

**Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting**

**BIRMINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**TUESDAY, 26 JANUARY 2016 AT 15:00 HOURS**  
**IN COMMITTEE ROOM 2, COUNCIL HOUSE, VICTORIA SQUARE,**  
**BIRMINGHAM, B1 1BB**

**A G E N D A**

**1 NOTICE OF RECORDING**

Chair to advise, and the meeting to note, that this meeting will be webcast for live and subsequent broadcast via the Council's Internet site ([www.birminghamnewsroom.com](http://www.birminghamnewsroom.com)) and that members of the press/public may record and take photographs.

The whole of the meeting will be filmed except where there are confidential or exempt items.

**2 APOLOGIES**

**3 DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

**4 CHAIR'S UPDATE**

To receive an oral update (1505-1510 hrs).

**5 (A) BIRMINGHAM SAFEGUARDING CHILDREN ANNUAL REPORT 2014/15: (B) BIRMINGHAM EARLY HELP AND SAFEGUARDING PARTNERSHIP**

(a) To receive a presentation and consider the Annual Report to enable the findings to inform the development of the Joint Strategic Needs Assessment (1510-1530 hrs).

(b) To note the Birmingham Early Help and Safeguarding Partnership update (documents provided for information only).

- 77 - 88**
- 6 **BIRMINGHAM SAFEGUARDING ADULTS BOARD (BSAB) ANNUAL REPORT 2014/15**
- To receive a presentation, note the BSAB's achievements during 2014/15 and endorse the priorities for 2015/16 (1530-1550 hrs).
- 89 - 98**
- 7 **OPERATIONS GROUP PROGRESS REPORTS: (A) STRATEGY DEVELOPMENT; (B) WORKING LOCALLY**
- To (a) agree the framework outlined for revising the Health and Wellbeing Strategy and (b) consider the Operations Group proposal for the Board in respect of developing working relationships with the Council's ten Districts via the Operations Group, as set out in section 4 of the report (1550-1615 hrs).
- 99 - 106**
- 8 **HEADSTART GOVERNANCE AND STRATEGY**
- To consider a report on proposed governance arrangements and strategic focus for the Birmingham Headstart Stage 3 programme (1615-1635 hrs).
- 107 - 110**
- 9 **BIRMINGHAM PUBLIC HEALTH YOUTH PANEL**
- To view a video presentation, hear concerns, opinions and questions raised by the Birmingham Public Health Youth Panel and consider how to reflect these in future work (1635-1700 hrs).
- 111 - 128**
- 10 **NHS SYSTEM TRANSFORMATION / BETTER CARE FUND UPDATE**
- To consider delegating sign-off of the 2016/17 Better Care Fund submission (1700-1710 hrs).
- 129 - 130**
- 11 **WORK PROGRAMME**
- To consider the Work Programme (1710-1715 hrs).
- 131 - 142**
- 12 **MINUTES AND MATTERS ARISING**
- To confirm the Minutes of the last meeting (1715-1720 hrs).
- 13 **OTHER URGENT BUSINESS**
- NB: Only items of business by reason of special circumstances (which are to be specified) that in the opinion of the Chair of the meeting are matters of urgency may be considered.



|                           |   |
|---------------------------|---|
|                           | <b><u>Agenda Item:5a</u></b>  |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Well-being Board</b>                         |
| <b>Date:</b>              | <b>26<sup>th</sup> January 2016</b>                                     |
| <b>TITLE:</b>             | <b>BIRMINGHAM SAFEGUARDING CHILDREN BOARD<br/>ANNUAL REPORT 2014/15</b> |
| <b>Organisation</b>       | <b>Birmingham Safeguarding Children Board</b>                           |
| <b>Presenting Officer</b> | <b>Jane Held. Independent Chair</b>                                     |
| <b>Report Type:</b>       | <b>Information</b>  |

|   |
|---|
| <b>1. Purpose:</b>  |
| <p>1.1 To present to the Health and Wellbeing Board the Birmingham Safeguarding Children Board (BSCB) Annual Report 2014-15 (for discussion and consideration) as required by statute.</p> <p>1.2 The BSCB Annual Report provides a full description and robust analysis of the Board's activities in 2014-15 and the impact of that activity on improved outcomes for the children and young people of the City. The Report for the first time in a number of years presents a positive picture of progress over that year in most aspects of the Board's work.</p> <p>1.3 The purpose of its presentation to the Board is to draw to the attention of members the key findings of the report to inform the development of the Joint Strategic Needs Assessment and aid in forward planning for the Health and Wellbeing Board's Strategic Priorities for Children and Young People.</p> |

|                          |                    |   |
|--------------------------|--------------------|---|
| 2. Implications:         |                    |   |
| BHWB Strategy Priorities | Child Health       | Y |
|                          | Vulnerable People  | Y |
|                          | Systems Resilience | Y |

|  |   |
|--|---|
| Joint Strategic Needs Assessment               | Y |
| Joint Commissioning and Service Integration    | Y |
| Maximising transfer of Public Health functions | Y |
| Financial                                      | N |
| Patient and Public Involvement                 | Y |
| Early Intervention                             | Y |
| Prevention                                     | Y |

### 3. Recommendation

To receive the BSCB Annual Report 2014/15 to enable the findings to inform the development of the Joint Strategic Needs Assessment.

### 4. Background

- 4.1 Working Together (2015) requires each Local Safeguarding Children Board to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area. The guidance states that the Annual Report *'should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action'*. The Report should:
- Identify areas of weakness, the causes of those weaknesses and action being taken to address them as well as other proposals for action.
  - Include lessons from reviews undertaken within the reporting period.
- 4.2 There is a statutory requirement for the LSCB Annual Report to be presented to the Health and Wellbeing Board, Chief Executive, Leader of the Council and the local Police and Crime Commissioner to inform the planning and commissioning of services for children and young people in Birmingham.
- 4.3 The attached report provides an executive summary, conclusions and sets out the challenges for 2015/16. The full Annual Report and detailed supplementary appendices is available to download on the BSCB website.
- 4.4 The Board's role and functions: Birmingham Safeguarding Children Board is a statutory body established under the Children Act 2004. Its functions and responsibilities are set out in *LSCB Regulations 2006* and *Working Together to Safeguard Children 2015*. The statutory objectives are:



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

4.5 Independently chaired, the Board is required to report annually on the effectiveness of those two objectives. The Report must be presented to the Chief Executive of the Local Authority, the Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. It is an independent Board, holding to account each statutory partner and their respective governance bodies for how they are working together. The Independent Chair is appointed by and accountable to the Chief Executive of Birmingham City Council together with the Board's statutory partner Chief Executives.

### **Summary**

4.6 The Report is long, largely because of the need to provide strong evidence of that progress, and to set out the range of activities, projects, programmes and service improvements that have been underway during the year. It has been drafted in line with national guidance on what a good report should contain. However the Report fundamentally addresses six key questions. It assesses the Board's work objectively against the evidence and against the guidance provided by guidance as to what a Board must do. It evaluates the quality of what we are doing against the criteria for what constitutes a "good" Board, and against the evidence we have of the impact of our work.

4.7 The conclusions are short, and framed in the context of what the work of 2014/15 tells us about what we need to be doing next, the priorities for 2015/16 and the challenges we are setting.

4.8 There is no doubt that the MASH has had a transformational impact on this and the over performance of MASH by the year end testifies to how effective it has become (and therefore highlighted the emerging challenge of much more rapidly developing and providing effective early help across every agency and collectively at universal plus level as well as at additional needs). Lord Warner's challenge to the NHS was uncomfortable but ultimately helpful and the Police have invested heavily in the MASH. Lord Warner himself saw MASH as having been a touchstone moment in changing the way the city's partner agencies work together.

4.8 The Board's work on systems and processes has underpinned this and the refresh and re-launch of RSRT has also been very important, creating a fully agreed, accepted and disseminated framework for people to use in judging how best to respond to identified need. Work on the West Midlands Protocol and Strengthening Families was also important in underpinning and providing consistency to child protection work in the MASH as well as at ICPC's and through the CP system. The material on how to make good referrals and the focus of the FDRG has assisted in improving referral practice and creating a better understanding about when to seek advice and make contact with MASH and when to make a referral. By year end there was good evidence of better localised partnership working through the Safeguarding Hubs.



- 4.9 We have also made significant progress in tackling CSE, to a degree despite rather than because of coherent multi agency leadership locally as the Strategic CSE Sub-Group struggled and the new strategy was not completed until after year end. This, like much of what has been so impressive in 2014-15 is due to highly committed individuals working together. The PVVP leadership has supported and to a large extent driven this although at times it has created tensions, confusions and complexities. Increased investment by the LA has also had a significant impact. The OCS Report provided another impulse to focus on delivery.
- 4.10 In 2015 there is also a major challenge for the strategic leaders forum, local authority and BSCB who together need to assertively and decisively strengthen the work of the CSE Strategic Sub-Group, agree a programme delivery plan behind it and deliver the new CSE Strategy, as well as continue to improve and develop services to support children and young people at risk of CSE and to disrupt and pursue the perpetrators.
- 4.11 Work with schools has been intensive, multi-faceted and important over the year despite the complexities and the majority of schools now appropriately look to the BSCB for advice. They also understand their responsibilities better, are engaging more and better understand the system.
- 4.12 Priorities for the 2015-16 work programme are to:
- Continue to focus on and improve the delivery of effective practice in relation to the voice of child, early help and safe systems (adding children in care to child protection and court processes)
  - Clarify the governance arrangements for and deliver a more coherent strategic approach to CSE ,support the development of an effective operating model and implement the strategy
  - Address the gap in relation to missing children
  - Strengthen still more our challenge and scrutiny functions and the use of our intelligence to inform partner and single agency priorities for service delivery, practice improvement
  - Intensify and extend our multi-agency audit work
  - Deliver even stronger accountability and challenge relationships with each agency and use that to inform collective strategic activity
  - Facilitate the development of a much better learning culture and reduce unnecessary processes in relation to LLR's and SCR's
  - Support and challenge the development of a new partnership landscape between partners and Children's Services and corporately
  - Address the question of what a "new" approach to scrutiny, challenge, coordination, performance and quality assurance, learning from practice and from what good practice looks like in order to agree how best to approach these requirements across the system by April 2016

**Conclusions and sufficiency statement:**

- 4.13 In terms of the five dimensions of a Board's responsibilities set out by Ofsted, we are now meeting our statutory responsibilities, with varying degrees of



effectiveness with the exception of missing children. We are able to provide substantial evidence as to how we have worked to support and co-ordinate the work of statutory partners in helping, protecting and caring for children, and we are able to demonstrate how we monitor effectiveness.

- 4.14 We are not yet however monitoring multi-agency training for its effectiveness and evaluating its' impact on practice. In fact although we have continued to provide significant amounts of training we have not yet created a learning and workforce development approach to multi-agency workforce training and learning. We do check that policies and procedures and thresholds for intervention are applied properly through our audit programme and the work of the Front Door Reference Group. Whilst partners can be quite challenging of each other in meetings they do not consistently demonstrate how they challenge practice and audit casework in their own agency and across the partnership.
- 4.15 We cannot as yet demonstrate that we meet the criteria for a good LSCB. In fact we are still quite a long way from that, and we certainly require improvement to be able to get to good.
- 4.16 However we can demonstrate progress against the criteria in terms of:
- The priority given to safeguarding by statutory LSCB Members and how that is demonstrated both through Section 11 assessments, sound financial contributions (although how sound varies) and contributions to the audit and scrutiny activity of our Section 11
  - Our policies and procedures, and the way we review these.
  - Case file audits and the use of data and audit evidence to determine priorities for the board, the challenge we put into the system and the assurances we seek.
  - Our contribution to and influence in informing senior leaders, and supporting planning and commissioning activity
  - The provision of a high level of high quality training
  - A rigorous and transparent assessment of our performance and effectiveness, as a board and across local services
- 4.17 The fact remains we will remain inadequate as a Board if we cannot demonstrate that we understand the experiences of children and young people or fail to identify where service improvements can be made. Whilst we have made significant progress in both these areas it is not yet secure, embedded or wide reaching enough.
- 4.18 It is appropriate to say that overall the Board's arrangements are increasingly sufficient to meet our basic responsibilities and to ensure children are safer in the City. The biggest challenge of all is to explore whether there are better ways to achieve the same ends within an overarching statutory framework. Children are getting a better service, but it could be much better if we allow ourselves to think more radically about how we work together and as a Board.

### **Challenges in 2015-16**

- 4.19 The challenges we are setting for 2015-16 are:

**To the Board:**

- 4.20 The Board needs to find the best ways to engage with and involve children and young people, their families and their communities in the work of the Board and in providing high support and high challenge as critical friends of what we do.
- 4.21 The BSCB should build on its experiences of the last few years by challenging itself to think radically together as partners in terms of examining what functions should be led by whom, how and where in order to be far more effective in contributing to and supporting the co-ordination of what is done collectively.
- 4.22 The Board's challenge in 2014-15 of developing stronger, clearer and more mutually robust and accountable relationships with all key partnership bodies remains a challenge in 2015-16.
- 4.23 In addition the Board needs to stop acting as a proxy for partnership working, and create meaningful relationships with the new models for partnership, in order better to inform and influence their work and hold them to account.
- 4.24 The Board needs to ensure that the Community Safety Partnership, the Adult Safeguarding Board, the Health and Wellbeing Board and the BSCB Board can agree a protocol governing the relationship between them, address the issue of who leads on what, agree shared priorities and shared work-streams.
- 4.25 The Board needs to improve the span of agencies driving the priorities forward, and the consistency of their focus and "ownership" of the issues, and to share the work across partner agencies more effectively, reducing "silo" working.
- 4.26 The Board needs to build on the impact the Board has made in 2014-15 and increase the degree to which the Board supports the improvements underway in the City in terms of safeguarding children and promoting their welfare.

**To the Council with its' partners:**

- 4.27 Improving the safety of children's lived experiences in their communities presents a significant challenge to the Council and its partners.
- 4.28 The challenge for the lead agency, Birmingham City Council with every partner will be to design and implement a new whole council partnership framework for multi-agency co-operation, co-ordination, and commissioning of services to meet children's needs. This will need to also feed into the "Future Birmingham" process.

**To the Strategic Leaders Forum and Early Help and Safeguarding Partnership:**

- 4.29 The major challenge for partners is to retain the confidence brought into the system through the work done in 2014-15, whilst 're-balancing' resources, investment, staff capability and capacity so early help takes precedence over child protection for the majority of children and young people needing support.



- 4.30 There is a major challenge ahead for the new partnership bodies established to lead children's services across the city, in establishing new ways of working, developing real cooperation across the system, rather than cooperation on specific issues and to ensure the most effective ways of delivering services as resources reduce, capacity shrinks, and demand increases.
- 4.31 The challenge for 2015 is for the multi-agency partnership, through the Missing Operational Group, to develop an integrated approach to identifying responding to and intervening with children missing from home, care, school and from view. This should include the development of a shared data base, some simple accessible systems and processes and the ability to ensure appropriate early help or statutory interventions are put in place with each individual child.
- 4.32 In 2015 there is also a major challenge for the strategic leaders forum, local authority and BSCB who together need to assertively and decisively strengthen the work of the CSE Strategic Sub-Group, agree a programme delivery plan behind it and deliver the new CSE Strategy, as well as continue to improve and develop services to support children and young people at risk of CSE and to disrupt and pursue the perpetrators.

## **5. Compliance Issues**

### **5.1 Strategy Implications**

There is a statutory requirement for the BSCB Annual Report to be presented the Health and Wellbeing Board, Chief Executive, leader of the Council and the local police and crime commissioner to inform the planning and commissioning of services for children and young people in Birmingham.

### **5.2 Governance & Delivery**

The findings from the Annual Report should inform the development of the Joint Strategic Needs Assessment and future joint commissioning arrangements for services targeted at children, young people and families.

### **5.3 Management Responsibility**

Publication and sharing of the BSCB Annual Report is the responsibility of the Independent Chair of the BSCB. Oversight of the implementation of the findings appertaining to the Health and Well-being Board is the responsibility of the Chair of the Health and Well-being Board.

## **6. Risk Analysis**

- 6.1 There needs to be clear lines of accountability between the Health and Well-being Board, Birmingham Safeguarding Children Board, Community Safety Partnership and the Adult Safeguarding Board. A protocol setting out the relationship, leadership and agreed shared priorities and shared work-streams should be taken forward as a matter of some urgency.



- 6.2 The protocol would clarify and enhance partnership collaboration improve agencies ownership and engagement of the issues, and to share the work across partner agencies more effectively, reducing "silo" working.
- 6.3 It is considered that the Health and Well-being Board are better placed to assess the level of risk.

| Identified Risk | Likelihood | Impact | Actions to Manage Risk |
|-----------------|------------|--------|------------------------|
|                 |            |        |                        |
|                 |            |        |                        |
|                 |            |        |                        |

### Appendices

Birmingham Safeguarding Children Board Executive Annual Report 2014/15

### Signatures

Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)

*P. A Hamilton*

Chair of the Birmingham  
Safeguarding Children Board  
(Jane Held)

*Jane Held*

Date:

*13/1/2016*

The following people have been involved in the preparation of this board paper:

Jane Held

Independent Chair – Birmingham Safeguarding Children Board

Telephone No: 07771 556391

E-mail address: [Jane.held@birmingham.gov.uk](mailto:Jane.held@birmingham.gov.uk)

Simon Cross

Business Manager – Birmingham Safeguarding Children Board

Telephone No; 01213038654

E-mail address: [Simon.cross@birmingham.gov.uk](mailto:Simon.cross@birmingham.gov.uk)



# **Executive Summary** Annual Report 2014–15

# Foreword

**I am happy to present this Executive Summary of the Birmingham Safeguarding Children Board Annual Report (2014-15) for publication. The full report which is available on [www.lscbbirmingham.org.uk](http://www.lscbbirmingham.org.uk) gives a full description and robust analysis of the activity of the Board collectively over that year.**

As Chair of the Board from October 2011 the report covers my fourth year in the role, setting out the effectiveness of the Board itself and the effectiveness of the work of Board partners in safeguarding children and promoting their welfare in the City. The Report presents a positive picture of progress over that year in most aspects of the Board's work. There is clear evidence that as a result of the hard work put in by the local authority, and all other partners to the Board, especially the NHS (in all its organisational forms) and West Midlands Police, children are safer in Birmingham, and the most vulnerable are getting a better response. In addition there is a lot of good work happening across the city, undertaken by front line professionals from every agency who are quietly 'getting on with the job' and doing above and beyond what is necessary to meet individual children's needs which should be recognised and celebrated. This is imperative if the children and young people of the city are to get the services they deserve, achieve their potential, remain safe and become fully rounded and responsible adults. I also continue to believe we owe it to the children of the city and their families and communities to be as open, honest and transparent as possible about our progress, our effectiveness and our inadequacies.

The Executive Summary covers the first year of "Getting to Great", the Board's new Strategic Plan 2014-17. We have made steady progress across all three of our priorities and we can see the differences we are making for children and young

people, their families and for the staff working with them. The new model for establishing how staff should respond to need, ('Right Services, Right Time'), and the Multi-Agency Safeguarding Hub (MASH) are both excellent examples of the changes we are making as is our much enhanced performance and quality assurance work. There is of course much more still to do. We are ambitious for the city's children. They deserve the best and we are central to helping the city's services be the best in the country rather than some of the worst. We need to build on the progress in 2014-15, increase pace, and taking action that is, if necessary, radical and innovative. The challenges ahead undoubtedly remain very great. In particular we need to support the great work underway to coordinate, extend and develop early help in the City, rapidly improve our responses to Child Sexual Exploitation and address the issues for children who are missing from home, school, care and those children not receiving or accessing normal universal health, education or early years services. In addition we need to find much simpler ways to do things, different ways to become more effective on less money, to share our resources and do more together rather than separately. Most importantly we need to not only build the confidence of children, young people, their families and their communities that we can make them safer, we need to ensure that those children, young people, families and communities shape what we do, and challenge us to do better.



Jane Held  
Independent Chair  
Birmingham Safeguarding Children Board  
2015

# Introduction

**This Executive Summary provides an overview of the full Birmingham Safeguarding Children Board Annual Report 2014–15. The full report is available on the Birmingham Safeguarding Children Board (BSCB) website ( [www.lscbbirmingham.org.uk](http://www.lscbbirmingham.org.uk) ) as are the 16 appendices that accompany the report. This summary includes all the key information in a shorter and more accessible form, which allows the people of Birmingham to easily read about the improvements that have taken place over the year. In addition a two page summary for children and young people is being developed and will be available by the end of 2015.**

The Executive Summary focusses on the key priorities the Board set itself in 2014, and on the statutory objectives and functions of the BSCB as set out in Working Together to Safeguard Children 2015. The BSCB is a statutory body established under the Children Act 2004. It is independently chaired (as required by statute) and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the City. Its statutory objectives are to:

- Co-ordinate local work to safeguard and promote the welfare of children and young people
- To ensure the effectiveness of that work

Working Together (2015) requires each Local Safeguarding Children Board to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area. The guidance states that the Annual Report 'should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action'. The Report should:

- Recognise achievements and progress made as well as identifying challenges
- Demonstrate the extent to which the functions of the LSCB are being effectively discharged
- Include an account of progress made in implementing actions from Serious Case Reviews
- Provide robust challenge to the work of the Children's Trust Board

This Executive Summary summarises the progress made by Birmingham LSCB in 2014-15 through and with its partners and analyses the effectiveness of:

- Safeguarding arrangements in the city
- The LSCB itself in supporting and coordinating safeguarding arrangements and in monitoring and challenging those who provide them.



## Context and key facts about Birmingham

Birmingham, is the largest unitary authority in Europe with a population of 1,085,400 is one of the youngest, with approximately 280,000 0-17 year olds (312,000 0-19). It is one of the most diverse cities in the UK with almost 50% of the population from a Black and Minority Ethnic (BME) community. As a major regional city it has areas of considerable wealth and areas of great deprivation. 47.7% of the population is under 30 (nationally this averages at 36.8%) and 32.4% of children in the city are children living in poverty (nationally 20.1%). The annual Birmingham child wellbeing survey indicates that there are declining rates of physical health in children in the city and ongoing high levels of significant behaviour problems and emotional ill health. About 82% of children and young people report feeling safe at home, about 50% feel safe at school and about 45% feel safe in their neighbourhoods. The Birmingham Child Poverty Commission is working to understand how best to change the pattern and the impact of poverty in the city and is due to report in 2016

In terms of complexity of services in December 2014 there were:

- 441 schools in the city, comprising a mix of academies, free schools, and maintained schools.
- Of the total school population 34,088 have special educational needs.
- There are 73 children's centres (of three different types)
- 20 youth settings, based in areas of high levels of multiple indices of deprivation.
- 12,618 different young people aged 11-25 received a youth service and 64% of them were from BME backgrounds.
- The Youth Offending Service provided more than 8,833 programmes during the year.
- There are 3 Clinical Commissioning Groups (CCGs) in the city with 268 GP practices, with 1,096 GPs.
- There are five child development centres five Accident and Emergency Units and nine NHS trust hospitals.
- There are 10 BCC children's homes in the city.
- The Board estimates that the total workforce in daily contact with children and young people just in the statutory sector is above 85,000.

As a consequence outcomes for children and young people are very mixed. By the end of March 2015, 2,614 16-19 year olds were not in education, employment or training (NEET) (6.9%), there were

1,976 children in care and 1,251 children the subject of a child protection plan. 93.8% of care leavers were in suitable accommodation at the end of February 2015 and 67 out of 157 care leavers were NEET.

The BSCB commissioned a full analysis of what life is like for most children in the city from the Department of Public Health in the council ("Understanding the needs of children and young people in Birmingham") which provides a rich source of information about need in the City.

In 2014-15, ethnicity, faith and diversity became a more dominant element of the work of the Board and of all its partners. Two major issues, one of which (Trojan Horse as it is known) sparked significant national and governmental attention, created concerns about how well children and young people from the wide and diverse range of communities in the city were safeguarded and getting their needs met and their wellbeing promoted.

Commissioned and funded by Birmingham City Council, The Birmingham Commission for Children was run by The Children's Society. The Commission examined what life should be like for children and young people in Birmingham in ten years' time and how the city council and other organisations might go about making their vision for Birmingham's young people a reality. It's Report, "It takes a City to raise a child" found that children and young people said that:

- Relationships are the most important thing in the lives of children and young people, especially relationships with their families.
- Children and young people from every group, and from every part of Birmingham, want to feel safer in the city. They feel they lack safe, affordable spaces and activities that allow them to be with friends and family.
- Children and young people want to have a say in the issues that matter to them, they want their voices to be heard and acted upon.
- Children were positive about school and valued the opportunities that education gave them.
- Young people wanted knowledge and skills that were useful for getting a job and being a good citizen. They valued their community and their sense of place.
- Children and young people wanted a positive story to be told about Birmingham and young people's achievements.



The Board agreed and implemented a new three year Strategic Plan, "Getting to Great 2014-17" in 2014. The Board's priorities reflected the three key issues highlighted in previous years as most needing to be improved. This Plan is underpinned by a strong focus on business excellence.

### **The BSCB Strategic Priorities**

- The voice of the child – central to everything we do
- We provide early help –when problems first arise
- We run safe systems – to ensure children are properly safeguarded

The Strategic Plan also highlights the underpinning behaviours expected of anyone who works with children, young people, their families and their communities.

### **The Birmingham Basics**

- The child comes first
- Do simple things better
- Never do nothing
- Do with, not to, others
- Have conversations, build relationships

### **Plans and Improvement Programmes**

Partners were asked to build the Birmingham basics into their own strategic plans and expectations. In addition the Council drew up and implemented two key strategic plans for improving services for children and young people. The first, in response to Government directions was overseen by Lord Warner (the appointed Children's Commissioner) and was fully implemented by March 2015. The BSCB priorities contributed to key elements of this improvement plan. Following the "Trojan Horse" events, a second External Commissioner, Sir Mike Tomlinson, was appointed. An Education Improvement Plan was developed and agreed and is progressing under the External Education Commissioner's leadership. A third Commissioner, Bob Kerslake, reviewed and the whole Council's performance and a third improvement plan, the "Future Birmingham" has been put in place. Finally a multi-agency Early Help Strategy was developed and agreed by March 2014 which will underpin the work of all partners in designing and developing appropriate integrated early help services. This will ensure children and young people get support and help "early in the life of a problem" rather than wait until they need statutory child protection interventions.

### **Partnerships**

The previous partnership infrastructure in relation to Children's Services was dismantled at the beginning of 2014-15 and a new structure was not put back in place to replace it. Instead of the Children's Trust partnership the Council led a series of multi-agency topic based "think tanks" over the year. This increased the risk of, and at times real experience of BSCB continuing to act as a "proxy" for service design, delivery and operational detail. That said, two effective and focused council led programme boards, the MASH Board and the Early Help Board, included a range of partners and BSCB was represented on both. In addition the multi-agency outcomes from these two boards were reported to and signed off by BSCB in the absence of any other "full system" body. It did, however, lead to confusion at times.

However, as the year progressed, Lord Warner's views, plus strong debate at BSCB, partially stimulated by the Governance Review, as well as challenges from individual partners led, by March 2015 to a clear recognition by the Council as the lead agency, of the need to address the problem of partnership and governance confusion, and to develop a new partnership landscape and architecture for the city in relation to children and young people. This coincided with the City Council's decision to review all its partnership arrangements, but by the end of March 2015 exactly how those two strands of work fitted together was still not clear.

Partnership relationships with the Community Safety Partnership and Adult Safeguarding Board remained informal, built on the shared agreements made in 2012-13 about which partnership body should lead on which cross cutting issue and informed by the increasingly close working drive through the MASH initiative.

In 2015 the challenge for the lead agency, Birmingham City Council, with every partner will be to design and implement a new partnership framework for multi-agency co-operation, co-ordination, and commissioning of services to meet children's needs. This will need to also feed into the "Future Birmingham" process.

The challenge for the Board will be to fully cease to act as a proxy for partnership working and to create meaningful relationships with the new models for partnership, including the new Birmingham Education Partnership (BEP), to inform and influence their work and hold them to account.

### Organisational change across partnership

The whole of 2014-15 was (as was 2013-14) characterised by substantial change, in many of the statutory partner agencies, with the resultant churn in staff, services and stability of practice, and the challenges arising from such churn. Much of what happened during the first half of the year was imposed from outside Birmingham itself, with significant Central Government and Inspectorate activity taking place, often all at once. This meant that it was extremely difficult for partners to steer a steady course and build on the areas for improvement identified by the council and BSCB in 2013-14, and the additional and new requirements identified by Ofsted in their report.

By the end of 2014-15 the City Council and its partners were dealing with the requirements set by Lord Warner, as the External Commissioner for Children's Services Improvement, Sir Mike Tomlinson Education Commissioner, and his Deputy Commissioner, Colin Diamond, all commissioned by the Department For Education, and those set for the whole of the City Council by Sir Robert Kerslake, commissioned by the Department for Communities and Local Government.

As well as the impact of the improvement programmes and agendas the Council did not have a stable permanent senior leadership team for children's services throughout the year. However, the impact of this was minimised through the presence of strong interim leaders. In addition, the City Council was not the only organisation where there was significant change and organisational churn. Change also occurred to:

- The Probation Service and West Midlands Police.
- Heart of England NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Trust
- NHS England underwent

All of these changes had an immediate impact on the BSCB Board in terms of changing membership. The Board was appraised of the changes appropriately and the impact was less challenging than it would have been, as the governance review facilitated good discussion about the safeguarding functions and accountabilities of organisations through a period of change. Organisation change and its impact remained on the BSCB Risk Register over the whole year and action taken to adjust the mitigation each time the Risk Register was reviewed.

## The effectiveness of safeguarding arrangements in Birmingham

### Engagement with Children and Young People

The Board's collective work with partners in terms of listening to, engaging with and responding to children and young people's views, wishes, and experiences in 2014-15 continued to be limited. Despite this we became increasingly aware of the range, depth and breadth of work that was being done by different agencies across the city. In November 2014 work commenced to map agencies methods of engagement with children and young people. Once this work is completed in 2015-16, it will provide the Board with a fuller picture of the excellent work undertaken by the city to engage children and young people whilst providing the Board with a platform to engage children and young people in its work.

In March 2015 the City Council, working with INLOGOV held the last of its series of "Think Tank" events and focussed on the voice of the child, the report of the Birmingham Commission and work across the city. The event addressed the question of "What is our commitment to listening to, hearing and acting on the voices of children and young people. Overall it was clear that during 2014-15 the collective amount of energy going into involving children and young people was significant, and it has

in some limited cases had a strong impact on service provision.

All participant partners (all of whom are members of BSCB as well) agreed to sign up to seven principles for engagement with and providing services to children, young people, and their families:

- We need to design services which respond to the public (as opposed to public services)
- Do nothing without us (design and deliver nothing without involving children and young people)
- Always act (never do nothing)
- Engage in an ongoing relationship (every contact counts and every contact is an opportunity)
- Embrace technology and new methodologies
- Listen, listen, listen!
- Recognise the opportunity of the experience for young participants ("giving back", "belonging" and "it's your city")

It would be fair to say however that the Board did not progress its first key priority as far as it wished. The work is continuing into 2015-16.

The key challenge is to find ways of harnessing the energy and activity across the city in involving children and young people and build on that to inform, influence and set direction for the Board, as well as to find ways to directly engage with children and young people in the work of the Board.

A challenge for the City Council through the Place Directorate is to work with children, young people, communities and partner agencies to significantly reduce the expressed sense of being unsafe in public spaces articulated so strongly by the children and young people of the city.

### External Inspections and Reviews

As well as implementing and addressing the requirements of the Ofsted Single Inspection and Review of the LSCB (<http://www.ofsted.gov.uk/inspection-reports/find-inspection-report>) published in May 2014, we began to receive Inspection Reports relating to all our partner agencies and monitor the implementation of relevant recommendations by each agency in 2014-15. This has provided a more comprehensive understanding of practice across the whole system and supported the identification of key common themes and challenges.

Ofsted undertook a review of the Birmingham Multi-Agency Safeguarding Hub (MASH). This was a helpful review, which provided valuable advice about areas for development and improvement (including timeliness, delay, and the approach to domestic violence contacts) but also praise for the strong front door and multi-agency nature of the MASH.

Ofsted also undertook a significant number of inspections of early years providers and schools in 2014-15, particularly following the initial phase of the period after the publication of the Trojan Horse material, and subsequent inquiries.

The Care Quality Commission (CQC) also undertook a range of inspections in the city in 2014-15. The full inspection reports are available to download at the Care Quality Commission website; <http://www.cqc.org.uk/>. This included a full review of health services for Children Looked After and Safeguarding in Birmingham undertaken in September and October 2014. This review included key provider services (Heart of England NHS Foundation Trust; Birmingham Children's Hospital NHS Foundation Trust; Birmingham Community Healthcare NHS Trust; Birmingham Women's NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust; University Hospitals Birmingham NHS Foundation Trust; Sandwell and West Birmingham Hospitals Trust) and two of the three CCGs in the city (Birmingham Cross City

CCG and South Central CCG). Unlike Ofsted, CQC do not provide an overall grade or judgement in these inspections. Nor do they arrive at a general conclusion. Good practice was observed in the provider services and the safeguarding leadership of the Clinical Commissioning Groups was praised. GPs were identified as making a strong contribution to safeguarding in the city. 42 recommendations were made, and the report overall demonstrated that serious consideration was given to ensuring effective safeguarding practice by NHS Organisations across the city.

An aggregate report on six inspections focused on protecting children was published by Her Majesty's Inspector of Probation in August 2014. The then Staffordshire and West Midlands Probation Trust was not inspected and the findings and recommendations now need to be seen in the context of the Transforming Rehabilitation (TR) agenda cumulating in the formation of two district operations which made up the former Probation Trust. Staffordshire West Midlands Community Rehabilitation Company (SWM CRC) is the provider responsible for the supervision of low/medium risk of harm offenders, while the National Probation Service (NPS) has responsibility for high risk of harm offenders, MAPPA arrangements and providing advice to Courts. The NPS and CRC have provided assurance that the report's four recommendations will be taken forward within Birmingham by providers of Probation Services.

West Midlands Police were subject to a safeguarding Inspection between 2 and 13 June 2014 as part of their new National Child Protection Inspections. The conclusion of the Inspection Report was that "West Midlands Police has demonstrated a commitment to improving child protection services. The move to build increased capability and capacity is testament to this as is the focus on child protection within the force's strategic change programme. However, at the time of the inspection, not all children at risk of harm were sufficiently protected by West Midlands Police and it is too soon to judge whether the changes underway will deliver the level of improvement required.

The report covered all seven local authority areas but much reflected the experience in Birmingham. This report included 20 recommendations and WMP have been proactive and energetic in addressing them. By the end of 2014-15 the transformation programme was beginning to show dividends although it became very clear over the year that as the police addressed the issues identified, and the MASH in Birmingham began to have a major impact, the allocation of resources to the Birmingham Safeguarding Service was still inadequate to meet need.

Birmingham Youth Offending Service were informed by and involved in a thematic inspection of resettlement led by Her Majesty's Inspector of Probation in July 2014 and an Ofsted Inspection of Community Safety and Public Protection Incidents. We have during 2014-15 been able to gain a much better understanding of the collective views of external regulators across the city about the strengths, areas for development and competence of all partners in relation to their safeguarding practice, and the way their work improves the welfare of children and young people.

### Partner Compliance

Each year all the Board's statutory partners undertake a self-assessment of their effectiveness in terms of how well they are safeguarding children and young people and promoting their welfare. Known as the Section 11 audit it is part of their responsibilities under Section 11 of the Children Act 2004. In Birmingham the Board asks for a copy of every statutory partner's audit in order to analyse the overarching strategic, operational, practice and workforce themes and achieve a sound understanding of the current quality of what is happening as well as the emerging issues for the city. The aim of a Section 11 audit is to provide the board with reassurance that organisations have good structures and processes in place to safeguard children and to provide a benchmark of current performance to enable organisations to monitor progress and quantify improvement in safeguarding practice for children and young people over time.

One agency has not completed the section 11 audit and a further three agencies have not completed action plans this year. The action plan is key to improving the safeguarding in agencies and as such all agencies should have an action plan that is being regularly reviewed and updated. The local authority have completed four separate section 11 audits rather than of one for the whole of the local authority. The West Midlands Ambulance Service complete a standard section 11 for the whole of the West Midlands and is not specific for the Birmingham. A well received peer review event was held in November 2014 where partners reviewed each other's section 11s against other agencies. This helped agencies gain an understanding of how to apply the grades in their agency. Further independent validating of the section 11 audit is still required.

Analysing the Section 11 returns overall there are a number of key learning points to inform our work in 2015-16. The learning points for agencies include:

- Each agency needs to be required to submit a detailed Action Plan to evidence how audit findings will be taken forward

- Each agency should regularly review and monitor progress on the implementation of the audit action plan
- The audit findings and action plans should be disseminated and progress monitored through existing agency management structures that have responsibility for safeguarding
- Agencies should ensure that all relevant documents providing evidence of their judged compliance with each level should be uploaded to the online audit and management system

The learning points for BSCB are that:

- The learning points around action plans are the same as the last 2 years which is a concern to the board in that the section 11 process is not being embedded into agencies safeguarding standards.
- BSCB needs to be assured that agencies are completing their Section 11 Audits and are following up on their action plans to implement the actions they have identified to improve their compliance with safeguarding standards
- The BSCB need to ensure that agencies have access to the appropriate training for domestic violence and child sexual exploitation.

In summary, whilst there has been some improvement in the response from partner agencies on last year's audit, we still need to be assured that, for all partners which have identified areas for development from the audit have an action plan in place to resolve the areas of concern. We also need to ensure partners provide better evidence of progress and facilitate the sharing of good practice identified through the audit process and through the peer review.

In addition to the Section 11 audits, Board asked formally for each statutory partner to submit an annual report to the Board accompanied by an assurance letter from the Chief Executive or Chair of the organisation for the first time in 2013-14. The quality, consistency and depth of the returns in 2013-14 was very variable. As a consequence partners were given a framework within which to report. This asked organisations to report as follows:

- Executive Summary of progress over the year
- Introduction to the service
- Their evaluation of the effectiveness of their safeguarding arrangements
- Their organisational governance and arrangements for evaluating their effectiveness
- Their safeguarding performance and arrangements for quality assurance, audit and learning from practice

- A summary of the work undertaken to engage with and listen to children and young people, and the learning from this
- The number of serious incidents they had had and the learning from them
- The findings from internal reviews and the action taken
- The findings from external inspections and reviews and the action taken
- A summary analysis of the effectiveness of their arrangements in terms of strengths, areas for improvement, and the impact of lessons learnt on practice
- The organisation's response to emerging issues and Board priorities (early help, fCAF, integrated support plans and child in need plans; MASH, attendance at Initial Child Protection case conferences, core groups and reviews, strengthening families protocol and west midlands child protection protocol)
- Partnership working
- Training and workforce development (single and multi-agency)

This framework broadly covered the Board's priorities and business plan in 2014-15. Returns were significantly better this year with greatly improved consistency and focus. This has allowed for a far greater understanding of exactly what the common themes are, where there are challenges, and how well learning is being demonstrably used to improve practice. In addition more returns were received with only two who did not respond.

Overall it is important to recognise that the reports collectively provided sound evidence that in 2014-15 the Board's priorities were recognised and were informing individual agency practice, that key areas of work are genuinely rolling out from the board to the front line, that learning is being applied to practice and compliance with requirements improving. None of this in itself improves the safeguarding experience in an individual case but it is clear there is an increasingly shared understanding of what is required, to what standard and how we can use what we do to improve practice. The majority of reports were analytical, open and evidenced. The returns demonstrate significant forward progress, particularly on compliance, process and delivering the Board priorities. The impact of this is demonstrable through the data in the annual performance report. It is a positive sign of real progress and improvement.

The challenge for the Board in 2015 is to improve the span of agencies driving the priorities forward, and the consistency of their focus and "ownership" of the issues, and to share the work across partner agencies more effectively, reducing "silo" working.

### Joint Commissioning

Another area where the absence of clarity about roles, responsibilities, functions and accountabilities across partnership arrangements was important related to joint commissioning activity and priorities (0-25 service; drugs and alcohol services; school nursing). Whilst an LSCB has no direct responsibility for joint commissioning activity, a good LSCB can influence what happens, what is a priority, and what should change through its regular performance reports and quality assurance activity. In 2014-15 re-commissioning of relevant children's services was led by the joint commissioning Sub-Group of the Health and Wellbeing Board (HWB)

In Birmingham for the third year running the Board had limited direct influence and was not consulted sufficiently well in identifying priorities or developing new commissioning programmes. The risks were to a degree mitigated by all the other scrutiny, challenge, review and quality assurance activity taking place, and by the fact that the BSCB Vice Chair was Chair of the Children's Joint Commissioning Sub-Group.

However, the work of the Joint Commissioning group was in fact extremely positive over the year. The Children's Joint Commissioning Board oversaw a significant amount of work on behalf of the key partners during 2014-15. Progress was made in:

1. Early Help:
2. Services to Vulnerable Young People – especially the 0-25 mental health service
3. Looked After Children

Joint Commissioning Priorities during 2015-16 include:

1. Early Help – implement the recommendations contained within the Early Help strategy.
2. Safeguarding/MASH – build on the work to date and deliver a fully functioning MASH including ensuring CSE is part of the new arrangements and that the HUBS are operating effectively.
3. SEND – Continue to deliver on the requirements of the guidance in this area including the development of a more coordinated funding arrangement as contained within the Sect 75 agreement



4. 0 – 25 – mobilise the new service and implement the evaluation process as planned and work closely with other stakeholders including schools to deliver on recent guidance to create a whole system approach to emotional wellbeing
5. Work to engage the schools through the Birmingham Education Partnership and initially through the Ladywood Pathfinder project.
6. Children in care – reduce the numbers of children in care and increase the proportion placed with families in order to promote better outcomes and deliver improved value.

All of these will assist in improving the whole safeguarding and wider welfare system positively

### **The Annual Performance Report**

Evaluating the child's journey through the safeguarding system. The Board agreed a new and comprehensive Performance and Quality Assurance Framework "Improving Safeguarding Standards and Assuring the Quality of our Service Delivery in Birmingham" in March 2014. This was refreshed in February 2015 and updated to reflect a wider range of datasets.

The Board was able to report against all three Board priorities at each Board and Executive Meeting over the year, although there were some changes over that period to the key data sets and overall dashboard as the Performance and Quality Assurance Sub-Group improved the range contribution and depth of its work. As a consequence the Board was able to take a full Annual Performance Report for the first time in four years. The annual performance report examined each BSCB Priority in terms of our three dimensions: 'how much are we doing?'; 'how well are we doing it?'; and 'what did we learn and change as a result?'

## **Priority 1 – Voice of the Child**

### **How much have we done?**

The Early Help Brokerage Support Team on 7 October 2014 held a youth conference called 'Protect Yourself'. In line with the theme of the conference the following questions were posed: a) what makes you feel unsafe when you're outside in your neighbourhood or at school, and b) What could be done to make you feel safer. Out of the 13 key issues identified in relation to what makes young people feel unsafe; groups were highlighted as the highest concern (22%) with strangers and inadequate street lighting being cited as the next main concern (13%). In respect of what would make young people feel safer; 33% identified that there should be an increased Police Officer presence on the streets before and after school, with 17% of the young people stating that more CCTV

would make them feel safer. However, although the findings are captured from a relatively small target audience, they clearly reinforce the key themes identified in the Child Wellbeing Survey 2013-14 and forms part of the information collated to capture the 'voice of the child'. In addition, as part of the quality assurance process established by the Board through the Performance and Quality Assurance Sub-Group all audits now include at least a question or a section on the voice of the child.

### **How well have we done it?**

The audit work on Initial child Protection conferences (ICPC) in October identified as its main concern that the Voice of the Child is not being heard. Recommendations were made in the report to include more work on the Voice of the Child in BSCB training.

The audit identified in four out of the five cases that the Voice of the Child was not clearly present and that opportunities for partners other than social workers to talk to young people were not always taken. Another area of concern was the identification of cultural background /ethnicity of the child and family on the CareFirst forms including the A1 form which is the initial point at which a referral is recorded on the system. The lack of ethnicity here was perpetuated through other forms within CareFirst. Consequently issues around honour based violence, forced marriage, FGM could be missed. The recommendations from the ICPC audit will be followed up later in 2015, to assess progress against the recommendations.

The audits of re-referrals and child protection for 2015 also include a question/section on the voice of the child. Currently 97% of Looked After Children participate in their reviews.

### **What did we learn and change as a result?**

The audit work on ICPC has already been incorporated into the training provided to child protection chairs and further work is ongoing with them to ensure the Voice of The Child is clear in the conference.

## **Priority 2 – Early Help**

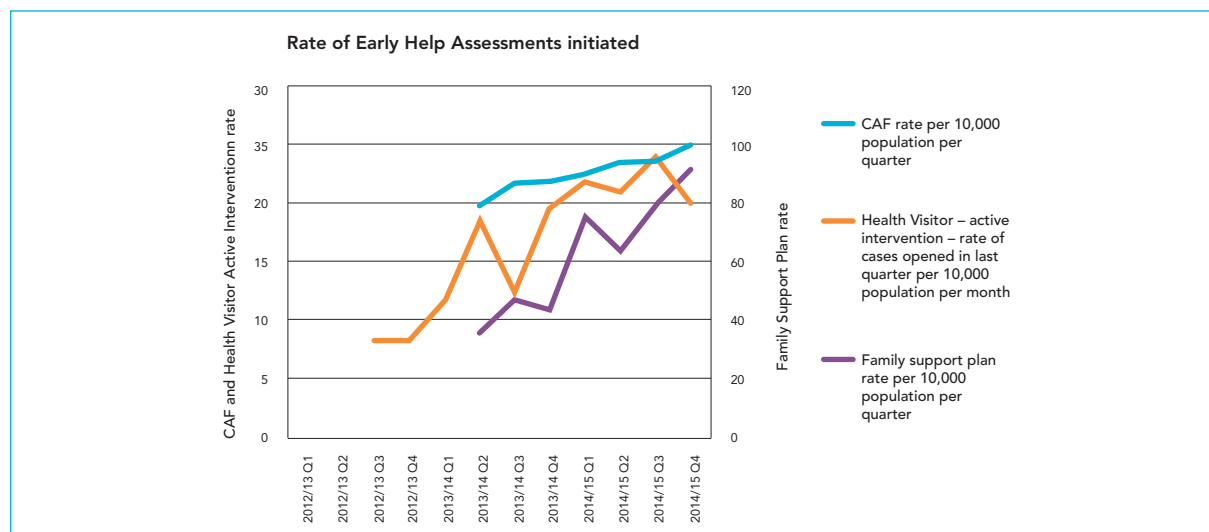
### **How much have we done?**

A priority action for the Board last year was to develop a definition for Early Help and to develop an early help strategy. The definition was approved at the Board meeting on 13 May 2014 and the strategy was approved on 31 March 2015. As part of the work on early help it was agreed in the performance and quality assurance sub-group to use the fCAf (family

Common Assessment Framework), family support plans and health visitor active interventions as a proxy measure for early help. Figure 1 below shows a clear increase in the early support work being carried out by all agencies with fCAF and health visitors' active

interventions. The increase in health visitor active interventions may be as a result of the increase in the number of health visitors which is seen in the staffing data later this has resulted in an overall drop in caseload for health visitors.

Figure 1



### How well have we done it?

Birmingham has now come to the end of phase 1 of the Think Family Programme. Despite extremely strong performance over the final year, delays at the beginning of the programme meant that the final target for families where outcomes have

been achieved was missed by a narrow margin (figure 2). Nevertheless entry into the expanded Troubled Families phase 2 has been secured and DCLG is extremely satisfied with the progress that has been made in the city.

Figure 2

| Key Targets   | Actual         | Target         |
|---|----------------|----------------|
| Identified Think Family cases   | 7,449 families | 4,180 families |
| Families worked with  | 6,200 families | 4,180 families |
| Families where outcomes have been achieved (families "turned around") | 3,984 families | 4,180 families |

### What did we learn and change as a result?

A major long term national evaluation exercise is under way covering both phases of the programme and for which Birmingham has already supplied a large amount of data, although findings from this will not be available for some time. Locally there are indications of the effectiveness of the whole family approach, although this is an area which would definitely benefit from further analysis. It is intended to carry this out once more analytical capacity is created within the Think Family Team.

Over the last three years the programme has achieved:

- 424 families where adults have found sustained employment
- 2,320 families where children have improved school attendance
- 752 families where youth offending has ceased or significantly reduced
- 844 families where anti-social behaviour has ceased

(note families may have achieved more than one outcome).

## Priority 3 – Safe Systems

### How much we do? How well do we do it?

As part of Safe systems Performance and Quality Assurance have reviewed data from all agencies Health Organisations and Police provided data to assist in identifying areas of concern.

It is clear that, in line with national trends, there is an increasing level of self-harm in the under 18 population. The changes to the 0-25 mental health service should impact on these figures in 2015-16 onwards. However the mental health of children and young people is an increasing concern, particularly in our schools.

It is clear that there has been some reduction in the numbers of children presenting at hospital with unexplained or non accidental injuries which provides

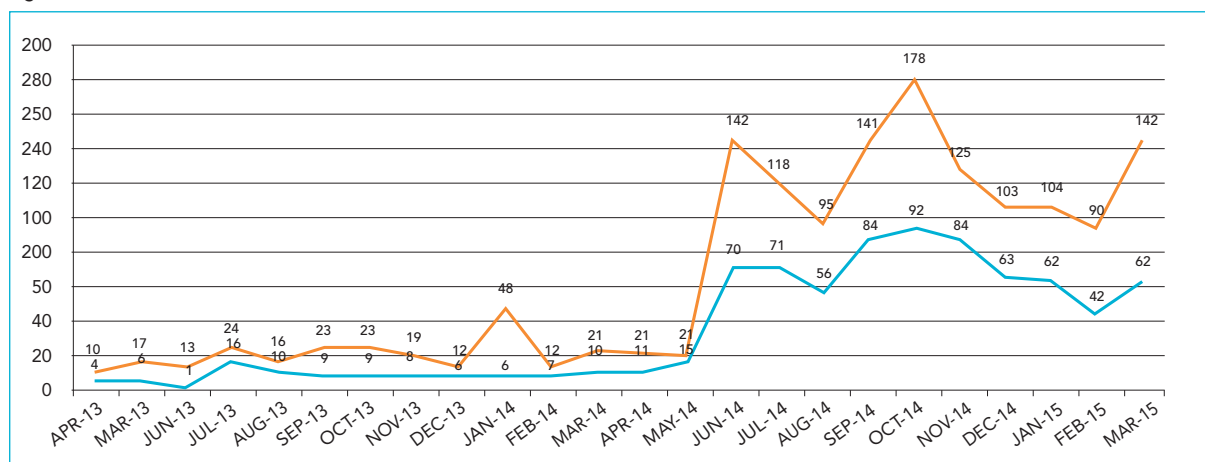
a degree of early assurance that changes to early help, better identification of concerns and earlier intervention are having an impact.

Despite significant efforts to address and deal with substance abuse in the under 18 population we are not yet seeing a significant downturn in presentations to hospital. This however does not mean that every young person presenting has significant problems. The system for identifying and supporting children and young people who present more than once is improving as awareness of the issues of risk and sexual exploitation improves.

Overall the levels of crime against children has stayed reasonably stable over the year. 60% are for child cruelty/neglect which would suggest the majority of offences are committed by a parent or someone in care and control of the child. Sexual offences then account for the vast majority of the remainder.

### Volume of CSE Reports for the West Midlands

Figure 3



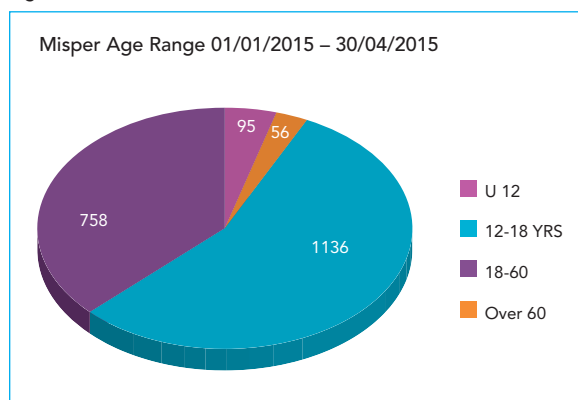
### Volume of CSE Reports for the West Midlands

- The orange line in figure 3 shows the total number of referrals with a CSE "Special Interest Marker" force wide – the blue line shows the number for the Birmingham LPU.
- The data is over two years to show the substantial increase in the number of referrals from May 2014 onwards when the new tools for identification and assessment of risk of CSE were introduced.
- Figure 4 shows a four month snapshot of missing persons data by age and local policing unit area. During this period 386 children under the age of 18 years were reported missing.

Related to CSE is the issue of missing children Police data (figure 4) shows that the majority of children and young people reported to them as missing from home or care in 2014-15 were between 12 and 18 years old. A significant number were however over 18, which is a relevant issue for adult safeguarding practice.

### Missing Children

Figure 4



All these areas of concern indicate areas for increased focus and the targeting of expertise and resources in 2015-16. More about what we were doing to address these areas of concern are set out below.

## **Identification; referral and assessment of need: Multi-Agency Safeguarding Hub**

During 2014-15 the Birmingham Multi-Agency Safeguarding Hub (MASH) began operating on 28 July 2014. MASH is a fully integrated and co-located multi-agency team based in the centre of Birmingham. The team focuses on receiving referrals for children believed to be at risk of significant harm, including domestic violence. MASH was agreed as the strategic multi-agency response to reaching and meeting high levels of unidentified risk as articulated by Ofsted, Le Grand, Kerslake and Lord Warner.

Each agency within the MASH has access to their own systems and shares information as appropriate with key partners. This enables partners to gain a much more timely and comprehensive understanding of the current situation, together with any relevant historical information. The team jointly discusses and assesses the risk and needs of the child and agrees what action needs to be taken. MASH works because the partners are sitting together, sharing information and taking joint action.

MASH is embedded within the Birmingham 'Right Service, Right Time' model. The key determination within Right Service, Right Time is that MASH responds to all children with additional needs and complex/significant needs.

Following the introduction of MASH there was a significant increase in the number of contacts, however, this not only coincides with the start of MASH on 28 July 2015 but also 1 August was the point at which police started sending in information regarding domestic violence, which accounts for an additional 1,100 contacts approximately per month. These contacts do not usually become referrals as the majority are referred to other agencies. Hence the conversion from contact to referral rate appears to have dropped over this period.

At the start of last year the Board identified an issue with the number of single assessments not allocated to a social worker. At 31 March 2014 there were 457 unallocated single assessments, during the year this went up to 763 on 1 July 2015. Areas of children's social care developed a triage system for managing the unallocated single assessments. The directorate carried out some focused work in the south of the city which had the biggest number of unallocated single assessments. As at 31 March 2015 there were 68 unallocated single assessments. From 1 April the directorate established teams in all three areas to manage referrals that are rated "amber" in the MASH which are then referred to the area. The area then decides whether an assessment is required and the nature of the assessment. This has resulted

in fewer single assessments being initiated. Whilst performance has dipped slightly (appropriate) reduced demand will result in improved timescales and more importantly improved quality in working with the family.

All single assessments should be completed within 45 days. Those over 45 days are out of time, as at 31 March 2015, 223 single assessments were out of time, this has dropped from 517 as at 4 March 2015.

A task and finish group was established in June 2014 to audit referrals into the "Front door" of children's social care. The audit has identified that the quality of the referrals being made over the latter part of the year has shown generally a consistent improvement. The audits have been spread across a number of agencies and further work is intended next year to identify the quality of referrals from particular agencies. Next year's audit will review re-referrals.

## **Child Protection Processes**

At the end of March 2013 there were 1,149 children who were the subject of a child protection plan. At the end of March 2014, there were 844 children with a child protection plan. Reaching a low of 806 in December 2013 but rising to 1301 by 31st March 2015. These numbers indicated that Birmingham was significantly below the national average during 2013 and raised concerns that too many children may have been at risk of harm without appropriate protection plans in place. However, a significant number of these led to no further action (NFA) which became a major concern for the Board by March 2014. The number of section 47s NFA was 160 in March 2014 and by September 2014 this had dropped to 31 and by March 2015 it was 29. Part of the problem was identified as a lack of coding in CareFirst and consequently a number of staff were using it inappropriately, new coding was introduced. At the beginning of 2015 it was identified there were 930 S47 cases open.

In March 2014 a new child protection conference process was introduced known as "Strengthening Families". This new approach involves the chair being sent reports from agencies prior to the conference to provide the chair with an overview of the case before hand. The chair then facilitates the meeting between professionals, families and young people identifying:

- Danger/risk factors
- Child and Family history
- Grey Areas/Complicating Factors
- Child's Views
- Parental Views
- Family strengths/protective factors
- Safeguarding statement

An improvement in performance in relation to the number of children and young people appropriately made the subject of a child protection plan took place as a consequence.

The Board was concerned about poor attendance by partners at Initial Child Protection Conference with no agency achieving a 100% attendance to the conferences they have been invited to. The data identifies a significant improvement in police attendance over the last 12 months primarily as a result of the police establishing a small team of officers who are responsible for attending conferences.

Timeliness of ICPCs was also inconsistent over the last year. At the end of quarter 3 there was a significant problem in the Child Protection Review Service in that a significant number of chairs were either on leave or off sick, resulting in a large number of conferences being cancelled. This resulted in a backlog. At the same time a lack of suitable conference venues was identified to resolve these issues two additional chairs have been temporarily employed and temporary additional conference space identified in the city centre.

Unfortunately during this period the service received a high volume of late ICPC requests. These late notifications delayed the booking of conferences within the 15 working day statutory requirement. Improvements in conference timescales were seen in by March 2015 rising to 45% compared to 8% in January 2015.

Staffing levels in both social care and health visiting were a major concern over the last year. The number of health visitors has increased significantly following a national drive to increase the numbers in the last three years. In line with this the average caseloads of health visitors has dropped significantly from 696 in 2012-13 quarter 1 to 368 in quarter 3 2014-15. Social care at March 2015 still had significant permanent vacancies with over 35% of full time posts filled by agency staff. We do not currently have the police data for staffing. Social work caseloads are hovering around the average of 24.

#### **What did we learn and change as a result?**

As a result of the concerns surrounding the Unallocated Single Assessments the process for dealing with amber rated referrals at MASH has been amended. Amber rated referrals are now assigned straight to an area team who assess the referral and decided whether an assessment should be carried out. Consequently there has been a significant reduction in the number of unallocated assessments.

The results of the referral audits were fed into the development of the new multi-agency referral form which was rolled out to agencies in March 2015. Further work is still required to improve referrals from some agencies.

There remain some significant challenges. We have, for example, still not improved the case conference system processes enough to facilitate a strong understanding of multi-agency attendance at child protection case conferences. However, it is clear that there has been sufficient improvement for us to focus far more on the quality of what is being done to safeguard children and promote their welfare rather than on the processes being used.

The key challenge in 2015-16 is for the Board in monitoring effectiveness is to develop robust ways of assuring quality of practice, and to create a learning culture across agencies to allow our understanding of quality to improve practice and make a measurable difference to children's lives.

#### **Right Service, Right Time**

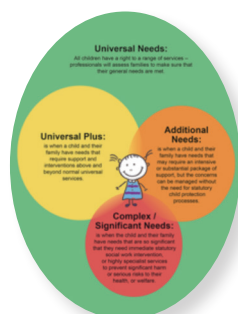
National guidance 'Working Together to Safeguard Children' published in March 2013 requires LSCBs to publish threshold guidance setting out the process for early help, criteria to determine levels of need and when cases should be referred to social care for assessment and statutory intervention. It further stipulates that the guidance must be understood and consistently applied by all professionals and ultimately lead to services that deliver the right help at the right time.

The Ofsted Inspection in 2012 highlighted fragility and inconsistency in professional understanding and application of thresholds of need across the city. In response the BSCB published Right Service, Right Time (RSRT) threshold guidance in May 2013 and carried out a six month evaluation of progress the findings of which were presented to the Board in January 2014. Disappointingly the finding from an employee survey found that only 53% of front-line staff across organisations in Birmingham were aware of RSRT. During the same period the quality of fCAF and referrals to children's social care remained problematical. The Ofsted inspection in 2014 rightly highlighted concerns about how widely it was understood and applied.

In 2014-15 the Board's most significant programme of work was the redevelopment and dissemination of the "Right Service, Right Time Threshold model" (RSRT) in response to these concerns. The refresh was led by a multi-agency task and finish group, working closely with the MASH Programme Board and the



Early Help Programme Board on its development. The key principles are that every child needs and receives universal services, and that at times they may also need more input, varying in its types and intensity, depending on the type of need, its complexity and potential to cause harm. It allows for movement between categories without any implication of a progression "upwards" towards the most serious intervention. It expects professionals to intervene early in the life of a problem or expressed need and to seek to meet that need with and through the family or carers of the child. It is predicated on agencies being prepared to accept and work with a degree of risk, and to ensure families are as far as possible supported to find their own solutions and ways to meet their own needs.



The revised model was launched with an extensive programme of awareness raising events and a comprehensive single and multi-agency training programme, utilising training for the trainers and an implementation pack for each partner agency. Early adoption of the refreshed model means that the MASH referral pathways and the whole early help strategy are based on the application of the model. The impact of the revised model will be evaluated in the autumn of 2015-16. However it is clear from a range of data sources that the model has provided a common conceptual framework for all partners, and a shared language to use when considering, assessing and meeting need.

The Board have agreed clear 'success criteria' for the refreshed model, which will inform the overall evaluation and impact assessment that will be presented to the Board on 15 December 2015.

What is also clear is that the RSRT threshold model has not yet had sufficient impact on cultural behaviours across the system. The degree to which the child protection system was failing in 2009 to 2014 undermined confidence in practitioners and drove a culture of pushing things up to social care repeatedly when they had real and genuine concerns.

The successful introduction of RSRT and MASH have restored confidence but resulted in a huge amount of work being escalated to social care, when it could be better dealt with in other ways. The development of early help is a key to achieving this change in 2015-16, as is greater clarity about when family support under s17 is an appropriate response and when it is appropriate to move to a s47 investigation. RSRT provides a strong platform to support that drive.

## Early Help

At the beginning of the 2014-15 year early help was not sufficiently well developed, co-ordinated or understood within the council and across the partner agencies. The BSCB Board developed and consulted on a "definition" of what we mean by early help in Birmingham (which was congruent with the RSRT refresh). This was to ensure that being assessed as "child in need" (under s17 of the Children Act 1989) and provided with social care services was not seen by partners as the only way in which children receive "early help". It was also designed to underpin and support the BSCB Neglect project and campaign being led by the Board with partners and the NSPCC.

As part of the Warner led Year 1 Improvement plan in the Local Authority the Early Help Programme Board was established to develop the multi-agency early help strategy. This strategy was supported by the BSCB Board, widely consulted on and debated across a range of services. The strategy outlines the vision, principles and approach for Early Help and identified seven strategic priorities.

1. Leadership Partnership Working and Governance
2. Strengthen and clarify the Early Help and Safeguarding front door pathway
3. Assessment and Interventions
4. Information Sharing
5. Localities and Pathways
6. Workforce
7. Commissioning

The Early Help Programme Board has now (2015-16) become integrated into the Birmingham Early Help and Safeguarding Partnership Board (BEHSP). The BEHSP is accountable to the new Strategic Leaders Forum and will report on Early Help performance to the BSCB.

## Children in care and young people leaving care

Children and young people in care, young people and care leavers continue to be recognised as a vulnerable group in society, despite the attention over recent years paid towards improving outcomes for them. This

was not a priority for the Board in 2014-15. However the Board was aware that there were significant issues with the volume, quality and approach to care in the city. As part of the year 1 Improvement Plan a major programme of work took place. This culminated in a new strategy for Corporate Parenting, agreed and published in March 2015 and subsequently scrutinised by the BSCB Board.

### **Private fostering**

The Children Act 1989 defines a privately fostered child as: "A child under the age of 16, or 18 if the child is disabled, who is cared for (or will be cared for) and provided with accommodation by someone who is not a parent, a close relative or someone who has no parental responsibility for the child for a continuous period of 28 days or more. If the period of care is less than 28 days but there is an intention that it will exceed 28 days it is considered to be private fostering.

There is a duty placed on anyone involved in a private fostering arrangement to notify the local authority. Local authorities do not formally approve or register private foster carers

On 3 April 2015 there were 28 private fostering arrangements known to the council. This was a reduction of four from 32 at 31 March 2013. The database has been revised to show 26 children are currently living in private fostering arrangements. Given the size of Birmingham this is under reported and is an area of risk which requires some focus over the next 12 months.

### **Safeguarding in schools**

At the beginning of the 2014-15 year, the BSCB in partnership with the newly formed Birmingham Education Partnership (BEP) funded a 6 month secondment to look at how best to improve safeguarding practice and improve the focus of schools on promoting welfare as well as safeguarding children. This work was also supported by the local authority. The decision at the end of the secondment was that there needed to be increased capacity within the system to support schools with these expectations and requirements. The local authority funded two posts on an interim basis – the Schools Safeguarding Advisor and the Schools Resilience Advisor. At the same time Sir Michael Tomlinson, the External Commissioner for Education in Birmingham reported on what needed to be done to improve education overall, including to improve safeguarding practice. This led to the development of an Education Plan (a companion to the Early Years and Safeguarding Improvement Plan).

A comprehensive programme of training has been developed for schools building on the work commissioned by BCSB during 2014. These sessions are aimed at all schools regardless of designation and currently are attended by 65% of schools across the City. Work for 2015-16 has identified the need to widen further the access to these events for all schools.

The cascade of Right Services, Right Time has been coordinated through the Education plan as part of the work of schools relating to the MASH. In conjunction with the BSCB a set of training and cascade tools have been produced and an audit and impact process identified to measure how schools brief all their staff on the threshold model. To date 60% of schools have received this training with three additional sessions booked for September 2015. In addition a programme has been put into place to ensure schools are aware of their responsibilities under the new Prevent Duty and Equalities legislation. Prevent training continues to be delivered into schools, with take up now at 71%, and the LA supports the delivery of two theatre in education programmes around Prevent aimed at key stage 2 and 3, both of which evaluate extremely well.

The UNICEF Rights Respecting Schools Award is being promoted as a way of engaging the children's rights agenda within the curriculum with 71 schools registered within the first 3 cohorts. A key element of work that is being progressed within the plan is engaging with faith and supplementary settings with a safeguarding tool kit that these organisations can sign up to too ensure good practice and a safe environment for the children. This work was initially led by the LADO service and commissioned from Faith Associates.

Finally work is being undertaken to identify and support schools which need additional support with safeguarding practice. Completion of the Section 175 self-assessment has been monitored through the plan and schools which have not completed or only partially completed will be supported in the next academic year. A programme of safeguarding reviews have been established with a supporting monitoring tool for safeguarding and one for the single central register to ensure that good practice is identified and support offered where required. Data around safeguarding will be provided to the Education Dashboard and is seen as a key element in the cross cutting reviews of schools around whom concerns are expressed.

Every school is expected to undertake a self-assessment of their safeguarding practice annually, report it to their governing body and act on the

findings. This is referred to as the Section 175 report. The Safeguarding in Education audit (Section 175) has been carried out in the city for the last three years and there has been steady improvement in return rates and compliance. In 2012-13 63% completed; 2013-14 97% completed; Compliance with submitting the audit on 10 July 2015 was 97.6%. At the deadline for submission of 31 May 2015 89% of schools had started the audit (54/489 schools not including Children Centres and Further Education colleges). The largest groups not completing the audit were Independent schools (46%), All Through Schools (43%), Secondary Schools without 6th forms (29%), 12% of outstanding schools and 23% of Edgbaston schools (this district has the most Independent schools at 21%).

Key factors from the 2014-15 audit are that there has been an increased response rate across all schools even with an increase in the number of schools contacted to submit. But within this Independent schools have a significant lack of engagement.

The key areas which schools are responsible for within safeguarding have high response rates that they comply with requirements i.e. 95% of schools report that they have robust governance arrangements in place, 97% report that they follow statutory guidance, 99% complete risk assessments for offsite activities, 100% of schools responding report that they have systems of reporting safeguarding concerns, they respect and value their students, that DSLs make staff aware of policies and procedures, schools have made appropriate action when students are persistently absent, keep records of low level concerns, have a person designated to attend CP meetings and have a regularly maintained SCR.

Areas which had low rates of responding that the school had areas in place were:

- a) Action Plans – 57% of schools who responded reviewed and submitted safeguarding action plans to Governors although 73% of schools responded that they had completed a safeguarding action plan. Of the schools responding to say that they did not review 14% were schools whose Ofsted result was Requires Improvement (RI) whereas Outstanding schools only had 4% who did not review their action plans.
- b) Anti-bullying – 22% of schools reported not reviewing their anti-bullying policy with children and young people, 24% of schools did not complete an anti-bullying survey. 92% of Sutton Coldfield schools completed an annual survey, compared to only 60% of Edgbaston, Erdington and Hall Green schools. Only 33% of Independent schools complete an annual bullying survey.

- c) E-safety support and training for parents – Only 75% of schools responded to say they gave training or support to parents on e-safety. There were 70 schools who did not respond to this question. Independent schools did worst in this area with only 29% of them providing e-safety support and training to parents. 83% of Selly Oak schools supported parents in this way but only 46% of schools in Lady Wood and 29% of Independent schools did.

Each school is expected to have an action plan in place to address areas for improvement. A separate analysis of the training elements within the audit has been completed to support the strategic development of a safeguarding in education training plan for the city. There are some key learning points arising from this analysis. For the Board there is still significant work to do to ensure schools are complying with the expectations laid on them, particularly in the independent sector.

For the Local Authority the learning from the audits includes the need to develop:

- a) A strategic plan to address the training needs identified in the attached training report
- b) A clear information and tracking system to capture safeguarding concerns and information from schools i.e. which young people are missing from education, what are the contact details in each school of their DSL and LAC teacher, which schools have high levels of non-compliance and need additional support in line with the draft strategy currently being developed by the CSE Strategic Sub-Group and the Child Sexual Exploitation and Missing (CMOG) operational group.
- c) Develop a clear “In Birmingham” message about expectations on all schools and how schools can fulfil those expectations focused on low compliance areas.

For schools the learning from the audits includes the need to:

- a) Ensure ongoing compliance to reporting to the BSCB
- b) Make appropriate information returns to the local authority
- c) Ensure governors/responsible bodies have the correct information and understanding of safeguarding practice within their schools in order to be able to fulfil their statutory duties
- d) Put in place a ‘Safeguarding in Education’ Action Plan to monitor progress on addressing the areas for development identified in the Audit which is annually reviewed with Governors.

### **The Local Authority Designated Officer (LADO Service)**

This service fulfils the Local Authority Statutory Duties under Working Together to Safeguard Children (2015) and sections 10 to 11 of the Children Act 2004. Local authorities should have a Local Authority Designated Officer (LADO) to be involved in the management and oversight of individual cases. The LADO should provide advice and guidance to employers and voluntary organisations, liaising with the Police and other agencies and monitoring of cases to ensure that they are dealt with as quickly as possible, consistent with thorough and fair processes.

In 2014-15 there were 1,076 referrals to the Birmingham LADO this year as compared to 864 last year, which represents an increase of 24.5%. Of these referrals 211 were taken forward to managing allegations meetings. This compares to 219 meetings held last year. A large number of referrals will be closed as advice only. Of the total number of referrals during 2014/2015 the number that were closed as advice only was 839 cases as compared to 606 last year which suggests that on balance the same proportion of referrals are dealt with at source commensurate to the overall number of referrals. This may well indicate significantly heightened awareness of safeguarding issues within the workforce across most organisations.

The largest number of referrals were received from education and this continuous a year on year trend. The figures for this year are 331 as compared to 270 last year. A significant number of these referrals were received as parental complaints from Ofsted. The referrals from education are now broader and will not just involve staff members but may also include referral about education transport and possibly voluntary agencies that may be using the school site. This reflects a greater understanding about the role of the LADO and schools' willingness to refer anyone of concern that has any connection with the school. The issue of allegations in relation to physical restraint within schools and residential homes continues to feature in the referral base and the police are involved in a great many of these cases.

The second largest numbers of referrals are received from Early Years partners with referrals about residential children's services featuring as significant as well. There has been an increase of over 100% in the referrals received from Early Years partners this year 136 as compared to 65 captured last year.

#### **Key challenges for 2015-16**

- Workforce development and the mandatory inclusion of the Prevent Duty in training

- Including WRAP as the Learning and Development offer accessed through a central point
- Developing trainer capacity across the council to meet need.
- Safeguarding support and co-delivery of services with Birmingham Education Partnership

### **Key vulnerable groups in the City**

Child Sexual Exploitation (CSE) has been a major focus in 2014-15. We know that there are a significant number of children and young people who have been exploited or are at risk of exploitation in the city. The Birmingham Local Authority Problem Profile in October 2014<sup>1</sup> and the Education and Vulnerable Children Overview and Scrutiny Report in December 2014 both make it clear that the evidence base about CSE in the city is not good enough. There is still a significant lack of information about the numbers of children and young people who are at risk of CSE and underreporting of those who are victims of CSE. There is also a lack of information that allows us to identify the root causes.

Earlier in the year the BSCB CSE Sub-Group contributed to the regional assessment of the nature and scale of child sexual exploitation across the West Midlands for the period January till June 2014. The findings 'Tackling Child Sexual Exploitation' were published in March 2015 and provided a valuable overview of risk at that time and helped inform the development of our CSE strategy.

We (at 16 March 2015) also know that:

- There were 340 Children and young people identified as at risk of Child Sexual Exploitation in the City.
- 177 were assessed as Children in Need, and have a child in need plan in place
- 75 were high risk and the subject of Child Protection Plans and
- 88 were in Care of the Local Authority.
- Since February 2014 to date there have been 284 referrals with CSE as presenting issue and 423 Single Assessments (incl. S47) have been undertaken with CSE as a contributing factor.
- There have been 67 (MASE) meetings held in last 4 months (Nov 2014-Feb 2015).
- 80% of referrals to MASE are initiated from Children in Care, Safeguarding and Family Support Teams; the other 20% is via MASH and other Agencies. Including Youth Service and third Sector Aquarius



- There have been 18 C(M)OG meetings (Nov 2014-Feb 2015). A total of 98 Victim discussions and 106 Perpetrator discussions have been held within CMOG during the reporting period. These include reviews of progress and agreeing action pending completion.

This snapshot of the current situation represents a significant increase in the numbers of children and young people identified at risk of CSE since last reported in November 2014. This is very positive and a direct consequence of the more effective structures put in place over the last year and greater awareness across the partnership. However it is probable that it is still an underestimate about the actual extent of CSE and the risk of CSE in the city.

The BSCB approved a new CSE Strategy in January 2014, following the establishment of a CSE Strategic Sub-Group in 2013. However the complexities and pressures of a range of external reviews of Birmingham, organisational change for the West Midlands Police, the impact of setting up a Multi-Agency Safeguarding Hub in Birmingham have all had an impact on the delivery of this strategy.

There was a considerable focus on CSE over the 2014-15 year which has ensured awareness of CSE has risen across the whole City. Some very good and innovative work has taken place over the year, but much has been despite rather than because of a coherent local strategic approach. This has largely been due to the lack of effective work by the BSCB Strategic Sub-Group, which lacked the drive, capacity, coherence, contribution from and commitment of partners with a number of changes of chair leading to an absence of continuity. This is made more obvious by contrast with the MASH Programme Board, Early Help Programme Board and Troubled Families Partnership Board despite the importance of the issue. CSE has been everybody's problem and none in many ways.

Whilst this has been less important over the year as services develop and the whole system becomes increasingly complex a bottom up approach ceases to be either effective or safe. A number of complexities have made achieving strategic coherence difficult. The Regional Preventing Violence against Vulnerable People Programme has driven much of the work that has been done, and it has at times been difficult adapting the regional approach to fit the Birmingham context. Capacity to respond to CSE has been increased by the local authority, and significantly increased by West Midlands Police, but in the absence of a strong strategic set of drivers additional multi-agency capacity has not been scoped, or commissioned. The size of the dedicated CSE team has grown incrementally and opportunistically rather

than through a proper needs analysis.

Our current position is that Birmingham is doing some important and bold things as part of our shared approach to tackle CSE. Despite the failure of partners to contribute to and drive the way in which CSE was being responded to in the City progress is being made. There is a strong commitment by all partners and a lot of energy going into it. We are building the necessary structures, processes, and services to identify children and young people at risk of CSE, ensure there are the right interventions and services to support them and their families and to protect them, and to pursue perpetrators.

However, we are only a few steps along the road to dealing with it comprehensively and are still learning how much we have got to do ahead of us. We know that the scale of CSE in the West Midlands is greater than initially identified, that CSE is a regional and national issue and that victims of CSE come from all parts of the city and all walks of life. We now need to better understand prevalence, ethnicity, age and gender issues for offenders and victims, and the patterns of risk and offending across the city, the key areas for strategic focus, the scale of the investment needed and the impact and effectiveness of what we have done. We also need to start to involve children and young people, especially victims, in the design and development of our services.

As a consequence of the lack of strategic drive to develop and improve CSE services the Board agreed a new Strategy in March 2015. This included a set of key principles to govern what we do collectively and individually, as practitioners, managers and senior staff in each agency, as partners and as the BSCB in responding to CSE.

Two major achievements have had an impact over the year. Firstly the local authority successfully applied to the court for a civil remedy to disrupt the perpetrators of CSE in a specific case. Secondly an innovative new DVD, BAIT, was commissioned, led by young people and distributed to secondary schools across the City for use with students.

In addition work is now underway to better integrate CSE into "business as usual" in order to equip practitioners in every aspect of multi-agency children's services to recognise and respond to the risk of or actual CSE as part of their case work rather than transfer it to a small centralised specialist team. This is driven by both the principles in the strategy and by the work underway to rebalance the system to ensure the majority of work takes place at as low a level as possible, and in the areas, and local communities children and young people live in.



In 2015 there is however a major challenge to the strategic leaders' forum, early help and safeguarding partnership and BSCB to assertively and decisively strengthen the work of the CSE Strategic Sub-Group, agree a programme delivery plan behind it and deliver the new CSE Strategy. In addition there is a corporate challenge for the local authority as a whole to get a better collective "grip" on how CSE and other safeguarding issues across the whole council are appropriately led and co-ordinated across departments and partnership bodies.

Missing Children is another area which saw very significant slippage in 2014-15. The challenge for 2015 is for the multi-agency partnership, through the MOG, to develop an integrated approach to identifying responding to and intervening with children missing from home, care, school and from view. This should include the development of a shared database, some simple accessible systems and processes and the ability to ensure appropriate early help or statutory interventions are put in place with each individual child.

Domestic Violence has a significant impact on children's lives and as such is part of the Board's work, although it is clearly led by the Community Safety Partnership. The Birmingham multi-agency screening process of child risk in domestic violence has been in place in the city since 2009. In addition the newly defined criteria which includes the 16-18 year old age group has further emphasised the role that safeguarding plays in trying to improve the future safety and wellbeing of children and young people under 18 years of age. For the past 18 months the BSCB has required 6 six monthly reports on the progress of the joint screening teams and the learning for the city in respect of the trends and outcomes of the screening process.

With the advent of the Multi Agency Safeguarding Hub (MASH) the joint screening process now is part of the integrated arrangements in MASH. The first anniversary of MASH in July 2015 has seen the historic backlog of cases removed, resources improved and the use of MASH staff flexibly to meet demand. Processes for responding to high risk have changed and now any incident where the police deem the adult to be at high risk is screened within 24 hours. All high and medium adult risk cases are therefore screened within a working day. There is now assurance for MARAC that the screening of child risk will inform their discussions. A database tracks the numbers of cases screened daily and a weekly report allows managers constant oversight of the volumes and outcomes of screening. MASH audit programmes will encompass domestic abuse outcomes.

By July 2014 and the start of MASH there had been a significant increase in the number of police incident reports moving from a previous average of 11,000 children per year to 13,500 in 2013/2014. The increase was influenced by police service re-design and pro-active training in respect of domestic abuse with police frontline colleagues. The resulting increase in volume was not matched by resource and as a result a significant backlog of cases accumulated during the 12 months. Ofsted cited this as a major risk for the city in their 2014 inspection and the January improvement visit. It has subsequently been dealt with.

Early in 2014 the BSCB Board convened a meeting of the Community Safety Partnership, WMP, NHS representatives and the Adult Safeguarding Board and BSCB to discuss how best to respond to the increasing concerns about the need to better address the issue of Female Genital Mutilation (FGM). The meeting agreed FGM should be led by the BSCB rather than the other Boards. It also agreed to ask BAFGM to become part of the partnership governance structure of BSCB. BAFGM is now an affiliated group to the Board, which has also agreed to underwrite some of its budget. The Board signed off the action plan, and takes reports from BAFGM every six months.

Significant progress was made over the year, largely due to the efforts of BAFGM and its inspirational chair, the Police Sentinel Programme, the commitment of the NHS providers and the support of the Regional PVVP. This was helped by new government legislation and guidance.

The model provides a clear opportunity for BSCB with the Community Safety Partnership and the Adult Safeguarding Board to support similar arrangements for other emerging issues and concerns, where community and practitioner led initiatives can be much more effective than statutory arrangements.

Another emerging issue over the year was the impact of radicalisation both nationally and locally in Birmingham. The Board took a presentation from the Counter Terrorism Unit on radicalisation and its impact on children and young people at the beginning of the year. It took an update report on the joint radicalisation and prevent hub at the end of the year. Prevent is led by the Community Safety Partnership rather than by BSCB and has little impact until relatively recently on the work of the Board. It has latterly highlighted some significant gaps between the two Boards in terms of a common understanding of each other's responsibilities, priorities and strategies, agreements about shared initiatives and shared

priorities. It is clear that there is a major gap in relation to the BSCB’s relationships with the very wide range of faith communities across the City, and its ability to communicate with them, set expectations, support them to develop safeguarding systems and to better respond to risks including those as a result of radicalisation.

Other emerging issues that the Board has not yet addressed but needs to consider are modern day slavery, trafficking, honour based violence and forced marriage. These also fall with the Community Safety

Partnership’s areas of concern. This relates too to the need for a corporate council led approach to the whole safeguarding agenda, and has implications for the “Future Birmingham” programme in terms of the partnership landscape for safeguarding in the future. The challenge in 2015-16 is for the Community Safety Partnership, the Adult Safeguarding Board, the Health and Wellbeing Board and the BSCB Board to agree a protocol governing the relationship between them, address the issue of who leads on what, agree shared priorities and a shared work-streams within the context of the Future Birmingham Programme.

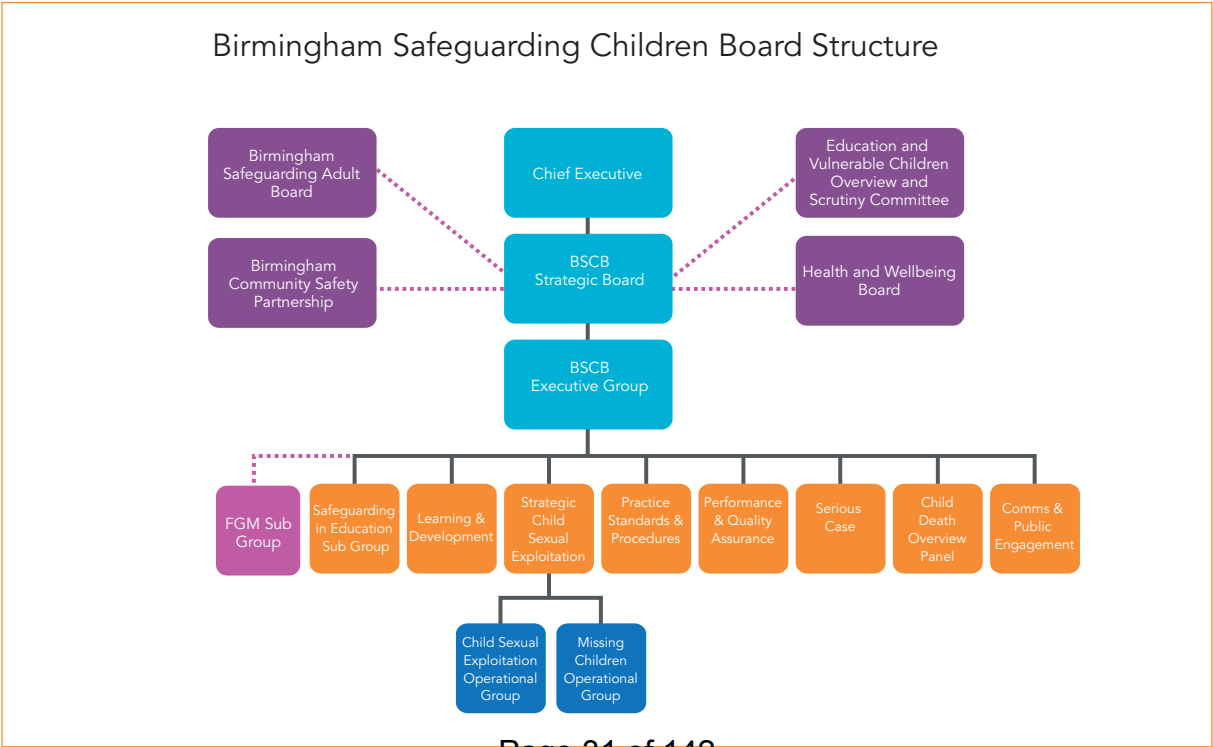
## The effectiveness of the Birmingham Safeguarding Children Board

This part of the report deals with how effective the BSCB Board, Executive and Sub-Groups have been in fulfilling their statutory objectives and functions. It covers the delivery of the Board priorities, the governance of the Board, its business arrangements, budget and major programmes of work.

The key focus of the BSCB is to provide independent strategic oversight of partnership working to safeguard and promote the welfare of children in Birmingham. The BSCB is responsible for collectively leading, co-ordinating, developing, challenging and monitoring the delivery across the city of effective safeguarding practice by all local agencies. It is not responsible or accountable as a Board for actually delivering safeguarding services. That is the responsibility of each of the local agencies separately and collectively.

The Board complies with the requirements of ‘Working Together to Safeguard Children 2015’, with its independence built upon individual and collective responsibility for holding organisations to account, by evaluating how effectively they work together to safeguard children. The Chief Executive of Birmingham City Council is responsible for the appointment and removal of the Independent LSCB Chair with the agreement of statutory partner Chief Executives and lay members. Membership of the Board comprises of 42 members, of whom there are 27 statutory board partners, 2 lay members, 2 participant observers, with Sub-Group chairs and professional advisors making up the remaining 11 representatives. The diversity of the city is reflected by the make-up of membership of the Board, with a gender ratio of 56% female and 46% male representatives from different faiths, cultures and communities.

Figure 5



During 2014-15 the Board met on five occasions, supported by the Executive Group schedule bi-monthly meetings. The geographical boundary of the Board's strategic responsibility is coterminous with that of Birmingham City Council and includes all those statutory agencies that operate within this area. The Board's span of influence and collaboration extends to both a regional and national level, focused on utilising finite resources to maximum effect on tackling safeguarding issues that have no boundaries, such as Child Exploitation, Trafficking and Female Genital Mutilation.

The Independent Chair utilises a Practitioners Forum to consult front-line professionals across a range of agencies to test, challenge and develop new safeguarding initiatives and seek feedback on the embedding on practice. This network has 80 members with approximately half attending the five consultation events chaired by the Independent Chair, Jane Held. The feedback from frontline professionals contributed significantly to the board's work over the year. For example, the final version of Right Service, Right Time, with members also volunteering to be involved in multi-agency case file audits during the year.

### Governance Review

In January 2014 the Independent Chair commissioned a review of its governance arrangements to improve the Board's ability to deliver on the aims and objectives set out in the three year strategy 'Getting to Great' 2014-2017 and the Business Improvement Plan 2014-15. The review took account of the findings of Ofsted Inspections and the Independent Chair's Reports to the Parliamentary Under Secretary of State. It also ensured compliance with statutory guidance set out in Working Together to Safeguard Children. The review was also cognisant of the emerging direction of travel of Lord Warner's intervention to improve safeguarding of children in Birmingham.

In order to improve, radical changes were needed to the Board membership arrangements, governance mechanisms and arrangements, organisational accountabilities, business and administrative arrangements.

The report makes 50 recommendations which were all accepted. The Board, the Executive and the Sub-Groups were all dissolved on 31 December 2014 and reconstituted the following day (1 January 2015) under the new arrangements, with new membership of the Board, the Executive and all Sub-Groups, as well as newly appointed Sub-Group chairs and vice chairs. In addition the new meeting cycle began in from 1 January 2015.

All the Terms of Reference (for each body) were redrafted, along with new membership role descriptions, statements of responsibility, appointment terms, membership contracts and individual objectives for agreement at the November 2014 Board. Each statutory partner was asked to sign up to a statement of accountability and commitment to the Board and its requirements. The previous Executive oversaw the changes, negotiated new appointments and commissioned a piece of work to provide the required governance material. At the same time the executive put out to tender a Board Development programme to support the first year of operation. The Executive Group managed the smooth transition to the new Governance arrangements and the establishment of the new Sub-Group structure in place for the new financial year. The Board have commissioned the Executive Group to monitor implementation of the new governance arrangement in 2015.

The Board discharges its statutory functions through an Executive Group and six established Sub-Groups. During 2015 implementation of the governance review findings saw the creation of two new Sub-Groups, Safeguarding in Education and Practice Standards and Procedures. The Board also provides strategic oversight and direction for the Birmingham against Female Genital Mutilation Group.

Implementation of the Business and Improvement Plan 2014/2015 is predominantly delivered through the Sub-Group structure and approved Work Programmes. The role of Sub-Group Chairs is crucial to the successful delivery of safeguarding priorities. The Independent Chair, Vice Chair and Board's Business Manager ratify the appointment of Sub-Group Chairs and Vice Chairs and there is an effective succession planning process in place. In 2015 the Board Induction Programme was revamped focusing on core roles, functions and expectations of Chairs and new members.

The chairing arrangements appropriately reflect the requisite expertise, seniority from a range of key stakeholders:

1. Practice Standards and Procedures Sub-Group – West Midlands Police
2. Child Death Overview Panel – Public Health
3. Strategic Child Sexual Exploitation – Birmingham City Council
4. Serious Case Review Sub-Group – Birmingham South Central CCG
5. Learning and Development Sub-Group – Birmingham City Council

6. Communications and Public Engagement Sub-Group – NHS Communications and Engagement Service
7. Performance and Quality Assurance – Birmingham City Council

The Independent Chair and Business Manager meet on a bi-monthly basis with Sub-Group Chairs and Programme Managers to monitor progress on Sub-Group agreed work programmes and to resolve issues that impact on the implementation of the BSCB Business and Improvement Plan. Some agencies attendance at Sub-Groups has continued to fail to meet the Board's high expectations. Sub-Group Chairs are provided with an analysis of attendance data by agency to enable non-attendance to challenge and escalated when required.

Each Sub-Group has a clearly defined function, dedicated programme management support to

support delivery on safeguarding priorities set out in the agreed work programme which is subject to regularly monitoring by the Board. Each of the Sub-Group completes a concise annual report identifying progress, improvements practice and outcomes; emerging themes and areas for improvement and a record membership, representation and attendance.

### Board Attendance, Representation and Engagement

Attendance and representation at Board (figure 6) and Executive Level is good, during 2014-15 all statutory agencies achieved attendance targets. Within that overall picture however some agencies with 100% attendance had a significant churn in membership itself, particularly the Local Authority with changes in year to the Strategic Director and to the professional advisers. This necessarily impacted heavily on that Agency's ability to contribute effectively and consistently to the Board.

Figure 6

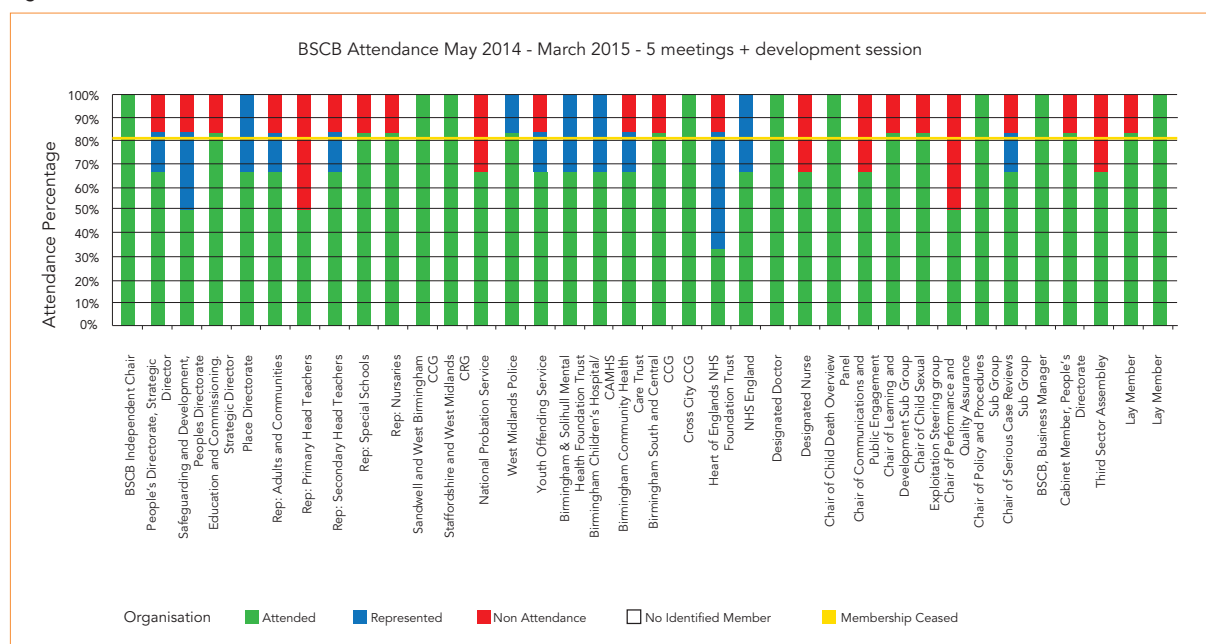
































































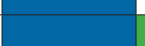










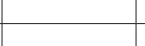
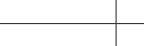
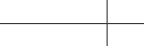


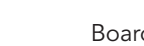
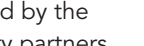
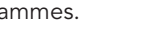


Figure 7 - Agency Attendance by Sub-Group between April 2014 – March 2015

|  |   |  |
|--|---|--|
|  |  | Green: The named member attended 80% or more of the meetings               |
|  |  | Blue: The named or nominated members attend 80% or more of the meetings    |
|  |  | Red: The named or nominated members attended less than 80% of the meetings |
|  |  | Pink: The organisation joined the Sub-Group                                |
|  |  | Yellow: The organisation's membership at the Sub-Group ceased              |

|                    | Board   | Comms   | CDOP  | CSE  | L&D   | P&QA  | SCR   |
|--------------------|---|---|---|--|---|---|---|
| People Directorate |    |   |    |    |   |     |   |
| Place Directorate  |    |   |   |  |    |   |   |
| Legal Directorate  |   |   |   |    |   |   |   |
| BSCB               |    |    |    |    |    |    |    |
| Primary Schools    |    |   |   |  |   |    |    |
| Secondary Schools  |    |   |   |  |   |   |   |
| Special Schools    |    |   |   |  |   |   |   |
| Nurseries          |    |   |   |  |   |   |   |
| West Mids Police   |   |   |   |   |   |   |   |
| Probation          |    |   |   |  |   |    |    |
| CRC                |    |   |   |  |   |   |   |
| Vol / Third Sector |    |   |   |    |   |   |   |
| Youth Offending    |    |   |  |    |    |    |   |
| Public Health      |    |   |  |  |   |   |   |
| SC CCG             |    |   |  |    |    |    |    |
| CC CCG             |    |   |   |  |   |   |   |
| SWB CCG            |    |    |   |  |   |   |   |
| BCH / CAMHS        |    |   |   |    |    |   |    |
| BCHC               |    |    |   |  |    |   |    |
| BSMHFT             |    |   |   |  |    |    |   |
| BWH                |   |   |   |  |    |   |   |
| HEFT               |    |   |   |  |   |   |   |
| ROH                |   |   |   |  |   |   |   |
| WMA                |   |   |  |  |   |   |   |
| WMF                |   |    |   |  |    |   |   |

A dedicated Business Support Unit supports the work of the Board and is currently hosted by the City Council, but funded by key statutory partners. In April 2014 the Board appointed three dedicated programme managers and an additional administrator to reflect the expansion of the safeguarding structure and address concerns in relation to capacity and management resilience within the Unit. The changes have made a significant impact in driving forward the

Board's Business and Improvement Plan and the Sub-Group work programmes.

The Business Support Unit is directly managed by the Independent Chair, increasing its independence. The Business Manager provides the Independent Chair with regular performance updates on the efficiency administrative systems that impact on the effectiveness of the Sub-Group Structure.



## Business Plan

The Birmingham Safeguarding Children Board Business Plan 2014-15 reinforced the continued focus on four key business priorities from the previous year. Key business tasks for 2014-15 were:

- Ensuring that multi-agency frontline practice focuses on the experiences and life of children
- Understanding and assuring the quality and consistency of front line practice through strong data and multi-agency audit
- Using quality assurance information, review of child deaths, SCRs complaints and other activity to inform a comprehensive learning and development strategy
- Creating a multi-agency workforce development programme which supports excellent practice through practical tools and learning opportunities
- Influencing and supporting multi-agency strategic planning, integrated commissioning and integrated service delivery
- Creating the capacity as a Board Business Support Unit to effectively support the system

It identified 96 specific actions. Throughout the year the Board closely monitored implementation of these themes and tasks and actively intervened to address under performance where necessary and ensured the completion of work within the agreed timescales. At the end of the year 53% (51) of actions were completed and 22% (21) of actions were progressing, but not finalised. The outstanding actions were reviewed as part of the Board's formal end of year review of progress and effectiveness 21% (20) of actions had been deferred until 2015-16. There was significant slippage in the below areas:

- Work with, and utilise, existing opportunities for children and young people to help develop a programme of engagement in the Board's work. We are building on young people's feedback from the seminar in October 2014.
- Agree with the scrutiny committee the theme we will undertake a joint scrutiny exercise on in 2014-15 and then undertake it
- Implement a full annual Quality Assurance Programme, implement and utilise the outcomes to inform learning and development
- Work with partners to develop good quality collection and collation of data on missing children so that partners have a full understanding of the risks to these children and can identify what actions they need to take to minimise these risks. Scrutiny of challenge to this data and related

performance must be included in the routine work of the BSCB.

These four areas remain a priority and have been integrated into the Business and Improvement Plan from 2015-16. The Board remains concerned that despite effective delivery of much of the plan it still needs further reassurance of the impact on frontline practice. Against the performance measures we set for 2015 we delivered as follows:

By March 2015, we will know that:

1. The number of re-referrals and children made subject to a protection plan for the second time are both reducing year on year. We have the data to demonstrate activity. Re-referrals are now within the national norm. However we cannot demonstrate the total target we set ourselves.
2. Children and families are assessed and receive services within statutory timescales. We are not yet fully achieving timescales across the Board but have made significant progress. What is more important now timescales are reasonable and most cases allocated quickly is the quality of the assessments, plans and outcomes achieved.
3. Where children are the subject of a protection plan the family can tell us they know what has to happen why and by when, and what will happen if this isn't achieved. There is still some distance to go to deliver fully on this measure.
4. All our statutory agencies are able to demonstrate how well their safeguarding systems are functioning, what needs to be improved and what action they are taking to achieve this. This has been achieved.

## Risk Register

As part of the strategic planning framework, the Board periodically undertakes environmental scanning to identify risks and focus partnership intervention to mitigate the potential impact. The Board's Executive Group is working in partnership with Birmingham South Central Clinical Commissioning Group to further refine and develop the management of risk utilising good practice from the NHS.

The key risks and mitigation action focused on:

- Children's safeguarding arrangements in Birmingham continue to fail to keep children safe
- Children continue to be invisible to practitioners, managers, senior managers, strategic planners and system governors
- Lack of tangible evidence of trajectory on improvement journey
- The impact of publication of Serious Case Reviews in undermining public confidence

- Impact of MASH and Early Help developments
- Lack of clarity about Early Help model delivery and coordination of multi-agency services for Universal, Universal Plus and Additional Needs
- Lack of assurance of the effectiveness partnership intervention to combat child sexual exploitation
- Impact on safeguarding capacity and delivery during a period of austerity

The future development of the Board's risk assessment model will be incorporated with its strategic and business planning process from 2016

A Zero Based Budget exercise recommended an increase agency contributions, which resulted in a total BSCB budget for the financial year 2014/2015 amounted to £834,615. The below chart (figure 8) provides a breakdown of the components of the budget detailing individual agencies contributions (£659,267), income generation (£7,830) and a carry from the 2013-14 budget (£167,518). Figure 9 provides details of expenditure during 2014-2015 which concentrated on five core business areas.

Figure 8 Breakdown of BSCB budget and agency contributions 2014-15

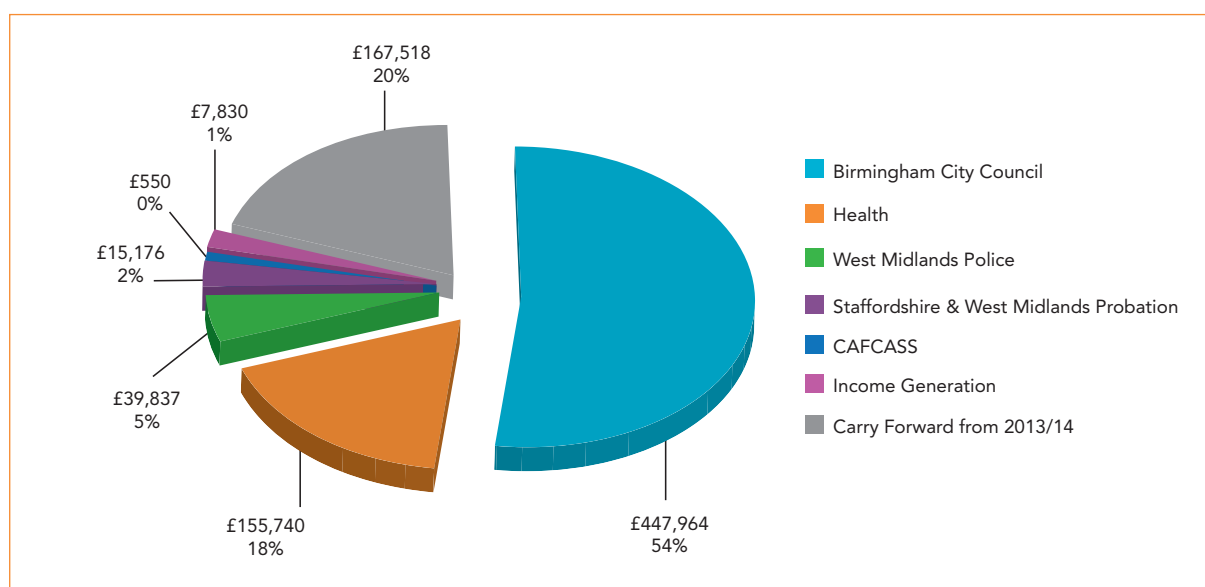
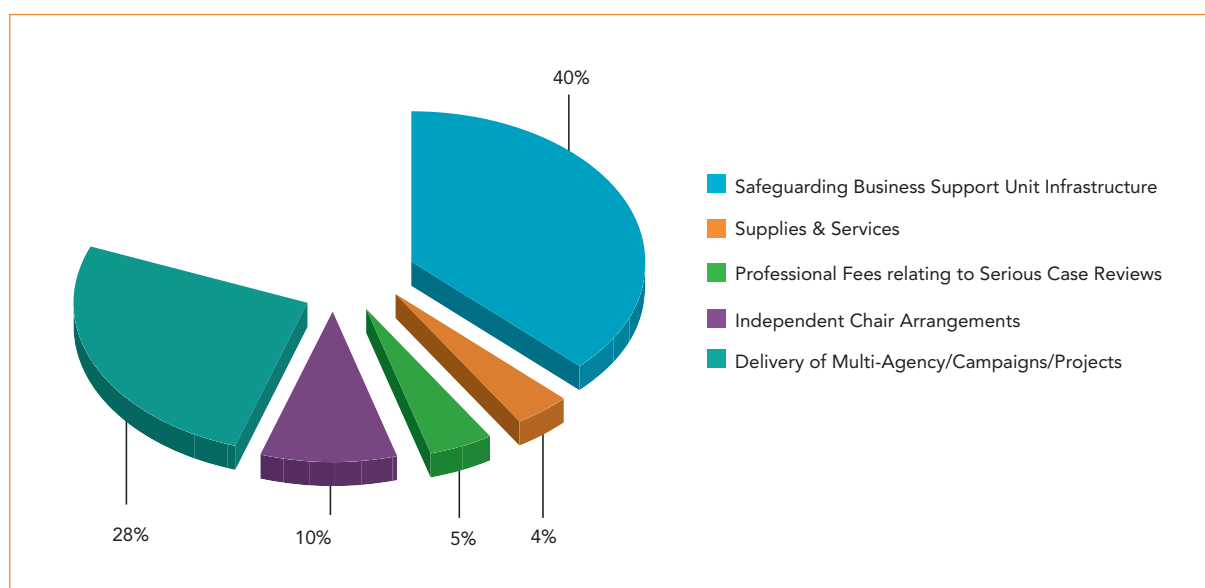


Figure 9 Breakdown of BSCB Expenditure 2014-15



Birmingham City Council also continues to make a significant contribution in kind, by the provision of

office accommodation, IT, Legal, Financial and HR support for the BSCB Business Support Unit.

### **Performance Management and Quality Assurance Sub-Group (P&QA)**

This Sub-Group moved forward significantly during 2014-15. All statutory partners completed the annual Section 11 safeguarding audit return. Since June 2014 a Front Door Reference Group has been running as a small Sub-Group of the P&QA. This group had audited 66 referrals by the end of March 2015. The data has been regularly reported to the group, the MASH Board and the BSCB, the information to date indicates that there has been some improvement in the quality of the referrals since last June.

The PQMA Sub-Group completed four audits of Initial Child Protection Conferences (ICPCs) in October 2014. The findings have been acted upon to enhance training of child protection chairs and the ICPC process. These audits identified that the Voice of the Child is still missing in the child protection conference process with only one case identified as good. The BSCB will seek further assurance of improvement in the conference process during 2015-16.

Towards the end of the year a multi-agency audit pool was developed, with professionals from a range of organisation being trained to undertake joint child protection audits. The audits are due to be completed by the end of June and a final report produced on the outcome of the audits in July.

### **Practice Standards and Procedures Sub-Group**

The Board tendered for a supplier to undertake the detailed work of procedures and Tri-Ex was appointed. They worked on a total revision of procedures which were launched in September 2014. The Practice Standards and Procedures Sub-Group is a newly established Sub-Group as part of the Governance Review, and is chaired by a Superintendent from West Midlands Police. The Sub-Group is focusing on the continued development and dissemination of multi-agency practice standards, protocols and practice requirements. The Sub-Group is also overseeing the development and maintenance of the Tri-Ex on-line procedures that provide the children's workforce with instant access to current national, regional and local guidance. Work is being undertaken at regional level to develop local multi-agency protocols, standards, and service pathways for the West Midlands region.

### **Safeguarding in Education Sub-Group**

During the last year the Board has worked closely with the Local Authority, Schools and Birmingham Education Partnership to ensure processes are in place to support schools to own and fully engage with statutory responsibilities for safeguarding

children and young people. The Assistant Director Education and Skills has been appointed to chair the new Safeguarding in Education Sub-Group which commenced in June 2015 following the recommendations of the Governance Review. The Group provide a conduit between the 445 education establishments and the LSCB.

In 2015 the Sub-Group will concentrate on supporting the development and co-production of a safeguarding assurance, improvement and development 'offer' for education establishments in order to:

- Improve the welfare and safety of children and young people (through the delivery of support, training, audit processes and education improvement offer.)
- Provide assurance for establishments and the LSCB of the effectiveness of safeguarding arrangements and practice (through the Section 175) audit process, support visits, external inspections and reviews.

We are starting to see positive outcomes on the stronger relationship, which is evidenced by the 97% completion rate for the Safeguarding in Education Audit 2014. Head Teachers and Designated Safeguarding Leads have contributed to the design and rolled out programme of new on-line Section 175 Audit process. The new Chair of Safeguarding in Education Sub-Group is a participant member of the Board alongside Head Teacher representation from Secondary, Primary, Special and Early Years settings on behalf of the relevant schools forum.

### **Communication and Public Engagement Sub-Group**

During the last year good progress has been made on establishing a foundation for good communications and focused work on:

- The Voice of the Child – working with and utilising existing opportunities for children and young people to develop a programme of engagement: Whilst it is acknowledged that progress on this key objective has been restricted an initial mapping exercise was undertaken in November 2014 to scope and map who is leading on participation within the city. This objective will be carried forward into the 2015-16 work programme.
- A re-refresh of Right Services, Right Time information campaign was delivered right across all agencies in Birmingham to help professionals understand how to access right support at the right time and to improve quality of referrals (Right Services, Right Time) – this included delivering nine briefing sessions for 1,492 professionals to raise awareness of the threshold guidance model.

- Launch of new way of working in Birmingham – 2014 saw substantial support for the launch of a new Multi-Agency Safeguarding Hub (MASH) in August 2014 – this included delivering 15 briefing sessions for over 2,750 professionals to raise awareness around forthcoming changes.
- Awareness raising campaigns – this year saw:
- Delivery of a full multi-agency campaign in partnership with the NSPCC for raising awareness around neglect and monitoring public and professional response – this included supporting the delivery of a multi-agency conference for 200 professionals.
- Commencement of a safer sleeping campaign to raise awareness of the importance, perception and social views on sleeping arrangements with roll out and implementation expected in 2015-16.
- Public Information – the newly designed BSCB website has continued to be maintained as a key gateway with up to date information. However, there are limited metrics available about the usage of the BSCB website. This will be remedied in 2015-16.
- Agreeing communications protocols and joint working between agencies for media and campaigns so an effective multi-agency response is managed.

### Learning and Development Sub-Group

There are approximately 75,000 front line staff in the city who work with children or with adults who also have children. This creates a significant challenge in ensuring the Board effectively commissions multi-agency safeguarding training and targets its finite resources at those professionals who can make the maximum impact on safeguarding children and young people across the city. The Board's Training Offer compliment and builds upon each agencies safeguarding training, however there are particular issues in every agency in delivering with sufficiency in terms of skilled practitioners, recruitment and, more importantly, retention.

During 2014-15 the Learning and Development Sub-Group commissioned and delivered multi-agency safeguarding training to 2,524 delegates across the children's workforce. This is significantly fewer than

the 5,915 delegates who attended training during the 2013-14 year, this was due to a reduction in capacity to commission training, with 19 less courses than the previous year.

The L&D Sub-Group have been fully committed to the delivery and implementation of the Sub-Group Work Programme 2014-2015 and key achievements include:

- All commissioned training material reflects, 'The Voice of The Child'
- Standard Induction Programme developed.
- Attendance and satisfaction with training delivery remains high, with low levels of non-attendance and cancellation.
- Development of 'Right Service, Right Time' training materials/trainer's pack produced to support a programme of train the trainer events.
- Commissioned a programme of training and briefing during 2014-15.

Training courses remain full, with representation from different agencies enhancing the learning experience. Fewer courses were cancelled due to non-attendance and the importance of attending training has been reinforced through charges for non-attendance.

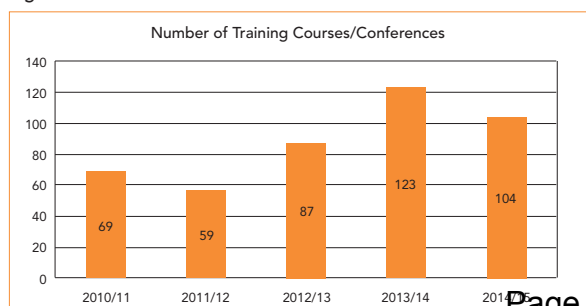
The Sub-Group now has in place a Learning and Development Strategy, Learning and Improvement Framework and Training Plan. Work will continue to implement the Learning and Improvement Framework, to ensure that we build learning from serious case reviews and learning lesson reviews into future commissioned training activities. The Sub-Group is actively working in partnership with Research in Practice on a number of initiatives including developing an evaluation framework.

The training module for RSRT was recognised as good practice and will act as an exemplar for the development of future training courses in relation to Early Help, FGM, CSE and Strengthening Families Framework. The Sub-Group assisted in developing briefing sessions to prepare and inform the workforce of the practical application of the assessment of needs model in March 2015.

Further achievements include:

- Four year procurement framework established to secure delivery of multi-agency training programme.
- Course utilisation has decreased by 1% from 93% during 2013-14 to 92% during 2014-15.

Figure 10



- The number of training courses excluding conferences has remained stable during 2014-15 at 124, an increase of one course on the previous year.
- Implementation and usage of charging policy to maximise attendance and therefore justify expenditure.
- Delivery of key components within the 2014-15 L&D Work Programme.
- A number of new training courses are currently under development and will be delivered during the forthcoming year, including learning from SCR, FGM and CSE.
- A review of training courses has taken place, leading to a number of courses being revised and updated.

The training courses delivered have increased the knowledge, skills, confidence and understanding of the children's workforce as outlined by course evaluation sheets; however we recognise the need to further develop an Evaluation Framework that will demonstrate the impact that learning and development activities are having at different levels throughout the organisation.

Work will be undertaken in the forthcoming year to revise and update the Cancellation and Charging Policy; however, course take up rates from the Voluntary/Private and Independent sector have improved, showing a significant reduction in non-attendance and cancellation. Course utilisation remains above 90% even though there has been a reduction in the number of courses commissioned. During the coming year work will be undertaken to review and revise the existing course booking process.

During 2014/2015, 57 courses were delivered with 1,385 training places available and 1,350 training places were actually achieved which equates to 97.47% places filled. Overall delegates satisfaction with the content of the courses was 98.31% and 98.23% rated as very good and good the delivery of the training. Training has been updated throughout the year to reflect changing structures in Birmingham, in particular the introduction of MASH in July 2014 and new 'Working Together' guidance 2015.

The 2015-16 L&D Work Programme will further develop and embed the key themes contained within the Strategic Plan around; the voice of the child, early help and safe systems. Therefore our key priorities for the forthcoming year are:

- To ensure safeguarding child protection training at levels 1-3 are delivered via the sub-group.

- Develop specific training activities around Early Help.
- To continue to support, commission and quality assure RSRT training.
- Review, revise and evaluate existing training courses and use intelligence to inform future, commissioning intentions.
- Commission bespoke and multi-agency training specific to target groups.
- Explore the application of e-learning for target group 1 and 2.
- Review, revise, evaluate and develop training around Strengthening Families Framework.
- Develop and implement a multi-agency evaluation framework.
- Develop a 'core offer' of training activities that is fundamental to what we do.
- Develop a robust process for the commissioning, delivery and evaluation of training activities.
- Clearly identify and establish the meaning of multi-agency training.

Work is ongoing to develop courses as a direct result of lessons learnt from SCR, DHR and DV's as well as other sources including section 175 and section 11 audits.

### Strategic Child Sexual Exploitation Sub-Group

Earlier in the year the Sub-Group contributed to the regional assessment of the nature and scale of child sexual exploitation across the West Midlands for the period January till June 2014. The findings 'Tackling Child Sexual Exploitation' were published in March 2015 and provided a valuable overview of risk at that time and helped inform the development of our CSE strategy.

The Board are ensuring the continued development of services takes account learning from the Rotherham Review, Birmingham City Council review 'We need to get it Right' and the emerging regional approach being driven by the Home Office supported initiative 'Preventing Violence against Vulnerable People'. In August 2014 the Sub-Group on behalf of the Board contributed to Office of the Children's Commissioner national review of 'Gangs or Groups'.

The Sub-Group have also contributed to the development of a protocol for hotels; this approach is to become the 'Gold Standard' for the hospitality industry in Birmingham.



The Sub-Group commissioned a training needs analysis specifically focused on equipping participants within the new CSE framework as well as the broader children's workforce. Interim findings were presented to the group in May 2015 and this will be a key feature of the work programme for 2015-16. We have participated in a regional awareness raising campaign to help parents, young people and communities to spot signs of abuse <http://www.seeme-hearme.org.uk>. In partnership with Birmingham Community Safety Partnership, Birmingham City Council and Birmingham Community Healthcare NHS Trust we have produced a resource pack to help support delivery of the PHSE curriculum in Secondary Schools and Further Education Colleges to enhance 14-17 year olds' awareness and understanding of the dangers of CSE. The BAIT Resource pack which included a DVD, Work Book and posters was launched on 10 March 2015 with a screening of the film at Cineworld on Broad Street, Birmingham. The resource pack has been sent to every secondary school and Further Education College in the city. The resource pack is receiving recognition as good practice at both regional and national level.

In March 2015 the Board ratified the revised Child Sexual Exploitation Strategy 2015-17 to tackle Child Sexual Exploitation. The strategy is built around four key strands, prevention, protection, disruption and prosecution. Successful implementation will be closely monitored by the Board and is embedded within 'Getting to Great' the Board's three year Strategic Plan.

### **Emerging Themes & Areas for Improvement 2015-16**

The Strategic CSE Sub-Group will concentrate on ensuring the effective implementation of the priorities set out in first year of the two year CSE Strategy ratified by the Board in March 2015. The Chair will closely monitor performance and provide regular progress reports to the Board. The main focus in year one will be:

- Explore the feasibility of co-locating the dedicated CSE Team within the Multi-Agency Safeguarding Hub based at Lancaster House.
- Establish and embed the Missing Operational Group to improve our data collection systems to better identify the most vulnerable children so we can intervene earlier to make a difference.
- Strengthen the pathways between CSE Operation Group and the Multi-Agency Safeguarding Hub to secure the requisite expertise earlier in identified cases of CSE.

- Deliver a programme of CSE training that enhances staff skills, knowledge, professional competence and confidence to address CSE. Engagement in National and Regional Networks to share good practice.
- To lead and continue to participate in a regional and local awareness raising campaign to help parents, young people and communities to spot signs of abuse.
- Work with the Performance and Quality Assurance Sub-Group to develop the CSE dataset to meet local priorities and facilitate regional comparison of performance.
- Evaluate the impact on young people of the BAIT educational recourse pack to be undertaken in December 2015. The findings to be shared with Headteachers, School Governors, Governing bodies and the Safeguarding in Education Sub-Group.

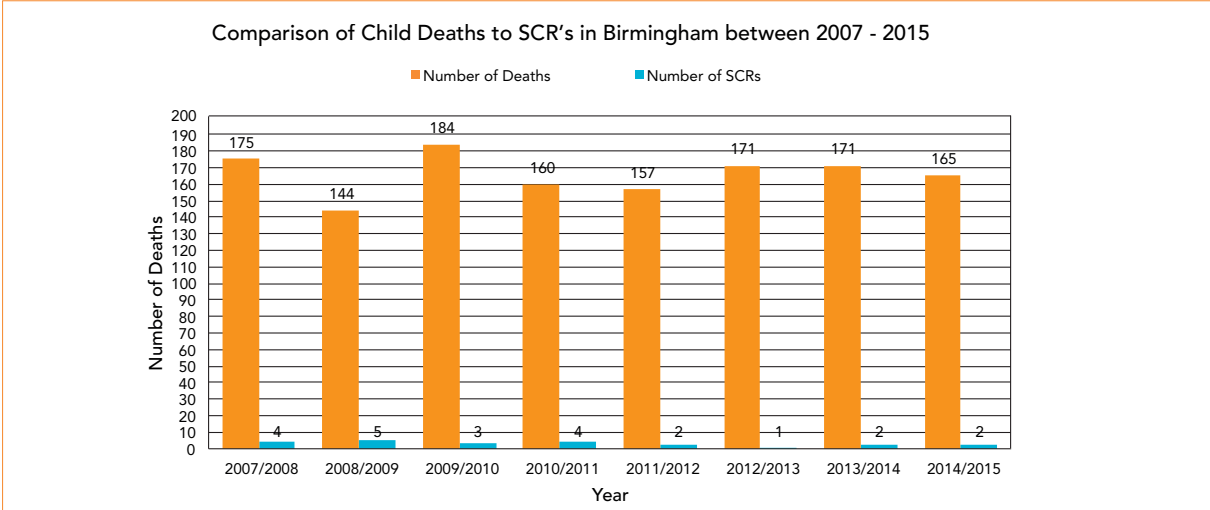
### **The Child Death Overview Panel (CDOP)**

The Birmingham Safeguarding Children Board has a statutory duty to review and enquire into the deaths of all children under the age of eighteen. The Child Death Overview Panel (CDOP) oversaw the review of the 165 deaths that occurred between 1 April 2014 and 31 March 2015. The responsibility for determining the cause of death rests with the coroner or the doctor who signs the medical certificate of the cause of death and is not therefore the responsibility of the Child Death Overview Panel. The Panel's role, under a chair that is independent of service provision responsibilities, is to:

- Classify the cause of death according to a national categorisation scheme;
- Identify factors in the pathway of death, service/ environmental/behavioural, which if modified would be likely to prevent further such deaths occurring; then
- Consider recommendations on these factors for action to the Safeguarding Children Board, who then arrange to ensure any appropriate actions agreed with partners.

Figure 11 below provides a comparison of the number of child deaths and serious case reviews commissioned between 1 April 2007 and 31 March 2015. Each year the Board publishes statistical analysis of the causes of child deaths and emerging learning.

Figure 11



A separate detailed analysis of the learning from the review process is commissioned and overseen by the Board through the Child Death Overview Panel (CDOP). A separate annual report analysing why children die is published by the Board. The report provides a detailed overview of the work of CDOP and the associated work of the Sudden Unexpected Death in Childhood (SUDIC) Team.

The findings from the CDOP Annual Report are referred to the Director for Public Health and the Health and Wellbeing Board in order to inform their work particularly in terms of the on-going issues relating to higher incidents in certain populations in the city.

In past reports we have been concerned about the influence of premature births upon the pattern of deaths, particularly the perinatal category. There were 100 neonatal deaths in 2014-15, 31 of these were born at less than 22 weeks of pregnancy. The mortality rate in this group is 100%, despite all the technological expertise available. The reviews undertaken by the panel, using our current resources and processes, cannot demonstrate any missed opportunities to prevent these births. The impact of these very premature and inevitable fatal births on families and service providers is, however, significant.

In view of Birmingham's cultural diversity it is important to understand any demonstrable differences in the patterns of deaths in different ethnic groups. The recording of the ethnic group of children overall is not complete (25%) but slightly better than in previous reports, particularly in the neonatal and infancy groups. The children whose ethnicity is unrecorded are spread proportionately across all the age groups which suggests that there has not been

a systematic bias in recording ethnicity. However the proportion of deaths is higher for Asian Pakistanis children than British White children. This can be attributed to the proportionately higher number of births to Asian Pakistani women.

**Serious Case Reviews and Learning Lessons Reviews**

The Sub-Group oversees the commissioning of the independent reviews process when a child dies or is seriously injured and child abuse is suspected of being a contributing factor. The Sub-Group also monitors and ensures that the learning and action plans have been fully implemented.

During the year two Serious Case Reviews were commissioned. The first Serious Case Review relates to a family of nine children who suffered sexual abuse at the hands of family members. The other is in relation to a Looked After Child who was sexually abused after absconding from a residential unit.

Also during this reporting period six Learning Lessons Reviews were commissioned. The first of the Learning Lessons Reviews is in relation to a child who survived a house fire; the child's mother was suffering from mental health issues and died suddenly after the fire. The second was in relation to a family who previously lived in Birmingham and moved to another Local Authority, court proceedings were taking place and the Judge requested that BSCB look into the circumstances of why the children were placed with the parents after Birmingham Social Care had previously had involvement. The third case was into a Looked After Child, and it was felt that his care was not managed appropriately. The fourth case was a young person who committed suicide, it was not felt

that this case met the criteria for a SCR but it was felt that there would be learning that could be established from a Learning Lessons Review. The fifth case is of a baby whose arm was fractured by her father. She was only four weeks old at the time of the incident. This review only involves two agencies. The sixth case involves a baby who died suddenly and was remitted from the Child Death Overview Panel due to both parents being deaf and information that mother had not been provided with safer sleeping advice.

Serious Case Review Sub-Group were notified of serious injuries to two children, this case was referred on to the Domestic Homicide Review Steering Group as the mother had been murdered by the father who subsequently went on to try to murder the children. Serious Case Review Sub-Group reviewed the Terms of Reference to ensure that the safeguarding arrangements for the children were included.

Work has taken place with the NSPCC and Sequali to produce a Serious Case Review manual for practitioners, which will assist them in the completion of reports and chronologies, provide guidance on the differing types of review that can be undertaken, set out the expectations of BSCB board and SCR sub-group members and be a resource for independent reviewers and report authors. This piece of work will be finalised in the forthcoming year.

During the year, BSCB also commissioned Birmingham University to undertake a thematic review of Serious Case Reviews and Learning Lessons Reviews over the previous five years; this was not completed by the year end and will be carried forward.

The Disclosure policy has been developed by SCR Sub-Group and ratified and disseminated.

The scoping document, sent to agencies requesting preliminary information about cases, was not always submitted in a format which allowed considered decisions to be made by the Sub-Group. It has, therefore, been revised to ensure that the Sub-Group has more accurate and complete evidence on which to make decisions.

There has been a significant amount of work performed by BSCB to ensure that SCRs that are nearing completion are quality assured and reflect the guidance in Working Together 2013, and looking ahead will need to reflect the 2015 revision. This has resulted in a revision of timescales to reflect the new requirements.

## **Published Serious Case Reviews**

The Board completed and published the findings from one serious case review, the tragic death of Harli Delves Reid who died at the hands of her father who pleaded guilty to causing the death and was subsequently convicted of manslaughter on 4 November 2013. He was sentenced to three years and nine months imprisonment. The full report is publically available through BSCB website at [www.lscbbirmingham.gov.uk](http://www.lscbbirmingham.gov.uk) (BSCB 2010-11/2).

## **Homicide Investigation Report**

The SCR Sub-Group has been involved in reviewing the death of Christina Edkins who was killed during an unprovoked attack by a stranger who was convicted of manslaughter on the grounds of diminished responsibility in October 2013. He was detained without a time limit in a secure psychiatric hospital. Birmingham and Solihull Mental Health NHS Foundation Trust were required to investigate the circumstances of Christina's death and did so in conjunction with their lead commissioner, Birmingham Cross City Clinical Commissioning Group. Early on in the course of the review it was identified that a number of partner agencies external to health organisations had been involved and a collaborative approach was taken to maximise learning. BSCB agreed that this review fulfilled the requirements of safeguarding legislation. The full report is available through [www.bhamcrosscityccg.nhs.uk](http://www.bhamcrosscityccg.nhs.uk).

## **Key learning points from the published SCRs and Homicide Reviews**

The key learning identified through the review processes inform policy development, training delivery, communication and public engagement and audit activity to evidence learning has been effectively implemented.

The key messages are:

- Lack of focus on the children in frontline and management practice.
- Domestic violence, mental health and substance misuse all featured which is a recurring theme in national reviews.
- Lack of in depth assessment and insufficient support, guidance and explanation of how to safely care for a baby.
- Insufficient attention given to emotional impact of event upon the parents.
- Lack of information sharing between health professionals.

- Organisations failed to listen to and respond to carers and significant others consistently and adequately.
- The accessing and sharing of information between key agencies was ineffective.
- Organisations' information recording and storage were not robust enough to allow good management and care.
- Services need to be more proactive in making it easier for a person with mental health issues to engage with them.

### Ensuring lessons are learnt

The Birmingham Safeguarding Children Board closely monitors timely implementation and compliance with the key learning from Serious Case Review. Each agency provides regular reports detailing how learning has been embedded into front-line practice. Six other SCRs are still in the process of being finalised: on completion they will be submitted to the Department for Education and the findings published. A detailed performance overview is presented to the BSCB on a quarterly basis and an executive summary is provided.

### Reflection of the work of the Sub-Group

For each case that is discussed at the Sub-Group there can be considerable debate about the type of review that should be conducted. There has been substantial deliberation about the reviews that may be required and their proportionality in ensuring important lessons are identified whilst balancing this with the capacity within organisations to commit significant resources in order to contribute effectively

to these reviews. This has been particularly noticeable in recent very complex cases where organisations have to gather and analyse high volumes of material whilst continuing to deliver services which are already under scrutiny within Birmingham.

In some circumstances a statutory review may not be required but does raise issues about safeguarding in its widest sense. This is particularly the case where children are seriously injured, perhaps as the result of an accident, where supervision is of concern but there does not appear to be overt neglect or abuse or concern about the way in which agencies have worked together. These cases lead to substantial debate amongst Sub-Group members. This also requires consideration of the relationship between the SCR Sub-Group with that of the Child Death Overview Panel and Public Health. An example would be serious injuries of children due to falls from open windows which would not result in a CDOP review and do not require an SCR or LLR. Clearly, there are important safety messages that need dissemination and it will be important to develop better links to ensure this happens.

Themes that are emerging are the increasing number of cases involving families who have moved to the UK from mainland Europe and may have unrecognised or unmet needs. The Sub-Group have also considered how lessons from SCRs and LLRs are disseminated and will be taking this work forward, with the Learning and Development Sub-Group, to ensure that frontline staff can access learning in the most effective way recognising that this may be through use of a variety of formats.

## Summary, conclusions and whole system analysis

This Executive Report sets out the work of the Birmingham Safeguarding Children Board in 2014-15. It addresses both the effectiveness of what is done in the city by partners to safeguard children, and the effectiveness of the Board itself in delivering its statutory objectives and 14 functions. The report shows that there has been significant progress by the BSCB Board through and with partners across the whole of the Board's functions and objectives, delivering on much of the Business Plan for the year, and on the Ofsted requirements whilst adapting to changing policies and expectations nationally and locally.

The full Report is long, largely because of the need to provide strong evidence of that progress, and to set out the range of activities, projects, programmes

and service improvements that have been underway during the year. It has been drafted in line with national guidance on what a good report should contain. However this Executive Report fundamentally addresses six key questions. It assesses the Board's work objectively against the evidence and against the guidance provided by guidance as to what a Board must do. It evaluates the quality of what we are doing against the criteria for what constitutes a "good" Board, and against the evidence we have of the impact of our work.

The conclusions are short, and framed in the context of what the work of 2014-15 tells us about what we need to be doing next, the priorities for 2015-16 and the challenges we are setting.



## **What is it like to be a child growing up in Birmingham?**

We now have much better information about what life is like growing up in Birmingham. The Children's Commission Report, 'It takes a City to raise a Child' has provided an in-depth analysis, and demonstrates that the Board's preoccupations are not necessarily those of the children and young people living in the City. We also now have in-depth and sophisticated data available to us about the extent and depth of need in the City, both met and unmet. There has been a demonstrable increase in engagement and participation work with the children and young people using services across the partnership which we now need to capitalise on and use to inform our own Board work.

In 2015-16 the BSCB Board will monitor progress generally by the Council and its partners against the recommendations of the Children's Commission Report, "It takes a City to Raise a Child" as well as against our formal performance data set and other scrutiny activity. However it is clear that children and young people most want to feel safe in open spaces and on public transport. Clearly the City Council through the Place Directorate needs to lead work with children, young people, communities and partner agencies to significantly reduce the expressed sense of being unsafe in public spaces articulated so strongly by the children and young people of the City.

### **Challenge 1: Improving the safety of children's lived experiences in their communities presents a significant challenge to the Council and its partners. Are children safer in the City?**

Overall the data and other evidence combine to demonstrate that by the end of 2014-15 children and young people were demonstrably safer. This does not of course mean they are safe, and indeed we can never guarantee the safety of every single child. In addition we have made significant progress in understanding the degree of need there is for services to support vulnerable children in the city.

We know those most at risk are now getting a speedier and more consistent response to their needs, and professionals are clearer about what to do when they are concerned about a child or young person through the new Right Services, Right Time Threshold Model. The significant increase in contacts and referrals to the MASH, the numbers of children and young people getting assessments from social care, the number who are the subject of child protection plans, court proceedings and in care have all increased, and timescales diminished in terms of drift.

We have a high performing youth offending service, an excellent "Think Family Programme" and some strong NHS services in place. West Midlands Police have reorganised services specifically to build their capacity to respond to children at risk of harm and abuse. New approaches to key services, in particular the 0-25 Mental Health Service and the planning for an early start service (involving early years services and health visiting) will contribute to that process. We also have good evidence of the increased ownership of and responses to their safeguarding responsibilities from the majority of partners on the Board, with more investment in services as well as specialist safeguarding staff, and a much stronger approach to dissemination of material, development of learning and practice compliance. The rapidly improving engagement by and with schools, and the demonstrable areas of improvement in the way safeguarding is being built into school improvement work is another positive indicator of progress.

However that is just the start of the long process of creating a city where children grow up happy, safe, and well, with good futures ahead of them. Paradoxically, although focussing on the children who are most unsafe has acted as a spur it has taken attention away from services to support families to keep children safe themselves, from the cooperation and coordination needed across the partnership in creating effective early help services, and from multi agency ownership of the need to respond early to emerging problems rather than pass the problems on to someone else.

The much used "safeguarding is everybody's responsibility" mantra is still a long way from being realised. Indeed the creation of strong centralised multi-agency safeguarding activity, whilst both very welcome and very necessary at the "front door" into statutory interventions is acting as a draw, rather than a filter, pulling everything up into a level of response higher than may realistically be needed. Partners have not yet fully developed cohorts of strong confident multi-agency staff in every service, school or setting, who can respond to need quickly and effectively, and who have the support, training and capacity to do it well. Neither is there a well-developed range of service "offers" they can draw on to create the right support packages. However partners are engaging strongly and willingly with the new Early Help Strategy.

Over 2015-16 onwards there needs to be a multi-agency focus on to how best to appropriately and safely reduce the amount of work going through the MASH when it can be better dealt with at Right Service, Right Time (RSRT) Additional Needs and Universal Plus needs levels. This needs to be done

without undermining agency confidence or the momentum gained by the successful development of the MASH. In addition the rebalancing of the relationships between the highly centralised City wide service (MASH) and the three local area service delivery model agreed with Lord Warner will be a challenge. This needs to be achieved within the context of reducing capacity across the partnership so needs to demonstrably realign resources as a consequence of success.

**Challenge 2:** The major challenge for partners is to retain the confidence brought into the system through the work done in 2014-15, whilst 're-balancing' resources, investment, staff capability and capacity so early help takes precedence over child protection for the majority of children and young people needing support.

#### **Are we making sufficient progress with our strategic objectives?**

Overall the Board has made some significant progress in demonstrating it is more explicitly working with partners to co-ordinate local work to safeguard and promote the welfare of children and young people. By the end of the year it was also appropriately and positively withdrawing from over-engagement in co-ordinating activity that was more properly the responsibility of others. Significant challenges remain, partially reflecting the internal incoherence in Working Together in relation to our statutory functions as opposed to our statutory objectives. CSE for example is currently being led by the local authority, by West Midlands Police, by the PVVP and by the LSCB leading to a significant degree of overlaps, contradictions confusions for front line staff, middle managers and service providers. It is possible that there are far better ways of delivering some of the BSCB statutory functions than through the LSCB.

**Challenge 3:** This is of course a national as well as local debate. However, there is no reason why the BSCB should not build on its experiences of the last few years by challenging itself to think radically together as partners in terms of examining what functions should be led by whom, how and where in order to be far more effective in contributing to and supporting the co-ordination of what is done collectively.

As confidence grew about the MASH Board's programme of work across the partnership, the Early Help Programme Board engaged in extensive multi-agency consultation, and discussions began about a new partnership landscape, the Board has been able to redefine its role to better support service planning, service design, and service commissioning

through providing data and intelligence, high support and high challenge. There is a long way to go however.

Across all agencies service redesign has taken place without early engagement with partners. This affects multi-agency working.

**Challenge 4:** There is a major challenge ahead for the new partnership bodies established to lead children's services across the city, in establishing new ways of working, developing real cooperation across the system, rather than cooperation on specific issues, and to ensure the most effective ways of delivering services as resources reduce, capacity shrinks, and demand increases.

This applies equally to the overall partnership framework across the City, and to the simplification and rationalisation of the multiplicity of boards with overlapping responsibilities, and increasingly shared priorities. The BSCB Board has made limited progress in 2014-15 in terms of developing clearer and more effective strategic relationships with the Health and Wellbeing Board, Community Safety Partnership and Adult Safeguarding Board although some discussions have taken place about this with the Adult Safeguarding Board and, to a lesser extent the Health and Wellbeing Board. The LSCB Board has also not yet addressed the relationship that needs to be developed between the Board and the BEP. Whilst there are understandable reasons for this it is time to sort it out.

**Challenge 5:** The Board's challenge in 2014-15 of developing stronger, clearer and more mutually robust and accountable relationships with all key partnership bodies remains a challenge in 2015-16.

**Challenge 6:** The Board welcomes the focus of the Council's Future Council Programme on the quality of partnership working across the city. The Board hopes that this work, led by the Director of Public Health will assist the Community Safety Partnership, the Adult Safeguarding Board, the Health and Wellbeing Board and the BSCB Board and others to agree protocols governing the relationship between them, address the issue of who leads on what, agree shared priorities flowing from a common vision and shared work-streams.

**Challenge 7:** This work combined with the continued partnership work by InLoGov in Children's Services has given the Board the space to stop acting as a proxy for partnership working, and create meaningful relationships with the new models for partnership, in order better to inform and influence their work and hold them to account. This new role will test the Board in the coming year.

There have also been new challenges in terms of the dynamics between national departmental policy, regional work and local partnerships thrown up by the work of the Preventing Violence against Vulnerable People, which have helped to highlight the issues locally. Whilst strong leadership of the children's agenda has assisted in making progress the multiplicity of national policy agendas and Departments involved, plus complexities locally have meant that at times there has been duplication, overlapping work streams and confused accountabilities as well as gaps in activity. This has been particularly the case in relation to emerging issues and the role of the community safety partnership. There is no central shared safeguarding group or collaborative arrangement within the council to address common council wide issue.

This impacts on the City Council's relationships and leadership of the overall safeguarding agenda with partners. Improvement is dependent on the Council's progress in developing new frameworks for partnership working, within the context of the Future Birmingham Programme as well as on partner organisations committing to the new frameworks as part of their own strategic and operational planning.

**Challenge 8:** The challenge for the lead agency, Birmingham City Council with every partner will be to design and implement a new whole council partnership framework for multi-agency co-operation, co-ordination, and commissioning of services to meet children's needs. This will need to also feed into the "Future Birmingham" process.

Ofsted expected us to ensure that partners urgently agree a definition of early help and drive the implementation of the Early Help Strategy so that partners are fully engaged in the work to achieve and deliver this. The definition is agreed and in use through is still not fully embedded and used by individual agencies in their own agency early help work. A strong multi-agency strategy was developed over the year and agreed by the beginning of 2015-16. Assurance and Annual Reports demonstrate a variable engagement in early help although every agency is now involved in developing services. The BSCB Early Help Working Group undertook three key pieces of work over the year; an audit and analysis of the range of assessment tools currently in use in the city (over 300); an examination of national evidence about interventions and what works; and the development of a proposed outcomes evaluation tool to use in the city. In addition it agreed an ideal model for a coherent system of integrated common pathways, processes, and tools to use for all forms of early help within the RSRT model. We also contributed to the development of the strategy

and the revised fCAF material and MASH tools. This work will now be taken forward by one of the new partnership's work streams.

In terms of our ability to monitor the effectiveness of what is done to safeguard children and promote their welfare we have made significant progress. Increased capacity to support this work within the Board's Business Unit coupled with a strong Sub-Group chair in the performance and quality assurance Sub-Group, and a clear willingness by partners to focus on this work have all paid dividends.

#### **Do we have sufficient assurance about the practice of all statutory partners?**

In addition to the challenges identified in the BSCB 2014-15 Annual Report, the Ofsted Inspection of the LSCB identified a number of areas for improvement. Progress has been made on the majority of them. In terms of an expectation that each partner agency urgently develops and can demonstrate stronger and more effective accountability within its organisation for their roles and responsibilities in safeguarding children and young people in Birmingham particularly at middle and frontline manager level we made significant progress over the year in our assurance and challenge systems. Evidence includes the Section 11 Peer challenge event, the development of multi-agency audit, and the independent chair's audits, as well as the analysis of Section 11 audits (and follow up visits) and the requirements of the Annual Assurance Letter and Annual Report. In addition we are evaluating and testing the effectiveness of "roll outs" of major policies.

We were required by Ofsted to ensure that single and multi-agency audits are undertaken, analysed and evaluated and that findings are used to help to improve standards of practice in all agencies. We developed new frameworks, systems and process for this over the year and it was underway by the year end. Significant progress has been made. The Assurance and Annual Reports demonstrate this and provide evidence to support the evidence from the P&QA Sub-Group. A multi-agency audit pool is in place and auditing, the Front Door Reference Group is working well and having a direct impact and themed multi-agency audits were undertaken over the year. There is good evidence of the outcomes being applied to changes in practice, action plans being implemented and learning applied. However now systems are in place we need to focus on developing the quality of practice rather than just our compliance with statutory requirements.

The City Council as lead agency has been under intensive supervision with Lord Warner as Commissioner for the improvement plan. Although

only one year through the plan, the council has made significant investment into services and Lord Warner has overseen the Council's re-engagement with partners. Its programme with inLoGov has been a constructive approach to helping agencies consider how they work with others rather than just decide how to structure working arrangements. This challenge and review mechanism will start to be tested over the next year and this will be important for the development of further partnerships.

The development of the local authority "quartet" model of improvement has ensured a really strong grip on the local authority's improvement programmes across social care, early help and education. It has at times meant partners have felt excluded or uninvolved but without it the progress would have been less effective.

The BSCB was also required to work with partners urgently to develop and implement systems and processes to ensure that they fully comply with safeguarding audit requirements. The Annual Assurance process and Annual Report demonstrate the variable degrees to which this has been achieved, but it is now underway and the BSCB has presented some important challenges to agencies at a practice level over the year. The Section 11 Audit indicates there is still much to do in some agencies to properly embed the Section 11 cycle of audit, action plan, change, compliance, assurance that is required although increase in number of agencies delivering better on compliance expectations. In address we are monitoring agency progress towards compliance, with a requirement to complete regular audits which are routinely tested and reported regularly to BSCB. We have had a series of reports from key services such as the Child Protection Service over the year as a result.

The BSCB were asked to improve the degree to which partners at the Board use their role to properly influence their own strategic and corporate governance, and to ensure the Board's work is integrated into their own strategic, operational and business as well as workforce development. Progress has been made with majority of agencies as demonstrated in the Annual Assurance Letters and Reports. This is more challenging for regional organisations working on a regional basis that are accountable to a number of LSCBs. This has also been a significant challenge for the City Council who have not yet shown that it can address assurance across all its range of functions outside of social care and schools which has not yet been addressed.

**Challenge 9:** The challenge to the Board and its partners in 2015-16 is to improve the span of agencies driving the priorities forward, and the consistency of their focus and "ownership" of the issues, and to share the work across partner agencies more effectively, reducing "silo" working.

The BSCB was also expected to ensure that a range of mechanisms, platforms and processes are in place to support schools to own and fully engage with their statutory responsibilities for safeguarding children and young people. This has been achieved with good evidence to support positive comments on progress. The Section 175 audit provides rich evidence as to where compliance is still an issue, and a focus on those settings follows. Termly briefings, the School Noticeboard, the re-established education Sub-Group, and locality based DSL networks are all now in place.

Alongside this the BSCB was required to provide robust challenge and scrutiny to ensure that the arrangements between schools and their partners, especially the local authority, are secure and progress on these arrangements should be reported routinely to the safeguarding board. This has been achieved to a degree but at times deflected by the internal improvement agenda over the year. There have been some issues about multiple scrutiny for schools. Reports should now coming to the Board via the Education Sub-Group. Senior ownership of this issue still developing but is quickly being established in 2015-16. There is a potential risk of the BEP transfer deflecting attention from this and the BEP will report to the BSCB to mitigate against the risk.

The Board and the lead partners have completely failed to deliver a programme of work with partners to develop good quality collection and collation of data on missing children so that partners have a full understanding of the risks to these children and can identify what actions they need to take to minimise these risks. Over the year there were various attempts to address it but inconsistent leadership grasp and a focus on getting CSE sorted deflected attention too often. This is a high priority and a challenge for 2015-16.

Clearly scrutiny of challenge to this data and related performance must be included in the routine work of the BSCB. This was not done over 2014-15.

**Challenge 10:** The challenge for 2015 is for the multi-agency partnership, through the Missing Operational Group, to develop an integrated approach to identifying responding to and intervening with children missing from home, care, school and from view. This should include the development of a



**shared data base, some simple accessible systems and processes and the ability to ensure appropriate early help or statutory interventions are put in place with each individual child.**

#### **What impact is the Board having?**

This report demonstrates that the Board is increasingly effective and has had a direct impact on most aspects of Children's Services across the whole system over the year. However this has not yet had a big enough impact on the strength, depth and quality of front line practice.

**Challenge 11: The Board needs to build on the impact the Board has made in 2014-15 and increase the degree to which the Board supports the improvements underway in the City in terms of safeguarding children and promoting their welfare.**

#### **What progress is the Board making in improving its own effectiveness?**

Getting to the point when we became an effective Board was a major priority in the 2014-15 Business and Improvement Plan, as part of year one of delivering "Getting to Great". This Report demonstrates that progress has been made on all of these challenges. Good progress has been made in terms of the Board's own governance, membership, systems and processes. Participation by statutory partners is more variable. Limited engagement with three NHS Trusts continues but the safeguarding teams within those Trusts are now engaged with the Board's work.

The 2013-14 Report also set the BSCB Partnership a series of challenges. The key and primary challenge was to ensure that the Board works collectively and collaboratively, holds the whole system to account and delivers on its statutory requirements, both as a Board and as individual partners. There is substantial evidence that good progress has been made in this respect. In addition there is also good evidence that each partner agency has developed and can demonstrate stronger and more effective accountability within its organisation for their roles and responsibilities in safeguarding children and young people in Birmingham, particularly at middle and frontline manager levels.

Whilst the Board has not been successful in strengthening governance arrangements between the BSCB and other Boards, it has however improved the degree to which partners at the Board use their role to properly influence their own strategic and corporate governance, and to ensure the Board's work is integrated into their own strategic, operational and business plans as well as their workforce development.

Work on improving the attendance of partners at Sub-Groups and ensuring that Sub-Groups are resourced appropriately to undertake the tasks and actions that are required, and that they maximise learning from their work is underway although it has taken a lot longer than planned. Governance arrangements between the local authority and its partners to achieve effective and coherent strategic relationships has only really begun in the latter part of the year but is now developing well and discussions are beginning about redefining accountabilities and responsibilities to ensure the Board has the resilience and flexibility to relate to new service design and delivery models agreed between the LA and partners.

The Governance Review has successfully addressed the need to improve the attendance of partners at Sub-Groups and assure that Sub-Groups are resourced appropriately to undertake the tasks and actions that are required and that they maximise learning from their work. This has been strengthened by the bi-monthly Sub-Group chairs meetings. Sub-Group performance is still however far too variable. A lot depends on the leadership of each group and the capacity and authority of Chairs to drive performance, as well as on the understanding, capacity and willingness as well as ability of members to do the required work.

We also need to ensure that learning from serious case reviews is used effectively to inform practice and that audit work is beginning to demonstrate that learning is having an impact on improving practice across partner agencies. Similarly we need to find far better ways to use audits and other quality assurance information, learning lessons reviews, serious incidents, complaints, and Serious Case Reviews as well as reviews of good practice to improve our practice. It would be fair to say that a learning culture has not been developed and embedded across the partnership or in the Board. We are still too focussed on process and who is responsible for what rather how we will learn grow and develop.

Our Learning and Improvement Framework is relatively limited and we are prone to defensive or blaming behaviours at times. Although we talk about providing high support and high challenge we have not yet consistently modelled the behaviours associated with such an approach. We have a huge amount still to do. We have some good examples of application and impact in some of the individual Agency Assurance Annual Reports and in our relatively new audit activity. When monitoring effectiveness the Board needs to develop robust ways of assuring quality of practice, and to create a learning culture across agencies to allow our understanding of

quality to improve practice and make a measurable difference to children's lives.

Ofsted also expected us to develop and implement a comprehensive programme of multi-agency child protection training (levels 1, 2 and 3) with clear arrangements for evaluation of impact to inform future training needs. Unfortunately this was not delivered in 2014-15. The matter was the subject of debate throughout year at the Learning and Development Sub and an early presentation of options made to the Board. However debate has stimulated better discussions within agencies and the project will be delivered by the end of 2015-16.

### Summary

Overall the Board has achieved a significant part of last years' priorities and Ofsted's requirements and the impact is evidenced. In addition it is clear that overall progress in improving the effectiveness of safeguarding children is occurring across the city on a multi-agency and a single agency basis.

There is no doubt that the MASH has had a transformational impact on this and the over performance of MASH by the year end testifies to how effective it has become (and therefore highlighted the emerging challenge of much more rapidly developing and providing effective early help across every agency and collectively at universal plus level as well as at additional needs). Lord Warner's challenge to the NHS was uncomfortable but ultimately helpful and the Police have invested heavily in the MASH. Lord Warner himself saw MASH as having been a touchstone moment in changing the way the city's partner agencies work together.

The Board's work on systems and processes has underpinned this and the refresh and re-launch of RSRT has also been very important, creating a fully agreed, accepted and disseminated framework for people to use in judging how best to respond to identified need. Work on the West Midlands Protocol and Strengthening Families was also important in underpinning and providing consistency to child protection work in the MASH as well as at ICPC's and through the CP system. The material on how to make good referrals and the focus of the FDRG has assisted in improving referral practice and creating a better understanding about when to seek advice and make contact with MASH and when to make a referral. By year end there was good evidence of better localised partnership working through the Safeguarding Hubs.

We have also made significant progress in tackling CSE, to a degree despite rather than because of coherent multi agency leadership locally as the Strategic CSE Sub-Group struggled and the new

strategy was not completed until after year end. This, like much of what has been so impressive in 2014-15 is due to highly committed individuals working together. The PVVP leadership has supported and to a large extent driven this although at times it has created tensions, confusions and complexities. Increased investment by the LA has also had a significant impact. The OCS Report provided another impulse to focus on delivery.

**Challenge 12: In 2015 there is also a major challenge for the strategic leaders forum, local authority and BSCB who together need to assertively and decisively strengthen the work of the CSE Strategic Sub-Group, agree a programme delivery plan behind it and deliver the new CSE Strategy, as well as continue to improve and develop services to support children and young people at risk of CSE and to disrupt and pursue the perpetrators.**

Work with schools has been intensive, multi-faceted and important over the year despite the complexities and the majority of schools now appropriately look to the BSCB for advice. They also understand their responsibilities better, are engaging more and better understand the system.

Priorities for the 2015-16 work programme are to:

- Continue to focus on and improve the delivery of effective practice in relation to the voice of child, early help and safe systems (adding children in care to child protection and court processes)
- Clarify the governance arrangements for and deliver a more coherent strategic approach to CSE ,support the development of an effective operating model and implement the strategy
- Address the gap in relation to missing children
- Strengthen still more our challenge and scrutiny functions and the use of our intelligence to inform partner and single agency priorities for service delivery, practice improvement
- Intensify and extend our multi-agency audit work
- Deliver even stronger accountability and challenge relationships with each agency and use that to inform collective strategic activity
- Facilitate the development of a much better learning culture and reduce unnecessary processes in relation to LLR's and SCR's
- Support and challenge the development of a new partnership landscape between partners and Children's Services and corporately
- Address the question of what a "new" approach to scrutiny, challenge, coordination, performance

and quality assurance, learning from practice and from what good practice looks like in order to agree how best to approach these requirements across the system by April 2016

### Conclusions and sufficiency statement:

In terms of the five dimensions of a Board's responsibilities set out by Ofsted, we are now meeting our statutory responsibilities, with varying degrees of effectiveness with the exception of missing children. We are able to provide substantial evidence as to how we have worked to support and co-ordinate the work of statutory partners in helping, protecting and caring for children, and we are able to demonstrate how we monitor effectiveness.

We are not yet however monitoring multi-agency training for its effectiveness and evaluating its' impact on practice. In fact although we have continued to provide significant amounts of training we have not yet created a learning and workforce development approach to multi-agency workforce training and learning. We do check that policies and procedures and thresholds for intervention are applied properly through our audit programme and the work of the Front Door Reference Group. Whilst partners can be quite challenging of each other in meetings they do not consistently demonstrate how they challenge practice and audit casework in their own agency and across the partnership.

We cannot as yet demonstrate that we meet the criteria for a good LSCB. In fact we are still quite a long way from that, and we certainly require improvement to be able to get to good. However we can demonstrate progress against the criteria in terms of:

- The priority given to safeguarding by statutory LSCB Members and how that is demonstrated both through Section 11 assessments, sound financial contributions (although how sound varies) and contributions to the audit and scrutiny activity of our Section 11
- Our policies and procedures, and the way we review these.
- Case file audits and the use of data and audit evidence to determine priorities for the board, the challenge we put into the system and the assurances we seek.
- Our contribution to and influence in informing senior leaders, and supporting planning and commissioning activity
- The provision of a high level of high quality training

- A rigorous and transparent assessment of our performance and effectiveness, as a board and across local services

The fact remains we will remain inadequate as a Board if we cannot demonstrate that we understand the experiences of children and young people or fail to identify where service improvements can be made. Whilst we have made significant progress in both these areas it is not yet secure, embedded or wide reaching enough.

It is appropriate to say that overall the Board's arrangements are increasingly sufficient to meet our basic responsibilities and to ensure children are safer in the City. The biggest challenge of all is to explore whether there are better ways to achieve the same ends within an overarching statutory framework. Children are getting a better service, but it could be much better if we allow ourselves to think more radically about how we work together and as a Board.

### Challenges in 2015-16

The challenges we are setting for 2015-16 are:

#### To the Board:

The Board needs to find the best ways to engage with and involve children and young people, their families and their communities in the work of the Board and in providing high support and high challenge as critical friends of what we do.

The BSCB should build on its experiences of the last few years by challenging itself to think radically together as partners in terms of examining what functions should be led by whom, how and where in order to be far more effective in contributing to and supporting the co-ordination of what is done collectively.

The Board's challenge in 2014-15 of developing stronger, clearer and more mutually robust and accountable relationships with all key partnership bodies remains a challenge in 2015-16.

In addition the Board needs to stop acting as a proxy for partnership working, and create meaningful relationships with the new models for partnership, in order better to inform and influence their work and hold them to account.

The Board needs to ensure that the Community Safety Partnership, the Adult Safeguarding Board, the Health and Wellbeing Board and the BSCB Board can agree a protocol governing the relationship between them, address the issue of who leads on what, agree shared priorities and shared work-streams.

The Board needs to improve the span of agencies driving the priorities forward, and the consistency of their focus and "ownership" of the issues, and to share the work across partner agencies more effectively, reducing "silo" working.

The Board needs to build on the impact the Board has made in 2014-15 and increase the degree to which to Board supports the improvements underway in the City in terms of safeguarding children and promoting their welfare.

#### **To the Council with its' partners:**

Improving the safety of children's lived experiences in their communities presents a significant challenge to the Council and its partners.

The challenge for the lead agency, Birmingham City Council with every partner will be to design and implement a new whole council partnership framework for multi-agency co-operation, co-ordination, and commissioning of services to meet children's needs. This will need to also feed into the "Future Birmingham" process.

#### **To the Strategic Leaders Forum and Early Help and Safeguarding Partnership:**

The major challenge for partners is to retain the confidence brought into the system through the work done in 2014-15, whilst 're-balancing' resources, investment, staff capability and capacity so early help takes precedence over child protection for the majority of children and young people needing support.

There is a major challenge ahead for the new partnership bodies established to lead children's services across the city, in establishing new ways of working, developing real cooperation across the system, rather than cooperation on specific issues and to ensure the most effective ways of delivering services as resources reduce, capacity shrinks, and demand increases.

The challenge for 2015 is for the multi-agency partnership, through the Missing Operational Group, to develop an integrated approach to identifying responding to and intervening with children missing from home, care, school and from view. This should include the development of a shared data base, some simple accessible systems and processes and the ability to ensure appropriate early help or statutory interventions are put in place with each individual child.

In 2015 there is also a major challenge for the strategic leaders forum, local authority and BSCB who together need to assertively and decisively strengthen the work of the CSE Strategic Sub-Group, agree a programme delivery plan behind it and deliver the new CSE Strategy, as well as continue to improve and develop services to support children and young people at risk of CSE and to disrupt and pursue the perpetrators.





Birmingham Safeguarding Children Board

Room B54  
Council House Extension  
Margaret Street  
Birmingham  
B3 3BU



# Annual Report for 2014/15 - Key Findings

Birmingham Safeguarding Children Board

26<sup>th</sup> January 2016

Page 53 of 142

# Aims of the session

- Statutory requirement for BSCB Annual Report to be presented to The Health & Wellbeing Board
- Provide and overview of role of the BSCB
- Key findings Annual Report 2014/15
- BSCB strategic priorities for 2016
- Implications for Health & Wellbeing Board

# Working Together to Safeguard Children



HM Government

## Working together to safeguard children

A guide to inter-agency working to safeguard and promote the welfare of children

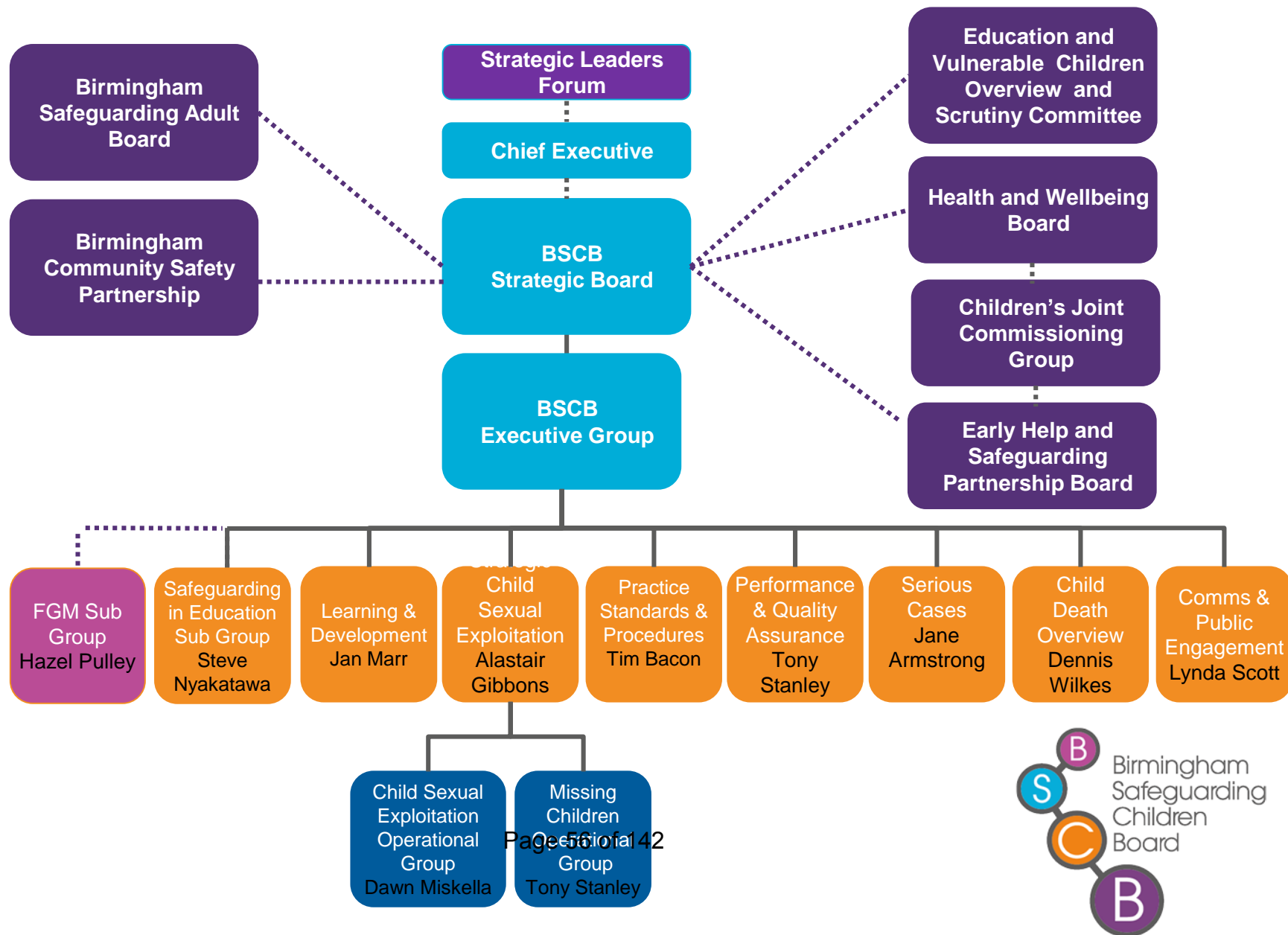
March 2015

Local Safeguarding Children Board statutory functions;

1. Coordination of safeguarding and the promoting the welfare of children in Birmingham; and
2. to ensure the effectiveness of what is done.



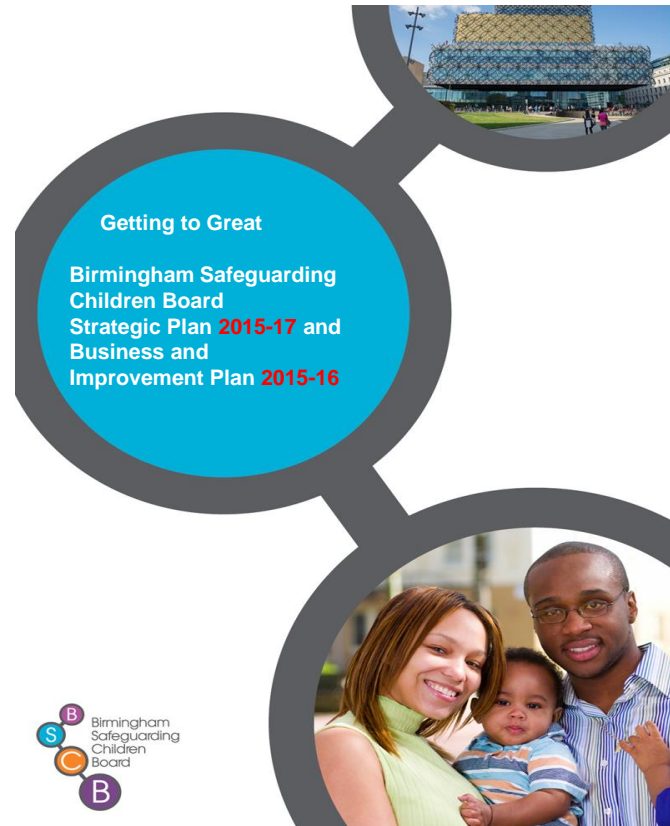
# Birmingham Safeguarding Children Board Structure



# Strategic Plan 2015-2017 - 'Getting to Great'

Key priorities:

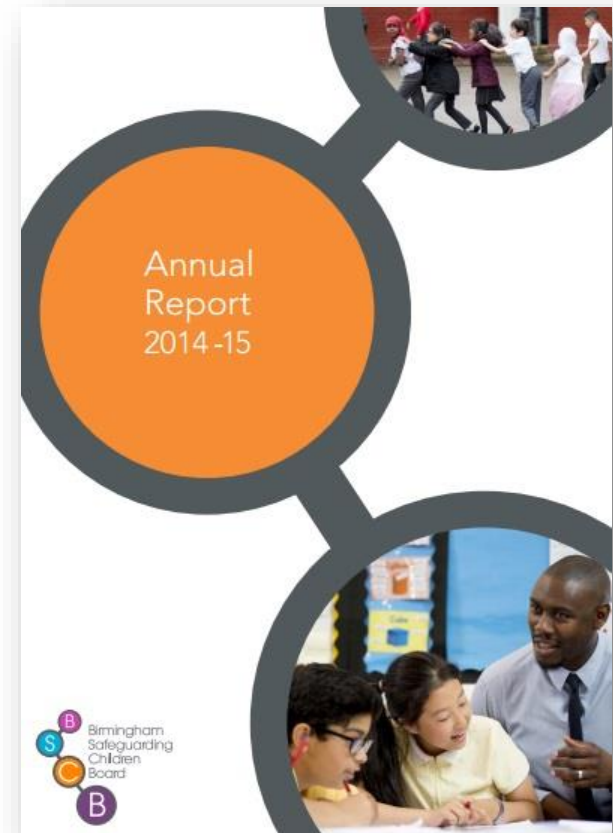
1. Voice of the Child
2. Early Help
3. Safe Systems
  - CSE
  - LAC
  - Front Door
  - Strengthening Families



# Annual Report 2014-15 - Key challenges ahead

- Continue to focus on and improve the delivery of effective practice in relation to the voice of child, early help and safe systems (adding children in care to child protection and court processes)
- Clarify the governance arrangements for and deliver a more coherent strategic approach to CSE ,support the development of an effective operating model and implement the strategy
- Address the gap in relation to missing children
- Strengthen still more our challenge and scrutiny functions and the use of our intelligence to inform partner and single agency priorities for service delivery, practice improvement
- Intensify and extend our multi-agency audit work

Page 58 of 142



# Annual Report 2014-15 - Key challenges ahead

- Deliver even stronger accountability and challenge relationships with each agency and use that to inform collective strategic activity
- Facilitate the development of a much better learning culture and reduce unnecessary processes in relation to LLR's and SCR's
- Support and challenge the development of a new partnership landscape between partners and Children's Services and corporately
- Address the question of what a "new" approach to scrutiny, challenge, coordination, performance and quality assurance, learning from practice and from what good practice looks like in order to agree how best to approach these requirements across the system by April 2016





# Board's challenges in 2015/16

- Identifying the best way to engage and involve children, young people and families in the work of the board.
- Forging greater strategic links with Community Safety Partnership, Adult Safeguarding Board and **Health and Wellbeing Board**
- Greater drive and joint ownership of safeguarding priorities to reduce 'silo' working.



# The Council's challenges in 2015/16

## The Council

- Improving children's lived experience in their communities.
- Ensuring the new whole council partnership framework harness multi-agency action to meet children's needs.

## Strategic Leadership Forum & Early Help and Safeguarding Partnership

- Re-balancing resources so early help takes precedence over child protection for the majority of children needing support.
- Embedding new ways of working and service delivery as resources reduce, capacity shrinks and demand increases.
- Integrated approach to identifying and responding to children missing from home, care, school and from view
- Tackling Child Sexual Exploitation



# Health & Wellbeing Board – Moving forward

- Needs for clear lines of accountability between the Health and Well-being Board, Birmingham Safeguarding Children Board, Community Safety Partnership and the Adult Safeguarding Board.
- A protocol setting out the relationship, leadership and agreed shared priorities and work-streams.
- The aim to clarify and enhance partnership collaboration improve agencies ownership and engagement of the issues, and to share the work across partner agencies more effectively, reducing “silo” working.



# Discussion and Questions?



Page 63 of 142





|                           |   |
|---------------------------|---|
|                           | <b><u>Agenda Item: 5b</u></b>                             |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>            |
| <b>Date:</b>              | <b>26<sup>th</sup> January 2016</b>                       |
| <b>TITLE:</b>             | <b>BIRMINGHAM EARLY HELP AND SAFEGUARDING PARTNERSHIP</b> |
| <b>Organisation</b>       | <b>Cross Agency Partnership</b>                           |
| <b>Presenting Officer</b> | <b>Dawn Roberts - AD Early Help and Youth Offending</b>   |
| <b>Report Type:</b>       | <b>Information</b>  |

### **1. Purpose:**

This report updates the Health and Wellbeing Board on the work of the Birmingham Early Help and Safeguarding Partnership (BEHSP).

### **2. Implications:**

|  |                    |   |
|--|--------------------|---|
| BHWB Strategy Priorities                       | Child Health       | Y |
|  | Vulnerable People  | Y |
|  | Systems Resilience | Y |
| Joint Strategic Needs Assessment               |                    | Y |
| Joint Commissioning and Service Integration    |                    | Y |
| Maximising transfer of Public Health functions |                    | Y |
| Financial                                      |                    |   |
| Patient and Public Involvement                 |                    | Y |
| Early Intervention                             |                    | Y |
| Prevention                                     |                    | Y |

### **3. Recommendation**

The Health and Wellbeing Board is asked to note this update.

|            |   |
|------------|---|
| <b>4.</b>  | <b>Background</b>   |
| 4.1        | Please see presentation slides from BEHSP attached for information.   |
| 4.2        | The Early Help and Safeguarding Partnership has delivered progress through the work stream sub-groups – the project plan included in the presentation identifies the key delivery dates with completion of most projects by August 2016.  |
| 4.3        | The Partnership has engaged the necessary agency promoting joint ownership through its structure, plan and approach.  |
| <b>5.</b>  | <b>Compliance Issues</b>  |
| <b>5.1</b> | <b><i>Strategy Implications</i></b>   |
|            | The intention of the partnership is to provide effective help to families earlier – avoiding problems escalating and so the need for more intensive and more expensive interventions. This is being achieved by enabling parents and young people to access help directly, by offering an integrated pathway to service across partner agencies and sharing information/ responsibility across partners. The effective implemented early help strategy will result in better protected children and young people and building resilience in children and families.  |
| <b>5.2</b> | <b><i>Governance &amp; Delivery</i></b>   |
|            | <p>The Partnership is co-chaired by Dawn Roberts, BCC and Richard Moore, West Midlands Police. Members of the partnership include Birmingham City Council People and Place directorates, West Midlands Police, NHS Commissioning and NHS Providers, Probation (NPS and CRC), Voluntary sector, DWP, West Midlands Fire Service, Schools, Birmingham Children's Safeguarding Board . The Partnership meets monthly, 7 work-streams have been established based on the priorities within the Early Help strategy and are co-chaired from partnership members- they report to the Partnership through the monthly meetings.</p> <p>To avoid duplication and to ensure synergy across the system BEHSP has subsumed the responsibilities of the Think Family and MASH Boards.</p> <p>There has recently been a MASH Sub-group chaired by the Head of Public Protection, where partners engaged in discussions around elements of the Children's operating model relating to MASH. This work will now be taken into the Front Door Workstream.</p> <p>The Think Family Operational Group still meet and report Think Family progress to the BEHSP.</p> <p>The Partnership reports to the Strategic Leaders Forum and Birmingham Safeguarding Children's Board.</p> |

### 5.3 Management Responsibility

There has been good attendance and engagement at the Board and Work-streams and the tensions between business as usual and developing a more collaborative approach to early help is currently being managed well. It is acknowledging we are on a journey however we have made a positive start with all partners committed to the deliverables we have set ourselves.

## 6. Risk Analysis

| Identified Risk   | Likelihood | Impact | Actions to Manage Risk  |
|---|------------|--------|---|
| Reduced funding for key partner agencies will impact disproportionately on the earlier intervention services.   | Medium     | High   | Effective communication across partners<br>Focussing investment on evidenced interventions<br>Reducing duplication of service   |
| The resources for the BEHSP infrastructure will diminish and as a result the Early Help offer will not be integrated.   | Medium     | High   | Communication of progress. Ensure that the EH strategy reflects the diminishing resource and focusses on those areas that will have the most impact on outcomes and address the operational needs of the partner agencies.  |
| There is a risk that the Partners in Birmingham do not develop and implement the Birmingham Early Help offer in the timeframe that the partnership has set itself and that external scrutiny might expect, leaving the partnership and the council open to criticism. | Medium     | Medium | The Birmingham Early Help & Safeguarding Partnership (BEHSP) are building a strong base from which to develop a robust Early Help offer. The partners are coming together and taking collective ownership to ensure commonality of approach and narrative with clear timelines. |



|                   |
|-------------------|
| <b>Appendices</b> |
|-------------------|

|   |
|---|
| Presentation: Birmingham Early Help and Safeguarding Partnership 2016 |
|---|

|                   |  |
|-------------------|--|
| <b>Signatures</b> |  |
|-------------------|--|

*P. A. Hamilton*

|   |  |
|---|--|
| <b>Chair of Health &amp; Wellbeing Board<br/>(Councillor Paulette Hamilton)</b> |  |
|---|--|

|              |  |
|--------------|--|
| <b>Date:</b> |  |
|--------------|--|

*14/1/2016*

The following people have been involved in the preparation of this board paper:

Dawn Roberts: Assistant Director Early Help and Youth Justice  
[Dawn.roberts@birmingham.gov.uk](mailto:Dawn.roberts@birmingham.gov.uk)

# Birmingham Early Help and Safeguarding Partnership

January 2016



# The Partnership

- Introductory meeting in July 2015
- Terms of Reference in place
- The Early Help Strategy identified 7 priorities for the development of Early Help in Birmingham
- Workstreams have been set-up for each of these priorities
- Good range of partners in attendance at Partnership meeting and in the workstreams
- Workstreams have defined the deliverables that will develop Early Help and Safeguarding
- BEHSP overseeing the workstreams to ensure synergy and dependencies
- BEHSP is responsible for Early Help, Think Family and MASH



# WORKSTREAM OVERVIEW





| Workstream   | Priority   | Themes   |   |   |
|--|--|--|---|---|
| <b>Outcomes</b>  | Develop a set of performance indicators that measure outcomes for children and their families.                 | Map the governance and responsibility and ownership for outcomes and their performance measures                      | Identify key performance indicators and measures to demonstrate priority areas and outcomes for vulnerable children | Develop and review outcomes and performance measures for Think Family and MASH                          |
| <b>Strengthen and clarify the Early Help and Safeguarding front door pathway</b> | Develop online Early Help Information advice and guidance and service directory for families and professionals | Develop online partnership information and advice for families to enhance self-help                                  | Develop online partnership information for professionals  | Review other methods of offering partnership advice to families and develop an online Service Directory |
|  | Effective, streamlined front Door, supporting access to Early Help and Safeguarding services                   | Review of purpose and function of Children's Information Service and streamlining the pathways into level 2, 3 and 4 | Align the level 3 function to the MASH front door.  | Improve locality access to multi-agency information   |
| <b>Assessment and Interventions</b>  | Developing and implementing an early help assessment and a suite of Early Help interventions.                  | Develop an effective online Early Help Assessment and integrated support plan  | Develop a set of early help effective interventions and distance travelled tools                                    | Evidencing working in partnership with children young people and their families                         |
| <b>Information Sharing</b>   | Develop speedy and effective process for sharing information between agencies                                  | Develop effective Information Sharing arrangements   | Make better use of IT systems and portals through aligning information across the partnership                       | Explore using data to forecast needs and demands  |
| <b>Localities and Pathways</b>   | Develop and define the Family support offer based on Right Service Right Time                                  | Ensure a consistent Think Family and family support offer in each locality   | Define the family support offer at Levels 2, 3 & 4  | Review Pathways into Services   |
|  | Redefine partnership working at a locality level   | Review Team around the Family panels and step-up, step-down arrangements   | Map and develop integrated partnership working in each area, exploring co-location opportunities.                   | Design Early Help pathways for vulnerable groups  |
| <b>Workforce</b>   | Develop a skilled and competent workforce across the partnership   | Implement the Right Service Right Time training  | Develop tools to enhance effective practice   | Design Early Help multi-agency training embedding evidenced based approaches                            |
| <b>Commissioning</b>   | Develop a joint commissioning Framework across early help  | Refresh of Joint Strategic Needs Assessment for Early Help   | Review of current partnership provision to identify gaps and opportunities  | Influence a strategic approach across the partnership to incorporate Early Help principles.             |



## Workstream Overview, Priorities and Themes

Page 72 of 142

July 2015

# Our current work

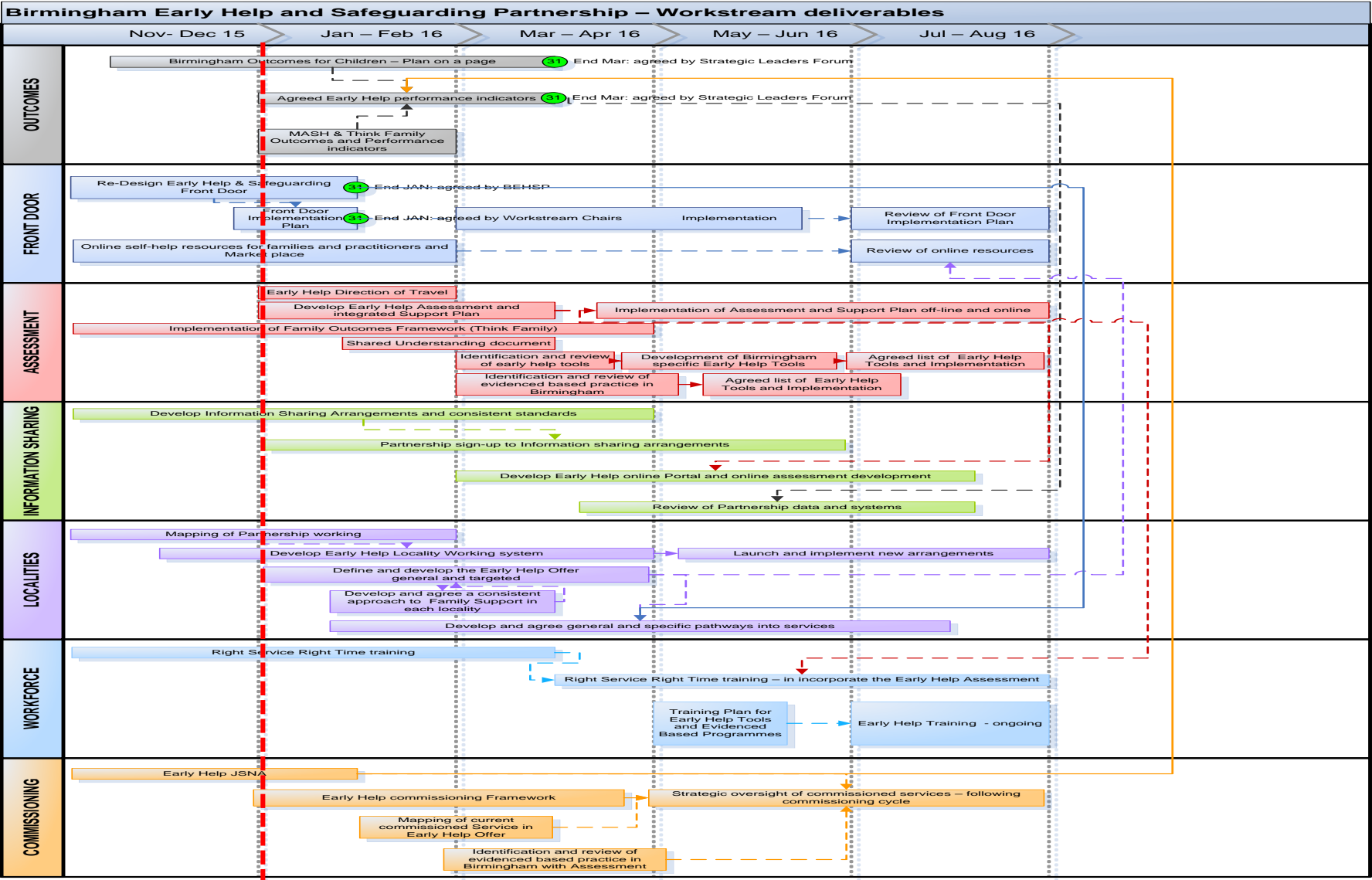
- Outcomes Workstream
  - Developing shared Outcomes plan on a page for Birmingham's Children
  - Developing MASH & Think Family Outcomes and performance measures
- Front Door Workstream
  - Developing online Early Help
  - Re-design Early Help and Safeguarding Front Door
- Assessment Workstream
  - Developing Early Help Assessment and Tools
  - Examining different options and learning from good practice



# Our current work cont...

- Information Sharing
  - Developing Information sharing framework
  - Looking at how technology can help Early Help and safeguarding
- Localities
  - Designing new ways of working in local areas
  - Defining the Early Help offer to families
  - Planning launch event (June 2016)
- Commissioning
  - Developing Birmingham Early Help JSNA
  - Developing mapping work of Early Help commissioned work
- Workforce – jointly with BSCB
  - Will look at culture change and training to support the work developed by the Workstreams





04/01/16

**DRAFT** BEHSP Workstream deliverables v0.1



# BEHSP

- Meet monthly to look at the work of the workstreams, Think Family and MASH.
- Governance reporting to Strategic Leaders Forum and Birmingham Safeguarding Children's Board
- How can you help us?
  - All Partnerships and individual agencies agreeing the strategic priority outcomes for children and working towards these in a co-ordinated approach.





|                           |  |
|---------------------------|--|
|                           | <b><u>Agenda Item: 6</u></b>   |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>   |
| <b>Date:</b>              | <b>26 January 2016</b>   |
| <b>TITLE:</b>             | <b>BIRMINGHAM SAFEGUARDING ADULTS BOARD (BSAB) ANNUAL REPORT 2014/15</b>                 |
| <b>Organisation</b>       | <b>Partnership of City Council, Local NHS, West Midlands Police, and Other Agencies.</b> |
| <b>Presenting Officer</b> | <b>Alan Lotinga Service Director Health and Wellbeing and Chair of BSAB</b>              |
| <b>Report Type:</b>       | <b>Endorsement</b>   |

|  |
|--|
| <b>1. Purpose:</b>   |
| To provide the Health and Wellbeing Board with an overview of the main developments/achievements of the BSAB in 2014/15 and, as multi-agency responsibilities towards adult safeguarding were enacted from April 2015, seek HWB endorsement of current priorities. |

| 2. Implications:                               |                    |   |
|--|--------------------|---|
| BHWB Strategy Priorities                       | Child Health       |   |
|  | Vulnerable People  | Y |
|  | Systems Resilience |   |
| Joint Strategic Needs Assessment               |                    |   |
| Joint Commissioning and Service Integration    |                    |   |
| Maximising transfer of Public Health functions |                    |   |
| Financial                                      |                    |   |
| Patient and Public Involvement                 |                    | Y |
| Early Intervention                             |                    | Y |
| Prevention                                     |                    | Y |

|  |
|--|
| <b>3. Recommendation</b>   |
| To note BSAB's achievements during 2014/15 and endorse 2015/16 priorities. |

#### **4. Background**

- 4.1 The Care Act 2014 gave statutory direction from April 2015 for the relevant local authority, in partnership with the NHS and Police, and other key local partners as invited, to establish an Adults Safeguarding Board, agree an annual work-plan, and produce an annual report. In effect, this means that nationally, adult safeguarding will now be similar, in terms of its statutory backing, to children's safeguarding. Up until this point, the safeguarding or protection of vulnerable adults has been covered nationally by the non-statutory "No Secrets" guidance, issued in 2000.
- 4.2 In Birmingham, these minimum requirements (to have a Board etc.) have been in place for a number of years, although it is felt that the annual report and plan have improved each year, based on feedback and constant development, with the plan especially now focussing more on the 3 years ahead rather than the immediate year ahead, and with more strategic emphasis. In this regard, feedback and suggestions from Health and Wellbeing Board members are particularly welcome.
- 4.3 The full Birmingham Adults Safeguarding Board (BSAB) Annual Report for 2014/15 can be found on the BSAB's website [www.bsab.org](http://www.bsab.org) where a wide range of material, advice and material can be viewed.
- 4.4. In summary, the main achievements of the BSAB on 2014/15 were:-
- 2014/15 Eyes and Ears campaign focussed on financial abuse
  - Continued to promote Mental Capacity Act and Deprivation of Liberty Safeguards legislation in practice e.g. learning day inspired a theatre product on issues faced daily with citizens in this area.
  - 6,288 safeguarding alerts (13% increase). 37% judged not needing further investigation (36% last year).
  - Stronger multi-agency focus on "lessons learnt" from serious case and other reviews and incidents
  - Successful conference "risking your dignity" – front line staff from all agencies.
  - Survey and actions from service users' outcomes after going through the safeguarding process
  - Introduced our approach to "Making Safeguarding Personal"
  - New style business plan and risk register – aligned to the 6 principles of safeguarding – protection, prevention, partnership, proportionality, empowerment and accountability.
- 4.5 The BSAB's current work priorities include the following:-
- Implementing the Care Act 2014 requirements – having a Safeguarding



Adults Board is a statutory requirement of each local authority.

- Continue to examine outcomes for people experiencing our safeguarding processes, from case file audits and from independent research. In our new styled plan we are focussing on five strategic areas over the next 3 years, as follows. Each strategic ambition has a number of supporting work streams:
- Priority 1 - Hearing the voice of the people of Birmingham
- Priority 2 - Revise the Board and it's governance to ensure it is fit for purpose
- Priority 3 - Safer communities: more effective preventative strategies
- Priority 4 - Partnership working: ensuring all citizens experience a personalised and individual response when safeguarding concerns are raised.
- Priority 5 - Assurance monitoring the system - effectiveness of safeguarding arrangements across the City

4.6 The HWB is invited to consider, comment on and endorse, as appropriate, these achievements and priorities.

## **5. Compliance Issues**

### **5.1 Strategy Implications**

The BSAB's business plan, annual report and strategic risk register directly support and are consistent with the HWB Strategy's vulnerable people priority.

### **5.2 Governance & Delivery**

The BSAB governance has been revised significantly in the light of the Care Act and supporting guidance. The Board membership itself has been streamlined, but is supported and challenged by a much wider partnership of key stakeholders. The Board meets approximately every 2 months, is well-attended and supported by all the relevant local statutory partner organisations, and has effective sub-groups/work-streams covering Operations, Serious Case Reviews (now called Safeguarding Adults Reviews), Mental Capacity Act/Deprivation of Liberty Safeguards, and Training and Communications.

### **5.3 Management Responsibility**

Alan Lotinga - Chair of BSAB and Lead Director supporting the HWB.

## **6. Risk Analysis**

The BSAB has, over the past year, introduced a new strategic risk register of its own. Again, this can be viewed at [www.bsab.org](http://www.bsab.org). It appears to compare well with equivalent risk registers in place in other parts of the country, in terms of its depth of coverage and relevance. Risks and mitigations cover issues such as managing large scale investigations, funding and support of the Board and its work, and scrutiny of our respective in-year assurance statements.

**Appendices**

Slides to be presented along with this report.

**Signatures**

*P. A Hamilton*

**Presenting Officer:**

Alan Lotinga,  
[alan.lotinga@birmingham.gov.uk](mailto:alan.lotinga@birmingham.gov.uk)

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**

*13.12 14/1/2016*

# **BIRMINGHAM SAFEGUARDING ADULTS BOARD (BSAB) ANNUAL REPORT 2014/15**

**ALAN LOTINGA**

**Service Director Health and Wellbeing,  
and Chair of BSAB**

**Birmingham Health and Wellbeing Board**

**26<sup>th</sup> January 2016**

Page 81 of 142



# What is Adult Safeguarding?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”

(Care Act 2014 Guidance).

## Types of Abuse

- Physical
- Domestic violence
- Sexual
- Psychological
- Financial or material
- Modern slavery
- Discriminatory eg forms of harassment
- Organisational eg in hospitals or care homes
- Neglect and acts of omission eg withholding adequate nutrition
- Self-neglect

## Who is Responsible?

- A concern to the whole community.
- Care Act 2014 and Statutory Guidance.
- LAs/Adult Social Care expected to lead, national outcomes framework. Primary agencies are the Local Authority, NHS, Police.
- Birmingham in line with legislation - Annual Reports, annual plans, information protocols, etc.
- NHS moved responsibilities to CCGs + other changes e.g. Mental Capacity Act/Deprivation of Liberty/Supreme Court judgments.

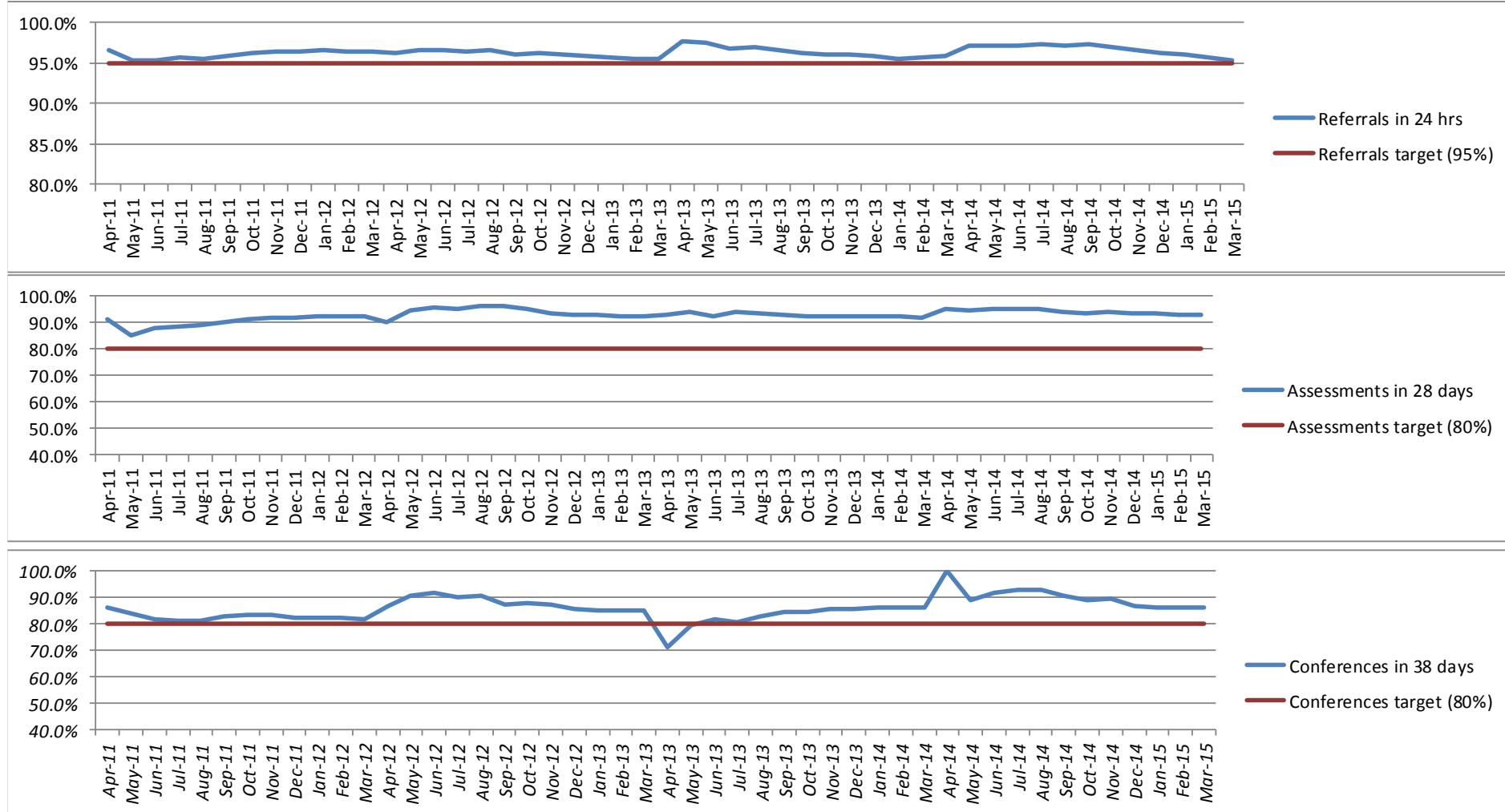
# Key Messages/Achievements from 2014/15 Annual Report

- 2014/15 Eyes and Ears campaign focussed on financial abuse
- Continued to promote Mental Capacity Act and Deprivation of Liberty Safeguards legislation in practice eg learning day inspired a theatre product on issues faced daily with citizens in this area.
- 6,288 safeguarding alerts (13% increase). 37% judged not needing further investigation (36% last year).
- Stronger multi-agency focus on “lessons learnt” from serious case and other reviews and incidents
- Successful conference “risking your dignity” – front line staff from all agencies.
- Survey and actions from service users’ outcomes after going through the safeguarding process
- Introduced our approach to “Making Safeguarding Personal”
- New style business plan and risk register – aligned to the 6 principles of safeguarding – protection, prevention, partnership, proportionality, empowerment and accountability.

# Safeguarding Performance

## Safeguarding Performance

Showing the year to date performance, by month, for Referrals, Assessments and Conferences since April 2011





## Priorities for 2015/16

- The Care Act 2014 is in force – having a Safeguarding Adults Board is a statutory requirement of each local authority.
- Continue to examine outcomes for people experiencing our safeguarding processes, from case file audits and from independent research. In our new styled plan we are focussing on five strategic areas over the next 3 years , as follows.
- Each strategic ambition has a number of supporting work streams:
- Priority 1 Hearing the voice of the people of Birmingham
- Priority 2 Revise the Board and it's governance to ensure it is fit for purpose
- Priority 3 Safer communities: more effective preventative strategies
- Priority 4 Partnership working: ensuring all citizens experience a personalised and individual response when safeguarding concerns are raised.
- Priority 5 Assurance monitoring the system - effectiveness of safeguarding arrangements across the City

## Suggested Reading/Guidance

- Adult Safeguarding Scrutiny Guide April 2010 (Centre for Public Scrutiny/IDeA).
- The Care Act 2014 and Ch 14 of the guidance (52 pages long!)
- NHS England - Arrangements to Secure Children's and Adult Safeguarding in the Future NHS.
- LGA Councillors' Briefing 2015 – Safeguarding Adults. April 2015.

|                           |  |
|---------------------------|--|
|                           | <u><b>Agenda Item: 7a</b></u>                                      |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>                     |
| <b>Date:</b>              | <b>26<sup>th</sup> January 2015</b>                                |
| <b>TITLE:</b>             | <b>OPERATIONS GROUP PROGRESS REPORT –<br/>STRATEGY DEVELOPMENT</b> |
| <b>Organisation</b>       | <b>Health &amp; Wellbeing Operations Group</b>                     |
| <b>Presenting Officer</b> | <b>Alan Lotinga, Service Director Health and Wellbeing</b>         |

|                     |                                     |
|---------------------|-------------------------------------|
| <b>Report Type:</b> | <b>Discussion &amp; Endorsement</b> |
|---------------------|-------------------------------------|

|   |
|---|
| <b>1. Purpose:</b>  |
| To obtain Board endorsement for the Operations Group proposal for further developing the Board's Health and Wellbeing Board's strategy. |

| 2. Implications:                               |                    |   |
|--|--------------------|---|
| BHWP Strategy Priorities                       | Child Health       | Y |
|  | Vulnerable People  | Y |
|  | Systems Resilience | Y |
| Joint Strategic Needs Assessment               |                    | Y |
| Joint Commissioning and Service Integration    |                    | Y |
| Maximising transfer of Public Health functions |                    | Y |
| Financial                                      |                    | N |
| Patient and Public Involvement                 |                    | Y |
| Early Intervention                             |                    | Y |
| Prevention                                     |                    | Y |

|   |
|---|
| <b>3. Recommendation</b>  |
| The Board agrees the framework outlined for revising the Health and Wellbeing Strategy. |

#### **4. Background**

4.1 In November the Board held a workshop focusing on its role and next steps for its 'strategy-on-a-page'. The following key issues were identified:

- Members supported retaining the concept of strategy-on-a-page and much of the existing Strategy's content but wanted to see fewer priorities/outcomes in order to focus Board work and make best use of increasingly limited resources.
- The revised Strategy should feature no more than four priority areas of work grounded in Birmingham's distinct population via relevant needs analysis, alongside JSNA, where the Board can add value and make a clear difference.
- Improving outcomes for families (in all their forms) needs to be reflected more clearly within the revised Strategy
- Strategy development needs to ensure that vulnerable people are recognised within it and that a shared definition of who they are is agreed
- It is essential for the Board to develop its oversight/accountability role (while not duplicating the work of the Council's Overview and Scrutiny Committee) in order to be an 'assertive body' and genuinely influence.
- Board partnership links and those to be developed (for example with West Midlands Combined Authority) need to be mapped in order to advance the Board's oversight and influencing roles as well as do justice to the essential, related work undertaken by key partners who are not members of the Board such as the early prevention work undertaken by Housing partners and West Midlands Fire Service.
- Some important areas of work were not reflected clearly within the current version of the strategy for example: child poverty; fuel poverty; mental health and wellbeing; social isolation; health equality, integrated care and air quality
- The Board needs to be more responsive to current issues and national developments.

4.2 The Operations Group have taken these points into account and sought to be as inclusive as possible in proposing the following steps for the Board:

- Update the Strategy vision to reflect proposed themes clearly
- Within the initial strategy-on-a-page, revise Strategy themes, actions and associated measures relevant to Board members around the following areas:
  - Integrated/coordinated services that are resilient and sustainable – these comprise essential 'Enablers' for the Board to focus on collectively to improve the scale, effectiveness and coordination of system working such as improving the sharing of information and multi-disciplinary approaches
  - Maximising the independence of adults
  - Improving outcomes for children and families
- Add relevant contributions from other stakeholders to 'Partner pages' which will underpin the strategy-on-a-page.
- Where gaps in activity are identified the Operations Group will approach other organisations to secure contributions to resolve these



|     |   |
|-----|---|
|     | as far as possible.   |
|     | <ul style="list-style-type: none"> <li>Throughout work the Operations Group will endeavour to balance work on prevention and increasing resilience alongside necessary responsive work.</li> </ul>  |
| 4.2 | The Operations Group will also develop with the Board how the Board communicates its purpose, how it works and the difference it makes. It will draw on the existing engagement work of its members, e.g. CCGs in helping to ensure that its activities are accessible and relevant as well as increasing understanding of the Board and raising its profile. |

|            |   |
|------------|---|
| <b>5.</b>  | <b>Compliance Issues</b>  |
| <b>5.1</b> | <b>Strategy Implications</b>  |
|            | The strategy needs to be updated and agreed to provide the evidence-based foundation for the Board's future work programme. |
| <b>5.2</b> | <b>Governance &amp; Delivery</b>  |
|            | This proposal will be managed by the Operations Group and progress reported to the Health & Wellbeing Board regularly       |
| <b>5.3</b> | <b>Management Responsibility</b>  |
|            | Board: Adrian Phillips Day-to-day: Alan Lotinga and Jenny Drew  |

| <b>6.</b>  | <b>Risk Analysis</b> |               |  |
|--|----------------------|---------------|--|
| The major risks relate to the validity of the strategy and associated Board credibility. If the Board does not collectively agree a set of priorities/outcomes that all members endorse then the Board will be constrained in agreeing an informed future work programme not least ensuring items for the Board to consider are relevant and within its sphere of influence. Equally, unfocused Board work risks the Board's reputation. |                      |               |  |
| <b>Identified Risk</b>   | <b>Likelihood</b>    | <b>Impact</b> | <b>Actions to Manage Risk</b>  |
| Strategy on a page development fails to progress.  | Low                  | High          | Progress will be reported regularly to the Board and discussed at relevant Operations Group meetings and with wider partners as appropriate. |
| Role of Board is not clarified.  | Low                  | Medium        | Revisit individual Board member roles as well as collective role throughout Strategy development.  |



|                   |
|-------------------|
| <b>Appendices</b> |
|-------------------|

|  |
|--|
| 1. <i>Draft framework for developing partner contributions</i> |
|--|

|   |  |
|---|--|
| <b>Signatures</b> <i>P. A Hamilton</i>  |  |
| <b>Chair of Health &amp; Wellbeing Board<br/>(Councillor Paulette Hamilton)</b> |  |
| <b>Date:</b> <i>14/1/2016</i>   |  |

The following people have been involved in the preparation of this board paper:

Jenny Drew – Health & Wellbeing Programme Manager, Birmingham City Council  
 Wayne Harrison - Consultant Public Health Intelligence & Strategy, Birmingham City Council  
 Carol Herity – Associate Director of Partnerships, Birmingham Cross-City CCG  
 Alan Lotinga – Service Director – Health and Wellbeing, Birmingham City Council  
 Kirsten Moon – Birmingham South Central CCG  
 James Sandy – Partnerships Manager, Birmingham South Central CCG

## Appendix 1 Framework for expanding partner contributions to the Health and Wellbeing Strategy

**Vision:** Birmingham is a City that sets the health and welling of its most vulnerable citizens as its most important priority.  
In order to improve the health and wellbeing of all residents, Birmingham has built services that are both resilient and sustainable.

**Aims:** Improve the scale, effectiveness and coordination of system working  
Improve the health and wellbeing of our most vulnerable adults and children in need  
Improve the resilience of our population

| Priority  |   | How                                       |
|---|---|---|
| We will have integrated/coordinated services that are resilient and sustainable | Sharing information<br>Common assessments<br>Multidisciplinary working<br>7 day services at scale across our city           | What is your organisation's contribution? |
| Enabling Adults to remain/be more independent                                   | Better Care Fund<br>Reduced Isolation<br>Building personal capacity<br>Facilitating participation<br>Safeguarding           | What is your organisation's contribution? |
| Improving the outcomes for families & children                                  | Reduced Isolation<br>Building personal capacity<br>Facilitating participation<br>Building personal capacity<br>Safeguarding | What is your organisation's contribution? |



|                           |   |
|---------------------------|---|
|                           | <b><u>Agenda Item: 7b</u></b>                                 |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>                |
| <b>Date:</b>              | <b>26<sup>th</sup> January 2015</b>                           |
| <b>TITLE:</b>             | <b>OPERATIONS GROUP PROGRESS REPORT –<br/>WORKING LOCALLY</b> |
| <b>Organisation</b>       | <b>Health &amp; Wellbeing Operations Group</b>                |
| <b>Presenting Officer</b> | <b>Alan Lotinga - Service Director Health and Wellbeing</b>   |
| <b>Report<br/>Type:</b>   | <b>Discussion &amp; Endorsement</b>                           |

**1. Purpose:**

To obtain Board endorsement for the Operation Group's proposal for future Board engagement with Districts via the Operations Group following the July Working Locally workshop.

**2. Implications:**

|  |                    |   |
|--|--------------------|---|
| BHWB Strategy Priorities                       | Child Health       | Y |
|  | Vulnerable People  | Y |
|  | Systems Resilience | Y |
| Joint Strategic Needs Assessment               |                    | Y |
| Joint Commissioning and Service Integration    |                    | Y |
| Maximising transfer of Public Health functions |                    | Y |
| Financial                                      |                    | N |
| Patient and Public Involvement                 |                    | Y |
| Early Intervention                             |                    | Y |
| Prevention                                     |                    | Y |

**3. Recommendation**

The Board agrees the Operations Group proposal for the Board developing working relationships with the Council's 10 Districts via the Operations Group as set out in section 4.



|           |  |
|-----------|--|
| <b>4.</b> | <b>Background</b>  |
| 4.1       | The Health & Wellbeing Board has debated how it can improve its working relationships with the Council's 10 District structures in the city. One key priority to come out of the recent Working Locally workshop was lack of engagement and links between Districts and the Board.   |
| 4.2       | <p>The Board tasked the Operations Group with exploring how it can improve its working relationship with Birmingham's 10 Districts. Following its meeting on 8<sup>th</sup> December 2015, the Operations Group recommends to the Board a two stage proposal.</p> <p><u>Stage One</u> is an initial meeting with senior managers from each of the 10 Districts and identified members of the Operations Group: Alan Lotinga, Richard Moore and Carol Herity. This would be to refine what Districts wish to gain from clearer links with the Board.</p> <p><u>Stage Two</u> is to establish a rolling programme of quarterly meetings between the Operations Group and District structures either on a quadrant basis or using other existing working relationships as depending on District preferences. These will focus on links to the Board's strategy and enable Districts to explore with partners opportunities and barriers in contributing to the delivery of outcomes.</p> <p>These meetings will be reported to the Board via the Operations Group update. They will also provide a structure for the Board to obtain further information if required or share information with Districts.</p> |

|            |  |
|------------|--|
| <b>5.</b>  | <b>Compliance Issues</b>   |
| <b>5.1</b> | <b><i>Strategy Implications</i></b>  |
|            | The proposal is aligned with plans to update the Board's Strategy in creating a two way route for District partners to highlight their contributions to implementing Board priorities and to secure suitable support from the Board in developing these. |
| <b>5.2</b> | <b><i>Governance &amp; Delivery</i></b>  |
|            | This proposal will be managed by the Operations Group and progress reported to the Health & Wellbeing Board in regular Operations Group reports.   |
| <b>5.3</b> | <b><i>Management Responsibility</i></b>  |
|            | <p>Board: Adrian Phillips</p> <p>Day-to-day: Alan Lotinga and Jenny Drew</p>   |



| 6. Risk Analysis  |            |        |  |
|---|------------|--------|--|
| The major risk relates to the strategy in that the Board, as a primarily influencing body, is dependent on good enough working relationships with partners at several levels to deliver its priorities. |            |        |  |
| Identified Risk   | Likelihood | Impact | Actions to Manage Risk   |
| Board credibility is reduced by insufficient place-based links in the city.   | Medium     | Medium | Operations Group reporting progress on a regular basis to the Board. |

| Appendices |
|------------|
| None       |

|   |  |
|---|--|
| Signatures <i>P. A Hamilton</i>                                     |  |
| Chair of Health & Wellbeing Board<br>(Councillor Paulette Hamilton) |  |
| Date: <i>14/1/2016</i>  |  |

The following people have been involved in the preparation of this board paper:

Alan Lotinga – Service Director – Health and Wellbeing  
 Carol Herity, Associate Director of Partnerships – Birmingham Cross City Clinical Commissioning Group  
 Jenny Drew – Health & Wellbeing Programme Manager



|                            |  |
|----------------------------|--|
|                            | <b><u>Agenda Item: 8</u></b>                   |
| <b>Report to:</b>          | <b>Birmingham Health &amp; Wellbeing Board</b> |
| <b>Date:</b>               | <b>26<sup>th</sup> January 2016</b>            |
| <b>Title:</b>              | <b>HEADSTART GOVERNANCE AND STRATEGY</b>       |
| <b>Organisation</b>        | <b>The Children's Society</b>                  |
| <b>Presenting Officers</b> | <b>Rob Willoughby, Tim Boyes</b>               |
| <b>Report Type:</b>        | <b>Decision</b>                                |

|  |
|--|
| <b>1. Purpose:</b>   |
| To report on the outcome of a review of the Birmingham Big Lottery Fund HeadStart programme and to make recommendations for the future Governance and Strategy of the HeadStart Stage 3 programme. |

| 2. Implications:                               |                    |   |
|--|--------------------|---|
| BHWP Strategy Priorities                       | Child Health       | Y |
|  | Vulnerable People  | Y |
|  | Systems Resilience |   |
| Joint Strategic Needs Assessment               |                    |   |
| Joint Commissioning and Service Integration    |                    |   |
| Maximising transfer of Public Health functions |                    |   |
| Financial                                      |                    |   |
| Patient and Public Involvement                 |                    | Y |
| Early Intervention                             |                    | Y |
| Prevention                                     |                    | Y |

|  |
|--|
| <b>3. Recommendations</b>  |
| <p>3.1 The Birmingham Health and Well-Being supports the strategic focus of the HeadStart stage 3 programme to support secondary schools in the city to develop the mental resilience of young people and in particular the more vulnerable young people</p> <p>3.2 The Board confirms The Children's Society as the "Responsible Body" until different arrangements are proposed.</p> <p>3.3 The Board delegates Governance of the HeadStart programme stage 3 to the Birmingham Education Partnership.</p> |

## **4.1 Background**

- 4.1.1 In November 2013, the Big Lottery Fund (BLF) invited 12 authorities to apply to be a HeadStart area to build the resilience of young people aged 10-14 to prevent mental health problems particularly for at risk young people. The funding for Stage 1 of the HeadStart programme was awarded to the Birmingham Health and Well-Being Board on behalf of the city with the Local Authority as the accountable body. All 12 HeadStart areas nationally were encouraged by the BLF to appoint voluntary sector partners as lead agencies for the local programmes in line with the other four BLF strategic programmes. The HeadStart programme will be funded by the BLF to the value of £75M over its lifetime up to 2021.
- 4.1.2 In April 2014, Birmingham City Council completed an open exercise to identify a lead agency and accountable body for the Birmingham HeadStart partnership. The Children's Society (TCS) were chosen by the City Council as this lead agency for the period 2014 to 2020 to cover the stage 2 bid, the stage 3 bid and the subsequent delivery period. In the other 11 HeadStart areas all the programmes are being led by the relevant Local Authorities and Birmingham is the only HeadStart Partnership being led by a VCS organisation.
- 4.1.3 In June 2014, TCS submitted a stage 2 bid which was approved by the Lottery to the value of £500k. This stage 2 programme has subsequently been extended until July 2016 to create a two-year stage 2 programme to cover two school years rather than the 16 month period originally planned.
- 4.1.4 As part of the Stage 2 bid all partners including BCC, the CCG and VCS partners signed a partnership agreement. This outlined the partnership roles for the six years of the programme including The Children's Society as the accountable body until 2021.
- 4.1.5 TCS on behalf of the HeadStart partnership has been reporting on progress to the Birmingham Health and Well-Being Board over the last 18 months.
- 4.1.6 In July 2014, the Big Lottery Fund requested the Birmingham HeadStart partnership to clarify and strengthen its governance and subsequent strategy for Stage 3. Two of the key criteria announced by the BLF for stage 3 is the long term sustainability of the programme and the degree to which the local HeadStart programme will achieve systematic change and learning across all services and professionals. BLF were of the opinion that the Birmingham programme needed to strengthen its governance and strategy to delivery these core outcomes of sustainability and system change.
- 4.1.7 In terms of major developments in Birmingham over the last 18 months the majority of schools in the city have joined together in the new Birmingham Education Partnership (BEP). This is a schools membership organisation that has subsequently been commissioned to lead on school improvement in the city. The Council and CCG see the BEP as a key organisation in children's



services in the city.

4.1.8 The three CCG's in Birmingham under the leadership of Birmingham South Central CCG have also developed an innovative and ground breaking new specification for mental health provision for children, young people and young adults up to the age of 25. The winning tender for this work is 'Forward Thinking Birmingham', a consortium of five agencies including The Children's Society led by Birmingham Children's Hospital. Two of the key objectives of this new service due to start in April 2016 is to widen access to mental health help and support for young people and to increase system capacity to reach unmet mental health needs.

4.1.9 Birmingham HeadStart Partnership have reported to the Birmingham Health and Well-Being Board on three previous occasions – with updates on progress and in building links across the city.

## **4.2 Review of Governance and Strategy**

4.2.1 Since July 2015 the HeadStart Partnership led by TCS has reviewed the governance of the programme. A wide-ranging conversation has taken place both formally and informally across the city. During the summer it was identified that there were three options for strengthening the governance of the programme;

- To align HeadStart to the Forward Thinking Birmingham consortium and new service model.
- To align the HeadStart programme to the City Wide Early Help strategy, being led by the Local Authority and the Police
- To align the HeadStart programme to the Birmingham Education Partnership.

4.2.2 It is recognised by all partners that HeadStart is a broad programme taking an ecological approach to preventing mental health problems in at risk 10-16 year old young people that will involve interventions in school, community, family and digital spheres of influence. The programme will also have a strong emphasis on participation and co-production with young people, parents and communities.

4.2.3 An extraordinary meeting of the HeadStart Board recently discussed the above options. In the meeting which included senior officers from the LA, CCG, FTB and BEP - Forward Thinking Birmingham recognised the opportunity to lead and shape the HeadStart programme but stated that they did not feel at this time that it was appropriate to take on the governance of a new area of work whilst it was mobilising a new and complex service transformation programme.

4.2.4 There was a strong debate about the remaining two options. In the view of The Children's Society as lead organisation there was a general consensus that working closely with BEP was a positive strategic way forward.



4.25 The meeting also noted that the existing children's partnership structure in the city – notably the Children's Leaders Forum, The Safeguarding Board, the shadow Children's Joint Commissioning Board and the Health and Well-Being Board also provide opportunities for clarity of governance and decision making.

#### **4.3 The Governance arrangements for Birmingham HeadStart.**

4.3.1 Following the meeting on the 15<sup>th</sup> October there has been further and significant debate about the ways of aligning the HeadStart governance and strategy – with a significant contribution from both the Strategic Director for People in the City Council and the CCG accountable officer that BEP provides the greatest strategic opportunity in the city to support mental health prevention work for at risk young people and that it should have a lead governance and delivery role.

4.3.2 The current HeadStart Partnership recognised that BEP has strong governance arrangements as a result of previous events in the city and challenges that schools have faced. Also the Board (and chair in Estelle Morris) provide both strong leadership for the organisation and strong assurance for BLF in the quality of that leadership.

4.3.3 However as BEP is a relatively new organisation, and following further discussions BEP have agreed that it will be helpful and practical for TCS to continue to take a lead role in the programme management and financial management of Birmingham HeadStart for the initial years of the HeadStart stage 3 programme.

4.3.4 Following the discussion above, and the meeting on the 15<sup>th</sup> October, The Children's Society would like to propose the following governance arrangements for the Birmingham HeadStart programme.

- That the Birmingham Health and Well-Being Board as the statutory strategic body responsible for HeadStart delegate responsibly for the delivery and oversight of Birmingham HeadStart to the BEP Board, supported by The Children's Society.
- That the BEP Board agrees the HeadStart Partnership Board to be a formal sub-committee with appropriate cross membership reflected in the relevant terms of reference.
- That the HeadStart Partnership Board membership and Terms of Reference is reviewed to strengthen the participation of schools, LA and CCG and to widen representation for young people, parents and community groups.
- That a BEP officer and a TCS officer co-chair the Board.
- That BEP supported by TCS will report to the Big Lottery Fund and the Birmingham Health and Well-Being Board at agreed intervals.

#### **4.5 The Strategy for Birmingham HeadStart**

- 4.5.1 As the lead agency for Birmingham HeadStart - the Birmingham Education Partnership will provide an unparalleled opportunity to work with schools and to support schools to develop their mental and emotional health prevention work.
- 4.5.2 That working with BEP the HeadStart Partnership will design a HeadStart programme that is characterised by schools helping each other and that builds sustainability and system change from day 1.
- 4.5.3 Currently in stage 2 of the programme – funded from September 2014 to August 2016 - HeadStart has been working with four schools in Birmingham (Holte Academy, Washwood Heath Academy, Greenwood Academy and the City of Birmingham School (PRU). In addition HeadStart has been working with community groups, parents and groups of young people as HeadStart Mentors and Agents.
- 4.5.4 The lessons from Stage 2 of the programme are: -
- That a vehicle for the coherent delivery of wellbeing support in schools will support the implementation of Forward Thinking Birmingham and the Early Help strategy.
  - That Schools are desperate for help in supporting the mental and emotional health of their students. A survey of schools in Birmingham supported by BEP identified this issue as a key priority for the future.
  - That teachers need more help and support in understanding mental health problems and the early identification of young people at risk of problems with their emotional health and wellbeing That teachers welcome support and training in innovating the curriculum to include mental and emotional health issues.
  - That mentoring programmes in the area of mental and emotional health are helpful to the school and for young people and are enjoyed by young people.
  - That a programme of support for schools needs to work with the ethos and the senior management of the school to ensure it is sustainable for the future.
  - That there is poor understanding of how LA and NHS services can work with schools
  - That many schools have poor links to support in their local communities and want to build on this to facilitate earlier help for young people
  - That many families feel distanced from secondary schools and do not feel able to or know how best to work with the school in supporting their children
  - That intensive support for pupils including their families is helpful in enabling some young people who may be at risk of exclusion.
  - That there is a concern and opportunity about how the digital world of young people can harm or support their mental and emotional health.
- 4.5.5 Therefore the strategy for Stage 3 HeadStart due to be submitted to the lottery on the 26<sup>th</sup> of February 2015 takes into consideration the autonomy of schools, the importance of the different leadership roles within schools for setting an ethos of good emotional health and wellbeing and how schools can



support early help for at risk young people. The strategy comprises the following:

- The creation of a programme of world-class lectures and seminars on how school improvement can be supported by improvements in mental and emotional health.
- Creation of a centre of excellence for teachers to support excellent teaching across the curriculum which in itself builds the emotional resilience of young people, and to support teachers in working with both the academic and emotional life of their pupils.
- Creation and investment in a new senior role within schools - a Designated Senior Leader for Mental and Emotional Health – with training and support for the role across the city, and with training and support for senior leadership teams and governors.
- To develop standardised approaches to understanding how young people aged 10-16 can be assessed for their vulnerability and how schools can respond to these assessments.
- To enable young people to help shape the ethos of their schools so that their mental and emotional health is better understood by school leadership and that young people play a part in improving the school.
- To target young people in secondary schools who are on the edge of exclusion as the key group to help improve their mental and emotional health
- To target 10 schools in 10 districts in the first year of the stage 3 programme who will be matched with 10 other schools in a school improvement plan for both schools.
- Following review of year 1, to roll out the HeadStart programme in years 2-5, ensuring that nothing is developed that is not sustainable and part of schools on-going commitment to schools improvement.
- To build networks of VCS and community groups around schools so that schools are not isolated from their local communities and that HeadStart is therefore influential in the implementation of Birmingham's Early Help Strategy.
- To ensure that the super-diversity of Birmingham and the complexity of young people attending schools all over the city – is built into the HeadStart programme and that ensures it is relevant to all young people and families
- To enable schools to purchase and manage quality services to support the welfare and mental and emotional health of their students.
- That the new mental health provision for Birmingham – led by Forward Thinking Birmingham – is understood and linked to secondary school in the city and that referrals and access for children works effectively.

4.5.6 The outcomes we are planning to achieve for the HeadStart programme are that: -

- There will be fewer behaviour incidents in schools in the city
- There will be fewer pupil exclusions for young people aged 10-16
- That in time there will be fewer and better referrals for NHS mental health support from secondary schools.
- That 'resilience surveys' of young people/pupils in the city will show significant improvement during the five years of the programme.
- That the collective purchasing of family support, mental health services by schools is monitored and evaluated to ensure quality provision and value for money.

## **5. Compliance Issues**

### **5.1 Strategy Implications**

HeadStart Birmingham is aligned to all three of the Health and Wellbeing Board's priorities. Working with 10-16 year olds, Birmingham HeadStart supports the building of mental health resilience for young people at a time when half of all life-long mental health issues begin to show signs of developing.

A successful bid for Stage 3 will firmly link HeadStart with objectives around system resilience.

### **5.2 Governance & Delivery**

HeadStart Birmingham continues to be overseen by a Partnership Board consisting of 12 members including LA and CCG Commissioners, Public Health, Police, BSMHFT, Warwick University.

A Programme Manager working for The Children's Society co-ordinates the delivery of the work streams and a core group of delivery partners meet bi-weekly to continue to drive forward delivery and pull out learning.

The Learning Collaborative is now led by The Children's society and meets monthly to make sense of and begin to disseminate learning from the Programme.

### **5.3 Management Responsibility**

Board Member – Adrian Phillips

Rob Willoughby – Area Director, The Children's Society

Anna Robinson - HeadStart Programme Manager, The Children's Society



| <b>6. Risk Analysis</b>   |                   |               |  |
|---|-------------------|---------------|--|
| <b>Identified Risk</b>  | <b>Likelihood</b> | <b>Impact</b> | <b>Actions to Manage Risk</b>  |
| Governance for Birmingham HeadStart is different to other 11 areas with TCS and BEP, and will be seen by the Big Lottery Fund as insufficient.  | Medium            | High          | Health and Well-Being Board support the governance proposals, and will support BEP in the years to come to deliver an outstanding HeadStart programme, monitoring progress on a regular basis. |
| Due to the challenge to strengthen Birmingham HeadStart governance by BLF the development of the Stage 3 detailed programme is behind schedule. | High              | High          | Big Lottery Fund have been part of the governance discussions and the emerging strategy for stage 3, meeting with the partnership board and TCS regularly.                                     |
| The focus on governance and strategy has meant that stage 2 delivery and spreading the learning from stage 2 has not had sufficient priority    | High              | Medium        | TCS as lead partner has appointed a new officer for marketing and communications and is working well with stakeholders across the city.  |
| Other initiatives and developments in mental health services and support for schools – are not linked or shaped by BEP and HeadStart.           | High              | High          | Representations by TCS and BEP to commissioners have been made to ensure that future developments dovetail and support the HeadStart Strategy.   |

|   |  |
|---|--|
| <b>Signatures</b> <i>P. A. Hamilton</i>   |  |
| <b>Chair of Health &amp; Wellbeing Board</b><br><b>(Councillor Paulette Hamilton)</b> |  |
| <b>Date:</b> <i>16/1/2016</i>   |  |



|                           |  |
|---------------------------|--|
|                           | <b><u>Agenda Item: 9</u></b>                   |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b> |
| <b>Date:</b>              | <b>26<sup>th</sup> January 2016</b>            |
| <b>TITLE:</b>             | <b>BIRMINGHAM PUBLIC HEALTH YOUTH PANEL</b>    |
| <b>Organisation</b>       | <b>Birmingham City Council</b>                 |
| <b>Presenting Officer</b> | <b>Alice Spearing, Project Officer</b>         |
| <b>Report Type:</b>       | <b>Discussion</b>                              |

|  |
|--|
| <b>1. Purpose:</b>   |
| <p>The Public Health Youth Panel has created a short video encapsulating their opinions and concerns around health and wellbeing for young people in Birmingham. Panel members identify issues such as crime, stigma, youth homelessness and youth suicide. They seek assurance that young people can influence decisions made in the city which affect them and look forward to hearing the Board's response to the points they raise particularly on how Board members' individually and collectively engage and work with young people.</p> |

| 2. Implications                                |                    |   |
|--|--------------------|---|
| BHWB Strategy Priorities                       | Child Health       | Y |
|  | Vulnerable People  | Y |
|  | Systems Resilience | N |
| Joint Strategic Needs Assessment               |                    | Y |
| Joint Commissioning and Service Integration    |                    | Y |
| Maximising transfer of Public Health functions |                    | N |
| Financial                                      |                    | N |
| Patient and Public Involvement                 |                    | Y |
| Early Intervention                             |                    | N |
| Prevention                                     |                    | N |

|  |
|--|
| <b>3. Recommendation</b>   |
| <p>That the Board hears their concerns, opinions and questions raised by the Birmingham Public Health Youth Panel and considers how to reflect these in future work.</p> |

|           |  |
|-----------|--|
| <b>4.</b> | <b>Background</b>  |
| 4.1       | The Birmingham Public Health Youth Panel was established in July 2015 via an open application process. The Panel consists of 18-21 year olds living in Birmingham attending various colleges, sixth forms and universities. The Youth Panel currently meet up every 6 weeks with support from Birmingham's public health team, and has stable membership. The Panel want to influence city-wide decisions related to health and ultimately have their voice heard.   |
| 4.2       | The Youth Panel has various interests ranging from mental health, youth suicide, youth homelessness, childhood obesity and outdoor sports and physical activity (amongst others). Panel members have been developing projects to roll out across their local areas, schools or community groups to tackle their identified issue. For example, a group of 8 young people are currently working alongside Papyrus (a youth suicide charity), to raise awareness of their HopeLine and encourage people to talk about suicide. This group of young people are creating a video campaign and awareness days in their sixth forms. |
| 4.3       | Councillor Hamilton and Adrian Phillips invited the Panel to create a short video for the Health and Wellbeing Board to summarise their work so far and recognise their hard work and commitment over the last six months. Alongside support from Public Health Officers, the young people designed, recorded and edited the video. The video depicts the multitude of issues young people in Birmingham are not only concerned about, but passionate about.   |

|            |   |
|------------|---|
| <b>5.</b>  | <b>Compliance Issues</b>  |
| <b>5.1</b> | <b><i>Strategy Implications</i></b>   |
|            | The proposal is aligned to the Health and Wellbeing Strategy as it identifies various issues listed in the strategy for example childhood obesity and homelessness, as concerns for young people too. The presentation also aligns to Board aims to engage differently. |
| <b>5.2</b> | <b><i>Governance &amp; Delivery</i></b>   |
|            | The Birmingham Public Health Youth Panel is sponsored by Adrian Phillips and will consider Board feedback at its next meeting.  |
| <b>5.3</b> | <b><i>Management Responsibility</i></b>   |
|            | <div>Board: Adrian Phillips</div> <div>Day to day: Alice Spearing and Charlene Mulhern (Birmingham Public Health team)</div>  |

| 6. Risk Analysis  |            |        |   |
|---|------------|--------|---|
|   |            |        |   |
| Identified Risk   | Likelihood | Impact | Actions to Manage Risk  |
| Board routes for youth engagement are not clarified with resulting risk to Board reputation | Medium     | Medium | Clarify individual Board member roles/work as well as collective role |

| Appendices   |
|--|
| Video link <a href="https://youtu.be/olEhS7GRIfk">https://youtu.be/olEhS7GRIfk</a> |

|   |  |
|---|--|
| Signatures <i>P. A Hamilton</i>                                     |  |
| Chair of Health & Wellbeing Board<br>(Councillor Paulette Hamilton) |  |
| Date: <i>14/1/2016</i>  |  |

The following people have been involved in the preparation of this board paper:

Alice Spearing, Public Health Intern, Birmingham City Council  
Jenny Drew, Health and Wellbeing Programme Manager, Birmingham City Council





|                           |  |
|---------------------------|--|
|                           | <b><u>Agenda Item: 10</u></b>                                      |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>                     |
| <b>Date:</b>              | <b>26 January 2016</b>   |
| <b>TITLE:</b>             | <b>BIRMINGHAM BETTER CARE FUND UPDATE AND PLANNING FOR 2016/17</b> |
| <b>Organisation</b>       | <b>Partnership of City Council, Local NHS, Voluntary Sector</b>    |
| <b>Presenting Officer</b> | <b>Alan Lotinga</b>  |
| <b>Report Type:</b>       | <b>Endorsement</b>   |

**1. Purpose:**

To ensure that the Health and Wellbeing Board comply with the requirements of the national Better Care Fund Policy in ensuring they are overseeing delivery of the 2015/16 Plan and the development and ultimately sign off of the 2016/17 Plan. The final technical guidance has not yet been received so the report is based upon assumptions and guidance that is available with a request for the Board to delegate sign off the required BCF 2016/17 submissions on 8<sup>th</sup> February and 11<sup>th</sup> April to the Chair, in consultation with CCG Chairs.

**2. Implications:**

|  |                    |   |
|--|--------------------|---|
| BHWP Strategy Priorities                       | Child Health       |   |
|  | Vulnerable People  | Y |
|  | Systems Resilience | Y |
| Joint Strategic Needs Assessment               |                    |   |
| Joint Commissioning and Service Integration    |                    |   |
| Maximising transfer of Public Health functions |                    |   |
| Financial                                      |                    | Y |
| Patient and Public Involvement                 |                    |   |
| Early Intervention                             |                    |   |
| Prevention                                     |                    |   |

### **3. Recommendation**

To note the progress on delivery of the 15/16 plan and accept the proposals for sign off of the 16/17 plan with associated risks and issues to be resolved.

### **4. Background**

- 4.1 The Policy Guidance for 2016/17 Better Care Fund has been released ahead of the anticipated technical guidance.
- 4.2 The framework requires CCGs and local authorities to pool budgets and agree an integrated spending plan for their allocation. The Better Care Fund is one of a number of policies which support the integration of health and social care services e.g. New Models of Care, and these need to be locally aligned.
- 4.3 There are a number of key changes to the 2015/16 policy the most significant of these being the removal of the non-elective admissions payment for performance element to be replaced by 2 new national conditions requiring local areas to:
- Fund NHS commissioned out-of-hospital services which may include social care.
  - Develop a clear focused action plan to reduce DTOCs to an agreed local target.
- 4.4 Of the £3.519 billion Better Care Fund allocation to Clinical Commissioning Groups, £2.519 billion of that allocation will be available upfront to Health and Wellbeing Boards to be spent in accordance with the local Better Care Fund plan. The remaining £1 billion of Clinical Commissioning Group Better Care Fund allocation will be subject to a new national condition (out of hospital services as described above).
- 4.5 NHS England and the Government will allocate the Better Care Fund to local areas based on a framework agreed with Ministers. For 2016-17, the allocation will be based on a mixture of the existing Clinical Commissioning Group allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.
- 4.6 Within the Better Care Fund allocation to Clinical Commissioning Groups is £138m to support the implementation of the Care Act 2014 and other policies (£135m in 2015-16). Funding previously earmarked for reablement (over £300m) and for the provision of carers' breaks (over £130m) also remains in the allocation.

#### 4.7 Conditions of Access to the Better Care Fund

4.7.1 In 2016/17 NHS England has attached the following conditions to allocation of Better Care Fund monies:

- A requirement that the Better Care Fund allocation is transferred into one or more pooled funds established under section 75 of the NHS Act 2006.
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s).
- A requirement that plans are approved by NHS England in consultation with DH and DCLG.
- A requirement that a proportion of the area's allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

4.7.2 In addition the Better Care Fund Plan will need to demonstrate how the following conditions will be achieved:

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical **and mental health**) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.


4.7.3 Where conditions are not met NHS England has the ability to withhold, recover or direct the use of funding. They are required to consult with Ministers before using these powers.



|            |  |
|------------|--|
| <b>5.</b>  | <b>Compliance Issues</b>   |
| <b>5.1</b> | <b><i>Strategy Implications</i></b>  |
|            | The BCF plan directly supports and is consistent with the HWB Strategy's vulnerable people and sustainable system priorities.  |
| <b>5.2</b> | <b><i>Governance &amp; Delivery</i></b>  |
|            | The BCF governance in 2015/16 has been via a Partnership Programme Board and Commissioning Executive. This will continue until new governance arrangements linked to broader NHS Planning guidance are put in place. |
| <b>5.3</b> | <b><i>Management Responsibility</i></b>  |
|            | Alan Lotinga - Chair of BSAB and Lead Director supporting the HWB.   |

|           |  |
|-----------|--|
| <b>6.</b> | <b>Risk Analysis</b>   |
|           | The BCF Programme has its own risk register which is updated monthly and reviewed at the Commissioning Executive and/or Programme Board. |

|  |
|--|
| <b>Appendices</b>                              |
| Slides to be presented along with this report. |

|   |  |
|---|--|
| <b>Signatures</b>   |  |
| <b>Chair of Health &amp; Wellbeing Board<br/>(Councillor Paulette Hamilton)</b> |  |
| <b>Date:</b>  | 19/1/2015  |



# Birmingham Better Care Fund Update for Health and Wellbeing Board – January 2016



Page 115 of 142

# About Better Care

NHS and social care services in Birmingham are now caring for people with increasingly complex needs and multiple conditions. We need to do things differently to make sure we can provide the best and care both now and in the future.

## **Through integration we aim to achieve:**

- ✓ A more joined-up system which is easier to navigate
- ✓ An anticipatory system that focuses on prevention and keeping people well where they live
- ✓ A culture of trust where professionals work together and understand patient outcomes across an entire care journey
- ✓ A system fit for the future challenges it will face

# About Better Care

## Our priorities

1. Keeping people well where they live
2. Making help easier to get
3. Better Care at times of crisis
4. Making the right decisions when people can no longer cope

*About Better Care*

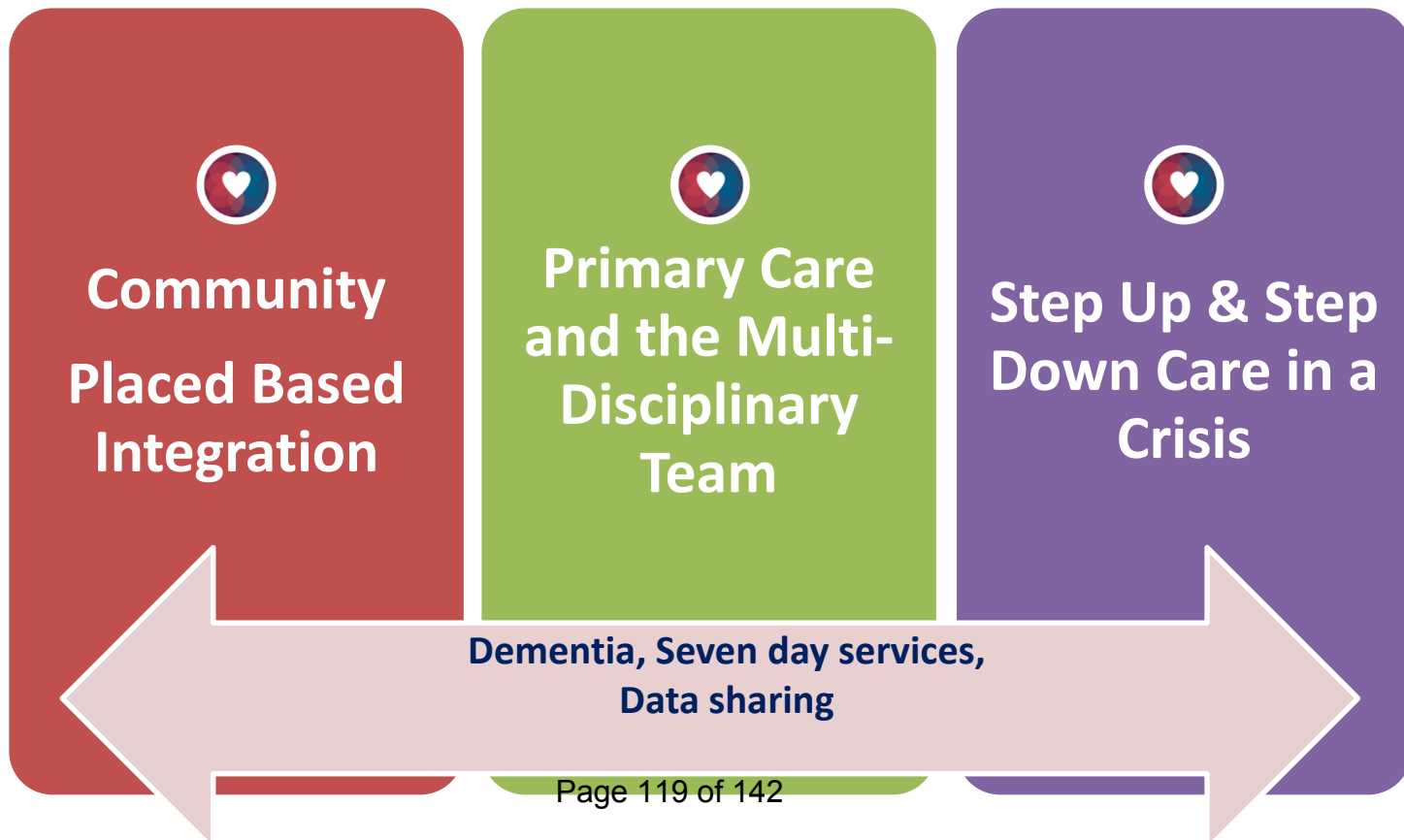
# About Better Care

## Better Care 'I' Statements

- I want to stay at home for as long as possible
- I want help to understand my illness and how to manage it
- I don't need experts all the time
- I worry about having to go into hospital and about when I can't look after myself anymore
- I worry about my carers  
GP surgeries are important points for me but I don't always need to see a doctor
- I need people who can help and advise me, not put barriers in my way to stop me getting what I need
- I want to be understood



# Better Care Schemes



# December Metrics – note emergency admissions target has been reset \*\* see next slide

| Metric  | Reporting Period | YTD Target | YTD Actual | Variance | Change on last month |
|---|------------------|------------|------------|----------|----------------------|
| <b>Metric 1 - Avoidable Emergency Admissions</b>                              | October          | - 1,863    | - 2,284    | - 421    | ↔                    |
| <b>Metric 2 - Residential Admissions</b>                                      | 2014/15          | 660        | 593        | - 67     | ↔                    |
| <b>Metric 3 - Reablement</b>  | 2014/15          | 86.90%     | 77.70%     | -9.20%   | ↔                    |
| <b>Metric 4 - Delayed Transfers Of Care</b>                                   | October          | 1,659      | 1,494      | - 165    | ↑                    |
| <b>Metric 5 - Patient Service/User Metric</b>                                 | 2014/15          | 7.9        | 7.1        | -0.8     | ↑                    |
| <b>Metric 6 - Maximum Length of Stay of Sick General Emergency Admissions</b> | October          | 33         | 32         | -1       | ↔                    |

Page 120 of 142

# Avoided admissions

- Target was 3.5% reduction as proposed by Central Government
- Current performance against this target is 3% increase - red
- This is slightly better than comparator cities
- Metric and linked payment for performance element has been removed from 16/17 guidance
- New trajectory developed linked to scheme delivery and will be monitored against this locally from December

Page 121 of 142

# The Story So Far .....

## What we have achieved:

- A suite of products to support integrated working in primary care which supports ethos of person centred and anticipatory care – ready to use
- Procurement of wellbeing co-ordinators and route to wellbeing – live from March 2016
- Proposals for use of carers monies
- Procurement of CUR tool – implementation from January 2016
- Commissioning of 26 virtual beds for winter – live Dec/Jan
- Improved processes for hospital discharge
- Commissioning additional enablement resource – increase from Dec 2015
- Retention of EAB beds
- New dementia cafes and training for carers around physical health crises – in place
- Progress on information sharing agreements and protocols

Page 122 of 142



# The Story So Far .....

## Challenges:

Changes in national policy – Five Year Forward View, 111

CUR procurement

Complexities of footprints & links with SRGs

New methods of procurement

Ownership and prioritisation within organisations with individual regulation

Agreeing way of establishing single assessments and plans in practice

# Policy for 16/17

- National planning guidance requires a 1 year plan
- NEL metric payment for performance removed
- Options to invest in out of hospital services or retain risk pool
- 2 submissions – 8<sup>th</sup> February & 12<sup>th</sup> April 2016
- 2 new national conditions Out of Hospital services & DTOC plans
- Other national conditions remain
- Still awaiting technical guidance and templates (19<sup>th</sup> Jan)

# Proposals for 8<sup>th</sup> February submission

- Carry over pool size and schemes from 15/16 plus MH & DTOC plans from SRGs
- Use NEL trajectory already reset
- Develop trajectories for other metrics based upon plans already in place through SRGs and current schemes – indicate will be confirmed in April submission
- Continue with local and quality metric (carers)
- Agree form of words for all plans linking to Sustainability and Transformation Plans & for national condition to protect ASC
- **HWB delegates responsibility for sign off and submission to the Chair in discussion with CCG Chairs**

## Greatest risks/ issues for April submission

- Failure to agree size of pool
- Failure to agree national condition about protecting adult social care
- Failure to agree effective way forwards to meet national conditions about joint assessments and planning.
- Failure to agree linkage in to STPs
- **To be resolved alongside agreement and development of the STP**
- **HWB delegates responsibility for sign off and submission to the Chair in discussion with CCG Chairs**



# Thank you

[www.BirminghamBetterCare.com](http://www.BirminghamBetterCare.com)

[BirminghamBetterCare@nhs.uk](mailto:BirminghamBetterCare@nhs.uk)

@BetterCareBrum





## Programme for Health and Wellbeing Board Meetings

26<sup>th</sup> January 2016

| Theme               | Item  | Who                            | Outcomes and contribution                 | Purpose   | H&WBB Lead               |
|---------------------|---|--------------------------------|---|---|--------------------------|
| Vulnerable People   | Birmingham Safeguarding Children Board  | Jane Held                      | Make children in need safer               | Information and discussion. <i>Report</i>                     | <i>Cllr Brigid Jones</i> |
| Vulnerable People   | Early Help Strategy   | Dawn Roberts                   | Make children in need safer.              | Information <i>Report</i> .                                   |                          |
| Vulnerable People   | Birmingham Safeguarding Adults Board  | Alan Lotinga                   | Make vulnerable adults safer              | Information and discussion. <i>Report &amp; Presentation.</i> | <i>Peter Hay</i>         |
| All                 | Operations Group report: Update on progress - Strategy Development and Working Locally. | Alan Lotinga                   | All outcomes.                             | Endorsement. <i>Report</i>                                    | <i>Adrian Phillips</i>   |
| Vulnerable People   | Birmingham Headstart Phase 3 Plans for Lottery Submission                               | Rob Willoughby                 | Improve wellbeing of vulnerable children. | Decision. <i>Report</i>                                       | <i>Cllr Brigid Jones</i> |
| Keep People Healthy | Birmingham Public Health Youth Panel views on health and wellbeing                      | Adrian Phillips/Alice Spearing | All outcomes.                             | Discussion. <i>Report &amp; Presentation</i>                  | <i>Adrian Phillips</i>   |

Agenda Item 11.

## 22nd March 2016

| Theme  | Item  | Who             | Outcomes and contribution  | Purpose                      | H&WBB Lead  |
|--|---|-----------------|--|------------------------------|---|
| Child Health   | Infant Mortality Annual Report.                                   | Adrian Phillips | Reduce infant mortality.   | Discussion.<br><i>Report</i> | Adrian Phillips   |
| Child Health & Vulnerable People                                   | Birmingham Child Poverty Commission Briefing & Evidence Gathering | Dennis Wilkes   | Fewer children in need first time entrants to youth justice system<br>Reduced household fuel poverty<br>Homelessness preventions | Discussion<br>Report         | Adrian Phillips   |
| Vulnerable People<br>Child Health and<br>Keeping People<br>Healthy | 3 CCG Operational Plans   | Tbc             | All outcomes   | Discussion.<br><i>Report</i> | Vice Chair -<br>Gavin<br>Ralston/Andrew<br>Coward/Nick<br>Harding |
| All 13 of  | HWB Strategy Development  | Alan Lotinga    | All outcomes   | Discussion<br><i>Report</i>  | Adrian Phillips   |
| Vulnerable People<br>N2  | Domestic Violence Needs Assessment and Contribution to Strategy.  | Paula Harding   | Reduce the number of people and families who are statutory homeless.   | Discussion.<br><i>Report</i> | Adrian Phillips   |

April 2016+ (Meetings to be programmed)

## BIRMINGHAM CITY COUNCIL

|  |
|--|
| <b>BIRMINGHAM HEALTH AND<br/>WELLBEING BOARD<br/>30 SEPTEMBER 2015</b> |
|--|

### **MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY 30 SEPTEMBER 2015 AT 1500 HOURS IN COMMITTEE ROOM 6, COUNCIL HOUSE, BIRMINGHAM**

**PRESENT:** - Councillor Paulette Hamilton in the Chair; Councillor Lyn Collin, Dr Andrew Coward, Cath Gilliver, Dr Nick Harding, Karen Helliwell, Councillor Brigid Jones, Alan Lotinga, Chief Superintendent Richard Moore, Candy Perry, Dr Gavin Ralston, Dr Adrian Phillips and Tracy Taylor.

### **ALSO PRESENT:-**

Chris Baggott, Lead for NHSE, PHE and CCG Liaison and Assurance  
Hazel Imrie, Public Health Intern  
John Hardy, Development Officer, BCC  
Paul Holden, Committee Services

\*\*\*\*\*

### **NOTICE OF RECORDING**

- 127 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site ([www.birminghamnewsroom.com](http://www.birminghamnewsroom.com)) and that members of the press/ public may record and take photographs. The whole of the meeting would be filmed except where there were confidential or exempt items.

---

### **APOLOGIES**

- 128 Apologies for absence were submitted on behalf of ACC Marcus Beale, Dr Aqil Chaudary and Peter Hay.

---

### **DECLARATIONS OF INTERESTS**

- 129 Members were reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.



**CHAIR'S UPDATE**

130

The Chair reported that Sandwell and West Birmingham Clinical Commissioning Group (CCG) were carrying out a Primary Care listening exercise on GP services. The exercise started on 1 September 2015 and would run until 9 October 2015. The meeting was informed that in April 2015 the three local CCGs were delegated the responsibility for commissioning GP services and therefore wished to listen to peoples' views on what was working well and what could be improved. Furthermore, it was highlighted that details of the exercise were circulated via e-mail to members of the Board on 16 September 2015.

In addition, the Chair referred to a link and information that had been circulated to members further to a question from the Board's Operations Group relating to the emerging West Midlands Combined Authority (WMCA) and mental health services in the City. In this regard she explained that Norman Lamb MP, the former Minister for Community and Social Care had been appointed Chair of a new West Midlands Commission on Mental Health and would lead a panel comprising Geraldine Strathdee, NHS England's National Clinical Director for Mental Health and Kevin Fenton, Public Health England Director of Health and Wellbeing. It was reported that the Chair of the Commission had stated, "This is a really interesting and exciting opportunity to make a difference for those with mental ill-health. It's brilliant that local authorities in the West Midlands have taken the initiative."

The Chair advised the meeting that the Commission proposal was announced in July 2015 when the emerging WMCA had put forward plans to establish three major independent commissions to help shape the future of the region. The new governance structure covered services in Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton.

<http://www.nationalhealthexecutive.com/Health-Care-News/norman-lamb-to-chair-new-mental-health-commission>

---

**HOMELESS HEALTH SCRUTINY COMMITTEE INQUIRY**

The following report was submitted:-

(See document No. 1)

John Hardy, Development Officer, BCC introduced the information contained in the report.

The following were amongst the issues raised and responses to questions:-

- 1) Cath Gilliver made reference to efforts that had been made to register individuals at a GP Practice only to be advised that they needed to visit the Health Exchange. She pointed out that moving forward it was important that homeless people had access to mainstream services.
- 2) In response to a question from Councillor Brigid Jones relating to what preventative work was taking place, the Development Officer made reference to the Hard Edges: Mapping Severe and Multiple Disadvantage

in England report released by the Lankelly Chase Foundation and Heriot-Watt University. He also referred to the need to explore the trigger points leading to lifestyle changes that if not addressed resulted in young people becoming homeless and what services should be put in place that would have a beneficial impact. Dr Adrian Phillips cited Changing Futures Together, a project to support adults with multiple and complex needs.

- 3) Dr Nick Harding reported that the local Clinical Commissioning Groups (CCGs) had carried out a lot of work around who could register with a GP Practice and indicated that the messages at Sandwell and West Birmingham CCG had changed even if the regulations had not. In addition, the member highlighted that Third Sector organisations were instrumental in looking after the homeless but that funding cuts could adversely impact on the sector's ability to provide care. He considered that the Board should therefore closely monitor this issue.
- 4) Reference was made by Dr Andrew Coward to a NHS Young Peoples GP Charter that had been produced by St Basils and considered that this should be circulated to members of the Board. Furthermore, he advised the meeting that he felt that continuity of care was something that homeless people valued most of all and considered that there was willingness amongst the three local CCGs to co-operate and work out how it could be made easier for a homeless person to register with a GP.
- 5) In referring to engagement by the Fire Service with people living in squats, Dr Gavin Ralston considered that this was one avenue that could be used to provide homeless people with advice on what health services were available. He also referred to the need not only for better bespoke services but also more joined-up service provision for the homeless.
- 6) In response to a question from Candy Perry, the Development Officer indicated that three of the Inquiry's nine recommendations were being focused upon because they were very much health service related and pertinent to members serving on the Health and Wellbeing Board; however the three recommendations were not being looked at in isolation. It was also highlighted that the Health and Social Care Overview and Scrutiny Committee would be considering a report on progress against all the recommendations at its meeting on 20 October 2015.
- 7) Further to 6) above, Dr Adrian Phillips, Director of Public Health suggested that a progress report be submitted to the next meeting.
- 8) Candy Perry asked that specific details be provided regarding how Patient and Public Involvement would be integrated into the work moving forward and Alan Lotinga underlined the need for the Development Officer to be provided with help and support aimed at being able to provide a positive update in this regard. Further to 4) above, he advised the meeting that arrangements would be made for the Charter and also a copy of the full Overview and Scrutiny Committee report to be circulated to members.
- 9) Tracy Taylor considered that there was a need for clarity around how the recommendations would be implemented and what the impact would be for the homeless population - integral to this would be talking to the service users. It was also indicated that most GPs in the City had opted out of 'out of area' registration and there was therefore a need to see how it could be ensured that GPs became willing to register homeless people and address the practical issues of individuals moving from one location to another.

The Chair considered that it was an excellent report and was pleased to see such a willingness to succeed in providing improved care and support to the homeless. The recommendations outlined in the report and other matters raised during the discussion were put to members and it was:-

131

**RESOLVED:-**

- (a) That actions to support and progress the following be agreed:-
  - (i) The three Birmingham Clinical Commissioning Groups exploring how to make it easier for homeless people to register with a GP and how they can be facilitated to maintain registration;
  - (ii) services being commissioned in a joined up way where possible specifically for people with a dual diagnosis of mental health and substance misuse or alcohol problems and dementia;
  - (iii) the Joint Commissioning Team examining the feasibility of commissioning an emergency and/ or out of hours specialist homeless primary care facility;
- (b) that a progress report be submitted to the next meeting of the Health and Wellbeing Board;
- (c) that a full copy of the Homeless Health Overview and Scrutiny Committee Inquiry report and the NHS Young Peoples GP Charter be circulated to members of the Board.

At this juncture members briefly introduced themselves and advised the meeting of who they were representing while serving on the Board.

---

(This report was brought forward on the agenda)

**IMPROVING OUTCOMES FOR PEOPLE WITH MENTAL HEALTH PROBLEMS – CONSULTATION ON STRATEGY DIRECTION**

The following report was submitted:-

(See document No. 2)

Hazel Imrie, Public Health Intern, introduced the information contained in the report.

The following were amongst the issues raised and responses to questions:-

- 1) Dr Adrian Phillips, Director of Public Health responded that in contrast to the commissioning of 0-25 years child and young adult mental health services that were orientated around mental ill health the report now before members was more focused on seeking to maintain and improve people's mental wellbeing through intervening at an earlier stage. He highlighted that currently there was no national requirement to carry out work aimed at maintaining and promoting the mental wellbeing of children in schools.

- 2) Councillor Brigid Jones advised the meeting that the Council had been rolling out a Challenging Homophobia programme in primary schools and that there was also a Pride in Education initiative at secondary school level aimed at preventing circumstances arising where LGBT young people developed mental health issues because of what some other children said to them. She highlighted that there was therefore an opportunity to link-up with this work in the future.
- 3) Reference was made by the Director of Public Health to published information available stating that thirty per cent of adult depression was as a consequence of school bullying.
- 4) Dr Andrew Coward advised the meeting that the Health and Social Care Overview and Scrutiny Committee the previous day had considered a paper on Primary Care and Community Mental Health Transformation where matters discussed had included the prevention agenda; ensuring that the needs of the diverse communities in Birmingham were properly addressed as part of the work; and around engaging with the Third Sector.
- 5) In relation to prevention, Dr Andrew Coward referred to work in the United States where it had been discovered that a number of women who'd dropped out of weight loss clinics had been sexually abused. He reported that a subsequent major study had shown that an individual's Adverse Childhood Experiences (ACEs) predicated the lifetime risk of both mental and physical problems. It was explained that ten ACEs (e.g. physical abuse, sexual abuse, emotional abuse, physical neglect etc.) had been described each with a score of 0-10. A certain level was a far more powerful indicator that an individual would develop Chronic Obstructive Pulmonary Disease and lung cancer than smoking. The member suggested that members of the Board consider this research and highlighted that he'd made contact with Professor Jane Barlow who was an expert in this field and that he could in due course provide the Board with an update on the outcome of his enquiries. He also undertook to arrange for links relating to the work to be e-mailed to members of the Board.
- 6) Further to 5) above, Dr Andrew Coward also made reference to work at the Allens Croft Project where children from homes where there was domestic abuse could be seen to have high cortisol and adrenaline levels. He referred to the adverse effects of high hormone levels in terms of neurological development, long-term cognitive impairment, poor quality life decisions and a predisposition to various diseases. The member considered that the matters he'd raised could potentially have huge implications for the way that mental health services were commissioned.
- 7) The Director of Public Health advised the meeting that the reason for bringing the report to the Board was to look at redressing the balance so that more focus was given to prevention (and also recovery) as against dealing with crises that would otherwise arise.
- 8) In stressing how devastating a mental illness could be for a person, the Dr Gavin Ralston referred to the need for GPs to be able to gain access to expert specialist support more rapidly than they were able to at present. In addition, the member highlighted that when patients were referred to an agency there was sometimes a significant delay before therapies were provided. He considered that this was not acceptable and that improvements needed to be made over the next few years. It was also

highlighted that returning to work was part of the recovery process for individuals with severe mental health problems.

- 9) Tracy Taylor supported pursuing a more preventative approach in terms of improving outcomes for people with mental health problems and referred to there being a lot of evidence of children whose parents had passed away going on to have mental health problems in later life or entering the criminal justice system. However, the member queried how specific focus would be given to pursuing a preventative agenda focused on children.
- 10) Cath Gilliver welcomed the outcomes outlined in Appendix A. However, she referred to reservations in the voluntary sector regarding the wording of some of the questions asked online relating to the strategy and, for example, considered that a question relating to whether it was more important to provide services for people with dementia or for young people was a false choice, as both were important. The member also highlighted that one of the main challenges faced was securing access to mental health services for people who needed help so that they could be diagnosed and treated.
- 11) The Chair highlighted that for her prevention was key and referred to the need for joined-up working in the community so that there were not people with mental health issues out there who were not receiving help and support.
- 12) In referring to the importance of seeking feedback so that conversations could take place on the issues, the Director of Public Health undertook to take on board the concerns expressed in 10) above relating to the online consultation. In addition, he stressed the need to move much faster in dealing with crises when they developed but indicated that he would welcome members' support in pursuing a more preventative approach. He considered that at present most of the focus was on providing in-patient beds for people with mental health problems. The Director highlighted that it would not be possible to do everything at once and there would be a need to take a view on what should be done in the first few years.
- 13) Further to 9) above, Chief Superintendent Richard Moore referred to the role the Early Help and Safeguarding Partnership in the City could play in pursuing a preventative agenda.
- 14) In voicing concern regarding instances where individuals with mental health issues had been moved into accommodation far from home and away from families and friends, Cath Gilliver highlighted that it was still important to think about the availability of in-patient beds as well.
- 15) Karen Helliwell advised the meeting that funding for secure care was rising exponentially and considered that in order to turn this round there was a need to look at how mental ill health could be prevented from developing. In addition, she referred to out of area placements made that had been totally unsuitable for the individuals concerned and highlighted that keeping families together could make all the difference. The member considered that the Specialist Community Team would be more than happy to look at ways in which people providing services and support could work together in looking at other opportunities and investing in different approaches.
- 16) Dr Gavin Ralston supported the comments made regarding the importance of prevention but at the same time ensuring that when accommodation was required vulnerable people were kept close to their family and not sent a long way from home.



- 17) In responding to comments made, the Director of Public Health underlined that the report was not about negating the importance of inpatient beds but finding the right balance. He considered that at present there was too much talk about beds and not enough about preventing mental ill health.

132

**RESOLVED:-**

That the report be noted and the Director of Public Health and Hazel Imrie, Public Health Intern feedback the comments made during the discussion.

---

**ROLE OF OPERATIONS GROUP**

The following report was submitted:-

(See document No. 3)

Alan Lotinga, Service Director, Health and Wellbeing, introduced the information contained in the report.

133

**RESOLVED:-**

That the following be agreed:-

- (a) The Operations Group taking on a more active role as detailed in section 4 of the report;
- (b) the Operations Group developing and agreeing the Health and Wellbeing Board agenda with the Chair and Vice-Chair;
- (c) that any items or reports for information are included in the Operations Group standing agenda item report and full versions are circulated electronically in advance of the meeting;
- (d) that items and reports presented to the Board are directly linked and support the strategic priorities and outcomes of the 'strategy on a page'.

---

(This report was brought forward on the agenda)

**CARE ACT 2014: INTEGRATION, CO-OPERATION AND PARTNERSHIPS**

The following report was submitted:-

(See document No. 4)

Alan Lotinga, Service Director, Health and Wellbeing, introduced the information contained in the report.

The following were amongst the issues raised and responses to questions:-

- 1) The Service Director, in responding to a question from Tracy Taylor, suggested that the Operations Group be charged with looking at the issue of how the Board could best input into the requirement to integrate, co-operate and work in partnership.
- 2) Further to comments made, the Service Director advised the meeting that the requirements of Section 15 of the Care Act would be taken on board as part of the process of updating the Health and Wellbeing Strategy.
- 3) In making particular reference to Housing Liaison Boards and also the elderly, Councillor Lyn Collin considered that a housing representative should be appointed to serve on the Board so that there was a direct link in this regard. The member also highlighted that there were planning issues that were housing related.

The Chair advised members that the comments made would be taken on board and that feedback on progress provided in due course.

134

**RESOLVED:-**

That the report be noted and members of the Board be asked to make their respective teams aware of Section 15 of the Care Act 2014 statutory guidance, attached as Appendix A.

---

**BIRMINGHAM HEALTH PROTECTION FORUM ANNUAL REPORT 2014/15**

The following report was submitted:-

(See document No. 5)

Chris Baggott, Lead for NHSE, PHE and CCG Liaison and Assurance introduced the information contained in the report.

The following were amongst the issues raised and responses to questions:-

- 1) In response to a question from Cath Gilliver relating to information on page 12 of Appendix A to the report, the officer advised member that he understood that the study to assess the feasibility of deploying low emission zones to tackle city centre nitrogen dioxide problems had not yet been completed but he could report on the issue in the future.
- 2) Councillor Brigid Jones enquired whether the officer considered that the Early Years Service was doing all it could to encourage the take-up of immunisations in respect of 0-5 year olds.
- 3) The officer advised the Board that colleagues in the Screening and Immunisation Team had undertaken a lot of work around the child health information system to ensure that the figures were correct and that as data audits had progressed reported immunisation uptake rates had been seen to increase.
- 4) Further to comments made by Candy Perry relating to a shortage of BCG tuberculosis vaccine, the officer reported that the maternity units worked

closely with the Screening and Immunisation Team and that recall arrangements in respect of infants were vigorously checked. Furthermore, members were advised that though the supply of BCG vaccine had increased this was not sufficient to deal with the backlog of the outstanding vaccinations; nonetheless the situation was improving and expected to be addressed.

- 5) Dr Nick Harding referred to the need to consider what actions should be taken so that vaccination rates increased.
- 6) It was highlighted by Karen Helliwell that the screening and immunisation programme commissioning arrangements were very complex and she considered that anything that could be done to simplify them and link them to clear objectives would be really helpful.
- 7) Dr Gavin Ralston made reference to the low screening rate for bowel cancer and indicated that he considered that this was an area that should be focused upon.
- 8) Further to 7) above, Dr Andrew Coward reported that there was a scheme about to be introduced in GP Practices within the Birmingham South Central Clinical Commissioning Group that he could share.
- 9) In responding to comments made, Dr Adrian Phillips, Director of Public Health referred to the success that had been achieved in tackling tuberculosis in the City by working on the evidence base really well and going to the very last degree to ensure people completed their treatment; considered that simply through GPs, health visitors and midwives conveying the right messages, higher immunisation update rates would be achieved; concurred that there was a need to look at how the bowel cancer screening rate could be increased; and in referring to the prevalence of respiratory disease, referred to pressing harder for improvements in air quality.

135

**RESOLVED:-**

- (a) That the annual report of the Health Protection Forum attached as Appendix A, be endorsed;
- (b) that the assurance statement from the Director of Public Health that plans are in place or are being developed to protect the health of the population of Birmingham, be accepted.
- (c) that the major issues of Health Protection identified for 2014/15 and for 2015/16 as outlined in the report be endorsed.

---

**WORKING LOCALLY – WORKSHOP OUTCOMES**

The following report was submitted:-

(See document No. 6)

Dr Adrian Phillips, Director of Public Health introduced the information contained in the report.

The following were amongst the issues raised and responses to questions:-

- 1) The Chair referred to the need for more relationships at a local level to take forward the Health and Wellbeing Board agenda.
- 2) In referring to paragraph 4.6 in the report, Alan Lotinga, Service Director, Health and Wellbeing highlighted that mapping local services and assets was a top priority.
- 3) Councillor Brigid Jones suggested that information be provided on the reasons for such measures as bus lanes, cycle lanes etc that Members of the Council could then use at local meetings when faced with lobbying from car drivers etc. The Chair indicated that this would be investigated.

136

**RESOLVED:-**

(a) That the outcomes of the workshop be noted;

(b) that support be given to:-

(i) producing a quarterly newsletter;

(ii) holding health seminars on prevention, physical exercise and links to mental health;

(iii) developing a Health and Wellbeing work plan at a local level so Districts can communicate with the Board and work collaboratively;

(c) that approval be given to the Operations Group responding to questions raised and providing feedback to delegates.

---

**WORK PROGRAMME**

The following Work Programme was submitted:-

(See document No. 7)

The Chair felt that not enough of the Board's business items related to young people and, in concurring with a suggestion made by Dr Adrian Phillips, Director of Public Health reported that arrangements would be made for young people to report to the next meeting so that their views could be heard.

In referring to the previous paper on working locally, Tracy Taylor considered that when the Healthy Villages - Update and Next Steps item was presented at the Board it would be helpful if information could be provided regarding how the initiative would lead to better collaboration at District level.

137

**RESOLVED:-**

That the Work Programme be noted.

**MINUTES**

- 138      The Minutes of the Board meeting held on 30 June 2015 were confirmed and signed by the Chair.
- 

The meeting ended at 1702 hours.

.....  
CHAIRPERSON



