



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH AND WELLBEING BOARD** will be held at the Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 11 JUNE 2015 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Andy Couldrick', written in a cursive style.

Andy Couldrick
Chief Executive
Published on 3 June 2015

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Our Vision

A great place to live, an even better place to do business

Our Priorities

Improve educational attainment and focus on every child achieving their potential

Invest in regenerating towns and villages, support social and economic prosperity, whilst encouraging business growth

Ensure strong sustainable communities that are vibrant and supported by well designed development

Tackle traffic congestion in specific areas of the Borough

Improve the customer experience when accessing Council services

The Underpinning Principles

Offer excellent value for your Council Tax

Provide affordable homes

Look after the vulnerable

Improve health, wellbeing and quality of life

Maintain and improve the waste collection, recycling and fuel efficiency

Deliver quality in all that we do

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Nick Campbell-White	Healthwatch Wokingham Borough
Chief Inspector Rob France	Community Safety Partnership
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Nikki Luffingham	NHS England
Judith Ramsden	Director of Children's Services
Stuart Rowbotham	Director of Health and Wellbeing
Katie Summers	NHS Wokingham CCG
Dr Cathy Winfield	NHS Wokingham CCG
Kevin Ward	Place and Community Partnership Representative

ITEM NO.	WARD	SUBJECT	PAGE NO.
1.		APOLOGIES To receive any apologies for absence	
2.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 9 April 2015.	7 - 16
3.		DECLARATION OF INTEREST To receive any declarations of interest	
4.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this Board. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	

5.		MEMBER QUESTION TIME To answer any member questions	
6.	None Specific	ELECTION OF CHAIRMAN FOR THE 2015/16 MUNICIPAL YEAR To elect a Chairman for the 2015/16 municipal year. (2 mins)	
7.		ELECTION OF VICE CHAIRMAN FOR 2015/16 MUNICIPAL YEAR To elect a Vice Chairman for the 2015/16 municipal year. (2 mins)	
8.	None Specific	APPOINTMENT OF HEALTH AND WELLBEING BOARD SUB COMMITTEE MEMBERS 2015/16 To appoint members of the Health and Wellbeing Board Sub Committee for 2015/16. (5 mins)	17 - 20
9.	None Specific	JOINT WOKINGHAM CCG AND WOKINGHAM BOROUGH COUNCIL EMOTIONAL HEALTH AND WELLBEING STRATEGY 2015 TO 2017 To consider the Joint Wokingham CCG and Wokingham Borough Council Emotional Health and Wellbeing Strategy 2015 to 2017. (20 mins)	21 - 76
10.	None Specific	CHILDREN'S SOCIAL CARE ANNUAL REVIEW To consider a report regarding the Children's Social Care Annual Review. (20 mins)	77 - 104
11.	None Specific	LOCAL ACCOUNT To consider the Local Account. (20 mins)	To Follow
12.	None Specific	PERFORMANCE METRICS To receive updates on performance against the following: (20 mins) <ul style="list-style-type: none"> • Better Care Fund; • Public Health Outcomes Framework, NHS and Adult Social Care, • Health & Wellbeing Strategy 2014-17. <p>Please note that this will be by exception only.</p>	To Follow
13.	None Specific	UPDATE FROM BOARD MEMBERS To receive updates on the work of the following Health and Wellbeing Board members: (20 mins) <ul style="list-style-type: none"> • Business, Skills and Enterprise Partnership • Community Safety Partnership • Place and Community Partnership • Healthwatch Wokingham Borough 	

14. FORWARD PROGRAMME **105 - 110**
To consider the Board's work programme for 2015/16.
(5 mins)

**15. ANY OTHER ITEMS WHICH THE CHAIRMAN
DECIDES ARE URGENT**
A Supplementary Agenda will be issued by the Chief
Executive if there are any other items to consider
under this heading

CONTACT OFFICER

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**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON 9 APRIL 2015 FROM 5.00 PM TO 7.15 PM**

Present

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Nick Campbell-White	Healthwatch Wokingham Borough
Chief Inspector Rob France	Community Safety Partnership
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Judith Ramsden	Director of Children's Services
Clare Rebbeck	Place and Community Partnership
Stuart Rowbotham	Director of Health and Wellbeing
Katie Summers	NHS Wokingham CCG

Also Present:

Madeleine Shopland	Principal Democratic Services Officer
Darrell Gale	Consultant in Public Health
Jim Stockley	Healthwatch
Nicola Strudley	Healthwatch
Justin Wilson	BHFT
Andy Couldrick	Chief Executive

71. APOLOGIES

An apology for absence was submitted from Nikki Luffingham.

72. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 12 February 2015 were confirmed as a correct record and signed by the Chairman.

73. DECLARATION OF INTEREST

There were no declarations of interest made.

74. PUBLIC QUESTION TIME

74.1 Jim Stockley asked the Chairman the following question:

Question

Healthwatch Wokingham Borough have collated serious concerns from professionals, young people and parents about the Child and Adolescent Mental Health Services (CAMHS) in Wokingham Borough. A comprehensive independent review of CAMHS was undertaken a year ago. We understand that this service will not be recommissioned but that a local action plan for Wokingham is currently being finalised. Can you tell us who and which organisation is taking lead responsibility for turning this failing service around? Healthwatch Wokingham Borough believes that young people in Wokingham Borough are

at risk of increased distress due to the lack of timely and effective emotional support being provided.

Answer

Wokingham CCG are concerned about the reported serious concerns reported by Wokingham Healthwatch. The CCG would like to see a copy of any report by Healthwatch in order to respond to specific concerns raised. Numerous local, regional and national reviews into emotional health and wellbeing services for children and young people have been published over the past 12 months including a Berkshire CCG commissioned review which was published on the Wokingham CCG website last year. Since then “You said, We Did” update on progress has also been published by the CCG in December 2014. Both reports are also available on the Wokingham CCG website in a Young Person friendly format.

<http://www.wokinghamccg.nhs.uk/mental-health/review-and-outcomes-of-berkshire-camhs>

‘Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing’ (March 2015) makes a number of proposals the government wishes to see by 2020.

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

These include:

- tackling stigma and improving attitudes to mental illness
- introducing more access and waiting time standards for services
- establishing ‘one stop shop’ support services in the community
- improving access for children and young people who are particularly vulnerable

The report sets out how much of this can be achieved through better working between the NHS, local authorities, voluntary and community services, schools and local services. It also makes it clear that many of these changes can be achieved by working differently, rather than needing significant investment.

“Future in Mind” recommends the development of Transformation Plans for Children and Young People’s Mental Health and Wellbeing which clearly articulates the local offer. These Plans would cover the whole spectrum of services for children and young people’s mental health and wellbeing from the health promotion and prevention work, to support interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. It is anticipated that the lead commissioner, in most cases the Clinical Commissioning Group, would draw up the Plans, working closely with the Health and Wellbeing Board partners including local authorities. All these partners have an important role to play in ensuring that services are jointly commissioned in a way that promotes effective joint working and establishes pathways.

Wokingham CCG will be working with partners to develop a Transformation Plan. Lead responsibility will be confirmed in due course. Given the complex commissioning arrangements in Wokingham there is a need for close partnership engagement.

There are bits that I can come on to but I think the main part is that the CCG have not seen a copy of your report so they are somewhat blind to exactly the specifics of what it says so what I would suggest is that, unless there is a particular reason why you could not, if you could let the CCG and us have a copy of the report.

There was further discussion regarding the Healthwatch Wokingham Borough report.

75. MEMBER QUESTION TIME

There were no Member questions received.

76. HEALTH AND WELLBEING BOARD SUB-COMMITTEE

Darrell Gale presented a report regarding the establishment of a Health and Wellbeing Board Sub Committee. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Health and Wellbeing Board was able to establish formal sub committees to discharge those of its functions it considered appropriate.

During the discussion of this item the following points were made:

- In January 2014 the Public Health Team had commissioned Grimes Ltd. to carry out a needs assessment for primary healthcare requirements in the Borough's Strategic Development Locations at Arborfield Garrison, South of M4, Wokingham North and Wokingham South. One of the main recommendations of the final report was that "*The Wokingham Health and Wellbeing Board forms a sub-committee, which includes co-opted external members as necessary, to act as a Programme Board to manage the healthcare delivery programme up to 2026.*"
- Councillor Haitham Taylor commented that the difference between a formally constituted sub-committee and a working group could be made clearer.
- The Board considered the draft terms of reference. Darrell Gale commented that the introduction in the terms of reference should also refer to the planning of primary care infrastructure.
- A number of Board members questioned why a formal sub-committee was required. Darrell Gale commented that this was to provide transparency and accountability.
- Dr Zylstra suggested that a mechanism be created to deal with any conflicts of interest.
- It was suggested that elected Member sub-committee members be allowed to have nominated substitutes.
- Some Board members questioned why South Central Ambulance had been included as a possible member. Stuart Rowbotham suggested that there be no providers members and that South Central Ambulance be co-opted as and when required.
- It was proposed that amendments discussed be made to the draft terms of reference and circulated to the Board for agreement.

RESOVLED That

- 1) the Health and Wellbeing Board Sub Committee be established;
- 2) following amendment, the terms of reference be recommended for inclusion in the Council's Constitution.

77. PROTOCOL BETWEEN THE LOCAL SAFEGUARDING CHILDREN'S BOARD AND THE HEALTH AND WELLBEING BOARD

The Board received a Protocol between the Local Safeguarding Children's Board and the Health and Wellbeing Board. The Director of Children's Services commented that the Protocol had been endorsed by the Local Safeguarding Children's Board.

RESOLVED That the Protocol between the Local Safeguarding Children's Board and the Health and Wellbeing Board be noted.

78. PERFORMANCE METRICS

The Board received an update on performance against various performance metrics.

During the discussion of this item the following points were made:

- Darrell Gale updated the Board on a number of Public Health Outcome Framework (PHOF). Comparing Wokingham to the comparative deprivation decile the majority of indicators were green. The Board was focusing on the few red indicators where improvement was required.
- The School Readiness indicators had an upward direction of travel. Public Health had identified £100,000 for a community chest to support parents to access interventions that would hit a range of the PHOF's including School Readiness.
- The Chlamydia detection indicator had a downward direction of travel. However, the direction of travel was based on only two data points.
- With regards to chlamydia detection, Councillor Haitham Taylor commented that she only saw testing kits in GP surgeries and 15-24 year olds did not always visit their GP often. She suggested that the Young Commissioners be asked for suggestions for other places that kits could be put. Dr Llewellyn commented that the Trust went out into the community to try and target the relevant age groups.
- The Health Check indicators remained red. Beverley Graves asked why Wokingham was underperforming on the number of Health Checks offered. It was noted that the CCG was making Health Checks a priority.
- Board members questioned how the PHOF indicators had been selected and suggested that an introductory précis would be helpful. It was agreed that it was important that the indicators that the Board monitored aligned with the Health and Wellbeing Strategy objectives.
- The Board discussed various performance indicators and the Health and Wellbeing Strategy objective that it related to, where appropriate.
- With regards to the 'Total non-elective admissions in to hospital (general & acute), all-age' indicator, Stuart Rowbotham indicated that it was sole performance payment metric in the Better Care Fund Plan. Wokingham was one of the best performers with regards to the non-elective admissions and the target set was very difficult. The CCG had proposed that the Department of Health be requested to revise the data and to renegotiate the non-elective admissions target.
- Councillor Haitham Taylor commented that a number of indicators were performing much better than expected and questioned whether this would have an impact on staff capacity. With regards to the 'Increase the number of referrals to the BHFT memory clinic' indicator, Katie Summers stated that the Trust had indicated that there was sufficient capacity.
- It was noted that the 'Number of Adult Safeguarding Referrals' had decreased. This was an area of significant concern and impact nationally and was something that Board felt needed to be monitored closely. Stuart Rowbotham emphasised that a referral was not necessarily evidence of a safeguarding issue. Councillor McGhee-Sumner questioned whether the target for next year would be based on this year's performance. Stuart Rowbotham commented that the benchmark across England was 591 referrals and it was expected that Wokingham would see fewer referrals than it was currently seeing.
- Councillor Bray questioned why there was not information on Children's Safeguarding. Judith Ramsden commented that the Local Safeguarding Children's

Board received data on the effectiveness of Children's Safeguarding. It was suggested that the Chairman liaise with the Chairman of the Local Safeguarding Children's Board with regards to the possibility of sharing that information with the Board.

RESOLVED That the update on performance be noted.

79. BETTER CARE FUND SECTION 75 AGREEMENT

The Board considered a report regarding the Better Care Fund Section 75 agreement. NHS England required Councils and Clinical Commissioning Groups (CCG) to hold the Better Care Fund pooled budgets in a section 75 agreement.

During the discussion of this item the following points were made:

- The Director of Health and Wellbeing indicated that it was not yet possible to conclude the signing of the Section 75 agreement as further clarification around of some elements was required.
- It was expected that the agreement would be signed off by the end of April and that it would then be taken to the Health and Wellbeing Board for information.

RESOLVED That the Section 75 pooled budget and proposed arrangements be noted.

80. PRESENTATION ON DEPARTMENT OF HEALTH ASSURANCE PROGRAMME - BETTER CARE FUND

The Board received a presentation on the Department of Health Assurance programme – Better Care Fund.

During the discussion of this item the following points were made:

- Board members were informed that the national Better Care Fund Task Force had produced standard reports for the minimum national reporting obligations against the key requirements and conditions of the Fund.
- CCGs and Councils were to use the quarterly reporting template, as well as an annual reporting template. The template covered reporting on: income and NHS defined expenditure; payment for performance; supporting metrics; and national conditions but not individual schemes. The reports were to be discussed and signed off by the Health and Wellbeing Board.
- Board members noted the return deadlines. As the deadlines for Operationalisation returns did not fit with the timetable of Health and Wellbeing Board meetings it was proposed that the signing off of the returns be delegated to the Director of Health and Wellbeing in conjunction with the Chairman of the Health and Wellbeing Board, who would then provide a full review of the completed return at the following Board meeting.

RESOLVED That

- 1) the presentation on the Department of Health Assurance programme – Better Care Fund be noted.
- 2) the signing off of the returns be delegated to the Director of Health and Wellbeing in conjunction with the Chairman of the Health and Wellbeing Board, who would then

provide a full review of the completed return at the following Health and Wellbeing Board meeting.

81. PRESENTATION ON NEIGHBOURHOOD CLUSTERS

Board members received a presentation on Neighbourhood Clusters.

During the discussion of this item the following points were made:

- Neighbourhood Clusters were one of the nine Better Care Fund Schemes designed to deliver improved services in the community, developed in partnership between health and social care.
- The CCG and Council had sought feedback from residents on the concept of Neighbourhood Clusters. Katie Summers provided feedback on the Neighbourhood Cluster events.
- It was proposed that there would be three Neighbourhood Clusters; North, West and East. There had been alignment with the SDL arrangements. The areas had been selected in line with predicted population growth. The GP Practices within these Clusters had formally agreed to work together.
- A Sam's Story in the Wokingham area had been produced which had been viewed over 3,000 times during March on the CCGs YouTube Channel and the Council's Facebook page. There had been 500 unique hits on Sam's Page during March on the CCG's web site.
- Two events had been held; one at St Crispin's School and one at the Oakwood Centre, which had been attended by 60 members of the public. Views had also been sought via PPG meetings, Twitter and Online Conversation 23-27 March. There had been 50 submissions online and 4,150 Twitter "impressions."
- Board members noted some of the comments made online and at the events.
- Katie Summers outlined some of the action which was being taken to address what people had said:
 - A Steering Group had been formed which had reviewed the key messages. This would meet monthly and include representation from Healthwatch Wokingham Borough;
 - A full report from Communications and Engagement would be considered. This could be taken to the Board in future;
 - Responses would also be put on the website;
 - The Project plan timescale would be adjusted;
 - A Project Manager would be brought in;
 - Initial mapping of accountability undertaken, although more was work required;
 - Transport and VCO funding would be taken into account;
 - Data security: needed to tie into communications about Connected Care Project
- Katie Summers outlined the pathway for the cluster development.
- With regards to financial support for the voluntary sector, Clare Rebbeck commented that support was needed for bidding for funds.
- Councillor Haitham Taylor commented that different areas had different needs. For example, transport was more of an issue in rural areas.
- Stuart Rowbotham stated that with regards to transport, volunteers liked working in localities. The areas would not be stand alone and funding was for the whole of the Borough.
- Clare Rebbeck indicated the Transport Forum had 350 volunteers and that they were looking to work together more effectively and to refer to each other.

RESOLVED That the presentation on Neighbourhood Clusters be noted.

82. PRESENTATION ON NHS WOKINGHAM CCG'S REFRESHED OPERATING PLAN

The Board received a presentation on NHS Wokingham CCG's refreshed Operating Plan.

During the discussion of this item the following points were made:

- Katie Summers reminded the Board that the CCG had submitted a refreshed Operating Plan.
- Changes needed were outlined:
 - New model of care provision which meets financial constraints;
 - Coordinated "wrap around" care enabled by different resourcing for primary, community and social care;
 - Hospital care delivered in the community building on the success of diabetes work in Berkshire West; professionals working together beyond hospital walls;
 - Focus on health and wellbeing, collaborating with Public Health to support patient self-care
- The CCG's focus areas included Hospital Services, Urgent Care Services and Out of Hospital Sector.
- With regards to the Plan on a Page, the Board was informed that the CCG would be focusing on Health Checks and carer's health checks in particular. The Hospital at Home model was being reshaped going forward and it was hoped that this project would begin in the summer.
- The CCG had received an allocation of £170.5m which represented a 7.3% increase in the current allocation. This was due to the anticipated population growth and the fact the CCG was in one of the lowest funded areas.
- Investments of £1.2m would be made in Mental Health services. This included Parity of Esteem, Crisis resolution £100,000, and Early Intervention Psychosis £100,000, CAMHS £440,000. With regards to CAHMS she clarified that Tier 2 services were commissioned by the Council.

RESOLVED That the presentation on NHS Wokingham CCG's refreshed Operating Plan be noted.

83. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST DRAFT QUALITY ACCOUNT

Dr Wilson presented the Berkshire Healthcare Foundation Trust draft Quality Account 2015 to the Board.

During the discussion of this item the following points were made:

- The Account included the Trust's priorities for the year ahead and information on the previous year's priorities.
- Nick Campbell-White emphasised that the Account did not give sufficient information on outcomes with regards to CAMHS. Dr Wilson commented that activity with regards to Tier 3 had increased and that the Account did refer to working effectively with other commissioners. CAMHS had been reorganised but demand had not yet been caught up with.
- Nick Campbell-White commented that CAMHS had been identified as a priority the previous year and questioned why the Account stated that a lot of work was still

required in this area. Dr Wilson commented that there had been progress in the understanding of what was needed and in working with partners.

- With regards to the funding of CAMHS, Dr Zylstra commented that there were different commissioners for different parts of the service.
- Councillor Haitham Taylor commented that the length of waiting times for CAMHS was unacceptable. She also expressed concern at the percentage of readmissions and the fact that only 76% of practitioners working with the 0-19 children's community health teams across Berkshire were compliant with receiving individual child protection supervision between September 2012 and April 2013. She felt that the forward plan for the next year could be more detailed.
- Dr Wilson assured the Board that local plans were in place to tackle CAMHS waiting lists. Whilst the Trust had selected 3-4 priorities for the Quality Account, this did not reflect all that the Trust was doing.
- Judith Ramsden commented that as Director of Children's Services she would look for much quicker assurance and that change needed to have happened within 3 months. She was disappointed that children in care were not a key group of those who experienced health inequality but she was very supportive of the health visitor service.
- Dr Wilson indicated that much of the content within the draft Account was mandated.
- Dr Llewellyn emphasised that it was important to understand why the number of children using CAMHS was increasing.
- Nick Campbell-White suggested that more needed to be included in the Account regarding how the Trust would deal with complaints it received.
- It was proposed that a Board meeting focus on CAMHS to enable Board members to look at different aspects of the service.
- It was noted that the Trust was working hard to engage with staff.
- Stuart Rowbotham commented that the number of nursing vacancies was of concern particularly as there was investment in increased community services out of hospital. Beverley Graves asked what was being done to support nurses' wellbeing.
- With regards to a common point of entry, Stuart Rowbotham suggested that the Trust engage with the work being carried out in relation to the Hub. Dr Wilson indicated that progress had been made with the recruitment of health visitors.

RESOLVED That the Berkshire Healthcare Foundation Trust draft Quality Account 2015 be noted.

84. VOLUNTARY SECTOR REPRESENTATION

The Board discussed future Voluntary Sector representation on the Health and Wellbeing Board.

During the discussion of this item the following points were made:

- Clare Rebbeck provided an update on the work of the Place and Community Partnership and the Co-Production Network. Board members were reminded that it was Mental Health Awareness Week on the week beginning 11 May.
- Clare Rebbeck commented that there would be a new Chairman of the Place and Community Partnership and as such she would no longer be a Board member and the Voluntary Sector would no longer be represented on the Health and Wellbeing Board. She asked Board members to give consideration as to whether they would like Voluntary Sector representation in future. Judith Ramsden indicated that the

voluntary sector lead was under her area and that she would give the matter further consideration.

RESOLVED That further consideration be given to Voluntary Sector representation on the Health and Wellbeing Board.

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HEALTH AND WELLBEING BOARD SUB-COMMITTEE

4.4.48 Introduction

The Core Strategy sets out the location and vision for community developments across the Borough to 2026. In taking forward the Core Strategy the Council recognises its responsibility with other stakeholders to meet the health needs of a growing and changing population.

The Health and Wellbeing Board Sub Committee will act as a Programme Board to manage the planning of local primary care infrastructure up to 2026.

4.4.49 Membership

The membership of the Health and Wellbeing Board Sub-Committee will be as follows:

- a) Two Elected Members who sit on the Health and Wellbeing Board;
- b) Two representatives from the Wokingham Clinical Commissioning Group;
- c) One representative from NHS England;
- d) One representative from local Healthwatch;
- e) Wokingham Borough Council Consultant in Public Health;
- f) One Wokingham Borough Council Director;
- f) One senior Wokingham Borough Council Planning Officer working on the Strategic Development Location's delivery;
- g) One representative representing the Health and Wellbeing Board Partnership Groups;

The Health and Wellbeing Board Sub Committee may appoint such additional persons to be members of the Sub Committee as it thinks appropriate. The appointment of any additional members to the Health and Wellbeing Board Sub Committee will take place at Sub Committee meetings.

4.4.50 Co-optees

With the agreement of the Health and Wellbeing Board Sub Committee individuals may be co-opted to the Health and Wellbeing Board Sub Committee for an agreed period.

Representatives from other key partners may be invited to attend the Health and Wellbeing Board Sub Committee meeting where there is a specific agenda item which would benefit from their engagement. Representatives attending in this capacity will be non-voting attendees.

4.4.51 Appointment of Health and Wellbeing Board Sub Committee

Health and Wellbeing Board Sub Committee members will be appointed at the first meeting of the Health and Wellbeing Board of the municipal year.

4.4.52 Voting

The Health and Wellbeing Board Sub Committee will generally reach decisions by consensus. However, in the event that a vote is required the Chairman will have the casting vote.

4.4.53 Substitutes

Named substitutes are permitted to cover for representatives if they are unable to attend a meeting. Elected Member substitutes should be a member of the Health and Wellbeing Board.

Organisations will appoint a substitute for their representative(s) at the beginning of the municipal year. Appointment as a substitute to the Health and Wellbeing Board Sub Committee may be renewable.

If sub committee members are unable to attend a Sub Committee meeting they may ask the nominated substitute to act in their place (including vote on their behalf if applicable) at the meeting.

Substitute Members will have all the powers and duties of any Ordinary Member of the Board Sub Committee but will not be able to exercise any special powers or duties exercisable by the person they are substituting.

4.4.53.1 Changing Substitutes

Organisations represented on the Health and Wellbeing Board Sub Committee will inform Democratic Services should they change the substitute for their representative(s) on the Board Sub Committee during the municipal year.

4.4.54 Chairman and Vice Chairman

The Chairman of the Health and Wellbeing Board Sub Committee will be appointed at the first meeting of the Health and Wellbeing Board Sub Committee of the municipal year.

The Vice Chairman of the Board Sub Committee will be appointed at the first meeting of the Health and Wellbeing Board Sub Committee of the municipal year and can be any other member of the Board Sub Committee.

4.4.55 Functions

The Health and Wellbeing Board Sub Committee will:

- a) bring together relevant stakeholders and partners to ensure effective discussion of the commissioning of local health services as the Borough's population grows and changes;
- b) effect decision making regarding the commissioning of local health services by providing recommendations to the Health and Wellbeing Board and other commissioning partners, how and where investment, resources and improvements could be made within the Borough.

4.4.56 Meetings

The Health and Wellbeing Board Sub Committee shall meet on a basis agreed by the Health and Wellbeing Board Sub Committee.

Additional (extraordinary) meetings may take place with the agreement of the Chairman. Dates, times and locations of meetings will be agreed by the Health and Wellbeing Board Sub Committee and published.

4.4.57 Reporting Lines

The Health and Wellbeing Board Sub Committee will report and make formal recommendations to the Health and Wellbeing Board as appropriate, in accordance with functions described in 4.4.55.

4.4.58 Attendance of Public and Press

The Health and Wellbeing Board Sub Committee will meet in public, unless confidential or exempt information is to be discussed, and the Access to Information Rules contained in Chapter 3.2 of this Constitution set out the requirements covering public meetings. The principles of decision making set out in Chapter 1.4 will apply to meetings of the Board Sub Committee.

4.4.59 Public and Member Questions

Public and Member questions can be asked in relation to items under their remit in accordance with the requirements set out in Chapter 4.2 of this Constitution.

The total time allotted questions from the public will be limited to 30 minutes and Member questions will be limited to 20 minutes. The total time allotted to public and Member Questions may be extended at the discretion of the Chairman.

At meetings after each main presentation, members of the public present will be allowed to ask questions (through the Chairman). Any questions from the floor must be relevant to the item or presentation just received, and not relate to personal cases. Question time would be limited to 5 minutes per item at the discretion of the Chairman.

4.4.60 Speaking Rights

A Member of the Council who is not a member of the Board Sub Committee shall be entitled to attend and speak (but not vote) at any full public meeting of the Health and Wellbeing Board Sub Committee at the discretion of the Chairman.

4.4.61 Quorum

The quorum of a meeting of the Health and Wellbeing Board Sub Committee shall be three.

If there is no quorum at the published start time for the meeting, a period of no more than 10 minutes will be allowed, and if there remains no quorum at the expiry of this period, the meeting will be declared null and void.

Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board Sub Committee.

4.4.62 Code of Conduct

All voting members of the Health and Wellbeing Board Sub-Committee will be subject to the Code of Conduct for Councillors set out in Chapter 9.2 of this Constitution.

When recommending a course of action that, if acted upon by the Health and Wellbeing Board, will either positively or negatively directly affect any organisation or business which

provides services under contract to the NHS, sub committee members from these bodies will either need to declare a personal interest or in the case of a Disclosable Pecuniary Interest, receive a dispensation.

Agenda Item 9.

TITLE	Joint Wokingham CCG and Wokingham Borough Council Emotional Health and Wellbeing Strategy 2015 to 2017
FOR CONSIDERATION BY	Health and Wellbeing Board on 11 June 2015
WARD	None Specific
DIRECTOR	Judith Ramsden, Childrens Services Gabrielle Alford, Joint Commissioning, West of Berkshire CCG Federation

OUTCOME / BENEFITS TO THE COMMUNITY

The Emotional Health and Wellbeing Strategy sets out a joint approach to the commissioning and provision of Child and Adolescent Mental Health Services (CAMHS) across Wokingham Borough. It is intended to lead to better health and wellbeing outcomes by identifying a work programme for the 2015 to 2017 period that will resolve identified service delivery issues.

RECOMMENDATION

1. To agree the proposed Emotional Health and Wellbeing strategy.
2. To provide partnership commitment to the strategy Action Plan that aims to build a transformed comprehensive Child and Adolescent Mental Health Service (CAMHS) offer to families which is seamless and moves away from boundaries created by Tiered provision.
3. To require action to ensure that the Joint Strategic Needs Assessment process be improved in its analysis of children and young people's emotional health and wellbeing and that a performance scorecard be agreed across commissioners and providers for comprehensive CAMHS to be presented quarterly at Health and Wellbeing Board
4. To delegate responsibility for overseeing the implementation of the action plan to the Children and Young People's Partnership.

SUMMARY OF REPORT

Wokingham Borough Council and Wokingham CCG have duties to co-operate in the commissioning of emotional health and wellbeing services. There are specific duties to a number of statutorily defined children and young people, in particular:

- Children in Care
- Children in Need
- Children and young people under the supervision or support of the Youth Offending Service.

The need for CAMHS is rising. As a consequence services are being prioritised to ensure that issues are assessed swiftly but we are seeing significant delays for some

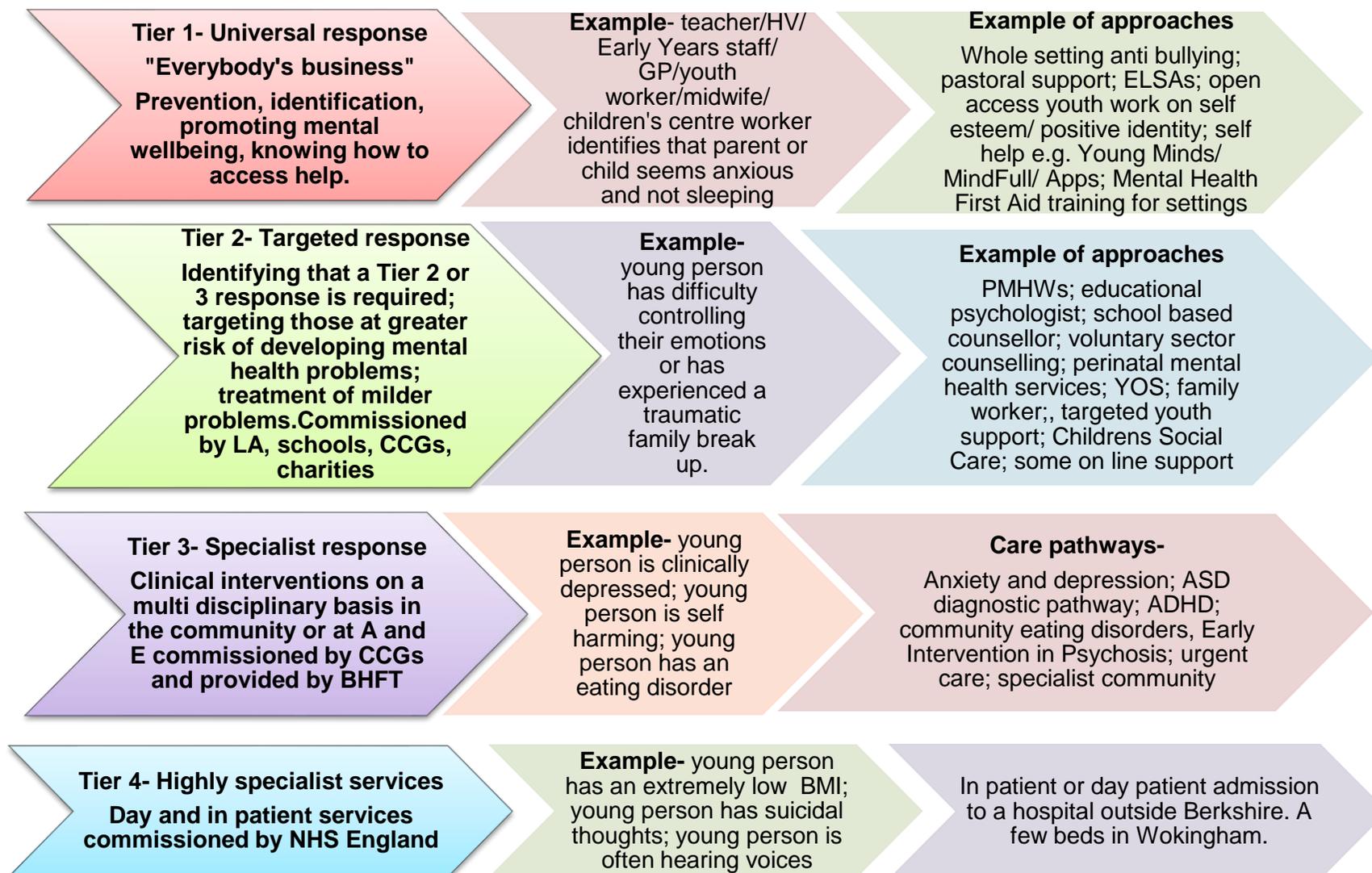
children and poor experiences for some children and young people. It is clear that action is required to improve outcomes for children, young people and families.

Wokingham Borough Council and Wokingham CCG have developed a strategy and action plan to improve comprehensive CAMHS. Health and Wellbeing Board members are asked to consider the strategy and action plan and agree to the recommendations above.

A summary of comprehensive Child and Adolescent Mental Health Services is provided below

Comprehensive CAMHS “4 Tier” model of service delivery in Wokingham

23



Background and Analysis of Issues

1 A range of national, regional and local reviews have been undertaken in the last 12 months that relate to Child and Adolescent Mental Health Services. A very good summary of the policy context is to be found in the Commons Select Committee report, published 28th Oct, which says;

‘There are serious and deeply ingrained problems with the commissioning and provision of Children’s and Adolescents’ mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.’

2 The report cites that the reasons for this as being:

- Rising demand for specialist services that is leading to increased waiting lists at this level. The national reasons for rising demand are unclear. It is thought that this could be due to greater awareness and less-stigma attached to mental health issues. Additionally, the current arrangements are characterised by fragmented care pathways that result in children not accessing universal and targeted provision but going straight to specialist provision. The Select Committee also highlights the increasing influence and prevalence of the digital culture that young people are growing up in as having a significant impact on demand.
- Nationally there has been variation on whether CCGs and partners are prioritising CAMHs. In Berkshire however there has not been a cut in funding at the specialist level, but there is variation at the universal and targeted service level across the county.
- Nationally there are major problems with access to Tier 4 inpatient services, with children and young people’s safety being compromised while they wait for an inpatient bed to become available. Locally temporary beds are always found and police cells are never used while Tier 4 beds are sourced. However because there are no tier 4 beds in Berkshire, young people have to be placed out of county and this makes contact with family, friends and local services difficult, leading to longer in patient stays.
- Many of the children’s work-force nationally currently feels ill-equipped and lacking in confidence in dealing with mental health issues in children and young people, and that their current training does not prepare them adequately for this.

3 Berkshire completed a comprehensive engagement exercise about Berkshire CAMHs service during spring 2014. Views were gathered from children and young people, parents and foster carers, staff who work in the service, GPs and others who refer into the service and others with an interest in the service. The results of this, including the findings and recommendations are available on the Berkshire Clinical Commissioning Groups’ (CCGs) websites.

4 Wokingham Borough Council and Wokingham CCG have developed a Wokingham Emotional health and Wellbeing Strategy setting out our need, demand for services, range of provision, gaps and priorities for improvement. This strategy is informed by best practice and research and has been informed by the views of children young people, parents and carers and practitioners.

- 5 Health Watch Wokingham have recently completed an extensive survey of children and young people, identifying emotional health and wellbeing priority issues for Wokingham children and young people, the findings of which have informed our strategy.
- 6 The JSNA document which describes Child and Adolescent Mental Health Services (CAMHS) is currently been refreshed. The specific area on emotional and mental health of children was one of the last ones to be completed last year and will be improved during the refresh. The latest update data from the shared team in Bracknell Forest is expected in April 2015. Data will be analysed and comparisons made with statistical neighbours and against national averages where possible. This will be added to the strategy.
- 7 The proposed Strategy provides a full range of commitments to improve the service delivery to meet the 10 recommendations that were made in the recent Child and Adolescent Mental Health service engagement report.
- 8 Currently Tier 3 performance across the Berkshire West (i.e. Reading, Wokingham and West Berkshire areas) is showing;
- 9 An increase in referrals compared to the same months last year, but this is rising at a slower rate than was the case in 2013/14.
- 10 All urgent referrals are being seen by tier 3 CAMHS within 24 hours.
- 11 In addition 77% of referrals classed as needing to be seen 'soon' were seen within 4 weeks.
- 12 Finally 27% of routine referrals were seen within 7 weeks. The 7 week target is a Berkshire target and is ambitious, as other parts of the country often use up 26 weeks as the routine referral benchmark. (54% is our 16 week plus figure for Berkshire West).
- 13 It is important to note that the vast majority of those that are waiting over the 7 week benchmark are on the ASD diagnostic pathway. This is acknowledged as an action to address in the action plan.
- 14 The CCG have secured approx. £300k mental health operation resilience funding and have agreed with BHFT that the priorities continue to be reducing waiting times starting with those young people who are assessed as being at most risk. The short term aim is to reduce the number of young people who reach crisis point. It is anticipated that this will impact positively on the overall waiting lists but will not clear the backlog, the majority of whom have been identified as not being at immediate high risk.
- 15 A business case has been agreed received from BHFT to the CCGs regarding additional recurrent revenue investment to achieve sustainable shorter waiting times, as well as deliver a high quality, safe, efficient and easily accessible service. Wokingham Borough Council continues to retain its investment in Tier 2 services for families below the statutory threshold for investment as a range of Early Help services.

- 16 A range of work has also been underway at the universal and targeted levels of support. Importantly Wokingham Borough Council provides regular training opportunities for non-mental health practitioners in attachment theory and restorative practice as well as in specific topics such as self-harm or anxiety.
- 17 Wokingham Borough Council provides targeted support for families. Wokingham Borough Council commissions Berkshire Healthcare Foundation trust to deliver Primary Mental Health workers who provide assessment and interventions when there is a clear or emerging mental health need. Wokingham Borough Council commissions ARC youth counselling services and this compliments a range of other voluntary sector and school based youth counselling provision. For 15/16 Berkshire West CCGs have allocated grant funding to a number of voluntary sector organisations who support families in the Wokingham area including Time to Talk and ARC for youth counselling; and various voluntary sector organisations who support children and young people with Autism.

FUTURE OPPORTUNITIES

- 18 The six Berkshire Local Authorities have a shared action plan to work more cooperatively across the emotional health and wellbeing pathway. In addition, work is underway to develop further cooperation between local CCGs, Wokingham Borough Council and the neighbouring Local Authorities in these key areas:
 - Joint commissioning both in voluntary and statutory sector
 - Workforce development
 - Building links between care pathways to create a more seamless journey up and down the system, particularly between Tiers and providers
- 19 Building collaboration with University of Reading to develop an evidence base for anxiety and depression in a stepped care model.
- 20 Using digital technology to increase both access and support e.g. MindFull online counselling; an App for Self harm, anxiety and depression (Slough pilot); Young SHaRON online support platform for CAMHS users, young mothers and Children in Care.
- 21 Commissioning School Nursing and Health Visiting to support integrated pathways, universal prevention services and early identification for support.
- 22 A “good” CAMHS service has been described in the new national service specification for Tiers 2 and 3 and is described in www.jcpmh.info “Guidance for commissioners of child and adolescent mental health services”. Berkshire West CCGs and BHFT constantly use benchmarking information and national exemplars of good practice to develop services. For example CAMHS workers at the Berkshire Adolescent Unit are currently being trained in Dialectical Behaviour Therapy which has a good evidence base for people who self-harm. Thames Valley Strategic Clinical Network continues to have a focus on improving CAMHS, transition into adult services and perinatal mental health services in this area.
- 23 A number of national pilots are underway to improve transition between child and adult mental health services. Lessons learned could aid in developing local

mental health services in the future.

NEXT STEPS

- 24 Health and Wellbeing Board have requested further details of the budgets for services to be included in the strategy and these will be presented to the Board
- 25 Health and Wellbeing Board have requested a performance update against the proposed actions along with performance data and this will be presented at the Board.
- 26 For the Children and Young People's Partnership Board to oversee implementation of the action plan and to hold partners to account
- 27 To report progress on the action plan at future Health and Wellbeing Board meetings on a three monthly basis.

BACKGROUND PAPERS

Commons Select Committee report – Oct 14

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm>

Healthwatch Engagement exercise link

<http://www.healthwatchwokingham.co.uk/publications>

Local Offer link

<http://info.wokingham.gov.uk/kb5/wokingham/info/advice.page?id=5SAcKqfN5cM>

Future in Mind -March 2015

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

Other financial information relevant to the Recommendation/Decision
The Strategy includes for the development of a range of service developments. If these require additional or new resources to be fully implemented then reports will be taken forward to the respective funding bodies for consideration.

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Date 12 th May 2015	Version No. 2.0

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Joint Wokingham CCG and Wokingham Borough Council Emotional Health and Wellbeing Strategy 2015 to 2017

Summary and purpose

This strategy sets out how integrated services commissioned and delivered by Wokingham Borough Council and Wokingham CCG will support the emotional health and wellbeing of children and young people in Wokingham by providing a holistic offer from prevention through to specialist intensive therapies. Our joint and shared ambition is to develop and deliver comprehensive Child and Adolescent Mental Health Services which are seamless and remove the barriers that currently exist through the differing agencies delivery and commissioning of CAMHS. Moving from a Tiered CAMHS system to a broad spectrum of emotional health and wellbeing services supporting the wide range of children and young peoples needs

The strategy considers how support should be provided across the range of current Tiers of service to help enable a seamless, comprehensive service:

- To colleagues and partner agencies working in settings providing services to the whole population (universal services) – such as schools (known as Tier 1 services);
- To children and young people (particularly those in a number of key groups as defined by statute including Children in Care, Children and Young People under the supervision of the Youth Offending Service and Children in Need (including those with disabilities) that need targeted assistance commissioned by Wokingham Borough Council (WBC) (Tier 2);
- To children and young people requiring specialist support from the NHS (Tier 3) (whether locally commissioned by the Wokingham Clinical Commissioning Group (CCG) or nationally by NHS England (Tier 4).

As a strategy it sits in a family of strategies and documents setting out support for children, young people and their families. These strategies provide a framework within which the Emotional Health and Wellbeing (EHW) strategy fits (such as the Early Help Strategy), support the EHW strategy through development of common components to all strategies (e.g. the Workforce Strategy), or provide indirect support by promoting better mental health as a secondary rather than primary aim (e.g. the Short Breaks Access Policy).

Wokingham Borough scored significantly worse than the national average for the previous National Indicator relating to the emotional health of children (*JSNA*). The demand for Children and Adolescent Mental Health Services (CAMHS) has been increasing year on year nationally and the pattern is repeated locally. With this, the requirement to meet local need, access to services and support across tiers 1-4 in a timely manner has become an ever increasing challenge.

WBC currently commissions the delivery of targeted support to vulnerable children and young people from Berkshire Healthcare Foundation Trust (BHFT) and the voluntary sector, in particular ARC counselling. BHFT are also the provider commissioned by the Wokingham Clinical Commissioning Group (CCG) of specialist CAMHS.

Unfortunately elements of delivery have been far from adequate, such as excessive patient waiting times from referral to 1st appointment with specialist CAMHS and targeted support being poorly developed.

The strategy sets out actions to be taken by both Tier 2 and Tier 3 commissioners to improve CAMHS service delivery across Tiers 1 to 3 and identifies Tier 4 activity with service implications for Wokingham residents, ensuring we deliver improved services in particular for those most vulnerable, including Children in Care.

Strategy context

Mental Health and Wellbeing

Chimat (National Child and Maternal Health Intelligence Network) defines mental health and emotional wellbeing as:

Mental health has been defined as: *“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”(WHO 2004)*

Emotional wellbeing has been defined as: *“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”(WHO 2007)* It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

The focus of the EHWP strategy is on **good mental health** – with an emphasis on support for the most vulnerable children and young people, including those in care, those in contact with the criminal justice system (managed by the Youth Offending Service) and Children in Need.

National Context

No Health Without Mental Health

The “Healthy Lives Healthy People” white paper (2010) established the framework for public health in Britain. Within this framework the current national policy for mental health is set out in “No Health Without Mental Health” (NHWMH) (2011). This stated that mental health is “everyone’s business” and detailed outcome objectives for mental health for people of all ages. Six shared objectives were established:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

A number of problematic statistics were highlighted:

- One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood.

- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s.
- Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed).
- One in ten new mothers experiences postnatal depression.

Key approaches included that changes would be “putting more power into people’s hands” and that “people and communities are able to take more responsibility for their own wellbeing”. It was recognised that “early intervention can make a long-lasting difference to people’s lives”.

The companion document *“No Health Without Mental Health: Delivering better mental health outcomes for people of all ages”* sets out the outcomes in more detail. Specific outcomes are established for children and young people against each of the six key priorities.

House of Commons Review

There is considerable national concern over the quality of services commissioned for children and young people requiring mental health services. This has been encapsulated in the House of Commons Select Committee’s (Health Committee) 3rd report of 28th October 2014 concerning Children’s and adolescents’ mental health and CAMHS. The report stated:

‘There are serious and deeply ingrained problems with the commissioning and provision of Children’s and Adolescents’ mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.’

The report went on to identify a number of specific issues of concern and made recommendations:

- problems with access to inpatient mental health services
- in many areas early intervention services are being cut or are suffering from insecure or short term funding
- demand for mental health services for children and adolescents appears to be rising
- many CCGs report having frozen or cut their budgets
- that the practice of taking children and young people detained under s136 of the Mental Health Act to police cells is unacceptable
- increased waiting times for CAMHS services and increased referral thresholds
- unacceptable variation in the provision of perinatal mental health services
- availability of services which bridge the gap between inpatient and outpatient care is extremely variable
- that information is not reliable and up to date

Key recommendations included:

- NHS England and the Department of Health should monitor and increase spending levels on CAMHS until we can be assured that CAMHS services in all areas are meeting an acceptable standard.
- mental health modules as part of ongoing professional development in schools for both teaching and support staff

- Children and young people also need to know how to keep themselves safe online supporting CAMHS providers to help young people cope with the challenges of online culture.

Organisation of comprehensive CAMHS – a 4 tier model

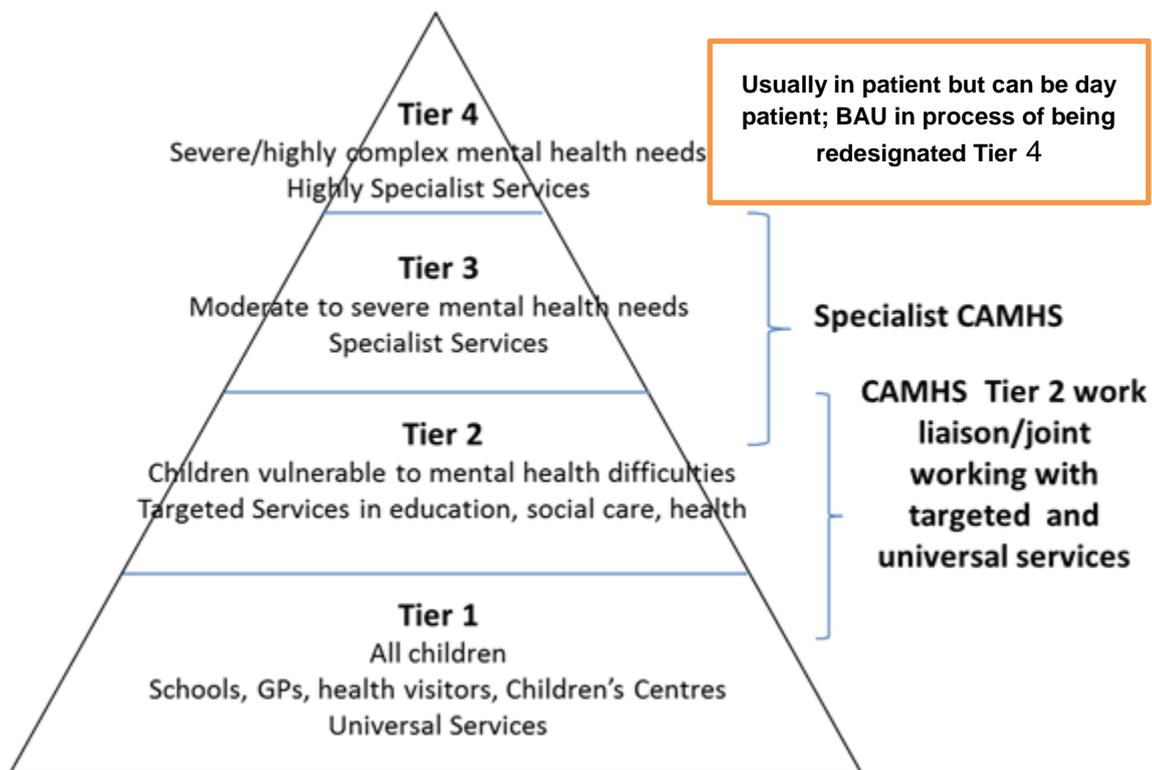
The diagram below shows how comprehensive CAMHS is organised.

Tier 4 provision is commissioned directly by NHS England. This includes in patient and highly specialist services.

Tier 3 or Specialist Services are commissioned by CCG's commission and are led by medically qualified practitioners.

Tier 2 or Targeted services are commissioned by local authorities. These services will provide direct support to individuals (for example through counselling) and provide support and leadership to Tier 1 practitioners (e.g. school based staff).

Tiers 1 or Universal services are provided by schools and other front line services.



Local Context

WBC Children and Young Peoples Plan 2014-2016

The WBC Children and Young People's Plan sets the agenda for this strategy. It establishes that there is a need for service improvement:

“High usage of CAMHS and uncertain mental health outcomes

We have high and increasing usage of both Child and Adolescent Mental Health Services across the children population but with a relatively low number of Children in Care supported by CAMHS.

There is a need to reduce the length of time children and young people have to wait from CAMHS initial assessment to receipt of service.

Wokingham Borough scored significantly worse than the national average for the previous National Indicator 050 reported in 2010 relating to the emotional health of children.

Children and Young People's Partnership Principles

The strategy will deliver against proposed overarching Partnership principles:

- client centred delivery
- a whole system approach to planning and commissioning
- an opportunity to integrate approaches to early intervention and prevention
- efficiency savings and value for money
- efficient use of available resources
- clearer accountability
- equity, access and fairness
- Integration of services to enable managed smooth transition of child need

Specific population outcomes expected as a consequence of this strategy are

- Reduction in Tier 3 referrals
- Increase resilience in tier 1, 2, parents, partners and young people
- Improved reported emotional health and wellbeing of young people
- Promotion and communication of good mental health and emotional resilience
- Strengthening the voice of the service user, through child centred delivery
- Individualised Holistic assessment and support plan directed
- Appropriate access and seamless transfer between service support (across the tiers)

Statutory duties

The law establishes the framework within which EHW services are commissioned. There is a strong imperative to commission services in an integrated approach with other partners and in particular with local NHS commissioners working for or on behalf of the local CCG and NHS England.

Under **Section 10 of the Children Act 2004**, the Children's Services authority is required to promote co-operation with its partners and others with a view to improving the physical, mental health and emotional well-being of children in its area.

The Health and Social Care Act 2012 established local health and wellbeing boards, charged with "preparing the joint strategic needs assessment, the joint health and wellbeing strategy and in promoting integrated working between NHS, public health and social care commissioners (Chapter 2)."

Other acts establish specific duties for Local Authorities. In particular there are specific duties relating to EHW for Children in Care Children and Young People involved with the Youth Justice System (under the Youth Offending Team) and Children in Need.

The Children Act 1989: Section 1(3) establishes a set of principles which must guide any decision made in relation to a child. The overriding principle is the welfare of the child and further considerations include (at sub-section 1(3)(b)) the child's physical, emotional and educational needs).

Section 17 deals with Children in Need and establishes the LA's duty to provide a "range and level of services appropriate to those children's needs".

Section 11 establishes that disabled children (who are established to be "Children in Need" in section 10) includes children with poor mental health: "For the purposes of this Part, a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed"

Statutory Guidance on **Promoting the Health and Wellbeing of Looked After Children** (2015) set out clear expectation for service provision for children in care, including that they should not be refused a service on the basis that a placement is short term or unplanned, that all agencies should understand the referral pathways and targeted and dedicated services (which could require a dedicated team) be provided where there is an identified need.

Legislation of particular relevance (identified in the statutory guidance) includes:

- The Children Act 1989 and associated regulations¹
- The Children Act 2004
- The Mental Capacity Act 2005 – Deprivation of Liberty Safeguards
- The National Health Service Act 2006
- The Mental Health Act 2007
- The Health and Social Care Act 2012
- The Care Act 2014
- The Children and Families Act 2014.

Section 23 (3) (a) of the Children Act 1989 establishes the key duty for a local authority to be "to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption". There is a specific requirement for health assessments, set out in more detail in the "*The Care Planning, Placement and Case Review (England) Regulations 2010*." This requires an initial health assessment by a registered medical practitioner with subsequent review assessments by a registered nurse or midwife.

This health assessment includes an assessment of the child's emotional health and wellbeing. This Health Assessment underpins the statutory Health Plan (in itself a component of the Care Plan).

There are equivalent duties laid on NHS partners to support this process – so in effect the Local Authority establishes the list of children in care requiring health assessments and the CCG organises the health assessments.

Where children are placed outside of the borough the responsibility for primary health care lies with the CCG responsible for the area where the child is placed, but the responsibility for secondary care lies with the originating CCG. This arrangement applies to Children in Care, children with SEN (with Education Health and Care Plans and Statements) placed outside the home borough, children not in care but placed in residential settings and for young adults (but only for meeting continuing health care needs).

Health Care Assessments include the requirement for the completion of a "Strength and Difficulties Questionnaire" (initially and as part of the normal review process). This is an important tool for identifying those individuals in need of specialist (Tier 3) support and (in

aggregate) as a measure of the performance of the EHW arrangements across a local authority area.

The Council's duties to children and young people involved with the Youth Justice System stem from the Crime and Disorder Act 1998. This requires a number of statutory agencies including local authorities, the police, probation, and health (CCGs under the Health and Social Care Act 2012) to set up youth offending teams (YOTs) to work with children and young people offending or at risk of offending. YOTs must include representatives from the police, probation, health, education and children's services. YOTs continue to have responsibility for children and young people sentenced or remanded to custody.

The YOT duties include for the assessment of the health needs (including emotional and mental health) needs of young people. The initial screening is accomplished with a number of nationally determined tools. Of particular relevance here are "SQIFA" (the mental health screening questionnaire for adolescents) and "SIFA" (the mental health screening interview for adolescents). These are only completed if a more general assessment (Asset) shows a need for this more detailed assessment.

Appendix One provides a more comprehensive summary of key national guidance.

Commissioning priorities summary

The focus of the EHWP strategy is derived from the analysis of the national and local context set out above. The key concern must be to produce an integrated approach to meeting the mental health needs of:

- Children in Care
- Children on the edge of Care
- Children and Young People supported by the Youth Offending Service
- Children in Need

Strategy scope and exclusions

Area within scope

- Commissioning and delivery of Tiers 1 and 2 services, including
 - Voluntary Sector counselling services
 - Pathways and interfaces with Tier 3 CAMHS
- Integration and provision of a preventative service approach/model to reduce the need for tier 3 and 4 services
- Integration with tier 3 services
- Accessibility criteria – Wokingham residents and pupils attending a Wokingham Borough educational facility, children in care whom are temporarily accommodated within the LA in conjunction with placing authority/ care provider.

Areas for future review

- School Nurse service – recommendations from Reading Healthwatch propose consideration of specialist school nurses to support the mental health of young people
- Perinatal mental health and postnatal support
- Parenting support
- Potential to utilise Educational Psychology Service to assess and provide tier 2 support

- Adult mental health services and provision
- Voluntary and third sector providers

Profile and needs analysis

The available data is captured at borough (Wokingham CCG), Berkshire West (Wokingham, Reading, Bracknell Forest and West Berkshire LA areas and Berkshire levels. This reflects the organisation of Tier 3 health care – with CAMHS Tier 3 services commissioned jointly by all seven CCGs serving the six local authority areas.

The JSNA data (CHIMAT) is currently under review, so is only referenced in summary comments.

Tier 1 Profile

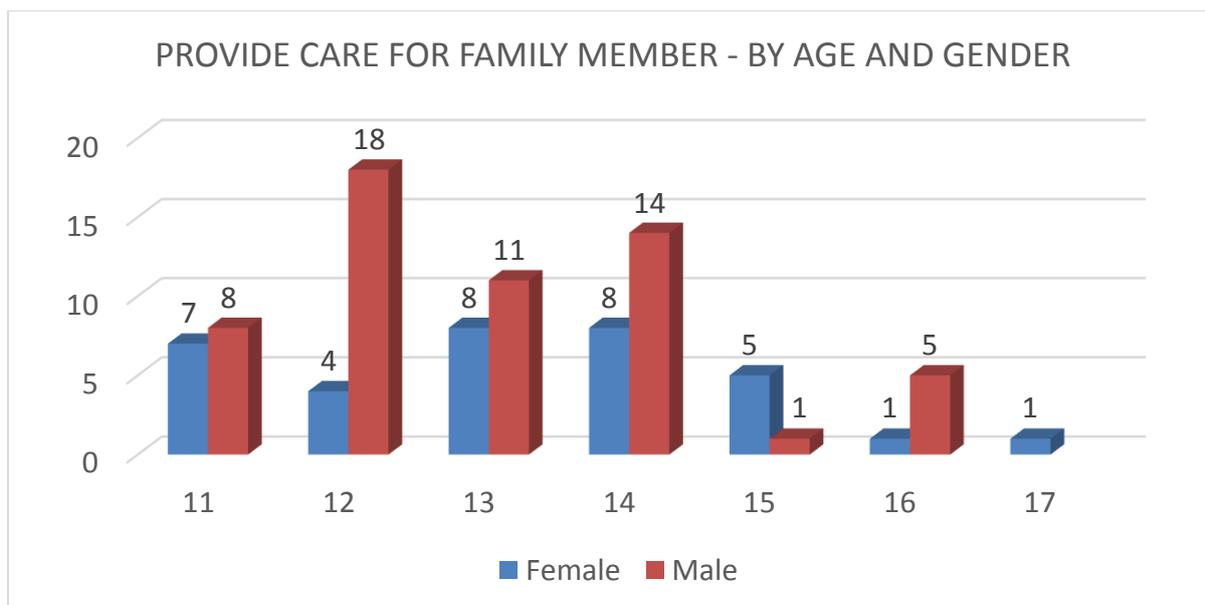
There is no comprehensive data relating to Tier 1 (Universal) services. Such support is provided by primary health care providers (e.g. GPs), schools and other child facing settings.

The nature of activity does not lend itself easily to data collection (as this is a low level activity spread across a large number of settings) and we are working to develop effective ways of understanding need. This will include better triangulation of children and young peoples experience across for example Educational Psychology services, school pastoral care, parenting programmes, SENCO, health visitors, and Educational Welfare.

It will also involve more direct involvement of children and young people. Healthwatch Wokingham have helped start this process with a detailed consultation exercise of over 1000 Secondary age pupils in Wokingham, the full report of which can be found here (http://www.healthwatchwokingham.co.uk/sites/default/files/totes_emosh_april_2015_2_1.pdf)

- 50% felt anxious stressed or depressed
- 1 in 10 cared for a family member
- Those who self-identified as carers reported feeling less emotionally well
- 1 in 3 of respondents had said they had talked to a professional about their emotional health
- Over 20% reported that they didn't always feel listened to by professionals

The self-reporting of young carers was a particularly significant finding. The graph below shows a breakdown of the self-identified young carers by age and gender



Tier 2 Profile

Tier 2 (Targeted) services are commissioned by the CCGs and local authorities. There is no comprehensive data set relating to Tier 2 services.

PCAMHS monitoring data (provided in the report Wokingham PCAMHS: summary of Activity April 2014 to February 2015) showed that there were 241 referrals to the PCAMHS service in 2013/14 and an estimated 220 referrals in 2014/15.

Although further performance data is available no further breakdown of the profile of service users is available.

ARC Counselling provided a total of over 12,000 counselling sessions provided to over 1000 young people in 2014/2015, an increase on previous years. Young people presenting with Arc Counselling identified the following presenting issues as set out in the table below. This year has seen a reduction in the number of cases of self-harm, from last year's peak where it was almost trending, but an increase of issues around anxiety, especially around exams, from primary school age who are struggling with SATS to GCSE's, As level and A levels, some to such extremes that they have had suicidal thoughts and attempts.

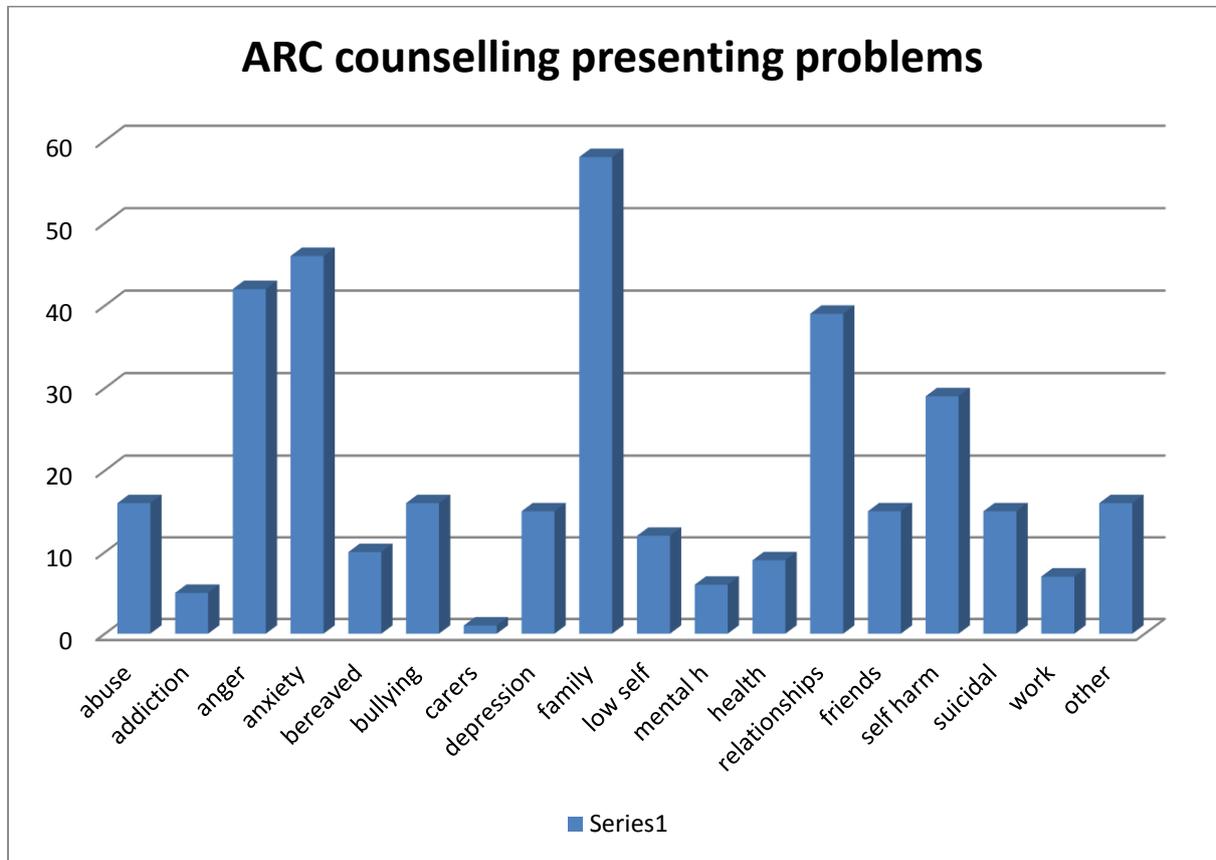
Primary Schools pupil accessing ARC counselling by year and gender

	Male	Female
Year 3	4	4
Year 4	22	6
Year 5	14	10
Year 6	35	57

Secondary Schools pupil accessing ARC counselling by year and gender

	Male	Female
Year 7	52	52

Year 8	64	67
Year 9	48	84
Year 10	56	146
Year 11	83	147
Sixth Form	16	36



Tier 3 (Berkshire West) profile

The performance data is summarised from the “April 2014 - December 2014” report on the Berkshire West CCGs Contract held by Berkshire Healthcare NHS Foundation Trust.

Male / Female split 64% male, 36% female (2,387 / 1,372)

Age range: 2/3rds secondary age range (10 to 18), 1/3 primary / pre-school

0-4s	291	8%
5-9s	1,044	28%
10- 15s	1,657	44%
16 – 18s	759	20%
18+	8	0%

Children in Care / Child subject to protection proceedings receiving support:

	Child in Care	Child protection
Wokingham CCG	15	3

The report noted that numbers of both children in care and child protection action were rising in the Wokingham area.

What resources do we deploy?

The table below summarises the various agencies and bodies delivering and commissioning emotional health and wellbeing services (including CAMHS).

Service	Service Provider	Service commissioner
Tier 4 CAMHS	Varied Berkshire Healthcare Foundation Trust (BAU)	NHS England
Tier 3 CAMHS	Berkshire Healthcare Foundation Trust (BHFT)	Berkshire West Federation CCGs Wokingham CCG
Tier 2 CAMHS	Berkshire Healthcare Foundation Trust	Wokingham Borough Council
Counselling Services in Schools	ARC Counselling	Wokingham Schools Wokingham Borough Council Wokingham CCG
Targeted Training in Schools (TAMHS)	Wokingham Borough Council	Wokingham Borough Council
Educational Psychology Service (EPS)	Wokingham Borough Council	Wokingham Borough Council
Behaviour Support and rapid response	Foundry College	Wokingham Borough Council
Intensive Personal Adviser	Adviza	Wokingham Borough Council
Primary care services delivered by GPs	GP Practices	CCGs
ASSIST (support for children with autism and their family), including Early Bird and Early Bird Plus	Wokingham Borough Council	Wokingham Borough Council
Substance misuse	KCA	Wokingham Borough Council
Restorative Practice Approaches as part of Troubled Families programme	Wokingham Borough Council CAMHS, BHFT and other key partners	Wokingham Borough Council
Intensive Parenting and Family Support	Wokingham Borough Council	Wokingham Borough Council
Anxiety depression clinics for Young People	University of Reading	University of Reading
Perinatal Mental Health Services	Berkshire Healthcare Foundation Trust	
Support, in Berkshire for: anxiety, depression, stress and	Talking Therapies	

phobias		
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The CCG also provides grants to a number of voluntary sector organisations who support Emotional Health and Wellbeing such as ASD family help, Berkshire Autistic Society, CATSYPP, Homestart, Parenting Special Children, Sport in Mind, MENCAP.

Pathways

This section sets out the care pathways by Tier – which equate to levels of need. Appendix Two and Three set out the comprehensive CAMHS offer.

Tier 2 pathways

Berkshire Healthcare Foundation Trust is commissioned to provide Tier 2 Primary Child and Mental Health Services (PCAMHS) in Wokingham. A small team of Primary Mental Health Practitioners working closely with the specialist Tier 3 CAMHS service offers consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery. The team also ensures safe and timely step up and step down from Tier 3 specialist CAMH services.

The team is made up of 2.4 WTE staff with a specific focus on Cognitive Behaviour Therapy for Anxiety and Depression, Psychological interventions, and Family and Systemic interventions. The team works closely with the Specialist (Tier 3) CAMHS team.

Wokingham's Educational Psychology Service (EPS) formerly provided a Targeted Mental Health Services (TaMHS) project to support schools improve the quality of Tier 1 provision. This has evolved into a "Nurture Assistance" programme where the EPS trains and provides clinical supervision and support to nurture assistants in schools. Nurture assistants help children and young people to better manage anxiety, social interaction and to build emotional resilience.

In addition the EPS offer an Exam Stress group to each secondary school per academic year. This group is based on cognitive behaviour therapy principles. Some schools also avail themselves of Changing Families groups to support children dealing with the emotional impact of changes to their families.

The EPS has a close relationship with the secondary schools federation and offer training on areas of general and specific mental health to staff on the "Federation Day". The EPS has also been commissioned by one secondary to provide training on anxiety for staff and parents.

ARC is an organisation that offers a free and confidential counselling service, operating from Wokingham Town. The service is free and all counsellors at ARC are volunteers. ARC are commissioned by Wokingham Borough Council and Wokingham CCG but also receive funding from National Lottery, Wokingham and Earley Town Councils and client donations. Counsellors are trained (and required to undertake professional development activities each year) and are DBS (Disclosure and Barring Service) checked. ARC is a member of the BACP (the British Association for Counselling and Psychotherapy).

Further details are provided in Appendix Four.

Tier 3 pathways

Berkshire Healthcare Foundation Trust provides support through the following pathways:

- Common Point of Entry – initial assessment and referral
- Urgent care – the psychological medicines service at Royal Berkshire Hospital is available for 16 and 17 yr olds 24/7 plus there is a CAMHs consultant on call 24/7
- Anxiety and Depression (diagnosis and treatment)
- ADHD pathway (diagnosis and management)
- ASD diagnostic pathway (diagnosis only, no treatment)
- Specialist Community teams (complex presentations requiring multiple interventions includes eating disorders pathway and Early Intervention in Psychosis pathway)

Performance

Tier 3 Performance Data

Pan Berkshire an independent consultation was commissioned with service users, parents, carers, referrers, practitioners and partners across comprehensive CAMHs- i.e. all Tiers. Service users did not tend to know which part of the service Tiers 1-4 that they had accessed and so the findings relate to all parts of the Emotional Health and Wellbeing system. Improvement themes identified include:

- Reduce waiting times for help
- Increase tier 2 provision, to ensure timely 'early intervention'...
- Improve support in school
- deliver improved communication

Recent performance data for the service (April to December 2014) shows that:

All urgent referrals are seen within 24 hours

- 77% of all cases categorised as needing to be seen "soon" were seen within 4 weeks.
- 27% of routine referrals were seen within 7 weeks.
- 54% of routine referrals were seen in 16 weeks

The majority of the children and young people exceeding the 7 week benchmark are on the ASD diagnostic pathway. This reflects the prioritisation of resources to those conditions where treatment will also be provided. It is however apparent that in recent months waiting times for children and young people rated Amber or Green have increased in line with a general increase in the number of children referred into CPE. Triage work to identify cases that are high or immediate risk (Red) has led to resources being focused on the most clinically risky cases at the expense of services to lower risk children. It is intended to address this in the tier 3 action plan.

Tier 3 – length of help offered

For Tier 3, the length of help provided is based on the specific pathways and teams:-

ASD pathway is diagnostic only so average length of care package would be 2 sessions, some would have as many as 4 dependant on complexity.

ADHD pathway: referred children remain under the care of the BHFT until 18 so depends on age at referral.

Anxiety & Depression pathway: range 8-20 sessions including assessment (Assessment and then 6+6 for most but could be longer for the more complex cases)

Specialist Community teams: provide multidisciplinary treatment and work with the most complex young people so treatment programmes are dependent on need. For some e.g. those receiving specific medications, they may be under the care of the BHFT until they reach 18. Within that there may be multiple specific care packages that range from a matter of weeks for psychological interventions to several months for more systemic interventions.

Tier 1 / 2 Performance Data

There is no comprehensive data set (and in particular no outcomes data set) for children and young people receiving Tier 2 PCAMHS services. Time to start of treatment data is provided though:

PCAMHS Wokingham as at 30 Sept 2014	from CPE
Waiting Wks.	Nos Waiting
0-4	6
5-7	1
8-12	6
>12	38
Grand Total	51

It is apparent that there are very significant delays in the delivery of PCAMHS services.

Tier 2 – length of help offered

PCAMHS would normally be short-term focused interventions, so generally up to 6 sessions.

The voice of the child, family and practitioners

The NHS Thames Valley Strategic Clinical Network and the CCGs commissioned an engagement exercise in 2014 to answer the question: “does CAMHS provide timely, effective and efficient services to the population of Berkshire?”

<http://www.wokinghamccq.nhs.uk/mental-health/review-and-outcomes-of-berkshire-camhs>).

Groups of stakeholders invited to contribute included users, parents, carers, foster carers, and professionals in contact with comprehensive CAMHS, working with comprehensive CAMHS and working in comprehensive CAMHS. 775 people responded to this project during March and April 2014.

On the question of timeliness specific concerns were raised about:

- The excessive length of time it took from being referred to getting a first appointment
- The inconsistent appointment systems and variable communication processes
- The assessment and diagnosis process
- Post-diagnosis support and signposting for those who do not get treatment
- The poor accessibility to particular services (including emergency care and the Berkshire Adolescent Unit) at different times (including overnight and weekends)
- The lack of clarity as to whether tailored CAMHS provision is available for all groups (including, for example, CYP with learning difficulties or challenging behaviour).

On the issue of efficiency the following concerns were raised:

- Lack of adequate information and communications
- The need for more welcoming and young-person-friendly environments
- The difficulties of access, navigation and referral
- The assessment and diagnosis process
- A lack of coordinated working across the Tiers, between agencies and between adult and child services resulting in gaps in provision
- A need for coordinated training and support for the wider workforce (including the voluntary sector, hospitals, schools, primary care) and parents and carers to prevent and reduce escalation of difficulties

On the issue of effectiveness the following concerns were raised:

- the care provided
- the expertise of staff
- the overall effectiveness of the service

Parents and carers responses:

- 27% indicated that CAMHS did not provide any help to them;
- 40% indicated that CAMHS did not meet their family's needs; and
- 42% indicated that CAMHS did not provide timely help.
- Referrers/others (57%) and those working directly in/with CAMHS (62%) indicated that – as it stands today – CAMHS is either '*fairly ineffective*', or '*very ineffective*';

The report stated "it is possible to suggest that, although CAMHS can and does provide an effective service for some CYP, this engagement has highlighted that it does not provide an effective service for a significant number of CYP in Berkshire".

Specific recommendations made by stakeholders were:

- Reduce waiting times for help
- Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3/4 services
- Increase resources to meet the increased demand
- Free CAMHS staff to work more collaboratively with partner agencies
- Improve support in schools
- Provide more detailed information about services and how to access them
- Deliver improved communications and administration
- Improve the environment where CYP are seen or are waiting including availability of toys and more privacy for confidential conversations
- Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)
- Provide better access to services in a crisis and out of hours
- Provide a local 24/7 inpatient service for those CYP with the most complex needs

Wokingham School's Perspective

WBC school Child Protection leads have been interviewed. They report that more training and advice is needed – e.g. to understand CAMHS thresholds, Anxiety and Depression (A&D) awareness, and effective ways of supporting children and young people post diagnosis. A&D relates to exam periods – but extends to primary schools. A school survey is planned which will be completed later in 2015.

Wokingham Social Work Perspective

Wokingham's Social Care Teams report, through comments made at monthly CAMHs meeting that their areas of concern include Young People who are on the edge of care / Children In Need – particularly around the slow process for identification and prioritisation for assessment. They are concerned about delays in Tier 3 assessment of Children in Care before intervention starts and the timeliness of assessment post referral.

Wokingham Youth Offending Service Perspective

There is a statutory need to fast track young offenders for:

- Mental health needs assessment (SQUIFA)
- Forensic fast track for Psychiatric reports
- Mental health consultation for young offenders

The Strength and Difficulties Questionnaire responses are collated nationally to allow a comparison of Wokingham with the nation and with statistical neighbours.

Local Authority, Region and England

		2009	2010	2011	2012	2013	2014
872	Wokingham	20.40	20.80	-	16.60	16.10	16.60
989	South East	15.30	15.20	15.00	15.20	14.80	14.60
	Statistical Neighbours	14.84	15.20	14.67	15.28	15.20	15.01
970	England	13.90	14.20	13.90	13.90	14.00	13.90

Trend	Change from previous year	Latest National Rank	Quartile Banding	Quartile bands			
				Up to and including			
↑	0.50	140	D	13.23	14.10	14.90	22.30

Source data: Local Authority Interactive Tool (LAIT) 2015 – published by the DfE

The data indicates that children in care in Wokingham have poorer emotional health and wellbeing than is the case in most other areas. The relatively very few children are taken into care in Wokingham may mean that relatively small variations can weight the scores. Options to explore alternative models of assessment are being explored that may demonstrate more validity with small cohorts. Nevertheless, the comparison with statistical neighbours (including both large Counties and similar sized unitaries) indicates that there is cause for concern.

Gap analysis

The data indicates that the tier 2 and 3 service is not fully meeting the needs of Wokingham's children and young people. In particular there are concerns over the support provided to Wokingham's highest priority children and young people – those in care, referred to the Youth Offending Service and in need.

Urgent cases are prioritised and supported (albeit there are concerns over the level of tier 4 (in patient) provision). Other categories of need are supported, but it is apparent that two pathways in particular need additional resources if they are to function effectively:

- The ASD diagnostic pathway

- The ADHD pathway

The delays in the ASD diagnostic pathway have the potential to lead to a poorer service to individuals because access to some services and provision is limited to those with a diagnosis.

The ADHD pathway requires improved support to schools.

What works?

National guidance

The NHS England “Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3)” sets out a clear framework for the development of services. It establishes that “all service specifications for CAMHS should sit within an agreed, integrated, strategic plan developed by multi-agency partnerships that takes account of the breadth of services for children and young people”.

It includes a series of evidence based quality standards agreed by NICE for treatments for various conditions.

Actions

Alongside the recognition from CAMHs of the need to improve its service offer, partnership reviews have identified the need for all tiers of emotional health and wellbeing provision to work together as a better system, so that children and young people are identified early and access any support they need is provided quickly at the lowest and least restrictive tier possible. (JSNA).

There will remain a degree of flexibility to reflect our local changing landscape with clear links to wider service strategies, local and national agendas. There are multiple options to consider within a wider scope of options and WBC should consider the what opportunities and arrangements are available to support tier 2 service delivery and strengthen tier 1, whilst developing a meaningful and responsive service to children and young people of the borough.

Appendix Five sets out the partnership and governance framework within which the action plan will be delivered.

Pan-Berkshire proposed Tier 2 action plan

Wokingham BC are leading a pan Berkshire project to improve Tier 2 services. Local Authorities have been nominated with lead roles across Berkshire with Wokingham coordinating. This piece of work is governed through the Berkshire CAMHS strategy group.

Practical Improvements	Shared Commitment / progress to date
<p>Development of a screening tool.</p> <p>e.g. standardised, linking to cross Berkshire referral form. A form to help others think of wider indicators</p>	<p>Overall all LA are interested in a single tool and can recognise the potential benefits, but accept how the use can translate into practice can be a challenge.</p> <p>Reading and Slough BCs are leading development on behalf of all 6 LAs.</p>
<p>Practical shared understanding of assessments</p> <p>To establish the principles of CPE (Common Point of Entry) and how to link these into an integrated service.</p>	<p>Reading BC and Slough BC, to identify initially a 4 step approach, review the JD for key refers e.g. PCAMHS workers and assessments they undertake. This would identify the baseline data/info that CPE would require thus preventing duplication.</p> <p>Building on the Reading pilot to review the SDQ and suggest alternatives, if appropriate. There may be a need for workforce training</p>
<p>Transparency and understanding around thresholds.</p> <p>To achieve a successful interface with the CPE through effective understanding of threshold (step up and step down)</p>	<p>Recognised as an area for further development which Wokingham BC is leading on through our England Innovation Programme.</p>
<p>Shared arrangements/ commissioning for a counselling offer.</p> <p>Pan Berkshire offer of access to counselling at tier 2 level.</p>	<p>Wokingham BC is leading a review of the evidence base for online counselling to ascertain the most effective way of engaging young people online.</p> <p>Slough BC are involved in the development of a nationally commissioned app which will be reviewed and decision taken as to the benefit for an early roll out in Wokingham.</p>
<p>Creating a school survey of EHWB to undertake a needs analysis</p>	<p>To build on West Berkshire BC experience Wokingham BC are developing a next generation survey for al LAs to consider implementing in a standardised approach, to enable both a Borough wide and pan Berkshire understanding and benchmark of emotional health of children and young people.</p>

Practical Improvements	Shared Commitment / progress to date
School nursing A focus and voice of what we need and the links of EHWB with the healthy child program and school nursing specification	A longer term aspiration - no change will be made with the school nursing contract until the health visiting service has integrated with the local authorities. Wokingham BC commissioning intention is to build on the integrated approaches developed with our Health Visiting commissioning, building a single workforce model and capacity and skills to further support the emotional health of children and young people through school nursing.
Tier 1-2 offers locally	To be mapped and shared across partnerships to ensure joined up approach to meeting need by May 2015
CAMHS pathways pilots in Slough – learning shared	Further information needed on the results of the Slough pathways and relevant learning applied to Wokingham by Sep 2015

Tier 3 Priorities

The NHS Clinical Support Unit published a “Report on improvements being made to Children’s and Adolescents Mental Health Services” (December 2014) on behalf of the seven local CCGs (including Wokingham CCG). This set out progress to date against 10 key recommendations established in the 2014 Engagement exercise:

Recommendation	Action
1: Reduce waiting times for help and Increase resources to meet the increased demand	Winter resilience funding secured and used to increase provision. Care pathways being revised to secure earlier help and advice.
2: Increase Tier 2 provision, to ensure timely ‘early intervention’, reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services	Pilot and research studies to evaluate online, telephone and face to face support for anxiety, depression, self-harm and eating disorders. A CAMHs app is currently being trialled. A pilot aiming to identify and support young women with perinatal and postnatal mental health issues earlier.
3: Free up CAMHS staff to work more collaboratively with partner agencies	Through more effective comprehensive CAMHS offer and through increased capacity, specialist CAMHS better able to support children in care, young people who have been excluded from school, young offenders and children who are subject to child protection plans.

Recommendation	Action
4: Improve support in schools	<p>A pilot project on school based management of ADHD started in January 2015 in Reading; lessons learned are being captured and an early roll out of next phase in Wokingham proposed from June 2015.</p> <p>A training programme for schools is being trialled (in Slough and Bracknell Forest) based on existing training being used elsewhere, this will be reviewed for an early roll out in Wokingham</p>
5: Provide more detailed information about services and how to access them	<p>Information sheets about CAMHs and the additional support available both online and through other local agencies in preparation. This resource will be circulated to GP surgeries.</p> <p>BHFT have launched a new CAMHs website which will include a 'Supporting You' section.</p>
6: Deliver improved communications and administration	<p>Service diagrams.</p> <p>Revised letters.</p> <p>CAMHS website</p>
7: Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys	<p>Improvements in train.</p>
8: Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)	<p>CCGs commission the diagnosis part of the ASD pathway. Wokingham BC leading a review of effectiveness of schools, the voluntary sector and LAs support children pre and post diagnosis. The challenge is to do this in a more coordinated way.</p> <p>A pilot project on school based management of ADHD started in January 2015 in Reading; lessons learned are being captured and an early roll out of next phase in Wokingham proposed from June 2015.</p>
9: Provide better access to services in a crisis and out of hours	<p>Additional resources have been secured to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays.</p>

Recommendation	Action
10: Provide a local 24/7 inpatient service for those CYP with the most complex needs	Berkshire Adolescent Unit service being developed to become a 24/7 Tier 4 service.

These recommendations have led to the development of the following action plan:

Wokingham Borough Council and Wokingham CCG Emotional Health and Wellbeing Strategy Action Plan					
NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
1	Reduce waiting times for help by increasing resources to meet the increased demand and develop more seamless services. This will ensure that children and families receive support when needed, reducing the need for more intensive longer term intervention.	Berkshire West CCGs have committed to increasing Tier 3 spend in Berkshire West by £1M recurrently and £500K non recurrently from 15/16.	Head of Children's Commissioning Wokingham CCG	April 2015	<ul style="list-style-type: none"> CCGs are working with BHFT to establish service outcome changes as a result of the additional investment
		Redesign the CAMHS care pathways so that more help and advice is available at an earlier stage, meaning that fewer children and young people will require a service from specialist CAMHS. We will measure improved access to support times and service user satisfaction as a result of these changes	Head of Commissioning WBC, Head of CAMHS BHFT and Head of Children's Commissioning Wokingham CCG	Dec 2015	<ul style="list-style-type: none"> Pilot underway in Slough for anxiety and depression and self-harm. Learning to be disseminated to Wokingham by July.
		Increase investment into Tier 3 CAMHS to reduce waiting times arising out of increased demand. We will measure improved access to support times and service user satisfaction as a result of these changes	Head of CAMHS BHFT and Head of Children's Commissioning Wokingham CCG	July 2015	<ul style="list-style-type: none"> Business case approved by CCGs from BHFT- Feb 2015. Commissioners and provider will use learning from additional winter resilience funded projects to shape investment.
		Develop a more integrated approach to accessing help when ASD is suspected or diagnosed. We will measure improved access to support times and service user satisfaction as a result of these changes.	Head of Commissioning WBC, Head of CAMHS BHFT	March 2016	<ul style="list-style-type: none"> Discussed at CCGs Feb 15 Discussed in principle by CCG and BHFT March 2015 Business case submitted to CCGs includes additional resources to support Tier 3 ASD diagnostic pathway.

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
2	Improve our Early Help offer, to ensure timely 'early intervention' in emotional health, reducing escalation of mental health problems and reducing the need for specialist services.	To agree how existing and new resources and services at Tier 2 become a shared Early Help responsibility across the Children's Partnership (Health, LA, Schools, Police, Voluntary & Community sector).	Head of Commissioning WBC	End July 2015	<ul style="list-style-type: none"> Children's Partnership early Help and Emotional health mapping underway which will culminate in a design event in July
		Within the Children's Partnership develop action around coping strategies and reducing the stigma of accessing help for children and families	Head of Commissioning WBC	End July 2015	<ul style="list-style-type: none"> Young Commissioners & Healthwatch developing proposals to be piloted and rolled out in partnership with LSCB
		<ul style="list-style-type: none"> Evaluate online (Young SHaRON/online counselling), telephone and face to face support. A CAMHS app to be finalised following engagement with service users. Identify and support women with perinatal and postnatal mental health issues earlier. Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers 	Head of CAMHS BHFT and Head of Children's Commissioning Wokingham CCG Consultant in Public Health WBC Head of Commissioning WBC and consultant in Public Health WBC	Dec 2015 June 2015 April 2016 April 2016	<ul style="list-style-type: none"> Young SHARON being developed and trialled. Online counselling being trialled in a nearby Local Authority- learning to be disseminated to Reading. CAMHS App being trailed in 3 Slough schools to then refine prior to national launch. Finances secured. Project manager appointed. Training is taking place on an ongoing basis.

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
3	Free CAMHS staff to work more collaboratively with partner agencies, building a more confident emotional health workforce and responding to children and families quicker and more effectively.	Increase investment into Tier 3 CAMHS to enable an increased CAMHS workforce to both manage demand and to release more staff to work in collaboration.	Head of CAMHS BHFT and Head of Children's Commissioning Wokingham CCG	July 2015	<ul style="list-style-type: none"> Initial options appraisal was submitted June 2014. Following discussion with CCG leads, formal business case was submitted in August 2014. Business case approved by CCGs from BHFT- Feb 2015. Commissioners and provider will use learning from additional winter resilience funded projects to shape investment.
4	Improve support in schools so that children and young people have their needs met quickly and are supported to achieve.	A pilot project on school based management of ADHD in Reading. To be considered for roll out into the WBC area after evaluation if the analysis supports this approach as effective in meeting needs more quickly and effectively.	Head of CAMHS BHFT and Head of Commissioning WBC	Dec 2015	<ul style="list-style-type: none"> Pilot started in January in a single school in the South of Reading.
		Offer schools a package of support, supervision and training to further enhance the current Nurture Assistant role in schools to improve capacity and skills in schools.	Head of Learning and Achievement, WBC	Sept 2015	<ul style="list-style-type: none"> Package of support is on school websites.
		To provide regular training opportunities for school staff in the general field of mental health as well as specific topics such as self-harm or anxiety.	Head of CAMHS BHFT and Head of Commissioning WBC	July 2015	<ul style="list-style-type: none"> Training is taking place on an ongoing basis. Regional conference on self-harm taking place on 27-2-15. PPEP Care training to be offered to GPs, schools and LA staff from July 2015

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
5	Provide more detailed information about services and how to access them to ensure that children and families know what is available to them and can make informed choices as to how to seek out help they need.	Make sure that up to date information is on key websites including the local offer including access criteria and clarity about what to expect from each service. We will measure service user feedback on how helpful this improved information is.	Head of CAMHS BHFT Head of Commissioning WBC Head of Children's Commissioning Wokingham CCG	July 2015	<ul style="list-style-type: none"> Local authorities have compiled lists of services that are available at Tier 2 and this is improving signposting within CAMHs. This directory of services supports teachers, GPs and others working with CYP, detailing where services are available and how to access them easily. BHFT have developed a new CAMHs website which will include a 'Supporting You' section. This section will contain information and links to other agencies offering local support to families, as well as links to online resources and top tips.
		Following engagement with service users, BHFT to update information, resources and the website. We will measure service user feedback on how helpful this improved information is.	Head of CAMHS, BHFT	June 2015	<ul style="list-style-type: none"> Engagement with service users to develop website and resources underway

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6	Deliver improved communications, engagement and administration to ensure that children and families are well informed about CAMHS and that their views are considered.	<p>Engage with service users and their families to find out what they want to know about the service</p> <ul style="list-style-type: none"> • Service leaflet on what to expect from BHFT CAMHS. • Review service letters to be clear on wait times and service offer. • Improve website, add a section called "Our service". Site to be available as an App for smart phones and tablets • Improve information in waiting areas. • Text reminder system to be set up. • Implement online tool "CAMHS web" which will facilitate shared decision making with young people- they will be able to access their own care plans which they have jointly agreed and developed with their clinician using tablets and smart phones. This will facilitate the self-reporting of outcomes. <p>Service users will be asked as to whether these changes have made a difference, whether they feel more informed & whether they think their views are considered.</p>	Head of CAMHS, BHFT	<p>March 2015</p> <p>March 2015</p> <p>July 2015</p> <p>May 2015</p> <p>May 2015</p> <p>April 2015</p>	<ul style="list-style-type: none"> • Process in place for service users to be consulted on all forms of communication and publicity. • "CAMHS web" and new website under development

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
8	Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) will support children and families to thrive and to achieve.	To agree how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the LSCB partnership. We will set out this agreement in service specifications and pathways and monitor the effectiveness of their coordinated delivery as part of the development of the Wokingham Special Educational Need and Disability Children and Families Act Local offer	Head of Commissioning, WBC Head of Children's Commissioning Wokingham CCG Head of CAMHS, BHFT	March 2016	<ul style="list-style-type: none"> CCG have awarded grants to voluntary sector organisations who support young people with ASD which will be included in the Wokingham Local Offer Discussed at CCSG Feb 15 Discussed in principle by CCG and BHFT March 2015 Agreed by CCG and BHFT May 2015
NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
9	Provide better access to services in a crisis and out of hours to ensure that children and families in crisis are supported to have their needs met quickly and to reduce the need for longer term more intensive interventions.	Secure additional resources to extend the availability of CAMHS help in a crisis into the evening and over weekends and Bank Holidays.	Head of Children's Commissioning Wokingham CCG	Jan 2015	<ul style="list-style-type: none"> Temporary funding has been secured using mental health operation resilience funding.
		Secure staff to be able to offer this service.	Head of CAMHS BHFT	Feb 2015	<ul style="list-style-type: none"> Partial delivery due to vacancies
		Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds.	Head of Children's Commissioning W'ham CCG	May 2015	
		Enhance the Early Intervention in	Head of	March 2015	<ul style="list-style-type: none"> Finance has been secured using mental health operation

		Psychosis service for young people.	CAMHS BHFT		resilience funding Dec 2014.
		Evaluate the new Psychological Medicines Service for teenagers aged 16+ that has opened at Royal Berkshire Hospital (RBH), providing rapid response mental health assessments for people who are being treated for physical conditions.	Head of CAMHS BHFT with RBH	March 2015	<ul style="list-style-type: none"> Partial delivery due to vacancies. This service works across the hospital, including in A&E, so that children and young people who are in hospital for physical health problems can be assessed for any mental health issues without a further referral. This enables more rapid access to mental health services when required.
		CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop and implement the action plan as part of the Crisis Care Concordat.	Head of Children's Commissioning Wokingham CCG	May 2015	<ul style="list-style-type: none"> Action plan drafted band being consultation with service users is underway. Crisis Care Concordat Declaration was signed off Dec 2014. Engagement with service users on the Crisis Care Concordat action plan is underway
NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
10	Provide a local 24/7 inpatient service for those CYP with the most complex needs. This will lead to a reduction in the need to place vulnerable Wokingham children and young people away from their community and the most effective care close to home	To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week This will lead to a reduction in the need to place vulnerable Wokingham children and young people away from their community	Head of CAMHS BHFT	Dec 2015	<ul style="list-style-type: none"> September 2014 longer term plans agreed in principle with the CCGs and NHS England to change the Berkshire Adolescent Unit, based in Wokingham, to a provision open for 7 days, 52 weeks per year. It will eventually be expanded to form a larger in-patient residential unit (12-15 beds) as well as catering for day patients. This unit could also provide some crisis intervention beds. Other centrally funded grants will be considered and applied for as and when opportunities arise
		To increase the number of Tier 4 beds available locally.	NHS England BHFT	March 2017 TBC	

Appendix One: Relevant National guidance

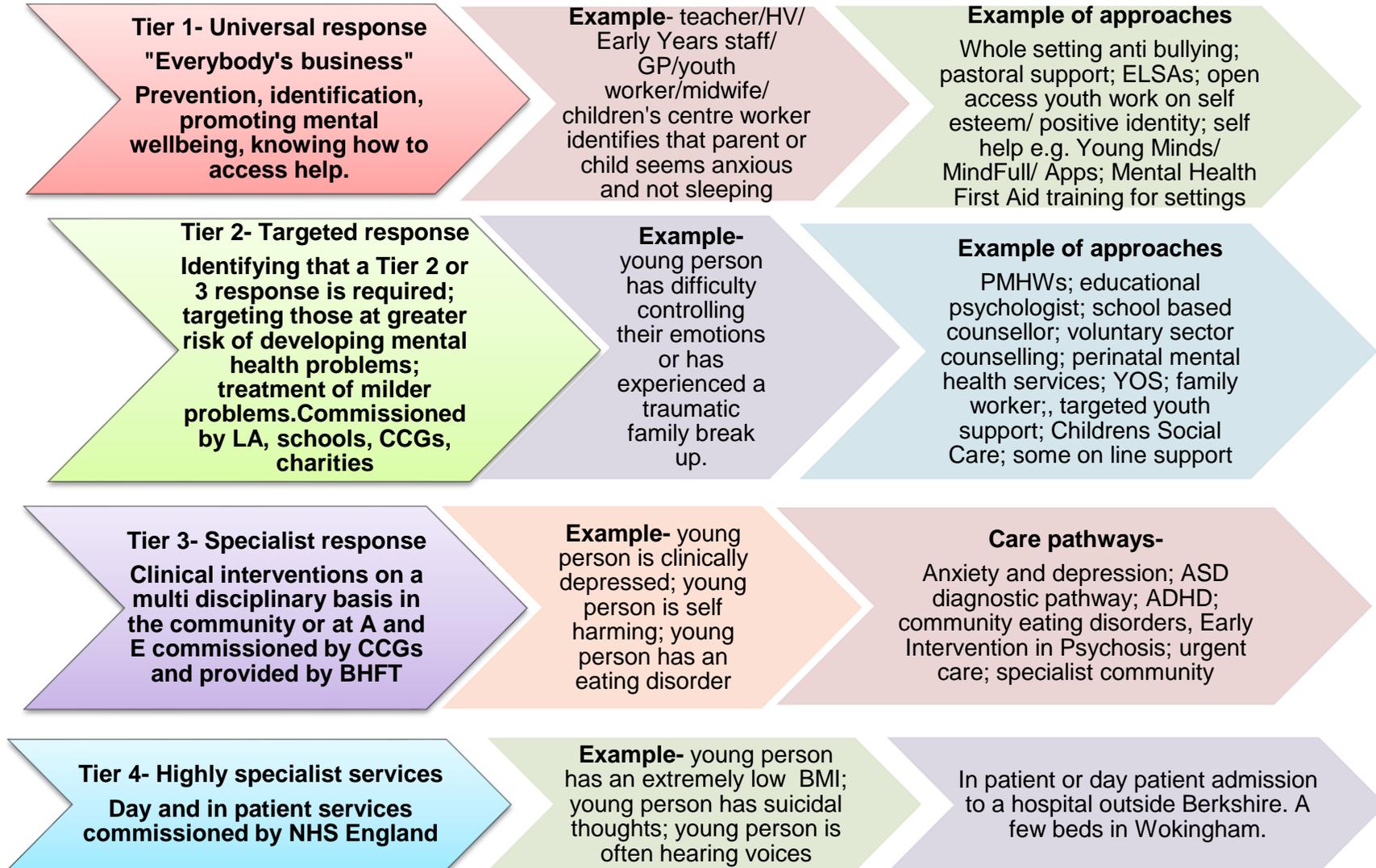
All professionals working with children and young people have a responsibility to help them to be emotionally and mentally healthy, as reflected in various national guidance and reports such as the following national documents and requirements

- <http://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>
- <http://www.wokinghamccg.nhs.uk/news/entry/review-of-children-and-adolescent-mental-health-services-camhs-in-berkshire>
- Department of Health, 'Closing the Gap: Priorities for essential change in Mental Health' (Jan, 2014).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf
- Department of Health, Policy update 'Making mental health services more effective and accessible' (April, 2014).
- Health and Social Care Act (2012). <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>
- Department for Health (2011) No Health Without Mental Health
- Joint Commissioning Panel for Mental Health (2013) Guide for Commissioners of CAMHs. <http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf>
- National CAMHs Support Service (2011) Better Mental Health Outcomes for Children and Young People
- Department for Children, Schools and Families (2009) Statutory Guidance on promoting the health and wellbeing of Looked After Children
<http://www.scie.org.uk/news/files/lookedafterchildrendraftguidance.pdf>
- Department of Health (2004) National Service framework for Children, Young people and Maternity Services: The mental health and psychological wellbeing of children and young people
- Department of Health (2011) Mental Health Promotion and mental illness prevention: the economic case
- National CAMHs Review (2008) Children in Mind
- Kennedy Report (2010) Getting it right for children and young people
- The Marmot Review (2010) Fair Society, Healthy Lives
- The Munro Review (2011)
- Department of Health (2011) Improving health services for vulnerable children and young people

Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Relevant Royal College of Psychiatrist (RCPsych) standards and guidance
- Relevant Royal College of Nursing (RCN) standards and guidance
- Joint Commissioning Panel for Mental Health guidance
- NICE quality Standards in Mental Health Care
- A National Service Framework for Mental Health

Appendix Two Summary of Comprehensive Child and Adolescent Mental Health Services in Wokingham



Appendix Three Comprehensive CAMHS provision in Wokingham

Areas of Need*	Tier 1	Tier1/2	Tier 2	Tier3/4**
*Taken from: <i>Guidance for commissioners of child and adolescent mental health services</i>				
Emotional disorders (e.g. phobias, anxiety, depression)	<p>1. Educational Psychology Service (EPS) offer regular training to schools to raise awareness.</p> <p>2. EPS training offered in schools for Evidenced based programmes to build resilience and reduce anxiety</p> <p>3. School Pastoral Care, devise strategies to improve student wellbeing</p> <p>4. Primary Cluster / Parenting and Family Support Services interventions and impact of family dynamics</p> <p>5. SENCO Identified by school as a person providing key contact, advise and support</p> <ul style="list-style-type: none"> Can guide learning support assistant <p>6. Educational Welfare Service</p>	<p>1. EPS provides training to all Teaching Assistants to work in their school as a Nurture Assistant to develop their skills to deliver evidence based direct intervention with individuals and groups and advice to their institution, managing anxiety social interaction skills and building emotional resilience.</p> <p>2. Foundry College:</p> <p>a) Providing a flexible inclusion model of learning through small group work or 1-1, support as an alternative education provision or home tutoring.</p> <p>b) Work with children unable to attend school or as part of a managed move.</p> <p>c) Bespoke training and support to schools depending on need including Outreach support for vulnerable pupils</p> <p>3. Targeted Youth Support offers programs to vulnerable young people aged 13-19 years.</p> <p>a) Evolve – program for socially isolated young people.</p> <p>b) Also 1-1 support sessions</p>	<p>1. ARC Counselling Service offers person-centred therapeutic service in Wokingham 5-19</p> <p>2. ARC Counselling Service (School based) offers assessment and short solution focussed service to all Primary and secondary schools if purchased</p> <p>3. EPS offer focused Cognitive Behavioural therapy (CBT), Solution Focussed Brief therapy and Narrative Therapy and advice to their institution and family.</p> <p>4. EPS School based small group intervention to manage exam related stress.</p> <p>5. PCAMHS School based interventions and targeted intervention with the YOS and CSC</p> <p>6. Talking therapies Exam related stress and high anxiety,</p>	CAMHS if severe and enduring

Areas of Need*	Tier 1	Tier1/2	Tier 2	Tier3/4**
	(EWS), to ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school		assessment and short intervention	
<p>Conduct disorders (e.g. severe defiance, and physical and verbal aggression, and persistent vandalism)</p> <p>Attention deficit hyperactivity disorder</p>	<p>1. Wokingham School Improvement team provide support for schools with behaviour policies.</p> <p>2. Parenting and Family Support – Triple P, Incredible years programs</p> <p>4. Community Wardens and Junior Warden Program – Reducing crime and antisocial behaviour</p> <p>5. School Planning meeting (SPM) – school based multi professional forum to discuss child progress and internal support</p> <p>5. SENCO Identified by school as a person providing key contact, advise and support</p> <ul style="list-style-type: none"> • Can guide learning support assistant <p>6. Educational Welfare Service, to</p>	<p>1. EPS offers;</p> <p>a) training to Teaching Assistants to work in their school as a Nurture Assistant <i>To develop their skills to deliver evidence based direct intervention with individuals and groups and advice to their institution, managing anxiety social interaction skills and building emotional resilience addressing behaviour issues.</i></p> <p>b) EPS evidence based direct intervention with individuals and groups and advice to their institution, behaviour management, social interaction skills</p> <p>2. Foundry College:</p> <p>a) Providing a flexible inclusion model of learning through small group work or 1-1, support as an alternative education provision or home tutoring.</p> <p>b) Work with children unable to attend school or as part of a managed move.</p> <p>c) Bespoke training and support to schools depending on need including Outreach support for vulnerable pupils</p>	<p>1. EPS Evidence based direct intervention with individuals and groups based Solution Focussed Brief therapy and advice to their institution and family.</p> <p>2. Youth Offending Service (YOT) offer therapeutic sessions.</p> <p>3. Psychotherapist/ clinical psychologist through Intensive Family Support.</p> <p>4. Restorative Practice methodology Mediation, Restorative Justice conferencing, Family group conferencing</p> <p>5. Targeted Youth Support offers programs to vulnerable young people aged 13-19 years.</p> <p>6. PCAMHS School based interventions and targeted intervention with the YOS and CSC</p>	<p>CAMHS diagnosis and appropriate intervention if required</p>

Areas of Need*	Tier 1	Tier1/2	Tier 2	Tier3/4**
	ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school	<p>d) Where capacity allows Foundry College provide a bespoke alternative provision for pupils in need of education support through their “Back on Track” programme.</p> <p>3. YOS Early Intervention provides individual and group work prevention support for 13-19 year olds. Pre court intervention based service</p> <p>4. Adviza offer Personal Advisors for young people aged 13yrs+ who are Not in Education, Employment or Training (NEET) or susceptible to becoming NEET. Intensive PA available 16-19 yrs+</p>		
Obsessive compulsive disorder				CAMHS diagnosis and intervention if severe & enduring
Tics disorders and Tourette’s syndrome	1.Training by EPS offered to school staff		<p>1.EPS Individualised advice to parents and teaching staff in how to support child in their learning environment</p> <p>2. PCAHMs School based interventions and targeted intervention with the YOS and CSC. Also advice and further information post diagnosis</p>	CAMHS diagnosis and medication

Areas of Need*	Tier 1	Tier1/2	Tier 2	Tier3/4**
Autism spectrum disorders (ASD)	<p>1. Training to schools provided.</p> <p>2. Training to schools and early years settings offered by EPS.</p> <p>3. SENCO Identified by school as a person providing key contact, advise and support</p> <ul style="list-style-type: none"> • Can guide learning support assistant 	<p>1. ASSIST - Autism family support and parent programmes</p> <p>2. Early Bird training for parents offered by ASSIST.</p> <p>3. Early Bird Plus training offered to parents by the ASSIST team.</p> <p>4. Wiggly Worms group for Parent with children u/5 (pre-school)</p> <p>5. SENCO – strategies to support engagement and integration</p>	<p>1. Support and intervention in schools for children/ young people with a diagnosis ASSIST team.</p> <p>2. EPS Support and intervention in schools for children/ young people with a diagnosis. Advice to staff and parents.</p>	<p>CAMHS diagnosis</p> <p>LDD/ SEN children with disability team</p>
Substance misuse problems	<p>1. Training provided to school staff and other professionals by the SMART (Young People’s Drug & Alcohol Service)</p> <p>2. SMART (Young People’s Drug & Alcohol Service) Offer awareness sessions provided to young people in secondary schools, colleges youth clubs and other venues.</p> <p>3. Health Visitor, Poppy team, Family</p>	<p>1. Tailored sessions provided for targeted groups in schools & elsewhere by SMART (Young People’s Drug & Alcohol Service)</p> <p>2. Educational Welfare Service, to ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school</p>	<p>1. Ongoing one to one support provided in schools or other venues for young people misusing substances professionals by SMART (Young People’s Drug & Alcohol Service).</p>	

Areas of Need*	Tier 1	Tier1/2	Tier 2	Tier3/4**
	Nurse Partnership			
Eating disorders, e.g. pre-school eating problems, anorexia nervosa and bulimia nervosa.	<p>1. Health Visitor advice and practical steps re; weaning, healthy diet, age appropriate meals</p> <p>2. EPS general advice and training to school staff on supporting emotional resilience and sign-posting to appropriate agencies.</p> <p>3. Educational Welfare Service, to ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school</p>	1. School Nursing supporting pupils via self or professional referral.	<p>1. ARC Counselling Service offers person-centred therapeutic service to anyone over the age of 10/11 years</p> <p>2. ARC Counselling Service (School based) offers assessment and short solution focussed service to schools that have purchased or can self-refer.</p>	CAMHS diagnosis and intervention if severe & enduring
Trauma	<p>1. EPS Support to school staff on how to manage a sad event/critical incident as it affects the school and it's community.</p> <p>2. Educational Welfare Service, to ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school</p>	<p>1. EPS Whole school support following a sad event/critical incident.</p> <p>2. School Nursing supporting pupils via self or professional referral.</p> <p>3. Health Visitor – providing information and support</p>	<p>1. Talking therapies Exam related stress and high anxiety, assessment and short intervention</p> <p>2. ARC Counselling Service offers person-centred therapeutic service to anyone over the age of 10/11 years</p> <p>3. ARC Counselling Service (School based) offers assessment and short solution focussed service to all schools that have purchased or self-referral is available</p>	CAMHS diagnosis and intervention if Post Traumatic Stress Disorder
Psychological effects of abuse and neglect	1. Training by EPS offered to school staff		1. Psychotherapist/ clinical psychologist through Troubled Families programme support.	CAMHS diagnosis and intervention

Areas of Need*	Tier 1	Tier1/2	Tier 2	Tier3/4**
			<p>2. PCAMHs – providing School based interventions and targeted intervention with the YOS and CSC</p>	
Attachment disorders	<p>1. Training by EPS offered to school staff.</p> <p>2. Nurture group training and nurturing principles offered to schools</p>	<p>1.Nurture groups available across primary schools</p> <p>2. Children’s Centres Baby Massage courses and other related support including 1-1</p> <p>3. Home Start Providing 1-1 home help and support for families with a child under 5 referral via CAF/Early Help Hub</p>	<p>1. Psychotherapist/ clinical psychologist through Troubled Families programme support and Intensive Parenting Programmes.</p> <p>2. Parenting and Family Support, Triple P and Incredible years</p> <p>3. EPS small group intervention “Changing Families”</p> <p>4. EPS specific advice to parents/carers and school staff on how to support individual children and young people</p>	<p>CAMHS diagnosis and intervention</p> <p>Children Social Care Intervention</p>
Psychological effects of living with a chronic illness	<p>1. Training by EPS offered to school staff</p> <p>2. SENCO Identified by school as a person providing key contact, advise and support - Can guide learning support assistant</p>	<p>1. Home Start Providing 1-1 home help and support for families with a child under 5 within the household referral via CAF/Early Help Hub</p> <p>2.Daisy’s Dream support to children and families experiencing a terminal illness</p>	<p>1. Hospice Support – advice to key support partners</p> <p>2. PCAMHs School based interventions and targeted intervention with the YOS and CSC</p>	<p>Hospice Support</p> <p>CAHMs</p>

Areas of Need*	Tier 1	Tier1/2	Tier 2	Tier3/4**
Psychosis or emerging borderline personality disorder.			1. PCAMHs - School based interventions and targeted intervention with the YOS and CSC	CAMHS diagnosis and intervention

Where to access more information

MindEd will also publish a review of online therapies which can be used by and with children and young people for treatment of common mental health disorders.

To find out more: www.minded.org.uk

Where to access more information

MindFull is a FREE national online **service** for 11-17 year olds. It provides support, information and advice about mental health and emotional wellbeing directly to young people.

MindFull is based on the award-winning BeatBullying model, which is:

- Endorsed by the Child Exploitation and Online Protection Centre (CEOP) as a safe and secure service for young people to get support;
- Credited as an example of best practice in early intervention and improving emotional resilience by The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO);

MindFull is open every day, between 10am and midnight, and offers support in three different ways:

1) Self-Help: Advice, information and resources section is written by professionals and young people. It is packed with really useful stuff, including activities and resources to help young people learn more about their own mental health and emotional wellbeing.

2) MindFull Mentors: They're young people who are trained to help. A MindFull Mentor will be available most of the time to chat on line.

3) Counsellors: MindFull mental health professionals and counsellors will give you one-to-one support. Keep an eye out for our group sessions and ad hoc online surgeries as these can be really helpful too.

The self-help section and Mindfull mentors are free to any young person who registers on the website.

There is a charge for the counselling service.

To find out more: **www.mindfull.org**

Appendix Four Wokingham Borough Council services, availability and access

Service	Available to...	How to access service...
Foundry College	<ul style="list-style-type: none"> Available to all pupils living within the Wokingham boundary subject to commissioning agreements or de-delegation of funds for support. 	<ul style="list-style-type: none"> Referral to Foundry College is through the College Website. Schools may refer after professional discussions such as at SPMS or at TAFS, but this is still done through the school as the commissioner. Schools to refer and or have access to training or other bespoke packages. The Local Authority commission support for permanently excluded young people and Young people with medical reasons preventing them attending mainstream school.
School Planning Meeting (SPM)	<ul style="list-style-type: none"> All children/young people at Wokingham maintained schools 	<ul style="list-style-type: none"> Referred by internal school professional once a concern or issue arises. Request for service/ as an outcome from an assessment
Children and young people with Additional Needs (CAN) and ASSIST	<ul style="list-style-type: none"> Families who live in Wokingham and have a child/young person aged 0-18 who has a physical or sensory impairment or learning difficulty/disability, which has a substantial and long term impact on carrying out day to day activities. 	<ul style="list-style-type: none"> Self/family referral (see Wokingham Borough Council website). Multiagency referral form. Common Assessment Framework/ Early Help Hub
Counselling Service: 1. ARC	<ul style="list-style-type: none"> Open service for all children/young people (generally over 5 years), parents, and carers. All children/young people in Wokingham primary/secondary schools that have set up the school service. Schools not currently engaged generally have their own mentors, counsellors etc. already working in their school. 	<ul style="list-style-type: none"> Self-referral, parent/carer on behalf of children/young people or with support from a professional. Common Assessment Framework. CAF Panel
Adviza	<ul style="list-style-type: none"> Young people aged 13+ years at risk of becoming NEET. 	<ul style="list-style-type: none"> School link with Careers Personal Advisors (PA) . Common Assessment Framework/ Early Help Hub referral for Intensive PA support.
Service	Available to...	How to access service...

Educational Psychology Service	<ul style="list-style-type: none"> All children/young people living in Wokingham who attend a WBC school who may have a special educational need and or disability or barrier to engaging with their education e.g. anxiety, ASD, behaviour issues, trauma etc. 	<ul style="list-style-type: none"> Consultation with the Special Educational Needs Co-ordinator (SENCO) at the child's school who will discuss the concern at a School Planning Meeting (Completion of a Request for Involvement form to gain informed consent from parent/carer).
	<ul style="list-style-type: none"> All schools offered a core service, academies and Free Schools purchase Non-Statutory service. <ul style="list-style-type: none"> Pre-school children who reside in Wokingham WBC children and young people going through Education, health and Care Needs assessment Children/young people at risk of school placement breakdown. 	<ul style="list-style-type: none"> For pre-school children an Educational Psychologist can become involved following statutory notification (referral) by a Health professional to the Wokingham Early Support Panel. This multi-disciplinary (Early Support) panel make the decision as to whether it would be helpful for an Educational Psychologist to become involved. Consultation with the Special Educational Needs Co-ordinator (SENCO) at the child's school who will discuss the concern at a School Planning Meeting (Completion of a Request for Involvement form to gain informed consent from parent/carer). Request for Education Health Care Needs Assessment may lead to an Educational Health Care Plan. School would need to refer before Annual Review, if pupil's school placement is at risk of breaking down.
Special Educational Needs Co ordinator (SENCO)	<ul style="list-style-type: none"> All children/young people at Wokingham maintained schools 	<ul style="list-style-type: none"> Via internal school support system, SPM Linked to Special Educational Needs team and Educational Psychology department
Parenting and Family Support Service (P&FS), Inc Intensive P&FS and Primary Cluster P&FS	<ul style="list-style-type: none"> Families who meet the criteria, such as requiring support to establish techniques, boundaries, routine... 	<ul style="list-style-type: none"> Self-referral, parent/carer on behalf of children/young people or with support from a professional. Common Assessment Framework. CAF Panel
ASSIST - ASD Outreach Service	<ul style="list-style-type: none"> Support pupils in mainstream education aged 4-18 years with a diagnosis of Autism. 	<ul style="list-style-type: none"> School contact ASSIST team directly.
Service	Available to...	How to access service...

Young People's Drug & Alcohol Action Team (SMART)	<ul style="list-style-type: none"> All children/young people living in Wokingham who are under 18. 	<ul style="list-style-type: none"> Self-referral, parent/carer on behalf of children/young people or with support from a professional.
Youth Offending Team (YOT) and YOS Prevention	<ul style="list-style-type: none"> YOS Prevention Program is open to young people who are at risk of offending or involved in anti-social behavior. 	<ul style="list-style-type: none"> CAF / Early Help Hub Referral and Assessment team. Onset referral form
Targeted Youth Support	<ul style="list-style-type: none"> All young people aged 13+ years who live or are educated in Wokingham 	<ul style="list-style-type: none"> Common Assessment Framework (CAF) / Early Help Hub. Referral from schools for school work. Direct referral from parent/ carer/professional Self-referral Referral and Assessment team STEP DOWN, from YOS and CSC
Troubled Families Programme	<ul style="list-style-type: none"> Restorative practice methodology Mediation, Restorative Justice conferencing, Family group conferencing 	<ul style="list-style-type: none"> Troubled Families Outcomes plan and Early Help Hub framework
Educational Welfare Service	<ul style="list-style-type: none"> All children/young people at Wokingham maintained schools and where services are commissioned 	<ul style="list-style-type: none"> Referred by internal school professional once a concern or issue arises regarding attendance and welfare. Request for service through Early Help Hub/ CAF

Interventions in Wokingham Borough Council Schools led by school staff and supported by Wokingham services:

- Evolve (Programme to improve resilience and reduce anxiety inc social anxiety and isolation).
- Peer Mediation programme for primary/secondary schools.

Services commissioned by Wokingham Borough:

- Counselling Service via ARC
- Drugs and Alcohol Service SMART
- ASSIST
- Primary CAMHS

Appendix Five Partnerships and Governance

As a strong Health and Wellbeing partnership, we will use our leadership role in statutory boards to ensure that outcomes for children and families are improved year on year. The key to ensuring that children and families receive the best possible service is to work in partnership with other agencies from the moment children first receive services from us. We set out below the boards and partnerships that contribute to the quality of service that children and families receive and through which this strategy will be enabled.

The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where the local leaders from the health and social care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Wokingham's **Health and Wellbeing Board** took on its statutory function from April 2013.

The Health and Wellbeing Board provides oversight and accountability for the Health and Wellbeing Strategy which sets out the action plan and priorities for improving the health outcomes for children and young people. Improved emotional health is one of these priorities. The Health and Wellbeing board has a **Children's and Young Peoples Partnership** with priorities set out in the Children and Young People's Plan. One of these priorities is to improve the emotional health and wellbeing of children and young people.

The Corporate Parenting Board provides oversight Annual Report goes to Wokingham Safeguarding Children Board. The safeguarding board has a protocol in place with the Health and Wellbeing Board to ensure information is shared and all partner agencies appraised of developments.

The **Wokingham Safeguarding Children Board** works to safeguard children and young people and protect those who are at risk. Local Safeguarding Children Boards (LSCB) were established by the government to ensure that organisations work together to protect children and are regulated by Ofsted. The LSCB scrutinises the safeguarding of children in care, and will hold the CPB to account in this regard. The objectives of the Board as set in Working Together to Safeguard Children 2015 are;

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area
- To ensure the effectiveness of what is done by each such person or body for those purposes

The functions of the Board as set out in Working Together to Safeguard Children 2015 are;

- To develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - The action to be taken where there are concerns about a child’s safety or welfare, including thresholds for intervention;
 - Training of persons who work with children or in services affecting the safety and welfare of children;
 - Recruitment and supervision of persons who work with children;
 - Investigation of allegations concerning persons who work with children;
 - Safety and welfare of children who are privately fostered;
 - Cooperation with neighbouring children’s services authorities and their Board partners;
- To communicate to persons and bodies in the area of the authority 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;
- To monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- To participate in the planning of services for children in the area of the authority;
- To undertake reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

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Every local authority has a duty to support birth families to care for their children, this being the environment in which children have the best opportunity to thrive. However, for a small number of children their birth families are unable to provide the care that they need. In these situations local authorities must make arrangements for the provision of substitute care, the responsibility of which is referred to as “corporate parenting”. This responsibility is undertaken by the **Corporate Parenting Board**. The role of the Corporate Parenting Board is to:

- Work together on behalf of the council and partners to ensure that the services to children in our care or young people who are leaving care is of a high standard;
- Improve the life chances of children and young people in our care in line with their peers so that they grow up, contribute and participate as healthy citizens within the community.

The **Community Safety Partnership** is made up of the key organisations responsible for keeping the borough safe. The partnership includes: Thames Valley Police, the Borough Council, Thames Valley Probation, Berkshire West Primary Care Trust, Thames Valley Police Authority and Royal Berkshire Fire and Rescue Service. Priorities are set out in the Community Safety Partnership Plan include hidden crimes and their impact on vulnerable people and their families, which includes work on domestic abuse and hate crime.

Appendix Six Acronyms

Acronym	Full description
CAMHs	Child and Adolescent Mental Health Service
CCGs	Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
ASD	Autistic Spectrum Disorder
BHFT	Berkshire Healthcare Foundation Trust
CATs	Children's Action Team
CPE	Common Point of Entry for BHFT
EHWB	Emotional Health Wellbeing
LSCB	Local Safeguarding Children's Board
PMHW	Primary Mental Health Worker
ELSA	Emotional Literacy Support Assistant
HV	Health Visitor
YOS	Youth Offending Service
ADHD	Attention Deficit Hyperactivity Disorder
RBH	Royal Berkshire Hospital

Appendix Six Version Control

Version	Responsible	Date
V1	WBC Strategic Commissioning	20/04/15
V2	WBC Strategic Commissioning	01/05/15
V3	CCG amendments	06/05/2015
V4	CCG amendments	07/05/2015
V5	BHFT amendments	11/05/2015
V6	Health and Wellbeing Board amendments	18/5/2015

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Agenda Item 10.

TITLE	Children's Social Care Annual Review
FOR CONSIDERATION BY	Health and Wellbeing Board on 11 June 2015
WARD	None Specific
DIRECTOR	Judith Ramsden, Director of Children's Services

OUTCOME / BENEFITS TO THE COMMUNITY

To ensure the service is effective in safeguarding and promoting the welfare of children but we recognise there are areas that require improvement.

RECOMMENDATION

That the Health and Wellbeing Board note the report.

SUMMARY OF REPORT

To review the Children's Social Care service from 1st April 2014 to 31st March 2015 to improve practice and aspiration to safeguarding and promoting the welfare of children in Wokingham to include recommendations.

Children's Social Care Annual Review

1. Purpose of Report

Wokingham has a population of 154,943 (as at 2011) with 44,950 children and young people aged under the age of 19 years old. Of these, 585 (as at May 2015) are in receipt of services from Children's Services and 2600 are in receipt of services from Early Help intervention. These service areas are the focus of this report.

This report presents an overall view on how well the Children's Social Care performed over the past 12 months. It is the result of a process of analysis on a service by service areas provided through a variety of audits, service reports, quality circle sessions and challenges sessions. Gathering a wide range of evidence from multiple sources in order to triangulate findings leads to a more robust sense of quality and service performance. This report and the work involved in the analysis highlights key messages about how well we are operating to effectively safeguard children and promote their welfare and also identifies any areas for development.

This report is also an evaluation of the challenges that were set out in the annual review last year. It provides a view of the service and the challenges that we continue to face as well as recognising the areas that we need to celebrate. The need to focus on improving outcomes for children, young people and their families is at the core of all quality assurance and performance functions within the Department. Throughout the year we have faced some challenges but also opportunities for greater collaboration with our partners. Our partnerships support us to continue to deliver services for children, young people and their families in Wokingham. Many of our performance indicators have improved, and the efforts of our workforce are achieving good results in several areas to meet the needs of children and their families, which are evidenced in the report. Further details are provided throughout the report. Evidence throughout this report suggests that overall we have strong foundations to deliver high quality services. The evidence to support this is captured within the report.

The service is effective in safeguarding and promoting the welfare of children but we recognise there are areas that require improvement. Having acknowledged this, we have to understand the aspirational focus of the department. Developments around workforce (particularly around pay, development opportunities, and the recruitment of Practice Consultants, manageable caseloads), the Early Help and Innovations Programme (ongoing implementation of Signs of Safety, Restorative Practice, the Family Star, and Attachment Theory), the participation/involvement of children and young people across the department, and the use of qualified social workers in early help work, are areas where Wokingham have gone above and beyond the 'day to day' business of a social work service. There is appetite to develop innovative practice in all areas of the department with a clear underpinning principle of bettering the outcomes for all children within the borough. This is something that those working within the department should be congratulated for.

2. The Review Team

In order to maintain a level of independence from the services within the scope of this review, the review team was led by Brian Grady, Head of Strategic Commissioning. To ensure the review was a collaborative process, rather than one 'done to' Children's Social Care, it was supported by the following people from Children's Social Care;

- Felicity Budgen, Head of Children's Social Care
- Priscilla Kurewa, Interim Service Manager
- Jos Axon, Service Manager – Assessment, Intervention and Support
- Anne Randle, Service Manager – Safeguarding and Quality Assurance

Utilising the experience and expertise of those within the Strategic Commissioning and the Children's Social Care branch led us to findings that are well informed. Such collaborative style of working supports the quality and improvement cycle by ensuring learning is in real time and that findings are robustly analysed.

3. Methodology

Planning: The review process was designed, organised and implemented through a series of planned scheduling sessions by the reviewing team.

Identifying evidence: An evidence grid was used to assist the reviewing team in identifying relevant evidence to inform the report. Some of the evidence used (such as reports) already provided substantial analyses, which enabled the reviewing team to rigorously evaluate progress against last year's annual review and recommendations. In addition the other data collated as identified below supported the team to ascertain further learning points.

Data collection/collected: Reports, audits, team updates and workforce documents were collated and reviewed. The following were identified within the evidence grid as essential to inform this review;

- Performance data
- Quality Circles records
- External audit reports (Ingson and Wokingham Safeguarding Children Board)
- Other audits over the past 12 months that have taken place within children's services
- Children Missing from Education Report
- Annual Reports: Wokingham Safeguarding Children Board, Corporate Parenting Board, Independent Reviewing Officer report)
- Children's Rights and Advocacy Service reports
- WSCB Challenge session records
- Bridges Ofsted inspection report
- Children's Centre Ofsted inspection report
- Workforce documents, for example the Recruitment and Retention Strategy

- Munro, Turnell and Murphy progress report
- Team updates: Duty Triage and Assessment, Brambles and Ambleside, Here4U, Placements, and Disabled Children's Team.

The data collected focused on a number of operational and strategic areas as identified below;

- Duty, Triage and Assessment
- Social Work teams in neighbourhood offices
- Disabled Children's Team
- Here4U
- Workforce
- Complaints
- Placements
- QA/Safeguarding
- Early Help
- Input from the Principal Social Worker and Children's Services Senior Management Team
- Children's Services Leadership Team

Data analysis: Given the quantity of evidence to scrutinise, a proportionate approach was to use a desktop analysis of the above evidence.

4. Last inspections grades

Over the past year the Ofsted inspection framework has changed on more than one occasion. As part of our cycle of continuous improvement, we aim to be Ofsted ready at all times. As well as the external audits Children's Services commission and those carried out by the LSCB, inspection is another method used to scrutinise social work leadership and practice. We are currently awaiting an inspection; the below captures the grades for the different domains in the different inspections. There is now a single inspection framework for children's services meaning fostering and adoption will no longer be separate.

Service/area inspected	Bridges Resource Centre
Date of inspection	30/12/2014
Grade	Overall effectiveness: Outstanding Outcomes for children and young people: Outstanding Quality of care: Outstanding Keeping children and young people safe: Outstanding Leadership and management: Outstanding
Service/area inspected	Inspection of Local Authority Fostering, Central Placements Team
Date of inspection	08/01/2013
Grade	Overall effectiveness: Good Outcomes for children and young people: Good Quality of service: Good Safeguarding children and young people: Good Leadership and management: Adequate

Service/area inspected	Inspection of Local Authority arrangements for the protection of children
Date of inspection	12-21 November 2012
Grade	Overall effectiveness: Adequate Effectiveness of the help and protection provided to children, young people, families and carers: Adequate Quality of practice: Adequate Leadership and governance: Adequate

Service/area inspected	Inspection for Local Authority Adoption Agency
Date of inspection	17/02/2011
Grade	Overall quality rating: Good Protecting children from harm or neglect and helping them stay safe: Good Helping them achieve well and enjoy what they do: Outstanding Helping children make a positive contribution: Outstanding Organisation: Good

5. Recommendations from the 2013/14 Annual Review

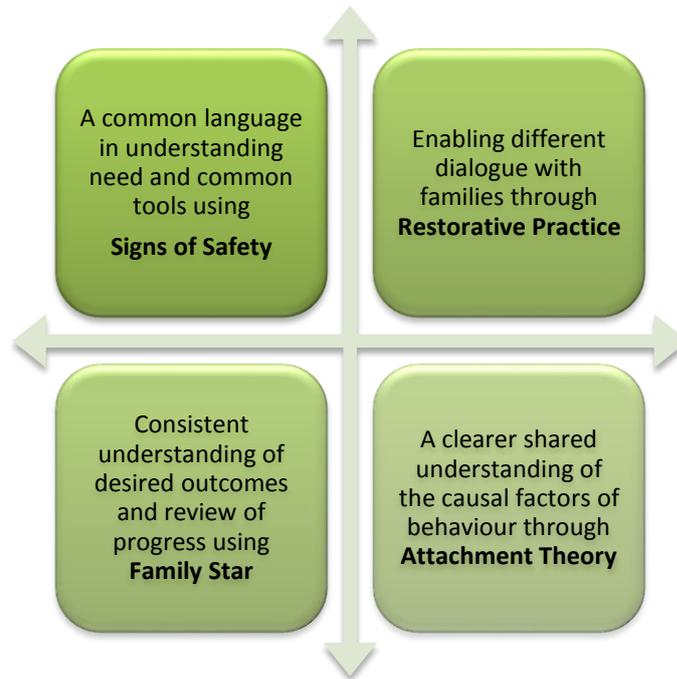
The 2013/14 Annual Review identified key recommendations. Work has been undertaken throughout the year to address these areas and it is the view of the review team that good progress has been made against the 2013/14 recommendations. The below captures those recommendations and the content of the report will summarise progress.

2013/14 Recommendations	Achieved
That senior managers ensure that there is a 'golden thread' from strategy and new developments through to front line teams and 'painting' the refreshed vision and road map to achieve it.	Partially Achieved
That the current strong focus on recruiting and retaining front line social workers is sustained and that managers to help build the workforce for the future. Thinking more about succession planning.	Achieved
Stronger recognition of the contribution made by long serving permanent staff, finding ways to celebrate and reward these staff who have provided continuity through some challenging times.	Achieved
That a wider range of 'tools' are made available to assist social workers and other staff in eliciting and recording the voice of the children (examples of those being used in neighbouring authorities were raised by several staff). Senior managers confirmed the work they have completed to give social workers access to research and tools.	Achieved
That further work is done with new TMs/ATMs to get more consistent, quality supervision in the children's teams, building on good practice examples. Also to	Partially Achieved

continue and expand the current leadership programme.	
Embed new Triage, single assessment and thresholds arrangements, which are monitored and reported to the LSCB	Achieved
That children's social care and other front line professionals give a higher priority to chronologies and recording significant events in a child's life and that this is available particularly to inform strategy meetings and assessments.	Partially Achieved
The increased rate of re-referrals and children having two or more CP Plans needs to be the subject of close monitoring and action taken to address the issues behind these trends.	Achieved
Build a more positive and transparent approach to listening and engaging with parents and ensure they have the information, signposting and access where needed to early help services.	Achieved
Review the scope for simplifying the process for agreeing and finding placements for children and young people to reduce where possible, duplication and complexity and communicate the pathway for all staff while also ensuring that proper controls are in place.	Achieved
Re-commission CAMHs services in a way which clarifies and where possible extends the range of services they can offer and where there is no capacity, signpost social workers and families to other support available in the community, set a target to increase children receiving CAMHs services, at the different levels.	Partially Achieved
Consult on and develop the new strategy for the Children with disabilities services supported by robustness of SEND reforms and a clear commissioning strategy for services	Partially Achieved. SEND reforms met
Give higher priority to keeping changes of social worker to a minimum, and recording the reasons why when a change is necessitated. Particularly where children are looked after or on a CP Plan. This is being supported by a new performance indicator to monitor this.	Partially Achieved
Undertaken more thematic audits, with a focus on sharing learning and delivering more consistent quality for children and families	Partially Achieved

6. The Practice Framework

The Practice Framework provides a structure to deliver the Innovations Project in Wokingham. Alongside this is also a delivery plan that sets out clear and aspirational goals, with evidence of success. Our emergent practice model brings together and combines building blocks from our experience and development journey. The Signs of Safety approach has led to 50 trained Practice Leaders across the service and new approaches to working with children and their families e.g. three houses, words and pictures, and group supervision. This has included key managers from our partner agencies so that we all adopt a consistent professional understanding and framework to operate within. Furthermore we need managers leading change, from frontline managers across the directorate and partner agencies. This is facilitated by Oxford Brookes University and the Institute of Public Care.



7. Key findings from this review (2014/15)

7.1 Early Help

During a 6 month period (August 2014 to February 2015) the Early Help Hub considered 177 families, totalling 369 children.

Social work is a vital profession that supports some of our most vulnerable children and families at difficult times in their lives. Effective social work is based on early identification and intervention, in order to ensure a child/family receives support before their circumstances reach crisis point.

An Early Help Challenge Session was arranged by the LSCB on 2nd March 2015. Recommendations were made regarding the need to capture purposeful data within the Early Help Hub and work to be undertaken to evidence the pathway through Early Help services in order to determine whether early intervention has changed outcomes for children or what impact it has had.

The Early Help Hub (formerly TRIAGE) began on 14th August 2014. The process was reviewed as a multi-agency conference on 5th November 2014 and audited twice by the independent consultants, Ingson (once for children's services and once for Wokingham Safeguarding Children Board). As a result of the audit, Children and their families are 'stepped up' to Children's Social Care Services if their needs assessment requires it. Our processes have been re-visited and re-designed to implement the findings of the audits. We know from the Ingson audits that the Children's Social Work thresholds are appropriate.

For cases that are 'stepped down' (families who no longer require a statutory social work intervention) from Children's Social Care, agencies are notified, and we are developing through our ICT service a mechanism for capturing the information so that these can be monitored and reviewed in a timely manner.

We have further work to do to capture children and their pathway through Early Help services in order to determine whether early intervention has changed outcomes for children or had little impact. This has traditionally been a different area to evidence to children's social care.

An engagement strategy has been drafted to address the gap in building a more positive and transparent approach to listening and engaging with parents to ensure they have the information, signposting, and access to early help when they need. The aims of the Engagement Strategy are to:

- Increase understanding of engagement activities throughout the Council and to ensure that the views of children and young people are better understood and where possible reflected in policies;
- This strategy builds on the existing good work, it serves to centralise the work and include engagement of parents and carers;
- Sets out the context for strategic engagement with children, young people and their family networks; and how the Council will drive forward its commitment to ensuring that services are designed and delivered to respond to their needs, ultimately improving outcomes for children and young people; and
- Provides clear guidance and expectations in relation to how we will seek to engage and enable children, young people and their families to see how their views, inputs and feedback will shape change across work plans.

A Parents Reference Group is actively seeking the input from parents and engaging directly with them. Parents, carers and extended family members were invited to engage in a reference group in January 2015 to share their views of accessing services. To date there has been 7 reference groups with around 3 to 10 parents engaging.

Strategic focus for 2015/16

Rationale	Strategic recommendation
With Signs of Safety being embedded across the service, a robust quality assurance framework will enable the department to routinely monitor the quality of practice. With recent editions to the inspection framework, it is important that a QA Framework reflects these changes.	Develop a sophisticated system which captures management information and ensures adherence to Quality Assurance Framework for measuring impact in order to inform further service development and support the learning cycle of practitioners. Performance data should be developed in line with changes to the Early Help Hub.
Re-referral rates were showing as 'red' in September 2014 and figures were above the national average. In the 2013/14 return our re-referral rates were a little high but nothing to cause concern. It was mid 2014/15 that re-referrals rates peaked and the analysis was undertaken. The 2014/15 return has yet	Continued analysis of re-referrals to Children's Social Care – this is being monitored on a monthly basis by the Service Manager. We are within the national range and we aspire to be better.

<p>to be finalised, but we are within the normal range. Between April and June 2014 the contact form within FWi had two boxes 'contact only' and 'contact and referral'. The 'contact and referral' box was used without appropriate thought. Resulting in distortion of data.</p>	
<p>ICT needs to support practitioners embedding the Practice Framework which includes Signs of Safety, Restorative Practice, the family star, and attachment theory.</p>	<p>Ensure ICT (including Frameworki) enables the Practice Framework to be recorded and interrogated easily (Signs of Safety) and captures outcomes for Early Help.</p>
<p>Wokingham Borough Council intends to develop a Multi-Agency Safeguarding Hub. This will bring together professionals from a range of disciplines to screen and respond to safeguarding concerns. This is in line with emerging best practice with safeguarding and promoting the welfare of children.</p>	<p>Further development of a Multi-Agency Safeguarding Hub to compliment the Early Help Hub.</p>
<p>To further ensure that practice and systems enable practitioners to help children and families in the right way and at the right time. The programme includes practice changes in terms the underpinning theory and philosophy. There is a strategy and work plan in place to support this.</p>	<p>Continue the implementation of the Early Help Innovations Programme.</p>

7.2 The Duty Triage and Assessment Team

The Duty Triage and Assessment Team have seen significant change and indeed growth over the last 12 months. Alongside the changes and challenges, morale has remained relatively high with the team embracing the Signs of Safety model as a new way of working.

Signs of Safety: What is it?

The Signs of Safety approach for safeguarding practice was developed through the 1990s in Western Australia. It is now an international approach utilised in the USA, Canada, the UK, Sweden, The Netherlands, New Zealand and Japan. The approach focuses on the question “How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?” This strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration. It expands the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilise and strengthen a child’s and family’s situation. The approach is designed to be used from commencement through to case closure in order to assist professionals at all stages of the child protection process.

The Early Help Hub and joint Signs of Safety, Attachment and Restorative Practice training has significantly changed the way we work with each other across Children’s Services. The review identified that this has improved the journey children and families take in cases requiring Tier 2 services and improved multi-agency understanding of levels of need and thresholds. The Practice Framework has provided us with an evidence based framework in which to change the way we work with families. Specifically it has emphasised the importance of family and other supportive networks, promotes clarity about danger and bottom lines whilst recognising the strengths in family units and highlighting existing strengths to be built upon.

Achievements

Date	Event
April 2014	Berkshire Women’s Aid co-located a named worker for 18.5 hours per week.
June/July 2014	Team training in Restorative Practice and 2 day Signs of Safety training.
July 2014	Recruitment of further staff into the Duty, Triage and Assessment Team to ensure sufficient oversight and capacity.
August 2014	Launch of ‘TRIAGE’ which is now known as ‘Early Help Hub’ following an external audit and their subsequent recommendations.
September 2014	Team Manager and one Assistant Team Manager attended 5 day Signs of Safety Practice Leader course. To support embedding the Practice Framework together with a group supervision model.
October 2014	Launch of Domestic Abuse Triage which meets daily.

November 2014	External audit completed by Ingson focusing on Triage.
January 2015	Recruitment of 3 rd Assistant Team Manager with specific responsibility for Early Help Hub. Early Help Hub meetings reduced to twice weekly.
February/March 2015	Integration of Early Help Hub and Family First operations.
April 2015	Remaining managers to attend 5 day Signs of Safety Practice Leader Training. 50 managers are now trained.
April 2015	Multi-Agency Safeguarding Hub Planning, with an aim of streamlining early safeguarding services utilising the input from multi-agency partners.

Staffing remains the most significant challenge facing the front door service. This is not a unique challenge for Wokingham, but reflects the national recruitment challenges for frontline social work teams. Managers have remained stable over the past 12 months, but we have seen significant turnover in agency staff.

Additionally the team have seen changes in Service Manager over the past 12 months. Recruitment and retention initiatives continue to be developed and refined in accordance with demand and as a result we now have a permanent Service Manager in post and a plan in place that means by July/August 2015 we should have a team of permanent Social Workers.

The impact of these challenges are as follows;

- The quality of assessments: It has been difficult to support the development of agency staff in the way we would want given the nature of short term assignments.
- Recording of assessments: In an Ingson audit in October 2014 one of their recommendations was for 'a management rationale as to next steps should be given at the conclusion of all assessments'. Due to agency staffing changes there have been difficulties in recording assessments within defined timescales and delays in progressing next steps. The allocation and reallocation of cases when staff come and go is a difficulty.
- Complaints: There have been an increase in the number of complaints.

The Team Manager, two Assistant Team Managers and a Social Worker are the longest serving members of the team. All have remained in the team for 2+ years. Within 12 months, nine agency workers have been covered a small number of vacancies. Although high agency worker turnover, this is a result of replacing poorer quality agency workers. There has been a reliance on agency staff, for which some have been of poor quality.

The picture had significantly changed for the better, albeit the impact in some areas will not really be felt until August when permanent staff take up their positions. Capacity, recruitment and retention are the key issue facing the team during the coming year.

Analysis work was completed to understand the issues behind increased rate of re-referrals and a practice error was identified and addressed which brought about normalisation in re-referral rates. Between April and June 2014 the contact form

within FWi had two boxes 'contact only' and 'contact and referral'. The 'contact and referral' box was used at times when it should have been 'contact only', which created an increase in figures.

Strategic focus for 2015/16

Rationale	Strategic recommendation
So that families receive a consistent service and that their journey through early help and social work services lead to improved outcomes.	Improvement work that ensures a consistent approach for families who need a social work intervention (already open in early help services)
To bridge a gap between tier 2 and 3 services so that social work expertise is available at early help.	Embedding social work to improve professional confidence in early help including the investment in Tier 2 social workers and a manager.
Decision making will be clearer, based on service delivery that reflects the needs and urgency of cases.	Clarity of scope of social care intervention in levels 1, 2, 3 & 4 Children in need
Safety planning for children is related to their individual strengths and need.	Focus on much greater emphasis on safety planning as opposed to 'service' planning.

7.3 Social Work teams in neighbourhood offices

Brambles and Ambleside social work teams are based within neighbourhood offices. Both are attached to the children's centre sites. This promotes good professional relationships between the social work team and Children Centre Staff. Families use the building for both visiting social workers, attend meetings as well as attending group and nursery provisions, building relationships with services that will continue to support after Social Care have withdrawn. This works very positively for families and children.

Brambles Social Work Team has had a reliance on agency staff but have two social workers who have been successfully recruited to start in the team within the next few weeks. The team has arranged a team away day in the coming weeks. Ambleside Social Work Team is fully staffed with seven Social Workers with the final vacant permanent post having just been filled. Both teams have a settled, well-structured team with a range of skill bases and experience levels. There is a strong commitment to ongoing training with in the team, with Social Workers having particular areas of development that they take extra responsibility for and in turn inform the team. A recent development is that each team member has been linked with a partner agency to develop relationships and ensure that the team is informed of relevant developments within that service, and to ensure that multi-agency working is founded upon strong professional relationships.

The review identified that there is a high degree of peer support and some co-working that takes place within the teams. Ambleside social work team members take on the responsibility for chairing the team meetings, they demonstrate a very positive 'can do' attitude, and there is good morale amongst the team.

There is a strong multi-agency approach to all of the work undertaken in the teams. The two social work teams are learning and developing the Practice Framework approaches in both their Child in Need and Child Protection work. Danger Statement and Safety Planning, and use of scaling is being used within Child in Need Reviews and Core Group meetings. Both Ambleside and Brambles social work Team Manager and Assistant Team Manager have undertaken the five day Practice Lead course in April 2015, which will bring added knowledge of Signs of Safety and support further implementation of this practice model. This will contribute to the overall strategic intent of the Department to have the Practice Framework fully implemented across all service areas.

Achievements for Ambleside

- All staff attended Family Star and Signs of Safety 2 day training.
- Both Assistant Team Manager and Team Manager attended five day Signs of Safety training to become Practice Leads.
- Team able to recruit to vacant posts with permanent staff, including permanent Assistant Team Manager.
- Additional social work post agreed to ensure that caseloads remain relatively low for social work time to be related to direct work within the approaches contained in the Practice Framework.
- Quality Circles underway, with the Social Worker able to present and show good casework practice to senior management.

Achievements for Brambles

- All staff attended Family Star and Signs of Safety 2 day training.
- Both Assistant Team Manager and Team Manager attended five day Signs of Safety training to become Practice Leads.
- Been able to maintain a relatively low caseload.
- Performance indicators have shown improvement for example recording and ensuring visits are undertaken within timescales. Meetings are held regularly to ensure plans are implemented quickly
- Supervision is taking place on time every 4 weeks, although could be developed further
- Recruitment of a permanent Assistant Team Manager
- Quality Circles underway, with the Social Worker able to present and show good casework practice to senior management.

7.4 Family Resource Team

Wokingham's Family Resource Service helps vulnerable children and their families by providing holistic integrated support and intensive interventions where there are multi-generational patterns of poor outcomes for children, led by a social work team.

This service will endeavour to work with families before the problems become too difficult to reduce the risk of family breakdown. Providing short term and where

necessary, longer term solution-focused interventions to promote and safeguard the welfare of children.

On those occasions where it is unsafe for a child or young person to remain in their parents care, it aims to provide high quality assessments of parenting capacity by Social Workers and good quality contact with consistent Family Support Workers. The Family Resource Service is a multi-professional team, consisting of Social Workers, Family Intervention Project (FIP) Workers, Family Support Workers, Drug and Alcohol Advisor and a Young Carers coordinator.

Achievements

- Restructure of early help and amalgamation of parenting team and family support- transition went well.
- Family Resource Team participation in Early Help Hub from the beginning of 'single Front door'.
- All Family Resource Team staff trained in Restorative Practise/ family Star and 2 day Signs of Safety – implementation of these in day to day work
- The Team Manager completed 5 day residential Signs of Safety training and became the first of 6 Practice Leads.
- The Practice Framework started to be embedded into Family Support practise – all supervision completed using Signs of Safety methodology,
- Young carer's protocol and Action Plan in place.
- 3 senior practitioner and 1 front line family worker completed 5 day Signs of Safety training.
- Parenting assessments (PAMs) commenced and now well established in the Family Resource Team.
- Early Help Senior Social worker in post.

Strategic focus for 2015/16

Rationale	Strategic recommendations
In order to achieve a common purpose and language, the multi-agency team have been trained in Signs of Safety so they can effectively support families.	Further implementation of the elements of the Practice Framework within Early Help – Implement Signs of Safety in Team Around the Family meetings
Reflective practice is an essential component of safe practice.	Embedding of consistent group supervision sessions
To support the delivery of parenting programmes with a strong evidence base and increase departmental capacity to deliver these courses.	To explore if the Early Help Innovations Programme strategy should include and invest in Triple P parenting training as our evidence based approach.
Clarity in roles and responsibilities for individual practitioners but also the scope of service/team level responsibility.	To explore the consistent rationale underpinning which work is overseen by a qualified social worker within the area team and which are led in Family Resource Team under the Early Help and Innovations strategy.

7.5 Children with Disabilities Service

The Children with Disabilities Service has a total of 15 staff members including a Team Manager and Assistant Team Manager. Three Social Workers and two Occupational Therapists have been in the team for more than 10 years. One Social Worker has a part-time secondment to the Child and Adolescent Mental Health Service, which includes undertaking mental health training; this knowledge and experience, will return to the team once the secondment has ended. The intention is that she becomes a main link between the Child and Adolescent Mental Health Service and Social Workers in Children's Social Care. Another Social Worker works part time for Emergency Duty Service, bringing some added value to the team.

Arrangements have been made for the Transition Worker from Adults' Services to attend the team weekly, to strengthen and develop vital links between the services. There are strong and effective partnership working arrangements and relationships between the Children with Disabilities Service and colleagues in the Short Breaks Services and the Special Educational Needs Team.

In the last year there have been some child protection investigations regarding children with complex needs, which have raised various issues relating to the team's work with colleagues from health disciplines. This led to recent liaison with a Community Consultant Paediatrician and the community nurses which resulted in strengthening the links between the services.

In the last year the team have worked closely with SEN to develop the SEND reforms and have made a significant contribution to the project work, development of processes, and implementation in practice.

To further progress a better service to our short breaks users, the Bridges Short Breaks Service are now undertaking a social work service to those receiving a short break. This has resulted in two social workers being assigned to undertake this work, and being based at the Bridges resource. This reconfiguration has resulted in an enhanced provision to Child In Need 2 children, and a more targeted input from Disabled Children's Team.

The Early Help Hub also came into being in the autumn and the Disabled Children's Team is a key player, with the Assistant Team Manager participating directly at referral stage.

The team has benefitted from additional support provided by the Quality Assurance Team. This has included child protection team training and direct one-to-one support to team members.

Strategic focus for 2015/16

Rationale	Strategic recommendation
To provide a coordinated service and inform the commissioning strategy.	To further improve the integrated local offer for children with additional needs.
To have them as part of an integrated	Duty Triage and Assessment and

social work service.	Disabled Children's Team need to ensure greater buy in from our Occupational Therapists.
To provide a consistent response to child protection practice.	Child protection practice will be developed and strengthened within the team

7.6 Bridges

Bridges Resource Centre is a residential short breaks facility registered as a children's home with Ofsted. As well as providing a range of services in its own right it is also the hub for the Short Breaks Service which comprise of a range of additional services under the same management structure.

Achievements

- Bridges awarded Outstanding by Ofsted
- Manager runner up in national Social Work Team Manager of the Year Award
- Re-development of Sensory room
- Friends of Bridges re-launched - charity raising money for the resource centre.
- Regular consultations with young people to improve service delivery

Strategic Focus 2015/16

Rationale	Strategic recommendation
To ensure children with disabilities reach their full potential.	To establish a social work services at Bridges to ensure children in need 1 & 2 are appropriately supported and enabled to reach their potential.
To ensure children with disabilities reach their full potential and to offer alternative forms of respite.	Development of outreach service to assist families of Disabled Children
To ensure the service remains responsive and develops to enable children with disabilities to reach their full potential.	To develop the leadership capacity in Bridges to improve services for children with additional needs

7.7 Here4U Team

Here4U Team currently consists of a Team Manager, an Assistant Team Manager, five full-time Social Workers and three Personal Advisors. Personal Advisors are allocated to young people at the age of 16 years old on completion of their initial Pathway Plan. The team works with those leaving local authority care and children who are subject of care orders where the plan is not for them to return home, this includes permanency planning for all children in care alongside a dedicated Practice Consultant. At March 2015 Wokingham Borough Council was the corporate parent to 74 children. The department continues to care for significantly fewer children per

10,000 than our statistical neighbours, the SE region or England. There is no evidence that this is the 'wrong rate for Wokingham'.

For people leaving local authority care, the allocated Personal Advisor continues to work with them until they are 21 years old or 25 years old if in higher education. The overall aim of their work is to advise, assist and befriend those who are leaving care. The focus of the team is to assist young people in formulating a transition plan to semi or independent living, accessing further education, training or employment along with support in accessing government benefits, local authority housing or any other additional services.

Here4U Team currently work alongside a variety of multi-agency professionals such as, Child and Adolescent Mental Health Service, foster carers, General Practitioners, Police Officers, Youth Offending Service, Housing, Semi-independent accommodation providers, local companies that provide apprenticeship opportunities for our young people, and Connexions (Adviza).

Here4U work closely with our young people, ensuring that they remain safe and that their needs remain met. The team follows clear authority and government procedures, ensures that any assessments are child centred, work collaboratively with them when assessing how best to support their needs, ensure that their views are considered, and workers listen to what is being said by the young person.

At the time of the review, caseloads averaged 12 per worker. Currently the strategy in place is that agency workers are covering more duty work to allow permanent workers to work consistently with children so as not to unnecessarily re-allocate cases given that recruitment is underway.

As from beginning of March 2015 an independent agency, the National Youth Advocacy Service (NYAS), was recruited to undertake independent return interviews for the children looked after who go missing. NYAS are also responsible for recruiting and matching Independent Visitors to children; of the referrals made to date they have matched 2 children.

The last 12 months saw an improvement in the working relationship with the Child and Adolescent Mental Health Service. A CAMHS worker attends Here4U every Wednesday afternoon to offer individual case advice to workers and one-to-one focused time-limited sessions with young people.

Achievements

- Recruited permanently to the vacant Assistant Team manager post
- Increased the size of the team from 3 to 5 Social Workers
- One young person has gone on to university
- We held 4 successful barbeques, a Christmas lunch for all the care leavers, an information session afternoon including sessions on sexual health and the impact of drug use
- Four young people were housed independently and locally enabling more intense support from their Personal Advisers

- Development of the Here4U football team who also won the championship last season
- Set up a regular support group for the 21 year old care leavers

Strategic focus for 2015/16

Rationale	Strategic recommendation
It was recognised within the Corporate Parenting E Annual Report that there is a lack of coordinated alternative provision for people leaving local authority care.	Continue to work with housing to match available accommodation to appropriate care leavers – managed via monthly meetings.
Improvement work is underway to address the timeliness of health assessments however the Independent Reviewing Officers highlighted this as an area of concern in their annual report.	Rapidly improve with LAC Heath Nurse to ensure that health assessments for looked after children are maintained
There is a national focus on Child Sexual Exploitation. There is statutory guidance around protecting children from sexual exploitation which includes the provision of intelligence sharing and partnership working. This will also feature in Ofsted inspections.	Child Sexual Exploitation (CSE) and Missing Children group by managers in order to ensure that patterns and knowledge is shared within the group to increase intelligence across multiple agencies.
To encourage accessing services that children in care are entitled to.	Contribute to improving the take up of the Independent Visitor Scheme.
Ensure children understand their journey, can process their life history, and so that life story work contributes to improving emotional well-being.	Improve delivery of life story work.

7.8 Workforce

The 2014/15 year has been a critical one for refocusing the development of a new Recruitment and Retention Strategy, using social work feedback as the basis of this work. This strategy has renewed the focus on recruitment processes to improve timescales, and a commitment to an aspiration that Wokingham becomes the destination of choice for children's social work professionals. This strategy has met with significant success with a number of posts being offered to new candidates over the last year.

This is not an area where we can afford to relax our efforts and the test of the strategy will be over the longer term and of its ability to retain those it recruits and to build stability in an ever increasing competitive market. Our staff remain our greatest asset because a skilled and a motivated workforce is essential to support children and families and business continuity. Ensuring that front line managers are well trained in order to have a direct and valuable impact on the performance of their staff is crucial to the success of the service. Our service provides invaluable support to safeguard vulnerable children and adults and, at the same time, promote their independence and this requires a wide range of skills and competencies.

Work undertaken to develop a sustainable workforce

- There is political support within the council for the pilot workforce strategy
- We have achieved an average caseload of 12 cases.
- Support to students & ASYE: A handbook for ASYE's and supervisors has been developed. Progress is now being made with developing an academy and 4 ASYE's have been recruited as part of succession planning.
- Partnerships with Universities: In a partnership with Winchester University, Portsmouth, Southampton, Hampshire & Isle of Wight regarding Step Up to Social Work and as yet we are involved in the selection/assessment and ongoing support to students who come to Wokingham Borough Council. This has resulted in four permanent positions being filled.
- Link with universities to continue to offer student placements.
- Recruitment & retention: Devised Professional Capabilities Framework Career Progression Scheme and linked to pay increase/bonus. Materials also developed for an 'assessment centre' style interview process.
- Principal Social Worker observation of practice and observation of a supervision session.
- Signs of Safety Practice Leader training provided.
- A number of tools have been introduced to support Social Workers with ascertaining the wishes, feelings, and voice of the child. This includes the three houses tool used for Signs of Safety based work.
- We currently have no vacancies. At present there are agency staff in place covering all gaps.
- Recruitment of permanent Practice Consultants to support practitioner development, learning using audit, complaints and family feedback in order to focus learning.
- Overseas recruitment – 6 experienced social workers due to start in June/July 2015
- Recruitment days
- Part of Berkshire and South East regional collaborative approaches

Strategic focus for 2015/16

Rationale	Strategic recommendation
Changes in social worker for children in care remains high.	Continue to implement the Recruitment and Retention Strategy to reduce the reliance on agency staff whilst maintaining an experienced workforce with the capacity to develop newly qualified workers and those from other countries
Attract potential candidates to work in Wokingham.	Contribution to university seminars and open days to attract potential new Social Workers
Enhance career progression and retention.	Link job descriptions with the Professional Capabilities Framework

So that the department can learn from good practice and replicate areas of excellence in other areas. Good practice evidence from different parts of the 'system' and for each stage children may take within their journey in children's social care will support our improvement and inspection.	Compile a good practice file of evidence sent by the Team Managers
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7.9 Complaints and compliments

The annual report for complaints covers the nature, type and resolution of complaints at a greater depth than this overview. The following table captures the number of complaints received during 2014/15;

	Early Resolution	Stage 1	Stage 2	LGO	Out of Scope	Total
Ambleside Social Work Team	1	2		0	1	4
Brambles Social Work Team	6	1	0	0	0	7
Disabled Children's Team	3	2	1	0	0	6
Family Placement Team	1	0	0	0	0	1
Here 4 U	2	2	0	0	0	4
Referral and Assessment	3	0	1	0	0	4
Safeguarding and Quality Assurance	2	1	0	0	0	3
Special Needs	1	0	0	0	0	1
Various Children's Teams	0	1	0	0	0	1
Total	19	9	2	0	1	31

The proactive approach taken by Children's Services in response to complaints has ensured that Stage 1 complaints are resolved in a timely yet effective manner. This then means that only a small percentage of complaints proceed to Stage 2, or go to the Local Government Ombudsman.

The below table shows the percentage of complaints in each team compared with the previous year.

	Complaints 2013 - 2014		Complaints 2014-2015	
	No.	%	No.	%
Ambleside	7	25%	4	13%
R and A	7	25%	4	13%
Brambles	5	18%	7	23%
DCT	3	11%	6	20%

Here 4 U	3	11%	4	13%
QAST	2	7%	3	9%
Family Placement	1	3%	1	3%
Bridges			1	3%
Other	1		1	3%
Totals	28	100%	31	100%

There is a small increase in the number of formal complaints this year and of these, two have progressed to Stage 2 after attempts to resolve the complaints at the early resolution stage.

There has been an increase in the number of complaints to the DCT and Brambles and a decrease in the complaints to Ambleside and R and A. The numbers are too small to be able to ascertain any particular trends and they do not appear to be reflective of any particular problems or issues within the teams.

There has been one stage 3 panel this year which was linked to the resolution of a complaint from 2013/2014. Regrettably following a stage 3 Panel and referral to the LGO by the Service User this complaint is still not resolved.

Themes arising from complaints

Theme	Context	Action taken
Children's involvement in planning	Some complaints from children were regarding plans being made without their involvement.	Managers and Independent Reviewing Officers have been made aware and advised to monitor this in order to reduce the risk of this happening in further cases.
Confidentiality	Some complaints were regarding the disclosure of confidential information by Social Workers.	Training has been provided and awareness sessions undertaken to try and address this.
Communication with parents	Some complaints were regarding communication with parents about Children's Services involvement with their families.	Training has been delivered to individual teams with an aim of addressing this.

Compliments received by the Department

Team		From	About
Ambleside			
Brambles	1	Children protection chairs/ IROs	Quality of work undertaken with families

Disabled Children's Team	2	Parents	Support given Help identifying suitable school
	1	Other professionals	Quality of work with family
Family Placement Team	3	Foster carers	Celebration event for foster carers including recognition of their work
	1	Adoptive parent	Clarifying arrangements for birth certificate/ assistance with final contact
Family Resource Team	1	Adoptive Parent	Support given during reassessment of a child's placement
Here 4 U	4	Young people in care	Support given/Being listened to
R & A	1	Child Protection chair	Quality of work of worker who had 3 CP conferences in one week
	1	From parent	Support given to her and her child
Safeguarding and Quality Assurance	4	Other professionals	Conduct Management of various meetings
Foster carers	1	Young person	Care given
Children's Rights Officer	3	Young People in care	Support offered
CSLT	1	Manager of Adopt Berkshire	Feedback to senior administrator on launch event

The majority of compliments are from colleagues and acknowledge good work. The conference chairs and IROs always ensure that they feedback good practice. Three foster carers gave positive feedback about the foster carers celebration event and good practice and feedback is always acknowledged in the staff newsletter BUZZ.

Strategic focus 2015/16

Rationale	Strategic recommendation
To minimise the risk of data security breaches which feature as a theme in complaints received.	Ensure that workers continue to double check records to be sure they are sent to the correct address.

Continuous improvement	Continue to put action in place to monitor themes
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7.10 Sufficiency - Fostering/Adoption and Placements

The sufficiency portfolio is pivotal to the success of the service because of the very significant range of services it supports. The Assistant Team Manager was recruited into the Team Manager position in May and at present has an agency Assistant Team Manager. A permanent Assistant Team Manager has been recruited.

Adoption teams have been re-commissioned to create the new shared service, Adopt Berkshire. The Post Adoption Support remains within each Local Authority. Post adoption support remains within the Placement Team and there are two 0.6 'Adoption Support Worker' posts both recruited to successfully. One Adoption Support Worker took up post in December 2014 and the other worker in February 2015.

In order to continue to support the recruitment and retention of foster carers within Wokingham, a new post of 'Recruitment and Retention Assistant' was created within the Placement Team and recruited to in January 2015, to support the R&R foster care lead within the team. At present there are not enough foster carers.

Of all teams within the service, the Placement Team is the most stable team and the morale is generally good. The Team Manager is also permanent. Team meetings and practice sessions held on a fortnightly basis provide invaluable opportunities for staff to reflect on issues relating to foster carers/placements and to discuss and reflect on practice issues.

There are plans for all staff within the team to attend the Nurturing Attachment training; three of the team members have completed this training already. This training is also provided to foster carers and managers to develop skills to support repair and re-parenting of children looked after with complex needs, in particular to support the career Foster Carers.

The Signs of Safety model is being used to explore factors during the recruitment of carers, and in particular during initial visits and assessments. The past 12 months have seen the team further develop joint working across the other social care teams and an increase in effective communication.

80% of the feedback from the fostering panel in 2013 to 2014 came back better than good. The Fostering Panel commented that some of the reports have been excellent and of very good quality. Some of the issues the panel have fed back have been that there has been no feedback from the relevant professional network for the child, issues around training for the foster carers to access and some relevant checks have not been included with the reports.

Strategic focus for 2015/16

Rationale	Strategic recommendation
There is a need for placements for older teenagers who wish to move to a more independent form of care	We need to increase our number of Supported Lodgings Carers.
To ensure we have sufficient in house foster carers.	We need to stay focused also on general foster care recruitment to ensure we have capacity. Renew/refresh our approach to recruitment.
To ensure we have sufficient in house specialist carers.	Recruitment to specialist foster care has not been successful; this has been re-launched
To promote fostering opportunities.	Develop partnerships with the faith community

7.11 Quality Assurance and Safeguarding

The Quality Assurance and Safeguarding sits structurally within Children's Social Care. At the time of this review the team is now in a position where all staff (including the Service Manager) are permanent WBC employees.

This service area carries a number of statutory functions in relation to monitoring both child protection plans and care plans for looked after children. As a service they also have a responsibility to quality assurance practice at both a micro and macro level, contributing to service improvement as well as influencing/challenging plans for individual children.

Operating within a range of statutory frameworks, the service has been pivotal in the implementation of the Practice Framework and in being involved in audit activity across the department.

Over the past year there have been a number of achievements. Given the diversity in core functions of the service and individual and collective responsibility, there are also a number of areas for development over the coming year.

Achievements within the team

- The team is now fully staffed with permanent employees
- Regarding quality assurance, a number of externally commissioned audits have taken place over the past year covering the following areas;
 - Review of Child in Care and Child in Need Practice (December 2014)
 - Review of Practice (September 2014)
 - Children's Services Triage Review (November 2014)
 - Review of Social Care 'Front Door' (April 2014)
 - Review of Social Care 'Front Door' (August 2014)
 - Early Intervention Review: A Review of Thresholds and Quality (June 2014)

- Independent Reviewing Officer audits and notifications have supported identifying issues and for action planning to take place
- Independent Reviewing Officers now liaise with contracts and commissioning to raise any issues about providers
- Independent Reviewing Officers are key stakeholders in the use of the newly commissioned Independent Visitor service
- Implemented formal monitoring to reduce unnecessary drift in care planning
- Re-launched the Dispute Resolution Process
- Increasing uptake of advocacy at Initial Child Protection Conferences
- Response rate to the child in care consultation improved as a result of reviewing admin
- Child in care consultation documents re-designed

Strategic focus for 2015/16

Rationale	Strategic recommendation
Continue to ensure we develop people and services to meet needs of vulnerable children and families.	Develop a more robust system of monitoring progress of notifications and escalations
As above.	Make better use of children and young people's feedback to improve services
As above.	Improve the timeliness of review reports
As above.	Address the lack of provision of appropriate schooling for children in care
As above.	Monitor the lack of timely health assessments
To ensure permanency options are identified early.	Challenge examples of delay in permanency planning and/or family-finding
To improve the understanding children have of their life story.	Contribute to challenging the provision of life story work where this has not been carried out
To ensure that children in our care receive a good quality service.	Challenge drift in carrying out requirements of care plan
So that learning is shared consistently across agencies.	Service Manager Quality Assurance - to link with Wokingham Safeguarding Children Board to ensure continuity of training delivered e.g. learning from Serious Case Reviews

7.12 Leadership of Change

Leadership has been good in bringing complex planning, partnership and delivery streams together to enable change and strong performance in key areas.

We have recruited five permanent service managers however three have subsequently left. This is largely to do with the distance they needed to travel to get to Wokingham and/or for personal reasons.

Through strong leadership, service transformation and effective stewardship within all teams, we have seen the past 12 months ending with clear strategic plans in all areas of business. The challenge for the coming year will be to do more with less and we will explore further opportunities as well as building on existing arrangements for collaboration where that adds value and improves service efficiency.

8. Conclusion

Wokingham caseloads remain low. This is encouraging and demonstrates the Departments commitment to resourcing good quality work with families. Although the complexity of cases determines the capacity of workers, caseload numbers remain a good indicator of a workforce with a manageable workload.

There have been a number of areas of improvement and development in different service areas which is encouraging. Any changes made remain subject of continuous monitoring and future developments identified will be acted upon over the coming year.

Staffing has remained a challenge for Wokingham which reflects a national issue. Locally this is even more challenging due to the set-up of a number of unitary authorities, all of whom are actively recruiting qualified social work staff. We have been successful to secure employment of social workers from overseas and newly qualified workers from the UK. Our current position is that vacancies remain covered by agency workers and our ongoing priority is to reduce reliance on agency workers. Positively, we have seen the turnover rate improve significantly from 33% in 13/14 to 14% at March 2015.

The implementation of the Practice Framework is going well. Additional training has been provided. There is still some way to go until it is fully embedded, but this is not to be unexpected. To successfully embed this model takes time as it involves planned and facilitated practice and culture change. This review has identified pockets of excellence in Wokingham. Children and young people are involved in the strategic developments within the local authority whether that be through formal routes such as the Children in Care Council, or through more innovative projects such as the introduction of Young Commissioners. The review has identified there is a commitment to 'do things differently' but likewise to deliver the best possible service.

9. Recommendations

Recommendations from this report will be monitored by the Quality Assurance Manager on a quarterly basis so that improvements are frequently captured and barriers to improvement swiftly identified.

Ofsted has a set of comprehensive criteria for what 'good' may look like in the new single inspection. This review has identified a number of achievements and strengths across the different service areas and teams within Children's Services. As already identified within the report, we recognise we effectively safeguard and promote the welfare of children and their families but we do require improvement.

The below captures some of the service wide recommendations to be monitored on a quarterly basis;

Rationale	Strategic recommendation
To continue to change the way we work throughout the journey of children and families from early help through statutory services.	Deliver on the Early Help and Innovation Programme through partnerships
As above.	Continue with the system wide implementation of the Practice Framework and deliver training where necessary
To ensure that improvements are monitored and that learning is disseminated.	Review and re-design the quality assurance processes
To contribute to developing a permanent workforce.	Continue to implement and develop the Recruitment and Retention Strategy
Reflective supervision is pivotal in providing effective social work practice.	Consistently apply reflective supervision and group supervision on complex cases
Feedback from service users should influence service design and delivery.	Consider how we can use the experience of our service users to help with service redesign
To provide a consistent service and minimise the number of changes in social worker.	Maintain progress towards recruiting permanent members of staff who can be developed to deliver a consistent service. Aim for 100% permanent staff and evidence of retention
There is a need to look at services that respond to the needs of children early so that we reduce accommodating children later.	To inform wider service design for children aged 8+
To support embedding the implantation of the Practice Framework. This will also enable practitioners to learn from experience.	Ensure the take up of the four planks of training, peer to peer, and action learning training is fully maximised
To ensure that section 20 is being effectively and appropriately used.	A review of the use of section 20 in light of recent court judgements
So that progress can be monitored against actions identified within this review.	That the areas for development identified within this report are monitored on a quarterly basis by the Quality Assurance Manager so that updates inform next year's annual review/QA Annual Report. Areas for development will be actively worked on by Senior Managers and their teams

Brian Grady and Felicity Budgen
28/05/15

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HEALTH AND WELLBEING BOARD

Forward Programme from June 2015

Please note that the forward programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.

All Meetings start at 5pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

HEALTH AND WELLBEING BOARD FORWARD PROGRAMME 2015/16

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
106	Children and Young People's Board update on priorities - specific focus re: early help and innovation project update	Update on priorities - specific focus re: early help and innovation project update	For information	Judith Ramsden, Director of Children's Services
	Wokingham Learning Disability Partnership Board - Joint Health and Social Care Self-Assessment	For information	For information	Wokingham Learning Disability Partnership Board
	Performance metrics	To receive an update on performance regarding: <ul style="list-style-type: none"> • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework 	To monitor performance	Health and Wellbeing Board
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
8 October 2015	Safeguarding Adults Partnership Board – annual report and business plan'	To receive the Safeguarding Adults Partnership Board – annual report and business plan	For information	Stuart Rowbotham, Director of Health and Wellbeing
	Performance metrics	To receive an update on performance regarding: <ul style="list-style-type: none"> • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework 	To monitor performance	Health and Wellbeing Board
	School readiness - impact	Update on School readiness - impact	For information	Judith Ramsden, Director of Children's Services
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
10 December 2015	Performance metrics	To receive an update on performance regarding: <ul style="list-style-type: none"> • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework 	To monitor performance	Health and Wellbeing Board
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
11 February 2015	Performance metrics	To receive an update on performance regarding: <ul style="list-style-type: none"> • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework 	To monitor performance	Health and Wellbeing Board
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
14 April 2015	Performance metrics	To receive an update on performance regarding: <ul style="list-style-type: none"> • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework 	To monitor performance	Health and Wellbeing Board
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services