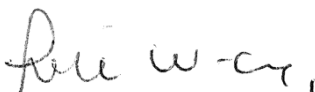


Date of issue: Wednesday 28th November 2018

MEETING	EDUCATION AND CHILDREN'S SERVICES SCRUTINY PANEL (Councillors Sharif (Chair), Kelly (Vice Chair), Brooker, N Holledge, Matloob, Minhas, D Parmar, A Sandhu and Strutton) <u>Education Non-Voting Co-opted Members</u> Paul Kassapian – Secondary School Representative <u>Non-Voting Co-opted Members</u> Alaa Fawaz – Slough Youth Parliament
DATE AND TIME:	THURSDAY, 6TH DECEMBER, 2018 AT 6.30 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
SCRUTINY OFFICER: (for all enquiries)	DAVID GORDON 01753 875411

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.



JOSIE WRAGG
Chief Executive

AGENDA

PART I

**AGENDA
ITEM**

REPORT TITLE

PAGE

WARD

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

1. Declarations of Interest

All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.

2. Minutes of the Meeting held on 24th October 2018 1 - 8

3. Action Progress Report 9 - 10

4. Member Questions

An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated.

SCRUTINY ISSUES

5. Section 11 Audits 11 - 18

6. Joint Parenting Panel Quarterly Update 19 - 64

ITEMS FOR INFORMATION

7. Forward Work Programme 65 - 68

8. Attendance Record 69 - 70

9. Date of Next Meeting - 7th February 2019

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. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.



Education and Children's Services Scrutiny Panel – Meeting held on Wednesday, 24th October, 2018.

Present:- Councillors Brooker, N Holledge, Matloob, Minhas, A Sandhu and Strutton

Non-Voting Co-opted Members

Alaa Fawaz – Slough Youth Parliament

Apologies for Absence:- Councillors Sharif, Kelly, D Parmar
Paul Kassapian

PART 1

11. Election of Chair for the Meeting

In the absence of the Chair and Vice Chair, Councillor Matloob proposed Councillor Brooker take the Chair for the meeting. Councillor A Sandhu seconded this; the Chair was elected unanimously.

Resolved: That Councillor Brooker be appointed Chair for the duration of the meeting.

(At this point, Councillor Brooker took the Chair).

12. Declarations of Interest

Councillor Brooker declared his positions as Governor at Churchmead and Ryvers Schools. He also declared his membership of Slough Borough Council's (SBC) Foster Panel and his position as Vice Chair of the Joint Parenting Panel (JPP).

Alaa Fawaz declared her position as an elected representative in the Slough Youth Parliament.

13. Minutes of the Meeting held on 17th July 2018

Resolved: That the minutes of the meeting held on 17th July 2018 be approved as a correct record.

14. Action Progress Report

Resolved: That the Action Progress Report be noted.

15. Member Questions

The response regarding the rebuilding of Mariah School was received. Members sought clarification as to how the project had been planned and the handling of the costings submitted by Slough Urban Renewal. As a result,

Education and Children's Services Scrutiny Panel - 24.10.18

further information from the Director of Regeneration on procedures for such work was requested.

Resolved: That further information for the procedures for tendering building projects be given to the Panel by the Director of Regeneration.

16. Local Safeguarding Children Board Annual Report

The Local Safeguarding Children Board (LSCB) was a statutory body and therefore its role was bound by law. The Annual Report was being presented in a new format for the first time, and mirrored the manner in which its adult equivalent safeguarding board had reported to the Health Scrutiny Panel on 16th October 2018. The report also contained a series of hyperlinks which could be used to provide further detail.

The foreword highlighted LSCB's overlap with the Adult Safeguarding Board and also the Safer Slough Partnership (SSP). These relationships had also allowed for an increased focus on cohesion and an economy of effort through avoiding duplication. There had also been considerable consideration as to LSCB's objectives, the next steps to take on these and the use of data to identify the focus for effort (e.g. early help, setting thresholds). On the issue of thresholds, a series of seminars with a range of relevant agencies had been held to discuss the appropriate at levels at which they should be set and the impact of requests made by the Slough Children's Services Trust (SCST).

With regard to Child Sexual Exploitation (CSE), LSCB was keen to stress the broader context of other forms of exploitation in this matter. As a result, the process focused on the range of risks to which children could find themselves subject (e.g. gangs, modern slavery). LSCB had clear and positive policies and procedures on its statutory responsibilities which were enacted across a number of partner agencies.

A training needs analysis had taken place across LSCB's partnerships. This had identified the management of allegations as a key area, with the Local Authority Designated Officer (LADO) having received 178 referrals in 2017 – 18. Whilst this was in line with expectations and the volumes of comparable local authorities, LSCB felt that more could have been received from the local community and voluntary agencies. LSCB had sought information from Berkshire Active regarding the recent stories about football coaching, but this did not highlight any suspected cases in the local area.

Within Slough, LSCB had identified a need to ensure that those involved understood the responsibilities involved. Numbers for private fostering in Slough were also low, potentially suggesting that there may be a need to raise awareness of the issue. Meanwhile, LSCB's communications had been an area of development, with LSCB's Manager having established the website on which she would continue to work to bolster its impact.

LSCB had evaluated the extent to which it was having an impact in Slough. Thematic audits had been conducted and reported back to LSCB on issues

Education and Children's Services Scrutiny Panel - 24.10.18

such as neglect and gangs. These had improved understanding of the key areas of concern. The Slough Strategic Safeguarding Executive Board involved the Police, the Care Commissioning Group and senior officers from SBC. It met every 2 months to co-ordinate activity and develop common processes and clear governance. This had looked at gangs and CSE, and was also having a positive impact on the local picture.

The Serious Case Reviews Sub-Group had examined specific cases. Whilst none of these had been published, learning reviews were undertaken on the incidents; in one case, this had led to the creation of a video on the risks associated with water births. The Child Death Overview Panel had also conducted work, but these involved illnesses or permanent conditions rather than traumatic incidents.

The Panel raised the following points in discussion:

- The rise in referrals to LADO in the second half of 2017 – 18 was ascribed to increased awareness. It also allowed for deeper analysis of the local picture.
- Cases where no outcome was recorded could indicate that criminal proceedings had started. The level of 7% was in line with expectations.
- The report on the Safeguarding Adults Board had provided a breakdown of the types of cases involved. Members requested that this be provided in future LSCB reports. This should provide a breakdown of issues such as female genital mutilation, forced marriage and prolonged school absence. On the last matter, the Police had led a campaign on school attendance.
- The referrals regarding modern slavery to LSCB had not met the required threshold to be regarded as such. However, 2 cases had been referred in the week of this meeting and would see strategy discussions held on them.
- It was also acknowledged that any work on issues such as FGM should involve working with communities to engage with them and increase understanding of the importance of the matter. This involved supporting family members to explain to communities in their countries of origin why they would not subject their children to such procedures. The complexity and sensitivity of such questions meant links with community leaders were vital. In addition, midwives and health visitors were helping with the identification and management of cases.
- The Safeguarding Team now had a manager and administrator; this left a Development Manager as the remaining vacancy.
- The Panel raised the question as to whether thresholds were currently too high; this comment had been made by other parties too. However, an overly low threshold could impeded SCST in resolving the most important cases urgently. SCST's data had been analysed and they had been receiving more front door inquiries than neighbouring authorities. An indication that the threshold was not too high was an absence of repeat referrals (which would be expected if cases in need of remedy were being refused). The situation was under constant monitoring given its importance.

Education and Children's Services Scrutiny Panel - 24.10.18

- The high number of referrals could also be attributed to professionals lacking clarity on the criteria. These criteria were being publicised through seminars; in addition, early help was being offered to deal with cases requiring support short of intervention.

Resolved: That the Annual Report be noted.

17. Impact of Curve on Library Services

The Curve had housed library services since 2016; this had also seen provision moved back in house from Essex County Council. The move had also seen provision widen, with the new facility acting as a community hub. Given this, the name of the service had been amended to 'Libraries and Culture' to reflect this. There had been a 47.5% rise in the number of users, whilst some areas had experienced a major improvement (e.g. Summer Reading Challenge completion rate had increased by 136%). The upstairs study area offered a suitable and quiet environment, whilst the ground floor offered performance spaces and had been used by groups such as Beat Routes and Empoword. Opening hours had also been extended by 12.5%, whilst services such as the Registry and exercise for the elderly were on offer.

Primary and secondary schools were involved in the increased provision. Customer feedback had been extremely positive, and the service hoped to build on its work to increase its offer in areas such as health, community cohesion and social isolation.

The Panel raised the following points in discussion:

- The service also operated in communities outside the town centre (e.g. Langley, Cippenham). This had the same focus on providing more than a book depository.
- The library service was involved with the Slough Academy to support SBC's apprenticeships scheme. It also offered placements with school work experience programmes.
- Provision at the Curve was better than that offered by many other local authorities and was helping SBC's regional and national profile.
- There had been attempts to encourage reading for pleasure with older pupils. However, the reading groups had mainly attracted younger secondary school children and the initial focus had been on primary schools. This would be an area of future development and SBC were receptive to positive suggestions.
- Figures for visits included those who attending weddings, theatrical performance or other non-library activity. However, the previous library had housed the museum and other attractions so its figures did not solely relate to book use. In addition, all those who attended these other events saw the library as part of their excursion, whilst the figures on reading numbers, book withdrawals and other similar measures indicated that library usage was much increased.

Education and Children's Services Scrutiny Panel - 24.10.18

- WiFi had been modified to ensure that inappropriate usage was not allowed. In addition, users had to use their library cards to log in to avoid anonymous usage.
- Other provision (e.g. sheet music) may be moved to other methods of delivering (e.g. online) depending on level of usage and availability of alternatives.

Resolved: That the update be noted.

18. Slough Youth Parliament

The Slough Youth Parliament (SYP) had been in existence for 4 years, with the second cohort now approaching the end of their terms of office. There had been some initial scepticism regarding the body, but it had now become well established and respected. SYP was also part of the UK Youth Parliament, with an elected representative for Slough on the body.

The third set of elections would be held in January 2019, with schools to act as constituencies. It was very rare to hear of a shortage of candidates for any election, and the resulting election night was a popular and high profile event. Once elected, members were to act as representatives of Slough rather than their school, and the body also included co-opted members to represent other interest groups (e.g. children in care, LGBT).

The 'Make Your Mark' campaign was used to help create SYP's manifesto. This was used to identify the top 5 local and national issues; Slough had the highest rate of involvement in 2017 in England, and whilst national statistics were not yet available the turnout in Slough had increased in 2018. The Slough Youth Awards would also be held for the third time in November 2018, whilst the Personal, Social and Health Education (PSHE) Network was involving schools in sharing best practice and improving curricula.

SYP had representatives on a range of bodies (e.g. Slough Wellbeing Board, Safer Slough Partnership) and these delegates received the necessary support to take an active role in discussions. Its work on challenging the stigma of mental health had also been appreciated by the Care Commissioning Group and Public Health. It had taken a prominent role in advocating for the 'Votes At 16' campaign; as a whole, this level of activity had made SYP a prominent body in the area across the country.

The Panel raised the following points in discussion:

- The number of schools involved had increased from 12 to 20, whilst the number of boards on which SYP had representation had increased from 4 to 9. Future issues to build on this progress would be increasing the focus on the local issues identified by 'Make Your Mark' and embedding these in the Manifesto; this would increase the impact of SYP's work and the degree of corporate support for the body.
- The final priorities of SYP were set by those elected to it whilst attending a residential event. As well as 'Make Your Mark', the

Education and Children's Services Scrutiny Panel - 24.10.18

intelligence on priorities gathered during the election process was used but ultimately the final decision lay with the elected members.

- As of yet, no one had graduated from SYP into local or national politics but the ages of those involved militated against this to some extent.
- The body was strictly apolitical in terms of party alignment. Its Question Time events included representatives from a range of parties and candidates did not stand on party tickets.
- Members requested that materials used in the January 2019 elections be circulated to the Panel outside of the meeting.
- SYP included representatives of schools outside Slough with high numbers of local pupils (e.g. Churchmead, Khalsa). The rule was that all could vote, but representatives had to live in Slough (this stipulation also applied to Slough schools).

Resolved: That the report be noted.

19. Slough Youth Offending Team Update Report

The report covered the Team's reporting year, which ran from June 2017 – June 2018. The body was statutory (established in 2000) and had a range of partners and other boards (e.g. Youth Offending Team Management Board, Youth Justice Board) to manage the risks in its work. It had established its priorities and had three key indicators of performance; reoffending rates, rate of custody and number of first time entrants to the criminal justice system. It also developed relationships with young people's wider families to assist in its duties.

The Panel raised the following points in discussion:

- The reoffending rate currently stood at 32%; however, there was a considerable time lag in reporting on this given the time taken to secure convictions. Information regarding the current situation was monitored through risk panels and the compilation of safety plans.
- Preventative measures were put in place to assist with the avoidance of young people becoming first time offenders.
- SBC was in contact with other local authorities given the impact of its proximity to London on young offending. Risk Panel minutes were shared as appropriate to identify concerns and specific cases. In addition, the Thames Valley Youth Offenders Team Managers Network also assisted in these matters.
- The issues of gangs in Slough often involved older people using groups of youths rather than gangs operating in standard fashion. In addition, members of gangs could co-operate across lines of strict allegiance, suggesting that the picture was more complex than sometimes intimated.
- The Panel requested a breakdown of the types of crime involved in Slough beyond the top 3 categories identified in the report.
- SBC's new offices would be designed in a manner which incorporated the need for private areas for confidential discussions.

Education and Children's Services Scrutiny Panel - 24.10.18

Resolved: That the update be noted.

20. Youth Service and Vulnerable Children

SBC had taken the decision to close youth centres in 2014. Since this time, significant improvements had been made based on the themes and areas outlined in the report. The Youth Engagement Slough had taken over universal youth provision, working with 925 young people. It had worked to reduce the fear of crime and promote volunteering and healthy living. Overall, its priority was early prevention of issues. Targeted support was based on referrals to the service; whilst the report identified the initial reasons for referrals, greater examination showed deeper causes were often involved. Youth workers supported this; however, this was not a statutory power so relied on workers emphasising mutual interest to persuade young people to co-operate. Return Home Interviews would be conducted within 72 hours of the young person returning and would investigate the reasons for the absence; young people were often willing to share more information with youth workers than the Police.

Performance with children not in education, employment or training (NEETs) was very good in Slough. The use of the Risk of NEET Indicator (RONI) programme to identify cases of concern at an early stage had proved very productive; in 2017 – 18, 205 cases had been identified and 185 had avoided becoming NEETs. The efficacy of tracking systems also meant that SBC had a very low number of cases where the destination was not known in comparison with other local authorities. The YOT worked with Looked After Children and care leavers to ensure their positions were as positive as possible.

The work with PSHE and Street Teams worked on preventing gang behaviour. The Home Office and other partners were engaged to understand the situation in Slough and work with local communities. Meanwhile, Youth Inspectors ensured that any public body could approach SBC for assistance and undertaking reviews of their services.

The Panel discussed the following matters in discussion:

- The CSE Team specialists were working intensively with young people and SCST to understand the local situation on grooming. The Exploitation Tool would also be used in this process. The process was also sensitive, as often the young person may be unaware of the abusive nature of the relationship involved. Ditton Park Academy had staged a production to raise awareness on the issue.
- The Youth Service did not cover issues such as child mortality, diabetes and the entry rates of epileptics to Accident and Emergency. Whilst this information was held by the service for information, they could not act on it. These questions were more suited to Public Health for more information.

Education and Children's Services Scrutiny Panel - 24.10.18

- The rise in the number of incidents of missing people could be explained by the fact that these were incidents rather than the number of people involved. As a result, the same person could be responsible for multiple instances. The Joint Parenting Panel discussed these matters in detail on a confidential basis.

Resolved: That the update be noted.

21. Children's Centres Task and Finish Group - Terms of Reference

Resolved: That the terms of reference be noted.

22. Forward Work Programme

Resolved: That the work programme be noted.

23. Attendance Record

Resolved: That the attendance record be noted.

24. Date of Next Meeting - 6th December 2018

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.13 pm)

Education and Children's Services Scrutiny Panel – Actions Arising

24th October 2018

Minute:	Action:	For:	Report Back To: Date:
15	Resolved: That further information for the procedures for tendering building projects be given to the Panel by the Director of Regeneration.	Director of Regeneration	ECS Scrutiny Panel 6 th December 2018
16	The report on the Safeguarding Adults Board had provided a breakdown of the types of cases involved. Members requested that this be provided in future LSCB reports.	Slough Local Safeguarding Children's Board	ECS Scrutiny Panel 2019 report
18	Members requested that materials used in the January 2019 elections be circulated to the Panel outside of the meeting.	Young People's Service	ECS Scrutiny Panel January 2019
19	The Panel requested a breakdown of the types of crime involved in Slough beyond the top 3 categories identified in the report.	Youth Offending Team	ECS Scrutiny Panel 6 th December 2018

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children’s Services Scrutiny Panel

DATE: 6th December 2018

CONTACT OFFICER: Rodney D’Costa – Service Lead Children’s Commissioning, Partnership & Performance

(For all Enquiries) (01753) 787649

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

SECTION 11 AUDITS

1. **Purpose of Report**

This report provides an update of Slough Borough Council’s (SBC) work to ensure compliance with Section 11 (s11) of the Children Act 2004 – to safeguard and promote the welfare of children.

2. **Recommendation**

The Panel is requested to note and comment as appropriate on the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA, Five-Year Plan and Housing Strategy**

3a. **Slough Joint Wellbeing Strategy Priorities applicable to this report**

S11 work directly support the following priority:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing
- Housing

3b. **Five Year Plan Outcomes applicable to this report**

The responsibilities of s11 cut across services, which support all Outcomes in the Five Year Plan. However, it is most directly relevant to the following Outcome:

- Slough children will grow up to be happy, healthy and successful

4. **Other Implications**

(a) Financial

There are no financial implications relating to this report.

(b) Risk Management

Each of the actions that comprise this update report are already contained within the service-planning framework of the relevant Council Directorates and overseen by the corporate Five Year Plan Board, Cabinet and this Panel. Monitoring reports including identification of risks and mitigating action will be reported through this governance process.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications relating to this report.

(d) Equalities Impact Assessment

None required.

5. **Supporting Information**

5.1 S11 of the Children Act 2004 places a duty on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

5.2 Specifically, s11 places a duty on local authorities that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing and youth services. The responsibilities of s11 cut across services that support all the priorities within the Slough Wellbeing Strategy as noted in paragraph 3a. As an entity in its own right, Slough Children's Services Trust (SCST) is required to provide separate assurance on compliance with s11 duties.

5.3 Eight national standards are used to assess s11, reproduced below:

- 1) Senior management have commitment to the importance of safeguarding and promoting children's welfare.
- 2) There is a clear statement of the agency's responsibility towards children and this is available to all staff.
- 3) There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare.
- 4) Service development takes into account the needs to safeguard and promote welfare and is informed, where appropriate, by the views of children / families.

- 5) There is effective training on safeguarding and promoting the welfare of children for all staff working with or, depending on the agencies primary functions, in contact with children and families.
- 6) Safer recruitment procedures including vetting procedures and those for managing allegations are in place.
- 7) There is effective inter-agency working to safeguard and promote the welfare of children.
- 8) There is effective information sharing.

Chronology

- 5.4 An update on s11 was provided to the Education and Children's Services Scrutiny Panel (ECS SP) on 25th October 2017. In addition, the Corporate Management Team (CMT) and Senior Leadership Team (SLT) within the Council receive regular updates.
- 5.5 As part of s11 governance, there was a Mid Term Review submission to the Pan Berkshire Local Safeguarding Children's Board, s11 Audit Panel in June 2018. The following positive feedback was received: *"The S11 Panel were in agreement that the information provided was clear and to a high standard. The return demonstrated that your organisation understand the duties placed upon them. The Panel highlighted that even though Children's Services is managed by the Trust the Local Authority's commitment to safeguarding children is evident"*.

Current Progress

- 5.6 Please refer to Appendix 1, which sets out **exception** reporting progress against the eight national standards. The comments in Appendix 1 therefore focus only on the areas previously highlighted by the Pan Berkshire Mid Term Review as responses to other areas in the eight standards were received positively. The material in Appendix is updated on a bi-monthly basis as it contains the Council's "evidence" of s11 assurance.

6. **Comments of Other Committees**

The comments of the corporate s11 group meeting 19 November 2018 (known as "Children's Safeguarding [s11] Strategic Leads") are covered in Section 5 / Appendix 1 of this report. No other SBC committees have considered this report.

7. **Conclusion**

Members are invited to note and comment on s11 progress.

8. **Appendices Attached**

1 – Section 11 Progress (Exception Reporting).

9. **Background Papers**

Agenda papers and minutes, Education and Children's Services Scrutiny Panel (25 October 2017)

Appendix 1 – Section 11 Progress (Exception Reporting)

National s11 Standard & Detailed sub clause plus specific SBC Action required	Current Progress @t 19.11.2018	RAG
<p>1. Senior management commitment to the importance of safeguarding and promoting children's welfare – All staff or volunteers that come in to contact with children and young people are able to access supervision or support in relation to safeguarding.</p> <p>a) Develop a Corporate Volunteer Policy and Strategy that provides assurance there is consistency for Volunteers (especially those in direct contact with children and young people) with paid staff regarding recruitment and management, including safeguarding training (induction, mandatory, refresher, role-specific, support meetings and 1:1s) and ensure that this is embedded across all Directorates with the support of the Children's Safeguarding (s11) Strategic Leads.</p>	<p>i) Corporate Volunteer Policy / Strategy was approved by the Employment & Appeals Committee on 23 October 2018. This will ensure that volunteers are on a par with SBC staff in relation to the requirement for safeguarding training (induction, mandatory, refresher, role-specific, support meetings and 1:1s).</p> <p>ii) The Agresso HR Module has been specified with the functionality to produce standard reports so that managers can monitor compliance with the above. Implementation date for Agresso is to be confirmed by corporate HR (expected December 2018). Once Agresso is implemented, HR, managers and the Children's Safeguarding (s11) Strategic Leads will play an important role ensuring that this is embedded across the various service areas in the Council.</p>	<p>G</p>
<p>2. A clear statement of the agency's responsibility towards children is available to all staff – There are arrangements in place to ensure that organisations commissioned to provide services on your behalf have regard to the requirements of s11 of Children Act 2004.</p> <p>a) A comprehensive standard clause and statement relating to safeguarding children and adults needs to be inserted in all new SBC contracts with immediate effect.</p> <p>b) Refresh contract monitoring arrangements between SBC and SCST</p>	<p>i) Clause / statement agreed with Legal and Procurement and implemented.</p> <p>ii) Deed of Variation to the Service Delivery Contract was agreed between SBC and SCST and endorsed by the Department for Education.</p>	<p>G</p>

National s11 Standard & Detailed sub clause plus specific SBC Action required	Current Progress @t 19.11.2018	RAG
<p>3. A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children – Staff and volunteers are aware of their responsibilities if they are concerned about a child or young person and know the procedures to follow in such circumstances.</p> <p>a) Refer to 1(a).</p>	i) As for 1(i) re Volunteers.	G
	ii) As for 1(ii) above (once the Agresso HR Module is implemented it will need to be embedded by HR, managers and the Children's Safeguarding (s11) Strategic Leads re compliance monitoring of staff / volunteers across all services).	A
4. Service development takes account of the need to safeguard and promote welfare and is informed by the views of children and families	<p>i) There was no additional action required for this standard as SBC's 5-Year Plan process addresses this standard e.g. reflected in the corporate plan Outcome priorities.</p> <p>ii) The voice of children, young people and families are also taken into account through various forums e.g. Youth Parliament; Young Inspectors (young people inspecting services and reporting their findings and recommendations); Young Commissioners (young people involved in commissioning services; SCST's "Reach Out" (representing children looked after and care leavers).</p>	G
5. Staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families	i) See 1(i) above. The corporate induction training (children's safeguarding) has been refreshed to ensure it is up to date with current developments. The refreshed staff recruitment and volunteer policies clarify that children's safeguarding training will apply to staff and volunteers, particularly those in roles with direct contact with children and young people	G
	ii) As for 1(ii) above (once the Agresso HR Module is implemented it will need to be embedded by HR, managers and the Children's Safeguarding (s11) Strategic Leads re compliance monitoring of staff / volunteers across all services).	A

National s11 Standard & Detailed sub clause plus specific SBC Action required	Current Progress @t 19.11.2018	RAG
<p>6. Recruitment, vetting procedures and allegations against staff</p> <p>a) Safer Recruitment Policy in place for those roles that directly interface with children and young people.</p> <p>b) Governance processes in place for dealing with retention / disposal of records; allegations or concerns against staff / volunteers; disciplinary / grievance; named senior person for dealing with allegations / concerns.</p>	<p>i) A Safer Recruitment Policy (and related training) is in place for Slough schools. An equivalent policy for SBC has been drafted and is currently out to consultation. Once agreed it will be implemented with the accompanying training.</p> <p>ii) These are in place.</p>	<p>A</p> <p>G</p>
<p>7. Inter-agency working – Staff are able to identify children who would benefit from additional services. They are clear about the circumstances in which a referral to Children's Social Care is necessary.</p> <p>a) Multi-agency thresholds for non-statutory / statutory services are clear.</p>	<p>i) Threshold were revised in summer 2018 by the LSCB. A programme of initial and refresher / ongoing training was put in place.</p> <p>ii) The Early Help model (covering non-statutory services) launched as business as usual on 25 June 2018 and will transition to cover all partners via a single front door and multi-agency referral on 1 December 2018.</p>	<p>G</p>
<p>8. Information sharing - All staff and volunteers who come into contact with children should understand the purpose of information sharing in order to safeguard children.</p>	<p>i) There is mandatory training for all staff covering Information Security and Safeguarding (updated for GDPR requirements effective 25 May 2018) – these emphasise that the duty to share information (in order to promote safeguarding) can be as important as the duty to protect client confidentiality. This requirement will apply to Volunteers as per the new Volunteer Policy / Strategy.</p> <p>ii) As for 1(i) above (once the Agresso HR Module is implemented it will need to be embedded by HR, managers and the Children's Safeguarding (s11) Strategic Leads re compliance monitoring of staff / volunteers across all services).</p>	<p>G</p> <p>A</p>

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Panel

DATE: 6th December 2018

CONTACT OFFICER: Rodney D'Costa, Service Lead Children's Commissioning, Partnership & Performance

(For all Enquiries) (01753) 787649

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

JOINT PARENTING PANEL QUARTERLY UPDATE1. **Purpose of Report**

This report provides Members with an update on the work of the Joint Parenting Panel (JPP) since the last report taken by the Panel on 17th July 2018.

2. **Recommendations**

That Members note and comment as appropriate on the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and Five Year Plan**3a. **Slough Joint Wellbeing Strategy**

The JPP supports the following priority:

- Protecting vulnerable children

3b. **Five Year Plan**

The work of the JPP also supports the following Outcome:

- Slough children will grow up to be happy, healthy and successful.

4. **Other Implications**(a) **Financial**

There are no financial implications relating to this report.

(b) **Risk Management**

The role of the JPP is to scrutinise the work of partners in the discharge of their corporate parenting role. This work is already contained within the service planning and risk management framework of the relevant Council Directorates and other agencies and there are no direct risk management matters relating to this report.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications relating to this report.

(d) Equalities Impact Assessment

None required.

5. **Supporting Information**

Meetings since 17 July 2018: JPP 26 July 2018; Corporate Parenting Training 25 September 2019; JPP 4 October 2018

- 5.1 JPP 26 July 2018 – There was no scheduled “thematic” discussion at this meeting. However, as JPP included a number of new elected members, the opportunity was taken to recap on key elements of the corporate parenting role and a “look back” of the previous JPP meetings since June 2017 so that members had a resume of previous thematic discussions and their impact on outcomes for children in care. Key references relating to the corporate parenting role included the 7 corporate parenting principles as set out in the Children & Social Work Act 2017 (CSWA 2017) and the 10 Key Lines of Enquiry for elected members from the Local Government Association’s Corporate Parenting Resource Pack (LGA 2017). Appendix A provides details of member attendance.
- 5.2 Corporate Parenting Training 25 September 2018 – The training event included presentations from SBC / Trust, a Slough Foster Carer and a video made by a Slough young person about their experience being one of our children looked after. The event received very positive feedback although attendance numbers could have been higher. A copy of the slide presentation was circulated to all members after the event. Appendix B provides details of member attendance, including for the previous training held on 7 February 2018, with a breakdown by all members, JPP and Education and Children’s Services Scrutiny Panel..
- 5.3 JPP 4 October 2018 – The thematic discussion at this meeting related to Priority 6 of the Corporate Parenting Strategy: *Our children looked-after and young people will be supported to have good health and wellbeing*. An annual report covering 2017/18 was presented by the Clinical Commissioning Group’s (CCG) Designated Nurse Children in Care. Key achievements include:
- The establishment and implementation of an East Berkshire wide multiagency Children in Care Group, as a sub group of the East Berkshire Health Economy Safeguarding Group to provide better links with the respective Corporate Parenting Panels.
 - The creation of a South East Designated Nurse and Doctor network Group to share intelligence and good practice across health / local authorities.
 - A review and refresh of the Escalation Protocol to include multiagency as well as single agency escalation.
 - The successful completion of a care leaver’s emotional health audit across the three East Berkshire CCG areas, so as to inform priorities going forward.
 - The sharing of regular reports to the respective East Berkshire Corporate Parenting Panels on specific areas where there have been difficulties in progressing health assessments. In Slough there was a delay in carrying out the initial health assessments. This prompted a CCG led systems review across East Berkshire.

Key priorities for 2018/19 include:

- A systems review of the Initial and Review Health assessment process – as noted above, the learning from this was reported to Slough’s Joint Parenting Panel and a way forward agreed with an improvement in performance.
- To continue to escalate concerns and issues to the Corporate Parenting Panels, the LSCBs and East Berkshire Safeguarding Strategic Group.
- To widen the Thames Valley Designated LAC Nurse Network to include Hampshire and Surrey (consistent with the Frimley “footprint”).
- To feed into the National Group via the regional network.
- To review the Escalation Protocol for effectiveness and match data returns.

5.4 A draft refresh of the Corporate Parenting Strategy was presented to JPP for comment. A final draft will be presented to the JPP meeting on 12 December 2018 to ensure publication ahead of the expected Ofsted ILACS (Inspection of Local Authority Children’s Services) in 2019.

Future Meetings of the JPP

5.5 The remaining meetings of the JPP in 2018/19 cycle will be held on 12 December 2018 and 18 April 2019. The next report from the JPP to Scrutiny panel is scheduled to be taken on 17 April 2019. Members should note that meetings of the JPP are private, and therefore its agenda papers are not in the public domain.

6. **Comments of Other Committees**

This report has not been taken by any other committees at Slough Borough Council.

7. **Conclusion**

Members are invited to note and comment on this update of the JPP, covering the meetings held on 26th July and 4th October 2018.

8. **Appendices**

‘A’ - Attendance by Councillors at JPP Meetings

‘B’ - Attendance at Training Events

‘C’ - East Berkshire CCG Looked After Children Annual Report 2017/18

9. **Background Papers**

None.

This page is intentionally left blank

MEMBERS ATTENDANCE RECORD 2017/2018 – JOINT PARENTING PANEL

Cllr	22/06/17	27/07/17	11/09/17	05/10/17 Workshop – not a meeting	13/12/17	12/02/18	19/04/18	26.07.18	4.10.18	Ward Represented	Party Group	% of 5 meetings/No. attended at time appointed to the Panel
Bal					Ap	Ab				Farnham	Labour	Ap - 1 Ab-1
Bedi	P	P	P	P	Ap	P	P	Ap	Ap	Foxborough	Labour	P – 4 (80%) Ap – 1 (20%)
Coad						P				Langley St Marys	UKIP	P - 1 out of 1
Hussain	P	P	P	Ap						Central	Labour	P - 3 out of 3
Carter	P	P	P	P						Britwell & Northborough	Labour	P 3 out of 3
Chahal	Ap	P	P	Ap	P	P				Upton	Conservative	P – 4 (80%) Ap – 1 (20%)
Davis					P	P				Cippenham Green	Labour	P - 2 out of 2
Mann	Ab									Britwell & Northborough	Labour	Ab - 1 out of 1
Matloob					P					Baylis & Stoke	Labour	P – 1 out of 1
Pantelic	Ap	Ap	Ap	P						Cippenham Meadows	Labour	Ap -3 out of 3 (as advised to Group Members at start of municipal year
Rasib					Ab	Ab				Farnham	Labour	Ab – 2 out of 2

Key: P = Present for whole meeting P* = Present for part of meeting Ap = Apologies given Ab = Absent, no apologies given

Cllr	22/06/17	27/07/17	11/09/17	05/10/17 Workshop – not a meeting	13/12/17	12/02/18	19/04/18	26.07.18	4.10.18	Ward Represented	Party Group	% of 5 meetings/No. attended at time appointed to the Panel
Sadiq	P	P	Ap	Ap	P	P	P	P	P	Wexham Lea	Labour	P – 4 (80%) Ap- 1 (20%)
Usmani		P	P	P						Chalvey	Labour	P – 2 out of 2
Ali								P	P	Central	Labour	
Brooker								P	P	Langley Kidermister	Labour	
N Holledge								P	P	Cippenham Green	Labour	
Kelly								Ab	Ap	Haymill & Lynch Hill	Conservative	
DS Parmar								P	P	Cippenham Meadows	Labour	

Key: P = Present for whole meeting P* = Present for part of meeting Ap = Apologies given Ab = Absent, no apologies given

All Members Attendance at Training in February and September 2018

Councillor	Safeguarding Children and Corporate Parenting Evening, Member Development -7 February 2018	Corporate Parenting Training, Member Development – 25 September 2018
Ajaib	Ab	Not applicable
Ali	Not applicable	P
Anderson	P	Ab
B Bains	Not applicable	P
R Bains	Ap	Ap
Bal	Ab	Not applicable
Bedi	Ap	P
Brooker	P	Ap
Carter	P	Ap
Chahal	Ab	Not applicable
Chaudhry	Ap	Ab
Cheema	P	P
Chohan	Ap	Not applicable
Coad	Ab	Not applicable
Dar	P	P
Davis	P	Ab
Amarpreet Dhaliwal	Ab	Ab
Arvind Dhaliwal	Ab	Ab
M Holledge	P	P
N Holledge	P	P
Hussain	Ab	Ap
Kelly	Ab	Ab

Mann	Ap	Ab
Matloob	P	Ab
Minhas	Not applicable	P
Munawar	Ab	Ab
Nazir	P	P
Pantelic	P	Ap
D Parmar	Not applicable	P
S Parmar	P	P
Plenty	Ab	Ap
Qaseem	Ab	Ab
Rana	P	Ap
Rasib	Ap	Ap
Sabah	Not applicable	Ap
Sadiq	P	Ap
A Sandhu	P	P
R Sandhu	Ab	Ab
Sarfraz	P	Ab
Shah	Ab	Ab
Sharif	P	Ab
Smith	Ab	Ab
Sohal	P	Ap
Strutton	P	P
Swindlehurst	Ab	Ab
Usmani	Ap	Ab
Wright	Ap	Ab

JPP Members Attendance

Councillor	Safeguarding Children and Corporate Parenting Evening, Member Development -7 February 2018	Corporate Parenting Training, Member Development – 25 September 2018
Cllr Sadiq	P	Ap
Cllr Ali	Not applicable – elected May 2018	P
Cllr Bedi	Ap	P
Cllr Brooker	P	Ap
Cllr N Holledge	P	P
Cllr Kelly	Ab	Ab
Cllr D Parmar	Not applicable – elected May 2018	P

Education and Children’s Services Scrutiny Panel Members’ Attendance

Councillor	Safeguarding Children and Corporate Parenting Evening, Member Development -7 February 2018	Corporate Parenting Training, Member Development – 25 September 2018
Cllr Brooker	P	Ap
Cllr N Holledge	P	P
Cllr Kelly	Ap	Ap
Cllr Matloob	P	Ap
Cllr Minhas	Not applicable – elected May 2018	P
Cllr D S Parmar	Not applicable – elected May 2018	P
Cllr A Sandhu	P	P
Cllr Sharif	P	Ab
Cllr Strutton	P	P

Key: P = Present for whole session P* = Present for part of session Ap = Apologies given
Ab = Absent, no apologies given

Not Applicable = Not a Councillor on date of event

This page is intentionally left blank

Bracknell and Ascot CCG
Slough CCG
Windsor Ascot and Maidenhead CCGs
Looked After Children Annual Report

April 2017 – March 2018

Author:
Debbie Hartrick

Associate Director of Safeguarding
Designated Nurse Safeguarding Children, Adults and Children in Care.
Designated Clinical Officer SEND

CONTENTS

1.	Introduction	3
2.	Statutory Context	4
3.	Governance Arrangements	8
4.	CCG and Children in Care Safeguarding Partnerships	10
5.	Local Profile of Looked after Children	15
6.	Out of Authority Placements	17
7.	Children Placed in East Berkshire by other Local Authorities	18
8.	Health Outcomes	18
9.	Performance Monitoring 2017 - 2018	19
10.	CQC and Ofsted Inspections	23
11.	Participation and Engagement	26
12.	Care Leavers	27
13.	Children with Disabilities and Complex Needs	29
14.	Child Sexual Exploitation	29
15.	BHFT Training and Audit	30
16.	Access for children who are looked after to universal and specialist services Sexual health Unaccompanied asylum seekers Substance misuse Emotional and mental health Strength and Difficulty Questionnaire	32
17.	Progress Against Ambitions and priorities for Designated Nurse Children in Care 2017 - 2018	33
18.	Ambitions and priorities 2018 – 2019.	35

1. Introduction

Children and young people who are Looked After are among the most vulnerable members of society and the evidence nationally is that their health, social and educational outcomes continue to remain poor. It is the duty of local authorities and health agencies to work together to improve the health and well-being of these children and young people. The report takes into account the statutory duties which Clinical Commissioning Groups (CCGs) and local authorities must have when exercising their function towards Looked after Children.

The role of the Designated Nurse for Children in Care is a statutory position and the responsibility was transferred to the Associate Director of Safeguarding in September 2016. This change was in accordance with the RCN Best Practice Guidance¹. For the purposes of this report, the position will be referred to as Designated Nurse for Children in Care. The role is dependent on having close working relationships with Berkshire Healthcare NHS Foundation Trust (BHFT) Health Team for Looked after Children and the Local Authority Heads of Children in Care.

Analysis of issues and themes arising during 2016 – 2017 and reported within the annual report were as follows:

- Difficulties in progressing health assessments for children who are Looked after more than 20 miles outside Berkshire due to variable regional compliance for carrying out East Berkshire's children in care health assessments.
- Delays in sending completed referral forms for health assessments by Slough and Royal Borough of Windsor and Maidenhead to the BHFT LAC team within timescales.
- Issues regarding East Berkshire and Out of Area Escalation.
- Reduced understanding about the emotional health of care leavers.

This report confirms that considerable activity has begun to address these themes and include:

- Implementation of an East Berkshire wide multiagency Children in Care Group, as a sub group of the East Berkshire Health Economy Safeguarding Group and reportable to the Corporate Parenting Panels. The first meeting was held May 2017 and continued during 2017 – 2018.
- Escalation pathway development the protocol was reviewed and updated to include multiagency as well as single agency escalation.
- A care leaver emotional health audit was carried out across the three CCG areas.
- The Chairs of the LSCB wrote jointly to NHS England highlighting the difficulties of children living out of area receiving health assessments and to request a standard national response; this has been achieved.



- Regular reports are presented to the corporate parenting panels regarding specific areas where there are difficulties in progressing health assessments.

Each area will be considered in more detail throughout the report.

2. Statutory Context

i. Legislation

Children Act 1989² Updated 2015.

This sets out many of the duties, powers and responsibilities local authorities hold in respect of their looked after children and care leavers. In 2015 new regulations relating to the Children Act came in to force. Among other things, these regulations set out arrangements for local authorities considering ceasing to look after a child and consolidates information previously contained in a series of updates and supplements, including: contact with siblings, contact with youth justice services, out of authority placements, long-term foster placements, ceasing to look after a child, fostering for adoption and the delegation of decision making about looked after children to their carers. This is aimed at local authority workers with responsibilities for looked after children.

Adoption and Children Act 2002³ and Children and Adoption Act 2006⁴

This act updates the legal framework for domestic and inter-country adoption, and places a duty on local authorities to maintain an adoption service and provide adoption support services. The later act gives courts more flexible powers to facilitate child contact and enforce contact orders when separated parents are in dispute.

Children and Young Persons Act 2008

This legislates for the recommendations in the Department for Education and Skill's 2007 Care Matters white paper to provide high quality care and services for children in care.

Children and Families Act 2014⁵

Encourages 'fostering for adoption' which allows approved adopters to foster children while they wait for court approval to adopt. Introduces a 26 week time limit for the courts to decide whether or not a child should be taken into care. Also introduces 'staying put' arrangements which allow children in care to stay with their foster families until the age of 21 years provided that both the young person and the foster family are happy to do so.

Children and Social Work Act 2017

New guidance outlining how social workers and other professionals should support children in care and care leavers has been published by the Department for Education and focuses on supporting the education of children in care and previously looked-after children, and how extending personal advisers up to the age of 25 for care leavers should be implemented in line with the Children and Social Work Act 2017.

Promoting the health and well-being of looked-after children 2015

² [View the Children Act 1989](#)

³ [View the Children and Young Persons Act 2008](#)

⁴ [View the Children and Adoption Act 2006](#)

⁵ [View the Children and Families Act 2014](#)

Produced by the Department for Education and Department of Health, this includes statutory guidance for local authorities, clinical commissioning groups and NHS England. It updates the 2009 guidance and examines the profile of looked after children using evidence from research and practice. Considers the health needs of this particular group of people and how well their needs are met. Also discusses the roles and responsibilities of Local Authorities and the NHS.

Accountability and Assurance Framework for safeguarding vulnerable people in the NHS (2015) NHS England

The document sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care. The framework promotes empowerment and autonomy for adults, including those who lack capacity for a particular decision as embodied in the Mental Capacity Act 2005, implementing an approach which appropriately balances this with safeguarding. It outlines principles, attitudes, expectations and ways of working which recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances is at the forefront of our business.

The framework clearly sets out how health system operate, how it will be held to account both locally and nationally and makes clear the arrangements and processes to be undertaken to provide assurance to the NHS England Board with regard to the effectiveness of safeguarding arrangements across the system. Professional leadership and experts are recognised including the key role of Designated and Named Professionals for safeguarding children and adults.⁶

CCGs have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) and Local Safeguarding Adults Boards (SABs), working in partnership with local authorities to fulfil their safeguarding responsibilities. CCGs must ensure that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed and abuse or neglect is suspected. This includes contributing fully to partnership reviews, serious case reviews (SCRs) and safeguarding adult reviews (SARs).

Designated Professionals for Safeguarding:

This document has strengthened the mandate, responsibility and scope of the Designated Nurses and Doctors for adult and children safeguarding. Employed by CCGs, Designated Nurses are statute posts and clinical experts and strategic leaders; they work across the whole local health economy to support other professionals in their agencies on all aspects of safeguarding which includes active multi-agency collaboration. The Designated role must support the development of a positive learning culture across partnerships.

ii. Professional Guidance and National Inquiries

The NICE quality standard on the health and wellbeing of looked after children and young people. National Institute for Health and Care Excellence, 2013.

This quality standard, endorsed by NSPCC, sets out best practice in meeting the health and wellbeing needs of looked-after children and young people. NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

⁶ <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

Children (Leaving Care) 2000⁷

Sets out duties local authorities have to support young people leaving care from 16 to 21 years of age.

Applying corporate parenting principles to looked-after children and care leavers: statutory guidance for local authorities. Department for Education 2018.

This guidance is about the role of local authorities and the application of corporate parenting principles as set out in section 1 of the Children and Social Work Act 2017. The Designated Nurse (CCG) must be represented at each Corporate Parenting panel within their area.

The guidance sets out seven principles that local authorities must have regard to when exercising their functions in relation to children and young people in care including:

- acting in their best interests, and promoting their physical and mental health and well-being.
- encouraging children and young people to express their views, wishes and feelings, and to take these into account
- helping children and young people gain access to and make the best use of services provided
- promoting high aspirations
- seeking to secure the best outcomes
- ensuring safety, and stability in their home lives, relationships and education or work
- preparing the children and young people for adulthood and independent living.

Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers. OFSTED 2015.

This framework sets out the framework for the inspection of services for children in need of help and protection, children looked after and care leavers. Areas covered include the experiences and progress of children in care, including adoption, fostering, the use of residential care, and children who return home. The framework also focuses on the arrangements for permanence for children who are looked after and the experiences and progress of care leavers.

Looked after children: knowledge, skills and competences of healthcare staff. Royal College of General Practitioners, Royal College of Nursing, Royal College of Paediatrics and Child Health 2015.

This framework for healthcare staff to understand their role and responsibilities for meeting the needs of looked after children and complements the safeguarding intercollegiate guidance.

An action plan for adoption. Tackling Delay. Department for Education 2011.

Sets out government proposals to change the system for prospective adopters and strengthen the performance regime for local authorities. Proposals include: scorecards to

⁷ [View the Children \(Leaving Care\) Act 2000](#)

rate local authority performance on adoption targets; approval process for new adopters cut to six months; and a national gateway for adoption to provide a first point of contact.

Safeguarding strategy: unaccompanied asylum seeking and refugee children. Department for Education 2017.

This strategy sets out the actions that the Government will take to safeguard and promote the welfare of unaccompanied asylum seeking and refugee children in the UK, recognising the increasing numbers and specific needs of unaccompanied children in the UK, unaccompanied children arriving through a legal pathway and unaccompanied children arriving clandestinely. Commitments in the strategy include:

- **Improving the care of unaccompanied asylum seeking children** including: The National Transfer Scheme, increasing fostering capacity; training for existing foster carers; encouraging the provision of supported lodgings; and funding to support unaccompanied and refugee children.
- **Supporting professionals working with children and young people** including: revised statutory guidance for local authorities; supporting local authority interaction with asylum and immigration processes; and supporting other professionals.
- **Information and advice for children and families** including: information on rights and entitlements; information on what it means to be 'looked after'; and the role of Children's Commissioners.
- **Protection and safeguarding** including: preventing children from going missing; and standardised police procedures related to unaccompanied children.
- **Reviewing processes for children in Europe** including: the timely and efficient operation of the Dublin Regulation.

Statutory guidance on children who run away or go missing from home or care. Department for Education 2014.

Outlines action that local authorities and their partners should take to stop children going missing from home or care and to protect those who do. Covers: agency roles and responsibilities; multi-agency working; access to support; risk assessment; safe and well checks; independent return interviews; emergency accommodation; children who repeatedly run away and go missing; and additional actions to protect looked after children.

Independent Inquiry into Child Sexual Abuse (IICSA)

Opened in July 2015, this extensive inquiry continues to progress in England and Wales. It is examining how the country's institutions handled their duty of care to protect children from sexual abuse. The scale of the Inquiry is unprecedented, and it is expected to take five years; an interim report is due for publication June 2018.

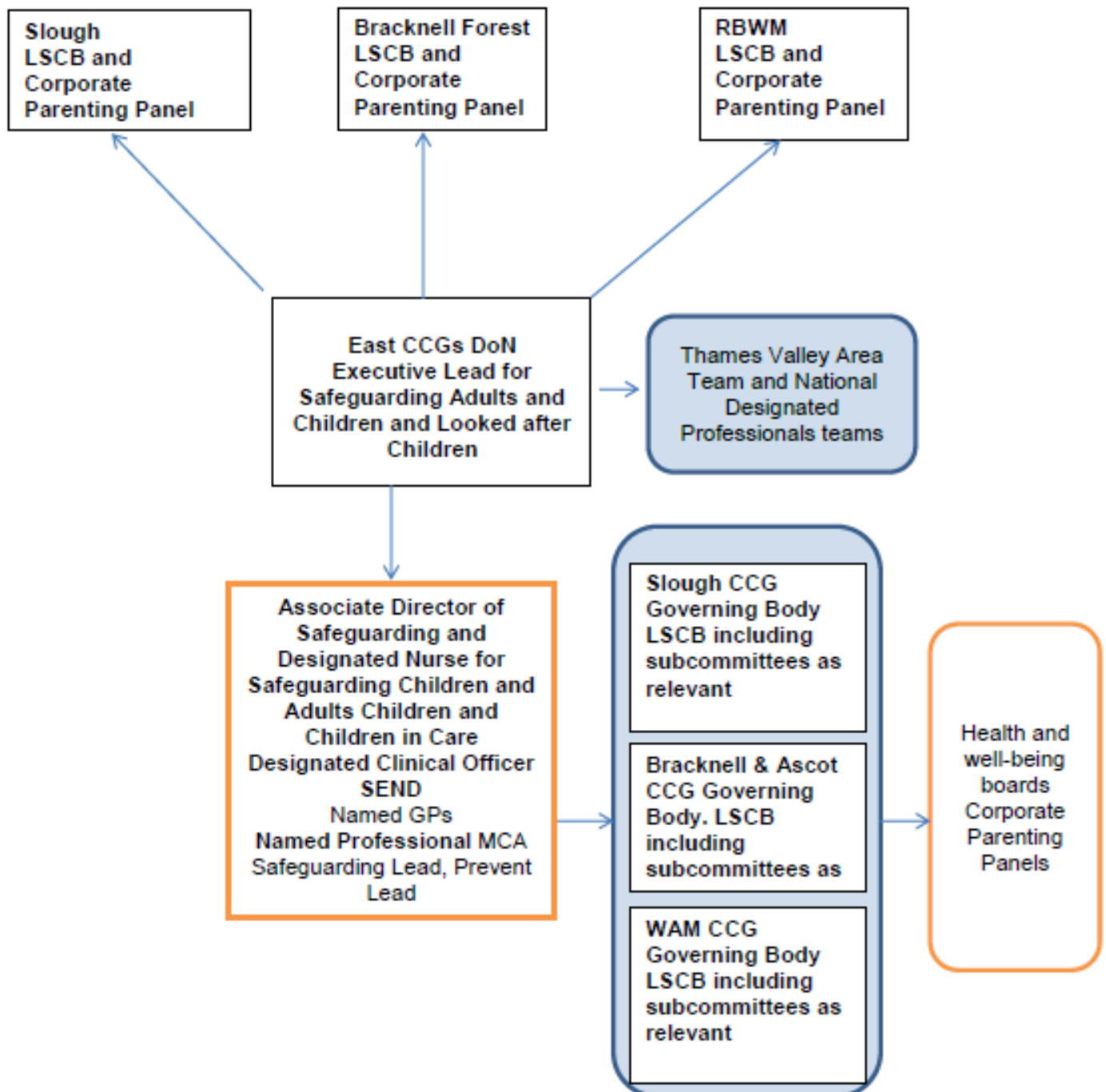
Child Protection Information System (CP- IS)

This has been mandated to be implemented across the NHS by April 2018 with leadership support from the designated professionals. This system allows communication to children's services where children who are subject to child protection plans, are children in care or are unborn with child protection plans have received unscheduled care (for example in A&E, Out of Hours, walk in centres and SCAS). The Designated nurse continued to support the implementation of CP-IS across the three CCGs across East Berkshire 2017 - 2018.

3. Governance Arrangements 2017/18

The CCG has a clear line of accountability for safeguarding and for looked after children, properly reflected in the CCG governance arrangements:

SAFEGUARDING ADULTS and CHILDREN- CCG ACCOUNTABILITY FRAMEWORK



Governance Arrangements 2017-2018

The Director of Nursing holds the executive lead for safeguarding and Looked after Children across the three CCGs East of Berkshire. The Associate Director of Nursing is the Designated Nurse for safeguarding children, adults and children in care. The 2017 – 2018 activity for safeguarding children and adults is reported via a separate CCG 'Safeguarding Annual Report.' The Named professional for safeguarding holds the CCG lead for Prevent (risk of radicalisation) and for the Mental Capacity Act. The team also consists of two Named GPs for safeguarding who work across the three CCGs. Additionally, there is an established Designated Doctor for the CCGs who provides support and guidance to the Berkshire CCGs and to provider organisations. From April 2017 this post serves East Berkshire only and is no longer Berkshire wide. The Designated Doctor for Looked after Children works closely with Berkshire Healthcare Foundation Trust (BHFT) Looked after Children Health team.

This team are commissioned by the CCG to co-ordinate the health assessments for children who are looked after within and out of East Berkshire areas. They also carry out health assessments for children aged 16 and 17 placed in Berkshire and children who are placed within 20 miles of East Berkshire. The Designated Doctor and Paediatric team carry out initial health assessments on behalf of BHFT. Review health assessments are carried out by school nursing and health visiting teams within East Berkshire; for school aged children, those children will be attending a Berkshire school. This includes newly commissioned teams; for Slough, 'Solution for Health' health visiting and school nursing teams carry out the review assessments and for Royal Borough of Windsor and Maidenhead, (RBWM) 'Achieving for Children' health visiting and school nursing teams carry out the assessments. Bracknell Forest Local Authority have continued to commission BHFT health visiting and school nursing teams to carry out the reviews.

The safeguarding and Looked after Children role of CCGs has a wide sphere of influence. It is essential that the CCG team actively support and work with looked after children leads across the multiagency partnership to ensure that critical services are in place to respond to children who are on the edge of care, being looked after or are leaving care to deliver improved outcomes and life chances for our most vulnerable children. These relationships are robust and continue apace and include Designated professionals in neighbouring counties.

The close working relationship between Quality and Safeguarding continues to positively influence the looked after children contractual arrangements that support continuous improvement. Strong, clear, patient-orientated leadership from the Director of Nursing has facilitated these processes.

During 2017 – 2018, the CCG reviewed the existing structure for Mental Health/Learning Disabilities, Children, Families, Maternity and Adult commissioning and included a review of the arrangements for children with special educational needs and disabilities (SEND) and the statutory role of Designated Clinical Officer (DCO). A Head of Children Young People and Families responsible for the operational function of children's commissioning decisions

and who could provide leadership across a joint commissioning strategic development was appointed January 2018, this full time post sits under the Associate Director for Learning Disability, Mental Health, Children and Young people, reporting to the Director of Strategy and Operations.

It was important that the DCO could function with a clear mandate to provide assurance and challenge partners and the CCG about any issues and risks arising. This requirement meant that the DCO function should sit with a senior manager who reported directly to a CCG Director. The CCG made the decision to incorporate the DCO role with the Associate Director of Safeguarding in December 2017. Placing the DCO under the Director of Nursing and Quality ensures the DCO is not only free to hold other organisations to account including health providers, the DCO can also challenge her employer; the CCG. There is also significant overlap in the DCO and designated safeguarding and looked after children roles which enriches and strengthens the established multiagency relationships and communication pathways including reporting to statutory safeguarding Boards and Corporate Parenting Panels.

The governance arrangements have continued to provide assurance to the CCG and to the area team over 2017-2018. These include reporting safeguarding and Looked after Children activity of the East Berkshire safeguarding group to the Quality and Constitutional Standards Committee. Data is analysed for any breaches in contract arrangements and raising alerts. Progression of the work of the CCG Looked after Children portfolio is also detailed within the safeguarding section of the CCG workforce tracker, which is monitored closely by the CCG Leadership Team.

This annual report will be reported to the Quality Constitutional Standards Committee for the attention of the three CCGs in East of Berkshire. The report will also be presented to the corporate parenting panels and LSCBs across the East Berkshire area.

4. CCG and Children in Care/Safeguarding Partnerships

In line with the Accountability and Assurance Framework (NHS England 2015), both the Director of Nursing and the Designated Nurse Children in Care are members of each Local Safeguarding Children Board (LSCB) which include reports about Children in Care and receive exceptional activity and performance assurance. The Designated Nurse Children in Care and the named professional are members of the child protection policy and procedures subgroup (Berkshire wide), Berkshire Child Death Overview Panel, each LSCB serious case review subcommittee, Berkshire wide child sexual abuse exploitation group and the Berkshire LSCB section 11 panel. The Named GPs for safeguarding children represent the CCG East of Berkshire at each serious case review subcommittee and any relevant task and finish group.

The Designated Nurse Children in Care is also an active member of the Corporate Parenting Panels across East Berkshire and is able to provide regular reports and current issues to these panels.

i. Within Health

The following meetings include a focus on children in care and allow escalation within the health economy and across the multiagency footprint:

- **East Berkshire Health Economy Safeguarding Group.** This quarterly meeting is chaired by the Director of Nursing and reports to the Quality and Constitutional Standards Committee. Membership includes Directors of Nursing from Frimley Health, Berkshire Healthcare Foundation Trust (BHFT), South Central Ambulance Service (SCAS) and the Area Team (NHS England). During 2017 – 2018, new providers were commissioned to provide health visiting and school nursing services across Slough and RBWM. Their Directors of services are also part of the safeguarding group to ensure Safeguarding adult and children activity is shared; including any learning from any national and local partnership reviews, serious case reviews or alerts. Exceptional reporting is encouraged which is then reported at the Quality and Constitutional Standards Committee. Assurance reports and gap analysis, for example actions against Statutory Inquiries and serious case reviews of national importance are presented from provider organisations. This is a vibrant group where partners are encouraged to think outside the box and explore new ways of working. Shared visions, innovative practice and future plans are shared across the economy. Work programmes from this meeting have included local guidance for GPs regarding e-consultation safety and safeguarding; guidance for organisations for chaperones, decisions to produce video clips for water safety, decisions to produce a co-sleeping safety campaign targeted for fathers, decisions to carry out a care leavers emotional health and well-being survey, decisions to review the children in care escalation pathway, decision to review the children in care health assessment process and supporting SCAS to implement a low level/early help concern pathway. Any safeguarding training issues of compliance are also noted and the wider team are able to offer support across their partner organisations.
- **East Berkshire Named and Designated Professionals Safeguarding Group.** A subgroup of the East Berkshire Health Economy Safeguarding Group and chaired by the Designated Nurse Children in Care. This group's purpose is to communicate local and national children's safeguarding and children in care issues across the East Berkshire health economy. This quarterly meeting is attended by named professionals for safeguarding adults and children from acute and community provider sectors and includes, the Head of Looked after Children BHFT, CAMHS Named Doctor and named GPs for safeguarding. As well as NHS providers, representation includes Solutions for Health, Achieving for Children, Princess Margaret Hospital and Bracknell Urgent Care Centre. Serious case review actions are tracked for progress and exceptional reporting is expected; this is then reported to the East Berkshire Health Economy Safeguarding Group. Action against strategic direction is monitored and any gaps reported. In December 2017, the Designated Nurse Children in Care hosted a Berkshire wide Named and Designated Safeguarding meeting where examples of good practice were showcased across Berkshire's health economy.
- **Looked After Children Regional Meeting**
In line with priorities for 2017 – 2018; the Designated Nurse Children in Care worked with the Designated and Named Nurses across the Thames Valley to set a Thames Valley Network. Terms of Reference have been agreed, NHS England have

endorsed the meeting and as a result we have established pathways and links to the National LAC Steering Group and 2 members of the meeting are able to attend this wider group. Recent achievements include widening the group to include Surrey and North Hampshire Designated LAC nurses. This will be a platform to share information and agreed South East priorities.

- **CCG safeguarding team.** Team meetings are chaired by the Designated Nurse Children in Care and attended by the named professional and named GPs every two months. This meeting is a means by which local safeguarding and children in care issues are communicated and plans made to support improvements across primary care. Pertinent information is shared across the three CCGs East of Berkshire so that good practice in one area can be replicated in another. The Named GPs are committed to their safeguarding agenda and to continuous improvement and the team works to an agreed annual plan. All actions for 2017 – 18 have been completed.⁸ The named GPs have been instrumental in working with local authority colleagues to improve the liaison between GPs and MASH teams.
- **Thames Valley Area Team Safeguarding Meetings.** Held in Oxford and chaired by the Thames Valley Head of Safeguarding, this is a strategic meeting for Designated and named professionals for the CCGs across the Thames Valley to share practice, governance arrangements and update national safeguarding initiatives. The Designated Nurse Children in Care has been able to raise issues such national variation for Children in Care health reviews, working towards a Looked after Children regional group and expand to Surrey and Hampshire and raise issues around Child Projection Information Systems local authority engagement.

ii. Multiagency

- **Local Safeguarding Children Boards (LSCB) and Executive Boards.** The three CCGs East of Berkshire remain committed, active and significant statutory partners of the LSCBs during 2017 - 2018. They continue to be represented by the Designated Nurse Children in Care and by the Director of Nursing. Set up under Children Act arrangements 2004, LSCBs are responsible for co-ordinating, challenging and receiving assurance that child safeguarding arrangements within the locality by provider and commissioning organisations are robust and comply with statute.
- **Corporate Parenting Panels.** Attended by the Designated Nurse Children in Care this provides a platform to discuss and raise any issues to Corporate Parents and the wider partnership. It is also an opportunity to present health performance with

partners and children who attend the panels and an opportunity for partners to challenge and discuss any issues related to health.

- **East Berkshire Children in Care Group.** In line with 2017 – 2018 planning, the Designated Nurse Children in Care set up an East Berkshire wide Multiagency Children in Care Group. This includes the local authorities and the BHFT LAC Healthcare Team. It is a platform to understand local variation, raise any issues and agreed priorities. It is a sub group of the East Berkshire Strategic Safeguarding Group and minutes are received by this group. Work has included undertaking a care leaver's health and wellbeing survey, designing a multiagency escalation protocol and agreement to review the LAC health assessment systems across East Berkshire.
- **Berkshire Wide CSE meeting.** Attended by the CCG Named professional for Safeguarding, this is a cross Berkshire group that meets to share intelligence and examples of good practice for CSE. The main focus of this group is to standardise practice and response across each locality. Strategic direction and local information is essential to assist risk assessment of Children in Care across Berkshire.
- **Child Protection Information Systems (CPIS) Group.** This group was set up and chaired by the Designated Nurse Children in Care from September 2016 and expanded to include all local authorities across Berkshire from January 2017. CPIS is one of the 10 Universal Capabilities of the local digital roadmap. NHS England have directed that CPIS should be implemented across NHS health systems that provide unscheduled care to children by 0-18 including unborns and children who are Looked After. Should a child who has a child protection plan attend an unscheduled care provider, the local authority for the child will be alerted. CPIS provides a safe solution to improve information sharing across the health and social care partnership. The CPIS project features within the NHS Standard Contract for 2015/16. The purpose of the group is to implement and support the introduction of CPIS across health and social care systems within Berkshire. The table below reflects the status for CPIS implementation end March 2018:

Health	Target Go-live Date	Status update
East Berkshire Primary Care OOH	Nov 2018	Awaiting config update within Adastral, will implement once this is in place.
West Call, BHFT	July 2018	Working towards July implementation.
BUCC	July 2018	Working towards July implementation.
FHFT	March 2018	Implementation complete, live with CP-IS.

The Designated Nurse Children in Care updated each LSCB during 2017 2018 and is pleased to report that Frimley Health met the deadline for implementation by March. BHFT, as a result of a last minute IT complication are due for implementation by July

2018 and East Berkshire Out of Hours by November 2018. NHS Digital and NHS England are aware of this issue.

The fact that CPIS was mandated for health and not for the local authorities presented a challenge for the Designated Nurse Children in Care to support implementation across partnerships. Despite this, it is pleasing to report that Bracknell Forest implemented CPIS by end March and Slough Borough is due for implementation in July 2018. The table below reflects the status for Local Authorities by end March:

Local Authority	Target Go-live Date	Status update
Central Bracknell	March 2018	Implementation complete, live with CP-IS.
Royal Borough of Windsor and Maidenhead	March 2019	Supplier costs prohibitive hence implementation not confirmed.
Slough	July 2018	Working towards July implementation.

The LSCB chair for RBWM has raised an official challenge to RBWM regarding their implementation status.

The CPIS group has completed its' mandate and has been disbanded; however, it was decided that the Head of Safeguarding for West Berkshire CCG and Designated Nurse Children in Care, East Berkshire would continue 6 weekly teleconferences with NHS digital to monitor implementation and offer any support.

- Serious Case Review Sub-Committees (LSCB).** These are sub groups of the LSCBs and SABs and are attended by the named professional safeguarding. Primary care is also represented by each named GP for child protection. Local cases are referred to these groups where there has been a serious injury or death to a child or vulnerable adult and where abuse is suspected. Issues around partnership working will invoke the requirement for a serious case review, safeguarding adult review, domestic homicide review or partnership review. The Designated Nurse Children in Care also chairs panels for partnership reviews and for serious incidents when requested to do so.
- LSCB policies and procedures Sub-committee.** Attended by the Named Professional safeguarding, this is a cross Berkshire working group for updating Berkshire wide child protection procedures. During 2017 – 2018 the Designated Nurse Children in Care led a multiagency FGM pathway review across East Berkshire working with existing and new providers to ensure the pathways were up to date, relevant and connected with each other; these have been published on Berkshire Child Protection Procedures. In addition, a multiagency protocol for escalation where Looked after Children assessments are delayed has also been produced by the Named Professional safeguarding and presented at the policy and procedures group.

- **Berkshire Child Death Overview Panel (CDOP).** Attended by the Named Professional safeguarding; all cases of child death across Berkshire are discussed with a view to highlight any trends, public health concerns or recommendations for further investigation. Information from this group led the safeguarding team to produce a water safety video which is reported upon below. Also, as a result of trends around Sudden Infant Deaths and co-sleeping, particularly among fathers, the Designated Nurse Children in Care was able to successfully bid for development monies from NHS England to lead a co-sleeping raising awareness campaign during 2018 – 2019.

5. Local profile of Looked After Children

The data on national outcomes published by the Department for Education⁹ on the 29.9.17 indicate at 31 March 2017 there were 72,670 looked after children in England, an increase of 2,220 on 2016, and an increase of 4,600 on 2013. At 31 March 2017, 62 children per 10,000 of the population were looked after, up from 60 children per 10,000 in the previous four years. This is a significant raise in national numbers of children looked after.

Numbers of looked after children

	2013	2014	2015	2016	2017	% change since 2013	% change since 2016
England	68060	68810	69480	70440	72670	6% increase	3% Increase
Bracknell	105	115	105	100	116	10% increase	16% increase
Slough	185	190	195	180	190	2.7% increase	5.5% increase
RBWM	105	105	100	90	110	4.7% increase	22.2% increase

Bracknell Forest and RBWM are showing a higher than national average increase in Looked after Children and Slough has had no change.

The following information relates to the outcome data published by the Department of Education on 29/09/17:

Bracknell Forest

As of 31st March 2017, Bracknell Forest had a total of 116 Looked after Children. This was a rate of 41 Looked After Children per 10,000 population under 18 years, which, although higher than the 2016 figure of 35 per 10,000, remains lower than the England average (62 per 10,000) and lower than the South East average (51 per 10,000).

The number of Bracknell Forest Looked After unaccompanied asylum seeking children was recorded as less than 5 for the 5th year running.

⁹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf

40% of Looked After Children were female and 60% male; the national average being 56% and 44% respectively. The largest age group for children who were Looked After were those aged 10 to 15 years at 50 children.

Bracknell Forest	Gender (percentages)		Age (numbers)				
	Male	Female	Under 1	1 to 4	5 to 9	10 to 15	16 and over
	60%	40%	6	8	19	50	33

UK Average: Male 56% Female 44%

The largest ethnic group amongst Looked after Children in Bracknell Forest was white, 94 children followed by children of mixed heritage, 11 children.

28 children were Looked After through voluntary arrangements between the Local Authority and their parents under section 20 of the Children's Act 1989. 80 children Looked after by Bracknell Forest were subject to an Interim Care Order or a Full Care Order and fewer than 5 children were subject to a Placement Order for adoption.

Slough Borough Council

As of March 31st 2017 Slough Borough Council was responsible for 190 Looked after Children. This was a rate of 46 Looked after Children per 10,000 of population under 18 years, a rate lower than the England average (62 per 10,000).

The number of Unaccompanied Asylum Seeking children Looked After by Slough was 10.

44% Looked after Children in Slough were female and 56% were male, this is in line with the national average of 44% and 56% respectively. The largest age groups for Looked After Children were those aged 10 to 15 years at 81 children.

Slough	Gender (percentages)		Age (numbers)				
	Male	Female	Under 1	1 to 4	5 to 9	10 to 15	16 and over
	56%	44%	17	17	25	81	51

UK Average: Male 56% Female 44%

In Slough the largest ethnic group of Looked After Children was white, 91 children, followed by Asian, 37 children, followed by children of mixed heritage, 36 children and finally British Black or Black British, 18 children.

137 of Slough's Looked after Children were subject to an Interim Care Order or a Full Care Order. 38 children were through voluntary arrangements between the Local Authority and their parents under Section 20 of the Children's Act 1989. 8 children were subject to a Placement Order for Adoption.

Royal Borough of Windsor and Maidenhead (RBWM)

As of March 31st 2017, RBWM was responsible for 110 Looked after Children. This was a rate of 32 Looked after Children per 10,000 of population under 18 years, a lower rate than the England average of 62 per 10,000.

The numbers of Unaccompanied Asylum Seeking Looked after Children by RBWM was recorded as less than 5.

45% were female and 55% were male; similar to the national average of 44% females and 56% males respectively. The largest age group was those aged 10 to 15 years at 42 children.

RBWM	Gender (percentages)		Age (numbers)				
	Male	Female	Under 1	1 to 4	5 to 9	10 to 15	16 and over
	51%	49%	Under 5	Under 5	16	42	36

UK Average: Male 56% Female 44%

In RBWM, the largest ethnic group for Looked after Children was white, 86 children, followed by children with mixed heritage, 10 children and 6 children were of Asian origin.

Approximately 65 Looked after Children by RBWM were subject to an Interim Care Order or a Full Care Order. 35 children were Looked After by voluntary arrangements between the Local Authority and their parents under Section 20 of the Children's Act 1989 and fewer than 5 children were subject to a Placement Order for Adoption.

6. Out of authority placements

When children are placed outside Local Authority boundaries, it becomes more difficult to track their health and well-being. The Designated Nurse Children in Care has raised any issues with the Corporate Parenting Panels during 2017 – 2018 and there are considerable effects to place children within areas or within 20 miles of the area.

	Bracknell Forest	Slough	RBWM
Children Placed within LA	55% 64 children	34% 64 children	40% 44 children
Children Placed Outside LA	45% 52 children	68% 127 children	59% 65 children

These figures are improving but will be compared annually going forward as part of this report. The Specialist Nurses within the BHFT Looked after Children's health care team complete the assessments for the children that are placed within a 20 mile radius with the remainder of assessments for children beyond 20 miles being completed by out of area providers. Whilst a national tariff exists for health assessments, which includes recommendations for the timeliness of assessments, unfortunately the majority are not completed within timescales usually due to capacity issues in the receiving area. This was raised as a concern with the CCG's and has been escalated nationally with NHS England by the Designated Nurse and also to each Corporate Parenting Panel. The National Panel has strengthened the requirement that children must receive health assessments in line with statute wherever they are placed and has written to each CCG with national tariffs; this has had some effect and is part of continuous monitoring and escalation.

7. Children placed in East Berkshire by other local authorities

In the revised guidance "Promoting the health and well-being of Looked after Children" (Department of Health / Department for Education 2015: 10) it clearly states that CCGs need to "ensure that sufficient resources are allocated to meet the identified health needs of the Looked After Children population, including those placed in their area by other local authorities". It is pleasing to report that the children placed away from their home within East Berkshire by non-Berkshire authorities are able to access timely Initial and Review health assessments and are not disadvantaged. Children placed in Berkshire by non-Berkshire local authorities are supported to access local universal and specialist services and are given the same priority as children looked after by Berkshire local authorities

8. Health outcomes

The Department of Education publishes an annual statistical release which details outcomes for education and health for children who have been looked after continuously for more than 12 months. The release is based on data submitted by each Local Authority. The latest results, published on 29/09/17 are detailed below and show the national and local health outcomes.

Outcomes for children looked after for over 12 months during 2016 to 2017

Immunisations

	% of children with up to date immunisations 2017
England	84%
South East	81%
Bracknell Forest	89%
Slough	66%
RBWM	99%

Slough is showing a lower rate than the national average or South East figure. However, 66% is a significant increase on last year's figure of 27%. This needs to improve in line with Bracknell Forest and RBWM above average returns.

Bracknell Forest and RBWM are performing well above the national and local average.

Dental

	% of children who had seen a dentist 2017
England	83%
South East	86%
Bracknell Forest	92%
Slough	83%
RBWM	91%

Bracknell and RBWM are performing higher than the national and South East average and have improved on 2016 performance. Slough is performing at the National Average and lower than the South East average.

Health assessments

	% of children who had a health assessment 2017
England	89%
South East	87%
Bracknell Forest	95%
Slough	95%
RBWM	99%

Our local figures are impressive; all areas within East Berkshire are performing significantly higher than the local and national average. The national average has dropped by 1% and the South East by 2% and is a national concern. It is pleasing to report the East Berkshire figures have improved since 2016, Bracknell Forest returns are showing a 2% increase, Slough, a 4% increase and RBWM, a 6% increase.

As part of quality monitoring, BHFT submit regular quarterly performance data to the CCGs which enables early detection of any issues of compliance and indicates the need for timely escalation to improve performance.

9. Performance monitoring 2017 - 2018

Please note: This section of the report will represent the data submitted to the CCG during 2017 – 2018. To understand if escalation and support is necessary by the Designated Nurse Children in Care, the BHFT health team submit quarterly returns demonstrating areas of compliance and areas where intervention is needed to support the implementation of health assessments.

Initial health assessments (IHA)

BHFT Looked after Children's team are contracted to co-ordinate the Initial health assessments for Looked after Children and to carry out the assessments for those children placed within a 20 mile radius of Berkshire. These health assessments are undertaken by a Paediatrician and the Performance Indicators are as follows:

Completion of the Initial "holistic" health assessment and the resulting care plan of children placed by the Local Authority WITHIN a 20 mile radius of the Berkshire boundary to be completed within 20 working days of a child becoming looked after.	Percentage completed in timescales
--	------------------------------------

Bracknell Forest

During April 2017 – end March 2018, there were 68 Initial Health Assessments required for children placed within the 20 mile radius of Berkshire. 62 were completed within timescales. The reasons for the delay of the remaining 6 assessments are below:

Reason for delay	Number
IHA completed by other provider at Social Care / Parent request	1
Late referral by social care	1
Child not brought to assessment	1
Carer could not attend due to traffic conditions	1
Admin in error in LAC team	1
Young person's preference or declining assessment	1

BHFT LAC health team were able to successfully facilitate the completion of the assessments without the need to escalate to the Designated Nurse Children in Care.

There were 15 Initial Health Assessments required for children placed beyond the 20 mile radius of Berkshire. 2 were completed within timescales. The reasons for the delay of the remaining 13 assessments are below:

Reason for delay	Number
Placement change	5
Delays with non BHFT provider.	6
Delay in referral by social care	2

Escalation to the Designated Nurse Children in Care assisted with successful implementation of the assessments.

Royal Borough of Windsor and Maidenhead

There were 39 Initial Health Assessments required for children placed within the 20 mile radius of Berkshire. 15 were completed within timescales. The reasons for the delay for the remaining 24 assessments are below:

Reason for delay	Number
IHA completed at pre-existing medical appointment	1
Late referral by social care	20
Changed Placement	1
Child not brought to assessment	1
3 appointment dates declined by social worker	1

The late referrals to BHFT LAC health team by the Local Authority were the main reason for the delays; despite repeated escalation this situation continued during 2017 – 2018. From March 2018 the Designated Nurse Children in Care implemented formal escalation processes with the Deputy Director for Safeguarding in Achieving for Children which has helped to improve matters; these 6 weekly meetings will continue for the foreseeable future and are proving valuable to analyse the root causes for delays and find a way forward to improve the systems.

There were 8 Initial Health Assessments required for children placed beyond the 20 mile radius of Berkshire. 2 were completed within timescales. The reasons for the delay for the remaining 6 assessments are below:

Reason for delay	Number
Delays with non BHFT provider	1
Delay in referral by Social Care	5

Escalation to the Designated Nurse Children in Care assisted with successful implementation of the assessments; albeit delayed.

Slough

There were 77 Initial Health Assessments required for children placed within the 20 mile radius of Berkshire. 33 were completed within timescales. The reasons for the delay for the remaining 44 assessments are below:

Reason for delay	Number
Child was not brought to 2 appointments	1
Child unable to return to IHA clinic	2
Young person declined	4
Social Care declined appointments within timescales	2
Delay in referral by social care	35

The late referrals to BHFT LAC health team by the Local Authority were the main reason for the delays; despite repeated escalation this situation continued during 2017 – 2018. The Designated Nurse Children in Care implemented formal escalation processes with the Trust Chief Executive several times which has helped to improve matters, but did not affect a long term and sustainable change. The Designated Nurse Children in Care, with support from the CCG has implemented a systems review for LAC Health assessments across the three Local Authorities East of Berkshire which has been supported by BHFT, and by each Director of Children's Services. This will be reported upon July 2018 and it is hoped will provide recommendations for system changes to improve timely performance.

There were 9 Initial Health Assessments required for children placed beyond the 20 mile radius of Berkshire. 2 were completed within timescales. The reasons for the delay for the remaining 7 assessments are below:

Reason for delay	Number
Young Person Declined	1
Delay in referral by social care	6

The Named Nurse for LAC, BHFT escalated the delays as a safeguarding risk December 2017 and further escalation to the Designated Nurse Children in Care assisted with successful implementation of the assessments; albeit delayed.

Review health assessments

The Performance Indicators for Review Health Assessments are also included in the Quality Schedule for BHFT. The Quality Schedule enables the CCGs to monitor provider performance.

The service specification for the BHFT health team for Looked after Children includes the following performance indicators for Review Health Assessments:

Indicator	Method of measurement
Percentage and number of Review Health Assessments completed within the appropriate review time limit	Reported monthly to the Children's Commissioner

Additionally, the Review Health Assessment compliance is incorporated into the Quality Schedule and is reported as follows:

Safeguarding Children LAC completion of the review of "holistic" Health Assessment & resultant care plan of children placed by the LA WITHIN a 20 mile radius of the Berkshire boundary are completed by an appropriately trained practitioner at designated intervals

Safeguarding Children LAC arrangement of the review of "holistic" Health Assessment & resultant care plan of children placed by the LA BEYOND the 20 mile radius of the Berkshire boundary are completed by an appropriately trained practitioner at designated intervals

Bracknell

There were 106 Review Health Assessments due between April 2017 and March 2018 for children placed within a 20 mile radius of Berkshire. 94 of the assessments were completed within timescales. The reasons for delays for the remaining 12 were:

Reason for delay	Number
Young person declined assessment.	9
Child not brought to appointment	1
Admin error within BHFT LAC team	2

There were 19 Review Health Assessments required for children living beyond the 20 mile radius of Berkshire. 10 were completed in timescales and 9 were not. The reasons for delay are detailed below:

Reason for delay	Number
Delays with out of area providers	9

Escalation to the Designated Nurse Children in Care assisted with successful implementation of the assessments; albeit delayed.

Royal Borough of Windsor and Maidenhead

There were 78 Review Health Assessments due between April 2017 and March 2018 for children placed within a 20 mile radius of Berkshire. 72 were completed within timescales and 6 were not. The reasons for delay are detailed below:

Reason for delay	Number
Young person declined	3
Delays in referral by social care	1
Error by BHFT LAC team	1
CCG confirmation of commissioning delay	1

There were 34 Review Health Assessments due for children living beyond the 20 mile radius. 15 were completed within timescales and 19 were not completed within timescales. The reasons for delay are detailed below:

Reason for delay	Number
Delays in referral by social care	9
Placement change	1
Delays with out of area providers.	8
Child not brought to appointment	1

Slough

There were 127 Assessments due between April 2017 and March 2018 for children placed within a 20 mile radius of Berkshire. 113 were completed within timescales and 14 were not. The reasons for delay are detailed below:

Reason for delay	Number
RHA completed at pre-existing appointment	1
Young person declined	9
Communication error BHFT	1
Delays in referral by social care	3

There were 53 assessments due between April 2017 and March 2018 for children placed beyond the 20 mile radius. 17 were completed with timescales and 36 were not. The reasons for delay are detailed below:

Reason for delay	Number
Young person declined	21
Delays with out of area providers.	3
Delay in paperwork being returned by social care	6
Child not brought to assessment	3
Carer cancelled	3

Children placed beyond the 20 mile radius of Berkshire.

The timeliness of both Initial and Review Health Assessments for children placed beyond the 20 mile radius of Berkshire remains a challenge and this also remains a national issue. When assessments are requested from out of area providers there is usually a delay due to capacity issues. Whilst the National Tariff Payment System (2016 /2017) is used to fund the assessments, out of area providers are not commissioned to undertake these assessments. The Head of Service / Named Nurse BHFT raises any concerns with delays with the relevant Clinical Commissioning Group. The Designated Nurse has raised these issues with the Local Corporate Parenting Panels, the LSCBs and with NHS England. It is also placed on the CCG Risk Register as a continuous risk.

10.CQC and Ofsted Inspections

During 2017 – 2018, the CCG were involved in one Ofsted Single agency inspection for Bracknell Forest Council, one SEND multiagency inspection for RBWM and with continuous Ofsted monitoring for Slough Borough Council:

LA/ Health	CQC/ Ofsted	Rating	Date	Safeguarding Comment
Bracknell Forest	Ofsted	Good	July 2017	All services rated Good to Outstanding. Children who need help and protection: Good. Children Looked After: Outstanding. Leadership management and governance: Good.
Royal Borough of Windsor Ascot and Maidenhead	CQC/ Ofsted	Requires Written statement of action	July 2017	Eight areas of significant weakness identified including leadership, commissioning and tardiness in implementing reform.
Slough Children's services: 2017 – 2018 x 6 inspection visits.	Ofsted	Inadequate	17.2.16	Rated inadequate. However children's services had recently been taken over by a children's trust during the inspection and it was acknowledged improvements were visible but not yet integral to the service. 6 inspections during 2017- 2018.

Bracknell Forest

The inspection rating for Bracknell Forest was very encouraging and it is pleasing to note that Looked after Children's Services were rated outstanding; this is a nationally rare and significant achievement. The Looked after Children's team were viewed as a strong and important service for improving the lives of children:

'Care leavers redesigned the health passport, which they are encouraged to complete, and all receive their health histories. For a number of care leavers, knowledge about long-standing health issues has helped them to manage their conditions and seek help more assertively. Each young person is encouraged to register with a local doctor, dentist and optician, as appropriate. The continued access to the looked-after children's specialist nurse is valued, and the co-location of the care leavers service (CLS) and the youth offending service, with access to the specialist nurse in this team, has improved health outcomes for many care leavers '

Royal Borough of Windsor and Maidenhead

Between 3 July 2017 and 7 July 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the Royal Borough of Windsor and Maidenhead (RBWM) local area to judge its effectiveness in implementing the special educational needs and disability (SEND) reforms set out in the Children and Families Act 2014. As a result of the findings of the inspection, Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action (WSOA) was required to address eight areas of significant weakness in the local area's practice. RBWM and the Windsor and Maidenhead (WAM) and the CCG were jointly responsible for submitting the written statement, which was co-produced in conjunction with Parents and Carers in Partnership (PaCiP).

The local area was required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- Tardiness and delay in establishing strategies to implement the reforms effectively
- The lack of leadership capacity across local area services, such as the time given to the role of the DCO
- Poor use of management information to secure a robust overview of the local area's effectiveness
- Weaknesses in how leaders are held to account across the local area
- The inequality of access to services and variability of experience for children and young people who have special educational needs and/or disabilities and their families
- The wide variances in the quality of education, health and care plans caused by weaknesses in the planning and transition processes
- The lack of effective co-production with parents when designing and delivering services and when planning for their individual children's needs
- Poor joint commissioning arrangements that limit leader's ability to ensure that there are adequate services to meet local area needs.

Since the inspection, the Borough's Director of Children's Services (DCS), the CCG's Director of Nursing and Quality and PaCiP lead have been working collaboratively with services and stakeholders to understand the actions needed to make improvements and produce a comprehensive action plan. These include employees of RBWM and CCG; schools and colleges; Schools Forum; Public Health; BHFT and other health care providers. With the Director of Nursing, the CCG safeguarding team work with and support our local authority partners to improve services we offer to children and to ensure safeguarding is integral to everything we do. Commissioning services for children must have note of safeguarding implications and an awareness of the needs of children who are looked after. The Designated Clinical Officer role was added to the Designated Nurse Children in Care and this is reported upon fully within the CCG SEND annual report.

Slough Borough Council

The CCG remain a committed and active partner in improving the outcomes for children and families who live in Slough. The Ofsted inspections have continued for the newly formed Children's Trust with support from partner agencies. The CCG are represented at the Improvement Board and weekly Ofsted monitoring visits. There are signs of improvement and Slough and partners are awaiting a joint inspection to take place 2018 – 2019.

11. Participation and engagement

The BHFT LAC team have a consistent and successful approach for working collaboratively with children in care and they encourage participation at all stages of the child's journey. During 2017 – 2018, children, young people and their carer's have been involved in service delivery improvement in several ways. A looked after young person was a member of the interview panel for the recent recruitment of the band 6 nurses within the team and feedback was provided to the young person for their personal development.

Care leavers and looked after young people who had been involved in the development of the health passport for care leavers were invited to the launch of the passports in October 2017. They were presented with a certificate to acknowledge their involvement.

The team have also responded to feedback such as the action taken following an email received from Social Care worker and verbal feedback from a young person that they observed the clinical room being very small and not user friendly. This was discussed at the multi- disciplinary meeting and minutes taken. The room layout was reviewed and unnecessary furniture to create more space.

Feedback forms are given to all looked after children under 13 years (as appropriate) and looked after young people following their review health assessments with the Specialist Nurses. During quarters 2 and 3, and 100% of children said that they knew why they were seeing the nurse, and that the nurse listened to them. They did not think there was anything could be done to improve the service they received for the Specialist Nurse at the health assessment.

	Quarter 2	Quarter 3
How do you rate the overall care with us?	Excellent (8) 80% Good (2) 20%	Excellent (19) 56% Good (13) 38% Fair (2) 6%
If you knew someone who had to have a health assessment, would you be likely to tell them that it would be alright to come to this clinic/appointment?	Extremely likely (5) 50% Likely (5) 50%	Extremely likely (11) 32% Likely (17) 50% Don't know (6) 18%
Do you feel you were given all the information you needed?	Strongly agree (9) 90%, Agree (1) 10%	Strongly agree (19) 58% Agree (12) 36% Neither disagree nor agree (2) 6%

The comments included:

- It's all good
- You going well. It is positive.
- Be more quicker in appointments

The feedback is discussed at the monthly team meetings where actions are agreed as required, for example one of the areas for improvement is that whilst 100% of all children reported in quarter 2 that their carer or social worker had explained why they were attending the health assessment, in quarter 3 18% of young people didn't feel prepared for the assessment. The action as a result was to work with social care to ensure that the health

assessment leaflet is provided to young people and children prior to their assessment and that it is made available on social care's children in care website pages.

With consent, a focus group was arranged and a video made of young people who were in care to have their voices heard. Themes discussed were their positive and negative experiences associated with health assessments. It was a powerful training tool which was incorporated into the level 3 training for clinicians who undertake health assessments. The main theme shared was that the young people wanted to be seen, heard and respected as a young person and for clinicians to use language they understand.

12. Care Leavers

According to the Care Leavers (England) Regulations (2010) a young person's status as care leaver can be classified as:

- Eligible child- a young person who is 16 or 17 and who has been Looked After by the Local Authority for a period of at least 13 weeks since the age of 14 and who is still Looked After.
- Relevant child- a young person who is 16 or 17, who left care after their 16th Birthday and before that was an eligible child.
- Former relevant child- a young person who is aged between 18 and 21 (or beyond if in education), who before turning 18, was either an eligible or relevant child or both.

Smith et al (2015) describes the poor health outcomes for young people who have left care these include increased pregnancy rates, mental health issues and other health related issues.

There is not a specific health provision for relevant and former relevant care leavers in Berkshire. Eligible care leavers will be offered Health Assessments and the assessment will discuss independence skills such as registering with a GP or dentist, managing chronic health conditions, access to local health services and emotional and mental health. In line with the NICE guidelines PH 28 (2010) eligible care leavers are offered a final Health Assessment and are given a copy of their Health History in addition to a Health Passport, given the opportunity to discuss this and offered advice and support on accessing health services in the future.

CCG Engagement with Young People and Care Leavers

Two specific engagement activities were held by the CCG during 2017 – 2018 for children and young people:

1. Online health survey.

The CCG led an online health survey which was undertaken by the Active Engagement Group across East Berkshire during October 2017. This 'Getting it right for you' had an impressive level of response; 1110 young people participated in the survey from across East Berkshire and told us what they thought about the Local Councils and Health services and what we need to do to make them easier and better for them to use.

- 68% said that they would go to the doctor or someone in the family or home for help and support with their health.

- Nearly half of them 49% said that they would go to someone in the family or at home and 47% would go to friends for information about what to do in their local area when they are not at school and have some free time.
- Nearly half of them said that they wanted to access sexual health, drugs and alcohols, mental health and healthy relationships and fitness and body issue within school and at the doctors. Online advice was favoured as well for health relationships and fitness and body.
- Half of them said that after school was the best time to seek advice and support from someone.
- Confidentiality and knowing that they trust someone was the most important reason of wanting to use a service.
- Texting would be helpful to remind them of any health appointments that they might have
- Only 41% were aware of online counselling and face to face counselling was available.
- Not all have not had positive experiences of accessing some emotional well-being services as they didn't like the way that they were treated and spoken to and that their views were not important. They have to wait too long to actually see someone and sometimes WIFI was a problem with being able to get any type on online service.

Following the success of the *getting it right for you survey*, a range of partner agencies have been carrying out focus groups with young people's explore views on mental health services and support. The feedback from young people will inform the update of the CAMHS Local Transformation Plan, future commissioning and the future coproduction of services with children and young people.

2. Audit of Care Leaver's experiences of their emotional health and well-being.

The Designated Nurse Children in Care requested that an audit of care leaver's experiences of their emotional health and well-being be undertaken whilst they were looked after. This informed the ongoing work undertaken by the CCG's Children's Commissioner in compiling feedback across the health economy.

A short questionnaire was devised and agreed by the Looked after Children Nurses and CCG Named Safeguarding Professional and was distributed across the three local authorities areas in East Berkshire. The questionnaire was offered to all eligible care leavers in East Berkshire from November 2017 to January 2018 and sought to establish:

- Whether the young person had identified any emotional difficulty
- Was the young person offered emotional support?
- Who provided the emotional support
- And, what we can do to improve the support being offered.

The results from the completed questionnaires suggested that the cohort of care leavers were offered support with their emotional health. Numerically, the provision of support came mostly from CAMHs workers followed by individuals who had more contact with the young person, such as the social worker or carer.

An example of responses from the question 'Can you offer any suggestions as to how we can improve the emotional support given to children placed into care?' resulted in the following answers:

- To carry on after 18 years
- If young person has a better relationship with another staff then reassign
- Offer help early
- Offer but don't force it
- Samaritans/more options
- Clear messages such as, don't run away and don't do drugs
- Everything I had was OK
- More youth clubs in school
- Place them with the right carer
- Give people who need help actual help instead of just someone to talk to
- SDQ filled in more frequently every two weeks - social work visits can be too rushed
- No thanks, you guys done a lot for me. I'm thankful.

It was clear that we need to understand more about the impact our services have on our most vulnerable children across East Berkshire; this survey will be presented to the corporate parenting panels during 2018 for further discussion.

13. Children with Disabilities and Complex needs

The recent SEND inspections are shining the light on services for children with disabilities and complex needs. A collaborative care approach is taken to ensure that children with disabilities and complex needs are not subject to undue assessments. Wherever possible a paediatrician or a Community Children's Nurse who is familiar with the child or young person undertakes the Initial or Review Health Assessments. Work during 2018 will include highlighting communication between SEND local authority teams and health teams for children who are also looked after.

14. Child Sexual Exploitation (CSE)

Children who are Looked After are vulnerable to being targeted for child sexual exploitation (Barnardo's 2011). This is because of experiences they may have had prior to becoming Looked After (Smeaton 2016). It is estimated that between 20 – 25% of children who are being exploited are Looked after Children (Local Government Association et al 2013). The Specialist Nurses have all undertaken the relevant training and attend the SEMRAC (Sexually Exploited, Missing, and Risk Assessment Conference) in each Local Authority. The nurses complete the Sexual Exploitation Indicator Tool as required and provide direct work with young people if appropriate. The Head of Service / Named Nurse also attends the Strategic Pan Berkshire CSE Leads Meeting. The Named Professional for safeguarding for the CCG also attend the Pan Berkshire CSE Meeting to help to drive strategic direction and understand local trends and risks, particularly in relation to gangs and child exploitation.

15. BHFT Training and Audit

- Training

The Looked after Children Health team reviewed the LAC training competencies for the staff across BHFT and produced a training strategy. This was an impressive piece of work and it is pleasing to note that all staff roles have been assigned a LAC training level commensurate to their role in accordance with Looked after children: knowledge, skills and competencies of health care staff (RCN and RCPCH 2015). This has been added to the BHFT safeguarding training strategy:

- Training at level 1 and 2 for looked after children's forms part of the BHFT safeguarding training. Compliance currently within BHFT is safeguarding children training level one is 91.05% and safeguarding training children level two is 92.12%.
- Level 3 targeted training commenced in September 2017 for staff undertaking review health assessments and compliance is 70% as of March 31st 2018.
- Further training regarding looked after children's health needs has been given at level 3 as part of the safeguarding forums in 2017.

The BHFT team offer training for foster carers, social workers and health professionals; within and outside BHFT. Training for health staff has included updates on the Health Assessment process and learning from Serious Case Reviews into child sexual exploitation. Children's Services have been given training on the Health Assessment process and the role of the health team for Looked after Children.

- **Audit**
 - i. **Alert audit**

An audit of 10% of the electronic records was required measuring if children known to be looked after had an alert on their records. However, it is possible to complete an audit of the entire caseload electronically so this was undertaken instead. Of the 1008 children currently looked after by the 6 Berkshire Local Authorities, 1008 had the relevant alert, this is 100%. 100% of the 271 children looked after by non-Berkshire Local Authorities placed in Berkshire also had an alert. There is also a weekly report which identifies records without an alert so it can be rectified immediately

- ii. **An audit has been undertaken of the 31 Initial Health Assessments (IHA) completed by the Community Paediatricians in December 2017.**

A total of 31 IHAs were carried out by 3 Consultants, all BHFT employees and all competent to level 3 as per the Intercollegiate Competency framework.

Areas of strength in the quality of Initial health assessments:

- In 94% of cases future and previous health appointments were documented, and there was evidence information was gathered from other health professionals in 84% of the cases.
- 100% of cases had a Part A of CoramBAAF form completed meaning some Social Care information was available for each case.

- In 100% of cases the child or young person's concerns were sought and emotional needs were assessed. Carers concerns were documented in 93% of cases where applicable.
- 100% of the physical measurements were documented.
- 100% of summary reports summarised the pre-existing and new health issues along with recommendations and referrals with clear time scales and identified responsible persons.

Areas for improvement in the quality of Initial health assessments:

- Two thirds of unaccompanied asylum seeking (UAS) children were not registered with a GP or dentist when they attended for an IHA.
- The UAS and other 16 year olds combined made up the majority of those not having had their eyes checked or having attended the dentist before their IHA. Communication with Social Care and carers could help to highlight the need for these young people to have support to achieve this.
- Consultants documenting whether children and young people had an opportunity to be seen alone was low at 51% and this needs to improve.
- The data on hearing tests varied between 89% compliance in the East and 50% compliance in the West. The reasons for this need to be explored.
- The DUST tool was not used in any cases reviewed. A further piece of work needs to look into this with the Consultants to ascertain why this is and to plan next steps.
- No Strength and Difficulties Questionnaire (SDQ) scores were available to aid with the assessment of these young people. The reason for this is that in Berkshire all six Children's services arrange the completion of the SDQ once a year for children aged 4 to 16 years of age who have been looked after for a year. Again a further piece of work needs to look into its appropriateness of an SDQ score at their IHA and the next steps planned.

Areas for further work:

- Looking at the number of children and young people seen within a month has highlighted the challenges of offering appointments and the need for additional time in the East service to avoid breach. Further work needs to look at the time it takes for the health team to have the required paperwork to schedule and complete an IHA. This has a significant impact on managing the work load in a timely way and utilising the available clinic slots
- To look at the not brought/not attended rate and drill down on the reasons that this occurred to see if this can be reduced. These are a vulnerable set of children and young people and it is essential that repeated attempts are made to ensure they receive the health assessment they require.

16. Access for children who are Looked After to universal and specialist services

Whilst there are not specific targeted health services for children that are Looked After, there is generally good availability of universal and specialist services within the three Local Authorities.

Sexual health

In addition to the Health Assessment, where children who are Looked After can obtain advice and support, there is provision of sexual health services for under eighteen year olds in all three localities. These include dedicated young people's clinics and as well as general sexual health clinics. Young people can attend the clinics for a "one stop shop" for the testing and treatment of sexual infections (STI's), contraception including emergency contraception, HIV testing and treatment and emergency treatment following HIV risk (PEP) are all available. Young people who are not sexually active are also welcome to attend the clinics for advice and support. There are also Youth Sexual Health Outreach Workers who work closely with the Specialist Nurses and can provide targeted support and advice.

Unaccompanied asylum seekers

The Specialist Nurses have undertaken one to one and group work with Unaccompanied Asylum Seekers. The young people are also referred for tuberculosis testing and a risk assessment of blood borne diseases if relevant. Interpreters are always arranged for Initial and Review Health Assessments if required.

Substance misuse

On an operational basis, substance misuse is discussed as part of the assessment and referrals are then made as needed to local services.

Emotional and mental health

BHFT are commissioned by the CCGs to provide a Specialist Child and Adolescent Mental Health Service (CAMHS) that provides support, advice, guidance and treatment for children and young people who have severe or moderate mental health difficulties such as anxiety disorders, depression, complex neurodevelopmental disorders, obsessive compulsive disorder, psychosis and eating disorders.

BHFT CAMHS form part of the wider children's partnership arrangements across the Local Authorities, where other partners are commissioned to provide universal and targeted emotional health and wellbeing and mental health services. Berkshire CAMHS has been experiencing increasing rates of referral and waiting times for treatment for several years, in line with the national picture for Specialist CAMHS services.

CAMHS continue to operate a RAG (red, amber, green) rating system, assessing all referrals for clinical risk. Children that are Looked After who meet the CAMHS criteria are prioritised for the initial CAMHS assessment; however following this their priority they will be assessed on clinical risk basis.

Access to specialist CAMHS in Berkshire is through the common point of entry (CPE). BHFT now have a single, electronic referral form for all CYPF services and are developing integrated triage processes with physical and mental health services working together to improve care for CYPF. All referrals received into the CYPF Health Hub are triaged on the day of receipt and those for CAMHS are transferred immediately to CAMHS CPE for clinical triage and assessment of risk. All referrals that are identified as for Looked after Children are allocated for an Initial Assessment within a maximum of 2 weeks of the referral regardless of clinical priority. CAMHS CPE implemented extended opening hours during 2015-16 and is now operational from 8am-8pm Monday-Friday enabling access to advice, consultancy and improved response to young people presenting in crisis during these hours.

Work continues to reduce waiting times further, particularly with regard to the autism assessment pathway. There is a whole system drive for children and young people to access help based on need rather than autism diagnosis.

Strength and Difficulty Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is used by all three local authorities. The SDQ should be considered within the Health Assessments and the health plans however there remains some difficulty in regularly obtaining the scores from social care to inform health assessments.

The current SDQ process feeds into the annual national data collection for LAC by Local Authorities. The data for up to March 31st 2017 is shown below.

	Average score per child
England	14.1
Bracknell Forest	15.0
Slough	14.9
RBWM	14.5

When looking at the average score per child, a satisfactory emotional and mental health is indicated by a low score. A score of 0-13 is considered 'satisfactory', 14-16 is 'border line' and a score of 17 or more identifies a 'cause for concern'.

All areas are showing their average scores as borderline in line with the England average. This is a national and local cause for concern. BHFT continue to work with the Local Authorities to develop a robust system to ensure SDQ's are timely, meaningful and are available for the child's Health Assessment. In order to mitigate any immediate issues with SDQ scores, the health team requested a list of all scores. The Designated Nurse will continue to raise these concerns with the Corporate Parenting Panels.

16. Progress Against Ambitions and priorities for the Designated Nurse Children in Care 2017 – 2018.

Ambitions	Progress
Children and young people that are Looked After will be at the heart of service delivery. They will continue to be engaged in service development.	Achieved – variety of engagement activities reported.
New Named Safeguarding Professional to work with Associate Director of Safeguarding April 2017	Achieved
Implementation of CPIS across 4 Berkshire local authorities and health providers by April 2018.	Partly achieved
Continue a key and active member of the LSCBs and Adult Safeguarding Boards	Achieved
Continued attendance at Corporate Parenting Panels.	Achieved

Implementation of Multiagency East Berkshire Children in Care liaison group.	Achieved
Audit of care leavers experiences of their emotional health and well-being whilst they were looked after.	Achieved
Work with RBWM during transition of health visiting and school nursing to Achieving for Children to ensure continued health assessments for children in care	Achieved
Development of an East Berkshire wide Multiagency Escalation Protocol.	Achieved
Develop and implement Thames Valley Designated Children in Care group which feeds into NHS England working group	Achieved
Continue to lobby NHS England regarding reduced national standardisation for health assessments for children in care out of area	Achieved and ongoing
In conjunction with social care review the performance data held by the Local Authorities on dental checks and immunisations	Achieved and ongoing
Continue to work with Local Authority partners to ensure the Strength and Difficulty Questionnaire is available and routinely used to inform Health Assessments and will consequently support the plans to ensure children's emotional and mental health needs are met.	Ongoing
The Designated Professionals and Specialist Nurses will continue to provide effective leadership and training across the health and local authority economy to ensure that children who are Looked After and their health needs will be seen as a priority at both operational and strategic levels.	Achieved and Business as usual.

17. Ambitions and Priorities 2018 - 2019

- Oversee a systems review of the Initial and Review Health assessment process.
- Continue to escalate concerns and issues to corporate parenting panels, LSCBs, East Berkshire Safeguarding Strategic group.
- Widen Thames Valley Designated LAC Nurse Network to Hampshire and Surrey.
- Feed into National Group via regional network.
- Review Escalation Protocol for effectiveness and match data returns.
- Training at level 3 for BHFT to achieve 85% compliance
- Publish Care Leavers Offer on each Local Authority website.

SLOUGH BOROUGH COUNCIL

REPORT TO: Education & Children’s Services Scrutiny Panel

DATE: 6th December 2018

CONTACT OFFICER: Dave Gordon – Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

PART I
TO NOTE

EDUCATION & CHILDREN’S SERVICES SCRUTINY PANEL
2018 – 19 WORK PROGRAMME

1. **Purpose of Report**
 - 1.1 For the Education and Children’s Services Scrutiny Panel (ECS Scrutiny Panel) to discuss its current work programme.
2. **Recommendations/Proposed Action**
 - 2.1 That the Panel note the current work programme for the 2018 – 19 municipal year.
3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**
 - 3.1 The Council’s decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The ECS Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority’s statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.
 - 3.2 The work of the ECS Scrutiny Panel also reflects the priorities of the Five Year Plan, in particular the following:
 - Slough children will grow up to be happy, healthy and successful

4. **Supporting Information**

4.1 The current work programme is based on the discussions of the ECS Scrutiny Panel at previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. **Conclusion**

5.1 This report is intended to provide the ECS Scrutiny Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2018 – 19 Municipal Year

7. **Background Papers**

None.

EDUCATION AND CHILDREN'S SERVICES SCRUTINY PANEL**WORK PROGRAMME 2018/19**

Meeting Date
7th February 2019
<p>Early Years</p> <ul style="list-style-type: none"> • Slough Children's Centres Task & Finish Group – final report and recommendations • Implementation of 30 hours free childcare • Early Years Workforce
13th March 2019
<p>School Standards</p> <ul style="list-style-type: none"> • Attainment for Slough children (including vulnerable groups) • Teacher recruitment and retention
17th April 2019
<p>School Places and SEND</p> <ul style="list-style-type: none"> • School Places – present situation and future demand • Implementation of SEND Reforms • Joint Parenting Panel – quarterly update

To be programmed:

- Impact of Slough Children's Services Trust

This page is intentionally left blank

MEMBERS' ATTENDANCE RECORD

EDUCATION & CHILDREN'S SERVICES SCRUTINY PANEL 2018 – 19

COUNCILLOR	MEETING DATES					
	17/07/2018	24/10/2018	06/12/2018	07/02/2019	13/03/2019	17/04/2019
Brooker	P	P				
N Holledge	P	P				
Kelly	P	Ap				
Matloob	P*	P				
Minhas	Ap	P				
D Parmar	P	Ap				
A Sandhu	P	P				
Sharif	P	Ap				
Strutton	P	P				

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

This page is intentionally left blank