

Notice of Meeting**HEALTH & WELLBEING BOARD****Tuesday, 9 March 2021 - 6:00 pm**
Meeting to be held virtually

Date of publication: Monday, 1 March 2021

Claire Symonds
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Membership

CLlr Maureen Worby (Chair)	LBBB (Cabinet Member for Social Care and Health Integration)
Dr Jagan John	Barking & Dagenham Clinical Commissioning Group
Elaine Allegretti	LBBB (Director of People and Resilience)
CLlr Saima Ashraf	LBBB (Cabinet Member for Community Leadership and Engagement)
CLlr Sade Bright	LBBB (Cabinet Member for Employment, Skills and Aspiration)
CLlr Evelyn Carpenter	LBBB (Cabinet Member for Educational Attainment and School Improvement)
Bob Champion	North East London NHS Foundation Trust
Matthew Cole	LBBB (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
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.

Standing Invited Guests

CLlr Paul Robinson	LBBB (Chair, Health Scrutiny Committee)
Narinder Dail	London Fire Brigade
Brian Parrott	Independent Chair of the B&D Local Safeguarding Adults Board
Vacant	London Ambulance Service
Vacant	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.

STANDING ITEMS

3. **Minutes - To confirm as correct the minutes of the meeting on (Pages 3 - 8)**

BUSINESS ITEMS

4. **Covid-19 update including vaccines (Page 9)**

5. **Safeguarding Children Partnership Annual Report (Pages 11 - 48)**

6. **IAPT and Community Solutions (Pages 49 - 65)**

7. **Community Hubs: Concepts and Offer (Pages 67 - 85)**

8. **Forward Plan (Pages 87 - 92)**

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

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 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

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Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

Participation and Engagement

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
 - Building capacity in and with the social sector to improve cross-sector collaboration
 - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
 - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
 - Embedding our participatory principles across the Council's activity
 - Focusing our participatory activity on some of the root causes of poverty

Prevention, Independence and Resilience

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities' benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

Inclusive Growth

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

Well Run Organisation

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

MINUTES OF HEALTH AND WELLBEING BOARD

Wednesday, 13 January 2021
(6:00 - 7:27 pm)

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

Also Present; Cllr Paul Robinson and Brian Parrott

87. Apologies for Absence

Apologies were received from Cllr Evelyn Carpenter and the Integrated Care Director at Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs).

88. Declaration of Members' Interests

There were no declarations of interest.

89. Minutes - To confirm as correct the minutes of the meeting on 10 November 2020

The minutes of the meeting held on 10 November 2020 were confirmed as correct.

90. COVID-19 update in the Borough

The Director of Public Health (DPH) updated the Board. The last five weeks had been extremely difficult with resources being stretched. However, the number of cases had started to slow and there were signs that they were plateauing.

The DPH praised the integrated care partnership noting that all parts of health care, such as Primary Care, NELFT, the police and fire brigade, had stepped up and had gone above and beyond what was required of them.

The Chair expressed her thanks to staff who have had to deal with the pandemic noting that Board members would find it difficult to appreciate the sheer scale of the pandemic's effect on the healthcare system.

The Senior Intelligence and Analytics Officer (SIAO) gave a presentation providing the Board with the following Covid-19 indicators:

- B&D had the highest number of infections per 100,000 for the previous two weeks.
- Overall, there was a reduction in infections in Greater London from 16% two weeks earlier to 1% last week. Two vaccination sites would be opening in the borough at the following locations.
 - a. London East in Dagenham
 - b. Broadway Theatre in Barking

- Testing rates had improved and there had been an increase in home testing kits being sent out. Barking and Dagenham had the second highest test rate, from 30th December to 5th January in the country.
- Infection rates were higher among children of secondary school age, though now in decline, whilst primary school age children remained stable.
- There were 35 Covid-19 related deaths in the week ending 1st January 2021.
- The average figure in relation to excess deaths was 18.4 over the same period, based on a five-year average.

The Deputy Chair, who is also Chair of BHR CCGs, noted that most care home residents in the borough had received their first dose of the vaccination. There had been delays in vaccinations owing to care home residents being reluctant to have the vaccination at the appointed times. The Chair said that his would be followed up offline.

The Deputy Chair noted that, only when vaccinations are extended to lower cohorts, will Covid-19 be brought under control. The Board were concerned that some members of the public were refusing to accept the vaccine noting that fake claims were circulating online. The Chair said that the Council would arrange for communications to be issued challenging these claims and urging the public to be vaccinated when it is offered, not to contact their GP asking for the vaccination and instead wait to be contacted.

The Board noted the update.

91. Corporate Parenting Annual report

The Head of Performance and Intelligence, Children's Care (HPICC) updated the Board reporting that the Corporate Parenting Board had been strengthened to include members of partner agencies. The Chair stated that, as a priority, there was a need by the Corporate Parenting Board to increase the number of looked after children whom the Council engages through the Skittlz programme, whilst overcoming the challenges of Covid-19.

Ofsted had recommended that the Corporate Parenting Board membership be extended to include representation from the Department of Work and Pensions and the Probation Service. It was also stressed that more specialist workers were needed such as a dedicated housing officer as well as a wellbeing officer in the leaving care team.

A considerable proportion of children have been placed in a family setting and both short term and long-term placement stability had improved. There had been no adoption delays or breakdowns.

The 'Virtual School' was deemed by Ofsted to be strong following their inspection in February 2019, demonstrating improved performance and outcomes for looked after children's attendance and attainment. Most children are in schools rated

'good' or 'outstanding' however the 'Virtual School' provides additional support to those who are in schools rated as 'requiring improvement.' The 'Virtual School' also assists care leavers who are planning on going into further education or training. It was further noted that:

- 92% of care leavers live in suitable accommodation
- 65% of care leavers are in employment, education, or training

The improved outcomes were planned to be celebrated at the annual 'Looked After Children Awards' ceremony. However, the ceremony was cancelled owing to Covid-19. Young people still received their awards and photographs were taken to celebrate their achievements.

Mental health remained a priority and a 'strengths and difficulties questionnaire' was sent to all looked after children aged between 4 and upwards.

The Chair noted that the service had come a long way and praised the multiagency approach that ensure that looked after children and young people were given adequate support. The Chair expressed thanks to all staff involved.

The Board noted the report.

92. Integrated Care Partnership - Governance arrangements

The Director of Transition (DOT) at BHR CCGs presented a report on a review that had been undertaken with a view to building on the strength of partnerships in Barking and Dagenham, Havering, and Redbridge. A workshop was held in November 2020 with the delivery group where priorities were identified.

National guidance had been issued in relation to integrated care systems and it discussed the development of care systems by 2022. This would be developed in relation to North East London and how this would fit with the move to a single CCG.

The Health and Wellbeing Board was asked to approve the new Terms of Reference (ToR) for the Integrated Care Partnership Board that would, subject to approval, come into force on 1st April 2021. The DOT explained that the new ToR were necessary as the Board would be taking on responsibility for a broader range of functions. The ToR have been reviewed by legal advisors and by governance leads in each partner organization. As some statutory decisions would remain the responsibility of the CCG, the ToR was in two parts and Part 2 would be restricted to CCG members only.

The Health and Wellbeing Board **resolved** to agree to the implementation of the new Terms of Reference for the Integrated Care Partnership Board, and that the new Terms of Reference would come into force on 1st April 2021.

93. ReMove Abuse

The Lead Commissioner Community Safeguarding (LCCS) presented her report to the Board.

Prior to October 2019, there was no systemic approach to dealing with domestic

violence abuse tailored to the borough. In 2020, the Health and Wellbeing Board received two updates on how a systemic approach to domestic abuse was being constructed. Refuge, a charity, was commissioned to deliver targeted services within tier 3 and tier 4 support and children's current support. Additionally, the aim was to ensure that accountability was moved from the victim, and why they did not leave the abuser, to the abuser and why they did not stop.

The pilot would involve working with Cranstoun, a charity that provides assistance on domestic abuse. The pilot would consist of the following elements:

- **Assessment:** Referral would come from professionals and self-referrals.
- **Intervention:** The intervention would be based on 1:1 case management and will be delivered by a team of three case managers, service manager and a partner support service.
- **Partner Support Service:** Cranstoun would provide an attached support offer to partners/ex-partners of all perpetrators engaged.
- **Accommodation:** Housing that is either in the Council's ownership or to which the Council had nomination rights would be used to house perpetrators. The accommodation would be offered as a short-term lease.
- **Aftercare:** The LCCS was aware that to create change both the perpetrator and the survivor, as well as any children would need access to ongoing support. It was noted that since the pilot is time limited to one year this created challenges, however Cranstoun would refer users onward to support agencies.
- **Evaluation:** There was limited evidence in terms of independent evaluation that focused on impact rather than engagement of perpetrator responses across the country. A quote had been received for an independent evaluation and, at the time of the meeting, was being considered.

Covid-19 presented a challenge. Domestic Violence protection orders when issued by the police, meant victims could not return to their home for 28 days. However, the victim often had nowhere to go. Accommodation would be offered, however it was often far away from the area and the lack of local support networks negatively affected victims and any children they had. The LCCS elaborated on this by discussing a case study highlighting the problems with this approach whereby a victim expressed a preference for staying in the family home with the abuser fearing being moved would adversely affect her mental health and that of her son.

The LCCS disclosed that perpetrators of domestic violence were spoken to and noted that:

- Many indicated that they wanted to change their behaviour which was unexpected.
- The Respect helpline, which takes calls from abusers saw a higher number of calls than those that dealt with victims.

These factors would be integrated into the model, and as a result, a focus would

be placed on intervention and assessment. The LCCS went through the possible outcomes highlighting that the victim and the abuser:

- may resolve their issues and reunite.
- may agree to split/divorce on amicable terms.
- may not be able to resolve the abusive relationship, or the abuse escalates, in which case greater intervention would be needed.

The LCCS emphasised that the situations would be kept under close review.

A bid was submitted to the Home Office's Perpetrator Fund in September 2020 to secure funding for the new approach. There had been delays, however the LCCS explained that some prototype work had been carried out. The grant agreement had recently been signed and the aim for the next year was to identify 100 perpetrators for intervention and to provide alternative accommodation to the family home for 10 perpetrators.

The LCCS then stated that it was the intention to get a good mix of referrals and that it would not be assumed that the perpetrator was always male and the victim female, given that domestic violence can be perpetrated by females and occurred within same sex relationships.

The Board noted the update

94. Forward Plan

The Board noted the forward plan.

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Health and Wellbeing Board

9 March 2021

Title:	Overview of Covid-19 situation in LBBD	
Report of the Director of Public Health		
Open Report	For Information	
Wards Affected: All	Key Decision: No	
Report Author: Bianca Hossain, Senior Intelligence and Performance Officer.	Contact details: bianca.hossain@lbbd.gov.uk	
Accountable Director: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham		
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience		
Summary		
<p>Over twenty-three thousand Covid-19 cases have been confirmed in Barking and Dagenham since the beginning of the pandemic, and there have been more than 500 Covid-19 related deaths of Barking and Dagenham residents.</p> <p>This presentation offers an overview of the current situation in the borough, highlighting the relevant local aspects such as the geographic and demographic spread of the virus and the progress made with the vaccination of our most vulnerable residents.</p>		
Recommendation(s)		
<p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"> • Review and if relevant provide feedback on the presentation. 		
Reason		
Offering a local overview of the pandemic.		

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Health and Wellbeing Board

9th March 2021

Title:	Safeguarding Children Partnership - Annual report 2019 - 2020		
Report of the Safeguarding Children Partnership.			
Open Report		For Information	
Wards Affected: N/A		Key Decision: No	
Report Author: Justine Henderson, Interim Head of Children Commissioning		Contact Details: E-mail: Justine.Henderson@lbbd.gov.uk	
Accountable Officer: Elaine Allegretti, Director of People and Resilience			
Summary:			
<p>The Barking and Dagenham Safeguarding Children Partnership (BDSCP) Annual report provides an opportunity to highlight the progress that the Safeguarding Children Partnership, consisting of the Local Authority, NHS BHR Clinical Commissioning Group and the Police, has made in achieving the safeguarding priorities in 2019/20.</p> <p>The report outlines key demographic and performance data, findings from multi-agency audits, progress updates from each of the Working Group Chairs and feedback from some of our key partner agencies. The report also outlines the Partnership's priorities for 2020/21 and the new Barking and Dagenham Safeguarding Children Partnership structure and its interface with the tri-borough safeguarding partnership that includes Barking & Dagenham, Havering and Redbridge.</p>			
Recommendation(s)			
The Health and Wellbeing Board is asked to note and approve the content of the report.			
Reason(s)			
Working Together 2018 guidance, stipulates that Safeguarding Partners must publish an Annual Report, within a twelve-month period. The report it is to be sent to the National Safeguarding Practice Review Panel, within 7 days of publication. The Board is asked note the content and approve the report.			

1. Introduction and Background

- 1.1 The Barking and Dagenham Safeguarding Children Partnership (BDSCP) Annual report is an opportunity to highlight the progress that the Safeguarding Partnership, consisting of the Local Authority, NHS BHR Clinical Commissioning Group and the Police, has made in achieving its safeguarding priorities in 2019/20.
- 1.2 The report outlines key demographic and performance data, findings from multi-agency audits, progress updates from each of the Working Group Chairs and

feedback from some of our partner agencies. The report also outlines the Partnership's safeguarding priorities for 2020/21.

2. Key aspects of the report

- 2.1 In accordance with the guidance outlined in 'Working Together 2018', much work has been done, and is still to be done, to transition from a Local Safeguarding Children Board into a Local Safeguarding Children's Partnership. The BDSCP has focused on getting the leadership right and embedding a stronger foundation for collaborative working. Whilst this took time, a solid basis to build on has been established.
- 2.2 The Barking, Havering and Redbridge Safeguarding Partnership was established in 2019/20 enabling an integrated approach to addressing the shared safeguarding needs, bringing together the infrastructure required, across the three boroughs, to tackle the joint priorities, such as young people's involvement with and at risk of gang culture, knife crime and child exploitation.
- 2.3 The Annual report provides a progress update on the work carried out in context of addressing the 2019/20 safeguarding priorities outlined below:
 - Tackling knife crime and gang culture.
 - Protection of vulnerable children and young people from all forms of exploitation.
 - Reducing the impact of domestic abuse.
 - Strengthening work at pre-birth stage to minimise neglect.
 - Establishing consistent and agreed thresholds across the partnership.
- 2.4 The BDSCP has delivered many of its priorities for 2019/20, despite facing some significant changes. In common with the rest of the country, all partner agencies services were re-directed to respond and manage the impact of the Coronavirus pandemic. The overall impact and response to the pandemic will be outlined in our 2020/21 annual report.
- 2.5 To tackle knife crime, gang culture and exploitation, a multi-agency Contextual Safeguarding and Exploitation Strategic group was established. The group worked in partnership with the University of Bedfordshire to coordinate and support a multi-agency approach to Contextual Safeguarding in the borough. The Exploitation strategy was signed off in April 2019, providing partner agencies with a clear mandate within which to operate. Five Contextual Safeguarding Champions from across the multi-agency partnership have been trained and will enable further training to be cascaded across the partnership.
- 2.6 To improve the connectivity between schools and the wider partnership and enable concerns to be referred early on and for pupils and parents to access support, the Youth at Risk Matrix (YARM) was implemented. YARM workers offer both 1-1 and group work in primary schools, including teacher training, with the aim to prevent children becoming victims of criminal exploitation.
- 2.7 To reduce incidents of serious youth crime, knife carrying and exclusions, a Step Up and Stay Safe programme was implemented which included commissioning a range of interventions across universal, targeted and specialist services, including working with schools.

- 2.8 All Partners worked tirelessly over 2019/20 to adopt a whole system approach to tackling domestic violence in Barking and Dagenham. A new Domestic and Sexual Violence service was commissioned and went live in October 2019. In May 2019, the Local Authority implemented DV FLAG East, which is a collaboration between the Council's Legal team and Barking & Dagenham Citizen's Advice to improve access to legal advice for families experiencing domestic abuse. Partner agencies adopted the 'The Safe & Together'™ Model: an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic violence informed which has been rolled out across the partnership. In February 2020, the Barking and Dagenham Domestic Abuse Commission was launched. A key priority in 2020/21 is to take forward the recommendations of the Commission to bring about effective change.
- 2.9 A multi-agency 'task-and-finish' group was established to define and document the response to tackling neglect in the borough. A multi-agency Neglect strategy was produced, and implementation of the action plan commenced. This involved the establishment of a multi-agency pre-birth service, consisting of social workers, health visitors and midwifery, so to identify and respond to the risks of vulnerable new-born babies much earlier and assess parenting capabilities more robustly to inform future care planning. As a result of this service, new-born babies are prevented from being exposed to neglect and our aim is to break the intergenerational cycle of neglect.
- 2.10 The Graded 2 Care Profile Assessment Toolkit for Neglect was commissioned through NSPCC, with nominated multi-agency professionals trained in its use with the view to rolling out this training across the partnership in 2020/21.
- 2.11 Significant improvement is required across the Early Help landscape, of which all partner agencies are committed to take forward as a priority in 2020/21. In 2019/20, partners were engaged in developing a new multi-agency thresholds framework, starting from the basis of establishing a common understanding of terminology across the partnership. This work is to continue into 2020/21 and is a key priority for the Neglect and Early Help Delivery Group.
- 2.12 The report reflects that two multi-agency audits were undertaken over 2019/20, outlining positive findings and areas requiring improvement, as well as what was done to address them. The two audits were:
- Help and Protection (covering Section 47's, Child Protection Plans, Child in Need and Early Help)
 - Child Sexual Abuse in family environment
- There remains much learning to be taken forward into 2020/21.
- 2.13 Chair summary reports have been received from CDOP, Early Help, Performance and Quality, the Contextual Safeguarding & Exploitation Strategic Group, MASE and the Practice Development Training working groups. All the chair's summary reports reflect the progress made in addressing the 2019/20 priorities and what the priorities are for 2020/21. As to Child Deaths, between April 2019 and March 2020 the CDOP was notified of 27 deaths of children who were resident in Barking and Dagenham. CDOP identified and reviewed one (1) case during 2019/20 where the panel identified modifiable factors and the learning from this case has been take forward.

- 2.14 There was only one serious case review in 2019/20 – Child F, a 9-month-old baby who died because of a head injury whose mother was a Care Leaver. The report outlines what was learnt and what has been done to implement improvements to services, it includes establishing the multi-agency pre-birth assessment team within Children’s Social Care.
- 2.15 Working through the challenges of 2019/20 has galvanised partnership working across our Statutory Safeguarding leaders and solidified their ambition for taking forward a bold and innovative vision for 2020/21. This includes de-professionalising the role of the Independent Scrutineer and making this role more representative of local communities in carrying out its scrutiny functions. Recruitment to this post is due to commence in March 2021.
- 2.16 The key focus of the Safeguarding Partnership is to get the basics right which will underpin all work that is carried out in delivering the 2020/21 safeguarding priorities. These priorities are as follows:
- Strengthen multi-agency working to protect and safeguard vulnerable children and young people from all forms of exploitation.
 - Strengthen multi-agency working in the early identification and support for children at risk of suffering from harm resulting from neglect and domestic violence.
 - Safeguard children with additional needs and promote their welfare.
 - Protect vulnerable children and young people from sexual abuse.
 - Embed our Safeguarding structure and Independent Scrutiny arrangements with a strong focus on evidencing the impact on improving the lives for children, young people and families.
 - Respond to the impact of the COVID-19 pandemic.
- 2.17 Our cross-cutting priorities are to understand the lived experience of the child; improve their lived experience and outcomes because of our involvement and evidence the impact we have made.

3 Consultation

- 3.1 Safeguarding partners have been involved in the development of the Annual report and have fed into the development of our 2020/21 Safeguarding priorities.
- 3.2 Children and young people have actively been involved in informing the recruitment of our Independent Scrutineer and in informing the priorities of this role and will be involved in the recruit of this post.
- 3.3 The Annual report has been through the following governance structures.

Safeguarding Executive Group	17 th December 2021
People and Resilience Management Group (PRMG)	4 th February 2021
Portfolio for Social Care and Health Integration	16 th February 2021

4.4 Financial Implications

None.

4.5 Legal Implications

None.

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London Borough of Barking and Dagenham Safeguarding Children Partnership

Annual Report

2019 – 2020

London Borough of Barking and Dagenham Safeguarding Children Partnership Annual Report 2019/20

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The Barking and Dagenham Safeguarding Children Partnership (BDSCP) Annual report is an opportunity to highlight the progress that the Partnership has been made in achieving its safeguarding priorities in 2019/20. The report outlines key performance data, findings from multi-agency audits, progress updates from each of the Working Group Chairs and feedback from some of our partner agencies. The report also outlines the Partnership's priorities for 2020/21.

In accordance with the guidance outlined in 'Working Together 2018', much work has been done, and is still to be done, to transition from an LSCB into a Local Safeguarding Children Partnership.

In 2019/20 we established arrangements with Barking, Havering and Redbridge Safeguarding Partnership. We defined an integrated approach to addressing to our shared safeguarding needs so to bring together the infrastructure to tackle our joint priorities, such as addressing young people involved with and at risk of gang culture, knife crime and child exploitation.

The DBSCP has delivered many of its priorities for 2019/20, despite facing some significant changes. The Partnership focused on getting the leadership right and embedding a stronger foundation for collaborative working across the Statutory partners being the Local Authority, the NHS Clinical Commissioning Group and Police. Whilst this took time, a solid basis to build on has been established. The Partnership is committed to leading the cultural and behavioural changes required to drive sustained improvements in services over the next three to five years, to safeguard and improve the lived experience of children and families.

In common with the rest of the country, all partner agencies services were re-directed to respond and manage the impact of the Coronavirus pandemic. All services have had to adapt and respond swiftly in delivering support whilst reducing the risk of COVID-19 transmission. We would like to thank everyone involved in maintaining high standards of professional practice and care delivered during this period. An overview of the impact and response to the pandemic will be outlined in our 2020/21 annual report.

Working through the challenges has galvanised partnership working across our Statutory Safeguarding leaders and solidified their ambition for taking forward a bold and innovative vision for 2020/21. This includes de-professionalising the role of the Independent Scrutineer and making this role more representative of local communities in carrying out its scrutiny functions. The key focus of the Safeguarding Partnership is to get the basic's right which will underpin all work that is carried out in delivering the 2020/21's priorities.

Introduction

Priorities in 2019/20

This report outlines how Barking and Dagenham Safeguarding Children Partnership (BDSCP) delivered against its priorities in 2019/20, which were as follows:

- Tackling knife crime and gang culture
- Protecting vulnerable children and young people from all forms of exploitation
- Reducing the impact of domestic abuse on our children and young people
- Strengthening work at pre-birth stage and minimising the impact of chaos and neglect on our youngest children

Page 19 Establishing consistent and agreed thresholds across the partnership that are congruent with new approaches.

To deliver these priorities it was agreed that the Partnership would oversee the development and implementation of the following key workstreams:

- Develop and implement a multi-agency Exploitation Strategy to safeguard children and young people from all forms of exploitation
- Embed a Contextual Safeguarding approach to considering, assessing and responding to risk
- Roll-out the Violence Against Women and Girls (VAWG) Strategy across Barking and Dagenham
- Continue to embed a culture of performance management and quality assurance and target this at areas requiring improvement
- Develop proposals for the future shape of the Barking and Dagenham Safeguarding Partnership in accordance with Working Together 2018

Summary of achievements

Contextual Safeguarding and Exploitation

The Safeguarding Children Partnership, alongside the Community Safety Partnership (CSP), worked relentlessly to tackle gang, knife crime, domestic abuse and the exploitation of children in Barking and Dagenham.

The Contextual Safeguarding and Exploitation Strategic Group was established with multi-agency representation. This group developed a clear mandate within which to operate and the Exploitation Strategy was signed off in April 2019. The group has overseen significant progress, as outlined in the Chair's summary report (page 16). The group worked with the University of Bedfordshire to develop tools and pilots to support implement Contextual Safeguarding which included training five Contextual Safeguarding Champions across the Partnership. A Step up and Stay Safe programme was established that commissioned services at each tier to reduce incidents of serious youth violence, knife carrying, and exclusions in schools. The Youth at Risk Matrix (YARM) was implemented, so primary schools could refer concerns, access support for pupils and parents, of which is making an impact. Through the Young people's Annual Safety Summit, awareness of safe and unsafe spaces where identified in the borough.

Tackling Domestic Violence and Abuse

All Partners have worked tirelessly over 2019/20 to adopt a whole system approach to tackling domestic violence in Barking and Dagenham. A new Domestic and Sexual Violence Service was commissioned and went live in October 2019. In May 2019, the Local Authority implemented DV FLAG East, which is a collaboration between the Local Authorities Legal team and Barking & Dagenham Citizen's Advice service to improve access to quality legal advice for families experiencing domestic abuse. This service received national recognition and awards.

Partner agencies adopted the 'The Safe & Together'™ Model: an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic violence informed and this has been rolled out across the partnership.

In February 2020, the Barking and Dagenham Domestic Abuse Commission was launched, bringing ten national experts around a table to explore the normalisation of domestic abuse in the borough, with a clear focus to examine and respond to the attitudes and behaviours that allow domestic abuse to exist. A key priority in 2020/21 is take forward the recommendations of the Commission and challenge these behaviours to bring about effective change.

Introduction continued

Summary of achievements in 2019/20

Violence Against Women and Girls (VAWG Strategy)

Tackling violence against women and girls has been implemented, as part of the VAWG strategy and is led by the VAWG sub-group. This sub-group oversees the Domestic Violence Forum; The Domestic Abuse Commissioning and Domestic Homicide Review Panel. The link in with the trauma informed health intervention model delivered through the Community Safety Partnership is to ensure the impacts of trauma and to domestic violence are well represented.

Tacking Neglect: The Safeguarding Children Partnership commissioned a multi-agency 'task-and-finish' group to define and document the response to tackling neglect in the borough. A multi-agency Neglect strategy was produced and implementation of the action plan commenced.

A multi-agency pre-birth service, consisting of social workers, health visitors and midwifery was established, resulting in the risks to vulnerable new born babies being identified much earlier and parenting capabilities being more robustly assessed to inform future care planning. As a result of this service, new born babies are prevented from being exposed to neglect and our aim is to break the intergenerational cycle of neglect.

The Graded 2 Care Profile Assessment Toolkit for Neglect was commissioned through NSPCC, with nominated multi-agency professionals trained in its use with the view to roll out this training across the partnership in 2020/21.

Significant improvement is required across the Early Help landscape, of which all partner agencies are committed to take forward as a priority in 2020/21. In 2019/20, partners were engaged in developing a new multi-agency thresholds framework, starting from the basis of establishing a common understanding of terminology across the partnership. This work is to continue into 2020/21 and is key priority for the Neglect and Early Help Delivery group.

Priorities in 2020/21

The Safeguarding Children Partnership in 2020/21 will take forward a bold and innovative programme of work to deliver following key priorities

1. Strengthen multi-agency working to protect and safeguard vulnerable children and young people from all forms of exploitation.
2. Strengthen multi-agency working in the early identification and support for children at risk of suffering from harm resulting from neglect and domestic violence.
3. Safeguard children with additional needs and promote their welfare.
4. Protect vulnerable children and young people from sexual abuse.
5. Embed our Safeguarding structure and Independent Scrutiny arrangements with a strong focus on evidencing the impact on improving the lives for children, young people and families.
6. Respond to the impact of the COVID-19 pandemic.

The cross cutting priorities are to understand the lived experience of the child; improve their lived experience and outcomes as a result of partner involvement and evidence the impact made.

What is safeguarding and why does it matter for children and families?

Putting it simply, safeguarding is about the risks some children and young people may face as they grow up. These risks might come from:

- Physical harm (including deliberate harm)
- Emotional harm (including bullying)
- Neglect (in their everyday life)
- Sexual abuse (including unwanted sexual activity by others)
- Exploitation (which may include sexual, trafficking)

These risks may be faced in a child's own home caused by their family members, or from other young people or adults in the child's life and sometimes from strangers.

While many of these factors have been around for a long time there are some newer aspects of safeguarding in keeping children safe that have become more common.

This includes:

- Gangs and knife crime
- Radicalisation
- Modern day slavery
- Internet/digital abuse
- Female Genital Mutilation (FGM)

The key question in any of these situations is: Does this cause harm or is the child or young person at risk of harm from which they need to be protected?

The key agencies with responsibility for safeguarding are:

- **The Local Authority**
- **Police**
- **Health Services**

Many other groups or organisations have a significant part to play. This includes schools, faith groups, under 5's services, clubs, sports facilities, community groups etc. The fact is that the safety of children and young people is everybody's responsibility.

To help protect children and young people we must:

- Work together
- Have plans for helping to protect children and young people
- Test that what we are doing is working and makes sense
- Look ahead to see what needs to be done

This Annual Report looks back on progress over the last financial year and looks forward to how we work together even more effectively in the coming year and beyond. At a time of difficult resources and the impact of the Coronavirus pandemic there is an even greater need to work together, but we must work effectively and efficiently.

Difficulties in getting resources are no excuse for failures in working together and communicating well with each other.

Why does it matter?

At the end of 2019/20, 335 children and young people were on what is called a Child Protection Plan, an increase of 28 children when compared to 2018/19. This means that after serious consideration all of those children were at risk from some of the risk areas outlined in this slide. Our rate per 10,000 children is 53, higher than national (44), London (37) and statistical neighbours (44).

In addition, 1,369 children and young people under 18 were considered to be Children in Need at 31 March 2020. These children and families require ongoing and sometimes intensive work to support and protect them. Across all assessments in 2019/20, 34% identified Domestic Violence and 40% identified Abuse and Neglect. The effects of neglect and abuse may live with a child or young person for a long time and affect their future lives, their relationships and the way in which they then act as a parent. They may miss out on education, the development of life skills, their mental health may be affected and their life chances may be impaired. This report sets out some of the work that needs to happen to help protect children and young people in Barking and Dagenham now and those who will be born or move here in the next few years.

Who was involved in 2019/20 and how do we work together ?

The Barking & Dagenham Safeguarding Children Partnership is a multi-agency partnership. It is made up of senior representatives from statutory and non-statutory agencies and organisations in the Borough who have a responsibility for keeping children safe. The Safeguarding Partnership has a co-ordinating role and are responsible for ensuring that agencies work together to provide safe, effective, and efficient safeguarding arrangements for children living in our Borough. The partnership does this by:

- Outlining how it intends to tackle priority safeguarding issues, in partnership with other agencies
- Developing local policies, strategies, and ways of working, through its delivery groups
- Delivering multi agency training

There are strong links with the Health and Wellbeing Board, The Safeguarding Adults Board and the Community Safety Partnership, and we ensure the effectiveness of our local work

- by
- Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of children
 - Undertaking serious case reviews, now known as Local Learning reviews (as a result of the changes outlined in Working Together 2018) and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities
 - Collecting and analysing information about child deaths
 - Drawing evidence from the testimony of children, young people, and frontline professionals
 - Publishing an Annual Report on the above.

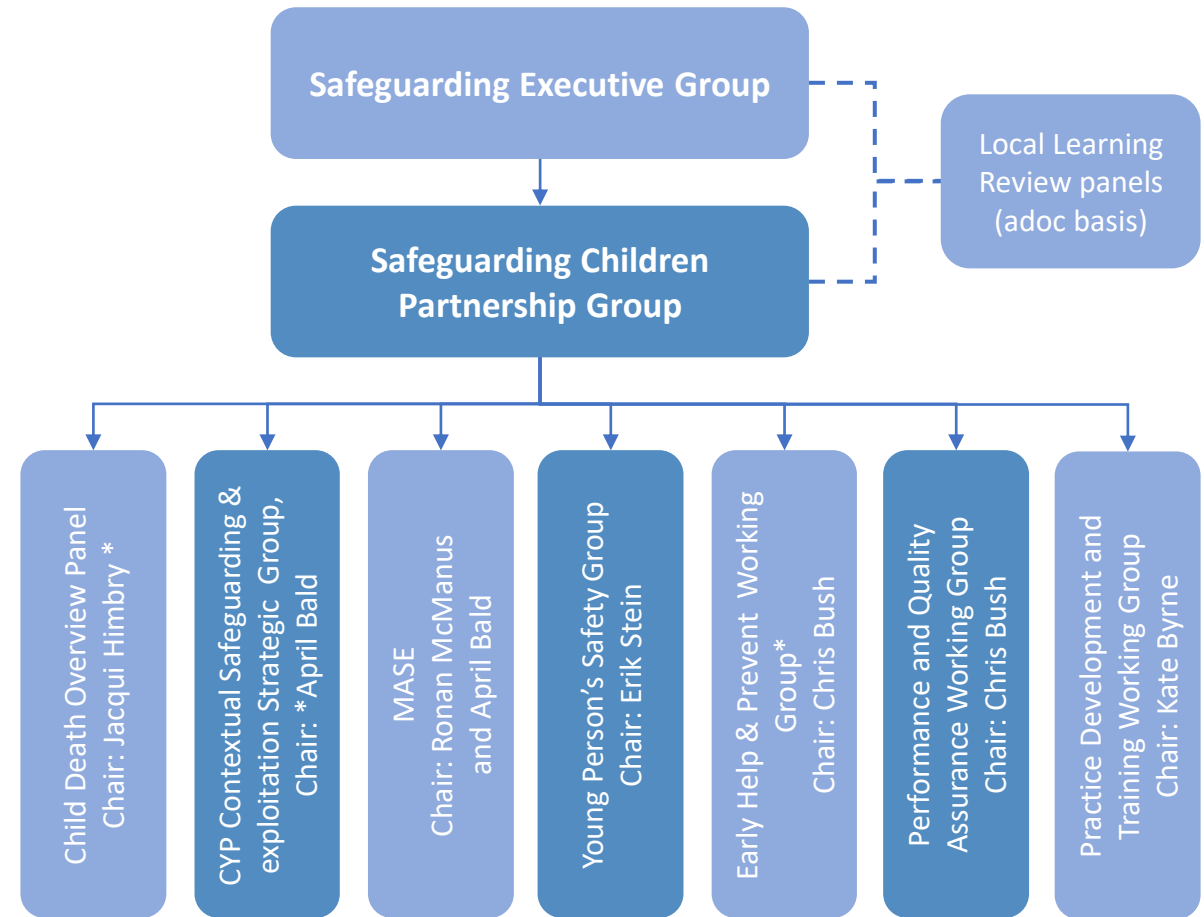
The Barking and Dagenham Safeguarding Partnership has three tiers of activity:

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

Safeguarding Partnership Group: this is made up of representatives of the partner agencies as set out in Working Together 2018. Partner 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 Safeguarding Partnership's priority areas on a more targeted and thematic basis. They report to the Safeguarding Partnership.

BDSCP Governance Structure over 2019/20



Full details of Barking and Dagenham Safeguarding Board membership for 2019/20 is outlined in Appendix A of this document. *During 2019/20 there were a number of changes in the Chairing of these groups and hence the chart reflects the most recent Chairs.

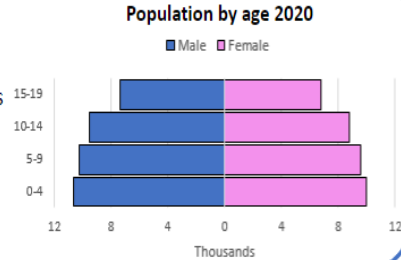
What is happening in Barking and Dagenham and what does the data tell us?

Demography

Population size

A large and growing young population

- Highest proportion of 0–17s in UK
- Highest birth rate in England and Wales
- +4,300 0–17s in next 5 years (+6%)
- +2,100 18–25s in the 5 years (+9%)
- 26% projected increase in 15–19s

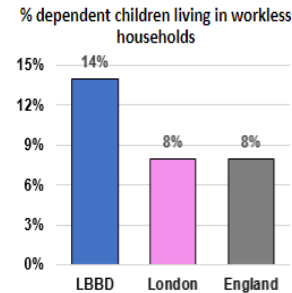


Population, 2020-2025			
Age	2020	2025	% change
0-4	20,600	21,100	+2%
5-9	19,800	20,300	+3%
10-14	18,300	19,100	+4%
15-19	14,200	17,900	+26%
All ages	217,000	237,000	+9%

Deprivation

High levels of deprivation

- 17th highest in England and 1st in London for income deprivation affecting children
- 14% of dependent children live in workless households (8% in London)
- 15% of secondary school pupils claim free school meals, same as London

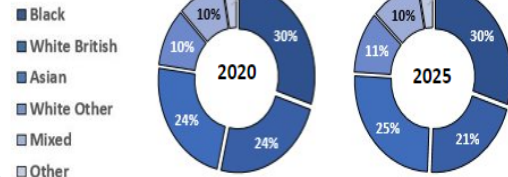


Ethnicity & language

A diverse population

- 74% of 0-17s are ethnic minorities compared to 66% in all age groups
- 54% of primary school pupils do not have English as their first language, higher than London (49%)

Ethnicity, 0-17



Sources: **Population size:** Greater London Authority (GLA) interim 2019-based Borough Preferred Option projection, 2019; Office for National Statistics (ONS) mid-year population estimates, 2019; Live births in England and Wales: birth rates down to local authority areas, ONS via Nomis, birth rate refers to 2017. **Deprivation:** English indices of deprivation 2019, Department for Communities and Local Government; Annual Population Survey, Schools, Pupils and their Characteristics: January 2020, Department for Education, 2020. **Ethnicity & language:** GLA housing-led ethnic group projections, 2016 round © GLA, 2020-based demographic projections, 2019. Ethnic minorities refers to all ethnic groups other than White British; Schools, Pupils and their Characteristics: January 2020, Department for Education, 2020. **School survey:** LBBDD School Survey 2019. **Social care:** Department for Education/LBBDD. X indicates suppressed value. Multiple factors may be recorded.

Population health, behaviours and attitudes – 2019 Year 10 School Survey

Emotional health and wellbeing

- 44% say they are at least 'quite' satisfied with their life at the moment.
- 22% say if at first they don't succeed, they 'usually' or 'whenever possible' give up
- 12% say they are young carers

Health

- 73% say they are in charge of their own health
- 25% say they don't enjoy other physical activity outside school at all
- 33% say they didn't have anything to eat or drink before lessons that day

Relationships

- 26% of pupils believe that emergency contraception can be taken up to 3 days after unprotected sex and still expect it to work.
- 85% think trust and honesty are some of the most important aspects of a good relationship with a boyfriend/girlfriend.
- 73% think respect and understanding are some of the most important things to make a good relationship.

Children in contact with social care

Referrals

1 in 3 referrals are from the police

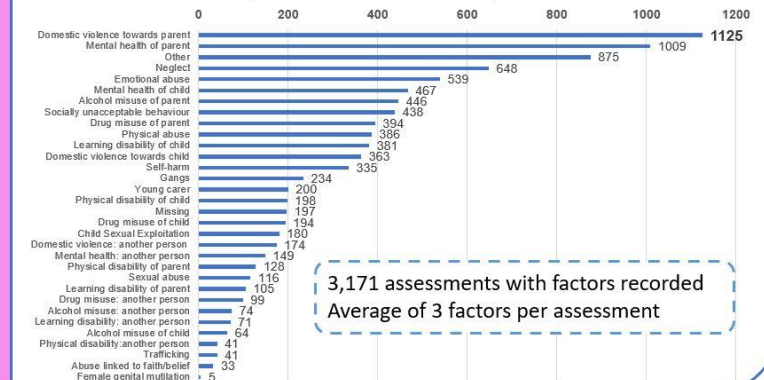
- Police, schools and health services account for 68% of all referrals to children's social care



1 in 7 (15%) referrals are within 12 months of a previous referral, better than London (19%)

Factors recorded at assessment

Domestic Violence towards parent is the most commonly recorded factor at assessment



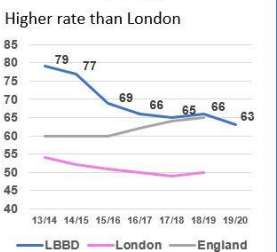
3,171 assessments with factors recorded
Average of 3 factors per assessment

Children in contact with social care

Snapshot (end 19/20)

- 1,369 children in need
- 335 children with child protection plans
- 402 looked after children
- 245 care leavers

Looked-after children per 10,000



- Missing 10% of looked after children had a missing episode in 19/20

What is happening in Barking and Dagenham and what does the data tell us?

Early Help

The Early Help Assessment (EHA) is now the primary tool for capturing Early Help work (previously known as a CAF – Common Assessment).

The number of EHAs being initiated for children has declined significantly between 2015/16 (1,427) and 2018/19 (378). However, this increased to 1,028 in 2019/20. The Targeted Early Help Team in the Local Authority, Community Solutions service, has complete nearly all EHAs. The partnership assessments tend to be completed outside of EHA framework and are not reportable in the Early Help Model, within Liquid Logic, of which partner agencies have been given access too. This will be addressed as part of the Neglect and Early Help Delivery group in 2020/21.

Early Help Referrals

Referring body	2018/19	2019/20	2020/21 (So far)
Community Solutions	39%	25%	
MASH	21%	19%	37%
Education	10%	15%	17%
Health	11%	19%	15%

Referrals into Early Help from Police have remained consistent at 14%/15%. Behavioural Issues (22%) was the most prevalent presenting need for new children into Early Help during 2019/20. However together, Domestic Incidents (12%) and Domestic Violence (8%) accounted for 20% of child presenting needs. The percentage of re-referrals into Early Help remain low, with 14% in 2019/20. Early Help cases stepped up to Children Social Care was 14% in 2019/20. The proportion of children referrals into social care with evidence of CAF in place or ever been in place remains low at 9%.

Referrals to Children Social Care

At the end of 2019/20, the repeat referral rate was 15%, similar to previous years. Performance has remained below all comparators (19%-23%).

The number of statutory social care referrals received fell by 4.3% during the year from 3,730 in 2018/19 to 3,571 in 2019/20. The rate per 10,000 has fallen from 593 to 562. This is below similar areas (624) but above the London (548) and the national rates (545).

The most significant number of referrals are received from the Police (1018) and from Education (775). Around 95% of referrals were acknowledged within 24 hours during 2019/20, compared to 90% previously.

Strategy Discussions and Section 47 Investigations

A focused area for improvement in the last two years has been reducing inappropriate use of Section 47 investigations. Our s47 rate per 10,000 children has always been high comparatively, but this is now declining. The number of cases that progressed to Section 47 investigations during the year was 1,047 out of 1,457 strategy discussions, a conversion of 72%. For the previous year this figure was 68% (1,227/1,806). The number of Section 47 Investigations decreased during the year from a rate of 195 per 10,000 to 165. This puts us below the national (168) and similar area rates (205) but just above the London rate (153).

In 2019/20, a higher proportion of Section 47s progressed to Initial Child Protection Conference increasing to 42% compared to 31% in 2018/19. The percentage of Section 47 investigations resulting in No Further Action also declined to 6.5% compared to 8.5% in 2018/19

Statutory Single Assessments

A total of 4,274 single assessments were completed during in 2019/20 - an increase of 17%. 78% of those assessments were completed within 45 days compared to 88% (3,199/3,655) in 2018/19 and performance was below all comparators (83%-84%). During 2019/20, the Assessment and Intervention Service went through a period of service improvement which impacted on timeliness, but since the changes have been embedded performance has steadily improved. Performance in 20/21 to date is at 90%.

What is happening in Barking and Dagenham and what does the data tell us

Core Groups

The number of core group meetings held in timescale for children subject to child protection plans dropped to 83% at the end of March 2020, compared to 89% a year earlier.

Children Subject to a Child Protection Plan

425 children were considered at Initial Child Protection Conferences during the year at a rate per 10,000 of 67, an increase on 2018/19 when the rate was 60 (385 children). This rate is comparable with England, lower than similar areas and above London.

At the end of 2019/20, 335 children were subject to Child Protection Plans, an increase of 9% on the 2018/19 figure. Our rate per 10,000 is 53 - notably higher than national (44), London (37) and local rates (44). Whilst the number of children coming off plans during the year remained steady at around 350, the number of children coming on to a plan rose from 337 to 376.

The number of children becoming subject to a child protection plan for the second time in 2019/20 was 55 (14.6%). This compares with 52 children (15.4%) in 2018/19. Performance is good and lower than national, London and similar areas (18%-21%).

This year has seen an increase in the percentage of children who were on a child protection plan for two years or more when the CP plan ceased - 31 children out of 349, representing 9% and compares with 14 children in 2018/19 (4.0%). This area of performance is above the target of 4% and higher than the national, statistical neighbour and London averages. It is important to note the impact of large sibling groups on this performance with 22 of those children comprising of just six families.

Child Protection Conferences

Performance on the timeliness of initial child protection case conferences within the 15-day timescale increased slightly to 76% in 2019/20, compared to 73% in the previous year. Performance is slightly below comparators (77%-80%).

Child Protection Review Conferences being held in time has remained high at 95% - in line with all comparators (92%-96%).

Child Protection Visits

The proportion of children subject to child protection plans visited 2 weekly increased to 94% at year end compared 76% the year before. 99% of children subject to child protection plans were visited and seen within 4 weeks at the end of 2019/20, an increase on the 2018-19 outturn of 94%.

Missing Children

The number of children missing from home (not in care) was higher in 2019/20 at 185 with more missing from home episodes – 448, compared to 119 children and 294 episodes in 2018-19. Return home interviews within the recommended 72 hours period is an area of concern declining slightly from 34% on 2018-2019 to 33% in 2019-20.

The number of looked after children missing has decreased from 64 to 59 over the last year, however the number of missing episodes has increased from 200 to 247. Return home interviews in 72 hours for looked after children remains low, decreasing from 48% to 34% over the last year.

Child Sexual Exploitation (CSE)

At the end of March 2019/20, 30 young people were open in children's care and support for whom there were current CSE concerns, compared to 38 at end of 2018/19.

Police Powers of Protection

The number and proportion of children coming into care as a result of emergency police protection has declined year-on-year since 2014. At the end of March 2019/20, 18 children came into care on police protection – representing 9% of all admissions into care during the year. This is a reduction on the 40 (20%) seen in 2018/19 and below the London average.

Findings from the Multi Agency Audit Programme in 2019/20

An externally commissioned audit on Help and Protection (covering Children in Need and Children Projection) was undertaken. The audit was carried out by an ex. Ofsted Inspector.

What is working well?

- The reviews of Children In Need (CIN) are well attended.
- Good quality single assessments are being undertaken and capture the views of children and parents.
- The good work of Family Support workers was routinely evidenced on the Child in Need records.
- Supervision is routinely taking place but more work is needed on supporting reflective practice.

- The Early help service was maintaining the right level of thresholds as to the cases being supported.
- Social Workers and Early Help workers were working together to support joint handovers and planning.
- Early help assessments were being thoroughly completed and evidenced appropriate reference to other supporting information. This enables a good quality single assessment to be completed by Children's Social Care when as case are stepped up.
- Early help workers were undertaking planned, focused work on addressing the practical issues impacting on children and families which was evidenced to be having a positive effective.

Areas identified as needing improvement

- More work is needed to ensure CIN plans are less task focused and can better demonstrate progress against outcomes that are robust, SMART and succinct.
- To support staff, through supervision, adopt systematic reflective practices.

What did we do to take forward improvements and are continuing to do?

- Encourage staff to focus 'on the lived experience of the child' and in determining what needs to change so to achieve a positive impact on a child's life.
- To consistently record reflections as to the impact that support and services are having.
- Review the membership of the Child Protection and Child in Need panels to ensure multi-agency participation.
- Ensure greater management oversight of staff presenting cases that better evidence that the desired impact is being delivered.
- Greater focus needs to be placed on staff analysing chronologies and genograms to identify trends and behaviours.
- Health's attendance at CIN and CP meetings is to be monitored.

Findings from the Multi Agency Audit Programme in 2019/20

An externally commissioned audit on Help and Protection (covering Children in Need and Children Projection) was undertaken. The audit was carried out by an ex. Ofsted Inspector.

What is working well?

- The decisions made to proceed to case conference were considered appropriate.
- The outcomes of s47 investigations, evidenced a good range of interagency information being considered to support a conclusion. Reports were thoroughly documented.
- The child's voice was routinely evidenced, as was the use of appropriate methods of communication.
- Allegations of physical harm - medical examinations appropriately undertaken without delay.

Areas we are currently taking forward improvements:

- Strengthen the recording of decision making on all cases
- Support consistent attendance of Health and parents at strategy discussions
- Improve management oversight of s47 investigations and strategy discussions

- The initial risks to children were recognised well
- Examples of good quality child protections plans were evidenced with more needing to be done to ensure consistently in practise
- There were several examples of family support workers doing creative direct work with children, but improvement is needed to make them more intentionally outcomes focused and evidence the impact in improving the lived experience of children.
- Assessments evidenced a good range of information being obtained from other agencies.
- Core groups are held regularly with appropriate attendance from the network.
- The strengthening families framework is being used in Child Protection conferences that are well attended and consistently used.
- Legal planning meetings are appropriately in use
- Appropriate pre-conference consultations and midway reviews by Child Protection Chairs are in operation.
- Very few children have repeat child protection plans.
- Family Group Conferences are being used effectively to support the planning for children.

- Improve outcome focused support being provided, including direct work, that measures the positive impact being had on improving the lived experience of children.
- Ensure plans are less task focused and can better demonstrate progress against outcomes that are robust, SMART and succinct.
- Plans & assessments need to capture and record the views of parents and children more consistency and outline how they have been engaged in the planning.
- Enable staff to remain focused on addressing the core concerns impacting on the lives of children and their families and ensure that contingency plans are specifically developed to reflect the individual circumstances of families.
- Through supervision, facilitate and encourage greater reflective practice based on the child's circumstances, which supports improved planning and visits being more purposeful.
- Ensure Assessments are consistently updated when things change and support staff to be more analytical when undertaking assessments.
- The recording of Child Protection Conferences is to evidence what change has been achieved and how this has positively impacted on the lived experience of the child.
- The Child Projection panel is to evidence the rationale for why recommendations are being made.

What is working well?

- Education settings are responding effectively to child disclosures and are making appropriate referrals.
- Thresholds are being applied, with children receiving the right service at the right time and there is appropriate step down to Early Help.
- There is timely responses in the initial stages and good joint S47 responses to disclosures.
- There is positive feedback about the quality of an ABE interview.
- There is robust offender management by Police and National Probation Service including information sharing across police authorities.
- Good partnership activity was evidenced usually with regular meetings and good information sharing.
- Plans are clear, although further improvement is needed as to evidencing the impact of the plans in achieving outcomes.
- The audit found evidence of appropriate services for the child and family being involved e.g. CAMHS counsellor, Barnardo's and Victim Support.
- Supervision and management oversight was evidenced on the children's cases although further improvement is needed to clearly evidence this on records.

Areas we are currently taking forward improvements:

- A multi-agency Child Sexual Abuse working group has been established that reports into the Safeguarding Partnership.
- Extensive training has been rolled out across the services on Child Sexual Abuse.
- An audit of children subject to Child Protection plans was undertaken to ascertain where Child Sexual Abuse was a 'hidden factor' in other categories, such as neglect.
- We are seeking to work with education settings to improve their ability to respond to children exhibiting sexual behaviours.
- We will develop a risk assessment model that partners can use to support the identification of harmful sexual behaviours.
- Through raising awareness, supervision, increased management oversight and training we aim to increase professional curiosity in identifying and responding to Child Sexual Abuse. This includes support to staff to reflect and analyse case histories.
- We will work with partners to support increased agency challenge as to the application of thresholds of harmful sexual behaviour.
- We need to improve the quality of communication between Children's Social Care and the Police during the later stages of an investigate, so to support Partners and Parent/Carers understand the outcome of the investigation, especially when enquires are not concluded.

What have we learnt over the past year from serious incidents?

Child F – 9 month old baby died of a head injury. Mother was a care leaver.

What we learnt

- Improve the ability of staff to assess parental vulnerabilities, including analysing case histories as to parental childhoods, family backgrounds and parenting capacity to provide appropriate care and support.
- Empower front line staff to be more professional curious, especially in finding out further information as “hidden” and unseen partners, acting in the role of co-parents.

Page 29 There is the need to engage other partner agencies involved, earlier in the assessment and planning process and support the sharing of information and ensuring a whole family approach is undertaken. This is to prevent the main focus for professionals being on engaging the parent and not focusing on the child’s needs.

- Through robust planning, partner agencies are to work collaboratively to ensure that timely and consistent support is delivered and that all gaps in support are addressed.

What did we do to address?

- Improved information sharing and improved ability to review case histories. 10 Early Help practitioners have recently gained access to Social Care records.
- Supporting guidance has been provided to all Early Help staff to analyse case histories using chronologies and genograms.
- All babies open to Early Help were audited to ensure risks were identified.
- A Pre-birth Assessment team in Children’s Social Care was established. This is a multi-agency pre-birth team, consisting of social workers, health visitors and midwifery. This service is now fully embedded resulting in the risks to vulnerable new born babies being identified much earlier and parenting capabilities being more robustly assessed to inform future care planning.
- In June 2019, the “Vulnerable People Housing Panel” was launched. The panel brings together staff from Children Care & Support, Commissioning, Adults Social Care and Community Solutions to review and agree joint support plans for the most vulnerable families / individuals.

Chairs Summary: Child Death Reviews (CDR)

In accordance with 'Working Together' (2018) guidance, responsibility for child death reviews shifted from Local Safeguarding Children Boards (LSCBs) to a joint partnership of local authorities and clinical commissioning groups (CCGs), named Child Death Review Partners (CDRP).

Every child death is to be subject to a thorough mortality review led by clinicians in the acute hospital or trust or primary care setting who are most involved in the care of that child or appropriate to the review. The guidance outlined, that support to families affected by a child death, was to be improved by identifying of a key worker to support the family and help them understand the circumstances of the death, offer bereavement support, if needed, at an appropriate time and refresh locally customisable bereavement information explaining the new processes to the bereaved at the time of the death of their child or young person.

These requirements are currently being embedded in Barking and Dagenham.

Another key priority for 2019/20 was to develop and publish our BHR Children Death Review (CDR) guidance. The policy and procedure has been develop however due to the COVID Pandemic, has yet to be signed off and published.

Number of Child Deaths in Barking and Dagenham

Between April 2019 and March 2020 the CDOP was notified of 27 deaths of children who were resident in Barking and Dagenham which is a slight increase in the number of deaths from the previous year. There were 16 males / 11 females. The Child Death Overview Panel (CDOP) met 5 times during the year to discuss child deaths. The Panel reviewed and closed 19 cases. Of those closed cases, 5 cases were from the period April 2017-March 2018, 9 cases from the period April 2018-March 2019, 5 from 2019-2020.

Preventability/modifiable factors

CDOP reviewed Child E during 2019/20 which resulted in a Practice Learning Review being undertaken, in accordance with the National Panel advising the case did not meet the criteria for a Serious Care Review. The Practice Learning review identified there being no evidence to suggest that there was a systematic failure by agencies to safeguard Child E, however there are some lessons to be learnt which were addressed in 2019/20 and continue to be take forward in 2020/21

Actions taken and key priorities in 2020/21

Response to Child E

The Contextual Safeguarding and Exploitation group, working in partnership with the Community Safety Partnership (CSP) took forward the recommendations arising from the PLR as to Child E. The Chair's summary report (slide 16), provides further detail, including what the priorities are 2020/21 but below outlines direct action taken in response to the PLR recommendations.

- Barking and Dagenham, worked with the University of Bedfordshire, to implement a Contextual Safeguarding approach.
- A Trauma informed practice model was rolled out across Children's Social Care and continues to be embedded in practice, to strengthen family resilience.
- Schools are adopting trauma informed approaches, as well as providing safe and inclusive places for young people to learn and build their resilience.
- Strategy discussions are conducted to facilitate routine information sharing and inform whether section 47 investigations are to be undertaken, so improve the understanding of risks or vulnerability at an early point.
- Police are providing MIS merlin notifications to consistently identify children who are present during a Domestic Abuse incident.

Key priorities for CDR in 2020/21

- The amended The Child Death Review policy and procedures that are aligned with Statutory and Operational Guidance (2018) will be sign off and embedded across the BHR footprint.
- Monthly CDOP meetings will be held in 2021, including themed panels. A themed meeting is one where CDR partners arrange for a single CDOP, or neighbouring CDOPs, to collectively review child deaths from a particular cause or group of causes.

Chairs Summary: Performance and Quality Assurance Working Group

The Performance and Quality Assurance (PQA) Working Group meets quarterly and in 2019/20 met four times and attendance from partner agencies has been good. The purpose of the PQA Working Group falls four main categories:

BDSCP Performance Datasets

- Provide an overview of performance and highlight key risks and issues identified from the data

Audit and Quality Assurance Activity

- Summarise the work of the Multi-Agency Audit Group and outline key findings

Commentary and Improvement Work

Describe, where known, the underlying causes of issues and any remedial action being taken

Next Steps

- Provide recommendations to the Partnership for action(s) to be taken, and describe the next steps for the PQA Working Group

The foundations for effective performance and quality assurance have now been laid, with the core tasks delivered during the year:

- ✓ Elected a new Chair of the PQA – Head of Performance and Intelligence Children’s Care and Support.
- ✓ A multi-agency performance dataset has been well embedded by the PQA Working Group, enabling assurance of safeguarding across the partner agencies.
- ✓ Early Help performance and audit updates quarterly.
- ✓ Reviewed the PQA forward plan and key agency responsibilities.

With the foundations established, the group has begun to provide effective challenge, and identify remedial actions as required and/or recommend escalation to the main Safeguarding Partnership where intervention at wider-strategic level is felt by the group to be necessary. Key areas of impact in 2019/20 have been:

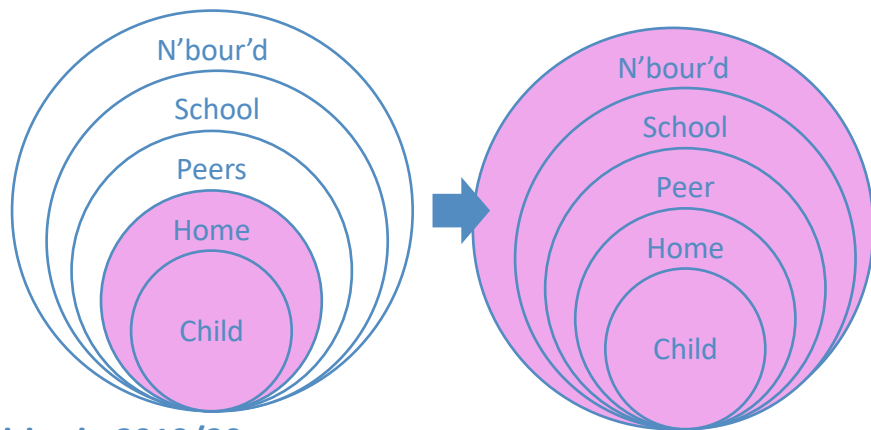
1. Performance improvements in:
 - A lower number and rate of Section 47s and a lower proportion of Section 47s resulting in No Further Action.
 - The percentage of Initial Child Protection Conferences progressing to Child Protection plans.
 - The timeliness of child protection visits.
 - Lower number and proportion of children entering care on police protection.
 - Recording and tracking of children flagged as at risk of Child Sexual Exploitation
2. Better analysis of findings from Multi-Agency Audits, and an improved system for challenge and follow-up (ensuring audit recommendations are acted upon)

In 2020/21, the PQA will ensure a multi-agency approach to performance monitoring and quality assurance with robust challenge across partner agencies. The PQA will review and analyse the quality and performance of the safeguarding services provided by partner agencies and report to the Safeguarding Children Partnership on areas of good performance, areas for improvement and improved outcomes. Our priorities for the next 12 months are:

- Provide detailed analysis of emerging trends from the performance dataset with an exception of risk and issues approach.
- Implement the Multi-Agency Safeguarding Quality Assurance Framework, which will include multi-agency a multi-agency audit programme and ensure that the whole journey of the child is tested, and that our audit and quality assurance approach is sufficiently flexible to respond to emerging threats.
- Work with the Safeguarding Children Partnership and respective Chairs of other Working Groups to ensure that improvement activity across the partnership is intelligence based and is able to report the impact made as to the child’s lived experience.

Chair's summary: Children and Young Peoples Contextual Safeguarding & Exploitation Strategic Group

What is Contextual Safeguarding? Contextual Safeguarding changes the reach of previous Safeguarding approaches from a focus on predominately the child & family, towards recognising potential risks from all environments. We work with partners responsible for the safety of our children adopting a whole system approach to identify risks earlier.



What is Contextual Safeguarding?

What were our priorities in 2019/20

- Establish the Contextual Safeguarding and Exploitation Strategy group to oversee the implementation of Contextual Safeguarding, working in partnership with the University of Bedfordshire.
- Develop and being the implementation of a partnership-wide exploitation strategy
- Develop a 'Target Operating Model' for our approach to Contextual Safeguarding, and ensure the wider operational, performance and quality assurance systems were in place.

What did we do?

We established a multi-agency Contextual Safeguarding and Exploitation Strategic Group, that has strong multi-agency leadership. It is chaired by the Operational Director for Children Care and Support. One of the key purposes of the group is work in partnership with the University of Bedfordshire to coordinate and support a multi-agency approach to Contextual Safeguarding in Barking and Dagenham and ensure a robust response to children at risk of or experiencing harm in a range of extrafamilial contexts such as in peer groups, neighbourhoods, schools and online. This group also holds single oversight of work, intelligence and outcomes from monthly tactical meetings as to MASE (Multi-Agency sexual exploitation) and Criminal Exploitation Group (CEG) and coordinates the implementation of the Multi-agency Exploitation Strategy.

- The Exploitation Strategy was signed off in April 2019, providing partner agencies a clear mandate within which to operate .
- To increase capacity and support in implementing our Contextual Safeguarding approach, the multi-agency Exploitation Team was integrated into the new Adolescent and YOS service, as part of the Target Operating Model for Contextual Safeguarding.
- Five Contextual Safeguarding Champions from across the multi-agency partnership have been trained, so enable further training to be cascaded across the partnership.
- To improve the connectivity between schools and the wider partnership and enable concerns to be referred early on and for pupils and parents to access support, joint work with the London Mayor's Office for Policing and Crime (MOPAC), supported the roll out of the Youth at Risk Matrix (YARM). YARM workers offer both 1-1 and group work in primary schools including teacher training with the aim to prevent children becoming victims of criminal exploitation. This service was selected for 'What Works PINE status. The intention is to expanded this service in 2020/21.
- To reduce incidents of serious youth crime, knife carrying, and exclusions, a Step up and Stay programme was implemented which included commissioning a range of interventions across Universal, targeted and specialist services, which includes working with schools.

Our priorities for the next 12 months are:

- Reduce the risks of exploitation and the frequency at which some of our most vulnerable young people go missing.
- Safeguard adolescents against contextual factors, such as peer groups, we will develop clear thresholds and referrals pathways in order to identify and address risks earlier on so to protect young people from harm.
- To address county lines, gang activity and serious youth violence, the Police, YOS and Adolescent service and the community safety unit will undertake targeted operations on concerning areas.
- To help young people keep safe from exploitation, our multi-agency 'Step Up, Stay Safe' programme will continue to work with Schools, the Council, Police, Health and other agencies, including community organisations, ensuring the needs of young people are being met.
- To increase parent awareness of the potential risks to young people during the hours immediately after school, we will commence our Lost Hours campaign.
- Deliver YOS HMIP Implementation Plan and maintain focus on violent crime through delivery of the serious violence and knife crime action plan.

Chair's summary: Multi-Agency Sexual Exploitation (MASE) and Missing Children

MASE takes place monthly and is attended by a wide partnership; Police; Social Care; Education; Health; CAMHS; Subwise and the Youth Offending Service. Since September 2018 the meeting is being co-chaired by the Detective Inspector (DI) from the Police Public Protection Desk (PPD) and the Operational Director for Children Care and Support.

The purpose of the group:

- To have tactical oversight of CSE cases, information, intelligence and activity both across B&D and for B&D children placed out of borough.
- Co-ordinating a consistent and effective multi-agency response to Child Sexual Exploitation including the prevention, identification and disruption of child sexual exploitation as well as prosecution of perpetrators.
- To identify and deliver a partnership response to short, medium- and longer-term themes, trends and patterns emerging from CSE cases.
- To direct resources and activity in response to identified trends or patterns
- To identify and remove blockages or obstacles in cases

What were our priorities in 2019/20

- Improve attendance from the wider partnership on MASE group.
- Identify a dedicated analyst from Police and Children Care and Support to provide detailed data and profiles of CSE and Missing children.
- Improve social work compliance with CSE and Missing procedures and lead monthly Exploitation Induction and briefing sessions.
- Co-ordinate with, and contribute to, the development of new Exploitation strategy which will include current CSE strategies.

Key achievements of MASE during the year are:

- Robust systems have been embedded for identifying and tracking those at risk of missing and/or exploitation.
- Improved attendance as to both the Children Exploitation Group and MASE group have been established, with reporting line to the Context Safeguarding and Exploitation Strategic group. The MASE group continued to have reporting lines to the Safeguarding Children Partnership, enabling there to be a strong multi-agency oversight of high risk cases and places.
- Strategic oversight of all missing children has improved practice around Return Home Interviews and strategy meetings.
- A daily missing children report is now circulated to the DCS and safeguarding partners and includes children placed in LBBB by other authorities who have been reported missing to police.
- Children missing from education (CME) is managed well and robust processes, policies and procedures are in place which are reviewed and disseminated annually

Our priorities over the next 12 months are:

- To safeguard Looked After Children from exploitation, we will extend the Missing Children's panel to address Looked After Children placed in LBBB by other LA's on a quarterly basis.
- To improve information sharing, the police and local authority partners across East Area (Havering and Redbridge) will align their MCOP procedures
- To support local accommodation providers to act as "any reasonable parent" to safeguard children when they go missing, we will work with police partners and local accommodation providers to roll out the Philomena protocol
- To support managers and multi-agency partners to have increased oversight to safety plans, we will refresh the CSE & CCE Risk Assessment tools
- Track our children being exploited through county lines drug networks and those with reasonable and conclusive NRM decisions through our multi-agency criminal exploitation group (CEG) as well as monitoring these through a central location.

Chair's summary: Young People's Safety Group

The Young People's Safety Group (YPSG) meets annually as part of the large Young People's Safety Summit, which explores themes of contextual safeguarding, online, at school and in community settings. The 'mini-conference' with all Secondary Schools invited, acts as a consultation forum for the BDSCP, responding to need but also acts as a forum to challenge the Partnership and holds its members to account.

Outcomes are recorded via pledges that individual young people complete i.e. one thing they have learnt, one action they will take and one question they would like to post to the Partnership.

A Summit report is also produced and circulated widely to provide intelligence and for action by partners. The Partnership then responds to the key questions raised as well as individual agencies acting on the views and issues raised.

Contextual Safeguarding

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- 88 young people attended from 10 schools (an increase on 2018).
- 22 professionals, including Safe Schools Officers and BSCP representatives attended to hear directly from young people.
- From the school domain, teachers and young people were separated to assess the differences between the areas in schools that teachers perceive to be unsafe and test that against the feedback from young people.

Next Steps

- Substantial data was gathered during the session on contextual safeguarding about young people's views of safety online and within community and school domains.
- Online and Community data is fed into the Partnership to inform its strategy and work around contextual safeguarding. School data is to be fed back to individual schools, including Safer School Officers, for their action and follow up.

The format of the YPSG works well, with sessions able to tackle topical and priority issues of safety and safeguarding locally, and schools individually conducting follow up work as a result of sessions.

The impact of lockdown during COVID has resulted in increasing concerns around online sexual and criminal exploitation. The feedback regarding online contexts from the Summit is not used as effectively as the school and community contexts.

Currently the YPSG only works with secondary schools and Barking and Dagenham College and there is not an equivalent format for the primary phase. This is a priority need. With primary phase schools increasingly identifying young people at risk, as well as dealing with the consequences of Adverse Childhood Experiences, methods to routinely engage primary phase children need to be considered.

It is important to note that the YPSG is not the only way in which the views of young people around issues of safety and safeguarding are captured and acted upon. However, more work needs to be done to formally link the work of the BAD Youth Forum, Skittlz (our Children in Care Council), Youth Independent Advisory Group (YIAG) and soon to be formed Young Londoners Fund young persons' steering group with both the Partnership and YPSG sessions.

Our priorities for the next 12 months are:

- Re-engage specific schools with the YPSG.
- Deliver one event for primary phase schools linked to Contextual Safeguarding 2020-21.
- Ensure that the data gathered from the Young People's Safety Summit effectively informs contextual safeguarding strategy and practice in partnership with schools and Board members.
- Ensure data gathered through linked forums, such as the BAD Youth Forum, Young Londoners Fund young person's steering group, Youth Independent Advisory Group, and Skittlz (Children in Care Council) feed into the work of the BDSCP and YPSG.

Chair's summary: Early Help and Prevention Working Group

The Early Help and Prevention (EH &P) Working Group meetings were held quarterly.

Priorities for 2019/20

- Tackle Neglect and abuse identifying neglect early on at pre-birth stage
- Commission an Early Help Needs assessment to inform a new Multi-agency thresholds document and inform the development on an Early Help Strategy and future commissioning intentions
- Develop Neglect Strategy and implementation plan

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What was achieved?

- A multi-agency 'task-and-finish' was established to tackle neglect in the borough.
- A multi-agency neglect strategy was produced and work commenced on its implementation.
- To identify and respond to neglect early on, a multi-agency pre-birth team, consisting of social workers, health visitors and midwifery was established to assess parenting capabilities more robustly and inform future care planning.
- The Graded 2 Care Profile Assessment Toolkit for Neglect was commissioned through NSPCC, with nominate multi-agency professionals trained in its use with the view to roll out this training out across the partnership.
- An Early Help Needs assessment was produced to support inform the Multi-Agency Thresholds document.

Priorities for 2020/21

- Establish a Early Help and Neglect Delivery Group to oversee the implementation of the refreshed Neglect Strategy and Early Help improvement programme. This group is be Chaired by a Statutory Safeguarding Partner, from the Safeguarding Executive Group.
- Undertake a partnership wide Neglect Assurance exercise, to ensure there are no children suffering from significant and long term Neglect and take forward service improvements to identify, assess and respond to neglect and improve the child's lived experience.
- Commission an Independent Early Help Assurance exercise and implement the recommendations arising.
- Get the basic's rights, which will include establishing a common understanding of terminology used across the Partnership as to Early Help, Team around the family, Team around the child and Lead professional role
- Develop and implement a Multi-agency thresholds document and embed its consistent application across multi-agency partners and support a common understanding of escalation pathways.
- Establish a partnership wide Early Help Targeted Operating model
- Develop our Early Help Offer and agree approaches as to how gaps in provision are to be addressed
- Develop Multi-agency Early Help Strategy and implement a partnership action plan.

Transition from an LSCB to Safeguarding Children Partnership and next steps

In 2018 the Department for Education published “*Working Together to Safeguarding Children 2018: a guide to inter-agency working to safeguarding and promote the welfare of children*”. One of these changes concerned the abolition of the requirement for LSCB, with a requirement to establish a Safeguarding Partnership.

An independent specialist was commissioned, who supported to inform our Safeguarding structure and governance arrangements, in line with the wider BHR Safeguarding Executive group, so to define an integrated approach to commonly shared Safeguarding needs and bring together much of the infrastructure to tackle our joint priorities. Over much of 2019/20 our efforts were focused on establishing strong working arrangements as to our BHR Safeguarding arrangements and there remains much to do to firmly implement and embed our local Safeguarding arrangements in accordance with our principles.

Key principles and approach

- There must be a shared approach between organisations and agencies to safeguard and promote the welfare of all children in a local area.
- The responsibility for this join-up locally rests with the three safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.

The 3 Safeguarding Partners should...

- Agree on ways to co-ordinate their safeguarding services;
- Act as a strategic leadership group in supporting and engaging others;
- Implement local and national learning including from serious child safeguarding incidents

...and they must

- Stipulate how they will work together, and with any relevant agencies.

Actions to be taken forward in 2020/21

This work will be directed by the Safeguarding Children Executive Group and delivered through the Children’s Commissioning team and Safeguarding Business Manager to who will:

1. Implement and embed our new Safeguarding governance structure by the end of January 2021. This which will include developing the Terms of Reference for our Safeguarding Children Partnership and relevant delivery groups.
2. We will work alongside our Chair of the Practice Development and Training Working Group to develop our multi-agency Training and Development plan. This will also entail seeking partnership agreement to resourcing and fund the Multi-agency Training co-ordination and delivery of multi-agency training.
3. We recruit an Independent Scrutineer, to be in post by March 2021.
4. We will review and refresh our Young Persons Safety Group to support our scrutiny function – April/May 2021.
5. We will re-brand our Safeguarding Partnership and develop our communication and engagement plan, working with Partners, Children & Young people, front line staff and the voluntary community sector to do so.
6. We will commence roadshows and consultation sessions across the partnership to raise awareness of our new Safeguarding operating structure and priorities.
7. We will develop our website and update our policies and procedures so to improve our front facing interface, making information, training opportunities and events more accessible
8. Develop our business plan for 2020/21.

Summary of findings from partner agencies

Agency Priorities in 2019/20

In accordance with the Trust's Safeguarding Strategy 2018-2020, the key safeguarding priorities identified at national and local level, has continued to be progressed throughout 2019/20 and focuses on:

- **Think Family** - include the whole family when planning care
- **Service User Engagement** - plan services based on patient feedback
- **Responsive Workforce** - ask questions and think the unthinkable
- **Harmful Practice** - protect adults and children who may be at risk of harm
- **Bridging the Gap for 16-18 year old** - prepare young people moving from children to adult hospital services
- **Empowerment & Advocacy** - adhere to the Mental Capacity Act
- **Learning from Practice** - facilitate training and share lessons learnt from safeguarding incidents
- **Information Technology** - utilise information technology to improve service user engagement and appropriate sharing of information

Key achievements in 2019/20

- Implemented a Domestic Abuse Training programme and raised awareness through social media and marketing materials including helplines for Men, LGBT communities and well as perpetrators.
- Implemented a new Child Death process (CDR) including appointing an additional Safeguarding Liaison Nurse.
- Developed a Transition plan and process for young people with Learning Disabilities transitioning from children to adult hospital services.
- Developed a Tier 2 Autism awareness e-Learning module.
- Adapted the Emergency Duty Department's Safeguarding Trigger Checklist in response to contextual safeguarding and serious youth violence.

Key achievements in 2019/20

- Refreshed the Information Sharing Agreements with all tri-borough MASH services and in addition to completing MARF's online, Notifications and Information Sharing Forms (ISFs). Dagenham received the highest number of ISFs in support of families benefiting from universal services, such as safety advise on accident prevention and support for anxious first time mothers. The majority are completed by Maternity Services where the need for additional support is often identified.
- Through case audits, learning was disseminated through news bulletins, training and supervision. Strengths were found in the evidence of the recordings of the Voice of the Child, utilising various styles of learning which is assisting in the retention of information. Appropriate referrals by ED staff to Mental Health Services are carried out in a timely manner and good evidence of MDT planning and liaison.

Priorities in 2020/21

- Produce a Safeguarding strategy for 2021/23
- Level 3 Safeguarding training to be made into e-learning package, in response to COVID-19
- Share learning from Child Safeguarding Practice Reviews/Case Reviews and Domestic Homicide reviews
- Continue to embed Safeguarding supervision across the organisations
- Continue to review Section 11 requirements to ensure the Trust fulfils its responsibilities for safeguarding children
- Continue to strengthen working arrangements with BHR Safeguarding Partners
- Embed the new CDR process

Summary of findings from partner agency reports

Agency Priorities in 2019/20

1. Board members are assured that arrangements are in place to identify and safeguard groups of children who are particularly vulnerable.
2. Board partners will own and share accurate information which informs understanding of safeguarding practice and improvement as a result.
3. The Board will see children and young people as valued partners and consult with them, so their views are heard and included in the work of the LSCP.
4. Arrangements for Early Help will be embedded across agencies in Barking & Dagenham who work with children, young people, and their families.
5. Board partners will challenge practice through focused inquiries or reviews based on performance indicators, practitioner experience and views from children and young people. Collectively we will learn and improve from these reviews.

What did we do to address?

- NELFT ensured effective representation at strategic operational partnership meetings, to ensure a real contribution to the multi-agency planning of safeguarding children arrangements.
- Safeguarding and LAC Bi annual Reports are provided as assurance that NELFT is fulfilling the safeguarding standards. The Safeguarding Strategy 2018- 2021 and accompanying action plan is reviewed monthly at the Senior Safeguarding Meetings.
- The NELFT safeguarding team, in conjunction with operational managers and practitioners usually undertake regular audits of the Trust's safeguarding systems and processes. Unfortunately audits were suspended due to the COVID 19 pandemic.
- Young peoples engagement group 'Listen' contributed to the review of the CAMHs service undertaken by the Clinical Commissioning Group.
- Management oversight of risk has been effectively applied with oversight by the ICD Safeguarding Group, who meet monthly and Senior Leadership Team quarterly meetings. High risk cases are monitored through the High Level Risk Reporting at service level and oversight is provided at senior leadership meetings.

Priorities in 2020/21

The NELFT will continue to implement it's Safeguarding Strategy and be a contributing partner to the Barking & Dagenham's Safeguarding Partnership, ensuring thematic group work plans are implemented operationally to improve local safeguarding arrangements.

- **Contextual Safeguarding** - continue to be part of the multi – agency partnership with regards to safeguarding and promoting the welfare of children in the context of extra familial harm.
- **Exploitation**
 - Strengthen identification, assessment, interventions and strive to improve health outcomes for these children and young people at risk of exploitation
 - Continue to support staff in recognising and protecting children and adults at risk of or experiencing exploitation including sexual, criminal and gang including historical sexual abuse.
 - Continue to ensure effective risk monitoring and management oversight
 - Continue its commitment to working with partner agencies to achieve the national strategic vision to provide services to tackle the health and social impact of child exploitation and ensuring the safety of vulnerable families.
 - Continue to contribute to the LBBB Child Sexual Abuse Safeguarding Strategy
- **Neglect and Early Help:**
 - Roll out of GCP 2 training by 2021.
 - Ensure there is multi-agency workforce that have a common understanding of neglect and are competent in identifying neglect in children and young people
 - Neglect Pathways across the agencies will be mapped out in order to look at multi-agencies respective offer around neglect and have a clearer understanding of each other's pathways starting with maternity services through to universal and targeted Childrens services ,early help and statutory services
- **Prevent:** continue to be part of NELFT's safeguarding priorities, in meeting its responsibilities as to Counter Terrorism and Security Act (2015)
- Ensure timely allocation of all cases and robust case management, in response to Lock down and continue to work across to safeguard CYP and families through active monitoring, stratification and escalation across agencies.

Summary of findings from partner agency reports

Agency

Priorities for 2019/20

- Drive forward service improvement in Early Help services, in response to Ofsted feedback:-
 - Target Early Help services to meet the needs of specific groups of children, working with partners to coordinate support
 - Ensure a consistent response to addressing 16-17+ Homelessness
 - Improve staff understanding of the child's lived experiences
 - Tackle Neglect and abuse identifying neglect early on
 - Embed effective quality assurance and management oversight with key focus on robust application of thresholds and interventions having a sustained impact
- Strengthen our Universal and Early Help offer

What did we do?

- B&D's Targeted Early Help service were supported by Camden, through the Partners in Practice (PIP) programme, in taking forward improvements in service, which included setting up an Early Help Advice service and implementing daily case review discussions to improve practice assurance and management oversight.
- The Early Help support and intervention teams, were brought together under one structure with one responsible head of service, with a single service operating model.
- A training programme for managers and staff was rolled out, encompassing supervision training in facilitating reflective practice, professional curiosity and outcome focused planning; adopting Trauma informed approaches, Contextual safeguarding and Exploitation. Nominated staff were trained in the application of Neglect GC2P, with a view to cascade Neglect training to all staff in 2020/21.
- Continuous Learning sessions were facilitated as to what a good EHA, plan and TAF looks like and the effective use of case chronologies, as well as practice base learning from case audits and understanding a child's lived experience and reflecting this in case records.
- Fortnightly step up/step down panels were established to facilitate effective transitions and robust application of thresholds
- A revised 16 - 17-year-old homelessness protocol, including clear referral pathways for partners has been produced. Strengthened relationships' between housing and the assessment service with joint assessments are now taking place. An audit tested local compliance and found more work needed to be done to ensure compliance although an improving picture was emerging.

What did we do ?

- The Children Care and Support Quality Assurance framework was adopted by the Targeted Early Help service, which included undertaking dip sampling activity and case audits, which is overseen by the Safeguarding & Quality Assurance Service, so to evidence the impact of training and practice improvements, as well as management oversight.
- To prevent exclusions and improve transition pathways to secondary school, as well as strengthen the connectivity between Schools and partner agencies in identifying and responding to risks early on, a Team Around the School (TAS) pilot was implemented, working three primary schools.
- To strengthen the universal and early help offer, a Social Prescribing service was launched across the borough with all GPs, linked to key issues across the borough.
- Worked with and curated VCSE groups, taking forward grassroot community safeguarding and expanding the offer of early help support services from parenting support through to arts and crafting.
- An Early Help needs assessment was commissioned and Community Solutions have developed OneView that provides rich needs assessment data to support inform the targeting of services to meet specific need groups of children.
- Established an EH advice service, in response to COVID-19, providing early help for families network
- As a result of the COVID-19 pandemic, all services within Community Solutions responded swiftly to support vulnerable families through an Early Help consultation line; working with the Voluntary and Faith Sector to establish five Community Food Clubs and supporting families with No Recourse to Public Funds.

Priorities for 2020/21

- Commission and take forward the recommendations arising from an Independent Early Help Assurance exercise, and continue to build and strengthen existing improvements made as part of Ofsted recommendations
- Through early identification and support, prevent children and young people suffering from long term neglect and domestic violence
- Develop and strengthen our Early Help Offer, working with partners to do so
- Develop Multi-agency Early Help Strategy and implement partnership action plan.

Priorities for 2020/21

The Safeguarding Children Partnership will take forward a bold and innovative programme of work to deliver following key priorities

Priority
1

Strengthen multi-agency working to protect and safeguard vulnerable children and young people from all forms of exploitation

Embed Contextual Safeguarding, making places and locations safer for your children.
Reduce the risk of exploitation, offending and serious youth violence and the frequency of vulnerable children go missing.
Reduce the increasing risks of online grooming,, especially as to children who are vulnerable to exploitation. Work with partners to tackle county lines.

Priority
2

Strengthen multi-agency working in the early identification and support for children at risk of suffering from harm resulting from neglect and domestic violence

Take a partnership approach it getting the basics right, across the Early Help landscape, from early identification, assessment, planning and inventions for children, including those with SEND, who are exposed to neglect, domestic violence and abuse, including physical abuse and chastisement.
Respond to the findings of the Neglect Assurance work, in response to a serious neglect case, which includes improving our MASH service, strengthen the application of thresholds and escalation pathways and establishing early permanence.
Respond to the recommendations arising from the Independent Early Help Review and develop the of an Early Help offer and Quality Assurance and Practice frameworks.

Priority
3

Safeguard children with additional needs and promote their welfare

Ensure that children with additional needs, such as those with learning disabilities and mental health are safeguarded and receive effective support as soon as a need is identified, especially in situations of parental non compliance/disguised compliance with health care, or whilst children are out of school and not in regular line of sight of their school or health professional.
Take forward the Think Family programme, strengthening a smooth transition into Adulthood.
Improve links and joint working with the Voluntary and Community sector to identify vulnerable families that are not known to services.
Continue to strengthen our Looked After Children and Care Leavers services and address the quality concerns as to unregulated provision in the borough.

Our cross cutting priorities are to understand the lived experience of the child; improve their lived experience and outcomes as a result of our involvement and evidence the impact we have made.

The Safeguarding Children Partnership will take forward a bold and innovative programme of work to deliver following key priorities

Priority
4

Protect vulnerable children and young people from sexual abuse

Bring about consistent and good identification, assessment, intervention and health and justice outcomes for children and young people who suffer sexual abuse, including their families. Prevent children being exposed to sexual abuse through online grooming.

Priority
5

Embed our Safeguarding structure and Independent Scrutiny arrangements

We will recruit our independent scrutineer and through roadshows and consultations raise the awareness of our new Safeguarding Children structure, which will include developing and embedding a Multi-agency Workforce development programme and Quality Assurance Framework.

Priority
6

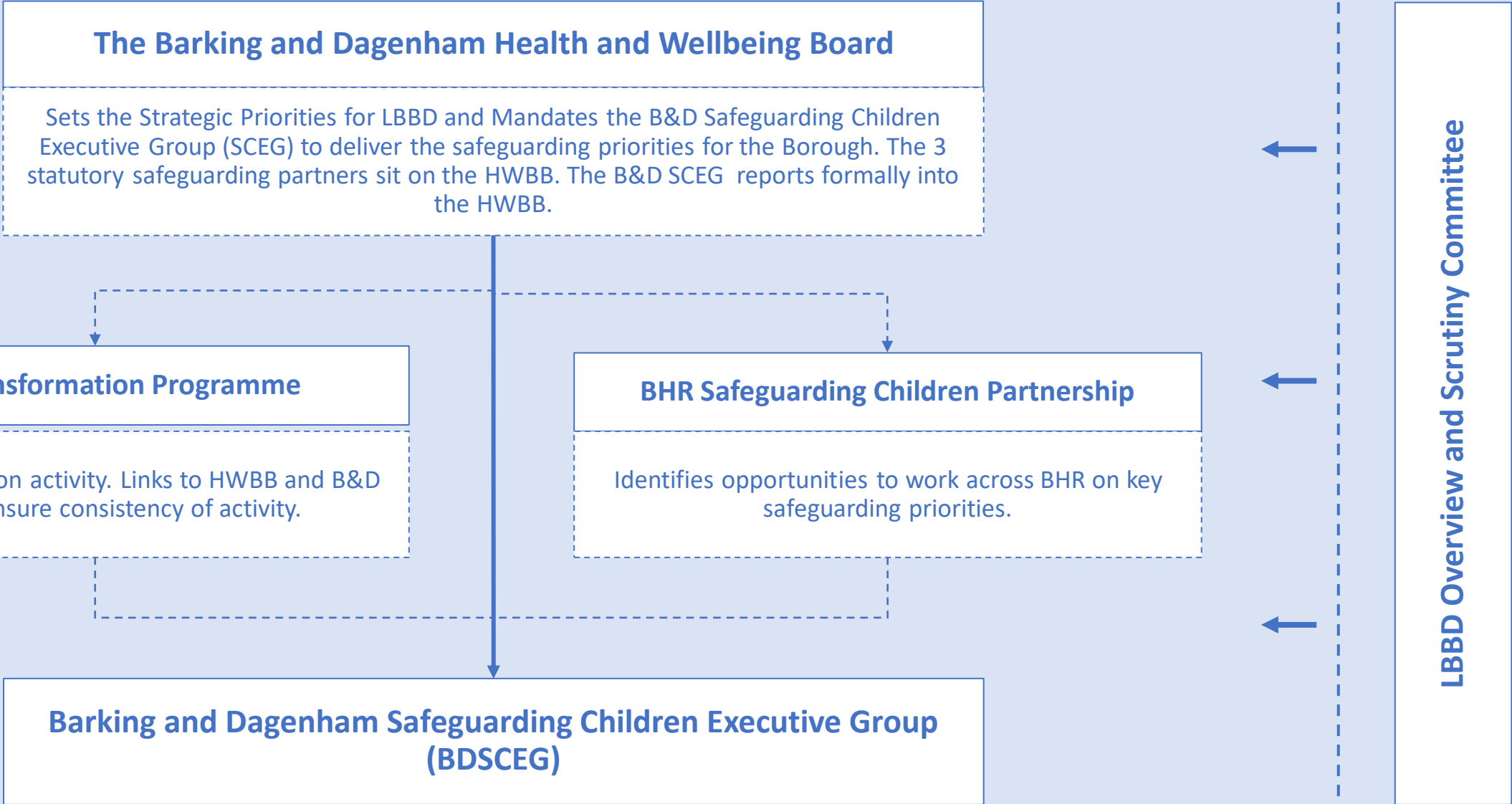
Respond to the impact of the COVID-19 pandemic

Prioritise the well-being and resilience of staff across the partnership
Support schools in managing the return of children and the impact of children being out of education for long periods
Ensure the safety of vulnerable children with SEND, especially in situations of parental non compliance/disguised compliance with health care, or whilst children are out of school and not in regular line of sight of their school or health professional.
Strengthen our multi-agency response to managing the increased mental health needs of children, young people and vulnerable adolescents that has been identified across the partnership.
Work with partners to tackle poverty, especially as to minimising the impact on vulnerable residents when furlong payments come to an end and eviction bans are lifted.
Strengthen approaches for quality assuring virtual working, especially as to assessment and planning.

Our cross cutting priorities are to understand the lived experience of the child; improve their lived experience and outcomes as a result of our involvement and evidence the impact we have made.

The Barking and Dagenham Safeguarding Partnership Governance Arrangements

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The Barking and Dagenham Safeguarding Children Partnership

Safeguarding Partner arrangements across BHR and LBBD are currently in development (and in the meantime LBBD Strategic Partners continue to meet to ensure overview)

Barking and Dagenham Safeguarding Children Partnership Group

Thematic Delivery Groups

Time-limited and focused on development and improvement

Contextual Safeguarding & Exploitation Strategic Delivery Group

Child Sexual Abuse Safeguarding Delivery Group

Neglect & Early Help Delivery Group

Prevent Strategy Delivery Group

Operational Groups

Permanent and focused on tracking and responding to children

Multi-Agency Sexual Exploitation Group (MASE)

Child Death Overview Panel (CDOP)
(CCG Process)

Multi-Agency Criminal Exploitation Group (CEG)

Independent Scrutiny

Supported by the Business Groups and drawing on other inputs, including Elected Members - to draw together a continuous overview of the efficacy of safeguarding

Business Groups

Permanent and focused on supporting the good working of the Partnership

Practice Development and Learning Group

Performance and Quality Assurance

Young Persons Safety Group

Our Approach for Safeguarding governance for 2020/21

Safeguarding Children Partnership Executive

The Barking and Dagenham Safeguarding Children Partnership Executive is the key decision-making body and consists of the executive leads of the three statutory partners. The Lead Member(s) for Children Services may be invited to provide independent challenge but not in a decision making role. They will meet as a minimum six times per year and will agree the local safeguarding arrangements; approve the annual report; agree the independent scrutiny arrangements and delegations; set the budget; agree priorities for the annual business plan; monitor progress mid-year and provide leadership to promote a culture of learning. This group will also ensure that other local area leaders promote these arrangements. In situations that require a clear, single point of leadership, all three safeguarding partners should decide who would take the lead on issues that arise and if functions or decisions are delegated, the Safeguarding Partnership Executive members remain accountable. The representatives, or those they delegate authority to, should be able to: speak with authority for the safeguarding partner they represent; take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters; and hold their own organisation or agency to account on how effectively they participate and implement the local arrangements. *Membership will include: The Director of Children Services (DCS); BHR Clinical Commissioning Group Safeguarding Lead; Metropolitan Police Safeguarding Lead; Head of Safeguarding and Quality Assurance (LBBD); Partnerships and Governance Manager (LBBD). Optional: Cabinet Member for Social Care and Health Integration; Cabinet Member for Education; Independent Scrutineer.*

Replacing the Barking and Dagenham Safeguarding Children Board, **this group will meet 6 times a year**, and have a clear focus on the delivery of the operational and thematic groups, who will be expected to report a workplan for their area (aligned to the Annual Report) at the start of each year, and provide regular progress updates to each meeting. During 2020/21 the Safeguarding Partnership will be chaired by one of the Safeguarding Partners.

Membership will include: **Independent Scrutineer (Chair)**; Director of Children Services; Chairs of Thematic and Operational Groups; Voluntary Sector representative; Schools representative; Partnerships and Programmes Manager (LBBD). Other partners may be involved, receive papers or attend for specific items only.

Safeguarding Children Partnership Group

Thematic Delivery Groups: Time Limited

Contextual Safeguarding & Exploitation Strategic Delivery Group

The Contextual Safeguarding & Exploitation Strategic Delivery Group, that also reports into the Community Safety Partnership, will oversee the implementation of our Exploitation Strategy to protect vulnerable children and young people from all forms of exploitation. This group will also ensure that the wider operational, performance and quality assurance systems are place before passing oversight to the Operational and Business groups. This group will also oversee and direct the work of the Multi Agency Criminal Exploitation Group (CEG) and Multi-Agency Child Sexual Exploitation group (MASE)

Early Help & Neglect Delivery Group

The Neglect and Early Help Delivery Group, will be chaired by one of the Statutory Safeguarding Partners from the Executive group. This group will lead on shaping Barking and Dagenham's response to addressing children and young people living with neglect. This group will ensure clear application of thresholds, referral pathways, multi disciplinary assessment tools and evidence based interventions which are outcome focussed, thereby needing to oversee the development and implementation of our Early Help improvement programme and strategy that will be partnership wide. It will ensure children and their families receive the right help, and the right time, from the right people. The group will determine the distinction between targeted and wider Early Help, and set the framework for our 'Team Around the Family' approach to delivering Early Help, as well as redesigning the Target Operating Model for Early Help services, and recommissioning the 'offer' of provision.

Child Sexual Abuse Safeguarding Delivery Group

The Child Sexual Abuse (CSA) Safeguarding Delivery Group was set up after the London Safeguarding Partnership made CSA one of its priorities over the next 2 years. There is much to do to improve practice across the Boroughs to bring about consistent and good identification, assessment, intervention, health and justice outcomes for children and young people who suffer sexual abuse, including their families affected by CSA. The CSA Safeguarding Delivery Group will have the key role of producing the Child Sexual Abuse (CSA) Safeguarding Strategy, including systems and processes to ensure good quality practice, and will drive improvement work in partnership with the Centre of Expertise on CSA.

Prevent Strategy Delivery Group

The Prevent Strategy Delivery Group, that also reports into the Community Safety Partnership, will shape the development of our Prevent Strategy, and oversee the delivery. It will lead the response to the Prevent Peer Review. To do this, the group will bring together key individuals from across the partnership, and oversee the work of the statutory Channel Panel and the delivery of Home Office commissioned partners and link in with our Prevent Account Manager from the Home Office.

Operational Groups

Multi-Agency Child Sexual Exploitation Group (MASE)

Co-ordinates multi-agency oversight and response to CSE cases, sharing information, intelligence across B&D and for B&D children placed out of borough applying the VOLT principle : Victim, Offender, Location, The MASE group also oversees the work the Missing children and vulnerable Adolescents working group.

Multi-Agency Criminal Exploitation Group (CEG)

Co-ordinates a multi-agency response to Child Criminal Exploitation including the prevention, identification and disruption of child criminal exploitation as well as prosecution of perpetrators.

Child Death Overview Panel

CDR partners ensure that the learning as to preventable child deaths is disseminated and this managed by the CCG

Independent scrutiny arrangements, quality and workforce development

The Safeguarding Executive Group will recruit an Independent Scrutineer by March 2021 to undertake the following

1. Provide assurance in judging the effectiveness of services to protect children:

- Report to Strategic Partners and Health and Wellbeing Board
- Support the Annual Report/Plan
- Review performance reports/serious and critical incidents reports from any partner agency
- Overview of co-ordination and effective partnership working in safeguarding activity

2. Provide challenge to Safeguarding Partners on priorities and ensure the voices of our children, young people and stakeholders are at the heart of all we do. Ensure we are engaging with local children and families, providers, commissioners and community, voluntary and faith sectors, working with our Young People's Safety Group to take forward.

3. Support a culture and environment conducive to robust scrutiny and constructive challenge: - Contribute to Listen, Learn, Challenge activity as part of Partnership programme.
Engage in and support the "Safeguarding Champion's" initiatives and project work and work with our Practice Development and Learning and Performance and Quality Assurance Business Group to take forward

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Practice Development and Learning

The Practice Development and Learning Group will lead on co-ordination of all reviews of practice (including case reviews) in line with our outcomes. It will link closely to the Child Death Review Group to ensure that learning from Child Death's (where relevant) is also incorporated, and the Performance and Quality Assurance Group to do similar with findings from audit activity. This will ensure there is a central point where quality of practice, critical analysis and learning is combined to feed into understanding safeguarding effectiveness, and into workforce development. This group will also commission, design, deliver and monitor both attendance and impact of training and development.

Performance and Quality Assurance

Whilst every Working Group is expected to understand performance and assurance within its own remit, detailed multi-agency performance scrutiny across and within the system should take place in the Performance and Quality Assurance Group. With responsibility for implementing the Safeguarding Outcomes Framework, the group will bring together a range of evidence outlined in the framework and report by exception to the partnership. Information will be received from other sub-groups and agencies in the form of assurance reports, and areas for learning passed to Practice, Development and Learning Group.. The Performance And Quality Assurance Group will also be a key pillar of the Independent Scrutiny arrangements, ensuring that this function is provided with an appropriate range of intelligence to support their continuous assessment of the effectiveness of the system.

Young Persons Safety Group

To be reviewed as part of launching the new Independent Scrutiny Function.

Appendix A: BDCS Partnership Membership

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BDSCP membership	Named Representative	Role
Independent Chair	Ian Winter	Independent Chair
Local Authority	Elaine Allegretti*	Director People and Resilience
	Chris Bush (Chair PQA)	Commissioning Director
	April Bald (Co-Chair PDT & MASE)	Operational Director
	Erik Stein (Chair YPSG)	Head of Participation, Opportunity and Wellbeing
	Heather Storey	Head of Children'
Police	John Carroll*	Borough Commander
	Ronan McManus (Chair MASE)	Safeguarding Lead
NHS England	Nicky Brown-John	
BHR CCG	Jacqui Himbury*	Director Nursing
	Kate Byrne (Chair PDT)	Designated Nurse
	Dr Richard Burack	Named GP
BHRUT	Kathryn Halford	Chief Nurse
NELFT	Melody Williams	Integrated Care Director
	Dr Sarah Luke	Designated Doctor
Probation	Greg Tillett	Head of NPS Probation
	Steven Calder	Head of CRC Probation
Cafcass	Cornelia Fuerhbaum	Service Manger
Lay members	Vacant	
Maintained Schools Non maintained special school College	Emine Salid Hussein (Secondary) Wayne Pedro & Richard Hopkins (Primary)	Head Teachers
	Diana Blofeld/Amy Decampos	Safeguarding Lead
Voluntary Community and Faith	Vacant	
Lead Members	Cllr Maureen Worby	Councillors (participating observers)
	Cllr Evelyn Carpenter	
Commuity Solutions	Damien Cole (Chair Early Help Working Group)	Head of Service Development
Additional members		
London Ambulance Service	Terry Williamson	Safeguarding Lead
Fire	Lee Walker	Borough Commander
Advisors		
Head of Safeguarding	Teresa Devito	
Safeguarding Business Manager	Elizabeth Winnett	
Legal Advisor	Lindsey Marks	

* denotes Strategic Partner

Appendix B: how much does it cost

All partner organisations have an obligation to provide the Local Safeguarding Children Partnership with resources and finance that enables the partnership to be well organised, functional, and effective.

In principle this means that partners should share the financial responsibility in such a way that a disproportionate burden does not fall on one or more partner agencies. There is no set formula on how Safeguarding Partnership is funded. In late 2019/20 the financial contributions of all partners were reviewed by the Partnership. The tables show a breakdown of the income received from all partners during 2019/20

Table 1: Contributions: 2019/20

Table 2: Expenditure 2019/20

Agency	Contribution	Item	Cost
BHRUHT	£7,432	Independent Chair	£21,000
CAFCASS	£500	LSCB Training	£24,638
NPS Probation	£1,050	Staffing Costs	£61,948
NELFT	£100	Serious Case Reviews	£46,084
B&B CCG	£30,000		
Metropolitan Police	£5,000	NWG Network	£500
		EH CAF	£650
Council (LBBD)	£82,415	Specialist Consultancy	£31,227
Schools Forum	£53,571	Training Venue Hire	£2,047
Other	£8,429	Miscellaneous	£1,102
Total	£189,246	Total	£189,246

Appendix C: Glossary of terms

AILC	Association of Independent LSCB Chairs
BDSCP	Barking and Dagenham Safeguarding Children Partnership
BHR	Barking and Dagenham, Havering and Redbridge
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
CAF	Common Assessment Framework
Cafcass	Children and Family Court Advisory and Support Service
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CSE	Child sexual exploitation
EH&P	Early Help and Prevention (working group)
FGM	Female genital mutilation
FII	Fabricated or induced illness
FJYPB	Family Justice Young People's Board
IRO	Independent reviewing officer
LBBD	London Borough of Barking and Dagenham
LCRC	London Community Rehabilitation Company
LSCB (LSCP)	Local Safeguarding Children Board – changing to Local Safeguarding Children's Partnership in September 2019
MAPPA	Multi-agency public protection arrangements
MARAC	Multi-Agency Risk Assessment Conference
MARF	Multi-agency referral form
MASE	Multi Agency Sexual Exploitation Meeting
MASH	Multi-agency safeguarding hub
NELFT	North East London NHS Foundation Trust
NSPCC	National Society for the Prevention of Cruelty to Children
PDT	Practice Development and Training (working group)
PLR	Practice learning review
PQA	Performance and Quality Assurance (working group)
SCR – Local Learning Review	Serious case review (Changing to Local Learning review in September 2019)
YPSG	Young People's Safety Group

Health and Wellbeing Board

9th March 2020

Title:	IAPT and Comsol services		
Report of the Director of Community Solutions			
Open Report	For Noting		
Wards Affected: All	Key Decision: No		
Report Author: Mark Fowler, Director of Community Solutions	Contact Details: Tel: 07974 241 820 E-mail: Mark.Fowler@lbbd.gov.uk		
Summary: The attached presentation provides information on the Integration of IAPT with council services, joint working and support, early identification of Mental Health needs and intervention, reduction of cost for high level support and improved resident experience.			
Recommendation(s) The Health and Wellbeing Board is recommended to note the update and to comment on the activities of the IAPT and Comsol services since the last presentation in 2020.			
Reason(s) The development of IAPT and Comsol Services is part of the Council's strategy to implement the Government's 'No Health without Mental Health' programme that seeks to improve the mental health and wellbeing of the population and to improve outcomes for people with mental health problems through high-quality services that are accessible to all.			

List of Appendices: Appendix A – IAPT and Comsol Slides

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IAPT and Comsol services

Health & Well being board

March 2021

Background

- Proposals to explore closer joint working of IAPT and Community Solutions were presented to the Group in September 2020
- This paper provides an update to the Group on activities and progress
- The ongoing implications of Covid have limited progress in some areas



Recap - aims

- Integration of IAPT with council services
- Joint working and support
- Early identification of Mental Health needs and intervention
- Reduction of cost for high level support
- Improved resident experience



Why

Good mental health is fundamental to our physical health, relationships, education/work and achieving our potential, and brings wide social and economic benefits to individuals and society.

No health without mental health, the Government's mental health strategy, aims to:

- improve the mental health and wellbeing of the population and keep people well
- improve outcomes for people with mental health problems through high-quality services that are equally accessible to all

1. NHS savings through reductions in healthcare usage
2. Exchequer savings through helping people move off welfare benefits
3. Economic gains to employers through reduced sickness absences

Demand in LBBD

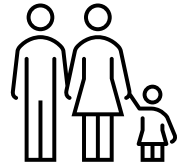
'Common mental illnesses' include conditions such as depression, anxiety, obsessive– compulsive disorder (OCD) and phobias. Their label as 'common' rather than 'serious' does not mean that they cannot cause severe harm and disruption to the lives of those they affect and those around them



Since April 2019, 768 clients in the Homes and Money Hub had physical/mental health as a presenting need



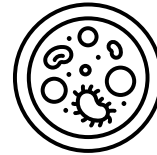
2019/20, over 1 million people attended programmes and activities at Universal locations (libraries and children's centres). On average 25% of people in the UK will have a common MH problem



Since April 2019, 5316 individuals (children and parents) engaged with Early Help services over a wide range of needs, 394 had Mental Health as a presenting need*

May be significantly higher as MH as a secondary need is not recorded

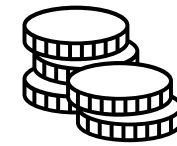
* Cared for by parent with chronic MH, Child MH, MH



More than two-thirds of adults in the UK (69%) report feeling somewhat or very worried about the effect COVID-19 is having on their life. The most common issues affecting wellbeing are worry about the future (63%), feeling stressed or anxious (56%) and feeling bored (49%)



From December 2019 to September 2020, 171 out of 1180 clients in Social Prescribing had Mental Health as a presenting need



According to statistics from the Department of Work and Pensions (DWP), cited in the Depression Report, about 40 per cent of those on incapacity benefit have mental illness as their primary problem



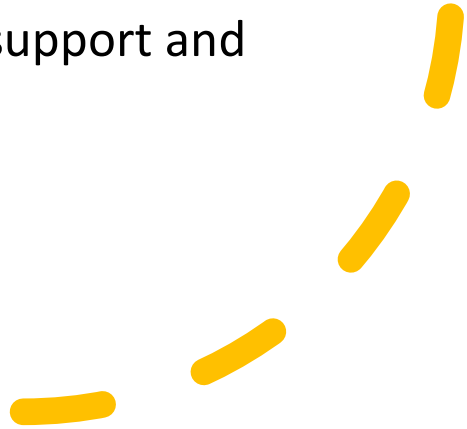
Between 30 and 50 per cent of people with mental health problems also have problems with alcohol or drug misuse.

Benefits

LBBB residents

- Increased quality of life for residents
- Early Intervention
- Increase self efficacy
- Promote self service
- Increase community resilience – ripple effect of IAPT support
- Employment, income maximisation and sustainment
- Prevent criminality and DA

LBBB Council

- Early Intervention preventing high cost support and social care
 - Increase in staff wellbeing
 - Shared learning
 - Reduction of arrears
- 

Making it happen

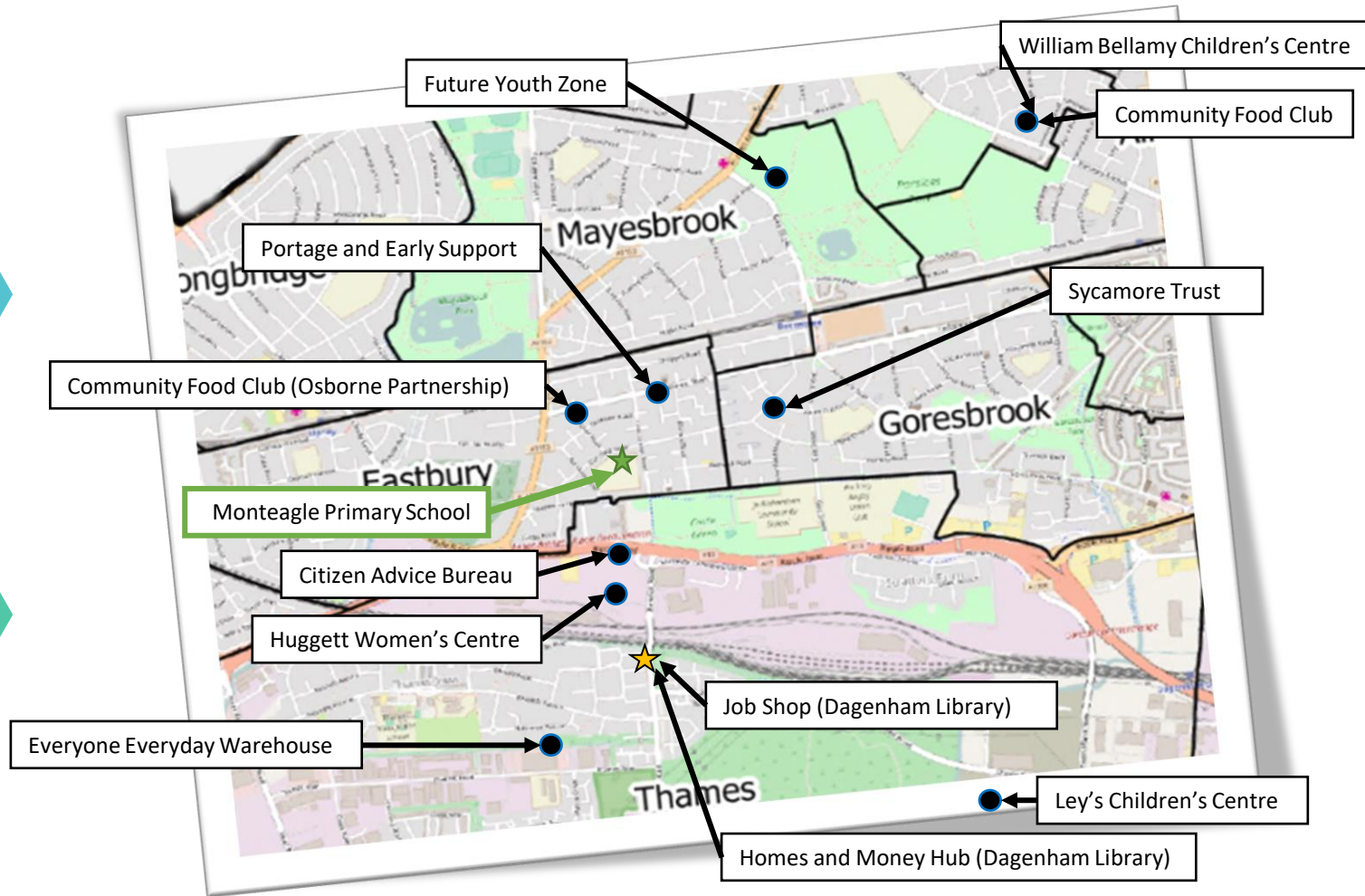
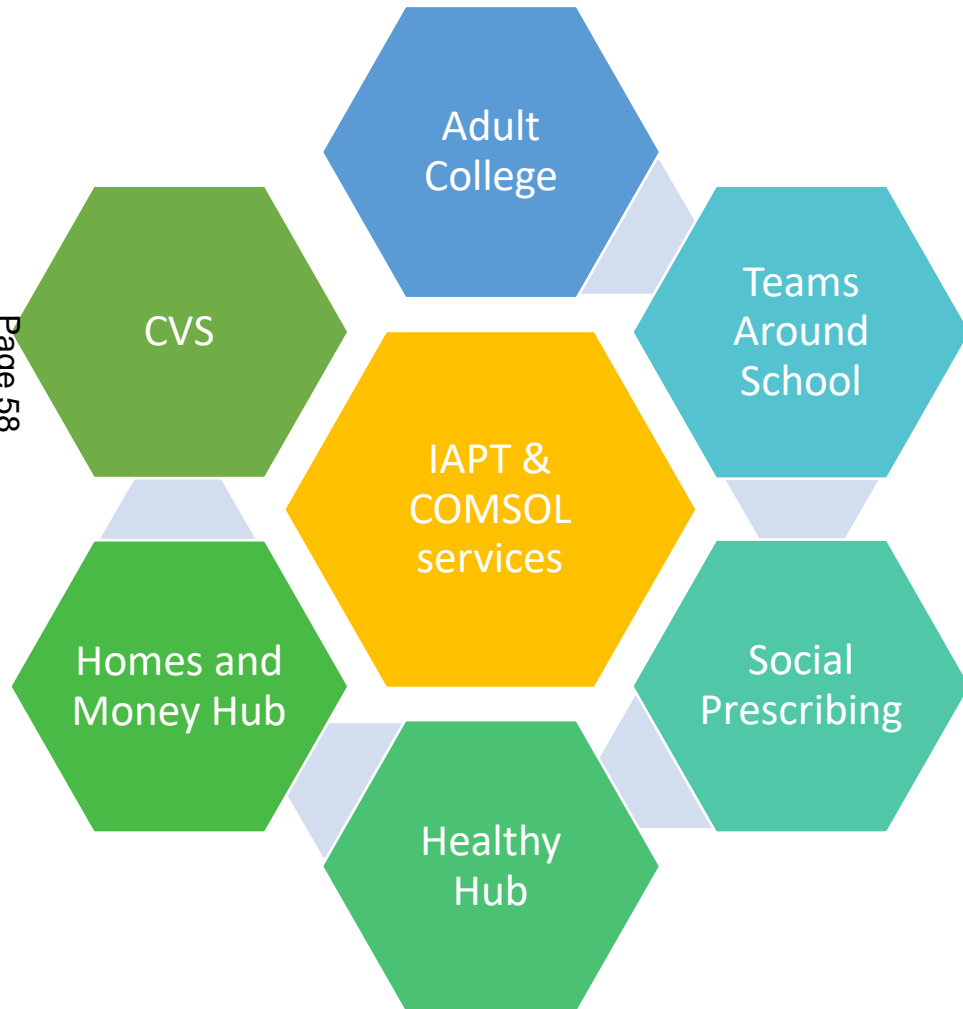
Partnership working – recognising shared objectives and the strength of tackling them with collective efforts

- Economies of scale
- Knowledge transfer
- A joined up approach for residents
- Less duplication of effort/overlap



Joint working

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Co-location

- Dagenham Library and BLC – small private room for 1-2-1 consultations. Banners outside for passing residents to access service and self refer.
- 90 min drop in session in the lobby where anyone can drop in. Interested clients to visit during drop in time. Staff on site aware of service and self referral route.

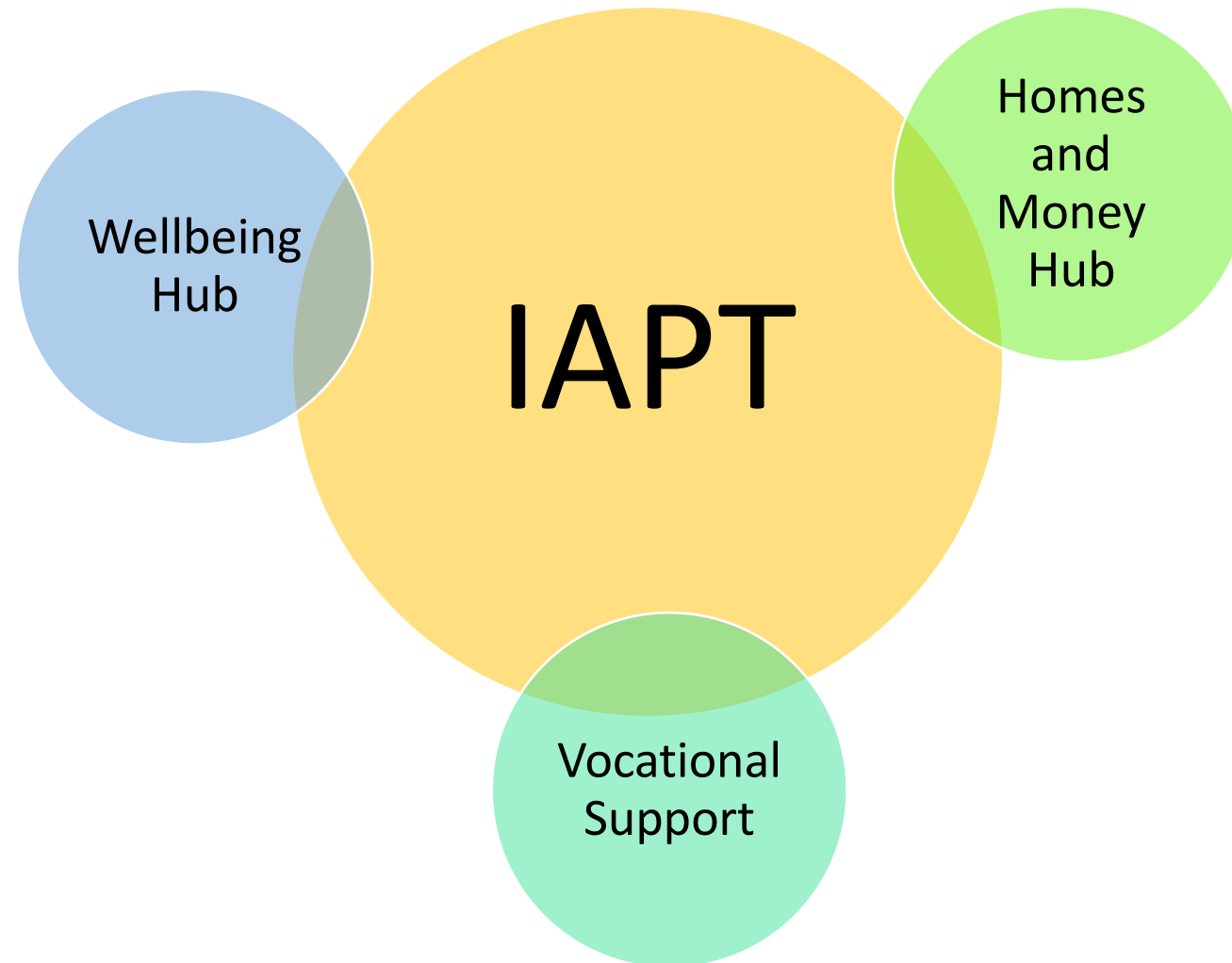
Example BLC

IAPT worker sees stressed client coming out of Homes and Money Hub and approaches for assistance to calm person down – assessment takes place

FLO that work with stressed client access consultation booking landing page for stress management, then self refer and book in with on-site IAPT staff (if available)



Natural Interfaces



Workstreams

Co-design (Ongoing)

Designing with IAPT to provide a service that maximises support for our local residents and achieves the best outcomes for all

Mental Health Training packages created and rolled out to staff (End of November)

Induction, What we do sessions and mandatory training for specific sites and services

Co-delivery (January)

Service, process and reporting embedded into regular working across COMSOL

Comms plan (November)

IAPT offer on internal comms that goes to residents (where relevant), online, as part of general comms, on site and IAPT presence in COMSOL meetings

Co-location (Virtual till further notice)

IAPT services co-located in universal sites (BLC and Dagenham Library), support groups for clients on site and staff mental health support

Measuring Impact (Ongoing)

Reporting on IAPT referrals, activity, hard outcomes and soft outcomes (resident feedback) to be monitored and presented each month by IAPT

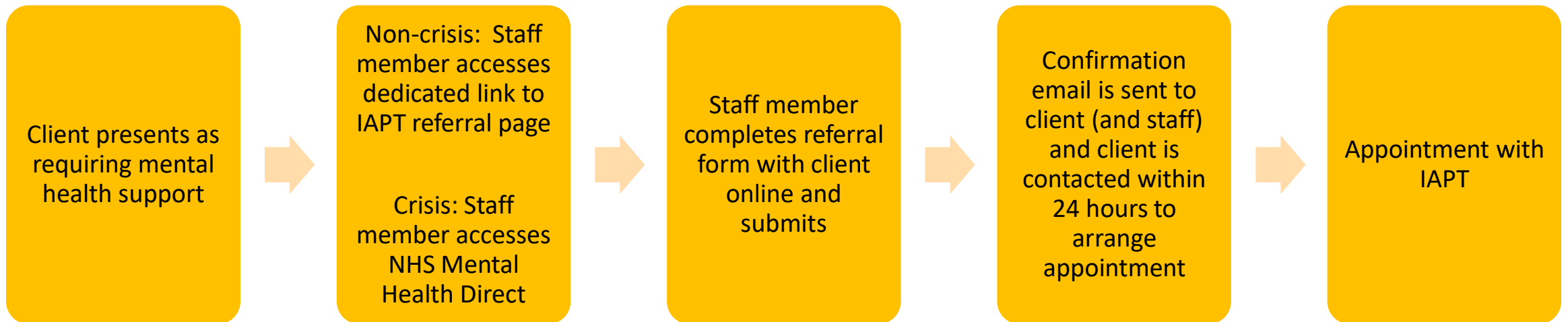
Measuring Impact (long term)

Seeing a measurable impact through our Social Progress Index

Referral process

Eligibility

- Non crisis level support
- GP registered
- Over 18



Case study – Co-locating

- John 30 years old - Referred to Mental Health Direct and sectioned in 2020 due to suicidality, severe depression and social anxiety
- Unemployed, alcoholic and at risk of homelessness – has been contacted or been in contact with the council over 50 times over the last 5 years due to arrears and housing.
- He had been studying Health and Social Care at Adult College but dropped out due to social anxiety
- Attended Job Shop, Adult College and Housing for support but without any sustained outcomes
- No referral made to mental health services over the last 5 years

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Negative experience



Vs positive experience



- Training provided for all council staff to recognise common Mental Health problems and provide earlier access to IAPT
- John's social anxiety identified by HAM Hub case worker and referral made to IAPT
- IAPT co-locate in BLC with private space (inc 90m drop in availability on shop floor) and have access to therapy space
- John accepts appointment and receives CBT treatment to alleviate social anxiety and increase self-esteem. Signposted to IAPT employment coach for support with employability.
- No longer MH issues, finished his course and now in employment as a social worker


Case Study 2 – as warm handover (referral)

- Amy's behaviour is very difficult, teachers can't control her in school and she is often late for school
- The school have a consultation with Early Help and agree to a targeted worker being allocated
- Case worker completes Early Help assessment with family
- Education and Early Help trained to recognise and refer parent to IAPT as children's behaviour is often linked to parent's MH (or would stress parents)
- Referral to IAPT completed and appointment made within 5 days (remotely or closest community site eg GP, comsol sites etc)



- Attend therapy group/ 121/ CCBT for low mood, assertiveness, self esteem or stress management
- Parent feels more able and empowered to manage own health and child's emotional wellbeing needs, child's behaviour improves as parents now more confident/assertive to can handle issues more positively

Key updates

- Training: IAPT provided introductory training briefings for Comsol staff (via Teams) in January
 - Co-location: Co-location and rooms bookings (in the core hubs) has been discussed. Progressing this further dependent on lockdown restrictions easing
 - 2 counsellors have been assigned and linked to each core hub – BLC and Dagenham
 - Referral pathways being explored with opportunities to align with existing routes to Comsol e.g. social prescribing being strengthened
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Health and Wellbeing Board

9 March 2021

Title:	Community Hubs Programme
Report of the Director of Community Solutions	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Rhodri Rowlands, Head of Special Programmes, Community Services	Contact Details: Tel: 07876 544202 E-mail: rhodri.rowlands@lbbd.gov.uk
<p>Summary:</p> <p>This report and the attached presentation introduce and provide an update to the HWB Board on proposals to develop a network of Community Hubs in the borough.</p> <p>The council wants to build stronger relationships with communities and residents and work together to address the key issues and challenge's the borough faces. In support of this ambition, we want to put public services at the heart of our communities, through the further development of community hubs – building on what exists now.</p> <p>Our ambition is that community hubs will be places that make it easy for residents to talk to someone, find support to help themselves, to access a mix of universal, targeted, and statutory services when needed and to facilitate stronger interaction with and between residents, organisations and workforce that promote active citizenship, agency and participation – <i>a place to go, a place to talk, a place to do.</i></p> <p>The attached slides set out:</p> <ul style="list-style-type: none"> • Ambition and vision for Community Hubs • Emerging Community Hub model and key features • Emerging opportunities for service design • Proposed delivery approach and timeline 	
<p>Recommendation(s)</p> <p>The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> i. Note and comment on the emerging Community Hub proposals ii. Receive a further report and update in six months setting out progress 	
<p>Reason(s)</p> <p>The development of Community Hubs is a Corporate Plan priority and a key part of wider council and partnership work to bring public services to the heart of our communities, making it easier to access support and to better respond to local issues.</p>	

List of Appendices: Appendix A – Community Hubs Slides

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Developing a network of Community Hubs

Health and Wellbeing Board

9 March 2021

Introduction and purpose

Partners in Barking and Dagenham are committed to building strong relationships with communities and residents and working together to address the key issues and challenges the borough faces. In support of this ambition, we want to put public services at the heart of our communities, through the further development of community hubs.

Building on what exists now - our ambition is to create a network of hubs across the borough. They will be places that make it easy for residents to talk to someone, find support to help themselves, to access a mix of universal, targeted, and statutory services when needed and to facilitate stronger interaction with and between residents, organisations and workforce that promote active citizenship, agency and participation – ***a place to go, a place to talk, a place to do.***

These slides set out emerging proposals and a community hub model.

Board is asked to consider and comment on:

- What opportunities do community hubs present for joint working
- How can community hubs support locality working arrangements
- How can partners engage with the programme



Vision

a place to go

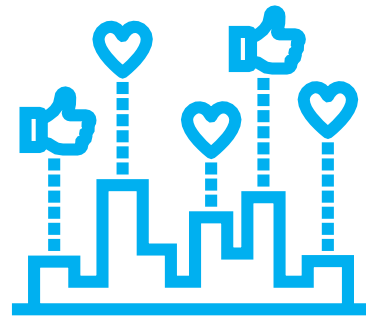
a place to talk

a place to do

A network of ward based community hubs...



Welcoming, accessible, safe, multi-purpose place that is recognised and valued by local people



Place to go to tell your story and access a range of universal and targeted information, advice, and services that respond to local needs



Offer spaces, activities and services that are created and designed with residents and community

By establishing a network of community hubs our ambition is to:



Better understand local aspirations and needs and shape services and support to address this



Provide a core information and advice offer and a mix of services delivered side by side with partners



Provide universal and more targeted services that are evidence based



Make it easier to access help to support yourself and be connected to help and support when needed



Facilitate more joined up locality working by networking hubs, alongside social sector/VCSE, schools, health



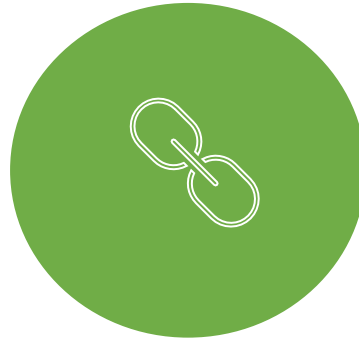
Make better use of assets to facilitate more flexible working

Model will recognise and build on existing work and good practice



Service delivery

- Heathway disability provision to Becontree Hub
- IAPT co-location @ BLC & Dagenham hubs
- Social prescribing – platform to connect
- The Source – food club @ BLC hub
- Existing community led spaces e.g. Hub@Castlepoint



Collaborative working

- BD-CAN and community Covid support
- Existing locality structures and team working
- Team Around the School
- Community MH neighbourhood proposals



Design led learning

- Early help for families
- Re-imagining adult social care – relationship, learning and design networks
- Thames Ward – potential to trial new model of care @ Sue Bramley Hub and Thames View

And facilitate opportunities to deliver services differently



Active ageing



Parenting & speech
& language



Assistive technology
show cases



Mental health
community model



Dementia pathways &
day support



YARM & Youth
Work



Primary care clinics/
roadshows



0-5 LD health
visiting

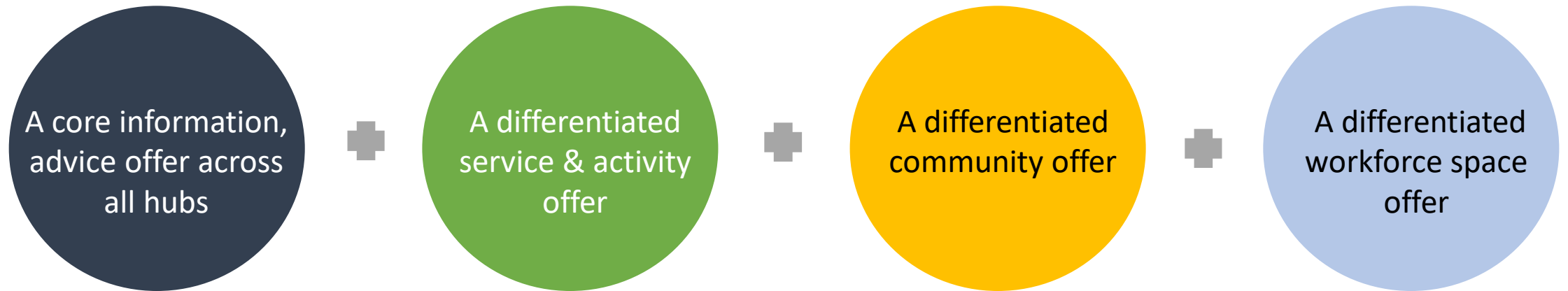


Older adults
activities



Workforce / locality
team touch-down
space

Overview: community hubs will be developed across four core parts



Based on building space, local need, evidence and future service configuration



Informed by

Evidence about what works & what exists now

Resident and experience led design

Data and insights about local needs and strengths

Delivered through

An iterative and phased design approach – do and learn

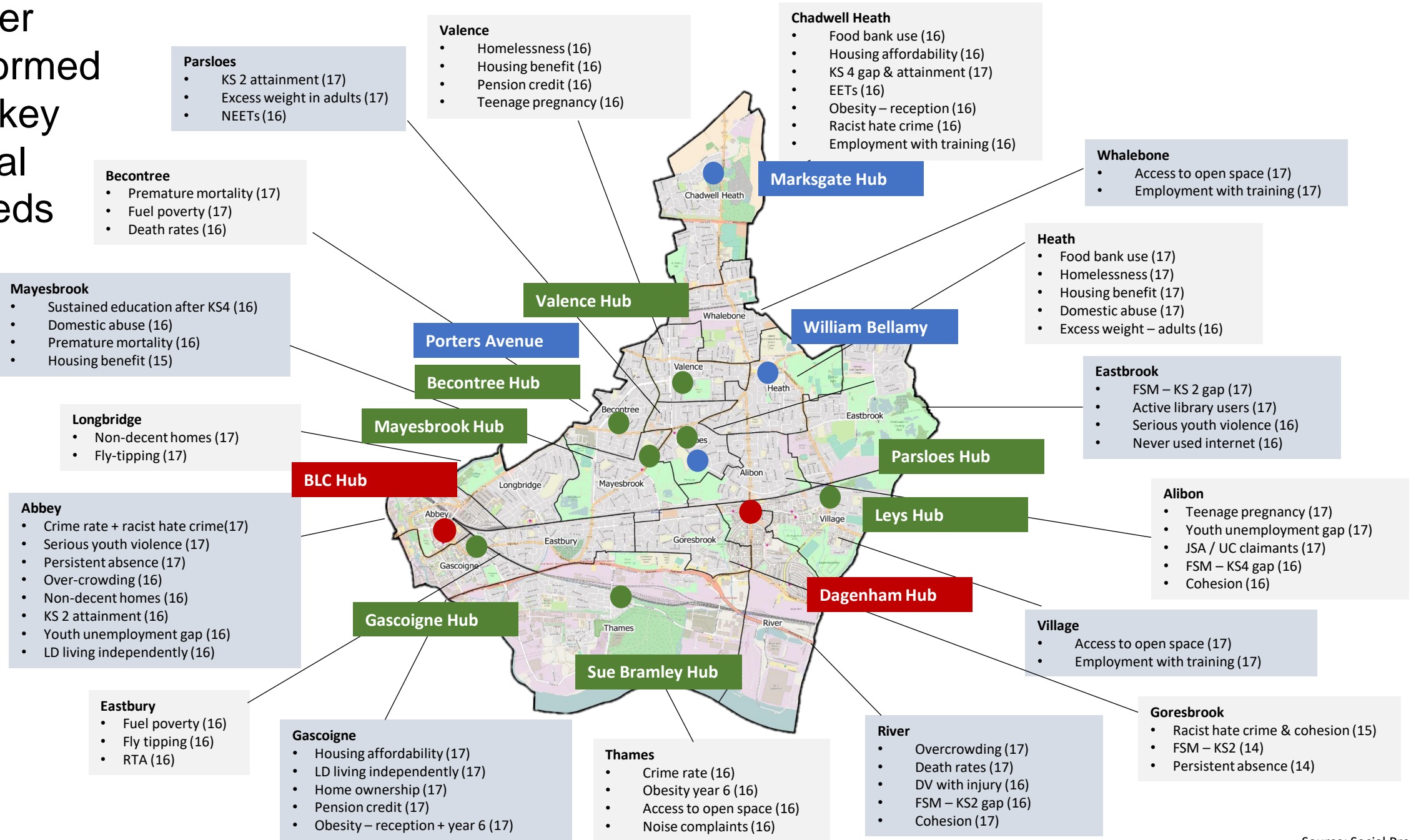
A core information and advice offer consisting of:

- Early years and under 5's offer
- Money and debt
- Jobs and skills
- Housing
- Benefits
- Health and well-being – MH and DV
- Online and digital support
- Volunteering
- Reporting a crime
- Accessing food support
- General advice e.g registering with GP

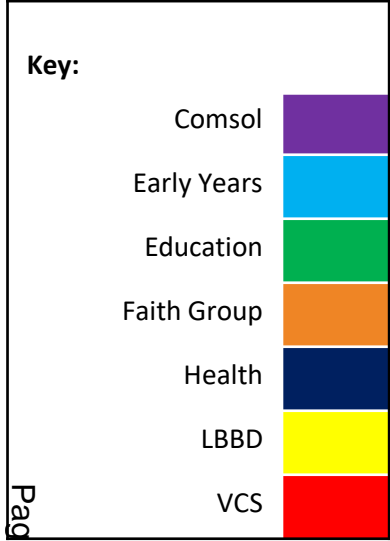
A services and activity offer that varies by hub and will include:

- Welfare support such as housing, debt, benefits, job support and skills development, digital inclusion, food clubs
- Support for children, young people, and family support such as parenting, therapy, contact sessions, drop-in, family group conferencing, youth work
- Age-related and disability support such as memory activities, lunch clubs, active ageing and well-being activities that facilitate connection and address loneliness and isolation
- General enquiries – support with accessing services, finding information, completing forms/assessments, online support

Offer informed by key local needs



And build on existing local assets



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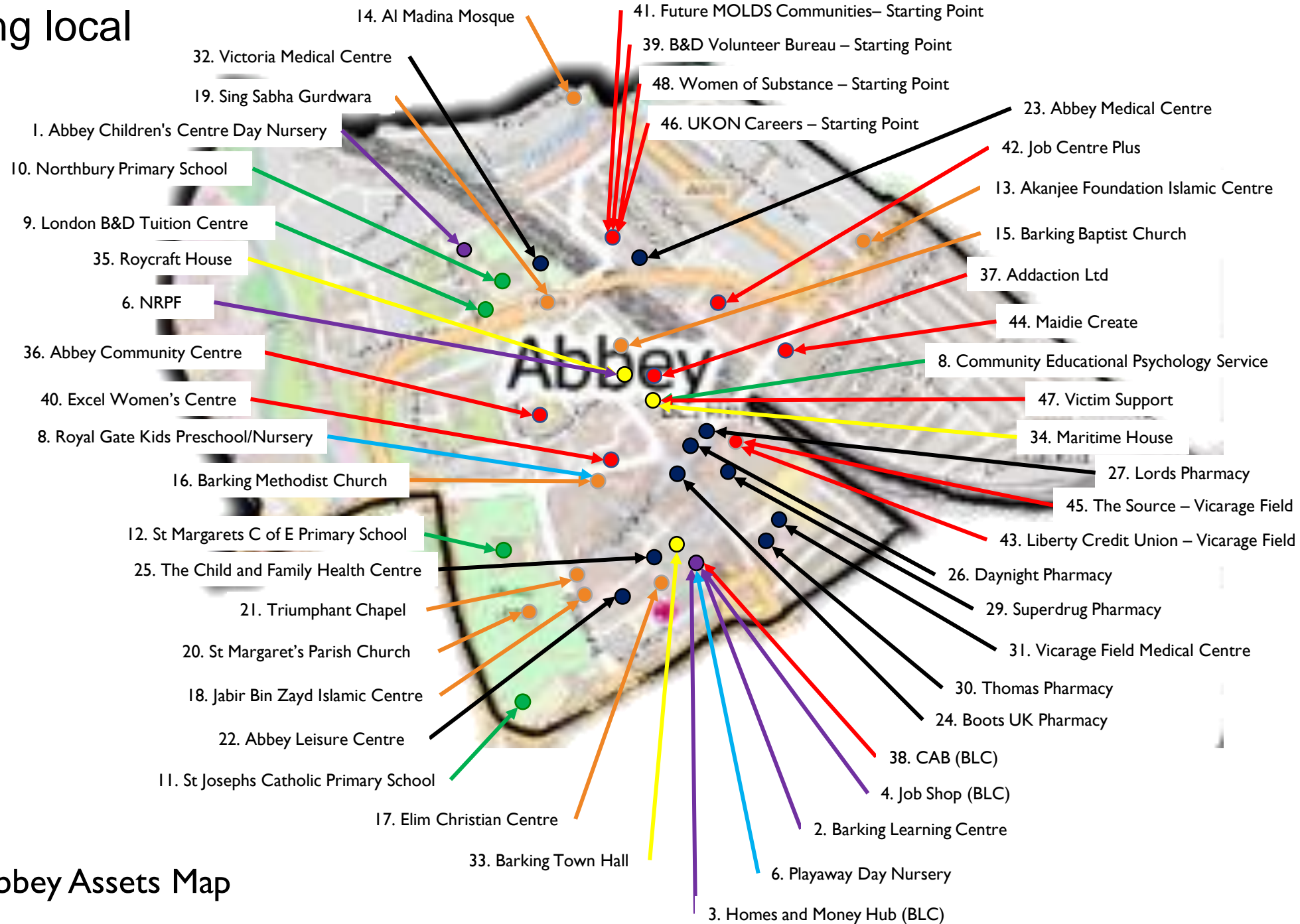
Indicators where Abbey ranks 17th

- Crime rate
- Serious youth violence
- Persistent absentees
- Broadband speed
- Voter registration
- Racist hate crime

Indicators where Abbey ranks 16th

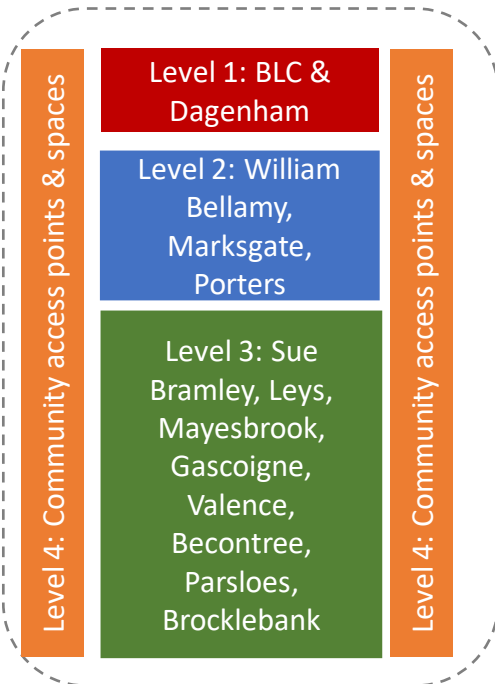
- Overcrowding
- Pest control
- Non-decent homes
- KS2 attainment
- Air pollution
- Home ownership
- LD independent living

Abbey Assets Map

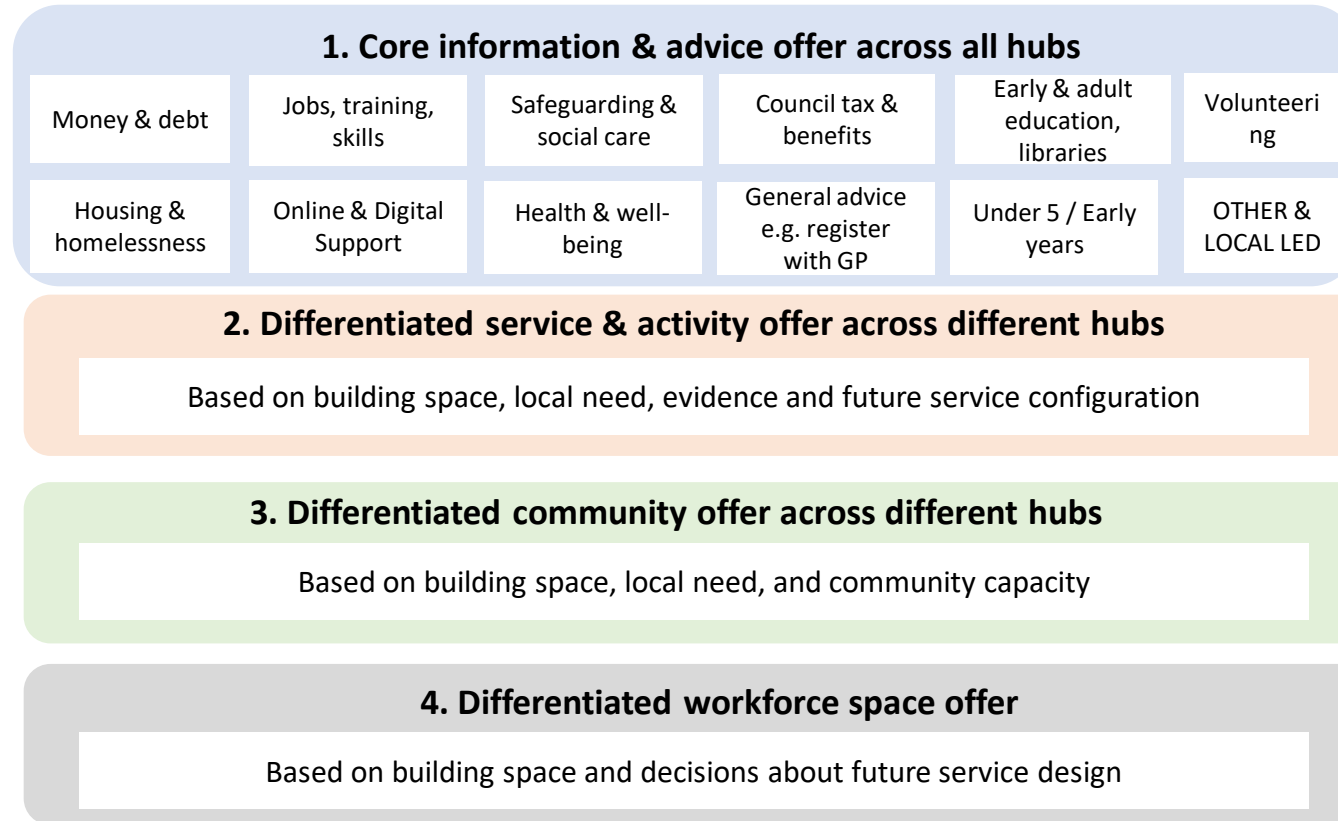


An emerging framework to guide the further design and development of hubs

Hub network



Hub 'offer'



Support pathways



Resident and experience led design

Evidence about what works & what exists now

Data and insights about local needs and strengths

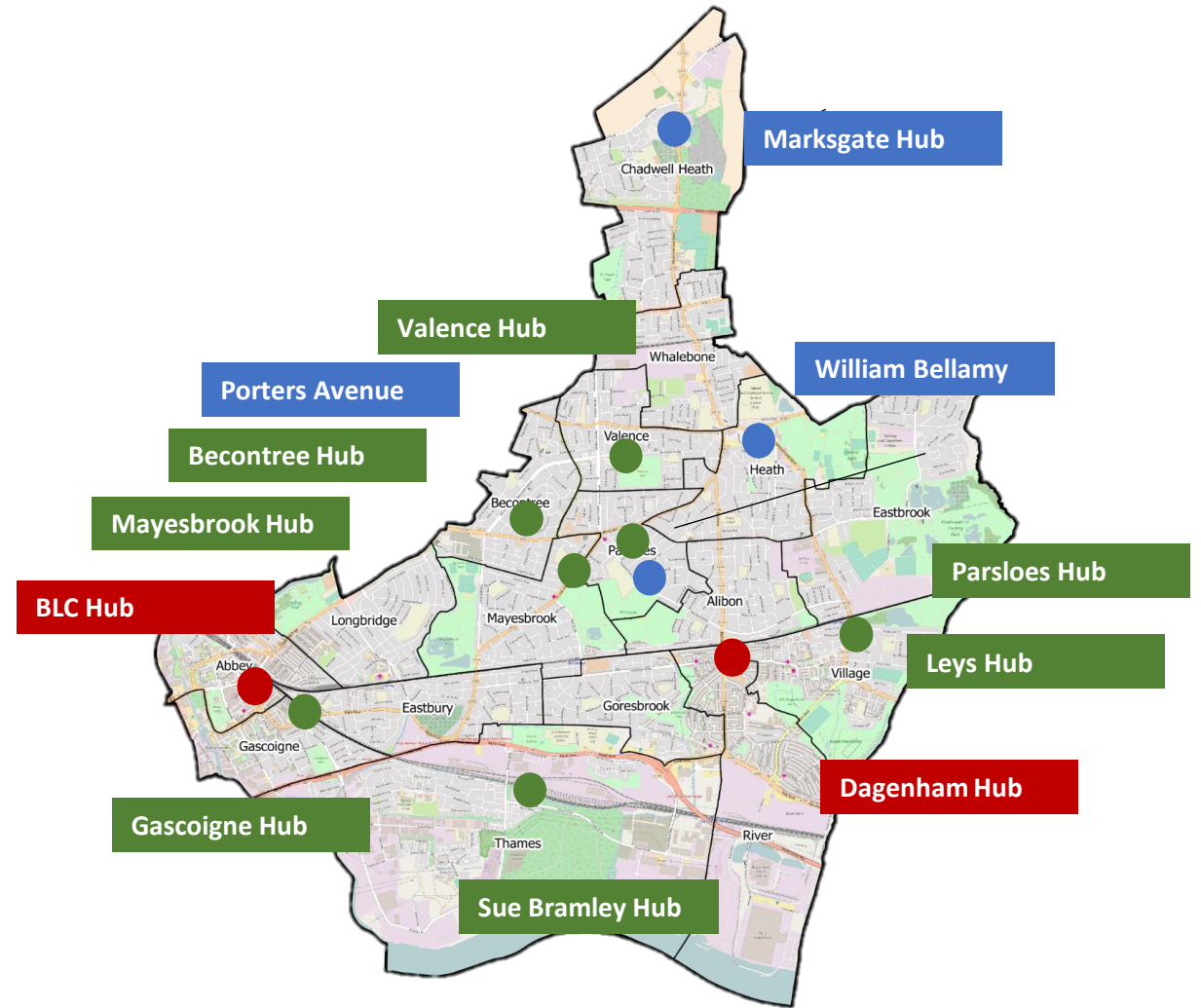
An iterative design approach – do and learn

Emerging hub network...

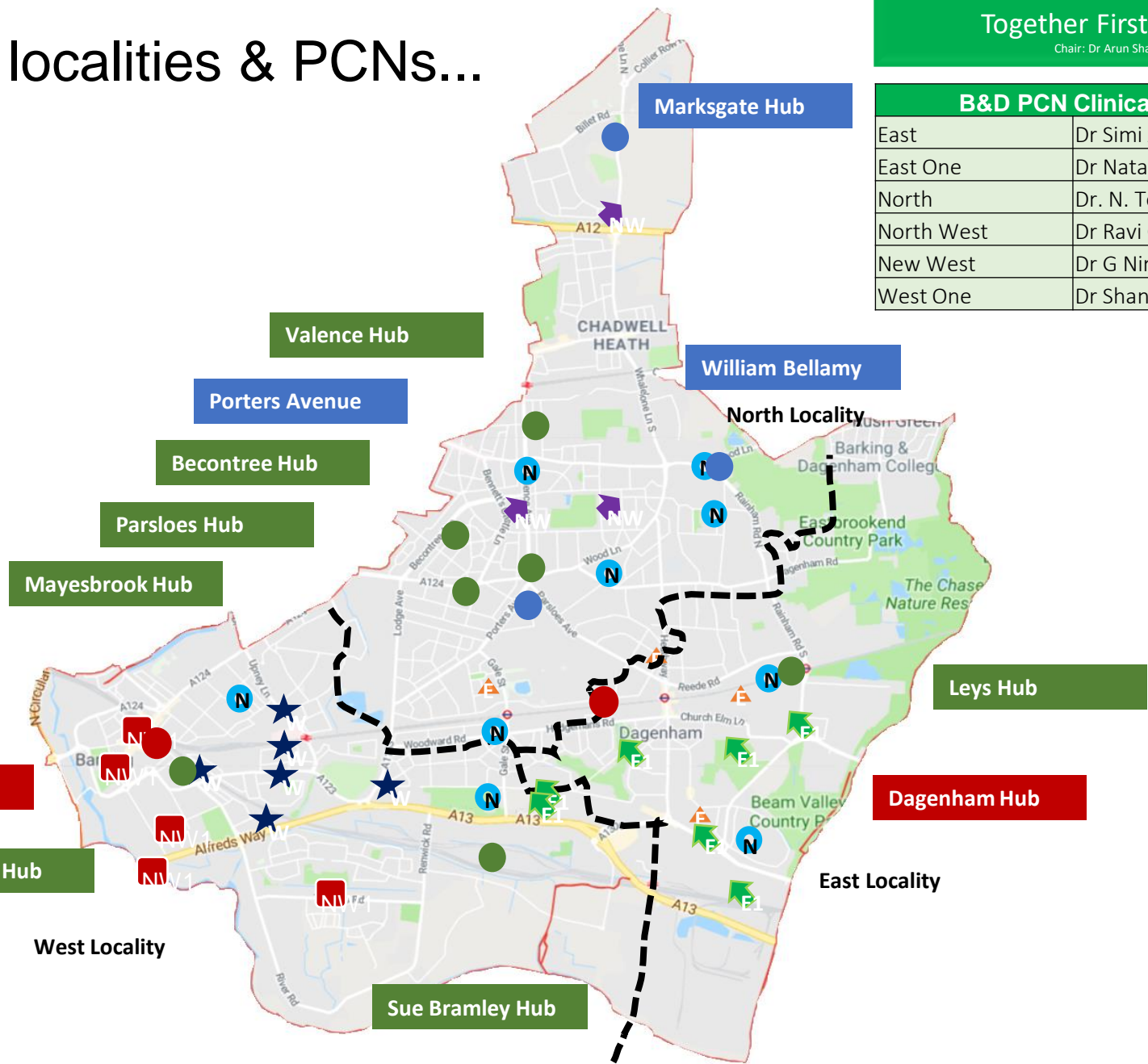
Level	Hubs
Level 1	Barking Learning Centre (BLC) & Dagenham
Level 2	William Bellamy, Marksgate, Porters Avenue
Level 3	Sue Bramley, Valence, Gascoigne, Mayesbrook (specialist children's), Leys, Becontree, Parsloes (+potential community spaces), Brocklebank (development to replace Valence library)

Community spaces and access points

Community hosted spaces & cultural venues including:
 Hub@Castle Point, Kingsley Hall, Excel Women's Centre,
 BoatHouse, Future Youth Zone, Hedgecock Centre, Valence
 Primary Roost, BD Carers, St Chads



Fit with localities & PCNs...



GP Federation:
Together First Limited
 Chair: Dr Arun Sharma

B&D PCN Clinical Directors

East	Dr Simi Adedeji
East One	Dr Natalia Bila
North	Dr. N. Teotia
North West	Dr Ravi Goriparthi
New West	Dr G Niranjn
West One	Dr Shanika Sharma

North Primary Care Network; 8 practices
 List size 45,669

Green Lane Surgery	3740
Dr S Z Haider & Partners	5704
Dr A K Sharma	9872
Dr A Arif	4533
Five Elms Medical Practice	4057
Gables Surgery	6876
Dr M Ehsan	3042
Dr B K Jaiswal	5415
Dr Prasad (Faircross Health Centre)	2430
Total	45,669

North West PCN; 3 practices
 List size 32,637

Marks Gate Health Centre	4943
Tulasi Medical Centre	21062
Becontree Medical Centre	6632
Total	32,637

West One Primary Care Network; 6 practices
 list size 40,489

Drs Chibber & Gupta	4465
Drs Sharma & Rai	5492
Highgrove Surgery	7961
Dr Ansari & Ansari	8270
The Barking Medical Group Practice	11348
The John Smith Medical Centre	2953
Total	40,489

New West PCN: 5 practices
 List size 30,973

Abbey Medical Centre	6949
Dr G. Kalkat	8538
Dr N. Niranjn	4869
Drs John & John	8415
Shifa Medical Practice	2202
Total	30,973

East Primary Care Network; 4 Practices
 List size: 39,458

Broad Street Medical Centre	6553
Porters Avenue (merged 01.04.2019 with Child & Family)	8898
Church Elm	6204
Halbutt Street Surgery	6779
Child and Family Health	11,024
Total	39,458

East ONE Primary Care Network; 7 Practices
 List size: 37,134

Dr Alkaisy Surgery	4682
First Avenue Surgery	5401
Heathway Medical Centre	4895
Hedgemans rd	5717
Parkview	4598
St Albans Surgery	8076
The Surgery (Dr Ola)	3765
Total	37,134

Some next steps

- Engagement with PCN (clinical directors)
- Engagement through Barking and Dagenham Delivery Group
- Community and social sector workshops (March and April)
- Work up opportunities identified for service delivery and establish an agreed prioritised plan
- Finalise a definitive community hub network as the basis for the next 12 months
- Finalise delivery plan for the next 12 months
- Community hubs communication and marketing materials – to showcase spaces and opportunities

Questions

Board is asked to consider and comment on:

- What opportunities do community hubs present for joint working
- How can community hubs support locality working arrangements
- How can partners engage with the programme

Appendix 1: High level timeline

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Community Hubs																				
Strand 1: Hub network design and launch																				
Overall hub network model	█	█	█																	
Level 1 - core hubs				█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Level 2 - local hubs						█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Level 3 - local hubs								█	█	█	█	█	█	█	█	█	█	█	█	█
Level 4 - community access points										█	█	█	█	█	█	█	█	█	█	█
Strand 2: Operating arrangements					█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Strand 3: Service delivery & configuration							█	█	█	█	█	█	█	█	█	█	█	█	█	█
Strand 4: Future governance, ownership, commissioning arrangements													█	█	█	█	█	█	█	█
Developing new core provision - options		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Community design prototype			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Strand 5: Dispersed Working																				
Town Hall plans agreed					█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Roycraft House vacated. Secure base established					█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Town Hall reconfiguration implementation							█	█	█	█	█	█	█	█	█	█	█	█	█	█
Dispersed workforce measures							█	█	█	█	█	█	█	█	█	█	█	█	█	█

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**HEALTH and WELLBEING BOARD
FORWARD PLAN**

June 2021 Edition

Publication Date: 1 March 2021

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://modern.gov.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, Senior Governance Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (email: yusuf.olow@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 2020/21:

Edition	Publication date
November 2020 Edition	12 October 2020
January 2021 Edition	15 December 2020
March 2021 Edition	08 February 2021
June 2021 Edition	17 May 2021

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, Senior Governance Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (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: 15.6.21	COVID-19 update in the Borough <ul style="list-style-type: none"> Wards Directly Affected: Not Applicable 		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 15.6.21	Mental Health Bids Progress update on the Mental health bids <ul style="list-style-type: none"> Wards Directly Affected: Not Applicable 		Chris Bush, Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk)
Health and Wellbeing Board: 15.6.21	Health Inequalities <ul style="list-style-type: none"> Wards Directly Affected: Not Applicable 		Mark Tyson, Director, Strategy and Participation, Pye Nyunt, Senior Business Analyst (Tel: 020 8227 2875), (mark.tyson@lbbd.gov.uk), (pye.nyunt@lbbd.gov.uk)
Health and Wellbeing Board: 14.9.21	Healthwatch Contract <ul style="list-style-type: none"> Wards Directly Affected: All Wards 		Sonia Drozd, Drug Strategy Manager (sonia.drozd@lbbd.gov.uk)

Membership of Health and Wellbeing Board:

Cllr Maureen Worby (Chair), LBBB Cabinet Member for Social Care and Health Integration
Dr Jagan John (Deputy Chair), Barking and Dagenham Clinical Commissioning Group
Elaine Allegretti, LBBB Director of People and Resilience
Cllr Saima Ashraf, LBBB Deputy Leader and Cabinet Member for Community Leadership and Engagement
Cllr Sade Bright, LBBB Cabinet Member for Employment, Skills and Aspiration
Cllr Evelyn Carpenter, LBBB Cabinet Member for Educational Attainment and School Improvement
Melody Williams, North East London NHS Foundation Trust
Matthew Cole, LBBB Director of Public Health
Kimberley Cope, Metropolitan Police
Fiona Peskett, Barking Havering and Redbridge University Hospitals NHS Trust
Sharon Morrow, Barking & Dagenham Clinical Commissioning Group
Nathan Singleton, Healthwatch Barking and Dagenham (CEO Lifeline Projects)