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To:- All Board Members

HEALTH AND WELLBEING BOARD - THURSDAY, 14TH APRIL 5PM, 2016

I am now able to enclose, for consideration at the next Thursday, 14th April, 2016 meeting of the Health and Wellbeing Board, the following reports that were marked as 'to follow' on the agenda sent out recently.

Agenda No Item

99. **Emotional Health and Wellbeing Strategy performance scorecard update** (Pages 3 - 20)

To receive the Emotional Health and Wellbeing Strategy performance scorecard update. (15 mins)

101. **Children's Disability Strategy** (Pages 21 - 46)

To consider the Children's Disability Strategy. (15 mins)

102. **Update on progress made against Ofsted recommendations relevant to Health and Wellbeing Board** (Pages 47 - 52)

To receive an update on progress made against Ofsted recommendations relevant to Health and Wellbeing Board. (15 mins)

Yours sincerely

Andy Couldrick
Chief Executive

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Emotional Health and Wellbeing Strategy performance scorecard update March 2016

Brian Grady, Sally Murray and Gabrielle Alford

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report aims to provide an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Services (CAMHS) system.

We are seeing significant changes in demand on our emotional health and wellbeing services. **It is recommended that** further analysis is undertaken to establish a deeper understanding of cause and effect across the whole system. In particular that further analysis is undertaken to understand the referral pathway and priority needs of young people being referred to CAMHS Tier 3 in Wokingham.

The evidence to date supports the professional concern reported through Local Safeguarding Children's Board and the Children's Partnership that pre-diagnostic support around ASD is a critical priority for Wokingham. Actions are underway across Berkshire to maximise the work around this pathway. **It is recommended that** the partnership pay particular attention to action in this area.

2. POLICY CONTEXT

The report of the government's Children and Young People's Mental Health Taskforce, "Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing", was launched on 17 March 2015 by Norman Lamb MP, the then Minister for Care and Support. It provides a broad set of recommendations across comprehensive CAMHS that, if implemented, would facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

In August 2015, NHS England published guidance on how Local Transformation Plans should be developed, assured and publicised. There is a requirement for system wide transformation over 5 years. Wokingham Health and Wellbeing board approved the local plans in October 2015 which has enabled additional recurrent funding to be released from NHS England to the Berkshire West Clinical Commissioning Groups (CCGs).

3. LOCAL CONTEXT

Locally, since August 2015 Wokingham Children's Partnership has implemented an Early Help and Innovation strategy, this aims to transform practice with children and families across the partnership. As part of this work the Partnership has implemented a practice framework and established an Early Help Hub with coordinated Early Help services to improve outcomes.

The Future in Mind report has been reviewed against local action and as part of this Berkshire West CCGs and the 3 Local Authorities have established a governance group to oversee and support the

implementation of the Local Transformation Plans. This meeting is now called the 'Berkshire West Future in Mind' group and includes a broad representation of providers of services such as BHFT, voluntary sector partners, Royal Berkshire Foundation Trust (RBFT), Schools, Healthwatch as well as the University of Reading.

The Local Transformation Plan for Wokingham is part of the comprehensive Early Help and Innovation strategy. It is built around the national Future in Mind policy document as well as the comprehensive local CAMHs engagement work undertaken in 2014 to identify local needs. Themes include;

- Commissioning the use of evidence-based public mental health interventions which have been shown to provide significant economic savings
- Taking an integrated partnership approach to defining need, commissioning and delivering services
- Ensuring the delivery of mental health promotion and prevention through universal services such as Health Visiting, school nursing and the school pastoral roles
- GPs and schools being able to identify and refer early (before specialist CAMHs is required) to a wider range of services which support mental health and wellbeing
- Commissioning services that meet NICE guidance
- Delivery of the new access and waiting time standards for Eating Disorders and Early Intervention in Psychosis.
- Providing practical support for families and schools for children with ASD and ADHD
- Improving longer term therapeutic input for children with enduring mental health or attachment issues who do not meet the criteria for more specialist medical support
- Improving services for children and young people who present to Royal Berkshire Hospital Foundation Trust (RBFT) emergency department in crisis. Reducing the number of children and young people whose needs escalate into crisis
- To continue to build a strong awareness and skill set in Wokingham schools around understanding, identifying and talking about emotional health and well-being issues, covering areas such as attachment difficulties, bullying and self-harm.

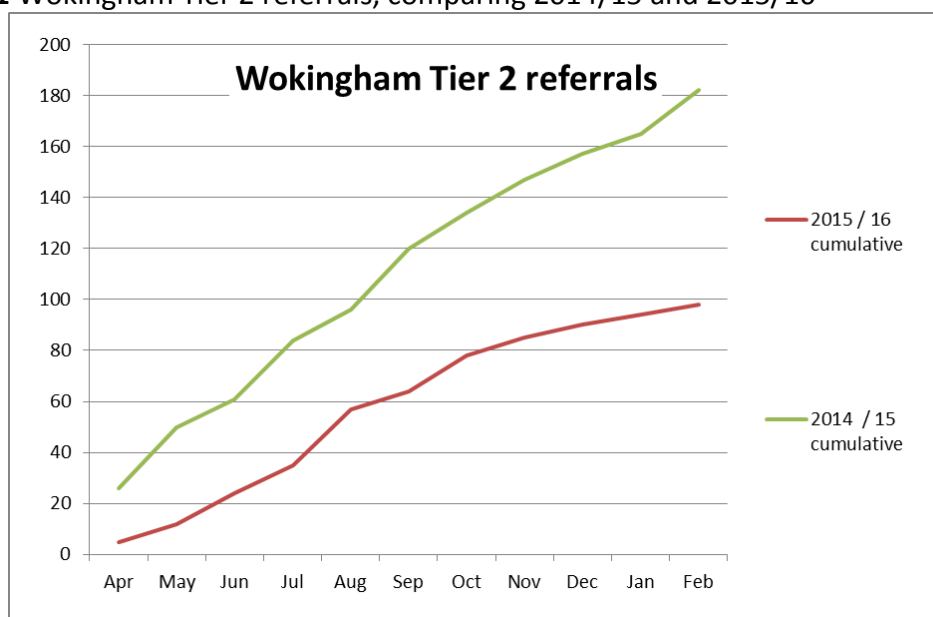
4. PROGRESS TO DATE

This has been broken down into the impact of early help and Tier 2 services and then goes onto display data relating to Tier 3 services.

Tier 2 activity and the Impact of Early Help

Within the Tier two referrals we have seen a significant year – on – year reduction in PCAMHS activity, this is displayed in chart 1.

Chart 1 Wokingham Tier 2 referrals, comparing 2014/15 and 2015/16



The Early Help and Innovation programme has had an impact on the emotional wellbeing of children and families within Wokingham. We have summarised this impact into five areas.

1. Impact on referrals to PCAMHS as a result of the Early Help Hub

The Early Help Hub (formally triage) has been operational for 16 months; the Early Help Hub brings services together to identify and coordinate support needed for families. The Early Help Hub has input from PCAMHS and Health Visitors. Two Practitioners under CAMHS supervision are providing early intervention support using CYP IAPT principles of an early intervention nature to prevent escalation to Tier 3 level.

Sampling cases between October 2015 and March 2016 we identified sixteen cases as having a child mental health component. The plan generated from their contact with the EHH led to nine of the sixteen cases being diverted from CAMHS referral. Of the remaining 7 referrals 4 of these were awaiting and ASD/ADHD diagnosis.

2. Improvements in Family Star have been greatest around Emotional Wellbeing

The Family Star Plus model measures outcomes of the Child's journey through various indicators in relation to wellbeing. This includes ten areas of parenting essential to enabling Children to thrive. These are ●physical health, ●wellbeing, ●meeting emotional needs, ●keeping your children safe, ●social networks, ●education and learning, ●behaviour, ●family routine, ●home, money and ●progress to work. The Star is completed at the start and end of the journey enabling families to track their outcomes throughout their

journey giving goals and measurable aspirations. The 'my star' element of this captures the voice of the Child, their needs, their perspective on the changes they are experiencing and acts as a reference point to check changes made by parents are enabling their children to thrive.

Across all users of Family Star Plus there has been an increase in scores for 'meeting emotional needs' element with an average increase of 1.1. This element has the third highest increase in scores from all of the elements ('boundaries and behaviour' - 1.7 and 'your wellbeing' – 1.4). The data is potentially thrown off owing to ominous report on FNP's Star thus worth noting Brambles Group has seen a 3 point increase in 'meeting emotional needs' making it the element with the greatest improvement. All of the elements of the star are linked to a family's emotional wellbeing so improvement in any other element will generate better emotional wellbeing. Social networks and connectedness is very important for emotional wellbeing and this saw an increase in all sites and teams.

3. The emotional wellbeing of parents has improved as a result of Early Help

Two programmes aimed at parents are the Triple P parenting programme and the incredible year's courses, both of which have shown to have a positive impact.

As part of the Triple P parenting programme the parental wellbeing, depression, anxiety and irritability are scored as part of the evidenced based adult wellbeing scale. Out of the 22 parents within the same time frame 50% had an improvement in depression scores and 69% experienced improvement in feelings of anxiety.

Parenting improved across three dysfunctional disciplines (laxness – 73%, over-reactivity - 78% and hostility – 65%). A reduction in these dysfunctional discipline styles would lead to a positive impact upon the emotional wellbeing of both the child and the parent.

Within the incredible years courses 54% of families coming through reported an improvement in Adult Wellbeing with 80% having made positive changes in their parenting style.

4. The workforce have a positive view on the mental health outcomes for their service users.

Below are some highlights of qualitative consultation with professionals working within the EHH.

- The Early Help Hub has a team of multi-agency professionals that are all adopting the same approach, sharing the same information to build relationships with families to understand their needs and facilitate a supportive environment for challenge.
- As CAMHS waiting lists are very long the child would face longer term issues around mental health in waiting to be seen. The services provide an interim solution for the child. Quicker support. EHH aims to provide support until assessments or referrals are completed. Tailored support right place right time. Meaning the family and child has the right level of service, right approach and when and where they need it.
- Giving a child a timely response to a problem that keeps them at the centre of things. This builds emotional resilience and confidence in systems and approaches.
- Parents that are more responsive and supportive of their child's needs. As well as having their own mental health needs explored.
- Reducing isolation for the child and parents. Leading to them feeling empowered and supported but ultimately managing issues themselves.
- Reduced anxiety, having a voice that is heard and the focus on them leads to an increased ability to share emotional issues.

- Improved self-esteem by having their voice heard, their issues explored, the whole family involvement and network building.
- Increased ability to self-regulate emotions. Leading to the child being able to express emotions and having a family that can hear them and offer the right support to contain and manage behaviours and emotional issues. This looks to strengthen families.
- Families benefit more from preventative, rather than reactive services. This approach adds value and is cost effective for all concerned.
- Referrals to CAMHS are now more focused as if the family have been through EHH there has been some good assessments that enable CAMHS to explore what has been tried and failed or worked, meaning quicker responses to referrals and more tailored interventions that are also more cost effective.

5. Case Study demonstrating how Early Help has prevented a referral to CAMHS

15 year old boy who is not attending school and reported to be aggressive towards mother and sibling. Father has mental health difficulties. Mother sought help through GP who suggested that she refer to Children's Services first as there is a waiting list for CAMHS. Audit found that there was no report of mental health symptoms. Outcome of triage meeting was for Targeted Youth Support service assessment and support. This could result in diversion from CAMHS referral.

14 year old boy who has reacted to death of a parent three years ago through extreme aggressive behaviour within the home. Has refused counselling. Action is to complete Early Help assessment and refer to either Berkshire Women's Aid for male counsellor or Youth Support service. This will divert from CAMHS referral.

Tier 3

Berkshire West has committed an additional £1m recurrently and an additional £0.5M in financial year 15/16 to BHFT to mainly address waiting times and reducing risk.

Waiting time targets were agreed between the CCG and BHFT linked to this investment. These are:

- 95% of young people on all but the ASD pathway will access their service within 6 weeks by end of March 2016.
- 95% of young people on the ASD care pathway will access their service within 12 weeks by end of March 2016.

All partners agree that these service improvements are needed, but there is recognition that these are challenging targets. For example nationally the average waiting time for ASD assessment is 42 months. Referral rates for ASD diagnosis continue to rise locally. Data from the NHS Benchmarking network suggests that referrals and average waiting times for CAMH services have increased year on year since the report was first published in January 2011. Data from the 2013 survey (latest published) gives the median wait time for urgent access to CAMHS as 3 weeks, with the average wait for routine access at 15 weeks.

Tier 3 Data – Referrals and Waiting Times

In December 2015 Tier 3 Berkshire West (i.e. Reading, Wokingham and West Berkshire Local Authorities) data was as follows.

Chart 2 below provides a comparison of referrals, Year to Date (end November 15) Berkshire West CCG's.

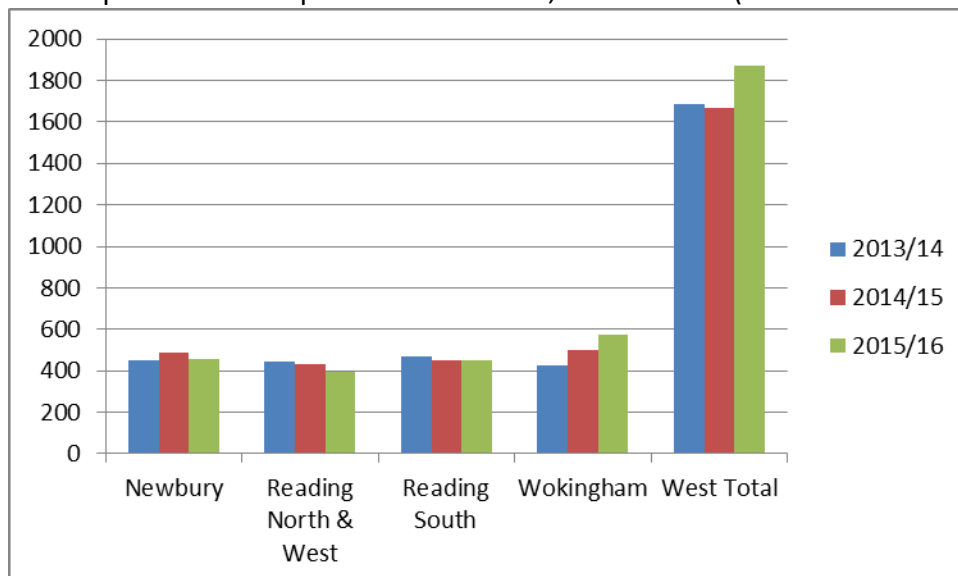


Chart two shows that Wokingham referrals to Tier 3 specialist CAMHs have continue to grow whereas the rate has plateaued in the rest of Berkshire West. The cause of this increase has yet to be determined, however it is thought that there could be a casual correlation between the rising numbers of children subject to Child Protection plans and Children in Care being supported by CAMHS as explained below.

The complexity of cases has increased over the past year with a 77% increase in the number of Looked After Children receiving treatment in CAMHs and a 107% increase in the number of children on a Child Protection Plan accessing the service across the West of Berkshire. There has been an increase in the number of children and young people being discharged from Tier 4 beds to the community service. This increase in complexity brings an associated increase in interventions from the multidisciplinary teams, with many young people requiring care from 2 or more clinicians in the team and more time spent on multiagency work, which has had an impact on wait list reduction capacity (see chart three).

Chart 3 below outlines a trend of Waiting Times into a service for tier 3 CAMHs across the Berkshire West, seen as a total as well as broken into bands of waiting times.

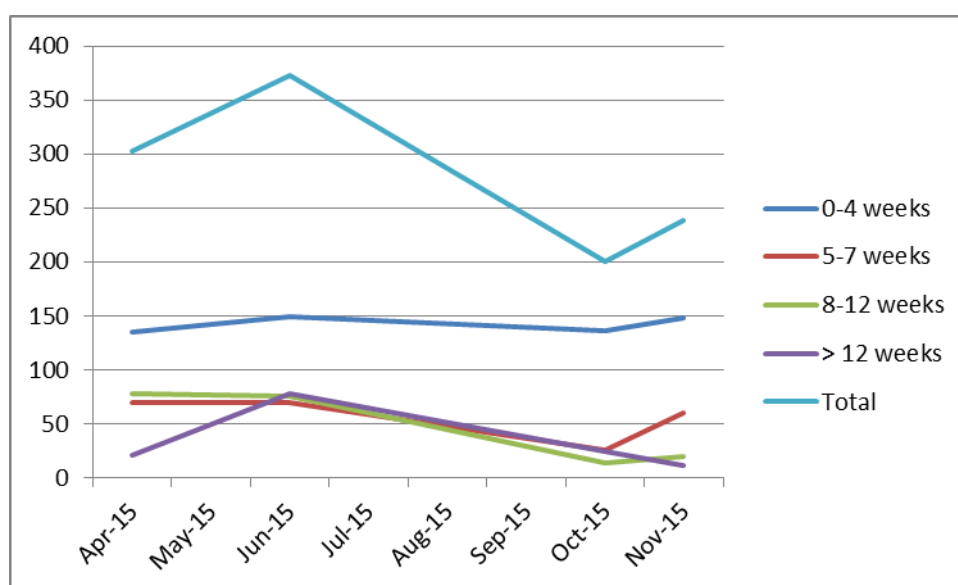


Chart three shows the total figure is reducing, with a small spike from October. At the time of writing there is a concern that some clinical activity has not been captured on the data recording system so the figures quoted for October and beyond may be better than indicated. Work is being done to ensure that all the data is captured accurately for the end of the financial year.

Chart 4 Wokingham CCG waiting times for Tier 3 specialist CAMHs as of the end of November 2015

Wokingham					
Pathway	0-4 wks	5-7 wks	8-12 wks	Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	11	2	4	28	45
CAMHs ADHD Specialist Pathway	2	6	4	47	59
CAMHs ASD Diagnostic Team	16	8	15	243	282
CAMHs Bracknell Specialist Community		1	2	3	6
CAMHs Reading Specialist Community				3	3
CAMHs Wokingham Specialist Community	7	5	11	40	63
CAMHs CPE & Urgent care	40	17	2		59
Grand Total	76	39	38	364	517

When studying chart four please note that the numbers shown as waiting in different locality specialist teams are due to patient choice. Those children and young people waiting in excess of 6 weeks in CPE are routine referrals. All have had contact from the team and are being actively managed to enable completion of triage assessment.

As shown in chart four currently the longest waits continue to be in the ASD diagnostic pathway which accounts for 54% of current Wokingham waiting list.

It is clear that the ambitious waiting time targets are not being met. Therefore the CCGs have taken contractual action with BHFT to ensure that a robust recovery plan is in place to achieve the waiting time targets.

Further pan Berkshire West performance data mapped against the Key Performance Indicators as of the 30th of November 2015 can be found in appendix one of this report.

Reasons for change

The increase in Tier 3 referrals is a notable pattern, particularly when considered with our analysis of Tier 2 where we have tracked cases and corroborated the hypothesis that we are meeting emotional health needs better at the early help stage.

Further work needs to be undertaken to increase our understanding of the tier 3 referrals, below are hypotheses that require testing;

- The significant increase in Tier three referrals correlates with a significant proportion of our waiting times relating to an ASD request. As of the end of November 2015 we had a total of 517 children on the waiting lists, of which 282 (54.5%) were awaiting an ASD diagnosis. It is recommended that further analysis is undertaken to understand referral routes and earlier opportunities for response.
- The increased referrals may be in part due to the identified increase in children on Child Protection plans and Children in Care being supported by CAMHS, as noted across the West of Berkshire CCGs there is a “77% increase in the number of Looked After Children receiving treatment in CAMHS and a 107% increase in the number of children on a Child Protection Plan accessing the service.”
- There may be a system wide increase in both the level of complexity of cases and the overall demand. The increase in the number of Children in Care and subject to a Child Protection plan supported by CAMHS may support this hypothesis.
- Further analysis is required to establish if the increase in Tier 3 referrals is due to a true increase in demand or if is partly due to the referral system. Initial analysis of the common point of entry suggests that the Early Help Hub is preventing cases escalating to Tier 3 services, however more detail is required to ascertain why referrals are presenting to Tier 3 and if these referrals are appropriate for that level of service.

It is recommended that further analyses are undertaken to understand in particular the referrals being made to CAMHS Tier 3 to ensure that we take appropriate action.

5. Quality Improvements

While waiting time targets have not yet been achieved there have been a number of quality improvements that have been put into place, such as;

The Common Point of Entry is now open 8am until 8pm enabling quicker triage of new referrals and an improved urgent care response.

Response to urgent care needs and escalating risk amongst children and young people has been improved. Up to December 2015 there was a 30% reduction year to date in self-harm presentations to A and E at RBFT. This is against the national trend. However in January 2016 there was a significant increase in urgent care activity at RBFT. The CAMHS service responded swiftly and worked in partnership with RBFT staff to ensure that the young people received timely help.

Up to the end of October 2015 there was a 47% reduction in the number of under 18's admitted to Prospect Park Hospital. There was also a reduction in the number of young people placed in Tier 4 CAMHS beds compared with the previous year.

While Tier 4 admissions have reduced, year to date there have been more requests for joint funding to enable young people from Wokingham to be placed in out of area residential therapeutic placements than the other Berkshire West areas. Numbers are small but the trend is currently significant.

Autism Berkshire has been providing workshop sessions to support families who are on the ASD diagnosis waiting list. These workshops are designed to practically support families with emerging behaviour needs for their children and discuss strategies to manage whilst they are waiting for treatment. This has been funded through the Future In Mind allocation.

Berkshire West CCGs have commissioned an enhanced perinatal mental health service which will commence from April 2016. An online support service (SHaRON) for women experiencing perinatal mental health issues opened in December 2015.

Future In Mind funding is being used to deliver a school link project. Schools selected by Wokingham Council staff will be offered PPEPCare (Psychological Perspectives in Education and Primary Care) training during 16/17. Primary Mental Health Workers will provide better links between schools, targeted CAMHs and Tier 3 CAMHs so that children and young people with emerging emotional health and wellbeing difficulties are identified and helped earlier. PPEPCare has already been delivered to GPs and some practice staff. PPEPCare has been developed by Thames Valley Academic Science Network in partnership with the Charlie Waller Trust at the University of Reading. Training modules have been written and developed by national experts in various CAMHs conditions as well as service users.

Future In Mind funds will be used to increase the number of Webster Stratten evidence based parenting interventions available to families with children aged 4- 8 years of age with conduct disorder. This work forms part of a wider research project being led by University of Reading. There are opportunities to not only improve availability of support for families but to upskill local staff through close links with academic experts in the field.

Learning from the Psychological Medicines Service for under 18's in the Emergency Department of RBFT, early results from CAMHs extended opening hours (8am until 8pm) and a trial of a short term care team to prevent young people from escalating into crisis has led to the development a 12 month CAMHs CORE 24 Urgent Care Response Team pilot project, funded through Future In Mind. The project plan has been developed jointly by BHFT and RBFT. The pilot aims to develop a flexible and responsive service to meet the needs of young people under the age of 18 years who experience a mental health crisis. The project aims to prevent presentations to emergency department, paediatric wards or Place of Safety where it is safe to do so and when an admission is required, to facilitate safe and timely discharge through the provision of short-term intensive community support. This pilot will commence from April 2016. It will run for 12 months in order to capture seasonal variation in crisis presentations amongst children and young people.

An enhanced community eating disorders for children and young people is being commissioned across the whole of Berkshire. This uses ring fenced recurrent funding from NHS England. The service specification reflects the nationally required response timescales and evidence based model of care. The new service will commence from February 2016.

6. FUTURE OPPORTUNITIES

Wokingham's Transformation plan has a clear objective to integrate and build resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity.

As the plan becomes operational the intended outcomes will be that children and young people and their families are more resilient. There will be fewer children and young people escalating through to urgent or specialist interventions. There will be a positive impact on the perinatal mental health of mothers in the early years of children. There will be more young people reporting positive outcomes at a universal and targeted intervention level, including a positive experience of their services.

The plan expects these outcomes to be reached over the next 4 years;

- Children and young people mental health needs will be identified early, especially in universal services such as schools, early years settings and GPs
- Help will be easy to access, it will be coordinated, including the young person and family in the decision making process and provided in places that make sense to them
- If support is required at a targeted or specialist/ urgent level that this is provided quickly, at a high quality level and safely.

7. NEXT STEPS

The pattern of increased referrals to CAMHS Tier 3 is an issue which needs further analysis to understand. This is a key next step.

There is close working across a network of partners, including Wokingham Borough Council, Berkshire West CCGs, local schools, the voluntary sector and other key partners to finalise the 2016/17 priorities in the plan. The current service priorities are:

- Reduce waiting times
- Develop the role of schools, primary care, early year's settings, wider children's workforce to identify and respond to emerging mental health needs
- Plan how we make the system easier to navigate, through mapping the partnership collective resilience, prevention and early intervention offers.
- Review current Common Point of Entry and access arrangements into CAMHS services, ensuring timely access for the most vulnerable
- Consider whether to commission a crisis home treatment or enhanced step up/step down service following the CAMHS CORE 24 Urgent Care Response Team pilot project
- Enhance provision across the system for children and young people with ASD and Learning Difficulties
- Roll out of enhanced perinatal service
- Implement enhanced community Eating Disorders service
- Review the proposed hypothesis in section 4 and carry out any actions required to determine the cause of the increase in Tier 3 referrals

8. BACKGROUND DOCUMENTS

Future in Mind paper;

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

Transformation plan guidance;

<http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

Links to Local Transformation Plan on the CCG website (includes and easy read version and Frequently Asked Questions section)

<http://www.wokinghamccg.nhs.uk/mental-health/camhs-transformation>

Appendix 1 Pan Berkshire West performance against the Key Performance Indicators at the end of November 2015

Reference Number	Domain / Technical Guidance	Clinical Indicator	Threshold	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
CAMHS 1	Domain 4: Ensuring that people have a positive experience of care	% of Berkshire West CAMHS patients (excluding ASD) that are seen within 6 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	46.39	44.71	53.45%	39.42%	33.78%	34.38%	50.22%	58.56%
CAMHS 2	Domain 4: Ensuring that people have a positive experience of care	% of Berkshire West CAMHS patients (excluding ASD) that are waiting at the end of the reporting period that have waited less than 6 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	15.01	5.36	29.34%	31.14%	19.08%	30.35%	34.15%	32.51%
CAMHS 3	Domain 4: Ensuring that people have a positive experience of care	Number of Berkshire West CAMHS patients (excluding ASD) waiting longer than 12 weeks as at the last day of the month	0 from October 2015	213	259	298	297	298	300	325	330
CAMHS 4	Domain 4: Ensuring that people have a positive experience of care	% of Berkshire West CAMHS ASD patients that are seen within 12 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	3%	3.45%	6.06%	8.00%	6.90%	10.00%	13.00%	10.90%
CAMHS 5	Domain 4: Ensuring that people have a positive experience of care	% of Berkshire West CAMHS ASD patients that are waiting at the end of the reporting period that have waited less than 12 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	11.79	7.51	11.62%	16.57%	15.66%	13.44%	12.21%	11.33%
CAMHS 6	Domain 4: Ensuring that people have a positive experience of care	Number of Berkshire West ASD patients waiting longer than 18 weeks as at the last day of the month	0 from December 2015	653	669	689	686	691	700	728	764
CAMHS 7	Domain 4: Ensuring that people have a positive experience of care	Number of Berkshire West patients waiting on the total CAMHS waiting list	Q2 = Q1 minus 20% Q3 = Q2 minus 20% Q4 = Q3 minus 20%			1695			1650		

Appendix 2

Wokingham Borough Council and Wokingham CCG Emotional Health and Wellbeing Strategy Action Plan UPDATED MARCH 2016					
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 MARCH 2016
14	Reduce waiting times for help and increase resources to meet the increased demand.	Berkshire West CCGs have secured additional winter resilience funding from NHS England for 2014/15 to provide enhanced CAMHs help that reduces the number of young people whose needs escalate to crisis point.	CCGs	Complete	<ul style="list-style-type: none"> Winter resilience work completed. Key learning is the need to improve urgent care and crisis response lead to CPE going live in October with 8 to 8 opening hours, Monday to Friday and the Short Term care team in place to tackle urgent care needs of children on the waitlist. This work has now been developed into a CAMHs Core 24 Urgent Care Response Team pilot project
		Berkshire West CCGs have committed to increasing Tier 3 spend in Berkshire West by £1M recurrently and £500K non recurrently from 15/16.	CCGs	April 2015 Complete	RECURRENT FUNDING NOW IN PLACE, SERVICE SPECIFICATION UPDATED & KPIS AGREED- ACTION CLOSED
		Redesign the CAMHs care pathway so that more help and advice is available at an earlier stage, meaning that fewer children and young people will a service from specialist CAMHs.	Local Authority (children's services), LA (Public Health), CCGs, BHFT	Dec 2015 partially complete and needs to be taken into next year's plan.	<ul style="list-style-type: none"> Early Help Hub established and training in Practice Framework is identifying and responding to emotional health needs earlier and more effectively School link project has been approved to be funded from the Transformation fund. This will focus on schools ability to identify, provide support or know when and how to access support from targeted or specialist providers. This is the first step towards designing an alternative stepped care approach
		Consideration of business case to increase investment into Tier 3 CAMHs.	BHFT and CCGs	July 2015 Now complete	<ul style="list-style-type: none"> Business case approved and additional £1m recurrently and £0.5m non-recurrent funding allocated
		Work with schools, children's services voluntary sector and CAMHs to develop a more integrated approach to accessing help when ASD is	Local Authority (children's services), CCGs,	March 2016 Work underway and needs to be	<ul style="list-style-type: none"> See bullet point on schools link project above that will similarly contribute to this action.

		suspected or diagnosed. Access to help should be based on the child's needs not just the presence/absence of a diagnosis.	BHFT, schools	taken into next year's plan.	<ul style="list-style-type: none"> Workshops to support families on ASD waiting list have started with Transformation funding support, provided by Autism Berkshire BHFT has started to integrate physical and mental health pathways for children.
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.	To agree how existing and new resources and services at Tier 2 become a shared Early Help responsibility across the Children's Partnership.	Local Authority (children's services)	July 2015	<ul style="list-style-type: none"> Early Help strategy and Transformation plan articulate shared vision.
		Pilot and research studies are underway to <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 	BHFT and CCGs Local Authority (Public Health) CCGs	Spring 2016 June 2015- on track March 2016 COMPLETE March 2016 Ongoing nature of the work needs to be taken into next year's plan	<ul style="list-style-type: none"> Young SHaRON for parents and carers will be launched in Spring 2016. SHaRON will provide an online platform for workers who have attended PPEPCare training during 2016. Perinatal SHaRON is already open. CAMHS App continues to being trailed in 3 Slough and co work with National provider. Enhanced perinatal mental health service has been commissioned from BHFT and will commence April 2016. Perinatal SHaRON opened Dec 2015 Training continues from BHFT in PPEPCare for GP surgeries PMHWs now trained in PPEP care. Will deliver school Link project in 16/17
3	Free CAMHS staff to work more collaboratively with partner agencies.	Consideration of business case to increase investment into Tier 3 CAMHS to enable this to happen.	BHFT and CCGs	July 2015- now complete	<ul style="list-style-type: none"> Investment agreed, see point 1 above. Recruitment drive underway in BHFT to clear waitlists as this is the first priority. More collaboration will be enabled later.

4	Improve support in schools.	A pilot project on school based management of ADHD in Reading. To be considered for roll out into the WBC area after evaluation.	BHFT and LA (children's services)	Dec 2015- not completed	<ul style="list-style-type: none"> Pilot paused in single school in Reading and project is being redesigned in light of learning from pilot and is anticipated to restart early in 2016 dependant on staff recruitment
		Offer schools a package of support, supervision and training to further enhance the current Nurture Assistant role in schools.	LA (children's services)	Sept 2015	<ul style="list-style-type: none"> Package of support is on school websites and reflected in our Local Offer. current delivery of support being reviewed with a refreshed offer on time for delivery in the autumn term
		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.	LA (children's services) LA (Public Health) BHFT	Workforce training is a substantial and ongoing part of the plan	<ul style="list-style-type: none"> Practice Framework Training is taking place on an ongoing basis Mental Health First Aid being evaluated as an addition to the Partnership Practice Framework. Regional conference on self-harm taken place on 27-2-15. Regional conference on Perinatal Mental Health- March 2016 Regional conference on mental health and youth justice- Feb 2016 PPEP Care training to be offered to GPs, schools and LA staff from July 2015 PPEPCare training will be offered to School Link project schools with enhanced support.
5	Provide more detailed information about services and how to access them.	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.	LA (children's services) LA (Public Health) BHFT CCGs	Complete	<ul style="list-style-type: none"> Wokingham BC has compiled lists of services that are available at Tier 2 and this is improving signposting within CAMHs to complement information published on Local Offer. This information supports parents, 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.	BHFT	Complete although there will be ongoing work as resources are refined and developed	Engagement with service users to develop website and resources completed and used in website improvements. Engagement continues that feeds website improvements.
17	Deliver improved communications and administration.	<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. 	BHFT	All complete	<ul style="list-style-type: none"> • Our service users have helped us to develop a set of seven information sheets about our service. This focuses on pre-referral information sheet, information on what to expect at CAMHS, and information about each pathway • Transparent information about our waiting times, the reasons for these, and the steps we are taking to reduce them is now available online. Our administration/reception team have been briefed on the information that service users have informed us is most helpful to them when they make telephone calls to CAMHS. • CAMHS web, an online portal for service users, is now being introduced across the service allowing young people to access tools to enhance therapeutic communication, disclosure and collaborative practice. The tools also

					<p>design the new clinic.</p> <ul style="list-style-type: none"> Berkshire Adolescent Unit has been upgraded. Service users helped to design the upgraded facilities
8	Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).	To discuss how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the LSCB partnership.	Local Authority (children's services) CCG BHFT	March 2016 – partially complete and needs to be taken into next year's plan.	<ul style="list-style-type: none"> CCG have awarded grants to voluntary sector organisations who support young people with ASD namely Autism Berkshire, ASD Family Help (predominantly Wokingham families), Children on the Autistic Spectrum, Young People's Project (CATSYPP), Parenting Special Children & Mencap The voluntary sector have hosted a mapping day as the basis for future development work & coordination Will be a focus in Transformation Plan going forward.
19	Provide better access to services in a crisis and out of hours.	Secure additional resources to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays.	CCGs	Jan 2016	<ul style="list-style-type: none"> CPE is now operating an 8 to 8 service through the week. Short term care team in place supporting children on the waitlist that need urgent immediate support. Evening and weekend access continues to be through the RBH. CAMHs on call consultant available out of hours. CAMHs Core 24 Urgent Care Response Team pilot project starts from April 2016- enhanced service available 7 days a week.
		Secure staff to be able to offer this service.	BHFT	As above	As above

20		Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds.	BHFT and CCG	May 2015- complete- see above	As above
		Enhance the Early Intervention in Psychosis service for young people.	BHFT	March 2015 Complete	Service is in place
		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.	BHFT with RBH	March 2016	<ul style="list-style-type: none"> CAMHS Core 24 Urgent Care Response Team pilot project starts from April 2016- enhanced service available 7 days a week
		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.	BHFT, CCG, LA, SCAS, Police, RBH	May 2015 Completed. Crisis Care Concordat Action plan being refreshed for 16/17	<ul style="list-style-type: none"> Crisis Care Concordat Declaration was signed off Dec 2014 Action plan published and regular review of work begin. Street and ambulance triage pilot service in place during 15/16. Initial learning from the enhanced service for 16-18 year olds has led to CAMHS Core 24 Urgent Care Response Team pilot project for under 18's. Previous work on 16 and 17 year olds has enabled more rapid assessment when child presenting at A&E; that children are being discharged/ transferred more quickly and appropriately and improved confidence across RBH staff in mental health issues in young people. See above as same update
10	Provide a local 24/7 inpatient service for those CYP with the most complex needs.	To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week.	NHS England BHFT	Dec 2015 Complete	<ul style="list-style-type: none"> Berkshire Adolescent unit is now a 24 hours a day, 7 days a week, for 52 weeks a year service for vulnerable young people Building work is complete
		To increase the number of Tier 4 beds available in Berkshire	NHS England BHFT	Complete	

TITLE	Children with Disability Strategy
FOR CONSIDERATION BY	Health and Wellbeing Board on 14 April 2016
WARD	None Specific
DIRECTOR	Judith Ramsden, Director of Children's Services

OUTCOME / BENEFITS TO THE COMMUNITY

That children with disabilities will be better supported within available resources.

RECOMMENDATION

That the Health and Wellbeing Board:

- 1) Endorses the Children with Disability Strategy priorities as set out in the Children with Disability Strategy 2016 to 2018.
- 2) Supports the proposed project to test options and develop a business for integrated service delivery for children with disabilities to ensure effective education, health and social care support.

SUMMARY OF REPORT

The Integrated Children with Disability Strategy establishes a number of priority actions:

- Improved SEN provision;
- Integration of service delivery;
- Pre-diagnostic support extended including Voluntary Sector Support for children and families and Early Help services extended to a wider range of younger children with ASD;
- Improved Transition to adult services;
- Consolidated, effective information advice and guidance services;
- Home to school transport redesigned to give greater independence for children.

The strategy has been developed in partnership with lead agencies. Parents and carers are engaged in the development of the implementation plan through consultation events and will continue on line and through dialogue with representative bodies. Further engagement work with local professionals is planned. It will be overseen by the Children and Young People Partnership (and their most recent requirements are set out below).

The strategy promotes seamless delivery within the Council and with health partners. It is proposed to establish the scope for integrated service delivery across the range of services for alternative provision and therapeutic support commissioned by both health and children's commissioning teams. It is proposed to develop the business case for change for this September.

Background

The strategy responds to the national agenda for integrated service delivery for children and young people with disability and additional needs as established through the Children and Families Act 2014. S26 of the Act establishes the duty to make “joint commissioning arrangements” with health service commissioners.

Strategy implementation will reflect the priorities established in the forthcoming JSNAs for sensory impairment and physical disabilities. It takes account of the adopted JSNAs for Children in Need and CAMHs. JSNAs will continue to evolve throughout the implementation period so there is a need for flexibility to meet newly identified needs.

Key priorities in the strategy are:

- To develop options for the integration of NHS and LA service delivery through the development of a “whole service design” for Alternative Provision, support for children who would not otherwise thrive and integration of SEND and Disabled Children resources.
- The development of a formal business case to support an integrated Local Authority and NHS service by September 2016
- To develop models of support which encourage community building and resilient families, able to meet more of their needs drawing on their own resources
- SEN capacity increased through a new secondary unit for high functioning children with autism (ASD), provision for children with ASD and challenging behaviour, and increased provision for primary children with Social Emotional and Mental Health (SEMH) issues.
- Pre-diagnostic support services for children with ASD enhanced including support for the further development of Voluntary Sector capacity for children and families to provide a coherent well publicised offer and WBC Early Help services extended to a wider range of younger children with ASD to reduce the future need for more intensive support.
- Transition to adult services is managed from age 14 to enable maximum independence in adulthood
- A new model of inclusive home to school transport and support which enables children’s development, independent futures and self-reliance.

The strategy was considered by the Wokingham Children and Young People’s Partnership on 6th April 2016. They agreed the following actions and changes:

- The objectives and their 3 year aims were all supported by all partners and it was agreed that they should form the basis of joint work going forward.
- It was agreed that the objectives on short breaks should include ‘shared care’.
- The implementation plan PID was considered and accepted as the basis for further work by partners.
- The partnership recommended that the further work on the PID should include a business case for a model of integrated services delivery based on the objectives of the strategy – if possible by September 2016.
- It also recommended that the work should include all key partners including RBH clinicians, and that a project team should be formed to design and deliver the work needed to produce the business case in the timescales proposed.
- Following a wider discussion, the partnership recommended that the Berkshire West Chief Executives and Directors Group to consider the potential for an integrated approach to commissioning services for children with complex needs.

- It was agreed that the partnership should continue to take an active role in steering this work, and that the revised PID and draft business case should be brought to the next meeting.

Analysis of Issues

The strategy sets out to create better services and to make a better match between resources and needs. Resources are increasingly constrained so the strategy focus on:

- integrated service delivery is intended to lead to more efficient service delivery,
- better local SEN provision will lead to better and lower cost provision,
- improved early help will reduce the need for more expensive statutory services at a later date;
- improving child and family resilience and options in making the journey to school will reduce dependency on expensive low occupancy vehicles.

Appended:

Children with Disability Strategy 2016 to 2018

PID: Integrated Children with Disability Strategy Implementation Plan

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

Other financial information relevant to the Recommendation/Decision

N/A

Cross-Council Implications

The strategy includes a range of proposals some of which have property and other services implications. These will be developed through lines of work on individual strategy components.

Reasons for considering the report in Part 2

N/A

List of Background Papers

N/A

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Date 08/04/16	Version No. 1



Children with Disability Strategy

2016 to 2018

This strategy marks a step in a journey towards placing the needs of children, young people and their families at the centre of our planning process

Date	Amended By	Version Number
28 th January 2016	Strategic Commissioning	19
1 st February 2016	Consultation with Children's Partnership	19
23 rd March 2016	Consultation with Parents forum	19
08 th April 2016	Revised in line with comments from Children and Young People's Partnership	20

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Executive Summary

This strategy addresses four challenges identified over the last three years:

- to place the child at the centre of the service provision as required by the Children and Family Act 2014;
- to create an integrated service for children with to help improve outcomes and independence for children and their carers from the start;
- to provide good quality alternative provision and school provision to meet the needs of children and young people with challenging behaviour and high functioning autism that will enable them to reach their full potential;
- to deliver the most effective services in the context of austerity and the continued reduction in public resources

Key recommendations

We have established key objectives. Each objective is focused on enablement and efficiency whilst ensuring that the needs of children, young people and their families are at the centre of our planning process.

- To develop models of support which encourage community building and resilient families, able to meet more of their needs drawing on their own resources
- SEN capacity increased through a new secondary unit for high functioning children with autism (ASD), provision for children with ASD and challenging behaviour, and increased provision for primary children with Social Emotional and Mental Health (SEMH) issues.
- Pre-diagnostic support services for children with ASD enhanced including support for the further development of Voluntary Sector capacity for children and families to provide a coherent well publicised offer and WBC Early Help services extended to a wider range of younger children with ASD to reduce the future need for more intensive support.
- Transition to adult services is managed from age 14 to enable maximum independence in adulthood
- A new model of inclusive home to school transport and support which enables children's development, independent futures and self-reliance.

Strategic context

Core purpose

The strategy marks a step in a journey towards placing the needs of children, young people and their families at the centre of our planning process

This strategy is concerned with how the needs of a specific group of children (those who are considered to be disabled) should be met by Wokingham BC and its partners. It sets out how cohesive, integrated services can be shaped around the unique needs of individual children.

There is no single definition of disability, but the statutory definitions that underpin the laws within which services are determined and delivered provide the foundation for this strategy. The focus is on those children with statutory needs – those that are considered Children in Need due to their disabilities or whose Special Education Needs are such that they require formal support.

For this strategy the Children Act 1989 (which sets out key local authority duties to children with disability) and the Equality Act 2010 definitions have been chosen to establish the client base associated with this strategy. The definitions are as follows:

The Children Act 1989 defines disability in Section 17 (11) in this way:

“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”.

The Equality Act 2010 says:

“If you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative (adverse) effect on your ability to carry out normal day to day activities (GOV.UK 2015).”

According to the Equality Act, 'substantial' means more than minor or trivial and 'long term' means 12 months or more. People with progressive conditions can be classed as disabled.

National Policy

National policy was established in the Green Paper “*Support and aspiration: A new approach to special educational needs and disability*” in 2011. This led to the statutory framework for the provision of integrated services to children with Special Education Needs and disabilities (SEND) established in **Part 3 of the Children and Families Act 2014**. Duties include:

- Fully involving children, young people and their families in the decision making process;
- Providing information, advice and guidance including publishing a Local Offer of support services available in the local community;
- Agreeing formal “Education Health and Care Plans” for children and young people up to the age of 25 setting out how education, health and social care services will be provided to support an individual with SEND;
- A requirement for joint health service and local authority commissioning;
- Providing Personal Budgets;
- Providing support to parent carers.

Further key legislation includes:

Education Act 1996, Chronically Sick and Disabled Persons Act 1970, Equality Act 2010.

Wokingham priorities

Service priorities:

The Strategy supports the delivery of priorities established in key corporate plans, including:

Children and Young People Plan 2014 to 16 Priority 3: “Implement the changes required to deliver on the supported changes set out in the Children and Families Act 2014 and go

further to bring the child and family into the centre of assessment, planning and support processes.”

WBC Council Plan 2014 to 17: “Implement the changes required to deliver on the supported changes set out in the Children and Families Act 2014 and go further to bring the child and family into the centre of assessment, planning and support processes.”

Wokingham Health and Wellbeing Board Strategy 2014 to 17 key “Improving Life Chances” outcome for children and families: “Agree joint **CCG and WBC arrangements for the health and care provision for children and young people with special needs and disabilities, ensure support for Children in transition, agree a joint strategy for 0-25 year olds with a disability, increase local offer of services to meet the range of Wokingham needs.”

Related strategies that also sit under these three key overarching strategies include:

- The Early Help Strategy
- The Emotional Health and Wellbeing Strategy
- The Workforce Development Strategy

Financial priorities

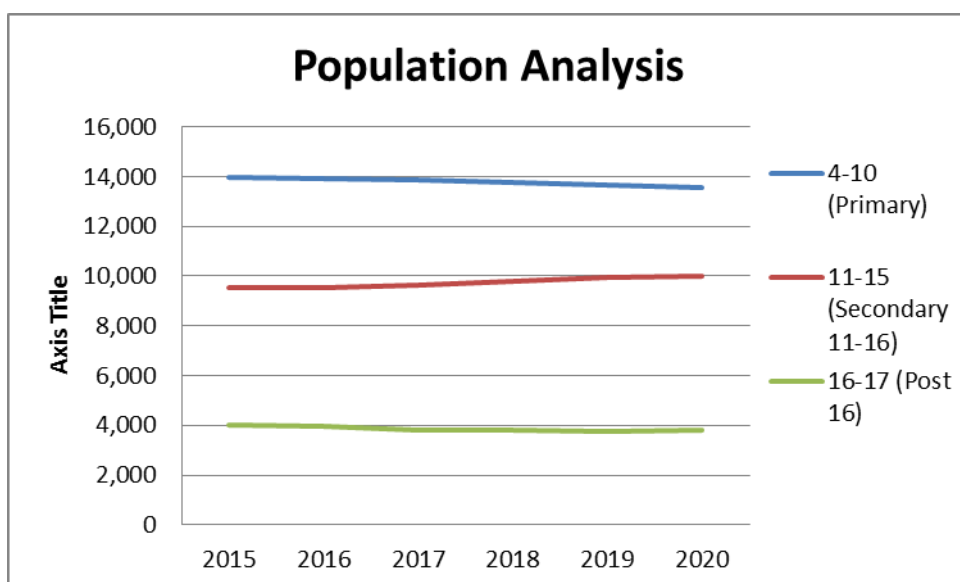
The continued reduction in budgets in successive local government financial settlements means that the Council must:

- Seek the best value for money in all service areas, through efficient organisation, better procurement and partnership working with other councils and health commissioners.
- Focus specialist services on individuals who have a statutory entitlement.
- Target Early Help services to prevent needs increasing so that higher levels of spend on avoidable statutory services are required
- Ensure fair charging where families have the means to pay.

Current position

Demographic analysis

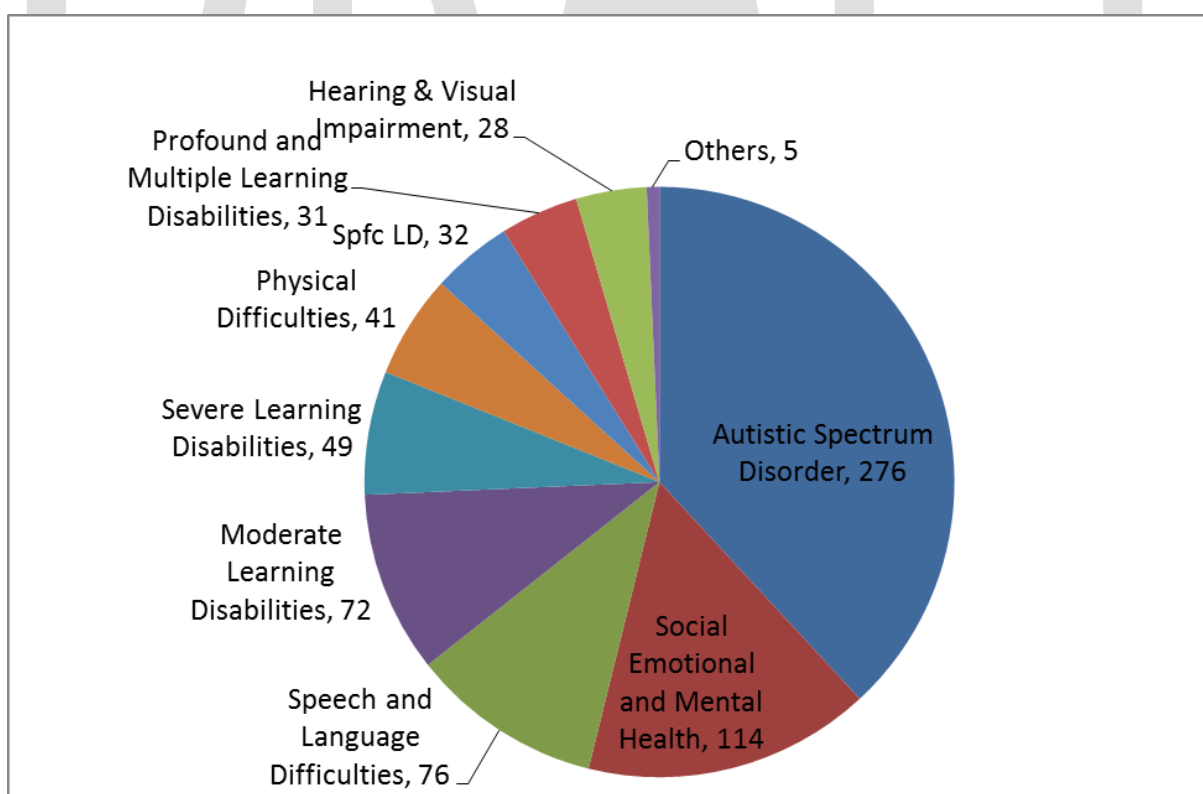
In 2013 Wokingham commissioned a demographic analysis of the borough. The analysis indicated that (in the short term) the underlying population in the primary sector would decline slightly, the secondary (11-16) cohort would increase in size, while the post 16 numbers would remain constant. Recent experience supports the broad patterns of change. The 10,000 new homes planned in the Borough’s Strategic Development Locations will lead to a significant growth in the population (being a 16% increase in the number of homes) but the anticipated build out rate (this is a 10 year plus programme) means this is unlikely to have a major impact in the time period of the strategy.



The proportion of children with statements of Special Educational Needs among Wokingham Children in Need population, including Children in Care is higher than is seen nationally, whilst there are relatively fewer children eligible for free school meals in Wokingham than seen nationally (CYPP 2015).

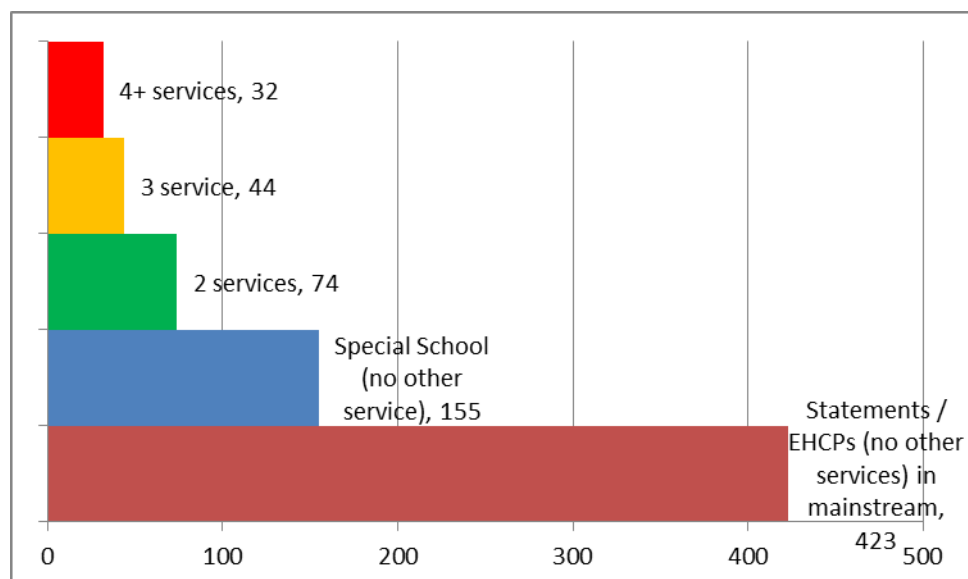
In 2015 there were 728 children with statements of special education need. The breakdown by primary need is set out in the pie chart below.

Number of Children with statements in 2015



Many Children receive a number of services from different WBC teams. The chart below summarises this information by number of services received.

Number of children receiving multiple services and with statements



In total 150 children receive at least 2 of the criterion. Around 50% of the 150 children (74 children) access all three of the criteria.

The largest group of children (37) accessing multiple services are those that have access to Bridges and a Special School (normally Addington). This represents 25% of the total number of children receiving multiple services. As the groups reduce in size the number of services received by the group increases which shows that those with more complex needs receive more services. Groups of 4 or more receive on average 3 services where as those in groups of less than 4 receive on average 4 of the services identified in the chart. Not included in the chart is School Transport, it is undoubtable that many of these children and others not recorded in the chart receive school transport as well as at least one of these services.

Current provision

Primary Need / Activity	Setting
<i>Moderate, severe or profound learning needs</i>	Addington School
<i>Social Emotional and Mental Health needs</i>	Southfield School.
<i>Hearing impairments</i>	Ambleside Centre Emmbrook Junior School
<i>Autistic Spectrum Condition</i> and associated learning, communication and social difficulties	Wescott Infant School Westende Junior School
<i>Moderate to severe physical disabilities</i>	Lambs Lane Primary School and All Saints C of E Primary School
<i>Speech and language impairments</i>	Highwood Primary School
PRU (for pupils aged 5 to 16 who have been or who are likely to be permanently excluded)	Foundry College

from mainstream provision and older pupils who have been unable to access mainstream education)	
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Across Berkshire there are 4 schools and 1 college which provide education for high functioning children with Autism Spectrum Condition aged between 11-18.

Along with school and special school provision the Council provides range of services for children with learning difficulties.

Wokingham's "Local Offer" signposts children and their families to services the development of a Local Offer is one of a number of changes to the way children and young people with SEND are supported. The Local Offer helps parents, carers and young people to see clearly the range of services, support and information that are available in their local area and how to access them (WIN 2015).

Home to school transport is also included in this strategy; Wokingham spends in excess of £1.3m per year transporting 282 children with special education needs to school.

The early support programme provides a range of materials to help families with a disabled child. These include: A family pack with information about services available, booklets on a range of disabilities, and training courses for families and carer's.

Identified Need

Identification of need

Needs have been identified through structured interviews and questionnaires and area specific reviews carried out by Peter Grey (on SEN) and Clair Warner (on Alternative Provision). The 2013 Children in Need JSNA provides some further contextual analysis. Appendix 6 sets out the individuals and teams involved in the development of the strategy more fully.

JSNA

The JSNA shows that Wokingham Children in Need (including Children with Disability) do not make the same progress as Children in Need do nationally.

The 2013 Wokingham Children in Need JSNA (Joint Strategic Need Assessment) paper identified 258 Children in Need (a category that includes, but is not limited to children with disabilities). Of these 77% had some level of Special Education Need (43% with statements) and 39% were eligible for Free School Meals. Key Stage 2 results were below the national norms – with 30% of Children in Need achieving level 4 in both English and Maths (compared to 42% nationally). At Key stage 4 the disparity was less pronounced with 32% of Children in Need achieving 5+ A* to C GCSEs (compared to 34% nationally).

SEN capacity

Key identified deficiencies are for:

- Children and young people of secondary age with high functioning Autism (where approximately 20 children are placed out of the borough).

- Children and young people of secondary age with challenging behaviour and Autism.
- Primary age children in need of intensive behavioural support.

Better (in that it would be closer to home) and better value for money provision could be created in the borough. Consultation with SEND, Child Psychology and Early Years Professionals concurred that there was a need for more provision for those with Autism but also highlighted a need for more provision for children with challenging behaviour.

Workforce development:

The inclusion of 2 year olds and 16-25s into the assessment process creates a skill gap where workforce development is required to enable 2 year olds and 16-25s to be assessed and supported 2 year olds and 16-25s. SEND Reform has been identified as a priority in the Children and Young People Plan 2015 one of its priorities identifies the need to:

Implement the changes required to deliver on the supported changes set out in the Children and Families Act 2014 and go further to bring the child and family into the centre of assessment, planning and support processes (CYPP 2015)

SEN, Alternative Provision and integrated health and social care provision

The Council commissioned two reviews: SEN in 2012 by Peter Grey and Alternative Provision in 2014 by Clair Warner. Alternative provision is education otherwise than at school. It may be commissioned by the local authority (for children who have been permanently excluded or whose medical conditions preclude school education) or by schools themselves. It is generally required for children whose challenging behaviour cannot be managed successfully in mainstream provision. It is therefore closely related to services for children with Social Emotional and Mental Health issues. Analysis and comparison of the two papers was undertaken to identify common themes and recommendations. The analysis found that there are shared key characteristics in design and implementation that effect SEN/AP provision. Models that join up these characteristics are known as *whole service design* services. An Alternative Provision Group set up towards the end of 2014 that included the Council, schools and other key stakeholders agreed that the whole service model is the preferred way forward for Wokingham Borough. In addition to this professionals identified issues with the budgeting system which has two budgets for children with disability placements reflecting past service areas divisions.

Section 26 of the Children and Families Act 2014 creates a requirement for integrated health and local authority commissioning. There are a number of related services that are currently commissioned by both local authority and health commissioners (e.g. Occupational Therapy). This is inefficient and reflects past practise where services were not delivered in a joined up manner.

Accessing Multiple Services

Accessing multiple services is not a challenge for both the customer and WBC staff as there are multiple panels and funding streams for services for disabled children and families, children's social care and schools. Again there is a case for a whole service design to more closely integrate these service areas. It is also known that many children accessing the services identified in the chart will also be accessing transport services.

Early Help, Early Years and Voluntary Sector support services

Enhanced Early Help is key to reducing the future need for statutory services.

Early Years: Consultation with SEN Manager, Child Education Psychologist and Early Years Professionals identified capacity issues that could occur due to the reform to SEN through the Children and Family Act 2014. Most notably because children as young as 2 can now receive an assessment and 16 to 25 year olds still in education will continue to be monitored and assessed by the SEN team. Hypothetically if a child begins enablement early on he/she may not require services at all in the future if they are enabled early enough which in turn will reduce the work load of the SEN team. However before this reduction in long term need can be achieved there will be an initial period of extra work.

The ASSIST team work with children with learning disability to identify their needs, particularly the needs of children with autism. Family workers do not provide the same support for children without learning difficulties; this can result in problems later for the child who has learned poor behaviour because they have not received the appropriate help early on.

Amongst Wokingham experts the consensus is that approximately 10% of those that require overnight, day care and tea visits at Bridges may not have had to use the facilities if they received appropriate ASD training in their early years.

The Service Manager of Duty, Triage & Assessment agreed that there is disconnection between the two service areas and that the services should be bought closer together. It was noted that in this circumstance the impact on the team around the family is not high but it is high for the team around the child.

Wokingham's Sufficiency Strategy for Children Looked After and Care Leavers 2014-2017 came to the same conclusion. It identifies as a main priority the need to reduce the number of children becoming looked after, through early intervention and support for families.

Practitioners in the Team Around the Family and Team Around the Child (the Disabled Children team) have independently identified that the two services do not currently work in a sufficiently co-ordinated manner to provide a coherent and fully integrated service to children young people and their families.

Pre-diagnostic support for children with Autism provided by the Voluntary Sector is poorly co-ordinated and publicised. This is a problem because the ASD Diagnosis only pathway is significantly delayed with a lengthy waiting list and full support for children with ASD can be dependent on the formal diagnosis.

Home to school transport efficiency

The £1.3m spent on home to school transport is thought to be excessive; the major of this budget is spent on transporting children in low occupancy vehicles – taxis, and minibuses.

Home to school transport costs are high but the majority of people that use the services are happy with the service provided. Reasonable levels of satisfaction must be maintained whilst lowering the costs of transportation through more efficient use of resources that are available. This could mean using fewer low occupancy vehicles by streamlining routes creating collection points (bus stops) or enabling children to use other means of transport (bus, train etc). While children may receive free transport while they receive children's

services, only a minority of these children will be eligible for such support as adults. If they are to access health, work, leisure and education facilities they will need to be mobile, so it is important they gain independent travel skills but a support approach based on the provision of transport does not do this.

Empowering children and families

As well as the above mentioned workforce training the CYPP 2015 identifies the need to bring the child and family into the centre of the process. The Headliner research team were commissioned to identify the needs and desires of local children and families. Their report documented that children said that they would like:

- a greater range of age specific leisure activities (including family activities),
- better more personalised support (including at points of transition),
- better information and guidance (making it clear understandable and accessible) and
- better access to therapies and other support.

Short breaks service

Statutory service standards for short breaks

The disabled Children Team and Bridges need to continue to assure themselves through the continued review of the assessment process that service are provided in accordance with criteria derived from statutory need. Where such services are required the Children Act requires that they must be met in full. Some services are currently rationed through the operation of a waiting list and it is important that this is only used where the service is discretionary and not required to meet a statutory need under the Children Act.

Charging for short break services

Parents can be charged reasonable amounts for short breaks services under Children Act 1989 Part III S 29 (although people on income support benefit cannot be charged).

It is not lawful to levy charges on or for an individual receiving income related benefits such as income support, child or working tax credits, Job seekers allowance or employment and support allowance.”

Some charges are already in place for some services. Other services have similar charges that have no relationship to the cost of the service provided.

Short Breaks Capacity & Medium Term Care Provision

There is a waiting list for services provided by Bridges (Wokingham's short break facility) which makes responding to emergencies difficult. The result is that children that need unplanned services are taken into the facility sometimes at the expense of another less needy child and family whose spaces will be deferred to a later date.

This scenario rarely occurs but there is very little slack in the service to deal with emergencies. The Disabled Children Team identified that the gap in medium term care provision creates capacity issues for short breaks. The gap needs to be filled with family based overnight carers who could provide care for up to two weeks, and provide regular overnight and weekend stays. The DCT Management Team proposed specialist foster care or shared foster care with other authorities or a second facility like Bridges for medium term

care shared with other authorities. In their view medium term care could be out sourced but the market was too under resourced with too few providers and that no thorough work had been carried out to identify the specific medium care demand.

Shared care services (using approved local carers) are poorly developed.

Transition

The Children and Families Act 2014 provides for support for children and young people through Education Health and Care Plans up to the age of 25 in part to ensure the successful transition of those young people who are eligible to adult services.

Wokingham employs a support worker embedded in the ASC team, has transition meetings for children supported by the Disabled Childrens Team and provides coherent Care Pathways for children and young people as they leave care. Advice and support is signposted through our “Local Offer” web pages. A guide for families with young disabled people age 14 to 25 years is available to help young people with transition and Wokingham Information Network also provides comprehensive information: <http://directory.wokingham.gov.uk/kb5/wokingham/directory/advice.page?id=8ARAgcVENX0> . The analysis indicates that more must be done though.

Other local partners are developing transition support. The Berkshire Healthcare Foundation Trust are developing a four year “Ready Steady Go” transition programme (originally developed in Southampton) to support young people as they move to adults services. The initial focus is on neurodisability (with or without epilepsy), diabetes and mental health.

WBC has three broad categories of need where transition support may be required – and these are reflected in the data held in various WBC “systems”.

- Children with SEN whose details are recorded on the Capita One (“One”) management information system.
- Children in Need or in Care where details are recorded on the Frameworki system.
- Children with care packages (e.g. Bridges). Records are held manually / off main IT systems – and there is a transitional process to upload all such cases onto Frameworki (i.e. to formally record them as being Children in Need).

Children can be known to CS (and have needs that will exceed thresholds for Adult SC support) in each of these three “areas” individually or in any combination.

A few children may have care packages and nothing else (e.g. educated privately, or at home, respite care not exceeding threshold, no safeguarding concerns).

Approximately 8 out of 16 transitioning children each year are known to WBC only via their Special Education Needs (so are recorded on One only).

The other 8 will be known to WBC both through Frameworki and One, as children with SEN and who are also CiN / CiC.

Some children are known to SEN, but not CSC – these can arrive on the virtual ASC “doorstep” without forewarning. Moreover, where transition arrangements are in place the need for transition support can be flagged much later than the current guidance suggests (i.e. in the year before transition, not two years before).

Current recording & transition support services

Children in Care (CiC)

There is a statutory requirement for a Care Pathway for CiC. This includes (where relevant) children in care transitioning from children's to adult's services. The most significant issue here is that the transition assessment takes place late (1 year to go, not at age 14 onwards). Care Pathways are maintained to age 21.

Other Children

These are no formal pathways to signal a need for adult assessment. Parents / Carers / Young People apply directly for an assessment and support, having been prompted by other parents, schools, networks etc. This applies both children only "known" to the SEN team (and on One) and to some Children in Need (most of whom will be known to the SEN team).

Record categories

Children Services records

Capita One – records SEN categories and levels of need. There is a "broad brush" equivalence between the key ASC categories of Learning Difficulty (LD) (431 children), Mental Health (MH) (114 children) and Physical Disabilities (PD) (47 children). Some SEN categories do not necessarily indicate a continuing need for ASC services (136 children). The SEN and ASC categories do not map across directly though.

Frameworki – records two relevant categories – Children in Need (CIN) and Children in Care (CiC). CIN includes disability.

There is no straightforward way of mapping between the two systems (One and Frameworki). Children in Care should have UPNs (link numbers to One) entered into Frameworki, but most children's records will not.

Adult Social Care

Adults Social Care (ASC) support is assessed for needs including:

- Learning Difficulties (LD)
- Physical Disabilities (PD)
- Mental health (MH)
- Memory and Cognition (i.e. dementia – for older clients)

Of the three relevant categories LD is the largest as far as transition support is concerned – but with significant components related to MH and PD.

The CSC and ASC service pathways are based on different principles with different thresholds of need (based on the Children Act 89, the Children and Families Act 2014 and the Care Act 2014). Both ASC and CSC use the Frameworki system to record activity and need, though. There are no specific data fields to record co-working – any activity would be captured in text fields.

The table below records ASC assessment activity in the last year (2014 to 2015) by year of age and primary support need. Compared to SEND data above it can be seen there is a

marked fall off in the numbers assessed for ASC support compared to those with statements (so 21 18 year olds assessed, compared to 32 17 year olds with Statements). The most significant category of recorded primary need is Learning Disability (9 18 year olds, compared to 24 17 year olds with statements related to Learning Disability). Where no Primary Need is recorded ("None Listed") this includes young people who were deemed to have no statutory care need (so were referred to universal services). The other categories of need were much smaller in number (14 young adults or 22% of the under 25's assessed, excluding where no primary need has been identified).

The data currently provides no clear record of transition in practise and no information to enable any useful assessment of performance. It does though demonstrate that only a proportion of children provided with a children's service will receive an adult service and that some categories of SEND need do not translate into adult social care need.

Age	Learning Disability Support - Learning Disability Support	Mental Health Support - Mental Health Support	None Listed	Physical Support - Access & mobility only	Physical Support - Personal care support	Sensory Support - Support for visual impairment	Social Support - Support for Social Isolation/Other	Grand Total
17	1		3					4
18	9	2	9	1				21
19	8		2			1	2	13
20	7		2					9
21	3	1						4
22	9				2			11
23	6	1			1			8
24	4							4
25	4	1			2			7
Grand Total	51	5	16	1	5	1	2	81

Information, Advice and Guidance Services

There are a number of separate services providing information, advice and guidance including Special Educational Needs and Disability Information Advice and Support Service (SENDIASS), SEND Local Offer, ASSIST and family workers. Re-design to consolidate services to secure the most effective information and advice that meets our quality standard is identified as a key priority.

Response to the identified need

SEN Capacity

We have identified that there is a need for more SEN capacity in the Borough's schools. This strategy recommends that we:

- Develop options to create new facility for children with challenging behaviour at,
- Develop proposals for an enlarged special school facility to serve primary age children,
- Develop a new mainstream Secondary ASD Unit,
- Consider the option of adding more capacity within existing schools.

Workforce development

Further workforce development is required to achieve the aims of the strategy. It should include: the Commissioning of training to support the inclusion of 2 year old children into SEND and training to support 16-25 year olds who are still in education but still require care.

Training needs to be provided to schools in the new code of practice so that they can fully implement the Children and Family Act 2014

SEN and Alternative Provision and Integrated Service Delivery

Alternative provision

This strategy endorses the recommendations set out by the Alternative Provision Group by agreeing that a Whole Service Design method is the logical way forward for future Alternative Provision. Wokingham Borough Council in partnership with schools and key stakeholders should engage in the design of a whole system approach to Alternative Provision for the vulnerable young people of the Borough. The provision will offer a high quality alternative to enable young people to maintain engagement thus improving their life chances and opportunities as adults. The pathways should be delivered through a range of quality assured providers of specialist provision building from the expertise already available in the borough.

Integration of services

A second recommendation is to bring teams that commission a range of services including specialist therapies together with the aim of creating a single process that will lead to a single budget for children with disability placements. The model will need to incorporate services for disabled children and families, children's social care, schools and transport and joint commissioning arrangements with NHS partners as the whole service must be envisaged as combined operation with key local partners and in particular with NHS bodies it will provide better efficiency and better clarity for the customer and those that work in the service area.

The service should be seamless to the customer and simplify the process for WBC staff by reducing the number of panels and funding streams.

Empowering families

A third recommendation is that the voice of the child and family should be central to assessment, planning and support processes by embedding in the Children and Family Act 2014 by:

- Embedding EHC Plans into our working practices
- Improving the local offer by listening to feedback and adding a rating button with comments from customers and providing a greater range of age specific leisure activities (including family activities) as recommended by the Headliner Report.

- working with health leads (i.e. NHS England and the Wokingham CCG and its commissioned partners including the Berkshire Healthcare Foundation Trust) by jointly establishing commissioning intentions
- develop further personal budgets and direct payments in line with the Headliner recommendations

Early Help & Voluntary Service support

Train and provide support for family workers so they can identify children with autism and offer them appropriate services which should divert families to different services at a low need level and away from the already oversubscribed short break services at Bridges.

Support the Voluntary Sector to develop a coherent, well publicised range of pre-diagnostic support services for children and families waiting for formal diagnoses of Autism.

Home to school transport efficiency

To improve the efficiency of home to school transport this strategy has identified two recommendations. Both recommendations address the Headliner Report findings on transport arrangements. The first recommendation is from work with our partner Futuregov (experts in designing public services through the smart use of new technology). This is an intended shift from Council provided taxis to independent parent arranged travel, supported by direct payments. This will be more flexible for parents and release resources to fund other improvements. The second recommendation is the introduction of independent travel training. It is a structured programme of activities, delivered in partnership with and directly by local schools and colleges to provide children and young people with SEN with the skills and knowledge to travel safely by their own efforts (walking or cycling) or public transport to their school or educational setting.

Both recommendations are expected to create efficiencies, through a modal shift to independent travel and parent organised travel. Independent travel training will free individuals to travel by themselves using public transportation, allowing them greater independence as both children and adults.

Short breaks review

Statutory service standards for short breaks

The Disabled Children Team and Bridges review the assessment process to ensure that service are provided in accordance with criteria derived from statutory need.

Personalisation and short breaks

This strategy recommends the development of a personalised service, with more customer choice, and a move to a personalised, person centred planning approach. Short breaks funding comes from non-ring-fenced Revenue Support Grant, and as such are subject to the same financial pressures as other services across the authority. Better value for money through increased personalisation and fair charging parents that have the means to pay will be developed within the timeframe of this strategy. We will:

- Consider how services can be designed around personalisation and carry out market research to identify the services that our customers want
- Consider the impact of personalisation on current services
- Consider the costs and pricing of the services that are provided
- Explore how the market can be developed to allow for personalisation

Personalisation will also be achieved by the increased adoption of personal budgets and direct payments. This will require a development of brokerage and quality assurance services to ensure that needs are met and funds allocated appropriately.

Short Breaks Capacity & Medium Term Care Provision

Medium term provision is required to release the pressure on short term provision. Medium term care means family based overnight care that can be provided for up to two weeks as well as provide regular overnight and weekend stays. This strategy recommends that:

- market research is carried out to identify the specific needs within the borough
- the costs and benefits of commissioning/sharing a medium term breaks facility with other authorities are investigated
- the option of pump priming interested parties to help stimulate the local market is examined
- the council continues to invest in the recruitment of specialist foster carers

Shared care services to provide local carers to support families in need of respite care will be considered and implemented

Transition

There is a need to ensure that co-working takes place and that the statutory assessment takes place as the conclusion of a managed transfer process that commences, where possible two or more years before service delivery commences. Future data sets should enable WBC to evaluate the extent to which ASC co-work with Children's Services in a timely manner (normally from age 14) before ASC services commence. The statutory assessment takes place approximately 2 months before the service commences – i.e. at the earliest just before the young person turns 18.

Objectives

Special Educational Needs	
Special Education Needs Capacity	
In the next 3 years we will	<p>In the next 3 years we will:</p> <p>Design and construct an ASD Unit for high functioning young people with Autism</p> <p>Design and Construct a unit for children with ASD and challenging behaviour</p> <p>Extend the age range of special school primary provision</p>
We will know we have	Two ASD units are in place, one for high functioning pupils and one for

succeeded if:	children with challenging behaviour. Our special schools offers support to both KS1 and KS2, including on site services to years 3 to 6.
SEN Workforce Development	
In the next 3 years we will	Commission training to support SEN staff so they are further enabled to support 2 year old children and 16-25 year old young adults with their SEN needs Provide training for teachers to bring them up to date with the Children and Family Act 2014 Design, implement and monitor a performance indicator set that monitors the demand on the capacity of the SEN team and the SEN's team's response to increased demand
We will know we have succeeded if:	SEN staff are enabled to support 2 years and 16-25 with their SEN needs All teachers are trained in the new code of practice and understand the SEND Reform There is clear understanding of the capacity needs of the SEN team to meet the demand any increase in demand for their services
SEN, Alternative Provision Design and integrated service delivery	
In the next 3 years we will	In partnership with schools, the NHS and other key stakeholders design of a whole system approach to Alternative Provision for the vulnerable young people of the Borough. Monitor the number of providers on offer Bring together the current teams responsible for commissioning a range of services for children with disabilities to create a single process Develop joint commissioning arrangements for the delivery of specialist therapies and resources as identified through EHCP plans
We will know we have succeeded if:	Implemented the whole service design Pooled or aligned budgets for children with disability placements Provided clarity of funding accountabilities the range of providers of specialist provision increased and the numbers of children using the facilities have increased

Home to school transport	
Efficiency	
In the next 3 years we will	Use the work of our partner Futuregov to develop a home to school transport scheme that promotes independence and resilience. Provide travel training to children so that they can travel to school by themselves
We will know we have succeeded if:	More children are enabled to travel independently Parents report satisfaction and confidence with travel arrangements

Disabled Children Team	
Personalisation and Short Breaks	
In the next 3 years we will	<p>Review the costs and pricing of the services that are provided</p> <p>Design services around personalisation and carry out market research to identify the services that our customers want</p> <p>Carryout market research to identify the appetite for change</p> <p>Consider the impact of personalisation on the short breaks facility</p> <p>Explore how the market can be developed to allow for personalisation</p> <p>Develop personal budgets and direct payments</p>
We will know we have succeeded if:	We understand the implications of personalisation and offer support to enable families to develop personalised services using personal budgets.
Statutory service standards for short breaks	
In the next 3 years we will	Review the assessment process to ensure that services are provided in accordance with criteria derived from statutory need.
We will know we have succeeded if:	We have confirmed that services are provided in accordance with criteria derived from statutory need
Medium Term Care Provision	
In the next 3 years we will	<p>Carry out market research to identify the specific needs within the borough</p> <p>Consider the option of pump priming interested parties to help stimulate the local market is examined</p> <p>Understand any costs and benefits of commissioning/sharing a medium term breaks facility with other authorities are investigated</p> <p>Continue to invest in the recruitment of specialist foster carers</p> <p>Consider and if viable promote the development of a network of local shared carers.</p>
We will know we have succeeded if:	<p>We understand the specific service needs within the borough and are able to</p> <p>We have explored the cost benefits for commissioning and sharing medium term breaks facilities with other authorities and have acted upon the results</p> <p>We have recruited sufficient specialist foster carers.</p>

Early Years & Voluntary Sector	
Pre-diagnostic support for children with autism without SEN	
In the next 3 years we will	<p>We will train and provide support for family workers so they can identify children with autism and offer them appropriate services which should divert families to different services at a low need level and away from the already oversubscribed short break services at Bridges.</p> <p>The Voluntary Sector offer for pre-diagnostic support for children with ASD will be enhanced and presented as a coherent offer through the Local Offer.</p>
We will know we have	Family support workers are able to identify children with autism and direct them to appropriate services that will reduce their need for more expensive

succeeded if:	<p>services in the future.</p> <p>Children and families will report that they have received appropriate and effective voluntary sector support while waiting for formal diagnoses of ASD.</p>
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Multiple Service Objectives

Accessing multiple Service

In the next 3 years we will	Join up children's social care, education, health, schools and transport services so the process of accessing these services is seamless for the customer and WBC workers
We will know we have succeeded if:	<p>There is one port of call for the customer to access these services</p> <p>Panels and funding streams have been simplified.</p>

Empowering the Child and their family

Giving families control

In the next 3 years we will	We will work to embed partnership working with parents across integrated services and empower families through Personal Budgets
We will know we have succeeded if:	Families report to us that their voice is heard, that services reflect their needs and hold and use personal budgets to meet their children's needs

Transition

Ensuring successful transfers to adult services

In the next 3 years we will	<p>We will ensure that robust procedures are in place to ensure that all children who are expected to need adult services have a supported transition process, where possible from age 14.</p> <p>We will create the data tools to enable us to see that the transition process is managed successfully.</p>
We will know we have succeeded if:	<p>Our data tools will report 100% compliance with the transition quality standard (that the initial transition contact is made at least two years before the adult services commence or shortly after the child's level of need is documented (where children conditions arise or where they move into the borough within two years of their likely entitlement to adult services)).</p> <p>That parents, carers and young people report that they were properly supported during the transition process.</p>

Information Advice and Guidance	
Integrating services	
In the next 3 years we will	We will review our information advice and guidance activities (Special Educational Needs and Disability Information Advice and Support Service (SENDIASS), SEND Local Offer, ASSIST and family workers) to create a single source of support for families.
We will know we have succeeded if:	Families are receiving timely advice and support with the Councils' financial constraints.

DRAFT

TITLE	Update on progress made against Ofsted recommendations relevant to Health and Wellbeing Board
FOR CONSIDERATION BY	Health and Wellbeing Board on 14 April 2016
WARD	None Specific
DIRECTOR	Judith Ramsden, Director of Children's Services

OUTCOME / BENEFITS TO THE COMMUNITY

The Board has the Wellbeing of Children & Young People living in the Borough within its remit and has marked it as a high priority.

The Public Health Annual Report 2016 and recent Ofsted Singled Inspection identify opportunities for Board led action to make a positive difference for Wokingham children.

This paper sets out how the Board can enhance our partnership approach with actions that help set up our children for better health and wellbeing outcomes in later life which in turn will help to reduce inequalities.

RECOMMENDATION

That the Health and Wellbeing Board:-

- 1) Respond to the priority needs identified in the Public Health Annual Report 2016 by adopting a "1001 critical days" strategy and implementation plan, based on primary prevention principles and a focus upon fostering good mental / emotional wellbeing, secure attachment and prevention of child maltreatment;
- 2) Monitor the delivery of this plan through a multi - agency scorecard;
- 3) Take action to support the development of lifelong healthy lifestyle behaviours;
- 4) Demonstrate ownership of two relevant elements of the Ofsted Action Plan as follows –
 - a) Accelerate the implementation of the local authority and clinical commissioning group emotional health strategy to ensure better and quicker access to emotional and mental health support for children by hosting a summit focusing on progress and priority actions;
 - b) Sponsor the development of the transition to adulthood management group as a multi-agency group and receives a report from this group demonstrating the effectiveness of service pathways for all children and for young people in transition.

BERKSHIRE ANNUAL PUBLIC HEALTH REPORT

As identified in Professor Marmot's landmark report, events from pre-conception and throughout life can have cumulative negative and positive impact upon an individual's outcomes. Health inequalities have a direct link to deprivation and even within our Borough of relative affluence there are variations in life expectancy dependent on

relative deprivation. Within Wokingham life expectancy varies by 4.8 years for men and 5.6 years for women. Actions to reduce inequalities in health need to start pre-birth as reflected by two of Marmot's six key policy priorities;

- "Give every child the best start in life"
- "Enable all children, young people and adults to maximize their capabilities and have control over their lives"

Within Berkshire the 2016 Annual Public Health report focuses on Children and improving their outcomes to impact upon later life. Including child and infant mortality, maternal and child Obesity, education and health, Looked after Children and use of hospital services.

Recommended areas for further exploration by the Board are:-

1 - School Readiness & Narrowing the gap

2 – Healthy Lifestyle Behaviours

2 – Healthy Lifestyle Behaviours

1 - School Readiness & Narrowing the Gap

The educational achievement gap at the end of reception between 'all pupils' and those 'eligible for free school meals' is higher in Wokingham when compared with the England average. This was the lowest achievement rates within Berkshire and one of the lowest nationally.

Deprivation has a direct link to so many outcomes in health and general wider wellbeing, such as higher hospital admission rates from areas of higher deprivation. The borough is below national averages for school readiness.

2 - Emotional resilience and wellbeing of young people

Emotional wellbeing / resilience is of concern universally across our population of young people and is a concern echoed by Schools. It is harder to grow up in relative poverty when those around you have great affluence, compared to living in a community where everyone experiences the same level of deprivation. Other potential risk factors for emotional health problems include; a child's constant strive / pressure for excellence within high achieving families, and a lack of adversity at young age leaving them less equipped to deal with challenging adolescent life.

Looked after children have higher SDQ scores than both the regional and national average indicating there are poorer mental health outcomes for LAC within the Borough. There is also a poor level completion (49%), but by no means the lowest within Berkshire, of the SDQ's.

Actions for the Health and Wellbeing Board to support improved school readiness and emotional resilience

A multi-agency approach is required to address the social and environmental

determinants of health inequalities and poor school readiness. These inequalities include familial disadvantage, domestic violence, drug and alcohol misuse and poor mental health.

A good early start is crucial to tackle the challenge of improving school readiness. Pregnancy, birth and the first 24 months of a child life are a vital to their health outcomes throughout life. It is also a critical window of opportunity where parents are receptive to advice, support and providing the best start for their child. **The “1001 Critical Days manifesto” (2015)** outlines the cross party support for this and is supported by a plethora of children’s charities, mental health charities, Faculty of Public Health as well as a variety of medical governing bodies.

A strong evidence base is apparent for the impact on children’s outcomes of antenatal / postnatal depression, exposure to violence, maltreatment and poor parenting. Research has demonstrated recurring cycles of violence, abuse, disadvantage and dysfunction, which run from generation to generation. Multiple studies have identified the factors which can cause these cycles to persist as well as to break them. Protective factors, such as being loved or cared for by someone empathic, or family support, can help people to break free of these cycles. A holistic child and family centred primary prevention is needed with the recommended essential elements below.

Essential elements for a good local primary prevention approach	
1	Good universal services
2	Central role of children’ s centres
3	Universal early identification of need for extra support
4	Good antenatal services
5	Good specialised perinatal mental health services
6	Universal assessment and support for good attunement between parent and baby
7	Prevention of child maltreatment

The “1001 Critical Days manifesto” recommends. The following actions. **It is recommended that the Board supports these actions.**

- Health & Wellbeing Boards to adopt the “1001 days” strategy and demonstrate an implementation plan for this within five years. This should be based on primary prevention principles with focus upon fostering good mental / emotional wellbeing, secure attachment and prevention of child maltreatment.
- That Health and Wellbeing Board monitor the delivery of this through a scorecard, similar to Adoption Scorecards, and joined up multi-agency inspection framework combining OFSTED and CQC.

3 - Lifelong healthy lifestyle behaviours

Prevalence of childhood obesity doubles in Wokingham between reception and year 6 but this pattern is reflective of the national picture. All wards within the Borough have this pattern with the highest prevalence on obesity in year 6 seen in Swallowfield, Shinfield North & South, Bulmershe & Whitegates and Loddon. Obesity can lead to many long term health conditions such as diabetes, cardiovascular disease, increased risk of asthma and have poor impacts upon emotional wellbeing.

Actions for the Health & Wellbeing Board to improve lifelong healthy lifestyle behaviours

The Health & Wellbeing Board currently consults on all major housing developments. This consultation should include access to green spaces and opportunities for health lifestyles to be integrated into design.

The Board should sponsor an active communities action plan with a focus on School provision and School transport plans to engage active means of travelling to school including the current work around transport to school for SEN.

The Board should support priority population groups to target a previous universal offer around behaviour lifestyle behaviours for example childhood vaccinations and affordable healthy nutrition.

The Board should sponsor exploration of how asset based work with the voluntary sector can assist in a diminishing universal offer.

Progress on Responding to Ofsted Recommendations and Actions for the Board

The Board members have shared responsibility and accountability for two of the findings from the October 2015 Ofsted Single Inspection of Children's Services

Recommendation 1 focuses on Emotional Health:

Accelerate the implementation of the local authority and clinical commissioning group emotional health strategy to ensure better and quicker access to emotional and mental health support for children and young people.

We have established a Board - agreed emotional health and wellbeing strategy and Future in Mind transformation plan to deliver improved emotional health and wellbeing services. Progress on implementation of these include:

- Counselling services jointly commissioned by the local authority (LA) and the clinical commissioning group (CCG) launched on 1st April 2016.
- Joint LA and CCG Emotional Health Project Initiation Document reviewed by the Task and Finish Group set up to prioritise children in need of immediate support.
- Named Children's Commissioners to manage the interface of decisions from both LA and CCG have been agreed

Actions are not yet resulting in the reduction of waiting times as we would have hoped. **It is recommended that** the Board hosts a summit focusing on progress and priority actions. The purpose to identify and remove barriers to improved delivery and outcomes.

Recommendation 2: Transition Planning

With partners, ensure that there is an effective integrated service pathway for all children and for young people in transition.

Progress on ensuring effective transitions includes the establishment of a Transition to adulthood Management Plan for 16-17, with enhanced oversight of transition through

the transition to adulthood mapping and transition to adulthood management groups. However this group has been established as a single agency Children's services led group.

It is recommended that the Board sponsors the development of the transition to adulthood management group as a multi-agency group and receives a report from this group demonstrating the effectiveness of service pathways for all children and for young people in transition.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)			
Next Financial Year (Year 2)			
Following Financial Year (Year 3)			

Other financial information relevant to the Recommendation/Decision

N/A

Cross-Council Implications

N/A

Reasons for considering the report in Part 2

N/A

List of Background Papers

N/A

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Date 11.04.16	Version No. 1

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