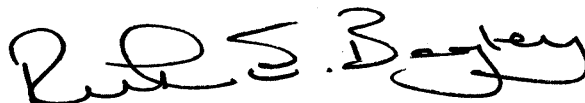


Date of issue: 17th September 2013

MEETING:	SLOUGH WELLBEING BOARD Councillor Rob Anderson, Leader Ruth Bagley, Chief Executive Superintendent Richard Humphrey, Thames Valley Police Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Neil Prior, Business Representative Paul Southern, Assistant Chief Fire Officer Matthew Tait, NHS Commissioning Board Councillor James Walsh, Health & Wellbeing Commissioner Jane Wood, Strategic Director of Wellbeing
DATE AND TIME:	WEDNESDAY, 25TH SEPTEMBER, 2013 AT 5.00 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	GREG O'BRIEN 01753 875013

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



RUTH BAGLEY
Chief Executive

AGENDA



PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

1. Declaration of Interest

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest.

All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2. Minutes of the last meeting held on 17th July 2013 1 - 8
3. Climate Change Priority Delivery Group (PDG) - Climate Change and Carbon Management Projects and Achievements 9 - 16
- To review and note report (Roger Parkin) (5.05 - 5.25pm approx.)*
4. Children and Young People's Partnership Board PDG progress report and draft refreshed CYPBP Plan 17 - 70
- To review and note report (Jane Wood/David Collier) (5.25 – 5.45pm approx.)*
5. Slough Local Safeguarding Children Board Annual Report 2012/13 71 - 166
- To review and note the Annual Report (Paul Burnett) and Business Plan 2013-2016 (5.45 – 6.10pm approx.)*

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
6.	Place Shaping Work Programme and Update <i>To consider report (Nazia Idries) (6.10 – 6.35pm approx.)</i>	167 - 170	
7.	Department of Health Funding Transfer to Social Care <i>To consider report (Su Gordon-Graham) (6.35 – 6.55pm approx.)</i>	171 - 196	
8.	Measles, Mumps and Rubella MMR Vaccination Catch-up Programme <i>To note report (Lise Llewellyn) (6.55 – 7.15 pm approx.)</i>	197 - 204	
9.	Autism Self-Evaluation (Public Health England) - Slough return <i>To receive the self-assessment request and Slough return (7.15 – 7.30 pm approx.)</i>	205 - 220	
10.	Action Progress Report and Future Work Programme <i>To receive report (Greg O'Brien and Nazia Idries) (7.30 – 7.35pm approx.)</i>	221 - 224	
11.	Date of Next Meeting 13 th November 2013		

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Special facilities may be made available for disabled or non-English speaking persons. Please contact the Democratic Services Officer shown above for further details.

Minicom Number for the hard of hearing – (01753) 875030



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Slough Wellbeing Board – Meeting held on Wednesday, 17th July, 2013.

Present:- Councillor Rob Anderson, Ruth Bagley, Helen Clanchy (substitute for Matthew Tait), Ramesh Kukar, Dr Jim O'Donnell, Dr Angela Snowling (substitute for Lise Llewellyn) and Jane Wood

In attendance:- David Liley and Colin Pill (Healthwatch)

Apologies for Absence:- Councillor James Walsh, Richard Humphrey, Lise Llewellyn, Neil Prior, Paul Southern, and Matthew Tait

PART 1**13. Declaration of Interest**

None were declared.

14. Minutes of the last meeting held on 15th May 2013

Resolved - That the minutes of the last meeting of the Board held on 15th May 2013 be approved as a correct record.

15. Protocol for the Slough Wellbeing Board relationship with Overview and Scrutiny

The Board considered a report proposing a protocol to guide the working arrangements between the Council's scrutiny function and the Board. With the changes, redefined roles and relationships between different elements of the health infrastructure arising from the Health and Social Care Act 2012, it was necessary to establish a process for collaboration between the Slough Wellbeing Board and the scrutiny function as exercised by the Overview and Scrutiny Committee and Panels.

The primary contact between Overview and Scrutiny and the Board (or Health PDG where relevant) would take place through the Health Scrutiny Panel. It was envisaged that both parties would start from an assumed position of openness, honesty, partnership and collaboration. The protocol went on to detail how the Board and Health Scrutiny would exchange information and interact with each other. In particular it provided for Health Scrutiny to be involved at key stages in the development of the Joint Wellbeing Strategy and the JSNA and each party would provide the other with a quarterly forward work programme.

The protocol was due to be considered by the Health Scrutiny Panel at a meeting to be held on 24th July 2013.

Resolved - That the proposed working protocol be endorsed.

16. Slough Wellbeing Board Communications and Engagement Strategy

Consideration was given to a communications and engagement strategy for the Slough Wellbeing Board setting out the communications' priorities and activities for the next 12 months.

As the Board had a network of Priority Delivery Groups (PDGs) in place to act as the vehicle for the delivery of its priorities, it was envisaged that each PDG would have its own communications and engagement plan linking directly to its delivery plan and ultimately the Slough Joint Wellbeing Strategy. The communications and engagement plan for the Board had therefore been drafted as a broad plan setting out short term messages with the key agenda items and how these can be delivered.

The communications and engagement plan was broken down into the following phases, in line with the future work programme:

- SWB awareness building (August to December 2013)
- Communications and engagement on emerging priorities and the cross cutting themes (September 2013 to September 2014)
- Communications on the refresh of the JSNA (to be confirmed) and the JSWS (July 2014)

Arising from discussion of the plan, the Board was pleased to note the use of social media as an important communication method, with the relevant Partner to play a key role in each campaign or communication activity. It was suggested that the plan should give more weight to an evidence-based approach to social marketing campaigns, as recognised at a recent task and finish group meeting. The scope for schemes or campaigns designed to effect behavioural change through the use of incentives was noted, together with the potential these had for attracting sponsorship from businesses. The Board supported the principle of campaigns on matters around encouraging volunteering, general health checks etc.

In connection with involving business partners with campaigns, it was reported that the branch of Boots in Slough town centre had an average daily footfall of 11,000 making it one of its busier stores. This was the sort of business which might be interested in campaigns around healthchecks, the packaging and presentation of medicines etc. It was suggested the attention of the Town Centre Manager be drawn to this potential.

The Healthwatch representatives expressed an interest in joining any campaign organised to assist in the promotion of itself to local residents.

Resolved - That subject to the comments referred to above, the communications and engagement strategy be endorsed, and respective communications representatives be requested to engage in further work to complete the Action Plan set out in Appendix A to the report.

17. Healthwatch Slough Update

The Board received a presentation from David Liley, Regional Manager for Help and Care, about progress on the establishment of Healthwatch Slough.

All appointments to the Board had now been made and Colin Pill had been elected Chair. Induction and training for Board Members and staff was ongoing and details of the contract for the operation of Healthwatch were in the course of being settled with the Borough Council. Liaison arrangements with groups and providers were being put in place and contact with the Slough community was being progressed through attendance at events, meetings, delivering presentations, distributing Healthwatch E news, visits to the website, publicity material on display etc. The Healthwatch helpline was also up and running but had received only a few calls so far. Healthwatch would be happy to receive general publicity or PR assistance from partners, with particular help in relation to the recruitment of volunteers.

Healthwatch England had requested some work be undertaken to look at the NHS complaints system to see how effectively it was working locally. It was suggested that contact be made with the Council's Corporate Complaints Manager or the NHS England Area Team for advice or assistance regarding complaint handling. It was noted that although GP surgeries had their own systems for dealing with complaints, there may be a role for Healthwatch in ensuring that complainants were assisted to submit complaints to the correct body in order to receive a timely response.

In answer to questions, it was confirmed that Healthwatch were making promotional material available to all GP surgeries, were proposing to be represented at CCG meetings, and would wish to be involved in the deliberations of the Federated Quality Committee, which worked across the three local CCGs.

Resolved - That the report be noted.

18. Priority Delivery Group (PDG): Safer Slough Partnership Strategic Assessment and Action Review

Consideration was given to an update on the priorities and actions resulting from the 2013/14 Safer Slough Partnership Strategic Assessment.

The Board noted that the Strategic Assessment was a statistical audit highlighting the main crime and anti-social behaviour problems in Slough and demonstrated how the Safer Slough Partnership (SSP) had addressed these problems in 2012, going on to outline the options for 2013. The projects and actions set out included new interventions in relation to violent and acquisitive crime and a reorganisation of drug services and domestic abuse services.

The Strategic Assessment showed that between 1st January 2012 and 31st December 2012, reported crime fell by 13.9% and reported anti-social behaviour fell by 10%. Crime had reduced across the board with violent crime

Slough Wellbeing Board - 17.07.13

with injury, acquisitive crime and stealing all showing a positive reduction. The Board was pleased to note that this was part of a long-term trend with crime falling in Slough for each of the last three years; and by 38% between April 2003 and March 2013.

A number of points arose during discussion of the report and presentation:

- There was a correlation between crime and substance use; the fall in acquisitive crime may be linked to the increase in availability of treatment.
- Targeting high areas of crime through prevention and environmental improvements along with a better understanding of offenders had been positive factors in the progress of the SSP.
- There had been a doubling of funding for work to tackle domestic abuse through commissioning new support services for victims and perpetrators. The focus is on earlier intervention and earlier support.
- The availability of ward data on domestic abuse, together with any known reasons for variations, would be important to feed into any place-shaping interventions planned for Foxborough /Chalvey. Was there a correlation between domestic violence rates in these wards or the 11 super output areas reviewed.
- The Troubled Families programme had commenced, with an initial cohort of 110 families (due to rise to 330 families over 3 years) looking at such factors as school attendance, anti-social behaviour etc. The cohorts were generally known to the agencies but progress was being made through successful engagement with families.
- Underreporting of crime and anti-social behaviour was perceived to be a problem and tended to be worse in BME communities. The SSP had invested in campaigns to encourage reporting. Jim O'Donnell indicated that Primary Care was often in possession of "soft intelligence" in relation to domestic abuse and he was happy for the CCG to cooperate with the SSP on this.
- The Children's Safeguarding Board was also coming forward with plans and targets and would be working jointly with the SSP on a number of initiatives. The sharing of 'age-related' data on such matters of excessive or binge drinking could be very useful. (As an aside it was reported that teenage pregnancy rates had been below the national average for each of the last two quarters).
- Increasing people's assurance and understanding about reducing crime levels and a safer Slough was an important aim; this linked back to the development of an effective communications strategy.

Resolved - That the report be noted.

19. Performance Monitoring 2013 - 2014

The Board considered a report presenting the performance monitoring tool that will accompany the Slough Joint Wellbeing Strategy (SJWS) to monitor the priority actions set down.

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It was proposed that this should form the basis of a regular performance report to the Board, suggested at twice yearly intervals, to be the most appropriate way to present timely and relevant data. The indicators it was proposed to report on had been taken from a range of sources including the Public Health Outcomes Framework (PHOF), the Adult Social Care Outcomes Framework (ASCOF) and the Quality Outcomes Framework (QOF). Also some key indicators used by the PDGs had been chosen where these were considered to show progress against the five priority areas of the Wellbeing Strategy – Health; Economy and Skills; Housing; Regeneration and Environment; and Safer Slough.

It was recognised that high level indicators only had been selected in the draft performance tool, leaving other more detailed indicators to be monitored at PDG level. The Board considered that it was important to ensure that this division was drawn in the appropriate place in order that the right data was presented for review. For instance, as all the health indicators were used in the place shaping exercise, it was suggested that a number of them may be appropriate bringing forward to the performance tool. In particular, reference was made to the diabetes indicators which would be a valuable addition.

In addition to the above, it was hoped to get some consistency across Berkshire on the performance monitoring data used. Some further discussion between all the parties involved would be appropriate. As regards the format of the monitoring document, it was suggested that this would be improved by clarifying the direction of travel arrows so that performance improvement or deterioration was transparent and obvious.

Resolved -

- (a) That subject to further consideration of the final make-up of the indicators included, and in consultation with other partners, the performance monitoring tool be approved as the process for monitoring progress of the SJWS.
- (b) That the report be presented bi-annually to allow for relevant and up to date information to be presented to the Board.

20. Place Shaping Exercise

Consideration was given to an update on the outcomes of the second place shaping workshop held on 25th June 2013 and the actions it was recommended to take forward.

A further review of the Index of Multiple Deprivation (IMD) data had taken place for review at the workshop. It was concluded that Foxborough ward (post boundary change in 2014) remained the most deprived ward in Slough and would benefit from a joined up place shaping approach to identify how long term positive outcomes can be achieved. Whilst there were high levels of deprivation / need across some Super Output Areas (SOAs) in a number wards across Slough, the issues and needs are varied and had the potential to change due to factors such as population churn. For example, Baylis and Stoke, Chalvey and Central had significantly higher levels of Coronary Heart

Slough Wellbeing Board - 17.07.13

Disease (CHD) admissions than other areas, but this was not reflected in all health measures.

The following key issues and potential ideas were identified at the workshop:

Geo-focus – if the current culture of a community was unlikely to engage with the services and activities provided, it would be important to encourage community change in terms of behaviour and social norms before a programme of services was launched. A long term approach was necessary and should involve schools eg. Montem Primary School in Chalvey, where the population churn has posed particular challenges.

Volunteering and role models – this would be another opportunity to encourage volunteering and use the community to provide positive role-models. There was a role for business – Telfonica had experience of supporting volunteering schemes in other areas. The existing work with the Slough Business Community Partnership and Aspire should be built on and for Chalvey, engaging with Scottish and Southern Electric should be pursued.

Social media – this presented opportunities to target and engage communities in terms of health and reducing obesity, for example, through an app for a mobile phone offering fee reductions for physical activity such as swimming or a visit to the gym. Telefonica's 'Priority moments' provided a route for this but such a project would require a joint approach by the business community, health and voluntary services representatives.

Linking key services – arising from recent research carried out by the Police Foundation (particularly relevant to Chalvey), Thames Valley Police are currently reviewing levels of domestic abuse and health issues and the correlation between the two. There was a strong causal link between domestic abuse and over consumption of alcohol so the development of a strategy by Public Health and the Police through the Drug and Alcohol Abuse Team to tackle this would be beneficial.

It was envisaged that these methods of approach should be included in a 'hot' street approach. Enforcement officers from all the partner organisations would join together on a given day (or longer period as appropriate) to deal with issues which could range from 'beds in sheds' to prostitution to fire safety advice.

The Board stressed the importance of multi-disciplinary working and co-operation which was key to a successful approach on any place shaping intervention. It was reported that the Health PDG had established a plan for Chalvey, subject to further work to engage the school. It would then begin looking at Foxborough. It was suggested that part of the planning should be around the development of a template for a minimum level of outcomes to be achieved in each area.

Slough Wellbeing Board - 17.07.13**Resolved –**

- (a) That the decision to focus the place shaping approach in targeted areas of high need in Chalvey and Foxborough be confirmed.
- (b) That working closely with partners, one year, three year and five year priorities be developed to achieve the identified outcomes of this workstream.
- (c) That the next steps be considered at the September workshop, to agree actions, assign relevant leads and establish timescales for reporting progress.

21. Disabled Children's Charter

Consideration was given to a Disabled Children's Charter, as proposed by the Every Disabled Child Matters campaign, which all Health and Wellbeing Boards had been invited to sign up to.

The Charter had been reported to the Children and Young People's Partnership Board (CYPPB), which had undertaken to take on the responsibility of complying with the Charter on behalf of the Board. The Charter committed signatories to it to improve the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. It was proposed that the CYPPB would report on progress before the year end.

Resolved - That the Disabled Children's Charter be endorsed.

22. Work Programme 2013/14 and Key Developments

The Board received a schedule showing the work programme for 2013/14 together with known key developments. With regard to the JSNA, it was noted that the report to the September meeting would be an early progress report only, with a further report to be made at the November meeting. An item on 'Section 256 Agreements' was put forward for the September meeting.

Resolved - That the work programme, subject to the amendments referred to, be noted.

23. Date of Next Meeting

The date of the next meeting was confirmed as 25th September 2013.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.55 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: *Slough Wellbeing Board*

DATE: **25th September, 2013**

CONTACT OFFICER: *Roger Parkin, Director of Customer and Community Services, (01753) 87 5207*

(For all Enquiries)

WARD(S): *All*

PART I

FOR INFORMATION

CLIMATE CHANGE PRIORITY DELIVERY GROUP (PDG) – CLIMATE CHANGE AND CARBON MANAGEMENT PROJECTS AND ACHIEVEMENTS

1. **Purpose of Report**

The purpose of this report is to update the Slough Wellbeing Board (SWB) on all current Climate Change and Carbon Management projects and achievements.

2. **Recommendation(s)/Proposed Action**

The SWB is requested to note the contents of the report (see appendix A).

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan**

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

The Climate Change PDG consists of Slough Borough Council and partner organisations and is committed to identifying and working together on various environmental projects that would result in less CO2 emissions from energy consumption and promote use of sustainable means of transport i.e. electric vehicles, bicycles, walking.

Slough Joint Wellbeing Strategy Priorities –

As stated in the Terms of Reference of the SWB:

‘The Slough Wellbeing Board in discharging its objective to implement the Slough Joint Wellbeing Strategy has aimed to work closely with the Priority Delivery Groups (PDGs). This includes PDGs taking on lead responsibility for some areas of the Strategy.’

The Climate Change PDG is committed to working together on various projects that would result in fulfilling the following aims mentioned in the Slough Joint Wellbeing Strategy for Environment and Regeneration:

- Reduce energy consumption, water usage and the amount of carbon emissions generated
- Improve public transport, cycling and walking facilities to increase use of sustainable forms of transport

Cross-Cutting themes:

The Slough Joint Wellbeing Strategy lists the following Climate Change / Carbon Management civic responsibilities *that residents can undertake in delivering the Strategy and in improving Slough for the benefit of everyone.*

- Promote the town and be a champion for the area
- Use public transport or cycle or walk rather than use your car
- Insulate your home
- Reduce your water consumption
- Reduce, reuse and recycle your waste whether at home or around the town
- Compost your food and garden waste at home
- Reduce your carbon emissions by reducing your energy consumption

The focus of the Climate Change PDG is to work with significant companies and employers in the form to reduce carbon emissions from work based activities.

The internal Carbon Management Board looks at Slough Borough Council’s contribution to carbon emissions and seeks projects to reduce those for the Council owned properties including Housing.

This report provides details on those projects in Appendix ‘A’.

4. Other Implications

(a) Financial There are no financial implications arising from this report.

(b) Risk Management There are no risk management issues arising from this report.

(c) Human Rights Act and Other Legal Implications There are no human rights or other legal implications arising from this report.

(d) Equalities Impact There are no equalities impacts arising from this report.

5. **Supporting Information**

5.1. A list of all current Carbon Management / Climate Change Projects is attached with this report (refer Appendix 'A')

6. **Comments of Other Committees / Priority Delivery Groups (PDGs)**

There are no comments from other Committees.

7. **Conclusion**

The Board is asked to note the contents of this report regarding the work of the Climate Change PDG to tackle Climate Change and Carbon Management.

8. **Appendices Attached**

'A' - Carbon Management/climate Change projects 2013

9. **Background Papers**

1. Slough Joint Wellbeing Strategy 2013-2016

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APPENDIX – ‘A’

Carbon Management / Climate Change Projects – 2013

No.	Current Projects	Programmes / Initiatives	Status
1.	EV charging points (SSE Funded)	<ul style="list-style-type: none"> • Funded by SSE. • 10 fast EV charging points to be installed. 	<ul style="list-style-type: none"> • 2 charging points installed in January 2013. One each at Hatfield and Herschel MSCP (not yet commissioned). • 3 more points installed in July 2013 at The Centre, Langley Leisure Centre and behind the Ice Arena in Montem car park. • It is proving difficult to find locations for the remaining 5 charging points. • Need to contact Source London to add the new points to their database. • It was agreed not to advertise until Source London have added the locations to their database. • DfT to visit all sites on Thursday 15th August and add all the points to the Source London network.
2.	Slough Electric Vehicle Charging Points Network (Office for Low Emission Vehicle - OLEV Funding)	<ul style="list-style-type: none"> • Two bid applications submitted to in April 2013 to OLEV in April 2013. • First bid to install 9 fast points on Council properties (£90,000). • Second bid to install 1 rapid charger outside Slough Station (Brunel Way) (£50,000) 	<ul style="list-style-type: none"> • Grant approved covering 75% of the capital expenditure £67,500 for 9 fast charging points and £37,500 for rapid charger on council owned properties and outside Slough Station respectively. • Need to workout plan to get the remaining 25% by the end of this financial year 2013-14. • Prepare tender specification by the end of August 2013.
3.	Upton Court Park – Jubilee Woodland – Carbon Sequestration project	<ul style="list-style-type: none"> • A total of 8,585 native trees planted in the southern end of the park near the M4 motorway. • Carbon sequestration from the planting to be calculated based on Forestry Commission's Woodland Carbon Code (WCC). 	<ul style="list-style-type: none"> • SFQC have been appointed to validate the project against WCC. • Received some corrective action from SFQC on 25th July 2013. • Kunal working with Laurie Roberts at VERCO and Bruce Hicks in Parks to resolve the issues identified by SFQC. • 6 schools recruited by the end of March 2013. • 4 schools to be recruited by Groundwork South in Autumn term. • Emily Readman left GS in March, so Mike Moritz is the new lead on the project. • The waste Watch recycling shows for primary schools during the recycling week were canceled and need to be rescheduled in Autumn term. • Follow up with Groundwork South to speed up recruitment of remaining schools and complete the project by November 2013.
4.	'Too Good To Waste' project. Promote recycling among school children	<ul style="list-style-type: none"> • SBC received £10,800 funding from Heathrow Community Fund. • Project delivered in partnership with Groundwork South and Waste Watch. • Promote and raise awareness of sustainable waste practices (3R's, Reduce Reuse Recycle) in 10 Slough Schools. • Establish a waste baseline for each school and enable them to set realistic targets for reduction. 	<ul style="list-style-type: none"> • 6 schools recruited by the end of March 2013. • 4 schools to be recruited by Groundwork South in Autumn term. • Emily Readman left GS in March, so Mike Moritz is the new lead on the project. • The waste Watch recycling shows for primary schools during the recycling week were canceled and need to be rescheduled in Autumn term. • Follow up with Groundwork South to speed up recruitment of remaining schools and complete the project by November 2013.

APPENDIX – ‘A’

No.	Current Projects	Programmes / Initiatives	Status
5.	Plugged-in Fleet Initiative 100	<ul style="list-style-type: none"> Funding received from Energy Saving Trust (EST) via OLEV to see a cost effective way of integrating electric vehicles into our fleet and will also look into grey fleet. A whole life cost analysis, comparing your existing vehicles with suitable plug-in alternatives An outline of what will need to change to allow plug-in vehicles to make practical or financial sense in our fleet. Infrastructure advice A tailored final report with clear recommendations. 	<ul style="list-style-type: none"> Initial meeting held on 20th May 2013. All data regarding business mileage and fleet send to EST to analysis. Awaiting response from EST
6.	Green house gas reporting	<ul style="list-style-type: none"> Collate data and preparing Council's greenhouse gas report. This will also help us monitor the progress towards our commitment of reducing CO2 emissions by 40% by 2014 compared to the baseline in 2008/2009 and update the Carbon Management Plan. 	<ul style="list-style-type: none"> Collecting historic data to calculate emissions and see the progress towards 40% CO2 reduction target. Business mileage and SBC data found. Data for 10 out of 12 housing van available only for the last quarter. Mileage data for 2 housing vans not available at all. Working with Les Carter to collect historic energy usage data (gas and electricity).
7.	Carbon Management Plan (2009 – 2014)	<ul style="list-style-type: none"> Updating Carbon Management Plan. Year on year reduction in carbon emissions from SBC corporate buildings. SBC to collect and publish greenhouse gas emissions from its own estates and operations. Promote energy efficiency in schools. 	<ul style="list-style-type: none"> Collecting historic data to calculate emissions and see the progress towards 40% CO2 reduction target. Once the greenhouse gas report is complete then we can start updating the plan with new targets.
8.	Carbon Reduction Commitment (CRC)	<ul style="list-style-type: none"> Recharging schools for carbon credits for 2010/2011 and 2011/2012 	<ul style="list-style-type: none"> Finance recharged all schools for 2010/11 and 2011/12 vis DSG. The Carbon Management Board decided to charge the schools using the same mechanism for 2012/13. Kunal Prasad to prepare cost of carbon credits for schools in 2012/13 from entire Slough profile data provided Les Carter . Kunal Prasad prepared the costs of Carbon Credits for Schools in 2012-13 on 27th August 2013. New Carbon Reduction Commitment (CRC) – Energy Efficiency Scheme page added on SBCinsight. http://sbcinsight/6790.aspx (work with Claire Portsmouth)
9.	Green Champions – re-launch	<ul style="list-style-type: none"> To be relaunched soon. Recruiting green champions 	<ul style="list-style-type: none"> Baseline data being collected energy, waste, recycling and paper usage. Communication strategy being developed. Monitor and PC audit completed on 29/05/13 Kunal and Nick to work on Green Champions Charter. Sue Binfield to prepare a coms plan. Sian Smith acting as Green Champions Co-ordinator Nick Hannon lead on Waste Management Kunal Prasad lead on Energy.

APPENDIX – ‘A’

No.	Current Projects	Programmes / Initiatives	Status
10.	Home Energy Conservation Act (HECA) Further report 2013	<ul style="list-style-type: none"> Co-ordinating with housing team to prepare and submit HECA report 2013. Draft report circulated based on information provided by Ray Haslam (Housing) and Trevor Roffe & Karen Hedges (Property Services). Plan to submit the report by 29th August 2013, after the meeting Housing and Property services. 	<ul style="list-style-type: none"> Final Draft prepared on 23rd August 2013. Awaiting feedback/response from Housing (Hamid Khan & John Griffiths) We aim to submit the report by the end of August 2013.
11.	Climate Change Action Plan	<ul style="list-style-type: none"> Review and update Council's Climate Change Action Plan with new projects. 	<ul style="list-style-type: none"> In September – October 2013
12.	Energy Audit St Martins Place	<ul style="list-style-type: none"> Roger Parkin have commissioned ANESCO to carry out an energy audit at St Martins Place. Anesco will work out an ESCO model that is based on an Energy Saving Performance Contract (ESPC), which examines current energy usage and all aspects of a building's performance, before calculating the financial savings that could be made through the implementation of a range of key energy efficiency measures. 	<ul style="list-style-type: none"> The audit was carried out on 12th July 2013. Stage 1 Report submitted on 5th August 2013 Stage 2 of the audit started on 19th August 2013. <p><i>Note: For us, this process requires no capital investment. Anesco provides all upfront capital to fund the ESPC, and simply recoups any investment made over an agreed payback period, through the energy savings generated.</i></p>
13.	Slough Bike Hire Pilot Scheme	<ul style="list-style-type: none"> Local Sustainable Transport Fund (LSTF) funding Project being delivered in partnership with Groundwork South and Anesco Ltd. Pilot scheme to start with 3 hubs with 20 bikes at each hub 	<ul style="list-style-type: none"> Sponsorship opportunities offered to companies, allocation will be on first come first served basis. Gillian to send Marketing contact details to Tim Knight for Segro, Arvato, O2, Marriott & Ferrari by 26th July. Bike orders have been placed for delivery early September. 60 bikes will be available for hire from 3 locations – Slough train station, Burnham station & in front of the main Segro building. Premises found in Britwell to use as a bike storage and maintenance site. This site has now been cleared and it will be used for an 18 month trial period. It was agreed not to advertise the scheme until a sponsor has been secured. Adrian Pike offered 1 years sponsorship by ANESCO if another sponsor cannot be found in the next 3 weeks to avoid delays in launching.
14.	Slough Street Lighting Project	<ul style="list-style-type: none"> Discussed in the Climate Change Partnership meeting on 22nd July 2013. Project will involve changing all street light in Slough to LED. This will enable us to get substantial financial saving on energy usage and better management of our street light like dimming at night etc. 	<ul style="list-style-type: none"> Working with Anesco and Highways Initial stage of the project Street light Asset Register send to Anesco on 25th July 2013. ANESCO carrying out feasibility study. Awaiting street lighting maintenance costs from Highways. Awaiting report from ANESCO.

APPENDIX – ‘A’

No.	Current Projects	Programmes / Initiatives	Status
15.	Electric Car Branding and Promotion	<ul style="list-style-type: none"> Work with Communication (Leo Tarring) and Printing (Caroline) to design sticker for SBC's only electric car in Community Transport (John Northam). 	<ul style="list-style-type: none"> Initial draft created by Caroline in July 2013. Need some amending Work out the budget with Gillian Ralphs (£400 - £500) Draft design forwarded to the Carbon Management Board member for feedback on 12th August 2013.
16.	Website – Carbon management	<ul style="list-style-type: none"> Identify key Carbon Management themes and prepare Webpage 	<ul style="list-style-type: none"> Work in progress First need to complete the greenhouse gas report
17.	Website – Electric Vehicle Charging Points	<ul style="list-style-type: none"> Create a new webpage on SBC website with details of all EV Charging network in Slough. 	<ul style="list-style-type: none"> Work in progress
18.	Green Fleet Initiative	<p>This will enable us to carry out a detailed Green Fleet Review to identify the cost and carbon saving opportunities across our fleet (including grey fleet).</p> <p>It will also enable us calculating our fleet carbon footprint, Energy Saving Trust's Fleet Consultants can analyse and advise you in the following areas:</p> <ul style="list-style-type: none"> company car policy fuel management systems and processes grey fleet management data management mileage reduction strategies 	<ul style="list-style-type: none"> Application submitted on 21st August 2013. Application accepted by Energy Saving Trust on 27th August 2013 Follow up with EST with the update on PFI100 and progress and notify them to present the report to the Carbon Management Board on 7th October 2013.

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 12 September 2013

CONTACT OFFICER: David Collier, Interim Children's Services Policy
Officer, Slough Borough Council
(For all Enquiries) (01753) 87 5411

WARD(S): All

PART I

FOR INFORMATION

**CHILDREN AND YOUNG PEOPLE'S BOARD PDG PROGRESS AND
DRAFT REFRESHED CHILDREN AND YOUNG PEOPLE'S PLAN**

1. **Purpose of Report**

To present to the Board an update on progress with the development of the Children and Young People's Partnership Board (CYPPB), a Priority Delivery Group (PDG) of the Slough Wellbeing Board (SWB) and the draft 2013-15 Refresh of its Children and Young People's Plan.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan**

The CYPP 2013-15 Refresh addresses the following areas of need identified in the Slough 2011 Joint Strategic Needs Assessment (JSNA):

- childhood obesity;
- domestic abuse;
- sexual health awareness;
- educational attainment;
- early development (school readiness);
- learning disabilities and Special Educational Needs (SEN); and
- mental health (Children Looked After and those with SEN).

Work to improve early development during the Early Years Foundation Stage, also known as school readiness, and to improve educational attainment of children at the end of Primary School (Key Stage 2) is focused on the wards of Chalvey and Foxborough. School readiness and educational attainment are strongly linked with deprivation and poverty

of parental experience and aspiration (among other factors) and this focus aligns with the SWB's Place Shaping initiative. The CYPP 2013-15 Refresh also aligns with the following objectives for 2013-14 in Slough Borough Council's Corporate Plan:

(2) Deliver high quality services and facilities to meet local needs

- undertake early intervention and prevention with children, young people and their families to improve their outcomes and prevent abuse and neglect; and
- continue to strengthen and raise achievement for younger children.

(5) Develop and a skilled and capable workforce

- improve the Children's and Adults' Social Care Workforce so that they are able to carry out high quality work with children and their families.

In addition the CYPP 2013-15 is informed by:

- Slough Local Safeguarding Childrens Board (SLSCB) Business Plan;
- the 'Southwark Judgement' and duties to secure accommodation for homeless 16-17 year olds;
- Local work on Child Sexual Exploitation and Child Trafficking;
- Slough Early Help Review;
- Local data and professional identification of need; and
- The Children and Families Bill 2013.

Slough Joint Wellbeing Strategy Priorities

The CYPPB aims to support all children and young people growing up in Slough to enjoy life; achieve through learning; be proud of where they live and be valuable members of the community.

By delivering its CYPP the CYPPB meets the following SWB Priorities:

- Health (*CYPP Priorities 2 and 3*);
- Economy and Skills (*CYPP Priorities 4 and 5*);
- Housing (*CYPP Priority 1*); and
- Safer Communities (*CYPP Priorities 1 and 2*).

4. **Other Implications**

(a) Financial

There are no financial implications of the proposed action.

(b) Risk Management

There are no risk management issues arising from this report

(c) Human Rights Act and Other Legal Implications

There are no human rights or other legal implications arising from this report.

(d) Equalities Impact

There are no equalities issues arising from this report.

5. **Supporting Information**

Background

- 5.1 Work to strengthen Slough's children and young people's partnership through an effective Children and Young People's Partnership Board (CYPPB) as a PDG of Slough Wellbeing Board has progressed well over the last year. Slough Borough Council's Children's Services continue to improve the safeguarding of children and young people, under the direction and guidance of the statutory Improvement Board, and the development of the CYPPB is an important part of the Improvement Plan. As part of this work key strategies have been completed and Slough's Children and Young People's Plan 2011-14 has been refreshed for the period 2013-2015.

Developing the Children and Young People's Partnership Board

- 5.2 In November 2012 a development day was held to begin to the process of strengthening the CYPPB. Board membership and terms of reference were reviewed and agreed in order to create a more streamlined and strategic Board structure. Members and attendees confirmed the five Priorities of the extant CYPP and re-assigned the lead officers for each priority (Priority Leads). Four underpinning work programmes were also agreed to:
- develop an effective operating framework for the CYPPB;
 - ensure that the CYPPB provides effective leadership on the implementation of the CYPP;
 - review and implement a Joint Commissioning Strategy; and
 - implement a Workforce Development Strategy.
- 5.3 In January 2013 in recognition of the importance of the effective functioning of the children and young people's partnership to Slough's improvement journey, the Improvement Board expanded Theme 2 of the Improvement Plan to focus on delivering an effective partnership board. This will ensure that the CYPPB will provide vision, governance and leadership; as well as increased capacity and capability across the children's workforce.

- 5.4 As part of the more efficient and robust arrangements for the CYPPB, Cllr Pavitar Mann, Slough Borough Council's Commissioner for Education and Children, was elected as Chair in February 2013.
- 5.5 A second CYPPB development day was held in April, jointly with Slough Local Safeguarding Children Board (SLCB). This focused on the initial findings and proposals of the Early Help review and the impact of the newly published Department for Education's new *Working Together* document.
- 5.6 Cllr Mann chaired the CYPPB for the first time in May and the protocol agreement between the SWB and other PDGs was approved. This ensures clarity about ownership of cross-cutting priorities that require the input of more than one of the PDGs of the SWB. The approach for developing the partnership's Engagement and Participation Strategy was also agreed.
- 5.7 In September the CYPPB approved the Commissioning Strategy; Workforce Development Strategy; Participation and Engagement Strategy; the draft Partnership Quality Assurance and Performance Management Framework; and the draft CYPP 2013-15 Refresh.

Refreshing Slough's Children and Young People's Plan

- 5.8 Following appointment of the Interim Children's Services Policy Officer by Slough Borough Council in June and work to refresh the CYPP and complete the partnership Quality Assurance and Performance Management (QAPM) framework – in partnership with SLSCB – was carried out over the summer.
- 5.9 As the CYPP is now in its final year it was agreed early in the process that the refresh should extend the Plan by a further year in order to provide an appropriate period for impact to be realised.
- 5.10 A review of the CYPP and performance management process identified that while significant work has been undertaken, particularly during 2012-13, much of this has proven difficult to quantify in terms of benefits, outcomes and impact. Furthermore, the review revealed that many of the arrays of objectives and sub-objectives, under the five broad Priorities, related to single-agency business that partners deliver alone, without multi-agency collaboration.
- 5.11 The refresh has focused on the identification of fewer, more focused partnership objectives under each Priority that are both based on need and require multi-agency collaboration to achieve them. In addition to these selection criteria, it was essential that the objectives have clear outcomes, which can be easily evidenced. By developing the 2013-15 objectives in tandem with the Partnership QAPM Framework the identification of outcomes and milestones has been simplified and this will enable effective performance management by the CYPPB.

- 5.12 The draft CYPP 2013-15 Refresh was approved by the CYPPB on 5 September and final details are now being confirmed in preparation for publication. Slough's Children in Care Council and Youth Council will be engaged in the production of a Children and Young People's version of the CYPP and arrangements for this are progressing.
- 5.13 Priority Leads have been identified and work is underway to confirm membership of their multi-agency work stream sub-groups, which will be accountable to the CYPPB (and its Executive) for the delivery of the objectives.
- 5.14 The existing SLSCB Quality and Performance sub-group will also become a joint CYPPB/SLSCB sub-group. The remit of this sub-group will be extended to implementing and operating the Partnership QAPM Framework and reporting on performance to the CYPPB to enable it to manage the delivery of its partnership objectives and strategies.
- 5.15 The CYPP 2013-15 Refresh Objectives are detailed below under the Priorities to which they relate.

Priority 1: Stay Safe

- 1.1 All professionals and volunteers are able to assess the risk to children in incidents of domestic abuse, which can be shared with other practitioners to ensure that children at risk are identified and kept safe from harm.
- 1.2 Improve frontline inter-agency working and communication in order to risk-assess and prioritise all contacts and referrals in order to keep children and young people safe.
- 1.3 Mitigate the risks of harm to children and young people through Child Sexual Exploitation and Child Trafficking.
- 1.4 Ensure that young people aged 16-19 are protected from the risks of harm and exploitation due to homelessness.

Priority 2: Early Help

- 2.1 Support all partner agencies in the implementation and effective use of the multi-agency Slough Early Help Assessment process to ensure that outcomes improve for children, young people and their families.
- 2.2 Agree robust integrated working processes and protocols between all partner agencies to ensure that children, young people and families are identified early and receive timely support.

- 2.3 Develop and implement an impact assessment tool to be used by all agencies to measure outcomes for children and families engaging with all Early Help Collective services.
- 2.4 Develop the responsive commissioning of Early Help services in Slough.

Priority 3: Good Physical and Emotional Health

- 3.1 Reduce obesity through an evidence-based programme of healthy eating and physical activity, starting with families in Early Years settings and supporting Young People across the life course.
- 3.2 Increase young people's knowledge of sexually transmitted infections and provide information and services to enable them to maintain good sexual health.
- 3.3 Increase awareness of mental health first aid, challenge stigma and signpost parents and young carers to evidence-based mental health services.
- 3.4 Improve the health and wellbeing of children who are looked after by ensuring that they receive timely and effective health assessments.

Priority 4: High Quality and Effective Education

- 4.1 Increase the registration for and take-up of Free School Meals by eligible families to ensure that children and young people eat lunch and their settings can obtain additional funding to support their learning.
- 4.2 Increase the reach of Children's Centres services in Slough's Chalvey and Foxborough wards.
- 4.3 Increase the school readiness of all children attending Children's Centres and Early Years Settings in Slough's Chalvey and Foxborough wards.
- 4.4 Increase attainment at Key Stage 2 for all pupils attending Montem Primary School and Foxborough Primary School.

Priority 5: Support for Young People

- 5.1 To develop a new approach to the identification, assessment and planning for children and young people with SEND aged 0 to 25.

5.2 To develop the Local Offer (Education, Health and Care) and joint commissioning for children and young people with SEND and their families, as described in the Children and Families Bill.

5.3 To ensure that a seamless transition pathway exists for young people with SEND and care leavers and that they are prepared for independence, adulthood and employment.

6. **Comments of Other Committees / Priority Delivery Groups (PDGs)**

No other committees or PDGs have been involved in this work.

7. **Conclusion**

The Board is asked to note the progress to date in strengthening the CYPPB and the continuing work to improve the effectiveness of this PDG, particularly in respect of quality assurance and performance management, and governance.

The Board is also asked to note the work done to refresh Slough's CYPP and the identification of focused partnership objectives for 2013-15.

8. **Appendices Attached**

'A' – Draft Children and Young People's Plan Refresh 2013-15

'B' – CYPPB Terms of Reference, September 2013

9. **Background Papers**

Slough Children and Young People's Plan 2011-14

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**Slough
Children and Young People's
Partnership Board**

Children and Young People's Plan 2011-14

“Getting it Right for Children”

Refresh 2013-2015

David Collier

Interim Children's Services Policy Officer, Slough Borough Council

August 2013

DRAFT Version 3.0

Children and Young People's Plan Refresh 2013-15

Foreword

Cllr Pavitar Mann

Foreword to be written by Councillor Pavitar Mann, Lead Commissioner for Education and Children and Chair of Slough Children and Young People's Partnership Board.

Introduction

Slough's Children and Young People's Plan (CYPP) was published in 2011 as the three-year plan for all services and provision for children, young people and their families in the Borough.

During 2012-13 there have been significant changes within Slough Borough Council due both to council-wide restructuring and the outcome of the announced inspection of Safeguarding and Look After Children. The Health and Social Care Act 2012 has also led to major changes in the way that public health and healthcare services are delivered and governed. These changes include:

- The abolition of NHS Primary Care Trusts and the creation of GP-led Clinical Commissioning Groups (CCGs) with responsibility for commissioning most of the NHS services for their communities
- The creation of Public Health England and the transfer of Public Health from the NHS to Local Authorities
- The abolition of Strategic Health Authorities and the creation of the NHS Commissioning Board to oversee commissioning of primary care and other services not commissioned by CCGs
- The establishment of local Health and Wellbeing Boards

There have also been changes to policing, most notably with Police Authorities abolished and replaced with elected Police and Crime Commissioners.

This refresh of the 2011-14 CYPP has been undertaken in collaboration with the Slough Local Safeguarding Children Board (SLSCB) in the context of these significant changes. It also takes into consideration a number of key developments in services for children, young people and families in Slough notably:

- the strengthened SLSCB and permanent Independent Chair;
- the Peer Review of safeguarding that took place in November 2012;
- the revision of the Improvement Plan following the Peer Review process;
- current progress on the Improvement Plan
- on-going development and strengthening of the CYPPB;
- the creation of 'One Front Door' for children's services;
- the review of early Help and the establishment of the Early Help Collective;
- the relationship between the new Slough Wellbeing Board and the CYPPB as one of its Priority Delivery Groups; and
- relationships and governance structures between other parts of the wider partnership the Borough.

Within the context of this significant change it has been decided to not only refresh the 2011-14 CYPP, but also to extend it for an additional year to provide a realistic timeframe for partners to have impact and achieve the agreed objectives.

Slough Children and Young People's Partnership Board remains the key strategic partnership body providing leadership to the delivery of high quality services across the partnership to meet the needs of local children and young people. During 2013-15 it aims to strengthen its performance: both as an effective partnership and in the outcomes it achieves.

This CYPP 2013-15 Refresh is forward-looking and focuses on the objectives for the next two years, the key activities to achieve these objectives and the main outcomes that must be secured. It also identifies the CYPPB's range of cross-cutting initiatives covering commissioning, workforce development and the participation and engagement of children and young people. There is also a brief review of the achievements that have made towards the 2012-13 objectives.

Improvement Journey

In April 2011 Slough Borough Council's Children's Services Directorate was inspected by OfSTED, which found that services for children looked after by the local authority (those who are fostered and placed in care) were adequate and there was adequate capacity to improve. However, the safeguarding of children and young people was found to be inadequate with inadequate capacity to improve. Four key factors were identified as contributing to this judgement of safeguarding:

- a weak Local Safeguarding Children Board (LSCB);
- poor social work management and oversight;
- poor performance systems; and
- poorly coordinated Early Help services.

The factors led to poor decision-making and planning at all levels for Safeguarding Children.

OfSTED issued Slough Borough Council with an Improvement Notice and in July an independently chaired Improvement Board was established, which developed an improvement plan with 4 delivery themes underpinned by the Local Authority's role in supporting and sustaining improvement:

1. Social Care Practice;
2. Capacity and Capability of the Workforce;
3. Quality Assurance and Performance Management;
4. Early Intervention and Prevention; and
5. Leadership and Governance.

In the autumn of 2011 the local management team was strengthened with interim appointments and peer-mentoring was introduced for the Director of Children's Services and the Lead Member for Children's Services. Initial auditing and recovery planning for children's safeguarding took place and sector support specialists were brought in to advise on the Independent Reviewing Officer service; performance management; Slough LSCB; and Early Help services.

The Interim Independent Chair of Slough LSCB was permanently appointed in March 2012 and a new Director of Children's Services and Assistant Director for Children's Social Care were appointed in July 2012. Successful recruitment activity to key social work management posts was also carried out and good progress was made on the recommendations regarding the LSCB.

In November a Peer-Review of safeguarding services led to the revision of the Children's Services Improvement Plan under four delivery themes and one supporting theme.

1. Delivering effective social work practice
2. Delivering an effective Children and Young People's Partnership Board
3. Delivering an effective LSCB

4. Delivering Early Intervention and Prevention
5. Sustaining the improvement

Children's Services in Slough are now moving forward under three key plans, which are actively monitored, to ensure consistent and safe decision making and planning at all levels for children's safeguarding in Slough.

1. Children and Young People's Plan
2. Slough LSCB Business Plan
3. Children's Social Care Plan

Review of Progress

Priority 1: Stay Safe

Helping families to care for their children by ensuring that children and young people are effectively safeguarded from harm, and are safe in their families and communities. Where children are more vulnerable, including children and young people with a disability, those in need of protection, and those who cannot live with their families, their health, education and social outcomes are at least as good as other children in their age group.

Implementing the Improvement Plan drawn up following the Ofsted announced inspection of safeguarding and looked after children in April 2011, to ensure that children in need and children with child protection plans are safe and feel safe.

What were our key objectives in 2012/13?

- Staying safe In the Community
- Staying safe In the Home
- Staying safe In the Care System

What was achieved?

Community

- Delivery of the Slough Child and Adolescent Mental Health Services (CAMHS) strategy
- Development of the Slough Parenting Strategy
- Development of use of eCAF and lead Professional
- Slough Youth Justice Plan (update for 2012 – 13) was signed off by the YOT Board in October 2012.

In the Home

- Reviewed all cases subject to Child Protections
- Improved the capacity of the Independent Reviewing Officer service
- Appointed new post Head of Safeguarding
- Developed programme for mentoring social work managers
- Developed a new quality assurance framework

Children in Care

- Good Inspection results for fostering and adoption
- Highly performing authority in respect of the new adoption score card
- Significant improvement in Health Assessments for young people – 94% completed.

Priority 2: Early Intervention and Prevention

Helping families to care for their children by offering simple, quick, easy and effective routes for children, young people and their families to identify problems and intervene early; offer support to families to help them find solutions; and prevent the need for more intensive services.

What do we mean by Early Intervention?

Supporting families to care for their children by offering early help; offering holistic and practical support to families to find solutions for themselves preventing the need for more intensive services.

What were our key objectives in 2012/13?

- Support for families to find their own solutions
- Identify vulnerable families and ensure the right services are in place to support
- Partners working together to provide effective multi-agency responses
- Use of the common assessment framework (CAF) and integrated working practices such as using a lead professional and building a team around the child and family
- Targeting services on the most needy
- Effective operation of the Family Information Services
- Review Early Years/Sure Start provision
- Engage young people in targeted activities
- Develop services for vulnerable families

What was achieved?

- Early Intervention and Prevention Strategy agreed and in place
- Introduction of Early Response Champions
- Co-ordination of intensive services for very vulnerable families
- Auditing of case work on CAF and using this to shape practice
- Agencies, including managers and front line staff understanding the early intervention strategy
- Development of more effectively co-ordinated working
- Children's Centres starting to support more vulnerable families
- Using auditing to shape practice

Priority 3: Good Physical and Emotional Health

Helping families to ensure that children and young people enjoy good physical and emotional health across their life course.

What were our key objectives in 2012/13?

- Infant mortality
- Oral Health
- Reducing emergency respiratory admissions
- Tuberculosis
- Obesity/Physical Health
- Mental Health
- Sexual health and HIV
- Drugs and Alcohol
- Clostridium Difficile

What was achieved?

Oral health

- Health Visitors and School Nurses have been trained in oral health.
- The Tooth Bus, a mobile dental clinic, has visited Slough to promote dental health and provide dental check-ups for young children.
- Early Years settings have gained *Smiling for Life* accreditation in oral health

Reducing emergency respiratory admissions

- Improved self-care in asthma patients.
- Community and acute paediatric teams and GPs advise families.

Diabetes

- 20% reduction in the number of emergency admissions for diabetes patients including within children.
- Children with diabetes receive support from a multi-disciplinary team at Wexham park Hospital

Obesity and Physical Activity

- Increased participation in sport, physical activity and physical education amongst school aged children.
- Healthy eating initiatives run in schools, including Big Food Fight Assemblies, Food Awareness Week and the Slough School Meals survey.
- Success in halting the rise of childhood obesity in Year 6 children in the context of 20% annual churn in population

Sexual health and HIV

- Access to Chlamydia and Gonorrhoea self testing has been increased through the East Berkshire Chlamydia service.

- The Chlamydia screening rate in 2012-13 was 1,854 per 100,000 with a 10.7% positivity rate.
- A health promotion team works within school, youth and FE settings to reduce the risk of STI transmission through the provision of condoms and advice.
- A dedicated nurse and GP-led service operates in the East Berkshire College Langley and Britwell sites and funding is being sought for a further 2 years.

Drugs and Alcohol

- Turning Point's young people's alcohol worker undertakes ad hoc support for schools regarding alcohol misuse.
- Slough Borough Council carries out test purchasing and training for licensed premises to try and reduce availability of alcohol to young people as well as test purchasing at licensed premises to identify those that are selling to underage persons.

Priority 4: High Quality and Effective Education

Helping families by ensuring that children and young people have access to high quality and effective education, leading to rapid and sustainable progress with high levels of achievement.

What were our key objectives in 2012/13?

- School improvement
- Raising attainment
- Improving progress
- Closing the attainment gap between vulnerable groups and their peers

What was achieved?

- Primary School attendance has improved with absence rates of 4.4% in 2012 compared with 5.2% in 2010.
- Secondary School attendance has improved absence rates of 4.7% in 2012 compared with 6.8% in 2010.
- School performance has increased with 15 outstanding schools and 19 good schools in 2013, compared with 9 outstanding schools and 22 good schools in 2010.
- The proportion of children achieving a good level of development in the Early Years Foundation Stage has risen from 48.1% in 2010 to 64.0% in 2012.
- The proportion of children progressing by 2 levels between Key Stage 1 and Key Stage 2 in English has increased from 83% in 2010 to 88% in 2012.
- The proportion of children progressing by 2 levels between Key Stage 1 and Key Stage 2 in Maths has increased from 79% in 2010 to 84% in 2012.
- The proportion of children achieving Level 4 or above in English and Maths at Key Stage 2 has increased from 71% in 2010 to 77% in 2012.

- The proportion of young people achieving at least 5 GCSEs with at grades A*-C (including English and Maths) has increased from 63.1% in 2010 to 66.1% in 2012, increasing Slough's ranking from 14th to 11th (out of 152 local authorities nationally).

Priority 5: Effective Support for Young People

Offering opportunities for young people and their families including access to high quality education for all young people; information, advice and guidance for vulnerable young people to help them into education, employment and training; to lead healthy lifestyles; and so that they become responsible citizens, now and in their adult lives. Base the development of services on 'Positive for Youth' published in December 2011.

What were our key objectives in 2012/13?

- Young people become successful, independent adults and are equipped and supported in learning and finding jobs.
- Young people are safe at home and in their communities. Targeted activities help young people in living with their families, making the most of their potential, and contributing to their communities. They have opportunities in and out of school to take part in social, sports, leisure and educational activities.
- Young people are helped to lead healthy lifestyles.
- Young people who have offended or are at risk of offending are able to find alternative interests.

What was achieved?

- The number of young people aged 16-18 who are not in education, employment or training (NEET) remained low at 4.9% by the end of 2012, which lower than both the Southeast average and similar local authorities to Slough.
- The Integrated Youth Support Service was delivered, externally reviewed and restructured improve performance, following the findings of the review and is re-launched as Slough Young People's Service.
- Slough Young People's Service includes a new Participation Co-ordinator post.
- Work with Slough CVS has been conducted to support Voluntary and Community Sector organisations understand.
- First time entrants to the Youth Justice System fell to 70 in 2012-13 from 86 in 2011-12.
- The proportion of young offenders receiving a custodial sentence in 2012-13 was 10.4% compared with 12.1% on in 2011-12.
- Established the Engage Service, which supports young women experiencing sexual exploitation or those who are at risk of being sexually exploited.

Determining Objectives for 2013-2015

The five Priorities for 2011-14 were based on the review of the 2008-11 Plan, listening to children and young people and their families through consultation activities, and taking into account performance information and other local data. The Priorities also took into account inspection findings, in particular the OfSTED announced inspection of Safeguarding and Looked After Children in April 2011. The Needs Analysis can be found at <http://www.sloughchildrenstrust.org.uk/about/c-yp-plan.aspx>.

These five Priorities are broad and underneath each are objectives that provide more focus for work. For 2012-13 an ambitious set of objectives and sub-objectives were defined by Priority Leads for each of the Priorities. However, this has led to a lack of focus and many of these objectives and sub-objectives lack clear, time-bound milestones or outcomes, so measuring progress is difficult. Furthermore, many of the objectives focus on single-agency work that partners deliver alone, with few or no opportunities to work in partnership to add value.

In July 2012 Slough's new Director of Children's Services and Assistant Director for Children's Social Care took up their posts and the Interim Independent Chair of SLSCB was appointed permanently. Following these appointments there was a review of partnership working and the functioning and membership of the CYPPB and two development days were held with members.

The CYPPB is now chaired by Slough's Lead Commissioner (elected member) for Education and Children's Services and has been restructured to comprise a core membership of senior strategic leaders and attendees from across the partnership. It is committed to harnessing collaborative advantage by enabling partners to focus on the areas where they must work together to improve outcomes or add value.

The CYPPB will not focus on work that partners do alone to support children and young people as this is managed internally and overseen and scrutinised by their commissioners, regulators or inspectorates. However, it will encourage partners to share this work to create opportunities for innovation and support from non-specialists.

Priority 1: Stay Safe

This CYPP Priority is aligned with the Improvement Plan theme of delivering effective Social Work Practice, including capacity and capability; quality assurance; and performance management. This is reflected in the objectives for 2012-13, which are focused on Slough Borough Council Children's Social Care's processes, systems and workforce. Consequently, while the CYPPB provided valuable oversight of this work, it had few opportunities to add value through partnership working at a strategic or operational level.

Ensuring that children and young people are kept safe from harm requires effective communication and partnership working to share information between frontline professionals and managers in order to make informed safeguarding decisions. Partnership working at strategic level is also essential to ensure that the appropriate

resources are in place and inter-agency processes and protocols are in place and working effectively.

The Slough LSCB business plan has also identified priorities that focus on the safeguarding issues of child sexual exploitation and trafficking and homeless of young people. These demand an effective multi-agency approach to identify and share information about those children and young people who are vulnerable and at risk in order to both take preventative action or intervene early to safeguard them.

Priority 2: Early Intervention and Prevention

This CYPP Priority is aligned with the Improvement Plan theme of Delivering Early Intervention and Prevention and this is reflected in the objectives for 2012-13. Although providing Early Help is a multi-agency activity that requires a well-coordinated partnership approach, responsibility for delivering the majority of the objectives sat with Slough Borough Council Children's Social Care.

A large review of Early Help services was commissioned, which led to a plan for the changes necessary to bring about improvements. With internal changes within Slough Borough Council's Children's Social Care completed, the CYPPB now owns the Early Help Plan and is responsible for driving forward the wider changes needed across the partnership to improve Early Help services.

The CYPPB will focus its objectives on ensuring that all partners can make effective assessments of children, young people and families and work together collaboratively to ensure that they receive the support and services that they need. We will also ensure that all partners are able to make robust assessment of the impact of their interventions with children, young people and families so that they can collectively ensure that the right services are provided to meet needs.

Priority 3: Good Physical and Mental Health

Ensuring good physical and mental health is a broad priority and the nine objectives and multiple sub-objectives for 2012-13 did not enable the CYPPB to sufficiently focus activity and add value through multi-agency partnership working.

Three of the key health issues for children and young people in Slough are obesity, sexual health and mental health and these can all be addressed by preventative and early non-medical interventions. Furthermore, they require a multi-agency partnership approach to enable professionals and volunteers to effectively engage with children, families and communities.

Priority 4: High Quality and Effective Education

Department for Education research, using data from obtained from HMRC, has identified that Slough has a significant number of young people who are entitled to receive Free School Meals who are not registered to do so. According to the research 25% of pupils are entitled to Free School Meals, but only 18% claim them leaving about 1,500 entitled pupils who do not claim them.

There are clear health and wellbeing benefits of being provided with a nutritious lunchtime meal for these children and young people. Eating lunch also has a positive

impact upon concentration levels and performance in lessons and consequently impacts on attainment.

Furthermore, evidence shows that children and young people from less wealthy backgrounds have lower levels of attainment than their peers and the Department for Education make additional funding available to these schools to support their education. Schools can claim a Pupil Premium payment for every pupil registered for Free School Meals, which they can use as they deem appropriate to raise the attainment of the most vulnerable pupils. For the 2013-14 academic year the Pupil Premium is set at £900 per pupil and it is expected to increase to about £1,200 for the 2014-14 academic year.

While the attainment of young people in Slough's Secondary schools is high and GCSE results are good, attainment across the Early Years and Primary phases is not as strong. Increasing attainment during Primary schooling and the Early Years Foundation Stage, particularly for the most vulnerable pupils, are key objectives, as is increasing the reach of Slough's Children's Centres.

Although Slough is a small Borough the picture varies greatly from ward to ward. Two wards that are home to many of Slough's most vulnerable children and families most in need of help are Chalvey and Foxborough. Consequently while work to improve educational outcomes continues apace across Slough, the CYPPB will focus its partnership objectives for 2013-15 on these wards.

Priority 5: Effective Support for Young People

This priority originally sought to targeting young people to offer them opportunities to access high quality education, future employment and training, lead healthy lifestyles and become responsible citizens as they move into adult life.

For 2012-13 Priority 5 was redefined around the development and provision of Slough's Integrated Youth Support Services (IYSS), basing the development of services on 'Positive for Youth' published in December 2011. Slough Borough Council established its IYSS and subsequently commissioned an independent review of performance. Following the recommendations of this review, restructuring of this service has taken place to improve performance and strengthen management. The restructured service is now re-launched as Slough Young People's Service.

With these developments well under way, the focus for Priority 5 changes for 2013-15 to developing an integrated, strategic approach to meeting the needs of children and young people with special educational needs and disabilities (SEND) and implementing the reforms announced in the Children and Families Bill 2013. Although delivering these reforms is the duty of the Local Authority this work demands a strong multi-agency approach; and providing education, health and care services for children and young people with SEND requires effective interagency working and will continue to be partnership business.

The CYPPB has therefore prioritised the implementation of the SEND reforms and all work in this area will be accountable to it.

Objectives for 2013-15

Priority 1: Stay Safe

- 1.1 All professionals and volunteers are able to assess the risk to children in incidents of domestic abuse, which can be shared with other practitioners to ensure that children at risk are identified and kept safe from harm.
- 1.2 Improve frontline inter-agency working and communication in order to risk-assess and prioritise all contacts and referrals in order to keep children and young people safe.
- 1.3 Mitigate the risks of harm to children and young people through Child Sexual Exploitation and Child Trafficking.
- 1.4 Ensure that young people aged 16-19 are protected from the risks of harm and exploitation due to homelessness.

Priority 2: Early Intervention and Prevention (Early Help)

- 2.1 Support all partner agencies in the implementation and effective use of the multi-agency Slough Early Help Assessment process to ensure that outcomes improve for children, young people and their families.
- 2.2 Agree robust integrated working processes and protocols between all partner agencies to ensure that children, young people and families are identified early and receive timely support.
- 2.3 Develop and implement an impact assessment tool to be used by all agencies to measure outcomes for children and families engaging with all Early Help Collective services.
- 2.4 Develop the responsive commissioning of Early Help services in Slough.

Priority 3: Good Physical and Emotional Health

- 3.1 Reduce obesity through an evidence-based programme of healthy eating and physical activity, starting with families in Early Years settings and supporting Young People across the life course.
- 3.2 Increase young people's knowledge of sexually transmitted infections and provide information and services to enable them to maintain good sexual health.
- 3.3 Increase awareness of mental health first aid, challenge stigma and signpost parents and young carers to evidence-based mental health services.

3.4 Improve the health and wellbeing of children who are looked after by ensuring that they receive timely and effective health assessments.

Priority 4: High Quality and Effective Education

4.1 Increase the registration for and take-up of Free School Meals by eligible families to ensure that children and young people eat lunch and their settings can obtain additional funding to support their learning.

4.2 Increase the reach of Children's Centres services in Slough's Chalvey and Foxborough wards.

4.3 Increase the school readiness of all children attending Children's Centres and Early Years Settings in Slough's Chalvey and Foxborough wards.

4.4 Increase attainment at Key Stage 2 for all pupils attending Montem Primary School and Foxborough Primary School.

Priority 5: Support for Young People

5.1 To develop a new approach to the identification, assessment and planning for children and young people with SEND aged 0 to 25.

5.2 To develop the Local Offer (Education, Health and Care) and joint commissioning for children and young people with SEND and their families, as described in the Children and Families Bill.

5.3 To ensure that a seamless transition pathway exists for young people with SEND and care leavers and that they are prepared for independence, adulthood and employment.

Key Activities and Outcomes

Priority 1: Stay Safe

Objective 1.1

All professionals and volunteers are able to assess the risk to children in incidents of domestic abuse, which can be shared with other practitioners to ensure that children at risk are identified and kept safe from harm.

The key activities that we will take to achieve this are:

- Develop a simple and robust multi-agency risk assessment tool that enables all agencies to assess the risk to children and young people in households where there is a domestic abuse incident and share this with other agencies, specifically Slough BC Children's Social Care. The risk assessment should capture and categorise domestic abuse incidents where children are present during the abuse; witness it; are threatened; or abused.
- Launch the domestic abuse and children risk assessment at a multi-agency event to highlight the importance and communicate the need for its use.
- Provide multi-agency training and guidance in the use of the domestic abuse and children and risk assessment to ensure its effective use.

The outcomes that we will achieve are:

- The risk to all children and young people connected to identified or reported incidents of domestic abuse is assessed to enable an appropriate response to ensure their safety and welfare.
- All children and young people involved in domestic abuse incidents receive an appropriate and timely response to keep them safe.

Objective 1.2

Improve frontline inter-agency working and communication in order to risk-assess and prioritise all contacts and referrals in order to keep children and young people safe.

The key activities that we will take to achieve this are:

- Develop and implement a Multi-Agency Safeguarding Hub (MASH) model for Slough based on a central co-located and wider virtual multi-agency team.

- Identify and develop all opportunities improve communication and inter-professional relationships between agencies in order to keep children safe

The outcomes that we will achieve are:

- The risk to all children and young people that children's social care is notified about is assessed to enable an appropriate response to ensure their safety and welfare.
- Children, young people and families receive a proportionate response from the agencies or practitioners that are best able to meet their needs and ensure their safety and welfare.

Objective 1.3

Mitigate the risks of harm to children and young people through Child Sexual Exploitation and Child Trafficking.

The key activities that we will take to achieve this are:

- Support the work of the Slough LSCB CSE and Child Trafficking Task and Finish Group through the timely provision of information and resources.
- Review Slough Borough Council's Engage service for children and young people to establish its impact and capacity to support additional numbers of young people who are being sexually exploited and trafficked.
- Produce proposals for a multi-agency service to work with children and young people who are being sexually exploited and trafficked and those who are identified as being at risk of being sexually exploited or trafficked. This should consider opportunities to re-commission and expand the capacity of Engage as well decommissioning Engage and commissioning a new provision.

The outcomes that we will achieve are:

- All children and young people who are identified as being at risk of child sexual exploitation and child trafficking receive support to raise their awareness.
- All key agencies are aware of/able to share information about children and young people who are identified as being at risk of sexual exploitation and trafficking in order to preventative action or intervene early.
- All children and young people who are identified as having been sexually exploited and trafficked receive an immediate and compassionate response.

Objective 1.4

Ensure that young people aged 16-19 are protected from the risks of harm and exploitation due to homelessness.

The key activities that we will take to achieve this are:

- Develop a multi-agency protocol to ensure the prompt identification of young people aged 16-19 who are homeless in order to provide immediate housing and support in order to mitigate the risks of harm and ensure their welfare.
- Develop and implement a multi-agency system for the identification of young people aged 16-19 who are at risk of becoming homeless in order to intervene early to mitigate the risks of homelessness.

The outcomes that we will achieve are:

- All young people aged 16-19 who are identified at risk of homelessness receive appropriate support to ensure that they do not find themselves homeless and at risk.
- All young people aged 16-19 who are identified as homeless receive are provided with a home the same day in order to protect them from harm, while appropriate longer-term support is put in place .

Priority 2: Early Intervention and Prevention (Early Help)

Objective 2.1

Support all partner agencies in the implementation and effective use of the multi-agency Slough Early Help Assessment process to ensure that outcomes improve for children, young people and their families.

The key activities that we will take to achieve this are:

- Deliver multi-agency training in the Slough Early Help Assessment to ensure that all practitioners understand the importance of supporting all children, young people and families with a shared action plan that is focused on outcomes and aims to reduce the interventions and support needed.
- Develop and deliver a multi-agency Train the Trainer programme for the Slough Early Help Assessment to extend the reach and capacity of the multi-agency training programme.
- Identify, train and support Early Help Assessment Champions in all partner agencies to increase the effectiveness of the Team Around the Child (TAC) or Team Around the Family (TAF) and ensure consistency in team membership.

- Design and implement and audit and feedback programme to ensure that all Early Help Assessments include a shared action plan that is focused on outcomes and aims to de-escalate the case.

The outcomes that we will achieve are:

- Reduced numbers of children and young people on CIN plans.
- Reduced numbers of children and young people on CP plans.
- Reduced numbers of children and young people who are looked after.
- 100% of children and young people with an Early Help Assessment Plan have a dedicated Lead Professional.
- Increased numbers of Early Help Assessments completed.
- Improved school attendance for children and young people with an Early Help Assessment.
- Reduced incidents of antisocial behaviour from children and young people with an Early Help Assessment.

Objective 2.2

Agree robust integrated working processes and protocols between all partner agencies to ensure that children, young people and families are identified early and receive timely support.

The key activities that we will take to achieve this are:

- Identify a Lead for Early Help in each organisation who will be the agency representative on the Early Help Board. Their role will be to work with the Head of Service (Early Help) to agree strategic issues such as: priorities for early help; shared understanding and agreed process for referral pathways; service eligibility criteria and type of early help support to be provided.
- Review interagency working protocols for consent, information sharing and thresholds, standards and timeliness.
- Review interagency working processes including roles and responsibilities and understanding of the Slough Early Help Assessment (CAF).
- Agree a common referral form and process.
- Agree a common assessment form and process.

- Develop agreed multi-agency standards and timescales for referrals and information sharing.
- Develop and deliver multi-agency workshops on the One Front Door, new Targeted Support Services and Early Help Collective model for professionals and volunteers.

The outcomes that we will achieve are:

- Children, young people and families receive timely and appropriate support from through more efficient information sharing.
- Children, young people and families are supported by the most appropriate service to meet their needs.
- Services have a positive impact on outcomes for children, young people and families and reduce their vulnerability.

Objective 2.3

Develop and implement an impact assessment tool to be used by all agencies to measure outcomes for children and families engaging with all Early Help Collective services.

The key activities that we will take to achieve this are:

- Review a variety practitioner assessment and peer-assessment tools for use with children, young people and families, including the Outcomes Star, to assess suitability monitoring the impact of Early Help Collective services.
- Implement an impact assessment tool for use with all Early Help work, which enables children and young people to make self-assessments of their progress and enables these to be triangulated by parent/carer and/or practitioner assessments.
- Implement an assessment of child/family vulnerability alongside the impact assessment.
- Implement a reporting process to enable the collection and analysis of data from the universal impact assessment tool.
- Deliver multi-agency training in the use of the adopted universal impact assessment tool to ensure that all agencies and practitioners understand how to use it and collate and report data correctly.

The outcomes that we will achieve are:

- Successful/high impact services and interventions for children and young people can be easily identified.
- Unsuccessful/low impact services and interventions for children and young people can be easily identified and appropriate action taken.
- Live data about children and young people's needs and the impact of services in meeting these needs will be available to inform commissioning practice.

Objective 2.4

Develop the responsive commissioning of Early Help services in Slough.

The key activities that we will take to achieve this are:

- Refresh Slough BC's Early Help Commissioning Strategy in line with identified needs, gaps and duplication in Early Help Collective provision.
- Develop specifications for commissioned services that include requirement to comply with collective processes.
- Ensure that specifications are sufficiently flexible to respond to emerging needs of children, young people and families within the commissioning cycle.

The outcomes that we will achieve are:

- Provision of needs-led services for children, young people and families.
- Strengthened responsibility for monitoring performance across Early Help.
- A responsive needs-led commissioning strategy for Early Help.

Priority 3: Good Physical and Emotional Health

Objective 3.1

To reduce obesity through an evidence-based programme of healthy eating and physical activity, starting with families in Early Years settings and supporting Young People across the life course.

The key activities that we will take to achieve this are:

Breastfeeding

- Commission an extended training programme for peer-supporters in breastfeeding
- Effective monitoring of breastfeeding initiated and sustained at 6-8 weeks in areas of low uptake (which areas/wards)

Weaning

- Promote wider community understanding of the impact of cultural practices (weaning early and to the wrong foods) on weaning outcomes
- Ensure that consistent and relevant messages about healthy eating and physical activity are communicated through the Every Contact Counts programme

Schools Programmes

- Implement the annual school food audit in target schools
- Implement a whole school intervention to improve school meal uptake and improve packed lunch nutrition
- Provide a rolling programme of workshops on healthy eating and physical activity for parents and lunchtime controllers

NEET and Young Carers

- Provide young people who are not in education, employment or training (NEET) with cooking skills, which will also aid employment

The outcomes that we will achieve are:

Breastfeeding

- Breastfeeding rates at 6-8 weeks improve by at least 2% per annum in Britwell and Colnbrook wards (in 2014 and 2015)
- Number of children who are obese when they join Reception year falls by 1% per annum (in 2014 and 2015)
- Number of children who are obese in Year 6 falls by 1% per annum (in 2014 and 2015)

Weaning

Weaning outcomes for 2013-15 have not yet been defined through the commissioning process for the Health Visiting Service.

The CYPPB will need to agree the desired partnership outcomes for weaning outside of the health commissioning process.

Schools Programmes

School programme outcomes are still to be defined through the commissioning process. Outcomes are likely to be based on:

- *knowledge about too much sugar, 5 portions of fruit and vegetables per day and portion sizes before and after Big Food Fight Assemblies;*
- *evaluation of children's knowledge of key messages after practical food preparation sessions (e.g. Food Awareness Week);*
- *audit of packed lunches demonstrates increased nutritional value; and*
- *evaluation of pupil food intake for fruit consumption.*

The CYPPB will need to agree the desired partnership outcomes for school-based healthy eating interventions outside of the public health commissioning process.

NEET and Young Carers

Outcome measures for these programmes have not yet been agreed with Chances 4 Change by the public health team. These are expected to be based on the numbers of Young Carers and NEETs attending courses and the numbers of NEETs assisted to find employment through the programme.

Objective 3.2

To increase young people's knowledge of sexually transmitted infections and provide information and services to enable them to maintain good sexual health.

The key activities that we will take to achieve this are:

- Target Chlamydia testing at young people most at risk of infection.
- Work with GP to engage them in the 3Cs and HIV programme.
- Promote the use of long-acting contraception at GUM clinics and school-based drop-in sessions.
- Promote safe sex and the use of contraception to all young people.
- Communicate the health and wellbeing benefits for mothers and children of delaying pregnancy to post-19 to young people.
- Develop a programme to increase the availability of emergency hormonal contraception.

The outcomes that we will achieve are:

- Increase the rate of young people engaging in Chlamydia testing to 2,300 per 100,000 population with a positivity rate of 5-12%
- Increase the numbers of GP practices participating in the 3Cs and HIV programme to increase access to free condoms, Chlamydia screening and contraception.
- 33% of young women attending GUM/school-based drop-in sessions access long-acting contraception
- Sustain the rate of teenage conceptions below the national rate of 29.2 per 1000
- Increase the numbers of pharmacies distributing emergency hormonal contraception

Objective 3.3

Increase awareness of mental health first aid, challenge stigma and signpost parents and young carers to evidence-based mental health services.

The key activities that we will take to achieve this are:

- Run Mental Health First Aid courses for mothers attending Children's Centres and monitor self-referrals to talking therapies services under the NHS Introducing Access to Psychological Therapies programme
- Run Mental Health First Aid courses for Young carers and Young People who are NEET, and monitor outcomes from self-referrals to talking therapies programmes

The outcomes that we will achieve are:

- 160 BME families participating in Mental Health First Aid programmes to become Mental Health First Aid Champions
- 10 Mental Health First Aid Champions trained as Walk Leaders to offer walking sessions, adopting the Natural England model.

No outcomes or targets have yet been set for Children and Young People are able to access NHS IAPT Talking Therapies courses. This is a new service rolling-out in Slough.

Objective 3.4

Improve the health and wellbeing of children who are looked after by ensuring that they receive timely and effective health assessments.

The key activities that we will take to achieve this are:

- Develop an alternative questionnaire-based approach to health assessment for young people aged 16+ .
- Identify barriers to informing BHFT/CLA Nursing of looked after children and young people requiring health assessments and implement systems to ensure timely notification.
- Ensure that parental consent is obtained to enable health and dental assessments to be completed when required.
- Engage children and young people who are looked after on an individual and group basis to identify ways to improve attendance at health and dental assessments to improve service design and delivery and inform commissioning.
- Increase attendance at annual dental checks for children and young people who are looked after by increasing access to dental services and improving communication with children, young people, carers and professionals about the importance of good oral health.

The outcomes that we will achieve are:

- 100 % of Children Looked After Initial Health Assessments completed within 28 days of entering the care system by September 2015
- 100 % of Children Looked After annual Review Health Assessments completed within timescale by September 2015
- 100 % of Children Looked After annual Dental Checks completed by September 2015

Priority 4: High Quality and Effective Education

Objective 4.1

Increase the registration for and take-up of Free School Meals by eligible families to ensure that children and young people eat lunch and their settings can obtain additional funding to support their learning.

The key activities that we will take to achieve this are:

- Review initiatives across all Slough Schools to increase registration and take-up of Free School Meals to identify good and best practice and barriers to success.
- Develop a campaign to raise awareness of Free School Meals and the Pupil Premium among the Slough Children's Workforce and the importance of eligible families registering.
- Establish baseline data on the number of pupils in Slough Schools who are registered to receive Free School Meals, but do not take them.
- Identify all children and young people resident who are eligible to receive free school meals, but are not registered to do so with Early Years settings and Schools.
- Develop a multi-agency approach to targeting hard to reach families to encourage registration for Free School Meals.
- Establish links with Schools outside Slough attended by children and young people resident in Slough to improve registration for Free School Meals.

The outcomes that we will achieve are:

- Increase the registration rate for Free School Meals by pupils in Slough Schools who are eligible to receive them to 90%.
- Increase the uptake of Free School Meals in Slough Schools by pupils registered to receive them by 50% from the 2013 baseline.
- Ensure that schools claim Pupil Premium payments for all pupils who are registered to receive Free School Meals.
- Ensure that Early Years settings claim deprivation payments from the Local Authority for children who are registered to receive Free Meals.
- Ensure all children aged 2, 3 and 4 who are eligible for Free School Meals and who attend the Children's Centres are offered a free meal at lunchtime.

- Ensure 80% of children aged 2, 3 and 4 who attend a Children's Centre and are registered for a free meal at lunchtime take that meal.

Objective 4.2

Increase the reach of Children's Centres services in Slough's Chalvey and Foxborough wards.

The key activities that we will take to achieve this are:

- Work with all partners to identify families with children under the age of 5 in the Chalvey and Foxborough Wards.
- Work with partners to identify families with children aged 3 and 4 that are eligible for free Early Education places (15 hrs per week/38 weeks) in the Chalvey and Foxborough Wards.
- Work with partners to identify families with children aged 2 that are eligible for free Early Education places (15 hrs per week/38 weeks) in the Chalvey and Foxborough Wards.
- Work with partners to develop creative ways of increasing the numbers of eligible 2 years olds and 3 and 4 year olds in Chalvey and Foxborough accessing free early education at Chalvey Grove and Romsey Close Children's Centres.

The outcomes that we will achieve are:

- 50% of families in Chalvey ward with children under 5 are registered with the Children's Centre
- 40% of families in Foxborough ward with children under 5 are registered with the Children's Centre
- At least 80% of eligible 2 year olds in Chalvey ward access free early education.
- At least 80% of eligible 2 year olds in Foxborough ward access free early education.

Objective 4.3

Increase the school readiness of all children attending Children's Centres and Early Years Settings in Slough's Chalvey and Foxborough wards.

The key activities that we will take to achieve this are:

- Work with Children's Centres, schools, other Early Years settings and partners to review the wider determinants of school readiness.
- Develop a programme to inform all members of the children's workforce about sending key messages to parents and carers about supporting their children's development during any interactions.

The outcomes that we will achieve are:

- 50% of children in Chalvey achieve a good level of development at the end of the Early Years Foundation Stage.
- 50% of children in Foxborough achieve a good level of development at the end of the Early Years Foundation Stage.

Objective 4.4

Increase attainment at Key Stage 2 for all pupils attending Montem Primary School and Foxborough Primary School.

The key activities that we will take to achieve this are:

- Work with schools and partners to review the wider determinants of success at Key Stage 2 (Level 4+ in Reading, Writing and Mathematics).
- Develop a range of multi-agency interventions and school-based support for pupils and families to increase those attaining Level 4 or above in English and Maths at Key Stage 2.
- Take a multi-agency approach to working with children and families outside school to increase those attaining Level 4 or above in English and Maths at Key Stage 2.

The outcomes that we will achieve are:

- 75% of pupils in each school attain at least Level 4 in English and Maths in Key Stage 2.

- No attainment gap between pupils eligible for Free School Meals and their peers in English and Maths at Key Stage 2.
- No attainment gap between pupils who are looked after and their peers in English and Maths at Key Stage 2.
- 55% of pupils with Special Educational Needs attain at least Level 4 in English and Maths at Key Stage 2.
- No attainment gap between ethnic minority pupils and their peers in English and Maths at Key Stage 2.

Priority 5: Support for Young People

Objective 5.1

To develop a new approach to the identification, assessment and planning for children and young people with SEND aged 0 to 25.

The key activities that we will take to achieve this are:

- Develop effective integrated working between education, health and care services to support early identification of children with SEND and a joined up assessment process.
- Develop a person-centred, outcome-focused Education, Health and Care (EHC) Plan modelled on the Early Support principles.
- Develop a methodology to support implementation of personal budgets for children and young people with EHC Plans.
- Ensure that the Children's Partnership Board can meet the requirements of the Disabled Children's Charter on behalf of the Health and Wellbeing Board.

The outcomes that we will achieve are:

- Person-centred, outcome-focused Statutory Education, Health and Care (EHC) Plan coproduced with CYP, their parent/carers, and all professionals involved in their support.
- Personal budgets for those CYP with Statutory EHC Plans who choose to manage their own support.
- CYP who have statements will be transferred into EHC Plans (deadline for which to be confirmed by regulations).

- Person-centred, outcome-focused non-statutory EHC (Early Help) Plan coproduced with CYP, their parent/carers and all professionals involved in their support.

Objective 5.2

To develop the Local Offer (Education, Health and Care) and joint commissioning for children and young people with SEND and their families, as described in the Children and Families Bill.

The key activities that we will take to achieve this are:

- Scope the Local Offer of education, health and care services for children and young people with special educational needs and disabilities.
- Produce a Local Offer that is accessible, transparent and comprehensive and is co-produced with families.
- Map work on the Local Offer to the completion of the Joint Strategic Needs Assessment and develop the joint commissioning arrangements with the Clinical Commissioning Group (duty within the Children and Families Bill).

The outcomes that we will achieve are:

- Publish Slough's accessible, transparent, comprehensive and co-produced (with parent/carers) Local Offer of education, health and care services for children and young people with SEND by September 2014.
- Streamlined joint commissioning process for education, health and care provision for all CYP with SEND (not solely for those who meet criteria for statutory EHC Plan).

Objective 5.3

To ensure that a seamless transition pathway exists for young people with SEND and care leavers and that they are prepared for independence, adulthood and employment.

The key activities that we will take to achieve this are:

- Review the existing transition pathway for young people with SEND and Care Leavers.
- Identifying and developing employment opportunities in Slough for young people with SEND and those leaving care, and supporting their transition into paid employment.

- Identifying suitable homes in Slough for young people with SEND and those leaving care and supporting their transition to independent living, including access to leisure opportunities.
- Workforce development for the new 0 – 25 years age range specified in the Bill.
- Identifying and developing employment opportunities in Slough for young people leaving care and supporting their transition into paid employment
- Identifying suitable homes in Slough for young people with LDD and those leaving care and supporting their transition to independent living.

The outcomes that we will achieve are:

- Increase in the number of young adults and adults with SEND, or leaving care, who are able to live in Slough and access leisure opportunities.
- Increase in the number of young people and adults with SEND, or leaving care, who are able to find employment in Slough.
- Increase the number of young people and adults with Personal Budgets.

Cross-cutting Developments

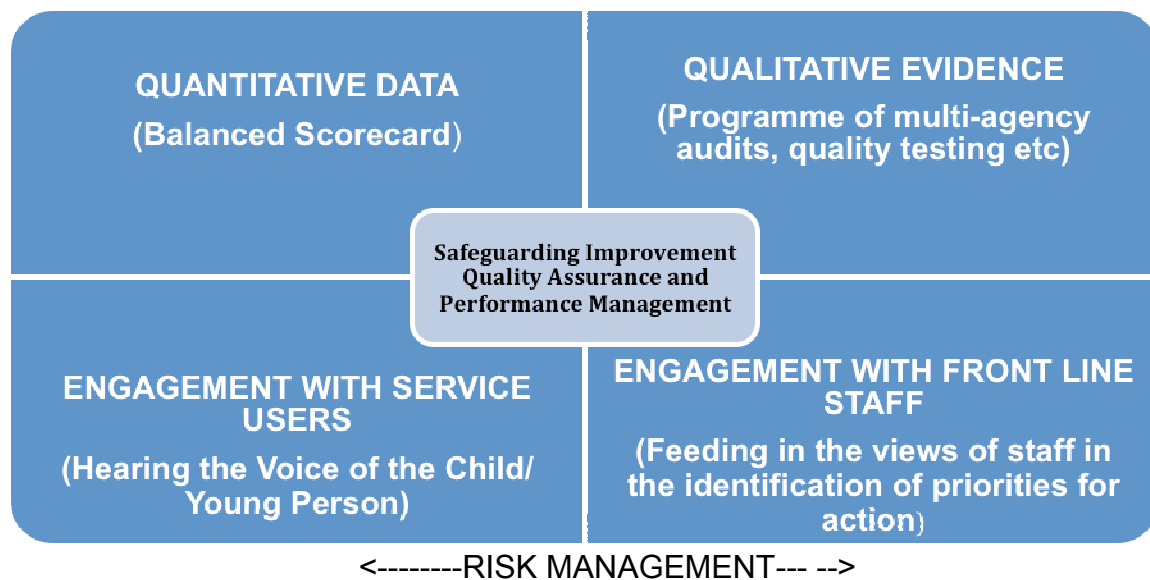
The CYPPB has identified a number of cross cutting priorities for the coming year. These aim to strengthen the partnership and its impact on outcomes for children and young people, specifically to address some of the issues that arose as a result of the Peer Review that took place in November 2012.

The cross cutting issues that will feature as priorities in 2013-15 are:

- Development and implementation of a Board performance scorecard;
- Implementation of a Joint Commissioning Strategy;
- Implementation of a partnership Children and Young People's Workforce Development Strategy;
- Development and implementation of a partnership Children and Young People's Engagement and Participation Strategy; and
- Development of a CYPPB Communications Strategy and Action Plan.

Performance Management and Quality Assurance

Following the Peer Review undertaken in November 2012, the CYPPB and SLSCB agreed a conceptual framework within which the safeguarding improvement QA and PM arrangements would sit. This comprised four 'quadrants' as follows:



This framework for the quality assurance and performance management of safeguarding in Slough will secure both robust scrutiny and monitoring of performance and coherent and co-ordinated arrangements across the three key elements of the safeguarding improvement governance structures:

- Slough Borough Council Children's Social Care (CSC)
- Slough Children and Young People's Partnership Board (CYPPB); and
- Slough Local Safeguarding Children Board (SLSCB).

This is an approach already adopted by the SLSCB, but one which will be applied across all safeguarding improvement work overseen by the Safeguarding Improvement Board. The CYPPB will use this framework to performance manage and quality assure all aspects of its work across the five Priorities of the CYPP – not only the Stay Safe and Early Help Priorities, which have the most direct relationship to safeguarding.

The CYPPB will therefore use five frameworks, one for each Priority, to report relevant quantitative and qualitative data to ensure safeguarding improvement and enable performance management and quality assurance of the delivery of its objectives.

A number of key principles underpin the new arrangements:

- quality assurance and performance management data and information should be collected only once – by the agency or body identified as lead for this area of QA and PM in this framework document;

- the agency or body that collects the information will be responsible for analysis of the data;
- analysis must enable other forums to recognise and understand the reasons for success and enable them to focus their attention on remedial action required to address performance concerns;
- analysis of QA and PM information may then be shared with other agencies/bodies where this analysis informs their business and contributes to their ability to test outcomes and impact relevant to their strategic priorities;
- there is an expectation that Partnership agencies will selectively draw on QA and PM information that is already collected by agencies – only in very exceptional cases will agencies create additional indicators; and
- the QA and PM framework will be continually reviewed to reflect agencies changing national quality assurance and performance management arrangements (e.g. the current changes to health sector arrangements in light of the transition to CCGs and Area Teams).

The CYPPB's Performance and Quality sub-group will be responsible for collating the data, including explanatory narratives for quantitative data, from the identified performance leads in partner agencies. In turn, partners have a duty to share reliable data in a timely manner with the sub-group and to flag any issues in obtaining or sharing data at the earliest opportunity.

Most quantitative data will be reported quarterly in arrears, with monthly analysis where possible. Some quantitative data is collected and reported less frequently (e.g. school attainment data) and frequency of quantitative data collection and reporting will vary by type and agency.

The Performance and Quality sub-group will work with partners to establish baselines, targets and positive directions of travel for indicators, where these do not already exist, to enable exceptional reporting to the Board from the large dataset.

Governance arrangements

Revised Terms of Reference have been drawn up to support the further development of the CYPPB and increase its effectiveness and impact are available at **(online appendix?)**.

There is a multi-agency group for each of the five Priority work streams, which are directly accountable to the CYPPB for achieving the objectives for each Priority in the CYPP. These groups are described below and may set-up their own Task and Finish sub-groups, which are accountable only to them and managed by them.

The CYPPB has established two cross-cutting sub-groups that function across all areas of work. The Joint Commissioning Group to oversee the development and execution of the partnership's Joint Commissioning Strategy and the Performance and Quality sub-group oversees Performance Management and Quality Assurance work for the Board.

The CYPPB and SLSCB also share four joint sub-groups, which work for both Boards:

1. Joint Quality and Performance sub-group
2. Joint Workforce Development sub-group
3. Joint Participation and Engagement sub-group
4. Joint Communications sub-group

[Insert schematic diagram]

Participation and Engagement

“We’re good at joining in: we bring energy, activity, excitement, imagination, talent, new things. We have so much hope; there is so much possibility.”

Article 12 of the United Nations Convention on the Rights of the Child states that all children have the right to be consulted and to have their opinion heard on any decision that affects them. In Slough we recognise that the voice of children and their families is central in everything we do. We believe that if we are to get it right for children we have to listen to their aspirations, fears, needs and concerns.

The CYPPB and SLSCB have established a joint Participation and Engagement Sub-group to ensure that children and young people are able to participate are three levels.

1. **Strategic** (e.g. consulting on key plans with representative groups of young people such as Slough Youth Council).
2. **Community of Interest** (e.g. with specific groups of children and young people such as children in care council, disabled children’s groups. BME groups, schools councils).
3. **Point of access** e.g. direct engagement of children, young people and their families as they receive services through individual questionnaires, surveys face to face feedback.

Slough’s participation strategy is set out in the CYPPB and SLSCB Children and Young People’s Participation and Engagement Plan 2013-15, which has been produced by the joint sub-group.

The Joint Participation and Engagement Sub-group will coordinate and support the consultation and engagement of children and young people in Slough by all partnership organisations. Partners will share details of their planned engagement activities through the joint sub-group to ensure that they meet agreed participation standards. This is also essential to avoid duplication, repetition and over engagement of the same groups, which can lead to unrepresentative feedback and consultation fatigue for children and young people.

In Slough we believe that our participation work with children and young people should ensure that:

- a wide variety of children and young people’s voices are listened to;
- children and young people understand what impact they can have, before they participate in any engagement activities;
- children and young people are kept informed of what happens next; and
- creative ways are sought to engage children and young people (we do not just use questionnaires and surveys, because they are easy for us to use).

“Participation and engagement look like the future and taste like freedom.”

CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP BOARD

TERMS OF REFERENCE

1. Introduction

1.1 The Children and Young People's Partnership Board (CYPPB) is responsible for co-ordinating the development and delivery of programmes of work, set out in the Children and Young People's Plan, and other local and national policy objectives, that deliver the health and wellbeing strategic priorities agreed by the Slough Wellbeing Board, and other national requirements, to meet the needs of children young people and their families resident in Slough. The CYPPB is constituted as one of the Priority Delivery Groups which work with the Slough Wellbeing Board (see (2) below).

1.2 CYPPB Purpose and Objectives

The CYPPB aims to support all our children and young people growing up in Slough to enjoy life, achieve through learning, be proud of where they live and be valuable members of the community.

The CYPPB will work to promote, develop and promulgate child and family-centred, outcome-led services for all children and young people.

The CYPPB will ensure that collectively partners improve outcomes for children and young people through delivering the objectives in the refreshed Children and Young People's Plan and the Slough Wellbeing Strategy (see below).

The CYPPB's role is to:

- Provide strategic leadership to the delivery of high quality services across the partnership that meets the needs of local children and young people.
- Provide strategic direction and focus to achieve continuous improvement: improvement in outcomes for children and young people and in the experience of children and young people of services directly provided delivered and commissioned, acting upon local performance data, good practice and inspection findings, and in particular the Ofsted Inspection of Safeguarding and Looked After Children and Peer Reviews.
- Agree and set the vision and priorities through the Children and Young People's Plan.
- Listen to children and young people and their families through the development of effective consultation, engagement and participation.
- Work as a Priority Delivery Group (see (2) below, reporting to the SWB at least annually on areas of the JSWS for which the CYPPB holds lead responsibility. These reports should also highlight any other areas of the CYPPB's work which the Board may be able to support, as well as identifying issues and priorities which may need to be reflected in the Strategy and/or the Board's future work programme.
- Agree the desired outcomes of the Children and Young People's Plan and monitor progress against these.
- Promote effective joint working arrangements between professionals delivering front facing services, and sound governance within each statutory partner agency/service.

- Review and act upon performance information and other local data, good practice and inspection findings, and in particular the Ofsted announced inspection of Safeguarding and Looked After Children and Peer Reviews.
- Ensure an effective relationship with the Local Safeguarding Children Board according to local protocols (see 1.6, below, to promote and protect the wellbeing of children who are at risk of harm, reporting to the LSCB as required.
- Promote collaborative commissioning of services, ensuring robust inter-agency governance of commissioned services.
- Work with other PDGs to support the effective delivery of cross cutting priority objectives common to more than one PDG.
- Maintain an overview of the changing landscape for children's services and its impact on all partner agencies.
- Report to the SWB at least annually on areas of the JSWS for which the CYPPB holds lead responsibility. These reports should also highlight any other areas of the CYPPB work which the Board may be able to support, as well as identifying issues and priorities which may need to be reflected in the Wellbeing Strategy and/or the Board's future work programme.
- Work with other subgroups of the Wellbeing Board, (known as Partnership Delivery Groups) to support the effective delivery of cross cutting priority objectives common to more than one sub group.

1.3 **CYPPB Priority Objectives**

The CYPPB has set out in the Children and Young People's Plan the following priority objectives:

- Priority 1: Stay Safe
- Priority 2: Early Intervention
- Priority 3: Good Physical and Emotional Health
- Priority 4: High Quality and Effective Education
- Priority 5: Support for Young People

The Board has also agreed the following underpinning priorities for development during 2013/14:

- Review and implementation of a Joint Commissioning Strategy.
- Review and implementation of Children's Workforce Development Strategy.
- Development of a CYPPB Communication Plan.
- Development of a Slough Children and Young People's Engagement and Participation Strategy.
- Development of a CYPPB/SLSCB Partnership Quality Assurance and Performance Management Framework with.

2. Relationships with other Boards

2.1 **Slough Wellbeing Board**

The Slough Wellbeing Board (SWB) is the top strategic partnership board between The Council and Statutory Partners. The board holds the statutory functions of Health & Wellbeing Boards as set out in the Health & Social Care Act, and sets the top strategic priorities to improve the health and wellbeing of the residents of Slough.

The SWB is responsible for directing the development and implementation of the Joint Slough Wellbeing Strategy (JSWS).

2.2 **Priority Delivery Groups (PDGs)**

A network of Priority Delivery Groups act as the vehicle for the delivery of the priorities set out in the Slough Wellbeing Strategy. A key purpose of these partnership groups is to provide specialist strategic leadership to drive the development of work programmes required to implement key aspects of the Strategy and to inform its future direction. The CYPPB is one of these PDGs. PDGs report to the SWB at least annually and will provide reports from one PDG to another to support the effective delivery of cross cutting priority objectives when they are common to more than one PDG.

It may be necessary for two or more PDGs to work together to achieve particular outcomes. In such instances, the responsibility for delivering the relevant target/priority objective, will stay with the named lead officer who will agree with the relevant officer in the other PDGs the approach to achieving a co-ordinated response.

2.3 **Slough Local Safeguarding Children Board (SLSCB)**

The SLSCB's role is to ensure the effectiveness of the arrangements made by individual agencies and the broader partnership to safeguard and promote the welfare of children.

The SLSCB will:

- Take responsibility for monitoring action to improve safeguarding including action plans arising from Serious Case Reviews.
- Hold the CYPPB to account on matters of safeguarding in all its activities, providing appropriate challenge on performance and results of performance indicators.
- Feedback learning from Serious Case Reviews and ensure that the lessons are learnt.
- Highlight gaps in service for the CYPPB to consider as part of its joint commissioning processes.
- Provide six monthly reports on its findings from its scrutiny activity to the Children and Young People's Partnership Board, including the annual report.
- Undertake audits and feedback results to the CYPPB, advising on ways to improve and highlight areas of underperformance.

2.4 In relation to the SLSCB, the Children's Partnership Board's will:

- Consult the Slough Local Safeguarding Children Board (SLSCB) on issues which affect how children are safeguarded and their welfare promoted.
- Ensure the SLSCB is formally consulted during the development of the Children and Young People's Plan.
- Take note of recommendations and identified areas for improvement made by the SLSCB and report back to the SLSCB on subsequent progress.
- Ensure the SLSCB is formally consulted during the development of the Children and Young People's Plan.
- Invite the Chair of the SLSCB to attend CYPPB meetings particularly in relation to relevant safeguarding items.

- Ensure that messages and information provided by the SLSCB are appropriately disseminated within CYPPB member organisations.
- Take an overview of the SLSCB's activities as part of its monitoring arrangements, as the work of the SLSCB falls within the framework of the Children & Young people's Plan.

2.5 **Partnership Executive Group**

There is also a smaller, executive group involving all key organisations/departments which meets between CYPPB meetings to progress work streams and resolve any issues. The meeting is chaired by the Director for Wellbeing and minutes and feedback from these meetings is reported to the CYPPB as appropriate.

2.6 **Relationship with the Improvement Board**

The Slough SLAC Improvement Board has been established to oversee the Improvement Plan developed following the Ofsted announced inspection of Safeguarding and Looked After Children which took place in April 2011.

The work of the CYPPB supports delivery of Theme 2 of the Improvement Plan (Delivering an Effective Children and Young People's Partnership Board) and as such the CYPPB is required to provide regular reports to the Improvement Board on its overall progress. This will include reporting on the four underpinning work streams set out above, all of which feature in the Improvement Plan under this theme.

In addition, two of the CYPPB's above objectives form part of the Improvement Plan and are therefore also reported to the Improvement Board. These are:

- Stay Safe Objective – aligned with Theme 1 of the Improvement Plan (Social Care Practice)
- Early Intervention and Prevention Objective – aligns with Theme 4 of the Improvement Plan (Early Intervention and Prevention)

It is also the aim of the CYPPB to provide the strategic leadership for continuous improvement.

2.6 **Other groups**

Members of the CYPPB-PDG will also be expected to liaise with other established partnerships and/or working groups to achieve particular outcomes as required.

3. **Accountability**

The CYPPB will report to the Slough Wellbeing Board, be held to account by the SLSCB in relation to safeguarding matters, and may be called to report to the Education and Children's Services Scrutiny Panel.

Member organisations are also accountable to their own organisation's governance arrangements, each partner retaining their own statutory responsibilities and lines of accountability for safeguarding and promoting the welfare of children.

Any recommendations made by the CYPPB that fall outside its delegated powers will be submitted to the Council or governance bodies of other member organisations for consideration and approval, as appropriate. Where issues relate to the JSWS, these

may also be passed to the SWB for resolution. The role and responsibilities of members is discussed in section 4 below.

4. Membership

4.1 To ensure consistency of focus and purpose, the core membership of the CYPPB will be limited to around 8 -15 members. Given the role and remit of the CYPPB, its core membership will be drawn from a strategic level from within each partner organisation.

4.2 Current membership is as follows:

SECTOR	JOB TITLE	ORGANISATION
POLICE	Chief Inspector, Deputy Commander	Thames Valley Police
HEALTH	Deputy Director of Nursing / Slough Locality Director	Berkshire Healthcare Foundation Trust
	Commissioning Manager	NHS Commissioning Support Unit
INDEPENDENT CHAIR SLSCB	Independent Chair	SLSCB
VOLUNTARY SECTOR	Strategic Partnership Manager	Slough CVS
SCHOOLS/COLLEGES	Secondary School Rep	Beechwood
	Principal EBC	East Berkshire College
	Head Teacher	Marish Primary School
SLOUGH BOROUGH COUNCIL	Cabinet Commissioner for Education and Children's Services (CHAIR)	SBC
	Strategic Director Community and Wellbeing	SBC

4.3 In addition, the CYPPB has the following attendees:

JOB TITLE	ORGANISATION	REASON FOR ATTENDANCE
Consultant in Public Health	SBC	Public Health Lead for Children's Services and lead for CYPPB Objective 3 (Good Physical and Emotional Health)

Interim Children's Services Policy Officer	SBC	Manages CYPPB
Performance Manager	SBC	Performance Lead
Assistant Director, Inclusion	SBC	Lead for CYPPB Priority 4
Assistant Director Children's Services	SBC	Lead for CYPPB Priority 1
C& YP Health Improvement Co-ordinator	SBC	Commissioning Lead
Head of Children with Additional Needs	SBC	Lead for Priority 5
Development Manager Children's Centres	SBC	Lead for Children's Centres

4.3 To ensure consistency of focus and purpose, the core membership of the CYPPB will be limited to between 10-15 members. The CYPPB core membership will be drawn from a senior 'officer' level within each partner organisation. The seniority of membership will enable key decisions to be made on behalf of the organisation or group of organisations represented, and resources to be committed to support the work of the Board.

4.4 Consistency in core membership will be maintained by members. Thus, once a partner organisation has committed itself to joining the CYPPB, substitute or alternative representatives may only attend for a specific purpose and with the pre-agreement of the Chair. Any substitute or alternative representatives must have the authority to make decisions on the core member's behalf.

4.5 Members are responsible for:

- Carrying out responsibilities on behalf of their organisation or agency or groups of related agencies to deliver the objectives agreed by the CYPPB.
- Contributing staff time and other resources to the work programmes of the CYPPB, including (where necessary) the delivery of assigned JSWS related priorities/targets/activities/projects.
- Sharing information with their own agencies and constituent organisations within the sector, and reporting information & outcomes back into the CYPPB.
- Securing a mandate to make decisions about CYPPB activities on behalf of their own agencies and constituent organisations within the sector.
- Contributing performance and other data from their own agency/ representative services, in a timely manner to enable the CYPPB to monitor outcomes and achievements, including the agreed balanced score card.
- Undertaking, responding to and leading engagement and participation activities & programmes with children and young people to deliver the CYPPB Engagement and Participation strategic plan.
- Undertaking, responding or brokering a response on behalf of their agencies and constituent organisations to any consultations required to support the work of the CYPPB.

- Compiling and presenting reports to the CYPPB that enable the board to deliver its agreed objectives and demonstrate robust governance and transparency.
 - Responding to CYPPB matters outside of PDG meetings including problem solving.
 - Undertaking research on behalf of the CYPPB as required.
- 4.6 Membership will be reviewed annually in the final quarter of each financial year.
- 4.7 Other interested parties and stakeholders will be engaged, where appropriate and necessary, to act as consultees, occasional attendees and/or advisors to the Group.
- 4.8 **Appointment of Chairperson and Vice Chairperson**
The Children and Young People's Partnership Board will be responsible for nominating a Chairperson and Vice Chairperson. Chairs will be appointed for a period of one year, although sitting Chairs can be reappointed for subsequent periods. Members will elect the Chair through a vote taken at a meeting.
- 4.9 **Role and responsibility of the Chair**
The Chair with support from the nominated policy team support officer will be responsible for facilitating the effective functioning of the CYPPB including:
- Chairing meetings
 - Approving agendas
 - Allocating and following up actions as appropriate
 - Nominating Board members to report to the SWB and SLSCB as required.
- 4.10 **Role of Vice Chair**
The vice-chair will carry out the chair's duties in his or her absence, with the acknowledgement of the CYPPB as being capable and appropriate to do so.
- They will also:
- Provide support and assistance to the chair in carrying out his or her responsibilities
 - Act as a 'critical friend' and sounding board for the chair,
 - Take on specific responsibilities from the chair,
 - Be open to approaches, where appropriate, from other members about the work or judgement of the chair and discuss any issues arising with the chair.
- 4.11 **Role and responsibility of the Children's Services Policy Officer**
The Children's Services Policy Officer will:
- Support the Board Chair in agenda setting and coordination of the Board activity.
 - Support the named priority programme leads to service the CYPPB subgroups, to include:
 - a) Co-ordinating delivery plans and work programmes.
 - b) Monitoring performance against agreed targets and milestones
 - c) Providing regular progress reports to the CYPPB
 - Coordinate and maintain the forward plan for the Board.
 - Undertake research, provide policy advice, and summary reports, with recommendations, to the Board on national and local policy initiatives and best practice.
 - Review and refresh the Children and Young People's Plan annually.

- Compile reports to the SWB on the work and achievements of the Board including performance against agreed targets and milestones.
- Compile reports to the Improvement Board on progress against actions included in the Improvement Plan (see 1.7, above)
- Work collaboratively with the LSCB Business Manager to ensure reports to the LSCB and actions/information arising from the LSCB are shared in accordance with Section 1.6 (above)
- Work with other PDGs as required to ensure the coordination of work programmes

4.12 **Code of conduct**

All CYPPB members and attendees will act and behave in a manner which accords with their professional and organisational values, principles and code of conduct.

4.13 **Attendance**

If any member consistently fails to attend a meeting, give apologies or nominate a suitable replacement, the Chair reserves the right to discuss their position on the Group with other members of the CYPPB and/or their host agency or organisation and agree appropriate action.

4.14 **Termination**

A member may terminate their position on the CYPPB by formally writing to the Chair and detailing the reasons behind their decision to leave the Board.

5. **Working arrangements**

5.1 **Frequency of meetings**

The CYPPB will meet 4 times a year. A forward programme of dates for 2013/14 has been drawn up and agreed by the Group.

5.2 **Administration**

The Children's Services Policy Officer will be responsible for arranging for the administration of all meetings, including the provision of meeting venues which are compliant with the Equalities Act 2010, the preparation of meeting notices and agendas and the circulation of CYPPB minutes, forward plans and action logs.

Items for each agenda may be submitted to the Policy Officer not later than fourteen days before each scheduled meeting.

Urgent items will be included by agreement of the Chair.

5.3 **Agendas and Reports**

Agendas and associated papers and reports will be circulated five working days before a meeting is held. The CYPPB will develop a work plan setting out programmed agenda items for the year ahead.

5.4 **Decision making**

Decisions taken by the CYPPB will be consensual. If a consensus cannot be reached the CYPPB members will take a vote on the issue and it will be decided by a simple majority. In the event of a tied vote the Chair will cast the deciding vote.

5.5 **Quorum**

A quorum of the board will be one-third of the membership but must include the Chair, Vice Chair or someone nominated on their behalf.

5.6 **Recording the decisions of the CYPPB**

Decisions made by the CYPPB will be recorded in writing by the nominated administrative support officer.

Minutes of the CYPPB meetings will be published on the Children and Young People's Partnership Board website:

<http://www.sloughchildrenstrust.org.uk>

To encourage transparency, the work of the CYPPB will be promoted within the public domain through:

- Web pages /Website
- Newsletters
- Press releases
- Seminars / workshops / meetings

6. **Sub-groups**

6.1 Sub groups will be established as required to deliver the priorities of the Children and Young People's Plan and related local and national priority objectives. Sub groups will have a nominated sponsor and a project lead. Sub groups will exist to deliver agreed work programmes and outcomes, and will be time limited. Subgroups will work collaboratively where benefit in delivering outcomes through the most effective use of resources is evident.

6.2 The sub-groups agreed at September 2013 are:

1. Priority 1: Stay Safe
2. Priority 2: Early Help
3. Priority 3: Good Physical and Emotional Health
4. Priority 4: High Quality and Effective Education
5. Priority 5: Support for Young People
6. Workforce Development
7. Commissioning
8. Quality and Performance (to be established jointly with SLSCB)
9. Communication (Joint CYPPB/SLSCB sub-group)
10. Participation and Engagement (Joint CYPPB/SLSCB sub-group)

6.3 Further sub-groups or time-limited Task and Finish groups may be convened by the CYPPB and will be responsible for the delivery of targets and objectives assigned to them.

6.4 Sub-groups will provide an update on activities to each CYPPB meeting.

7. **OTHER MATTERS**

7.1 **Performance reporting requirements**

As described in Section 1.4 (above), the CYPPB will provide regular performance and progress updates showing the delivery of the JSWS targets and its own work

programme to the SWB. It will also report to the Improvement Board on progress against Improvement Plan actions.

To support this, the Chair will work with the CYPPB's support officer and the Council's performance team to ensure that effective systems are in place to enable:

- monitoring and analysis of the CYPPB's performance against agreed targets including the achievement of any trajectory predictions or milestones set for the Group;
- monitoring of progress of the priority programme delivery plans
- the production of timely and fit for purpose reports
- the development of the annual evaluation report to the SWB on the work of the Group

7.2 **Risk Management**

The Children's Services Policy Officer will develop and manage a dedicated Risk Management Plan and Risk Register on behalf of the CYPPB using the Council's Partnership Governance Toolkit. The register will be updated as a minimum every six months. The Risk Management Plan and Risk Register will specify who is responsible for managing risk on behalf of the CYPPB and its sub-groups.

7.3 **Partnership review arrangements**

The SWB will undertake a self-assessment of its Partnership governance arrangements annually. The CYPPB will be expected to contribute to this review and commit to the implementation of any recommendations which may emerge from the findings. Separate reviews of the CYPPB may also be conducted periodically.

7.4 **Dispute Resolution**

Should any member have a complaint or conflict with another member of the CYPPB, or a member of the SWB, that they are unable to resolve, they will be expected to raise the issue with the following people and in the following order:

Stage 1: CYPPB Chair

Stage 2: Chair of the SWB

Where a complaint cannot be resolved to the complainant's satisfaction at stage 1, it will be progressed to stage 2.

7.5 **Equalities**

The Chair will work with members to meet national equality and diversity duties/requirements/responsibilities.

7.6 **Exit strategy**

The Children's Services Policy Officer will develop an exit strategy on behalf of the CYPPB if required.

7.7 **Changes to the Terms of Reference**

These Terms of Reference will be reviewed annually. The SWB will be required to sign-off the Terms of Reference of the CYPPB and any amendments to these.



Annual Report
of the
Slough Local
Safeguarding Children
Board

2012/13

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Appendices

Appendix 1: Membership of SLSCB Sub-Groups and Task and Finish Groups

Appendix 2: SLSCB Business Plan 2013/16

Appendix 3: SLSCB Scorecard 2012/13

Appendix 4: Slough Safeguarding Improvement Board CSC Scorecard 2012/13

Appendix 5: Action Log for Recommendations of C4EO review of the SLSCB (March 2013)

1. Foreword from Independent Chair

I am pleased to present my second Annual Report of the Slough Local Safeguarding Children Board (SLSCB) for 2012/13.

Publication of an annual report has been a requirement of LSCBs since 2009 and this is the fourth such report to be published in Slough.

The key purpose of the Annual Report is to assess the impact of our work to safeguard and promote the well-being of children and young people in Slough. Specifically it is intended to report on our performance in delivering the objectives set out in the SLSCB Business Plan for the year. It highlights the successes and identifies continuing challenges and development needs that now form the focus of our Business Plan for 2013-16, the priorities for which are covered in the final section of this annual report.

Our Business Plan priorities for 2012/13 drew on the:

- Safeguarding Improvement Plan put in place after the Ofsted inspection of April 2011;
- recommendations of the review of the SLSCB that were agreed by the Safeguarding Improvement Board in January 2011;
- outcomes of the Peer Review undertaken in November 2012.

In addition the SLSCB has targeted its activity on those areas identified as key risks to the safeguarding and welfare of children and young people that arose from our needs analysis undertaken before agreeing our priorities for action in 2012/13.

Our priorities for 2012/13 were:

IMPROVED EFFECTIVENESS OF SAFEGUARDING PRACTICE IN SLOUGH

Activities which lead directly towards an improved outcome for a child/young person

Key outcomes:

- **To improve the effectiveness of Early Help to reduce the number of children and young people requiring formal child protection interventions**
- **To provide effective support to those children and young with child protection plans and those looked after**
 - **Reduction in key risk areas in Slough**

IMPROVED EFFECTIVENESS OF THE SLSCB

Process based factors which will result in an LSCB which is fit for purpose

Key outcomes:

- **Improved effectiveness and efficiency of the SLSCB and its sub-groups**
- **Effective communication and engagement with children, young people and communities in Slough, with partner agencies and their front-line staff and with other partnerships**
 - **A workforce able to deliver our priorities for action**

Our performance against each of these priorities is set out in detail in this report.

In November 2012 we received an external view of our effectiveness during a Peer Review. There were some positive judgements on the progress that we have made in our improvement journey which included comments that:

- The SLSCB is working effectively, demonstrating increasing levels of professional challenge and accountability across the partnership
- The development of a streamlined balanced scorecard is helping the SLSCB to monitor and challenge performance
- Level of commitment of all partners to SLSCB is good and the independent chair has brought energy, focus and impetus to its development
- A climate that supports professional challenge has been created at the SLSCB and improved its effectiveness
- There has been a clear and focused partnership approach to child sexual exploitation and the protocol is improving identification
- Positive examples of partnership working between police, health and social care relating to domestic abuse
- There is a strong and clear commitment to the safety and wellbeing of children and young people by the children's workforce

The review also identified the need to build on this progress and to secure further development particularly in relation to the identification of impact on service quality and on safeguarding outcomes for children and young people. The need to better hear the 'voice of the child' in our work was also a strong message. These issues have been the focus of our attention since the review and are firmly planted in our Business Plan 2013-16.

Our work to transform the SLSCB and its effectiveness has taken place at a time of significant change for many constituent partner agencies. All those engaged in the work of the Board have faced significant financial challenge during the period covered by this annual report. Others, in particular the health sector, have moved through a major change process with the transition from PCTs to CCGs. In addition colleagues in Thames Valley Police have seen the election of the first Police and Crime Commissioner for the Thames Valley.

I would like to thank all members of the SLSCB and its sub-groups for their continued commitment to the Board and their sustained motivation and enthusiasm in driving forward improvement, particularly given the major challenges each has faced across the past year. Together we have put in place the foundations of what I believe has become a more effective and efficient Board that is beginning to secure effective safeguarding of the children and young people of Slough and contributes to effective co-ordination between the agencies that form part of the SLSCB. These are our key purposes and we are determined to ensure that we positively impact on both.

In addition I would also wish to thank staff across the partnership for the work that they have done to improve the effectiveness of safeguarding in Slough and to secure improved outcomes for the children and young people of the Borough.

I trust that this report will enable you to recognise the success that we have achieved during 2012/13 and to understand the continuing challenges that will form the core of our Business Plan for 2013-16.

Paul Burnett

Independent Chair, Slough Local Safeguarding Children Board

2. EXECUTIVE SUMMARY

To be completed when the main report is approved.

3. BOARD MEMBERSHIP 2012/13

Name	Title	Organisation
Paul Burnett*	Independent Chair	
Louise Asby	Community Safety Manager	Slough Borough Council
Neil Aves	Assistant Director, Housing	Slough Borough Council
Damodara Baliga	Lay Member	Community Representative
Nancy Barber*	Director of Nursing	Berkshire Healthcare Foundation Trust
Jill Barker/Susannah Yeoman*	Director of Slough Locality	Berkshire Healthcare Foundation Trust
Virginia Barrett	Deputy Principal	East Berkshire College
Simon Broad	Operations Manager, Community Well-Being	Slough Borough Council
Jesal Dhokia	Children and Young People's Development Worker	Slough CVS
Caroline Dulon*	Headteacher	Ryvers Primary School
Christine Etheridge	Children, Young People and Maternity Lead	NHS South of England
Janine Edwards	Scheme Manager	Home Start, Slough (CVS)
Kitty Ferris*	Assistant Director, Children, Young People and Families	Slough Borough Council
Helen Huntley*	Headteacher	Haybrook College
Shelley LaRose	Head of Service, Slough YOT	Slough Borough Council
Councillor Natasa Pantelic/Councillor Pavitar Mann* (Observer status)	Cabinet Commissioner Education and Children	Slough Borough Council
Mansfield, Margaret	Named Nurse for Safeguarding Children	Heatherwood and Wexham Park Hospitals Trust
Julie Penney*	Interim Service Manager	CAFCASS
Jim Reeves*	Detective Chief Inspector	Thames Valley Police
Harish Rutti	Lay Member	Community Representative
Bev Searle/Julie Curtis*	Director of Joint Commissioning	Berkshire NHS
Jenny Selim	Designated Nurse	Berkshire NHS
Louise Watson	Designated Doctor	Berkshire NHS
Debra White	Senior Probation Officer	Thames Valley Probation Service

Jane Wood*	Corporate Director for Well-Being (DCS)	Slough Borough Council
*Denotes member of SLSCB Executive		

4. IMPROVED EFFECTIVENESS OF SAFEGUARDING IN SLOUGH

This part of the Annual Report focuses on Objective 1 in our Business Plan 2012-15. This was to secure improved effectiveness in safeguarding practice across Slough in three key areas:

- Early Help
- Child Protection
- Children in Care

The scope of this objective was intended to cover ‘the child’s journey’, a concept drawn from the Munro Review of child protection published in May 2011. It also responded to the identified need to improve service performance across the continuum of safeguarding provision as identified in both the Ofsted inspection of 2011, the Safeguarding Improvement Plan and the review of the SLSCB undertaken by C4EO.

Priority 1a: To improve the effectiveness of Early Help to reduce the number of children and young people requiring formal child protection interventions

What was planned?

The SLSCB intended to take a robust role in the formulation, implementation, monitoring and evaluation of the Early Intervention Strategy and newly created Early Response Hub to assure itself that safeguarding lay at the heart of the new arrangements and that Early Help provision contributed to a reduction in the number of children and young people requiring child protection or public care.

Key priorities included:

- ensuring that the Early Intervention Strategy addressed safeguarding priorities though scrutiny and challenge of the document at the formulation stage;
- securing cross-agency support for and engagement in the strategy
- supporting and funding the workforce development programme delivered to support the implementation of both the strategy and the Early Response Hub;
- including in its quality assurance and performance management arrangements evaluation of the effectiveness of the strategy in achieving improved safeguarding outcomes;

- working with the Children and Young People's Partnership to the review the Early Help offer

What action did the Board take?

The Board has actively engaged in the Early Help agenda both in terms of participating in the formulation of the Early Intervention and Prevention Strategy and Action Plan and in monitoring the impact of the new strategy and the performance of the Early Response Hub that was established to take referrals for early intervention and prevention, co-ordinate the Common Assessment Framework (CAF) and oversee the planning and implementation of CAF programmes of intervention.

Key actions taken by the Board during 2012/13 included:

- engaging in the formulation of the Early Intervention and Prevention strategy and action plan;
- agreeing the Early Intervention and Prevention Strategy at the joint SLSCB/CYPPB event on 10th April 2012;
- funding two programmes of multi-agency training relating to the implementation of the Early Response Hub through the Munro training monies;
- including in the SLSCB scorecard a range of indicators to monitor and evaluate the impact of the strategy and the Early Response Hub;
- carrying out a multi-agency audit on CAF delivery and on the interface between CAF and referrals into child protection (see Quality and Performance Sub-Group report for further information);
- receiving a presentation on progress and impact at the SLSCB held on 20th September 2012;
- identifying areas for improvement in relation to CAF and e-CAF as a result of the presentation on 20th September 2012;
- contributing to and influencing the review of the first year of operation and the commissioning of the Slough Early Help Report 'Getting it Right for Children in Slough' produced by Viv Murray and Sue Cook

What has been the impact?

- An early intervention and prevention strategy was agreed and in place from April 2012;
- Workforce development and training was provided on a multi-agency basis to support the implementation of the strategy and the delivery of CAF/e-CAF;
- The SLSCB challenged and secured some resolutions to concerns expressed by partner agencies in terms of the implementation of CAF for example increasing agency access to E-CAF systems through greater flexibility of operating arrangements;

- The SLSCB scorecard showed a continued increase in the number of CAFs being undertaken though the rate of initiation remained inconsistent and fell in the final quarter of the financial year (see Scorecard Indicator A2, Appendix 3)
- There has been little evidence of the impact of CAF interventions on the number of referrals received by Children's Social Care – the number of referrals with CAFs averages less than 1% across the year. Indeed the overall number of referrals has risen and the increased identification of children assessed as requiring early help may have led to more children being referred into formal child protection processes. This is being further tested in the review of Early Help.

There have been two external judgements on Early Help arrangements during the year to which we should refer in assessing the impact of work undertaken. The first is the Peer Review undertaken in November 2011 and the second the review of Early Help that was commissioned in early 2013 and began in March 2013.

Positive comments that arose from these pieces of work include:

- Evidence of clear commitment from frontline staff of all agencies to partnership working;
- Commitment and enthusiasm from partners to the Early Response Hub which will facilitate transition to the proposed new model of working;
- Many services are responsive and innovative in their response to the needs of families.
- The Early Response Hub had established good knowledge of a wide range of local services and appeared to be well regarded by partner agencies and organisations.

Both pieces of work have identified further developments that are required and these are set out below.

What developments and improvements are required in the future?

Assessments of the effectiveness of the early help offer and the Early Response Hub have been undertaken by senior leaders within Slough Borough Council, the Children and Young People's Partnership and the Safeguarding Improvement Board. These assessments have drawn on the findings of the Peer Review and the Slough Early Help Report 'Getting it Right for Children in Slough'

Key issues drawn out by this work include:

- The need to create one 'Front Door' for contacts and referrals both to reduce the confusion of those making contacts and referrals and to strengthen the ability to safely assess and signpost cases to the appropriate point of intervention;

- The need to clarify pathways to services including eligibility criteria for services and greater clarity in the understanding and application of thresholds;
- The need to secure greater understanding across the partnership of the early help/early intervention pathway, thresholds for access to service across this and other pathways and the models for multi-agency working that will support early help provision;
- Inconsistency, duplication and gaps in provision for children and families requiring early help;
- Confusion about consent and information sharing;
- Barriers to the effective use of the eCAF;
- The need to adopt a 'whole family' approach to early help with stronger communication and co-ordination between children and adult services;
- The need to secure better co-ordination and cohesion between Early Help services and other key policy initiatives such as 'Troubled Families';
- The need for a strategic lead for Early Help

The SLSCB has positioned itself to scrutinise and challenge progress and has been a contributor to the review that has been carried out.

The 9 key areas for development that the identified in the Slough Early Help Report 'Getting it Right for Children in Slough' have been considered and supported by the SLSCB, are reflected in our Business Plan for 2013-16 and will be the focus of our quality assurance and performance management framework in the coming year.

The 9 key areas for development are:

1. The development of a new multi-agency Early Help Strategic Plan for Slough;
2. The creation of a Head of Service (Early Help) post;
3. The further development of an Integrated Early Help modal – Early Help Collective (0-19);
4. The creation of 'One Front Door' to social work and Targeted Family Support Services;
5. The development of a Family Support Service (0-18);
6. The re-launch of CAF as the Slough Early Help Assessment and Plan;
7. Improving links through the Head of Service to commissioning;
8. Addressing both resource and workforce investment required to enable this approach to be successfully implemented;
9. Ensuring appropriate consultation and communication across the partnership and with children, young people and families themselves.

The lead body in this work will be the Children and Young People's Partnership Board (through the Early Help Strategic Board). The role of the SLSCB will be to secure assurance of the intended impact on both service quality and effectiveness together with improved outcomes for children, young people and families.

Priority 1b: To provide effective support to those children and young with child protection plans and those looked after

What was planned?

During 2012/13 the SLSCB has aligned its activity under this priority with the work of the Safeguarding Improvement Board. Indeed the intention of the SLSCB is to ready itself to assume the role of the Safeguarding Improvement Board when Ofsted assesses safeguarding provision in Slough to have improved to a level that no longer requires intervention.

The key objectives set out in the Business Plan 2012-13 were:

- To secure efficient and effective safeguarding practice when children are in the child protection and care services both in terms of adherence to working together requirements, timeliness of action and quality of provision
- To secure quality partner contributions to services/support to children who have a child protection plan or are in the care of the local authority.
- To assess the effectiveness of partner contributions in securing improved outcomes

What action did the Board take?

The SLSCB has 'shadowed' the Safeguarding Improvement Board in scrutinising and challenging the performance of Children's Social Care against the five key improvement strands set out in the Safeguarding Improvement Plan:

- Identification, contact and referral
- The child's journey in the children's social care system
- A confident and competent workforce
- Quality and Performance
- Partner engagement and working together

In addition the SLSCB has extended this work to include wider partnership arrangements to support effective child protection and children in care services, their co-ordination and their impact on safeguarding outcomes.

A variety of means has been adopted to address these pieces of work as follows:

- Implementing a new Quality Assurance and Performance Management framework that has combined quantitative and qualitative information to test the effectiveness and impact of child protection and children in care services;
- Delegating detailed quality assurance and performance management monitoring to the Quality and Performance Sub-Group and raising issues of concern through a RAG rated performance system to both Executive Group and Board level as appropriate;
- In relation to quantitative information, adopting the children's social care scorecard adopted by the Safeguarding Improvement Board to ensure consistency of data reporting and coherent focus on key improvement areas;

- Developing a wider multi-agency audit arrangement planned to test key stages in the child's journey through the safeguarding pathway. This included multi-agency audits on: the effectiveness of CAF in securing early help; the interface between CAF and entry into social care system; child protection Core Groups (further information on these multi-agency audits is set out in the Quality and Performance Sub-Group report in Chapter 5);
- Consideration of the outcomes of our Section 11 audit
- Receiving the annual report of the IRO service (on child protection and looked after children) and on private fostering;
- Receiving presentations from officers on issues causing concern. This included presentations on: the quality of referrals from key agencies most notably Thames Valley police referrals; the timeliness of initial assessments; the effectiveness of core and strategy group arrangements.
- Delivering training to Thames Valley Police to secure improvement in the quality of referrals to the social care duty team;
- Keeping under review policies and procedures through the Pan-Berkshire Policy and Procedures Sub-Group (see report in Chapter 5).

What has been the impact?

Quantitative data monitoring for the year 2012/13 has illustrated a number of performance improvements against key indicators:

- Reduction in the number of referrals that are repeat referrals within 12 months to 16.1% (statistical neighbour average 22.1% and England average 26.1);
- % of core assessments completed within 35 days of start increased from 61.2% to 77.9%;
- The percentage of child protection plans active for two years or more reduced;
- De-registration of children from child protection plans is occurring at a faster rate than benchmark comparator areas;
- The % of children subject to a child protection plan that were visited by a social worker at least once every 10 working days increased from 29.1 to 63.6

With regard to Looked After Children;

- The % of children fostered by relatives and friends has increased;
- The % of children placed for adoption has slightly increased;

A copy of the full Performance Scorecard for children's social care is attached at appendix 4.

What developments and improvements are required in the future?

A key focus in 2013/14 will be our work shadowing the Slough Safeguarding Improvement Board and particularly monitoring, scrutinising and evaluating the five improvement projects relating to children's social care these being:

- Identification, contact and referral
- the child's journey through the social care system
- a confident and competent workforce;
- quality and performance
- Partner engagement and working together

Specifically the SLSCB will want to be assured on the impact of new service delivery arrangements for children's social care which began implementation at the end of January 2013. The priorities for the SLSCB will be to test that these new arrangements:

- support improved practice and performance;
- address the challenges/difficulties experienced in securing a stable and experienced social care work workforce in child protection/children in need;
- secure rising referrals (bringing us more into line with statistical neighbours but bringing potential resource issues);
- secure effective joint work with Thames Valley Police and others on both domestic abuse and CSE – leading to increased identification of young people at risk and improved response to this identified risk.

At a strategic level a key priority in 2013/14 will be the implementation of actions required as a result of the revised Working Together 2013. Most importantly in relation to policy, procedures and practice will be:

- Supporting and scrutinising the development of a single assessment framework by the local authority and ensuring that partners are appropriately engaged in its formulation and implementation;
- Formulating and agreeing a threshold document;
- Devising and implementing the Learning and Improvement Framework

In terms of our overview and scrutiny of safeguarding arrangements there remains a degree of volatility in performance patterns against some key indicators. In addition the quality of services as indicated in both individual agency and multi-agency audits whilst showing improvement is still not sufficiently and consistently adequate or better. Recruitment and retention of staff remains a key factor in securing the cultural and performance improvements sought and clear workforce development will remain a key priority in securing improved child protection arrangements.

From a multi-agency perspective there remain concerns about the quality of referrals particularly but not solely in relation to Thames Valley Police. Key agencies are being asked to undertake audits of this element of their work and the outcomes of these will be reported to the SLSCB during 2013/14.

There are some specific performance areas that need to be addressed:

- given Slough’s demography and need profile, adjusted as it now is as a result of the Census 2011, the referral rate should be nearer that of statistical neighbours (539.6). The fact that we have remained below this for the last 12 months could suggest that that our threshold for referral is ‘insecure’ or inconsistently applied;
- performance on initial assessments remains a concern and will remain the subject of continued scrutiny and support;

There is an intention to improve the effectiveness and quality of child protection conferences through the adoption of the ‘Strengthening Families’ approach – often referred to as ‘Signs of Safety’. The LSCB will want to scrutinise the implementation of these changes, consider feedback from children, families and professionals and evaluate whether the changed approach is contributing to keeping children safe.

Annual Report from the IRO Service

An important part of the SLSCBs work in relation to both child protection and children looked after is to consider reports from the Reviewing Service (Independent Reviewing Officers for children in care, and Child Protections Conferencing Chairs). Following a review by C4EO after the Ofsted inspection of April 2011 the relationship between the Reviewing Service and the SLSCB was reviewed and formalised.

The SLSCB now receives formal reports from the Reviewing Service and some of the headlines from 2012/13 are set out below.

What has happened?

The Reviewing Service now sits within the new Children’s Safeguarding and Quality Assurance Unit within Slough Borough Council under the same management as the SLSCB Business Office;

Additional resources have been invested in the service to match capacity to demand;

Caseloads have reduced as is shown in the following table

	April 2011	March 2012	March 2013
LAC children	186	184	182
CP children	144	209	146
Total	330	393	328
Average caseload	82.5	72.8	65.6

Team members have begun to specialise in either the chairing of child protection conferences or Looked After Children reviews.

Child Protection and Conference work

The total number of children who became subject to a Child Protection Plan in the year (252) fell by 51 over the year 2012/13. In the same period the total number of Child Protection Plans that ceased in the year increased by 86.

242 child protection plans ceased in March 2013 and 3.3% ceased after 2 years or more. This compares with 157 or 3.8% in March 2012. The England average and Statistical Neighbours figure is 6, and Sough remained below this to March 2013.

The percentage of children with a Child Protection Plan who had an allocated social worker continued to be 100%.

The percentage of statutory child protection visits to children on a child protection plan (within ten working days) increased to 90 of 141 (63.8%) at the end of March 2013.

The timeliness of child protection conferences was as follows:

	March 2011 to April 2012 and	March 2012 to April 2013.
The percentage of initial child protection conferences that were held within 15 working days of the strategy discussion	83.5%	74.3%
The percentage of child protection plans that were reviewed within expected timescales	94.1%	100%

Review child protection conferences were all held within the expected timescales, meaning within 3 months of the ICPC and within 6 months after that.

There was a significant fall in the number of children made subject to child protection plans in 2012/13, down from 210 to 146. (a reduction of 64 or 30%). This return to numbers similar to those before 2011/12 shows a spike in the year following the Ofsted safeguarding inspection

	2008/9	2009/10	2010/11	2011/12	2012/13
Total	140	118	142	210	146

The lower number for 2012/13 could reflect a period of stability, but nationally there has been an increase in the numbers of children made subject to child protection plans over the last year. The SLSCB has, therefore, sought further interrogation and investigation of these trends with a particular emphasis on testing threshold awareness and understanding of the continuum of need/provision that is being put in place to support early help, children protection and children in care.

Categories of abuse

Neglect continues to be the most prominent category of abuse in Slough, and this is consistent with national trends. The category of emotional abuse seems to be more prevalent than it is nationally.

As at 31 March 2012:

Abuse Category	Total
Neglect	129
Emotional abuse	60
Multiple	11
Physical abuse	9
Sexual Abuse	1
Grand Total	210

As at 31 March 2013:

Abuse Category	Total
Neglect	77
Emotional abuse	56
Multiple	6
Physical Abuse	6
Sexual Abuse	1
Grand Total	146

The level of sexual abuse cases discussed at conferences in Slough continues to be very low. Nationally during 2011/12 the percentage of child protection plans due to

sexual abuse was at 6%, and the figure for 2012/13 is likely to be much higher as a result of recent national publicity.

The number of child protection plans that are repeated “registrations” over the year 2012/13 was 25. Four of these occurred within a year, seven within two years.

In terms of the profile of children subject to a child protection plan by age, ethnicity, disability:

There was a significant increase in the number of older children

	March 12	March 13
Under 5s	94 (45%)	53 (36%)
5 - 11	88 (42%)	60 (41%)
12 - 16	28 (13%)	33 (23%)
17 and above	0	0

There was no significant change in terms of ethnicity

	March 12	March 13
White	53%	60%
Mixed	19%	21%
Asian	20%	18%
Black	7%	1%
Other	1	0

Headlines from analysis of child protection conferences include:

The **risk factors** noted in conferences show a high number with domestic abuse related cases with drug and alcohol abuse also prevalent factors. Mental Health and neglect are similarly significant factors. All these factors now feature in our Business Plan for 2013/14 as a result.

In terms of agency contributions to child protection conferences positive outcomes include:

- high levels of health practitioners' attendance at conferences and very high levels (99%) of report submissions to conferences
- The quality of health information provided for conferences is judged to be good;
- The record of school or nursery attendance at conferences is very positive, and reports are provided more than 80% of the time.

In terms of agency contributions to child protection conferences issues for concern include:

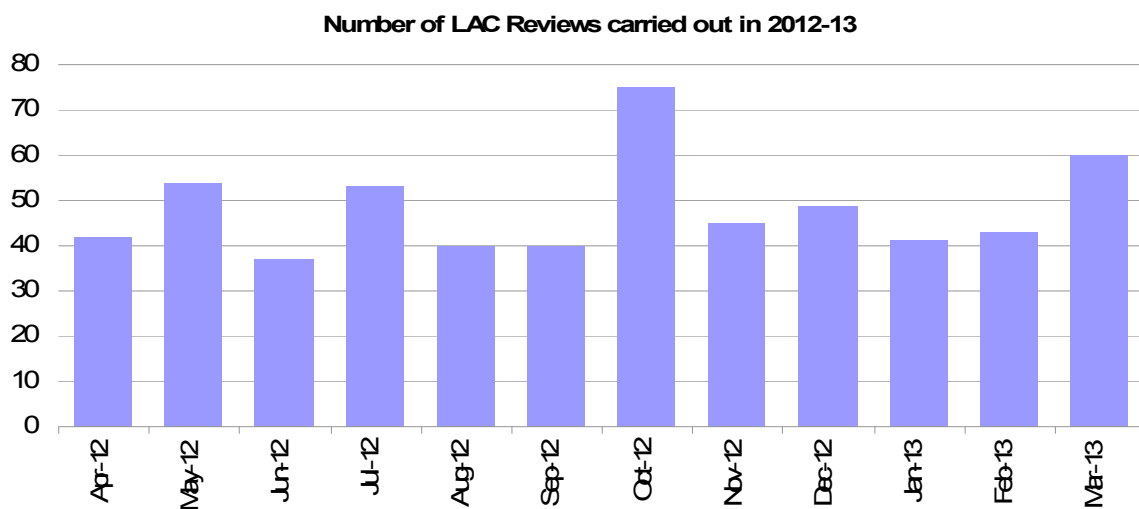
- Social Work reports not received by the chair on time in 33% of conferences;
- The attendance rates of Practice (Team) Managers or Consultant Practitioners;
- The record of **Police attending conferences** shows just over 60% (which is low) for ICPCs, and no attendance at RCPCs;
- The record of GP's attending conferences together with the low number of reports provided when requested is disappointing.

The total number of recorded corporate complaints for 2012/2013 in regard to Children's Services was 22.

In 2012/13 there were occasions that CP Chairs raised a concern and invoked the Resolutions Procedure.

Looked After Children Reviews

The number of LAC Reviews undertaken between April 2012 and March 2013 was as follows:



Source: ICS

The timeliness of LAC reviews increased significantly from 85% to 95%.

The number of children looked after as at 31st March that contributed in ALL their LAC Reviews within in the last 12 months was 93.9% (124 out of 132 LAC). This is slightly below what Slough achieved a year ago (95.2%) and also slightly below the last published National Average (95.1%).

What developments and improvements are planned for the future?

In strategic terms organisational change that is driving the new Early Help model, Slough Borough Council's Targeted Family Support Service, the Integrated 'One Front Door' and Early Help 'Collective' approach – endorsed by the Improvement Board, LSCB and the Children's Partnership will be key mechanisms through which further improvement can be secured. The new Quality Assurance and Performance Framework being developed across the SLSCB and the CYPPB is designed evaluate the impact of these changes.

Similarly the wider improvement plan in relation to Children's Social Care described above is designed to secure improvement. This will similarly be monitored by the SLSCB.

In specific relation to the IRO service whilst there has been some improvement in the performance of the service in 2012/13 there are areas where further action is required.

For operational teams, this includes:

- Ensuring that reports are shared with children, young people and IROs in a timely way.
- Ensuring that children and young people are effectively and appropriately prepared for their reviews.
- Using high quality reports as exemplars, ensuring that there is continued improvement in social work reports to LAC reviews
- Ensuring that statutory visits to children and young people are planned and take place in a timely way.
- Ensuring that the LAC notification system is used so that the Service is fully aware and able to plan for LAC reviews.

For the IRO Service:

- Ensuring that all LAC reviews are taking place in a timely fashion – the LAC administrators have a key role in monitoring timeliness
- Ensuring that all children and young people are given the opportunity to meet with the IRO prior to or immediately after their review.
- Enabling young people to chair their own reviews.
- Develop strong links with the corporate parenting panel.

Actions will also take place in the following areas:

- Support and training to ensure that LAC Review minutes are written in language understood by children and young people.
- Scoping the additional resource required so that more children and young people are able to chair their own LAC review.
- Feedback forms for participants in LAC reviews to determine what other actions are required in order to improve this service.
- IRO Service to ensure that they receive the annual report from the Children's Participation Officer and to use this information to improve LAC services to children and young people.

The SLSCB has endorsed the annual report, agreed the areas for improvement and will continue to monitor and evaluate performance against these objectives.

Priority 2: Targeting Areas of Risk in Slough

What was planned?

This section of the SLSCB Business Plan was intended to secure improved service delivery and outcomes for children and young people in areas that had been identified in our needs analysis as being key areas of concern. The first of these areas was **domestic abuse**.

Our priorities in relation to domestic abuse were:

- To reduce the number of children facing safeguarding risk as a result of Domestic Abuse.
- To improve the capability to identify risk and secure multi-agency responses to the risks presented as a result of report Domestic Abuse
- Ensure responses to domestic abuse are effectively managed by partner agencies individually and in partnership

The second area was **child sexual exploitation and trafficking**. The priorities for CSE and Child Trafficking were:

- To deliver the requirements of LSCBs set out in the DfE CSE Action Plan
- To respond to specific local concerns.
- To effectively respond to persons that are driving such activity from UK or abroad

In addition the SLSCB agreed to undertake further investigations and research into the possible inclusion of a number of other areas of risk for consideration as priorities in future years of the Business Plan. The areas identified for further consideration were:

- E Safety
- Mental health issues within both the child and parent population
- Drug and alcohol misuse
- Forced marriage, genital mutilation, honour-based violence, unlicensed circumcision and fabricated illness

- Neglect

What action did the Board take?

The need for a 'child focus' when any agency is working with a domestic abuse issue has been presented to a wide agency audience via the Police Federation meetings. Thames Valley Police have allocated two risk analysts to assist in improving a 'child centred' approach to risk assessment of domestic abuse referrals, these will be co-located with the 'front door' duty team in children's services during 2013/14. Front line police officers have received training that focuses upon the need to be alert to the child's perspective and risk when attending domestic abuse incidents.

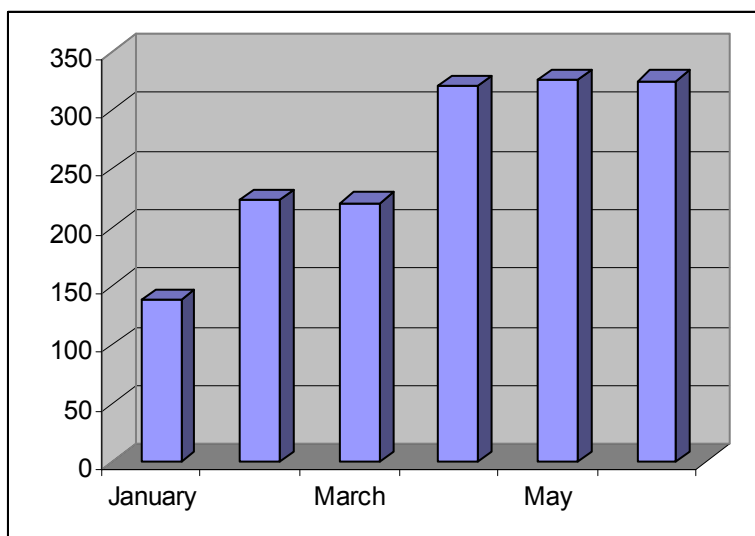
In relation to CSE the SLSCB set up a Task and Finish Group the report of which is set out in detail in Chapter 6.

Investigative work on the further areas of risk has been carried out and has led to a number of these areas being included in our business plan priorities for 2013-16

What has been the impact?

During the financial year 2012/13 there were 2,683 Contacts received that could be attributed to domestic abuse. Since January 2013 there has been a gradual increase in the number of Domestic Abuse contacts received from Thames valley Police, which now accounts for nearly 50% of contacts each month. The table below is compiled from the monthly breakdown of contacts received. Roughly 30% of all contacts received are converted to referrals. The months April-June show an increase of nearly 100 contacts per month from TVP.

Contacts received from TVP



Impact in relation to CSE and child trafficking is set out in Chapter 6

What developments and improvements are required in the future?

The SLSCB Business Plan for 2013-16 identifies 6 risk areas on which it wishes to secure assurance of improved service performance and outcomes for children, young people and families. These together with the key intended actions are:

CSE and Child Trafficking

- Carry out risk audit to determine levels of potential CSE prevalence in Slough.
- Hold CSE Conference
- Formulate and implement the CSE pathway set within the context of the wider service provision pathway;
- Implement a specific Quality Assurance and Performance Management framework for CSE that will incorporate quantitative and qualitative data (including multi-agency audit) and engagement/feedback from service users and front-line staff;
- Secure appropriate links and coherence between work on CSE and that on: children missing; children receiving services from the YOT; gang and youth violence; PREVENT and Channel (vulnerability to extremism and radicalisation)

Domestic Abuse

Agree with the Safer Slough Partnership the interface between their role in leading the Domestic Violence and the SLSCB and SVAB roles in scrutinising and challenging performance on DV – and then to put in place arrangements that enable the SLSCB to be assured that:

- there is a reduction in the number of children facing safeguarding risk as a result of Domestic Abuse.
- there is improved capability to identify risk and secure multi-agency responses to the risks presented as a result of report Domestic Abuse
- responses to domestic abuse are effectively managed by partner agencies individually and in partnership

Homelessness (16-19 Year Olds)

The SLSCB to receive an assessment of the impact of new housing policies and practice in response to the Southwark Judgement on levels of homelessness amongst 16-19 Year Olds specifically in relation to safeguarding risk.

Negotiate, agree and secure the implementation of risk mitigation to reduce and manage safeguarding risk

Neglect

The SLSCB to receive a report on the reasons why neglect remains the most significant CP category and what steps can be taken across the whole pathway of provision (the child's journey) to secure earlier intervention that reduces the number/proportion of cases that reach the threshold for 'significant harm'.

Mental Health (Children and Adults)

SLSCB and Safeguarding Adults Partnership Board to devise plan for better integrated approach to assessing impact of mental health assessments across children and adult services

The two Boards to agree a Quality Assurance and Performance Management framework to scrutinise and evaluate impact.

E-Safety

The SLSCB to secure assurance that there is a 'Safeguarding in Education' lead., that a prevalence audit of e-bullying incidents is undertaken and that a strategy and action plan to reduce levels of prevalence is agreed and in place. Finally it wishes to be assured that there are appropriate interventions in place to address needs of both victims and perpetrators

5. IMPROVING THE EFFECTIVENESS OF THE BOARD

The SLSCB has met five times during 2012/13. This has included a Joint Meeting with the Slough Children and Young People's Partnership Board (10.4.2012) and the Board Development Day (28.2.2013). Full Board meetings were held on 24th May, 20th September and 13th December 2012.

Attendance rates across this programme of meetings were as follows:

Organisation	Attendance Rate	Comments
Independent Chair	100%	
DCS/Director of Well-Being	100%	Director representation changed in September 2012 following the restructuring of Directorates within the Borough Council
Slough Borough Council, AD Children, Young People and Families	60%	There was a post-holder change in July 2012.
Slough Borough Council, Safeguarding lead	80%	There was a change of post-holder in January 2013.
Slough Borough Council, AD Housing	20%	
Slough Borough Council, Adult Service representation	60%	
PCT	80%	There was a post-holder change in December 2012
Berkshire Healthcare Foundation Trust	100%	
Heatherwood and Wexham Park Hospital	80%	
Thames Valley Police	60%	
Headteachers (Primary)	80%	
Headteachers (Secondary)	80%	
FE Colleges	20%	
YOT	100%	
CVS	80%	
Probation	100%	
CAFCAS	80%	The event missed was due to sickness absence
Lay Members	20%	Lay members were not appointed until November 2012. Subsequent attendance has been 100%
Lead Member for Children	40%	

Priority 3: Improved effectiveness and efficiency of the SLSCB and its sub-groups

What was planned?

The key objectives set out in the Business Plan were to:

- Implement the recommendations in the C4EO review of the SLSCB.
- Implement new governance arrangements
- Improve the impact of partnership working most importantly that:
 - Partnership working is reviewed to ensure collaborative improvement in delivering better outcomes for children through the Children's Partnership Board and the LSCB. The role of the LSCB and the contribution of partners complies with the arrangements set out in 'Working Together 2010'
 - All partners are carrying out the actions listed in the Safeguarding Improvement Plan, communicating the improvement work, implementing across all partner agencies and monitoring progress against measures.
- Agree necessary resources for operation of LSCB
- Implement New Business Plan
- Implement robust quality assurance and performance management framework based around 4 key strands
 - a) Performance Data
 - b) Multi-agency audits – including Section 11
 - c) Engagement of children and young people (covered under priority 4)
 - d) Engagement of front-line staff (covered under Priority 5)
- Improved commissioning of services that provides better outcomes from partnership working.

What action did the Board take?

The recommendations in the C4EO review of the SLSCB were incorporated in full into the Business Plan for 2012/13 but, given their importance, were specifically monitored as part of the performance management framework. In addition regular reporting of progress with the recommendations has been presented to the Safeguarding Improvement Board.

The Action Log relating to the implementation of the review recommendations is attached as Appendix 5. As will be seen from this all but three of the recommendations had been implemented.

The new governance arrangements for the SLSCB at the Development Day in February 2012 have been implemented including:

- The creation of an SLSCB Executive which has met 6 times in 2012/13
- The creation of a Communication and Engagement Sub-Committee to reflect priority 4 in the Business Plan
- The creation of a Task and Finish Group to lead and co-ordinate work on CSE and child trafficking which has met 6 times in 2012/13
- Reviews of the terms of reference of the Board, Executive and existing sub-groups and the formulation and agreement of terms of reference for the new bodies formed for 2013/14

The SLSCB secured compliance with Working Together 2010 in terms of its membership with the appointment of two lay members in November 2012. These new members have brought a welcome new perspective and challenge to the work of the Board. Attendance rates at the Board have improved and the level of representation from agencies matches the expectations of Working Together. The new Quality Assurance and Performance Management framework, including as it does a range of partner measures and indicators alongside a multi-agency audit process has enabled safeguarding performance to be monitored from both individual agency and multi-agency perspectives. Alongside these processes the first pan-Berkshire Section 11 audit was undertaken.

The SLSCB held two joint development days with the Children and Young People's Partnership (CYPPB) to secure a clear understanding of the respective roles of the two Boards and to facilitate alignment and co-ordination of key plans, priorities, objectives and actions. Judgements made in the Peer Review of November 2012 led to further review of the relationship between the two Boards resulting in clarification of the SLSCBs scrutiny and challenge role and the CYPPBs strategic commissioning functions. A key outcome of this process has been the revision of the quality assurance and performance management framework which will result in a reduction in the size of the SLSCB scorecard and the development of a broader scorecard for the CYPPB.

Work has also been undertaken to determine the relationship between the SLSCB and other key partnerships such as the Health and Well-Being Board, the Safer Slough Partnership and the Slough Safeguarding Adults Partnership Board (SSAPB). A protocol between the SLSCB/SSAPB and the Slough Well-Being Board (in its capacity as the Health and Well-Being Board for the area) was signed in February 2013. This document also sets the framework for stronger inter-face between the safeguarding boards and other partnerships reporting to the Slough Well-Being Board such as the Safer Slough Partnership. Steps have also been taken to better align the work of the children and adult safeguarding boards during the formulation of Business Plans for 2013/16 with the identification of shared areas of interest and plans to hold joint meetings during 2013/14.

The SLSCB had agreed a new formula to calculate the contributions of partners to the partnership budget. This included the agreement of schools to contribute to the SLSCB budget. All partners agreed and made their full contribution resulting in an increase in the overall annual budget available from £81,539 (inclusive of Munro grant monies) to £127,731.

The SLSCB have been fortunate to have £31,619 in Munro grant monies, to date £4,750 was used from this grant to support an E-learning programme for safeguarding, and £5968.38 was used to support the multi agency Child Sexual Exploitation and Trafficking conference. This leaves the grant at £20,900.62

Greater rigour has been exercised in monitoring the implementation of the SLSCB Business Plan than in previous years. The SLSCB Executive has received a report on progress on all elements of the Business Plan at each of its meetings and has raised to Board level any concerns about implementation in terms of timescales, partner inputs, outputs and outcomes.

The Quality Assurance and Performance Management Framework agreed towards the end of 2012/13 has been implemented with detailed monitoring and evaluation carried out in the Quality and Performance Sub-Group (see Chapter 5) and reporting to the SLSCB Executive and Board on an exceptions basis. The process was refined during the year by adopting the Children's Social Care scorecard developed for the Safeguarding Improvement Board. In addition, comments made in the Peer Review 2012, particularly in relation to the need to develop a more robust quality assurance and performance management framework for the Children and Young People's Partnership Board have led to a review of the collective arrangements across the partnership boards and are likely to result in a streamlining of the SLSCB framework in 2013/14.

What has been the impact?

29 of the 32 recommendations in the C4EO review of the SLSCB had been completed by March 2013 (see Appendix 5). All of the recommendations have been implemented at the point this Annual Review is being published.

Board members commented positively on the new governance arrangements including the impact of the SLSCB Executive in their annual development day in January 2012.

Stronger relationships have been built with other partnership bodies including the Slough Well-Being Board, Children and Young People's Partnership Board, the Slough Safeguarding Adults Partnership Board and the Safer Slough Partnership. This includes the signing of a protocol between the safeguarding boards and the Slough Well-Being Board.

The increased budget has enabled us to increase the capacity of the SLSCB Business Office, including a full-time Business Manager, and to support additional

activity in support of the Business Plan including investment in the CSE and child trafficking action plan and support to the development of the Early Response Hub and Early Help arrangements.

In the main key actions in the Business Plan have been secured during the financial year though there remain concerns about pace in some areas of work. This was an issue identified in the Peer Review 2012.

Progress has been made in operating the more comprehensive Quality Assurance and Performance Management framework including the introduction of multi-agency audit processes. More detail is provided in Chapter 5 in the report of the Quality and Performance Sub-Group.

A review of quality assurance and performance arrangements across the SLSCB and CYPFB was begun in January 2013.

What developments and improvements are required in the future?

The key priority for the SLSCB in 2013/14 in terms of its own performance is to secure a level of Board effectiveness that enables the SLSCB to assume the role of the Safeguarding Improvement Board. Key priorities to secure this overall outcome include:

- Implementation of changes to Board arrangements to reflect and secure compliance with the new Working Together 2013 framework – including revised assessment, threshold and SCR/Learning and Development frameworks;
- Sustaining robust and rigorous partnership arrangements at a time of organisational and structural changes together with challenging financial circumstances in some partner agencies;
- Implementation of the new QA and PM framework in collaboration with CSC, individual partner agencies and the CYPFB and, as a result, enhance its ability to scrutinise and challenge safeguarding effectiveness and co-ordination of safeguarding services across the partnership;
- Securing clarity and coherence in the SLSCBs relationships with other partnership bodies including: the Slough Well-Being Board, the Safer Slough Partnership, Safer Communities Partnership, DAAT, and the Safeguarding Adults Board;
- Securing a 'Think Family' approach to safeguarding effectiveness through effective co-ordination and coherence with the SSAPB;
- Securing assurance that children's services commissioning arrangements build in effective safeguarding arrangements and support improved safeguarding outcomes – particularly the CYPFB;
- Be assured that there is compliance with safeguarding policy and procedures across the partnership whilst promoting a learning culture;

- Be assured that appropriate arrangements are in place to plan and prepare for an Ofsted Inspection of Child Protection and the multi-agency inspection of safeguarding should this be introduced.

Priority 4: Effective communication and engagement with children, young people and communities in Slough, with partner agencies and their front-line staff and with other partnerships

What was planned?

The SLSCB Business Plan 2012/13 set out a number of key objectives which were to:

- improve the engagement of children and young people in the work of SLSCB;
- Improve communication and engagement with communities in Slough – raising the profile of safeguarding;
- Improve communication and engagement with front line staff and operational managers;
- Improve communication and engagement with partner agencies.

What action did the Board take?

A new sub-group, the Communication and Participation Sub-Group, was established to lead and co-ordinate this work and to deliver the priorities set out in the SLSCB Business Plan. Following the Peer Review 2012, and specifically in response to the identified need to better hear the 'voice of the child' the decision was taken to split the group and operate separately a Communications Sub-Group and Participation Sub-Group. These changes were agreed in the spring of 2013 and are now being implemented.

What has been the impact?

The Communications and Participation Sub-Group achieved a number of outputs in 2012/13 including:

- Production of SLSCB Communication and Participation strategies and action plans;
- A poster campaign aimed at raising awareness of the SLSCB, its priorities and achievements that was launched in November 2012 and will be assessed through staff surveys planned in 2013/14;
- Proactive media initiatives through both the local media and the Borough Council's monthly publication 'The Citizen';
- Communications strategy for the publication of the Serious Case Review on Baby D;
- Re-design of the SLSCB web-site to be launched in 2013/14;

- Audit of children and young people's engagement and participation activities across the partnership
- Engagement in the piloting of two pupil surveys designed to replace the former national 'Tellus' survey and which will be trialled in the summer of 2013;

What developments and improvements are required in the future?

The key communications priority for 2013/14 is to strengthen the profile for the Board across the Partnership and the communities of Slough. To achieve this we will:

- Hold an SLSCB Annual Conference
- Implement the new SLSCB web-site
- Ensure regular communication of key messages, Board decisions and learning from SCRs and other reviews/audits across the partnership primarily through existing agency communication channels;
- Raise the profile of the SLSCB through local media, events and other communication channels.

With regard to Participation we need to ensure that we have:

- Evidence that the voices of children, young people and families are heard in planning, delivering and evaluating safeguarding in Slough
- Evidence that views of frontline staff from across the Partnership are heard in planning, delivering and evaluating safeguarding in Slough.

To achieve this we aim to:

- Assure ourselves that the views of children and young people are gauged at strategic, community of interest and service delivery levels – primarily using existing forums and processes but, where necessary, securing additional activity to reach those not currently engaged;
- Ensuring that the CYPFB as the key integrated children's commissioning body delivers an effective Participation Strategy as part of its commissioning process;
- Better utilising the voluntary and community, Council Members and other community facing organisations/individuals to support this priority;
- Assure ourselves that the views of front-line staff feature in the development of policy, procedures, service developments – including reviewing SLSCB sub-group and task and finish group membership to include front-line managers and staff

Priority 5: A workforce able to deliver our priorities for action

What was planned?

The SLSCB Business Plan 2012/13 aimed to ensure appropriate training and development provision in place across all levels from induction to specialist safeguarding provision.

Specifically it aimed to be assured that:

- All partner agencies responsible for providing relevant staff with appropriate safeguarding induction and basic level training did so;
- The SLSCB – through East Berkshire Training Sub-Group - to formulate and deliver a programme of multi-agency training and specialist training to reflect needs identified in Business Plan

What action did the Board take?

Actions are set out in the Pan-Berkshire Training Sub-Group report in Chapter 5

What has been the impact?

These are set out in the Pan-Berkshire Training Sub-Group report in Chapter 5

What developments and improvements are required in the future?

These are set out in the Pan-Berkshire Training Sub-Group report in Chapter 5

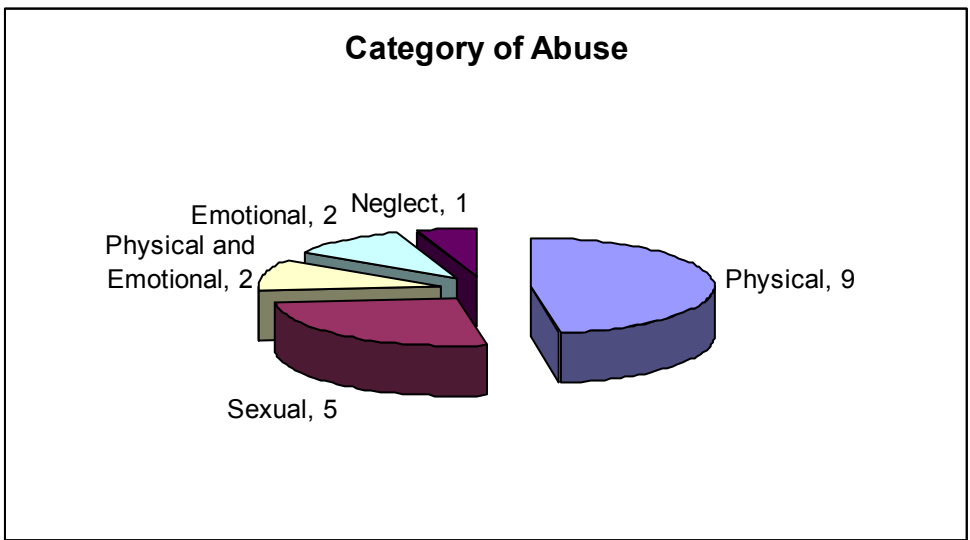
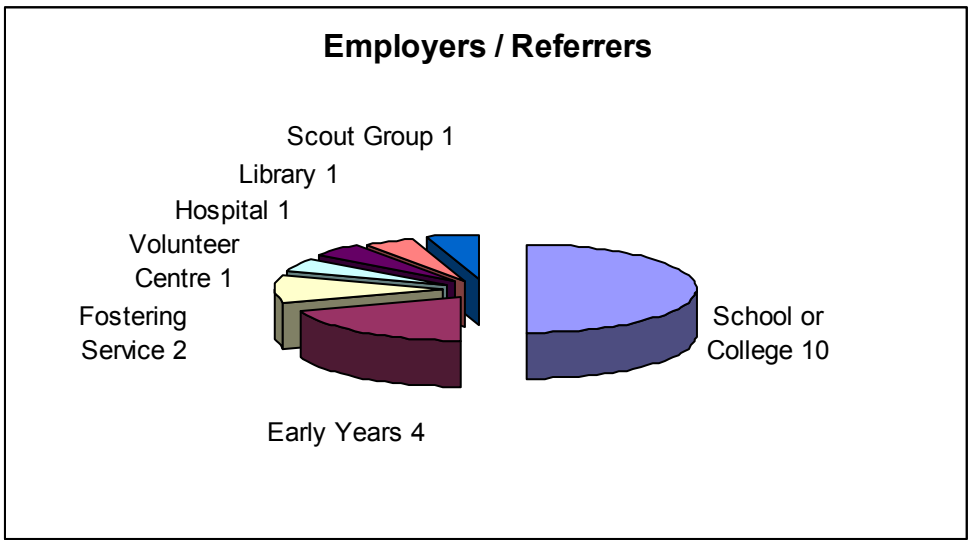
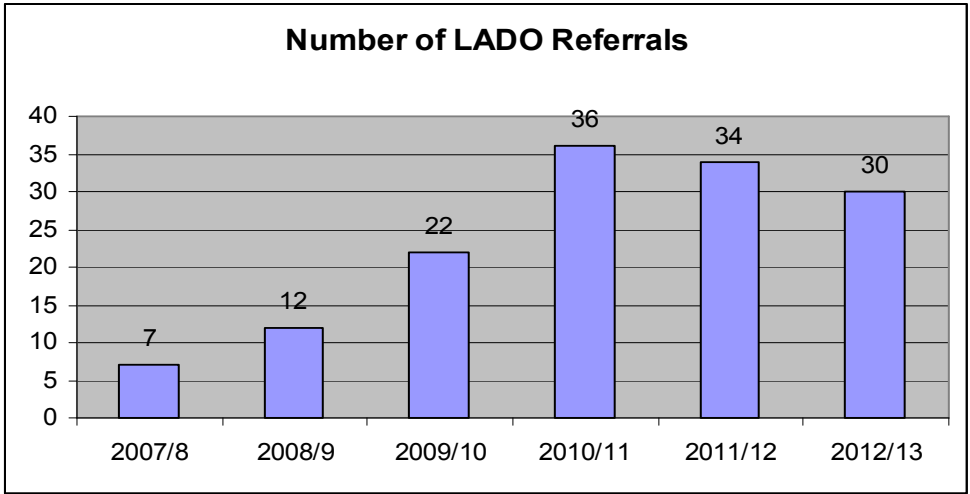
Safe Recruitment

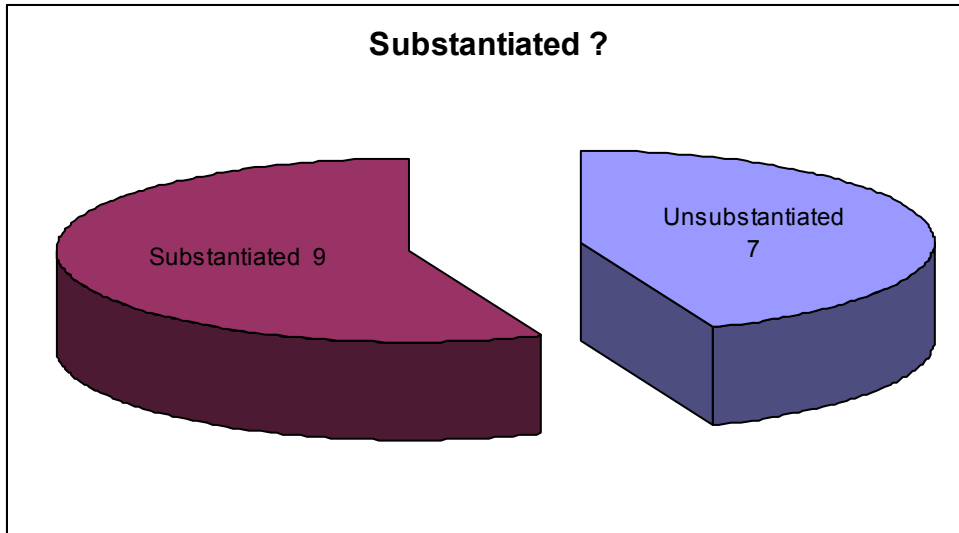
A key element in ensuring that we have a workforce fit for purpose and able to deliver our priorities for action is the effectiveness of our arrangements for safe recruitment. The SLSCB has continued to receive reports from the Local Authority Designated Officer to enable it to monitor and evaluate performance in this arena. Some headlines from the annual report are set out in this section of the Annual Report.

There has continued to be an increase in the allegations referral rate continuing a trend that has been registered over the last 5 years.

In terms of the profile of allegations the most prevalent categories remain *physical abuse* (7), then *sexual abuse* and *emotional abuse* (4 for each).

The highest referrer / employer type was *schools or colleges*, accounting for 9 referrals from primary, secondary and special schools.





On the basis of the data available the majority of referrals were resolved within three months, approximately 50% were resolved within one month.

Two investigations have been open for longer than three months and are subject to ongoing and complex abuse enquiries.

Outcomes/Decisions

- Unfounded – 2 allegations were unfounded – this may be where there may have been justified use of force, witnessed by a number of personnel.
- Unsubstantiated – 7 allegations were unsubstantiated – this category is used when it is proved not to have happened, or it is not possible to prove either way.
- Malicious – 0 allegations have been recorded as malicious – this low recorded figure mirrors the research undertaken nationally
- Dismissal / Cessation of use – 9 cases have resulted either in dismissal or cessation of use.
- Criminal proceedings/ conviction – 2 cases led to criminal proceedings, no record of conviction outcome.
- Standards of care investigations – 2 were undertaken or referred to the appropriate regulatory body

There has been an increased profile in the use of new technologies as a feature of the referrals during the last year notably involving cases which feature social networking (and in particular Facebook), mobile phones and the exchange of inappropriate and sometimes indecent images. In two cases dealt with by the LADO children's access to images raised concern about the carers suitability to work with children.

What developments and improvements are required in the future?

1. The new Safeguarding and Independent Review Unit will continue to record and report in detail on all consultations, and all allegations (referrals) which meet the

threshold for a (LADO) Senior Strategy Meeting. Improvements in the collection of data since January, and using a LADO designated database (in place since March 2013) are intended to lead to more accurate reporting and better representation of LADO activity in the future.

2. Attendance by the LADO at forums for Designated Teachers in all schools and settings.
3. The recruitment and appointment of a new permanent full-time LADO and Safeguarding in Education Manager from January 2014. As a member of the Safeguarding and Independent Review Unit's Management Team this post will be directly responsible both for providing the role and function of the Local Authority Designated Officer and the Safeguarding in Education Team Manager.

6. REPORTS FROM SUB-GROUPS

This chapter of the SLSCB Annual Report contains the annual reports of sub-groups and task and finish groups that have operated during 2012/13. Please note that the membership of each group is set out at appendix 1.

SERIOUS CASE REVIEW SUB-GROUP

As set out in Chapter 8 of Working Together to Safeguard Children, the serious case review sub group exists to review cases referred to the group, and if appropriate, recommend a SCR be undertaken. The group provides advice to the LSCB Chair on whether the criteria for conducting a SCR have been met and they should also recommend the scope and terms of reference for the review which are forwarded to the chair. Following a decision by the LSCB Chair to undertake a SCR, the SCR sub-committee should commission a SCR Panel to manage the process.

The SCR should:

- Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and promote the welfare of children;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result; and
- Improve intra- and inter-agency working and better safeguard and promote the welfare of children.

Summary of activity & achievement over the year April 2012 – March 2013

The group signed off on the Baby D action plans and the criminal case concluded with the conviction and imprisonment of Baby D's father at Crown Court. The group also signed off on the action plan for Baby JW, reviewed the case of JH and sought referral to Surrey. The group discussed concerns over case of SC and MP which led to an on-going social care review into the fostering service, as well as discussing the case of Baby JD which led to no further action. The outstanding case of MS was reviewed and actions in Poland and the UK are on-going.

In February/March, LSCB partners took the opportunity to review and confirm the actions taken to address the issues arising from the review:

- Ensured that the learning is shared with all relevant staff.

- Ensured that the recommendations in all of the completed Individual Management Reports (agencies) have been implemented by regular review of individual action plans.
- Monitored the improvements in capacity in the health visiting service in Slough.
- Ensured that all agencies satisfy the LSCB that assessment processes ensure the effective involvement of fathers and or partners.
- Ensured that communication processes between Midwifery Services and GP services are formalised to ensure that all relevant risk factors are shared.

The group also signed off on the action plan for Baby JW, reviewed the case of JH and sought referral to Surrey. The group discussed concerns over case of SC and MP which led to an on-going social care review into the fostering service, as well as discussing the case of Baby JD which led to no further action. The outstanding case of MS was reviewed and actions in Poland and the UK are on-going.

Assessment on the effectiveness of safeguarding arrangements

- The trial of the parents of Baby D and associated media plan placed challenges on the group in co-ordinating notification of and release of the executive summary of that SCR report.
- There were no serious case reviews initiated during the year, but a review of fostering services in the case of SC and MP and an on-going and challenging case of MS will be resolved within July 2013.

Challenges for the sub group

The group meetings continue to be well attended and contribution is effective and productive. The introduction of Working Together changes around the type and nature of SCR's and other reviews needs to be woven into the expanding remit of the group in order to incorporate a framework of wider learning for the LSCB.

Future plans

The formulation and Board agreement to the Learning and Improvement Framework required of LSCBs by Working Together 2013.

Expansion of the group from a SCR group to a wider learning and improvement group for the Slough LSCB.

QUALITY AND PERFORMANCE SUB-GROUP

Role of Sub-group

The Sub-Group provides a quality assurance function, combining audit and scrutiny to ensure the effectiveness of safeguarding arrangements

The main responsibilities for the Quality and Performance sub-group are;

- To develop a Quality Assurance and Performance Management Framework for the SLSCB & present quarterly management information to the Executive and SLSCB at each of their meetings. Review performance management information quarterly and present to the Board, Identify themes and areas requiring action.
- To carry out audits agreed by the SLSCB according to a multi-agency audit programme and when it is necessary to drill below the data/statistics for further information and explanation.
- To feedback learning arising from the audit of individual cases to key staff involved in those cases.
- Audit and evaluate the safeguarding arrangements made by local agencies individually and together – Section 11 reviews

Activity and Achievement

During 2012/13 the new Multi-Agency Audit arrangements were implemented and 3 audits were undertaken and completed. These were:

- peer review of 4 cases
- the effectiveness of CAF in securing early help and entry into social care system with or without a CAF (9 cases in total)
- Child Protection Core Groups (12 cases)

Performance Monitoring of multi-agency data against the SLSCB Scorecard (see appendix 3).

Analysis of section 11 submission for SBC against the pan Berkshire criteria

A review and subsequent revision of the SLSCB multi-agency audit process.

Assessment on Effectiveness of Safeguarding Arrangements

Some level of assurance of core group processes and effectiveness of CAF provided through audit.

LAC issues rose through data

Feedback of audit findings

Challenges

Progress with multi agency auditing

Limited data from all partners

Future Plans

Pan Berkshire validation of local authority S11 submissions

Improved quality assurance and performance management arrangements with partner agencies

Continued multi agency auditing with more engagement at practitioner/operational manager level

BERKSHIRE LSCBs' POLICY AND PROCEDURES SUB-GROUP

Eileen Munro's Final Report reminded us of the vital role of procedures in enabling people to work together safely, but also drew attention to the disabling role procedures can play when people are so concerned to be doing things 'by the book' that they lose sight of the principles and purpose of their work.

Eileen Munro's comments and the experience of the Policy and Procedures Sub-group tell us that the best revisions to the Berkshire child protection procedures have not been the procedures we have imported from TriX or the good practice guidance we have created links to, but the (often smaller) changes that have involved LSCB members in discussion and creative work to make the Berkshire procedures a useful and a practical tool enabling those on the front line to better protect children.

Activity and Achievement: Changes to Procedures 2012-13

The LSCB Policy and Procedures Sub-Group regularly receives proposals for changes to the procedures and LSCB Members are welcome to submit these to the Sub-Group.

Changes recommended by the group are then published on the website for consultation and taken to LSCBs for approval.

Below are listed changes that have taken place to the procedures over the course of the past year:

To summarise, the changes made in the June 2012 update are listed in the table below:

Chapter	Details
Chapter 6, Recognising Vulnerability of Children in Particular Circumstances	Section 9 of this chapter, which relates to Forced Marriage has been updated to add a link to a document produced by ADASS on Forced Marriage and Adults with Learning Disabilities (Information from the Forced Marriage Unit) and a further link was added to a document on Forced Marriage and Learning Disabilities: Multi Agency Practice

	Guidelines (Forced Marriage Unit 2011).
Chapter 18, Forced Marriages	This chapter was updated with a link to ADASS on Forced Marriage and Adults with Learning Disabilities (Information from the Forced Marriage Unit) and a further link was added to a document on Forced Marriage and Learning Disabilities: Multi Agency Practice Guidelines (Forced Marriage Unit 2011).
Chapter 31, Allegations Against Staff, Carers & Volunteers	This chapter has been updated having regard to the DfE statutory guidance ' Dealing with Allegations of Abuse Against Teachers and Other Staff. This affects Section1 and Section 4.21.
Chapter 36, Serious Case Reviews	This chapter was updated with a link to a Guide for the Police, CPS and LSCBs to assist with Liaison and Exchange of Information where there are simultaneous Serious Case Reviews and Criminal Proceedings (April 2011).
Chapter for Consultation	
Guidance on Management of Concealed Pregnancy	This chapter has been added for consultation.

To summarise, the changes made in the November 2012 update are listed in the table below:

New Chapters	
Chapter Name	Details
Appendix 8: Protecting Children and Young People - the Responsibilities of all Doctors (GMC 2012)	This was added.
Guidance on Management of Concealed Pregnancy	This was (following a delay) added.
Updated Chapters	
Chapter Name	Details
CHAPTER 4: Information Sharing &	A link was added to 'Protecting Children and Young People –

Confidentiality	the Responsibilities of all Doctors' (GMC 2012)
CHAPTER 9: Child Protection Conference	This chapter has been updated.
CHAPTER 19: Historical Abuse Allegations	This chapter has been updated.
Chapter for Consultation	
Multi-Agency Risk Assessment Conference (MARAC)	This chapter has been added for consultation

To summarise, the changes made in the March 2013 update are listed in the table below:

New Chapters	
Chapter Name	Details
Multi-Agency Risk Assessment Conference (MARAC)	Following a period of consultation this document has now been added to these procedures.
Updated Chapters	
Chapter Name	Details
Pre-Birth Procedures	A link to the Berkshire LSCB "Guidance on the Management of Concealed Pregnancy" was added to this chapter a month before this full update (February 2013).
Contact Details for Referrals	Web addresses for each authority have been added to this listing
Recognising Vulnerability of Children in Particular Circumstances	A hyperlink to the MARAC procedures (above) has been added to this chapter.
Throughout the Manual	Throughout the manual the content has been revised and updated to reflect the establishment of the Disclosure and Barring Service in place of the Criminal Record Bureau and Independent Safeguarding Authority. The individual chapters revised in this respect have not been separately listed as

	updated.
Chapter for Consultation – (Please forward any comments by the end of May 2013).	
Safeguarding Children and Young People Who May be Affected by Gang Activity	This draft chapter summarises Safeguarding Children and Young People who may be affected by gang activity published by the Department for Children, Schools and Families in 2010.
Supporting Children and Young People Vulnerable to Violent Extremism	This draft chapter summarises the document 'Prevent and Safeguarding Guidance: Supporting Individuals Vulnerable to Violent Extremism', which has been issued by the Association of Chief Police Officers (ACPO)
Cross-Border Child Protection Cases Under the 1996 Hague Convention	This draft chapter sets out the legal provisions and cooperation arrangements in respect of cross-border cases where children's safety or welfare may be an issue (under the 1996 Hague Convention - implemented in the UK on 1 November 2012). A link is also provided to the January 2012 letter from the UK Border Agency to all local authorities regarding the information sharing in respect of children from abroad.

Future challenges

Getting schools representation has historically (as well as during the current year) proved difficult. Consideration will be given to how we might be able to ensure that schools are involved in reviewing / working on relevant child protection procedures.

Police representation has historically been very useful to the group and the group have felt the lack of Thames Valley Police representation more recently. This is being followed up with Police representatives and I am hopeful that we will find a way to improve this in 2013-14.

CCG Designated Nurses are expected to come into post in September. In the meantime, those supervising them have been included in the mailing list for the group.

Future Plans

The key priority in 2013/14 will be implementation of the expectations of Working Together 2013.

TRAINING AND DEVELOPMENT SUB-GROUP

The training sub group in April 2012 to December 2012 functioned as two separate training groups, one for East Berkshire and one for Berkshire West. Whilst these groups were both effective and committed, the resources for the group were at times stretched. It was a recommendation that a Berkshire wide group was piloted for one year to build capacity and reduce duplication. A brief summary on achievements is provided for East and West for 2012 and then a brief summary on pilot.

East

During this period the sub group remained a committed group with partner agency representation consistently from BHFT health sector, early years, social care and education.

The East training sub group undertook their own training needs analysis and outcome evaluation report both of which were share with all LSCB boards for the East of Berkshire.

A course training programme was published and over 53 multi-agency (targeted and specialist) training courses were provided. The need for targeted Multi-agency courses in the East TNA was identified as a significant gap and current provision was not able to meet demand. The numbers for training were high and the training sub group and training officers showed commitment to both providing and promoting courses across the partnership. Over 850 people attended courses on multi agency training in the East which is a fantastic achievement. However this was at a financial cost for some LA.

The achievement were as follows

- Course programme published
- Course evaluation certificate for LSCB courses linked to personal development were designed and issued at all shared responsibility training.
- Multi-agency training shared responsibility was standardised across the east.
- A joint partnership approach to the delivery of shared responsibility was achieved and maintained between health and Slough LA providing some courses with multi-agency trainers which enable a shared learning for delegates regarding local providers.
- Bracknell provided additional course to meet demand following the TNA 2012.
- LSCB conference days

Berkshire wide pilot.

Berkshire wide Training sub group pilot 2012- 2013

This commenced in late October 2012 and the first meeting was held in March 2013. The group has shared the TOR and merged the separate groups training priorities. Below is a comparison extract from the East report on the TNA's across Berkshire undertaken in 2012-2013.

In comparison with the independent TNA undertaken in the Berkshire West, a lower amount of TNA returns were received from the East of the county, 9 received from partner agencies across East Berkshire compared to 14 in Berkshire West. The total workforce figure reported for the West of Berkshire was approximately 22,723. In comparison to the East reporting 17,899.

Single agency training in both areas has been noted as being the largest group to train and agencies requiring more communication of what to include in this training will remain a challenge to LSCB boards to monitor and scrutinise single agency provision effectively, particularly in light of working together 2013 and early help . More emphasis may be required on self-reporting or audits on quality of training may be required which may impact on resources.

Multi agency training compliance in Berkshire West is higher than in the East. There were 1025 staff estimated in the East identified as needing to access training for 2012-2013 compared to 389 staff needing training in the West.

This variation may be due to the different expectations placed on various professions within each area. For example the East is keen on ensuring the early years sector have access to the targeted level. Most courses have a high attendance however the groups across the sector have provided exception reports on a few courses where attendance has been low, for example core group training in the East which was then subsequently open to the West but only 9 people attended.

In reviewing the data the East have trained approximately 900 people in multi-agency training or targeted training in 2012 -2014 which is very close to their need identified from the TNA of 1025, reaching 88% compliance against their target. The West equally shown success in training 320 against a TNA target of 389 reaching 84%. The workforce is not fixed thus the data provides us only an indicator of success across the sector and it is important to bear in mind that the workforce is fluid. However the achievement from the training officers and the sub group members is really positive overall.

Challenges which remain

1. Representation from police, probation and housing, remains a challenge and has been identified to all boards as a continued issue, the chair and members continue to encourage membership.
2. The Police data attained in 2012 across Berkshire identified that refresher training was a significant gap for front line staff. Attendance at multi-agency LSCB course remains very low and dependant on local area links. The Child

sexual exploitation (CSE) training for the police will need to be explored by the sub group and compared with local CSE groups to ensure a more co-ordinated approach that provides assurance that training is consistent across areas.

3. Collaborative work with section 11 panel is essential in 2013 -2014 with clear direction from the training sub group for partner agencies to provide organisational training strategies to enable effective scrutiny.
4. It has been a challenge to obtain data from the majority of the PVI sectors, it has been inconsistent and difficult to co-ordinate any meaningful response to provide assurance across Berkshire. Thus the training sub group advise the board to seek increased assurance from the section 11 processes for this. Different approaches in each LSCB/LA area for S11 in relation to the PVI, schools and early year's sector means the sub group does not have access to their training information. Safeguarding children training in local prison will need to be reviewed by the sub group in 2013-2014.
5. In response to the new working together 2013 and focus on early help it is now clear that the LSCB role has expanded. Enabling scrutiny and ensuring effectiveness of safeguarding training for both single and multi -agency training will be a challenge for the group, The Berkshire wide group is in agreement that the previous working together guidance will remain as a standard guidance for training for staff groups.
6. Consistency across Berkshire about the threshold for early help and single assessment training.
7. The learning and improvement framework and threshold documents are key to supporting the training sub group

Plans for 2013/2014

A Berkshire wide training sub group with joint TOR is being piloted across the area and has established strategic priorities and work plan. The operational training sub group meet east and west and feed into the strategic Berkshire wide group. The Berkshire wide group will follow the strategic work plan and address the following.

- Produce a report on follow on evaluation outcomes from training across Berkshire; it will focus on staff confidence and learning from serious case review.
- Continued implementation of the Berkshire wide quality assurance documents and guidance for training across Berkshire.
- Work collaboratively with the section 11 panel in relation to assurance from agencies about their training strategies.

- Continued joint work with the adult safeguarding partnership boards and the production of a mapping document for boards to compare training provision and mandatory status from key agencies across Berkshire for safeguarding children and adult training.
- Designated named professional training to be explored Berkshire wide and co-ordinated approach to CSE.
- Reviews of e learning packages.

CSE TASK AND FINISH GROUP

The purpose of the sub- group is to bring together key partners to ensure an effective response to children and young people at risk of child sexual exploitation and child trafficking or those that are being abused via child sexual exploitation and child trafficking.

The main activity of this sub-group will be to lead the implementation of the objectives and actions set out in the SLSCB Business Plan 2012-15 in relation to child sexual exploitation and trafficking. These objectives incorporate the expectations of LSCB set out in the DFE CSE Action Plan that was published in November 2011.

Summary of activity & achievement

The group are confident that they are on goal in achieving the tasks set out in their terms of reference these include:

- Mapping the level of need in Slough to secure an accurate picture of the level of prevalence – it is intended that this mapping will be repeated regularly to ensure the picture is kept up –to-date.
- Include in the SLSCB scorecard data reporting that enables the SLSCB to monitor on-going prevalence and responses to reported incidents
- Testing the effectiveness of existing procedures and the identification of cases of CSE and child trafficking and the effectiveness of responses to both victims and perpetrators;
- Develop an effective local strategy ensuring there is a co-ordinated multi-agency response to incidents;

- Ensure that all agencies include CSE and child trafficking as priorities in their business plans and take action to support the partnership strategy;
- Increase understanding of these issues in the professional and wider community – with a view to securing both better recognition of children that may be victims of trafficking, exploitation or sexual exploitation, earlier detection and earlier intervention;
- To safeguard and promote the welfare of groups or children who are potentially more vulnerable by:
 - Ensuring effective communication between partner agencies on the SLSCB;
 - Ensuring links with other key services including Children Missing and Youth Offending Teams;
 - Increasing professional knowledge and understanding of the signs and impact of CSE amongst staff across the statutory, voluntary and private sectors working with children and young people;
 - Providing briefings to social care teams;
 - Ensuring multi-agency training days.

The sub group have continued to meet on a monthly basis.

The CSE Sub Group was the driving force behind a CSE / Trafficking conference which was held in April. The aim of the conference was to raise awareness of child sexual exploitation and trafficking in order to improve both early identification and the response made by local services. This was a multi-agency awareness conference, and was a very successful day with positive feedback received across the day.

The sub group are using the evaluation feedback from the conference to inform future training programmes.

Since the conference there has been an increased number of referrals and intelligence reporting to the Police. Agencies have implemented changes to their practice such as school nursing evaluating their sex education programme. A theatre production called Chelsea's Choice has been commissioned for a week period in September; all front line staff of Slough Borough Council is being invited as well as the local secondary schools.

The Local Safeguarding Children Board has recently been successful in a bid to secure a CSE CO-Coordinator. The purpose of the role will be to support the implementation of the CSE and Child Trafficking Action Plan.

Assessment on the effectiveness of safeguarding arrangements

As mentioned above since the conference in April there has been an increased number of referrals and intelligence reporting to the Police.

Services have reflected on how they can make improvements in areas of their practice and incorporate CSE and Trafficking.

There is very positive joint working between Children's Social Care and Thames Valley Police in relation to current and previous investigations of CSE / trafficking cases.

There is linkage between key groups such as the Strategic Management Group and the missing person's forum with the CSE Sub group, this allows for positive paths of communication and information sharing.

Recent research, tolls and positive practice examples are shared at the sub group and disseminated across the services via the representative on the sub group.

The level of prevalence is beginning to be understood and hopefully will help to shape and commission future services for children and young people.

CSE is being understood as a key priority across the services and partner organisations.

The sub group have implemented the distribution of hospitality leaflets to local hotels and leisure facilities in relation raising awareness and reporting CSE and Trafficking.

Challenges for the sub group

The subject of CSE / Trafficking is in itself a challenge and one of which in many ways Slough are at the start of their journey on. Professionals understating and knowledge of CSE can at times be limited. Working with CSE means working with one of the most vulnerable and high risk children and young people. Breaking the cycle of CSE and the victims accepting support is a challenge and takes agencies to be incredibly proactive.

An on-going challenge at the sub group has been attendance to the sub group monthly meetings.

Each member of the sub group is taking on the responsibility of the sub group alongside their other full time duties, members report stretched capacity.

Implementing activity and progress in between the sub group meetings can be a challenge. The chair takes the approach of joint tasks and responsibility however member's capacity often causes a barrier.

Members report within their service there are experiencing budget restraints, reduced resources and reduced staffing.

It is hoped that having the extra capacity of the CSE Coordinator will enable a stronger flow of progress and implementation.

Future plans

A future multi agency training programme to be drawn up and implemented. Training to be regularly reviewed to ensure it is meeting staffs training needs and having a direct impact on improving practice and safeguarding outcomes for children and young people.

The prevalence audit will be repeated.

The CSE coordinator to be recruited and to drive forward key pieces of work that include:

The formulation and implementation of a multi-agency CSE and Child Trafficking service pathway that enables children and young people at low, medium and high risk of CSE and Child Trafficking and those that have been engaged in CSE and Child Trafficking to receive appropriate support and interventions;

To enable existing services to better meet the needs of these young people and to design any additional specialist services that might be required on the pathway;

To support schools in developing both preventative and responsive programmes through, for example, PSHE materials and ensuring that those identified as being in need of support are signposted to appropriate services within the pathway;

To design and deliver the cross-agency workforce development programme to support the implementation of the new pathway.

To clarify the respective roles and responsibilities of the SLSCB, SSP and CYPPB in taking this work forward in the future

Improving identification of those at low, medium and high risk of CSE and Child Trafficking and to increase confidence that we are aware of those cases that already exist.

Schools-based work the outcomes on which impact would be expected would relate to:

- Increasing levels of attendance at school for those at risk of CSE/child trafficking
- Reducing the rate of both fixed-term and permanent exclusion of those identified as being at risk of CSE/child trafficking
- Evidence of effective signposting to early help for those identified by schools as at risk of CSE/Child Trafficking

LOOKING FORWARD

This Annual Report has illustrated that the SLSCB has made some significant strides in: embedding its new governance and infrastructure; strengthening the safeguarding partnership; implementing a more robust quality and performance framework that has enabled more rigorous scrutiny and challenge of services; supporting workforce development and; positively impacting on some areas of safeguarding services.

These judgements are backed up by the findings of the sector led Peer Review of Slough carried out in November 2012 which judged that the SLSCB was:

- working effectively and demonstrating increasing levels of professional challenge and accountability across the partnership;
- developing a streamlined balanced scorecard which is helping the SLSCB to monitor and challenge performance;
- securing a good level of commitment from all partners under the leadership of an independent chair that has brought energy, focus and impetus to its development;
- creating a climate that supports professional challenge and improved effectiveness
- securing a clear and focused partnership approach to child sexual exploitation;
- securing positive examples of partnership working between police, health and social care relating to domestic abuse;
- securing a strong and clear commitment to the safety and wellbeing of children and young people by the children's workforce
- facilitating multi-agency training which is valued and appreciated

There remains much to be done and we must continue to drive improvement that secures impact on service quality and improves outcomes for the children and young people of the Borough.

The SLSCB Business Plan has been refreshed and extended to 2016. It sets out an ambitious programme of improvement to secure improved outcomes for the children and young people of Slough specifically in relation to their safeguarding and well-being

The Business Plan has been formulated with the engagement of all agencies in the SLSCB partnership and was the subject of formal consultation not only with those agencies individually but collectively through other key strategic partnerships that have a role in safeguarding and the well-being of children and young people –

including the Children's Partnership, the Safer Slough Partnership and the Health and Well-Being Board.

It is critical that the Plan has universal buy-in and commitment from all partner agencies if it is to achieve its goals. The engagement of partners at formulation stage aims to ensure priorities are relevant to all and support individual agency objectives as well as shared areas of priority. Most importantly the aim has been to secure ownership from all agencies, whether statutory or voluntary

The Plan identifies the key strategic objectives that will underpin our work over the next three years and sets out the actions, primarily those to be undertaken over the next twelve months that we will take to address a range of national and local drivers for improvement. These include:

- National policy drivers to strengthen safeguarding arrangements and the roles of LSCBs including Working Together 2013;
- Recommendations from the Ofsted inspection 2011, the Peer Review 2012 and the revised Safeguarding Improvement Plan;
- Recommendations from sector-led reviews;
- The outcomes of Serious Case Reviews – emerging from both national and local reports;
- Evaluations of the impact of previous Business Plans and analysis of need in Slough;
- Key areas of safeguarding specific to Slough – as evidenced by quality assurance and performance management data;
- Priorities for action emerging from Quality Assurance and Performance Management arrangements operated by the SLSCB;
- Responses to the views of stakeholders including the outcomes of engagement activities with children and young people;
- Best practice reports issued by Ofsted and ADCS.

Our priorities for 2013-16 are as follows:

STRATEGIC OBJECTIVE 1:

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough through

- 1A Effective early help that reduces the proportion of children requiring formal child protection interventions
- 1B Quality support to children that require formal child protection or local authority care
- 1C Responding to the new Working Together Framework 2013

STRATEGIC OBJECTIVE 2

To target areas of particular safeguarding risk in Slough which have been identified as:

- CSE and Child Trafficking
- Domestic Violence
- Homelessness (16-19 year olds)
- Neglect
- Mental Health – both children and parents
- E-Safety
- Drug and Alcohol Abuse

STRATEGIC OBJECTIVE 3

To improve the effectiveness of the Slough Local Safeguarding Children Board

STRATEGIC OBJECTIVE 4

To improve communication and engagement between the SLSCB and children and young people, wider communities, front-line practitioners and partner agencies

STRATEGIC OBJECTIVE 5

To develop our workforce to enable it to deliver the improvements and outcomes sought.

A full version of the Business Plan is attached as Appendix 1

The strong commitment of Board members, sub-group and task and finish group members and staff across the SLSCB Partnership has secured improvement in 2012/13. I look forward to continuing to work with you in 2013/14 and achieving a further step-change in performance.

Paul Burnett

Independent Chair, Slough Local Safeguarding Children Board

MEMBERSHIP OF SLSCB SUB-GROUPS/TASK AND FINISH GROUPS

SLOUGH LOCAL SAFEGUARDING (SLSCB) EXECUTIVE MEMBERSHIP

NAME	JOB TITLE	ORGANISATION
Paul Burnett (Chair)	Independent Chair	
Nancy Barber	Deputy Director of Nursing	Berkshire Healthcare NHS Foundation Trust
Jill Barker/Susanna Yeoman	Acting Director of Slough Locality Berkshire Healthcare Foundation Trust	Berkshire Healthcare NHS Foundation Trust
Clair Pyper/Jane Wood Kitty Ferris	Director of Well-Being Assistant Director, Children, Young People and Families	Slough Borough Council
Jim Reeves	Detective Chief Inspector, Deputy Commander (Slough)	Thames Valley Police
Bev Searle/Julie Curtis	Director of Nursing	NHS Berks PCT
Julie Penney	Service Manager	Cafcass Berkshire
Helen Huntley	Secondary Head representative	Haybrook College
Caroline Dulon	Primary Head representative	Ryvers Primary School
Councillor Pantelic/Councillor Mann (Observer status)	Lead Commissioner for Children and Young People	Slough Borough Council

Mary Shannon, Business Manager and Jeanette Duncan, Administrator attend SLSCB Executive meetings

SERIOUS CASE REVIEW SUB-GROUP

NAME	ORGANISATION
Jim Reeves (Chair)	Chief Inspector, Deputy Commander, Thames Valley Police
Andy Howard	Thames Valley Police
Mary Shannon	Business Manager SBC
Jenny Selim	Designed Nurse Child Protection Berkshire NHS
Margaret Mansfield	Heatherwood & Wexham Park Hospital Trust
Monica Warren	Safeguarding Midwife Heatherwood & Wexham Park Hospital Trust
Pat Le Roy/Geoff Gurney	Reviewing Service Manager SBC
Peter Oldham	Acting community Services Manager Berkshire NHS
Debbie Hartrick	Safeguarding Children Team Lead Berkshire NHS
Jane Fowler	Named Nurse, Child Protection
Susanna Yeoman	Locality Manger, New Horizons
David Jiggins	CMHT Project Lead

QUALITY AND PERFORMANCE SUB-GROUP

NAME	ORGANISATION
Nancy Barber (Chair)	Berkshire Healthcare NHS Foundation Trust
Delia Donovan	Berkshire East & South bucks Women's Aid
Jai Mondae	Business Information Analyst SBC
Caroline Dulon	Head Teacher Ryvers School
Andy Howard	Thames Valley Police
Mary Shannon	Business Manager SBC
Saleen Ahmed Khan	Youth Support Service SBC
Janine Edwards	Home Start Slough
Margaret Mansfield	Heatherwood & Wexham Park Hospital Trust
Sophie Wing-King	TVP/SBC
Jane Fowler	Berkshire Healthcare NHS Foundation Trust
Jean Cameron	Sure Start - SBC

Geoff Gurney	SBC
Valerie Rich	Thames Valley Probation
Ngozi Enekwa	Practice & Performance Dev Mgr SBC
Peter Oldham	BHFT
Rachel Cartwright	Slough Sure Start Service
Dr Misbah Nathu	Named Doctor

COMMUNICATIONS AND ENGAGEMENT SUB-GROUP

NAME	ORGANISATION
Kate Pratt (Chair)	Communications Manager SBC
Paul Burnett	Independent Chair SLSCB
Mary Shannon	Business Manager SBC
Andrea Roberson	Thames Valley Police
Jo Rockall	Head Herschel Grammar School
Margaret Mansfield	Heatherwood & Wexham Park Hospital Trust
Ally Green Elika Saedi	Berkshire NHS
Saleen Ahmed-Khan	Young Peoples Service, SBC
Sharon Stephenson	Participation Development Officer SBC
Virginia Robins	Berkshire Healthcare Foundation Trust

A number of the SLSCB sub-groups are constituted on a Pan-Berkshire or East Berkshire basis. Slough representation on each of these is set out below.

Pan-Berkshire Child Death Overview Panel

Pat Leroy (April –December 2012) Geoff Gurney (January – March 2013), Mary Shannon

Pan-Berkshire Policy and Procedures Sub-Group

Pat Leroy (April –December 2012) Geoff Gurney (January – March 2013), Mary Shannon

East Berkshire Training Sub-Group

Jatinder Matharu/ Mary Shannon

Pan-Berkshire Training Sub-Group

Jatinder Matharu/ Mary Shannon

CHILD SEXUAL EXPLOITATION TASK AND FINISH GRO

NAME	ORGANISATION
Helen Gore (Chair)	SBC
Jim Reeves	Thames Valley Police
Andy Howard	Thames Valley Police
Paul Burnett	Independent Chair SLSCB
Gill Hewlett	SBC – Engage Project
Helen Huntley	Head, Haybrook College
Shaun Hanks	SBC Head of Service, Assessment Child Protection & Children in Need
Charity Tawodzera	CAMHS
Danielle Millette	PM Referral and Assessment Team
Zaeema Hussain	Stop the Traffic
Nicola Moore	The Foyer Team Leader
Jane Fowler	Berkshire Healthcare Foundation Trust (BHFT)
Gill Coker	BHFT
Debby White	Thames Valley Probation
Fiona Nyquist	Berkshire Healthcare Foundation Trust (BHFT)
Saleen Ahmed-Khan	Operations Manager SBC
Stuart McNeillie	Operations Manager SBC

SLSCB BUSINESS PLAN 2013-16

Full version of SLSCB Business Plan to be inserted here. Currently not attached since it is produced in landscape and if attached throws out the layout of the rest of the Annual Report. At present it is sent in a separate document.

SLSCB SCORECARD 2012/13

Full version of SLSCB Scorecard to be inserted here. Currently not attached since it is produced in landscape and if attached throws out the layout of the rest of the Annual Report. At present it is sent in a separate document.

There are also some questions about whether we include the whole scorecard – some indicators have no information for 2012/13 because they are no longer monitored, others are still reported but the data is not up to date.

SLOUGH IMPROVEMENT BOARD SCORECARD 2012/13

We need to decide if we wish to include this in the Annual Report or just to include the SLSCB Scorecard

ACTION LOG FOR C4EO RECOMMENDATIONS FOR SLSCB

Position at March 2013

No.	RECOMMENDATION	Action to be taken	RAG rating
1	The SLSCB and Children's Partnership should develop a programme of key issues and themes to be scrutinised by SLSCB, for example Early Intervention services as recommended in the Munro Report.	Completed at Joint Meeting 11.4.2012	Completed
2	Slough Health and Well-being Board to consider inviting the chair of SLSCB to sit on the Board to ensure that safeguarding children continues to be a priority.	Protocol agreed at the Slough Well-Being Board on 3/2/13	Completed
3	Slough Safer Partnership and SLSCB to agree reporting arrangements on issues of joint concern such as Domestic Abuse	There is now regular representation from the SSP at the SLSCB and sharing of the Annual Plans has been undertaken. Plans are in place to secure interchanges as the plans for 2013/14 are developed in the next three months.	In process
4	Lead Member for Children's Services, Chief Executive, the DCS, Chief Constable, Thames Valley Police and Chief Executive of NHS Berkshire to receive regular reports from the Chair of SLSCB on multi-agency safeguarding issues in Slough.	Process agreed and reports taking place	Completed

5	SLCSB to agree with NHS Berkshire on reporting arrangements through the newly established Quality and Risk Group.	Arrangements agreed – BHFT chairing the Sub-Group	Completed
6	SVAB and SLSCB to agree reporting arrangements for brief updates on issues of joint concern.	Meeting held between chairs and Directors and priorities for action agreed – joint meeting being planned	In process
7	Sub group terms of reference and work plan to be agreed by the Executive Board.	Completed	Completed
8	Reporting schedule to be agreed and monitored.	Completed	Completed
9	Executive Board to consider how to progress the Communication and Engagement Strategy within existing resources.	Sub-Group established and first meeting to be held on 13.6.2012	Completed
10	SLSCB Representatives on Berkshire wide and East Berkshire sub groups to be confirmed and to formally report back to the Executive on progress.	Procedure now in place and operational	Completed
11	CDOP representative to submit a report by the end of the financial year with recommendations on informing frontline staff on lessons learned.	Report presented to SLSCB at July meeting	Completed
12	Audits from the mental health services to be reported to the Quality and Performance sub group.	Head of Service has agreed to report to Q+P and reporting has begun	Completed
13	Partners continue to play a full role in the next round of recruitment of the Independent Chair.	Appointment completed with partner engagement	Completed
14	Delivery of short development session, facilitated by the author of this review	Event held in January	Completed

	by January 2012 to agree priorities.	2012	
15	Business plan to include implementation of the recommendations from this report that are agreed by the Improvement Board.	Business Plan includes all C4EO recommendations	Completed
16	Business Plan to be monitored at the Executive Board on a quarterly basis.	Business Plan is being reported to both Executive and Board in every cycle	Completed
17	Development session as recommended above (12) to re-present constitution and roles and responsibilities of SLSCB members	Event held in January and new governance and constitution agreed	Completed
18	LSCB budget to be increased through additional contributions from Thames valley Police and Slough Borough Council.	Increased contributions for both 2011/12 and 2012/13 are received	Completed
19	The post of LSCB manager to be re-designed to become full-time and requiring a qualification related to safeguarding work.	Action is now being taken to resolve this issue following the agreement of schools to contribute £30,000 to the SLSCB annually. Proposals for the new Business Office structure are being discussed and it is intended to start the recruitment process no later than early December.	In process
20	The Budget to become a Standing Item on the LSCB Executive agenda to enable partners to agree and monitor spending	Budget is being reported to all meetings of Executive and Board	Completed

21	SLSCB to progress recruitment of Lay Members	Two lay members are appointed are currently receiving induction and will attend their first Board meeting in December.	Completed
22	School representative to sit on the Executive Board.	School contributions to Board are now agreed and place on Executive has been allocated. Schools will determine who takes up the place	Completed
23	TVP to consider level of senior representation on SLSCB	Agreed	Completed
24	SLSCB to monitor attendance at the SLSCB Partnership Forum, Executive Board and Sub Groups and agree standard of attendance.	Attendance is being recorded	Completed
25	Chair of SLSCB to formally follow-up failure to meet the agreed standard with heads of agencies.	Arrangement in place	Completed
26	Development session as recommended above to agree the above and prioritisation of attendance at SLSCB	Agreements to both level of representation and target attendance levels are agreed	Completed
27	SLSCB to relook at the performance information it receives with a view to developing a multi-agency data set that will comply with the Munro recommendations.	All in place	Completed
28	Further work is undertaken to enable SLSCB to make full use of this dataset to develop an understanding of the operation of the whole system.	All in place with new scorecard	Completed
29	Development session as recommended above to clarify roles and	Event held and roles and responsibilities	Completed

	responsibilities.	clarified in new TOR and constitution	
30	Communication and challenge to be addressed in a short development session as recommended above.	Event held and challenge culture agreed	Completed
31	Evaluation of Safeguarding Event to be reported to the Executive Board of SLSCB, December 2011.	Done	Completed
32	The impact and progress of the wider Improvement Plan on practitioners understanding of their responsibilities in safeguarding to be considered by the Executive Board at SLSCB on a regular basis.	Arrangements in place through scorecard and audit reporting	Completed



Slough LSCB

SLOUGH LOCAL SAFEGUARDING CHILDREN BOARD (SLSCB)

BUSINESS PLAN 2013-16

FOREWORD FROM INDEPENDENT CHAIR

I am pleased to present the SLSCB Business Plan for 2013-16.

The Plan sets out an ambitious programme of improvement to secure improved outcomes for the children and young people of Slough specifically in relation to their safeguarding and well-being.

The Plan forms part of a family of plans aimed at improving the quality and effectiveness of services and improving outcomes for children, young people and their families. Other key plans include the Slough Well-Being Strategy, the Slough Children and Young People's Plan and the Slough Safeguarding Adult Partnership Plan.

Clearly the SLSCB focuses on the safeguarding and well-being of children. A key objective of this particular plan is to shift the focus of the SLSCB to one of scrutiny and challenge as envisaged in Working Together 2013. In this sense the SLSCB aims to position itself to build its capacity to replace the Safeguarding Improvement Board currently sponsored by the DfE.

The Business Plan has been formulated with the engagement of all agencies in the SLSCB partnership and was the subject of formal consultation not only with those agencies individually but collectively through other key strategic partnerships that have a role in safeguarding and the well-being of children and young people – including the Children's Partnership, the Safer Slough Partnership and the Health and Well-Being Board. It is critical that the Plan has universal buy-in and commitment from all partner agencies if it is to achieve its goals. The engagement of partners at formulation stage aims to ensure priorities are relevant to all and support individual agency objectives as well as shared areas of priority. Most importantly the aim has been to secure ownership from all agencies, whether statutory or voluntary

The Plan identifies the key strategic objectives that will underpin our work over the next three years and sets out the actions, primarily those to be undertaken over the next twelve months that we will take to address a range of national and local drivers for improvement. These include:

- National policy drives to strengthen safeguarding arrangements and the roles of LSCBs including the implementation of Working Together 2013;
- Recommendations from regulatory inspections, the Peer Review undertaken in 2012 and the Slough Safeguarding Improvement Plan;
- Recommendations from sector-led support reviews that have been undertaken as part of the Improvement Board programme.
- The outcomes of Serious Case Reviews – emerging from both national and local reports;
- Evaluations of the impact of previous Business Plans and analysis of need in Slough;
- Key areas of safeguarding specific to Slough – as evidenced by quality assurance and performance management data;
- Priorities for action emerging from Quality Assurance and Performance Management arrangements operated by the SLSCB;
- Responses to the views of stakeholders including the outcomes of engagement activities with children and young people;
- Best practice reports issued by Ofsted and ADCS.

Our priorities for 2013-16 are as follows:

STRATEGIC OBJECTIVE 1:

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough through

- 1A Effective early help that reduces the proportion of children requiring formal child protection interventions
- 1B Quality support to children that require formal child protection or local authority care
- 1C Responding to the new Working Together Framework 2013

STRATEGIC OBJECTIVE 2

To target areas of particular safeguarding risk in Slough which have been identified as:

- CSE and Child Trafficking

- Domestic Violence
- Homelessness (16-19 year olds)
- Neglect
- Mental Health – both children and parents
- E-Safety
- Drug and Alcohol Abuse

STRATEGIC OBJECTIVE 3

To improve the effectiveness of the Slough Local Safeguarding Children Board


STRATEGIC OBJECTIVE 4

To improve communication and engagement between the SLSCB and children and young people, wider communities, front-line practitioners and partner agencies

STRATEGIC OBJECTIVE 5

To develop our workforce to enable it to deliver the improvements and outcomes sought.

Safeguarding is everyone's business. We hope that colleagues across the SLSCB partnership of agencies will support our overall objective to improve safeguarding outcomes for children and young people in Slough. I also hope that this Plan presents a clear direction of travel and a focused set of priorities and supporting actions that will enable everyone to understand their particular role in delivering the ambitious programme of improvement that aims to keep children and young people and Slough safe.



Paul Burnett

Independent Chair, Slough Local Safeguarding Children Board.

SLOUGH LOCAL SAFEGUARDING CHILDREN BOARD (SLSCB) BUSINESS PLAN 2013/16

STRATEGIC OBJECTIVE 1: To be assured of the effectiveness and co-ordination of safeguarding practice in Slough						
1A Effective early help that reduces the proportion of children requiring formal child protection interventions						
Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Progress
1A.1	Assurance that there is a clear and effective early help framework that: <ul style="list-style-type: none"> • Is shared and signed up to by all partner agencies 	Through quarterly reports from the CYPBP that will include: <ul style="list-style-type: none"> • Quantitative data reporting on the agreed Early Help scorecard; 	The CYPBP theme lead for Early Help (currently Viv Murray) will report quarterly on progress and on the impact of	The SLSCB is assured that those children and young people at risk of harm (but who have not yet reached the 'significant harm' threshold and for	Timescales for this element of the Business Plan are set out in the Early Help Action Plan	

	<ul style="list-style-type: none"> incorporates appropriate safeguarding arrangements is appropriately resourced across the partnership; understood by all partner agencies, front-line staff and service users – including shared understanding of relevant thresholds for access to service interventions in the Early Help offer; monitored to test the effectiveness of cross-agency working and enables 	<ul style="list-style-type: none"> Qualitative performance reporting based on multi-agency auditing of early help co-ordination and effectiveness; The views of children, young people and families about the quality, effectiveness and impact of early help; The views of staff in relation to their understanding of early help arrangements, their capacity and ability to operate within the early help arrangements, the effectiveness of co-ordination between agencies and the impact of the 	<p>Early Help arrangements in line with the agreed Early Help scorecard used by the CYPFB</p>	<p>whom a preventative service would reduce the likelihood of that risk or harm escalating) are identified by local authorities, youth offending teams, probation trusts, police, adult social care, schools, primary, mental, community and acute health services, children's centres and all Local Safeguarding Children Board partners, including the voluntary sector where services are provided or commissioned.</p> <p>That the impact of Early Help is securing positive outcomes for children and young people.</p>	<p>project currently being led by Viv Murray.</p>
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	<p>impact on outcomes for children and young people to be effectively gauged including impacts on referrals into formal child protection arrangements and the effectiveness of CAF in securing improved outcomes for children, young people and families;</p> <ul style="list-style-type: none"> • Assures coherence between Early Help and the 'Troubled Families' programme. 	<p>early help arrangements on both service users and on achievement of individual agency and shared service objectives and priorities.</p>	<p>Evidence that Early Help reduces the number of children that reach the 'significant harm' threshold (though initially there may be an increase in referrals).</p> <p>Confidence in the effectiveness of Early Help results in more children being appropriately 'stepped down' from child protection to Early Help interventions.</p>		
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STRATEGIC OBJECTIVE 1:									
To be assured of the effectiveness and co-ordination of safeguarding practice in Slough									
1B Quality support to children that require formal child protection or local authority care									
Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements			
1B.1	To be assured that arrangements for child protection and looked after children in Children's Social Care, in other individual services across the partnership and in multi-agency working are effective. To be assured that the improvement priorities for CSC in the	For Children's Social Care through delivery of the five service improvement projects: 1. Identification, Contact and Referral 2. The child's journey in the children's social care system; 3. Confident and competent	For CSC, the Assistant Director for Children, Young People and Families For Partner agencies the lead will be the SLSCB Board member for that agency – or a nominated	For CSC, this will be as set out in the safeguarding improvement plan i.e. • continued and sustained improvement in performance measures in the	Scrutiny and challenge against all actions in this part of the Business Plan will occur quarterly and in line with timescales set out in the Safeguarding				

	<p>safeguarding improvement plan are secured and specifically that:</p> <ul style="list-style-type: none"> • Children and young people are safe and feel safe and feel safe as a result of improved social care practice; • Outcomes for children are improved through management oversight and good planning; • The children's social care workforce are able to carry out high quality work with children, young people and families, leading to improved outcomes; 	<p>workforce</p> <p>4. Quality and Performance Partner Engagement and Working Together</p> <p>Reporting will be:</p> <ul style="list-style-type: none"> • through quarterly reports from the Assistant Director, Young People and Families on performance against priorities set in the Safeguarding Improvement Plan including: the CSC performance scorecard; outcomes of audit exercises; views of children and young people; views of staff 	<p>performance lead.</p> <p>For multi-agency reporting the Quality Assurance and Performance Sub-Group will be the lead forum through which the Executive and Board will receive QA and PM information to enable it to scrutinise and challenge performance.</p>	<p>Improvement Board data set;</p> <ul style="list-style-type: none"> • consistent delivery of adequate and better case work as shown by audits; • positive service user feedback • Improved feedback from staff and partner agencies <p>For partner agencies this will be determined through the agreed SLSCB and CYPBB scorecards.</p>	<p>Improvement Plan</p>	
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	<ul style="list-style-type: none"> Recruitment, induction, training and management of social work staff results in a workforce capable of carrying out the required standards of work and retention of skilled staff. <p>Specifically to be assured that there is:</p> <ul style="list-style-type: none"> efficient and effective safeguarding practice when children are in the child protection and care services both in terms of adherence to working together requirements, timeliness of 	<p>For Partner Agencies:</p> <ul style="list-style-type: none"> through quarterly reporting against their own agreed safeguarding QA and PM arrangements again spanning quantitative and qualitative data, service user views and staff views <p>For multi-agency working:</p> <ul style="list-style-type: none"> through regular reports from the IRO service and the LADO to support our scrutiny and evaluation of multi-agency performance. 			
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	<ul style="list-style-type: none"> • action and quality of provision quality partner contributions to services/support to children who have a child protection plan or are in the care of the local authority. • effective partner contributions in securing improved outcomes 					
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STRATEGIC OBJECTIVE 1

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough

Cross cutting 1A and 1B – Responding to the new Working Together Framework 2013

Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
1AB.2	To implement	Agree with the local	Independent	Assessment	All elements	

	<p>expectations of LSCBs in the new Working Together framework in relation to Assessing Need and Providing Help</p>	<p>authority and partners the levels for different types of assessment and services to be commissioned and delivered.</p> <p>Develop and publish a threshold document that includes:</p> <ul style="list-style-type: none"> • The process for early help assessment and the type and level of early help services to be provided; • Criteria for when a case should be referred to the local authority's CSC for assessment under Section 17, 47, 31 and 20. • Secure assurance that appropriate information 	<p>Chair of SLSCB, AD, Children, Young People and Families, Head of QA and Safeguarding</p>	<p>Framework produced and agreed across the partnership.</p> <p>Arrangements in place to scrutinise and challenge implementation of the Assessment Framework.</p> <p>Threshold document developed, agreed and implemented with QA and PM arrangements in place to enable the SLSCB to scrutinise and challenge implementation.</p> <p>Assurance provided that appropriate information sharing arrangements are in place and appropriate framework for monitoring their effectiveness is in place.</p>	<p>to be completed by September 2013.</p>	
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		sharing arrangements are in place across the partnership					
STRATEGIC OBJECTIVE 2							
To target areas of particular safeguarding risk in Slough which have been identified as:							
<ul style="list-style-type: none"> • CSE and Child Trafficking • Domestic Violence • Homelessness (16-19 year olds) • Neglect • Mental Health – both children and parents • E-Safety • Drug and Alcohol Abuse 							
Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements	
2.1	CSE and Child Trafficking	<ul style="list-style-type: none"> • Carry out risk audit to determine levels of potential CSE prevalence in Slough. • Hold CSE Conference • Formulate and implement the CSE 	CSE Task and Finish Group/CSE Co-ordinator when appointed	Risk audit completed, analysed and used to inform provision pathway implementation. Conference delivered, CSE	April 2013 April 2013		

		<p>pathway set within the context of the wider service provision pathway;</p> <ul style="list-style-type: none"> Implement a specific QA and PM framework for CSE that will incorporate quantitative and qualitative data (including multi-agency audit) and engagement/feedback from service users and front-line staff; Secure appropriate links and coherence between work on CSE and that on: children missing; children receiving services from the YOT; gang and youth violence; PREVENT and Channel (vulnerability to extremism and radicalisation) 		<p>strategy and action plan launched and subsequent workforce development programme in place.</p> <p>CSE provision pathway developed, agreed across the partnership and implemented.</p> <p>SLSCB assured of positive impact and outcomes of CSE strategy and action plan through new QA and PM framework.</p>	<p>July 2013</p> <p>Quarterly reporting across 2013/14</p>	
2.2	Domestic Violence	Agree with the Safer	Independent	Clear protocol	July 2013	

		<p>Slough Partnership the interface between their role in leading the Domestic Violence and the SLSCB and SVAB roles in scrutinising and challenging performance on DV – and then to put in place arrangements that enable the SLSCB to be assured that:</p> <ul style="list-style-type: none"> • there is a reduction in the number of children facing safeguarding risk as a result of Domestic Abuse. • there is improved capability to identify risk and secure multi-agency responses to the risks presented as a result of report Domestic Abuse • responses to domestic abuse are effectively managed by partner agencies individually and in partnership 	<p>Chairs of Safeguarding Boards and Chair of Safer Slough Partnership to agree interface and relationship</p> <p>Quality Assurance and Performance Sub-Group to lead on scrutinising and analysing performance supplied by the Safer Slough Partnership</p>	<p>defining interface between SLSCB, SVAB and Safer Slough Partnership including QA and PM framework</p> <p>Reduction in the number of children at risk as a result of DV</p> <p>Improved capability to identify and respond to risk</p> <p>Evidence of effective impact of DV services through quantitative and qualitative performance information, service users feedback and staff feedback.</p>	<p>Quarterly reporting against agreed QA and PM framework</p>	
2.3	Homelessness (16-	SLSCB to receive an	AD, Housing	SLSCB will have		

	19 Year Olds)	<p>assessment of the impact of new housing policies and practice in response to the Southwark Judgement on levels of homelessness amongst 16-19 Year Olds specifically in relation to safeguarding risk.</p> <p>Negotiate, agree and secure the implementation of risk mitigation to reduce and manage safeguarding risk</p>	Quality Assurance and Performance Sub-Group	<p>received the assessment of impact, identification of key safeguarding risks and assurances of actions to mitigate these risks.</p> <p>Agreement to a QA and PM framework through which the SLSCB can continue to scrutinise performance and challenge any future safeguarding risk.</p>		
2.4	Neglect	<p>SLSCB to receive a report on the reasons why neglect remains the most significant CP category and what steps can be taken across the whole pathway of provision (the child's journey) to secure earlier intervention that reduces the number/proportion of</p>	Head of Safeguarding and Quality Assurance	<p>Evidence from QA and PM reporting that there has been reduction in the number/proportion of neglect cases within the CP system.</p>		

2.5	Mental Health of both children and adults	cases that reach the threshold for 'significant harm'.	Independent Chairs of SLSCB and SVAB	Evidence of improved co-ordination between children and adult services		
2.6	E-Safety	SLSCB and SVAB to devise plan for better integrated approach to assessing impact of mental health assessments across children and adult services Boards to agree QA and PM framework to scrutinise and evaluate impact. Gain assurance that there is a 'Safeguarding in Education' lead. Be assured that prevalence audit of e-bullying incidents is undertaken and that strategy and action plan to reduce levels of prevalence is agreed and in place Appropriate interventions in place to address needs of both	Quality Assurance and Performance Sub-Groups CYPFB/Safeguarding Lead for Schools	Evidence of improved outcomes for service users as specified in QA and PM framework.		

		Victims and perpetrators				
STRATEGIC OBJECTIVE 3						
To improve the effectiveness of the Slough Local Safeguarding Children Board						
Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
3.1	A level of Board effectiveness that enables the SLSCB to assume the role of the Safeguarding Improvement Board.	Secure a focus on our scrutiny and challenge role. Ensure that responsibility for commissioning and delivery of safeguarding functions is clearly understood and that appropriate reporting arrangements are in place to assure the SLSCB of improving performance	Independent Chair of SLSCB in collaboration with other key partnership leads.	Performance reaches levels that enable Ofsted to judge provision to be at least adequate. The Safeguarding Improvement Board is no longer required and the SLSCB assumes this role.	March 2014	
3.2	Implementation of changes to Board arrangements to reflect and secure compliance with the new Working Together framework –	Implement the Assessment, Threshold and Information Sharing arrangements referred to in 1AB2 above. Review the constitution,	Policy and Procedures Sub-Group Independent	SLSCB will be Working Together compliant. SLSCB will achieve	July 2014 At date of	

	including revised assessment and SCR/Learning and Development frameworks.	<p>terms of reference and modus operandi of the Board against the expectations of Working Together and implement any changes required to secure compliance</p> <p>Review SCR arrangements in light of Learning and Development section of Working Together, identify changes required and implement these.</p>	Chair of SLSCB	<p>at least adequate judgement in any inspection of child protection undertaken during 2013/14. Board is deemed to be Working Together compliant by Ofsted</p> <p>As above</p> <p>New Learning and Development arrangements are in place</p>	inspection	
3.3	Robust and rigorous partnership arrangements at a time of organisational and structural changes in some partner agencies.	Be proactive in ensuring that major organisational and structural change includes consideration of safeguarding and be assured that individual organisations are managing related risk/need for coherence and co-ordination.	Independent Chair of SLSCB Individual Board Members	Section 11 process Individual agency and multi-agency QA and PM reporting	Ongoing	

3.3	Implement the new QA and PM framework in collaboration with CSC, individual partner agencies and the CYPB and, as a result, enhance its ability to scrutinise and challenge safeguarding effectiveness and co-	<p>Key areas for focus are:</p> <ul style="list-style-type: none"> • changes in health economy with transition to Area Teams and CCGs including designated professional arrangements; • Police and Crime Commissioner's priorities and PC Plan; • Changes to provision of Probation Services • CAFAS response to inspection outcomes • Relationships with Academies and Free Schools 	Quality Assurance and Performance Sub-Group	New framework in place and operational	July 2013	
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3.4	ordination of safeguarding services across the partnership.	Secure clarity and coherence in the SLSCBs relationships with other partnership bodies including: the Slough Well-Being Board, the Safer Slough Partnership, Safer Communities Partnership, DAAT, and the Safeguarding Adults Board.	Further improve coherence and coordination between SLSCB and CYPBB Implement new protocol between SLSCB/SVAB and Slough Well-Being Board Formulate and implement protocol between SLSCB/SVAB and other partnerships including Safer Slough Partnership and other relevant PDGs Secure clear arrangements for holding to account those partnership entities responsible for key risk areas: domestic violence; drug and alcohol services; youth crime and gangs	Independent Chair and chairs of relevant partnerships	Clarity in respective roles of CYPBB as commissioning body and SLSCB as scrutiny and challenge body is secured. Dynamic relationship between SLSCB and Slough Well-Being Board in place Relationships between SLSCB and other partnership bodies clear and understood. Improved outcomes for children and young people particularly in areas of risk identified in		
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3.5	Secure a 'Think Family' approach to safeguarding effectiveness through effective co-ordination and coherence with the SVAB.	Hold joint planning meeting with SVAB to agree joint priorities. Formulate plan of action to secure delivery on co-ordinated activity	Independent Chairs of SLSCB and SVAB	Survey of partnerships to test impact of new protocols and agreements Joint Action Plan in place QA and PM framework to monitor and evaluate performance Evidence of improved safeguarding outcomes as set out in QA and PM framework	July 2013		
3.6	Secure assurance that children's services commissioning arrangements build in effective safeguarding arrangements.	Audit range of agencies/partnership that commission children's services. Secure from these agencies/partnerships assurance and evidence of their effectiveness in	Chair of CYPFB Independent Chair of SLSCB Leads from other commissioning bodies	Evidence of effective safeguarding through commissioning			

3.7	<p>Be assured that there is compliance with safeguarding policy and procedures across the partnership whilst promoting a learning culture.</p>	<p>securing safeguarding through commissioning</p> <p>Undertake Section 11 process to test compliance</p> <p>Monitor agency action plans arising from previous Section 11 to be assured that levels of compliance are increased.</p> <p>Implement new Learning and Development frameworks set out in Working Together 2013</p>	<p>Pan-Berkshire Section 11 Group</p> <p>Quality Assurance and Performance Sub-Group</p> <p>SCR Sub-Group</p>	<p>Improved compliance against Section 11 audit</p>		
3.8	<p>Be assured that appropriate arrangements are in place to plan and prepare for an Ofsted Inspection of Child Protection and the multi-agency inspection of safeguarding should this be introduced.</p>	<p>Secure engagement of all partners in inspection preparation and planning.</p> <p>Formulate and agree cross-partnership plan for inspection</p> <p>Contribute to updating of self-assessment through scrutiny and challenge of safeguarding</p>	<p>Slough Executive Partnership Group</p>	<p>Contributions to Ofsted inspection in place in a timely manner and to appropriate level of quality.</p> <p>Inspection outcome that matches self-assessment at time of inspection</p>		

	performance.					
STRATEGIC OBJECTIVE 4						
To improve communication and engagement between the SLSCB and children and young people, wider communities, front-line practitioners and partner agencies						
Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
4.1	COMMUNICATION A strong profile for the Board across the Partnership and the communities of Slough	<ul style="list-style-type: none"> Implement the new SLSCB web-site Ensure regular communication of key messages, Board decisions and learning from SCRs and other reviews/audits across the partnership primarily through existing agency communication channels; Raising the profile of the SLSCB through local media, events and other communication 	Communications Sub-Group of the SLSCB	<p>Web-site in place together with evidence of increased usage.</p> <p>Evidence of Increased positive media coverage</p> <p>Evidence of more effective engagement with partners and communities of Slough through measuring feedback from relevant forums/surveys</p>	<p>July 2013</p> <p>March 2014</p> <p>March 2014</p>	

4.2	<p>PARTICIPATION AND ENGAGEMENT</p> <p>Evidence that the voices of children, young people and families are heard in planning, delivering and evaluating safeguarding in Slough</p> <p>Evidence that views of frontline staff from across the Partnership are heard in planning, delivering and evaluating safeguarding in Slough.</p>	<p>channels.</p> <ul style="list-style-type: none"> Assuring the Board that the views of children and young people are gauged at strategic, community of interest and service delivery levels – primarily using existing forums and processes but, where necessary, securing additional activity to reach those not currently engaged; Ensuring that the CYPPB as the key integrated children’s commissioning body delivers an effective Participation Strategy as part of its commissioning process; Better utilising the voluntary and community, Council Members and other community facing organisations/individuals to support this priority; 	<p>Participation Sub-Group of the SLSCB</p>	<p>Assurance provided that engagement activities at all 3 levels are in place and functioning.</p> <p>Participation Strategy scrutinised and approved by SLSCB</p> <p>Arrangements in place to draw on these sources of engagement</p>	
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		<ul style="list-style-type: none"> Assuring the Board that the views of front-line staff feature in the development of policy, procedures, service developments – including reviewing SLSCB sub-group and task and finish group membership to include front-line managers and staff 		Staff survey evidence presented to SLSCB as part of its business planning process.		
STRATEGIC OBJECTIVE 5						
To develop our workforce to enable it to deliver the improvements and outcomes sought.						
Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
5.1	A workforce that is confident, competent and skilled to secure effective safeguarding and to deliver the expectations set out in this Business Plan.	<ul style="list-style-type: none"> Be assured of the inclusion of appropriate safeguarding training and development within the overall Children's Workforce Development Programme; Be assured that all agencies deliver 	Pan-Berkshire Training Sub-Group	SLSCB scrutiny of children's workforce development plan assures Board that safeguarding training appropriately covered. Evidence presented by agencies in both		

		<p>appropriate levels of training at levels 1 and 2;</p> <ul style="list-style-type: none"> • Be assured that multi-agency training is delivered at levels 3 and 4 to those that require it specifically in relation to key priorities in this Business Plan; • Be assured of the quality and impact of training in terms of building staff skills and competencies and in terms of improved safeguarding outcomes for children and young people; • In 2013/14 to ensure specific focus is given to: threshold awareness and implementation; awareness of and competence in addressing CSE and child trafficking; effective joint-working between children and 		<p>Section 11 and annual training audit Evidence presented by agencies in both Section 11 and annual training audit</p> <p>Evidence presented in annual training audit</p> <p>Specific outcome indicators and processes for evaluation will need to be agreed for these specific strands of activity as they are implemented.</p>		
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SLOUGH BOROUGH COUNCIL

REPORT TO: *Slough Wellbeing Board*

DATE: **25th September 2013**

CONTACT OFFICER: *(Nazia Idries, Corporate Policy)*
(For all Enquiries) (01753) 875553

WARD(S): *Chalvey and Foxborough*

PART I

FOR DECISION

Place Shaping work programme and update

1. **Purpose of Report**

This report provides the draft outline of the place shaping work programme for Chalvey and Foxborough and an update to the Slough Wellbeing Board on the outcomes and actions since the last place shaping exercise update to the SWB on 17th July 2013.

2. **Recommendation**

It is recommended that:

- the Committee agree the draft outline place shaping work programme for Chalvey and Foxborough.
- the Committee agree actions, assigned leads and whether reporting progress of the work programme is at each SWB committee meeting.
- the committee consider whether a third place shaping workshop should be set up to develop 1 year, 3 year and 5 year priorities to achieve the identified outcomes of this work stream .
- Board members note the progress to date.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan**

The place shaping work programme will work across all of the priorities and cross-cutting themes of the Slough Joint Wellbeing Strategy, working on a number of these to improve wellbeing in a small area initially.

4. **Other Implications**

(a) **Financial**

If the actions within the report are agreed, there may be financial implications for those partner organisations that partake in the

approaches proposed in the two Wards. Any direct financial implications will be the subject of a further report for agreement.

(b) Risk Management

Risk management would require consideration as appropriate to any work programmes agreed. Similarly these might require Equality Impact Assessments to be undertaken.

5. Supporting Information

Subsequent to the progress update on the place shaping exercise on the 17th July 2013, as a positive starting point for the place shaping approach, a meeting was held with Montem Primary School in Chalvey in which the approach was discussed. To build on positive outcomes, the discussion focussed on what had worked so far and what could be built on. The subsequent recommendations then produced some positive outcomes and a potential programme of work that would reflect the multidisciplinary approach and make key contributions to the wellbeing outcomes that the SWB is aiming for.

The school and SWB members present agreed a draft programme of work to be taken forward in Chalvey in the new autumn term. Cllr Rob Anderson, Angela Snowling (nominated on behalf of Lise Llewlyn) and Dr Jim O Donnell were in attendance from the SWB and Charlie McGeachie (head teacher of Montem Primary school) and Jane Hassan (Montem Primary school inclusion officer) from Montem Primary School.

The ideas suggested to be taken forward in the work programme included:

- Developing a booklet showing 'an activity a page' developed and organised by each partner of the SWB. To encourage participation and engagement of the community of Chalvey and Montem Primary School, this would be titled 'passport to citizenship to your area' for children at the school. This would be collectively endorsed by the SWB containing key activities to impact on improved outcomes identified by each partner organisation such as the following:
 - the set up of a mobile clinic at the school to encourage GP registration amongst communities with low GP registration rates
 - walks to a local health clinic to highlight the importance of health checks and encourage better oral health
 - awareness raising of fire safety concerns amongst vulnerable homes
 - walks along paths to reduce perception and fear of crime

Based on the actions agreed by SWB, a meeting with Foxborough Primary School is being set up for all SWB members in September / October to develop a similar programme of work based on issues specific to that area. It is important to emphasise that although the template work programme will be the same, the strategy and branding to encourage participation and engagement will be based on the requirements of the community of Foxborough.

The programme of work has been drafted and is included in appendix A for Board members to consider and agree. Once agreed, the Board is asked to consider one year, three year and five year priorities be developed to achieve the long term identified outcomes of this work stream. To do this, the Board are asked to consider whether a third place shaping workshop should be set up.

Part of the planning has been informed by the development of a template for a minimum level of outcomes to be achieved in each area. As previously stressed by the SWB, the importance of multi-disciplinary working and co-operation will be key to a successful approach on the place shaping intervention. Therefore, the leads assigned have been chosen to reflect the range of partners that the SWB is made up of.

As with the SWB communications plan presented to the SWB on the 17th July 2013, delivery of the place shaping work programme is reliant upon close collaboration and commitment from the teams of the partner organisations to avoid duplication of effort, and ensure consistent messages are delivered about the board's work. Therefore this work will be incorporated in the action communications plan of the SWB.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

None at this stage.

7. Conclusion

To conclude, the Slough Wellbeing Board has a draft place shaping work programme for the Wards of Chalvey and Foxborough. This would encourage the behaviour change required to increase take-up of services and in turn, improve the health and wellbeing outcomes the SWB is collectively looking to achieve.

The board could practically deliver on this by working closely with partners and should over the coming months start to develop 1 year, 3 year and 5 year priorities to achieve the identified outcomes of this work stream.

The next steps to be considered, would then be for Board members to agree actions and assign relevant leads with clear timescales for reporting back on progress.

8. Appendix A

Draft Place shaping work programme template

Draft Place shaping work programme for Chalvey	Partner lead	Impact of activity
Produce 'passport to citizenship' for children at Montem primary school	Nazia Idries (Slough Wellbeing Board support)	Start in Sep, to

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board
DATE: 18th September 2013
CONTACT OFFICER: Su Gordon-Graham, Strategic Commissioning Manager
Adults
(For all Enquiries) (01753) 875864
WARD(S): All

PART I

FOR INFORMATION AND APPROVAL

DEPARTMENT OF HEALTH FUNDING TRANSFER TO SOCIAL CARE

1. **Purpose of Report**

At the Wellbeing board meeting on 15th May 2013 the board members agreed in principle the joint areas for investment through the Department of Health funding for integrated health and social care services. This report is to advise the Wellbeing Board of the NHS allocation of funds to be transferred to local authorities and the section 256 agreement (appendix 2) which has been reached over the application of them.

Also attached is information on the NHS Heatherwood and Wexham Park-Accident and Emergency Winter Plan Commitment (appendix 3) and the Health and Social Care Integration Transformation Fund (appendix 4). A further report will be presented to the next Well Being Board for both these developments.

2. **Recommendation(s)/Proposed Action**

The Wellbeing Board is requested to approve the funding allocated.

3. **Slough Joint Wellbeing Strategy (SJWS) Priorities**
Health Profile of Slough as identified through the JSNA 2012:

In terms of future planning of health and social care services, the following key themes are identified in the Joint Strategic Needs Assessment (JSNA) 2012.

- The general health of many local people is poor and many people in Slough experience more years of ill health and disability than average.
- There are high rates of new coronary heart disease cases and pulmonary disease (chest and lungs).
- Diabetes rates are above the national average.
- Lung cancer incidences equal that of the national average.
- There are a higher than average number of people who are HIV positive or have AIDS and there has been a rise in the rate of TB.
- There are high numbers of people with mental health problems and people with problems of misuse and addiction to drugs or alcohol.
- There are high rates of childhood obesity and people who smoke, factors which impact on health and disability.

The JSNA highlights that 66% of people with chronic heart failure have 4 or more long term conditions, and as a result, 20% of the resources of the local clinical commissioning group are used to support those with four or more long term conditions. In addition, some patients consistently use accident and emergency (A&E) rather than elective care. Slough therefore has a high level of non-elective admissions which puts considerable pressure on accident and emergency. A&E attendances indicate a range from zero to 20 times a year per person. (Please see Appendix 1 for more information)

Many of the above factors affect people under 65 and continue to impact into old age. They present significant challenges that require considerable service planning and partnership working. The joint health and social care funding is designed to address these issues.

This report addresses therefore a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The services address key priorities listed above in the JSNA through addressing cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

4. **Other Implications**

(a) Financial

The funding associated with the activity contained within appendix 1 is met entirely through a specific funding stream.

5. **Supporting Information**

Background

- 5.1 Department of Health (DH) issued a letter during January 2011, Gateway Reference 15434, which described at the time, *Specific PCT Allocations for Social Care* for 2011/12 and 2012/13. It explained that:
- 'It is the Department's clear intention that this funding is used for social care purposes';
 - that PCTs 'will need to transfer to local authorities to invest in social care services to benefit health'; and
 - 'PCTs will need to work together with local authorities to agree jointly on appropriate areas for social care investment'.
- 5.2 The Slough allocation was: 2011/12 £1.37m and 2012/13 £1.31m.
- 5.3 A further DH letter of December 2012, Gateway Reference 18568, followed by another, Gateway Reference: 00186 June 2013 identifies funds for transfer to local authorities for 2013/14. For 2013/14, the funding transfer to local authorities will be carried out by the NHS England and the letter referred to, provides provisional information on the transfer, how it should be made, and the allocations due to each local authority. This is to help the Board and local authorities prepare for the coming year [2013/2014]. The amount for Slough LA in 2013/14 is £1.84m. The payments are to be made via an agreement under Section 256 of the 2006 NHS Act. The Board will enter into an agreement with each local authority subject to the following conditions:

- The funding **must be used to support adult social care services** in each local authority, which also has a health benefit. However, beyond this broad condition, the Department wants to provide flexibility for local areas to determine how this investment in social care services is best used.
- Local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.
- The Board may use the funding transfer to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment.

Funding Programme 2011 / 2013

- 6.0 Agreement for the original commitment was made at a Slough Collaborative Commissioning Board; the focus of the allocation was in the following areas:
- Development of Intermediate Care and Reablement
 - Equipment and Assistive Technology
 - Maintaining current eligibility and levels of support
 - Project/Management support of the programme
- 6.1 Taken together, the areas agreed, address the requirement to find better and alternative approaches to support people to remain as independent as possible and therefore less reliant on health and social care services. This is within a context of increased demand and changes in resource configuration, with balances of responsibility shifting between different organisations in the Slough Health and Social Care economy.
- 6.2 The work associated with Tomorrow's Community Health and Shaping the Future are examples of the policy shift to community based solutions. The focus of this funding is in line with this shift and will result in a reduction in hospital admissions, length of stay and increase timely discharge from hospital.
- 6.3 The 2011/2013 commitments were agreed, please see section D in appendix 2 Section 256 agreement below.
- 6.4 The project management and support presented in the table was originally to support a joint commissioning post. Structures have now changed and agreement has been reached to refocus these funds on the employment of a stroke coordinator from 2013/2014.
- 6.5 The stroke coordinator provides advice, information and support for patients and their families throughout their care pathway, including diagnostic investigations, diagnosis and treatment. The stroke coordinator works as part of a multidisciplinary team and will strive to act as patient advocate.

2013/2014 Funding Allocation

- 7.0 Discussion with the Clinical Commissioning Group has resulted in the continuation of existing areas of activity identified in 2011/2013, given their impact on improving levels of admission avoidance and maintaining performance in relation to transfers from hospital and; the continuation of an

increase in capacity emerging from an agreement related to the application Supporting Local Resilience one off funds announced in a letter 30th January 2013 from NHS South of England.

- 7.1 The full application is presented in section D of the S256 agreement below. The actual in year spend will be in line with the 2013/14 allocation. The commitment will need to be reviewed for 2014/15 once next years allocation has been announced.
- 7.2 Further nursing home placements have been added given the following analysis. Due to changes in lengths of stay, the bed base and the associated profile of nursing home placements, pressure on the latter was seen as sufficient a concern to be an area of investment in order to maintain provision and performance particularly in relation to placements from hospital. The original funding made provision for 5 additional placements to meet the demands of a changed bed base and throughput. The actual difference from the funding agreement to date (2011-2013) is 28, creating a gross pressure of £1m and £800k net of the investment. This represents over 100% increase in the numbers admitted from hospital: 24 in 2010/2011 and 50 in 2012/2013.
- 7.3 Work is underway through the governance arrangements to track the application of funding over 2012/2013 and 2013/14 Work is also underway to determine a fair cost of the LA administering and managing the grant and the HR, finance, commissioning and contracting overheads involved. Once arrived at this sum will also draw on remaining capacity.
- 7.4 It is important to note that this funding and the application of it should not be seen in isolation. The initiatives that have been developed are part of a wider set of initiatives across the health and social care economy. The initiatives complement work that is being developed around the closure of ward 8 at Heatherwood hospital and the Heatherwood and Wexham Park- A&E Winter Plan Commitment.

Performance

- 7.5 The application of funds across the whole time frame is to maintain and improve current performance activity against timescales and volumes, examples of this being the number of social care delayed transfers, numbers of people receiving intermediate care or reablement, numbers of unplanned admissions and the timeliness of responses to these areas. Beyond the information presented within this report and the performance frameworks of each organisation there is not as yet an agreed dashboard or scorecard which more holistically tracks investment and system change; work is underway within the Slough Integrated Care Governance Group to develop such a framework.

Governance

- 7.6 It has been agreed with Slough CCG that the governance for monitoring the investment and activity is undertaken in detail at the Slough Integrated Care Governance Group which will report a summary to the Health PDG which can in turn report in to the Wellbeing Board as required.

8 Comments of Other Committees / Priority Delivery Groups (PDGs)

The contents are agreed by the Health PDG, CCG Commissioners and the Director of Development.

9. **Conclusion**

Agreement for the original commitments for the funds were made at a Slough Collaborative Commissioning Board and the agreed investment programme for 2013/2014 provides a continuation of the existing programme along with further investment in the priority areas which support the agreed key priority areas of :

- Development of Intermediate Care and Reablement
- Equipment and Assistive Technology
- Maintaining current eligibility and levels of support
- Project/Management support of the programme

Taken together, the areas agreed, address the requirement to find better and alternative approaches to support people to remain as independent as possible and therefore less reliant on health and social care services.

The additional funds have also enabled opportunities for development of greater partnership working between Health and Social Care; an example being the newly formed Integrated Care Cluster meetings. These meetings target a joined up approach to prevent hospital admissions of those individuals most at risk and support them to manage conditions in the community.

10. **Appendices Attached**

Appendix 1. Further Slough Health Profile Information

Appendix 2. Section 256 2013/14

Appendix 3. Heatherwood and Wexham Park- A&E Winter Plan Commitment and Plan

Appendix 4. Statement on the Health and Social Care Integration Transformation Fund

11 **Background Papers**

'1' Department of Health, Gateway Reference 15434, 2011

'2' Department of Health, Gateway Reference 18568, 2012

'3' Department of Health, Gateway Reference 00186, 2013

Appendix 1 – Further Slough health profile information

According to the 2011 census, Slough's overall population is extremely young, with 55% of the population being under the age of 35 years and with the ratio of males to females being 1:1. Slough in general is performing worse than the national average when looking at a number of the Association of Public Health Observatories (APHO) small area indicators e.g. CV deaths, child poverty, high birth rates, low-birth weights, low immunisation uptakes, higher emergency hospital admissions. A substantial part of them are unregistered in GP surgeries and some belong to traveller communities.

Note: All of the statistics below are based on data collected and collated over four years (2006-2010), reflecting long-term outcomes and endpoints.

Some of these are graphically presented below in several types of Standardised Ratios (SR), which are compared to the England average, which is presented as '100'. The Standardised Mortality Ratio (SMR) quantifies the increase or decrease in mortality of a selected population group with respect to the general population. This is where the SMR = observed/expected x 100

Similarly, the SAR (Standardised Admission Ratio) quantifies the increase or decrease of hospital admissions in a selected population group with respect to the general population.

All Slough Ward Matrix – Rankings by a Selection of APHO Indicators

Ward	Deaths all causes - all ages	Deaths all causes - <75	Deaths from CVD - All ages	Deaths from CVD - <75 years	Emerg-ency MI	Deaths from stroke	Deaths from respiratory causes	Child poverty	Fertility	Low birth weights	Obesity - Year R	Obesity - Year 6	GCSE	Child development age 5	Elective admit - all causes	Emerg-ency admit children	Emerg-ency admit - all causes	Emerg-ency admit - CHD	Alcohol admit	Knee replacement
Britwell	8	9	13	1	10	13	3	2	10	3	10	10	13	6	1	2	2	5	2	2
Farnham	5	3	4	11	5	2	9	11	7	11	5	14	8	10	11	9	9	9	9	9
Haymill	4	8	12	2	14	5	13	9	8	13	6	13	4	2	7	5	12	12	10	7
Baylis and Stoke	7	4	7	8	4	4	5	4	3	1	7	7	11	12	8	14	5	3	7	6
Wexham	6	11	6	9	9	6	6	8	9	2	2	5	12	7	5	11	3	6	4	4
Cippenham Green	13	14	9	14	12	9	8	14	13	9	14	10	6	3	9	10	14	14	14	12
Central	3	2	1	13	1	3	7	3	3	5	7	1	10	11	12	13	4	2	8	8
Cippenham Meadows	9	7	10	12	6	14	10	7	2	7	9	8	5	9	13	8	11	4	11	3
Chalvey	1	1	2	4	2	1	1	1	1	6	11	1	14	14	10	3	1	1	3	5
Langley St Marys	14	13	14	7	13	10	12	13	11	10	13	4	2	1	3	7	10	11	12	13
Upton	10	5	8	10	8	11	11	12	12	13	4	6	1	5	14	12	13	13	13	14
Kedermister	11	12	11	5	11	12	4	10	14	12	3	12	8	9	4	6	6	8	10	6
Foxborough	12	6	5	6	7	7	14	6	6	3	12	8	3	8	2	4	6	7	1	10
Colnbrook & Poyle	2	10	3	3	3	8	2	5	5	7	1	3	7	13	4	1	7	8	5	1

Slough Wards with the Poorest Outcomes

Several wards feature repeatedly at the top of the tables for the indicators in which Slough is generally worse than England average:

Ward	Features in top 3	Ranked 1st	Ranked 2nd	Ranked 3rd
Chalvey	15	11	3	1
Colnbrook and Poyle	8	4	3	1
Britwell	8	1	6	1
Central	8	3	2	3

Foxborough	5	1	1	2
Wexham	5		2	3
Baylis and Stoke	5	1		4

Below are more specific indicators, with the top three ward's statistics shown:

All Cause Deaths, All Ages

Rank	Ward	Actual no. of deaths	Expected no. of deaths	Indicator value - SMR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	384	250	153.5	138.6	169.7
2	Colnbrook and Poyle	146	114	127.8	107.9	150.3
3	Central	306	284	107.8	96.1	120.6

Deaths from Cardiovascular Disease in the Population of <75 Years of Age

Rank	Ward	Actual no. of deaths	Expected no. of deaths	Indicator value - SMR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	28	14	203.4	135.2	294
2	Central	29	15	194.2	130	278.9
3	Farnham	30	16	191.3	129.1	273.1

Emergency Hospital Admissions – All Causes

Rank	Ward	Actual no. of admissions	Expected no. of admissions	Indicator value - SAR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	5357	4003	133.8	130.3	137.5
2	Britwell	5413	4452	121.6	118.4	124.9
3	Wexham	5498	4691	117.2	114.1	120.3

Alcohol-Related Hospital Admissions

Rank	Ward	Actual no. of admissions	Expected no. of admissions	Indicator value - SAR (England avg = 100)	Lower CI	Upper CI
1	Foxborough	767	588	130.4	121.4	140
2	Britwell	950	773	122.8	115.1	130.9
3	Chalvey	801	677	118.3	110.3	126.8

Appendix 2

Section 256 NHS MEMORANDUM OF Agreement FOR TRANSFER OF ALLOCATION FOR SOCIAL CARE FOR 2013/14

Between

NHS England (Thames Valley)

And

Slough Borough council together referred to as “the Parties”

Giving effect to a transfer of monies from NHS England to the Slough Borough Council pursuant to Section 256 of the NHS Act 2006.

Section A: Background and Principles

1. The purpose of this Memorandum of Agreement is to provide a framework within which the Parties will enable transfers of funding pursuant to Section 256 of the NHS Act 2006 and in line with the National Health Service (Conditions relating to payments by NHS Bodies to Local Authorities) Directions 2013, to enable those funds transferred to be invested by social care for the benefit of health and to improve overall health gain.

2. Gateway reference 00186 states that NHS England will transfer £859m from the 2013/14 mandate to local authorities. The funding must be used to support adult social care services in each local authority, which also has a health benefit.

4. NHS England Thames Valley, on the recommendation of Slough clinical commissioning group and the Slough Wellbeing Board (“through approval of s256 paper at its meeting on 15th May and is satisfied that:

- the transfer of this funding is consistent with their Strategic Plan that it is likely to secure a more effective use of public funds than if the funds were used for solely NHS purposes, in line with the conditions relating to Section 256 payments the Act.
- The transfer of these funds has had regard to the Joint Strategic Needs Assessment, the draft Health and Wellbeing Strategy and the commissioning plans of both the Clinical Commissioning Group and Local Authority.
- The funding transfer will make a positive difference to social care services, and outcomes for users, compared to service plans in the absence of a funding transfer

Section B: Purpose of this Memorandum of Agreement

5. This Memorandum of Understanding gives effect to those arrangements to benefit the population of Slough through the use of these monies the partners intend to secure more efficient and effective provision of services across the health and social care interface as outlined in Schedule 1.

6. Monies defined in Section C below will be transferred to the Local Authority under Section 256 and used in accordance with the terms of this agreement. If this subsequently changes, the memorandum must be amended and re-signed, as a variation to the original.

7. This Memorandum of Understanding governs the transfer, monitoring and governance arrangements for the monies and the projects associated with delivering the objectives.

Section C: Terms of Agreement – The sums of money

8. The money, which shall be transferred from NHS England to Social Care, is shown below:

	2013/14
Allocations for social care	£1.84

9. Payments will be made quarterly based on invoices issued by the Local Authority. The invoices must quote the relevant purchase order number.

Where a payment is made under this Agreement, the Council will provide an annual voucher in the form set out in Schedule 3 to Agreement. This voucher must be authenticated and certified by the Director of Finance or responsible officer of the recipient.

Recipients must send completed vouchers to their external auditor by no later than 30th September following the end of the financial year in question and arrange for these to be certified and submitted to the paying authority by no later than 31st December of that year. A Certificate of Independent Auditor opinion is set out in Schedule 3 to the Agreement.

Section D: Terms of Agreement – The uses of money

13. Uses of this funding will be as follows and will be subject to review as part of the joint governance arrangements set out in Section E below:

Table 1:

Detail	Budget Allocated £s	Actual spend £
<p>Enhanced Intermediate Care & End of Life Care Intermediate Care Services provide an outcome focused Intermediate Care/ Reablement programme for people who are referred by Hospitals, GPs, community health providers or social care services.</p> <p>An End of Life Care service is provided for people who have a life expectancy of less than 6 weeks and who wish to spend their last days at home.</p>	£ 624,760	£ 624,760
<p>Telecare Equipment & Careline The increase in reablement (Intermediate Care) is supported by the use of equipment, telecare and monitoring approaches to promoting independence and security including the provision of preventative pendant alarms. The funding will meet set up and expansion costs.</p>	£ 47,676	£ 27,676
<p>Nursing Home Placements The profile of nursing home placements over the past 12 months show an increase in the number of placements and a reduced the length of stay in hospital this has been an increased budget pressure on the council. Funds are required to meet this ongoing demand for nursing home placements. During 2009/10 there were 40 Nursing placements, in 2010/11 there were 62 placements showing an increase of 55% the overall spend was 1.2 million.</p>	£ 200,000	£ 200,000
<p>Reablement Provides intensive support to either prevent people from being admitted into hospital or for people leaving hospital to minimise the chances of re-admission, and is available to all adults who refer to adult social care services and meet adult social care eligibility criteria. The aim of this service is very similar to intermediate care. That is support to increase users' levels of independence and improve quality of life, while at the same time seeking to reduce the need for ongoing support.</p>	£ 436,800	£ 436,800
<p>Project management & Support This funding has supported the commissioning and contracting activity involved in supporting the resource deployment.</p>	60,000	30,000
Total	1,369,236	1,319,236

2 The Additional 2013/2014 fund allocation is presented below:

Table 2:

Details of scheme to be funded	LA (£)	Actual spend £	Outcome
Increased funding for joint equipment	£ 20,000	£ 10,000	Prevention of DToC and admission avoidance
Increased social care packages as a result of the integrated care teams implementation	£ 20,000	£ 20,000	Avoidance of pressure on social care budgets
Additional Capacity for end of life care and extending beyond 6 weeks	£ 80,000	£ 80,000	Capacity to meet demand
Domiciliary care to prior to reablement to expedite discharge and avoidance	£ 30,000	£ 30,000	Timely discharge and prevent admissions
2 extra Reablement Assistants to enhance the current cluster model	£ 40,000	£ 40,000	Avoiding admission to acute hospital
Additional therapist and social work capacity (Cluster model)	£ 50,000	£ 50,000	Facilitating earlier discharge and avoidance
5 further nursing placements due to increased pressure as discussed in Para 27	£200,000	£200,000	Maintain current performance - Meeting additional demand
Health investment/integration project officer (alternative funding for year 1)	£ 50,000	£ 25,000	Provide governance and integration support
Telecare responder service	£ 20,000	£ 10,000	Component missing from telecare/health take up
Telecare/health project lead (1 yr)	£ 50,000	£ 50,000	To ensure operational implementation and links to telehealth
£530,000	£560,000	£ 515,000	(-£50k year 1)
Total projected spend for 2013/14 table 1 & 2		£ 1,834,236	

Section E: Terms of Agreement - Governance, Reporting and Monitoring

14. In Slough Borough Council the Agreement shall be held by Director of Wellbeing and appointed nominees to manage, monitor and deliver.

15. In NHS England the Agreement shall be held by the NHS England (Thames Valley) Director and appointed nominees to manage, monitor and deliver NHS interests.

16. In Slough CCG the appointed nominee for governance and monitoring purposes will be the Head of Operations.

17. The Slough integrated care governance group shall monitor and review the programme of work monthly and ensure corrective action where required. At least one officer of the CCG shall be a member of this Board. Slough Wellbeing board will receive quarterly reports on the progress of the programme of work from the Integrated Commissioning Board and ensure the programme supports the delivery of the Health and

Wellbeing Strategy and Joint Strategic Needs Assessment. NHS England will be represented on the Slough Wellbeing Board. The Wellbeing Board will review the annual expenditure of the allocation.

18. Any underspend on the transfer money will be discussed by Slough Borough council and Slough CCG via the Integrated care governance group and agreement reached as to how the underspend should be dealt with. This may include retention of the underspend with Slough borough council for use on additional activity for the benefit of health or an alternative arrangement.

19. The Council will report expenditure plans on a monthly basis to NHS England (Thames Valley) categorised into the following service areas (Table 1) as agreed with the Department of Health.

Table 1:
Analysis of the adult social care funding in 2013-14 for transfer to local authorities
<i>Service Areas- 'Purchase of social care'</i>
Community equipment and adaptations
Telecare
Integrated crisis and rapid response services
Maintaining eligibility criteria
Re-ablement services
Bed-based intermediate care services
Early supported hospital discharge schemes
Mental health services
Other preventative services
Other social care (please specify)

Section F: Terms of Agreement - Renewal, Disputes, Variation and Alteration

- 19. The agreement may be altered by mutual consent by an exchange of letters.
- 20. In relation to continuation beyond 1st April 2014, such provisions as shall be directed by the Secretary of State on continuation and transferral of agreements shall apply.
- 21. Disputes shall be resolved by informal means wherever possible and thence by formal meeting of the Integrated care governance group and referral to the Health and Wellbeing Board if agreement cannot be reached.

Section G: Signatures

In respect whereof, the parties to this agreement have caused to be affixed their hands and seals.

Signature _____
 Name _____
 Date _____
FOR AND ON Slough Borough Council

Signature _____
 Name _____
 Date _____
FOR AND ON Slough Borough Council

Signature _____
 Name _____
 Date _____
FOR AND ON BEHALF NHS ENGLAND

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Non-recurrent funding support - template to be completed per system and returned to England.Operations-South@nhs.net by midday Friday 23 August 2013. All fields must be completed.

version V6

Name of system/trust:	East Berkshire/Heatherwood & Wexham Park Hospital NHS FT
Does the plan require non-recurrent funding only?	YES
Has the plan been agreed by the urgent care board?	YES
Has the urgent care board checked with ECIST that the plan is evidence based?	YES
Total non-recurrent funds requested for 2013/14 (sum of column C below):	6,644,540

Please use as many lines as necessary to set out full plan details:

(-) = reference list. Appendix 3

		Funds requested (£k)	Organisation(s) that will use the funding	Full details on what the funding will be spent on	Clear measurable outcomes (KPIs)
Urgent Care Access TOTAL £1,834,540					
1	Communications and signposting	£K			
1.1	Clearer communication and patient education is needed to allow patients in East Berkshire to have clear understanding of the services that are available to them, how to use them and when they should be used. Empowering patients with the knowledge they need to make the best choices when seeking support from their local NHS.	150	Windsor Ascot and Maidenhead CCG Slough CCG Bracknell and Ascot CCG Chiltern CCG	Implementation of social marketing work following in depth market research undertaken across East Berkshire & South Buckinghamshire patch. Focus of work is to increase awareness of alternatives to A&E and further enhance the usage of NHS 111 as a first point of contact for patients rather than use of A&E (1). East Berkshire communications will work collaboratively with south Buckinghamshire communications to ensure appropriate signposting of patients. The bid from Buckinghamshire will cover the South Bucks patch. Local population needs vary and each Berkshire East CCG will have £50k to consider the most appropriate way to engage. Verve report May 2013 (2)	Reduction in A&E Attendances Decrease in Ambulance arrivals. Reduction of emergency admissions. Increase in NHS 111 dispositions to A&E alternatives
1.2	After initial experience of the 111 Directory of Services (DOS), it is in need of review to ensure that alternatives to A&E are fully represented and selected whenever appropriate	50	Windsor Ascot and Maidenhead CCG Slough CCG Bracknell and Ascot CCG South Central Ambulance Service	Working with 111 provider to enhance the DOS to fully incorporate all services which are alternative to A&E. To include the range of services provided by community pharmacy (3). This bid covers the Berkshire 111 service only. Use of local DOS apps and raise profile in practices by placing on screens. Education and raised awareness for local authorities and A&E about the DOS. Consider the scope for general practice staff to be trained in the use of the system. CCGs note that the CSCSU is already commissioned to provide some support for further localising the DOS.	Increase the numbers of respondents to the Friends and Family Test who have a positive experience of emergency care.
		200			
2	Access to GPs and other specialist advice.				
2.1a	Difficulty of accessing GP appointments at evenings and weekends is identified as a key problem leading to higher attendances at A&E, particularly in Slough.			Each CCG has focussed on its own populations pattern of demand and so a varied approach will be taken to meet the same outcomes. For example in Windsor and Ascot grouped practices would consider offering 5 additional evening sessions and additional weekend sessions. In Slough, each practice will increase the number of available appointments by 5%. These appointments will be ring-fenced and held for use by the 111 service and A&E. To cover East Berkshire and Chiltern CCGs.	
2.1b	CCGs want to focus on the needs of patients with complicated social and long term conditions and especially COPD and Heart Failure. Admission can be avoided with a advice line provided by GPs referred via 111 for those patients needed to speak directly to a GP for areas such as paediatrics. Therefore, access will be reviewed in relation to key specialties such COPD, Heart Failure patients and others with complex conditions as well as paediatrics.	590	Windsor Ascot and Maidenhead CCG Slough CCG Bracknell and Ascot CCG Chiltern CCG	Enhanced access to medical care and advice will be explored including consultants, external providers and the Met Office who deliver weather warnings. 111 service could then arrange to cold call specific patients at risk that had consented to being alerted. East Berkshire CCGs only.	Reduction of emergency admissions. Reduction in A&E Attendances Ability for 111 to book directly into urgent care access services.
2.1c	It is referenced in primary care that some patients who are advised to attend A&E may have been managed by GP services within the community setting			24/7 GP within 111 to support decision making for call handlers and existing clinicians when patients can be managed by self care or within existing primary and community services. East Berkshire CCGs only.	
2.1d	Consistent delivery of alternatives to A&E (MIU, Urgent Care, WIC) are required to reduce confusion in the system			Need for consistent opening times, 8am to 8pm for; St Marks UCC, Heatherwood MIU, Slough WIC (4). St Marks Urgent Care Centre - currently closes at 5pm and 1pm at weekends. East Berkshire CCGs only.	
		590			

3 Urgent Community response					
3.1	<p>Difficulty for GPs to currently respond to urgent home visits without significant disruption to surgeries, or patients have to wait until end of surgeries increasing the risk of unplanned attendance/admission to hospital.</p> <p>Admission can be avoided with an enhanced level of Urgent Primary Care Response. This is also intended to fill nursing skills gaps which result in admission for conditions treatable within the community.</p> <p>Services should be integrated and mobile to optimise efficiency and continuity of care.</p> <p>Following review of our Rapid Access Community Clinic (RACC) service it could be enhanced by making this service operational 7 days a week rather than the current Monday to Friday service</p>	435	<p>Windsor Ascot and Maidenhead CCG</p> <p>Slough CCG</p> <p>Bracknell and Ascot CCG</p> <p>Berkshire Healthcare Foundation Trust</p>	<p>Pilot a new integrated RACC. Extend opening hours of Rapid Access Community Clinic to include weekends would extend access to this service to people who can be supported at home rather than being admitted to hospital. The service includes Consultant geriatrician and advanced health practitioner support(5).</p> <p>This service could be integrated by enhancing the current RACC and utilising nurses skilled to treat DVT, insert catheter provide advice and medication advice to ICTs. There will also be a link to mental health liaison services attached to this model.</p> <p>The addition of a GP to this service would then incorporate urgent home visiting whereby the patient would be triaged by their own practice GP to increase continuity and ensure their need is urgent and not a routine home visit.</p> <p>GPs to be recruited should be experienced and trained in admission avoidance and local DOS and referral</p> <p>This can link directly with the GP admissions unit where necessary in order to bypass A&E. Consider</p>	<p>Reduction of emergency admissions.</p> <p>Reduction in A&E Attendances</p> <p>Increase in % of patients admitted to community beds from home.</p> <p>Bed Occupancy within Community Hospitals</p>
3.2	<p>Capacity pressures within the community matron team leading to some issues in the enhancement of integrated care teams which are the key element of the system's admission avoidance strategy and key to A&E recovery</p>	220	Berkshire Healthcare Foundation Trust	<p>3 additional community matrons flexible to peaks and troughs by locality, to support existing caseload capacity pressures and support admission avoidance through integrated care teams.</p> <p>There needs to be a link with specialist teams and a focus on patients with COPD, Heart Failure, Diabetes and complicated social and long term conditions.</p> <p>Proactive training and liaison with practices regarding their role and how they can effect the high risk and frequent flier patients groups to reduce self referral to A&E.</p> <p>This part of the bid covers East Berkshire only Community provision from Buckinghamshire is covered in the Buckinghamshire bid.</p>	<p>Reduction of emergency admissions.</p> <p>Increase in % of patients admitted to community beds from home.</p>
3.3	<p>Ability for ambulances to respond in a timely manner to GP requests for urgent ambulances. Leads to patient delays and flow problems through Hospital.</p> <p>Ambulance capacity issues for evening and weekend support to respond to the increases in activity partly due to 111 activities. Current experience and modelling indicates a bulk of activity occurs in the evening and weekend periods</p>	389.54	South Central Ambulance Foundation Trust	<p>Increasing ambulance capacity through service redesign to improve resilience particularly at weekends. Demand predictions are now in place by hour for the rest of the year.</p> <p>There will be plans to support hear and treat, see and treat and the use of other mechanisms such as the DOS and direct access to nursing teams and clinicians for advice. Smoothing the flow of GP urgent patients to arrive early enough for on day diagnostics enabling a reduction in length of stay or avoiding admission altogether, enabling us to respond in a timely manner to the requests made by GP's.</p> <p>Despatch desk in the emergency control centre to manage additional dedicated DECA ambulance resource responding to GP urgent calls only. This will help tackle the current long waits for ambulance resource for this patient group. Freeing resources to respond to the 999 demand.</p> <p>This investment will be monitored through improvement in achievement of response times to these G</p> <p>The Buckinghamshire bid is supporting 2 additional vehicles for the SCAS service over the winter period</p>	<p>Improvement of Ambulance Handover times.</p> <p>Improvement of Ambulance response times</p> <p>Decrease in Ambulance arrivals.</p> <p>Reduction of emergency admissions</p>
3.4	<p>Enhance Flu campaign:</p> <p>Risk of losing community bed capacity if independent providers do not implement a programme to encourage maximum uptake of flu vaccinations for approximately 10-15,000 front line staff</p> <p>Risk of vulnerable housebound patients not being able to access flu vaccination.</p>	150	<p>Bracknell Forest Council</p> <p>Royal Borough of Windsor & Maidenhead</p> <p>Slough Borough Council</p>	<p>Work with unitaries to identify all independent organisations that engage front line care staff that are outside of their employment and work to care for East Berkshire residents.</p> <p>Develop a local campaign to encourage staff to have a flu vaccination.</p> <p>Provide a voucher scheme to access vaccination.</p> <p>Work with practice to ensure all vulnerable at risk patients are able to access a flu vaccination. Flu vaccinations in Chiltern are part of the Buckinghamshire bid.</p>	<p>Number of institutions and staff identified.</p> <p>Number of vaccination vouchers redeemed.</p>
	Less amount deducted from whole work stream	1,194.54			
		-150.00			

1,834.54

Wexham Park Hospital patient flow TOTAL £3,470,000					
4	Staff capacity and skill mix initiatives				see foot note
4.1	Ensure that care for frail elderly patients is provided by appropriate community services rather than acute	85	Heatherwood and Wexham Park Hospital	Implement a best practice rapid assessment & navigation model. Recruit an additional Consultant post for "Frail Elderly" services. Work with GPs when considering patients for discharge.	A&E performance to be maintained at 95% Reduction in emergency admission
4.2	Need to improve surgical pathway for ambulatory admissions	40	Heatherwood and Wexham Park Hospital	Recruit additional 2 ENP .	A&E performance to be maintained at 95% 18 week target monitoring.
4.3	Ensure improved responsiveness of surgical decision making at the "front door"	85	Heatherwood and Wexham Park Hospital	Recruit an additional Consultant post (6)	A&E performance to be maintained at 95% 18 week target monitoring.
4.4	Co-ordination of Fractured Neck of Femur Service across trust	45	Heatherwood and Wexham Park Hospital	Recruitment of 2 new trauma nurses	A&E performance to be maintained at 95% 18 week target monitoring.
4.5	Enable implementation of adequate 7 day ultrasound service provision	25	Heatherwood and Wexham Park Hospital	1 additional Sonographer	A&E performance to be maintained at 95% 18 week target monitoring.
4.6	A backlog of elective activity built up during 2013 is a direct threat to bed capacity during the winter months	700	Heatherwood and Wexham Park Hospital	Short term fund to enable activity backlog outsourcing	18 week target monitoring
4.7	Flow of patients through the hospital needs to be improved	150	Heatherwood and Wexham Park Hospital	3 additional lead ambulatory care nurses to improve the flow of patients by adopting a case management approach. Work with GPs when considering patients for discharge.	A&E performance to be maintained at 95%
4.8	Prior to the major redesign of A&E at Wexham Park there are a number of changes to current layout which will lead to an improvement of patient privacy and dignity / Increase Trolley space for "majors" (10). Speed up the transit for ambulatory patients	500	Heatherwood and Wexham Park Hospital	3 additional nurses per shift and 2 new consultant posts to improve patient flow in the reconfigured A&E at Wexham Park (6)	A&E performance to be maintained at 95% Ambulance Handover times <15minutes 18 week target monitoring.
4.9	Reduction of pressure on other areas within the hospital and integrate with primary care. Medical and non elective surgical patients are treated within this service.	290	Heatherwood and Wexham Park Hospital	GP in A&E to be a Primary Care expert support for staff and GP Direct Referral Unit	A&E performance to be maintained at 95%
		1,920			
5	Infrastructure investment to increase capacity and improve patient experience				
	CAPITAL				
	REMOVED				
	REVENUE				
5.4	Flexible bed management capacity is required to meet peak demand, accommodating patients in appropriate locations	700	Heatherwood and Wexham Park Hospital	Revenue cost of opening the refurbished ward 17 which is currently being used as escalation space but is unsuitable for the purpose.	A&E performance to be maintained at 95% 18 week target monitoring.
5.5	Flexible bed management capacity is required to meet peak demand, accommodating patients in appropriate locations	700	Heatherwood and Wexham Park Hospital	Revenue cost of new escalation ward capacity via a new modular ward and further internal refurbishment	A&E performance to be maintained at 95%
		1,400			
6	Redesign implementation				
6.1	Information Technology support needed to enable optimal management of trust capacity and patient flow	150	Heatherwood and Wexham Park Hospital	Revenue funding to enable a rapid deployment of a suitable A&E system	A&E performance to be maintained at 95%
		150			

3,470.00

9th September 2013

Matthew Tait
Area Team Director
Thames Valley

Dear Matthew,

Re: Heatherwood and Wexham Park- A&E Winter Plan Commitment

We are writing to outline our commitment to ensuring safe, effective urgent and emergency care services over the winter period in Heatherwood and Wexham Park NHS Foundation Trust and the surrounding health and social care system.

All partners have been working through the Urgent Care Programme Group to develop robust plans to increase capacity to target meeting the NHS Constitution commitment of patients being able to be seen within 4 hours of attendance at Accident and Emergency in Heatherwood and Wexham Park. The system will work together to target achievement in Quarters 3 and 4 of 2013/14 with an additional £6.644m resource allocated by NHS England.

The plans have been approved by the Urgent Care Programme Group and will be managed through three distinct workstreams:-

- Urgent Care Access
- Wexham Park Patient Flow
- Discharge and Out of Hospital

The system has agreed an escalation framework with communication mechanisms to manage peaks of demand. Performance will be assessed on a daily basis and monitored monthly by the Urgent Care Programme Group.

Yours sincerely,


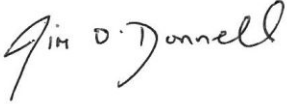










Philippa Slinger
Chief Executive

Co-signatories:

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List of partners signatures in support of collaboration and commitment to delivering the Winter Pressures programme.

Name & Designation	Signature
Dr Adrian Hayter Clinical Lead Winsor Ascot & Maidenhead CCG Email: Adrian.hayter@nhs.net	
Dr William Tong Clinical Lead Bracknell and Ascot CCG Email: w.tong@nhs.net	
Dr Jim O'Donnell Clinical Lead Slough CCG Email: jim.odonnell2@nhs.net	
Grant Macdonald Deputy Chief Executive Heatherwood & Wexham Park NHS Foundation Trust Email: grant.Macdonald@hwph-tr.nhs.uk	
Julian Emms Chief Executive Berkshire Healthcare Foundation Trust Email: julian.emms@berkshire.nhs.uk	
Glynn Jones Director of Adult Social Care, Health & Housing Bracknell Forest Council Email: glynn.jones@bracknell-forest.gov.uk	
Christabel Shawcross Deputy Managing Director and Strategic Director Royal Borough of Windsor and Maidenhead Email: christabel.shawcross@RBWM.gov.uk	
Jane Wood Strategic Director Community & Wellbeing Slough Borough council Email: Jane.Wood@slough.gov.uk	
Patrick Rogan Chief Executive East Berkshire Primary Care Email: Patrick.rogan@nhs.net	

<p>Helen Clanchy Director of Primary Care Area Team Email: Helen.clanchy@nhs.net</p>	<p><i>Please take this as my agreement to the East Berkshire winter planning proposals.</i> Clanchy Helen (NHS ENGLAND) helen.clanchy@nhs.net Mon 19/08/2013 16:51</p>
<p>John Lisle Chief Operating Officer NHS Chiltern CCG John.lisle@nhs.net</p>	
<p>Keith Boyes Area Operations Manager SCAS Email: keith.boyes@scas.nhs.uk</p>	

Date: 19th August 2013

Statement on the health and social care Integration Transformation Fund

Summary

1. The June 2013 Spending Round was extremely challenging for local government, handing councils reduced budgets at a time of significant demand pressures on services. In this context the announcement of £3.8 billion worth of funding to ensure closer integration between health and social care was a real positive. The money is an opportunity to improve the lives of some of the most vulnerable people in our society. We must give them control, placing them at the centre of their own care and support, make their dignity paramount and, in doing so, provide them with a better service and better quality of life. Unless we seize this opportunity to do something radically different, then services will get worse, costs to taxpayers will rise, and those who suffer the most will be people who could otherwise lead more independent lives.
2. The funding is described as: “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”. We are calling this money the health and social care Integration Transformation Fund (ITF) and this note sets out our joint thinking on how the Fund could work and on the next steps localities might usefully take.
3. NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) are working closely with the Department of Health and Department for Communities and Local Government to shape the way the ITF will work in practice. We have also established a working group of CCGs, local authorities and NHS England Area Teams to help us in this process.
4. In *‘Integrated care and support: our shared commitment’* integration was helpfully defined by National Voices – from the perspective of the individual – as being able to “plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”. The ITF is a means to this end and by working together we can move toward fuller integration of health and social care for the benefit of the individual.
5. Whilst the ITF does not come into full effect until 2015/16 we think it is essential that CCGs and local authorities build momentum in 2014/15, using the additional £200m due to be transferred to local government from the NHS to support transformation. In effect there will need to be two-year plans for 2014/15 and

2015/16, which must be in place by March 2014. To this end we would encourage local discussions about the use of the fund to start now in preparation for more detailed planning in the Autumn and Winter.

Context: challenge and opportunity

- 6. The ITF provides an opportunity to transform care so that people are provided with better integrated care and support. It encompasses a substantial level of funding and it will help deal with demographic pressures in adult social care. The ITF is an important opportunity to take the integration agenda forward at scale and pace – a goal that both sectors have been discussing for several years. We see the ITF as a significant catalyst for change.
- 7. There is also an excellent opportunity to align the ITF with the strategy process set out by NHS England, and supported by the LGA and others, in *The NHS belongs to the people: a call to action*¹. This process will support the development of the shared vision for services, with the ITF providing part of the investment to achieve it.
- 8. The ITF will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work CCGs and local authorities are already doing, for example, as part of the integrated care “pioneers” initiative and Community Budgets, through work with the Public Service Transformation Network, and on understanding the patient/service user experience.

Background

- 9. The June 2013 Spending Round set out the following:

2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8 billion pooled budget to be deployed locally on health and social care through pooled budget arrangements.

- 10. In 2015/16 the ITF will be created from the following:

£1.9 billion existing funding continued from 14/15 - this money will already have been allocated across the NHS and social care to support integration
£130 million Carers’ Breaks funding.
£300 million CCG reablement funding.

¹ <http://www.england.nhs.uk/2013/07/11/call-to-action/>

c. £350 million capital grant funding (including £220m of Disabled Facilities Grant).
£1.1 billion existing transfer from health to social care.
<p style="text-align: center;">Additional £1.9 billion from NHS allocations</p> <p>Includes funding to cover demographic pressures in adult social care and some of the costs associated with the Care Bill.</p> <p>Includes £1 billion that will be performance-related, with half paid on 1 April 2015 (which we anticipate will be based on performance in the previous year) and half paid in the second half of 2015/16 (which could be based on in-year performance).</p>

11. To access the ITF each locality will be asked to develop a local plan by March 2014, which will need to set out how the pooled funding will be used and the ways in which the national and local targets attached to the performance-related £1 billion will be met. This plan will also set out how the £200m transfer to local authorities in 2014/15 will be used to make progress on priorities and build momentum.
12. Plans for the use of the pooled monies will need to be developed jointly by CCGs and local authorities and signed off by each of these parties and the local Health and Wellbeing Board.

Conditions of the full ITF

13. The ITF will be a pooled budget which will can be deployed locally on social care and health, subject to the following national conditions which will need to be addressed in the plans:
 - plans to be jointly agreed;
 - protection for social care services (not spending);
 - as part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
 - better data sharing between health and social care, based on the NHS number (it is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health);
 - ensure a joint approach to assessments and care planning;
 - ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
 - risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached; and
 - agreement on the consequential impact of changes in the acute sector.

14. Ministers have agreed that they will oversee and sign off the plans. As part of achieving the right balance between national and local inputs the LGA and NHS England will work together to develop proposals for how this could be done in an efficient and proportionate way.

Conditions of the performance-related £1 billion

15. £1 billion of the ITF in 2015/16 will be dependent on performance and local areas will need to set and monitor achievement of these outcomes during 2014/15 as the first half of the £1 billion, paid on 1 April 2015, is likely to be based on performance in the previous year. We will be working with central Government on the details of this scheme, but we anticipate that it will consist of a combination of national and locally chosen measures.

Delivery through Partnership

16. We are clear that success will require a genuine commitment to partnership working between CCGs and local authorities. Both parties need to recognise the challenges they each face and work together to address them.

- Finding the extra NHS investment required: Given demographic pressures and efficiency requirements of around 4%, CCGs are likely to have to re-deploy funds from existing NHS services. It is critical that CCGs and local authorities engage health care providers to assess the implications for existing services and how these should be managed;
- Protecting adult social care services: Although the emphasis of the ITF is rightly on a pooled budget, as with the current transfer from the NHS to social care, flexibility must be retained to allow for some of the fund to be used to offset the impact of the funding reductions overall. This will happen alongside the on-going work that councils and health are currently engaged in to deliver efficiencies across the health and care system.
- Targeting the pooled budget to best effect: The conditions the Government has set make it clear that the pooled funds must deliver improvements across social care and the NHS. Robust planning and analysis will be required to (i) target resources on initiatives which will have the biggest benefit in terms of outcomes for people and (ii) measure and monitor their impact;
- Managing the service change consequences: The scale of investment CCGs are required to make into the pooled budget cannot be delivered without service transformation. The process for agreeing the use of the pooled budget must therefore include an assessment of the impact on acute services and agreement on the scale and nature of changes required, e.g. impact of reduced emergency activity on bed capacity.

Assurance

17. Local Health and Wellbeing Boards will sign off the plans, which will have been agreed between the local authority and CCGs. The HWB is best placed to decide whether the plans are the best for the locality, engaging with local people and bringing a sector-led approach to the process. The plans will then go through an assurance process involving NHS England to assure Ministers.

Timetable and Alignment with Local Government and NHS Planning Process

18. Plans for use of the pooled budgets should not be seen in isolation. They will need to be developed in the context of:

- local joint strategic plans;
- other priorities set out in the NHS Mandate and NHS planning framework due out in November/December. (CCGs will be required to develop medium term strategic plans as part of the NHS Call to Action)
- the announcement of integration pioneer sites in October, and the forthcoming integration roadshows.

19. The outline timetable for developing the pooled budget plans in 2013/14 is broadly as follows:

- August to October: Initial local planning discussions and further work nationally to define conditions etc
- November/December: NHS Planning Framework issued
- December to January: Completion of Plans
- March: Plans assured

Next Steps

20. NHS England and the LGA and ADASS will work with DH, DCLG, CCGs and local authorities over the next few months on the following issues:

- Allocation of Funds
- Conditions, including definitions, metrics and application
- Risk-sharing arrangements
- Assurance arrangements for plans
- Analytical support e.g. shared financial planning tools and benchmarking data packs.



Carolyn Downs
Chief Executive
Local Government Association



Bill McCarthy
National Director: Policy
NHS England

8 August 2013

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 25 September 2013

CONTACT OFFICER: Lise Llewellyn
Strategic Director of Public Health
01344 355206

(For all Enquiries) 01344 355206

WARD(S): All

PART I

FOR INFORMATION

MEASLES, MUMPS AND RUBELLA (MMR) VACCINATION CATCH UP PROGRAMME

1. **Purpose of Report**

The purpose of this paper is to brief the Board on the Measles Mumps and Rubella (MMR) vaccination catch up programme and the progress that the Thames Valley area team are making in delivering the national target.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report.

3. **The Slough Wellbeing Strategy, the JSNA and the Corporate Plan**

The report addresses the MMR catch up programme of activities which aims to improve health and wellbeing outcomes for people in Slough and addresses key priorities within the JSNA through addressing cross cutting themes such as prevention and early intervention.

4. **Other Implications**

(a) **Financial**

There are no financial implications of proposed action.

(b) **Risk Management**

There are no risk management issues arising from this report.

(c) **Human Rights Act and Other Legal Implications**

There are no human rights or other legal implications arising from this report.

(d) Equalities Impact

There are no equalities issues arising from this report.

5. **Supporting Information**

(a) Immunisations are a highly effective way of maintaining the health of the population by reducing the occurrence of infectious disease.

Immunisations are commissioned by NHS England are team from a range of providers, with a focus on General practice. The role of local Public Health is to monitor the delivery of the vaccination programmes and give assurance to the HWB board on the effectiveness of these programmes on delivery to the local communities.

We have been meeting with the area team to support the local delivery of the national work. However the impact of the programmes has been limited both nationally and locally and so a second set of actions is now being planned, and it is anticipated that Slough will be a priority area for these further actions given the low uptake of vaccine in our local population. However at this point I cannot assure the board that the national 95% MMR target will be delivered. Further up to date information on the further actions being developed will be given verbally as this becomes clearer.

(b) **Measles, mumps and rubella (MMR) Immunisation - Berkshire**

In April 2013 The Department of Health, Public Health England and NHS England jointly launched a campaign aiming to drive up demand for MMR vaccination. This was in response to an increase in the number of measles cases in England over the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994. This was sustained into 2013. There is a high rate of cases in teenagers, which has not been experienced in previous years. The 10 to 16 year old age group is the one most affected by the adverse publicity relating to MMR vaccine between 1998 and 2003 and therefore there are larger numbers of children of this age unimmunised or partially immunised against measles. This creates the potential for school based outbreaks as seen in Swansea and the north east of England

Although there has not been an increase in confirmed cases in Thames Valley there is still the potential for outbreaks particularly in those areas where coverage of MMR immunisation has been low in the past.

One dose on MMR vaccine is 90-95% effective at protecting against measles infection. Two doses will protect 99% of those immunised. There is a national target to immunise 95% of children with one dose of vaccine by the age of 2 years and 2 doses of vaccine by the age of 5 years.

This report provides an update on Phase 1 of the MMR catch up campaign, an outline of the approach for Phase 2.

(c) **MMR catch up campaign Phase One (April 2013 to August 2013)**

The first phase of the catch-up campaign consists of the following elements running concurrently:

- An urgent communication to encourage parents or guardians of unvaccinated (highest priority) and partially vaccinated young people 10 to 16 years to be vaccinated at their General Practice.
- A rapid programme of identification and invitation of unvaccinated and partially vaccinated young people by General Practice in liaison with Child Health Information System Services.
- Targeting of vulnerable groups such as Gypsy, Roma, traveller families; there are still disproportionate number of cases within this community.
- Sustained intervention over longer term that will strengthen current routine approaches.
- Ensuring there is continued improvement in the routine immunisation programme for under 5's.

The proposed outcome is that 95% of young people aged 10 to 16 years to have received at least one dose of MMR by September 2013.

(d) **Phase 1 actions and outcomes in Berkshire**

A Thames Valley steering group led by NHS England screening and immunisation team planned and co-ordinated the catch up campaign supported by the Director of Public Health and local authority colleagues.

- Local press releases were produced to coincide with the national release of measles data in early May and June with the Director of Public Health providing the local voice for these. This generated radio and newspaper coverage of the MMR catch up campaign.
- The Director of Public Health facilitated the circulation of letters through schools to students and their parents highlighting the importance of MMR immunisation and signposting them to their GP for immunisation.
- This was done at the start of the campaign with a second communication linking the need for MMR vaccination to travel to areas of Europe with a high incidence of measles being sent out to coincide with the start of the school holiday.
- All local GPs, except one, signed up in May to the Enhanced Service requiring them to identify unimmunised and partially immunised 10 to 16 year olds in their registered populations and invite them for immunisation.
- Working with the practice that opted out NHS England Thames Valley area team have identified and invited children registered with this practice for immunisation

- All GPs are commissioned to provide MMR immunisation to children up to the age of 15 years. The Enhanced Service also included provision for the immunisation of young people and adults aged 16 years and over.
- As a longer term sustainable intervention the NHS England Thames Valley Area Team are looking to commission the school nursing service to offer MMR catch up immunisation in secondary schools at the same time as other immunisations that are offered in school. (Human papilloma virus immunisation to Year 8 girls and the diphtheria, tetanus and polio booster in Year9 or 10)
- The routine immunisation of under 5's is discussed in a later section.

(e) **Measuring the impact of Phase 1**

Data on the numbers of children identified and invited will not be available until after the end of August when a new national data collection system goes live.

Nationally it is estimated that as a result of the campaign the number of 10-16 year olds immunised against measles has increased by 1%. This data is not available at local level.

Since the beginning of July coverage information on children up to the age of 18 years has been collected by Public Health England through the Immform weekly and monthly sentinel surveys. This system extracts information directly from a number of GP clinical systems.

It has been recognised nationally that obtaining accurate information on the coverage of MMR immunisation in 10-16 year olds is very difficult. Data on both General Practice clinical systems and Child Health Information systems becomes less accurate as children get older. As families move around the country or move in from abroad immunisation histories are less likely to be entered onto computer systems once a child is beyond the age of the routine immunisation programme.

Audits of records, including some work carried out locally by the public health team have estimated that 30 - 50% of 10-16 year olds whose electronic records identify them as *unimmunised* have actually had MMR immunisation. A national audit is about to start sampling records of 24 upper local authorities across England to estimate the magnitude of under recording. The results of this audit will be available in the autumn.

Table 1 presents the immunisation coverage in 10-16 year olds by CCG from Immform sentinel survey week ending 27th July 2013. For each CCG between 45 and 70% of practices are included in the Survey. This shows the proportion of children unprotected against measles to range from less than 9% in Newbury and District to over 14% in Slough and South Reading. These

figures have not been adjusted to reflect the under-recording of immunisation discussed above.

Even allowing for under-recording most areas would still be below the target of 95% children having at least one dose of MMR. The coverage in Slough and South Reading is of particular concern and these will be priority areas for action in Phase 2 of the catch up campaign.

Table 1: MMR immunisation coverage in 10 to 16 year olds taken from Immform sentinel survey week ending 27 th July 2013			
CCG	Children aged 10-16 years Doses MMR vaccine received		
	zero	only one dose	two doses
	%	%	%
Slough CCG	14.1	17.9	68.0
Bracknell and Ascot CCG	10.9	10.6	78.5
WAM CCG	10.8	14.8	74.4
Newbury and District CCG	8.6	9.3	82.1
N&W Reading CCG	9.3	9.8	80.9
South Reading CCG	14.2	15.4	70.4
Wokingham CCG	9.6	12.3	78.1

(f) **Phase 2 of the catch up campaign**

Coverage data collected in July 2013 suggested that the aspiration of 95% coverage in the target age group is unlikely to be met by September. As a result Phase 2 plans are being developed nationally; although the final version has not yet been published the likely elements are set out below.

The following actions are proposed before the end of August:

1. Undertake a further push with general practice to encourage those practices who have not yet taken part in the catch-up to do so.
2. Encourage all practices that have not already done so to 'clean' their data ensuring that vaccinations are properly recorded as this is fundamental to the success of the programme.
3. Consider further communication to GPs regarding the need to identify and re-invite any remaining unvaccinated children in the target age-range.

Planned developments for the autumn may include:

1. Additional publicity to raise awareness of the need to get vaccinated.
2. Activate a sustainable service checking status and providing MMR vaccine for those:
 - Moving from primary to secondary school at start of next year

- Having HPV vaccine in Year 8
 - Having the teenage booster of diphtheria, tetanus and polio (dT/IPV)
3. In areas which have not reached the 95% target plan to offer school-based vaccine sessions for catch-up vaccination early in the autumn term of next academic year.
 4. Audit of a sample of vaccination records for children with no record of MMR in a range of areas to estimate the likely under-estimation of true vaccination coverage.
 5. Specific outreach to vulnerable and underserved groups e.g. traveller communities.

(g) Implementation of Phase 2 in Berkshire

There will be a meeting of the Thames Valley steering group including Directors of Public Health to agree the actions that will be taken locally to deliver the Phase 2 recommendations in Thames Valley. The proposal will include plans to:

- Improve the quality of local data so a true picture of MMR coverage can be obtained.
- Deliver school based immunisations in Berkshire in the 2013-14 academic year; possibly an initial focus in Slough and South Reading with wider roll out over the autumn and spring terms.
- Ensuring the gypsy, Roma, traveller community in our area have good immunisation uptake.
- Continue work to increase uptake of MMR in under 5's.

(h) Current coverage in children 5 years and under

Table 2 shows the coverage of MMR immunisation in 2 year olds and 5 year olds in Berkshire 2012-13 by local authority.

Three from six unitary authorities have achieved or almost achieved the 95% target for the first MMR immunisation and all, apart from Slough, are at or above 90%. Coverage of two MMR immunisations by 5 years old is much lower in all areas and is not at 95% in any area. Slough is the area of greatest concern as uptake is only 81% in this borough.

Appendix 1 shows the upward trend in MMR coverage in Reading, West Berkshire and Wokingham over the last 5 years. (Similar data is not available for other unitary authorities.)

A plan is currently being developed by Thames Valley Public Health England, working with local stakeholders to improve immunisation coverage in Slough in under 5's. This includes initial work to ensure that the coverage data is robust and accurately reflects the actual coverage. A change in the Child

Health Information System used and disruption resulting from the protracted consultation prior to the merger of child health teams across Berkshire may have had an impact on data quality affecting Slough, Bracknell and Windsor and Maidenhead.

Work continues in all areas to increase the uptake of the second MMR injections. The NHS England Thames Valley screening and immunisation team regularly identify those children late for immunisation and supply this information to practices to ensure these children are followed up.

Table 2 MMR immunisation coverage 2012-13 (Cover data)		
Unitary Authority	1st MMR by 2 years (%)	2nd MMR by 5 years (%)
Slough BC	89.3	81.0
Reading BC	94.7	91.5
West Berkshire Council	96.0	92.6
Wokingham BC	95.5	93.3
Bracknell Forest Council	90.0	88.0
Royal Borough of Windsor and Maidenhead	92.1	86.7

6. **Comments of Other Committees / Priority Delivery Groups (PDGs)**

No other committees or PDGs have been involved in this work.

7. **Conclusion**

The Board is asked to note the report and acknowledge the progress of the MMR catch up programme and proposed approach to phase 2 of the programme.

8. **Appendices Attached**

Appendix A - Trend in MMR immunisation in Reading, West Berkshire and Wokingham

Appendix A
Trend in MMR immunisation in Reading, West Berkshire and Wokingham

Reading	1st MMR by 2 years	2nd MMR by 5 years
2008-2009	81.01	66.69
2009-2010	87.29	75.75
2010-2011	89.29	81.22
2011-2012	93.17	86.09
2012-2013	94.69	91.50
Target	95.00	95.00

West Berks	1st MMR by 2 years	2nd MMR by 5 years
2008-2009	85.3	77.5
2009-2010	92.54	81.97
2010-2011	91.66	89.39
2011-2012	94.51	90.35
2012-2013	95.99	92.62
Target	95.00	95.00

Wokingham	1st MMR by 2 years	2nd MMR by 5 years
2008-2009	86.1	72.2
2009-2010	92.66	77.75
2010-2011	93.27	87.20
2011-2012	95.16	91.30
2012-2013	95.52	93.27
Target	95.00	95.00

9. **Background Papers**

None.

From Norman Lamb MP
Minister of State for Care and Support



To: Directors of Adult Social Services

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

Richmond House
79 Whitehall
London
SW1A 2NS

Telephone: 020 7210 3000

2 August 2013

Dear Colleague

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

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

The purpose of the self assessment is to:

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

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

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

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

The Adult Autism Strategy

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

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

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

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

Review of the Strategy

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

The self-assessment exercise

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

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

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

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

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

Action needed

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

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

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

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

Queries on:

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

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

A handwritten signature in black ink, appearing to read 'Norman Lamb', with a horizontal line underneath.

NORMAN LAMB



Autism Self Evaluation

Local authority area

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

1

Comment

SBC is actively working to ensure engagement with the Slough CCG in the development and implementation of the Slough Autism Strategy

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- Yes
 No

If yes, how are you doing this?

We have worked with other local authorities to develop a Diagnostic Pathway across Berkshire. This pan Berkshire group is currently being reorganised and will look at wider priorities including employment, housing and training in order to improve outcomes for people with autism.

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- Yes
 No

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

A Head of Service for Safeguarding and Learning Disabilities has recently been appointed . This role has overall strategic and operational responsibility for LD community services including adults on the autistic spectrum.

We also in the process of recruiting to an Autism Practice Lead who will be responsible for coordinating the implementation of the Business Plan underpinning the local Autism Strategy.

4. Is Autism included in the local JSNA?

- Red
 Amber
 Green

Comment

The Slough JSNA for 2011/12 included information regarding young people.

This is currently being reviewed. The needs of all people with autism will be given a higher priority. This is in line with the joint approach between adult and children's service in developing a cross-cutting strategy.

5. Have you started to collect data on people with a diagnosis of autism?

- Red
 Amber
 Green

Comment

Data has been collected from existing service user lists from LD and MH teams for those people who have a diagnosis of autism. Children's Services have systems in place which collate data which help identify future needs and priorities. This includes supporting the transition processes and is able to identify young people with autism who are moving into adult services. Systems will be further developed following the appointment of the Autism Practice Lead.

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

- Yes
 No

If yes, what is

the total number of people?

44

the number who are also identified as having a learning disability?

35

the number who are identified as also having mental health problems?

9

Comment

The data above indicates those people with a diagnosis of autism. There are an additional 42 people with a learning disability in receipt of adult services showing traits of autism. There have been difficulties in accessing a formal assessment for a diagnosis.

7. Does your commissioning plan reflect local data and needs of people with autism?

- Yes
 No

If yes, how is this demonstrated?

The Commissioning Plan is currently being reviewed and will include this data.

8. What data collection sources do you use?

- Red
 Red/Amber
 Amber
 Amber/Green
 Green

Comment

Data is collected through the care management process and recorded onto the client recording system. We are able to count those people with a diagnosis of autism through this way.

SBC is currently updating its systems to ensure more accurate recording of adults with autism and their needs - eg housing, employment

Data for young people with autism is also collected through Children's services including schools.

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

- Red
 Amber
 Green

Comment

A representative for the CCG is included in the Slough Autism Partnership Board. Slough is committed to ensuring that all partners make a valuable contribution to the Board.

Proactive attempts have been made to secure regular attendance at the Board and also to contribute to the development of the local strategy. Minutes are sent to the CCG.

The reviewed strategy will need sign off from CCG Board

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

- Red
 Amber
 Green

Please give an example to demonstrate your score.

Two members of the Autism Partnership Board have been diagnosed with autism and provide valuable and insightful contributions to the meetings. They are linked into a local support group for people with autism therefore have a wider perspective about the needs of other people with autism within the Borough.

Carers of people with autism are also represented on the Board including the lead of a local carers group. Carers and one of the Board members with autism have been invited to sit on the panel for the interviews for the Autism Practice Lead.

A consultation has recently been completed with all stakeholders including people with autism and their carers which has helped in the development of local strategic priorities.

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

- Red
 Amber
 Green

Please give an example.

We are arranging for training across all frontline teams to enable workers to increase their understanding and therefore improve the way that they are able to support local people with autism. This includes the implementation of the free bus pass scheme operating within the Borough.

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

- Yes
 No

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

Adult Social Care operational teams work closely with their Children's Social Care counterparts to identify children with Special Educational Needs & Disabilities including those children with a diagnosis of autism. There is an existing Transition programme in place and Slough benefits from having adults and childrens services working within a single Wellbeing Directorate.

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

- Red
 Amber
 Green

Comment

Adult Social Care is working closely with Housing Services in identifying demand and type of housing and support for older people with autism. The will be a high priority within the implementation of the Autsim Strategy and the new practice lead.

Training

14. Have you got a multi-agency autism training plan?

- Yes
 No

15. Is autism awareness training being/been made available to all staff working in health and social care?

- Red
 Amber
 Green

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

*Autism awareness training has been identified as a priority for SBC. It has been highlighted that there is a role to ensure people with autism are involved in the design of training and steps are in place to ensure this is included. Video material is an integral part of current training.
 Parents of adults with autism have helped plan the training and will be involved in the delivery.*

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- Red
 Amber
 Green

Comments

Different levels of training have been planned for staff according to their responsibilities and roles which includes undertaking assessments. This includes ensuring understanding about communication.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

Slough Borough Council are committed to ensuring that the Autism Strategy has support from all partners including CCG. Futher work is needed to esnure this is given necessary priority.

18. Have local Criminal Justice services engaged in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

The Thames Valley Probation Service and Thames Valley Police are part of the Autism Partnership Board which has responsibility for developing and rolling out training. Both Police and Probation Service colleagues will be invited to attend this training. Work will need to be condered to ensure staff operating within the Courts are aware of the needs of people with autism.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red
 Amber
 Green

Please provide further comment.

There is a diagnostic pathway in place for children. The autism and diagnostic pathway for adults is being reviewed, led by Berkshire Healthcare NHS Foundation Trust in partnership with the Unitary Authorities in Berkshire. Information below relates to children only.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

1

Year (Four figures, e.g. 2013)

2001

Comment

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

14

Comment

Adults - 12-14 2 weeks

Children

Referral from parent - up to six weeks

Referral from Nursing staff - up to 4 weeks

referral from GP - Up to 2 weeks .

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

30

Comment

Adults - 30

Children - 30

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

- Yes
 No

Comment

The pathway for children was developed in 2001 with local health agencies .

The CCG has commissioned a review of the Assessment and Diagnostic Pathway

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

- a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis
 b. Specialist autism specific service

Please comment further

The pathway for children is was established and is integrated with mainstream statutory services.

The pathway for adults is needs further development.

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- Yes
 No

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

The local diagnostic pathway may trigger a Community Care Assessment. Alternatively people maybe signposted to other services and provided with information. Adult Social Care is not automtically notified if a person has a formal diagnosis. However with the consent of the individual , this is an area to aim for.

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

*National Autistic Society
 Berkshire Autistic Society
 Early Bird
 Early Bird +
 Local support groups*

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

14

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

Comment

All individuals eligible for Adult Social Care will be offered a personal budget. Operational teams will take the lead in supporting people in managing their personal budgets.

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

Yes

No

If yes, please give details

The Council operates a single point of contact for all residents offering support and advice they need or signposted to agencies who are more appropriate to help them. The autism practice lead will have a role in ensuring appropriate systems are in place to support all people regardless of their eligibility.

The Council also commissions a service (Gateway) which provides information, advice and advocacy for all care groups including people with autism. A specific support group has been commissioned to meet the needs of people with autism. Autism Partnership Board members have been involved in how this group will be developed.

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

Yes

No

If yes, please give details

The Council has a First Response Team which is responsible and responsive to people requesting an assessment. The team also provides advice and support as well as directing people to more appropriate agencies where relevant.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

Red

Amber

Green

Comment

The Gateway service is monitored by the Council's Commissioning Team. Part of this quality assurance is to monitor the training undertaken by staff within the organisation.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- Red
 Amber
 Green

Comment

The Gateway service provides advocacy services to all people who are eligible for adult social care. Advocacy will be tailored to individual need.

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- Yes
 No

Provide an example of the type of support that is available in your area.

*Children with autism can access specialist education and local support services.
 Adults with autism can access housing related support and local support groups.*

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- Red
 Amber
 Green

Comment

The business plan underpinning the local autism strategy will include the promotion of social inclusion and autism awareness.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- Red
 Amber
 Green

Comment

Plans are in place to ensure that the accommodation needs of people with autism are given a higher priority in future local housing strategy. Initial discussions have already taken place and a representative from housing will be asked to join the Autism Partnership Board. The Learning Disability Change Programme includes a housing workstream for adults with learning disability and autism.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- Red
 Amber
 Green

Comment

For 16 - 18 year olds with autism supported work placements and offered during their secondary education.

For adults there is a representative from Job Centre Plus on the Board and also representative from East Berks College who have strong links with local employers.

Adults eligible for adult social care including those with autism can access the in-house employment service.

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

- Red
- Amber
- Green

Comment

Employment is a focus within transition processes along with health and accommodation needs as well as social inclusion.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- Red
- Amber
- Green

Comment

Thames Valley Probation Service were involved in the development of the Berkshire Autism Alert Card and are also represented on the Autism Partnership Board.

Thames Valley Police also have representation on the Board.

Optional Self-advocate stories

Self-advocate stories.

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

Self-advocate story one

Question number

Comment

Self-advocate story two

Question number

Comment

Self-advocate story three

Question number

Comment

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

Yes

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

Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year

This page is intentionally left blank

SLOUGH WELLBEING BOARD

ACTION PROGRESS REPORT and FUTURE WORK PROGRAMME

Progress key ✓✓ **C** - Action completed
 ✓ **P** - Action commenced but not yet complete
 A - Awaiting action

Meeting date	Action agreed	Progress / comment	Lead member/officer
15/05/13	Governance arrangements – Members to complete notifications of Disclosable Pecuniary Interests	✓ P (1 outstanding)	Greg O'Brien
15/05/13	Community Cohesion Strategy 2013 – 2015 endorsed	✓✓ C	Richard Humphrey
15/05/13	Protocol Agreement between Slough Children and Young People's Partnership Board and the Slough Wellbeing Board	✓✓ C	Jane Wood
15/05/13	Report to Workshop and July SWB meeting on programme of place shaping interventions in Chalvey and Foxborough Report to Workshop on further review of IMD data	✓✓ C ✓✓ C	Nazia Idries
15/05/13	Method of evaluating the effectiveness of Board meetings to be developed by regular brief email survey/questionnaire Work on how feedback can be obtained from members of the public attending meetings	✓ P ✓ P	Nazia Idries
15/05/13	Approach to redesign of the JSNA for its 2013-2014 refresh	✓✓ C (progress report to 13/11/13 meeting)	Lise Llewellyn

15/05/13	NHS funding transfer to social care		√√ C	Tony Zaman
17/07/13	Protocol for the Slough Wellbeing Board relationship with Overview & Scrutiny		√√ C	Sarah Forsyth
17/07/13	Slough Wellbeing Board Engagement Strategy <ul style="list-style-type: none"> • Strategy endorsed • With respective communications representatives, complete the Action Plan • Draw attention of Town Centre Manager to potential for Boots in Slough to be involved in campaigns/initiatives 		√√ C √ P √ P	Daljit Shergill Daljit Shergill Nazia Idries
17/07/13	Safer Slough Partnership (SSP) Strategic Assessment and Action Review – SSP to liaise with CCG over data available from GPs re underreporting of domestic abuse		√ P	Avtar Maan
17/07/13	Performance Monitoring 2013 – 2014 <ul style="list-style-type: none"> • Subject to further consideration of the final make-up of the indicators included, the performance monitoring tool be approved as the process for monitoring progress of the SJWS • The report be presented bi-annually to allow for relevant and up to date information to be presented to the Board 		√ P	Nazia Idries

17/07/13	<p>Place-Shaping Exercise</p> <ul style="list-style-type: none"> • The decision to focus the place shaping approach in targeted areas of high need in Chalvey and Foxborough be confirmed • Working closely with partners, one year, three year and five year priorities be developed to achieve the identified outcomes of this work stream • The next steps be considered at the October workshop, to agree actions, assign relevant leads and establish timescales for reporting progress 	<p>√ P</p> <p>√ P</p>	<p>Nazia Idries</p> <p>Nazia Idries</p>
17/07/13	Disabled Children's Charter endorsed	<p>√√ C</p>	Jane Wood/Nazia Idries

FUTURE WORK PROGRAMME

Meeting date	Business Items	Lead member/officer
13/11/13	PDG Update: Housing PDG Update: Community Cohesion JSNA – progress report and draft JSNA Performance Monitoring Progress of SWB against the LGA Health and Wellbeing development tool Place Shaping progress report Public Health – Budget and expenditure annual report 2014 to 2015 Call for Action – Priority setting for NHS Commissioning 2014/15	Richard Humphrey Lise Llewellyn Nazia Idries Nazia Idries Nazia Idries Lise Llewellyn Dr Jim O'Donnell