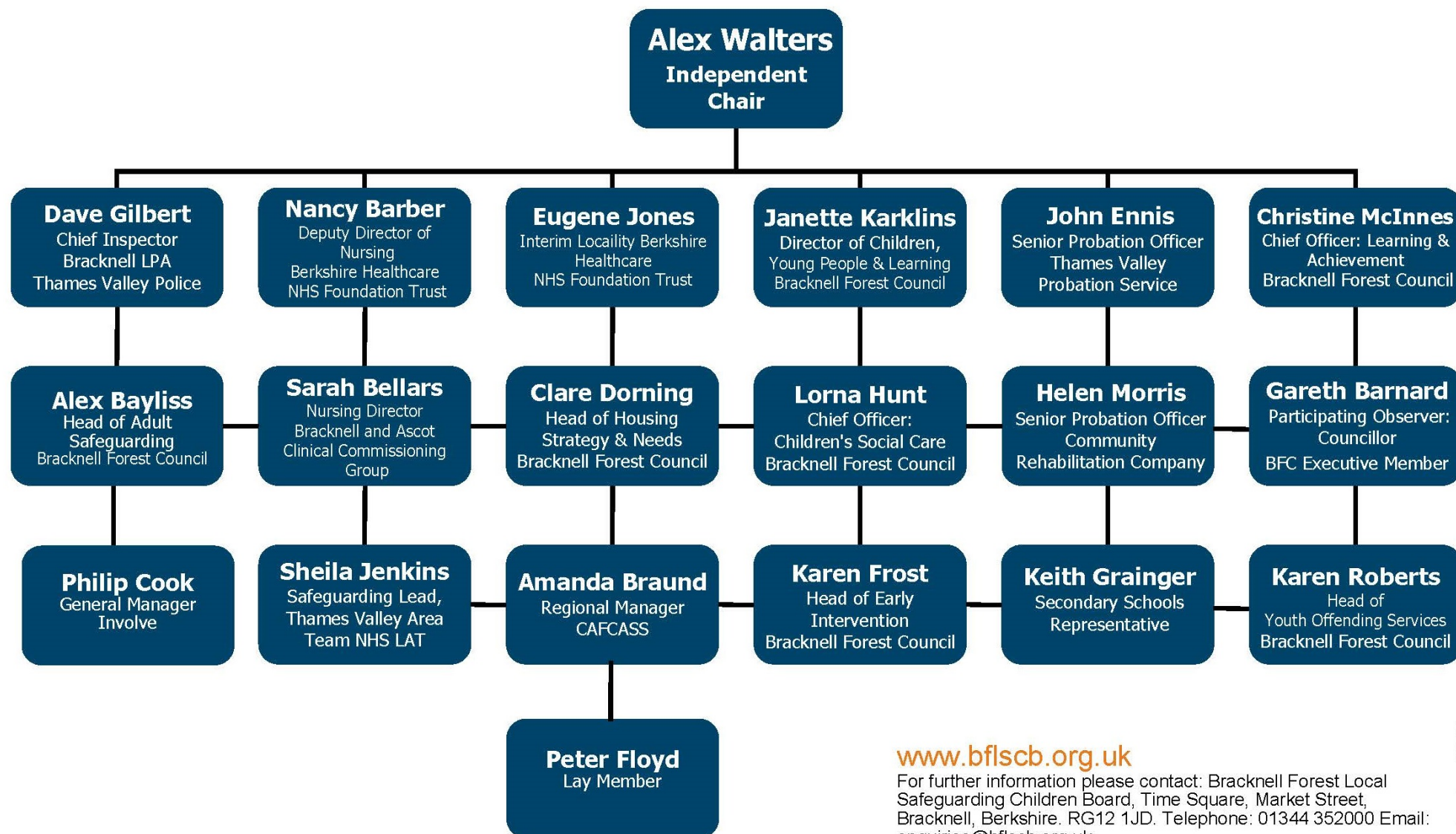


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**Throughout the year a number of inter-agency 'Task and Finish' groups supported the work of the above Sub Groups supporting the LSCB's commitment to continued improvement.*

Bracknell Forest LSCB Board

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September 2015

Record of LSCB Challenge 2014/15	
Concern / risk identified	Action / Update
The Need to strengthen strategic oversight of inter-agency training	Agreement to disbanding of pan Berks group and creation of East and West sub groups.
Need to improve governance of Pan Berkshire sub groups	Creation of a hosting protocol with clarity around roles and responsibilities of host LSCBs and sub group chairs.
Insufficiency of LSCB budget	Request from Chair to CEOs of all statutory partners requesting increased support for 16/17.
Concern re impact of homelessness on children and young people	Challenge to partners and detailed report received by LSCB
Concerns raised re missing children and arrangements for undertaking return home interviews.	Detailed report of improvements made presented to LSCB
Concern re output from Pan Berkshire Children with Disability Sub Group	Raised at Thames Valley Chairs, agreed not fit for purpose and further survey needed.
Request for confirmation of safeguarding responsibilities within new Probation service provision.	Letters from Chair to NPS and CRC and representation and assurance received.
Concern re CAMHS provision and request for update from Berkshire and national reviews.	Reports on CAMHS from HWB on LSCB agenda.
Concern re support to young adults subject to CSE post 18-to be raised at Adult Safeguarding Board	Adult representation secured on CSE strategy Group and CSE transition pathway developed.
Training information from all partners to inform TNA	Partners challenged and a further request made for data.
CAMHS challenged re release of report following a serious safeguarding incident	Report/assurance received by the group on Areas of learning and improvement were identified.
Agreement needed on how to share information around children securely with schools	The formalisation of data sharing protocols with schools would be discussed at the LSCB Chairs' meeting in June 2015
Challenge to partners regarding delay in updating of action plans	Improved information received from some partners.
Partners challenged regarding sharing of single agency auditing activity information from all partners	Improved information received from some partners.

Challenge re the use of Risk Management Panels	RMP to no longer take place.
Failure of neighbouring LSCBs to endorse a Pan Berks CSE Screening Tool.	Agreement secured.
Delay in LSCBs facilitating Pan Berks CSE Forum. Risk of broad intelligence learning and improvements not being shared	Issues has been escalated to IC's meetings on a number of occasions - Meeting now scheduled
Pan Berks (PB) organisations request for fewer meetings / PB wide sub group. Risk of local focus being lost and progress on outstanding issues being impaired.	Group rejected request. Issue relates to above proposal which enables local focus to be maintained and PB wide collaboration to be further developed.
Agencies challenged due to poor return of audits. Risk of LSCB / Partners not having full understanding of CSE in the Borough.	Chair challenge to partner agencies who had not responded. Analysis of those returns is the subject of a current review of progress via sub group.
Partner's website does not have sufficient content relating to safeguarding and CSE.	Following challenge by the group, improvements were made.
Risk that systems are not sufficiently robust for children absent / missing. Analysis of current arrangements and information sharing needed.	Group agreed to monitor and receive more detailed analysis as to the significance of the issue.
E-Learning package on CSE unable to provide any management information to support its evaluation.	The group agreed that a new provider should be commissioned.
Risk that LSCB cannot implement proposed CSE training pathway as there is no dedicated funding to support its implementation.	Raised at LSCB and is now the subject of a wider review of training and professional development
Concerns raised with LSCB regarding missing persons (from residential unit) in Bracknell	Police have been in liaison with the provider in question, reviewed practice and report no ongoing concerns.
Failure of Schools to complete CDOP Form B risks inadequate information being made available on which judgements can be made.	Agreement that Schools needed to notified about the importance of this information - awaiting update from CDOP.

<p>Concerns raised due to delays in securing a paediatric post-mortem and skeletal survey examination in the region. The impact on families was a concern and the quality of medial evidence was a risk identified by the group.</p>	<p>This issue has been raised locally, regionally and most recently via a letter to the Department of Health.</p>
<p>The lack of 24/7 Children's Community Nursing Services in some areas was the subject of a challenge by the panel and escalated to the CCG.</p>	<p>Panel escalated this issue to the CCG. Outcome is not yet known.</p>
<p>Panel members raised serious concerns about recent guidance issued by the Department of Health aimed at schools, parents and pharmacists as to recognition of an asthma attack. The panel fear it may place children at risk.</p>	<p>Panel have written to Department of Health and a regional working group is to follow up on work in this area.</p>

**TO: HEALTH AND WELLBEING BOARD
10 DECEMBER 2015**

**HEALTH AND WELLBEING STRATEGY 2016-2020
DIRECTOR: ADULT SOCIAL CARE, HEALTH AND HOUSING**

1. PURPOSE OF REPORT

- 1.1. To enable the Health and Wellbeing Board to consider the draft Health and Wellbeing Strategy for 2016 - 2020, and agree it subject to any required amendments

2. RECOMMENDATION

- 2.1. **That the Health and Wellbeing Board approve the strategy subject to any amendments.**

3. REASONS FOR RECOMMENDATION

- 3.1. To ensure that Bracknell Forest residents, and all organisations undertaking activity that may impact on the health and wellbeing of the population are aware of the priorities and their responsibilities within them.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1. None

5. SUPPORTING INFORMATION

- 5.1 It is a statutory requirement of the Health and Wellbeing Board (HWB) to develop and publish a joint Health and Wellbeing Strategy. The purpose of the strategy is to identify the local priorities in relation to the health and wellbeing of the population, and identify where relevant organisations need to work in partnership to develop and implement plans to address those priorities.

- 5.3 Developed by a working group comprised of officers from Adult Social Care, Public Health, CYPL and CCG, the first joint strategy – *Seamless Health* (<http://www.bracknell-forest.gov.uk/BF-JHWS-v10-1.pdf>) was developed in 2012, building on the Council's strategy from 2007. As this was very early days in the implementation of the Health and Social Care Act 2012, the requirement was that Health and Wellbeing Boards develop a "model" strategy.

- 5.2 In addition to identifying local priorities, this required the identification of

- Plans already in place, and whether these were sufficiently robust;
- where there were priorities that were not being addressed; and
- where greater effectiveness and efficiency would be gained by organisations working in partnership

- 5.4 In the time since the first joint strategy, the focus has been on:-
- ensuring that the JSNA is based on up to date information
 - establishing a greater understanding of what organisations (including departments of the Council and their usual partners) are doing in relation to the
 - priorities in the 2012 strategy and
 - the newly emerging priorities for 2016 onwards

A representative from Healthwatch has joined the working group.

- 5.5 The new draft strategy summarises actions taken, outcomes and the current position in relation to the priorities identified in 2012, and identifies the newly emerged priorities for 2016 – 2020

6. ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

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

Borough Treasurer

The Council allocates its financial resources through the budget process in the context of its medium term financial plan. Currently the medium term financial plan forecasts that the Council will need to make significant savings over the next few years. Over this period the Council will have to develop increased efficiency in service delivery whilst still responding to demographic changes, new legislation and the need to modernise services. This will require the reallocation of some of the Council's limited resources to key priorities.

In order to deliver these service changes the Council publishes a range of strategies and policies relating to many of its key services. A strategy or policy does not represent a financial commitment but, rather, sets the strategic direction of travel, subject to the level of resources that become available. These strategies also form the basis of the annual service plan which ensures that the development of the Council's services is consistent with its medium term objectives within the resource envelope that is agreed. The development of these strategies is, therefore, an important part of the Council's arrangements for helping it allocate its limited resources to maximum effect.

7. CONSULTATION

Principal Groups Consulted

- 7.1. Members of the public in determining the priorities for the strategy, and on the style and content of *Seamless Health*
ASCH&H DMT
CYPL DMT

CMT
Health Overview and Scrutiny Panel
Bracknell Forest Healthwatch

Method of Consultation

- 7.2. Conferences, meetings, online consultation, circulation of earlier draft documentation.

Representations Received

- 7.3. See strategies for detail

Background Papers

Contact for further information

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Mary Purnell, Bracknell and Ascot CCG
Mary.purnell@nhs.net

Unrestricted

Bracknell Forest
Health and Wellbeing Board



“Seamless Health”
Bracknell Forest Joint Health and
Wellbeing Strategy
2016-2020



December 2015

Bracknell Forest Council
www.bracknell-forest.gov.uk

Bracknell & Ascot Clinical
Commissioning Group
www.bracknellandascotccg.nhs.uk

Draft

Foreword

Bracknell Forest continues to be a great place to live, work and play, where our residents are amongst the healthiest in the country. This does not mean we will reduce efforts to seek new ways of improving services. There will be greater emphasis on enabling people to look after their own health and wellbeing, as well as providing good quality support and care when people need it.

Building on Bracknell Forest's first Joint Health and Wellbeing Strategy, we are pleased to present this new strategy. We have made it clear that the prevention of ill health is a priority, and that people should be supported to understand what they can do to keep themselves as well and as fit as possible.

As everybody is aware, resources are stretched in public services – both the local authority and the NHS - and we must ensure that they are used where they will have the best effect. We have again focused on joining things up in order to provide better and more coordinated services in response to identified needs and local priorities.

Our emphasis remains on:-

Starting well	making sure our newest residents get the best start in life.
Developing well	ensuring good schools that give people the life skills and education to thrive
Living/working well	staying fit to raise a healthy family in a safe home, and with positive job opportunities in a supportive community
Ageing well	helping older people to live independently in good health for longer.

This strategy must now be turned into detailed action plans by all our partners. It is the responsibility of the Health and Wellbeing Board to monitor how well they are doing, and to make sure that the strategy is reviewed and updated to identify the priorities for local residents.

Councillor Dale Birch
Chairman
Health and wellbeing Board

Dr William Tong
Vice Chairman
Health and Wellbeing Board

Draft

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Language

Health and Social Care organisations tend to use language that is not always easy to understand. To make it even more complicated, they don't always understand each other's language either and this can make it difficult for everybody. To help with this there is a Glossary on page 19 to explain what some of the language means. Words or terms in the text that are explained in the glossary are underlined. One of the outcomes of this strategy is that over time, all organisations looking after local people will speak the same language, and it will be one that the public understands.

Executive Summary

Objective

To make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place, and gets good services and support when they need them.

Framework for Improvement

Joining together is a fundamental principle underpinning future developments: this may be joining together roles, teams, provider organisations or commissioning (see page 8)

Principles

1. People will be expected to take responsibility for their own health and wellbeing first. They will know how to look after themselves and their family
2. Everybody will have equal access to treatment or services
3. Organisations will work together to make the best use of all the resources they have to prevent , treat and manage ill-health
4. The support and services that people get should be of the best possible quality regardless of which organisation provides them.

Priorities

The priorities are based on what is known about the health of people in Bracknell Forest, and what they have said is important to them.

- **Prevention: of ill health and the things that cause it.**
- **Mental Health support and services for children and young people**
- **Preventing people becoming socially isolated and lonely**
- **Workforce - having enough people with the right skills, and suitable premises from which to deliver services**

There are many other areas that are important, but the Health and Wellbeing Board considers that they are already being dealt with well. This Strategy only contains the areas where the Health and Wellbeing Board requires organisations to work together better for the benefit of people in Bracknell Forest.

Action

Organisations that commission and/or provide services, including those services that help to prevent ill-health, are expected to take account of the priorities that are set out in this strategy. The Health and Wellbeing Board will be ensuring that this happens.

Objective

The objective of the Health and Wellbeing Board (HWB) and this strategy is to make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place where:-

- people understand that they need to take responsibility for their own health and wellbeing; and
- the services that they need to achieve and maintain good health are available; and
- should people need health or care due to ill health, that wherever they join the health and care system their journey, through the system is smooth, stress free and seamless.

The strategy will guide commissioners and providers of health and social care services to understand how they need to work together to make sure “joined up” services are available both for preventing ill-health and dependency, and for when people become ill or need support.

Greater attention will be paid to ensuring people remain healthy in body and mind for as long as possible. This will involve encouraging and supporting people to change their lifestyle;

- to give up, or not start things that can damage their health, such as smoking;
- to start or continue things that maintain their health, such as exercise; and
- to encourage and support others to improve their health.

It will also mean making sure that things are available that help keep people healthy and maintain well-being such as good housing, good schools and good leisure facilities.

This strategy will guide and direct health and social care service commissioners in the provision of the joined up health services that local people need when they become ill or need support.

This strategy will make sure that more people will stay fitter for longer, people will recover more quickly if they become ill, and will not need as much help as early as they would otherwise do. This will improve the lives of residents because;

- they will be able to work more effectively and for longer; and
- they will be able to contribute to and take part more effectively in family and community life; and
- therefore will remain independent both physically and financially

which in turn will help keep the cost of providing services affordable.

Purpose

The purpose of this strategy is to make sure that local organisations – and local people - understand what they need to do so that everyone in Bracknell Forest stays healthy for as long as possible, and to make sure that when people do need health and social care services, they are the best possible, and are good value for money. As peoples’ health and wellbeing are affected by many factors, this involves a wide range of organisations, not only those providing or commissioning health and social care services. Leisure opportunities, housing, the environment (including green spaces), employment and education are just some examples of things that affect health and wellbeing.

This strategy states what the most important areas are that need to be addressed, and that will be improved by organisations and people working together in partnership, and not in isolation. They must work together, using all their resources, knowledge and skills to work on the things that are most important to local people, and make sure that information, support and services are “joined up”.

This strategy informs people of the priorities, but the Health and Wellbeing Board will not develop an action plan for addressing them. All relevant organisations will need to develop commissioning plans and action plans that say how they are going to work together in partnership on the priorities that are in this Strategy, and that help to keep people healthy and make a positive difference to their wellbeing. Wherever possible local people should have the right to develop local services and support for the local community in line with the Localism Act 2011.

To summarise, the strategy:-

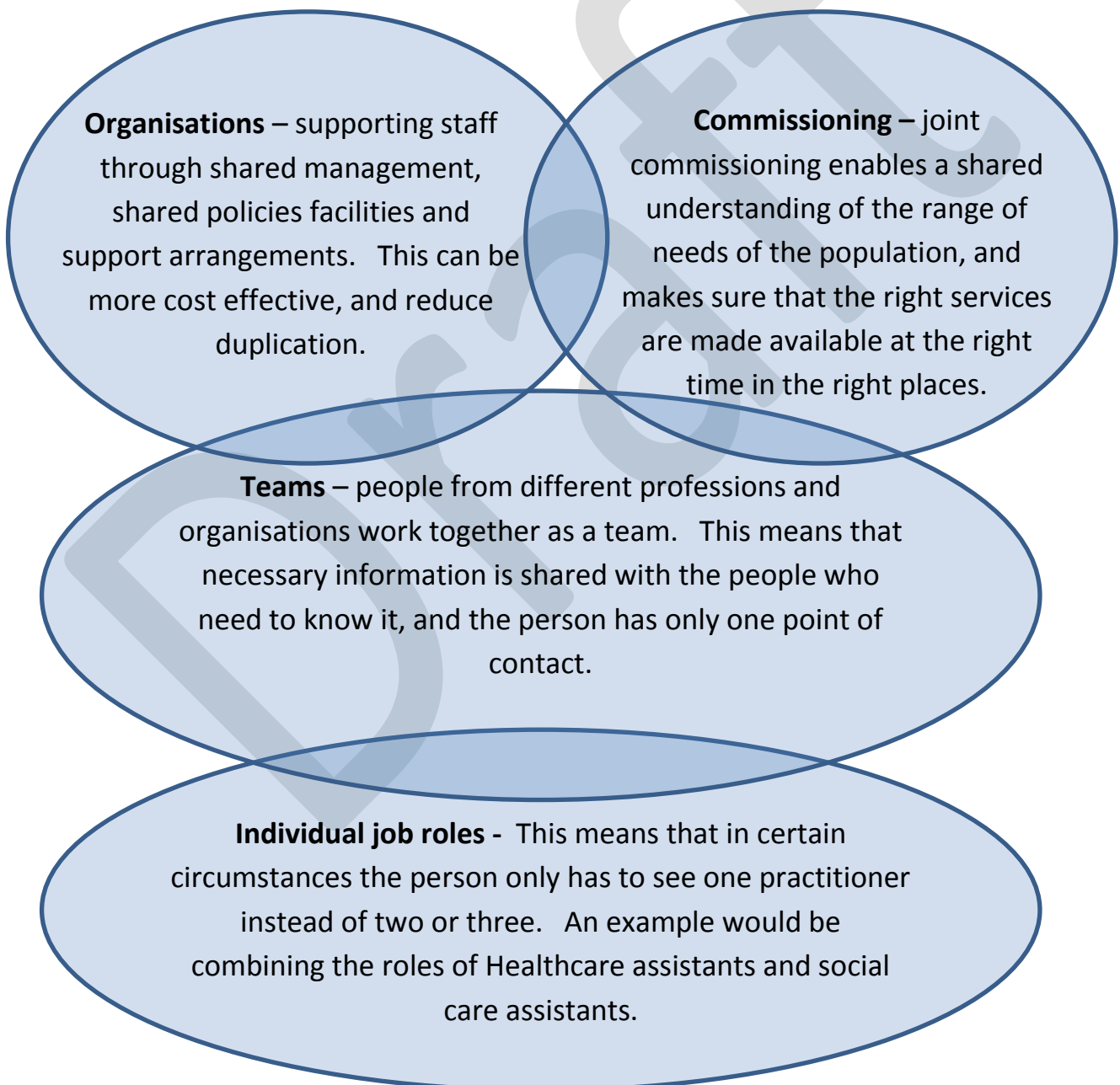
- Clearly prioritises the important areas that need to be addressed
- Establishes a shared understanding of health and wellbeing needs and how these will be met
- Secures better health outcomes, quality of care and value for money by making sure that organisations work together in partnership

Joining Up – The Framework for Improvement

Disjointed and uncoordinated services do not support people well. Unless organisations work together, the services and support to people can be:-

- Confusing for the person receiving them, because they often don't know who does what, and who to contact if there is a problem
- Wasteful of resources, because things can be duplicated or - worse still – missed because people make assumptions about what is needed or what is being provided

The “joining up” of support and services can be done in a number of different ways:-



Principles

The Health and Wellbeing Board (HWB) which is a partnership of people from health and social care organisations, is responsible for developing this strategy. Together, they have agreed some principles. These are:-

- 1. People will be expected to take responsibility for their own health and wellbeing as much as possible** – This includes decisions about things like eating healthily, not smoking or taking non-prescribed drugs, participating in early screening programmes, and getting exercise.
- 2. Everybody will have equal access to treatment or services** – This is called “reducing health inequalities”, and means that there will be no difference in the treatment people get based on things like where they live, how old they are, etc.
- 3. Organisations will work together to make the best use of all the resources they have** – This includes staff and money, and working together to get more things done safely for more people more quickly. This may mean that some organisations have to change the way they work to focus more on **preventing** ill health, as well as than **treating** it.
- 4. The support and services that people get will be of the best possible quality**, and should keep them safe from harm that can be avoided.

The Health and Wellbeing Board will require all relevant organisations to show that they are working in this way, and how this is improving the health and wellbeing of the people in Bracknell Forest.

Progress on Seamless Health

For information on what has been done about the priorities that were in the strategy for 2012-2016, please see Appendix 2.

Developing the Strategy for 2015 – 2018

In the time since *Seamless Health* was published, the Health and Wellbeing Board has:-

- Consulted with the public to see what they think about the “look and feel” of the strategy, and whether they think the priorities are the right ones.
- Gathered detailed information on what is happening in the areas that had originally been identified as possibly needing more work. This has helped the Board to be really clear on where it needs to require organisations to work together to support better outcomes for people
- Refreshed the Joint Strategic Needs Assessment (JSNA) to get more up-to-date information on the priorities for local residents.
- Taken into consideration the views of the public that were given during the consultations on the Joint Commissioning Strategies. The recent ones were for people with dementia, learning disabilities, autism and for carers.

What People Said

Quite a few people made comments about things they thought should exist. However many of these things are already available, which probably means that organisations need think about how they communicate better about what they are doing, and how people can access advice or support when they need it. It is a requirement within this strategy that each member organisation communicates better with residents.

What is already happening

The information about what was happening to improve or develop services in the areas that were thought to be important showed that there was a great deal already happening, but that the Health and Wellbeing Board had not necessarily been aware of everything. Some things could be done better if organisations did them together, whilst others were just being developed or were very new. Anybody who wants more detail on what is being done about particular issues can find out more by contacting ASCHH CommissioningTeam ASCHH.CommissioningTeam@bracknell-forest.gov.uk who will direct you to the most appropriate team or organisation with the information.

If the Health and Wellbeing Board is satisfied that plans are in place to address the areas of concern, these are no longer seen as a priority for the Health and Wellbeing Strategy.

This does not mean that they are not important, but the Strategy focusses on the things where the Board does not feel enough action is being taken, or they want to monitor what is happening.

Priorities for 2015-18

The Health and Wellbeing Board has taken account of

- all of the work that is already being done in Bracknell Forest, and
- issues brought to our attention by Healthwatch Bracknell Forest
- the needs identified in the Joint Strategic Needs Assessment, and
- What people have told us when we have consulted for the Joint Commissioning Strategies

and has agreed that the following areas are priorities for 2015 – 2018. This is either because not enough work is being done to address the needs of the people living and working in Bracknell Forest, or because the work is still in very early stages.

- **Prevention: of ill health and the things that cause it.**
- **Mental Health support and services for children and young people**
- **Preventing people becoming socially isolated and lonely**
- **Workforce - having enough people with the right skills, and suitable premises from which to deliver services**

There is more detail on each of these below.

Prevention of ill-health and the things that cause it

There are many things that can be done to help to prevent or delay people becoming ill or less independent, and people need the opportunity to understand

- what these are, and
- how they can make use of them.

Therefore organisations need to make sure that they take whatever actions they can to address the factors that cause ill health, or that prevent people staying independent for as long as possible. This involves many things such as:-

- exercise and fitness – not only providing opportunities, but also making sure people have the information to understand how important this is.
- diet - this is not just about weight, but is about eating healthy food and drinking enough fluids.
- air quality
- good housing
- smoking
- levels of alcohol consumption
- transport – to access to community opportunities which may include exercise, social opportunities, etc.

As an example, it is well known that if older people fall, and injure themselves, this can have a significant effect on their independence and – sadly – often on how long they survive if they have - for example - broken a hip. Preventing falls is therefore crucial, and there are many things that can be done to help prevent this. These include appropriate diet, fitness and making sure there are no trip hazards in the home.

Every organisation should think about all aspects of how they can help towards preventing ill health and maximising independence in their commissioning or action plans

Mental Health Services for Children and Young People

The national framework for these services is set according to severity of need, and the different levels or types of support are described as “tiers”. The responsibility for commissioning these services is very complicated, and unless commissioners work very closely together to understand what is needed, and make sure that the providers of the various different services work together to provide a coordinated approach, this can lead to multiple problems. For example, it might result in too much of one kind of service and not enough of another, or organisations not understanding how to contact other services, and make referrals when they need to.

Although it may not be helpful to think in terms of “tiers” the responsibility for commissioning different parts of the services lies with different organisations, so there has to be some way of clarifying who is responsible for which services. The tiers and commissioning responsibilities set nationally are:-

“Tier”	What is it?	Commissioner
1	Services or actions to prevent young people becoming ill. This can include work undertaken in schools, <u>children’s centres</u> and interventions with young people, for example interventions to support young people showing early signs of becoming emotionally ill.	n/a – included in normal service provision.
2	Specific programmes for young people who have been identified as having particular needs that require a targeted intervention.	Bracknell Forest Council / Schools / Public Health
3	Treatment in the community by a specialist service – <u>Child and Adolescent Mental Health Service</u> (CAMHS). The CAMHS team includes psychiatrists, psychologists, Community Psychiatric nurses, etc.	CCG
4	Specialist in-patient services (hospitals)	NHS England

Mental Health services for children and young people have been identified as being poor nationally as well as in Bracknell Forest, and therefore there has been a national review to understand the problems and what need to happen to make improvements. The problems in Bracknell Forest have been:-

- Lack of services at “Tier 2” has resulted in long waiting lists for CAMHS because there are a lot of young people being referred inappropriately. Not only are young people who do need this service not receiving the support or treatment they need for a long time, but this can have a serious effect on their education, and on the rest of their family.
- Not enough hospital beds, and few that are near to Bracknell Forest. There are some in Wokingham, then the nearest are in Oxford.
- GPs not having enough information about what services there are to help young people
- Lack of coordinated working between the different services

- Not enough understanding of ways to preventing young people becoming ill, or intervening very early to stop young people becoming more ill.
- The arrangements for planning support for people as they approach adulthood have often been poor.
- Young people with Autistic Spectrum Disorders can receive specialist medical treatment until they are 18 years old, but there is nothing for adults.

The commissioners of the services were not working together well enough to understand the needs of young people in Bracknell Forest, and how they could work together better to make sure the balance of services was right. This work has started. It is very complex and in its early stages and the Board needs to drive action and monitor progress.

Long waiting times for children and adolescent mental health services (CAMHS) have proved a challenge. As a start to tackling the whole area of work and in order to make support more readily accessible, Public Health, together with the Clinical Commissioning Group (CCG), have commissioned a new service that delivers counselling and therapy online. The 'Kooth' service, is fully linked in with other local agencies, including the existing face to face counselling service, schools, health services and safeguarding teams – and as such compliments and works with existing systems. The aim of all interventions is to ensure that young people experiencing poor mental well-being get accessible, safe and effective support at the right time.

Preventing people becoming socially isolated and lonely

There is plenty of evidence to prove that when people become isolated and lonely, with very little social contact with other people, this can lead to a number of health problems, including depression. People may become isolated for a number of reasons, such as:-

- they find it difficult to get out of the house,
- family and friends do not live locally any more,
- they are shy and don't like to go to new places or activities on their own
- they may have to look after somebody else, and don't have the time or energy to get out and about
- they are afraid of being bullied or laughed at if they go out

- they may have a condition – such as autism – or a disability – such as a hearing impairment – that makes it difficult to make friends or to socialise with other people.

In Bracknell Forest, The JSNA has some information about social isolation for older people. jsna.bracknell-forest.gov.uk/ageing-well/living-well/isolation-and-exclusion-older-people

Every year, Councils that have responsibility for Adult Social Care services send out a survey to people who have support arranged by the Council – this is a requirement from the Government. One of the questions is *“Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?”* This year only 38% of people said they had enough social contact.

Consultation for all of the Joint Commissioning Strategies, and many individual assessments identified that many people – and their carers – feel isolated and there are not sufficient suitable opportunities for them to meet people and undertake activities outside of the home. Of course many activities will also help with preventing physical ill-health as well.

The Council and local NHS organisations are setting up a Programme Board to develop a strategy, building on current opportunities, but this is in very early stages of development. It is anticipated that the strategy will involve actions from a wide range of partners across the whole community such as leisure services, voluntary organisations and local businesses.

For more information, please see Appendix 3

Workforce – having enough people with the right skills, and suitable premises from which to deliver services

Almost every provider of social care and healthcare services in Bracknell Forest reports a difficulty in recruiting staff. For many roles, this is a problem nationally, not just in Bracknell Forest. In Bracknell Forest there are particular difficulties in recruiting good:-

- Domiciliary care workers (home care)
- Residential care workers, especially registered managers
- Social Workers

- Approved Mental Health Practitioners (AMHPS)
- District Nurses
- Geriatricians
- General Practitioners

As the Bracknell Forest population is growing, good access to health services and places from which they are delivered will be needed, so there needs to be a plan for making this happen. There is a Task and Finish group working on this, and the HWB will drive and monitor progress, as this is so complex, involving a number of different organisations. It must be recognised that there is a national shortage of people in some professions, and this cannot be resolved by local action alone.

All of these staff shortages can create difficulties for other services, as well as for the people who need the support or treatment. For example, not having enough domiciliary care workers means that people who need support may not be able to leave hospital as quickly as they could. Obviously this is not good for the person concerned and their family, but it creates difficulties for the hospitals as they need the beds for other people.

Bracknell Forest is within an affluent area with high employment. There may be opportunities to work with other Local Authorities and CCGs, and these are currently being explored.

Next Steps

There is already a Programme Board or Task and Finish group in place for most of the priorities in this strategy, but the work is in early stages. The HWB will monitor progress, and determine how to address any challenges that may arise that the groups cannot solve on their own.

In addition, the CCG and other commissioners of Health services, and different departments in the Council need to make sure that their commissioning plans, or service plans take into account the priorities that have been written about in this strategy. Different priorities will be more relevant to some organisations than others, but they should all think about what they need to do to prevent people becoming ill or unhealthy.

Monitoring commissioning plans

As well as writing this strategy, the Health and Wellbeing Board is responsible for checking and making sure that any commissioning plans made by the local authority or the health service take into account the priorities that have been identified for this strategy. All commissioning strategies and plans will be considered by the HWB to ensure that they address the priorities. All will have robust programme management arrangements in place, overseen by Programme Boards or Partnership Boards, and the HWB can ask for progress reports at any time. Where progress is problematic, the HWB will consider what actions it can undertake to assist in re-establishing appropriate progress.

Measuring outcomes

The Health and Wellbeing Board will see if improvements in health and wellbeing are made by a number of different measures:

- There are number of statutory “indicators” that must be used when measuring progress towards improving health and wellbeing outcomes and reducing health inequalities. The measures which are important to the priorities for people in Bracknell Forest are in Appendix 2.
- The HWB will receive information on progress on the identified priorities using the indicators that have been agreed for each programme of work.

All reports submitted to the HWB will make reference to the HWB priorities, and progress made against them.

Driving Progress

The HWB is keen to drive progress on all the priorities identified in this strategy. The relevant organisations and/or Programme Boards will be required to submit plans and regularly report on progress and outcomes. Where there is difficulty in making appropriate progress, the HWB will consider what needs to be done to address any identified issues.

Where there are a number of projects or programmes that contribute to addressing the priorities – for example, **Prevention: of ill health and the things that cause it** - the HWB will appoint a lead officer/member to coordinate information on all strands of work. This will be with a view to ensuring that all aspects of prevention are considered, and that where appropriate, partnership approaches are taken to maximise efficiency.

Glossary

Action Plan	The steps that must be taken, or activities that must be done well, for a strategy to succeed
Approved Mental Health Practitioner (AMHP)	Trained specialist workers who provide advice and assessment under the Mental Health Act 1983.
Autism or Autistic Spectrum Disorders (ASD)	Autism is a lifelong developmental condition, sometimes referred to as Autistic Spectrum Disorder (ASD). The word spectrum is used because while all people with autism share three main areas of difficulty: 'social communication', 'social interaction', and 'social imagination', their condition affects them in different ways
Better Futures for All	<p>The primary care transformation programme in B&A CCG. The programme will address improved access in primary care in line with what local people say is important to them. It will also tackle workforce issues in primary care making the most creative use of scarce skills and people.</p> <p>Details are on the CCG website www.bracknellandascotccg.nhs.uk/our-work/better-futures-for-all/</p>
Children's Centres	Community-based Centres that provide a range of information, advice and services for families with children under 5.
Child and Adolescent Mental Health Service (CAMHS)	A multi-disciplinary team working in the community providing a specialised service for young people with severe disorders, with team members including psychiatrists, social workers, clinical psychologists, and other specialist clinicians
Child Sexual Exploitation	Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money) as a result of them performing sexual activities. In all cases, those exploiting the child/young person have power over them; violence, coercion and intimidation are common.

Chlamydia is an infection that is usually passed from one person to another during sex. If it is not treated it can cause damage that means that women may not be able to have babies.

Clinical Commissioning Group (CCG) Clinical Commissioning Group – a group of GP practices that are working in partnership to arrange health services for local people.

Commission To authorise or have a contract with a person or organisation to make something specific happen. This might be to provide a particular service such a nursing care. Often commissioners pay the providers to run a particular service.

Commissioners The people or organisations that commission other people or organisations to do things. The Local Authority commissions Social Care services, and the PCT (until 2013) and the CCG (from April 2013) commission local Health services. NHS England commission some specialist health services.

In November 2013 NHS England Right Care, Public Health England delivered bespoke Commissioning for Value insights packs to all 211 CCGs, with an offer of follow-up events and support.

Commissioning for Value pack These packs are for use by the local health community and its partners, GP commissioners and leaders and CCG Senior Management Teams and Health and Wellbeing Boards. They support local discussion about prioritisation and utilisation of resources.

Commissioning for Value pack These packs are the first stage in identifying where local health economies can prioritise their efforts to have the most impact in healthcare improvement for populations – where to look.

They use existing data about Programme Budget spend, Health Outcomes and healthcare variation to identify the best “value opportunities” which CCGs may want to priorities in their strategic commissioning planning.

These Commissioning for Value packs are now publicly available www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Commissioning organisations	See Commissioners
Commissioning Plan	The plan that says exactly what commissioning organisations are going to pay or authorise other people or organisations to run. They should be quite detailed about the standards that are expected and the times by which they want things done.
Commissioning Strategy	Strategies are more “high level” than plans, and say the kinds of things that will be done to meet the needs and wishes that have been identified. Commissioning plans should be based on commissioning strategies.
Contraception	Contraception describes the different ways to prevent pregnancy. It is also known as birth control,
Dementia	The loss of the ability to remember things, or understand things, or think things through. People can become very confused and unable to look after themselves
Dementia Action Alliance	Dementia Action Alliance is a movement to bring about a society-wide response to dementia. It encourages and supports communities and organisations across England to take practical actions to enable people to live well with dementia and reduce the risk of costly crisis intervention.
Depression	Low mood which is so bad that it affects a person’s life to the extent that they are unable to take part in the things they usually do, like work or social activities.
Diagnosis	When the reason for a problem or illness is identified
Domestic violence or domestic abuse	Violent or abusive behaviour by one person against another person in the same family or household.

The Family Nurse Partnership is a voluntary home visiting programme for first time young mums, aged 19 or under (and dads). A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two.

Family Nurse Partnership

The Family Nurse Partnership programme aims to enable young mums to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

Geriatrician

A doctor who specialises in the care of older people

GP
(General Practitioner)

Most people are registered with a GP. Groups of GPs who work in the same surgery are often referred to as a GP Practice.

Hearing impairment

This is a term used to describe a person who has a lower level of hearing than someone who has been found to have 'normal' hearing.

Indicator

Things that can be counted or measured that tell organisations how well they are doing. Organisations often set targets for Key Indicators to make sure they improve and reach good standards.

Integrated Care Teams

A team of people with different specialisms who work together to coordinate the care and treatment for a person who has a number of illnesses or other problems. Team members may be different for each person depending what illnesses they have.

Joint Commissioning Strategies

These are commissioning strategies that are developed jointly between the Council and the Clinical Commissioning Group. They address both social care and health needs.

Joint Strategic Needs Assessment (JSNA)

An assessment of the health needs of the local population, which then identifies where there are particular problems that need attention.

Learning Disability (LD)

A significant inability to learn or remember a range of things. There are a lot of different causes, but the term learning disability is usually used when the disability has been there from birth or a very young age.

Learning Disability or Difficulty (LDD)	Learning Disability or Difficulty – learning difficulty is often used for things like dyslexia
Local Authority	Refers to County Council, Borough Council, District Council, etc. For this strategy the Council is Bracknell Forest Council
Healthwatch	An independent organisation that will give local people and communities the route to influence how health and social care services are developed and delivered locally.
Localism Act 2011	This is an Act of Parliament that changed the powers and duties of Local Authorities, so that more decisions could be made locally rather than by Government.
Long Term Condition	These are health conditions for which a person needs ongoing treatment and/or support. They include things like diabetes, COPD, epilepsy.
Mental health	Mental wellbeing, good mental functioning or having no particular problems in thinking, feelings or behaviour
National research	The gathering of information, data and facts from across the country, to help develop knowledge and understanding.
NHS	National Health Service in England
NHS England	
Outcomes	Something that happens as a result of action: it is important to focus on the OUTCOMES for people rather than actions which may not have the outcomes people want.
Partnership	An arrangement when organisations or people work together on things that they all have some responsibility for.
Priorities	The most important or urgent things to work on. Things might be a priority because of the number of people affected, or because of what might happen if nothing is done.
Public Health	The prevention and management of diseases, injuries, etc. through the promotion of healthy behaviours and environments.

A series of services for people who have long term illnesses that cause respiratory (breathing) problems. The aims of the services are to:

Pulmonary
Rehabilitation

- To reduce symptoms
- To improve knowledge of lung condition and promote self-management
- To increase muscle strength and endurance (peripheral and respiratory)
- To increase the exercise tolerance
- To reduce length of hospital stay
- To help to function better in day to day life
- To help in managing anxiety and depression

Screening

Regular checking for certain health conditions even though people may have no signs of having those conditions. Screening programmes are commissioned by NHS England, not by local teams.

Self-esteem

A person's overall subjective emotional evaluation of his or her own worth – how good they feel about themselves.

Sexual health

a state of physical, emotional, mental and social well-being in relation to sexuality

Social care

Support for people in relation to personal care, social support and prevention of harm for people who are unable to be independent in those areas.

Statutory

Prescribed or authorised by law

Stroke

Rapid loss of brain function(s) due to a disturbance in the blood supply to the brain

Task and Finish (TAF)
Group

A team of people who work to address one particular issue (task), and disband when the work is completed.

Year of Care

Year of care is to ensure a standard approach to the care of long term conditions which puts the person in control of their care in partnership with the professionals.

www.yearofcare.co.uk

Draft

Appendix 1 - Performance Indicators

How we will know that things have improved on the priorities within this strategy.

Priority 1: Prevention of ill-health and the things that cause it

The Better Care Fund (BCF) programme of work already has a number of performance indicators that measure key aspects of prevention. These are:-

BCF - National

- Protecting social care services
- 7-day services to support discharge
- Data-sharing
- Joint-assessments and accountable lead professional

BCF - Local

- Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Improving the health related quality of life of people with one or more Long Term Condition (Based on EQ5D Patient Survey)
- Emergency admission due to injury, poisoning and certain consequences of external causes (ICD-10 S00 to T98X)

Priority 2: Mental Health support and services for children and young people

The 5 high level placeholder domains are¹: (“Placeholders” because they may change):

- 1 – Promoting resilience, prevention and early intervention
- 2 – Improving access to effective support – a system without tiers
- 3 – Care for the most vulnerable
- 4 – Accountability and Transparency
- 5 - Developing the workforce

A number of Performance Indicators / Measures will be identified from a review of a number of YPMH services and support offers in place in Bracknell Forest, e.g.

- Behaviour Support Team
- Family Intervention Team
- Children’s Specialist Support Team
- Education Psychology Service
- DAAT – Young people’s support
- Youth service
- Youthline youth counselling
- Anti-bullying co-ordinator
- Youth Offending Service (YOS)
- Inclusion Support Officer
- Pupil Referral Service
- Early Years Inclusion
- Access to Play Scheme
- Child Care and Play team inclusion service
- Kooth counselling

The measures will be target driven and outcome based, and the timeline for this to be completed is November 2015.

¹ From BA CCG Transformation Plan Working Group

Priority 3: Preventing people becoming isolated and lonely

Social isolation is a sensitive issue: people find it hard to say they are lonely which means it is significantly under reported, and therefore people could miss out on services and support which might help them feel less alone and more involved with the community in which they live.

The group will consider the different ways of measuring social isolation and then find a way of asking very delicate questions in a consistent way across all services. The Campaign to End Loneliness advises that the only way to measure the effectiveness of interventions is to ask the same questions repeatedly over a number of years.

To this effect, any organisation offering services that might impact positively on loneliness will be asked to carry out an annual survey using the questions determined by the working group. If the service is one commissioned by the Council or the CCG, this will be written into the contract.

In this way, the Health and Wellbeing Board can establish the extent of social isolation now and every year over the 5 year life of the Health and Wellbeing Strategy.

Priority 4: Workforce – having enough people with the right skills, and suitable premises from which to deliver services

Themes

- **Capacity** – enough staff to do the jobs the standards of quality care required
 - Number of health professionals in place per head of population as prescribed in guidance
 - Ratio of health professionals to patients against a safe level
 - Ratio of staff in care homes to number of residents (as prescribed under applicable CQC criteria)
- **Development** – making the best of the workforce we have
 - Policies and procedures in place to ensure workforce have the training they need appropriate to their job tasks and career expectations
- **Sustainability** – ensuring employers have policies and processes in place to assess risk and ensure business continuity
 - Number of contracted providers with a risk register in place addressing workforce issues
 - Number of contracted providers with a business continuity plan in place addressing workforce issues
 - Staff turnover rates
 - Staff vacancy rates
 - Time to recruit from time to advertise
 - Absence rates and nature of absence
- **Resilience** – appropriate support is in place to support the workforce in times of heavy demand
 - Ratio of staff to workload
 - Number of staff working beyond allocated hours

Appendix 2 - Progress on Seamless Health 2012-1016

In 2012/13, the Health and Wellbeing Board developed its first Health and Wellbeing Strategy (HWS), ***Seamless Health***, which built on the Council's original strategy from 2007.

Seamless Health identified a number of areas where it was thought that further work between relevant partner organisations might be needed to make sure that people living and working in Bracknell Forest have the best possible opportunities to look after their health and wellbeing, and have the right services when they need them.

Based on the information that was available at the time, the priorities that were identified were:-

- ***Children***
- ***Mental Health***, including dementia
- ***Long Term Conditions***, including respiratory illness, diabetes and cardio-vascular disease
- ***Cancers***
- ***Sexual Health***
- ***Safeguarding***
- ***Vulnerable Groups***

More detail on each of these can be seen in *Seamless Health*. A brief update on progress is given below, but more detail on any of the action can be found by contacting the Joint Commissioning Team who will ensure your query is sent to the most appropriate person. You can contact them by email ASCHH.CommissioningTeam@bracknell-forest.gov.uk or by telephone - 01344 352000

- ***Children***. Support to young people is now focused at those young people with specific, identified needs, such as;
 - sexual health,
 - drugs and alcohol or
 - self-esteem concerns.

Support to young mothers and families with children under 5 has developed through:

- Children's Centres, with 3,814 families benefiting;

- Family Nurse Partnership work, with 45 families benefiting from this intensive programme.
- In Phase 1 of the Family Focus programme, there was a 100% turnaround of targeted families (115).

Support to schools has developed in such areas as:

- physical activity in all schools, with 16 schools taking advantage of the specialist physical education and school sports programme;
- family work, where 27 primary schools have a specialist family support adviser.

Support to address emotional health needs has also developed at a range of ages and levels of need. Nurture groups have been established in five primary schools with a resultant decrease in behaviour related incidents. The Bracknell Forest Healthy Schools Programme has been customised to help schools promote emotional health and well-being.

- **Mental Health**, including Dementia

The rates for diagnosis of Dementia are currently meeting the national target.

Under the Better Care Fund (BCF) programme of work, there is a project to work with local Care homes to improve – where necessary - the quality of the care that they provide, including to people with dementia. More detail can be found here.

www.bracknell-forest.gov.uk/bettercarefund

In 2014/15 the Council commissioned the Alzheimer’s Society to facilitate the establishment of a Dementia Action Alliance in Bracknell Forest. Many local organisations – including the Council – have signed up and committed to specific actions to improve the way they respond to people with dementia and their families.

More detail on what has been achieved, and what is planned can be found in the Joint Commissioning Strategies:-

www.bracknell-forest.gov.uk/Healthy-Minds-strategy.pdf

www.bracknell-forest.gov.uk/Dementia-strategy-2014.pdf

- **Long Term Conditions**, including respiratory illness, diabetes and cardio-vascular disease. The programme of work funded through the Better Care Fund includes a number of initiatives particularly designed for improving wellbeing of people with long term conditions. These include Integrated Care Teams and Pulmonary Rehabilitation. Patients rate the programmes highly, but the work on diabetes needs further attention to enable better outcomes for people. This will be a focus of the Year of Care programme.
- **Cancers** - Whilst the treatment that people receive for cancer is good, more can be done to ensure that people are diagnosed earlier, and therefore increase the chances of successful treatment. While uptake is relatively high in Bracknell Forest, work will continue to promote screening programmes to all who are eligible. More opportunities will be made available to people for screening, including some weekend access for working people, which has been identified as an area for improvement from the Commissioning for Value pack. This is currently being worked up under the Better Futures for All Programme. The extended access has been designed with involvement from local people and will also be based on what is sensible and practical to provide. Extended hours services will be offered from October in one site in Bracknell with a view to rolling out to more sites once this has evaluated.

Work will be undertaken to understand the reasons why people do not take up screening offered to them and they will be encouraged to do so.

- **Sexual Health** – Work to promote good sexual health has contributed to a range of positive outcomes. For example, rates of under-18 conceptions in Bracknell Forest continue to decline, in line with the national picture and are now at an all-time low of 14.6 per 1,000. Recent data also shows that efforts in Bracknell Forest to raise awareness of Chlamydia infection and the importance of getting tested are working well, with the proportion of 15-25 year olds being tested almost doubling, with 19.4% tested in 2013, compared to 11.6% in 2012. This increase in the uptake of testing is the highest in Thames Valley and has been due in part to expanding the range of places and options for getting tested.

In January 2014 a consultation commenced with local stakeholders, including specialist sexual health providers, GPs, Council staff, Healthwatch and elected members to help shape and improve the delivery of sexual health services in

Bracknell Forest. In response to the feedback received a number of changes have been made. For example, a comprehensive list of sexual health services has been collated and is now hosted on a dedicate webpage. An innovative “specialist nurse outreach” service has been commissioned aimed at women who live in challenging circumstances and who are at high risk due to substance misuse or other issues. Since the service started in October 2014, 51 referrals have been made by Children’s Social Care and of those, 33 are now using long acting reversible contraception.

- **Safeguarding** – There was concern that children might be at risk if they were living in circumstances where other people drank too much, took drugs, or had mental ill-health, and that this might not be identified. In fact there are strong links between relevant adult services and children’s services within the Council, so any identified risks are dealt with quickly. There is also a lot of work being done to tackle domestic violence, and this includes safeguarding children in families where this is happening.

Adult Social Care is also represented on the groups that are tackling Child Sexual Exploitation (CSE), so ensure that where appropriate, action is still taken when vulnerable young people become adults.

- **Vulnerable Groups** – The Equality Act 2010 says that some people can be vulnerable because they do not have the same access as other people to services and support because of their age, disability, marital or civil partnership status, gender, sexual orientation, race, religion or belief. However, some people can be defined as “vulnerable” for different reasons. People can become vulnerable because of a change in life circumstances, for example, carers can become socially isolated and can find it more difficult to manage their own health and wellbeing because of their caring role. People can also be vulnerable because they can’t access information and advice about the support and services they need, so providing information in a range of accessible formats is essential. That’s why New Joint Commissioning strategies have been developed for a people with a range of care needs. These can be found on the Council’s website and the CCG’s website. In addition, whenever new services are commissioned, the specifications must be clear that they must meet the needs of people who may be vulnerable for reasons other than the issue that the service is specifically addressing. For example, it is

important that services to help people stop smoking are available for people with an Autistic Spectrum Disorder, and that people with dementia are helped to maintain healthy blood pressure levels, low cholesterol and a healthy BMI. This is because these things indicate risk of heart disease, stroke, some cancers and several other conditions which could make the dementia worse. All commissioners of services (Public Health, Adult Social Care, Children's Social Care, the CCG and NHS England) should ensure that service providers do this.

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Appendix 3 - Social Isolation

The Social Care Institute for Excellence (SCIE) has done a lot of work in understanding how social isolation can affect people, and this is from one of their publications²:-

Key messages

- Older people are particularly vulnerable to social isolation or loneliness owing to loss of friends and family, mobility or income.
- Social isolation and loneliness impact upon individuals' quality of life and wellbeing, adversely affecting health and increasing their use of health and social care services.
- The interventions to tackle social isolation or loneliness include: befriending, mentoring, Community Navigators, social group schemes.
- People who use befriending or Community Navigator services reported that they were less lonely and socially isolated following the intervention.
- The outcomes from mentoring services are less clear; one study reported improvements in mental and physical health, another that no difference was found.
- Where longitudinal studies recorded survival rates, older people who were part of a social group intervention had a greater chance of survival than those who had not received such a service.
- Users report high satisfaction with services, benefiting from such interventions by increasing their social interaction and community involvement, taking up or going back to hobbies and participating in wider community activities.
- Users argued for flexibility and adaptation of services. One-to-one services could be more flexible, while enjoyment of group activities would be greater if these could be tailored to users' preferences.
- When planning services to reduce social isolation or loneliness, strong partnership arrangements need to be in place between organisations to ensure developed services can be sustained.
- We need to invest in proven projects. Community Navigator interventions have been shown to be effective in identifying those individuals who are socially isolated. Befriending services can be effective in reducing depression and cost-effective.

As well as feeling unhappy or depressed, being isolated can mean that people don't have access to a whole range of information, including information on how to keep themselves well, such as:-

- Falls prevention service
- Help with giving up smoking
- The “Helping You to Stay Independent” guide
- How they may be able to get support with getting out and meeting new people.

This is a problem which is set to grow as the population ages and more people move into Bracknell to take advantage of the new housing opportunities. There is some good work being done in Bracknell Forest, but organisations will need to work together to build on these strong foundations to ensure there are sustainable community networks that help people in Bracknell Forest stay active and happy for longer.

There are a number of interesting studies that can help partners to understand how they can identify people who are socially isolated and how they can all work together to help people to become socially “connected” again.

1. “Promising approaches to reducing loneliness and isolation in later life” – Campaign to End Loneliness / Age UK January 2015 See www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf
2. “Hidden Citizens – How can we identify the most lonely older adults?” – Campaign to End Loneliness / University of Kent – March 2015 See <http://www.campaigntoendloneliness.org/hidden-citizens/> (This paper featured on Channel 4 News as well as BBC news – see www.bbc.co.uk/news/uk-england-32201957)

Agenda Item 12

HEALTH & WELLBEING BOARD: FORWARD PLAN 2015/16

(Scheduling of agenda items are subject to change)

Next meeting of the Board: 3 March 2015

Item	Decision	Responsibility
Better care Fund	Update	John Nawrockyi

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