Notice of Meeting

HEALTH & WELLBEING BOARD

Wednesday, 22 January 2020 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 14 January 2020

Chris Naylor
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Social Care and Health Integration)
Dr Jagan John	Barking & Dagenham Clinical Commissioning Group
Elaine Allegretti	LBBD (Director of People and Resilience)
Cllr Saima Ashraf	LBBD (Cabinet Member for Community Leadership and Engagement)
Cllr Sade Bright	LBBD (Cabinet Member for Employment, Skills and Aspiration)
Cllr Evelyn Carpenter	LBBD (Cabinet Member for Educational Attainment and School Improvement)
Bob Champion	North East London NHS Foundation Trust
Matthew Cole	LBBD (Director of Public Health)
PS Kimberly Cope	Metropolitan Police
Sharon Morrow	Barking & Dagenham Clinical Commissioning Group
Fiona Peskett	Barking Havering & Redbridge University NHS Hospitals Trust
Cllr Lynda Rice	LBBD (Cabinet Member for Equalities and Diversity)
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.

Standing Invited Guests

Cllr Eileen Keller	LBBD (Chair, Health Scrutiny Committee)
Terry Chaplin	London Fire Brigade
Brian Parrott	Independent Chair of the B&D Local Safeguarding Adults Board
Vacant	London Ambulance Service
Ian Winter CBE	Independent Chair of the B&D Local Safeguarding Children Board
Vacant	NHS England London Region

AGENDA

1. **Apologies for Absence**

2. **Declaration of Members' Interests**

   In accordance with the Council's Constitution, Members of the Board are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. **Minutes - To confirm as correct the minutes of the meeting on 13 November 2019 (Pages 3 - 6)**

BUSINESS ITEMS

4. **Vulnerable Children Outcomes- Call to Action (Pages 7 - 8)**

5. **NHS Long-Term Plan- Response of ELHCP- Strategic Delivery Plan (Pages 9 - 10)**

6. **Demand for Places for Pupils with Special Educational Needs and Disabilities (Pages 11 - 21)**

7. **Maternity Services (Pages 23 - 39)**

8. **Early Years Transformation Academy (Briefing) (Pages 41 - 45)**

9. **Out of Schools Settings Project Update (Pages 47 - 53)**

10. **Child Death Overview Panel (CDOP) Annual Report (Pages 55 - 68)**

11. **Domestic Abuse Update - New Domestic and Sexual Violence Service and Barking and Dagenham Domestic Abuse Commission (Pages 69 - 79)**

STANDING ITEMS

12. **Integrated Care Partnership Board - Update**

13. **Forward Plan (Pages 81 - 86)**

14. **Any other public items which the Chair decides are urgent**

15. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

The public and press have a legal right to attend Council meetings such as the Health and Wellbeing Board, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 3 of Schedule 12A of the Local Government Act 1972 as amended).

16. LSCB- Vulnerable Children- Call to Action - Report of the Director of Public Health (Pages 87 - 120)

17. Any other confidential or exempt items which the Chair decides are urgent

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

A New Kind of Council

- Build a well-run organisation
- Ensure relentlessly reliable services
- Develop place-based partnerships

Empowering People

- Enable greater independence whilst protecting the most vulnerable
- Strengthen our services for all
- Intervene earlier

Inclusive Growth

- Develop our aspirational and affordable housing offer
- Shape great places and strong communities through regeneration
- Encourage enterprise and enable employment

Citizenship and Participation

- Harness culture and increase opportunity
- Encourage civic pride and social responsibility
- Strengthen partnerships, participation and a place-based approach

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MINUTES OF
HEALTH AND WELLBEING BOARD

Wednesday, 13 November 2019
(6:00 - 7:32 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, Cllr Evelyn Carpenter, Cllr Lynda Rice, Matthew Cole, Kimberly Cope, Sharon Morrow, Fiona Peskett and Nathan Singleton

30. Apologies for Absence

Apologies were submitted on behalf of Councillor E. Keller, Bob Champion, NELFT and Brian Parrott, Independent Chair of B&D Local Safeguarding Adults Board.

31. Declaration of Members' Interests

There were no declarations of interest.

32. Minutes - To confirm as correct the minutes of the meeting on 10 September 2019

The minutes of the meeting held on 10 September 2019 were confirmed as correct.

33. Better Care Fund (BCF) 2019/20

The Board received a presentation from the Head of Commissioning, Adult Care and Support which outlined a summary of the 2019/20 submission to NHS England for the Better Care Fund (BCF) which formed an extension of the Joint BHR Narrative Plan agreed for 2017-19 and, following sign-off by the Chair and Deputy Chair of the Board, was presented before the deadline of 27 September. Informally the Council has been notified that the Plan had been approved.

In response to the broad summary of financial sources making up the pooled budget, Councillor Carpenter sought clarity on the breakdown of the CCG financial contribution and queried why this year the local authority had decided not to provide additional funds beyond its iBCF allocation.

Sharon Morrow confirmed that the CCG monies in the main related to contracts held with a range of NHS providers. In respect of the latter the Director of People and Resilience stated that no additional funding had been considered by the Council given the challenging financial position.

The Board requested that a full financial breakdown of the submission summarised in the narrative be circulated to all Board Members.

There were a number of exciting projects/schemes making up the Strategy as part of the narrative and specific reference was made to a mental health improvement project on Thames View (Thrive-ThamesView) and a relational and strengths-

based social work practice model that sought to improve collaborative working, social networks and enhance wellbeing, value the capacity and potential in individuals and communities and reduce bureaucracy.

The Chair agreed that an update be presented in six months-time summarising progress of the BCF projects/schemes, from which the Board could then decide whether they wished to select specific schemes for more in-depth review.

The Deputy Chair confirmed that he had been made aware that both the British Red Cross (BRC) and Age UK had received additional funding from NHS England to support the predicted winter health pressures. The funding allocated to both organisations through the BCF represented match funding and in the case of the BRC additional commissioned work. The Chair stressed the importance of officers ensuring there was no duplication across the range of organisations funded through the BCF.

34. BHR CCG Long Terms Conditions Strategy

The Board received and noted a report and presentation from Dr Ramneek Hara GP Clinical Lead and Jeremy Kidd, Deputy Director of Delivery on the work to date of the BHR CCG Long-Term Conditions (LTC) Transformation Programme led by a Transformation Board. This was established in April 2019 to develop a strategy of co-ordinated change across a range of LTC's as detailed in the report with a view to improving quality, patient outcomes and to ensure services are delivered as efficiently as possible and integrated around the patient.

The programme of work involved identifying thematic groups with the aim of delivering a vision through two task and finish groups, beneath which were a range of sub-groups involving clinicians and officers from across the BHR system. There were also mechanisms to engage with patients and carers.

As LTC's had not previously constituted a defined area of work, the strategy document had been developed to understand the key challenges and the responses to such. The key challenges were seen as:

- The gap in prevalence between national forecast levels and local levels of diagnosis, and
- The level of activity on long term conditions in a non-elective care setting.

A clear vision for LTC's had been developed in response to the challenges which included the development of common/single pathways for patients with multiple LTC's, a renewed emphasis on empowering the patient to manage their own condition(s) and improving diagnosis rates.

In response to the presentation the Director of People & Resilience asked about the relationship between LTC's and specific pieces of health work, highlighting as an example links between stress in childhood leading to LTC's in older age. Dr Hara stated the programme had acknowledged these health links citing things like obesity, asthma, and smoking in young people with LTC's in later life.

Reference was also made about the importance of recognising the effects for older children carers, who can ignore their own health needs and the importance of establishing support networks. There were also issues of mental wellbeing of children and young people which if not addressed could potentially lead to other health problems in later life. Overall the strategy suggested that LTC's was an older adult problem. The CCG were advised to consider incorporating children and young people in the model.

Dr Hara then presented an overview of the model of care which aimed to identify people at an early stage with a range of in-scope conditions and help them to access treatment and to improve self-management of those LTC's seen as Atrial Fibrillation, Blood Pressure, Cholesterol and Diabetes.

He referred to the 'Core Offer' in the strategy involving providing the patient with information, care planning and an annual health check so as to proactively manage a condition so it does not deteriorate, and therefore decreasing the probability of multiple LTC's occurring, for which there is a key role for Care Coordinators. It was stated that given the overall spend by the BHR CCG in respect of both planned and unplanned admissions it was estimated that long term there would be no additional financial implications arising from implementing the proposed model of care.

The Chair welcomed the model and recognised from her own experiences at the GP a real change in the way health conditions were being managed by GP's through taking a more holistic approach to dealing with patient needs.

Responding to the financial viability of the model Jeremy Kidd stated that the CCG had undertaken financial modelling on the volumes of spend which taking diabetes as an example showed that 85% of the allocated annual budget was spent on treating the condition and demonstrated the value and cost effectiveness of addressing LTC's at an early stage through decreasing the prevalence gap.

The Deputy Chair explained that the model was about shifting the balance and making sure as a result of early intervention, the patient is properly sign posted to the right clinician and/or organisation, such as the GP or the voluntary sector.

It was suggested that the model did not appear to recognise respiratory health problems as an LTC, given this is a significant issue for Barking and Dagenham. The CCG acknowledged this explaining that there are planned workshops focusing on both respiratory issues and cardiology, another prevalent health condition in Barking and Dagenham.

It was confirmed that the model was being rolled out now on a phased basis. Sharon Morrow added that the transformation programmes were in early development and acknowledged that this stage they were NHS focussed, although the intention was to adopt a more strategic approach which would be driven forward through the Inter Care Executive Group (ICEG).

35. North-East London Primary Care Strategy

Dr Anwar Khan, East London Health and Care Partnership presented details of the NEL Primary Care Strategy approved by all seven CCG's governing bodies, which was submitted to NHS England on 30 June 2019, and which formed a key component of the NHS Long Term Plan.

Referring to the local context the vision outlined in the Strategy stated the aim of 'We will make NE London a desirable place to work and train in primary care' which set out the top 5 aspirations with the intention of retaining GP's across NEL. Whilst welcomed the Board queried why this work had not been implemented previously.

Accordingly, the Board noted the report and presentation.

36. Integrated Care Partnership Board - Update

The Chair updated the Board on progress with review of the Partnership's governance arrangements.

37. Forward Plan

The Board noted the current draft edition of the Forward Plan.

HEALTH AND WELLBEING BOARD

22nd January 2020

Title:	**Presentation on Vulnerable Children's Outcomes – A Call to Action**
Report of the Director of Public Health	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Matthew Cole Director of Public Health	**Contact Details:** Tel: 0208 227 3657 E-mail: matthew.cole@lbbd.gov.uk
Sponsor: Elaine Allegretti, Director of People and Resilience	

Summary:

Following concerns raised by the Local Safeguarding Children Board (LSCB) and Ofsted around the outcomes for vulnerable children in Barking and Dagenham across the health and care system, the Director of Children's Services asked the Director of Public Health to conduct a review of current services. Key findings include:

- Evidence of good practice including Youth Offending Service (YOS) Health and Exploitation Services which demonstrates close partnership working with CAMHs, Speech and Language Therapy (SALT), YOS and children's social care services.
- A lack of a whole system approach to commissioning in relation to outcomes, integrated commissioning, thresholds for access, planning and design of services and pathways.
- Workforce issues including supply and retention of suitably skilled staff resulting in reduced system capacity. Therefore, the need to consider where we deploy this resource and different models of delivery.
- Generally, services like CAMHs were appreciated by their service users but there is widespread agreement that they are difficult to access.
- Overwhelming view that the universal offer at Tier 1 and Tier 2 needs a major review to ensure it fully meets both need and demand. Widespread support for early intervention, including family-based approach, to prevent issues escalating to crisis.
- Poor understanding of the CAMHs I-thrive model among partners across the system often leading to a disconnect of expectations between referrers and North East London Foundation Trust to match children and young people with the appropriate levels of intervention.
- Lack of resources cited to support children with behavioural issues that are challenging for schools to manage but who do not meet the threshold for CAMHs specialist support.
- Lengthy waiting times to access Autistic Spectrum Disorders diagnosis with little support for parents/carers in the interim and post diagnostic.
- Professional networks need to review their response to emerging needs particularly the consequences of "not for further action" or "did not attend". If no vulnerable child appears this presents missed opportunities to intervene.

A copy of the full report presented to the LSCB by the Director of Public Health can be viewed in the private and confidential section of the agenda (Item 16).

Recommendations

The Health and Wellbeing Board is recommended:

1. To consider reviewing current data sharing agreements between the partners to provide relevant individual level data for CAMHs and SALT. This will improve data-driven planning and delivery of care to achieve maximum impact. By facilitating segmentation, stratification and impact modelling to identify local 'at-risk' cohorts and, in turn, the designing of more cost-effective integrated arrangements for targeting interventions to improve care and reducing unwarranted variations in outcomes.

2. To consider the need for an agreed whole system strategic commissioning plan that sets out a clear integrated universal and targeted pathway from Tier 1 to Tier 4 setting out clear thresholds for access. Key considerations include:

    - working towards a multi-agency autism service/pathway across early help, education, health and social care;

    - putting in place an effective behavioural pathway; and

    - better use of specialist resources caught up in Section 75 and multi-disciplinary arrangements including Looked After Children (LAC) and the Community Learning Disability Team in this space. This includes reviewing specialist provision for LAC within CAMHs as they need to reach Tier 3 threshold before being seen.

    - the challenge sits across both children and adults' commissioning for example, vulnerable children sit in families with domestic abuse and adults with mental health needs.

3. To consider the opportunities created by 'Place based Care'. For example, where the newly created Primary Care Networks can add value through their development of a Social Prescribing offer to enhance comprehensive universal prevention for children, young people and their families.

4. To recommend that the findings should be reviewed to ensure improving outcomes for vulnerable children and safeguarding is at the heart of our transformation of programmes by both the BHR Joint Commissioning Committee and the BHR Children and Young People Transformation Board.

Reasons

The purpose of this presentation is twofold: to review the outcomes of some specialist children's services for vulnerable children on how well the system is working to meet the health and care needs and to make recommendations to stimulate discussion for collective action.

HEALTH AND WELLBEING BOARD

22 January 2020

Title:	**NHS Long Term Plan – Response of the ELHCP – Strategic Delivering Plan**
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: No**
Report Authors: **Mark Scott, Deputy Director of Transformation**	**Contact Details:** ELHCP PMO office, 2nd Floor, Unex Tower, 5 Station Street, London E15 1DA 020 3688 2300 enquiries@eastlondonhcp.nhs.uk

Sponsor:
Not applicable

Summary

In January 2019, NHS England published it's Long Term Plan (LTP). It set out the NHS' ambitions for improvement over the next decade. Patients and their families, NHS staff, the public and a wide range of organisations were involved in developing the plan. There are a number of priority areas of work ranging from mental health to focussing on key enabler areas such as workforce.

The East London Health and Care Partnership (ELHCP) have been working with partners (CCG's, providers and local authorities) to develop a local response to the LTP, which sets out how the Partnership will work together to respond to known challenges and deliver improvements to health and care services.

An update on the development of the response was first presented to the Board in September 2019. The System Operating Plan, published in April 2019, forms the first year of this plan. The final draft of our 'local LTP response', also known as the strategy delivery plan, (SDP) was submitted to NHS England/Improvement in November 2019. The intention is that the detail of the SDP will form the basis of engagement and discussions at both Health and Wellbeing Boards and Overview and Scrutiny meetings in early 2020. The SDP has now been published on the ELHCP website. https://www.eastlondonhcp.nhs.uk/ourplans/

Given the focus of January Board's meeting this presentation will focus on those aspects of the SDP addressing the health needs of children, with the remaining sections being the subject of discussions at the Board meeting in March 2020.

Recommendations

The Health and Wellbeing Board is asked to:

1. Note the report and presentation on the Strategic Delivery Plan and

2. Provide any feedback and comments.

Reasons

The National Long-Term Plan was released in early 2019. It sets out how to make the NHS fit for the future, delivering a range of benefits as set out below:

By giving everyone the best start in life through better maternity services, including a dedicated midwife looking after a mother throughout her pregnancy, by joining up services from birth through to age 25, particularly improving care for children with long term conditions like asthma, epilepsy and diabetes and revolutionizing how the NHS cares for children and young people with poor mental health with more services in schools and colleges.

By delivering world-class care for major health problems to help people live well with faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world, supporting families and individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds to people experiencing a mental health crisis.

By helping people age well with fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people, and by significantly increasing the numbers of people who can take control of their healthcare through personal budgets.

Health and Wellbeing Board

22 January 2020

Title: Demand for School Places for Pupils with Special Educational Needs and Disabilities (SEND)	
Report of the Director of People and Resilience	
Open	**For Information**
Wards Affected All	**Key Decision:** No
Report Author: Andrew Carr, Group Manager School Investment, Organisation and Admissions	**Report Author:** Andrew Carr Group Manager School Investment, Organisation and Admissions
Accountable Director: Jane Hargreaves, Commissioning Director Education	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience	

Summary

The report articulates the increasing demand for school places for pupils with Special Educational Needs and Disabilities (SEND). It explains the new SEND forecasting model to be used going forward to predict and indicates the level of demand to be anticipated over the next four-year period. In addition, the report highlights the anticipated types of SEND likely to be seen and finally what provision is needed to meet this increase demand both in terms of facilities and professional healthcare support.

Recommendation(s)

The Health and Wellbeing Board is recommended to note the:

(i) Increasing demand for school places for pupils with SEND over the next four-year period, for primary and secondary places, and
(ii) Types of SEND are likely to be presented over this period and corresponding provision required to support these pupils.

Reason

The Council have the statutory responsibility for providing a school place for every pupil who lives in the borough and wants one. There are implications on health colleagues in the provision and planning of services to meet the needs of these pupils.

1. Introduction and Background

1.1 Nationally, the demand for places for pupils with Special Educational Needs and Disabilities (SEND) is increasing exponentially. The number of pupils with Statements or Education, Health and Care Plans (EHCPs) requiring specialist provision to meet their needs has risen by 35per cent since 2014 in London (London Councils data), and the complexity of these needs is increasing.

1.2 Barking and has experienced rapidly increasing numbers of children and young people requiring support for SEND. This report articulates the reasons as to why the demand for school places for pupils with Special Educational Needs and Disabilities (SEND) has increased and a new forecasting model is being used which shall forecast with greater accuracy the level of demand to be anticipated over the next 4 year period. In addition, the model and report highlight's the most likely types of SEND likely to be seen over this period. Finally, the report outlines the type of provision required to meet this demand.

2. Why has the number of pupils and young people with SEND increased?

2.1 There are four areas which are generally acknowledged to have contributed to the significant rise in children with a statement of SEN or an EHCP and the number of children who have been permanently excluded and or who require alternative provision. These are;

- legislative changes,
- Underlying demographic factors
- policy decisions which have had an impact on inclusion
- funding pressures within in education and children's services.

3. Legislation

3.1 The Children's and Families Act 2014 included far reaching reforms of SEND practice which deliberately and appropriately raised expectations of parents and carers of children with SEND in terms of the level of support that their child should receive as part of a state-funded education. Although welcomed, the introduction of the SEND reforms was accompanied by a rise in the number of children and young people given EHCPs. Another strand of legislation was the extension of responsibility for children and young people with SEND from 0 to18 to 0 to 25 which increased the number of young people who would have normally transitioned from Children's to Adult Services.

4 Underlying demographic factors

4.1 Historically the rates of children and young people with SEND have remained relatively stable, and a simple increase in population would be expected to contribute to a proportionate increase in the number of children and young people with EHCPs. However, alongside the basic population growth there are a number of factors at play which appear to be increasing the percentage of the population that might experience SEND. The confluence of three distinct trends suggests both that children and young people are presenting with higher levels of need and that there is greater identification of underlying need that may always have been present in the population; These are:

- Advances in medical science which have resulted in children with life-limiting conditions having a longer life expectancy. For example, the survival rate of premature babies has increased which often leads to developmental complications.

- The Impact of Adverse Childhood Experiences and early life trauma, for example, domestic violence, substance misuse, separation and loss, have resulted in an increase in requests relating to SEMH needs.

- Poverty. There is a strong correlation between levels of deprivation in an area and the levels of SEND (Institute of Fiscal Studies report Living Standards, poverty and inequality in the UK). It is not difficult to imagine what the impact on a child's social, emotional and mental health might be of living in absolute poverty or indeed what the impact might be on a family's resilience and ability to support their children in Education if they are contending with the challenges of living in poverty and have a child or children with special educational needs or a disability.

5 Policy decisions that have an impact on inclusion

5.1 It is important to recognise that nearly half of all children and young people with SEND are educated in mainstream schools and those in the main are absolutely committed to supporting children and young people with SEND to thrive. However, some national policy decisions place great pressures on schools which inadvertently can in some cases change their behaviour and approach to SEND.

5.2 An example often cited is the introduction of Progress 8 which is an accountability measure for Secondary Schools which focuses on an 'academic core'. The consequence of this means that too often the progress made by children and young people with SEND will make no positive contribution to a school's Progress 8 score and by implication those schools with a higher percentage of children and young people with SEND than their neighbouring schools will appear to be achieving less well. The issue is that the accountability regime currently in place such as Progress 8 has not rewarded those schools which have maintained a high degree of inclusion and arguably has incentivised schools to take a less inclusive stance.

6. Funding pressures with Education and Children's Services

6.1 There are continued pressure on the High Needs budget, which is largely driven by demand, there are approximately £4m of pressures that will need to be offset through a combination of actions including demand management and efficiency savings. The level of overspend on the demand/needs driven areas suggest that the pressures will continue into the next financial year.

6.2 The latest government announcements indicate an 8% increase in the High Needs Block from April 2020 for Barking and Dagenham – equating to around £2.4 million before academy recoupment. This is much needed but remains insufficient.

6.3 The latest forecasts indicate that 2019/20 may be the most challenging for the Borough, management is working closely with Schools Forum High Needs Working Group to implement strategies to contain cost within budget.

The financial implication on the general fund as a result of the increase in the number of SEND cases is as follows:

6.4 There are a number of high cost placements of SEND children who have a LAC status which currently sits within Children's Care & Support. The budget pressure of this cohort to the service is estimated at £1.4m.

6.5 In addition, there is a direct impact on the Education Health and Care (EHC) Team, Education Psychology service (EPS) and the Special Schools Transport. Due to the increase in the total number of children in LBBD requiring an EHCP. The EHC team's current establishment does not have enough capacity to cope with the extra workload. This has led to extra resources being sought over and above what the current budget allows. The same applies to the EPS as both services provide statutory duties. The special school transport is also currently experiencing a budget pressure due to the number of children requiring the service and the complexity of the cases which create a need for additional special travel arrangements being put in place.

6.6 The 3 areas above all sit within the Disability service and currently projecting a budget pressure of £728k.

7. Forecasting growth in SEND

7.1 The provision of school places is a national issue, particularly London due to the rising population which has impacted on the demand for school places in general. For Barking and Dagenham, the provision of school places has been a major area of capital investment over the last 12 years and since 2007 there has been a continuous need to create additional high-quality provision to meet that demand.

7.2 The forecasting of the pupil population is continually reviewed and twice yearly reported to the Cabinet. This is to ensure that long term plans are developed so that there are sufficient school places for every pupil who wants one in the borough. The provision of a school place is a statutory function of the Council, so it is vitally important to forecast the demand as accurately as possible and to balance this with the right number of additional school places. This could mean expanding existing schools and building new where there are new communities such as on Barking Riverside.

7.3 There are a number of factors which are taken into consideration when calculating this overall pupil demand, the man ones are:

- Numbers of pupils currently in the borough;
- Birth figures;
- New housing proposals, as advised in the Local Plan Review;
- Historical data e.g. pupils living in borough but choosing out borough schools;
- Internal knowledge of recent population fluctuations, in particular the impact of population movements into and out of the Borough.

7.4 Many local authorities particularly in London including Barking and Dagenham have tracked information which indicates a progressive rise in children with SEND. Historically the forecasting of SEND pupils has used a traditional method of using a percentage (2%) of the total child/pupil population to forecast this group of young people. Until recently this has proved satisfactory. However, the changing and increasing numbers has called for a rethink in how future forecasts are calculated.

7.5 A number of senior colleagues with SEND expertise have been working together to develop a more sophisticated forecasting model to help us better plan the right amount and type of places needed.

7.6 In developing the new SEND forecasting model, the starting point was to use the data on SEND primary need since 2010 for children of primary and secondary age and project that forward into future years. The forecast projections assumed that the trend in prevalence noted from 2010 to 2018 would continue into the future and that the growth in population seen in the period 2010 to 2018 would also continue at the same rate.

7.7 Six forecasting models were developed which looked at SEND growth in primary aged pupils to 2022/23 and 2024/25 for secondary.

7.8 The six models developed were tested where it was agreed by the team that a hybrid of one version should be taken forward as the most suitable is terms of future SEND forecasting. The model will be tested against school census data as this comes available and any adjustments made to improve forecasting reliability.

7.9 The model chosen was used to forecast those pupils and young people who would require a place at either a special school, an ARPs or additional support in mainstream setting, both in and out of Borough so every pupil was captured. This apportionment to different types of provision has been based on past patterns of placement and that to date had been the most effective way in meeting needs of the pupil concerned and their family or carer.

8 Primary SEND

8.1 Using this new model, the Primary SEND actuals and forecast demands are indicated in appendix 1 of the report. In summary, this would indicate that an additional 113 pupils with SEND are anticipated over the next four-year period. Further analysis of the sub-data sets also enabled the LA to forecast the following types of SEND to be seen over this four-year period. These are:

SEN classifications	Total
ASC Autistic Spectrum Disorder	48
HI Hearing Impairment	3
VI Visual Impairment	2
SEMH Social, Emotional and Mental Health	7
PMLD Profound and Multiple Learning Difficulties	3
SLD Severe Learning Difficulty	10
SPLD Specific Learning Difficulty	0
SLCN Speech, Language and Communication	23

Need	
PD Medical/Physical	5
MLD (Moderate Learning Difficulties)	12
Total	**113**

8.2 Of the 113 increase in demand in pupil's places, based upon historical patterns of placements, the distribution of pupils is most like to reflect the following table below.

Forecast Distribution According to Provision	**Total Number of Additional Pupils Forecast Over 4 Years**
Special School	20
Mainstream ARP	14
Out of Borough Mainstream and Independent Schools	4
Mainstream School	75
Total	**113**

9 Secondary SEND

9.1 Secondary SEND will present the greatest demand for pupil places. Similar, using the new forecasting model, the Secondary SEND actuals and forecast demands are indicated on Appendix 2 of the report. In summary, this would indicate that an additional 353 pupils would be anticipated over the next four-year period. Further analysis of the sub-data sets forecast the following types of SEND to be seen over this 4 year period.

SEN classifications	**Total**
ASC	79
ASC Autistic Spectrum Disorder	10
HI Hearing Impairment	3
VI Visual Impairment	67
SEMH Social, Emotional and Mental Health	7
PMLD Profound and Multiple Learning Difficulties	74
SLD Severe Learning Difficulty	1
SPLD Specific Learning Difficulty	56
SLCN Speech, Language and Communication Need	24
PD Medical/Physical	31
MLD (Moderate Learning Difficulties)	1
Total	**353**

9.2 Of this 353 increase in demand in pupils, based upon historical patterns of placements, the distribution of pupils is most like to reflect the following table below.

Forecast Distribution According to Provision	Total Number Additional Pupils Forecast Over 4 Years
Special School	117
Mainstream ARP	61
Out of Borough Mainstream and Independent Schools	55
Mainstream School	120
Total	**353**

10 Future SEND Provision in the Borough

10.1 The current SEND provision and their respective capacities have been mapped against current pupil numbers on roll and forecast using the new model over the next four period to understand the additional type of places to be required.

10.2 Firstly, the review forecasting model has underpinned the Council's existing strategic plan for the need for a new permanent school to support pupils with Social Emotional, Mental Health (SEMH).

10.3 A new Free School called Pathways, operated by the EKO Trust opened in September 2019on the City Farm site. Pathways will operate at this site until the Department for Education construct a purpose-built school at another location within the borough. The new SEMH School will have the capacity to take up to 90 pupils when completed.

10.4 The second aspect of review again underpinned the need for a school to support pupils with Severe Learning Difficulties and Autism. Here a new special school would be needed to provide places for up to 160 pupils, predominantly for older children.

10.5 The DfE have previously approved the opening of such a new school in the Borough whereby under the Free Schools programme they would locate a suitable site and build the SEN school for an Academy Trust to operate. Currently Officers in the Council are assisting the DfE in a search for a suitable site to take the project forward. In reality a purpose-built school will not materialise until 2022-23 at the earliest.

10.6 The timescales for this means that the demand for SEN Places pupils will be beyond current capacity therefore consideration will need to be given to setting up some form of additional provision in a temporary location. Alternatively, pupils can be placed in independent provisions but these would are comparatively expensive and not in the best interests of the pupil.

11. Implications for Health

11.1 Clearly the implications for commissioned health provisions are also great. The majority of these services are commissioned through the CCG, particularly for children with the most complex needs, and are focused on therapies, including Occupational Therapy, Speech and Language Therapy, and CAMHS.

11.2 Whilst there is work that can be undertaken within the local authority to increase and improve tier two health services (for example, £187,000 has been secured through the Local Transformation Partnership) to develop tier two CAMHS to improve our early intervention in this area and help to manage demand), the responsibility for tier three services currently remains outside of the jurisdiction of the Council.

11.3 In order for health colleagues to plan services as best they can, we will work to share our plans and implications for demand with the CCG at the earliest possible date and will continue to negotiate the positioning of spend to accurately reflect and respond to demand.

12. Consultation

12.1 These proposals are not Ward specific. There has been consultation with a range of officers throughout the Council in order that appropriate matters are considered including financial, legal, risk management.

12.2 This report and its implications were considered at the People and Resilience Management Group on the 17th October 2019.

13. Financial Implications

Implications completed by: Kofi Adu Group Finance Manager

13.1 The High Needs budget for 2019/20 is £28.7m, forecasted spend is circa £32.7m, this equates to an estimated overspend of circa £4m. This forecast is largely driven by demand. The level of overspend on the demand/needs driven areas suggest that the pressures will continue into next financial year. Management is working closely with Schools Forum High Needs Working Group to implement strategies to contain cost within budget.

14. Legal Implications

Implications completed by Lindsey Marks Deputy Head of Legal Community

14.1 The Children's and Families Act 2014 requires a Local Authority to ensure that there is a sufficiency of provision for pupils with SEN and review it annually; make arrangements for the Education, Health and Care Needs assessments of pupils/students and maintain and review Statements of SEN and EHC Plans; publish information on SEN funding and provision; monitor the progress of children with SEN; provide a statutory information, advice and support (IAS) service to parents of pupils/students with SEN/D; and provide a Mediation Service to parents of pupils/students with SEN.

15. Other Implications

- **Risk Management**

15.1 The provision of school places is a matter which is directly identified in the Corporate Risk Register and listed at Corporate Risks 31 – Provision of School Places. This is because the Council have the statutory responsibility for providing a school place.

15.2 The DfE hold the risk of delivering the new permanent facilities and they will manage this risk by purchasing the most affordable accommodation which is likely to be a systems build for both projects. Risk of site availability prevent delivery of school places is high. The risk is high impact (4) and medium probability (3) = 12.

15.3 The DfE have exchanged contracts with the GLA to purchase a site for the SEMH School however they are yet to secure a second site for the SLDA School. To help mitigate this risk the Council's 'My Place team' are to assist Education Commissioning colleagues and the DfE in identifying potential Council owned sites which are surplus to the business requirements of the Council and may be suitable for the development of a school.

- **Contractual Issues –** There are no contractual issues to be considered.

- **Staffing Issues –** There are no staffing issues to be considered.

16. Corporate Policy and Equality Impact

16.1 New schools will assist the Council in fulfilling its statutory obligations to provide a school place for every child and support the intention of the Council's Vision and Priorities, including encouraging civic pride, enabling social responsibility and growing the Borough. It is part of the mitigation of Corporate Risk 31 – Inability to Provide School Places.

16.2 The long-term impact will be positive for customers on all counts of: race, equality, gender, disability, sexuality, faith, age and community cohesion. The short-term outlook is unlikely to be positive on the proposed funding levels as it will be difficult to address need on current budget levels.

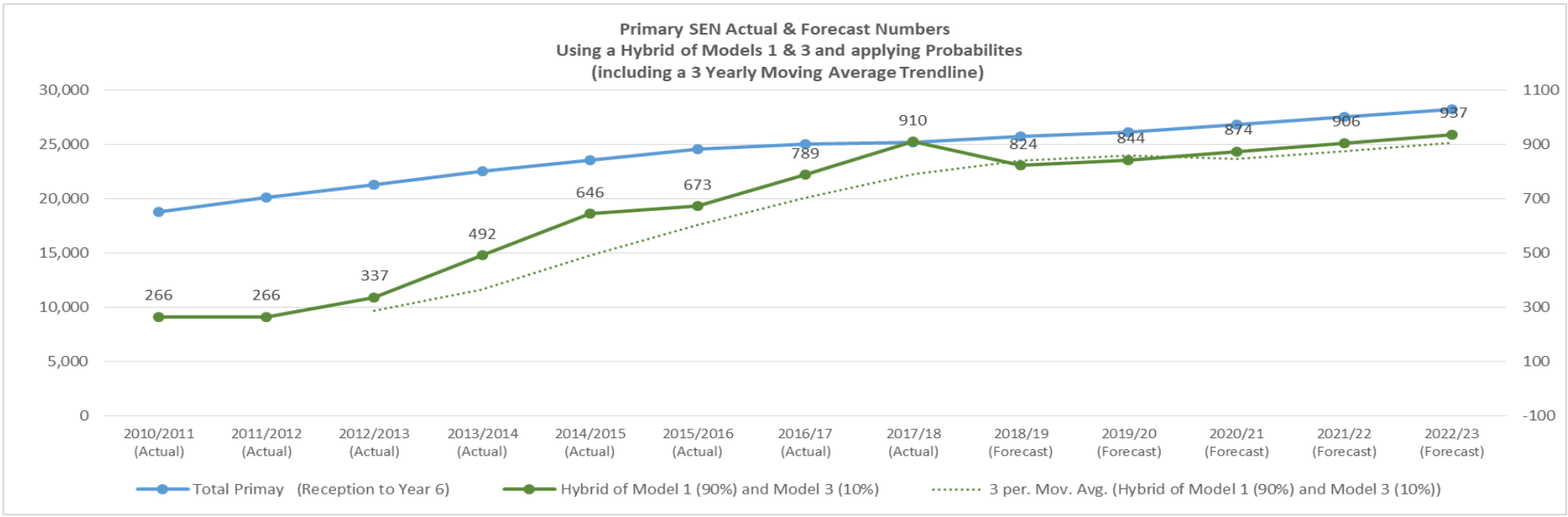
Public Background Papers Used in the Preparation of the Report:

None.

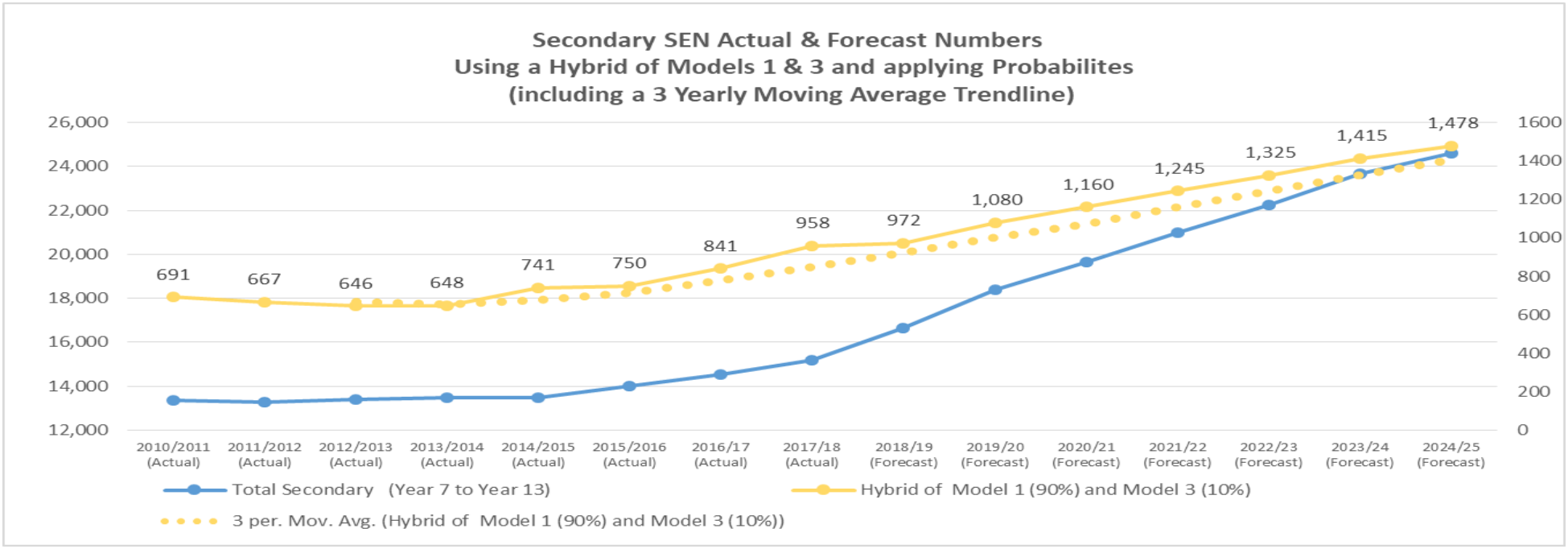
List of appendices:

- Appendix 1 – Primary SEN Actual Forecast
- Appendix 2 – Secondary SEN Actual Forecast

Appendix 1


Primary SEN Actual & Forecast Numbers
Using a Hybrid of Models 1 & 3 and applying Probabilites
(including a 3 Yearly Moving Average Trendline)
30,000
25,000
20,000
15,000
10,000
5,000
0
1100
900
700
500
300
100
-100
266
266
337
492
646
673
789
910
824
844
874
906
937
2010/2011 (Actual)
2011/2012 (Actual)
2012/2013 (Actual)
2013/2014 (Actual)
2014/2015 (Actual)
2015/2016 (Actual)
2016/17 (Actual)
2017/18 (Actual)
2018/19 (Forecast)
2019/20 (Forecast)
2020/21 (Forecast)
2021/22 (Forecast)
2022/23 (Forecast)
Total Primay (Reception to Year 6)
Hybrid of Model 1 (90%) and Model 3 (10%)
3 per. Mov. Avg. (Hybrid of Model 1 (90%) and Model 3 (10%))

Appendix 2


Secondary SEN Actual & Forecast Numbers
Using a Hybrid of Models 1 & 3 and applying Probabilites
(including a 3 Yearly Moving Average Trendline)
26,000
24,000
22,000
20,000
18,000
16,000
14,000
12,000
1600
1400
1200
1000
800
600
400
200
0
691
667
646
648
741
750
841
958
972
1,080
1,160
1,245
1,325
1,415
1,478
2010/2011 (Actual)
2011/2012 (Actual)
2012/2013 (Actual)
2013/2014 (Actual)
2014/2015 (Actual)
2015/2016 (Actual)
2016/17 (Actual)
2017/18 (Actual)
2018/19 (Forecast)
2019/20 (Forecast)
2020/21 (Forecast)
2021/22 (Forecast)
2022/23 (Forecast)
2023/24 (Forecast)
2024/25 (Forecast)
Total Secondary (Year 7 to Year 13)
Hybrid of Model 1 (90%) and Model 3 (10%)
3 per. Mov. Avg. (Hybrid of Model 1 (90%) and Model 3 (10%))

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HEALTH AND WELLBEING BOARD

22 January 2020

Title:	**Plans to Support Maternity Services across North East London**
Report of the East London Health & Care Partnership (ELHCP)	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Simon Hall, Director of Transformation, East London Health & Care Partnership Maureen Fitzgerald, Head of Maternity Programme, East London Health & Care Partnership Sue Lovell, Director of Midwifery, BHRUT Doug Tanner, Commissioner	**Contact Details:** Tel: 020 3688 2300 Email: maureen.fitzgerald1@nhs.net
Sponsor: [	

Summary:

The presentation will give an overview of the current position of maternity services across North East London (NEL) Maternity Providers.

The slide deck also demonstrates the context and position at Queen's Hospital including birthing trends, number of women accessing Queen's maternity services who live outside of the hospital's catchment boundaries, and how we are addressing this as a system.

The East London Local Maternity System (ELLMS) want to plan for the longer term to ensure that maternity services have the right capacity, in the right place and that they are being utilised in the most effective way to ensure that there is the best possible maternity and neonatal outcomes for the population.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Note the presentation on the current maternity service position and future planning across NEL.
2. Provide any feedback and comments on the presentation and future plans.
3. Agree on when a further update is presented to the HWBB

Reason(s)

The ELLMS has successfully implemented their year four ambitions of a five-year transformation programme and is now needing to plan for the longer term, including a review of maternity demand and capacity across the system.

There is a wide variation in utilisation rates across the five NEL maternity assets; Royal London, Newham, Whipps Cross, Queen's and Homerton. Demand at Queen's and Royal London Hospitals is on the increase.

Maternity services within NEL have seen an increase in the number of women choosing to give birth at a hospital which is not their local service provider within the ELLMS.

This will also ensure that there is a robust workforce work strategy to cope with the constant changing demand on maternity services.

Appendix 1 – Power-point presentation

Maternity Services across North East London

London Borough of Barking & Dagenham

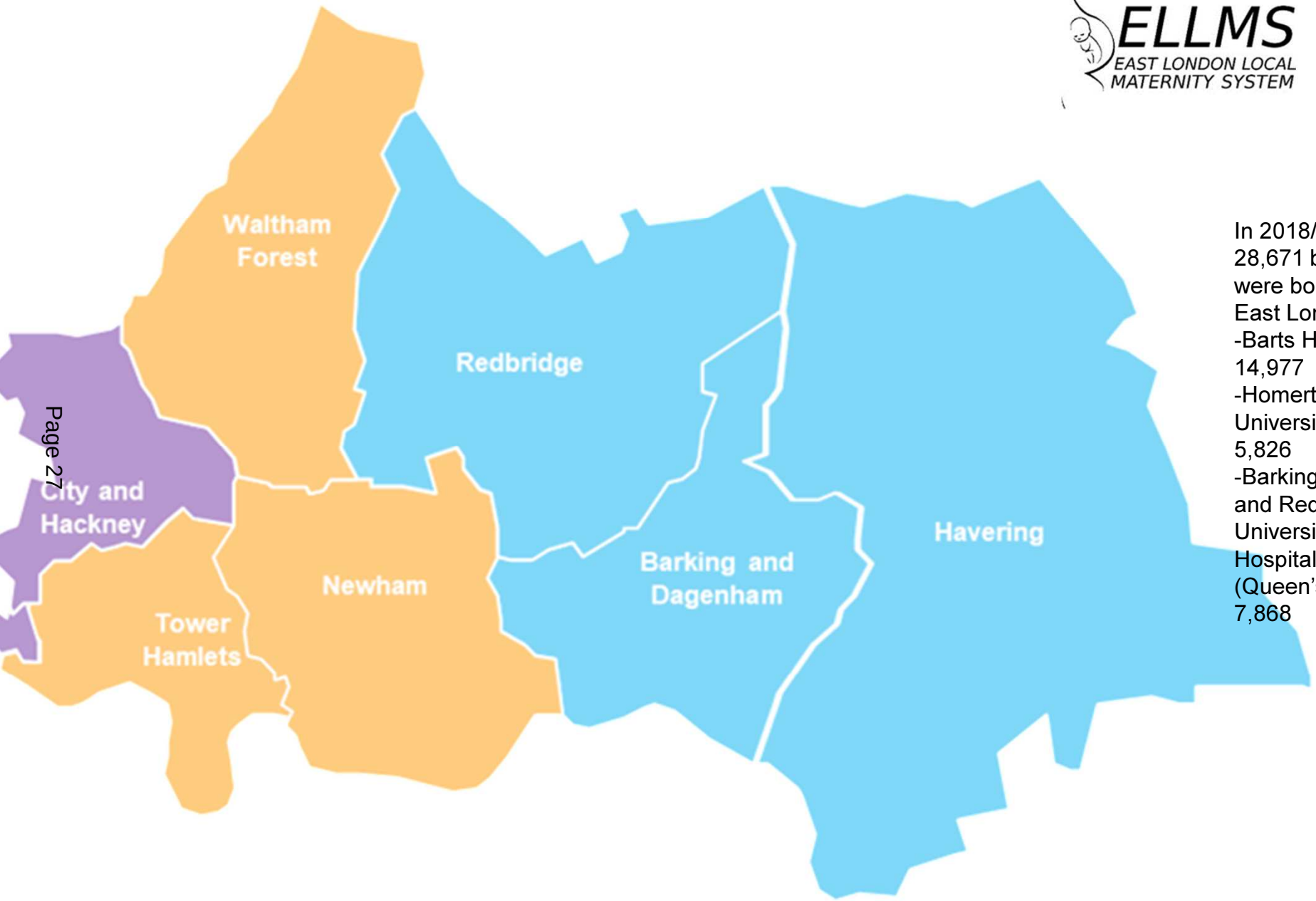
Health & Wellbeing Board 22 January 2020

The East London Local Maternity System (ELLMS) has been developed to bring together all stakeholders involved in the provision and commissioning of maternity services.

We ensure that all babies born in North East London have the best possible start in life and their parents experience the best possible pregnancy and birth. The maternity providers are:

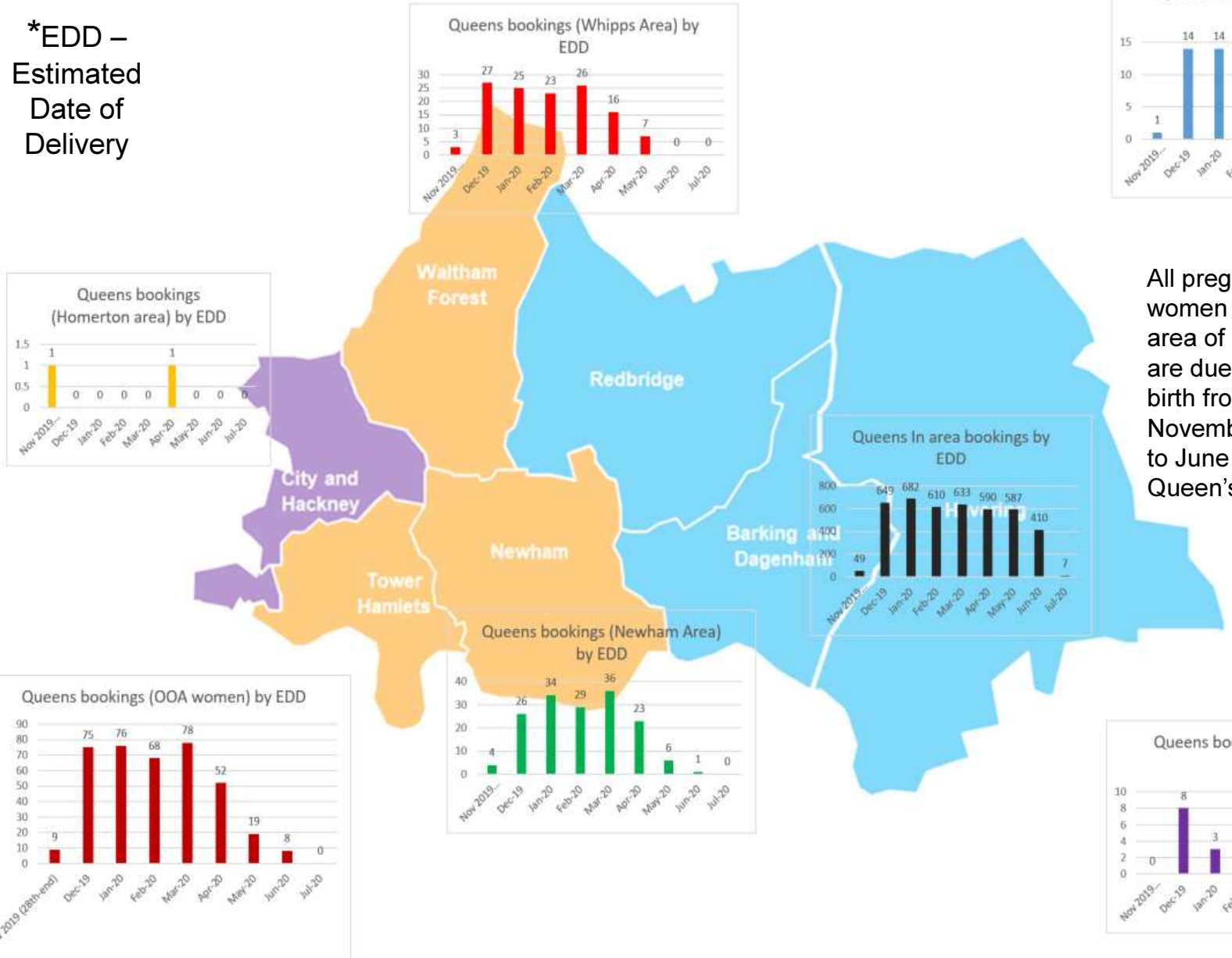
- **Barts Health NHS Trust**
  - Royal London Hospital
  - Newham University Hospital
  - Whipps Cross University Hospital
- **Barking and Dagenham, Havering and Redbridge Universities Hospital NHS Trust**
  - Queen's Hospital
- **Homerton University Hospital Foundation Trust**

Women can choose to give birth with one of our five maternity providers, and their birth options include obstetric labour wards, co-located midwife led units, freestanding midwife-led birth centres and at home.



In 2018/2019 28,671 babies were born in North East London:
-Barts Health 14,977
-Homerton University Hospital 5,826
-Barking Havering and Redbridge University Hospitals (Queen's Hospital) 7,868

*EDD – Estimated Date of Delivery



All pregnant women by the area of origin that are due to give birth from November 2019 to June 2020 at Queen's Hospital.

East Lond
Health & C
Partnersh

Current position on managing capacity across the system

- We identified an other provider within the system that experience similar pressures – Royal London Hospital (Barts Health)
- ELLMS hosts weekly system updates to identify and manage additional pressures across the system as well as future planning
- ELLMS produced letters to out of area women signposting them to their local service providers
- Out of area women are given opportunity to contact heads of maternity services, if they require additional information or reassurance

Future of maternity services across ELLMS

- ELLMS is reviewing both current and future activity across all sites to develop a sustainable maternity and neonatal service offer.
- ELLMS will work with the NEL clinical senate and all maternity service providers to review maternity capacity and ensure effective utilisation of our birthing facilities.
- ELLMS will complete a demand and capacity review by March 2020.
- ELLMS will continue to involve women and their families to help us shape a maternity service that is safe, high quality and accessible to them.

Workforce

A key ELLMS objective is to have a robust workforce strategy to cope with the constant changing demand on maternity services. Some of the current workforce projects within the ELLMS include:

- Recruitment and retention programme for midwives
- Midwifery rotation across the ELLMS
- Upskilling and professional development for non-registrant staff
- Standardisation of training and sharing of system wide learning and best practice.

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MATERNITY SERVICES

JANUARY 2020

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

THE CURRENT PICTURE

Maximum number of babies we can comfortably deliver safely is 8,000

Equates to an average of 667 per month

2011: we were delivering nearly 10,000 women and reliant on agency staff to support them. CQC inspected the service - informed us it required improvement

That year, catchment areas from which women could have their births at Queen's and King George hospitals were re-defined to ensure maximum number of births was not exceeded, improving safety and quality of the service and providing continuity of care for women throughout pregnancy and birth

2013: Queen's Birth Centre was opened - integral in the delivery of a safe service

Expectation of 1,000 births per year through the centre

THE CURRENT PICTURE

Over past 3 years seen an increase in women with complex conditions

These women are unable to deliver in the Birth Centre which puts undue pressure on our Labour ward

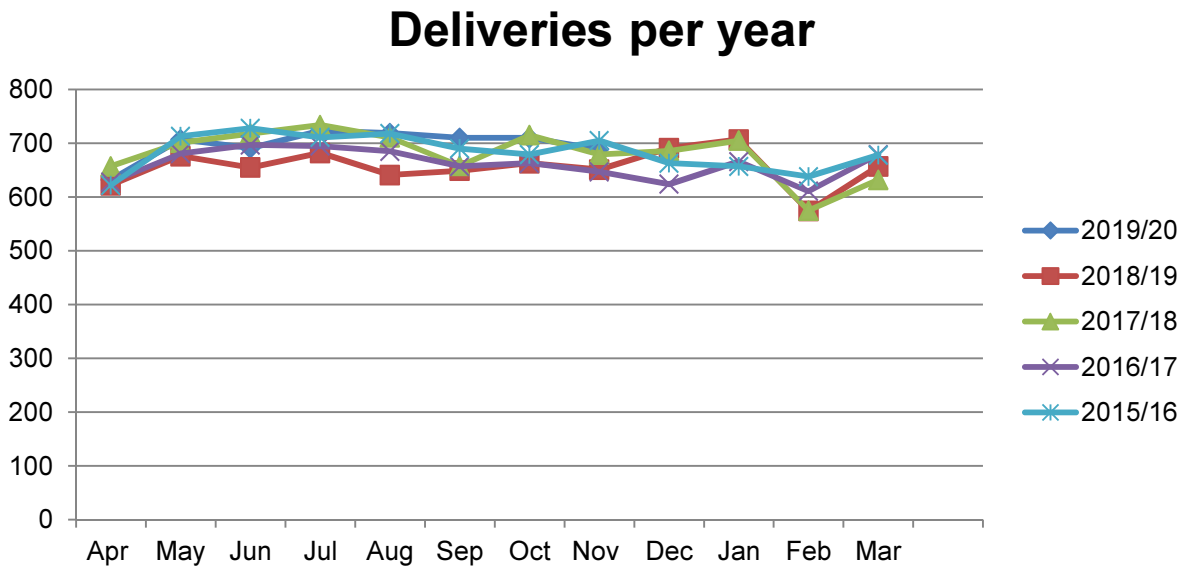
Where local numbers have been lower, taken women from outside catchment areas

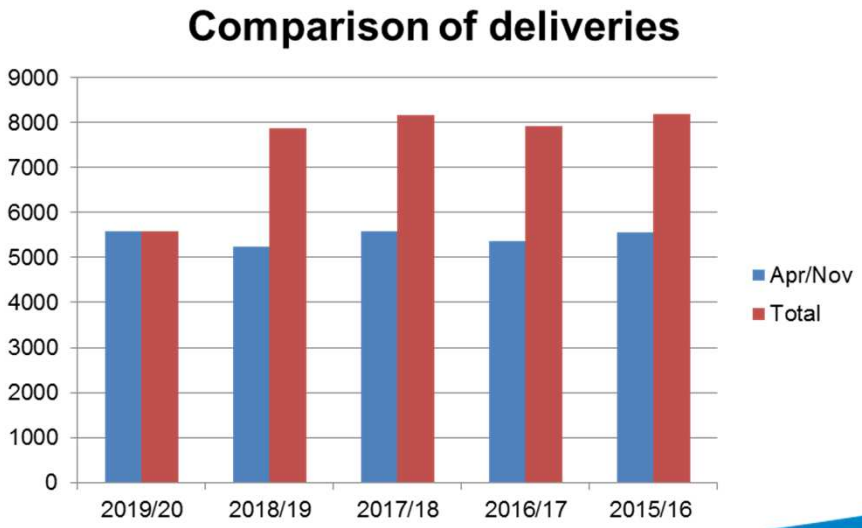
However significant increase in demand over the last few months, particularly from women from outside our catchment areas

Due to this, now adhering strictly to boundaries to provide the right levels of care

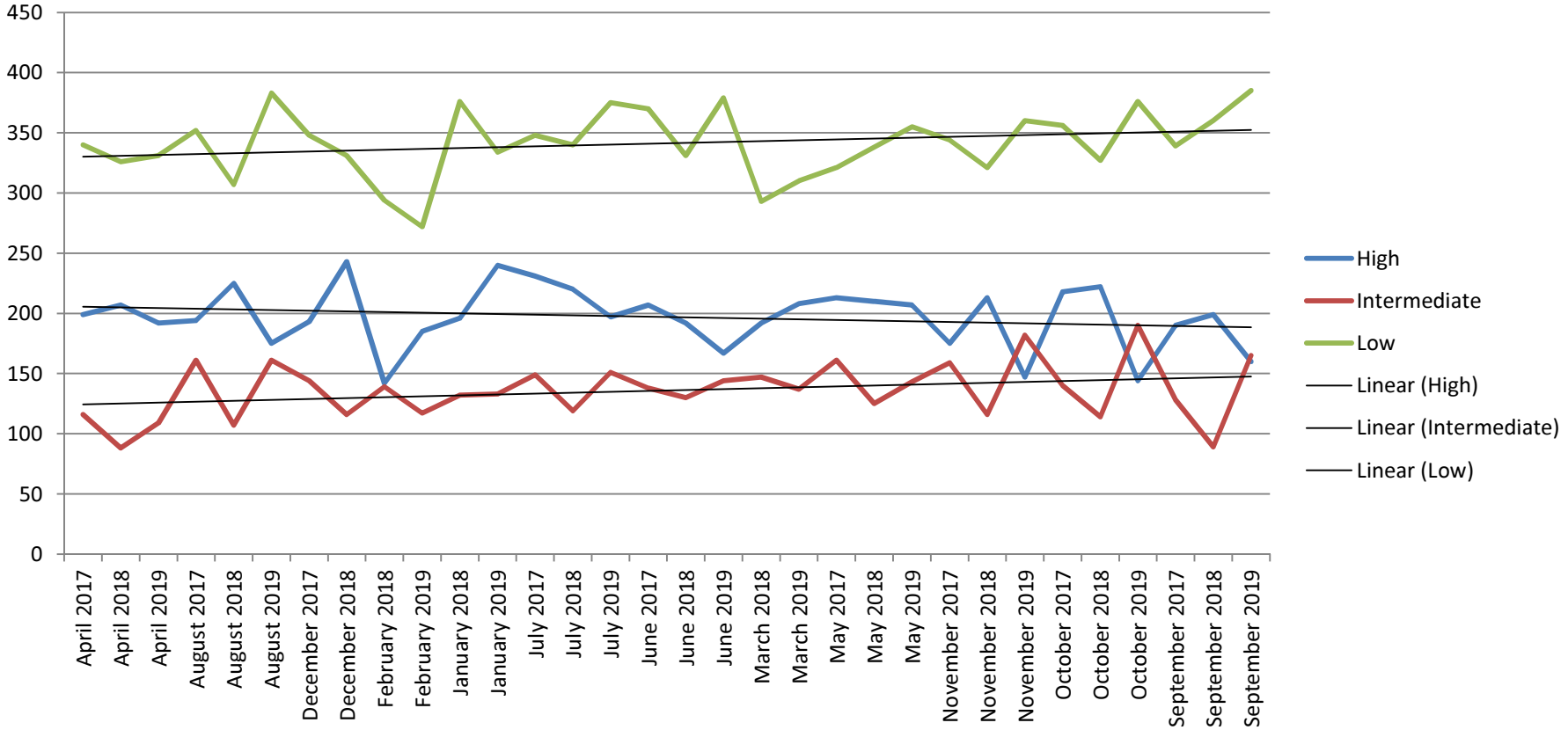
Encouragingly, last month we saw a drop in numbers – we will continue to monitor this and have put in the relevant plans and mitigations to keep women safe and provide the continuity of care they deserve

BIRTHING TRENDS

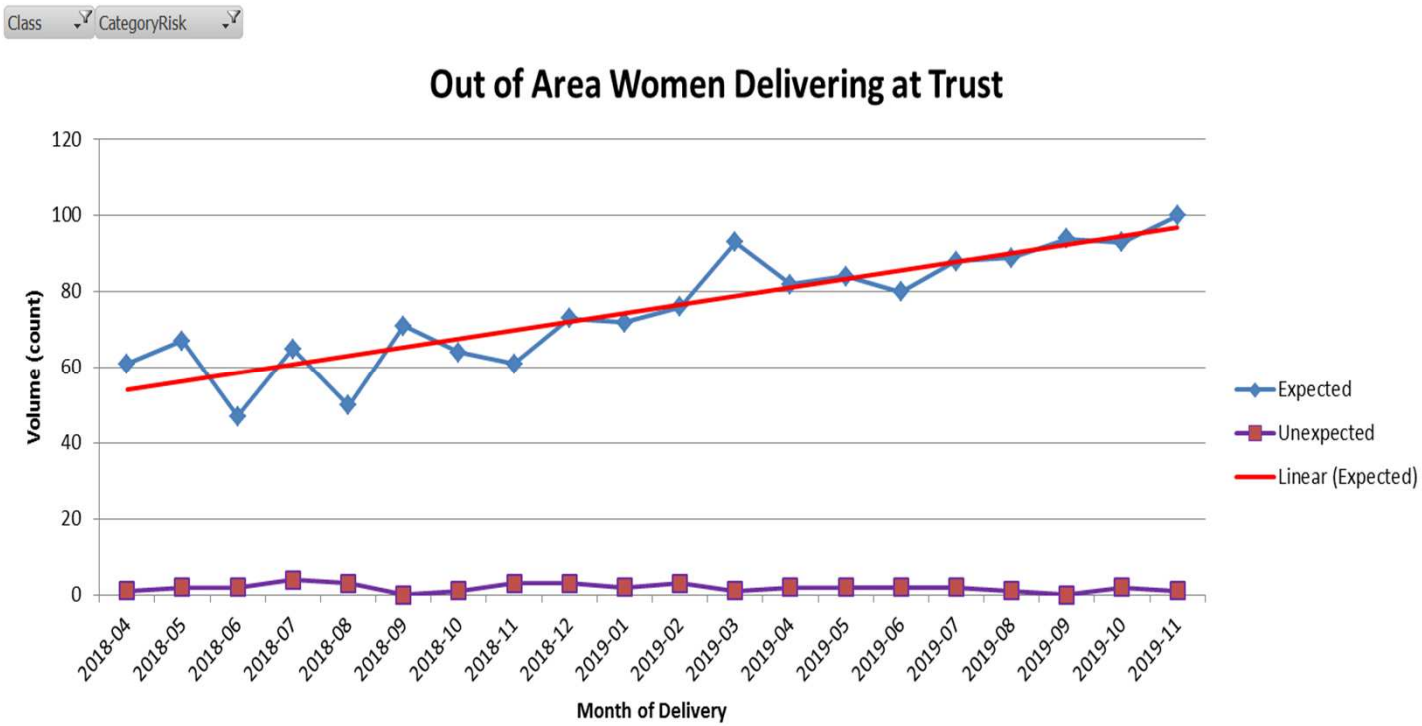




CHANGES IN ACUITY



NUMBERS OF WOMEN FROM OUTSIDE CATCHMENT AREAS



MAINTAINING SUSTAINABLE SERVICES ACROSS NORTH EAST LONDON

Demands on services expected to continue:

- population growth
- extensive new housing developments planned
- increasing migration to our boroughs
- patient choice

Important we address this as a system

- Currently working with Local Maternity Service for ELHCP, GPs and commissioners to support reduction in number of women delivering at our Trust – green shoots starting to show

- Reviewing capacity and required workforce across north east London

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HEALTH AND WELLBEING BOARD

22 January 2020

Title:	**Programme Update: Early Years Transformation Academy**

Open Report	**For Information**
Wards Affected: ALL	**Key Decision: No**
Report Author: Hollie Stone, Commissioning Manager, Children's Care and Support Thomas Stansfeld, Health Improvement Advanced Practitioner	**Contact Details:** Tel: 0208 227 5734 E-mail: hollie.stone@lbbd.gov.uk Tel: 020 8227 5120 E-mail: thomas.stansfeld@lbbd.gov.uk

Sponsor: Elaine Allegretti, Director of People and Resilience

Summary: Barking and Dagenham have partnered with the Early Intervention Foundation (EIF) to deliver the Early Years Transformation Academy (EYTA) 2019/20. The borough is one of five areas to partner with the EIF – all chosen through a competitive process, from 18 areas across England who expressed an interest in the programme. This briefing provides background and an update on progress within the Academy process.

Who are the Early Intervention Foundation?

The Early Intervention Foundation is a young, dynamic and ambitious charity established to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes. The EIF are a member of the government's "What Works Network" and have partnered with us to deliver this programme.

What is the Early Years Transformation Academy?

The Early Years Transformation Academy is an applied learning programme for staff working across maternity and early years. It seeks to lay the foundations for long term transformation as opposed to short term fixes. The Academy takes local leaders across maternity and early years services through a programme to help develop core skills for delivering systems transformation. The programme is delivered through online learning and workshops with the aim of giving teams core tools and access to expert advice whilst reviewing local systems. The team of leaders engaged in this programme comprise the EYTA team. The EYTA team members are supported by the senior sponsors that work by freeing capacity to take part in the academy, enabling wider stakeholder buy-in and mobilising resources to support the team during and after the Academy process. The original vision for our maternity and early years system is outlined in Appendix A, Academy learning will support delivery of this vision using best practice tools.

Recommendations:

The Health and Wellbeing Board is recommended to:

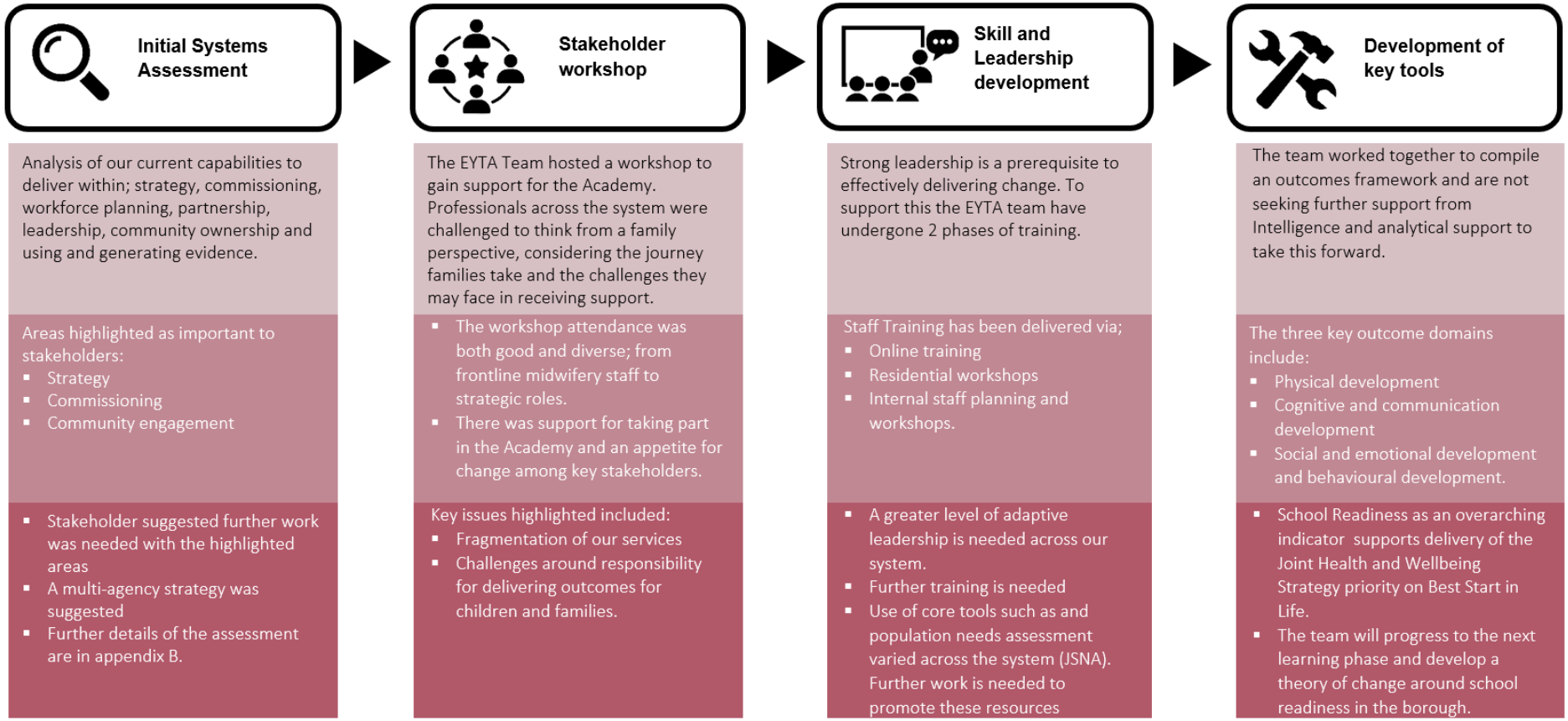
Continue to support staff capacity to make the most of this opportunity that has been secured for Barking and Dagenham.
Support the mobilisation and delivery of the transformation plan developed during the process of the academy.
Encourage partner organisations to make the most of this opportunity and to support mobilisation of the transformation plan following completion of the Academy.
Discuss and explore the applicability of the Academy learning model to other health and wellbeing transformation initiatives.

1. How does the Academy work?

1.1. Key local partners in the Academy include; North East London Foundation Trust (NELFT), Barking Havering and Redbridge University Trust (BHRUT) Midwifery, Barking and Dagenham Clinical Commissioning Group and Community Solutions, Children's Commissioning, Education and Public Health at the Council. The EYTA team and senior sponsors are from the represented organisations. Learning from the Academy will be cascaded within each respective organisation in the post-Academy period.

2. What has happened in the Academy Journey and what are the emerging findings?

2.1 The Academy journey to date has largely involved; an assessment of our system, building support for future systems transformation, training and empowering system leaders (the EYTA team) and developing key tools to be utilised and embedded in systems planning.



3. What are the next steps for the Academy?

3.1 Developing a theory of change: Under guidance from the EIF the EYTA team will be developing a programme level theory of change on improving levels of school readiness in the borough, with a focus on the bottom 20% of attainment, in order to reduce inequalities. This will consider a system level approach reviewing system level challenges and interventions. Once a draft has been finalised key stakeholders will have the opportunity to review and input.

3.2 Mapping, reviewing and assessing our interventions: The team have begun compiling information on interventions across our maternity and early years system. Once this information is compiled the team will be assessing the ability of our current offer to meet population needs.

A) Assessing evidence based for the current intervention offer – *are the current interventions effective?*
B) Assessing our current intervention offer against identified needs (2018 Joint Strategic Needs Assessment) – *are we investing in areas of identified need?*

With the support and guidance from the EIF we will then review whether our current system supports our children's achievement within our three outcome areas; Physical development, Cognitive and communication development and Social and emotional development and behavioural development. These outcome areas supporting the overarching outcome of school readiness.

3.3 Upcoming Academy learning is going to support systems planning, empowering the EYTA team to make recommendations for post-Academy transformation. These recommendations will then be developed with residents to ensure that our families are supported in a way that they need.

4. What can the Health and Wellbeing Board expect of the EYTA team?

4.1 By the end of the Academy the EYTA team will have gone through an applied learning process and should be equipped with skills and knowledge to support systems transformation in maternity and early years. Once the team graduate from the Academy process it is vital that they are supported to take forward and implement the learning of the Academy. To support this the team:

- Will compile a report detailing recommendations from Academy learning around current practice.
- Will outline a plan with potential approaches to systems transformation across maternity and early years, including how any transformation will be co-designed with residents.
- Commit to sharing and cascading Academy learning with colleagues within the maternity and early years system.
- Sharing our findings and the impact on residents with the public.
- Commit to being advocates for change to deliver a systems approach to maternity and early years.

5. Could this project inform further transformation work?

5.1 The Health and Wellbeing Board may choose to consider how the Academy approach to delivering transformation may provide a framework for delivering transformation in other areas of health and wellbeing.

5.2 The learning from this project has been and will continue to be shared within the Children and Young People's Barking and Dagenham, Havering and Redbridge Transformation Board.

Appendix A:

Through the EYTA we will create a plan to deliver a systems approach to maternity and early years. We have aspirations for both our residents and workforce. Our future system should be sustainable and build community resilience.

Our future systems:

Ensure **sustainability** and an understanding of **what works**.

Build individual and community **resilience**.

Are built on **shared accountability** for outcomes across organisations.

Feature **co-produced** services.

Driven by **data, insight** and **evidence** based decision making.

Our residents:

Families that are empowered to support their child's health and development

Children and families to have better access to co-produced service designed based on best practice and what works.

Vulnerable children and families to be identified early with prevention of neglect through strong universal and targeted services.

A greater proportion of our children to be ready to start school by age 5.

Our workforce:

Are part of a strong professional network across maternity and early years. Where multi-agency working is the norm.

Understand the value that transformation can have for them and feel ownership of new emerging systems.

Feel empowered to be champions for effective change management.

Benefit from a formally established professional network across maternity and early years systems.

Locally

Have established local partnerships with Havering and Redbridge.

Sharing our learning

Further afield

We will be developing a plan with our Comms team to share Academy learning further afield.

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HEALTH AND WELLBEING BOARD

22 January 2020

Title:	**Out of Schools Settings (OOSS) Project Update**
Report of the Director for People and Resilience | LBBD	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Dharmesh Patel OOSS Project Officer	**Contact Details:** Tel: 020 8227 3099 E-mail: dharmesh.patel@lbbd.gov.uk
Sponsor: Chris Bush, Commissioning Director Children Care and Support | LBBD	

Summary

In August 2018 the Department for Education (DfE) launched the Out-of-Schools Settings (OOSS) pilot involving 16 local authorities of which Barking and Dagenham is one of seven authorities in the East London Cluster (ELC). The ELC comprises of Hackney Learning Trust, Havering, Redbridge, Tower Hamlets, Newham and Waltham Forest, with the co-ordination of the cluster administered through Waltham Forest.

The DfE's ambition for the pilot is to improve the oversight of, and safeguarding in, OOSS by:

- Strengthening our understanding of these settings and the associated risks
- Identifying and sharing best practice on identification and intervention
- Further developing the evidence base to inform a national approach, including the case for potential future action

We know that many of our children and young people attend OOSS, with the majority of settings providing enriching activities in a safe and trusted environment. However, there are some which do not. This group falls primarily into 2 categories, those that organise activities with a genuine desire to positively enhance children and young people's experience without a comprehensive appreciation of safeguarding requirements in their broadest sense and those who knowingly and deliberately avoid these responsibilities. This was a feature of a number of issues identified in the borough during 2018.

Recommendations

The Health and Wellbeing Board is recommended to note:

(i) The considerable progress that has been made during the first phase of the project as described in this report;

(ii) That a formal partnership strategy will be developed which sets out a clear, comprehensive, and transparent approach to dealing with unregistered educational settings in the borough.

1. Introduction and Background

1.1 The DfE's call for evidence on OOSS between November 2015 and January 2016 invited education providers, local authorities and other organisations to consider proposals for an OOSS regulatory system. The range of responses prompted the DfE to further explore the viability and necessity of a separate regulatory arrangement for OOSS.

1.2 The DfE defines an OOSS as:

Any institution providing tuition, training or instruction to children aged under 18 in England that is not a school, college, 16-19 academy, early years provider or registered childcare provider; and otherwise not regulated under education law. This can include, but is not limited to; supplementary schools, tuition centres, extra-curricular clubs (e.g. dance classes, football clubs), uniformed youth organisations (e.g. Scouts, Brownies), religious settings offering education (e.g. Yeshivas, Madrassahs, Sunday schools).

1.3 From the outset the DfE were clear that the definition in its widest sense was applied as opposed to a singular focus. Each LA was required to submit a plan that detailed how the work was to be undertaken across the OOSS landscape.

1.4 The DfE committed £3 million of targeted funding to test different approaches of multi-agency working with specific focus on:

- Mapping and risk assessment of settings.
- Testing approaches to identify concerns and intervene (including reviewing existing powers available).
- Engagement and outreach work with providers, communities and providers.

1.5 This pilot is supporting the Council to identify, map and improve its understanding of safeguarding risks and practices across the range of OOSS in the borough and develop robust partnerships and processes with relevant agencies to share intelligence and mitigate against safeguarding risks in OOSS. The work will also promote the safeguarding of children and young people with OOSS and amongst the wider community within LBBD.

2 National Context

2.1 From a national perspective the pilot has generated lively debate, particularly in terms of the number of direct interventions with OOSS, being far less than the DfE had anticipated. From an early stage it became apparent that the DfE's broad definition of an OOSS would have a subsequent impact on volume and mapping capacity. There is a national consistency in terms of the challenges, not least the limitation of legislative mandate (with the exception of legal duties of care in relation to health and safety, and child protection) to enter OOSS premises.

2.2 In some pilot areas entry into an OOSS has very occasionally been refused or met with a considerable degree of resistance. The challenge lies in striking a balance between persuasive negotiated engagement with an OOSS to assertive contact.

2.3 The pilot was initially scheduled to conclude after 12 months, and this was subsequently extended twice until March 2020 in recognition of recruitment challenges and the disproportionate time invested in the mapping component of the

pilot. As part of the externally commissioned national evaluation the DfE expect all pilot areas to submit the majority of their findings by early February 2020 albeit the pilot formerly concludes in March 2020.

2.4 Nationally pilot leads have established links with their LADO and the ELC is no exception to that. The LADO is the professional with the most links to OOSS prior to the pilot starting, given the nature of their work.

2.5 Links with Prevent vary due in part to the role and profile the Prevent agenda has in respective local authorities. Given the Safeguarding role held within Prevent, it is important for the OOSS lead and Prevent Officers to have a good line of communication and certainly that is the DfE perspective, which is reflected in the membership of the OOSS National Steering Group. This group has a broad range of representation from national government bodies including, Home Office (Prevent), Metropolitan Police, Charity Commission and Fire Service, Ofsted and local authorities.

3. East London Context

3.1 In September 2018 the ELC Operational Steering Group was established and agreed a collective approach with regard to developing information material for parents and carers and a common approach to risk. As the pilot progressed, this view has changed, and areas are keen that publicity material reflects a borough's contextual landscape alongside a commitment to sharing ideas and good practice across the cluster. Similarly, with risk there are agreed parameters that influence risk-based decisions i.e.

- Physical safety of a building
- Links to national umbrella organisations
- Is the location a multi-use building or one that solely accommodates an OOSS?
- Evidence of a safeguarding policy

3.2 In the absence of oversight and regulation, safeguarding concerns have been raised for children that attend OOSS, particularly in relation to the safety of the premises used, and adherence to safeguarding protocols.

3.3 There has been little available data to indicate how many OOSS may be in existence or how many children may attend. Information shared across the East London Cluster Group suggest that a significant proportion of OOSS are faith based, where the ethos, teaching and learning are based around the teachings of a specific religion, predominantly Islamic, Jewish, or Christian.

3.4 Through the work of the OOSS Project Officer, in addition to uncovering the scale of the challenge, there will also be a set of recommendations that will help to develop an agreed pathway among local stakeholders to ensure children attending OOSS in Barking & Dagenham are safeguarded, and that their needs are met in respect of health, safety and the quality of education that they receive.

4. Local Context

4.1 A project co-ordinator was appointed to post in April 2019 to lead and deliver this work. Since this appointment, the project lead has undertaken comprehensive multi-agency identification and mapping through established relationships with internal and external partners and organisations. This has included promoting OOSS mapping activities and opening lines of communications for sharing of information / intelligence around OOSS.

4.2 These key partnerships and stakeholders include; LADO Service, Prevent Team, Electively Home Education and Child Missing in Education, Community Safety Partnership, Participation and Engagement Team, School Improvement Partnership Team, Children's Care & Support (Commissioning), Community Solutions, Panning Enforcement, Business Rates, Enforcement and Community Safety, Parks Team, Met Police, Charity Commission, Ofsted and Barking and Dagenham CVS.

4.3 Several existing partnerships with relevant multi-agencies that are engaged with the project include Local Safeguarding Children Boards, Community Safety Partnership and Prevent Strategy Steering Group, Tension Monitoring and Hate Crime, Intolerance and Extremism.

4.4 As of the end of November 2019, 158 OOSS have been identified in the borough as follows

Numbers identified	Category of OOSS
59	Religious Settings - Church Services, Sunday Schools, Madrassahs & language classes.
49	Extracurricular clubs or settings
22	Uniformed youth organisations
20	Tuition and Learning Centres
6	Open access youth providers
2	Supplementary Schools

The majority of these have been identified through relationships made with internal and external partners and desk-based research activity.

4.5 There has been no disruption activity directly linked to the pilot, however 2 enforcement notices pursuant to Section 171A (1) of the Town and Country Planning Act 1990 (as amended) have been issued on two separate private dwellings in breach of planning control of use of an outbuilding in the rear garden as an education centre. One setting has ceased use of the outbuilding and the project lead is monitoring OOSS progress in establishing safeguarding practices and policies. The other setting has appealed against the notice and the project lead is trying to engage with the setting to assess any potential risks to children welfare. Any further findings will be reported back to relevant agencies as appropriate. Some settings have been identified for further investigation.

4.6 40 OOSS providers have been briefed about the pilot and the importance of safeguarding of children and young people in OOSS through B&D CVS forums.

4.7 Contact has been made with approximately 25 OOSS including, tuition centres, sport clubs and faith settings directly, through visits, emails and telephone calls trying to establish what, if any safeguarding arrangements exist and how the local authority can support i.e. safeguarding training. To date, the uptake has been minimal with some settings not forthcoming to engage with the project lead. This outreach and engagement will continue with the offer of training via Safeguarding Partnership and DfE voluntary guidance.

4.8 Work is currently being undertaken with Parks teams, community centres and faith institutions to ensure that appropriate checks are undertaken when OOSS hire spaces and facilities. Recommendations made to request evidence of child protection policy, evidence that staff have appropriate safer recruitment checks, public liability insurance etc.

4.9 The Borough Metropolitan Police Safer Schools Sergeant and the Partnership Inspector have been engaged and detail about OOSS was sent to Neighbourhood Policing teams to enhance the scope for identification, investigation and intervention in settings where there are concerns about children's welfare. To date no information / intelligence had been reported.

4.10 Elective Home Education and Children Missing in Education team have supported with the identification of OOSS where parents are supplementing home education with OOSS. In addition to historical investigations of OOSS where concerns were raised.

4.11 All registered schools in the borough have been contacted with information about the pilot and were invited to share any OOSS operating on school premises for the purpose of the mapping process. Additionally, an information briefing report was sent to all school governing bodies, which was followed by a presentation to chair of governors. Similarly, School Designated Safeguarding Leads and secondary schools headteachers have received briefings that raised awareness around the importance of schools taking appropriate and proportionate steps to ensure that children attending such settings on school premises are properly safeguarded. This also forms part of the schools Section 157/175 of the Education Act annual safeguarding self-assessment.

4.12 The local Faith Forum has been well engaged in the work to date and members have been briefed at the quarterly meeting in September. Specific concerns and sentiment were raised about the OOSS pilot as being an extension of Prevent and the Counter Extremism agenda targeting the faith sector. Further work is required with faith settings in order to raise awareness and dispel any misconceptions of the pilot.

4.13 Parents are ultimately responsible for the safety and welfare of their children and legally obliged to ensure that they are in receipt of appropriate full-time education. The project lead is updating and producing information leaflets for parents and carers around keeping children safe in OOSS. Safeguarding advice and self-assessment documents for OOSS provisions and an OOSS information page will feature prominently on the Safeguarding Partnership website in the future.

4.14 Improved relationships with the community and with areas such as Planning, Fire Safety and the Charity Commission will help build links and to establish systems and processes which ensure local children are taught in safe conditions, that their welfare is safeguarded, and they obtain the best possible educational outcomes.

5. Next Steps

5.1 To develop a strategy that sets out the partnership approach to OOSS in the borough, agree safeguarding standards to be established in OOSS, for example DBS checks on staff, staff awareness and training in safeguarding, anti-bullying, complaints procedures, whistleblowing, health and safety.

5.2 The OOSS East London Cluster Group will continue to work with and report to the DfE for a more effective legislative framework for OOSS. Required legal powers would be:

a) Expand the powers of entry, inspection, and enforcement of OOSS to give local authorities' greater powers to regulate and improve such settings, particularly in relation to health and safety and the safeguarding of children;

b) Provide further clarification about the introduction of a system of regulation for OOSS including inspection and sanctions for those not meeting required standards.

5.3 The OOSS coordinator to continue to map and understand the volume and different types of setting in operation on the borough.

5.4 To continue to engage and work with partners, OOSS and parents to raise awareness, identify and address OOSS of concern. This work will also include the design and content of information leaflets for parents and carers around keeping children safe in OOSS. Safeguarding advice and self-assessment document for out-of-school provisions. As well as an OOSS information page to feature on the Safeguarding Partnership website.

6. Consultation & Challenges

6.1 A wide range of partners have been consulted as part of the identification and mapping of OOSS in the borough. Statutory partners knowledge and identification is growing and could be further improved and formalised to help strengthen and improve a regulatory framework. This pilot is a regular topic for discussion at the multi-agency Prevent Strategy and Steering Group, which also counts key Home Office colleagues amongst the membership.

6.2 Engagement and interaction with OOSS have been made by offering free training, safeguarding support and resources, as well as promoting the importance of safeguarding through the prism of contextual safeguarding. However, some hard-to-reach OOSS are cautious of the project officer visiting settings and further work is needed to validate safeguarding policies, procedures and documentation in some settings.

6.3 There have been a number of barriers experienced when identifying settings of concerns and dealing with risk in OOSS such as; access issues, anxiety and fear of OOSS and staff being scrutinised, language barriers, misunderstanding that this would impact on what they can teach, or would somehow dilute their culture (particularly true of faith settings).

6.4 There are a range of legislation and soft powers that exist to intervene and disrupt settings of concerns, such as planning enforcement notices, health and safety, fire safety legislation, food safety and charity commission powers. However, these do not enable the project lead to gain access to a setting to assess any risks, unless specific breaches under the legislation has occurred. For example, under Health and Safety Legislation, the Health and Safety Executive has the power to enter any premises where there is reason to believe it is necessary for them to enter i.e. to enforce the health and safety act. Examples of breaching health and safety would include; harmful substances in the premises (chemical, fumes), broken windows and/or door locks, lack of lights etc.

6.5 It is recognised that greater work is needed to increase the scope and reach of community safeguarding activity, especially in the context of our fast-changing population and their needs. This is very much in line with developments within the borough around developing the voluntary and community groups, faith sector and engagement work to engage residents in new and different ways. The success of

safeguarding children in OOSS will in part be dependent on how we achieve the above, likewise with other community safeguarding issues such as FGM, physical chastisement, honour based violence, serious youth violence and exploitation, and radicalisation. This of course sits within the context of issues such as domestic abuse, substance misuse and neglect, and ensuring early help and social care interventions are adapted to meet the needs of residents and communities.

7. Mandatory Implications

Financial Implications

Implications completed by Isaac Mogaji, Finance Business Partner:

7.1 This report is largely for information only and sets out to inform the Health and Wellbeing Board of the considerable progress that has been made, as well as formal partnership strategy that are being developed, regarding unregistered educational settings in the Borough. As such there are no obvious financial implications arising from the report.

7.2 The outline of work contained in the report largely builds on work already underway during the project period funded by the DfE. This funding will cease in March 2020 and the continuation of OOSS work will be assimilated within the existing staffing and funding.

Legal Implications

Implications completed by Stephen Smith, Acting Senior Solicitor Safeguarding

7.3 This report to the Board is to note the progress of this project. Further legal advice will be provided should a formal partnership strategy be proposed for OSSS within the borough and ELC.

7.4 If at any time an OOSS is identified where there are significant safeguarding concerns in respect of a child, the local authority has statutory duties pursuant to the Children Act 1989, which would be applied in accordance with our current safeguarding policies and proceedings.

Safeguarding

7.5 The safeguarding of children is referenced throughout this report

Public Background Papers Used in the Preparation of the Report: None

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Barking and Dagenham Child Death Overview Panel (CDOP)

CDOP Annual Report 2018-19

Matthew Cole

Director of Public Health, Barking & Dagenham

E-mail: matthew.cole@lbbd.gov.uk

July 2019

Barking & Dagenham Safeguarding Children Board

Contents of the CDOP Annual Report

Comments and Questions

If you have any comments, or would like to ask any questions, please send initial enquiries to:

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Barking & Dagenham Safeguarding Children Board

Message from the Barking & Dagenham CDOP Chair

Welcome to the 2018/19 Child Death Overview Panel (CDOP) Barking and Dagenham Annual Report. This is the final report of the Barking and Dagenham CDOP which has played an important role in understanding the reasons why children die in our borough, and in formulating recommendations to help to prevent future deaths.

Early 2018 the decision was made by the London boroughs of Barking & Dagenham, Havering and Redbridge Local Safeguarding Children's Boards to combine the three existing Child Death Overview Panel's (CDOPs) and child death review process into single arrangements in line with the requirements from "Working Together to Safeguard Children" (2018). This expanded the footprint of a single CDOP to cover around 60 deaths per annum, in order to improve processes to maximise efficiency, resource use and outcomes.

Plans have progressed rapidly since publication of the new guidance. A Child Death Review Implementation Steering Group has been established to ensure that Barking Havering and Redbridge Clinical Commissioning Groups (CCGs) and partner organisations fulfil all legislative requirements and expectations on individual services as there are a number of significant changes from responsibility shifting from the LSCBs to a joint partnership of local authorities and CCGs, named Child Death Review Partners (CDRP); the establishment of Barking, Havering and Redbridge geographical footprint for each CDRP; and changes to the review mechanism and family support functions.

These changes must be implemented by **29th September 2019** and each local CDRP must publish plans of how they intend to configure and resource themselves to meet these new requirements by **29th June 2019.**

In addition, the National Child Mortality Database (NCMD), a national programme which will collect and report on data of all child deaths across England will go live on **1st April 2019**. From this date, CDRPs, through their local Child Death Overview Panels (CDOPs), the multi-agency panel established by each CDRP to review the deaths of children normally resident in their area, must supply data to NCMD on all open and new cases; the Child Death Review partners have agreed the new model for the CDR process will go live on **1st April 2019** and require plans for the assurance required.

This report will provide information to our Local Safeguarding Children's Board to inform LSCB partners in respect of preventable child deaths and risk factors which impact on safeguarding children and young people. The LSCB will report on CDOP activity within the LSCB Annual Report to demonstrate on how we have made a difference to the lives of children and young people. The CDOP Annual Report is a powerful resource for driving public health action and promoting child safety and well-being.

Finally, as ever, I wish to thank my colleagues in the CDOP, whose hard work all year round makes it possible for the CDOP to fulfil its function.

Matthew Cole
Director Public Health and Chair CDOP Panel

Context and Legislation 2018

The Child Death Overview Panel (CDOP) is the multi agency Panel that meets quarterly to review all deaths of children normally resident in Barking and Dagenham.

The purpose of the review is to determine whether the death was deemed preventable, that is one in which there are no identified modifiable factors which may have contributed to the death.

These are factors defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced. If this is the case the Panel must decide what, if any, actions could be taken to prevent such deaths in future

Following ratification of the Children & Social Work Act 2017 and the release of Working Together 2018, plans were put in place to makes changes to the CDOP process with effect from 1st April 2019.

Legislation sets out the Child Death Review (CDR) Partners as the local authority and any clinical commissioning groups for the local area.

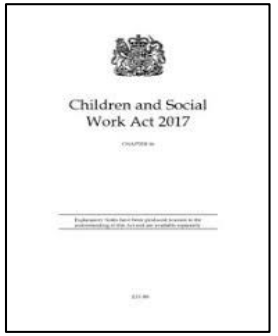
CDR partners are also required to set out their formal arrangements for child deaths. This plan should be in place and published by June 2019, with full implementation by September 2019.

During this period of transition however, existing processes continued to be followed.

CDR partners are responsible to:

- Review all child deaths under 18 years, regardless of cause of death
- Establish a structure and process to review cases
- Consider core representation of Panel
- Agree funding structures
- Review geographical footprint (80-120 cases per annum)
- Appoint Designated Doctor and necessary resource

Legislation and Guidance 2018



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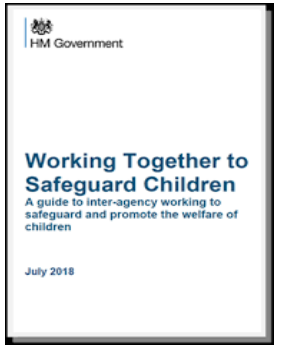
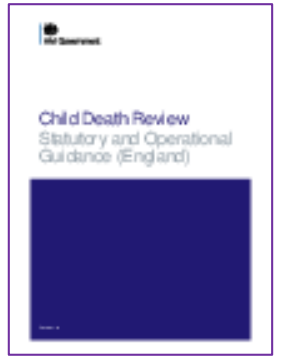


http://www.workingtogetheronline.co.uk/



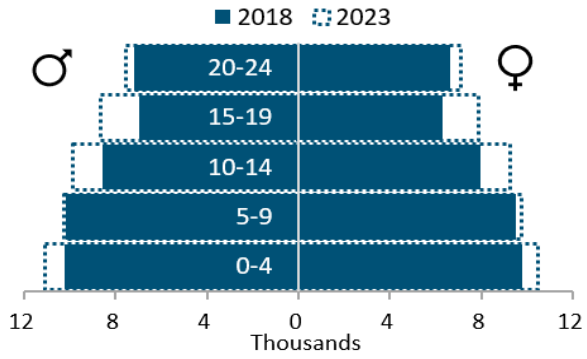
https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england

Demographics

Population size

A large and growing young population

- Highest proportion of 0–17s in UK
- Highest birth rate in England and Wales
- +6,900 0–17s in next 5 years (+11%)
- +2,100 18–25s in next 5 years (+10%)



Population, 2018–2023

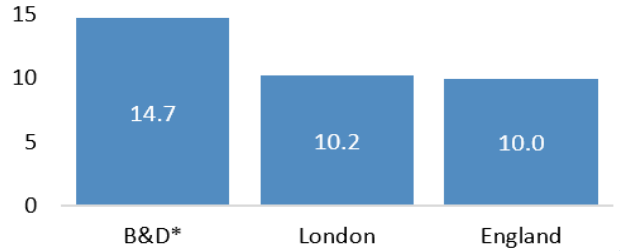
Age	2018	2023	% change
0–4	20,000	21,600	+8%
5–9	19,700	20,000	+2%
10–14	16,500	19,200	+16%
15–19	13,300	16,600	+25%
20–24	13,800	14,600	+6%
All ages	*211,700*	*232,200*	*+10%*

Deprivation

High levels of deprivation

- 11th highest in England and 4th in London for income deprivation affecting children
- 15% of dependent children live in workless households (10% in London)
- 16% of secondary school pupils claim free school meals, similar to London

% dependent children living in workless households



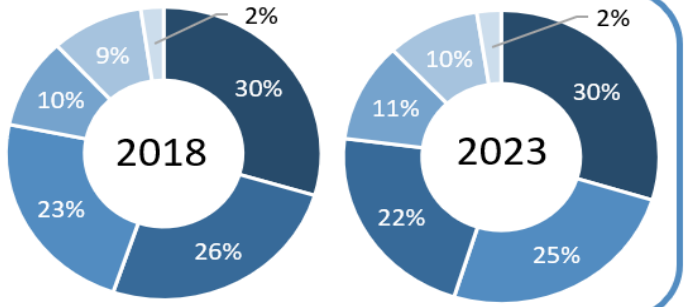
Ethnicity & language

A diverse population

- 74% of 0–17s are from ethnic minorities compared with 64% in Barking and Dagenham as a whole
- 56% of primary school pupils do not have English as their first language, higher than London (49%)

Ethnicity, 0–17

- Black
- White British
- Asian
- White Other
- Mixed
- Other



**Estimate is potentially unreliable due to sample size*

CDOP Membership and Governance

Barking & Dagenham CDOP is a multi-agency partnership and is made up of senior representatives from fields of expertise within Public Health, Paediatrics and Child Health, Children's Social Care, Child investigations, Nursing and General Practice.

The Panel is also supported by a CDOP Co-Ordinator.

All work together to ensure each child death is reviewed fully to ensure that agencies worked in a co-ordinated way and supported the family effectively.

Membership:

- Director of Public Health – Chair of CDOP Panel
- Designated Paediatrician - Chair of Rapid Response Meetings
- Operational Director, Children's Care and Support
- Designated Nurse Safeguarding, BD Clinical Commissioning Group (BDCCG)
- Consultant Paediatrician and Named Doctor BHRUT
- Detective Inspector, East Area BCU Police
- Named GP for Safeguarding CCG
- Named Midwife, BHRUT
- Safeguarding Paediatric Liaison Nurse BHRUT
- Additional members as required

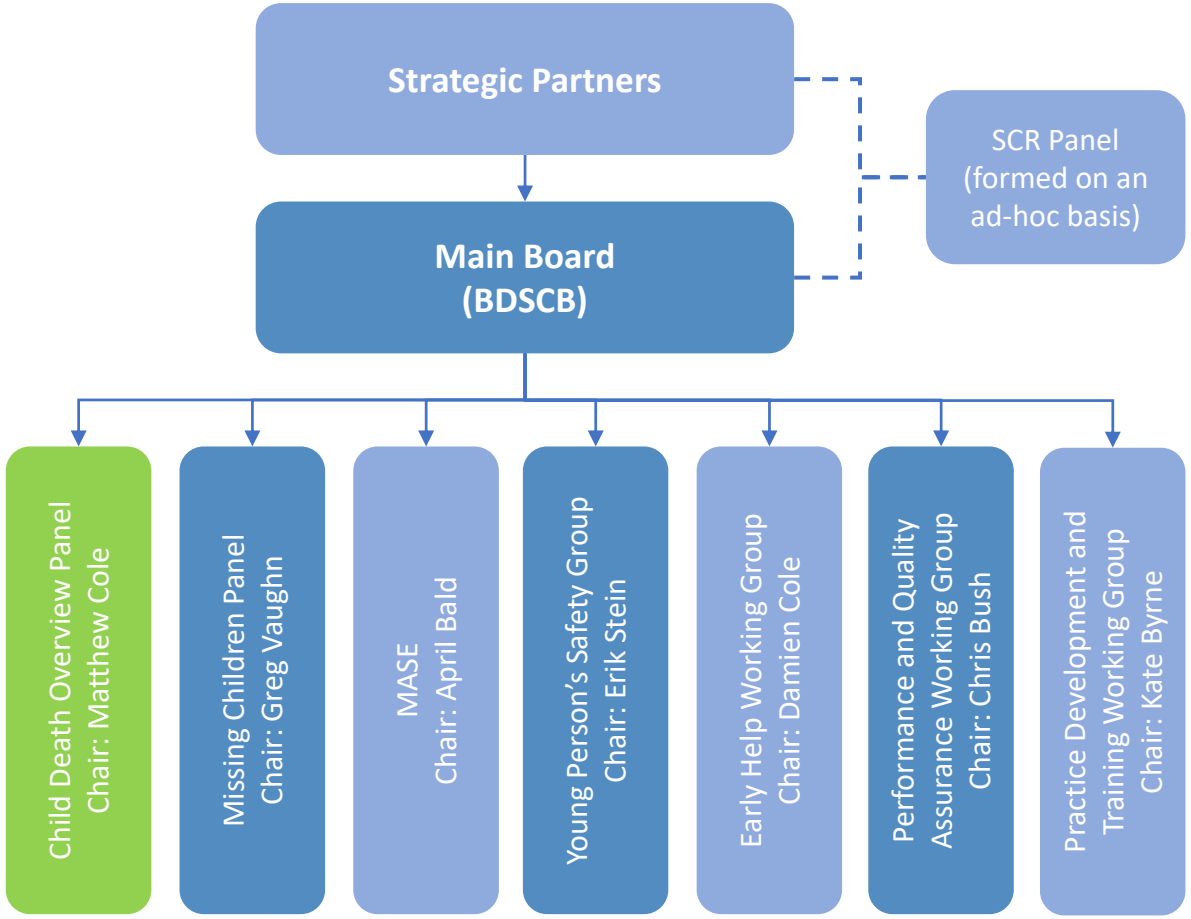
The CDOP Panel reports directly to the Barking and Dagenham Safeguarding Children Board (BDSCB). The BDSCB has three tiers of activity:

Strategic Partners: is made up of representatives from the three key statutory agencies and has strategic oversight of all Board activity. Strategic Partners takes the lead on developing and driving the implementation of the partnership's work.

Main Board: this is made up of representatives of the partner agencies as set out in WT15. Board members must be sufficiently senior to ensure they are able to speak confidently and have the authority to sign up to agreements on behalf of their agency.

Working Groups: these groups work on the board's priority areas on a more targeted and thematic basis. They report to the Main Board.

BDSCB Governance Architecture



More information can be sourced from BDSCB website https://bdsafeguarding.org/

Child Death Overview Panel (CDOP) Summary

The Child Death Overview Panel (CDOP) met on four occasions during 2018-19, to review all deaths of children normally resident in Barking and Dagenham.

The purpose of the review is to determine whether the death was deemed preventable, that is one in which there are identified modifiable factors which may have contributed to the death.

These are factors defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced. If this is the case the Panel must decide what, if any, actions could be taken to prevent such deaths in future.

Number of Child Deaths in Barking and Dagenham

- Between April 2018 and March 2019 the CDOP was notified of 17 deaths of children who were resident in Barking and Dagenham which is a decrease in the number of deaths since last year.

- Over the course of the 4 CDOP meetings, the Panel discussed 16 Cases. 75% (12) cases were closed, with the remaining 4 cases open, awaiting further information.

- Of these closed cases, one (1) case was from the period April 2016-March 2017, 7 cases were from April 2017-March 2018 and 4 cases were from the period April 2018-March 2019. 15 cases remain open to CDOP at the end of March 2019, five (5) are from 2017-2018 with the remaining received within this reporting period.

- Child deaths within the Black African and White ethnic groups equal the highest cohort recorded, with 2 deaths within each ethnic grouping . Not known/Not stated continues to remain high with 4 cases. Of the closed cases in 2018-19, 4 deaths reviewed (33%) were female, with remaining cases (67%) being male. This is a trend seen over previous year reporting.

Preventability/modifiable factors

CDOP identified one (1) case (8%) with modifiable factors during 2018/19 relating to an unexpected death. The Panel agreed that this death could have been prevented, had early diagnosis of Meningitis been made. A Serious Incident investigation was carried out by the Health Provider and lessons have been shared.

Key priorities and challenges for 2019-20

1. Following publication of Child Death Review (CDR) guidance in 2018, work is underway to revise the existing footprint of CDOP, along with revising a pathway for reviewing child deaths. This is being led by CDR partners: Local Authority and Clinical Commissioning Group(s). An implementation plan should be in place by June 2019, with full implementation by September 2019.

2. Following evaluation of the QES eCDOP case management system, funding need to be secured in order to continue with an electronic system.

3. Continuation of engagement with partners, especially GP and Coronial Services is needed, to ensure information is shared in a timely way, in order to aid reviews.

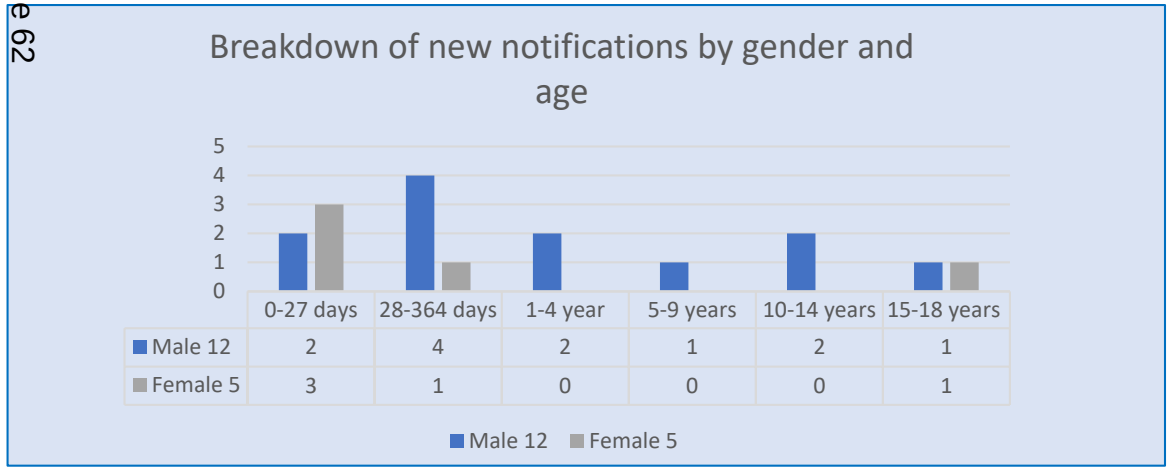
Child Deaths 2018/19:

New Notifications 2018-19:

During 2018-19, Barking and Dagenham CDOP were notified of 17 child deaths. This is a reduction of seven cases on the previous year, and the lowest number of notifications received for a number of years.

There is no clear analysis as to why this is the case, however it is hoped that National awareness raising campaigns such as Safe sleeping, Button Batteries and blind cord safety, along with local learnings and revised pathways within agencies, contribute to assisting a decrease.

Following the full implementation of the Child Death Review Guidance, Barking & Dagenham, Havering and Redbridge CDOPs will merge. This increase in collated information will assist with assessing trends and themes.



In 2017-18, notifications in respect of male children were recorded as higher than female and this trend continued in 2018-19. Unexpected deaths were also the highest in the male cohort at 41% (7) of the total number of new notifications.

The highest number of new notifications was received for the age range under 1 year age group, representing 59% of the overall notifications. This follows the same trend as previous years.

Rapid response meetings were held in respect of all unexpected deaths, within timescale. The breakdown of rapid response meetings per quarter follows:

Quarter 2018-19	Number of Rapid Response	Male	Female
Q2	3	3	0
Q3	4	4	0
Q4	2	0	2

One of the unexpected deaths within 28-364 days age bracket reported in 2018-19, is now subject to a Serious Case Review, following recommendation for consideration from CDOP to the Safeguarding Children Board. One other case, referring to a child within the 15-18 year age bracket, is subject to a Local Practice Learning Review.

All Rapid Response meetings were chaired by the Designated Doctor for CDOP. From October 2018, there was a change in Designated Doctor, from Dr Elhassan Magid to Dr Kanthin Jayawardana.

Dr Jayawardana continues to chair rapid response meetings until the CDR transition is complete.

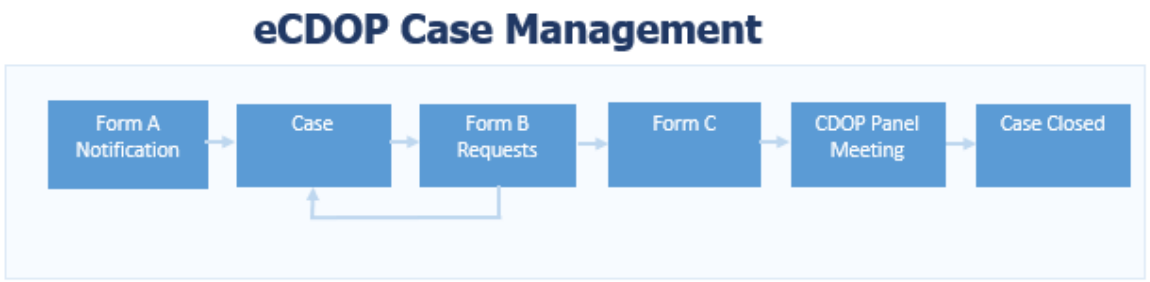
Child Deaths 2018/19:

Case Management system - eCDOP:

Implementation of a new case management system, eCDOP started 1 April 2018. Previously the CDOP process was administered via a paper based and Excel database system.

The eCDOP system, hosted by QES, has streamlined the secure transfer of information from practitioners, and wider sharing with CDOP Panel members.

The eCDOP system will also link with the National Child Mortality Database (NCMD), which is due to go live on 1st April 2019. This will assist the seamless 'real time' data transfer of information to the NCMD, to allow for wider analysis across a bigger CDOP area, and identify any thematic issues for wider learning across the network.



NHS England Public Health commissioning team agreed funding for all 32 London Boroughs in 2018-19 to implement eCDOP, with continued funding agreed for 2019-20.

Funding for eCDOP during 2020 and beyond is subject to individual CDR partners funding streams but it is hoped that this will continue.

Membership:

The full CDOP Panel membership is set out within **page 6**.

The CDOP panels are administered by the Director of Public Health PA support. The CDOP Co-Ordinator attends each meeting to provide an overview of outstanding cases and highlight any pending issues.

During Q4 2018-19 membership was extended to the Integrated Care Director (ICD), NELFT. It is envisaged that the ICD will continue as a member of the Panel in 2019-2020.

With CDOP Panels moving into a transitional period, membership may change, however the Local Authority and Clinical Commissioning Group will lead on this as statutory Child Death Review (CDR) Partners.

Child Deaths 2018/19: Breakdown of closed cases

Closed cases:

In 2018-19 the CDOP Panel met on four occasions. During this time 12 Form C's were analysed and cases closed by the Panel. These cases reviewed originated from: 2016-17 (1), 2017-18 (7) and 2018-19 (4).

The number of cases closed by Panel in 18/19 were reduced from previous years. This was attributed to work underway in 2016/17 and 17/18 to close outstanding historic cases which accounted for the increased numbers discussed at Panel, coupled with a reduced number of new notifications being received.

	2018-19	2017-18	2016-17
Cases Closed by Panel	12	24	24
New Notifications received	17	24	21

During 2017-18, there was an increase in the ratio of deaths of males aged 0-18, compared to females. This trend continues in 2018-19: Male (9) 75 % Female (3) 25%.

A more detailed breakdown of these closed cases follows.

Categorisation of deaths:

In order to fully review cases, each should be attributed against 10 categorisations in accordance with statutory guidance. These are:

Category and Definition	Category and Definition
CAT 1 Deliberately inflicted injury, abuse or neglect	CAT 6 Chronic medical condition
CAT 2 Suicide or deliberate self-inflicted harm	CAT 7 Chromosomal, genetic and congenital anomalies
CAT 3 Trauma and other external factors	CAT 8 Perinatal/Neonatal event
CAT 4 Malignancy	CAT 9 Infection
CAT 5 Acute medical or surgical condition	CAT 10 Sudden unexpected, unexplained death

The cases reviewed and closed during 2018-19, were catergorised as follows:

Categorisation of death	% age (number of cases)
Category 5	7% (1)
Category 7	17% (2)
Category 8	42% (5)
Category 9	17% (2)
Category 10	17% (2)

The Categorisation of Perinatal/Neonatal events continues to have the largest number of deaths attributed within it. This mirrors previous CDOP reporting:

Year	% age of overall cases reviewed
2018-19	42% (5)
2017-18	40% (10)
2016-17	50% (8)

No additional analysis can be attributed to this data at present, however this should improve with the introduction of wider CDOP footprints, post September 2019, with increased numbers of cases being reviewed.

No cases reviewed within 2018-19 were previously known to Social Care, or had any statutory orders in place at time of death.

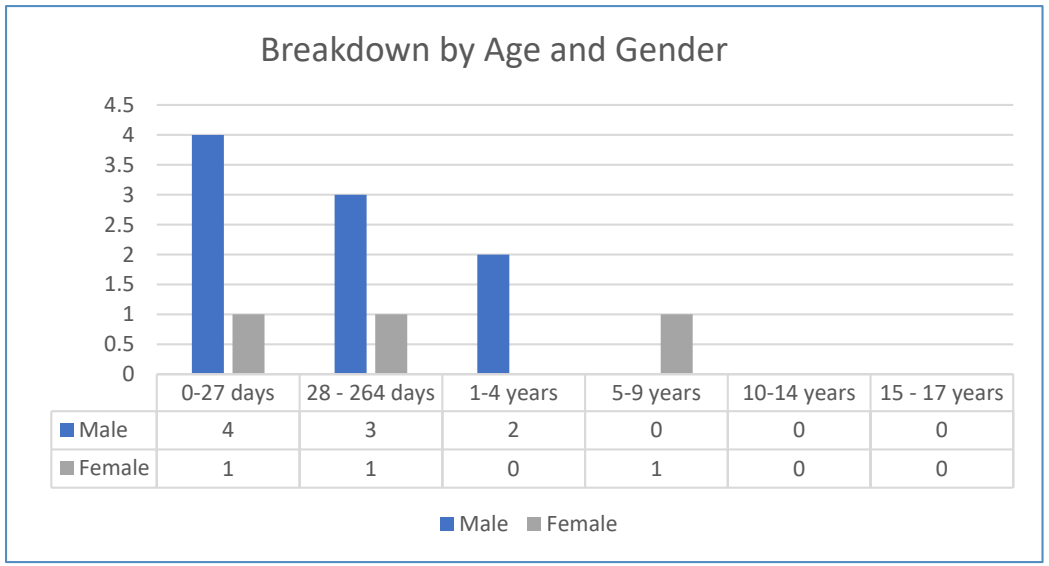
Child Deaths 2018/19: Breakdown of closed cases continued

Of the 12 cases closed, 75% (9) were completed within 12 months from point of notification, with 25% (3) completed in excess of 1 year.

Delays to closing cases can be attributed to length of time in obtaining Post Mortem reports, or other parallel process being in place i.e. Serious Case Review, Serious Incidents, or Criminal investigations.

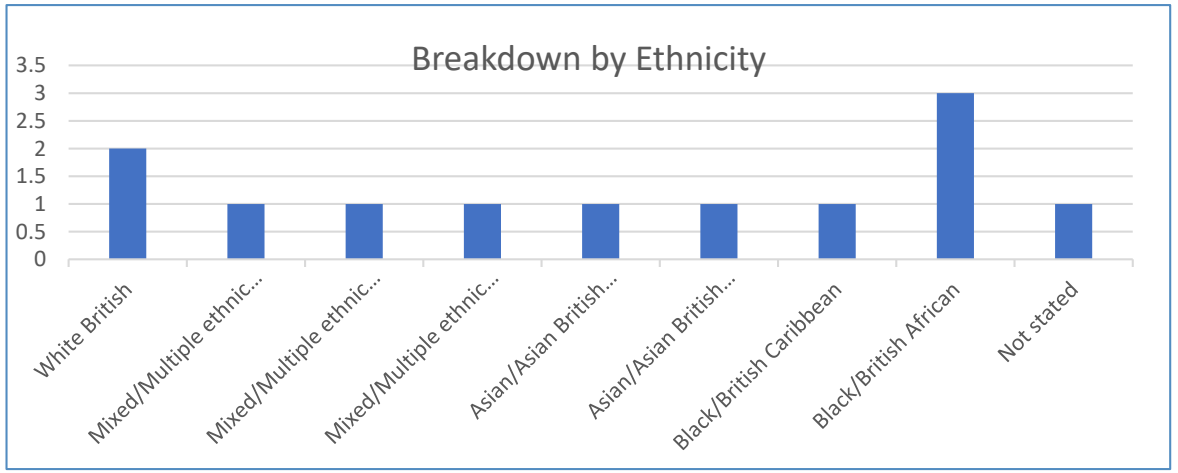
Breakdown by Age and Gender

Age categories are reported within six age bands. The breakdown of cases reviewed is shown below:



100% of cases reviewed in 2018-19 related to children aged 9 years and under. Children aged under 1 year remains the highest cohort of cases reviewed, at 83%. This trend mirrors previous years within LBBD.

Ethnicity:



75% of child deaths came from an ethnic minority background. Children from a Black/British African background remain the highest cohort for all notifications received at 25%, which mirrors previous years.

Locally, 64% of Barking and Dagenham residents come from a minority ethnic background, with 74% being from 0-17 year cohort.

White British was second highest ethnicity recorded at 17%, which follows the same trend for the previous year. Equal split across all other recorded ethnicities, :

Ethnicity	17/18	18/19
Black African (Highest cohort)	12	3
White British (second highest cohort)	4	2

Continuation:

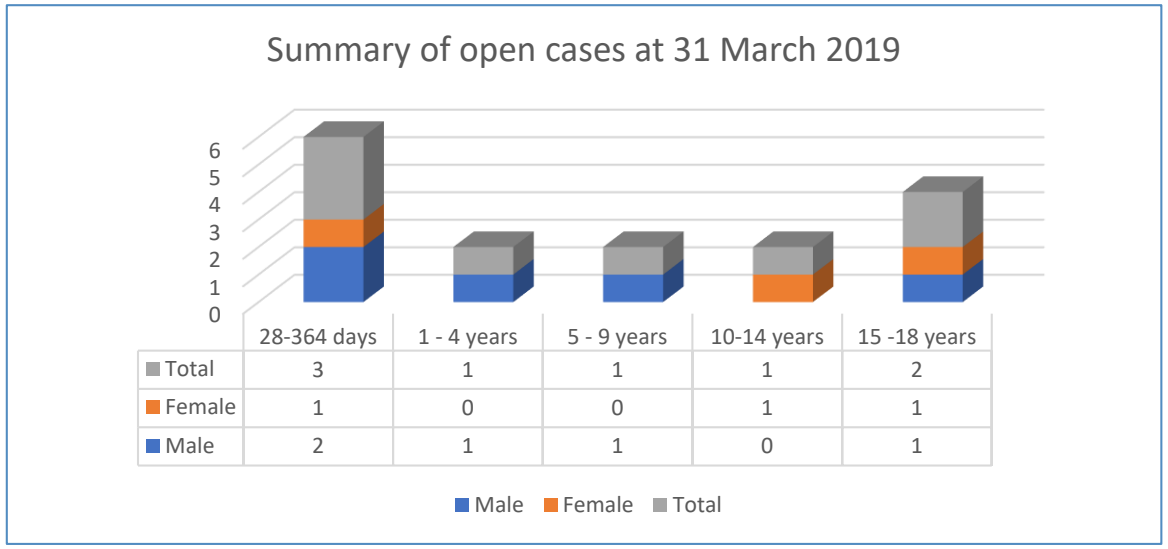
Increased recording of ethnicity continues to be an area for improvement. Some notifications are still being received with limited information recorded.

In 2018-19 only one case was recorded as Not stated/Not known. This was an decrease from last year's recording of two cases.

Open cases

At the end March 2019, there were 8 outstanding cases to carry forward into 2019-2020 financial year. Information from the Coroner (Post Mortem reports), Serious Incidents reports (Providers) and Reporting forms from Partners were awaited on these cases. Once all information is collated, these will be presented to the CDOP Panel for closure.

A breakdown of these outstanding cases are detailed for information:



Within the new structure, from 1st April 2019, all new notifications will be, once ready for closure, be presented to the joint CDOP in Common on behalf of Barking & Dagenham Havering and Redbridge, hosted by and chaired by CCG.

Learning Lessons:

Modifiable (preventable) factors:

As part of the robust reviewing of cases, CDOP are required to consider whether there are any modifiable factors that could have contributed to the death of the child, thus reducing risks further in the future.

Of the 12 closed cases, only one case (8%) was identified as having modifiable factors.

This child was not known to statutory services. The child had a 2 week history of a throat infection, and presented with neck pain, dizziness, headache and inability to bear weight. Conscious levels and observations deteriorated and then this child sadly passed away. The case was reviewed by BHRUT as part of the wider Serious Incident (SI) process, highlighting six key learning points for the Trust to implement. The CDOP Panel had oversight of the full report and action plan.

With the implementation of the new Child Death Review Statutory and Operational Guidance there has been a move towards preventability and preventable factors, so the term modifiable will no longer be reported going forward.

New Reporting Form Bs and Cs have been issued for use with revised terminology. Updated templates within eCDOP will change with effect from 1 April 2019.

Child Deaths 2019-20:

Regulation 28:

The Coroners and Justice Act 2009 allows a coroner to issue a Regulation 28 Report to an individual, organisations, local authorities or government departments and their agencies where the coroner believes that action should be taken to prevent further deaths. Regulation 28 notifications continue to be shared with CDOP, by our presiding Coroner, in order to share wider learning.

Two Regulation 28 notification was issued during this reporting period. One for the BHR reporting area.

Case summary:

A child aged 10 year, who had suffered with Asthma since 9 months of age. Numerous attendances for asthma attacks throughout the child's life. Every presentation by primary and secondary care, treated the symptoms of the immediate presenting and acute attack. The Coroner reported that "There was no appreciation that these episodes were signs of underlying poorly controlled severe chronic asthma".

The child sadly passed away in December 2017, following another attack.

The Coroner raised her concerns with this regulation 28, identifying clear actions for implementation and the Health provider was given 56 days in which to respond.

Following conclusion, a BHR footprint training event was held in order to share the learning from this case. This learning is also scheduled to be reported to the Safeguarding Children Board in Barking and Dagenham in 2019-2020.

Networking:

Coronial Service:

Close operational links with the Coroner and her office continued into 2018-19, with the North East London CDOP Managers and Designated Doctors meeting with the Coroner on a bi-yearly basis to discuss any arising issues or concerns.

Working Together 2018 states 'Coroner's have a duty to notify the child death review partners for the area in which the child died or where the child's body was found within three working days of deciding to investigate a death or commission a post-mortem'. This area of communication continues to be a challenge.

National and Local Networks:

The wider sharing of lessons learned continues to be an important part of the reviewing process. Networks with other CDOPs and National bodies continued to be strengthened in this year, assisting this process.

Social Media continues to be an effective way to share safeguarding messages with professionals and the wider public.

The National Network for CDOPs (NNCDOP) held their annual conference in Birmingham, which was well attended across the partnership. The main focus of this conference was to understand the changes to the Child Death Review process which take effect from 1 April 2019.

Next steps

Restructuring plans are due for publication by 29th June 2019, with full implementation by September 2019. Responsibility for CDOP will transfer to CDR Partners: Local Authority and Clinical Commissioning Groups (CCG).

All plans will be published on the CCG website, along with the individual LSCB websites within each borough.

There is an expectation that eCDOP Case Management system will continue.

HEALTH AND WELLBEING BOARD

22 January 2019

Title:	**Domestic Abuse Update**
Report of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Hazel North Stephens, Commissioning Manager Florence Henry, Domestic Abuse Commission Programme Manager	**Contact Details:** Tel: E-mail: Hazel.NorthStephens@lbbd.gov.uk Florence.Henry@lbbd.gov.uk
Sponsor: Elaine Allegretti, Director for People and Resilience Mark Tyson, Director of Policy and Participation	

Summary:

Domestic abuse is a priority for both the borough and the Health and Wellbeing Board as outlined in the 2018-2022 Health and Wellbeing Strategy.

There is important work going on in this area which partners are asked to note and provide any comments on.

Firstly, the borough has launched a Domestic Abuse Commission which brings together a panel of national experts, chaired by CEO of Shelter Polly Neate, to understand the attitudes, perceived normalisation and tolerance of domestic abuse in the community. The commission will be working until October 2020 and presenting a series of recommendations on how to tackle the issue in the borough.

Secondly, after a competitive tender process, Refuge Charity have been awarded the contract for a new domestic and sexual violence service in Barking and Dagenham – the new service started on 1st October 2019 and will run for three years with the possibility of a 2-year extension. This report provides a brief of the new service.

Finally, a brief update of the wide range of work happening across the system in relation to domestic abuse.

Recommendation

The Health and Wellbeing Board is recommended to:

(i) Note the updates relating to domestic abuse

(ii) Provide any comments

1 Introduction and Background

1.1 Domestic abuse is a key priority for the council. Domestic violence and abuse have been a longstanding problem for Barking and Dagenham. Figures from the Metropolitan Police Service, Barking and Dagenham has consistently had the highest recorded rate of domestic abuse for the last 10 years compared to other London boroughs. Prevalence is reported 23 incidents per 1000 of the population.

1.2 The 2019 Violence Against Women and Girls Strategy was approved by Health and Wellbeing Board in November 2018. It outlines four priorities – support survivors, educate and communicate, challenge abusive behaviours and include lived experience.

1.3 The Joint Health and Wellbeing Strategy 2019-2023 also contains Domestic Abuse as a separate outcome as outcome 7 – a borough with zero tolerance to Domestic Abuse that tackles underlying causes, challenges perpetrators and empowers survivors.

1.4 This covering report provides an update on two key developments around Barking and Dagenham's approach to Domestic Abuse – firstly, a domestic abuse commission looking specifically at the attitudes around domestic abuse in the community sponsored by Councillor Maureen Worby, Cabinet Member for Social Care and Health Integration and Chair of Health and Wellbeing Board. Secondly, the new strategic partner following a competitive tender process in Refuge.

1.5 In addition a brief update on several pieces of work across wider systems in Barking and Dagenham is offered.

2 Updates: Domestic Abuse Commission

2.1 The Domestic Abuse Commission has been launched by the borough to look into the attitudes around domestic abuse, and perceived normalisation and tolerance of abusive behaviours. The commission brings together a panel of national experts to explore the attitudes in the borough around domestic abuse and make a series of recommendations. The commission was launched in the borough on 25th September and aims to publish a report with a series of recommendations by around October 2020.

2.2 This report provides an update of the 25th September and the emerging and ongoing work as part of the commission. On 25th September, commissioners were taken on a bus tour of the borough and took part in a workshop with the Borough Expert Panel.

There was then an evening launch event at Eastbury Manor House to launch the commission to wider stakeholders and the local press.

2.3 The chair of the commission, Polly Neate, CEO of Shelter and former CEO of Women's Aid has invited a range of commissioners who reflect the areas which interlink with the issue of Domestic Abuse. As well as those from the domestic abuse sector, the commission brings together those with backgrounds in key issues that interlink with domestic abuse, such as poverty, homelessness, mental health and local government to get a range of perspectives. It was also key for the commission to ensure diversity in the commissioners.

2.4 The confirmed commissioners represent a range of high profile and national experts, which will help the commission to gain national attention for the work it is doing. The full list of 12 confirmed commissioners is as below:

Polly Neate - Chair and CEO of Shelter, former CEO of Women's Aid
Donna Hall - Former Chief Exec of Wigan Council and chair of New Local Government Network
Simon Blake - Chief Executive of Mental Health First Aid and is also Deputy Chair of Stonewall
Amna Adbullatif - Community psychologist who is currently working as national lead on children and young people for Women's Aid
Nicki Norman - Director of Services Women's Aid/acting co-CEO of Women's Aid
Becky Rogerson – Chief Executive at My Sister's Place and acting Director at Wearside Women in Need
Sarah Hughes – CEO of Centre for Mental Health
Raji Hunjan – CEO of anti-poverty charity, Z2K (Zacchaeus 2000 Trust).
Jo Todd – CEO of Respect
Jess Phillips – MP of Birmingham Yardley, Chair of APPG on Domestic Violence and Abuse
Rick Henderson – CEO of Homeless Link
Junior Smart – Founder of SOS Project, Director of SmartCC

2.5 Alongside the commissioners, importantly there is a Borough Expert Panel who are providing expertise on the borough, and the connections needed to support the commission. The second meeting of the Borough Expert Panel took place on 4th December and will work through activities relating to who in the community we need to ensure we are engaging with, and how we should be framing these conversations. Members of the Borough Expert Panel will also be invited to the next meeting of the commission to give evidence to commissioners.

2.6 We are also in the process of recruiting to a survivor panel to ensure that survivors of domestic abuse can play a key role in the work of the commission.

2.7 As well as the local launch, given the national significance of the commission, a central London launch is being planned to launch the commission to the press and the wider Violence Against Women and Girls sector. As the first of its kind in the country, the launch will ensure that the commission gains national recognition. We have now arranged a Central London Launch through our London Assembly member, Unmesh Desai to take place at City Hall. The event will take place on 4th February and will be an evening event for 80-100 people with speeches. Invites have been circulated to Cabinet members, our commissioners, the Borough Expert Panel members, the survivor panel, senior council officers, the press and domestic abuse sector.

2.8.1 Workstream 1: Quantitative data

Currently, the understanding of domestic abuse in the borough focuses on police-reported data. Part of the work of the commission is to deepen our understanding of the issue of Domestic Abuse. Data requests have been submitted to NELFT, the Police, BHRUT, and CCG around Domestic Abuse.

Alongside these requests, the commission will use data on domestic abuse from B&D One View. Further analysis of council data including social care data, homelessness data and wider service-level data is also underway.

The 2019 School Survey was completed in the summer term, and the full results have now been sent by the provider. As headline figures these show that similar percentages of young people think that abusive behaviours are sometimes acceptable – across age groups, in 2017 26% of secondary school students think it's sometimes acceptable to hit your partner, and in 2019 this figure is 28%. The survey provider, SHEU have provided a breakdown of the acceptance of abusive behaviours for a range of characteristics including gender, LGBT, Free School Meals and those from single parent families which the commission will analyse to understand the acceptance of behaviours further.

2.8.2 Workstream 2: Understanding residents' experiences and attitudes

Quantitative data around resident attitudes around domestic abuse will be collected as part of the commission. Qualitative insight will be key as part of the commission. - Community Engagement Officer is in now in role and will be in post until June. The Community Engagement Officer has been making connections in the borough to engage with residents and interviewing frontline staff.

2.8.3 Workstream 3: Cultures and history

This workstream came from a question at the workshop around how the culture, history and oppression in the borough links to domestic abuse. This workstream will explore the different cultures which exist in communities in Barking and Dagenham and engage in conversations around how domestic abuse remains hidden in different communities. For instance, the chair of the commission has met with representatives from the Hive Women's Group at Al Madina Mosque to discuss how to engage with women at the Hive around domestic abuse.

In addition to this, as part of this workstream, the commission have visited the borough archives to explore gender roles and gender violence and see how this has been presented in the borough previously. When exploring the borough archives around domestic abuse, became reminded that the first appearance of violence against women in Parliamentary politics was in 1976 when Jo Richardson introduced a bill to give women who suffered from domestic violence the right to apply for an injunction, in partnership with the local Women including the below quote from Jo Richardson in Barking and Dagenham Post in 1986:

"*Women's lives are being made a misery and Barking is no better or worse than elsewhere in London. But people in Barking tend to sweep it under the carpet and pretend it isn't happening here. I see many women in my surgery who are desperate to be rehoused because of their husband's violence"*

2.8.4 Workstream 4: Future proofing

This workstream focuses on how in the context of huge growth in the borough, how we can ensure that the work of the commission has a legacy and in the long-term helps to create a borough where domestic abuse is not tolerated. Part of this work includes looking at how the regeneration of the borough can benefit women and

create spaces in which women feel safe. Specifically, this will include looking at the ask around domestic abuse within the social value policy which the Inclusive Growth team are currently working through. This will enable the council to use its commissioning powers to have a positive impact on domestic abuse in the longer term.

This workstreams also includes understanding and working with young people in the borough. As a borough with the highest proportion of under 16s in England and Wales, we have a great opportunity to change the attitudes of our young people. A Votes for Schools session with young people is being planned for January, a range of events are planned in the Youth Zone during the 16 days of activism and further engagement is ongoing with Healthy Schools leads.

2.8.5 Workstream 5: National best practice

Although the commission is the first of its kind nationally, there is a range of academic research on areas relating to domestic abuse which the commission can learn from. As well as producing a literature review, the commission will engage with key academics about the work of the commission. The commission will also look at national best practice from within the women's sector and beyond. The commission will look at key learnings from campaigns and successes to change attitudes around areas such as mental health and drinking.

2.8.6 Workstream 6: Staff

Within the council, just under 40% of council staff work for the borough. Although, we don't have the figures for partner agencies, the council and its partner agencies play a key role in training their staff. A mapping of the training offer for frontline council staff around domestic abuse is underway, and questions have been planned with the chair of commission and council Behavioural Insight Lead for the upcoming staff temperature check.

We will also be engaging with partner agencies to understand their training offer around domestic abuse, and the attitudes of staff. The Community Engagement Officer has also been conducting and arranging interviews with frontline council staff.

2.8.7 Workstream 7: Creating a national methodology

Part of the work of the commission is to add to the national dialogue around how a local area can tackle the issue of domestic abuse at its root. The commission will therefore make sure that it keeps a note of the work its done, any lessons learnt and challenges so that it can provide a blueprint for other local areas. Officers working on the commission have already had conversations with the Violence Reduction Unit at the Mayor of London's Office, who are interested in the work of the commission and how the learning can be shared across London and beyond.

3. NEW Domestic and Sexual Violence Service

3.1 Following a competitive tender process Refuge Charity have been awarded the contract for a new domestic and sexual violence service in Barking and Dagenham – the new service started on the 01st October 2019 and will run for three years with the possibility of a 2-year extension.

3.2 Refuge opened the world's first safe house for women and children escaping domestic violence in Chiswick, West London, in 1971. Since then, Refuge has led the campaign against domestic violence. They have grown to become the country's largest single provider of specialist domestic and gender-based violence services

3.3 On any given day Refuge supports more than 6,000 clients, helping them rebuild their lives and overcome many different forms of violence and abuse; domestic violence, sexual violence, so-called 'honour'-based violence, human trafficking and modern slavery, and female genital mutilation

3.4 The new Barking and Dagenham Domestic and Sexual Violence Service replaced the existing refuge accommodation service and independent advocacy delivered by Hestia and Victim Support respectively.

3.5 Under the new 3-year contract, Refuge Charity will be delivering the following:

- **One front door, no wrong door:** *With one phone number (0300 456 0174), one referral form making it easy to refer and easy to self-refer.*

3.6 **Support for Victim/Survivors**: *Four IGVAs (Independent Gender Violence Advocates). The service will work with all victims of gender-based violence at all risk levels; allowing for consistency of support across the victim/survivor journey to recovery; following timelines dictated by the service-user. The team won't just be there to respond to crisis situations, but to help victims recover and rebuild their lives. Each of the IGVAs will have extensive specialist training to represent different responses to different community groups. This includes specialisms in approaches for LGBT people, men, disabled people, and BME people particularly where there is NRPF support required.*

3.7 **Support for Children:** *Children's support includes access to a Children's outreach worker who will work across the service to support recovery and rebuild relationships, working one-to-one with young people and supporting younger children alongside their non-abusing parent. They will work alongside partner agencies including children's centres, social care and schools to provide a holistic package of support. This worker will work with 0-11 year olds.*

There is also an Early Intervention Worker (EIW) who will provide one-to-one support to 11-17-year olds who have witnessed or experienced abuse. The EIW will support young people to build resilience, act for themselves, keep safe and become more independent through:

- Advocating for their needs
- Providing emotional support; boosting mental health and resilience
- Establishing boundaries
- Discussing healthy relationships
- Sexual health advice
- Advising how to use technology safely

3.8 **Perpetrator Intervention:** *The perpetrator service will work with perpetrators identified by care management in children's care and support. A practitioner will be embedded within children's care and support, facilitating partnership working and providing advice and support. The service will work with perpetrators using an intensive case management approach, co-ordinating a multi-agency response to disrupt abuse and drive attitudinal and behaviour change.*

3.9 **Sanctuary Schemes:** *Victims at risk of domestic violence often have to leave their homes because of the risk of repeat incidents of abuse. Refuges and other forms of emergency and temporary accommodation can provide a safe and supportive environment for households fleeing violence, but many victims do not wish to leave their homes or choose to return to their homes after a short stay in temporary accommodation despite the risks. Sanctuaries are an additional accommodation option for households at risk of domestic violence which can, where suitable and appropriate, offer households the choice of remaining in their homes.*

The service will provide a range of security installations including door and window locks (for emergency support only, the locks will be changed. This can be done in 4 hours), security lights, letterbox protectors, personal attack alarms. All necessary security installations will be completed within 5 days from referral.

3.10 **Refuge Accommodation:** *The service maintains and supports the existing capacity of 13 bed spaces across two venues in the borough (one in Barking and one in Dagenham). One space is fully disabled access and some spaces allow room for two to three children. 2.5 FTE Refuge staff will ensure the smooth running of the refuges, providing 1:1 case management, group work, support planning and housing management.*

The service will run a 6 month move-on policy to ensure enough time for women to access support to keep safe but to allow for a throughput that helps as many women as possible.

3.11 **Schools Support:** *The service managers will also work with schools to build capacity to deliver healthy relationships workshops. Refuge will work with school safeguarding leads to provide support to families flagged by Operation Encompass. As an aside, the Health Education Partnership have separately been funded to deliver whole school approach to domestic abuse across 15 schools in the borough. The two offers are linked to ensure cross referrals and consistent messaging is robust.*

3.12 **Employment Support:** *Refuge's employability programme will facilitate return-to-work pathways, linked to local employers, developing understanding of the needs of VAWG survivors, with a focus on creating tailored, meaningful employment opportunities.*

3.13 **Community Champions Training:** *To build capacity in the community Refuge will deliver a programme of training to agencies, voluntary sector organisations and local businesses in Barking and Dagenham: training individuals to act as champions within their organisation; providing ongoing support through the service as required. Training will include prevalence and dynamics of gender-based violence, understanding risk, responding safely (including to children) and referring to appropriate services. Refuge will also be able to offer bespoke training for specialist community groups in Barking and Dagenham depending on need.*

3.14 **Peer Mentors:** *There will be opportunities to volunteer through Refuge's peer mentor programme. The peer mentor team will be a valuable asset for supporting victim/survivors to engage in community activities, whether by accompanying a client to existing assets, or giving a tour of the borough. This will begin to be developed towards the new financial year.*

Barking and Dagenham survivors will receive training and supervision to become peer mentors too; providing aftercare activities including organising workshops, speakers, activities, providing practical and emotional support. This will be a high value volunteering opportunity, offering genuine opportunities for progression: former Refuge peer mentors are now volunteering on the National Domestic Violence Helpline, working in Refuge's services and receiving media training to act as ambassadors for Refuge.

3.15 **Tech Abuse Team:** *Technology facilitated abuse is evidenced throughout Refuge's national caseloads and Refuge have funding from Google for a Tech Abuse Team which will provide support for complex cases in Barking and Dagenham, reducing pressure on the team.*

Barking and Dagenham will have access to tech empowerment workshops, and the service will have a trained tech champion.

Refuge's tech and economic empowerment training programme will be delivered across Barking and Dagenham on a rolling basis to raise awareness of the impact of tech abuse and how to remain safe whilst being empowered to use technology safely in everyday life.

4. Whole System Updates*:*

4.1 The Health Education Partnership will be working in 10 local primary schools and 5 local secondary schools to develop a whole school approach to domestic abuse, including advice around policy and strategy, workshops with key stakeholders: governors, teachers, parents and young people. This is an exciting piece of work running as a pilot for one year from September 2019, and Refuge will be linked in to ensure pathways into specialist support are supported through the work.

4.2 The Violence Reduction Unit announced on 25th November that they have awarded £1m to social enterprise IRISi (which enables IRISi to work with local partnerships to deliver their flagship intervention across seven boroughs until the end of 2020/21). IRISi is an evidence based, domestic violence and abuse training, support and referral programme for general practice. Barking and Dagenham is one of the seven boroughs in which the service will be rolled out. Connections have already been made to link IRISi into the CCG and social prescribing clinical and council leads, and we are hoping to mobilise working with a local specialist service provider by the new financial year.

4.3 DV FLAG East (family law access group). DV Flag East is run by Citizens Advice Barking & Dagenham. Local accredited experienced family solicitor firms volunteer to provide free independent confidential advice to people experiencing domestic abuse. Visit www.dvflageast.org.uk for further information. This is funded by social value monies raised by the Barking and Dagenham legal team who are also volunteering their own time alongside local family solicitors to develop a best

practice pro bono model for families that fall out of scope of the limited legal aid eligibility.

4.4 We have recruited a domestic abuse housing coordinator to work with housing colleagues in Community Solutions to prepare us for the Domestic Abuse Housing Alliance accreditation process. This is funded through the MHCLG. A steering group has come together, and the next 12 months will be used to take stock of our approach and explore ways to adopt best practice in our housing response to domestic abuse.

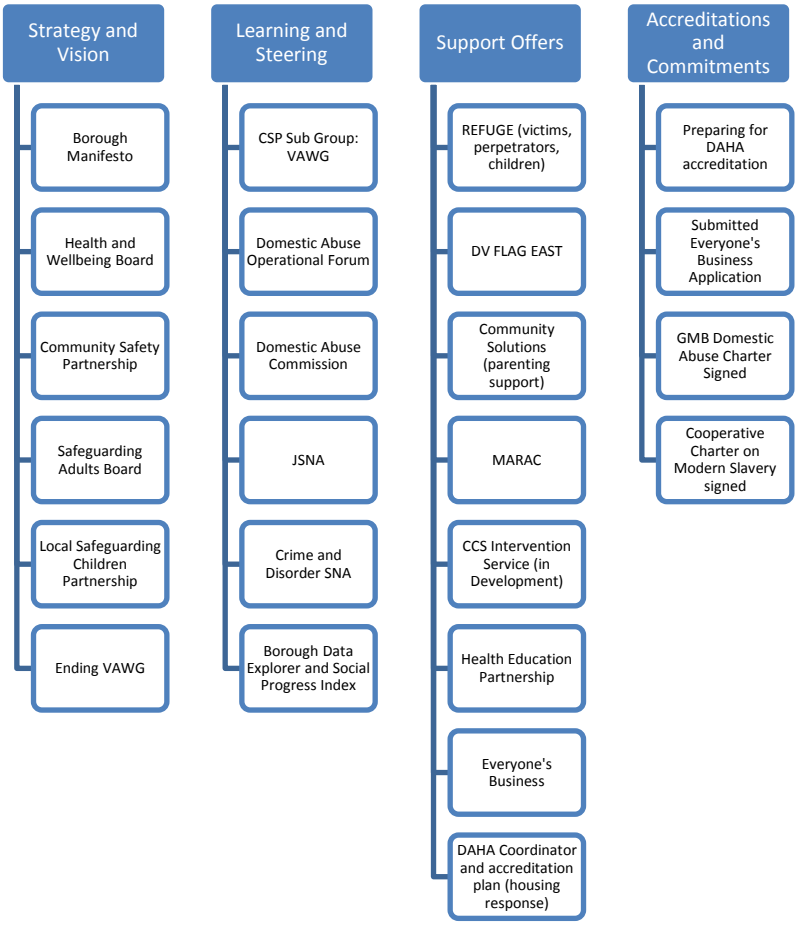
4.5 Community Solutions have been delivering community ava groups from September 2019: a group work weekly programme for young people who have experienced domestic violence. A concurrent mothers group runs alongside it and the aim is to create a space where mothers and their children are able to contextualise their experiences and develop renewed bonds. Feedback has been excellent and the domestic abuse have recruited several women to take part in the Survivors Panel in 2020.

4.6 Huggett Women's Centre continues to deliver East London Rape Crisis services, although currently it is not running group work or drop ins as a result of funding coming to an end in July 2019. Ashiana Network are delivering VAWG counselling services in the centre.

4.7 A new women's hub has been initiated at Al Madina Mosque. It is called The Hive and consists of several women coming together and leading projects for the local community. The main focus is on empowering women in order to empower the wider community. A soft launch was held in August 2019 alongside Eid celebrations, and a more formal launch is being planned. The Hive is offering several strands of support based on what local women want and need, including parenting groups, links to permaculture and the natural environment, sport and leisure activities and awareness of social inequality factors such as domestic violence, female genital mutilation and forced marriage.

4.8 The LBBD Addressing Domestic Abuse at Work Statement and Guidance has been launched, and 17 supportive points of contacts known as staff advocates have been trained to support employees across the workforce experiencing domestic abuse. This has been made possible by working with everyone's business, an initiative looking at addressing domestic abuse in the workplace. We also have access to a workplace independent domestic violence advocate (for men and women) and up to 18 weeks counselling through Women's Trust for women who have experienced domestic abuse. As part of this area of work the Council has also signed up to the GMB Domestic Abuse Charter and have submitted an application to Everyone's Business as part of a best process accreditation process and are planning to submit an application to the Excellence in People Management Awards in 2020.

4.9 There is a significant amount of work happening in relation to domestic abuse. For ease of reference the graphic below attempts to help focus the golden thread from vision to strategy to operational support.



5 Mandatory Implications

5.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment 2018 has a section on domestic abuse, detailing the health impacts for children experiencing domestic abuse and the impact on social care, such as an estimated 32% of children living in income deprived families. It also outlines adverse childhood experiences, and how these are linked to multiple health risk factors and poor health outcomes in adulthood.

5.2 Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy focuses on three themes – giving children the best start in life, early diagnosis and intervention and building resilience. Within resilience, there is a specific outcome relating to Domestic Abuse. A borough with zero tolerance to Domestic Abuse that tackles underlying causes, challenges perpetrators and empowers survivors.

5.3 Financial Implications

There are no direct financial implication arising from this report

Implications completed by: David Folorunso, Finance Business Partner

5.4 **Legal Implications**

Implications completed by: Lindsey Marks, Deputy Head of Law.

There are no legal implications directly arising from this report.

5.5 **Risk Management**

Through approaches to service commissioning, there are mechanisms for ensuring that the risks around individuals who have experienced domestic abuse in any form and managed, jointly as necessary with the systems in place for perpetrators of domestic abuse

The VAWG CSP sub group will have in place a risk management system to ensure that delivery remains on track and action can be taken as necessary.

6 Non-mandatory Implications

Crime and Disorder

6.1 Domestic and sexual violence impacts on many other types of crime and is correlative with all types of violent crime, anti-social behaviour and offending. There are clear correlations with child sexual exploitation, criminal exploitation and youth violence.

6.2 Under the Community Safety Partnership, work is taking place to design preventative approaches to tackling violent crime, including domestic and sexual violence which is underpinned by trauma informed ways of working, and recognising the damaging impacts of childhood adversity.

Safeguarding

6.3 Domestic and sexual violence presents a range of behaviour that pose a risk to the individuals themselves and others around them and can give rise to a range of safeguarding concerns.

6.4 The strategy recognises the impacts of domestic violence on children in the home and recommends working closely to support the victim to safeguard their children, whilst tackling the risk: the perpetrator. Working with the whole family provides a framework to reduce risk, reduce the use of abusive behaviours, and to address trauma experienced by the victim and children.

6.5 The borough's systems for reporting and investigating both adult and child safeguarding concerns have established links to specialist support services, and the Strategy recognises the need for commissioning interventions to continue to foster these links and provide training for those involved in safeguarding.

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HEALTH and WELLBEING BOARD
FORWARD PLAN

January 2020 Edition

THE FORWARD PLAN

Explanatory note:

Key decisions in respect of health-related matters are made by the Health and Wellbeing Board. Key decisions in respect of other Council activities are made by the Council's Cabinet (the main executive decision-making body) or the Assembly (full Council) and can be viewed on the Council's website at http://moderngov.barking-dagenham.gov.uk/mgListPlans.aspx?RPId=180&RD=0. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the full membership of the Health and Wellbeing Board is listed in Appendix 1.

Key Decisions

By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet or other committees / persons / bodies that have executive functions. The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

(i) Those that form the Council's budgetary and policy framework (this is explained in more detail in the Council's Constitution)
(ii) Those that involve 'significant' spending or savings
(iii) Those that have a significant effect on the community

In relation to (ii) above, Barking and Dagenham's definition of 'significant' is spending or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).

In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

As part of the Council's commitment to open government it has extended the scope of this document so that it includes all known issues, not just "Key Decisions", that are due to be considered by the decision-making body as far ahead as possible.

Information included in the Forward Plan

In relation to each decision, the Forward Plan includes as much information as is available when it is published, including:

- the matter in respect of which the decision is to be made;
- the decision-making body (Barking and Dagenham does not delegate the taking of key decisions to individual Members or officers)
- the date when the decision is due to be made;

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact John Dawe, Democratic Services Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (telephone: 020 8227 2135, email: john.dawe@lbbd.gov.uk)

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to https://modgov.lbbd.gov.uk/Internet/ieDocHome.aspx?Categories=-14062 and select the committee and meeting that you are interested in.

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during 2019/2020:

Edition	Publication date
September 2019 edition	12 August 2019
November 2019 edition	15 October 2019
January 2020 edition	24 December 2019
March 2020 edition	10 February 2020
June 2020 edition	11 May 2020

Confidential or Exempt Information

Whilst the majority of the Health and Wellbeing Board's business will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to John Dawe, Democratic Services Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (telephone: 020 8227 2135, email: john.dawe@lbbd.gov.uk).

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed. It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to https://modgov.lbbd.gov.uk/Internet/ieListMeetings.aspx?CId=669&Year=0 or by contacting John Dawe on the details above.

Column 2 sets out the title of the report or subject matter and the nature of the decision being sought. For 'key decision' items the title is shown in **bold type** - for all other items the title is shown in normal type. Column 2 also lists the ward(s) in the Borough that the issue relates to.

Column 3 shows whether the issue is expected to be considered in the open part of the meeting or whether it may, in whole or in part, be considered in private and, if so, the reason(s) why.

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 10.3.20	**North East London NHS Long Term Plan** Further report on the detail of the final response of the East London Health & Care Partnership to the NHS Long Term Plan • Wards Directly Affected: Not Applicable	Open	Sharon Morrow, Responsible Officer for Unplanned care, BHR CCGs (Tel: 020 3182 3302) (Sharon.morrow2@nhs.net)
Health and Wellbeing Board: 10.3.20	**BHRUT Clinical Strategy - Update** Update on the progress with the development of the BHRUT Clinical Strategy • Wards Directly Affected: Not Applicable	Open	Natasha Dafesh, Senior Communications Officer (natasha.dafesh@nhs.net)
Health and Wellbeing Board: 10.3.20	**Tobacco Harm Reduction Plan** • Wards Directly Affected: Not Applicable	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 10.3.20	**Two Borough Suicide Prevention Strategy Update** • Wards Directly Affected: Not Applicable	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 10.3.20	**Proposal for BHR System 2020/21** • Wards Directly Affected: Not Applicable	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

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