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Central Bedfordshire Health and Wellbeing Board

Agenda

Meeting Title:	Central Bedfordshire Health and Wellbeing Board
Date:	Wednesday, 21 March 2018
Time:	2.00 p.m.
Location:	Council Chamber, Priory House, Monks Walk, Shefford

1. **Apologies for Absence**

   Apologies for absence and notification of substitute members.

2. **Chairman's Announcements and Communications**

   To receive any announcements from the Chairman and any matters of communication.

3. **Minutes**

   To approve as a correct record the Minutes of the last meeting held on 24 January 2018 and note actions taken since that meeting.

4. **Members' Interests**

   To receive from Members any declarations of interest.

5. **Public Participation**

   To receive any questions, statements or deputations from members of the public in accordance with the Public Participation Procedure as set out in Part 4G of the Council's Constitution.

HEALTH AND WELLBEING STRATEGY

Item	Subject	Page Nos.	Lead
6.	**Director of Public Health's Annual report** To receive an update on the progress of the 'Call to Action' outlined in the Director of Public Health's Annual report on Children and Young People.	11 - 28	MS

7.	**Joint Health and Wellbeing Strategy** To receive a presentation on the development of the draft of the Joint Health and Wellbeing Strategy.		MS
8.	**Local Safeguarding Children Board (LSCB) Annual Report 2016-17** To provide a copy of the 2016/17 Annual Report from the Central Bedfordshire Safeguarding Children Board (LSCB).	29 - 100	PS
9.	**Drugs, Alcohol and Mental Health** To receive an update on how services are working together to meet the needs of those with a dual diagnosis.	101 - 106	MS

OTHER BUSINESS

Item	Subject	Page Nos.	Lead
10.	**Pharmaceutical Needs Assessment** To receive the final draft of the Pharmaceutical Needs Assessment.	107 - 112	MS
11.	**Welfare Reform** To receive an update on the impact of Welfare Reform.	113 - 120	JO
12.	**Sustainability and Transformation Plan** To receive an update on: • the progress of the Sustainability and Transformation Plan (STP) • the Better Care Fund • Improving outcomes for Frail Older People	121 - 142	JO
13.	**Work Programme 2017/2018** To consider and approve the work programme. A forward plan ensures that the Health and Wellbeing Board remains focused on key priorities, areas and activities to deliver improved outcomes for the people of Central Bedfordshire.	143 - 146	JO

To: Members of the Central Bedfordshire Health and Wellbeing Board

Ms D Blackmun	Chief Executive, Healthwatch Central Bedfordshire
Mr R Carr	Chief Executive, Central Bedfordshire Council
Cllr S Dixon	Executive Member for Education and Skills, Central Bedfordshire Council
Mr C Ford	Director of Finance, NHS Commissioning Board Area for Hertfordshire & South Midlands
Mr M Coiffait	Director of Community Services, Central Bedfordshire Council
Mrs S Harrison	Director of Children's Services, Central Bedfordshire Council
Cllr C Hegley	Executive Member for Social Care and Housing and Lead Member for Children's Services, Central Bedfordshire Council
Dr A Low	Chair, Bedfordshire Clinical Commissioning Group
Mrs J Ogley	Director of Social Care, Health and Housing, Central Bedfordshire Council
Mrs M Scott	Director of Public Health, Central Bedfordshire Council
Cllr B Spurr	Chairman of the Health and Wellbeing Board and Executive Member for Health, Central Bedfordshire Council
Ms S Thompson	Accountable Officer, Bedfordshire Clinical Commissioning Group

please ask for	Sharon Griffin
direct line	0300 300 5066
date published	8 March 2018

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Monks Walk, Shefford on Wednesday, 24 January 2018

PRESENT

Ms S Thompson (Vice-Chairman)

Mrs D Blackmun	Chief Executive Officer, Healthwatch Central Bedfordshire
Mr R Carr	Chief Executive
Mr M Coiffait	Director of Community Services
Mrs S Harrison	Director of Children's Services
Mrs C Hegley	Executive Member for Adults, Social Care and Housing Operations (HRA)
Dr A Low	Chair, Bedfordshire Clinical Commissioning Group
Mrs J Ogley	Director of Social Care, Health and Housing
Mrs M Scott	Director of Public Health
Ms S Thompson	Accountable Officer

Apologies for Absence: Cllr S Dixon
Cllr B Spurr

Members in Attendance: Cllr I Delgarno
Cllr E Ghent
Cllr Mrs T Stock

Officers in Attendance:	Mrs P Coker	Head of Service, Partnerships - Social Care, Health & Housing
	Ms S Griffin	Committee Services Officer
	Ms V Head	Public Health Registrar
	Mrs C Shohet	Assistant Director of Public Health
	Ms S Wilson	Director of Specialist Services, (CAMHS, Childrens' Services, IAPT, Addictions)

IN THE ABSENCE OF THE CHAIRMAN, THE MEETING WAS CHAIRED BY THE VICE-CHAIRMAN

HWB/17/23. **Chairman's Announcements and Communications**

The Vice-Chairman had no announcements.

HWB/17/24. **Minutes**

RESOLVED

that the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on the 29 November 2017 be confirmed as a correct record and signed by the Chairman.

HWB/17/25. **Members' Interests**

None were declared.

HWB/17/26. **Public Participation**

There were no members of the public had registered to speak.

HWB/17/27. **Outline of the pilot arrangements for primary care development in Leighton Buzzard**

The Board considered a report on the pilot arrangements for primary care development in Leighton Buzzard.

Initial meetings had taken place with three GP Practices in Leighton Buzzard (Leighton Road, Bassett Road and Salisbury House), followed by the first formal meeting with representatives from Social Services, Mental Health, the Community Matron and other interested parties.

Patient Participation Group Members and the three GP Practices had been involved in discussions about the Pilot.

Consultation would take place with patients on a one to one basis by clinical need with the aim of a caseload of 30/35 patients for the Pilot.

In terms of the financial modelling and sustainability of the Project, a 2 year pilot would run alongside ‘business as usual’ in the GP Practices within the current financial envelope.

The move was towards a virtual hub to deliver healthcare services although this might migrate to a physical hub, depending on patient need.

RESOLVED

To note the report on the pilot arrangements for primary care development in Leighton Buzzard.

HWB/17/28. **Integrated Health and Care Hubs**

The Board considered a report which provided an update on the Integrated Health and Care Hubs.

The vision was to enable different ways of working to develop a sustainable model that kept pace with increasing demand, delivered services locally, ensured the best use of resources available to support the population of Central Bedfordshire as a whole and delivered the required outcomes.

Challenges included bringing together fragmented and parallel services as one pathway and ensuring the smooth flow of patients in and out of hospital, where admission to secondary care was required.

The role of the CCG in determining the Primary Care and Estate Strategy was pivotal to the development of the Health and Care Hubs.

The Hub and Spoke approach was central to the locality 'place' based delivery model for integration. This vision was also in line with the STP's plan for care closer to home services and the Primary Care Home model.

RESOLVED

1. **to note the vision for Integrated Health and Care Hubs in Central Bedfordshire and the progress and the delivery plan for the Hubs; and**

2. **that an update on the progress of the Health and Care Hubs be given at the July meeting of the Board.**

The decision was unanimous.

HWB/17/29. **Health and Wellbeing Scorecard**

The Board considered a report outlining the latest performance against monitoring the priorities in the Health and Wellbeing Strategy.

Giving Every Child the Best Start in Life

- The target for the 'Smoking at the time of delivery' indicator had been reached for the first time. However, there was a risk that this performance would not be sustained and there therefore it was important that this remained an area of focus.
- The target for 'Childhood Excess Weight' was ambitious with performance remaining fairly static. The focus on this issue was due to its wide ranging impact on childhood, adulthood and later life.
- The latest data for 'School Readiness' showed good progress and a continued increase (currently 70%).

Enabling People to Stay Healthy Longer

- There had been an issue with the timeliness of some of the data for this scorecard with information for the indicator 'Recorded Diabetes' still outstanding.
- As a result of the change in the way the data for 'Adult Excess Weight' was collected, Central Bedfordshire was more in-line with national and for statistical neighbours. Monitoring should continue.

Ensuring Good Mental Health and Wellbeing at every age

- The target of 15% for 'Proportion in Need accessing Psychological Therapies was a year-end target..

Improving Outcomes for Frail Older People

- The data for 'Emergency Hospital Admissions' had shown an increase and was an area of concern for the Board.
- In response to the national focus on Delayed Transfers of Care, a tracker had been developed for DToC across the southern hospitals which was being monitored by the DToC Board.

RESOLVED

1. **that the report outlining the latest performance against the priorities in the Health and Wellbeing Strategy be noted.**

The decision was unanimous.

HWB/17/30. **Refreshing the Joint Health and Wellbeing Strategy**

The Board considered a report which made the case for refreshing the Joint Health and Wellbeing Strategy (JHWS) and proposed an approach for the development of the strategy.

RESOLVED

1. **that the background and context for the refreshed Health and Wellbeing Strategy and the potential areas of focus identified be noted; and**

2. **that the proposed process and timeline for the development of the strategy be agreed.**

The decision was unanimous.

HWB/17/31. **Bedfordshire Wellbeing Service (BWS)**

The Board considered a report on the Bedfordshire Wellbeing Service (BWS), together with future developments and challenges for the service.

The service was currently achieving its Recovery targets and was narrowly under its Access targets.

Requests for referrals and appointments for assessments were responded to within 48-72 hours and patients were assessed quickly and offered the appropriate interventions. The challenge was not being able to offer treatment straightaway or at a particular time. The waiting time for one to one therapy was also a significant challenge as the service was not set up to deliver this.

The delivery of services was constantly reviewed and adapted to ensure that they fitted local need.

Challenges included staff recruitment, especially those suitably qualified to deliver the bespoke Improving Access to Psychological Therapies (IAPT) programme. There were good links in place with appropriate universities and organisations providing trainees.

Group based therapy interventions were offered and the outcomes shared with the CCG on a monthly basis. Positive feedback had been received about this form of therapy.

Areas to be addressed included:

- demystifying the perception of group therapy interventions
- promoting the value of group work
- the ebb and flow of the demand on the service throughout the year and the appropriate trajectory planning and staffing
- increasing engagement with GPs and the confidence in the interventions the service is able to offer
- the development of links to health, social and primary care colleagues
- ways of optimising the use of digital technology and web based services such as the internet and Skype.

The Board noted that there was scope to use the Council's communication channels with its residents to help explain the benefits of group therapy whilst all partners should review the scope to assist with accommodation for therapy sessions.

RESOLVED

that the report be noted.

HWB/17/32. **Children and Young People's Plan**

The Board considered a report setting out the final Central Bedfordshire Children and Young People's Plan 2018-21).

RESOLVED

that the Central Bedfordshire Children and Young People's Plan (2018-21) be endorsed.

The decision was unanimous.

HWB/17/33. **Work Programme 2017/2018**

The Board considered their work plan for 2017/18.

RESOLVED

that the following items be added to the work programme for the July meeting:

- **Health and Care hubs**
- **Health and Wellbeing Scorecard**
- **Health and Wellbeing Board Governance arrangements**

The decision was unanimous.
(Note: The meeting commenced at 2.00 p.m. and concluded at 4.05 p.m..)

Chairman ……..…….

Dated ……..

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting: 21 March 2018

Update on the progress of the 'Call to Action' declared in the Director of Public Health's Annual report on Children and Young People - (December 2016).

Responsible Officer: Muriel Scott
Email: muriel.scott@centralbedfordshire.gov.uk

Advising Officer: Barbara Rooney
Email: barbara.rooney@centralbedfordshire.gov.uk

Public

Purpose of this report:

1. To consider the progress of the 'Call to Action' outlined in the Director of Public Health Report in 2016.
2. To define the areas and actions for further improvements for partners across the system.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Consider the update on the progress of the actions in the DPH Report in 2016;**
2. **Approve the areas and actions for further improvements;**
3. **Champion the implementation of defined actions across all services and organisations.**

Background

3. In December 2016 the Director of Public Health Report was published with a focus on aiming for the best for children, young people and families in Central Bedfordshire.

4. The report presented snapshots of the health of 0-4 year olds and 5-19 year olds respectively, and concluded that overall, the health and wellbeing of

children and young people in Central Bedfordshire was better than the national average, but was well below the best areas in the country.

5. Given that Central Bedfordshire is one of the least deprived areas nationally, the challenge in the report is to strive to achieve above average outcomes for children and their families, and to be amongst the best 5% of local authorities in England (the 95th centile).

6. As well as aiming for the best, there are some health inequalities – many of which start before birth - that need to be addressed for some groups of children and young people in Central Bedfordshire. Evidence shows that many of these inequalities are preventable, or can be tackled to build resilience and prevent poor outcomes.

7. A series of evidence-based recommendations and actions were outlined in the report and a 'Call to Action' (see **Appendix 4** for detail on the 'calls to action') was declared to highlight the areas most in need of attention - with all partners working together across the system:

   'No single profession or organisation can single-handedly ensure the best outcomes for our children, young people and families. Achieving the best will require an integrated, multi-professional approach to prevention, early intervention, care and support.'

Progress since 2016

8. The latest snapshots of the health of 0-4 year olds and 5-19 year olds respectively (**Appendices 1 & 2**) indicate that the health and wellbeing of children and young people in Central Bedfordshire remains generally better than the national average, although it should be noted that there is a significant time-lag in much of the data.

9. **Appendix 3** summarises how Central Bedfordshire is performing compared with England, and with the best 5% local authorities in the country (95th centile), against key health and wellbeing indicators. It also highlights recent trends.

10. Key highlights are as follows:

    - The rate for smoking at time of delivery for BCCG has reduced from 10.4% (2015/16) to 8.8% (2016/17), but this masks the latest rate of 14% for Bedfordshire deliveries at the L&D.
    - Breastfeeding initiation and continuation rates both improved in 2016/17, although the rate at 6-8 weeks (47.7%) is significantly below the nationally recommended target of >50%.
    - Levels of obesity for children aged 4-5 years and 10-11 years remain significantly better than the England average, but fall short of the best 5% LAs in the country.

- The Under-18 conception rate is reducing in Central Bedfordshire in line with the national trend, but is still significantly higher than the 95th centile.
- 71.7% of children achieved a "Good Level of Development" in 2017, compared to 68.5% in 2016 – but CBC is still 7/11 in the list of statistical neighbours.
- The rate of hospital admissions for self-harm for 10-24 year-olds - although similar to the national rate - has continuously increased over the last five years and is significantly higher than the rate in the best 5% LAs in the country.

11. Details of progress against each, specific 'Call to Action' defined in The Director of Public Health's Annual Report, December 2016 are provided in **Appendix 4**: **'Progress since 2016'.**

12. Whilst there has clearly been commitment from partners to implement some of these key actions, there is still much to be done if a significant and positive difference is to be made to the health and wellbeing outcomes for children and young people in Central Bedfordshire.

Actions for Further Improvement

13. **Appendix 4: 'Actions for further improvement'** details the specific actions that are required for further improvement in each of the priority areas, and which organisation(s) across the system need to take the lead to ensure that those actions are implemented.

14. Directors of services in all partner organisations must ensure that further developments and improvements are implemented within their areas, and that there is sufficient accountability and authority across the system for tangible change to happen, and for progress to be monitored. Allocated actions must be built into relevant service and development plans, with progress reviewed and reported via all relevant mechanisms.

15. Professional leads must ensure that the defined areas and key actions for improvement detailed in **Appendix 4: 'Actions for further improvement'** are embedded within all relevant local strategies and implementation plans for maximum consistency and impact – i.e.:

    - Refreshed Joint Health and Wellbeing Strategy for Central Bedfordshire;
    - Local Maternity Services Plan;
    - Children's Local Safeguarding Board Annual Development Plan;
    - Cambridgeshire Community Health Services (Children's) Transformation & Development Plan;
    - Bedfordshire Luton Milton Keynes Sustainability and Transformation Plan – Prevention and Early Intervention.

Already embedded within:

- Central Bedfordshire's Children and Young People's Plan: 2018-2021;
- Local Future in Mind Programme Plans.

Financial and Risk Implications

16. There is the potential for future financial and resource pressures across the system if improvements in children and young people's health and wellbeing are not realised.

Governance and Delivery Implications

17. Improvements will be overseen through current governance structures e.g. The Health and Wellbeing Board; Children's Leadership Board; Local Maternity Services Board.

Equalities Implications

18. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

19. Implementation of the actions for further improvement will help to tackle inequalities and build resilience.

Implications for Work Programme

20. None.

Conclusion and next Steps

21. **Appendix 4: 'Actions for further improvement'** shines a light on some specific actions and areas for development that – with commitment and tenacity from partners across the whole system – could make life-long, lasting positive changes for all children, young people and their families in Central Bedfordshire.

22. The Board is asked to champion the implementation of defined actions across all services and organisations, with a particular emphasis on ensuring that:

    i. Support and referral to services for pregnant women and new mothers at the L&D improves significantly: Maternity Leads from the L&D to be invited to a future H&WBB meeting;

    ii. The Central Bedfordshire Children & Young People's Emotional Health, Wellbeing & Resilience Action Plan is implemented;

    iii. High quality and purposeful PSHE (Personal, Social and Health Education) - including RSE (Relationships and Sex Education) and drug and alcohol education - is delivered in all education settings, through a whole school/college approach.

Appendices

23. The following Appendices are provided:

- **Appendix 1**: Snapshot of Health of our 0-4 year olds – February 2018
- **Appendix 2**: Snapshot of Health of our 5-19 year olds – February 2018
- **Appendix 3**: How is Central Bedfordshire Performing?
  The most recent published data for key indicators as of March 2018
- **Appendix 4**: Aiming for the best for children, young people and families in Central Bedfordshire –
  Director of Public Health Report (December 2016)
  Update on Progress - 'Call to Action': March 2018

Background Papers

24. The following background papers, not previously available to the public, were taken into account and are available on the Council's website: None.

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APPENDIX 1

Snapshot of

Health of our 0-4 year olds

February 2018

Central Bedfordshire

More than **90%** of mothers-to-be are seen by a midwife early in pregnancy

Around 1 in 7 babies born in Central Bedfordshire (13.9%) live with a smoker in the household (2015/16)

Over **96.3%** of children receive their first childhood immunisation by age 1. Dtap/IPV/Hib This percentage reduces for the other immunisation with the 5 year Measles, Mumps and Rubella (MMR) vaccination having the lower uptake of 90.7% (2016/17).

Public Health Outcomes Framework

8.8% of mothers were smokers at the time of delivery (2016/17)

77% of mothers who deliver in Central Bedfordshire start breastfeeding (2016/17)

47.7% of babies are still breastfed at 6-8 weeks (2016/17)

Public Health Outcomes Framework

71.7% of children achieved a good level of development at age 5, this is above England at 70.7% (2016/17).

Public Health Outcomes Framework

In 2015 of the total births:

1,180 (36%) were born in the L&D; 765 (24%) in Bedford Hospital, 617 (19%) in the Lister Hospital, Stevenage and the remaining 680 born at other hospitals, at home, or other non-hospital settings.

Health and Wellbeing of children in Central Bedfordshire is generally better than the England average

Public Health Child Health Profile 2016

2.3% of babies are born with a low birth weight (2016)

Public Health Outcomes Framework

90% of eligible 2 year olds took up a nursery place in the Autumn Term 2017

7,088 children aged between 0-4 went to A&E (2015/16)

Public Health Outcomes Framework

Between 2014-2016 22 children under the age of 1 died, and significantly lower than the England rate.

Public Health Outcomes Framework

An estimated 320-480 women are affected by mild to moderate depression during pregnancy and the year following the birth (2013/14)

Public Health Outcomes Framework

APPENDIX 2

Snapshot of

Health of our 5-19 year olds

February 2018

Central Bedfordshire

Central Bedfordshire children levels of obesity - 8.0% at age 4-5 years and 16.3% at age 10-11 years (2016/17)
NHS Digital

18.1% i.e. 2 in 11 children have a decayed, missing or filled tooth by the age of 5 years (2014/15)
Public Health Outcomes Framework

84 girls aged between 15 and 17 Years became pregnant during 2015 The rate in Central Bedfordshire is 18.6 per 1,000 is similar to the England rate (2015)
Public Health Outcomes Framework

A Central Bedfordshire Survey of school children (2014) found that 97% of 12-13 year olds and 71% of 14-15 year olds have never smoked.
School Health Education Unit (SHEU) Health Behaviour Survey 2014

92.2% of girls in school year 8 have received the Human Papilloma Virus (HPV) vaccine (2015/16)
Public Health Outcomes Framework

36 children aged under 18 admitted for alcohol specific conditions (2014/15 – 2016/17)
Public Health Outcomes Framework

An estimated 3,268 children in Central Bedfordshire aged 5-16 years have a mental health disorder (2016)
Public Health Outcomes Framework

The biggest worries for 8-11 year olds were reported to be: being bullied, healthy eating and school work/exams and tests. The biggest worries for 12-16 year olds were reported to be: school work/exams and tests; the way they look and careers and jobs.
School Health Education Unit (SHEU) Emotional Health and Wellbeing Survey 2015

75% of 8-11 year olds and 60% of 12-16 year olds in Central Bedfordshire reported that they feel 'quite happy' with their life at the moment
The SHEU Survey 2015

A Central Bedfordshire survey of school children (2014) found that 5% of 10-11 year olds, 11% of 12-13 year olds and 29% of 14-15 year olds had at least one alcoholic drink the week before the survey.
The SHEU Survey 2014

26 15-24 year olds Admitted for substance misuse (2013/14 – 2015/16)
Public Health Outcomes Framework

APPENDIX 3

How is Central Bedfordshire Performing?

The most recent published data for key indicators as of March 2018

Indicator	'Good' is	Central Bedfordshire	Most Recent Trend in Central Bedfordshire *	England Average	Aiming for the Best: 95th Centile (best 5% LAs in the country)
1. **Smoking at time of delivery (2016/17)**	**Low**	8.8%	↓	10.7%	4.2%
2. **Infant mortality (per 1000 live births) (2014-16)**	**Low**	2.2	Cannot be calculated (Small numbers)	3.9	1.9
3. **Low birth weight of term babies (2016)**	**Low**	2.3%	→	2.6%	1.9%
4. **Breastfeeding initiation (2016/17)**	**High**	77%	→	74.5%	91.9%
5. **Breastfeeding @ 6-8 weeks (2016/17)**	**High**	47.7%	Cannot be calculated (new data collection system in place)	44.4%	61.9%
6. **Levels of obesity for children in Reception: Age 4-5 yrs (2016/17)**	**Low**	8%	→	9.6%	6.9%
7. **Levels of obesity for children in Year 6: Age 10-11 yrs (2016/17)**	**Low**	16.3%	→	20%	14.3%
8. **Under 18 conception rate (per 1,000) (2015)**	**Low**	18.6	↓	20.8	11.6
9. **Children achieving a good level of development at age 5**	**High**	71.7%	↑	70.7%	76.6%
10. **Hospital admissions as a result of self-harm: ages 10-24 yrs (per 100,000) (2015/16)**	**Low**	435.6	↑	430.5	157

***Recent Trends:** ↑ = Increasing/Getting better ↓ = Decreasing/Getting better → = No significant change ↑ = Increasing/Getting worse

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APPENDIX 4

Aiming for the best for children, young people and families in Central Bedfordshire

Director of Public Health Report (December 2016)

Update on Progress – 'Call to Action': March 2018

Call to Action 1 - Healthy Pregnancy:

Midwifery Services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services.

We need to	Progress since 2016	Actions for further improvement
i. Reduce smoking in pregnancy	• BCCG rate has reduced from 10.4% (2015/16) to 8.8% (2016/17), but this masks the latest rate of 14% for Bedfordshire deliveries at the L&D.	**a)** Midwifery Services at the L&D and the 0-5 HV Service must ensure that **all** pregnant women are tested for carbon monoxide, and identified smokers are promptly referred to local Stop Smoking Services. **Action for CCGs and PH Commissioners.**
ii. Reduce maternal obesity	• 'BeeZee Bumps' - a specialist 16-week programme is available for all pregnant women with a BMI of >30. Poor number of referrals from Midwifery Services @ the L&D: total of 3 from January 2017 – January 2018.	**a)** KPI re: referrals to BZ Bumps programme to be embedded in maternity contracts for **both BHT and L&D** – currently only BHT. **Action for CCGs.**
iii. Improve outcomes for teenage parents and their children	• Under-18 conception rate is reducing in CBC in line with the national trend, but still double the rate of the best in the country. • Teenage parents are supported by Early Help in Locality Teams and through the enhanced Universal Partnership Plus (UPP) offer within the 0-5 Health Visiting Service. • The Walking Alongside You (WAY) project is being developed (Early Help & Public Health) to break the cycle of young mothers having multiple children removed from their care.	**a)** **Action for Public Health** - to lead on the review of a 'whole systems approach to teenage pregnancy prevention' (PHE January 2018): https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework

iv. Support good parental mental health	• A comprehensive perinatal mental health pathway is now in place to identify mothers and families at risk during the perinatal period (up to 1 year for the infant), and offer prompt treatment. • Specialist perinatal mental health training has been delivered for HVs, Midwives, Children's Centres and Children's Services staff. 72% of the HV workforce have been trained to date, but uptake from Midwifery staff has been particularly low (total of 4 staff in 2017-2018).	**a)** Fast tracking of women and their families with perinatal mental health needs to be embedded in, and monitored through Midwifery Services contracts for both BHT and L&D. **Action for CCGs.** **b)** Midwifery Leads to ensure that all relevant staff access perinatal mental health training. **Action for CCGs to monitor.**

Call to Action 2: - Healthy Birth and Early Years:

We need a highly skilled and motivated Early Years workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences (ACEs), sharing information and referring to services where appropriate.

We need to	Progress since 2016	Actions for further improvement
i. Minimise the impact of adverse childhood experiences.	• CBC's Children's LSCB priorities for 2017-19: 4 key themes - underpinned by pan-Bedfordshire multi-organisation training: 1. Domestic Abuse 2. Child Sexual Exploitation & Missing 3. Neglect 4. Children's Mental Health & Wellbeing	**a)** Multi-organisation specific training to be provided on tackling ACEs together and breaking the cycle. **Action for Public Health to lead.**
ii. Protect against childhood diseases.	• Coverage for most childhood immunisations in CBC continues to be above the national target, although improvement is still required for MMR aged 2 and aged 5.	**b)** GPs must ensure effective call/recall and chase-up systems in place. **Action for NHS England – to monitor**.
iii. Increase the numbers of children who are ready to learn and ready for school.	• 71.7% of children in CBC achieved a "Good Level of Development" (2017) - compared to 68.5% in 2016 – but CBC is still 7/11 in the list of statistical neighbours. • 78% of children are now having an integrated health and education review at 2½ years (2017-18), compared with 74% in 2016-17. • Integrated working between the 0-5 HV Service, Children's Centre staff and Early Help Teams needs to continue to strengthen through Locality Teams to increase numbers of children have their Integrated Review @ 2½ years.	**a)** **Action for Children's Services & Public Health commissioners** - to support and monitor progress in localities.

Call to Action 3 - School Years:

Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.

We need to	Progress since 2016	Actions for further improvement
i. Ensure a healthy weight and promote physical activity.	• Latest rates of excess weight for children in both Year R and Year 6 in CBC (2016/17) are lower than the national rates, but there has been no significant change since 2015/16. • Flitwick Leisure Centre opened in March 2016 providing modern, fit for purpose and extended facilities. • Unlimited access to free swimming is now provided to all LAC and Care Leavers at all CBC owned leisure centres. • Weekly, free Junior Parkrun events - every Sunday in Leighton Buzzard and Houghton Regis, each attracting 50-60 participants per week. • The Transport Team engage young people through schemes including Bikeability, Scootability, Walking to school Programmes and school travel planning.	**a)** Embed the *'Making Every Contact'* approach to promoting and advising on healthy nutrition and lifestyles for infants and young children, in the planned re-commissioning of Children's Centres. **Action for Children's Services Commissioning.** **b)** Refresh the Physical Activity Strategy: update priorities; identify opportunities for increased engagement across the system; embed physical activity in newly-commissioned children's services. **Action for Sustainable Communities, Leisure & Lifestyles and Children's Services.**
ii. Ensure that young people develop positive relationships, healthy lifestyles and resilience.	• CBC's Personal, Social and Health Education (PSHE) Health & Wellbeing Network is now available online and on Facebook – providing up-to-date information on resources and training opportunities: http://www.centralbedfordshire.gov.uk/schools-portal/online-resources/pshe-network/overview.aspx • Multi-organisation *Central Bedfordshire Children and Young People's Emotional Health, Wellbeing and Resilience Action Plan* developed in 2017 – but still needs much greater partner commitment to implement actions. • A toolkit - *Promoting Emotional Health & Wellbeing and Resilience: a whole school/college approach'* - is being developed by Public Health in partnership with CBC schools, colleges and Educational Psychologists in 2018. • 'ASPIRE'-type programmes (extended into Primary schools) will be commissioned until 2021 to build resilience in children	**a)** Senior Leadership Teams in schools and colleges must prioritise health and wellbeing – using a whole school/college approach. Appropriate policies, resources and adequate curriculum time for high quality and purposeful Personal, Social and Health Education (PSHE) - including Relationships & Sex Education (RSE) and Drug & Alcohol – to be provided. **Action for CBC School Improvement and Public Health to promote, emphasising links to Ofsted: DCS and DPH to champion.** **b)** **Action for CBC Children's Leadership Board - to ensure the implementation of *The C&YP's Emotional Health, Wellbeing & Resilience Action Plan*** – key passion in the CBC C&YP's Plan 2018-2021.

	and young people.
	• 50% schools have retained their 'Health in Education' status, providing evidence of good practice in a comprehensive range of health and wellbeing policies and practice.
	• Emotional and mental health interventions for children and young people are provided through:
	  ○ Tier 1/2 (Early Help): School Nursing Service – 4-6 sessions;
	  ○ Tier 1&2 CHUMS: Early Intervention Therapeutic Group Programmes; 1:1 sessions;
	  ○ Tier 3 CAMHS: Specialist services e.g. Eating Disorders.
		c) Senior Leadership Teams in schools and colleges to ensure implementation of the Emotional Wellbeing Toolkit.
		Action for CBC School Improvement and Public Health to champion.

Call to Action 4 - Vulnerable Children and Young People:

All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children's Safeguarding Board.

We need to	Progress since 2016	Actions for further improvement

i. Ensure that the learning from Serious Case Reviews, local inspections, case conferences and reviews is embedded across services to improve outcomes for children and young people. Improvements are required to:
  ○ Strengthen the role of the professional working more effectively in partnership;
  ○ Embed the voice/experience of the child and family in decision making;
  ○ Embed consistent and effective organisational processes and systems – to ensure appropriate and effective interventions and avoid duplication.
	Since 2016 – 3 Serious Case Reviews have been completed and published in CBC, resulting in a number of key actions and outcomes:
	• 12 CBC social workers trained in completing PAMS - specialist assessment of the parenting capacity of parents with special learning needs. This means prompt and coordinated assessments of parents with learning difficulties are now routinely provided for families at the earliest opportunity.
	• New pathway between Adult and Children's Services has led to joint supervision on a number of complex cases – including mental health - to ensure more effective and efficient services provided to the family.
	• The Graded Care Profile 2 (GCP2) - an assessment tool for neglect - has been rolled out with all frontline practitioners in CBC. As a result, numbers of identified cases of neglect have increased, enabling earlier intervention and greater consistency across the workforce.
		a) The GCP2 must be used in a consistent way to inform decision making around thresholds across the 3 local authorities.
		Action for the Pan Bedfordshire Neglect Group to define and disseminate policy.
		b) Multi-organisation specific training to be provided on tackling ACEs together and breaking the cycle (as per 'Call to Action' 2a above).
		Action for Public Health to lead.

	• Commissioners and providers of CAMHS to ensure that appropriate and accessible services are available to children and young people who are victims of abuse or neglect. The Single Point of Access (SPOA) and triage by the Clinician of the Day (COD) systems ensure that daily referrals are managed appropriately and in a timely manner. Parents/carers will have access to the CAMHS COD daily if needed whilst they are waiting for their child's appointment. • CBC Children's Safeguarding Board to ensure that its procedures include appropriate guidance on the management of bruising. A Bruising Protocol has now been published for all frontline professionals to use: http://bedfordscb.proceduresonline.com/pdfs/man_bruisies_bites_marks.pdf Both Acute Trusts are now using the protocol and it has been incorporated into safeguarding training at all levels and it is on the staff intranet for easy access by hospital staff.	
ii. Improve support and outcomes for vulnerable young people.	• 5 Locality Groups established – integrating the early help offer with social care, health and education. • Co-located, multi-agency teams – based on a Domestic Abuse prototype in Dunstable - are stabilising the number of looked after children in the context of a rising population. • Adolescence Hub being set up (by December 2018) to respond to challenges and prevent demand to social services. • Implementation of '*Empowering Parents Empowering Communities' (EPEC)* programme planned for 2018-19 – to build parenting expertise and community resilience in the most socially disadvantaged communities.	**a)** All partners – system-wide - to commit to integrated working to ensure early identification and most effective support for vulnerable young people and their families. **Action for Children's Services - to lead on the implementation of The Children and Young People's Plan 2018-2021.**

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Annual Report 2016 - 2017

Central Bedfordshire Safeguarding Children Board

Author	Strategic Safeguarding Partnership Manager
Consultation	Core Business and Improvement Group and Board Members
Agreed by:	Central Bedfordshire Safeguarding Children Board
Date Agreed:	18th September 2017
Date reviewed:	Not applicable

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1. Foreword from the independent chair

I am pleased to present the Central Bedfordshire Safeguarding Children Board (CBSCB) Annual Report covering the period April 2016 to March 2017.

This report sets out the work of the Board and its understanding of the effectiveness of safeguarding arrangements across Central Bedfordshire. The report also aims to give those people who live and work in Central Bedfordshire a greater understanding of the way agencies work together and individually to keep children safe from harm and abuse.

The year was challenging for all of the partner agencies who continue to work in a context of shrinking budgets and resources. However, whilst this has been the case for several years now, this report provides evidence of the commitment and determination amongst agencies and professionals to keep Central Bedfordshire's children and young people safe.

One of the roles of the Board is to influence and shape service delivery. It does this through effective multi-agency case audit and by challenge and scrutiny of existing practice.

During this reporting period audits were carried out with a focus on neglect, adolescent mental health and children subject to Special Guardianship Orders (SGO). Learning points identified from these reviews were translated into action plans to ensure the learning was disseminated into front-line practice.

The Board effectively challenged the fact that only 70% of initial child protection conferences were being held with 15 days of a strategy discussion. This challenge led to a review of practice and a change in processes which ultimately improved performance, at the end of 2016/17 performance was at 96.6%. This indicates a lack of drift and delay in the child protection process and as a result is keeping children safer.

In the coming year, we will give priority to ensuring that there is a continuing focus on child sexual exploitation, on the effectiveness of early help and on domestic violence. We will also monitor, and ensure improvement, in the identification and response to children's mental health and wellbeing along with cases of neglect.

Included at the rear of this report there are a number of key messages for all partner agencies and strategic partners. These messages are to ensure that safeguarding and protecting children in Central Bedfordshire remains a priority for all.

Finally, may I take this opportunity to thank on behalf of CBSCB all of the organisations and individuals in the public, voluntary and private sectors who work tirelessly across Central Bedfordshire to improve the safety and quality of life of our children and young people.

Alan C Caton OBE – Independent Chair of CBSCB

2. Central Bedfordshire

Local demographics

Central Bedfordshire has a population of 264,500 people. This is forecast to increase to around 287,300 people by 2021, with a 35% increase in the number of people aged 65 and over compared to 2011.

Central Bedfordshire is less diverse than England as a whole, and has a greater proportion of people who are White British (79.8%). The biggest ethnic minority groups in Central Bedfordshire were White Other (not White British, White Irish or Gypsy or Irish Traveller), White Irish and Indian. More than 95% of pupils of compulsory school age in Central Bedfordshire speak English as a first language. However, more than 60 different first languages are recorded among the remaining children.

None of our neighbourhoods are in the 10% most deprived nationally, however pockets of deprivation do exist – mainly in Houghton Regis and Dunstable.

The rate of serious acquisitive crime is higher in Central Bedfordshire than in similar authorities.

61% of Central Bedfordshire residents live in areas classified as urban.

Unemployment is low in Central Bedfordshire compared to England, and house prices are higher than the national average.

Central Bedfordshire residents are less likely to have higher level qualifications compared to the national average, but GCSE results are above the England average.

Life expectancy and overall health are both slightly better than the national average, and children are less likely to be obese.

Vulnerable groups

Although the majority of children and young people in Central Bedfordshire live healthy lives and are safe within their family networks and communities, there are a proportion of vulnerable children who are at risk of poorer health and well-being outcomes.

All partners of the LSCB are committed to seeking out vulnerable children and supporting them and their families whilst acknowledging the difficulties as some abuse or neglect may be hidden despite the work of agencies and partners to identify those who are in need of services and who are being harmed or at risk of being harmed.

The following section of the Annual Report sets out those categories of children and young people in Central Bedfordshire who have been identified by the local authority and other agencies as in need of protection or help to promote their welfare as they are more vulnerable.

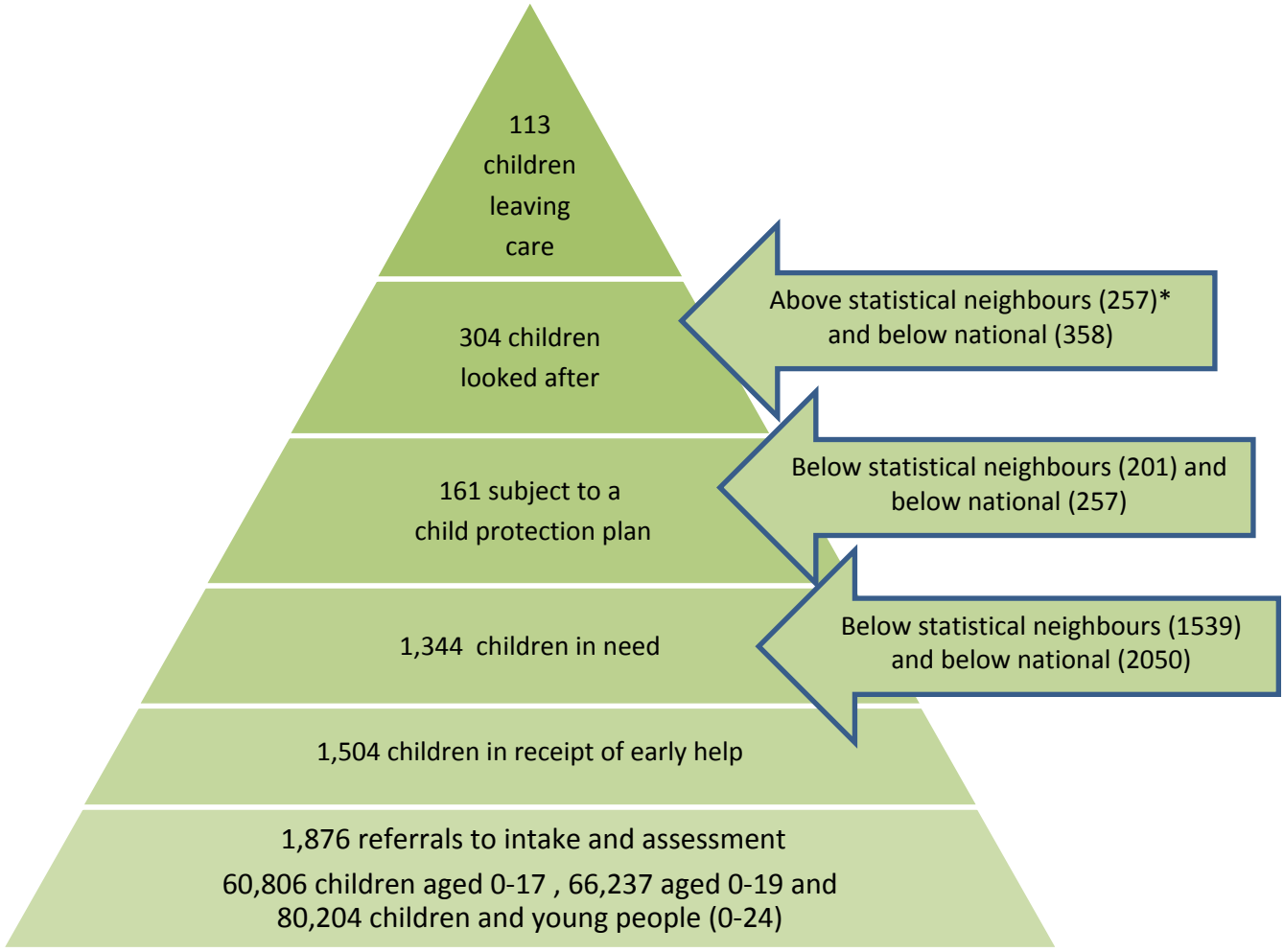
These categories of vulnerability are not exhaustive and many factors such as going missing from home and living in households where there is domestic abuse, substance misuse and/or parents who are mentally ill can place children at increased risk of harm from abuse and neglect.

3. Safeguarding in Central Bedfordshire

Safeguarding of children in Central Bedfordshire continues to be good and the Central Bedfordshire Safeguarding Children Board routinely scrutinises child safeguarding activity to look at what is happening and to understand any specific trends or issues impacting on safeguarding activity.

The child's journey in Central Bedfordshire

This section analyses performance using key indicators in relation to child protection. It examines data at key points in decision making from the point of referral through to child protection plans. It aims to help us understand the flow of cases through early help and referral and assessment within the context of multi-agency working. Below are the numbers of children at various stages in the care system at the end of March 2017.



*statistical neighbour and national figures have been calculated to provide population comparisons. These are based on 15/16 outturn figures as 16/17 data is not yet available.

One front door

The Access and Referral Hub has been in place since April 2014 and is a single front door for everyone needing information about services for children and young people including early help, family youth information for parents, those concerned about a child and professionals needing to refer a child. During 2016 the Hub was developed further to include a Multi-agency Safeguarding Hub (MASH).

Within its first year (2014/15) the Access and Referral Hub dealt with 10,898 enquiries. Enquiries during 2015/16 rose to 12,012 which was an increase of 10%. During 2016/17 the number of reported enquiries significantly reduced to 8,789, this reduction has been as a result to changes in recording processes, resulting in more accurate data and reducing the risk of double counting.

Early help

Early help for children and families involves taking action as soon as possible to tackle problems that have already emerged. Central Bedfordshire's Early Help Offer identifies the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. The Early Help Offer is not just for very young children as problems may also emerge at any point throughout childhood and adolescence. The Early Help Offer includes universal and targeted services designed to reduce or prevent specific problems from escalating or becoming entrenched. In other words it is all about offering the right help at the right time.

An Early Help Assessment (EHA) is completed and a plan is put in place to support the child and family. Where the assessment identifies support needs that cannot be met by a single agency or service, there needs to be a co-ordinated response with local agencies working together to support the family. The Team around the Child (TAC) model is used locally to bring together a range of different practitioners from across the children and young people's workforce and sometimes from adult services to support an individual child or young person and their family. The members of the TAC develop and deliver a package of solution focused support to meet the needs identified through the Early Help Assessment with a lead professional identified to co-ordinate the support and act as the key point of contact for the family and professionals/services.

From the 10,898 enquiries coming through the Access and Referral Hub, there were 1,504 early help assessments completed. The number of children who had an early help assessment completed per 10,000 0-17 of the population has risen over the past 5 years.

- 69.2 in 2012/13 to
- 151.2 in 2013/14 to
- 244.7 in 2014/15 and slightly decreased to
- 232.2 in 2015/16
- 247.4 in 2016/17

The overall numbers of Early Help Assessments and children and families receiving support through early help services continue to rise.

The rate of children in need per 10,000 of the population under 18 in Central Bedfordshire has decreased slightly to 221.0 from last year where the rate per 10,000 was 254.7. The number of Children in need has decreased by 11.5% in comparison to March 16. The overall children in need numbers for the past five years can be seen below:

- 1631 in 2012/13 to
- 1541 in 2013/14 to
- 1495 in 2014/15 and
- 1518 in 2015/16 and
- 1344 in 2016/17

The rate is below the England, statistical neighbour and regional averages. Early indications are that this decrease does not match the trends in other areas.

The percentage of referrals leading to the provision of a social care service as defined by the child being a Child in Need (CIN) was 91.3% at the end of 2016/17 compared to 89.5% the previous year.

During the year 2016/17 the Police referred 26.7% (500) of all referrals to Children's Social Care a significant number of which related to concerns around domestic abuse. Schools referred 19.2% (360) of all children to Children's Social Care services and health professionals 12.7% (239). (This figure for health professionals is in line with national data).

Where identified at the point of assessment, abuse and neglect is the highest primary need for those children assessed by Central Bedfordshire Children Social Care.

Final data indicates that at the end of March 2017 the referral rate (per 10,000 of the child population) has dropped to 308.5 from 397.6 at the end of March 16. The rate is below both statistical and national averages, as is the repeat referral rate.

The year-end figure for assessments completed in 45 days was 93.7% which is slightly less than the 94.7% reported for 2015/16. The Quarter 4 figure for 2016/17 was 94.4%.

The Access and Referral Hub continues to add greater stability to the referral process and enables all contacts to Children's Social Care to receive a service and/or signposting to other services where appropriate. By providing a prompt and effective response to emerging issues within families the aim is to reduce the number of children who require safeguarding interventions at a later stage in their lives.

The Board has been assured that the right families are getting the right service at the right time and that families are benefiting from a single front door and do not have to wait too long for a service.

Children with a child protection plan

Children who have a child protection plan are considered to be in need of protection from either neglect, physical, sexual or emotional abuse or a combination of one or more of these. The child protection plan sets out the main areas of concern, what action will be taken to reduce these concerns and by whom. The plan will also set out how we will know when progress is being made.

In respect of children with child protection plans the total number subject to a plan as at the end of March has decreased by 28.4% in comparison to March 16.

Over the last five years the actual number of children with a child protection plan has been as follows:

- at the end of 2012/13 there were 266 children with a child protection plan (45.4 per 10,000 population)
- at the end of 2013/14 there were 192 children with a child protection plan (32.8 per 10,000 population)
- at the end of 2014/15 there were 164 children with a child protection plan (27.9 per 10,000 population) and
- at the end of 2015/16 there were 225 children with a child protection plan (38.4 per 10,000 population)
- at the end of 2016/17 there were 163 children with a child protection plan (26.5 per 10,000 population)

The figures indicate that this will be below statistical neighbour, regional and national averages at the end of March 2017.

Child Protection Information Sharing (CP-IS) National Project

The roll out of the implementation of CP-IS, has started in Central Bedfordshire, with the aim to enhance information flow between the Local Authority and unscheduled health settings, when a child who is Looked After or on a Child Protection Plan attends an unscheduled care setting, like an emergency department or minor injury unit:

- The health team is alerted that they are on a plan and has access to the contact details for the social care team
- The social care team is automatically notified that the child has attended, and
- Both parties can see details of the child's previous visits to unscheduled care settings in England

This means that health and social care staff have a more complete picture of a child's interactions with health and social care services. This enables them

to provide better care and earlier interventions for children who are considered vulnerable and at risk.

CP-IS is currently being rolled out to local authorities and healthcare organisations across England. It is endorsed by the Care Quality Commission and included in contracts for providers of NHS unscheduled care.

Children in care

Children in care are those looked after by the local authority. Only after exploring every possibility of protecting a child at home will the local authority seek a parent's consent or a court's decision to move a child away from his or her family. Such decisions, whilst very difficult, are made in the best interests of the child.

Below are the annual numbers of children in care, which has seen an increase in the last year. At the

- end of 2011/12 there were 208 children in care and
- at the end of 2012/13 this increased to 246
- at the end of 2013/14 there were 268 children in care,
- at the end of 2014/15 there were 274 children in care, and
- at the end of 2015/16 there were 287 children in care.
- at the end of 2016/17 there were 304 children in care.

At the end of March 2016 there had been a significant increase in the number of Unaccompanied Asylum Seeking Children becoming looked after by the local authority, (which was from 18 at the end of March 2015 to 37 at the end of March 2016, this equated to a 105.6% increase). The numbers of Looked after Children have remained relatively consistent throughout the last year, falling in Quarter 3 and Quarter 4 as new UASC are now being distributed throughout the region under new government requirements.

The LSCB received the Looked after Children Annual Report for 2015/16 at its meeting in June 2016 along with the Annual Report for Virtual Schools and Annual Reports for Securing Education, Employment and Training for Looked after Children. Below is a summary of the information provided.

Some of the information provided in the report related to 2014/15.

As at February 2016 the total number of Central Bedfordshire pupils of statutory school age who are part of the Virtual School was 187 (Reception to Year 11). This did not include 56 year 12 and Year 13 young people still in care who are being monitored and supported by the Virtual School in partnership with the Corporate Parenting Team and Youth Support Services. A further 16 pupils left care in the last 6 months.

There is a direct correlation between attendance and pupil's achievement and this is a key focus for the Virtual School.

Exclusions

During 14/15 there was one permanent exclusion for serious misconduct and following effective joint working the student is now making good progress. There had been no permanent exclusions of a looked after child (as at February 2016).

There has been a reduction in fixed term exclusions for looked after children attending settings in Central Bedfordshire from 86 days (13/14) to 55.5 days (14/15). This reflects the effective cross agency working to reduce the need to exclude. For looked after children attending settings outside of Central Bedfordshire there has been an increase in days lost as a result of fixed term exclusions from 26.5 (13/14) to 127 days (14/15). 5 young people (all male) contributed to 53 days of this figure and in most cases these are our young people with the most complex needs, some with several placement breakdowns over a relatively short period of time. This increase is unacceptable and there was not a robust process in place to collect data. In 14/15 the process has been improved and not only has the data collection process been improved but there is now the opportunity to offer support and advice. This remains a key priority for the Virtual School.

Attendance
Although overall attendance in 14/15 has fallen, the majority of pupils' attendance is over 95% (106/174) with 19 pupils achieving 100%. Attendance in years 9, 10 and 11 still remains the key challenge and therefore a key priority for the Virtual School. There is a Personal Advisor that is jointly funded by the Youth Support Service and the Virtual School who works directly with these young people at risk of dis-engaging from learning. Creative packages are put in place to support young people to get the best possible outcomes.

Placement stability
In collaboration with fostering and social work teams there has been a significant measureable improvement in the placement stability for looked after children and young people. The following two key measures demonstrate this:

a. The percentage of looked after children and young people who have had 3 or more placement moves in the last year has improved from 13.5% (March 2015) to 12.2% (March 2016).
b. The percentage of looked after children and young people who have been looked after for 2 and a half years or more who have been in the same placement for at least 2 years has improved from 51.9% to 63% in March 2016.

Placement stability remains a priority and targets of 11% and 70% have been set for these measures respectively going forward.

Achievement
For those young people who have been looked after for over 12 months on 31 March 2015 (this is the national measure), the following results were achieved:

- Key Stage 1 – 10 out of 12 pupils (83%) achieved level 2 or above in reading, 9 out of 12 pupils (75%) level 2 or above in writing and 10 out of 12 pupils (83%) level 2 or above in maths.

- Key Stage 2 – 13 out of 16 pupils (81%) achieved level 4 or above in reading, 11 out of 16 (69%) in writing and 11 out of 16 (69%) in maths.
- Key Stage 4 – There were 13 students who had been in care for more than 12 months on 31st March 2015. 6 students achieved at least 1A*-C at GCSE, 8 students achieved at least one pass at GCSE, 3 students achieved 3 A*-G including English and mathematics.

Participating and staying on in education, employment and training
There is strong joint working between the Virtual School, the Youth Support Services and the Corporate Parenting Team to support young people to remain or engage in education, employment or training. There are monthly managers meetings in order to provide oversight of cases and look at young people's progress. These inform joint planning and resource allocation for young people who are not engaging in education, employment or training. There is also co-ordination and liaison with schools, colleges and training providers to ensure ongoing engagement. At any one time the services are supporting up to 60 looked after children aged 13-16 and 120 looked after children and care leavers aged 16-21.

The key measure of success in relation to this joint working is the percentage of care leavers engaged in education, employment or training. This has shown significant improvement over the last year when it was 41.1% in March 2015/16 to 70% in 2015/16.

Conclusions
Looked after children are now in more stable placements, progress in Key Stages 1 and 2 continues to improve and the number of days lost to fixed term exclusions from pupils placed in CBC schools continues to drop. The percentage of care leavers aged 17- 21 year olds in employment, education and training has seen a significant improvement during the year. However the attendance of pupils in Years 9, 10 and 11 continues to be a priority as does attainment at Key Stage 4.

Children at risk of sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

The child/young person may think that their abuser is their friend, or even their boyfriend or girlfriend.

Children who run away from home or care could be running from a number of situations and problems where they are vulnerable or at risk of harm. Going missing can increase a child's risk of further danger as a result of becoming involved in crime, child sexual exploitation and potentially child trafficking.

Central Bedfordshire have a team dedicated to responding to the needs of children at risk as a result of going missing and a multi-agency Group reviews the situations of those children who persistently go missing to ensure interventions are in place to deal with the root causes which lead them to run away and ensure measures are put in place to divert them from this activity and minimise the risks they are exposed to.

The three LSCB's in Bedfordshire have developed local tools to help practitioners to respond to concerns about CSE including a CSE Risk Assessment Tool, a CSE Intelligence Submission Form and a CSE Disruption Toolkit.

During 2016/17 30 disruptions were carried out by Bedfordshire Police across Bedfordshire and 2 abduction notices were also issued.

Bedfordshire CCG secured funding for a specialist Child Sexual Exploitation Lead to work with clinicians, health services and staff from a wide range of settings to raise awareness, recognise and refer children at risk of CSE. The work undertaken as part of this role has contributed to a greater understanding amongst health staff of how to identify the potential signs that a child may be at risk or, or have experienced CSE, as well as an increased knowledge of the context in which CSE happens and what the long term health effects can be for victims. Health professionals have also had the opportunity to develop their roles as multi-agency partners with organisations such as the Police, Social Care and education.

More information around the work carried out by the LSCB in relation to CSE during 2016/17 can be found on page 15 of this report

Children who are privately fostered

Parents may make their own arrangements for their children to live away from home or with other close family members. These are privately fostered children. The local authority must be notified of these arrangements.

At the end of March 2017 the local authority was aware of seven privately fostered children compared to 3 at the end of March 2016 (there were 7 new referrals throughout the year). Numbers remain low despite the efforts of the local authority, partner agencies and the Central Bedfordshire Safeguarding Children Board to raise awareness of the need to notify the local authority of these arrangements. Below are some examples of the awareness work that has been carried out by partners:

- Information on Private Fostering has been included in both internal and external newsletters
- Information has been included on intranet sites
- Information included in both single agency and multi-agency training sessions
- At the hospitals parental responsibility enquires are asked with every child admission
- Within community health specific training has been completed with the Immunisation Teams.

- Within community health there has been an emphasis on improving the recording keeping in relation to parents.
- Information has been circulated to schools via Central Essentials

In addition to the above new posters and leaflets have also been produced to help raise awareness of Private Fostering within Central Bedfordshire and are available through the LSCB website.

Service user feedback

Children's Services Social Care complaints handling practice in 2015/16 (this data was reported in December 2016):

- There was a decrease in the number of complaints recorded compared to last year, from 92 to 84. The number of complaints suggests effective recognition and recording of complaints by service teams.

- Complaints were seen as important customer feedback and a means of identifying how practices may be changed for the better. Services were receptive to customers' views and complaints, with 55% of complaints either upheld fully or in part.

- As well as the statutory annual report, weekly and quarterly reports on customer feedback have been provided to assist the Director's senior management team (SMT) to monitor customer feedback, performance and outcomes.

- The good practice of using alternative dispute resolution to resolve ongoing dissatisfaction continued this year. The approach focusses on resolution of complaints through Head of Service Reviews, assessments by Customer Relations and face to face meetings which were successful in remedying 10 cases without the need for lengthy formal investigations.

Key themes from complaints

- The services for Looked after Children & Care Leavers were the area's most complained about however, it saw the most significant drop in complaints compared to last year. The service received 25 new complaints compared to 35 recorded the previous year. The three top reasons for complaint were; poor communication; staff conduct; and incorrect action taken.

- The majority of complaints were resolved through an apology and providing individual case remedies.

- Financial remedies are sometimes paid where a mistake has directly led to some injustice and there is no other remedy available. The Local Government Ombudsman's (LGO) guidance says that injustice regarding distress generally cannot be remedied by way of a payment, so payment amounts are symbolic to acknowledge the impact. In the period the LGO recommended a financial remedy in one case for £900 to recognise avoidable distress. Whilst benchmarking data is not

available for all similar sized authorities the decision notices available on the LGO website indicate that in the same period financial remedies for Councils ranged up to £8798.

Child's voice

All board reports require authors to consider and ensure the child's voice has informed their reports. In addition to this the Voice of the Child sub group continues to engage board partners and young people to develop the LSCB's work in relation to the voice of the child. Further information regarding the group's work during 2016/17 can be found within the progress on priorities section of this report.

4. Progress on priorities in 2016 – 2017

The Board agreed the following set of priorities for 2016 – 2017:

- Priority 1 – Ensure children in dangerous settings have faster, easier access to safeguarding support
- Priority 2 – Ensure the effectiveness of safeguarding and early help support to children living in vulnerable families
- Priority 3 – Ensure the effectiveness of the Board and its Partners

The Board took forward several actions within its Business Plan in relation to the above priorities and details are contained below under each of the priority headings.

Priority 1 – Ensure children in dangerous settings have faster, easier access to safeguarding support

To receive assurance from partners on the effectiveness of the multi-agency front door arrangements (MASH):
The Multi-Agency Safeguarding Hub (MASH) went live in Central Bedfordshire in May 2016 and an update on its implementation was provided to the LSCB Strategic Board in December 2016, the following points were noted:

- The primary role of the MASH is to take contacts which have come through the Access and Referral Hub, where it is unclear from the available information the level of need presented of the child and family.

- The MASH does this by collating and sharing information through a multi-disciplinary team of professionals who assess risk in order to act swiftly to keep children and families safe.

- The outcomes from the MASH can be Social Work Intervention, Early Help Services or Information and Advice.

- The Access and Referral Hub & MASH ensure that all referrals are dealt with in a timely manner to avoid drift and delay. Early Help and Social Care continue to work collaboratively together in both aspects.

All contacts are risk assessed and prioritised ensuring that decisions are made within 24 hours of receipt.

- The MASH physically and virtually co-locates key multi-disciplined professionals from partner agencies to facilitate an integrated approach of quality information sharing, analysis and decision making in order to identify risk, and assess more effectively, risk and the immediate and long term service needs of children and families. The ability to information share at this level supports good decision making and ensures effective support is identified for children.

- The MASH has virtual links with other agencies such as Bedfordshire Youth Offending Service (BYOS), Adult Social Care, Pathway 2 Recovery (Drug and Alcohol Service), Probation and Housing. As the MASH embeds and evolves it is envisaged that partner agencies will co-locate within the MASH team and further virtual links will be established.

To receive assurance from the Community Safety Partnership that the domestic abuse strategy and action plan is being implemented and evidences improved outcomes for children:
An update on the development and implementation of the Central Bedfordshire Domestic Abuse Strategy was presented to the LSCB Strategic Board in June 2016, and a further update on the work carried out throughout the year in relation to both the Central Bedfordshire Council Corporate Domestic Abuse Plan and the Bedfordshire Domestic Abuse Partnership Plan were presented to the LSCB Board in March 2017. The following information was noted:

Central Bedfordshire Council Corporate Domestic Abuse Plan – work under the 5 key priority areas during 2016/17 has included:

Prevention and Early Help

- Schools are in receipt of updated DA toolkit from Relay, and Relay is
- extending to preschools and nurseries
- Freedom programme supportive play sessions are in place and being
- monitored by Early Year's Professionals
- PSHE Schools Portal area to include DA information
- KIDVA pilot project is due to end on 31.03.17 and an evaluation will be
- completed
- CSP update – Communication plan, Raising awareness, 16 days of
- action

Partnership Work

- Social Care and Housing Directorate Domestic Abuse customer pathway review
- Domestic Abuse Matters training delivered in Partnership to Beds Police

- Internal work to understand current response to Domestic Abuse by Central Bedfordshire Council and commissioned services
- Community Safety Partnership update – Champions, Training, Domestic Abuse Forum

Provision

- Funding bids have been submitted with partners to various funding streams
- Service mapping and referral pathway work is progressing well with partners
- SafeLives have been commissioned to conduct a Domestic Abuse service users consultation to include victims, perpetrators, children and young people

Protection

- Repeat MARAC review is ongoing with partner engagement

Progression

- Work on staff Domestic Abuse policy has begun

Work carried out during 2016/17 by the Bedfordshire Domestic Abuse Partnership has included:

- A Pan Bedfordshire Domestic Abuse Forum has been created
- A 12 month Domestic Abuse Communications Plan has been created
- A Domestic Abuse Referral Pathways Task & Finish Group has been created
- The Domestic Abuse Champion scheme continues to be promoted.
- The MARAC is being continuously reviewed and looking for opportunities to improve the process.
- The Partnerships website has been re-designed and re-launched
- Social media accounts launched
- Five DASH & MARAC briefing sessions have been delivered to 65 delegates in CBC.
- The team have delivered five training sessions to GPs with more booked in. Approximately 150 GPs have received the training
- A GP Champions scheme is being piloted in two GP surgeries, one in Goldington in Bedford and one in Biggleswade.
- The two tier training programme continues and in the last 6 months there have been 11 different courses delivered, with a total 214 delegates attending

To receive assurance that the CSE Strategy, action plan and communications plan is being implemented via the Pan Bedfordshire CSE and Missing Strategic Group and this evidences improved outcomes for children. Also to receive assurance that children missing from education, home and care are appropriately safeguarded:

The Pan Bedfordshire Child Sexual Exploitation Strategy was been signed off during 2016/17 and is available on Central Bedfordshire LSCB website. A Pan Bedfordshire multi-agency CSE action plan was also produced to help implement the CSE Strategy. The work completed via the action plan has been monitored through the Strategic CSE group in. An update on both the Multi-agency Pan Bedfordshire CSE action plan and the Central Bedfordshire Council CSE action plan were presented to the Central Bedfordshire LSCB Strategic Board in December 2016.

A CSE Problem Profile was completed with recommendations within the profile helping to develop the multi-agency action plan. One of the key actions from the Problem Profile was to set up a new Operational Group – The Child Sexual Exploitation Group (CSEG) which reviews local intelligence around vulnerable individuals, locations and perpetrators and takes forward multi-agency problem solving.

A CSE campaign aimed at parents and focusing on on-line dangers ran throughout June 2016, materials included leaflets, posters, social media advertising and an upgraded website. Findings suggested that the target audience was reached and the website saw an increased number of visits. Part two of the campaign was aimed at children and young people and was rolled out in October 2016. Figures obtained in November and December 2016 showed the following:

- The three Facebook adverts have been viewed by 19,000 individual people aged between 13 and 17 with the total number of views 28,000.
- In total 1,281 unique people visited the website (again between 13 and 17). Of these 80% of people hadn't visited the website before.
- We reached slightly more girls than boys (54%/48%) but the link clicks was split 50/50.
- The advert that had a general message performed better than the message which specifically talked about sexting and staying safe online.
- During the three weeks, the most visited pages were 'sexting', very closely followed by 'spot the signs'.
- The next highest three were the home page, the young people general page, and the keeping yourself safe page.

Pan Bedfordshire face to face CSE training for frontline practitioners was developed during 2016/17 and went live in April 2017. Training has been commissioned for 15 months and will be reviewed during 2017/18.

CSE E-learning continued during 2016/17 and monitoring figures show there were 404 people who completed the course with at least 143 being identified as working within the Central Bedfordshire area.

Further sessions of Chelsea's Choice performances were carried out in schools within Central Bedfordshire during October 2016 (this was aimed at middle schools) and a new performance called 'In the Net' began in primary/lower schools during January 2017.

The National Working Group completed a health check on the work of the Strategic CSE Group with recommendations and actions being reviewed by the Strategic CSE and Missing Group and actions implemented.

Understand the risks to adolescents in Central Bedfordshire:
A profile of 'Understanding the risks to adolescents' was presented to the LSCB Strategic Board in June 2016 with a follow up workshop taking place in September 2016. The Council has now taken the lead on developing this work further and are in the process of developing/putting in place an Adolescents Hub to provide local support services to adolescents.

The LSCB Learning and Improvement Group also undertook an audit of adolescents with mental health concerns in September 2016 and have since taken forward the learning/action points. More information about the outcomes from this audit can be found on page 39

To receive assurance that actions in relation to preventing radicalisation are developed and implemented:
A Central Bedfordshire PREVENT Group is now in place and a PREVENT Protocol for Central Bedfordshire has been developed by the group and is available on the Central Bedfordshire LSCB website. An action plan has also been developed and has recently been updated to ensure it reflects the local counter terrorism profile recommendations. The action plan will continue to be implemented by the group.

The plan includes a Learning Needs Analysis around PREVENT Training, however in relation to the LSCB Preventing Radicalisation E-learning training during 2016/17 534 people completed the E-learning of which 323 of these can be identified as coming from the Central Bedfordshire area

The local Counter Terrorism Profile and recommendations was presented to the LSCB Strategic Board in March 2017 and updates will continue to be provided throughout the next year.

To receive assurance that children at risk of Female Genital Mutilation (FGM) are identified at the earliest opportunities and protected:
The FGM, Honour Based Abuse and Forced Marriage Strategy was launched during 2016/17 and the FGM Pathways were also launched along with 2 multi-agency briefing events.

E-learning in relation to FGM is available and during 2016/17 199 people completed the FGM E-learning training of which 52 could be identified as coming from the Central Bedfordshire area. Leaflets are also available for local practitioners.

A question around FGM is now asked as part of the midwifery routine booking process for pregnant women.

There have been no referrals in relation to FGM and children during 2016/17.

The FGM/HBA/FM is now working to produce a Problem Profile and Communications Plan to help understand the issues locally and better target awareness raising campaigns to increase referrals.

Priority 2 – Ensure the effectiveness of safeguarding and early help support to children living in vulnerable families

To receive assurance in relation to the effectiveness and impact of early help to vulnerable young people and families:
The annual report in relation to the effectiveness of early help for 2015/16 was presented to the LSCB Strategic Board in June 2016. The following key information was noted:

Early Help on the Hub:

Early Help plays an integral role on the Access and Referral Hub which dealt with a total of 12,012 enquiries during the year. Of these, 7,130 enquiries were initially responded to by Early Help which is 59% of the total.

8755 of enquiries (73%) progressed to contact and referral with 2268 (26%) recommended for Early Help support, either to get a new Early Help Assessment in place or to enhance existing support in line with new information received

The remainder of the enquiries related to Early Help information from the community (Early Help Assessments and Delivery Plans) and requests for Early Help services from social care teams

During the year a total of 1,389 Early Help Assessments (EHAs) were undertaken to assess children and family needs and to put support in place to meet those needs. 79% of EHAs were received from professionals in the community with the majority from schools (48%), and the majority of the remainder from health and VCS (including children's centres) with the professional taking on the lead professional role for both co-ordination and monitoring of support and progress.

A further 21% of EHAs were received from staff within Children's Services (Outreach, Early Help Practice Advisor Team (SW), Supporting Families and the Teenage Parent Support Advisor Team).

Getting Early Help in place:

The Outreach team take referrals directly from the Access and Referral Hub where Early Help has been recommended and where timely support is needed to address immediate issues to prevent escalation of concerns. In 2015 – 2016 the team received 220 referrals, assessing child and family need through undertaking Early Help Assessments and getting a support plan in place.

The Early Help Locality Co-ordinators play a key role enabling professionals in the community to get Early Help in place through provision of training and support around the Early Help paperwork and processes. They also work with professionals to get Early Help in place following a referral into the hub, or a step down from social care where it is felt that the level of support needed can be best managed by a professional in the community.

Overall impact:

The Locality Co-ordinator Team record the number of EHAs closing and the reason for closure. During the year 73.5% (1265) Early Help Assessments were closed because the needs of the child/young person were met by the interventions provided. In 215 cases (12.5%) the cases were stepped up as a more specialist safeguarding services was needed. 13% (227) of EHAs were discontinued as the child/young person/family disengaged from services or felt that the service was no longer required. Some of those discontinued included children moving out of the area, and in those cases we have worked with neighbouring authorities where possible to transfer the Early Help Assessment.

At the end March 2016 a total of 1467 Early Help Assessments were open.

Supporting Families (national Troubled Families Programme):

April 2015 saw the commencement of Phase 2 of the National programme. Despite some difficult times Central Bedfordshire had fulfilled the targets set in Phase 1 of ‘turning round’ the lives of 305 families, and was eligible to be included in Phase 2.

The next phase was a 5 year programme with a target of making ‘Significant and Sustained Progress’ with 1090 families during that period, based on each family experiencing at least two of the six possible criteria: poor educational attendance or exclusion; crime or anti-social behaviour; worklessness, or risk of financial exclusion; Domestic Abuse; significant mental or physical health problems (including addictions); and children identified as needing (early) help.

Central Bedfordshire Council agreed with the DCLG to engage with 150 families during the first year, the target increased to 180 during the year. This was achieved in full. The engagement target for 2016/17 is a further 350 families.

At the end of Phase 1, claims for successful working were made for 305 families and in April 2016, one year after the end of Phase 1 a data exercise was carried out to look at longer term success with the families.

Work with 95.4% of the families could be considered successful – they were not on the records for Social Care, Early Help, Anti-Social behaviour/youth crime or School exclusions/poor attendance. Of the remaining 4.6% (14 families) have been re-referred into the Early Help service.

Parenting Work

In September 2015 use of the Outcome Star began to be introduced to the 1:1 work carried out by the Parenting Team. The Outcomes Star is a unique suite of tools for supporting and measuring change when working with people.

Particular focus was given to the increase recorded by parents around Boundaries and Behaviour and Meeting the Emotional needs of their Children. Parents recorded an 82% increase in their confidence in giving their children boundaries and managing their behaviour, and there was a 61% increase shown in meeting the emotional needs of their Children.

The Children within this cohort recorded a 62% improvement in their feelings and perceptions of their own behaviour, and a 56% increase in their confidence and self-esteem.

All the cases around these families were closed at the end of the intervention work carried out.

Group work covering the entire age range from pre-birth to teens has been delivered during the year. 127 parents attended.

Relay – Domestic Abuse Referrals

The Relay Team contact schools as early as possible to notify them that a pupil has been present in the house where there was an incident of Domestic Abuse which necessitated a police call-out.

During the year there were 1049 referrals to the Relay Team. This involved 1767 children aged 4+. This means that an average of 34 children a week over the age of 4 is in households with Domestic Abuse serious enough to involve the police. 127 out of 140 schools received at least one notification in this period.

In a recent evaluation exercise 80 out of 82 schools said that they had found the scheme either very or mostly beneficial, and 79 out of 82 said the scheme had been very or mostly useful in enabling them to better support the needs of their vulnerable students.

To receive assurance in relation to the effectiveness of the support and services for Looked after Children:
The Education and Social Care LAC Annual Reports for 2015/16 were presented to the LSCB Strategic Board in June 2016.

The Board noted the positive outcomes that have been achieved throughout the year. It was noted that during 2015-16 there had been an increase of UASC (58 compared to18 the previous year). It was noted that this is likely to increase further.

The Health LAC Annual Report was then presented to the LSCB Board in September 2016.

The end of year figure for 2016/17 for care leavers in Employment, Education or Training was 70.2% which is above the target of 65% and is the same end of year figure as the previous year.

Further information from the Looked After Children Annual Reports can be found on Page 7.

Ensure an effective partnership approach to identifying and notifying of Private Fostering arrangements and the effectiveness of assessments and support:
Please see page 11 for information relating to the work carried out to raise awareness of Private Fostering.

Understanding the issues of homelessness for children in Central Bedfordshire and the support provided to parents:
An update of the housing action plan was presented to the LSCB Strategic Board in June 2016.

The Housing Solutions Team had worked hard to reduce the number of homeless people in the borough by making sure families stayed where they were or had planned solutions in place to be re-housed.

During Quarter 4 there was 1 family with dependents or pregnant persons placed in B&B accommodation. The total figure for 2016/17 was 23 which is decrease from 2015/16 when the end of year figure was 41.

Ensure there is an effective partnership approach to dealing with neglect:
During 2016/17 a Pan Bedfordshire neglect strategy was launched and disseminated by the three Bedfordshire LSCB to agencies and frontline workers across Bedfordshire.

The local Neglect Practice Guidance was also reviewed and relaunched and can be found within the Pan Bedfordshire online procedures.

The pilot of the NSPCC Graded Care Profile 2 is now being rolled out across Central Beds and the train the trainer events were completed in March 2017. From April 2017 the LSCB will take over the multi-agency training on this topic. Work will take place during 2017/18 to develop a process for monitoring the impact implementing of the Graded Care Profile across Bedfordshire.

Pan Bedfordshire briefings took place on Adolescent Neglect in September 2016 and the Pan Bedfordshire Conference took place in March 2017 with 340 attendees.

Abuse and Neglect e-learning training continues to be offered and during 2016/17 1981 people completed the e-learning training with 1018 people being identified as working within the Central Bedfordshire area

Priority 3 – Ensure the effectiveness of the Board and its Partners

Ensuring children and young people's voices are heard:

The Voice of the Child Sub Group has met regularly, and has held several partner awareness and assessment days, these were followed up with a further workshop whereby a draft pilot tool to gather the views of young people following their appointments or meetings with professionals has been developed (this was launched in February 2017). The outcomes from the draft pilot tool will generate the starting point for the LCSB in terms of any action needed moving forward.

The sub-group has also completed one Young Peoples workshop, whereby the voice of the child was heard directly and several follow on workshops targeting specific groups of young people will now be progressed.

Keep the governance of the LSCB under review to ensure the two key statutory objectives are being delivered:
During 2015/16, the Board developed and implemented a new structure of sub-groups, which includes the following groups:

- Core Business Group which acts as an Executive Group to the Strategic Board, meeting in between Board meetings driving forward the business plan and monitoring its progress.

- Learning and Improvement Group which is responsible for carrying out multi-agency audits and taking forward improvement action plans, reviewing single agency audits and monitoring the implementation of single agency section 11 audit recommendations/actions.

- Training and Development Group that is responsible for implementing the annual training programme and developing new training courses when required, along with evaluation and monitoring the impact activities.

- Performance Group that is responsible for monitoring the LSCB's performance scorecard and highlighting to the board areas of improved performance or areas where performance has dropped and further information or assurance is needed.

- Voice of the Child Group which is responsible for reviewing, creating, actioning and recommending processes for ensuring that the Voice of the Child is heard in a timely, effective and appropriate manner.

- Pan Bedfordshire Policy and Procedure group that is responsible for developing reviewing and updating the Child Protection Procedures in line with new legislation and learning obtained from case reviews and case audits.

- Pan Bedfordshire Child Sexual Exploitation and Missing Children Strategic Group that has been responsible for developing a Pan Bedfordshire CSE strategy which has now been signed off and is in the process of being implemented, taking forward the development of a CSE Profile and action plan and implementing a CSE Communications Strategy.

The Board took some time at its Development Day in December 2016 to review how the Board Structure and Sub-Groups were working. The Board Members agreed that the new structure had been working well and the priorities and actions within the Board's Business Plan were being implemented by the Sub-Groups. Therefore no changes were made to the structure and Sub-Groups.

The Board has a joint working protocol to outline the working relationships between the following local partnerships boards:

- Health and Wellbeing Board
- Children's Trust Partnership
- Adult Safeguarding Board
- Community Safety Partnership

A copy of the protocol can be viewed by clicking here. The Chair of the Board also has regular Joint Chair meetings with the chairs from the other strategic boards to ensure work around cross cutting priorities is joined up.

The Strategic LSCB Board also has in place a constitution for the Board.

The Learning and Improvement Framework drives improvement in practice and outcomes for children:
The LSCB has a Learning and Improvement Framework in place which sets out how learning will be obtained through:

- A comprehensive performance framework with a wide range of measures with developing analysis and commentary
- An innovative multi-agency audit toolkit which delivers learning on the day and an audit programme linked to Board priorities
- Section 11 audits by single agencies
- Learning from single agency audits
- Learning from case reviews considered through the Case Review Group and facilitated learning events to embed the lessons
- Learning through the Training and Development Programme
- Learning from the Child Death Overview Panel
- Inspection reports

Implement training strategy and evaluate impact:
The LSCB has a Training and Development Strategy in place that outlines how the LSCB will implement, evaluate and monitor the effectiveness of its training. This was reviewed during 2016/17 to take into account that the LSCB Training Unit has become Pan Bedfordshire resource. A local learning offer has also been produced; both documents can be found on the Central Bedfordshire LSCB website.

Develop, review and revise policies and procedures to ensure they are fit for purpose, up to date and effective:
The Pan Bedfordshire Policy and Procedure Group ensures there is a robust approach to reviewing and ensure the online child protection procedures are

up to date in line with any changes in legislation and learning from case reviews and audits.

Ensure that the workforce and people living in Central Bedfordshire know how to keep children and young people safe:
Raising awareness of safeguarding priorities remained a key priority during 2016- 2017.

Some key actions which have taken place throughout the year are:

- Communications strategy agreed and in place.
- Website updated regularly.
- LSCB Newsletters produced and circulated
- Key issues/messages highlighted at the Strategic Board have been included on the LSCB Website and within the LSCB and School's newsletters.
- Key messages from Case Reviews have been included within quarterly briefing updates.
- Threshold document has been reviewed and updated – and uploaded to the website and circulated.
- CSE Communications strategy and campaign in place.
- Escalation awareness carried out as part of the Joint Targeted Area Inspection action plan.
- Members area of the website utilised

Joint Targeted Area Inspection:
The multi-agency response to the way in which vulnerable children are protected was subject to additional scrutiny during 2015/16. In March 2016 Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation undertook a joint inspection of the multi-agency response to abuse and neglect in Central Bedfordshire. This inspection included a 'deep dive' focus on the response to child sexual exploitation and those missing from home, care or education.

Details of the inspection outcome (including key strengths and areas for improvement) can be viewed here:

https://www.gov.uk/government/publications/joint-inspections-of-child-sexual-exploitation-and-missing-children-february-to-august-2016

A case study of highly effective good practice was included in the inspection findings which noted the co-location of Early Help services, the Missing, Homeless and Child Sexual Exploitation teams as a significant strength resulting in effective information-sharing and joint work.

During 2016/17 Partners implemented an improvement plan which has been monitored through the LSCB Strategic Board and the Local Children's Leadership Board.

The Learning and Improvement Framework drives improvement in practice and outcomes for children.

The LSCB has a Learning and Improvement Framework in place which includes:

- A comprehensive performance framework with a wide range of measures with developing analysis and commentary
- An innovative multi-agency audit toolkit which delivers learning on the day and an audit programme linked to Board priorities
- Learning from single agency audits
- Learning from case reviews considered through the Case Review Group and facilitated learning events to embed the lessons
- Learning through the Training and Development Programme

The Learning and Improvement Framework is reviewed annually and was last reviewed and agreed by the Board in March 2017.

Implementation of the Training and Development Strategy and evaluation of impact:

The Training and Development Strategy is monitored quarterly and the model for assessing effectiveness of learning and development as agreed in the Training and Development Strategy is as follows:

- Reaction - end of day satisfaction - Feedback evaluation Trainer – Online evaluation, post training
- Learning – 28 days after the training a dip sample of workers across all agencies will be identified to secure feedback on the learning from the training through an online survey. This might for example be driven by the need to assess new training provision or a new trainer.
- Behaviour - 1-3 months after the training a sample of workers will be interviewed by telephone to evaluate the impact the training has had on their behaviour, skills and practice.
- Results - 6 months after the training a sample of managers who have had workers attend training will be interviewed by telephone to assess the impact on practice and performance

Regular observation of course delivery, with focus on new training/trainers and training that has been updated or refreshed.

Key performance measures show that at the end of March 2017:

- 79 learning events were delivered to 1885 delegates
- 94% of places were filled
- 6 learning events were cancelled
- 95% satisfaction with face-to-face learning
- 5281 learners registered to complete an e-learning course and 4734 completed (89%)
- 97% satisfaction with e-learning

Courses have been full throughout the year with a need to provide additional module 1 and module 2 training to alleviate pressures on waiting lists

throughout the year. The LSCB training unit continues to ensure a good mix of agencies on training and has seen an increase of the mix of delegates on the majority of courses.

Quarterly Briefing events have been provided for free to all agencies across Bedfordshire and Luton. A Neglect briefing was hosted as two half days, drawing attendance of 187 in quarter 2. A spotlight on disability event, hosted by Bedford Borough was attended by 103, and in quarter 4 a large scale conference on Neglect attended by 309 practitioners. Feedback received following each of the events has on the whole been positive and has helped to shape future conferences and activity.

The events have been well attended and following the success of this approach, future conferences will be provided along with regular themed briefing events.

There were 1885 places filled over 79 courses in total. This is 49 less places than was filled in 2015/16. This data doesn't include attendance at conferences and briefings that are reported separately.

E-learning uptake and completion continues to improve and provides 67 courses to date, this is an increase on the previous year with 37. There were 5,281 registrations and 4734 completions during 2016/17 compared to 2015/2016 with 4,196 allocations and 3,784 passes. E learning has also been used as pre-learning for the modular and other courses offered.

Whilst satisfaction rates for the Working Together modular training programme continue to remain high, services have identified the challenge of releasing staff for two days of learning. This has resulted in developing a one day intensive delivery that relies upon organisations ensuring that staff have been properly inducted and have received appropriate single agency training prior to attendance.

Other further developments to the training programme has secured a more specialist workshop approach to learning, ensuring the skills of new learners and experienced learners are met in a range of innovative and creative ways. The current training offer will also be extended, with further subject options added for 2017-2018.

Learning from case reviews – Central Bedfordshire Safeguarding Board has a Case Review Group chaired by an Independent Chair and there is an agreed process for referring cases of concern. There were no new cases were referred or agreed during 2016/17, however work to complete the 3 existing reviews continued and an update on each of the case reviews is provided below:

Tara's story – This review was ongoing from the 2014/15 period and examined the services provided to Tara and her family. She lived in a neglectful environment for most of her childhood and there is suspicion of sexual abuse. The case was progressing as a multi-agency review, but following clear evidence that she had suffered serious harm, the Case Review Group decided to progress the case as a Serious Case Review. This review

was completed during 2016/17 along with a follow up action plan. The Board Response and details of the work completed by partners to take the report's recommendations forward will be available on the LSCB website by the end of 2017.

Bethany's story – Bethany's case was referred to the case review group during 2015/16 following her tragic death. The case was reviewed by the Case Review Group and was also agreed as a Serious Case Review. Bethany lived in a neglectful environment and was cared for by parents with vulnerabilities. The case review is examined the services provided to Bethany and her family and reviewing agencies understanding of the family and their needs. The final overview report and board response (detailing the actions taken since the review) can be found on the LSCB website.

Nolan's story – Nolan's case was also referred to the Case Review Group during 2015/16 following his untimely death. The Case Review Group reviewed his case and also agreed it was to be carried out as a Serious Case Review. Nolan and his family were known to agencies prior to his death and the review explored the services and responses provided to them. This review was still being finalised at the end of 2016/17.

Learning from cases is communicated to the children's workforce through Practitioner events led by the Safeguarding Children Board. Briefing presentations are also produced and circulated to all partners for them to disseminate within their agencies. Learning from case reviews is also included with single agency and multi-agency training.

Bedfordshire Clinical Commissioning Group coordinates and chairs a health wide safeguarding children group and learning from Serious Case Reviews and other multi-agency reviews are discussed and embedded into commissioning arrangements and practice. Learning from national Serious Case Reviews and local reviews have been shared with both General Practitioners and key health providers and incorporated into GP training programmes.

Monitoring the Impact from Case Reviews (sample of some actions and their impact):

Issue Raised	Actions Taken	Positive Impact on Frontline Practice and Outcomes for Young People.
SCR – Bethany Recommendation 1 – Parental assessment processes (single and multi-agency) including consideration of particular circumstances such as parental learning difficulty, domestic violence should be reviewed and updated.	As a direct result of this recommendation in, September 2016 twelve Central Bedfordshire social workers were trained in completing PAMS - specialist assessment of the parenting capacity of parents with special learning needs. This means prompt and coordinated assessments of parents with learning difficulties are now routinely provided for families getting a service from Children's Services Operations. Clear communication pathways have been established between colleagues in Adult Learning Disability Services and Children's Services Operations. A joint working protocol between Children's Services Operations and Adult Mental Health Services has been developed and is due to receive official sign off at the September 2017 Policies and Procedure Meeting.	Since the training took place in September 2016, 2 Assessments have been completed and a further 6 are underway. This shows that assessments are now being undertaken in a timelier manner than in relation to the Child D SCR when it took 18 months for the assessment to be completed. Therefore young people and families are receiving help and support at the earliest opportunity. This has contributed to an improved coordination of services and sharing of expertise in the cases where parents have learning difficulties. This has

		included periodic joint supervision on a number of complex cases to ensure more effective and efficient services being provided to the family. This will contribute to an improved coordination of services and sharing of expertise in the cases where parents have mental health problem.
SCR – Bethany Recommendation 2 – Ensure arrangements are in place for identifying and responding to neglectful care – both physical and emotional neglect.	As a direct result of this recommendation the Graded Care Profile 2 (an assessment tool for neglect) was trialled in Leighton Buzzard, and Sandy with community health nurses and Children's Services Operations staff. The programme began in February 2016 and at the review point in June 2016 was judged to be enhancing the quality of service provided to children and families – Therefore a decision was made to roll this out across the whole of Central Bedfordshire. Within EPUT there has been the implementation of revised electronic chronology template supported by training, to identify neglect.	The implementation of the Graded Care Profile has raised the issue of neglect amongst frontline practitioners and provided them with a tool for assessing neglect and taking action to improve the circumstances of children living in neglectful situations at an earlier stage. The numbers of Children on Child Protection Plans for neglect has increased and therefore shows frontline

		practitioners are identifying neglect and it is being taken seriously. An audit to further evaluate the outcomes from the Graded Care Profile is due to take place in Autumn 2017.
SCR – Bethany Recommendation 3 – Ensure staff are trained together across agencies to implement the Graded Care profile system and to make sense of all the information available whilst maintaining a focus on the needs of the child.	Five social workers and five health professionals were trained as 'train the trainers' in GCP2 in September 2016. Staff were trained in GCP2 through the winter of 2016 with the LSCB taking over the multi-agency training sessions in April 2017.	The implementation of the Graded Care Profile has raised the issue of neglect amongst frontline practitioners and provided them with a tool for assessing neglect and taking action to improve the circumstances of children living in neglectful situations at an earlier stage. The numbers of Children on Child Protection Plans for neglect has increased and therefore shows frontline practitioners are identifying neglect and it is being taken seriously.

SCR – Bethany Recommendation 10 – Oversight of Child protection cases: Ensure that additional multi-agency challenge processes are established for all children subject to a child protection plan for more than 9 months.	As a direct result of this recommendation, the following process was put in place: Independent Reviewing Officers (IRO), who chair Child Protection Case Conferences were tasked to apply a high degree of scrutiny to the circumstances of children who continue to be subject to a Child Protection Plan at the second Review Child Protection Case Conference (nine months +). Where the IRO or any other professional identify potential indicators of drift (inaction by professionals or lack of improved outcomes for children), a multi-agency meeting may be convened to challenge and support practice. The process for this is that: • IRO will alert the Practice Manager and a meeting convened to include relevant LSCB agency representatives involved with the family to review the effectiveness of the Child Protection process and address any potential drift for the children. • The outcomes of this meeting to be incorporated into the workings of the core group. Performance data available to Children's Services Operations staff provides a weekly update on how long children are subject to Child Protection Plans. This provides a continuous opportunity to scrutinise and challenge signs of drift. The IROs also provide quality assurance feedback to the social work teams after each Child Protection Case Conference. This feedback is provided directly and promptly to the relevant social work team manager and then collated at regular quality assurance meetings with social work team managers. This activity makes sure that case by case improvement secured, and overall patterns are identified to address systemic issues and broader learning issues.	Performance data available to Children's Services Operations staff provides a weekly update on how long children are subject to Child Protection Plans. This provides a continuous opportunity to scrutinise and challenge signs of drift. The IROs also provide quality assurance feedback to the social work teams after each Child Protection Case Conference. This feedback is provided directly and promptly to the relevant social work team manager and then collated at regular quality assurance meetings with social work team managers. This activity makes sure that case by case improvement secured, and overall patterns are identified to address systemic issues and broader learning issues.

SCR – Tara Recommendation 5 – That commissioners and providers of CAMHS ensure that appropriate and accessible services are available to children and young people who are victims of abuse or neglect.	ELFT and CAMHS have worked in partnership with CHUMS, Bedfordshire Open Door, Sorted and Relate to create an integrated Single Point of Access (SPOA) for CAMHS services.	The Feedback from ELFT is that the SPOA is being really effective in ensuring that daily referrals are split between urgent and routine. Children who need immediate/urgent support are triaged by the clinician of the day (COD) which is organised on a rota basis and overseen by a Clinical Team Lead. The COD will triage all referrals daily, they will information gather by possibly calling the parents, schools, GP etc. This will help to ensure it is an appropriate referral to the service and prevent referrals being declined because there is inadequate information. Referrals that are urgent and high risk will be discussed with the Clinical Team Leader and the child can be arranged to be seen either at Hospital or at home

		by a member of the AMHT (Adolescent MH Team). The Luton and Dunstable Hospital nurse is available from 1pm-9pm mon to Friday, and over the weekends around the same times (Bedford Hospital – no specific nurse but CAMHS do liaise as needed with the hospital). The parent will have access to the CAMHS COD daily if needed whilst they are waiting for their child's appointment. The triaged routine referrals will go to the weekly allocations meeting where children/parents can be signposted to other support services like those you suggest whilst waiting for an appointment, or if felt the referral may not be appropriate.

SCR – Nolan Recommendation 1 – CBSCB to ensure that its procedures include appropriate guidance on the management of bruising. In particular, it should consider making the reporting of bruising to non-mobile babies to CSC mandatory.	Following on from the serious case review the LSCB agreed and published a Bruising Protocol (contained within the online Policies and Procedures) http://bedfordscb.proceduresonline.com/pdfs/man_bruisies_bites_marks.pdf	**Luton and Dunstable Hospital Update:** The bruising flowchart is displayed around the trust, the areas include: The orthopaedic Hub, Paediatric outpatients department, Imaging, All areas on the paediatric unit and All areas in A&E, around 50 have been displayed within the key areas that regularly see and treat children. The bruising flow chart is also discussed within safeguarding training at all levels and it is on the staff intranet for easy access by hospital staff. **Bedford Hospital Update:** Bedford Hospital has also confirmed they are implementing the Bruising Protocol.
SCR – Nolan Recommendation 3 –Seek	Roll out of the Family Nurse Partnership Scheme which offers a structured and intensive programme to teenagers under the age of 20 years, having	**Outcomes from the FNP Annual Report:**

assurance that in health visiting there is appropriate pre-birth involvement with young parents, and that there is a process in place to identify inappropriate gaps in visiting vulnerable families.	their first baby and less than 28 weeks pregnant. The service is structured to cover all aspects of pregnancy, health and parenting over the course of the pregnancy and up until the child is aged 2 years.	The FNP caseload shows that 22.5% of clients in Central Bedfordshire have social care involvement at entry to the programme. 34.1% of babies in Central Bedfordshire currently have social care involvement. 21.9% in Central Bedfordshire have a history of being in the looked after care system either currently, historically or leaving care. 17% of babies in Central Bedfordshire and are now in the care of the local authorities, with and without their parent. 52.5% of fathers are engaged and work with the FNP at visits in Central Bedfordshire. 41.2% of clients in Central Bedfordshire are not in

		education, employment or training (NEET). Results from the Client 27 replies (32%) show the following: 18 people changed their behaviour due to the Programme. 20 changed their priorities – putting their baby first. 23 changed their relationships. 16 changed their education/work. 17 had seen changes in their Partner.

The Child Death Overview Process

The Child Death Overview Panel (CDOP) work continues to be co-ordinated by the CDOP Manager. The post is jointly funded by health and local authority commissioners across Bedfordshire (including Luton) and is hosted by the NHS Bedfordshire Clinical Commissioning Group.

The CDOP function provides a clear interface between the work of health to review child deaths, and improve the public health focus. CDOP continues to report to the LSCB and links with other subgroups to ensure that safeguarding issues are fully addressed and learning achieved to prevent future deaths and improved outcomes.

The Designated Paediatrician for child deaths and the CDOP Manager have a training programme in place to update agencies on process and issues arising from cases. These training sessions are well attended by partners agencies with good evaluations received. In addition the CDOP process is included in Level 3 training on safeguarding for all General Practitioners in Bedfordshire.

In September 2016 the LSCB Board considered the Annual Report of the Child Death Overview Process for 2016/17 which has the following function laid down in statutory guidance:

- Reviewing the available information on all deaths of children up to 18 years (including deaths of infants aged less than 28 days) to determine whether there were any modifiable factors identified
- Collecting, collating and reporting on an agreed national data set for each child who has died.
- Meeting regularly to review and evaluate the routinely collected data on the deaths of all children, and thereby identifying lessons to be learnt or issues of concern.
- Referring to the Chair of the Local Safeguarding Children Board (LSCB) any deaths where the panel considers there may be grounds to consider a serious case review
- Identifying any public health issues and considering, with the Directors of Public Health, how best to address these and their implications for the provision of both services and training.
-

The 8th Annual Report of the Bedford Borough, Central Bedfordshire and Luton Child Death Overview Panel (CDOP). It gives a summary of the deaths reported to the panel during 2015-2016 and analysis of the data and emerging themes for 2009-2016.

During the period 1st April 2015 to 31st March 2016 the panel met on 8 occasions and completed full reviews on 40 children residing in Bedford Borough, Central Bedfordshire and Luton. These cases were from 2013-2014, 2014-2015 and 2015-2016. There can be a delay in reviewing cases as CDOP is not able to fully review a death until all information is gathered and other processes have been completed such as post mortem reports and coronial inquests.

During the period April 2015 until March 2016 there were 60 deaths reported across Bedfordshire. This consisted of 13 (21.6%) in Bedford; 31 (51.6%) in Luton and 16 (26.6%) in Central Bedfordshire. There was a 17.6% increase in the number of deaths in comparison to the previous year (60 compared to 51).

Unexpected deaths accounted for 32 (53.3%) of the total deaths in 2015-16, which is an increase from the previous year where only 25% (13/51) of the deaths were unexpected. 53.3% (32/60) of the reported deaths were of children less than 1 year of age. Of the total reported deaths 40% (24/60) were female and 60% (36/60) were male.

The CDOP Panel reviewed the deaths of 40 children during 2015-16 and identified modifiable factors in 52.5% (21/40) of these cases. The modifiable factors identified included: consanguinity, smoking of one or both parents, co-sleeping and factors relating to service provision.

Learning from single agency audits
There were no single agency audits presented to the LSCB during 2016/17. Going forward a schedule of single agency audits has been produced for 2017/18 and reports will be received throughout the up and coming year.

Section 11 audits highlighted the following learning
Agencies completed a full section 11 audit in the autumn of 2015 and during 2016 carried out follow up presentations to a multi-agency panel.

The greatest confidence in safeguarding effectiveness was within *Standard 5: There is effective training on safeguarding and promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children and families* where all agencies evaluated themselves as compliant with or exceeding the standard.

There was less confidence in the self-assessment for *Standard 4: Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families* where only five agencies responded that the standard was met.

During 2016/17 the LSCB Learning and Improvement Sub-group continually monitored progress against the follow-up actions.

Learning from multi-agency audits
During 2016/17 three multi-agency audits were carried out in relation to the following topics/issues:

- Neglect
- Adolescents where there were concerns in relation to mental health
- Special Guardianship Orders

The following learning emerged from each of the multi-agency audits and action plans were developed to take the learning forward. All follow up work was completed and monitored through the Learning and Improvement Sub-Group.

Learning from the multi-agency neglect audit:

Case 1:

- The Mother had mentioned to the Social Worker abuse within her own childhood, but there was little evidence within the case files that this had influenced future work with the mother and her family.
- There appeared to be a lack of challenge by partners to the Mother's reasons for needing extra needles in relation to her substance misuse.
- Based on information in the social care file, the work with the family appeared to have been Mother centric with little consideration given to the input from the Fathers.
- More work was needed by all partners to increase the focus on the voice of the child.
- Not all agencies seemed to be clear on the time periods when the children had ceased to be subject to child protection plans.
- Not all agencies were aware the children had moved to a different local authority area for a short period of time.
- It was felt there was a lack of information sharing from the Substance Misuse Service in to the multi-agency forums/meetings.

Case 2:

- Cross border information sharing issues – neither of CP processes taking place in a neighbouring authority and Central Bedfordshire in relation to the Ex-partner/father knew about each other.
- Details of children on a CP plan are currently sent to the 2 Hospitals within Bedfordshire, however it was established the family/children were likely to have attended a hospital outside of Bedfordshire and therefore this information would not have been known to the Hospital.

Case 3:

- A local Bedfordshire Hospital were unaware that the child had moved to Foster Care so an appointment was sent to family home rather than the new address and therefore resulted in a DNA.

Learning from the multi-agency adolescents audit:

The audit found that there had been some strong joined up working and information sharing amongst partners to safeguard the young people; however several areas for learning were identified and the below points were the key learning points that were taken forward in a multi-agency action plan:

- Within Domestic Abuse cases there was a need for the earlier identification of parenting support services required. Parents may be engaged with services but still struggling with their parenting due to power imbalances within the home. Just because a parent is engaged in the process doesn't mean they would not benefit from parenting support.
- There needed to be more awareness amongst partner agencies about the parenting support services available locally.
- Commissioners need to update local partners in a timely manner when there is a change of provider or services commissioned.
- There needed to be a better understanding of MARAC process amongst local partners

- There needed to be a better understanding of Chanel Panel process amongst local partners

The audit also identified some actions for individual organisations which each agency agreed to take away.

Learning from the multi-agency special guardianship orders audit:

- The audit revealed key similarities from all three cases as the parents of the children suffered with mental health problems, issues with street drug use and domestic violence.

- All cases had a high level of intervention from CSC including after the SGO arrangement was made.

- Two of the three SGOs were relatively new, made within the last two/three years and one approximately 9/10 years ago. It was noted that of the more recent SGOs, more rigorous assessment and challenge had been applied, however, this was less obvious in the older SGO arrangement.

- The audit revealed that all three SGOs were providing good quality care to the children; however all three had complex issues. Often SGOs need ongoing help in the form of CIN (section 17) and in some cases Child Protection (section 47).

- On occasions SGO's are complex vulnerable arrangements which involve tension/ conflict between the SGO carers (often Grandparents) and parents and the audit highlighted that more support was needed around this issue.

Managing allegations

In September 2016 the Board reviewed the arrangements for the effectiveness and outcomes of allegations management in Central Bedfordshire from April 2015 to March 2016.

The Allegations Managers continue to provide a single point of contact for allegations and concerns to be discussed and where necessary taken forward. An accessible, robust and consistent service is provided within Central Bedfordshire which contributes to safe practice in the workplace in respect of employees and volunteers and the prevention of people who pose a risk from working with children and young people.

The advisory role of the Allegations Manager in relation to lower-level issues is an aspect of the service and this reporting year has seen a decrease of 17% in total contacts in comparison to last year, but an increase in the reporting periods prior to this:

Year	Contacts
2015/16	Total Contacts – 151 111 concerns/consultations 40 allegations proceeding to a JEM

2014/15	Total Contacts – 182 104 concerns/consultations 78 allegations proceeding to a JEM
2013/14	Total contacts - 136 73 concerns / consultations 63 allegations proceeding to a JEM
2012/13	Total Contacts – 121 72 concerns / consultations 49 allegations proceeding to a JEM

The figures above show a decreased referral rate but the majority of contacts that is 74% continue to be managed through the provision of advice, demonstrating that cases are being considered at an early stage using proportionality, judgement and expertise. This reporting year allegations proceeding to a Joint Evaluation Meeting (JEM) represent 26% of all contacts. The JEM is a meeting involving relevant sectors as and when appropriate including, the Police, Children's social work services, employers and regulatory bodies.

It is not possible to identify the reason behind the reduction of referrals other than to reiterate that JEMs are only considered where this is deemed appropriate, that is where one or more of the criteria is met. It does however indicate a continued awareness of the service and the ongoing need to understand the importance of the effective management of allegations.

The following tables provide a breakdown of the referrals received during 2015-16.

Referral Information:

Figure 1. Source of Referrals dealt with through Consultation / Advice

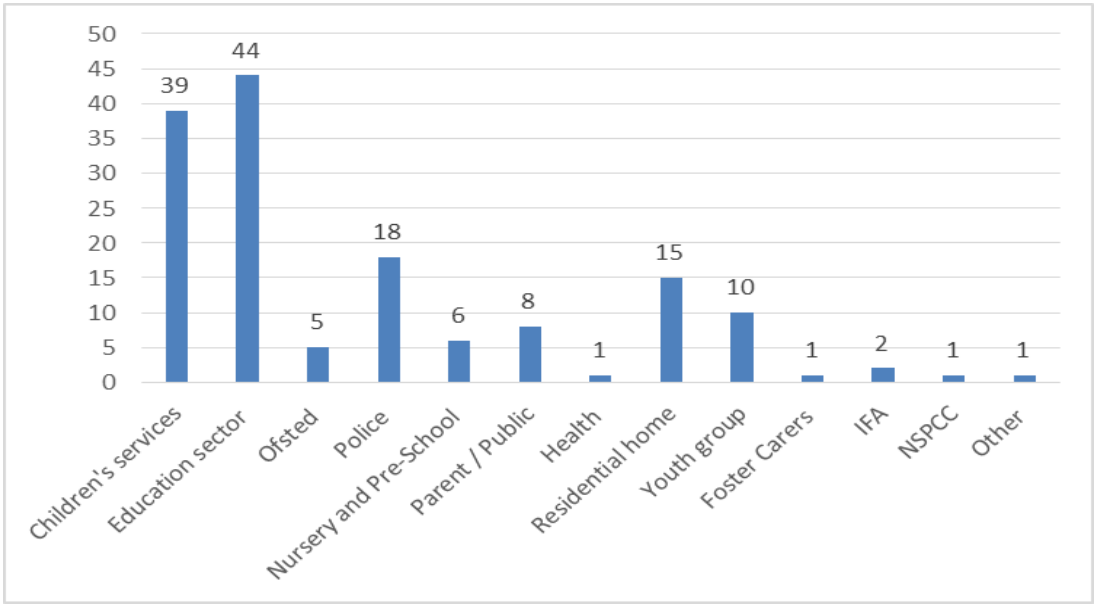
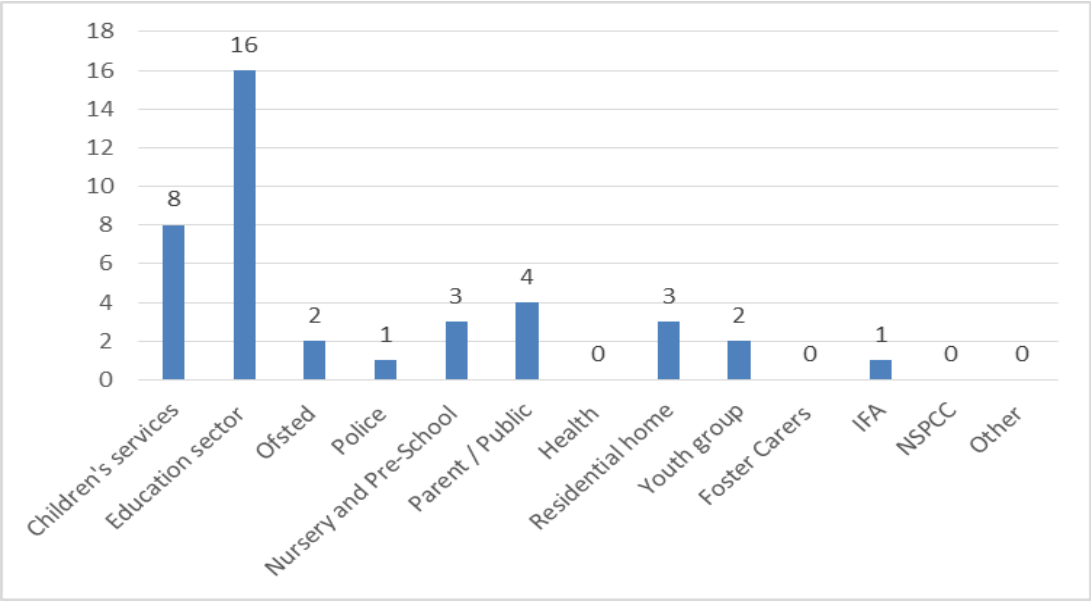


Figure 2. Referral Source of Allegations

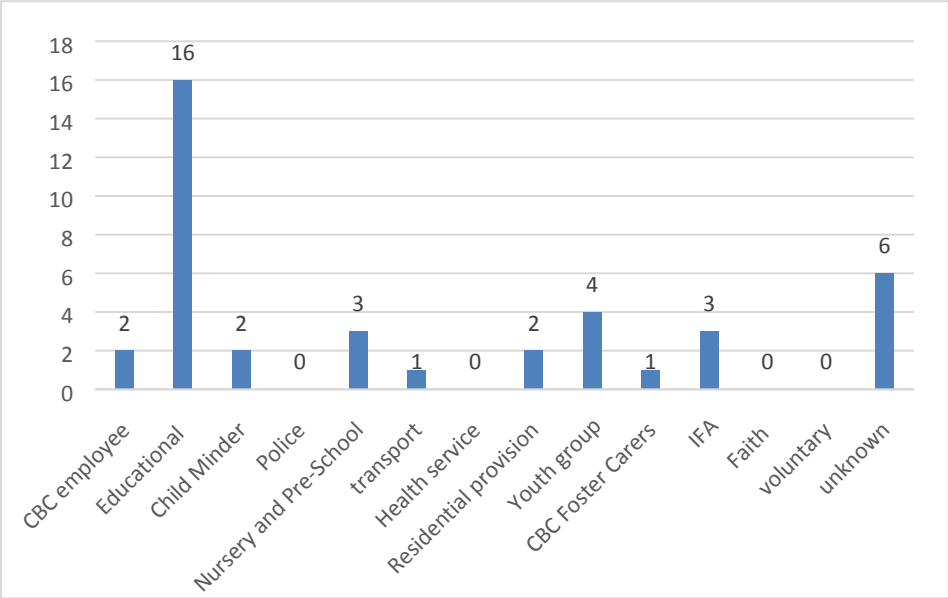


The referral organisation is the source of the original referral to the Allegations Manager. The Education Sector (schools, special schools, colleges and independent / alternative provision) represents 40% and Children's Services 20% and it is these settings that continue to be the main source of referrals. This reflects the fact that the role of the Allegations Manger is well embedded in practice and the professionals within these services who are in direct regular contact with families and children and so an accepted point of initial contact.

In addition to allegations made against adults in their role as a professional or a volunteer with children, allegations may also be made about an adult concerning their conduct outside the work place e.g. domestic violence; association with risky individuals; substance misuse and or concerns regarding their own children of a safeguarding nature. Where domestic abuse is the primary concern the employer is notified to ensure adequate action and or support is in place allowing for consideration to be given to any impact on their professional role, suitability or the reputation of the service concerned.

The majority of allegations continue to relate to adults working in the education sector, that is 40%. This is consistent with national trends. Where a person may have contact with children and young people in more than one setting, for the purpose of the data the allegation is always counted against their role in the setting in which the incident occurred. However any secondary employer will be involved in the JEM ensuring that appropriate actions are taken within each work setting.

Figure 3. Employment sector of the adult concerned



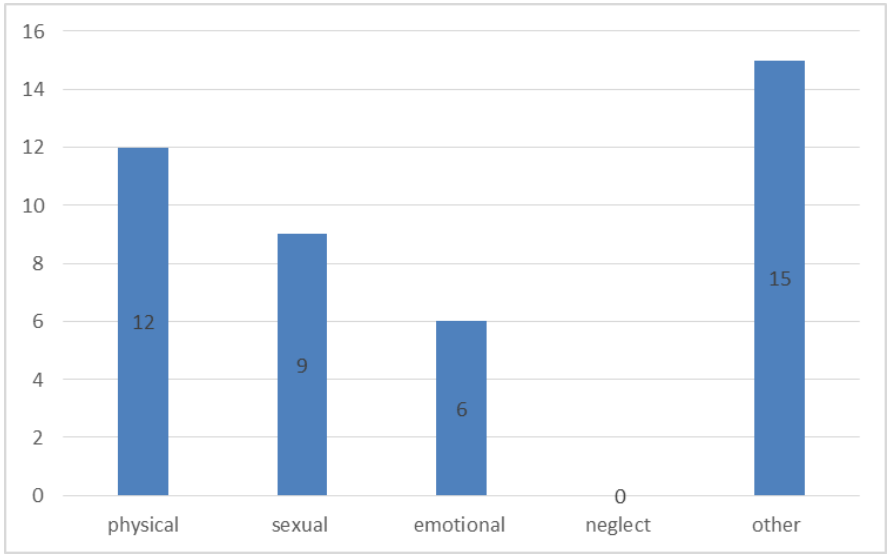
The breakdowns of allegations within the education sector are as follows:

- 6 Upper Schools
- 11 Middle
- 18 Lower
- 8 Special Schools
- Of the above 7 are Academies

Nationally and locally referrals are rarely made by the Health Sector and last year there were no referrals relating to health professionals. It is also interesting to note that there were no referrals that lead to a JEM from the voluntary sector and faith settings.

Category of Concern Information:

Figure 4. Category of Concern



Those cases categorised as 'other' have included a variety of concerns where the behaviour of the adult has not directly placed a child at risk of harm or are an issue of conduct outside the work place and so may indicate unsuitability.

Examples of this include:

- An adult who was dismissed from their previous employment as being assessed as having mental health issues and is now seeking employment with children in a care home
- An adult working in a school was referred as identified due to their gambling behaviour.
- A teaching assistant in school was allegedly taking class A drugs.
- Inappropriate use of IT and or social media, and
- Injury to own child.

Where the foster carer is resident in Central Bedfordshire and the allegation is regarding an incident within the foster placement but the child in placement is the responsibility of another Local Authority, the Central Bedfordshire Allegations Manager will lead on the allegation but liaise with Allegations Manager and or allocated Social Worker in the area holding the responsibility for the child concerned.

Number of LAC Children subject of an allegation	
Total Looked After	7
CBC	1
Other Local Authority Child	6

From April 2014 Social Workers within Corporate Parenting were asked to notify CBC Allegations managers of any allegations made by a CBC Looked After Child placed out of county that were progressed to a JEM. No cases have been reported.

Outcomes from the LADO Process:

The first consideration by the employer is whether the adult remaining on site presents a risk. Precautionary suspension is a neutral act and is only considered where the person remaining on site may impede an investigation, present a risk to children or where the allegation may constitute gross misconduct and so if substantiated there would be grounds for dismissal. Some safeguarding issues can be resolved by implementing a restriction of duties and this may include not working with a particular child or not working alone. The decision to suspend or place an individual on restricted duties remains the responsibility of the employer who when making this decision is advised to conduct a risk assessment and consult with their HR provider.

Subject Suspended / Restricted Duties	
Suspended	12
Restricted	2

Following an Initial JEM the majority of cases are passed back to the employer, as they do not reach the criminal threshold and require an investigation by the Police. The responsibility lies with the setting to ensure

cases are always fully investigated. The majority result in some internal action for the organisation to take forward with the adult concerned. Where the outcome is dismissal as a result of a safeguarding matter a referral is made to the Disclosure and Barring Service by the employer.

Cases that fall within the 'No Further Action' category are those cases where the allegation was deemed to be false or malicious and represents 20% of the allegations made.

Outcome of initial JEM	
NFA	8
Advice Given	2
Police investigation	5
Refer Back to Employer	22
Joint Investigation	3

All allegations are shared with police but they will only be involved in JEMs where information may indicate a crime has been committed. Of those investigated by police this year one resulted in a referral to CPS for consideration.

Outcome of Police Investigation	
NFA and Referred back to employer	8
Referred to CPS	1
Not yet concluded	7

Of those cases the employment of the professional following the outcome of the investigation was concluded, as follows:

Employers Action	
Advice/Support/Training	8
Dismissal	6
Not yet concluded	5
Resigned	4
No Further Action	9
Final Written Warning	0
Reinstated	8

As outlined the majority result in 'no further action' and 20% are managed through either 'training, advice and or support', and 20% are 're-instated'. However, on 6 occasions the result was considered gross misconduct, and the outcome was dismissal so these cases are referred to the Disclosure and Barring Service. The Allegations Managers provide JEM minutes to DBS to support and assist with decision making. Where an individual resigns and the allegation is considered to be gross misconduct employers are required to conclude internal investigations and disciplinary proceedings and if the final outcome would have been dismissal then a referral is made to DBS.

Conclusion of LADO Process:

For this reporting year there have been four categories for final outcomes:

Unsubstantiated – insufficient evidence to support the allegation but concerns remain that something has happened and some form of action required

Substantiated – evidence supports the allegation

Malicious – there is evidence to support an allegation is made through malicious intent

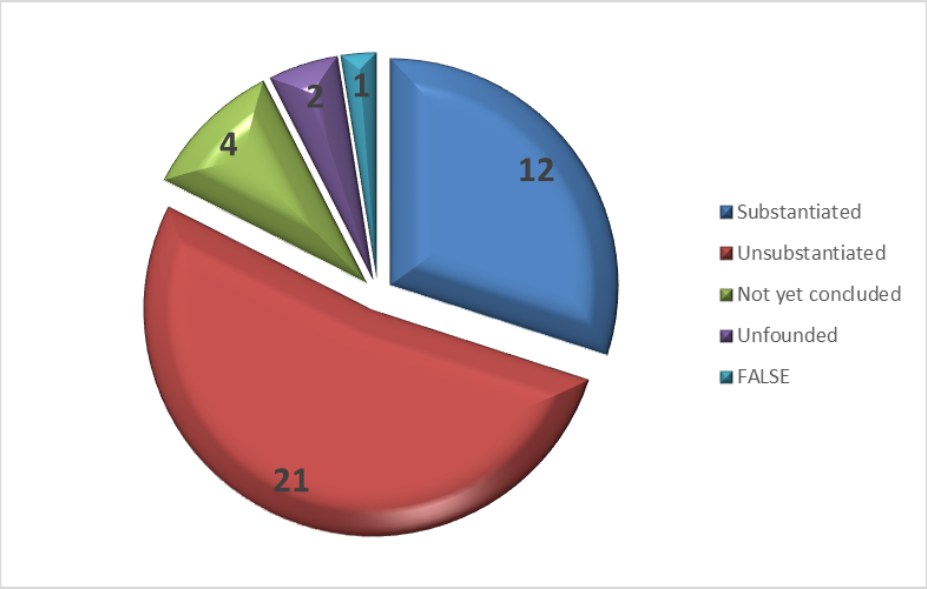
False – relates to situations where untrue information has been passed on without any intent to cause the adult harm.

In March 2014 the category 'Unfounded' was removed and replaced by FALSE within DfE Statutory Guidance 'Keeping Children Safe in Education'. As a result of this it was agreed that this category would not be used in CBC, due to an agreement that allegations in all settings should be treated equally, therefore this category has not been used in this reporting year. In March 2015 this guidance was re-issued and in addition to the above categories it added that:

'schools may wish to use the additional definition of 'unfounded' to reflect those cases where there is no evidence or proper basis which supports the allegation being made'.

Therefore CBC re-introduced this category, where appropriate, for the 2015/2016.

Figure 5. Conclusion of LADO Process



Learning from national research and guidance on Child Sexual Exploitation

The following key learning from national research and guidance on child sexual exploitation has continued to be communicated through briefings, newsletters and the website:

- Professional attitudes towards children who were being abused and exploited.
- These children were sometimes seen as offenders
- Were often referred to as being either ‘promiscuous’ or ‘prostitutes’
- Children should have been seen as victims. Children do not make informed choices to enter or remain in sexual exploitation, but do so from fear, coercion, enticement or desperation.
- Young people who are, or at risk of being sexually exploited will have varying levels of needs.
- They may have multiple vulnerabilities requiring an appropriate multi-agency response which is effectively coordinated.
- The need for appropriate systems in place to identify victims at an early stage, provide them with the necessary support.
- The need to ensure that perpetrators are identified and held to account.

Review and revise policies and procedures to ensure they are fit for purpose, up to date and effective:

The reviewing of local policies is completed across Bedford, Luton and Central Bedfordshire through a Pan Bedfordshire Policies and Procedure Sub-group. The group takes forward a programme for reviewing and updating procedures throughout the year to ensure they are up to date and in line with government legislation and guidance or changes are made due to learning from case reviews.

During 2016/17 the following procedures were produced as new chapters or updated:

- Fabricated and Induced Illness
- Neglect
- People Posing a Risk to Children
- Responding to Abuse and Neglect
- Child Protection Enquiries
- Child Protection Conferences
- Children Missing from Education
- Agencies Roles and Responsibilities
- Gang Related Activity
- Children who Move Across Boundaries
- E-Safety
- Radicalisation
- Central Bedfordshire PREVENT Protocol
- Central Bedfordshire Threshold Framework

5. LSCB Challenge and Impact

Issue/Challenge	Action	Evidence of Impact/Outcome
ICPC's in 15 days were included in the performance framework and it was established that performance was poor – only 70% being held in 15 days	The Board challenged this level of performance so an audit was completed for the timeliness of ICPC's and found that: **Change in staff** It was acknowledged that the change in staff members, both in the frontline teams and also at Management level is likely to have impacted on the increase in cases delayed. This is due to the use of Mosaic being embedded into practice. The process for notifications has also been reviewed and substantially streamlined. **Actions completed:** Streamlined process to avoid duplication - Where all professionals at the Strategy Discussion recommend an ICPC an 'early notification' email is sent to CRS. The S47 investigation must continue but the process of organising the conference can begin. If the need for a conference is not felt to be warranted, at conclusion of S47, the conference would be cancelled.	Performance improved throughout the year and by quarter 4 2015/16 was at 100%. (The overall performance rate for 2015/16 was 82% due the lower performance earlier in the year). The Board continues to monitor this performance and at the end of 2016/17 performance was 96.6% which is considerably higher than the previous year's performance. Which indicates a lack of drift and delays in the Child Protection process, therefore keeping children safer.

	The Child and Family Assessment should include the Strategy Discussion and S47 Investigation as part of the Assessment document rather than completing three standalone documents. The three documents continue to be completed within individual set timescales but together make the whole assessment which reduces duplication of key information and analysis.	
The percentage of care leavers in education, employment or training was 50% at the end of Quarter 1 – 2015/2016 which was below the target of 65%	The Board challenged this level of performance which led the service to making changes in the way in which it contacted care leavers and making improvements to the recording of care leaver activity – The Board has continued to monitor and scrutinise this indicator to ensure the improved performance is maintained.	Performance continued to improve throughout the year and by Quarter 4 2015-16 70% of care leavers were in education, employment or training. Continued monitoring shows that the improved performance has been maintained and at the end of 2016/17 was 70.2%. Performance is consistently above the 65% target.

The LSCB agreed to review its Threshold document 2016 to ensure it was fit for purpose	A multi-agency working group reviewed and amended the Threshold document as necessary.	At the end of March 2016 performance in relation to referrals leading to a provision of a Social Care Service was at 85.9% and at the end of March 2017 it was 93.2% evidencing that professionals know when to refer children for help and are making appropriate referrals.
Initial health assessments for looked after children should be completed within 20 days, however only 16% were being completed in the correct timescales.	In order to meet the 20 day timescale for initial health assessments social work teams have the first 5 days to complete all relevant work, including consents, before transferring the case to the LAC Health Team so that the child can be seen for the initial health assessment in 15 days. In quarter 2 of 2015/16, 32 young people came into care. Two young people had no appointment recorded as one was out of area and one was in prison. Twenty-five young people's initial health assessments were out of timescales. The delays appear to be occurring in both social work teams (10 cases) and the LAC Health Team (15 cases). This performance was challenged by the Board, so the Head of the Corporate Parenting Service addressed the issues with colleagues through the monthly	The performance at the end of Quarter 1 2015/16 was at 14.29%, by the Quarter 4 performance had improved to 61.11%. (The overall average figure for the year was 25% due to the lower numbers earlier in the year). This has continued to be monitored by the board and the end of year performance for 2016 was 79.3% This is a significant improvement ensuring that Looked After Children receive the appropriate care and support in a timely manner.

	meeting with the LAC Health team. The performance in relation to this indicator has continued to be scrutinised by the board and has improved further.	
Children missing from education The Board challenged the process for following up the whereabouts of children missing from education as it felt it was not clear at what stage the decision to formally report children as missing to the police occurred.	The policy and procedure for children missing from education was reviewed and amended to offer assurance that each child who is missing from education is appropriately tracked and referred through the safeguarding processes when necessary.	Following challenge from the Board the policy and procedure for children missing from education was reviewed and amended to ensure each child is appropriately tracked. An additional member of staff was recruited to further support this area of work.
Raising awareness of child sexual exploitation with children, young people and their carers.	As part of a proactive approach to the national CSE agenda the CBSCB commissioned the production of Chelsea's Choice for schools and education settings where age appropriate. (For younger children, a production called looking for Lottie was rolled out in several lower schools earlier in the year and more recently a production called 'In the net). As part of an ongoing communications campaign leaflets were distributed and	Over 6500 young people have accessed Chelsea's Choice and are now more aware of what child sexual exploitation is. Some feedback from young people following the performances: "I found it very emotional; it helped to show the reality. It was really clear. It covered different problems" "It makes you realise it could happen to anyone at any time. It was powerful. Had

	articles were placed in the council's community and residents magazines. Facebook campaigns completed – Oct/Nov 2016	an impacting effect on me" "It has made me think about being safe. It was inspiring. It brings out a really good and important message" The three Facebook adverts have been viewed by 19,000 individual people aged between 13 and 17 with the total number of views 28,000. In total 1,281 unique people visited the website (again between 13 and 17). Of these 80% of people hadn't visited the website before. We reached slightly more girls than boys (54%/48%) but the link clicks was split 50/50.

The Chair challenged the SCR Sub-Group of the need to commission a Serious Case Review in relation to Child Z when there was a reluctance to do so. There was also a further challenge for agencies to review the immediate welfare of Child Z who was potentially at risk of child sexual abuse and neglect within the family home.	As a result of this challenge a Serious Case Review was commissioned which subsequently highlighted some significant learning across the partnership. An Action Plan was created and was monitored by the Board	Following a meeting of professionals regarding Child Z, such was the concern surrounding her, that care proceedings were instigated. Child Z was subsequently taken into care and is said to be progressing well.

6. Challenges ahead and priorities for 2017-2018

The Board has agreed the following overarching objectives for 2017- 2018.

- Priority 1: Ensure children and young people in dangerous settings have faster, easier access to safeguarding support
- Priority 2: Ensure the effectiveness of safeguarding and early help support to children and young people living in vulnerable families
- Priority 3: Ensure the effectiveness of the Board and partners

These priorities include issues being driven nationally in Working Together 2015, such as:

Sitting underneath these objectives, the Board has agreed to focus it work on the following for key priority areas:

- Neglect
- Child Sexual Exploitation
- Children's Mental Health and Wellbeing
- Domestic Abuse

The Board will also continue to take forward the following key challenges:

- Continuing to embed robust and rigorous quality assurance activity and learning that supports the Board's priorities
- Continuing to develop a comprehensive and rigorous performance framework that supports the Board's priorities
- Implementing actions to tackle Child Sexual Exploitation
- Implementing actions to tackle neglect

7. Priorities and key messages about keeping children safe in Central Bedfordshire

Key Messages for all partner agencies and strategic partners:

- Support and champion staff sharing and recording information at the earliest opportunity and proactively challenge decisions that fail to adequately address the needs of children and young people and their parents or carers.
- Make sure that help for parents and children is provided early and as soon as problems emerge so that they get the right help at the right time.
- To ensure that the priority given to child sexual exploitation by the Safeguarding Board is reflected within organisational plans and that partners play their part in the work of the Board's sub-groups.
- To ensure that work continues to address domestic abuse and that the evaluation of the local approach recognises the needs and risks to children and young people.

- To ensure work being undertaken to tackle neglect is evaluated and evidence of its impact on children and young people informs both strategic planning and service delivery.
- To ensure that substance misuse services continue to develop their role in respect of safeguarding children and young people and that greater evaluation is undertaken in regard to the links between parents and carers' substance misuse and the high number of children and young people at risk of significant harm.
- To focus on young people who may be at risk and vulnerable as a result of disabilities, caring responsibilities, radicalisation and female genital mutilation.
- Make sure that young people going into Adult Services for the first time get the help they need and that there is clarity about the different processes and timescales involved.
- Partner agencies commissioning and delivering services to adults with mental health issues need to ensure mechanisms are in place to enable monitoring and reporting of their performance in respect of safeguarding children and young people.
- To ensure that performance information is developed, collected and monitored and that this is provided with a narrative that helps everyone understand how effective safeguarding services are.

Key Messages for Politicians, Chief Executives, Directors:

- Ensure your agency is contributing to the work of the Safeguarding Children Board and that this is given a high priority, which is evident in the allocation of time and resources.
- Ensure that the protection of children and young people is considered in developing and implementing key plans and strategies.
- Ensure your workforce is aware of their individual safeguarding responsibilities and that they can access LSCB safeguarding training and learning events as well as appropriate agency safeguarding learning.
- Ask how the voice of children and young people is shaping services and what evidence do we have in relation to the impact this is having.
- Ensure sure your agency is meeting the duties of Section 11 of the Children Act 2004 and that these are clearly understood and evaluated.
- Keep the Safeguarding Children Board informed of any organisational restructures so that partners can understand the impacts on our capacity to safeguard children and young people in Central Bedfordshire.
- Ask questions about ethnicity, disability, gender to ensure strategic planning and commissioning is sensitive to these issues.

Key Messages for the children and adult's workforce:

- All members of the children's workforce, from all agencies and the voluntary sector, should use safeguarding courses and learning events to keep themselves up to date with lessons learnt from research and serious case reviews to improve their practice.
- All members of the children's workforce, both paid and voluntary, should be familiar with the role of the LSCB and Central Bedfordshire child protection procedures. All members of the children's workforce should subscribe to the Central Bedfordshire Safeguarding Board website and visit it regularly to keep up to date www.centralbedfordshirelscb.org.uk
- Ensure that you are familiar with and routinely refer to the Board's Threshold document and assessment procedures so that the right help and support is provided and that children and young people are kept safe.
- All members of the children's workforce should be clear about who their representative is on the Central Bedfordshire Safeguarding Children Board and use them to make sure the voices of children and young people and front line practitioners are heard.

8. Governance and accountability

What is the Central Bedfordshire Safeguarding Children Board?

The Central Bedfordshire Safeguarding Children Board is a statutory partnership for agreeing how the relevant organisations in Central Bedfordshire will work together to keep children safe and promote the welfare of children – making sure this work is effective.

The work of the Safeguarding Board in 2016 -2017 continued to be in accordance with the statutory guidance in Working Together 2015. Our objectives are to co-ordinate and monitor the effectiveness of partners in delivering improved outcomes for children and young people. We do this by:

- Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority;
- Communicating the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- Monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve;
- Collecting and analysing information about child deaths;
- Participating in the planning of services for children in the area;
- Undertaking reviews of serious cases and advise Board partners on lessons to be learned; and

- Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Central Bedfordshire.

The Board meets four times a year and has a membership made up of representatives from all statutory partners and others concerned with safeguarding children.

Board membership
Independent Chair CAFCASS (Children and Family Courts Advisory and Support Service) Bedfordshire Clinical Commissioning Group Local Authority, including Adult Services, Children's Services and Public Health Bedfordshire Youth Offending Service Bedfordshire Police Luton and Dunstable NHS Foundation Hospital Bedford Hospital NHS Trust BeNCH National Probation Service 3 lay members NHS England Education, including schools and the local college East London Foundation Trust South Essex Partnership Trust NHS Bedfordshire Clinical Commissioning Group Representation from the Voluntary Sector (Voluntary Organisations for Children, young people & families, VOCypf) The Board and its sub groups continue to experience good attendance and representation across most partners. See Appendix A for a list of Board Members.

The Board's arrangements and structure

The Strategic Board is supported by a number of sub-groups that support it to deliver the priorities in the Business Plan. The Board's core business was managed through the Core Business Improvement Sub Group in 2016-2017.

Key learning in relation to case reviews was managed through the Bedfordshire Child Death Overview Panel and the Central Bedfordshire Case Review Group.

Child sexual exploitation was managed through the Bedfordshire Child Exploitation Strategic Group and the Bedfordshire Child Sexual Exploitation Panel.

Revised governance arrangements to enhance the capacity of the Board were established during 2015-2016 and these included the following new sub groups:

- Core Business and Improvement Group
- Learning and Improvement Group

- Training and Development (joint with Bedford)
- Performance Group
- Child's Voice.

These arrangements were reviewed as part of the Board's Development Day in December 2016, Partners were satisfied that the new arrangements were working effectively.

Key relationships

The Central Bedfordshire Safeguarding Children Board has during 2015-2016 continued to work with the Chairs and Boards of the following partnerships to support effective joint working in line with the local joint protocol arrangements:

- Central Bedfordshire Children's Trust
- Central Bedfordshire Health and Wellbeing Board
- Adult Safeguarding Board (Joint for Central Bedfordshire and Bedford)
- Community Safety Partnership

The Central Bedfordshire Safeguarding Board's Independent Chair is a member of the Children's Trust and presents the Board's Annual Report to the Children's Trust outlining any safeguarding challenges and any action required from the Children's Trust. The Annual Report of the Safeguarding Children Board is also presented to the Health and Wellbeing Board.

Financial arrangements

Working Together 2015 states that the Annual report should list the contributions made to the LSCB by partner agencies showing what the LSCB has spent, including Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) and members are required to share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

Board partners contribute to the Central Bedfordshire Safeguarding Children Board by providing resources in kind and the following financial contributions:

Business Management Function Income:

Partner contribution 2015/16	Amount
Central Bedfordshire Council	66,566.72
Bedfordshire Clinical Commissioning Group	44,490.28
Bedford Hospital	
Luton and Dunstable Hospital	
NHS England	
SEPT	
Bedfordshire Police	16,221.68
Bedfordshire Probation Partners	1362.61
CAFCASS (nationally agreed contribution)	446.28
Central Bedfordshire Council (Additional funding)	22,163.28

Total Income	**151,250.86**

Business Management Function Expenditure:

Expenditure Description	Amount
Staffing - Business Manager and Administrator	100,534.85
Travel and Subsistence (Permanent Staff)	857.40
Independent Chair - Board	25,660.40
Independent Chair – Case Review Group	4,200.00
Subscriptions – Chronolator (tool for managing case reviews)	4,499.00
Venue Hire	139.20
Printing and Postage	1,530.15
Website Hosting	2,317.95
Training	185.00
Conference expenses	235.00
Private Contractors (historical credit)	- 870.00
Total Expenditure	**139,288.95**

Training and Development Function Income:

Income Source	Amount
Bedfordshire Police	3,769.93
CAFCASS	103.72
NHS Bedfordshire	10,339.56
Probation Partners	316.67
Central Bedfordshire Council	15,470.13
Non formula funding from CBC	1,559.87
Bedford Borough Council	30,000.00
Luton Borough Council	30,000.00
Course sales and contributions	145,506.00
Recharged income	15,044.00
CBC Contribution – 2016/17 Training Places	11,130.00
Total Income	**263,239.87**

Training and Development Function Expenditure:

Expenditure Description	Amount
Staffing - Training Commissioning Manager and Administrator	103,043.59
Travel and Subsistence	596.48
Venue Hire and Catering Supplies	25,253.03
Trainers	48,484.01
E-Learning Licences	8,340.00
Training Supplies	2,890.71
Total Expenditure	**188,607.82**

Serious Case Reviews

The cost of carrying out Serious Case Reviews during 2016/17 totalled £10,079.43. This cost was covered by the remaining £11,961.91 within the

LSCB Business Management Function. The total surplus from the LSCB Business Management Function for 2016/17 was £1,882.48.

Child Death Overview Process (CDOP)

The CDOP arrangements are managed across Bedfordshire and Luton by the Bedfordshire Clinical Commissioning Group. The CDOP manager's post is hosted by Bedfordshire Clinical Commissioning Group (BCCG) and this post is line managed by the Designated Nurse for Safeguarding Children & Young People. The following partners make the following financial contributions to managing this function:

Income Details		Expenditure Details	
Bedford Borough Council	£ 6,714.00	CDOP manager post	**£33,570.00**
Bedfordshire Clinical Commissioning Group	£ 6,714.00		
Central Bedfordshire Council	£ 6,714.00		
Luton Borough Council	£ 6,714.00		
Luton Clinical Commissioning Group	£ 6,714.00		
Total	**£33,570.00**		**£33,570.00**

9. Conclusion

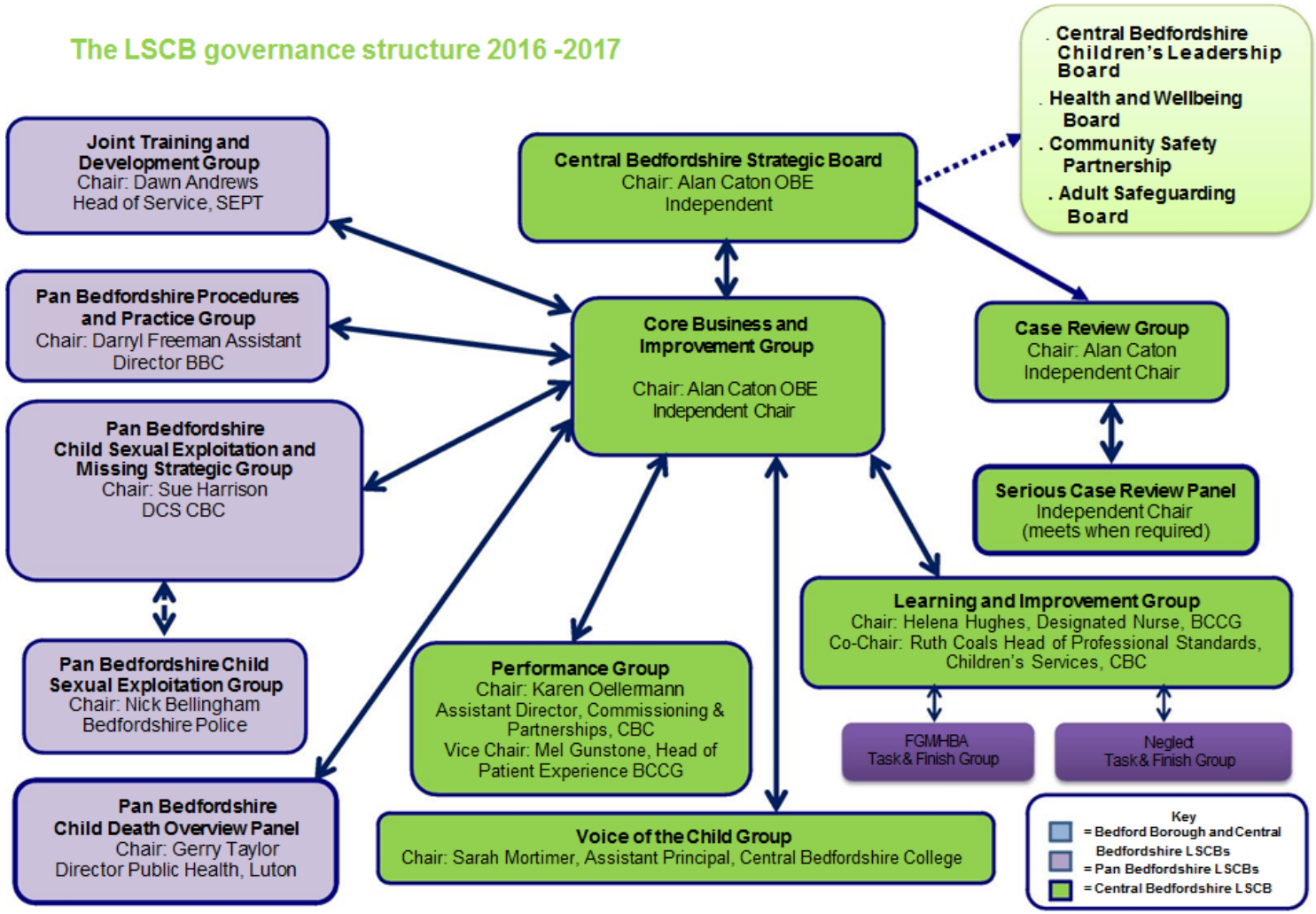
Our aim year on year is to make sure that children in Central Bedfordshire are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture. We need to be constantly reflecting whether children in the area are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant harm. We will continue to raise awareness within our local community that safeguarding children is everybody's business.

Appendix A

MEMBERS	TITLE:
Alison Harding (AH)	Head of Bedfordshire LDU, National Probation Service
Alan Caton OBE (AC)	Independent Chair of CBSCB
Anne Murray (AM)	Director of Nursing, Bedfordshire CCG
Barbara Rooney (BR)	Head of Public Health, Central Bedfordshire Council
Brian Storey (BS)	Head Teacher, Church End Lower School
Cllr Carole Hegley (CH)	Executive Member for Children's Services, CBC
Carol Pennington (CP)	Senior Service Manager, CAFCASS
Doug De St Aubin (DDA)	Operational Director for BeNCH
Elaine Taylor (ET)	Associate Director of Safeguarding, EPUT
Gemma Williamson (GW)	VOCypf Officer, Voluntary Sector Representative
Gerard Jones (GJ)	Deputy Director – Safeguarding and Early Help, Children's Services, CBC
Jan Pearson (JP)	Associate Director for Safeguarding Children, East London NHS Foundation Trust
Jackie Sebire (JS)	Assistant Chief Constable, Bedfordshire Police
Helena Hughes (HH)	Designated Nurse for Safeguarding Children and Young People in Bedfordshire, Bedfordshire CCG
Linda Johnson (LJ)	Chief Executive Officer, Voluntary Sector / Home-Start, Central Bedfordshire
Linda Bulled (LB)	Lay Member
Lindsey Johnson (LJo)	Lay Member
Liz Clarke (LC)	Senior Service Manager - Bedfordshire Youth Offending Service
Nick Bellingham (NB)	Detective Superintendent, Public Protection Unit, Bedfordshire Police
Sheran Oke (SO)	Acting Director of Nursing, Luton & Dunstable Hospital
Phillipa Scott (PS)	Strategic Safeguarding Partnership Manager, Children's Services, CBC
Rachel Mason (RM)	Deputy Head Teacher – Queensbury Academy
Ruth Coals (RC)	Head of Professional Standards and Principal Social Worker, Children's Services, CBC
Sarah Wilson (SW)	Operations Director, East London NHS Foundation Trust

MEMBERS	TITLE:
Sarah Mortimer (SM)	Vice Principal; Strategic Partnerships and Professional Services, Central Bedfordshire College
Stuart Mitchelmore (SM)	Assistant Director - Adult Social Care, Central Bedfordshire Council
Sue Harrison (SHa)	Director of Children's Services, Central Bedfordshire Council
Sue Howley MBE (SHo)	Lay Member
Tracey Brigstock (TB)	Acting Deputy Director of Nursing & Patient Services, Bedford Hospital

Appendix B


The LSCB governance structure 2016 -2017
. Central Bedfordshire Children's Leadership Board
. Health and Wellbeing Board
. Community Safety Partnership
. Adult Safeguarding Board
Joint Training and Development Group
Chair: Dawn Andrews
Head of Service, SEPT
Central Bedfordshire Strategic Board
Chair: Alan Caton OBE
Independent
Pan Bedfordshire Procedures and Practice Group
Chair: Darryl Freeman Assistant Director BBC
Core Business and Improvement Group
Chair: Alan Caton OBE
Independent Chair
Case Review Group
Chair: Alan Caton
Independent Chair
Pan Bedfordshire Child Sexual Exploitation and Missing Strategic Group
Chair: Sue Harrison
DCS CBC
Serious Case Review Panel
Independent Chair
(meets when required)
Learning and Improvement Group
Chair: Helena Hughes, Designated Nurse, BCCG
Co-Chair: Ruth Coals Head of Professional Standards, Children's Services, CBC
Pan Bedfordshire Child Sexual Exploitation Group
Chair: Nick Bellingham
Bedfordshire Police
Performance Group
Chair: Karen Oellermann
Assistant Director, Commissioning & Partnerships, CBC
Vice Chair: Mel Gunstone, Head of Patient Experience BCCG
FGMHBA
Task& Finish Group
Neglect
Task& Finish Group
Pan Bedfordshire Child Death Overview Panel
Chair: Gerry Taylor
Director Public Health, Luton
Voice of the Child Group
Chair: Sarah Mortimer, Assistant Principal, Central Bedfordshire College
Key
= Bedford Borough and Central Bedfordshire LSCBs
= Pan Bedfordshire LSCBs
= Central Bedfordshire LSCB

Contact us...

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للمعلومات | معلومات کے لئی | তথ্যের জন্য | Za Informacja

by telephone: 0300 300 6455
by email: LSCB@centralbedfordshire.gov.uk
on the web: www.centralbedfordshirelscb.org.uk
Write to: LSCB Business Manager, Central Bedfordshire Council,
Watling House, High Street North, Dunstable, LU6 1LF

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CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Wednesday 21st March 2018

Local Safeguarding Children Board (LSCB) Annual Report - 2016/2017

Responsible Officer: Alan Caton – Independent Chair of the LSCB
Email: Alan.caton@centralbedfordshire.gov.uk

Advising Officer: Phillipa Scott – Strategic Safeguarding Partnership Manager
Email: Phillipa.scott@centralbedfordshire.gov.uk

Public

Purpose of this report

1. This report provides the Health and Wellbeing Board with a copy of the 2016/17 Annual Report from the Central Bedfordshire Safeguarding Children Board (LSCB). The Annual Report provides the Health and Wellbeing Board with a detailed account of the work undertaken by the LSCB throughout the year, progress made against the priorities contained within the LSCB Business Plan and the outcomes achieved.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note the information contained within the 2016/17 Annual Report.

Issues

2. The Statutory Guidance Working Together to Safeguard Children 2015 (Chapter 3 Point 16 and 17) States:

The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the health and well-being board.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period

3. The Annual Report for 2016/17 is contained within Appendix A

Financial and Risk Implications

4. There are no financial implications in relation to producing the LSCB Annual Report.

5. Working Together to Safeguard Children 2015 (Chapter 3 Point 19) States:

   The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

6. The LSCB is funded by multi-agency partners on an annual basis and the contributions and LSCB spend for 2016/17 are contained within the Annual Report.

Governance and Delivery Implications

7. There are no governance and delivery implications

Equalities Implications

8. There are no equalities implications

Implications for Work Programme

9. There are no implications for the work programme.

Conclusion and next Steps

10. The LSCB Annual Report for 2016/17 was agreed by the LSCB Strategic Board at its meeting on the 18th September 2017 and is due to be presented to the Council's Children's Services Overview and

Scrutiny Committee later in 2018. A copy has also been provided to the Chief Executive, Leader of the Council and the local Police and Crime Commissioner. A copy of the report is also available on the Central Bedfordshire LSCB website.

11. The Health and Wellbeing Board are asked to note the Central Bedfordshire LSCB Annual Report for 2016/17.

Appendices

Appendix A: Central Bedfordshire LSCB Annual Report for 2016/17

Background Papers

12. None

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CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date 21 March 2018

Drugs, Alcohol and Mental Health

Responsible Officer: Muriel Scott
Email: Muriel.Scott@central bedfordshire.gov.uk

Advising Officer: Martin Westerby
Email: Martin.Westerby@central bedfordshire.gov.uk

Public

Purpose of this report

1. **To provide an update on the ongoing actions to improve outcomes for residents with co-occurring mental health and alcohol/drug problems.**

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Review the progress of the collaborative work taking place**

Issues

2. National Studies show that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) of alcohol users in community drug and alcohol misuse treatment.

3. 54% of all suicides in people experiencing mental health problems also have a history of alcohol or drug use.

4. People with co-occurring conditions have a heightened risk of other health problems and early death. For example, smoking is highly prevalent among both people with mental health conditions and those who use alcohol/drugs, and is a significant contributor to illness and death among this group.

5. NHS and local authority commissioners have a shared responsibility to provide treatment, care and support, but nationally, it is acknowledged that people with co-occurring mental health and

alcohol/drug conditions often have difficulty accessing services or remaining in effective treatment.

6. Locally there have been a number of documented and anecdotal incidents, some of which resulted in service user deaths, that have evidenced significant barriers for residents with a range of mental health conditions and alcohol/drug problems both accessing services and receiving meaningful treatment interventions.

Case Study – Resident 1

7. Resident 1 first tried to engage with Mental Health Services in late 2015. He was also a client of Pathway to Recovery(P2R), the Public Health-commissioned drug and alcohol treatment provider, who referred him to the Community Mental Health Team (CMHT) in March 2016. Resident 1 attended all his appointments with the CMHT; however, despite being proactive and patient with seeking help he did not receive timely psychological support.

8. He had good engagement with P2R, who kept him open – i.e. they retained him as a client in ongoing treatment - purely because the CMHT did not engage with him in a meaningful enough way to address his MH problems.

9. Resident 1 has had a troubled past and felt that he was unable to live his life to its full potential without 'talking therapies'. He said that he was left feeling hopeless because of lack of care and treatment provided by the CMHT.

10. Chronology of events:

- **March 2016** - Resident 1 originally presented for support to P2R, since which time they supported him in his attempts to receive support and treatment from the Mental Health Team.
- **May 2016** - He was referred to the Mental Health Team by his GP
- **June 2016** - P2R psychiatrist assessed him, with symptoms of depression, social anxiety and agoraphobia and wrote to the Mental Health Team with this update.
- **October 2016** - MHT assessed him and diagnosed him with Recurrent Depressive Disorder and they referred him to the Wellbeing Service for talking therapy.
- **December 2016** - The Wellbeing Service then assessed Resident 1 and advised him that his needs were too complex for their Service and he was required to see the CMHT psychologist - and he was therefore referred back to the Mental Health Team.
- **February 2017** - P2R followed up this referral as Resident 1 had not heard anything. The Mental Health Team explained that they sent the referral to the CMHT psychologist and that he should wait for an appointment.

- **April 2017** – Still no appointment was received, so another attempt was made to move this forward. It was found that the referral from the Wellbeing Service had not been received by the CMHT psychologist and that in fact Resident 1 needed to see a psychiatrist again.
- **July 2017** – Resident 1 saw a psychiatrist, following re-referral, by his GP. At this appointment Resident 1 was told he would be referred for psychology; however he would need to wait as there was a long waiting list and there was no way of expediting this.

11. Resident 1 was eventually able to access the service that he needed, but after an "unacceptable delay" he suggested that systems should be in place to communicate efficiently and effectively between the Trust's services, especially in relation to the Wellbeing Service and the CMHT.

Local Action

12. In response to the emerging evidence about issues facing local people with co-occurring mental health and alcohol/drug condition, the Drug & Alcohol Partnership Board dedicated a session focusing on the issues and developing a system-wide approach to address the problems.

13. As a result of that session, the Drug & Alcohol Commissioners and Mental Health provider ELFT, came together to review the recent "Better care for people with co-occurring mental health and alcohol/drug use conditions" guidance document, published by Public Health England, and used it to develop a self-assessment tool for best practice standards for services.

14. This recognises the roles played by several key partners and documents the actions and evidence that is expected of them to improve pathways, user experiences and outcomes.

15. The self-assessment and related workplan is detailed, with 52 actions, within 4 sections or themes:
    - 1 – Commissioning & Leadership
    - 2 – Standards of Care, Integrated Care Pathways & Multi-Agency Working
    - 3 – Crisis Services
    - 4 – Workforce development

16. Actions have been prioritised, with each one having an identified lead, current position and evidence of progress.

17. Those which will have an immediate impact on delivery of services have been given a deadline for completion of 31 March 2018 and

those less of a priority or needing significant work will be completed by 31 March 2020 at the latest.

18. For example, as effective care pathways between P2R and ELFT MH have been highlighted as an area for development, the action (taken directly from the Guidance) *"Agree a pathway of care which will enable collaborative delivery of care by multiple agencies in response to individual need"* is in the former group of prioritised actions.

19. Against this action, the current position statement records that:
    - An amended referral pathway between P2R and Adult CMHTs has been put place.
    - A new Dual Diagnosis Policy has been developed and is in place.
    - P2R and ELFT MH are in the process of setting up 7 one-off meetings – one per adult CMHT – to work through all cases currently being joint worked by both services. When this work has been completed regular case discussion groups will take place between local services, every 2 months; one group for Bedford/Mid Beds and one group for South Beds.

20. Evidence of progress on actions/development will be collected and a timetable of auditing against progress will be developed where this is required as evidence of progress/change.

Financial and Risk Implications

21. None

Measures of Success

22. There will be a range of success measures for that will indicate better outcomes for residents, including:
    - Greater numbers and proportions of residents with co-occurring alcohol/drug and mental health problems completing treatment and having a sustained recovery;
        - This will include more of this cohort taking an active part in the recovery community, e.g. peer mentoring;
    - Higher satisfaction scores (both from surveys by the providers and those undertaken independently) from service users relating to the offer and treatment, they have received;
    - Fewer examples of residents being delayed or unable to access services, and crucially;
    - Fewer serious incidents and service user deaths resulting from access and service delivery issues.

23. Whilst it is difficult to quantify some of these changes, and without wanting to be complacent about the developments needing to be implemented, there are already signs that improvements are being seen in the system. For example, there have been relatively few serious incidents involving residents in both P2R/ELFT services since changes to improve information sharing and communications between the services were put in place in 2017.

Governance and Delivery Implications

24. Once the self-assessment has been completed, the partners will monitor progress through ongoing examination of evidence against change. This will include testing practice through a series of audits related to key actions and developments within the framework.

25. Progress to be systematically reported back through the Bedford and Central Bedfordshire Drug & Alcohol Partnership Board.

26. Following a recent meeting of STP-wide MH providers and commissioners, the self-assessment process will be extended to cover the BLMK STP area, to ensure that standards are more consistent across the 4 local authorities.

27. The STP group felt that a workshop for providers' staff, to raise awareness of the issues faced by people with co-occurring mental conditions would be valuable. This would identify possible training needs and further support good practice.

Equalities Implications

28. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Conclusion and next Steps

29. Collection of evidence against each of the actions is ongoing and a tasking group meets regularly to monitor progress and review evidence.

30. Completion of the self-assessment framework by partners in MH and D&A service provision and commissioning, as well as other stakeholders, will be staged according to prioritisation of actions,

with some longer-term actions to be completed by March 2020. Subsequent audit of changes and progress will be ongoing.

31. The tasking group will also identify any gaps that there are within the self-assessment document, developing it where necessary to support the implementation of action required locally.

Appendices

32. The following Appendix is attached/provided through an electronic link:

33. https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services

Background Papers

None

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date 21 March 2018

PHARMACEUTICAL NEEDS ASSESSMENT

Responsible Officer: Muriel Scott, Director of Public Health
Email: Muriel.Scott@centralbedfordshire.gov.uk

Advising Officer: Celia Shohet, Assistant Director of Public Health
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Public

Purpose of this report:

1. **To receive, consider and approve the final draft of the Pharmaceutical Needs Assessment (PNA)**

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Consider the recommendation and findings of the PNA**
2. **Approve the PNA for publication**

Background

1. The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA is required to be published by each HWB by virtue of section 128A of the NHS Act 2006 revised in 2009

2. The PNA looks at the current provision of pharmaceutical services across Central Bedfordshire, whether this meets the needs of the population and identifies any potential gaps to service delivery.

Consultation

3. In the process of undertaking the PNA, Central Bedfordshire HWB sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services to meet local health needs and priorities. A statutory consultation was undertaken from 16th October to 15th December 2017 to seek the views of members of the public and other stakeholders.

4. In total 477 respondents participated in the consultation for Central Bedfordshire.

5. Respondents from Central Bedfordshire indicated that attending their local pharmacy was still the most popular method of accessing pharmaceutical provision (89%), with only 14% of respondents saying they had used the online pharmacy in the past year.

6. The most popular reasons given for visiting their pharmacy was to access general health advice (44%) and for advice on medicine use (28%). This would suggest that personal interaction with a pharmacist is still a valued service for residents.

7. 55% of respondents indicated their usual mode of travel to their pharmacy is by car, with 40% by walking. This is not unusual given the geographical makeup of Central Bedfordshire. 17% of respondents indicated that parking was an issue for them at their nearest pharmacy. Although 50% suggested they did not have any access issues at their local pharmacy.

8. The most popular services accessed in pharmacies currently are medications for minor conditions such as; sore throats, coughs and hay fever, access to low-cost medicines and the seasonal ‘flu vaccine’. Over the counter checks such as blood sugar, blood pressure and cholesterol were popular choices of services respondents would like to access if available, suggesting either more needs to be made available or these products need further promotion.

9. Comments have highlighted a desire to see more flexible/ extended opening hours that would allow working residents to access the service later in the evening. Comments also suggested that residents are generally very satisfied with the service as it currently is.

10. An analysis of individual demographic groups such as the elderly or disabled did not highlight any variance of opinions from those in the majority. Overall the findings of the survey did not uncover any pressing issues or widespread dissatisfaction with pharmacy services in Central Bedfordshire, and there was a desire to see the service maintained at its current level.

Summary findings of the PNA

11. The provision of pharmacies (21 pharmaceutical providers per 100,000 population) is similar to the national average

12. With the exception of residents living in the least dense quintile (35 – 777 people per sq. km, most residents can access a pharmacy within 1 mile of their home. There are very few pockets of areas that cannot access a pharmacy within 2.5 miles, again areas of low population and all residents can access a pharmacy within a 5 miles radius.

13. A good range of services are commissioned, in addition to the NHS pharmaceutical contract, to meet identified health needs.

Recommendation

14. The overall recommendation is that the current number of community pharmacies providing essential and advanced services is sufficient to meet current needs in Central Bedfordshire.

Opportunities to enhance local community pharmacy services

15. A gap analysis was undertaken as part of the PNA. The detailed opportunities to enhance local community pharmacy services are identified in the full PNA and the key opportunities are in the executive summary which is appended to this report.

16. Community Pharmacists can play an important role in supporting resident's health and wellbeing and this is enhanced through pharmacies becoming Healthy Living Pharmacies. Healthy Living Pharmacy (HLP) is a voluntary, nationally recognised concept enabling pharmacies to help reduce health inequalities within the local community. HLPs have the public's health at the heart of what they do and have a proven track record of commissioned service delivery in public health need areas such as smoking, obesity, sexual health and alcohol harm reduction.

17. Central Bedfordshire currently has over 20 HLPs.

18. Community Pharmacies also have an important role in helping people to self-care e.g. minor illnesses or long-term conditions such as hypertension or diabetes. This, together with other services such as medication reviews and flu vaccinations, enable pharmacies to play a crucial role in reducing demand on secondary care as well as for GP practices.

Financial and Risk Implications

19. The opportunities to enhance local services such as stop smoking advice and flu vaccinations are funded through existing budgets.

Governance and Delivery Implications

20. The opportunities to enhance local community pharmacy services are delivered through existing mechanism such as the Joint Health and Wellbeing Strategy, STP Prevention Plan, the Better Care Plan and Out of Hospital Strategy

Equalities Implications

21. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

22. An Equality Impact Assessment has been completed for the PNA which recognised that comments in the consultation highlighted a desire to see more flexible/ extended opening hours to allow working residents to access the service later in the evening. An analysis of individual demographic groups such as the elderly or disabled did not highlight any variance of opinions from those in the majority

23. The EIA for the PNA did not identify any decisions which minimised unfairness, or had a disproportionately negative effect on people from different ethnic groups, disabled people, women and men.

Implications for Work Programme

24. None

Conclusion and next Steps

25. That the current number of community pharmacies providing essential and advanced services is sufficient to meet current needs in Central Bedfordshire
26. That the opportunities to enhance local community pharmacy services are considered as part of the re-freshed Joint Health and Wellbeing Strategy

Appendices

PNA Executive Summary

The full PNA is provided through an electronic link:
https://www.jsna.centralbedfordshire.gov.uk/jsna/info/17/additional_reports/101/pharmaceutical_needs_assessment

Background Papers

None

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CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting 21 March 2018

Welfare Reform

Responsible Officer: Julie Ogley
Email: jule.ogley@centralbedfordshire.gov.uk

Advising Officer: Sue Tyler
Email: sue.tyler@centralbedfordshire.gov.uk

Public

Purpose of this report:

1. To update the Board on the actions taken by the Council to mitigate the impact of the Governments Welfare Reforms on the population of Central Bedfordshire.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Note and support the Councils approach to mitigating the impact of the Welfare Reforms on the population of Central Bedfordshire.**

Issues

2. **Background**

2.1 The Council formed a Welfare Reform Board in April 2013, in order to monitor the impact on residents of the fundamental review of the welfare benefits systems which was being rolled out. This was the biggest shake up of welfare and benefits for 20 years, and the implications were wide. The cross-cutting board consisted of representative members from across Council departments.

2.2 These reforms which were scheduled to be introduced between 2013 and 2016 were:

i. Council Tax Support
ii. Spare room subsidy
iii. Benefits Cap
iv. Universal Credit.

3. **Phase 1**

3.1 During Phase 1 a dashboard was created in order to map the effects of the reforms as they were introduced. This proved useful in mapping the changes throughout the entire period of reform.

3.2 Local Welfare Provision moved from being centrally funded into the local authority and the central government funding withdrawn.

3.3 A qualitative survey was undertaken which enabled a clearer idea of the emerging impact of the changes on residents.

3.4 Work was undertaken with the CAB and additional funding was introduced to enable additional opening hours to provide adequate opportunities for advice.

3.5 As assessment of the potential development of Credit Union facilities was undertaken.

3.6 A range of communications were developed to provide information and sources of advice to residents who were being impacted by the introduction of a range of reforms.

4. **Phase 2**

4.1 During the second phase from 2014 onwards further work was carried which confirmed that it was low-income working families who were amongst the most affected. There was an increase in use of Citizens Advice and Food banks, although this could not be solely attributed to welfare reform.

4.2 The Government's stated aim of the welfare reforms was to improve levels of employment and the research carried out showed that many people not already in employment have additional and complex needs and will need support to gain employment; that older working age people may have greater difficulty securing better paid employment to address their reduced income; and that while support for younger and less qualified residents may help them back into employment, there may be increasing competition from people who had previously chosen not to work, but now need to as a result of welfare reform

4.3 The Welfare Reform Dashboard continued to be produced every quarter.

4.4 The council worked closely with the Department for Work and Pensions to ensure that appropriate support was in place for customers as Universal Credit was introduced firstly to new claimants and then from February 2016 to all residents eligible to claim were gradually transferred to the scheme.

4.5 The Welfare Reform Board supported local initiatives to mitigate the impacts of the Welfare Reforms, including the development of the Advice Strategy, and support for Advice Central whilst alternative funding sources were investigated.

4.6 Training and support for staff working with customers affected by the Welfare Reforms was delivered, and the Board was involved in the procurement of the employee assistance programme from Health Assured through the Wellbeing Group, to ensure support for staff personally affected by the reforms was included.

4.7 The Board has actively supported Citizens Advice through monitoring activity and the continuing provision of an extra £40,000 per annum on top of the core grant to cope with the ongoing additional demand. In the first full year of funding the total number of clients helped by Citizens Advice increased by over 25% and this level has been maintained since, it has become the new norm. The additional value provided by this arrangement is estimated to be £104,400 per year.

4.8 The Board continues to support the Credit Unions with funding of up to £25,000 per annum, and in November 2016 a campaign to promote Credit Unions took place across all Council buildings over a full week.

4.9 Working with Corporate Communications, the Welfare Reform web pages and all literature has been updated, taking into account comments from our customers. The benefit specific leaflets have been updated, and a new leaflet entitled “Are you struggling with money” has been developed, which is full of useful contact details, and steers customers towards Citizens Advice if they are uncertain. A link to this leaflet is: http://www.centralbedfordshire.gov.uk/Images/struggling-with-money_tcm3-21576.pdf

4.10 A Members' Briefing session was held on 11th April 2016, which aimed to update Members on the latest Welfare Reforms and share what the Council had achieved.

4.11 Central Bedfordshire’s Offer to those affected by Welfare Reform was developed with colleagues from across the Council. It focuses on how the Council can and will support residents in three areas:

- Help people back to work, and those in low paid work to progress
- Improve housing circumstances
- Build resilience in the population of Central Bedfordshire by providing information and advice, so that residents can make informed choices and help themselves

4.12 And it shares the Councils specific commitments in these areas. A link to this publication is: http://www.centralbedfordshire.gov.uk/Images/helping-deal-welfare-reform_tcm3-21578.pdf

5. **Current Impact on Residents of Welfare Reform**

5.1 Universal Credit was the final and most complex of the aspects of Welfare Reform that have been undertaken. It is a single monthly payment for people in or out of work, which merges together and replaces six of the main benefits and tax credits available, including Jobseeker's Allowance, Employment and Support Allowance, Income Support and Housing Benefit. Claims for current residents of Central Bedfordshire went live on 22nd February 2016, although Central Bedfordshire has had Universal Credit claimants since June 2015, through existing claimants moving into the area.

5.2 As at the end of December 2017 1,093 people were claiming Universal Credit. 528 of these are in work and 557 are not in work. It is impossible to make a comparison for another year, as the roll out has meant that numbers have gradually increased as residents have been transferred from other benefits.

5.3 The number of households claiming **Council Tax Support** has been gradually reducing from 14,668 in December 2015 to 13,750 in December 2017.

5.4 The **Benefit Cap** limits the maximum amount of benefits a working age household is entitled to so that those households will receive no more in benefits than the average earnings of working households. On 07/11/16 the benefit cap fell to £384.62 a week if you're a couple - with or without dependent children, to £384.62 a week if you're a lone parent with dependent children, and to £257.69 a week if you're a single person without children. In April 2017 there were 203 households impacted by the cap and this decreased to 180 in December 2017. As the change in the level of the cap has only just reached the year, there is no accurate year on year data available at present.

5.5 Local Welfare Provision (LWP) became the responsibility of the Council in April 2013. It supports individuals with Grant Provision and Emergency Provision. Government Funding for LWP ceased in 2014/15; however, a Welfare Reform reserve was created to continue to support the LWP function for a further year. From the reserve of £0.340M, £ 0.228M was utilised to fully fund LWP costs in 2015/16. From 2016/17 LWP was funded from a base budget provision, and there are no plans to draw down from the Welfare Reform Reserve. In the quarter ending December 2017 there were 73 Applications for LWP Provision with 61 awards, (a ratio of almost 61%), with a spend of £1,375 for the quarter. Of these applications 27 had previously applied for LWP provision. In relation to grant provision there were 33 Grant applications with a total expenditure of £18,263. This means applications for this quarter for LWP emergency provision have stayed the same. In relation to grant applications (rather than emergency requests) these were slightly up on the previous period with 35 applications with only 18, (with a ratio of almost 50%), awards being given.

5.6 Local Welfare Provision Apr 2017 to Dec 2017 (LWP)

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
No. of LWP emergency applications received	35	24	36	14	28	31	24	34	17
No. of LWP emergency applications awarded	18	15	18	13	22	20	22	26	13
Amount of LWP emergency applications awarded	£475	£375	£425	£490	£490	£530	£475	£560	£340
No. of LWP grant applications received	17	21	29	21	35	35	25	8	2
No. of LWP grant applications awarded	11	9	10	12	14	13	13	12	4
Amount of LWP grant applications awarded	£10,914	£7,295	£12,116	£10,042	£12,661	£11,173	£9,181	£6,972	£2,110

	2013/14	2014/15	2015/16	2016/17
Emergency applications	1359	1046	921	393
Emergency no. of Awards	949	884	743	361
Emergency value of awards	£49,472	£75,728	£54,882	£10,765
Grant applications	508	452	380	298
Grant no. of Awards	256	244	165	145
Grant value of awards	£115,160	£102,353	£67,380	£95,360

5.7 Credit Unions continue to be supported, but in Bedford the adult membership fell in December to 239, although the number of child members showed a slight increase to 308 (from 249 and 289 in March respectively). Adult membership of Money Matters in Luton grew by 11 in the six months from April to the end of September 2017.

5.8 The Council has recognised the need for further support from Citizens Advice, Credit Unions and the Local Welfare Provision, as well as Advice Central, for Central Bedfordshire customers through the Welfare Reform changes. This additional support has been funded on an annual basis using earmarked reserves, and demand remains as high as ever. Whilst the earmarked reserve has been supporting increased activity, both Citizens Advice and Local Welfare Provision have been targeted to deliver efficiencies; £0.029M from Citizens Advice in 2020/21, and £0.044M from Local Welfare Provision in 2018/19

5.9 Evidence has shown that these services have made a real difference to the lives of people in Central Bedfordshire. Without these services continuing at their current funding level then the likelihood is that customers will turn to other, more expensive services within the Council to receive support.

6. Use of the Earmarked reserve will be monitored following the agreement of the Executive Members of the Members forum on Welfare Reform to continue to use the earmarked reserve to support residents.

Financial and Risk Implications

7. None

Governance and Delivery Implications

8. None

Equalities Implications

9. Equalities implications have been fully considered

Implications for Work Programme

10. None

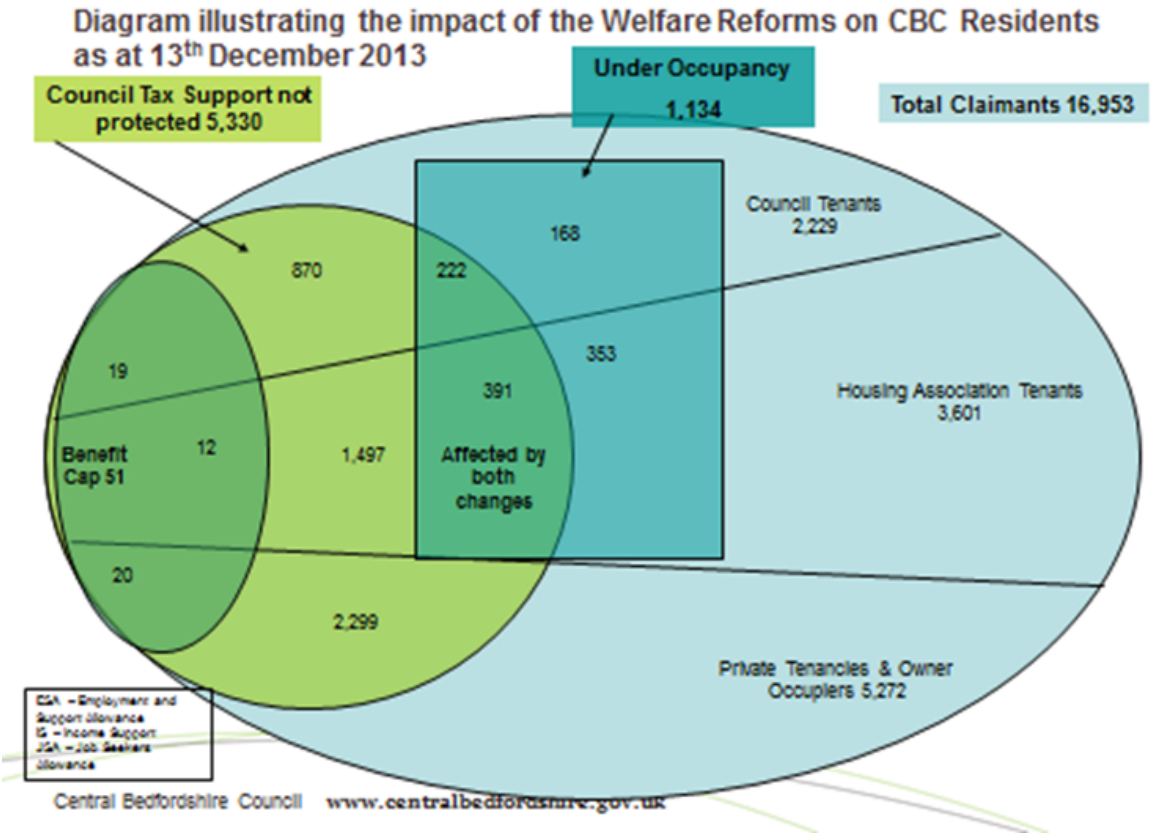
Conclusion and next Steps

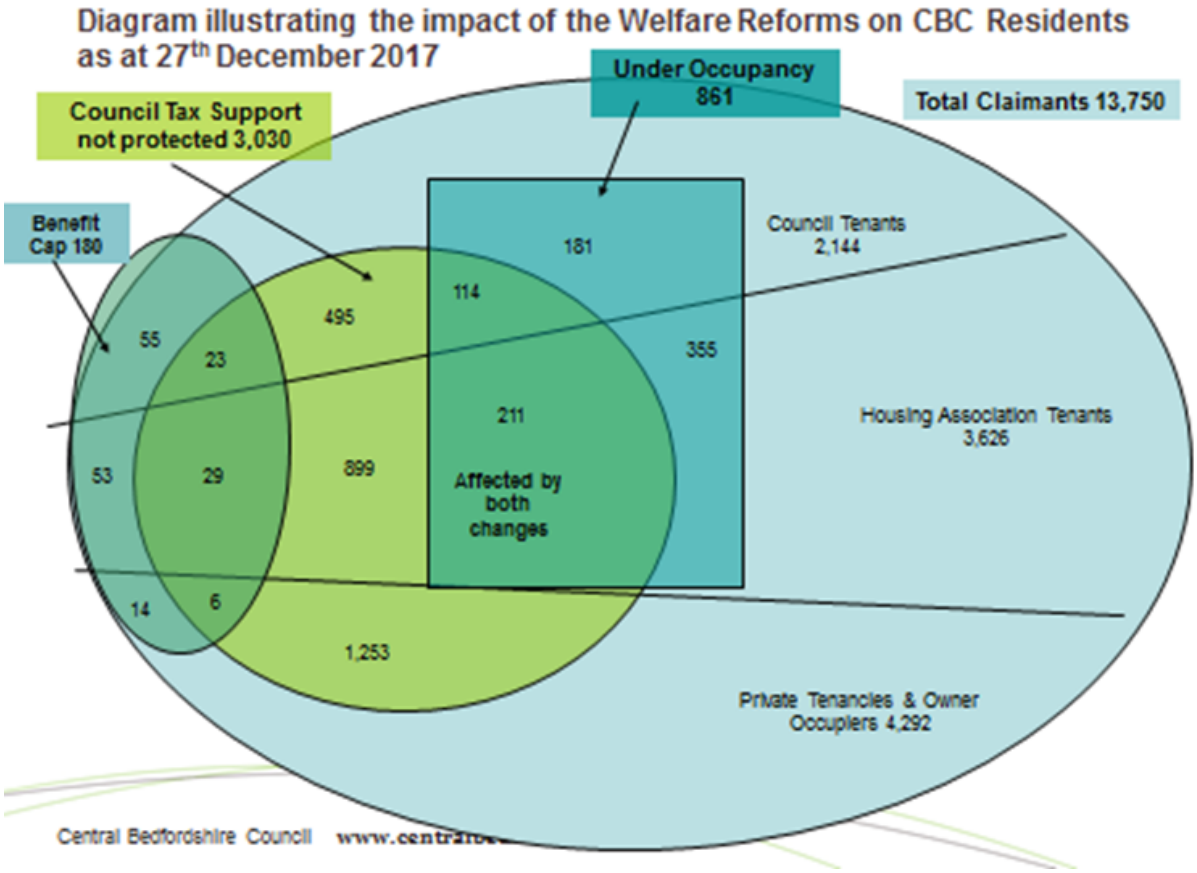
11. The work of the Welfare Reform Board has been valuable and has had a great impact on awareness and understanding. The Board has achieved much, but no new issues are being identified and the Board has now been disbanded, and work is continued through business as usual.

12. The Members Forum continues to meet on a quarterly basis in order to maintain oversight of the quarterly Welfare Reform Dashboard.

Appendices

Diagram illustrating the impact of the Welfare Reforms on CBC Residents as at 13th December 2013 and 27th December 2017





Background Papers

13. None

Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Update on the Sustainability and Transformation Partnership (STP) and Central Bedfordshire's Integration and Transformation Plans.
Meeting Date:	21 March 2018
Responsible Officer(s)	Richard Carr, Chief Executive
Presented by:	Julie Ogley, Director of Social Care, Health and Housing

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Recommendation(s) The Health and Wellbeing Board is asked to:

1. Note the progress of the Sustainability and Transformation Partnership.
2. Note the publication of the NHS Planning Guidance 'Refreshing NHS Plans' 2018/19 and the use of the new term 'Integrated Care System' replacing Accountable Care Systems.
3. Note and consider progress on the five priorities of the STP and Transformation projects set out in the Better Care Fund Plan
4. Note and consider local initiatives supporting frail older people as part of the Integration and Transformation projects of the Better Care Fund Plan.

Purpose of Report	
1.	To provide an update on the progress of the Sustainability and Transformation Partnership (STP) across Bedfordshire, Luton and Milton Keynes (BLMK) and the emerging collaborative approach
2.	To inform the Board of the publication of the NHS Planning Guidance announcing the shift from Accountable Care Systems to 'Integrated Care Systems' and the requirement to produce a 'System Plan'
3.	To update the Board on the Integration and Transformation projects incorporating the Better Care Fund Plan and progress on improving outcomes for frail older people.

Background	
1.	The BLMK STP is one of eight first wave Accountable Care Systems in the Country. This enables the 16 STP partners to work closely to design a more integrated system. In addition, it enables BLMK to access transformational funding to enable change at a faster pace and deliver benefits to local people.
2.	The recently published NHS England planning guidance 'Refreshing NHS Plans' 2018/19 makes clear that STPs are expected to take an increasingly prominent role in planning and managing system-wide efforts to improve services. STPs should: • ensure a system-wide approach to operating plans that aligns key assumptions between providers and commissioners which are credible in the round; • work with local clinical leaders to implement service improvements that require a system-wide effort; for example, implementing primary care networks or increasing system-wide resilience ahead of next winter; • identify system-wide efficiency opportunities such as reducing avoidable demand and unwarranted variation, or sharing clinical support and back office functions; • undertake a strategic, system-wide review of estates, developing a plan that supports investment in integrated care models, maximises the sharing of assets, and the disposal of unused or underutilised estate; • take further steps to enhance the capability of the system including stronger governance and aligned decision-making, and greater engagement with communities and other partners, including where appropriate, local authorities.
3.	The Planning Guidance also announced that the term 'Integrated Care System' will now be used to describe both devolved health and care systems and those areas previously designated as 'shadow Accountable Care Systems' (ACS). An integrated Care System (ICS) is where health and care organisations voluntarily come together to provide integrated services for a defined population.
4.	Integrated Care Systems are seen as key to sustainable improvements in health and care by: • creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS; • supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation; • delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and • allowing systems to take collective responsibility for financial and operational performance and health outcomes.

5.	Integrated Care Systems are required to prepare a Single System Operating Plan narrative that covers CCGs and NHS providers, rather than individual organisation plan narratives. The Single System Operating Plan should align key assumptions on income, expenditure, activity and workforce between commissioners and providers. System leaders should take an active role in this process, ensuring that organisational plans underpin and together express the system's priorities.
6.	Future updates to the Health and Wellbeing Board will use the term 'Integrated Care System'.
7.	The BLMK Partnership Plan, published in November 2016, sets out five priority areas: • Priority 1 Prevention • Priority 2 Primary, Community and Social Care • Priority 3 Sustainable Secondary Care • Priority 4 Digital Programme • Priority 5 Systems Integration.
	Progress in Key Priority Areas
8.	**Priority 1 Prevention** • **Seasonal flu** A whole-system approach to seasonal flu vaccinations led by the Health Protection Committee has resulted in year-on-year increases (to date) in 18 out of 20 eligible resident cohorts, equivalent to an additional 16,000 vaccinations across the Bedfordshire CCG area. Seasonal flu vaccination has been offered to Care Providers across Central Bedfordshire including Care Homes and Domiciliary Care staff. Targets for frontline staff have been met, for example 76% of frontline staff at the L&D are vaccinated to date. GP consultation rates for flu-like illness and the number of confirmed flu outbreaks are among the lowest in the East of England. • **Social Prescribing** Sustainability and Transformation Funding awarded in Q3 2017/18 is enabling the development of social prescribing interventions across BLMK which will release capacity in primary care and support residents to find sustainable solutions to practical, social and emotional issues. Social Prescribing is a key area of focus in Central Bedfordshire's Integration and BCF Plan, and a local delivery model is being developed based on the expansion of the Village Care Scheme. Funding has been sought to continue the programme in 2018/19. • **Detection of abnormal heart rhythm and high blood pressure in community pharmacies** Around 40% of high blood pressure (hypertension) and 30% of abnormal heart rhythm (atrial fibrillation, AF) is undiagnosed, leading to preventable heart attacks and strokes.

	Sustainability and Transformation Funding awarded in Q3 2017/18 is enabling 25 community pharmacies across BLMK, including 7 in Central Bedfordshire, to screen around 2,800 residents for hypertension and AF, identifying an estimated 500 people with hypertension and 20 with AF. Subsequent treatment will prevent an estimated 4 heart attacks and 7 strokes. Promotion of community pharmacy as a source of healthcare advice and support is part of a wider drive to ensure that prevention and care are delivered in the most appropriate settings. In collaboration with the Local Pharmaceutical Committee, pharmacies in three Central Bedfordshire wards with higher levels of deprivation and cardiovascular disease were identified for the programme: Houghton Hall, Parkside and Tithe Farm. The initial phase will run from mid-February to April 2018 and funding has been sought to extend the intervention in 2018/19. • **2018/19 plans** Work on existing priorities will continue in 2018/19, along with a new focus on promoting self-care across BLMK and the development of a workplace wellbeing offer. Additional areas of focus under consideration for the Priority 1 work programme are preventing and managing obesity; tackling alcohol misuse and rising alcohol-related admissions; and improving mental wellbeing and resilience in children and young people.
9.	**Priority 2 Primary, Community and Social Care** **Primary Care** • An STP wide Primary Care Programme has been agreed and funded by the STP and NHS England. This includes an Incentive Scheme for practices to demonstrate moving towards the new models of care and the National Association of Primary Care (NAPC) programme to implement Primary Care Home across the STP. The Primary Care Home model is centred on the delivery of health and care services by integrated multi-disciplinary teams. Developed around populations of 30,000 to 50,000, with networked GP services being at the centre of the patient's care, it involves building care management teams around GPs to provide effective management of patient lists. There is increased focus on preventing ill health and improving good health, through greater integration of range of services, including the voluntary sector. • All clusters/localities will receive NAPC support over a 12-18mth period but a small group will receive intensive support to test the benefits over a shorter period and Leighton Buzzard has been proposed as one cluster for intensive support, with the potential for one of the Ivel Valley sub-clusters as well.

	• Bedfordshire CCG is coordinating the recruitment of pharmacists (September wave now approved) and international recruitment of GPs (January). • Currently two pharmacists have been working to review medication in care homes in Central Bedfordshire. BCCG is also coordinating an STP wide bid for care home pharmacists to be submitted in (March). **Mental Health** • Delivering enhanced core 24/7 mental health support for patients with physical health needs being managed within hospital settings. • Commitment from East London Foundation Trust (ELFT) and Central and North West London Foundation Trust (CNWL) to align some resource to support transformation work. • Targeted work with ELFT and Kings Fund to take place March /April focussing on mental health in primary care **Workforce** • A Primary Care Workforce Development Plan submitted to NHS England at the end October 2017 received positive assurance though the target number of new GPs needed requires review.
10.	**Priority 3 Sustainable Secondary Care** • A proposal to merge Bedford Hospital and Luton & Dunstable Hospital to form a single organisation and management team has been developed. A full business case has been developed and was submitted to NHS Improvement (NHSI) on 22 December following approval by both Trust Boards. • Plans for the proposed merger are ongoing with full engagement of clinicians, other staff and stakeholders. STP leads have undertaken a range of engagement activity, attended by over 500 people in total. Staff joined a briefing session led by the respective Chief Executive Officers at each Trust to hear about progress and have their questions answered. • Two clinical events brought together consultants and leaders from both Trusts to consider the many benefits for their teams, patient pathways and how they might work together differently in the future. Patients, public and other stakeholders attended three events held in Luton, Bedford and Central Bedfordshire. • As part of the merger, both hospital sites will retain their individual names and identity; however, the integrated NHS Foundation Trust will have a new name. Both Trust Boards have discussed this and, given that this integrated Trust will enhance services for the whole Bedfordshire population, are considering Bedfordshire Hospitals NHS Foundation Trust as the new Trust name.

11.	**Priority 4 Digitisation** • Development of a Shared Health & Care Record with public facing architecture / patient portal is progressing. An Outline Business Case is currently being produced for completion by the end of March 2018. A programme is being established to take this forward into the next financial year with the key activity being identification of funding. • An Information Sharing programme using Estate and Technology Transformation Fund (ETTF) has been established. Its main objective is to make BLMK SystmOne patient data (95% of all BLMK GP data) available in every care setting required. • Funding has been provided for the three BLMK CCGs to implement Online Consultations in GP practices. GP Practices in West Mid Beds are part of the pilot cluster. • Some ETTF funding has been allocated to pilot Telehealth remote monitoring in BLMK. An options appraisal was carried out to identify the best opportunities and an outline business case has been produced and agreed. A task and finish group, of the Enhanced Care in Care Homes Group, has been established and will take forward the planning and deployment of the remote monitoring solution to Care Homes in Central Bedfordshire. • **Care Homes Digitisation -** A programme is underway to provide BLMK Care homes with a digital capability to the following standards: o Bronze standard – Secure Wi-Fi, NHS Mail addresses and IG training for the home o Silver standard – all of the above plus patient data access to SystmOne o Gold standard – all of the above plus access to a full Shared Health & Care record via the portal so that all permitted, relevant Health & Social Care data can be viewed. • Phase 1 is implementing twelve Care Homes to the Bronze standard, three of which are in Central Bedfordshire. Funding for this has come from a successful Local Government Association (LGA) bid. • Phase 2 is to take the rest of the 'in scope' care homes in BLMK to the Bronze standard using late arriving funds from ETTF.
12.	**Priority 5 System Reengineering** In September 2017, STP partners led by P5 began a work programme to determine what functions are best located at each of the three different levels of BLMK's triple-tier model. BLMK has segmented its ACS design and development work into three key components. These are:

- Strategic Commissioning
- Systems Integration
- Accountable Care Partnerships (ACPs)

The Strategic Commissioning component represents a major departure from current commissioning arrangements for both NHS and Council-commissioned services. Amongst other things, it will:

- Involve short, medium and long-term needs analysis, and associated near and long-term outcomes based commissioning.

- Rely on a new contractual relationship with service providers, who will be asked to accept responsibility for achieving outcomes set by a Strategic Commissioner whilst remaining within a capitated budget.

- Require new ways of:

    - **defining responsibilities**, both between service providers and with BLMK residents, particularly in respect of self-managed care.
    - **developing services**, especially those that cut across traditional boundaries.
    - **transacting, and sharing risk and reward**, underpinned by new ways of contracting.

A Functional Review of Commissioning, which attracted over 100 participants over three workshops across BLMK was undertaken between September and December 2017. The Review concluded that Strategic Commissioning (for health and wellbeing outcomes) should be organised, delivered and held primarily accountable at “Place” in BLMK’s ACS model. This will support delivery of integrated health and wellbeing commissioning and will build on existing Health and Wellbeing Board strategies and accountability arrangements. There may be opportunities to “pool” some strategic commissioning on a “multi-place” basis. This will be a decision for the four place-based strategic commissioners to make.

There was strong support for the development of the whole population health analytic and management capability as a priority for BLMK’s ICS (ACS). There was also consensus that this should be provided “at scale” whilst being established and operated in a way that is responsive to the needs of each of the four “places” in BLMK.

To enable the next stage of ICS (ACS) development to proceed at pace, STP CEOs agreed to take steps to establish ICS - level capacity and capability to support the development and early operationalisation of BLMK’s ICS and to drive the transformation programme forwards at pace. Several approaches could be adopted including:

	• Closer joint working between the three CCGs in BLMK which could provide a strong platform for piloting and developing Strategic Commissioning and Systems Integration across BLMK. The three BLMK CCGs are considering options to achieve closer working. • Building the BLMK's ACS transformation capability by establishing interim roles that are working solely on the development of the BLMK ACS. These roles would not be aligned to any STP partners. Roles might include increasing the core STP PMO resources and creating interim ACS-focussed roles, such as an ACS Finance Lead; • Maximising the contribution of the development work being undertaken via place-based initiatives such as the Luton concordat and the development of ACPs in each of the four "places".
	The February edition of BLMK STP Newsletter is attached for further information on the STP Plan. Appendix Two
	Integration and Better Care Fund Plan
13.	There is a close strategic fit between the aims of the Integration and Better Care Fund Plan (BCF), and the aims of the STP which are both centred on shifting the balance of care to focus on out of hospital services, promoting independence and wellbeing and reducing reliance on institutional forms of care. Appendix One shows the cross section of Integration and Transformation Projects for Central Bedfordshire.
	BCF Update and Quarter 3 Submission
14.	The Q3 performance return for the BCF was submitted to NHS England on 19 January. It reported that Central Bedfordshire was on track to meet the targets for two of the national metrics- admissions to residential care and reablement and not on target to meet the target for non-elective admissions and delayed transfers of care. **Non elective admissions** remain challenging particularly in the context of winter pressures and higher incidence of Flu. We are working with A&E Delivery Boards to understand as a whole system how we can develop further the admission avoidance strategy and are implementing new approaches. In addition, the introduction of GP Led Care Plans in Qtr4 should provide a remedial action to reduce admissions. **Delayed Transfer of Care (DTOCs):** December and January proved to be very challenging due to winter pressures. Additional investment in discharge teams at the Hospital and a patient tracker will provide whole system oversight and ensure resources are appropriately targeted to deliver the required reduction in DTOC. A patient tracker has been developed which is helping to expedite discharges and provide whole system oversight of patient

	flow. IBCF investment in non-weight bearing beds and hospital discharge coordinators are helping to reduce DTOCs.
	Enhanced Care in Care Homes
15.	The targeted work with the care homes in Central Bedfordshire to support complex care management of frail older people and to reduce pressure on the acute system is ongoing. Key areas of focus are as follows: • The Red Bag Scheme, which will enable timely and safe transfer of patients between care homes and hospital, is being implemented and there is good engagement with Care Providers. • There are plans to introduce other initiatives, such as, Hydration training and remote baseline monitoring into the Care Homes. • The Trusted Assessor role will begin in February 2018, with a Trusted Assessor for Bedford Hospital covering both Bedford and Central Bedfordshire residents. Another Trusted Assessor has been appointed for the Luton & Dunstable Hospital to start from March 2018 to cover Central Bedfordshire residents. • There are plans to engage with Hertfordshire Care Association to provide Trusted Assessor support to Central Bedfordshire residents at the Lister Hospital. • Three Central Bedfordshire care homes (Tudor House, Swiss Cottage and Park House) are participating in digitisation pilot and have received information governance training. Work has begun to deliver the IT capabilities for NHSmail, which will allow secure sharing of emails between hospitals, clinicians and the Care Homes. This is part of the wider STP digitisation programme, described in earlier sections. • Activity data for hospital admissions from Care Homes has been produced and will be disaggregated for each local authority area to provide local intelligence and ensure targeted support to care homes.
	Improving Outcomes for Frail Older People
16.	Improving Outcomes for Frail Older People is one of the existing priorities of the Health and Wellbeing Board and the vision for care and support for frail older people is one that is person centred, safe, cost and clinically effective. The Joint Health and Wellbeing Strategy set out the following two key outcomes for this priority: • Enabling older people to stay well at home for longer • Helping people with dementia and their carers to feel supported to manage their dementia.
17.	Both the Better Care Fund Plan and the STP Projects are focused on supporting frail older people through proactive care for people with long term conditions and complex care management support ensuring people are supported in their usual place of residence and remain independent in their communities.

18.	Through the Improved Better Care Fund, there has been additional investment: • Increasing voluntary sector and community capacity. A Voluntary and Community sector Grant Scheme has been launched to deliver the following outcomes: o People are able to live independently at home o People are able to participate in their local community o People are not socially isolated or lonely o People feel safe, secure, valued and respected • Additional resources to support timely discharge from hospital are now in place, with the Hospital Discharge Service now operating across all acute trusts used by Central Bedfordshire residents. • In homecare – so that the new Homecare contract now includes incentive payments to support timely discharge from hospital.
19.	The Good Neighbour and Village Care Scheme coordinated by the Bedfordshire Rural Communities Charity continues to provide comprehensive volunteering support across Central Bedfordshire. The schemes are focused on supporting older people, who may be socially isolated and many of the volunteers are older people.
20.	During 2016/17, the good neighbour scheme supported around 867 people and completed over 13,900 tasks. Over the same period, they harnessed the support of about 962 volunteers.
21.	Helping people with health related travel is the most requested support task accounting for 37% of all tasks. Other travel support accounted for a further 23% of all tasks. Befriending related tasks accounted for almost a quarter of all requested support tasks. The good neighbour scheme is now operating in 39 locations across Central Bedfordshire.
22.	In late 2016, a number of voluntary sector support services were commissioned to provide support to carers, people with dementia, autism, sensory impairment, stroke and learning disabilities. Across this range of services there are over 280 volunteers engaged in providing support to over 1,500 people.
23.	These services were commissioned to deliver one or more of the outcomes listed above. Furthermore, for those that relate to a long term health conditions, an additional outcome to help people understand, manage and live well with their condition was required.
24.	Early feedback suggests that 80% of people feel these services help them feel less isolated and lonely; two thirds feel able to participate in their community and feel safe, secure, respected and valued. For those services supporting people with long term conditions, three quarters felt it helped them understand and live well with their condition.

25.	In 2016/17, there were 780 Dementia Champions and the number of Dementia Friends increased to over 8000.
26.	A good measure for determining effectiveness of the services and experience of service users is through the Adult Social Care Survey. This anonymised, perception survey seeks to learn about how effectively services are helping people to live safely and independently in their usual place of residence and the impact that services are having on their quality of life. The results of the summary measures mentioned above as a result of the 2016/17 survey based on 441responses for Central Bedfordshire are: • Information and advice, some 76.0% said that they found it easy to find information about services (nationally 73.5%). • Adult Social Care users reporting that they have as much social contact as they would like had decreased to 43.6% compared to 44.9% when last measured, but 4.2% (nationally 5.7%) reported that they felt socially isolated. • 26.4% said they did not leave home, (27.1% nationally), and an additional 20.5% said they were not able to get to all of the places they wanted to. • Depression and anxiety, 47.2% (45.8% nationally), said they were not anxious or depressed, 46.4% (45.8% nationally) were moderately anxious/depressed and 6.4% (8.4% nationally) were extremely anxious/depressed. • 86.3% of people receiving services said they helped them to feel safe, in line with the national average of 86.4%.
27.	The Better Care Fund Plan and the wider Transformation projects are ensuring a continuing focus on improving outcomes for frail older people, wherever their usual place of residence.
	Next Steps
28.	Work will continue to progress the priority areas of the STP to benefit the population of Central Bedfordshire.
29.	STP Leads will continue to develop a Single System Operating Plan narrative and support the emerging Integrated Care Systems.
30.	Bedfordshire CCG and Central Bedfordshire Council leads will progress work on establishing a programme to design and develop a ‘Place based’ strategic outcome based commissioning framework.
31.	The Transformation Board will continue to monitor progress on the key projects for the BCF and STP as well as ensuring that a single delivery framework for the key Integration and Transformation strategies is in place.

Reasons for the Action Proposed	
32.	Health and Wellbeing Boards have a key role in shaping the future of health and social care in their areas and need to ensure that they have meaningful input to the STPs. The emerging vision and priorities of the STP are consistent with the priorities of Joint Health and Wellbeing Strategy for Central Bedfordshire for improving health, wellbeing and reducing health inequalities.
33.	Health and care systems have been asked to come together to create their own ambitious local blueprint for implementing the Five Year Forward View, covering Oct 2016 to March 2021. NHS England will assess each STP. Plans of the highest standard will gain access to transformation funding from April 2017.
34.	NHS England planning guidance 'Refreshing NHS Plans' 2018/19 makes clear that STPs are expected to take an increasingly prominent role in planning and managing system-wide efforts to improve services.
35.	The STP has implications for Central Bedfordshire's vision for integration and Out of Hospital services.

Issues	
Governance & Delivery	
36.	The BLMK STP programme has been overseen and driven by an STP Steering Group. This includes 16 key STP partners, all of whom act as equal partners in the STP programme. Representation on the STP Steering Group is at the CEOs and/or Director level. The Chief Executive of Central Bedfordshire Council is deputy to the nominated STP lead. The overarching design principle used to formulate the STP work programme has been that, as far as practical, the STP working groups draw on resources provided and/or insourced from STP partners. This helps to ensure that: • Ownership is achieved • Barriers in accessing data, intelligence, people and advice are reduced • Local expertise is harnessed • Third party costs are minimised
Financial	
37.	One of the triple aims of the STPs is to secure financial balance across the local health system and improve the efficiency of NHS services. However, the financial position of Bedfordshire Clinical Commissioning Group remains of concern in the wider ACS position.
38.	As an ACS in 2018/19 the system will need to be managed with a single system based budget, balancing pressures between partners.
39.	In 2017/18 the continued rapid growth in emergency admissions, and A&E attendances, compared to last year, reflects sub-optimal experience for our residents and is creating financial pressure within the system.

Public Sector Equality Duty (PSED)	
40.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between and in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
41.	Are there any risks issues relating Public Sector Equality Duty Yes/**No**
42.	If yes – outline the risks and how these would be mitigated

Source Documents	**Location (including url where possible)**

Presented by Richard Carr, CEO Central Bedfordshire Council

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Appendix 1

Central Bedfordshire Place Based Transformation Programme

BCF

Prevention and early intervention	Delivering integrated and improved outcomes through Out of Hospital Services	Integrated Health and Care Hubs	Enhanced Care in Care Homes	High Impact Change Model
Expansion of telehealth/telecare services	Embed Multidisciplinary approach	Commission scoping and Strategic Outline Case documents	Trusted Assessor model	Early discharge planning
Implementation of Social Prescribing	Primary Care Home	Commission Outline Business Cases (OBCs)	Red bag scheme	Systems to monitor patient flow
OOMPH physical activity programme	Discharge Planning, Single Trusted Assessor approach, Single Point of Co-ordination approach	Procurement and construction of Hubs.	Medication reviews to reduce inappropriate polypharmacy	Multi-disciplinary/multi agency discharge teams
Falls Prevention training for Extra Care Homes	Integration rehabilitation & reablement	Development of interim "Hub" virtual/estates solutions	Complex care support	Home First/Discharge to Assess
Implementation of a falls pathway	Develop integrated care pathways	Review plans with CBC Local Development Plan	Care home staff training	Seven Day service
			Care home digitisation, Airdale model scoped	Trusted Assessor
				Enhancing health in care homes
				Focus on Choice

OOH Strategy (indicative schemes)

Strengthening and Transforming the General Practice Model	Expanding the range of OOH Services	Strengthening multidisciplinary working to support frail and complex patients	Enablers
Extended access to primary care	Enhanced services delivered by clusters	Rapid Intervention Team	Record sharing/shared health and social care record
Home visiting model	MDT development	A&E Streaming	IM&T inc. remote monitoring and risk stratification
Same day access	Bringing planned care OOH	Enhanced care home model	Hub scoping and development
GP Resilience	Community diagnostics	Discharge to assess, discharge planning	Workforce development
High Impact Actions	CHS mobilisation	111/out of hours integration with OOH services	Leadership and OD
Delegated Commissioning	Single Point of Access	Complex care	

CISP

Transitions of Care	Complexity of Care	Primary Care Home	Paediatric non-elective
Standardised Discharge Process	Digitalisation Strategy	core support "offer" to practices	Bronchiolitis Action Plan
5Q Care Test	Medication Reviews	Implementation Plan	
BLMK Discharge Framework	Care Planning	Engagement with localities and clusters on benefits of the model	
	Training Needs Assessment	Support to apply for NAPC Programme	
	In and out of Hours assessment	Production of process controls and impact measures	

Work streams:

- Primary Care Transformation
- Supporting frail and complex patients
- Developing IM&T
- Embedding multidisciplinary working
- Developing workforce and new roles
- Hub development

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Appendix 2

Bedfordshire, Luton and Milton Keynes

Sustainability and Transformation Plan

Central Brief: February 2018

Issue date: February 2018

News

Transforming care closer to home

Our ambition is to build high quality, resilient, integrated primary, community and social care services across BLMK and in recent months significant steps have been made in turning this into reality.

This transformation will see primary care strengthened and more care delivered closer to home. This will include, in time, the creation of a single point of access for urgent care and the transformation of services for people with learning disabilities. Integrated physical and mental health services will also be remodelled.

In recent months BLMK STP has been working with the National Association of Primary Care (NAPC) to explore its Primary Care Home (PCH) model and its potential fit for the region.

Primary Care Home (PCH) is an innovative approach to strengthening and redesigning primary care (including community services, mental health, social care and the community and voluntary sector) around the needs of patients. Developed by the NAPC, the model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community in populations of approximately 30 – 50,000. In the model, staff come together as multi-disciplinary teams – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes.

There is strong national evidence that this form of integrated, multi-disciplinary proactive care delivery approach can result in improvements in patient experience, better outcomes, improved ability to recruit and retain primary care staff and reductions in demand for hospital services and rapid access to more appropriate health and care services.

Late last year, the decision was made to move forward with the PCH model and funding to deliver this model now been agreed. In the coming months the BLMK team will be working in partnership with NAPC, and local community, mental health and social care partners to roll out the model to all 18 localities/clusters/neighbourhoods. The structured programme will be tailored to suit local circumstances and will allow those parts of the system which are ready to move at pace and scale to do so. It will also enable those still emerging and developing their relationships to receive the appropriate support.

Appendix 2

BLMK Sustainability & Transformation Plan

To support colleagues in primary care to prepare for PCH, we have also launched an investment scheme that allows groups of practices and clusters to receive funding for demonstrating that they are beginning to collaborate, share services, begin or enhance multi-disciplinary working for the benefit of patients. The funding received will then be reinvested in further local initiatives, for example in freeing up practices to undertake leadership or organisational development.

In total, approximately £1m will be invested in primary care during 2018 and into 2019.

Creating the infrastructure for the future

Creating the PCH model in BLMK has provided us with the opportunity of thinking differently about the existing workforce and estate. To support the transformation of the care model the BLMK team has been working with our 16 partners to consider how a multidisciplinary team approach will change the type of staff and roles required.

A new general practice workforce and development plan has been created which will see investment in a range of new roles such as clinical pharmacists, and in ways of working, recruitment and retention and education, training and development initiatives. The aim is to develop a team approach, across health and social care services providing more coordinated and joined up care and enhancing primary care services.

As well as investment in the BLMK workforce, a programme of work is in train to create new health and care hubs across BLMK.

In Dunstable, a new £21m Integrated Primary Health and Care Hub is proposed. Working collaboratively between Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group the hub will provide a focal point for proactive and preventative care, out of hospital services and care packages for people who are vulnerable or have complex care needs. This will include local access to a range of general, medical and nursing, therapy, specialist and social care services and supporting information and advice systems. It will provide a consolidated base for the locality's integrated multidisciplinary approach, with one team working across organisational boundaries. It is planned to open in 2020.

A similar hub is being planned in Biggleswade, to serve the Ivel Valley locality of Central Bedfordshire. The £15m development is also expected to open in 2020.

National capital funding has been requested to modernise an existing facility in Bedford, Gilbert Hitchcock House. A bid for £6m of investment has been submitted to NHS England to create the first Health and Care Hub within Bedford Borough. This facility will provide the lynchpin for delivering high quality, resilient and integrated health and care services at scale to the population of central and north Bedford. This facility also planned to open in 2020.

There is further planning work taking place across the whole of BLMK to create hub facilities. These hubs will provide much needed capacity to support the transformation of local services in line with the NAPC Primary Care Model which underpins the STP enhanced primary care.

Appendix 2

BLMK
Sustainability & Transformation Plan

Driving thought leadership

As one of eight national pilot Accountable Care Systems (ACS), BLMK has the opportunity to work with and participate in, and influence, discussions at a national level on the future models of care. One area we have been actively participating is in primary care, with NHSE especially interested in the work we have been undertaking to develop our incentive scheme and the NAPC programme. In early January, a group of ACS primary care leaders were invited to meet the Prime Minister's health advisor. Our own Dr Nina Pearson, BLMK GP Clinical lead was part of the group that met at Downing Street earlier in the year.

New BLMK Finance Lead

We are pleased to announce that Jonathan Dunk has joined BLMK Finance Lead. Jonathan will take over with immediate effect from Mike Keech.

Jonathan comes with a strong track record having been an NHS Provider Director of Finance, a CCG Director of Finance, and also an Interim CCG AO. He was heavily involved in the financial governance and development of an STP, and has the credibility and support of our key external stakeholders.

Richard Carr, SRO for BLMK, said: "We have recognised for some time that there was need for dedicated management for finance. Mike Keech has played a critical role in the initial period of our STP and I would like to thank him for all his hard work.

"Jonathan joins us at a critical time and his immediate focus will be on bringing the system together around an aligned plan, and to manage the interface between our system and key stakeholders is the next step on delivering the expectations contained within the Memorandum of Understanding (MOU) we have agreed when we secured our position as a Wave 1 Accountable Care System.

"I hope you will join me in welcoming Jonathan to the system."

Appendix 2

BLMK Sustainability & Transformation Plan

Engagement

Information Governance and sharing information – what you need to know now.

When: Tuesday 27 February, 2018 10.00 am – 3.00 pm

Where: Rufus Centre, Lockyer Suite, Steppingley Road, Flitwick, Bedfordshire,

The first workshop of 2018 will explore information governance and what this means for information sharing across BLMK. This is your opportunity to find what work has been done so far and discuss your concerns about the implications of sharing patient records.

During the day we will also be covering:

- How we are supporting practices with preparing for the implementation of the Data Protection Act 2018
- Launching STP-wide information sharing agreement and discussing the benefits of making the patient record available for the direct care pathway
- Discuss what the barriers are and how we can help overcome these
- Support available to the changes in S1 around information sharing.

Food and refreshments will be provided at the event. Places will be reserved on a first come, first served basis. A full agenda will follow in the coming weeks.

To book your place email nicola.dowlen@mkuh.nhs.uk.

Clinical conversation

Over 100 colleagues from across BLMK gathered together at the Rufus Centre in Flitwick for the first Clinical Conversation of 2018.

The evening was the first time the focus was on the health and wellbeing of young people and was chaired by Professor Chris Ham, Chief Executive of the Kings Fund. Professor Monica Lakhanpaul, Professor of Integrated Community Child Health at Great Ormond Street Hospital, gave the evenings key note presentation and used the event to share experiences around child centred care and support, providing flexible support and multi-agency working and exploring the reasons for parents presenting at A&E.

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The second half of the evening was used to open the discussion up to the audience who were asked to consider eight key areas – acute care pathways; mental health; prevention; vulnerable and looked after children; special education needs; participation, peer support and commissioning; family resilience and support and; risky behaviours.

The round table discussions resulted in some lively debates but provided a wealth feedback for the BLMK team to take forward. This included:

- Involving children, young people and families in care
- Use of technology for shared information between professionals, self-care app development, virtual clinic and peer support
- Shared care record with patient accessibility to manage own care
- Pooling resources especially with small services. Also integration with adult services for transition.

Call for Bedford residents to become new FT members

When the merger between Luton & Dunstable Hospital (L&D) and Bedford Hospital is finalised a new Foundation Trust (FT) will be created. As a new FT, it will need a membership that reflects the population which the two hospitals serve. The L&D is already a FT with 16,000 members, however, there aren't enough members from Bedford Borough to fairly represent the population. A recruitment campaign was launched in November and although over 500 new members have registered, more are needed.

FT Members have a say in how the hospitals are run, how healthcare is provided to patients and can voice their concerns or make suggestions about future plans.

Initially people will be signed up to the L&D membership, however, at the point of merger, membership will be automatically transferred across to the new integrated Trust. This is the best opportunity for the people of Bedford to have a say in the future of the new FT. If you are able to promote this within your own organisations or circles, please email merger@ldh.nhs.uk or visit www.bedfordhospital.nhs.uk and click on the 'Proposed Merger and FT Membership' box on the home page.

Ongoing communications with stakeholders and staff will continue as plans progress. Information about the proposed merger can be found on both hospital websites www.ldh.nhs.uk and www.bedfordhospital.nhs.uk or email merger@ldh.nhs.uk.

Finance

BLMK STP Cancer Transformation funds secured

BLMK STP has been awarded £1.2 million by the East of England Cancer Alliance to transform cancer services across the region.

The funding will be used across BLMK to establish new ways of collaborative working which will sustain performance, implement best practice cancer pathways and new models of care.

As part of the work a new cancer transformation delivery team will be established to initially undertake baseline studies and understand the current state of play. Using best practice

Appendix 2

cancer pathways the new team will be focussing on – using new methods for bowel screening in primary care; prostate cancer pathway redesign and; lung cancer pathway.

Care homes digitisation funding agreed

Improving services for care home residents is a key priority for BLMK STP and this month took a step forward with the announcement of £995,000 funding to build on work already started in Luton and Central Bedfordshire.

The funding will be utilised to enable every care home in BLMK to have a robust Broadband Wi-Fi available for staff and residents together with secure NHS Mail access and suitable information governance training.

The provision of a NHS Mail will mean care homes can receive documentation directly from the hospital, community health service or other care settings, enabling them to receive up-to-date information to help them deliver better patient care and outcomes. Furthermore, Wi-Fi access will provide visiting staff, with a cheaper and more efficient service and allowing them to link with other initiatives to utilise technology for monitoring and alerting change.

If appropriate, residents will also be able to make use of technology such as Skype to keep in touch with family and friends.

This initial investment will also provide the basis for the future provision of a shared care record which will play an integral part in delivering an integrated care system.

Secondary care

Milton Keynes Hospital has launched the SystmOne Viewer in the Emergency Department. This gives clinicians the ability to access a ‘read-only’ view of GP records for patients whose GP uses SystmOne and who have consented to share out their information.

As SystmOne is the main GP record system in use across Milton Keynes, this means most of the patients visiting the Emergency Department can now benefit from significantly improved assessments of their condition.

Emergency Department clinicians no longer have to spend time trying to contact GP surgeries for information, delaying sometimes critical clinical decisions regarding treatment, leading to a much better patient experience and outcome from their hospital visit.

For patients who are not registered with a GP using SystmOne and those who have not consented to share their information, there is still the ability to quickly launch the Summary Care Record. Access to the system is via NHS SmartCards and takes just a few seconds to find a patient’s record, record consent and then open it.

Dr Shindo Francis, Clinical Lead for the department, said: “This has had a significant impact on early assessment of patients in ED and has been well received in the department.”

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting 21 March 2018

WORK PROGRAMME 2017/18

Responsible Officer: Richard Carr, Chief Executive
Email: richard.carr@centralbedfordshire.gov.uk

Public

Purpose of this report

1. To present an updated work programme of items for the Health and Wellbeing Board for 2017/18.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **consider and approve the work programme attached, subject to any further amendments it may wish to make.**

2. Health and Wellbeing Boards are a requirement under the Health and Social Care Act 2012. The Board brings together key local commissioners for health, social care and public health. It provides strategic leadership and will promote integration across health and adult social care, children's services, safeguarding and the wider local authority to secure high quality and equitable health and wellbeing outcomes for the population of Central Bedfordshire.

3. The work programme is designed to ensure the Health and Wellbeing Board is able to deliver its statutory responsibilities and key projects that have been identified as priorities by the Board.

Work Programme

4. Attached at Appendix A is the currently drafted work programme for the Board for 2017/18.

5. The work programme ensures that the Health and Wellbeing Board remains focused on key priority areas and activities to deliver improved outcomes for the people of Central Bedfordshire.

Governance and Delivery Implications

6. The Health and Wellbeing Board is responsible for the Health and Wellbeing Strategy. The work programme contributes to the delivery of priorities of the strategy and includes key strategies of the Clinical Commissioning Group.

Equalities Implications

7. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Conclusion and next Steps

8. The Board is now requested to consider the work programme attached and amend or add to it as necessary. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

Appendices

9. Appendix A – Health and Wellbeing Board Work Programme

Background Papers

10. None.

Issue for Decision	Description	Indicative Meeting Date	Lead Director and contact officer(s)
Mental Health	To receive a report on all age mental health prevention and treatment.	11 July 2018	Contact Officers: Rachel Volpe, Head of Mental Health and Learning Disabilities, BCCG Celia Shohet, AD Public Health, CBC, Sarah Wilson, ELFT
Joint Health and Wellbeing Strategy	To receive the final draft of the Joint Health and Wellbeing Strategy	11 July 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Vicky Head, StR Public Health
Director of Public Health's Annual report on Homelessness and Health	To receive the Director of Public Health Report 2018	11 July 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: James McGowan, StR Public Health
Sustainability and Transformation Plan	To receive an update on the progress of the Sustainability and Transformation Plan (STP), the Better Care Fund and improving outcomes for Frail Older People	11 July 2018	Richard Carr, Chief Executive, CBC Contact Officer: Patricia Coker, Head of Partnership and Performance, CBC
Health and Wellbeing Board Governance arrangements	To receive an update on the goverance structures reporting to the Health and Wellbeing Board	11 July 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Celia Shohet, AD Public Health, CBC
Sustainability and Transformation Plan	To receive an update on the progress of the Sustainability and Transformation Plan (STP), the Better Care Fund and improving outcomes for Frail Older People	21 October 2018	Richard Carr, Chief Executive, CBC Contact Officer: Patricia Coker, Head of Partnership and Performance, CBC
Sustainability and Transformation Plan	To receive an update on the progress of the Sustainability and Transformation Plan (STP), the Better Care Fund and improving outcomes for Frail Older People	23 January 2019	Richard Carr, Chief Executive, CBC Contact Officer: Patricia Coker, Head of Partnership and Performance, CBC
To be Timetabled			
Primary Care Service Development	To provide a progress update on Primary Care Service Development.		Sarah Thompson, Chief Accountable Officer, BCCG Contact Officer:

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