



NOTICE OF MEETING

Health and Wellbeing Board
Thursday 7 December 2017, 2.00 pm
Boardroom - Fitzwilliam House, Skimped Hill Lane

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
Rachel Pearce, South Central Sub Region NHS
Mark Sanders, Healthwatch
Fidelma Tinneny, Berkshire Care Association
Hilary Turner, NHS England South Central Region
Linda Wells, Bracknell Forest Homes
Nikki Edwards, Bracknell Forest Council
Gill Vickers, Bracknell Forest Council
Alex Walters, Local Safeguarding Children Board
Judith Wright, Interim Director of Public Health for Berkshire
Timothy Wheadon, Chief Executive, Bracknell Forest Council

ALISON SANDERS
Director of Resources

EMERGENCY EVACUATION INSTRUCTIONS

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If you require further information, please contact: Lizzie Rich
Telephone: 01344 352253
Email: lizzie.rich@bracknell-forest.gov.uk
Published: 29 November 2017



Health and Wellbeing Board
Thursday 7 December 2017, 2.00 pm
Boardroom - Fitzwilliam House, Skimped Hill Lane

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

Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting.

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

Any Member with an affected Interest in a matter must disclose the interest to the meeting and must not participate in discussion of the matter or vote on the matter unless granted a dispensation by the Monitoring officer or by the Governance and Audit Committee. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.

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 14 September 2017.

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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 Lizzie Rich:

lizzie.rich@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. **CCG Refresh of Operating Plan 2017-19**

To note the Refresh of Operation Plan 2017-19 from the CCG. 9 - 24

9. **Pharmaceutical Needs Assessment Update**

To note progress on the Pharmaceutical Needs Assessment. 25 - 26

10. **LSCB Annual Report 2016-17**

To note the LSCB Annual Report 2016-17. 27 - 66

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**HEALTH AND WELLBEING BOARD
14 SEPTEMBER 2017
2.00 - 2.25 PM**

Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Mark Sanders, Healthwatch
Hilary Turner, NHS England South Central Region
Linda Wells, Bracknell Forest Homes
Alex Walters, Local Safeguarding Children Board
Judith Wright, Interim Director of Public Health for Berkshire
Timothy Wheadon, Chief Executive, Bracknell Forest Council
Mira Haynes, Bracknell Forest Council
Dr Lisa McNally, Public Health

Also Present:

Dr Durka Dougall, Senior Consultant, The King's Fund
David Townsend, Chief Operations Officer, BHFT
Sharon Boundy, Programme Lead for Transformation, FHFT

Apologies for absence were received from:

Alex Gild
Jane Hogg
Nikki Edwards
Gill Vickers

1. Election of Chairman

Councillor Birch was elected as chairman of the Board for the 2017/18 municipal year.

2. Appointment of Vice-Chairman

Dr William Tong was appointed vice-chairman of the Board for the 2017/18 municipal year.

3. Declarations of Interest

There were no declarations of interest.

4. Urgent Items of Business

There were no urgent items of business.

5. Minutes from Previous Meeting

The minutes of the meeting held on 2 March 2017 were approved as a correct record, subject to the following amendment:

- Minute 41: 'In addition, transferring General Practice and the message hat it was note always necessary' be amended to read 'In addition, *transforming* General Practice...'.

6. **Matters Arising**

It was noted that the Better Care Fund Programme Board minutes had not been circulated to the Board, and it was requested that this be done. **(Action: Lisa McNally)**

7. **Public Participation**

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

8. **Actions taken between meetings**

Dr William Tong advised the Board that the three CCGs had agreed to merge.

Timothy Wheadon advised the Board of the recent CQC inspection, the outcome of which would be brought back to the Health and Wellbeing Board following publication in May 2018. It was noted that positive feedback had been received, with some areas to develop. The Chairman thanked all partners for their input and participation in the inspection.

Councillor Birch reminded all partners of the workshop due to follow the meeting.

9. **STP Update (standing agenda item)**

Sharon Boundy gave a brief update on the progress of the Sustainable Transformation Plan (STP).

Sharon commented that the CQC inspection had highlighted good leadership and partnerships between the STP partners, and had validated the fact that key messages about the STP had been communicated well to frontline staff who inspector perceived to be flexible. The next step was around engagement with the public regarding the STP.

10. **Healthwatch Annual Report**

Mark Sanders, Healthwatch, presented the Healthwatch Annual Report 2017-18 which was noted by the Board.

Arising from discussion, the following points were noted:

- The Board welcomed the EasyRead content of the Annual Report.
- Mark commented that Healthwatch were keen to be seen as part of the solution to issues across Health partners, rather than the regulator of services.
- It was recognised that the structure of the report was prescribed by Healthwatch England, and that it may be more useful to promote the quarterly monitoring undertaken in conjunction with the Council which highlighted the key issues.

- The funding reduction for Healthwatch in 2016-17 had had an impact, although due to cross-boundary services with Wokingham the impact had not yet been significant. Further funding reductions were anticipated.

11. **Safeguarding Adult Partnership Board Update**

Mira Haynes gave an update on the Bracknell Forest Safeguarding Adult Partnership Board, which had recently joined with that of Royal Borough of Windsor and Maidenhead.

The Annual Report had been completed and was due to go to the Council's Executive. The joint Board had met for the first time, and were developing a shared agenda and learning opportunities. A workshop for the joint Board had been scheduled for 19 October 2017.

It was agreed that the Annual Report be circulated to the Health and Wellbeing Board for information, with any salient points noted. **(Action: Mira Haynes)**

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Subject:	Bracknell and Ascot CCG Operating Plan 2017-19 Refresh
Reason for briefing note:	To present the Bracknell and Ascot CCG Operating Plan Refresh for 2018/19
Responsible officer(s):	Helen Single, Associate Director Strategy & Planning, east Berkshire CCGs
Senior leader sponsor:	Fiona Slevin-Brown, Director of Strategy & Operations, east Berkshire CCGs
Date:	7 th December 2017

SUMMARY

This report provides the Board with an update on the Bracknell and Ascot CCG's Operational Plan. The document also represents the collective ambition of the 3 east Berkshire CCGs.

The Board is asked to note the report and to support the delivery of the Operational Plan and associated work programmes during 2017/18 and 2018/19.

1 BACKGROUND

- 1.1 This paper provides the committee with an update on the East Berkshire CCGs Collaborative Operational Plan 2017-19. It will be managed in line with the refresh of the CCGs' operational plans and objectives. NHS England (NHSE) and NHS Improvement (NHSI) are still to issue formal planning guidance for 2018/19 and this is anticipated in December 2017. It is expected that any requirement is likely to be at the Frimley Health and Care Sustainability and Transformation Partnership (STP) level and will support the delivery of the requirements for the STP. CCGs' local timelines will mirror the requirements of the STP to support appropriate discussions during this process.
- 1.2 Plans developed will help to support system discussions across the STP. The paper highlights the progress made in 2017/18 and what we intend to focus on in 2018/19.
- 1.3 This Operational Plan represents the collective commissioning ambitions of the three east Berkshire CCGs and has been informed by NHSE Planning Guidance, local partner priorities, strategies, plans, the JSNA and the STP.

2 KEY IMPLICATIONS

- 2.1 Annually as part of their business planning process, CCGs are usually required to publish their commissioning intentions together with an Operational Plan that is submitted to NHS England (NHSE). In December 2016, Bracknell and Ascot CCG submitted its Operational Plan that details how it will deliver the NHS national requirements as set out by NHSE (in the Five Year Forward View) through its local programmes of work and how this will support delivery of the system priorities within the Frimley STP. For the first time in the planning process, this was a two year plan (2017/19) supported by two year contracts and financial allocations.

- 2.2 In the Bracknell and Ascot CCG Operational Plan 2017/19 the focus has been on delivering local priorities, the nine national 'must dos' set by NHS England and ensure alignment with STP priorities to achieve system outcomes. There has been extensive engagement with member practices, patients and wider stakeholders in the development and implementation of the plan for example, via member meetings workshops, East Berkshire GP Collaborative Event, Patient Panels and including patients on individual service redesign steering groups and workshops. We have been working collaboratively with our local partners in the delivery of these local priorities and work programmes.
- 2.3 Bracknell and Ascot CCG has articulated its high level priorities over the next two years which align with the Health and Wellbeing Strategy priorities:
- Ensure patient rights under the NHS Constitution are upheld
 - Develop a transformed model of general practice
 - Reduce unwarranted variation in outcomes and the use of money
 - Prevent crisis and escalation of health issues, through early identification and treatment
 - Improve urgent on the day access to services and response to those in crisis
 - Ensure mental health receives as much attention as physical health
 - Develop integrated services across the NHS and social care
 - Give people support to live healthy lives and look at their conditions
- 2.4 These priorities will be delivered through the following areas of work:
- Integrated Care Hubs and primary care, mental health, urgent and emergency care transformation
 - Continued improvements in access to mental health services for children and young people
 - Early identification of mental and physical health needs for people with a learning disability
 - Increased emphasis on prevention, self-help and self-care supporting public health initiatives and STP prevention programme
 - Encourage people to stop smoking, increase physical activity, reduce alcohol consumption, and reduce their weight
 - Integrated care planning for those with diabetes and cardiac problems e.g. heart failure, complex case management, shared care records through interoperability solution Connected Care
 - Increased access to personal health budgets and social prescribing
- 2.5 NHS England (NHSE) and NHS Improvement (NHSI) are still to issue formal planning guidance for 2018/19 and this is anticipated in December 2017. It is expected that any requirement is likely to be at the STP level. CCGs' local timelines will mirror the requirements of the STP to support appropriate discussions during this process.
- 2.6 During this period as our current Operational Plan and Commissioning Intentions covers 2018/19, we are pre-emptively undertaking a 'refresh' of the existing plan that updates our commissioning intentions and programmes of work for 2018/19 prior to national guidance being issued. We will also look to engage with stakeholders to discuss our areas of focus, however, it is not expected that significant new intentions will be generated as part of this process.

3 DETAILS

- 3.1 **Appendix A** details what we said we would do within 2017/18, what we have achieved thus far, and what we intend to do in 2018/19.

4 RISKS

- 4.1 Key risks to the delivery of the Operational Plan across all work programmes have been identified and are included in Chapter 10 of the plan.

Bracknell and Ascot CCG shares two committees that have a key role in the development and scrutiny of the delivery of the Plan. These are the Business Planning and Clinical Commissioning Committee and Finance and QIPP.

Programmes of work are aligned to programme boards which have a clear focus on implementation and how risks to delivery are being managed.

5 NEXT STEPS

- 5.1 The Board is asked to note the report and to support the delivery of the Operational Plan and associated work programmes during 2017/18 and 2018/19.
- 5.2 Continue to bring future updates to the Health and Wellbeing Board.

6 BACKGROUND PAPERS

Operational Plan 2017/18 – 2018/19 (Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG) <http://www.sloughccg.nhs.uk/about-us/our-plans>

Delivering the Forward View – NHS Planning Guidance 2016/17 – 2020/21

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

APPENDIX A

Planned Care Programme

Our strategy for planned care is to reduce unwarranted variation in both outcomes and activity using the Right Care programme methodology to identify priority specialties and to deliver Constitutional standards. We are working with our providers to model the demand and capacity for all specialties including diagnostics to ensure we are commissioning the appropriate level of services and pathways are delivered efficiently. This work stream is aligned to the STP Managing Variation work stream and shares the same priority areas*.

For 2017/18 We Said We Would	We Have	For 2018/19 We Will
<p><u>Diabetes</u></p> <ul style="list-style-type: none"> • Introduce a new specification for an Integrated Diabetes Service across community and acute services • Work with general practice and other healthcare professionals/clinicians to develop the necessary skills, competencies and confidence to improve the quality of routine diabetes management • Review the current dietetic service as part of the implementation of an integrated diabetes service • Commission new ambulance pathways for the management of hypoglycaemia <p><u>Cardiology</u></p> <ul style="list-style-type: none"> • Review all current locally commissioned 	<p><u>Diabetes</u></p> <ul style="list-style-type: none"> • Drawn up an Integrated Diabetes Service specification that is being negotiated into contracts for 2018/19 • Implemented Diabetes care and support planning services, Diabetes foot care pathway, Diabetes inpatient nursing services, Digital access to structured education as well as commencement of referral hub • Put new ambulance pathways in place for the management of hypoglycaemia <p><u>Cardiology</u></p> <ul style="list-style-type: none"> • Commissioned GP outcomes framework to 	<ul style="list-style-type: none"> • *Continue the service redesign for integrated community neurology service, MSK and gastrointestinal pathways • Advice & Guidance/Triage – building on the success of dermatology and ophthalmology prioritise the following pathways: MSK, Pain, GI, Urology, Pain • Complete an intermediate services review to include ENT and ophthalmology • *Continue our Cancer and Diabetes services improvement work • Maintain key area of focus on our demand management work including access to regular data at practice level, peer review and education, access to guidelines and evidence based information, and reducing consultant to consultant referrals and follow up

For 2017/18 We Said We Would	We Have	For 2018/19 We Will
<p>services from primary care associated with cardiology</p> <ul style="list-style-type: none"> • Improve management of patients with hypertension • Evaluate the provision of cardiac rehabilitation across the three CCGs • Develop an integrated community heart failure nursing team expanding the use of telehealth • Commission an IV diuretic lounge with all our providers <p><u>Reducing clinical variation/ demand management</u></p> <ul style="list-style-type: none"> • *Engage in the STP wide unwarranted variation programme, influencing service and pathway changes as these are developed • Commission a new model of dermatology services • *Develop a strategy for neurology service provision basing as much of the service within the community as possible • Commission an expanded community ophthalmology model • *Evaluate local demand management pilots, with a view to defining a future strategy for the commissioning of musculoskeletal (MSK) services 	<p>include increasing prevalence of Atrial Fibrillation and Hypertension to expected rates</p> <ul style="list-style-type: none"> • Cardiac rehabilitation service specification agreed and is with providers to commence provision • Commissioned an integrated community heart failure service. Improved AF and hypertension prevalence within practices • Commissioned an IV diuretic lounge • Implemented new stroke pathway <p><u>Reducing clinical variation/ demand management</u></p> <ul style="list-style-type: none"> • Engaged with STP wide unwarranted variation work stream on MSK, Diabetes, Gastro-Intestinal, Respiratory and Neurology • Dermatology business case to be considered in November • *Progressed development of an integrated community neurology service across the STP • Commissioned Evolutio to help manage ophthalmology referrals with a view to commissioning an integrated approach in 2018/19 • Decommissioned the existing GRACE service • Commissioned a LCS for referral management to reimburse practices for management of 	<p>appointments)</p> <ul style="list-style-type: none"> • Review anticoagulation LCS in line with renewed guidelines of the use of newer agents. • Work on a CKD pathway that incorporates Frimley Health and Royal Berkshire Hospital (resource allocation permitting) • Review ENT contracts and commission an integrated ENT service (resource allocation permitting)

For 2017/18 We Said We Would	We Have	For 2018/19 We Will
<ul style="list-style-type: none"> De-commission the existing GRACE service. Develop a new specification to re-commission a service which will provide triage and update all referral forms and pathways on DXS. Work with general practice to reduce unwarranted clinical variation in primary care Improve utilisation of e-Referral. Providers to ensure that the DXS system is notified of changes to pathways and referral forms. Providers will ensure that sufficient bookable slots are available on e-referrals Commission new contracts for MSK physiotherapy, audiology, podiatry, and other small contracts including ENT, and ophthalmology <p><u>Cancer</u></p> <ul style="list-style-type: none"> Review cancer services <p>Improve management of patients with Chronic Kidney Disease (CKD)</p>	<p>referrals and to utilise DXS as well as e referral systems. Support practices to undertake clinical peer review of referrals</p> <ul style="list-style-type: none"> Improved the utilisation of e-referrals MSK Physiotherapy, Audiology and Podiatry contracts are being negotiated with Berkshire Healthcare Foundation Trust and are near completion Ophthalmology contracts are being reviewed with a contract issued for 1 year to October 2018 <p><u>Cancer</u></p> <ul style="list-style-type: none"> Reviewed and improved Cancer services – cancer champions in place; 99.9% sign up to the LCS; 64% of practices engaging with CRUK Berkshire facilitators - 60% of Bracknell & Ascot practices, 50% of Slough Practices and 82% of WAM practices, and improved rehabilitation service offer to patients post treatment in place 	

* STP footprint projects

Integrated Care Programme

In line with our local priorities set out in the plan and in the context of the vision of the Frimley Health and Care STP, we are working in partnership with Bracknell Forest Council, Slough Borough Council and the Royal Borough of Windsor and Maidenhead and to deliver plans to integrate health and social care services which improve the lives of the local people.

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In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<ul style="list-style-type: none"> • Increase the number of personal health budgets in line with national policy • Expect all providers to adopt and work to the New Vision of Care principles and its approach to frailty identification and management. This includes adopting a locally agreed frailty tool within their services and applying the principles of “Making every contact count” • Review key service lines and agree revised service specifications including the Mobility Service, Community Hospital in-patients, and Community Nursing through the remainder of 2016/17 with a view to having a new service specification in place by April 2017 • Review community services currently provided by Virgin Care for our registered population living in Surrey with a view to re-procurement during 2017/18 • Explore with our local authority commissioners opportunities for joint 	<p>In conjunction with our partners:</p> <ul style="list-style-type: none"> • Piloted process for extending personal health budgets in partnership with the 3 Unitary Authorities. Pilot to complete in November 2017 • Extended the reach of our New Vision of Care Programme across the STP by agreeing a common clinical definition of frailty and a common population stratification tool across the STP population • Completed phase 1 of our Community Nursing Review and agreed an interim service specification for 2017/18 and an extended service for our Surrey population following the end of the Virgin Care contract • Developed a proposal for integrating Section 117 and CHC budgets across the 3 CCGs and UAs • Implemented an End Of Life Locally Commissioned Primary Care Service (LCS) to 	<p>Work collaboratively with our partners to:</p> <ul style="list-style-type: none"> • Integrate Decision Making in the community, bringing together multi-disciplinary teams, led by Primary Care, to develop anticipatory and advanced care plans for our most vulnerable patients (Severely Frail, and multiple co-morbidities) • Inclusion of social prescribing as a core component to Primary Care and Integrated Decision Making in the community • Commission a Frailty Pathway through prevention to acute care, including outreach of frailty specialists from the acute to support community teams and GPs to keep people out of hospital • Implement the Enhanced Care Homes framework to enable a step-change in the quality, consistency and resilience of our care home workforce • Develop a Market Management strategy for

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>commissioning for individuals who are eligible for funding from Continuing Healthcare, voluntary sector provision and learning disability and mental health placements</p>	<p>improve the integrated approach to care for people approaching the end of their lives</p> <ul style="list-style-type: none"> • Commissioned a 24/7 Rapid Response team from Thames Valley Hospice to provide advice and home based support 24/7/365 • Appointed a care home delivery manager to enhance the support to care homes and work with Registered Managers to improve education and training • Appointed two Wellbeing Prescribers to work in Primary Care on a Social Prescribing Pilot • Supported the developed of a community asset map for GPs to search and refer to social prescribing offers • Piloted a Complex Case Management Locally Commissioned Primary Care Service to proactively manage conditions in the community and avoid crisis and hospital admission <i>(see also under Primary Care)</i> 	<p>the home care workforce across the STP to build capacity, confidence and resilience</p> <ul style="list-style-type: none"> • Extend the Complex Case Management LCS across the east Berkshire footprint and incorporate new services as they come on-line (e.g. Social Prescribing) • Extend the Wellbeing Prescribers across the east Berkshire footprint • Complete phase 2 of our Community Nursing Review with a revised specification of service expectations of a modern, integrated district nursing service

Urgent & Emergency Care

We are committed to designing a simplified system with fewer access points, greater coordination across pathways and providers, supported by more effective information sharing. From a public perspective there will only be 4 points of access to urgent and emergency care services: 111, GP, 999 and A&E. Regardless of the point of access there will be a consistent approach dependent on the level of need.

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<ul style="list-style-type: none"> • Mobilise the new Integrated NHS111/ Urgent Care contracted service model • Review the Bracknell and Maidenhead Urgent Care Centres, the Slough Walk-in centre and East Berkshire Out of Hours Services and commission new service models • Review the impact of all of our resilience and out of hospital investments from 2015/16 and 2016/17 • Review of the impact of the recently commissioned AIRS service in Bracknell, Ascot, Windsor and Maidenhead populations with a view to extending the service to Slough from April 2017 • Work with our local Acute Providers to expand the use of ambulatory care pathways, and agree a local price for this activity • Revise our approach to the management and use of the directory of service (DOS) • Work with South Central Ambulance Service 	<ul style="list-style-type: none"> • New 111 service launched in September 2017 with the implementation of the new integrated clinical hub – this will be further developed during the course of the contract. Direct booking into OOHs in EB went live during October 2017 and plans are in place to extend this to urgent care centres and walk in centres during 2017/18 • Developed the Out of Hospital strategy with wider partners and bringing together the urgent and emergency care, integrated care and the primary care strategy to enable alignment and better outcomes for patients from greater integration of services • AIRs extension to Slough from September 2017 • Emergency ambulatory care services were expanded to 7 days a week from October 2017 and financial arrangements have been agreed across the STP 	<ul style="list-style-type: none"> • Through the Frimley System Joint A&E Delivery Board, work together with all partners to deliver the transformation of urgent and emergency care across the 7 pillars of transformation: 111 on line, 111 calls, ambulance, Urgent Treatment Centres (UTC), GP access, hospital and hospital to home. These plans will be monitored monthly and outcomes reported through a bespoke Alamac dashboard. • As current contracts come to an end, continue the review of the Bracknell and Maidenhead Urgent Care Centres, the Slough Walk-in centre, East Berkshire Out of Hours Services, and GP extended access to agree a model of services that supports our Out of Hospital Strategy and under market testing (subject to procurement advice) and commence the commissioning process for new service models

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>(SCAS) to implement the recommendations from the national review of Ambulance Services</p> <ul style="list-style-type: none"> • Work with providers to ensure that national quality indicators, best practice and standards are embedded within the contracts for 17/19 	<ul style="list-style-type: none"> • A review of the DOS has taken place to ensure that all services are represented on the DOS and that dispositions into pharmacy, OOHs, UTCs and other local services are utilised fully rather than directing patients to A&E • SCAS mobilisation of Ambulance Response Programme (ARP) will go live October 2017 • All urgent and emergency care services are contracted for using NHS Standard Contract which includes comprehensive quality sections. Contracts are monitored on a monthly basis 	<ul style="list-style-type: none"> • Deliver the national integrated urgent care specification through the extension of the clinical hub, DOS development and direct booking in and out of hours to meet national trajectories

Primary Care

Our Primary Care Strategy is to develop a transformed and sustainable model of general practice for east Berkshire, improve overall access to general practice appointments and realise the opportunities and benefits set out in the general practice forward view through delegated commissioning. We are working with our member practices as providers to develop how they will work together across GP Federations and clusters. This programme of work is aligned to the STP General Practice Transformation work.

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In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<ul style="list-style-type: none"> • Transition of delegated authority for the Primary Medical Services contracts to the CCG from NHS England • Invest in General Practice transformation enabling practice to work differently together to develop services such as proactive care for housebound patients using appropriate skill mix and integration with other teams • Commission extended hours general practice services for all patients in East Berkshire for evenings and weekends as population needs require • Commission a single quality scheme to replace the current locally commissioned services to include atrial fibrillation, complex case management, and near patient testing • Support the use of technology in primary care to support self-care, patient communication, reduction in DNAs and public health 	<ul style="list-style-type: none"> • Maintained our Delegation transition on plan with NHS England for completion in March 2018 • Invested in General Practice transformation enabling practice to work differently together to develop services such as proactive care for housebound patients using appropriate skill mix and integration with other teams • Commissioned extended hours general practice services for all patients in East Berkshire for evenings and weekends as population needs require • Commissioned a single quality scheme to replace the current locally commissioned services to include atrial fibrillation and near patient testing (<i>Commission the complex case management service from General Practice by December 2017</i>) • Developed an approved Primary Care Strategy 	<ul style="list-style-type: none"> • Support the use of technology in primary care to support self-care, patient communication, reduction in DNAs and public health screening/prevention improvement • Develop social prescribing across general practice to widen the support for patients and carers • Commission a practice resilience programme to support all practices • Commission complex case management that will also include and support social prescribing • Commission a visiting service to ensure proactive care for housebound and care home patients using appropriate skill mix on a population basis • Develop infrastructure plans to support the Primary Care Strategy for the sustainability of general practice services, including estates assessments, workforce development with

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>screening/prevention improvement</p> <ul style="list-style-type: none"> • Develop social prescribing across general practice to widen the support for patients and carers • Commission a practice resilience task force to support practices in crisis • Commission specimen collection to support 7 day services, support interoperable primary care/general practice records and identify professional resources to support the realisation of the estates and other infrastructure proposals 	<p>across the CCGs</p> <ul style="list-style-type: none"> • Launched the Practice Resilience Programme supporting practices in identifying areas requiring greater resilience within their practice and providing through GPFV investment funding for improvement and developing resilience for the future • Developed and implemented the Time for Care Programme that will support practices in developing greater efficiency, taking forward innovation and provide skills and resources into practices • Piloted various models of Social prescribing working in partnership with social care, public health and the voluntary/community service • Commissioned specimen collection to support 7 day services, support interoperable primary care/general practice records and identify professional resources to support the realisation of the estates and other infrastructure proposals being considered by NHSE to create capacity in general practice 	<p>the STP and technology aligned with the Connected Care programme</p> <ul style="list-style-type: none"> • Invest further in General Practice sustainability through the local delivery of the General Practice Forward View aligned to the Primary Care Strategy

Mental Health & Learning Disabilities

The CCGs are committed to transforming locally commissioned services, co-produced with people with lived experience of services, their families and carers, in order to ensure sustainability as well as delivering the key priorities outlined in the Five Year Forward View for Mental Health.

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<ul style="list-style-type: none"> • Reduce the numbers of learning disability assessment and treatment unit beds • Implement the Learning Disability Community Intensive Support service • Re-scope the role and function of the Learning Disability Community Teams • Develop the market for local placements and support for people with mental ill health, LD and/or autism thereby reducing the number of out of area placements. We will de-commission the Out of Area Placement Brokerage Service provided by BHFT with effect from 1 April 2017 and intend to provide this service in house • Expect a learning disability liaison nurse function to be provided at Wexham Park in line with other providers • Expect the prescribing of antipsychotics to be reduced in all care settings • Develop a locally commissioned service to improve the quality of learning disability 	<ul style="list-style-type: none"> • Reduced the numbers of learning disability assessment and treatment beds and commissioned a community intensive support service • Supported some people with learning disabilities to move into their own homes using the HOLD scheme and Transforming Care Partnerships • Commissioned a placement review team in house to review the quality and appropriateness of people who are in placements funded through section 117 aftercare. This will include looking at the prescribing of antipsychotic medications for people in these placements • Commissioned an improved service for psychiatric liaison and crisis at Wexham Park Hospital and reviewed the Crisis Response and Home Treatment Teams locally. We have also increased the provision in Street Triage service • Successfully obtained funding to support 	<ul style="list-style-type: none"> • Continue to work with the transforming care partnership to support people with learning disabilities to live better lives locally. This will include working with the community teams • Work together with the local authority and voluntary sector locally to develop the market for local placements and support for people with mental ill health, LD and/or autism • Continue to develop plans to ensure people with Learning Disabilities and mental health issues receive good quality physical health care and the checks they require and enhance the learning disability liaison service at Wexham Park • Further explore new models of care for people who are experiencing a mental health crisis to continue to improve the quality of care and choice available • Redesign the 'front door' to mental health services (common point of entry – CPE) and monitor the impact on Community Mental Health Teams and other parts of the system

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<ul style="list-style-type: none"> • health checks in primary care • Commission consolidated acute based mental health liaison services • Review Community Mental Health Teams and work with partners to jointly commission a transformed model of community mental health provision • Review the current Crisis Response Home Treatment Teams and commission a new model of urgent and emergency care • Expand the Increasing Access to Psychological Therapies (IAPT) service. Expand the psychology intervention community nursing pilot (PINC) across the 3 CCGs in line with the IAPT expansion programme • Continue to increase dementia diagnosis rates and review post diagnostic support for people with dementia. Developing dementia friendly practices and expanding the service for younger people with dementia from 2 to 5 days • Review the existing Friends in Need service with a view to expand this to Slough and Bracknell and Ascot CCGs • Review the Street Triage pilot exploring potential for continuation in conjunction with Local Authorities 	<p>IAPT's services work with people who have long term conditions and have operationalised this service, including working closely with the community nurses to support people more psychologically</p> <ul style="list-style-type: none"> • Commissioned Healthmakers a group of volunteers who have long term conditions offering support to others • Commissioned a Young People with Dementia service improving the support available to people when initially diagnosed • Improved the Dementia diagnosis rates locally • Expanded Friends in Need services across all three boroughs to support people who are socially isolated 	<ul style="list-style-type: none"> • Continue to work with our partners to reduce the numbers of people who need acute inpatient care or long term placements many of which are out of area. Develop a pathway of care and support for people with dementia that is equitable across the CCG's • Develop our current limited Individual Placement Service (IPS) with support from our colleagues in our STP footprint. This will facilitate an increase in the numbers of people accessing the IPS and the numbers of people gaining meaningful employment

Children’s and Maternity Services

Our aim is to commission high quality evidence based mental and physical health services which are fully integrated, inclusive, accessible, timely, and responsive and informed by the needs expressed by children and young people.

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In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<ul style="list-style-type: none"> • Commission a fully NICE compliant community eating disorder and perinatal services • Work with our providers to implement the recommendations from Better Births • Review the Children’s and Young Persons Transformation pilots and make recommendations on future commissioning • Continue to reduce CAMHS waiting times across all pathways • Work with partners to ensure that our collective responsibilities for children with special educational needs and disabilities are met • Commission upstream support to children and young people and their parents before they develop a mental health disorder 	<ul style="list-style-type: none"> • Received funding and commissioned NICE compliant eating disorders service for children locally and a perinatal service • Commissioned a number of CAMHS transformation projects e.g. Kooth online, counselling services to support children wellbeing • Developed and published ‘The Little Book of Sunshine’ CAMHS resource • Reduced waiting times and improved access for CAMHS • Reduced the number of young people we are sending out of area for specialist hospital treatment for their mental health needs • Worked with our local partners to support the SEND agenda • Developed with partners across STP a local maternity transformation plan 	<ul style="list-style-type: none"> • Review the CAMHS Transformation Projects to assess their impact • Work closely with local authorities to commission children’s services more collaboratively • Assess the need for an ageless Autism and ADHD service and the impact this could have for local people • Work more collaboratively to further the impact we have for young people with special educational needs and disabilities • Continue to work with providers in implementing recommendations from Better Births as detailed in the local maternity transformation action plan

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Title: Pharmaceutical Needs Assessment Update

Date: September 2017

Report By: Public Health Services for Berkshire

Purpose of Report:

To update the Health and Wellbeing Board on the Pharmaceutical Needs Assessment (PNA) that is currently underway.

Since April 2013, every Health & Wellbeing Board in England has had a statutory responsibility to publish a statement of the needs for pharmaceutical services in their area. This is referred to as the Pharmaceutical Needs Assessment (PNA). Each Health & Wellbeing Board had to publish their first PNA by 1st April 2015, and is required to undertake a revised assessment at least every 3 years. The refreshed PNAs therefore need to be signed-off and published by 31st March 2018.

Public Health Services for Berkshire have been leading the development of the 2018 PNAs across the 6 Berkshire Local Authorities. Part of this work has included conducting a survey of local pharmacies to identify the services that they provide or would like to provide. This closed in September with a total response rate of 82.4% of pharmacies across Berkshire. For Bracknell Forest Council, 19 out of 21 pharmacies responded (90%). An online public survey was also open from June to September to gather feedback about local pharmacy services. This received 184 responses across Berkshire and 61 of these were from Bracknell residents.

Public Health Services for Berkshire are now in the process of collating and analysing survey responses and mapping the local pharmacy services provided. These will be used to identify any possible gaps in service provision and will form the basis of the PNA. A draft PNA will be completed in October and is required to go out to a public consultation for 60 days, which will be across November and December. The HWBB chair will approve the draft PNA prior to going out for consultation.

Following the public consultation, any necessary amendments will be made to the final PNA report in early 2018. This will then be formally signed-off by the Health & Wellbeing Board on Thursday 1st March 2018, in line with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.

Actions for HWBBs:

- **October 2017** - HWBB Chairs to sign off draft for public consultation
- **November and December 2017** - Support public consultation on the draft PNA
- **By 31st March 2017** – Agree final PNA at HWBB meeting in public, including any recommendations and publish in formal papers

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**Bracknell Forest
Local Safeguarding
Children Board**



LSCB Annual Report

April 2016 to March 2017



Chairs Foreword

As the Independent Chair of the Bracknell Forest LSCB I am delighted to present its Annual Report for the period 1 April 2016 to 31 March 2017.

As a statutory partnership the Local Safeguarding Children Board (LSCB) brings together organisations with a collective responsibility to safeguard and promote the welfare of children and young people.

This report describes the achievements and the challenges of the Board and its partners in their efforts to ensure the safety and wellbeing of children and young people within the borough, and young residents who receive specialist services outside of the area.

During the period covered by this report, partners continued to make positive progress in strengthening local arrangements, but were not complacent about the tenacity required to address the enduring issues affecting children and young people and the need for us to respond to emerging challenges.

The *Safeguarding Plan 2016-2019* was reviewed and evidence of progress against the targeted priorities 2016-17 was considered by the LSCB and is set out later in the report. This evidence and issues that have arisen during 2016-17 informed by our scrutiny of data and quality improvement activity have led to our revised Safeguarding Business Plan for 2017-18. This plan addresses the core responsibilities set out within statutory regulation but also seek to address local priorities identified by evidence from children and young people, by staff, by performance data, audits and by our partners.



The LSCB continues to drive for increased transparency and collective challenge and scrutiny both of the quality of practice and services and also that of partner engagement in the LSCB. This is evidenced through the LSCB Challenge Log (see Appendix A), which is robustly monitored and sets out key issues of concern and is contained in this Annual Report. Despite the impact of austerity measures and further structural change within many agencies, partnership working has remained strong and has driven a number of important initiatives. I have also continued to robustly challenge partner's contribution to the LSCB budget with some success but resourcing for all partners and the LSCB continues to be a challenge.

I sought to strengthen links between local strategic partnerships and continued to promote regional collaboration, and national links to further enhance our work within the Borough. Meetings were held with the Chairs of the Children and Young People Partnership, the Community Safety Partnership to ensure cohesion of priorities and to raise issues of challenge and I initiated formal links with the Berkshire Family Justice Board to ensure opportunity for challenge.

During 2016-17 the LSCB undertook increasing scrutiny of its own effectiveness. It undertook a self evaluation session against the Ofsted LSCB criteria in December 2016 and in January 2017 invited a Peer Review Team to undertake a 2 day review of the LSCB. This review recognised the many strengths of effective partnership

working, commitment and engagement and some real evidence of impact. LSCB multi-agency audits and child protection incident reports (CPIR) continue to demonstrate good multi-agency practice but are clear on areas for improvement which are monitored by the LSCB. Inspections of the National Probation Service (NPS) and the Youth Offending Service (YOS) have been reported into the LSCB.

A Serious Case Review (SCR) undertaken by the LSCB was published in February 2016 some years after the original incident due to protracted criminal proceedings. The Action Plan has been actively addressed and is complete but a further process was undertaken for all partner agencies to provide evidence of the impact of this SCR and its learning on practice. This evidenced that the learning had had an impact on improved practice within all the agencies

While reflecting on the work undertaken during this period, I am of course mindful of the important potential changes on the horizon, of the key messages emanating from *Alan Woods review* of LSCBs in 2016 and now contained in the *Children and Social Work Act* which gained royal assent in April 2017. The Review confirmed the need for multi-agency safeguarding arrangements but they will be allowed to reflect local circumstances and need but will be required to have undergone independent scrutiny and to be published in 2018-19. There will also be significant changes to the SCR and Child Death Overview Panel (CDOP) system locally and nationally and the draft statutory guidance, Working Together is expected for consultation in November 2017, which will set out the transitional arrangements. The LSCB and senior leaders will debate these proposals during 2017-18.

As in previous years this Annual Report makes particular reference to the learning and the associated progress that has been made locally, which I believe reflects a stronger culture of constructive challenge and a commitment to ongoing improvement. Evidence of this is from the Bracknell and Ascot Clinical Commissioning Group (CCG) and named GP who have led regional work on GPs undertaking Section 11¹ (S11) type process on their safeguarding arrangements and auditing the quality of their reports to Child Protection conferences.

While recording my thanks members of the Board and those supporting the work of its sub groups, I would like to of course state my gratitude to all those staff and volunteers within the local workforce for their commitment, to safeguarding children and young people.

Alex Walters
Independent Chair, Bracknell Forest Safeguarding Children Board

The artwork used throughout this Report was produced by Bracknell Forest primary school pupils for the 'Children and Young People's Mental Health Creative Arts Challenge' ran by BF Public Health

¹ Children's Act 2004 <https://www.legislation.gov.uk/ukpga/2004/31/section/11>

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1. Introduction

This report provides those working with, and planning services for children, young people and their families with an overview of the work undertaken by the LSCB, and its partner agencies. It outlines many achievements while also identifying areas for improvement to ensure the effectiveness of safeguarding arrangements for children in the borough.

This report sets out details about the LSCB, outlines the local context to our work and provides links to [our website](#), partner agencies and other important documents.

The report sets out the work undertaken during the year to ensure children receive early help, targeted services and protection from significant harm where this is necessary.

About Bracknell Forest

Bracknell Forest lies to the west of London, in the county of Berkshire with a population of approximately 28,000 children under the age of 18 years and who represent 24% of all residents in the Borough. The Nepali community linked to the location of the Gurkha regiment at the Royal Military Academy in Sandhurst represents a significant group that adds to the borough's rich diversity. In January 2017, 12% of pupils in the Borough had English as an Additional Language (EAL) and 88 different languages were spoken in our schools, although many are only spoken by a very small number of pupils.

Further information about the population of Bracknell Forest can be found at: <http://statsshare.bracknell-forest.gov.uk/>

About the Local Safeguarding Children Board (LSCB)

The LSCB was established In April 2006 as a statutory partnership board bringing together senior managers from a broad range of organisations working together to promote and safeguard the welfare of children and young people from across the borough.

Through the leadership of its Independent Chair, partner organisations are individually and collectively held to account and together members of the LSCB ensure it fulfils the regulatory functions set out within the statutory guidance [Working Together to Safeguard Children](#) (HMGov 2015).

Regulation set out within Section 14 of the [Children Act 2004](#) specifically 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.

Regulation 5 of the [Local Safeguarding Children Boards Regulations 2006](#) sets out additional guidance in respect of the Board's role and its functions that further support the above legislative requirements.

LSCB Independent Chair

Throughout 2016-17 the Independent Chair worked closely with all LSCB partners, and played a key role in challenging, advising and supporting agencies. The Chair continued to provide an effective link between the LSCB and a range of regional and national strategic activities and developments.

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

Local Authority Governance and links with Bracknell Strategic Partnerships

Statutory guidance requires that the Chief Executive of the Local Authority hold the Independent Chair to account for the effective working of the LSCB and this function was achieved through the following activities:

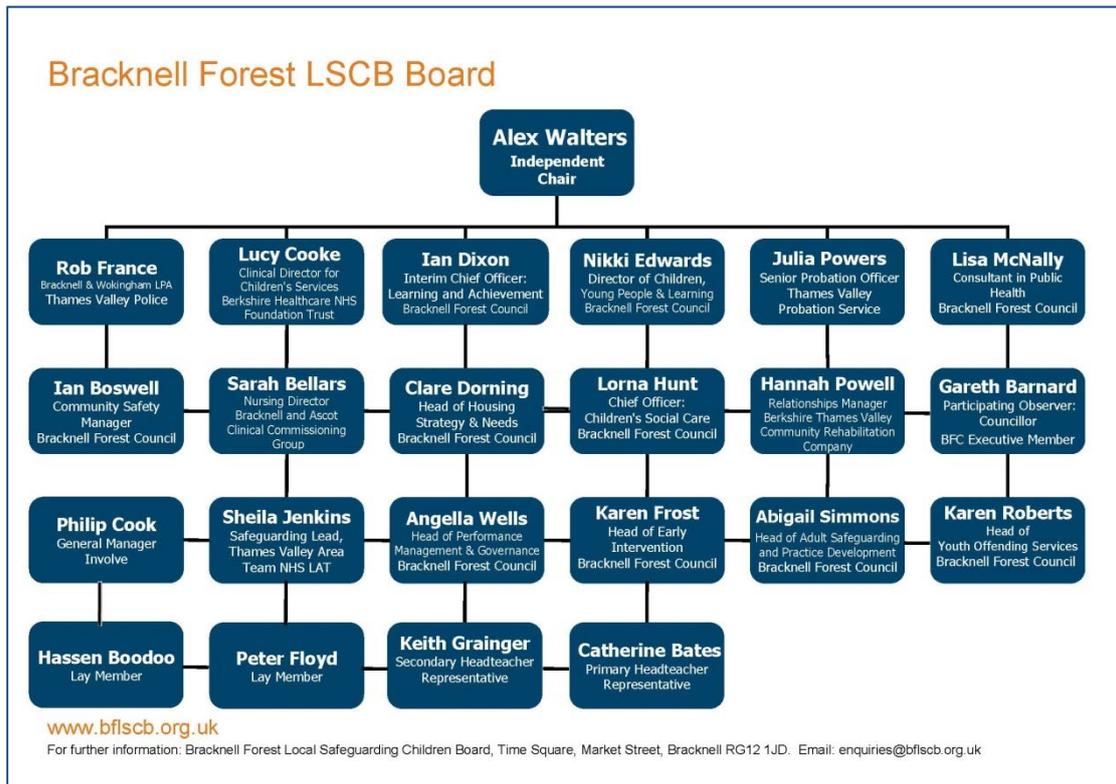
- The Chief Executive (CEO) was represented at both the LSCB and its Partnership Forum by the Director for Children, Young People and Learning (DCS) and the Leader of the Council continued to receive regular briefings / updates from the CEO.
- Quarterly meetings of the Independent Chair with the CEO, the Leader, the Lead Member for Children, Young People and Learning (CYPL) and the DCS, Chief Officer Children's Social Care (CSC), focus on safeguarding and include both the effectiveness of the LSCB and safeguarding arrangements across the partnerships and barriers to improvement. These meetings also receive the 6 monthly Independent report of the Independent Chair. Throughout 2016-17 the Independent Chair worked to further strengthen links with other strategic groups and focus on the priorities of the key strategic partnerships to ensure synergy and reduce potential duplication through these meetings as the CEO and DCS chair the Children, Young People's Partnership (CYPP) and Community Safety Partnership (CSP) respectively and are members of the Adult Safeguarding Partnership Board (ASPB) and Health and Wellbeing Board (HWB).
- In addition the Chair ensured links to the LSCB are transparent by the receipt of the minutes of the CYPP, Corporate Parenting Advisory Panel (CPAP), HWB, SAPB, and the Family Justice Board (FJB).
- In March 2017 the CEO undertook a formal annual appraisal of the Independent Chair with a structured 360-degree questionnaire provided to all members of the LSCB and the LSCB Forum. The outcome was positive and informed discussion on the objectives for the LSCB Chair in 2017/18 which were shared with the LSCB.

Outcome: The strengthened links between the LSCB and local/regional strategic groups helped ensure safeguarding children remained a priority during a period of change and facilitated challenge from the Chair to ensure support for the work of the Board.

LSCB Membership

During 2016-17, the LSCB welcomed a number of new members who ensured a good level of representation from partner agencies. The successful recruitment of an additional lay member further strengthened this important function that has increasingly contributed to the robust scrutiny of partners work. Throughout the year, the Independent Chair sought to ensure the effectiveness of arrangements where members represented more than one service, making clear their responsibilities for ensuring representation and where necessary challenging those who fell short of achieving this.

A list of members of the LSCB is set out below.



During 2016-17 the work of the LSCB was been supported by a:

- Business Manager (32 hours a week)
- Partnership and Performance Officer (29 hours a week)

Significant support was also provided by the Head of Performance Management and Governance and the Council's Democratic Services in support of meetings and minute taking.

How did the LSCB operate?

Throughout the period of this report the LSCB met every two months 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 Safeguarding *Business Plan*.
- Scrutinising and challenging partners and sub group activity.
- Monitoring Serious Case Review and Individual Management Review action plans.
- Receiving and commenting on partner's annual reports on key areas of 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.

Partnership Forum

During 2016-17 the LSCB's Partnership Forum met twice and enabled an extended group of partners to collectively consider:

- 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 their ability to effectively safeguarding children/young people.
- Strategic planning and the role their organisations could play in improving outcomes for children/young people.
- Changes in legislation / policy, emerging best practice and messages from research / inspection findings.
- The effective communication of safeguarding 'messages' within their own agency and across multi-agency settings.

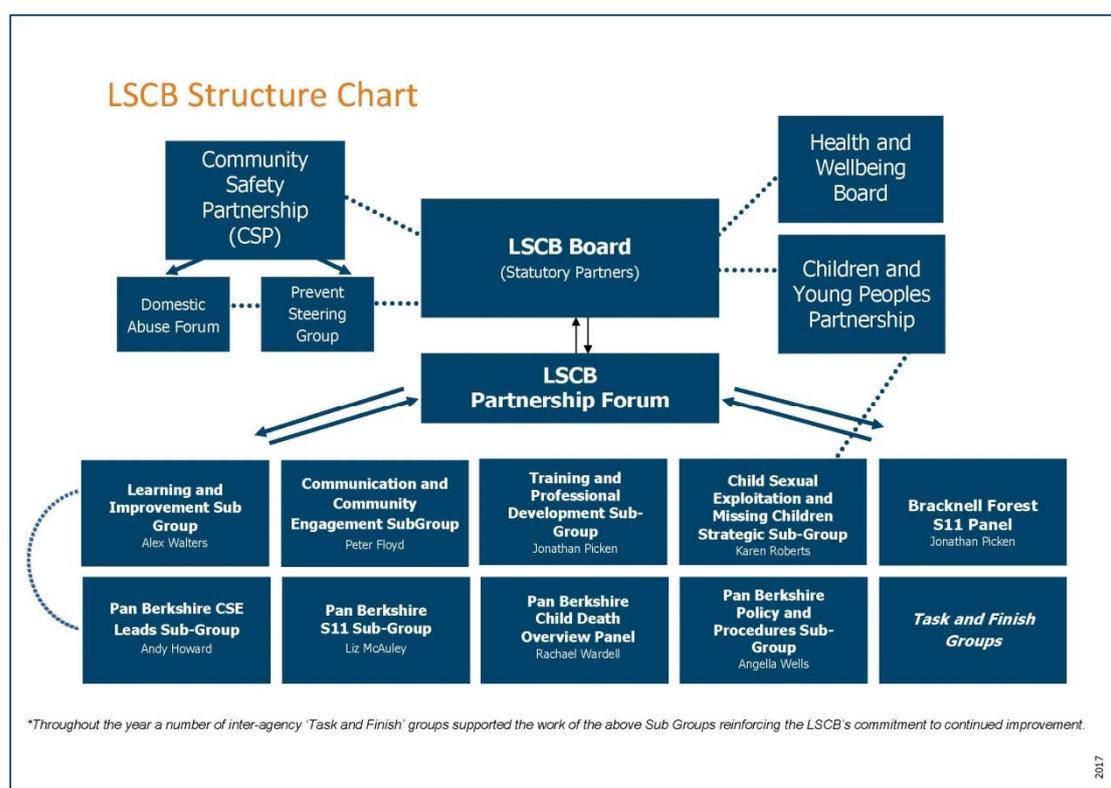
In addition to the above, members of the forum participated in a rolling programme of workshops and inputs designed to support consultation, collective learning and to appraise them of specific issues which included:

- The implementation of the Multi-Agency Safeguarding Hub (*MASH*)
- The application of Signs of Safety Approach (*SOS*)
- Safer recruitment and the management of allegations made against staff/volunteers
- Safeguarding Children with Disabilities
- Domestic Abuse (DA)
- Children and Young People's Mental and Emotional Wellbeing Strategy and their views on priority issues
- Safeguarding within Broadmoor Hospital
- Private Fostering
- The co-ordination of training and professional development
- Prevent and countering children's involvement in extremism
- Messages from LSCB consultations with children and young people

Further to the above presentations, the Partnership Forum were also updated on the actions/decisions of the LSCB and throughout the year were provided with safeguarding children information items and updates. Feedback suggest the Forum is highly valued by partners, who see it as an effective way of networking and for sharing information.

LSCB Sub Groups – Bracknell Forest and Pan Berkshire

LSCB Sub Groups continued to report directly to the LSCB throughout the year. The primary function of these groups was to undertake activities to meet the statutory functions of the LSCB and address agreed priorities identified within its Business Plan.



Pan Berkshire LSCB Sub Groups

A number of other sub-groups were collectively commissioned by the six LSCBs within Berkshire and were held to account through direct reporting to joint meetings of the Berkshire Independent Chairs and Business Managers and routine reports to the LSCB. During the year all sub-groups reviewed their terms of reference, progress made and highlighted outstanding challenges to the LSCB.

The following sub-groups were commissioned by Bracknell Forest LSCB in conjunction with the five neighbouring LSCBs of Reading, West Berkshire, Wokingham, Slough and Windsor and Maidenhead:

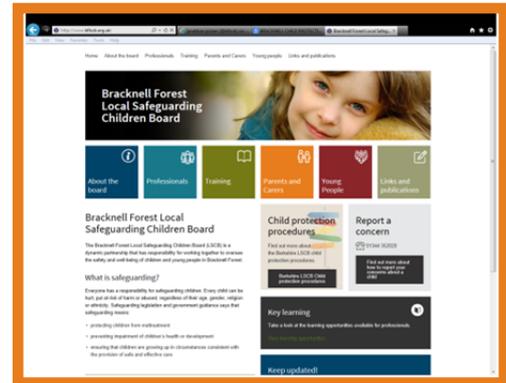
- *Child Sexual Exploitation Leads Sub Group (CSELSG)*
- *Child Death Overview Panel (CDOP)*
- *Section 11 (Safeguarding Standards) Sub Group*

- o *Policy and Procedures Sub Group (PPSG)*
www.proceduresonline.com/berks/bracknell/

Bracknell Forest LSCB Sub Groups

During the 2016-17 the work of the LSCB was supported by the following local sub-groups:

- o *Learning and Improvement Sub Group (LISG)*
- o *Training and Professional Development Sub Group (TPDSG)*
- o *Missing Children and Child Sexual Exploitation (CSESG)*
- o *Communications and Community Engagement Sub Group (CCESG)*



A number of additional multi-agency task and finish groups enabled the sub-groups to progress their work and ensure local responses remained robust. These included:

- o *Female Genital Mutilation (FGM)*
- o *Permanency Planning*
- o *CP Visits*
- o *Review of Child Sexual Exploitation (CSE) Screening Tools*

Social media (Twitter @bflscb) has become an important element of the Boards communications and provides an opportunity for wider dissemination of safeguarding messages. However, the Board's website (bflscb.org.uk) remains central to enabling access to relevant information and includes further details relating the above areas of activity.

Regional Collaboration across Thames Valley

The LSCB has continued to work in partnership with LSCBs located within the Thames Valley in order to address the risks to children and young people. Oversight of this work was maintained through joint meetings of the Independent Chairs and Business Managers Forum every 4 months. This group engaged with representatives of organisations whose work covers a number of LSCB jurisdictions i.e. FJB.

Existing regional collaborations (referred to above) such as the CDOP, and the Sexual Advice Referral Centre (SARC) continued to work effectively during the year and ensured that key statutory requirements of the LSCBs were fulfilled. These functions are in addition to the jointly commissioned sub groups.

2. Engagement

LSCB Consultation and Engagement with Children

Throughout the year a good deal of effort was made to build on the work previously undertaken to promote children's voices and the Board's Partnership Forum helped showcase a number of local initiatives while also disseminating key messages from the Office of the Children's Commissioner (OCC). The LSCB also requested all partner agencies respected children's convention rightsⁱ (Article 12 and 13 UNCRC) and that they consulted and/or involved children in any area of work that impacted their lives. As a result the LSCB received assurance from a number of organisations regarding their commitment to the involvement of children and young people.

The Partnership Forum continues to devote dedicated time to ensuring the children's voice is heard by LSCB Partners. During 2016-17 it received presentations from:

- o Berkshire Youth who presented the LSCB with details of their work in local schools to promote wellbeing and positive mental health. They also developed systems to enable children and young people to participate in decisions affecting their own lives and to contribute in meaningful ways to service improvements.
- o BOOM (Because our opinions matter) club –provided by Children's Social Care, which provides activities and support and an opportunity to consult with disabled children.
- o Care Leavers participation
- o The Children in Care Council (called SiLSiP, Say it Loud Say it Proud in Bracknell Forest) continued to offer participation training for staff and foster carers which was also made available to members of the LSCB. As part of their annual participation reporting cycle the council also supported the Bracknell Big Ballot event for Looked After Children who identified contact arrangements as an area requiring further development. The Council also promoted the provision of Independent Advocacy to young people receiving a services and the importance of Independent Visitors to Looked After children.

In addition, staff from Children's Services worked, in the planning, development and delivery of consultations with children, including their facilitation in the recruitment and selection of staff.

The LSCB through its Learning and Improvement Sub Group (LISG) has received the views and findings from consultations in respect of children subject to Child Protection Plans (CPP) and those engaged in services preventing CSE. During this period the LSCB has continued to ensure children were able to contribute to its programme of audits and consulted a sample of pupils from school councils on their views in respect of its key priorities.

Outcome: The views of local children were shared with partner agencies and as a result the LSCB raised a challenge as to how work could be better coordinated to tackle the misuse of technologies.

Bullying continues to be an issue identified through consultation with children and young people and is associated with a range of safeguarding issues, including those relating to hate crime and discrimination and therefore taken extremely seriously by members of the Board.

During 2016-17 the Board was assured that work continues to be undertaken by BFC and schools to engage children and build on their existing efforts to tackling bullying.

Community Engagement

Links with voluntary, community and faith groups are vital to ensure safeguarding continues to be a shared responsibility.

Involve provides a crucial link between the LSCB and local voluntary, community and faith groups. During the year Involve supported the LSCB, the work of its sub groups and was instrumental in promoting training events and the broader work of the Board. In addition Involve facilitated a number of specific initiatives that promoted safeguarding activities including:

- Community cohesion events
- Projects to tackle youth unemployment
- Recruitment of local residents to support a council led parenting initiative
- Recruitment of foster carers
- Community Cohesion activities to prevent hate crime and radicalisation
- Consultations in support of CSE prevention
- Safeguarding training and consultations in support of local groups



Involve now host the LSCB's Communication and Community Engagement Sub Group (CCESG) and work closely with the Board to improve links between their members and other volunteers/groups operating within the Borough.

Further details of the work undertaken by Involve can be found at www.involve.community

Engagement with front line practitioners

The LSCB ensures that integral to any of its multi-agency audits are informed by the views of those practitioners who are involved with the children. In 2016-17 this has included practitioners involved with children subject to/at risk of CSE/Missing, those providing services for primary school children who have been permanently excluded and those where there concerns about domestic abuse. Their views are an important source of information and provide a window on the effectiveness of the system in keeping children safe.

In addition the dissemination of the revised Thresholds guidance through multi-agency workshops involved seeking the views of frontline practitioners.

3. Learning and Improvement Activities

The Learning and Improvement Sub Group (LISG) plays an instrumental role in supporting the functions of the LSCB. During the year it reviewed and revised the Boards *Learning and Improvement Framework* to reflect the breadth of its work which is referred to below.

The analysis of data in respect of children and the services they access is central to the work of the LISG enabling it to identify both strengths within local systems and areas for improvement. In contrast to the experience of most children living in the borough, the number of those vulnerable to poor outcomes continues to be of concern to the LSCB and in ensuring they receive the right help at the earliest opportunity.

A summary of the outcomes and experience of children is set out below.

Vulnerable Children and Young People

Despite being one of the least deprived areas of the country, pockets of significant deprivation exist within the borough that adversely impact on children and their families, with seven wards in the borough having child poverty figures (after housing costs) above the borough average of 16%, with one of these wards being above the England average of 29%². Further demographic information about Bracknell Forest can be found on the *Joint strategic Needs Assessment website*.

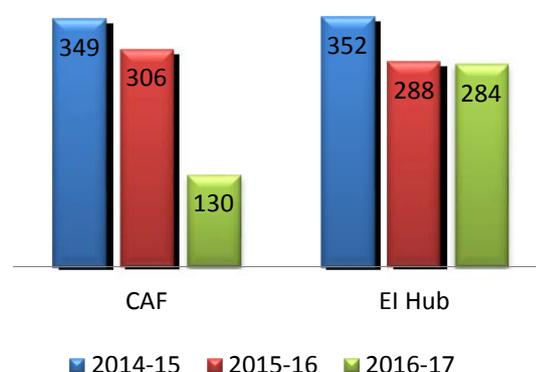
Homelessness

The LSCB has continued to monitor levels of homelessness and for the period of this report was assured by the reduction in the number of statutory homeless households with dependent children (58) compared to 107 the previous year. However, the Board remains concerned that the number of children living in temporary accommodation is unchanged due to the lack of affordable permanent housing.

Early Help

During the year further guidance was developed and published by the LSCB to ensure children received the right support at the right time. This took the form of a *permanency planning guide* and a revised *guide to thresholds for intervention*. The dissemination of these documents was supported by multi-agency workshops to ensure staff understood the importance of effective early help.

The graph identifies the number of children and young people who received early help through a *Common Assessment Framework* (CAF or Family CAF), or were referred to the *Early Intervention Hub*, as well as those with more complex needs who received specialist support from Children’s Social Care during 2016-17.



² <http://www.endchildpoverty.org.uk/poverty-in-your-area-2016/>

Common Assessment (Early Help) Assessment

At the end of March 2017, 130 CAF assessments (of which 89 were Family CAF assessments) had been completed within the Borough. Although this represented a 58% reduction on the previous year there has been a 48% increase in the number of CAF reviews completed which promotes the principle of permanency planning and seeks to ensure improvements are sustained. The CAF was updated during the year to integrate principles of Signs of Safety model and now supports a more transparent discussion of risk.

Early Intervention Hub

The work of the Hub has evolved since its inception in 2012 and during the year 284 children had been referred for support. Of these, the number of 'Step Down' cases increased to 124 during the year, with 44% of the children having been stepped down from Children's Social Care or the MASH (Multi-Agency Safeguarding Hub). The MASH is the single point of contact for all safeguarding concerns regarding children and young people living in Bracknell. The MASH brings together a team of professionals from a number of partner agencies to deal with all safeguarding concerns for a child/young person.

In 14 cases that had been referred to the Hub concerns about children increased and these cases were 'stepped up' to CSC. An increased focus on the reviewing of CAFs and CSC assessments occupied the work of the Hub which is seeing increasingly complex cases referred requiring the co-ordination of services.

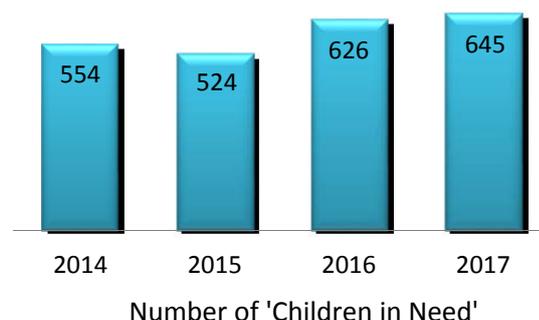
The triage of less complex cases involving notification to the MASH are discussed together with less complex CAFs at a 'Triage' meeting involving the Family Intervention Team (FIT). In 2016-17 136 children were discussed at Triage with only 17 of these having been referred from CSC. The effectiveness of these arrangements will feature in the work planned by the LSCB to ensure the effective co-ordination of early help and ensure this focusses on meeting the needs of children living with adversity.

Private Fostering

During 2016-17 five children were assessed as being privately fostered; however there were two known Private Fostering arrangements at 31st March 2017. This was a decrease on the number of children living in similar circumstances during the previous year and concerns were raised as to levels of awareness. The LSCB continues to promote awareness through its Partnership Forum and further work was undertaken to promote knowledge of the Children Act duties and will be supported by the development of an animation later this year.

S17 'Child in Need':

At the end of March 2017, 645 children in the Bracknell Forest area were receiving support from Children's Social Care under Section 17 of the Children Act 1989 (Child in Need). This is an increase on the number in the previous years (524 at the end of March 2015 and rose to 626 at the end of March 2016). During the year the Board undertook quality assurance work to explore the effectiveness of the work undertaken by partners to help address the underlying issues that contribute to children's becoming vulnerable.

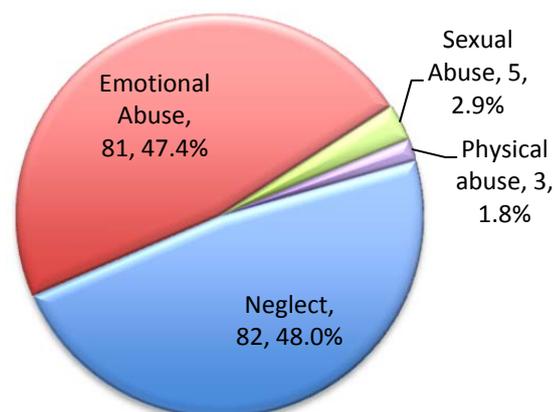


Protecting Children from Significant Harm

Children Subject to Child Protection Plans (CPPs)

The number of children subject to a CPP at 31 March 2017 was 171 (an increase from 115 in March 2016), this was at the rate of 60.6 per 10,000 under 18 population (compared to 43.1 nationally at 31 March 2016 and 42.1 for the South East).

48% of these plans were made under the category of neglect which was marginally higher than the 47.4% of CPPs made under the category of emotional abuse which was a significant increase from 32.2% as at the 31 March 2016.



Plans made under the category of sexual abuse accounted for 2.9% of all CPPs made and represented a reduction from 9.6% recorded at 31 March 2016. 1.8% of plans were made due to concerns about physical abuse and despite this being an increase from 0.9% from the previous year, represented the category under which the lowest number of CPPs were made. There were no plans recorded under the multiple category on 31 March 2017 compared to three in the previous year.

Child Protection Conference and Review Team

The LSCB received regular reports in respect of Child Protection Conference (CPC) activity which is also subject of routine scrutiny via the Board's performance monitoring data.

At the end of March 2017 there were 171 children subject to child protection plans (CPPs) an increase of 48% compared to the previous year. Children aged under 9 years account for the most significant rise in plans made and although an independent examination of the underlying causes concluded that a number of factors contribute to significant harm, the following factors are known to impact on parenting capacity and are therefore highly relative to children's experience. The percentage of CPCs in which they featured is given in brackets:

- Domestic Abuse (55%)
- Parents experiencing mental health difficulties (39%)
- Parents criminality (30%)
- Parental alcohol use (30%)

- Parental substance misuse (27%)

Improvements in respect of the management of conferences continued throughout the year and were informed by the consultations held with children/young people and the feedback received from conference attendees. Further implementation of the Signs of Safety approach was undertaken which may also account for the emphasis placed on the emotional harm children can be exposed to.

The Board continues to closely monitor the number of plans, together with the number of repeat plans made (26.1% of all plans made during the year), but places this in the context of the wider increase of activity observed within the Borough and across the country.

The importance of robust Core Group oversight of CPPs and in particular the frequency and quality of home visits to children was reviewed during the year within the LSCB's online guidance and is available at:

<http://www.proceduresonline.com/berks/bracknell/>

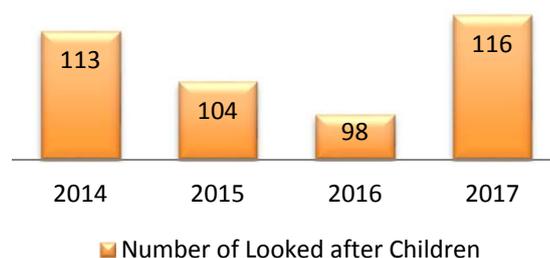
The Child Protection Conferences continues to play an important part in ensuring protection from the risk of child sexual exploitation and remains the most appropriate means of safeguarding children who are identified through enhanced assessments by the Sexual Exploitation Multi-agency Risk Assessment Conference (SEMRAC).

Regular audits of CPCs enables monitoring of key factors relating to their effectiveness and helps inform partners understanding of the issues directly effecting children and young people thought to be at risk of significant harm. Reports received by the Board indicate that there continues to be good practice taking place within the Borough with positive outcomes for children. When necessary chairs challenge and support professionals to ensure processes remain responsive to the needs of children/young people and that partner agencies continue to collaborate to ensure effective joint working.

During the year the LSCB sought further analysis as to the factors associated with the increase in CPPs. As a result BFC commissioned an independent review of this issue. The review identified there was no single reason for the increase and that children were appropriately being made subject to a CP Plan and reflected the regional and national trend. The Board was assured that plans to implement a new 'Family Safeguarding' model had been progressed by BFC and, based on its use elsewhere, would help address the needs of this group of children.

Looked After Children

As in previous years the LSCB monitored professional practice in relation to children who were looked after by the local authority. At 31 March 2017 there were 116 looked after (an increase from 98 in March 2016), a rate of 40.8 per 10,000 population (compared to 60.0 nationally and 52.0 for the South East at 31 March 2016). The Board noted the improvements made in relation to consultations held with children accommodated by the local authority and at its' Partnership Forum facilitated a presentation of the key messages from looked after children (LAC). As a result, of this work helped improve guidance for professionals on how they can better support contact between LAC and their families.



Independent Reviewing Officer Service

Throughout 2016-17 the LSCB maintained its routine monitoring of performance relating to Looked After Children and Independent Reviewing Officers (IROs) explored the factors associated with the increased number of children becoming looked after. The LSCB also received an annual report of the work of the IRO Service and were assured as to its work and analysis of the numbers, age, gender and ethnicity of children and information relating to their legal status. Promoting the voice of the child and enabling children to participate is a key function of the IRO role and during the year efforts were made to strengthen communication using social media. Improving the engagement of birth parents (and fathers in particular) was featured in their work and will continue for the coming year. Similarly work to enhance quality assurance and performance reporting is an area identified as requiring further development during 2017-18.

While IROs routinely supported best practice during the year, they were also required to challenge and escalate concerns where standards were not met. As a result further support for colleagues through their professional development features as a priority for the coming year and will proactively address areas of concern. Further improvements to the consultation documentation used by IROs also features as a priority for 2017-18 and will support their commitment to the continual improvement of the planning for children.

Management of Allegations against Staff (LADO)

During 2016-17 the Local Authority Designated Officer (LADO) provided advice and guidance to a wide range of employers and other individuals/organisations in relation to adults who work with children (including volunteers, agency staff, foster carers, religious leaders, school governors etc.). During this period, the LADO function was fulfilled by interim officers who continued to raise awareness of the processes relating to the management of allegations made against staff and appraised the LSCB of their analysis of data relating to reports received.

Within this period 130 consultations took place with the LADO, representing a substantial increase compared to the previous year (82). The majority of reports were received from CCS and colleagues working within education services and the increase is thought to be as a result of:

- Greater awareness amongst employers
- Ofsted requirement that agencies consult over all child safeguarding concerns
- Improved recording practice
- The implementation of a new LADO toolkit

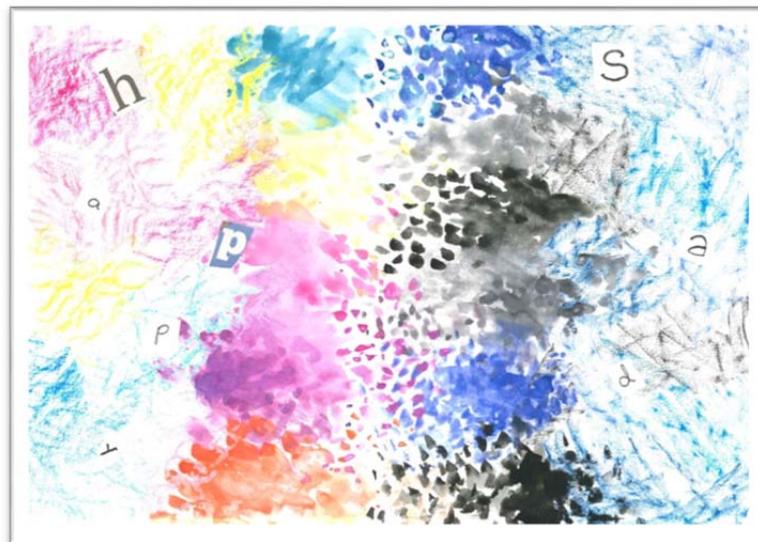
Of the 130 consultations with the LADO, 33 progressed to a formal Strategy Meeting. Each of these cases is carefully considered by members of the multi-agency meeting and were judged to fall within one of the following categories:

Category	Number
Substantiated	9
Unsubstantiated	11
Unfounded	0
Malicious	0
False (for education staff)	7

Final outcome not complete	6
Total	33

During the year, the LADO service was reviewed resulting in dedicated part-time administrative support being secured. This supported the development of the new [LADO Toolkit](#) referred to above, which is deigned to help improve practice and integrate with systems to support enhanced performance monitoring.

During 2017-18 the LADO will continue to link with regional and national networks promoting best practice and will further raise awareness of their function within partner agencies. A programme of more in-depth training events is also planned to help equip designated staff with the knowledge and understanding they require. Further improvements are also planned to the routine gathering of feedback from partner agencies and the modernisation of systems designed to support improved performance management.



4. LSCB Scrutiny

'Section 11' Safeguarding Standards

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they commission from and contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Local agencies and commissioned services

During 2016-17, the LSCB strengthened its work to provide oversight of partner's S11 'self audits' and routinely received a random sample of self audits relating to schools (3), Early Years (5) and local authority commissioned service for CSC (3). A multi-agency tool was further-refined for partner agencies and the use of a schools specific online equivalent was encouraged. Overseen by a multi-agency panel, this work was able to identify best practice examples and where necessary provide challenge to these agencies where the need for improvement was identified. Some learning identified included:

- The importance of commissioned services disclosing information regarding allegations made against their staff even if it does not involve a child placed from Bracknell Forest.
- Organisations ensuring staff understand the need to challenge others lack of communication and their responsibility to escalate if necessary
- The requirement regular updating of policies and related training strategies to ensure they covered contemporary safeguarding issues i.e. Prevent, 'honour based violence'.
- The need for the LSCB to routinely update its audit tool to identify if services undertake regular audits/evaluations in respect of the standards covered in their self assessments.
- The need to ascertain whether faith groups, VCS organisations and other local authority commissioned groups conduct similar self evaluations and the merits of these being included within future LSCB panels.

Pan Berkshire Approach

During the period of this report Bracknell Forest LSCB continued to support the Pan Berkshire S.11 Panel and worked to embed the improvements reported previously. Partner agencies were challenged to prioritise support for the process, to maintain a representative panel of experts and ensure compliance with timely submission of returns. Feedback from those organisations who participated in the process continued to be positive, and helped drive continuous improvements.

The six Berkshire LSCBs work together through this single S11 Panel to:

- Oversee the S11 process for organisations operating across Berkshire and to support their continuous improvement. This currently involves 9 statutory and voluntary organisations
- Agree the timeframe and process for submission of a self-assessment
- Scrutinise and evaluate S 11 returns every three years and consider subsequent improvements during an 18 month mid-term review.

A new round of assessments commenced in May 2015 and is ongoing. To date it is clear that the following achievements/progress has been made and that:

- There is a strong core membership of experienced individuals who have been in the group for some time providing consistency. Membership is now more comprehensive, but continues to lack consistent attendance from Social Care Children's managers despite being escalated and continues to be the subject of further challenge. Other partners have continued to support the panel and continuity of attendance has been good and the recruitment of a lay member to the panel ensures it has sufficient understanding of voluntary and community sector issues.
- The panel have reflected on how robust the process is and the merits of seeking further evidence and assurance (testing) of the information being provided. As a result it has agreed to scrutinise a sample of the evidence.
- The feedback presented by organisations has been generally positive and the panel members feel that the format and audit tool is robust.
- In an effort to strengthen the process, guidance notes on the tool are now more explicit and have require organisations to declare who has conducted the audit and local authorities have been asked to indicate which directorates were involved.

The activity and output of the panel is set out below.

At six S11 panel meetings between March 2016 and March 2017 the audits from the following organisations have been reviewed:

- South Central Ambulance Service
- Calcot Services for Children Residential Provision
- British Transport Police SWAAY – Residential provision
- Berkshire Healthcare Foundation Trust West Berkshire Council
- Royal Berkshire Hospital Foundation Trust
- Bracknell Forest Council
- Berkshire West Clinical Commissioning Groups
- Royal Borough of Windsor and Maidenhead Council
- Berkshire East Clinical Commissioning Groups Reading Borough Council
- Care UK-Sexual Health Referral Centre Wokingham Borough Council
- Frimley Health Foundation Trust

Themes:

- The quality of most audits returned has been good and the model of supplementing the written submission with a verbal presentation works well facilitating more in depth questioning.
- Large organisations appear to find ensuring the audit is completed by all departments and directorates a challenge.
- The strongest submissions have been able to evidence how the audit was completed and which departments contributed.
- Bracknell Forest Council submitted a comprehensive audit which was well received and only required verification of a small number of issues and commended its local S11 process to other LSCBs.
- In all local authority (LA) submissions, safer recruitment seems to be well embedded with employees, but the knowledge about the safer recruitment

and training of all volunteers within LAs was less assured. This theme will be revisited in the review cycle.

- Some very good practice was noted in relation to evidence of the child's voice being central to processes.
- Panel, we would like some assurance that S11 audits are being done locally and that LSCBs have a process in place for monitoring this.

Outcomes: Through the work of the Section 11 panel, the LSCB and partner agencies are assured of the work of local organisations and those operating across region. During the year excellent practice was identified in a number of agencies and where poorer standards existed this was challenged and progress monitored. The Board noted development of additional audit processes linked to the Educational Act duties that resulted in robust interventions to support rapid improvements.

Learning from the work of the Child Death Overview Panel

The LSCB is responsible for ensuring a review is undertaken in respect of the death of a child, normally resident in its area. As previously stated, the Child Death Overview Panel (CDOP) is jointly commissioned across the 6 Berkshire LSCBs to undertake the statutory requirements set out in Working Together (HMGov, 2015).

There was a decrease in the number of child deaths across the borough during the period of the report (two deaths recorded); the number of deaths in 2015/16 (four) was higher than in previous years. The circumstances of the two deaths during the year were subject to the scrutiny of the CDOP Panel and together with cases examined across the region contribute to the learning derived nationally.

Details of the work undertaken by CDOP and more detailed analysis of the learning from its work in Berkshire can be accessed via the [CDOP website](#).

Single and Multi-agency Audit activity

What Did We Do?

Throughout 2016-17 the Learning and Improvement Sub Group (LISG) received details of partner agencies scrutiny of their safeguarding activities, inspection findings and conducted a number of multi-agency reviews involving children, their parents / carers and frontline staff.

Single agency inspection reports 2016-17

- Berkshire Healthcare Foundation Trust -CQC inspection
- Frimley Health Foundation Trust- CQC inspection
- Probation NPS-HMIP inspection
- Youth Offending Services-HMIP inspection.

Single agency auditing activity

- Royal Berkshire Hospital-Effectiveness of the Bruising Protocol audit
- Early Help /CAF assessments audit
- Berkshire Healthcare Foundation Trust-audit of child protection record keeping
- Children's Social Care quarterly reports of all auditing activity
- Berkshire Healthcare Foundation Trust, Annual Safeguarding Report
- Berkshire Healthcare Foundation Trust-audit of child protection reports to Child Protection Conferences
- Frimley Health Foundation Trust- Annual Safeguarding Report

Multi-agency auditing and improvement activity

1. The LISG has commissioned a multi-agency audit on thresholds with a specific focus on the step and step down from Children's Social Care. This audit process involved an external facilitator and had three key stages. Firstly a multi-agency review of 13 cases involving children receiving early help and Child in Need (CIN), secondly a meeting and feedback of learning with frontline practitioners and finally a discussion with the parents/carers of the children.
2. The LISG considered a multi-agency audit on managing allegations undertaken through the LADO process.
3. LISG considered updates on action plans in relation to SCR Child C and requested evidence of learning from this SCR from partner agencies. This resulted in five agencies producing evidence of impact templates- Berkshire Healthcare NHS Foundation Trust (BHFT), CCG and GPs, CSC, Education Safeguarding and Frimley Health NHS Foundation Trust (FHFT). These demonstrated work undertaken to raise awareness and provided evidence of direct improvements in practice.
4. LISG considered the outcomes from a Task and Finish Group on the frequency of visits to children subject to Child Protection plans by other agencies and agreed to maintain current arrangements.
5. LISG received the outcomes and agreed the multi-agency strategy to prevent children becoming subject of repeat CPPs and will monitor the action plan progress.
6. LISG reviewed the multi-agency staff supervision survey undertaken and discussed and agreed a Safeguarding Supervision framework to be considered and adopted by all partner agencies. This will be reviewed in 2017-18.
7. LISG considered issues in relation to an independent residential provider where there were concerns about a staff member gathering agency information and subsequently asking the provider to share their action plan with members of LISG. This was reviewed after six months and a further review scheduled for September 2017.

Key Areas of Learning and Activities

1. Multi-agency working with children who are in receipt of Early Help and CIN worked well and the step up/step down arrangements for cases were effective.
2. Issues raised around access to some parenting services that required further work to understand and clarify.
3. Access to earlier facilitated family/community support for families would be helpful and needed further exploration.

4. Accessibility to and the focus of CAF training for partner organisations required further analysis to understand their impact.
5. The GP safeguarding lead has worked with colleagues across Thames Valley to develop a S11 Audit tool for GPs, which has been successfully implemented in East Berkshire and is supporting improved practice by offering individual support and follow up where concerns around compliance exist.
6. Health partners considered the interface between acute hospitals, health visitors (HVs) and GPs in relation to the communication of information and provided assurance and clear evidence of progress to LISG
7. The continued need for improved safeguarding standards and consistency for single agency and multi-agency training.
8. The use of evidenced tools to assess and measure progress in families functioning.
9. The change in “status” of families can lead to the loss of a professional which can impact negatively on the family.
10. Increased need to continue to robustly challenge evidence in S11 Audits.
11. Improve the use of historical information in assessments
12. The BHFT audit demonstrated good quality in CP Reports prepared for Child Protection conferences and future audits will also include wider children’s workforce i.e. CAMHs, Adults
13. The SCR Impact reports demonstrated improvements in both innovative practice i.e. the groupwork facilitated by CSC and Early Help with young fathers and in the referrals to paediatricians as a result of the bruising protocol leading to the identification of babies with other injuries and concerns.

Findings from the above areas of scrutiny helped provide the LSCB with a profile of excellent work being undertaken across the borough and also informed understanding areas requiring improvement (set out below).

Additional safeguarding challenges identified during 2016-17

In addition to the key priorities set out in section 5 of this report, during 2016-17 the LISG highlighted concerns about pupil exclusions recognising that it increased children’s vulnerability to abuse and exploitation and continues to be an area of LSCB challenge and support. Although permanent exclusions from schools across the borough remained low, performance monitoring identified an increase in fixed term exclusions of primary school children. As a result the LISG commissioned an independent audit which helped identify factors associated with this increase and will inform the work of the LSCB when its analysis is complete.

The percentage of pupils at the Early Years Foundation Stage achieving a good level of development was 74% during 2015/16, compared to 69% nationally. In 2016, the percentage of young people obtaining 5 or more GCSE grades A* - C including English and mathematics was 56.5% which compared to 57.7% nationally. The percentage of young people achieving 5 or more GCSE grades A* - C is 61.1%. This is lower than national and statistical neighbour comparisons.

Further information about children’s attainment can be found on the [BFC website](#).

During the year 191 young carers were identified within the Borough, of which 134 had been referred to CSC. 57 of these children continue to receive support and 14 were subject to safeguarding interventions. The Board continues to monitor development of these arrangements which it will more formally review in the autumn.

In addition the Board has considered and recorded challenge in the following areas:

Children subject to CSE approaching adulthood

Many young people are still vulnerable to exploitation when they reach 18 years old. However many do not meet the new eligibility criteria for adult social care services and are left unsupported. The LSCB have included transition to adult services as a priority area in 2017-18 and Adults Social Care have established a new 'Approaching Adulthood' team which includes two transition social workers to assist young people affected by CSE, disability and other factors.

Children missing education and home educated

Issues relating to children electively home educated and missing from education were actively debated at the LSCB and a new pan-Berks Task and finish group is underway to review opportunities for improved monitoring to minimise safeguarding risks.

Domestic Abuse Services for Children

As in previous years domestic abuse continues to be an area of concern for the LSCB, and was a feature within many cases of safeguarding concerns in 2016-17. The Boards routine scrutiny of data during this period indicated there had been a 9% increase in incidents (1697) from the previous year, with those cases recorded as crimes remaining almost the same (529) as in 2015-16, although repeat victimisation for DA crimes only increased by 1.2%.

The LSCB was clear that services to support children affected by DA needed to be considered a priority for the commissioners at the DA Executive. As a result of this challenge new arrangements / provision have been secured for 2017/18.

The Board also noted that:

- During 2016-17 approximately half of Initial Child Protection Conferences (ICPC) had DA as a parental risk factor with 50% of these indicating them to be the perpetrator and in 55% a parent was the victim of DA.
- Nearly a quarter (23%) of the cases discussed at the Early Intervention Hub had an element of DA and helped coordinate support for children.
- The DA Perpetrator Service (DAPS) for men continues to be successful with 83% of children involved no longer requiring as CPPs where DA had previously been identified as a significant factor and the perpetrator has participated in the programme (compared to 78% the previous year). DAPS experiences a large increase in overall referrals during 2016-17 (92).
- The Stepping Up programme was successfully re-launched in school settings with good feedback received from their Safeguarding leads indicating an immediate impact on the attendee's behaviour towards female staff.

During the year the CSPs Domestic Abuse Executive continued to scrutinise the responses made by local services and commissioned an additional in-depth survey of DA reports over the period on one month. In conjunction with the CSP, the LSCB sought a more detailed understanding of children experiences of DA and commissioned a separate deep dive audit to consider the extent and efficacy of services for children, which had previously been an area of challenge. The findings of this audit are due to be reported into the LSCB in August 2017.

Disabled Children

The extent to which children with disabilities featured within agencies safeguarding activities continued to be scrutinised through the routine submission of performance reports. During the year, these indicated a marked increase in children in need referrals during 2016-17 that the LSCB wished to better understand.

This analysis of data was supplemented by a multi-agency survey of partner work which resulted in 18 responses, the majority indicating a positive position for agencies, but with gaps identified within some organisations. Immediate steps were taken to address the training needs identified and the LSCB commissioned specialist providers to facilitate a multi-agency event.

Further exploration as to the co-ordination of services and their efficacy is informed by the safeguarding requirements proposed by the NSPCC and those contained within statutory guidance. Using these as a framework to guide further improvement, the LSCB scheduled a facilitated discussion to be held in May 2017 which will further explore the adequacy of local responses to safeguarding this vulnerable group of children.

Self Harm

Trends in data related to children's self harming behaviours indicated increased incidents during 2016-17 and alerted the LSCB to the need for a better understanding of the factors contributing to this.

Mindful of the findings from SCRs published during this period and the literature relating to the challenges of safeguarding adolescence, the Board will consider the merits of commissioning a multi-agency protocol to ensure robust safeguards are in place and will be progressed in September 2017 through an LSCB facilitated discussion held in conjunction with colleagues located in Public Health.

Misuse of technologies and online Safety

The adverse impact on children associated with the misuse of technologies has been of increasing concern to the LSCB which acknowledged this featured within the work of many sub groups and played a significant part in the coordination and execution of abuse and exploitation.

Until recently the responsibility for the strategic co-ordination of preventative activities had been located within the CSP and was largely focussed on schools efforts to provide guidance in relation to children's use of the internet. However, children participating in the LSCBs recent consultations identified the misuse of technologies as an area as a particular concern and suggested it should remain a priority for partner agencies. Despite the efforts made by schools and other agencies the

children involved suggested that more work was required to help them understand the potential impact of online abuse.

While good work continued to be undertaken within partner agencies and many schools have developed initiatives to address e safety, the LSCB remains concerned at the lack of strategic co-ordination and whether sufficient recourses are available to ensure effective arrangements exist.

Serious Case Reviews (SCRs) and Child Protection Incident Review (CPIR) Notifications

Although the LSCB did not receive any SCR notifications during 2016-17, the LISG received two CPIR notifications. The first of these related to the management of CSE in another local authority area and was escalated within their CSC services. The second alert was in regard to allegations against a member of staff within a local independent service provider and has been the subject of ongoing challenge, with further scrutiny put in place to monitor an agreed action plan. Notifications of incidents are viewed positively by the LSCB who encourage transparency in order to promote learning and ensure the changes made lead to sustained improvements.

In support of this principle, during the year evidence was gathered in response to findings from a previous SCR and demonstrated the continuous efforts of partners to embed the changes required. Through its Partnership Forum and sub-group activities the LSCB also disseminated the findings from Serious Case Reviews that had been published regionally and encouraged partners to access the resources contained within the [NSPCC SCR repository](#).

Dissemination of Learning and Workforce Development

During the period of this report, the LSCB appointed a new chair to oversee the development of the recently created Training and Professional Development Sub Group (TPDSG). A revised strategy, charging policy and core programme of multi-agency training were also agreed. A series of events supported policy implementation and the work of the sub groups, with a further development of workshops is planned to disseminate key findings from audit, SCRs, and best practice.

Following feedback received from participants, a half day targeted refresher workshop was developed that addresses core safeguarding procedures, updates on learning from case reviews, research, and promotes examples of best practice. Together with the use of eLearning, this helped reduce the demand on the Board's resources. As a result there was a decrease in the numbers of staff (650) attending training.

In January 2017, an electronic training needs survey was undertaken to assess partner's activities against identified requirements. This survey will be supplemented with a more in-depth analysis later in 2017 in order to inform future planning of professional development relating to safeguarding children.

Evaluation processes

Of the sample of those attending LSCB courses evaluations showed that:

- 92% would recommend the workshop to colleagues

- 84% felt that their confidence had increased as a result of attending the workshop
- 75% felt that they had been given the skills and knowledge necessary to do their jobs.

The LSCB has continued to oversee more sophisticated approaches to better understand the extent to which such learning impacts on future practice. Although at an early stage, activities in respect of post course evaluation has informed the Board's work on strengthening supervision and reinforced its wider programme of 'S11' safeguarding standards scrutiny.

In addition to the above measures, the TPDSG quality assured a sample of the learning events it delivered and commissioned. The feedback received satisfied the LSCB that the facilitators were knowledgeable; the method of delivery and contents appropriate, and participants regarded the events positively. Changes were made to the content and course delivery where feedback indicated it was necessary.

In acknowledgement of the need to further strengthen its work in respect of evaluating the impact of learning, in March 2017 the Board agreed to commission an independent consultant who is scheduled to review the above measures. This will help identify areas for improvement and inform a more robust programme of evaluation.

Outcome: As a result of its new strategy, the LSCB has been able to offset the costs associated with training and has achieved a programme of sustainable professional development.

5. LSCB Business Plan and Priorities

The work of the LSCB is guided by its Safeguarding Business Plan which helps coordinate local services to address their core safeguarding responsibilities and focusses partner's efforts to tackle local priorities. Details of the plan are disseminated widely through the LSCB, Chairs of sub groups and made available via the LSCB website - www.bflscb.org.uk/about-board

During 2016-17, details and progress of the LSCB Business Plan were regularly reviewed by the Chair and members of the Board to ensure it was informed by its sub groups who in turn routinely report on progress to the LSCB and where necessary provide exception reports alerting it to unresolved challenges.

LSCB Priority Areas in 2016-17

The LSCB agreed that the following areas required further improvement to ensure the effectiveness of:

- Arrangements to provide Early Help provision
- Measures supporting the safeguarding journey of children
- Mechanisms to safeguard missing children and those at risk of CSE
- Coordinated efforts to counter hate crime and extremism
- Collaborative arrangements to reduce the impact of violence on children and young people



These priorities were set out within the LSCB's Safeguarding Business Plan 2016-17 and were overseen by the LISG who subsequently reviewed the progress made (see summary below) and the necessity for their continued prioritisation.

Arrangements to provide Early Help provision

In response to concerns about the impact of emotional abuse and neglect, work continued to build on the research previously undertaken to assess the extent of neglect within Bracknell Forest. In turn this informed the development of screening to support early intervention on neglect (EION). This is a multi-agency initiative to strengthen early help for children and is coordinated through children's centres using the SOS approach. Where progress is not achieved cases are referred on to the CAF, or CSC. Such approaches form an important part of the Early Help Strategy and an evaluation of this work will be considered by the LISG in the coming year.

Annual reports on the CAF and Early Intervention Hub have provided assurance on the effectiveness of early help provision and audits are continuing to seek to demonstrate the impact of the current Early Help offer.

Measures supporting the safeguarding journey of children

During 2016-17, the LISG identified a good deal of work that had been undertaken to ensure partners understanding of the thresholds for early help and safeguarding interventions. The Thresholds guidance was reviewed and its revision was informed by workshops with frontline practitioners. Arrangements for visiting children were reviewed and the SoS model was embedded in partner's practice. However, the group recognised more work was required to understand the safeguarding needs of older children and evaluation of the proposed Family Safeguarding model justified continued scrutiny of the effectiveness of child protection arrangements.

Mechanisms to safeguard missing children and those at risk of CSE

Work undertaken in recent years to develop robust multi-agency operational responses to CSE and missing children are now well established. These provide valuable intelligence regarding known locations where CSE occurs and help inform strategies to disrupt persons of concern. The revision of the LSCB CSE screening tool was also completed during the year and continued to facilitate robust assessment of vulnerability, and informed safeguarding interventions. In addition, the local and regional subgroups provided the LSCB with assurance as to the progress made and agreed mechanisms to provide oversight allowing this to no longer be considered as a key priority.

Coordinated efforts to counter hate crime and extremism

During the period of this report tackling extremism and radicalisation (PREVENT) continued to be coordinated through the Community Safety Partnership (CSP), with the Prevent Strategic Group overseeing the operation of the Channel Panel. A number of Board members also attended these meetings ensuring strong links were maintained with the LSCB. Throughout 2016-17 the LSCB received regular update reports from the Prevent Lead Officer and disseminated guidance to help inform partners work. Despite the Borough being considered a low risk area, the LSCB ensured partners remained alert to the potential for young people becoming radicalised and involved in extremist activities. Further details of this work can be found at www.bracknell-forest.gov.uk/hatecrimeviolentextremism. The Board were further assured that the training provided across agencies continued to target relevant staff through the use of either the e-learning and group based training events. This training complimented that commissioned on a single agency basis by key partner agencies with work also planned to support the training of trainers later in 2017. As a result of the progress made, the LSCB decided this was an area that it would continue to oversee in conjunction with the CSP and was therefore no longer a key priority.

Collaborative arrangements to reduce the impact of violence on children and young people

The LSCB has also worked closely with the CSP to address the impact of violence on children. In addition to data routinely collated, six monthly reports were received by the LSCB appraising it of the strategic and operational responses made across the Borough. These included details of the Multi Agency Risk Assessment Conferences (MARAC) held, details of the Domestic Abuse Service Co-ordination (DASC) and Domestic Abuse Perpetrator Service (DAPS) projects, the development of innovative child

focussed interventions and targeted support of adults. During the year planning took place for a Multi-agency deep dive audit of children's experiences of the responses made by local services. As a result this area of safeguarding children will remain a priority area until the LSCB has undertaken detailed analysis of the finding from this audit.

LSCB Targeted Priorities

During the period of this report, the LSCB revised its Safeguarding Business Plan (see below) to ensure effective oversight of the work of partner agencies against the LSCB core priorities and a number of targeted priorities. Review of progress against these areas was achieved through regular reporting to the LSCB which identified progress and challenged partners where this was required (see Appendix A). During the year the Board further refined the multi-agency performance data it routinely received and noted the improved reporting of partners' single and multi-agency auditing activity.

During 2016-17 the Board received reports on a wide range of work undertaken through the above arrangements and this is evidenced within the minutes of the Board and Partnership Forum available at www.bflscb.org.uk/about-board.



Targeted Priority areas for development / improvement for 2017/18

In addition to the LSCB's core areas of responsibility the following reflect specific issues that have been identified as requiring further development and therefore represent specific challenges that will be prioritised during the coming year and are set out in detail within the Board's Safeguarding Business Plan.

1. Ensure the effectiveness of the arrangements to provide **Early Help provision**

2. Ensure the effectiveness of the safeguarding arrangements for **disabled children**
3. Ensure that children and young people are protected from '**online safety**' risks
4. Reduce the impact of **violence on children and young people**
5. Ensure the effectiveness of **child protection arrangements**

Financial Information

During 2016-17 the Board's budget was monitored by the Independent Chair and Business Manager who in turn reported on this to the LSCB. As in previous years the majority of this budget related to staffing in support of the work of the Board.

2017-18

Details of partners' contributions for the coming year are set out in the table below, together with budget planning information relating to the Board's expenditure.

Agency Contributions 2017-18	Percentage of contributions
BF Council	68%
CCG (Clinical Commissioning Group)	15%
Training Income	10%
Thames Valley Police	5%
Berkshire Healthcare Foundation Trust	1%
National Probation Service	0.2%
Broadmoor	0.4%
CAFCASS	0.4%

Planned Expenditure 2017-18	Amount (£)
Staff costs	99,670.00
Training administration and Needs Analysis / Review	10,450.00
Communication and Marketing	3,000.00
LSCB website hosting and support	500.00
CP Procedures web hosting	1,360.00
Multi-agency Audits	7,000.00
Infrastructure costs	2,000.00
Total	123,980.00

6. Summary

Key Messages

Although the vast majority of children in the Borough enjoy good levels of wellbeing the data contained within this report demonstrates the adversity some children and young people face. In spite of the hard work undertaken by dedicated staff across partner agencies a growing number of children require specialist safeguarding interventions to keep them safe.

The LSCB has acknowledged the impact of increased demands on partners that come during a period of ongoing austerity, with a number of agencies experiencing significant reorganisation. As a result the Board will continue to monitor the impact of these changes and where necessary challenge organisations and those in leadership roles to ensure safeguarding children remains a strategic priority.

The LSCB Safeguarding Business Plan reflects partner's commitment to strengthening prevention/early help and the continuous improvement of services. It identifies the key priority areas above where further work is required to ensure the improvements required are completed and result in sustained change.

The planned review of Bracknell's *Early Help Strategy* in conjunction with the implementation of CSC *Family safeguarding model* provides an opportunity for partner agencies to reflect on the needs of local children and evidenced based interventions that are likely to be most effective.

To achieve its objectives, the Board will continue to promote the need for the close alignment between its Safeguarding Business Plan and the work of key strategic partners listed below:

- *Children and Young People's Partnership*
- *Health and Wellbeing Board*
- *Community Safety Partnership*
- *Corporate Parenting Advisory Panel*
- *Adult Safeguarding Partnership*
- *Police and Crime Commissioner*
- *Family Justice Board*

Challenge Log 2016-17 (Content as of 31st March 2017)

Description of Risk / Challenge	Group	Date of meeting	Action	Update
The increased number of fixed term exclusions and provision for primary pupils presenting significant behaviour problems was identified as an area of concern.	LISG	23/02/2016 15/04/2016	1. The LISG to undertake an audit of excluded primary pupils and work on recommendations. 2. High Needs Review to be undertaken.	1. LISG to undertake an audit in 16/17 to involve schools and families which will report in early 2017/18. 2. LA to undertake a High Needs review to inform their strategy.
There is an ongoing criminal investigation into the provider of a commissioned residential service following the identification of an inappropriate relationship between a member of staff and a young person using the service. This had been appropriately referred to the LADO and shared with the LSCB. It was expected that there would be some learning from the case and the LSCB would formally engage with the service once the criminal /disciplinary case had concluded.	LISG	17/12/2015 15/04/2016 22/06/2016 27/02/2017	1. The Independent Chair (IC) to write a letter to the provider with a view to speak to them about the concerns that have been raised and also to contact other LSCBs in Berkshire to establish the extent of the issue. (Apr 16) 2. The LISG to review action plan and continue to monitor.	1. Letter written and meeting held in July 16 with IC and provider and report from provider came to LISG in August 2016. Issue raised with other Berkshire LSCBs by IC. Meeting / challenge held (1 July) with provider to request assurance around safe recruitment and safeguarding practice. 2. Action plan presented to LISG in Aug 2016 and reviewed at Feb 17 LISG. Feedback to be provided to residential provider May 17. Further monitoring to take place Oct 17 by LISG.
There was concern that the number of young people missing education, home educated and attending alternative provision was still unknown by wider partner agencies.	CSE SSG Board	09/06/2016 15/12/2016 27/01/2017	1. To raise at the next CSE and Missing Children Strategic Sub Group in December 2016. 2. IC to raise concerns about EHE children regionally and nationally.	1. It was clarified that the number of pupils in each of these categories is and has always been known. This data set is shared through the Continuous Improvement Group. The education rep will share the numbers with the CSE SSG at each meeting going forward. 2. At Jan 17 LSCB concerns identified on children EHE and work to raise regionally and nationally agreed. IC raised with Pan Berks Chairs and agreed to lead a T&F Group on EHE. IC has also raised nationally and work underway.
Concerns raised by increase in number of children subject to child protection plans during latter half of 2016.	LISG LSCB	14/12/2016 27/1/2017	Issue raised and LA to commission an external review.	LISG to consider external independent review report and recommendations in July 2017.
Concerns were raised regarding the s11 return received from a housing provider and the implications for all social registered landlords.	LISG	23/02/2016 22/06/2016	The LSCB Business Manager (BM) to meet with LA Head of Housing to discuss concerns.	BM met with Head of Housing (CD) and a briefing/consultation session is to be held. JP has sent a reminder regarding meeting with the RSLs. An updated S11 report was sent and this will be

				considered by the BF S11 Panel in October 2017.
Proposal to disband the e-safety sub-group which comes under the Community Safety Partnership.	Board	18/03/2016 15/07/2016	The IC to raise concerns about disbanding this group without robust governance in place with Community Safety and Children and Young People Partnerships.	Issue raised by LSCB Chair with Chair of CSP June 16 and at CYP Board in July 2016. It was noted at the July Board meeting that the CYP Partnership had resolved to establish a Task and Finish group that would be able to reassure the LSCB that provision would be covered. A Sexting Task and Finish Group has been established which will report to LSCB in May 2017. This is recognised as an ongoing LSCB priority for improvement for 17/18.
The need to clarify the governance arrangements for the commissioning and oversight of the substance misuse service was identified.	LISG Board	03/08/2016 23/09/2016	The LSCB to request information regarding membership of the Drug and Alcohol Strategic Sub-Group.	The Drug and Alcohol Strategic Sub-group Progress Report was presented. The substance misuse service has now returned to BFC; as a service they will be responsible for measures to strengthen oversight / governance which will be introduced within new structures. LSCB to receive information regarding structures and ToR (21/3/17).
Less than half the missing children during 2015-16 had CSE screening tools completed although all had received RHI interviews.	CSEMC SSG	15/09/2016	To seek assurance from CSC that consideration is given to the use of screening tools in relation to missing LAC. This will be monitored through the LISG.	The missing children annual report recommends that an audit is done on quality of RHIs which will include whether a CSE screening tool was required.
Following an audit survey for children with disability, gaps were identified in respect of robustness of some partners' arrangements.	LISG	22/06/2016	The LSCB will request that partner agencies share work undertaken to address any identified gaps in arrangements for children with disability.	Training and Professional Development Sub-Group (T&PDSG) to determine training needs relating to CWD. A training session took place in Sept 2016 with 16 delegates (12 from BFC and 4 Slough Children's Trust). Further work to be undertaken to scope assurance required from the LSCB and this is a priority for the LSCB in 17/18.
An independent audit commissioned by the LSCB has suggested the positive impact of family group conferences should be extended to a wider group of children/families.	LISG	14/10/2016	The LSCB to monitor the 'Signs of Safety' family group conference approach through its quality assurance work.	The implementation of the Signs of Safety approach has been suggested as an opportunity for an equivalent practice to be introduced within the borough which will be the subject of future review and scrutiny.

Different approaches to the functioning of SEMRACs across the region.	PB CSE Leads	11/07/2016 21/11/2016	TVP have been asked to review rationale for differing approaches to functioning of SEMRACs across Berkshire.	P&P will receive a draft policy (Jul 17 meeting) setting out minimum requirement associated with function of SEMRAC.
Despite efforts to evaluate the impact of training compliance with post course requests has been poorly supported by staff/managers. Although not quantified, there are thought to be potential risks associated by the sharp reduction in staff attending inter-agency safeguarding training.	Forum Board	14/10/2016 23/09/2016	The IC has requested that partner agencies nominate a responsible officer to oversee the completion of evaluations and to review their training needs.	Improvements have been proposed to ensure performance data captures the relationship between identified training needs and completion rates. Revised charging policy has enabled capacity to take this work further in 2017-18.
Funding pressures mean that the PICADA programme would not continue. It is not known if there will be an alternative resource to support children and young people subject to living in a household with DA.	Board Forum LISG Board Board	29/01/2016 15/04/2016 22/06/2016 15/07/2016 27/01/2017	The LSCB was clear that services to support children affected by DA needed to be considered a priority for the commissioners at DA Executive.	CSP are still looking for alternative provision (Board 18/3). LISG endorsed audit of DA processes which will include focus on support for CYP. DA Annual Report reported concerns regarding gaps in provision for children witness to DA. PACT have agreed to deliver a programme (Bounce Back 4 Kids) after Easter 2017 to a group of 5 - 12 year olds with a possible programme to follow. In addition the Children's Centres are seeking to get some training from the NSPPC to deliver a programme for U5s called DART (Domestic Abuse Recovery Together). Referrals can also now be made to SAFE, an organisation funded by the PCC for victims of crime. SAFE covers those between 8 - 17 yrs.
Many young people are still vulnerable to exploitation when they reach 18 years old. However many do not meet the new eligibility criteria for adult social care services and are left unsupported. It was noted that this group also included LAC and young parents. It was agreed that this was a considerable safeguarding risk.	CSE SSG LSCB Forum	25/06/2015 22/05/2015 12/06/2015 10/03/2016	1. This issue to be raised at CSE & Missing Children Strategic Sub Group (CSE SSG), the Board and Forum. 2. The BM to request information from Berks area CSE reps.	1. Further discussion at CSE SSG meeting regarding young adults 18+ years old who often don't want to engage with services. CCG are mapping provision in each area and will provide this information to adult safeguarding boards. 2. This was on the Pan Berks CSE Leads group in November 2016. Recognised and agreed this needs to be a Board priority for 17/18 and included in Business Plan update for 2017-18.

The Board raised concern regarding the degree to which definitions of missing were understood and when return home interviews (RHIs) were being undertaken.	LISG CSE	23/02/2016 22/06/2016 15/09/2016	Clarification to be provided to the CSE SSG, following a review by BFC.	There is a proposal that the LISG (subject to capacity) will scrutinise current arrangements by way of a multi-agency audit. The CSE SSG noted the positive improvements to RHIs but required more detailed narrative from CSC and EDT to help explain the lack of timeliness in relation to these. This issue is now robustly monitored by the CSE SSG.
The Board questioned why it had not received a copy of the Partnership Review that had recently been completed by Reading LSCB.	LISG	23/02/2016 15/04/2016	To raise this with Reading LSCB and request the report be made available.	Requested by the IC and will be considered in detail at the August 2016 LISG. Feedback was subsequently provided to Reading LSCB both on the quality of the process and the recommendations.
It was questioned whether the low number of cases being considered under the MARAC process was an accurate reflection and why only a small number of agencies submitted reports.	LSCB LISG	22/05/2015 22/06/2015	The DA Steering Group to provide analysis of MARAC self assessment and progress of partner referrals.	Training had been provided to staff to raise awareness of MARAC and its reporting processes (18.9.15) including CSC (Forum 16.10.15). A self-assessment to be completed by DA Steering Group where it was agreed that possible reasons would be explored as part of wider audit and review work. The DA Exec is currently progressing this issue and funding agreed for consultant to review progress against action plan. LSCB in Jan 17 provided with assurance on MARAC referrals.
MODUS computer system is an issue with DA referrals.	Board	18/03/2016 20/05/2016	LSCB Partners requested (May 16) to send any specific concerns with the MODUS system to Rob France.	This issue will be raised through the Berkshire DA Co-ordinators and ICs. Any specific issues received would be forwarded to PCC by Supt Rob France.
CP Chairs report reported on agency participation at conferences. There was challenge that partners should be routinely monitoring attendance of their staff at CP conferences and core groups. GPs do not routinely attend conferences and alternative participation methods would be shared.	LSCB LISG LSCB	17/07/2015 17/12/2015 20/05/2016	CCG and Named GP to report GP engagement with CP Conferences to LISG.	The IC provided information on GP role in CP conference in Surrey and Slough. This would be considered in BF (18.9.15). Dec update - Awaiting analysis from CCG. The CCG and Named GP to meet with CP Chairs in 2016. GP engagement and attendance at CP conferences was an ongoing piece of work within LISG that would be reported to the Board. The CP conference participation template had been discussed but not yet circulated. This has now taken place and GP S11

				audit undertaken.
Communication and raising awareness was considered a challenge by the CSE SSG as needed dedicated time. It was unknown if the council's Comms and Marketing Team could do more to facilitate this.	Board	15/07/2016 23/09/2016	The IC would raise the issue with the Chief Executive of the Council.	IC confirmed that she would be speaking to LA Chief Executive regarding its support for LSCB communications and support agreed and provided.
The Strategic CSE SSG had identified a cohort of children who were missing from education and their whereabouts unknown.	CSE SSG	03/12/2015 17/12/2015 23/02/2016 15/04/2016 22/06/2016 03/08/2016	1. The Board highlighted the need for more transparent reporting of children missing from education. 2. It was requested that a report on this activity be made available to the CSE SSG.	1. An extra-ordinary meeting of the Operational CSE Group (SEMRAC) has been held to look at the mechanisms in place to assure the wellbeing of these children. A review is being undertaken. 2. Meeting between IC and CM/ID to be held July 16. It was reported to the LISG (Aug) than an action plan was being implemented. Sept 16 -New policy drafted, consulted upon and implemented in line with DfE guidance. Detailed report to LSCB in Jan 17 confirmed arrangements and provided assurance.
Lack of CAFCASS representation at LSCB / Sub Groups.	LSCB	01/05/2016 20/12/2016	IC to write to CAFCASS to request representative at Board meetings and relevant sub groups.	IC wrote to CAFCASS Service Manager. IC escalated concern to Kevin Gibbs. Spencer Hird to attend future LSCB's.
An independent audit commissioned by the LSCB has identified concerns as to the oversight/ support available to children awaiting services from CAMHS.	LISG	14/10/2016	BHFT to assure the Board of measures to support children waiting for CAMHS services.	The Board has been informed of planning to put measures in place to ensure children and their families are monitored while awaiting services. Jan 17 update - Quarterly updates regarding work to reduce waiting times and support services offered to children whilst waiting provided to LSCB by Louise Noble, service manager. Triage system in place to ensure all urgent cases are seen as a priority.
Health partners have not attended multi-agency training for DA and were unable to assure the Board that this was being provided on a single agency basis.	Board	23/09/2016	Health partners to check whether DA training being provided internally to LSCB in November.	Jan 2017 update: The Board has been informed that Domestic abuse training is provided internally within BHFT by the specialist practitioner for domestic abuse including basic awareness, DASH and MARAC training and domestic abuse and mental health training.

LISG recognises the expectation with regard to multi-agency audit but has identified limited capacity to undertake expected number / range of audits (see Ofsted inspection feedback).	LISG	22/06/2016	1. Review joint audit activity with BFC. 2. Review LSCB budget to determine possible commissioning for future multi-agency audit activity.	1. Work within BFC is seeking to enhance and integrate auditing activity and progress will be monitored via regular updates to LISG. 2. Facilitators have been commissioned to support 16/17 multi-agency audits on CSE and Domestic Abuse and will continue to be ring-fenced.
An issue was raised around the increasing demand for Child Protection conferences and concerns re schools engagement during holiday periods which was having an impact on the multi-agency progress.	LISG	20/05/2016	To review current working practices around CP Conferences in school holidays.	A review of current working practices is being led by the CP Chairs. This issue would be monitored through the LISG but was not found to be an issue as cover provided.
Concern raised that it is not known what training and information raising is being done in schools around CSE.	CSE SSG	10/03/2016	LSCB to request, collate and identify which schools have had what information and training to show gaps.	Meeting to be held in July 16 with CM and ID and Independent Chair to progress issue. It is now a recommendation in the Overview and Scrutiny report and will be monitored by CSE SSG.
TV Community Rehabilitation Company (CRC) had significant increase in workload that could impact on representation at the LSCB.	LSCB	18/09/2015	TV CRC to assure the Board on its continuing engagement with the Board.	It has been agreed that the TVCRC will feed in via new annual reporting process. Representation at the LSCB has not been an issue in 16/17.
Lack of regular reporting by Family Justice Board.	LSCB		IC to raise concern to Chair of FJB.	IC escalated concern to Chair of FJB and quarterly reports now received.
The Board identified the need for review of how well integrated GPs/health visitors and children's centres are in respect of the early help strategy.	LISG	23/02/2016 15/04/2016 22/06/2016	Health partners and Head of Early Help to provide assurance.	Discussed at June LISG. Following challenge, assurance provided regarding role of HV liaison with children's centres and GPs.
It was reported that the request for changes to be made to the NHS Pathways programme had been submitted through a centralised feedback process. Consequently it would not be possible to track its progress through the system and ascertain whether the requested change had been implemented. It was agreed that this would be followed up with NHS Pathways.	LISG	20/08/2015 17/12/2015 23/02/2016 15/04/2016 22/06/2016	IC to write to NHS Pathways for assurance regarding the Board's requested change to their system.	Aug 15 - AW wrote to NHS Pathways- no response has been received. Dec 15update - CCG to escalate but no response. Apr16 update - Chair to write to John Trevains, NHS England Jun 16update -Response received from NHS pathways which provided assurance.
Information required on the use of police powers e.g. abduction notices/memorandums of understanding and other powers to prevent CSE and deal with persons of interest.	CSE SSG	09/06/2016 15/12/2016	Police to provide report to the next CSE SSG.	This is now a regular item on the CSE SSG agenda with reports being provided by TVP.

Health raised (at the CSE SSG) the use in other areas of a standard letter to GPs alerting them of young people at risk of CSE/CP/CIN. There was lengthy discussion around the resources and responsibility for this but no conclusion was reached.	CSE SSG	15/09/2016	SEMRAC Chair to explore possibility of health reps undertaking this on behalf of Primary Care.	Discussed at LSCB and decision made for health colleagues to undertake feedback. UPDATE - this was resolved and letters are now sent to GPs by the Health Rep.
The Chair of the pan Berkshire Policies and Procedures Sub Group will step down after October 2016 and Slough LSCB have given notice-with outstanding work still required to ensure continued improvement.	Board	15/07/2016	IC and BM to discuss with their counterparts in Berkshire how this will be taken forward.	Bracknell Forest LSCB agreed to undertake the lead role and Angella Wells will be chairing the group and Reading LSCB have agreed to provide administrative support. This will help mitigate against any drift and will strengthen the links with the LSCB.
Partners identified ongoing challenges in relation to safer recruitment.	Forum	15/04/2016	Partners were asked to review the adequacy of their procedures and flag any concerns to the LSCB in respect of safer recruitment.	Workshops and training on safer recruitment continue to be available though the LSCB and issues identified and are monitored through S.11 processes.
The Emergency Duty Team's review of Appropriate Adult function had not yet been received by the Board.	Board	20/02/2016	The IC to formally raise this.	The report was subsequently presented to the LSCB and assurance provided.
Potentially a vulnerable group of children being educated at home (EHE).	Board	29/01/2016	A report to be presented to the LSCB in July 2016.	A report was presented at the July meeting and it was agreed that this would be an annual report to the LSCB.
The Early Help Sub-group would be conducting a programme of audits on a range of subject areas and it had been agreed that homelessness risks would be included in this work.	LSCB	22/05/2015	The Head of Early Help to clarify what early help audits are being done and ensure they are presented to the LISG.	Meeting held 13/6 between LSCB Chair and Head of Early Help and agreed that Early Help Report would be presented to Nov 16 LSCB along with CAF and EIH Annual reports and Early Help audits undertaken to LISG in August 2016.
Pan Berks CSE screening tool being amended without the oversight of the PB P&P SG.	PB CSE Leads	11/07/2016 21/11/2016	The BM and Chair of Pan Berks CSE Leads Group to challenge partners on CSE screening tool changes.	This was on Jul 2016 meeting agenda and a collective review was undertaken (in Aug/Sept) and proposed changes agreed (Nov 2016). Any future amendments to the tool will be agreed by the Pan CSE Leads group and submitted to the P&P group for approval.

**The risks/challenges listed above are subject to constant amendment as ongoing efforts are made to ensure required improvements are addressed.*

ⁱ Articles 12 and 13 of the United Nations Convention on the Rights of the Child 1989

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