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DATE: Thursday 30 January 2014

HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

Meeting to be held on Thursday 30 January 2014

QUESTIONS ON THE INFORMATION BRIEFING

The Briefing comprises:

- 1 **BROMLEY ANNUAL PUBLIC HEALTH ANNUAL REPORT 2013 - "TOP BODY, TOP MIND"** (Pages 3 - 4)
- 2 **BROMLEY SAFEGUARDING CHILDREN BOARD - ANNUAL REPORT** (Pages 5 - 50)
- 3 **JOINT STRATEGIC NEEDS ASSESSMENT** (Pages 51 - 52)

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

<http://cds.bromley.gov.uk/ieListMeetings.aspx?XXR=0&Year=2013&CId=559>

Printed copies of the briefing are available upon request by contacting Helen Long on 020 8313 4595 or by e-mail at helen.long@bromley.gov.uk.

Copies of the Part 1 (Public) documents referred to above can be obtained from
www.bromley.gov.uk/meetings

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Health & Wellbeing Board

9th December 2013

BRIEFING NOTE ON THE BROMLEY ANNUAL PUBLIC HEALTH REPORT 2013

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1. THE BRIEFING

- 1.1. All Director of Public Health in England are required to produce an independent annual report on the health of the local population and highlighting key issues. This year's report titled 'How men can take charge of their health and well-being' aims to raise awareness of this neglected topic.
- 1.2. The report looks at the physical, social and economic advantages of being male and also at the disadvantages, in particular what is less good about being male in terms of health and social outcomes.

2. SUPPORTING DOCUMENTS

- 2.1 A copy of the Bromley Annual Public Health Report 2013 can be accessed at <http://bromley.mylifeportal.co.uk/annual-public-health-report.aspx>.

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BROMLEY HEALTH & WELLBEING BOARD

INFORMATION BRIEFING

PART 1 - PUBLIC

30th January 2014

BROMLEY SAFEGUARDING CHILDREN BOARD (BSCB) ANNUAL REPORT 2012-13

Contact Officer: Helen Davies Independent Chair, Bromley Safeguarding Children Board
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1. BSCB ANNUAL REPORT 2012-13

- 1.1 The 2012-13 Bromley Safeguarding Children Board (BSCB) annual report describes the work carried out to ensure that children and young people are safe and their wellbeing secured. It sets out the achievements, changes and specific work that has been carried out by dedicated staff across all agencies concerned with children, young people and their families in Bromley.
- 1.2 As we moved into 2012-13, there were a number of uncertainties which impacted on the work of BSCB. These included the changes in Health; ongoing implementation of the Munro recommendations; revisions to Working Together and the academies programme. There have also been significant organisational changes since the last report which continue into 2013-14 with the development of the local policing model within the Metropolitan Police; and the changes within health including the transfer of services from the South London Healthcare Trust (SLHT) to Kings College Hospital NHS Foundation Trust. The responsibility for commissioning local health services also changed from the Primary Care Trust (PCT) to the Clinical Commissioning Group (CCG) on 1 April 2013, and the CCG hold responsibility for safeguarding children.
- 1.3 During 2012-13 BSCB introduced a number of changes in anticipation of the revisions to Working Together to Safeguard Children stemming from the recommendations of the Munro Review of Child Protection. This has included a review of the BSCB committee structure to ensure that its members have sufficient seniority to challenge each other and drive any necessary changes and improvements within their agencies. The quality assurance function of the Board has been strengthened in order to evaluate the performance of all partner agencies and how they coordinate their efforts. A programme of multi agency audits of safeguarding practice is now in place. The Board is also developing a more rigorous focus on outcomes achieved for children and young people.

- 1.4 BSCB's focus in 2012/13 has been on improving the quality of all agencies' practice with children at risk of or suffering neglect, and its effectiveness will be evaluated in 2013/14. There has also been continued emphasis on protecting young people at risk of sexual exploitation. This has evidenced the strong partnership working that is well established in Bromley, and positive outcomes have been achieved for several young people at risk of sexual exploitation.
- 1.5 BSCB learned from the Ofsted inspection of child protection arrangements in Bromley in July 2012 and strengthened its structures in order to provide effective challenge to its partner agencies and keep a relentless focus on improvement. It also introduced an outcome based approach to child protection conferences to improve the quality of child protection plans. The voices of young people subject to child protection plans are now being heard following the introduction of an advocacy service to support their involvement in child protection conferences.
- 1.6 Despite the challenges faced, BSCB remains confident that the foundations of good safeguarding practice are in place. The following is a summary of the key achievements of BSCB during 2012-13:
- Delivery of an online learning portal for safeguarding children training
 - A programme of Section 11 safeguarding audits has been undertaken by partner agencies. The Section 11 audit findings have been considered by the Quality Assurance and Performance Monitoring Committee and actions taken to ensure improvements
 - BSCB away day held in November 2012 to agree and implement the changes to the committee structure to strengthen the Board and ensure there is buy-in from partner agencies at a high level, as well as a number of professional advisers to the Board
 - Annual Conference held in October 2012 focusing on Breaking the cycle of neglect, attended by over 100 delegates
 - Raising the profile of neglect through the publication of guidance for practitioners on Working with Neglectful Families
 - Promoting and monitoring the implementation of the new model for child protection conferences, called Strengthening Families, along with a new multi agency child protection conference report template
 - Keeping oversight of the operation of the Bromley Multi Agency Support Hub (MASH) and its development towards full implementation
 - Development of a Strategy and Action Plan to Safeguard children and young people at risk of experiencing Child Sexual Exploitation (CSE) as well as awareness raising of the indicators and warning signs of CSE
 - Monitoring of the safeguarding arrangements for Looked After Children
 - An extensive multi-agency training programme delivered covering 17 courses attended by over 600 people
- 1.7 The Board continues to meet regularly to address the priorities which it has set out in the Annual Report and Business Plan for 2013-14.

2. SUPPORTING DOCUMENTS

- BSCB Annual Report 2012-13

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Bromley Safeguarding Children Board (BSCB)



Annual Report 2012-2013



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Chair's Foreword

The Bromley Safeguarding Children Board (BSCB) is pleased to publish its annual report for 2012/13, which describes the work carried out to ensure that children and young people are safe and their wellbeing secured. This report documents in detail the achievements, changes and specific work that has been carried out by dedicated staff across all agencies concerned with children, young people and their families in Bromley.

In the past year, the Board has been reorganised in order to ensure that its members have sufficient seniority to challenge each other and drive any necessary changes and improvements within their agencies. The quality assurance function of the Board has been strengthened in order to evaluate the performance of all partner agencies and how they coordinate their efforts. A programme of multi-agency audits of safeguarding practice is now in place. The Board is also developing a more rigorous focus on outcomes achieved for children and young people.

The Board's focus in 2012/13 has been on improving the quality of all agencies' practice with children at risk of or suffering neglect, and its effectiveness will be evaluated in 2013/14. There has also been continued emphasis on protecting young people at risk of sexual exploitation. This has evidenced the strong partnership working that is well established in Bromley, and positive outcomes have been achieved for several young people at risk of sexual exploitation.

The Board learned from the Ofsted inspection of child protection arrangements in Bromley in July 2012 and strengthened its structures in order to provide effective challenge to its partner agencies and keep a relentless focus on improvement. It

also introduced an outcome based approach to child protection conferences to improve the quality of child protection plans. The voices of young people subject to child protection plans are now being heard following the introduction of an advocacy service to support their involvement in child protection conferences.

An inter agency management review finalised in May 2012 also provided valuable learning about the quality of family assessments, about the process for child protection medical examinations and about effective liaison out of hours. Actions were taken to address required improvements.

I would like to acknowledge the commitment to safeguarding children and to the BSCB by agencies in Bromley. Their dedication and commitment shine through, while facing structural changes and reductions in funding.

Please do read this report and, if you have not done so, visit the BSCB website for further information about the work undertaken in Bromley to ensure that children are safe and their wellbeing is promoted.



Helen Davies

Helen Davies

Chair
Bromley Safeguarding
Children Board



Section 1: Summary

- 1.1 This is the sixth annual report of the Bromley Safeguarding Children Board (BSCB) which builds upon the previous Annual Reports. The report provides a strategic overview of the work of the BSCB over the last twelve months.
- 1.2 As we moved into 2012-13, there were a number of uncertainties which impacted on the work of BSCB. These included the changes in Health; ongoing implementation of the Munro recommendations; revisions to Working Together and the academies programme. There have also been significant organisational changes since the last report. Within the local authority the new department of Education Care and Health Services was formally established on 1 April 2012 bringing together the former Children & Young People's Department with Adult Services and Public Health. Changes will continue into 2013-14 with the development of the local policing model within the Metropolitan Police; and the changes within health including the transfer of services from the South London Healthcare Trust (SLHT) to the preferred option of Kings College Hospital NHS Foundation Trust. The responsibility for commissioning local health services also changes from the Primary Care Trust (PCT) to the Clinical Commissioning Group (CCG) on 1 April 2013, and the CCG will hold responsibility for safeguarding children.
- 1.3 During the last year BSCB introduced a number of changes in anticipation of the revisions to Working Together to Safeguard Children stemming from the recommendations of the Munro Review of Child Protection. This has included a review of the BSCB committee structure and the development of a performance management framework in order to strengthen BSCB and enable the Board to monitor more effectively the effectiveness of safeguarding arrangements and to improve outcomes for children, young people and families. Looking ahead, the new Working Together published in early 2013 and the updated London Child Protection Procedures will provide a focus for BSCB during 2013-14.
- 1.4 Despite the challenges faced, BSCB remains confident that the foundations of good safeguarding practice are in place. The following is a summary of the key achievements of BSCB during 2012-13:
- Delivery of an online learning portal for safeguarding children training



- A programme of Section 11 safeguarding audits has been undertaken by partner agencies. The Section 11 audit findings have been considered by the Quality Assurance and Performance Monitoring Committee and actions taken to ensure improvements
- BSCB away day held in November 2012 to agree and implement the changes to the committee structure to strengthen the Board and ensure there is buy-in from partner agencies at a high level, as well as a number of professional advisers to the Board
- Annual Conference held in October 2012 focusing on Breaking the cycle of neglect, attended by over 100 delegates
- Raising the profile of neglect through the publication of guidance for practitioners on Working with Neglectful Families
- Promoting and monitoring the implementation of the new model for child protection conferences, called Strengthening Families, along with a new multi agency child protection conference report template
- Keeping oversight of the operation of the Bromley Multi Agency Support Hub (MASH) and its development towards full implementation
- Development of a Strategy and Action Plan to Safeguard children and young people at risk of experiencing Child Sexual Exploitation (CSE,) as well as awareness raising of the indicators and warning signs of CSE
- Monitoring of the safeguarding arrangements for Looked After Children
- An extensive multi-agency training programme delivered covering 17 courses attended by over 600 people



Section 2: Governance and Accountability

2.1 Bromley Safeguarding Children Board (BSCB) has been set up under the requirements of the Children Act 2004. BSCB is the key statutory mechanism for agreeing how the relevant organisations in Bromley will co-operate to safeguard and promote the welfare of children in Bromley and for assuring the effectiveness of what they do.

2.2 The key organisational mechanism for delivering the statutory requirements of the BSCB are the meetings of the Board (four times a year) and the Quality Assurance and Performance Monitoring Sub Committee (six times a year). Further information about the Committees is available below.

Reporting

2.3 BSCB provides a safeguarding update to the Children and Young People Partnership Board, with the Independent Chair last providing a report in October 2012. In 2013-14, the Board will submit a briefing report to the Joint Education and Care Services Policy

Development and Scrutiny Committee.

2.4 The Health and Social Care Act 2012 introduced a requirement for local authorities to establish Health and Wellbeing Boards with effect from 1 April 2013. In Bromley, a Shadow Health and Wellbeing Board was set up in advance of the legislation in February 2012. It has met every two months since then, and has developed a strategy for 2012-15. Key members of the BSCB sat on the shadow Health and Wellbeing Board. Formal structures will be put into place and the exact composition of the full Board will be agreed in 2013-14 when the BSCB will seek to establish formal links.

2.5 Our links with the Safer Bromley Partnership were maintained through cross-over in membership at Board level.

Independent Chair

2.6 Helen Davies was appointed Chair of the



BSCB and took up post in April 2012. She chairs both the Board and the Quality Assurance and Performance Monitoring Sub-Committee.

Boards as identified in Professor Eileen Munro’s report on the protection of children and confirmed in the Government’s revision to the statutory guidance, Working Together to Safeguard Children in April 2013.

Committees

2.7 During 2012 – 2013, the BSCB committee structure underwent some changes. The structure, membership and effectiveness were reviewed by members in November 2012 and the changes to the structure of the Board took place from January 2013.

2.8 The changes were in respect to the evolving expectations of Local Safeguarding Children

2.9 Figure one and figure two show the old and new committee structures, but in summary:

- The Board has replaced what was the Executive and will be the key strategic decision making group, with representation at Director and Assistant Director level;
- The Quality Assurance and Performance Monitoring committee will continue to focus on monitoring safeguarding data, audit, and

Figure 1 – BSCB Committee Structure to end of December 2012

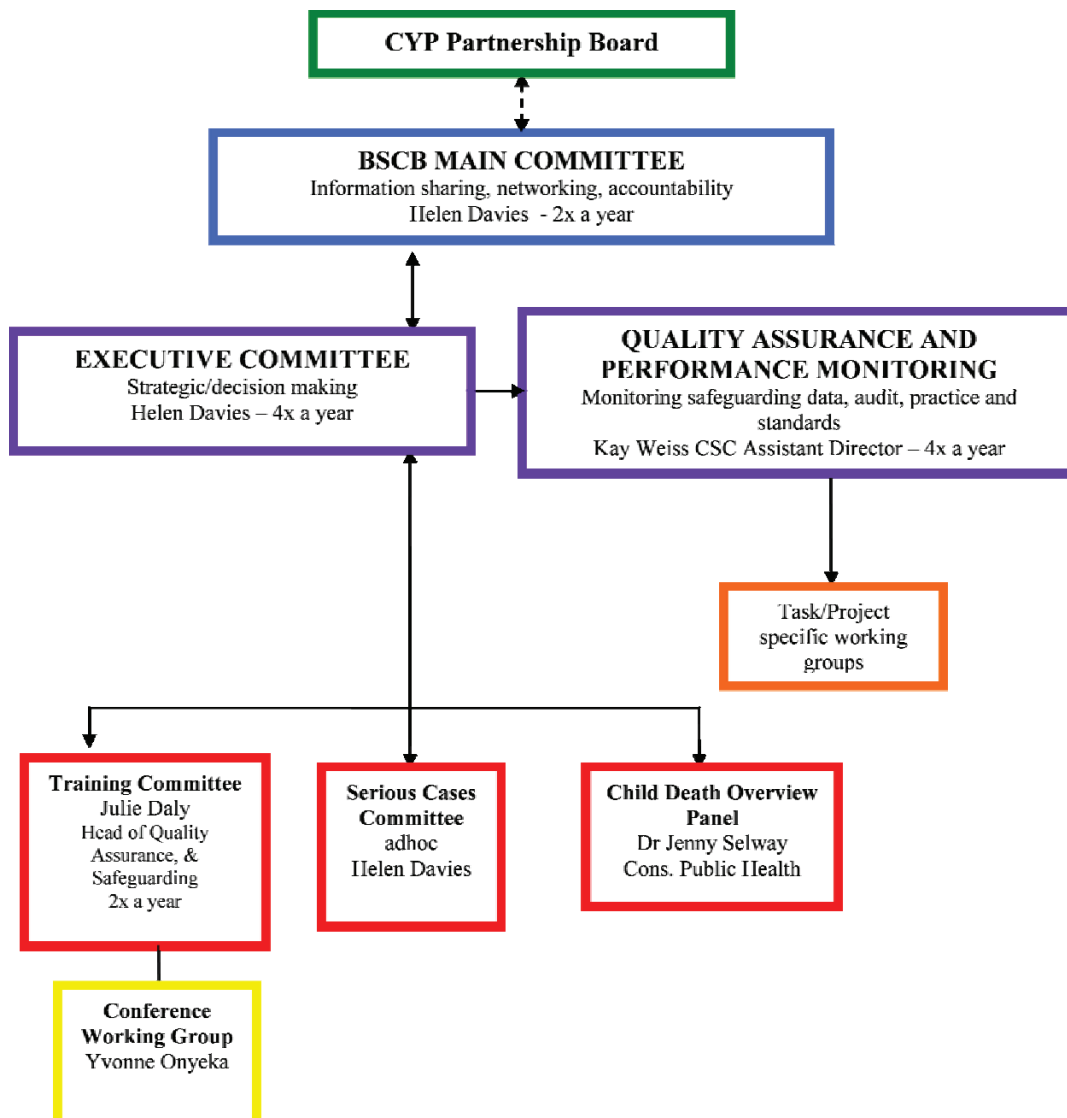
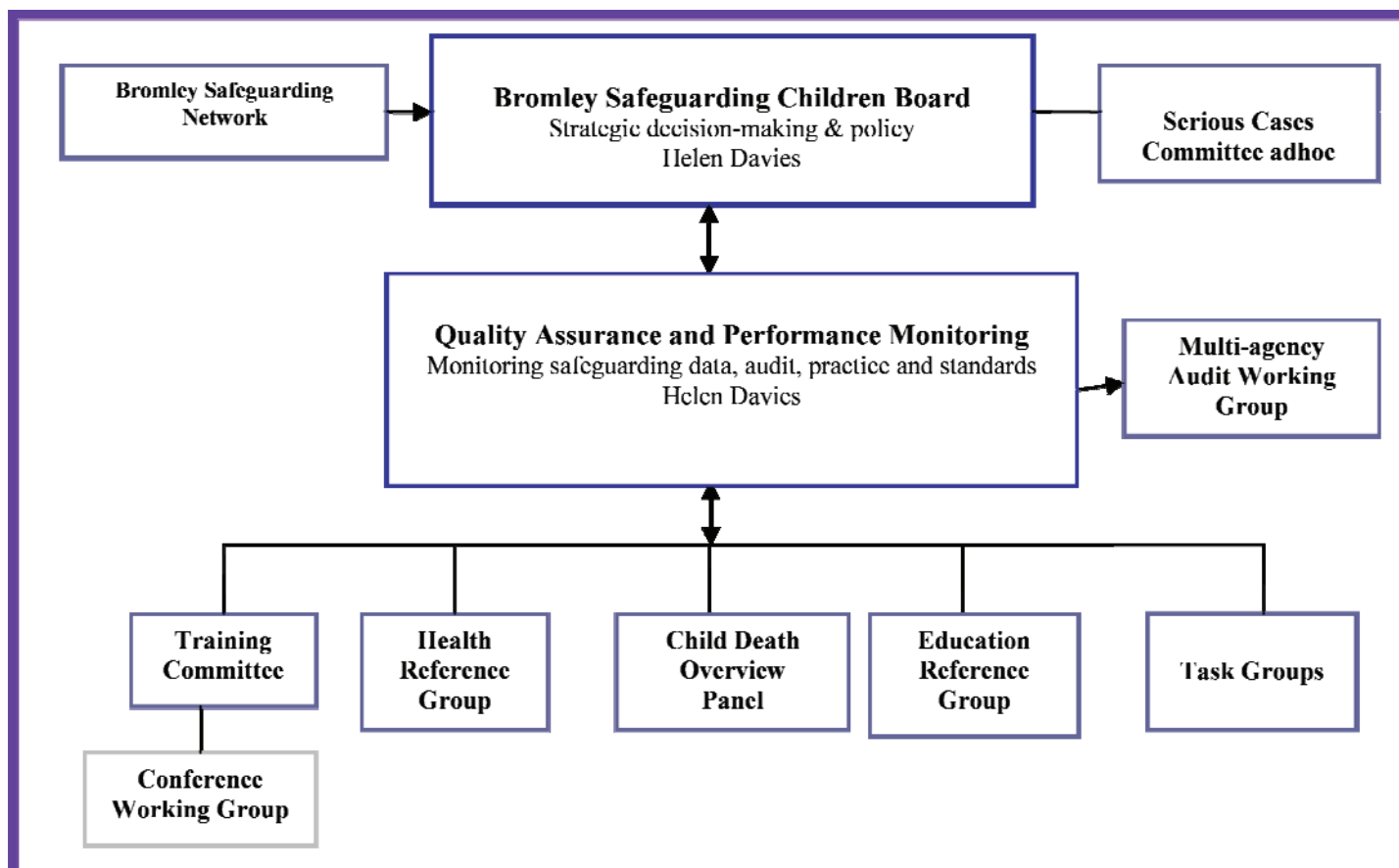




Figure 2 – BSCB Committee Structure from January 2013



practice and standards. Membership of the committee has been updated and it is now chaired by the Board’s Independent Chair;

- The Bromley Safeguarding Network is a newly constituted group which has replaced the ‘Main Board’. The Bromley Safeguarding Network will be the main route to share key messages, learning and good practice.
- A new multi-agency Audit Working Group has been set up reporting to the Quality Assurance and Performance Monitoring Committee.

2.10 These changes have been introduced to strengthen the Board and to ensure that there is buy-in from partner agencies at a high level on the Board as well a number of professional advisors to the Board.

Board (formerly the Executive Committee)

2.11 In January 2013 the Board replaced what was formerly the Executive Committee and is now the key strategic decision making group with representation from agencies at Director and Assistant Director level. Agency safeguarding leads such as those from health and education now provide professional advice in the role of Professional Advisers. The changes are intended to strengthen the Board, ensuring that it has partner agency representation at a high level along with appropriate advice, enabling it to monitor and challenge practice robustly and to measure the impact on outcomes for children and young people. The Board continues, as the Executive did, to meet quarterly and provide the strategic direction for the BSCB.



2.12 The Board continues to have lay member representation which adds value to the BSCB. The two current lay members challenge thinking through active contribution at the Board meetings. The role and accountabilities of lay members will be reviewed in 2013-14. The Board also has representation from the Portfolio Holder for Care Services.

2.13 In 2012-2013 the Board's (formerly the Executive's) work included:

- Approval of a Multi-agency Management Review Report in respect of a baby, and the monitoring of the respective Action Plan;
- Consideration of and agreement to the pilot of the Strengthening Families Model of Child Protection Conferences and the creation of a multi-agency conference report;
- Monitoring of and setting the BSCB budget for 2013-14;
- Review of the Government consultation on the revised Working Together to Safeguard Children in June 2012;
- Review of the Ofsted Report for the inspection of local authority arrangements for the protection of children for Bromley and oversight of the Inspection Action Plan;
- Development of the BSCB Business Plan for 2013-14.

Quality Assurance and Performance Monitoring Sub-Committee (QAPM)

2.14 The Quality Assurance and Performance Monitoring Sub-Committee is central to the effective functioning of the BSCB. Following the changes to the BSCB Committee

structure in January 2013, the sub-committee now meets six times a year, an increase of two meetings a year. Since January 2013, the committee has been chaired by the Board's Independent Chair and takes responsibility for monitoring standards in safeguarding arrangements and other operational aspects of local safeguarding. It checks how well single-agency safeguarding arrangements are working and now it is chaired by the Board's Independent Chair, it is able to provide robust challenge to improve practice and outcomes for children and young people.

2.15 This year the work of the Quality Assurance and Performance Monitoring sub-committee included:

- Developing a Performance Management and Improvement Framework which sets out a new approach to securing safeguarding improvements in Bromley;
- Regularly receiving single agency audits on key areas of safeguarding practice such as supervision, referrals and record keeping;
- Exploring and redeveloping the dataset to better understand issues of safeguarding;
- Reviewing progress of agency Inspection Action Plans;
- Reviewing the learning from a management review.

Bromley Safeguarding Network (formerly Main Board)

2.16 The Bromley Safeguarding Network was set up in January 2013 replacing the Main Board. Although the Network will not be formally constituted, there will be a number of opportunities during 2013-14 for it to



meet. The focus of the Network will be to share key messages through the facilitation of seminars, briefings and forums.

Training Sub-Committee

2.17 The BSCB Training Sub-Committee meets twice a year to evaluate the BSCB training provided in the previous six months and to agree the training programme for the following year. This year it achieved the following:

- Multi-agency training attended by over 600 people;
- Agreeing the training programme for 2013-14, and commissioning training;
- Organised briefings for 200 professionals;
- Evaluated training during 2012-13;
- The introduction and promotion of a suite of free e-learning courses for people;
- The revision of the evaluation forms for training to include pre and post training evaluation questions as well as a three month follow up to enable the Board to better evaluate the impact of the training it provides. The Board will be able to use this in 2013-14.

Child Death Overview Panel

2.18 This statutory multi-agency panel has a core membership of police, social care, and health professionals. The panel meets at least four times to discuss the circumstances of all child deaths in Bromley and to identify any issues or trends. The Child Death Overview Panel is accountable to BSCB and its Annual Report is presented annually to the BSCB Board.

Serious Case Review Committee

2.19 This committee meets ad hoc to consider cases where a serious child protection incident has occurred. The committee may determine that either an Individual Management Review (IMR) is obtained from an agency or, in a case involving several agencies and that meet the criteria in Working Together, that a Serious Case Review (SCR) is commissioned. The Serious Case Review Committee has oversight of the process and outcomes. The committee did not meet in 2012-13. It had previously met in March 2012 to consider one case involving a baby and determined the case should be subject to a multi-agency management review.

2.20 The multi-agency management review identified the following key themes and areas of learning:

- The quality of assessment and the need to take account of past history
- Problems in communication between health professionals and between health and social care
- the need to advise the police Child Abuse Investigation Command (CAIC) out of hours service in a timely manner of all incidents when they are informed a child has been admitted to hospital out of hours and serious abuse is suspected
- Fathers as parents. All agencies needing to ensure their recording systems capture family links are the extent to which fathers are included in assessments

2.21 The Board approved a ten point action plan in July 2012 to take forward the recommendations. As part of the action plan health guidance for child protection medicals has been developed and disseminated.



Workshops have been held between health, children's social care and early intervention teams to promote understanding of roles and processes within each agency and the roles and procedures for contacting the emergency duty teams have been promoted. All agencies have also reviewed their assessment tools to ensure the importance of understanding the role of men in families.

2.22 In 2012-13 membership of the Serious Case Review Committee included:

| | |
|---|-----------------------------|
| Independent Chair | Independent |
| Designated Dr | Bromley CCG |
| Assistant Director Legal & Support Services | London Borough of Bromley |
| Head of Service Quality Assurance | London Borough of Bromley |
| Lead Officer Education Safeguarding | London Borough of Bromley |
| Consultant Public Health Medicine | NHS Bromley |
| DCI Child Abuse Investigation Team | Metropolitan Police Service |
| Designated Nurse | Bromley CCG |



Section 3: Achievement and Progress

3.1 A summary of the Board’s achievements against priorities are set out in Section 1, but this section provides further information about some of the key areas of work of the BSCB over the last year.

3.2 The year has again been dominated with changes to agencies including the local authority structure, the health services and schools. BSCB has worked hard to ensure that during a period of change, effective safeguarding monitoring arrangements are in place.

3.3 Through the work of the Board (formerly the Executive), the Quality Assurance and Performance Monitoring Committee, the Training Committee and the Health and Education Reference groups, as well as its task groups, the period between April 2012 and March 2013 has been a busy one.

Tackling Child Sexual Exploitation

3.4 Following the development of a BSCB multi-agency task group on Child Sexual Exploitation (CSE) in 2011, this year BSCB approved a Strategy to Safeguard Children and Young People at Risk of or Experiencing

Sexual Exploitation in Bromley. The strategy supports a shared understanding of CSE, improved identification of CSE, and preventing harm through improved awareness of young people and their carers; and prevention through better intelligence.

3.5 The BSCB CSE task group has developed an action plan which it has been implementing during the year and will continue throughout 2013-14. In order to help improve identification of CSE, BSCB has produced and circulated the Step by Step guide for practitioners adapted from the Department for Education guidance and widely circulated the definitions, indicators and warning signs of CSE.

3.6 Following the two year inquiry into Child Sexual Exploitation in Gangs and Groups being conducted by the Deputy Children’s Commissioner and subsequent interim report in November 2012, the BSCB task group has been implementing the recommendations through its CSE Action Plan including identifying victims and perpetrators, data gathering and information sharing, and recognition and awareness raising. CSE has been identified as a priority for BSCB in the 2013-14 Business Plan and a multi-agency training programme has been put into place.



In October 2013, the focus of the BSCB Annual Conference will also be on CSE.

- 3.7 At the start of 2012-13, the prevalence of cases of exploitation in Bromley was largely unknown. During 2012-13, however, 11 young people were identified as being at risk of sexual exploitation and 8 were referred on to the Barnardos service for young people who are at risk or who are being sexually exploited. Monitoring of the impact of the one to one recovery work completed in January 2013 showed that there had been positive improvements over six months for half of the young people working with the project. The positive outcomes included the young person reducing their association with risky adults/peers; being able to describe safety strategies; a reduction in the level of risk of harm for the young person; and showing signs of recovering from sexual abuse/exploitation.

Development of BSCB Performance Management Framework

- 3.8 In June last year, the Government (Department for Education) set out guidance to LSCBs on the type of information and data that should be considered regularly by members. The Board responded to the guidance, *Children's Safeguarding Performance Information Framework* and the updated version issued in October 2012, with a reconfiguration of its Quality Assurance & Performance Monitoring Committee (QA&PM) and the development of a Performance Management and Improvement Framework. This was approved by the Board and the programme is underway.
- 3.9 The Performance Management and Improvement Framework sets out the agenda for monitoring performance and driving forward safeguarding improvements locally. It includes: a programme of multi-agency auditing; the review of relevant single agency audits and their findings; continuing to hold agencies to account through the challenge of Section 11 audits and; revision to the

dataset. Partner agency annual reports are scheduled into the Board's annual programme. Agencies are asked to notify the committee of key inspection reports and to bring them forward for discussion. Together these consolidate the multi-agency monitoring structure for children's safeguarding in Bromley.

- 3.10 The Performance Management and Improvement Framework comprises several documents:

- Agency Annual Reports Schedule
- Agency Inspection Reports Schedule
- Single Agency Audits Report Schedule
- Multi-agency Audit Schedule
- Section 11 Self-assessment Schedule

- 3.11 The focus on the work to develop the framework this year has been to ensure that, in the future, BSCB is able to more effectively monitor the effectiveness of agencies' work to safeguard children and to demonstrate the impact of partnership working in Bromley on improving outcomes for children, young people and their families. The Performance Management and Improvement Framework sets out a new approach to securing safeguarding improvements in Bromley. The framework moves away from an approach which hinges solely on quality assurance (policies, procedures, timescales) in the main and focuses on improvement through learning and measuring the impact of what is done by partners individually and together to safeguard children. As part of the new framework, information about the quality of young people's experiences as well as facts and information about young people's general well being and development will be used to provide a narrative about the quality of local safeguarding.

Focus on Neglect

- 3.12 A serious case review in a previous year highlighted multi-agency weaknesses in responding to neglect. In addition, neglect



was also identified as a key area of work in the Ofsted Inspection of safeguarding and child protection in Bromley in 2012. The BSCB has responded by making neglect a key area of work.

3.13 During 2012-13, BSCB developed guidance for practitioners on working with neglectful families. The guidance highlights the impact of neglect on a child's development and their opportunities in life and sets out the triggers which should lead professionals to consider using the Common Assessment Framework (CAF) or making a referral to Children's Social Care. The guidance explains the thresholds for children in need and where cases of neglect would meet the child protection threshold. The guidance also includes a range of tools for working with both parents and children.

3.14 The Board used its annual conference to launch the BSCB Guidance for Practitioners on Working with Neglectful Families. The 2012 Conference, held in October focused on *Breaking the cycle of Neglect* and was attended by over 100 delegates from a wide range of sectors. Professor David Shemmings of the University of Kent was the key note speaker focusing on what research says about early intervention and neglect. Local speakers included Dr Jenny Selway, Consultant in Public Health and Mark Thorn, Head of Referral & Assessment & Early Intervention services at the local authority. Dr Jenny Selway spoke about the role of early intervention to improve the emotional health of children and young people in Bromley. Mark Thorn spoke about the Tackling Troubled Families Programme in Bromley and its role in turning around the lives of families in Bromley by getting children back in school, reducing youth crime and anti-social behaviour and putting adults on a path back to work.

Community Safety and Policing

3.15 Policing, as with many public service areas, has been impacted by the need to make

savings and use resources creatively, including through improved partnership work. The Board's strategic and operational relationship with the Safer Bromley Partnership continues to strengthen with increased representation at the Partnership.

3.16 Concerns around missing children are being continuously addressed by police and social care. Monthly data is sent to social care to help to track young people at risk, and this is reviewed quarterly through the Board's safeguarding dataset. The Police missing persons unit staff are beginning to cultivate positive relationships with young people who run away frequently. This begins with the important interview with young people when they reappear after a period of being missing, as required in the London protocol on missing children. This has helped the police to identify young people who are potentially at risk of harm or abuse. Joint work between the police and the staff at the Bethlem Hospital (South London and Maudsley NHS Trust) has been particularly helpful in reducing the number of young patients who abscond from the secure unit. Solutions explored by the teams included the design of window locks, to minimise the risk of absconding, thereby increasing young people's safety.

3.17 The Community Safety Unit (CSU) played a significant role in a multi-agency task group on gangs. This involved negotiations with the south east London housing partnership on their protocol, writing a local information sharing protocol, and presenting issues at a briefing in March 2012. The partnership explored the safety issues around children who are gang involved or fleeing gang activity. Working in line with guidance in the London Child Protection Procedure, the borough identified a lead on this area of safeguarding in the borough. Single points of contact for sharing information for key Bromley agencies were agreed and disseminated.

3.18 Looking ahead to 2013-14 the introduction of the local policing model will present



challenges as well as opportunities which BSCB will continue to monitor.

Integrated Offender Management

3.19 Bromley Metropolitan Police Service (MPS) are now working towards the full implementation of Integrated Offender Management (IOM), with the aim of reducing crime and re-offending, improving public confidence in the criminal justice system, tackling the social exclusion of offenders and their families. Considering cases across Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conference (MARAC) and Children's Social Care processes has helped to protect more young people from harm through co-ordinated multi agency work.

3.20 The final year figures for the MARAC (which considers domestic violence cases) were not available at the time of writing but for the twelve month period January 2012 to December 2012, there were 155 cases referred to MARAC compared with 148 for 2011-12. There were 247 (232 in 2011-12) children within the families referred.

3.21 MAPPA manages Registered Sex Offenders (RSO) and Potentially Dangerous Persons. A partnership of the Police, Prison Service and Probation are responsible for managing MAPPA with other agencies required to co-operate. Children's Social Care is now an established member of the monthly meetings. At the time of writing, the figures for 2012- 13 were not yet ratified. However, they are currently at around 150 RSOs compared to 144 in 2011-12.

Safeguarding in Schools

3.22 There are 95 schools in Bromley, 31 of them are academies. Of the 17 secondary schools, 16 are academies and 15 of the 74 primary schools are academies. The majority continue to maintain strong links with the

local authority. The Education Reference Group, which is chaired by the Assistant Director for Education at the local authority, meets quarterly and reports to the BSCB Quality Assurance and Performance Monitoring Committee. During 2012-13 the Lead Officer for Education Safeguarding has continued to offer support and training to schools in Bromley. Over the year the Lead Officer for Education Safeguarding delivered 44 single agency safeguarding training courses. In addition 69 designated teachers attended the Group 4/5 BSCB training which accounts for 72% of the attendees of this training.

3.23 In August 2012, BSCB endorsed a protocol for dealing with allegations of abuse of children made against professionals, staff members and volunteers in Bromley which was circulated to all schools. The protocol sets out a clear process for schools dealing with allegations. Guidance has also been issued to schools around the indicators of child sexual exploitation.

3.24 Between August 2012 and January 2013, a Safeguarding Audit in Bromley Schools was carried out and the Audit Report and Action Plan agreed by the Board. For the audit all Bromley schools were requested to complete a safeguarding audit tool with 88% of secondary schools, 74% of primary schools and 30% of independent schools taking part. The audit enabled schools to examine their practices and identify areas for improvement as well as providing BSCB with a picture of what is working well, good practice and areas to be developed. Schools that did not complete the safeguarding audit tool were written to by the Chair of the BSCB reminding them of their responsibilities.

3.25 Overall, the audit highlighted that the majority of schools take safeguarding very seriously with governors taking on board the importance of their safeguarding role. The status of schools is changing, and whilst the majority of academies fulfil all their safeguarding responsibilities and maintain strong links with the local authority, the



changing climate and status of schools does not take away, or diminish, safeguarding responsibilities. The Audit Report concluded that it is important that the local authority encourages all schools to maintain good relationships with them and to encourage the discussion of any concerns about pupils whether they meet given thresholds or not.

- 3.26 The Audit Report made a number of recommendations which were endorsed by BSCB and have formed a Schools Safeguarding Action Plan which will be taken forward and monitored by BSCB during 2013-14. The training available for designated teachers will also be reviewed in 2013-14 to ensure that designated teachers are able to access appropriate training.

Safeguarding in Health

- 3.27 Over the past year the NHS has undergone structural reforms, with changes both nationally and locally. These changes came into effect from 1st April 2013, although they had been operating in shadow form prior to this. Safeguarding children arrangements within the reformed system have been monitored throughout the transition to ensure no loss of expertise and capacity. Locally, the Clinical Commissioning Group (CCG), has taken responsibility for commissioning most local health services. The CCG holds responsibilities for safeguarding children similar to those held previously by the PCT. The Bromley CCG is co-terminous with the Local Authority and is working closely with the BSCB and the Health and Wellbeing Board. In addition to CCGs there are a number of other new NHS structures designed to commission, support and regulate the health system. One of these structures is NHS England, which is organised on a national and regional basis. NHS England is supporting CCGs, as well as commissioning some health services, including those providing primary care. NHS England London team has a director of nursing, who is responsible for supporting and providing assurance on safeguarding

children. Another of the NHS changes has seen local Public Health departments transferring into the local authority; public health now has responsibility for commissioning services such as “The Healthy Child Programme” and school health services.

- 3.28 Safeguarding arrangements are in place in all local NHS organisations, both commissioning and provider. Assurance data from providers is monitored via the CCG’s Safeguarding Children Commissioning Group, which is chaired by the CCG executive lead for safeguarding children. In addition designated professionals meet regularly with named professionals and executive leads for safeguarding children within provider organisations and attend the safeguarding committees of the main NHS providers, to provide challenge and support development.
- 3.29 Health organisations from within the NHS and private sector, working within Bromley, meet quarterly at the Local Safeguarding Children Health Forum. Following restructuring of the BSCB, this forum is now a formal reference group of the Board. The Forum is jointly chaired by the designated doctor and the designated nurse for Safeguarding Children in Bromley and brings together work and developments in safeguarding children across the Borough. The Forum reports to the Safeguarding Children Commissioning Group of the CCG as well as the Quality Assurance and Performance Monitoring group of the BSCB.
- 3.30 Strategic links to the BSCB are well developed with executive leads, designated and named professionals for safeguarding children regularly forming part of development and audit groups, as well as sitting on relevant committees. Health organisations are also represented within multi-agency forums across the borough including MARAC and MAPPA, domestic abuse forum and steering group, MASH steering and operational groups, CSE strategic group and multi-agency panel.



3.31 The designated nurse is continuing to lead a multi-agency group aimed at the development of work to ensure girls at risk of Female Genital Mutilation (FGM) are safeguarded within Bromley. The group has now implemented a detailed action plan which has facilitated; the roll out of training to front line staff including social care, health, Police and Education, the inclusion of FGM in a school nurse year 9 education programme, dissemination of resources, and inclusion of local community groups in raising awareness etc. The FGM group is continuing to meet at key times to coordinate information dissemination etc. During this year a health focused child sexual exploitation (CSE) work group has also been facilitated, this group has implemented an action plan including; development and roll out of training and dissemination of practice guidance. The group is now continuing to meet in order to support CSE leads from health organisations and is feeding into the work of the multi-agency CSE strategic group.

3.32 This year the programme of GP practice visits for updating on child protection has again been accompanied by a well-attended academic half day on safeguarding children. The academic half day this year included a focus on CSE. The Local Enhanced Service (additional contract requirement) for safeguarding children has been taken up by many of the GP practices across Bromley, helping to further embed good safeguarding arrangements within primary care. The contract supports the development of extended knowledge of the nominated practice lead for safeguarding children and supports good practice with recording, communication and policy etc. Safeguarding arrangements for other primary care providers are also in place; pharmacists received training in January 2013, a programme of training for dentists was completed in Sept 2012 and optometrists have been targeted with information.

3.33 The safeguarding team within Bromley Healthcare (BHC) has continued to evolve during this year with the substantive appointment of two specialist Health Visitors

to work in a job share arrangement with the MASH team. BHC has maintained high levels of safeguarding assurance including in training levels for front line staff, which have remained above target level throughout the year. BHC has implemented dissemination of a monthly safeguarding message within their newsletter, raising awareness of current issues to the whole staff group. Supervision rates for case load holders remain at target levels (98% health visitors and 100% school nurses, March 13) and supervision for non caseload holders is now increasing. A programme of audit has been implemented during the year, this included an audit within out of hours settings that showed evidence of appropriate practice in response to safeguarding concerns. Public health is supporting an additional contract under Commissioning for Quality and Innovation (CQUIN) for BHC to implement a school nursing service, for school age children out of education, in the year ahead.

3.34 During this year, Oxleas NHS Foundation Trust, has introduced a safeguarding children data collection system, with the support of an additional contract under CQUIN commissioned by the CCG. The new data collection system has resulted in the collection of accurate activity and quality data which is reported on a scorecard to the CCG as well as the internal Oxleas Safeguarding Children Committee. Oxleas has also worked hard this year to increase the number of staff undertaking "Level 3" training in line with the Intercollegiate Document (2010), for safeguarding children competencies within health. Oxleas has trained large numbers of staff moving from 66% compliance with level 3 in March 2012 to 88% (target 80%), by December 2012. Oxleas has implemented a programme of audit, including a CAMHS audit which has resulted in significant improvements in supervision of child protection cases.

3.35 During this year South London Healthcare Trust (SLHT) has continued to embed the maternity cause for concern and psycho social meetings as effective multi-agency forums for sharing information in cases



where children are vulnerable. Similarly to Oxleas, SLHT has been challenged to train large numbers of staff to “Level 3”, in order to comply with the requirements of the Intercollegiate Document. SLHT has achieved an increase from 59% compliance with level 3 in March 2012 to 81% (target 80%), by December 2012. It is of note that following a Deanery survey among junior doctors, the Princess Royal University Hospital site came top for quality of Safeguarding training this year. SLHT is undergoing change following the Trust Special Administrator (TSA) recommendations, this will result in Bromley acute health services being delivered by a different provider, the preferred option being Kings College Hospital NHS Foundation Trust.

Safeguarding in the Voluntary Sector

3.36 The introduction of the concept of the ‘Big Society’ and increasing involvement of the third sector in the delivery of services in relation to families; partnership working with statutory and private sector organisations; alongside community based projects and activities for children and young people, has led to the need for appropriate actions at a local level. It is also apparent that there is a large network of voluntary sector organisations in the borough who are working with children, young people and their families.

3.37 Over the past year, BSCB has evolved and restructured to enable a much better understanding about the extent of this work, how it can interact effectively with statutory responsibilities and also, the level of consistency in relation to the adoption of child safeguarding standards.

3.38 The London Roundtable on Safeguarding and the Role of the Voluntary Sector was a document produced following a number of regional events addressing this theme, in March 2011. This paper explored and reviewed the engagement and level of involvement of the voluntary sector in relation to safeguarding across the country, with a

view to determining examples of good practice (and its dissemination), any specific areas of concern, local and regional issues, along with priorities for the future. It was established that there is a disparate approach to partnership and safeguarding, but it established that there was a clear responsibility to ensure inclusion of safeguarding principles in the work of voluntary/community organisations. This was aligned with a general acceptance that the reliance on the voluntary sector will increase within local authorities as budget cuts impact further on services previously provided by them.

3.39 In direct response to this and the recognition of good practice in other boroughs, BSCB responded positively to the recommendations and sought to ensure the full involvement of the voluntary sector in Bromley safeguarding activities. The voluntary sector has therefore been represented at Board level by an executive member of the Children and Families Voluntary Sector Forum. Membership of this body at BSCB Board level enables Board access to over 270 member organisations providing services and/or support to children and families across the borough. It has also provided a conduit for communication between the borough and these organisations through the media structure that the Children and Families Voluntary Sector Forum has in place such as weekly newsletters, open forums, workplace development schemes and direct training programmes. As a consequence, all organisations receive consistent information and assistance in relation to their own responsibilities in terms of not only safeguarding children but also volunteers and employees in their work with children and young people. They are also able to network effectively, share new developments, good practice and much more focused partnership working. It has also enabled much stronger connections between voluntary and statutory agencies towards cohesive multi-agency solutions to safeguarding issues.

3.40 The Children and Families Voluntary Sector



Forum has therefore been able to assist BSCB in undertaking a comprehensive audit of safeguarding measures, policies, procedures and training needs using the Safe Network guidelines. It has also enabled appropriate development of training plans and training sessions to help voluntary sector organisations at all levels to implement consistent approaches to child safeguarding amongst all partners across the borough.

- 3.41 It is intended that for the coming year, there will be an even stronger focus on ensuring the involvement of the voluntary sector as an equal partner in developing robust and innovative models for tackling child safeguarding in Bromley. It is hoped that by bringing together the vast range of specialisms, skills and experience, the voluntary sector can continue to reduce harm and raise awareness regarding the broad spectrum of risk factors that it confronts on a daily basis.

Children's Social Care

Actions from the Inspection

- 3.42 Immediately following Bromley's Safeguarding and Child Protection Inspection in July 2012, an action plan was developed to cover all of the recommendations made by Ofsted which was then incorporated into the Children's Social Care Improvement Plan. A number of actions were taken immediately including a detailed audit of 20% of cases led by the Quality Assurance Unit.
- 3.43 Further actions to be taken within three months of the inspection included a remodelling of child protection services (for further information see Child Protection Conferences below). In addition a specific programme of improving intervention skills for social workers was started in May 2012, with the training of a cohort of safeguarding social workers in the assessment of disorganised attachment and maltreatment (ADAM). This training explicitly looks at enhancing social workers direct work skills with children and young people and gives a

better method of assessing the risks and experience of the child's life.

- 3.44 Finally, a number of actions were implemented within six months of the inspection which includes the development of a new performance management framework which includes measures around the quality of service provided. As part of Bromley ensuring that the voice of children and young people is heard, arrangements for an advocacy service have been put into place (for further information see Child Protection Conferences below).

Early Help

- 3.45 Two children's centres in Bromley were inspected during 2012-13 and both were graded good with outstanding features meaning all six operational children's centres in Bromley have been graded as good or good with outstanding features by Ofsted. Between 2011 and 2012 there has been an increase in the number of unique users of children's centres from 16,000 to 60,000. Average footfall has also increased from an average of 5,000 visits a month to 7,000 visits a month. In addition, a new staffing structure has been developed to allow longer opening hours including weekends to increase accessibility.
- 3.46 The Tackling Troubled Families programme achieved its outcomes for Year one in 2012-13 by working with 163 families and has succeeded in a bid for funding for Year two based on working with 245 families. The programme works by assigning a dedicated worker to engage with a whole family on all of its problems, such as ensuring that the children attend school, appointments are met and appropriate services are accessed. As part of this innovative new programme, the Bromley Children Project has appointed four family support and parenting practitioners and two further posts will be created in 2013-14.



Multi Agency Support Hub (MASH)

3.47 The Multi Agency Support Hub (MASH) is a multi-agency team of professionals from core agencies who will be co-located in one office from 2013. The aim of MASH is to facilitate early, better quality information sharing, analysis and decision making in order to more effectively safeguard vulnerable children and young people. Agencies involved in MASH will include Children's Social Care, Police, Health, Education, Probation, Housing and Youth Services.

3.48 The MASH team are now sitting with the Referral and Assessment Team following the move of Children's Social Care Staff to the Civic Centre site. MASH Steering and Operational groups are in place and made up of agencies who contribute to the MASH process and systems. The part time health safeguarding role has now been increased to full time and co-located with the MASH team. It is planned that colleagues from the police Public Protection Desk will co-locate at the Civic Centre in July 2013 following installation of IT equipment. The CAF team will be spending part of the week with the MASH team to help coordinate referrals where it is thought early intervention support managed through the CAF process would be suitable.

3.49 LB Bromley has purchased MASH Protects, an IT solution from OLM that helps manage cases referred to MASH and ensure multi agency decisions are made in children's best interests. It involves gathering information and views from key professionals in order to assess risk and ensure relevant information is appropriately shared.

3.50 Where MASH teams are already operating, early evaluations have shown that it has led to improved information sharing, earlier decision making and improved assessments of risk faced by children and young people. During 2013-14, BSCB plan to hold a number of multi agency workshops to promote the

new shorter CAF form and to promote the work of the MASH team.

Domestic Violence and Perpetrator Programme

3.51 After identifying perpetrator provision as a gap in domestic abuse services in Bromley, a pilot perpetrator programme was commissioned to run from April 2012 to June 2012. The programme delivers a twelve week group course for men, up to 20 individual counselling sessions for each man, a support group for the ex-/ partners of the men attending, up to 20 individual counselling session for each woman and provided a support worker for women who required individual support. Twelve men were part of the pilot programme.

3.52 Funding has now been secured to deliver the perpetrator programme on a rolling 24 week basis in partnership with the London Borough of Lewisham for 2013-14 with a target of a minimum of 100 referrals.

3.53 Both perpetrators and victims taking part in the pilot of the programme evaluated it highly. After completing the programme, both men and women reported a behaviour change and believed they possessed the tools to sustain this behaviour.

Child Protection Conferences

3.54 During 2012-13 the Board approved the piloting of the Strengthening Families Model of child protection conferences to improve engagement of families and enhance the focus on improved outcomes for children. The pilot was introduced in August 2012 for all initial conferences and the subsequent review conferences. Four multi-agency briefings were held attended by over 180 people from a range of sectors as well as two day training sessions. An independent evaluation was commissioned, and following a successful pilot, the Board agreed that



from April 2013 all child protection conferences will be chaired using the Strengthening Families Framework.

- 3.55 In order to evaluate the impact of the introduction of the Strengthening Families Framework and how this has improved outcomes for young people, the Independent Evaluation will be continued from August 2013. The Board will continue to monitor this during 2013-14.
- 3.56 Following the Ofsted inspection of child protection arrangements in July 2012, where inspectors identified the participation and attendance of children and young people at conferences as an area of improvement, BSCB has overseen the introduction of a new policy to increase the participation of young people in child protection conferences. Young people who had been subject to a child protection plan were consulted in the development of the policy, and from February 2013, all young people aged 12 and over were invited to participate in their child protection conference. Young people are offered the choice of either attending the conference in person, with the support of an advocate if they wish, or having their views conveyed to the conference through an advocate.
- 3.57 BSCB believes that young people should have the opportunity to contribute to the decision making, and their attendance at child protection conferences will contribute to the professionals' understanding of the situation from the young person's perspective. BSCB will be monitoring the number of young people who participate in their conferences and the impact of the policy during 2013-14.
- 3.58 Initial feedback suggests that young people are keen to take up the advocacy support and more of them are regularly attending case conferences.

Care Proceedings and Court Pilot

- 3.59 The average length of care proceedings in Bromley reduced from 63 weeks in 2011-12 to 51 weeks in 2012-13. Bromley is part of a court pilot project which commenced in February 2013 with the aim of improving the quality of assessments for court and completing care proceedings within 26 weeks.
- 3.60 The pilot involves a new way of working between the local authority, family court judges and Cafcass, in which the councils' social workers agree to deliver their assessments promptly to a set standard, and judges place the child's timescales at the heart of their decision making. Indications from the first pilot authorities show a dramatic reduction in the duration of care proceedings from a previous average of 58 weeks to just 26 weeks.

Safeguarding Looked After Children

- 3.61 This year BSCB has focused on safeguarding arrangements for looked after children requesting agencies to report their safeguarding arrangements to the Board. The Quality Assurance and Performance Monitoring Committee also regularly reviews data on looked after children as part of the quarterly dataset including the numbers of children in care, type of placement and numbers of children placed out of borough.
- 3.62 In November 2012, the Board scrutinised the Annual Report of the Independent Reviewing Officer (IRO) service for Bromley's looked after children for 2011-12. The Board were satisfied with the IRO service in place and that the service provides sufficient challenge through use of the escalation process. The Board supported the plans for future development of the service to concentrate on putting the child at the centre of the process to include working with the Living in Care Council and providing training to social work teams.



3.63 A number of reports were considered by the Board in both November 2012 and February 2013 including reports from Children's Social Care, Health and two reports from the Bromley Youth Support Programme on safeguarding children and young people in custody and safeguarding young people placed within Bromley who are known to the Youth Offending Team (YOT). This included reviewing the requirements included as part of the Legal Aid Sentencing and Punishment of Offenders Act 2012 (LASPOA). The LASPOA means all young people remanded to custody will become looked after which whilst improving access to support for a very vulnerable group of young people will also place an increased pressure on the capacity of the local authority. The Board were satisfied that the arrangements in place to monitor and safeguard this very vulnerable group of young people were sufficient.

3.64 As part of the report on safeguarding young people placed within the borough who are known to YOT, the Board considered the number of young people placed in Bromley by other local authorities that the YOT is supervising and the safeguarding and care management arrangements for this group. The Board were satisfied with the transfer and care taking processes in place for this group of young people but requested a further report in 2013 reviewing current practice against the standards in the HM Inspectorate of Probation thematic report on looked after children.

3.65 As part of the Children's Social Care report, the Board considered the new inspection framework for services to looked after children and care leavers and the Board scrutinised the arrangements in place. Concerns were raised around the accuracy of the numbers of children and young people placed in Bromley by other local authorities and Children's Social Care have agreed to review this information with other local authorities. The report highlighted that almost half of all Bromley looked after children and young people are placed outside the borough boundary and concerns were

raised about access for these children to services such as CAMHS. A recent audit on looked after children showed no apparent difference in accessing services and the Board were satisfied that the IROs continue to check this when carrying out reviews. During 2013-14, the Board will continue to monitor the safeguarding arrangements for looked after children in Bromley to ensure that their life chances are what should be expected for any child living safely with their families.

Adoption

3.66 Alongside a sharp national increase in the number of children adopted the number of children adopted has increased from 10 in 2011-12 to 17 in 2012-13. The national increase in adoptions for the year has been 10% but in Bromley the increase has been 70%.

3.67 Bromley initiated a close look at its adoption process in order to drive up improvements and to ensure that children where adoption is the permanent plan are matched and placed without delay to ensure the best outcomes for them. As a result, the average length of time between a child entering care and moving in with its adoptive family has reduced from a three year average of 804 days between 2008-11 to 639 between 2010-13.

3.68 Bromley Children's Social Care will endeavour to recruit more adopters and find loving homes swiftly for more children over the next year and from July 2013, there will be a target to find an adoptive placement within six months.



Section 4: Quality Assurance and Performance Monitoring

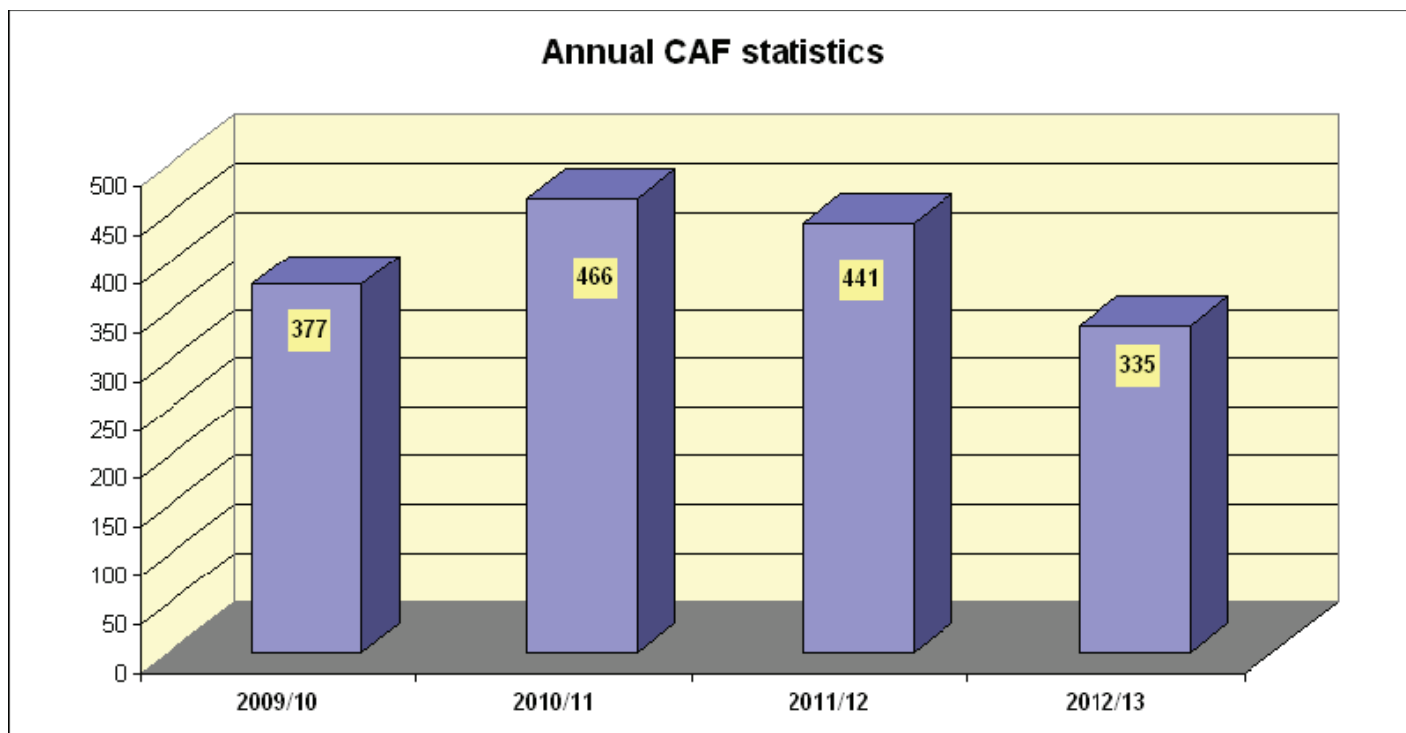
MONITORING

- 4.1 In Bromley, partners acknowledge the importance of regularly reviewing multi-agency information on safeguarding as an essential element of holding agencies to account. A quarterly dataset is produced to support this role. It focuses on the core areas of child protection and the information can identify the need for improvements in service or for enhanced joint work to minimise safeguarding risks. Explored in detail, the dataset enables the BSCB to provide a narrative about safeguarding arrangements locally. For the last two years, the BSCB has also monitored data in respect of early intervention services.
- 4.2 Scrutiny of the data on allegations against professionals over the year identified the need to be able to distinguish between allegations against professionals working in schools and those working in the early year's profession. Over the year, the Local Authority Designated Officer (LADO) Service has developed its reporting to enable this data to be reported to the BSCB. In addition, the need for improved data around missing children has been identified and is being developed by a small working group.
- 4.3 In March 2013, the BSCB agreed a new dataset based on the new Performance Information Framework issued by the Government in June 2012. Some of the performance data is not currently collected but will be reported for the first time in 2013-14. The BSCB has also agreed local data that will also be monitored in addition to the national data, and this local data will be reviewed regularly to ensure the content of the data set is as comprehensive as possible in providing a picture of the impact of interventions on the lives of children and their families.
- 4.4 The new dataset is part of the Performance Management and Improvement Framework which has been developed this year for introduction during 2013-14. Further information about the new framework is available in Section 3.
- 4.5 Within Bromley, the Common Assessment Framework (CAF) is intended to be used as a holistic assessment of need, leading to a co-ordinated provision of services, involving a Lead Professional and Team Around the Child approach where appropriate. Numbers of completed CAFs and numbers escalated to Children's Social Care are reviewed regularly

Prevention and Early Intervention Services



Figure 4 – Annual CAF Statistics



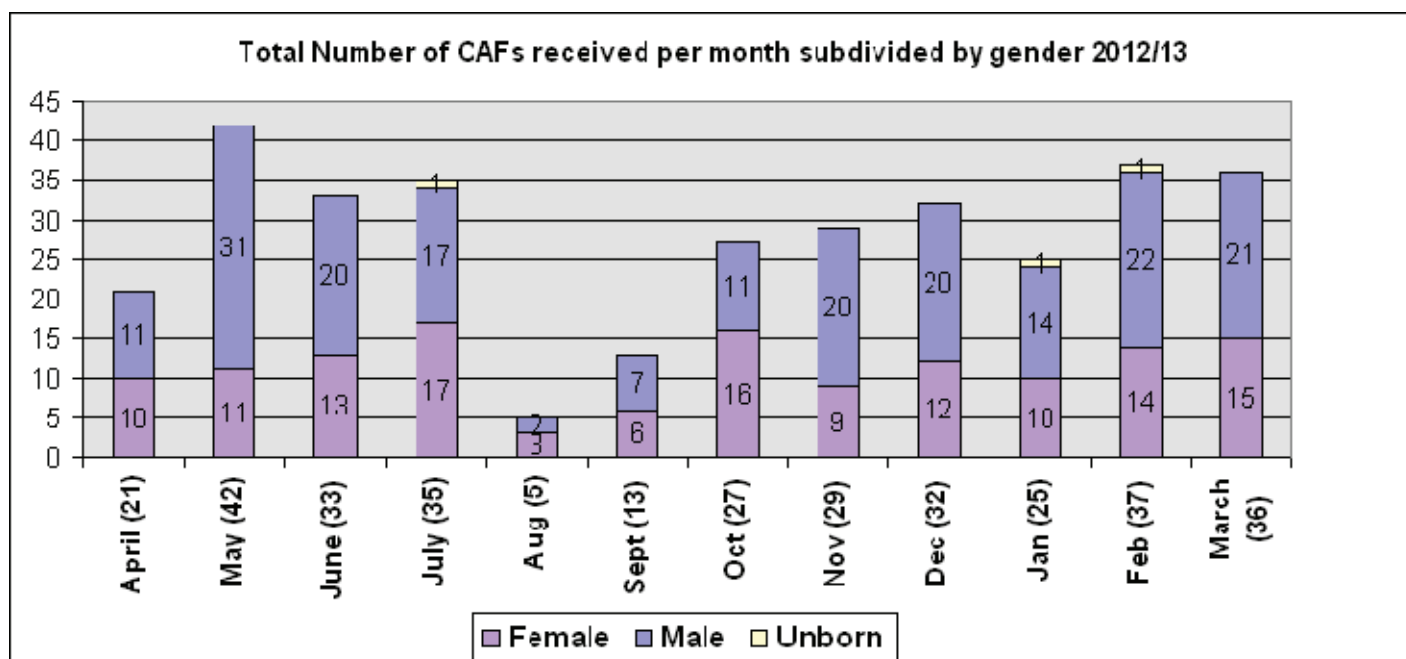
by the Quality Assurance & Performance Monitoring Committee as part of the quarterly dataset. Annually, the Board considers the overall pattern of performance on CAFs and scrutinises the CAF Annual Report.

Inspectors also noted that ‘Team around the child (TAC) meetings ensure that young people’s voices on an individual basis are well represented. Effective communication and collaborative working between agencies is evident in most cases and this leads to well coordinated services to support children and young people.’

4.6 The Ofsted inspection into the arrangements for the protection of children in Bromley in July 2012 found that ‘the common assessment framework (CAF) works well and partners are increasingly confident in its use.

4.7 The total number of CAFs for 2012/13 has been 335. This represents a drop in CAF

Figure 5 - CAFs received per month and gender





figures compared to previous years. The chart below gives the annual CAF statistics over the past four years.

4.8 As can be seen from the statistics there has been a significant drop in CAF numbers in 2012/13. In order to better understand the drop in CAF numbers, particularly from schools, the CAF Team have undertaken a targeted piece of work. This has focussed on schools that were completing a high number of CAFs but have reduced their output and

schools who have completed few or no CAFs but are located in areas of deprivation.

4.9 It has been identified that the fall in CAFs is partly due to staffing issues, in particular in schools where the Family Worker role has been deleted. In addition, some schools see themselves as education providers first and foremost and have acknowledged that they will act only on the most significant welfare issues. Another barrier highlighted is the time it takes to complete a CAF.

Figure 6 - Number of CAFs received via age range

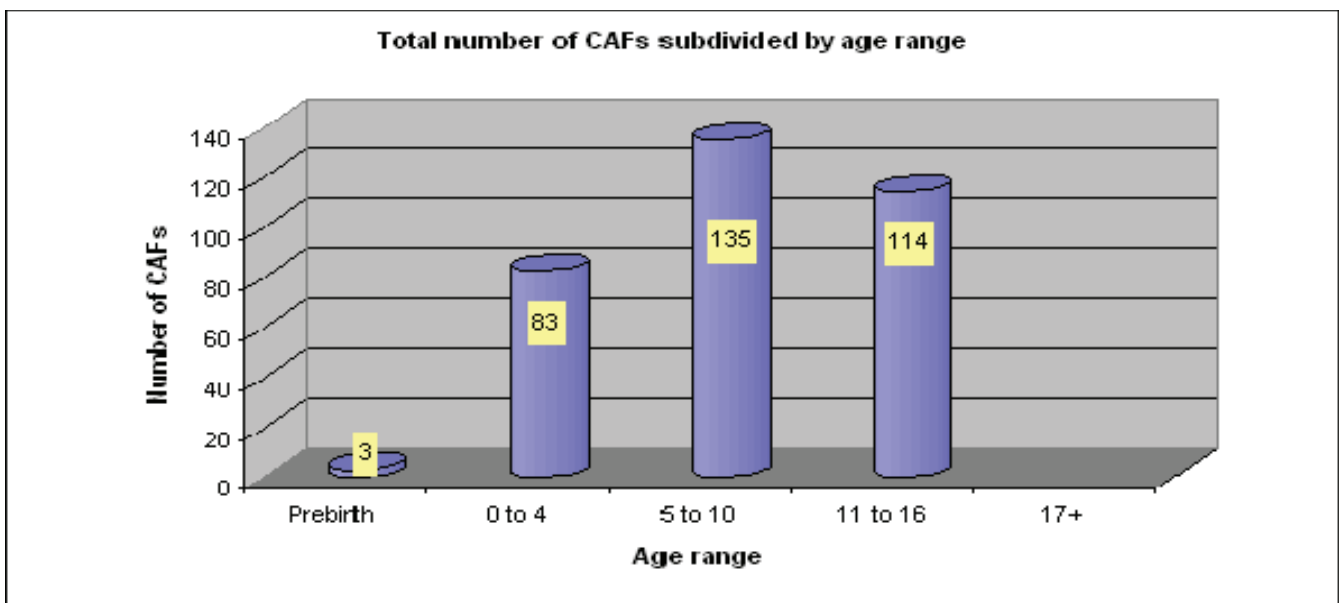


Figure 7 - Primary reason for CAF completion

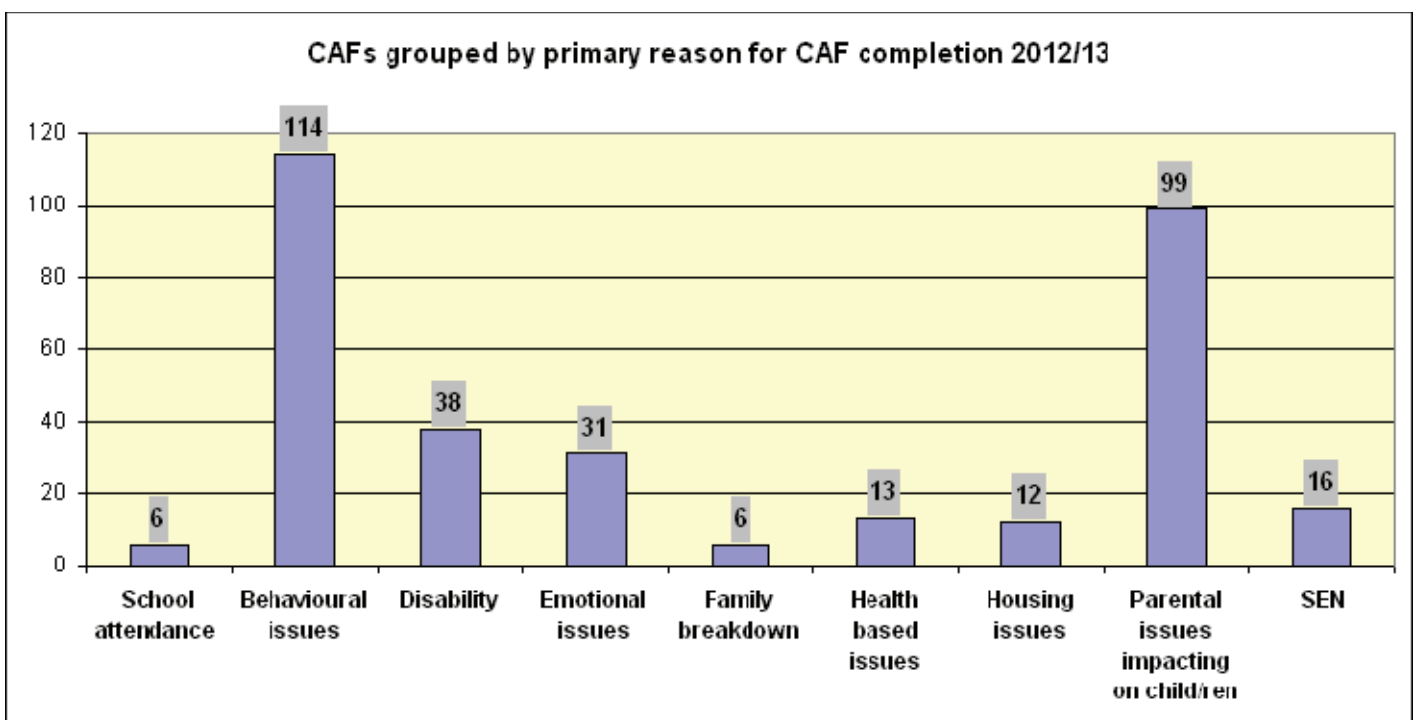
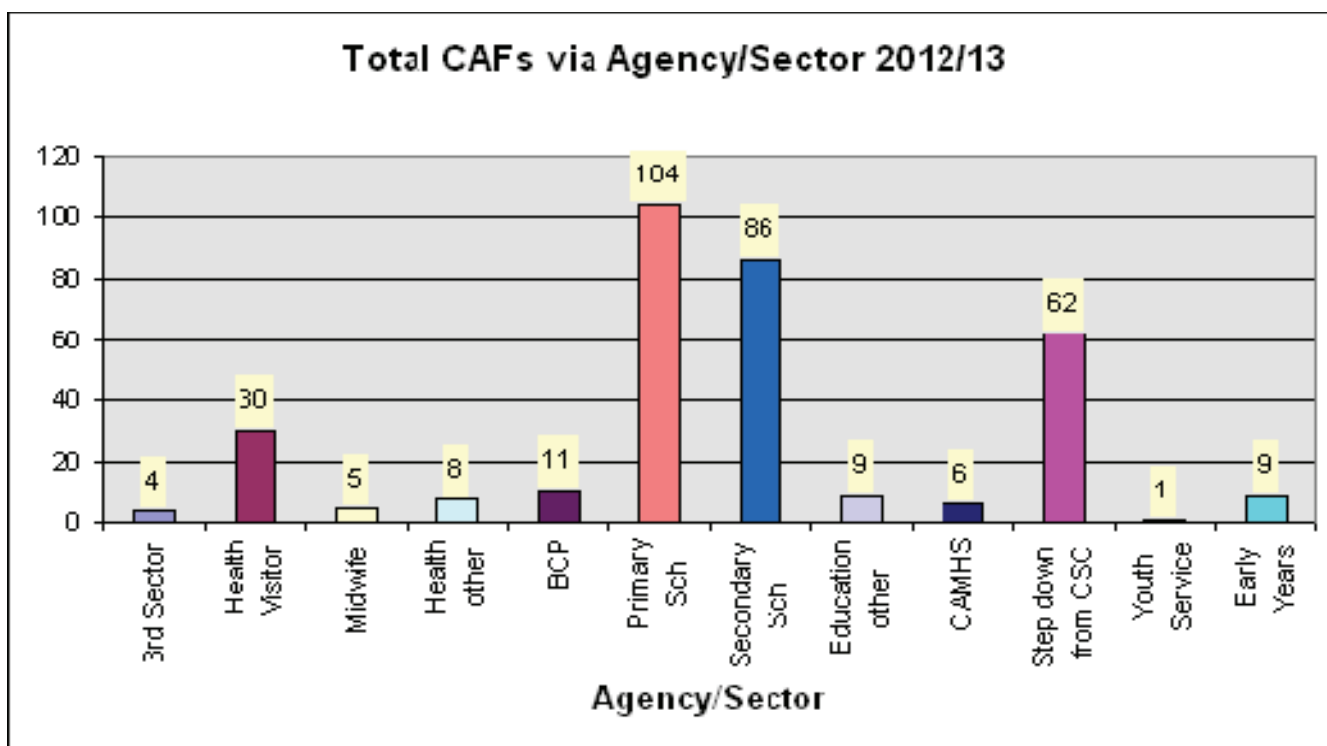




Figure 8 – Agencies completing CAFs



4.10 It is anticipated that the launch of the new CAF form will have a positive impact on CAF numbers and a launch event hosted by BSCB will reinforce the CAF agenda. During 2013-14 the CAF team will continue to meet with schools and work closely with the Lead Officer for Education Safeguarding to reinforce the need for schools to complete CAFs.

4.11 The demographics for Bromley indicate that males, by and large, tend to outnumber females by a small degree across the age ranges of 0-24, but a projected population structure for 2013 shows a fairly balanced split for male to female. Since CAF implementation there has been a constant trend within the CAF figures showing a disproportionate number of males having CAFs. In 2012/13 196 males have CAFs versus 136 females.

4.12 Despite drop in CAF numbers in 2012/13 there has been a small increase in CAFs in the 0-4 age range with 78 in 2011/12 compared to 83 in 2012/13. This is encouraging in terms of the CAF process picking up needs at an early stage in a child's life.

4.13 As can be seen the main category for CAF completion is due to the child/young person displaying behavioural issues, for example, aggression, disruptive behaviour within school, drinking/drug use, etc. The second highest category is parental issues impacting on the child for example, neglect, parental conflict, mental health issues, etc.

4.14 Agencies/ services completing a CAF are set out below. There has been an increase in cases being stepped down to CAF level support after Children's Social Care involvement; 62 cases in 2012/13 compared to 41 in 2011/12. There has also been minimal CAF activity from either the Targeted Youth Support Service or the Youth Offending Team (YOT). This is being followed up by the CAF team.

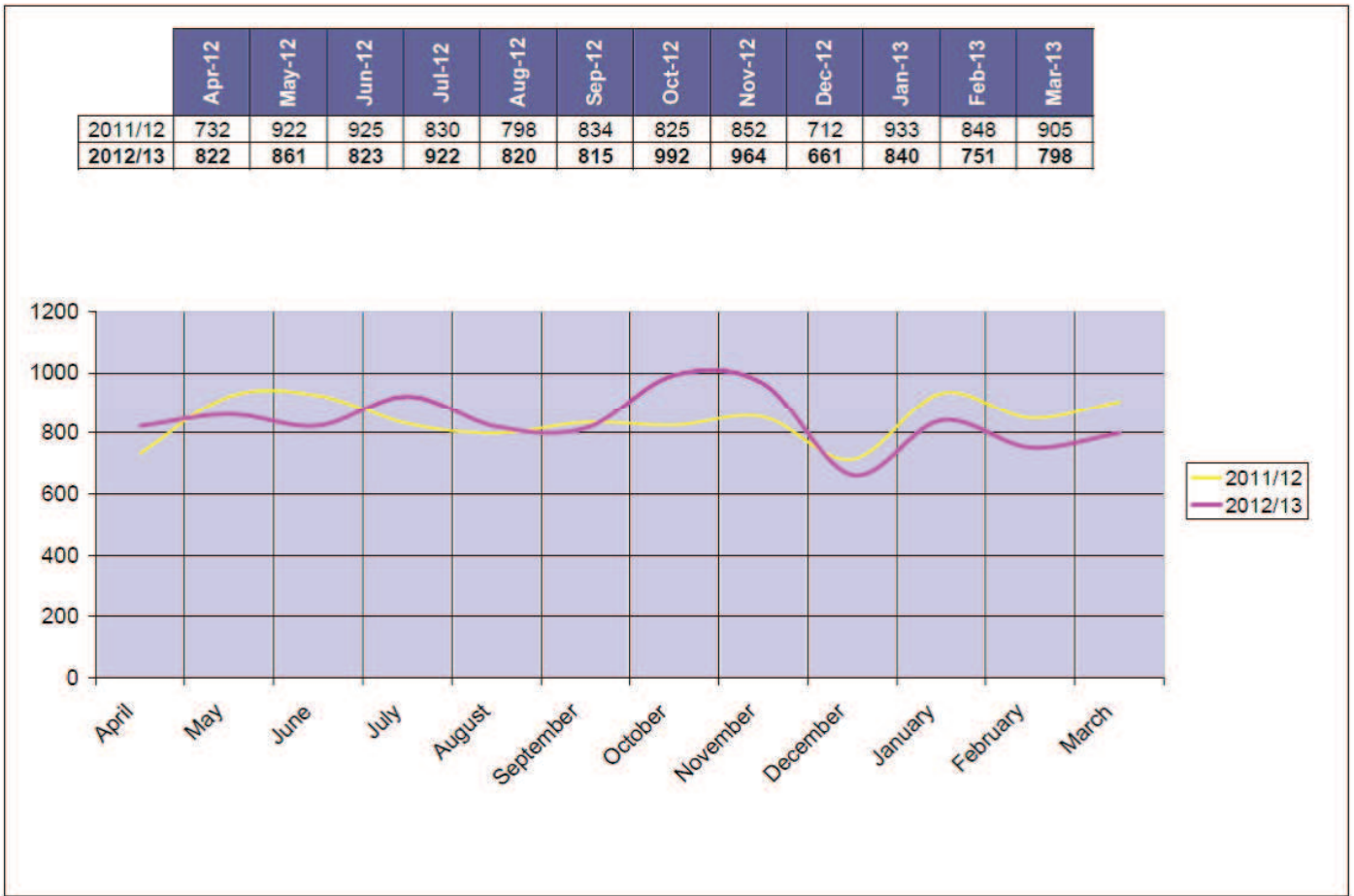
Performance Patterns in Child Protection

4.15 Figure 9 below shows the number of initial contacts made over both 2012/13 and 2011/12. There were 10,069 contacts made in 2012/13 which is slightly less than the 10,132 in 2011/12. Just under 50% of these contacts went through the Multi Agency Support Hub (MASH). 20% of the initial contacts during 2012-13 were referred for an



Figure 9 – Initial Contacts per month

Figures as at each month



initial assessment.

4.16 Over a four year period from April 2009 the overall number of referrals for an initial assessment are levelling off but the current number of referrals is still higher than they were pre-2009. The percentage of initial and core assessments completed within timescales vastly improved in 2012-13 and is higher than statistical neighbours and the London average. 89.8% of initial assessments were completed within timescales compared to 78.6% in 2011-12 and the national average of 77.5%. 81.5% of core assessments were completed within timescales compared with 71.2% in 2011-12 and the national average of 75.5%.

4.17 The number of children subject to a Child Protection Plan in March 2013 was 177 compared with 188 at March 2012 and overall over a four year period from 2009, the

number is decreasing slowly. Figure 12 however, shows that the numbers peaked at 207 children subject to a Child Protection Plan in January 2013. It is important therefore that the BSCB regularly reviews these figures.

4.18 In previous years the BSCB has noted that a high proportion of children subject to a Child Protection Plan are of black and minority ethnic (BME) origin, which contrasts with local population data. Work to address this issue has seen a steady decrease from 38% at the end of 2011/12 to 32% at March 2013. BSCB will continue to monitor this.

4.19 The number of Bromley looked after children has been steadily increasing since April 2009, however the number peaked at over 300 in August and November 2012. In March 2013, there were 286 Bromley looked after children.



Figure 10 – Initial Contact Outcomes

Initial Contact Outcomes

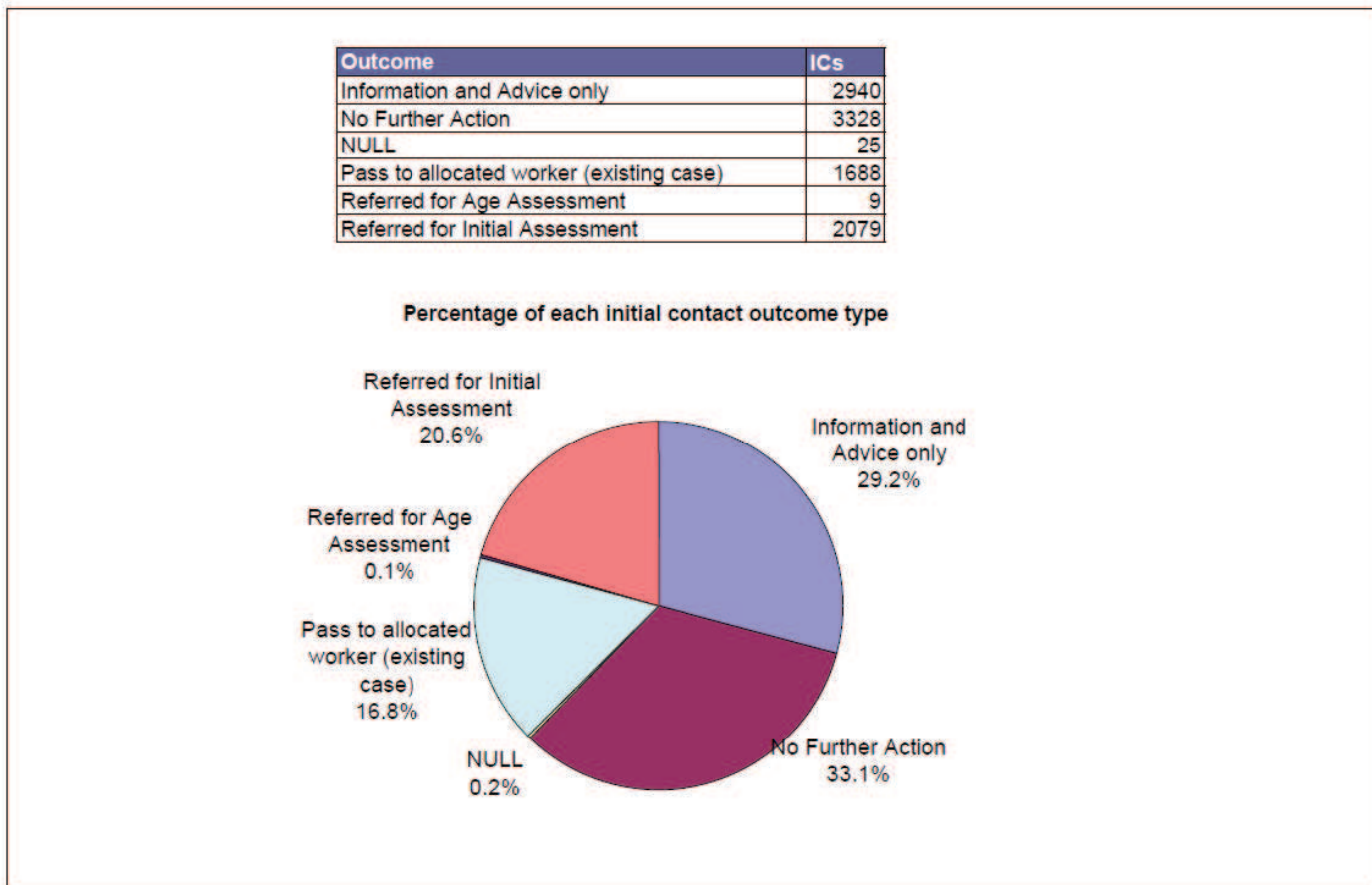


Figure 11 – Referrals per month

Graph showing the monthly number of referrals to CYP since April 2009

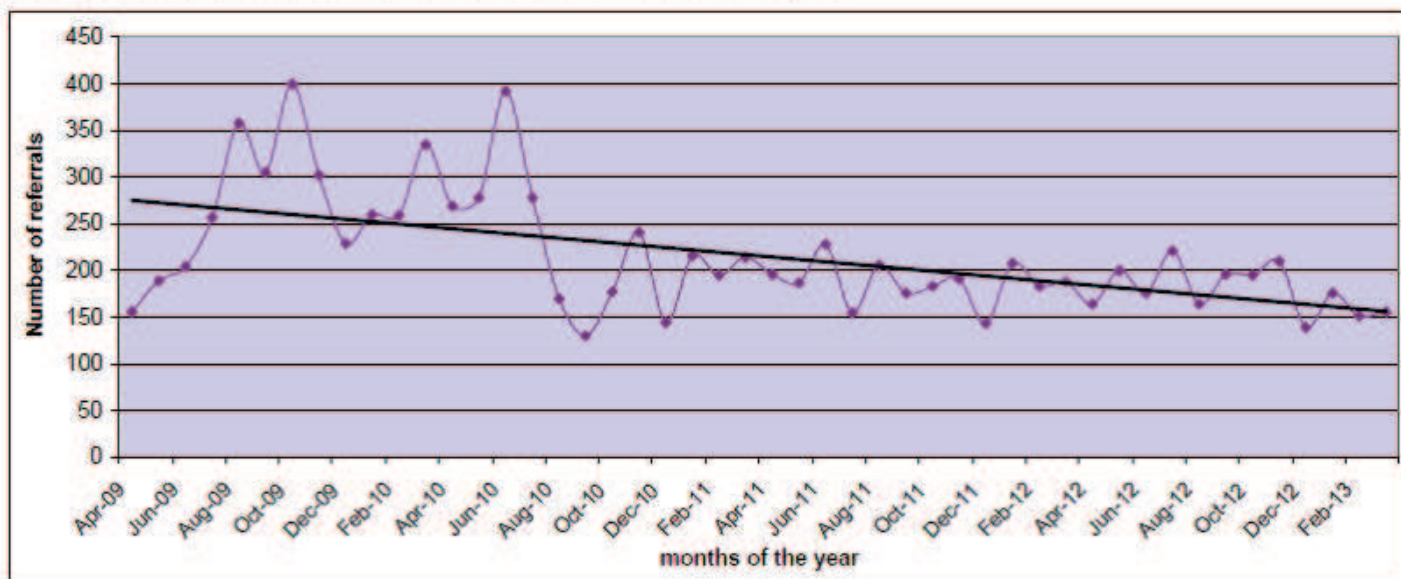




Figure 12 – Children subject to a child protection plan

Graph showing the number of children subject to a child protection plan each month since April 2009

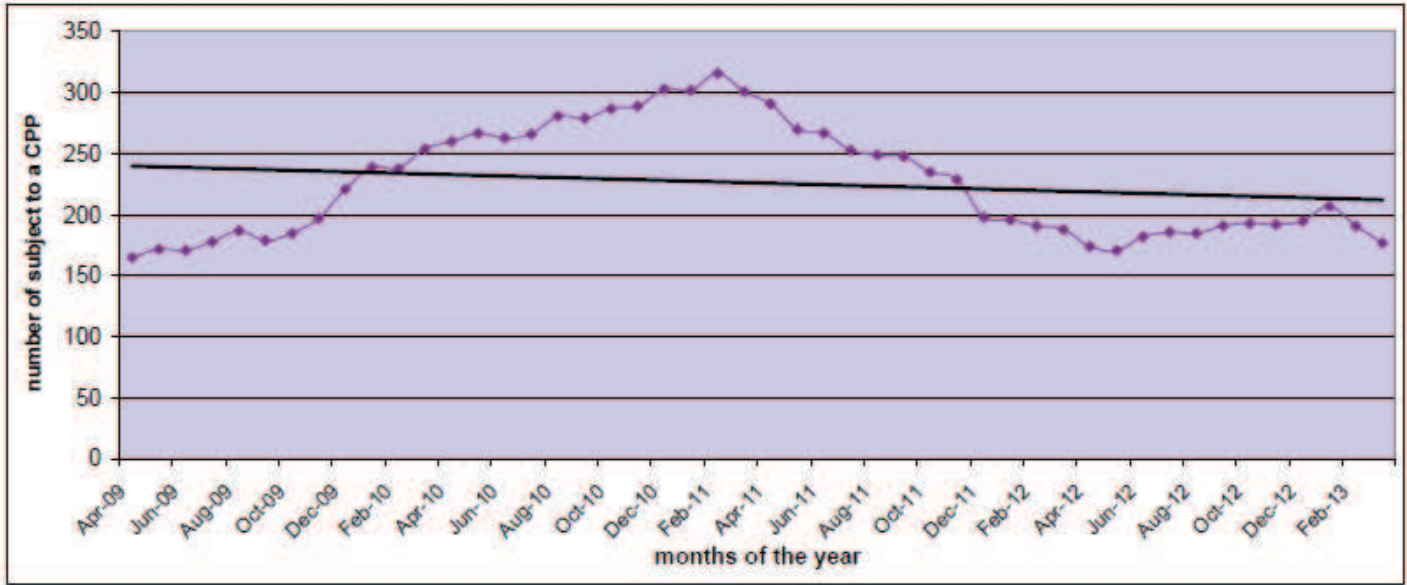


Figure 13 – Category of abuse for children subject to a child protection plan at March 2013

N12 - Current CP population by category of abuse

| Category of Abuse | Number of Children |
|---|--------------------|
| Emotional abuse | 44 |
| Neglect | 79 |
| Neglect and Emotional abuse | 1 |
| Physical abuse | 6 |
| Physical abuse and Neglect | 1 |
| Physical and Emotional abuse | 37 |
| Physical, Emotional abuse and Neglect | 0 |
| Sexual abuse | 1 |
| Sexual abuse and Neglect | 3 |
| Sexual and Emotional Abuse | 0 |
| Sexual and Physical Abuse | 2 |
| Sexual, Physical, Emotional abuse and Neglect | 3 |
| Total | 177 |



Figure 14 – Age and Ethnicity of children subject to a child protection plan

Age range of all new CPP cases since 1/4/12

Current CP Ethnicity

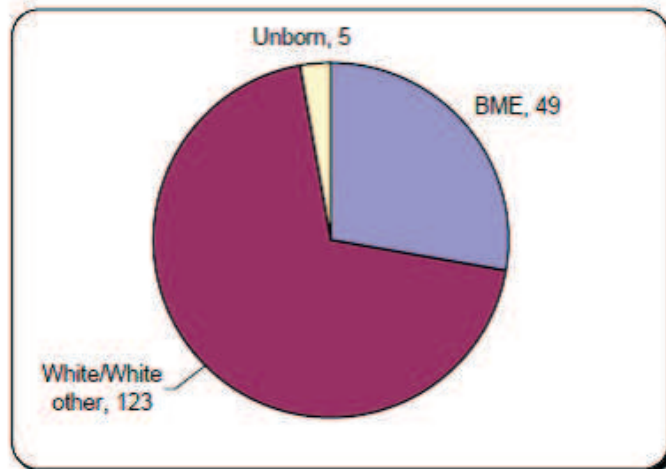
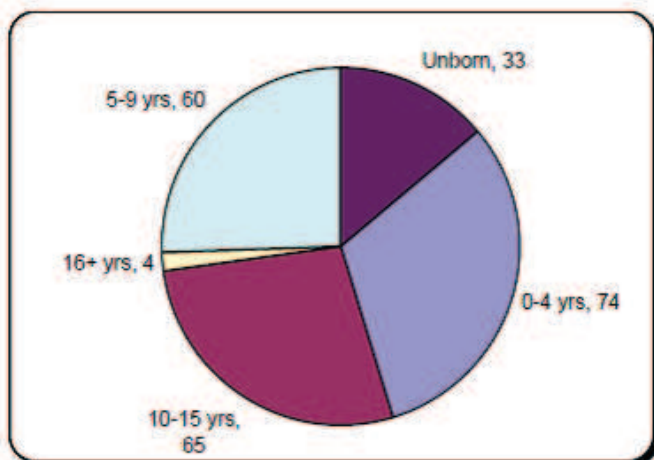
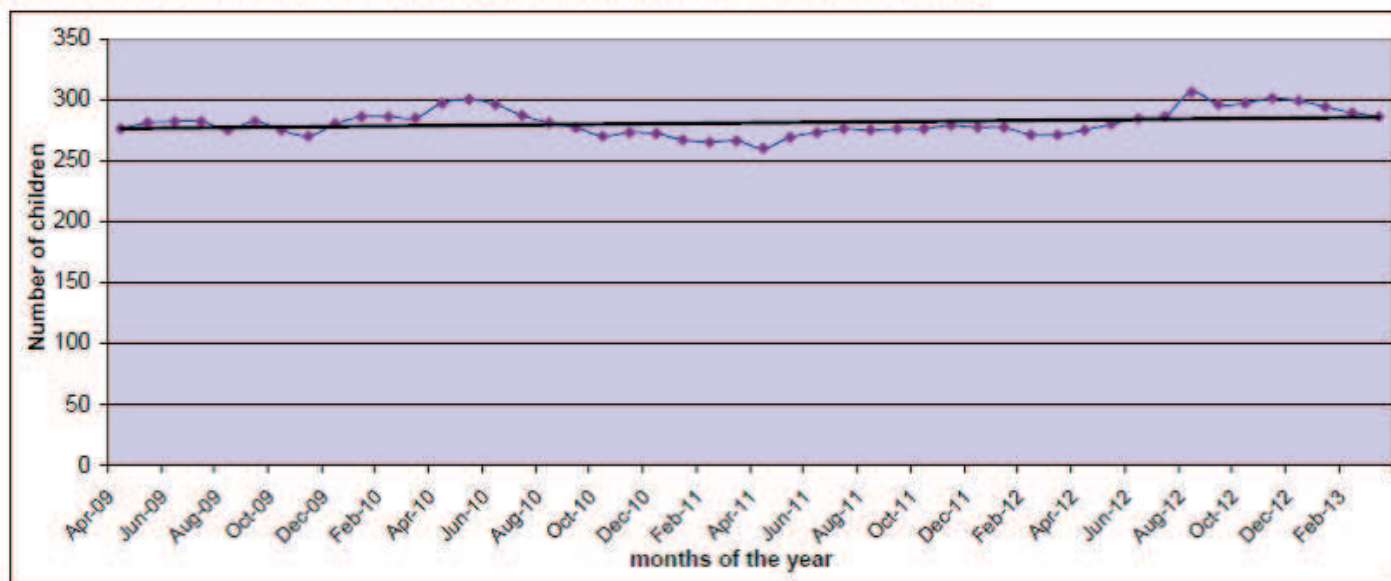


Figure 15 – Number of looked after children

Graph showing the number of children looked after in each month since April 2009





Allegations Against Professionals

- 4.20 There are occasions when a child protection allegation is made against a professional working with children within the borough. These allegations are reported to the Local Authority Designated Officer (LADO) who ensures that any allegations are investigated promptly and appropriately. The LADO ensures that a record is kept of how the allegation was followed up, the decisions reached, the action taken and the final outcome.
- 4.21 There were 88 allegations in total referred to the LADO service during 2012-13, this compares to 86 for the same period in 2011-12. Overall, since 2009 there has been an increase in the number of referrals of allegations from 58 in 2009 to 88 in 2012. It is thought this increase is due to an improved awareness amongst staff of the procedures to be followed when a safeguarding allegation is made. 46% of the referrals in 2012-13 relate to education staff, which has decreased by over 10% from last year. This decrease may be as a result of 31 of the 95 schools in Bromley having converted to academy status or as a result of the safer recruitment training having resulted in a decrease in the appointments of staff unsuitable to work with children. Looking ahead to 2013-14, one of the priorities will be to monitor the possible impact of academy status on reporting of allegations.
- 4.22 One health setting within the borough has continued to generate a number of reports. The LADO has continued to liaise with the Care Quality Commission over the year and the Designated Nurse for Safeguarding has offered support to the setting through monthly safeguarding meetings. This has been monitored by the Quality Assurance and Performance Monitoring Committee.

Children who Died

- 4.23 The number of children who die in Bromley varies each year but is reducing overall. This year there were 15 Bromley children who died in the period April 2012 – March 2013. The Child Death Overview Panel continues to analyse the information for each child and

reports its findings to the BSCB Board.

- 4.24 Each child's death is a tragedy for each family, which we cannot forget. BSCB partners use the learning from unexpected deaths to provide advice to parents and to identify whether any changes to service provision can improve life chances. This is difficult as the number of deaths in Bromley is small.
- 4.25 The number of child deaths in 2012-13 is higher than 2011-12 when there were 8 deaths, but overall the numbers are decreasing as there were 19 deaths in 2010-11 and 23 deaths in 2009-10. Because the number of deaths in Bromley is small, there is some variability year to year.
- 4.26 Eight of the deaths were male and seven were female. Seven of the deaths were expected deaths in terminally ill children. Six of the deaths were in babies less than a month old, generally due to congenital conditions or complications due to prematurity.

Profile and take up of Interagency Training

- 4.27 The BSCB evaluates all its training courses at the end of each session. This enables the Training Sub-committee to enhance and develop the training programme or address any concerns with training or trainees. Overall, the evaluation for the training courses in 2012-13 found that the training provided was of a high standard which was useful and relevant to the needs of those working with children and young people in Bromley.
- 4.28 Delegate feedback included that the training had:
- Enabled them to feel more confident to put forward concerns
 - Given them confidence to use CAF more effectively
 - Enabled greater understanding and awareness of process, responsibilities and application of safeguarding
 - Helped them evaluate the systems and process in school
 - Will give them more confidence to chair



Figure 16—Agency attendance at BSCB Training

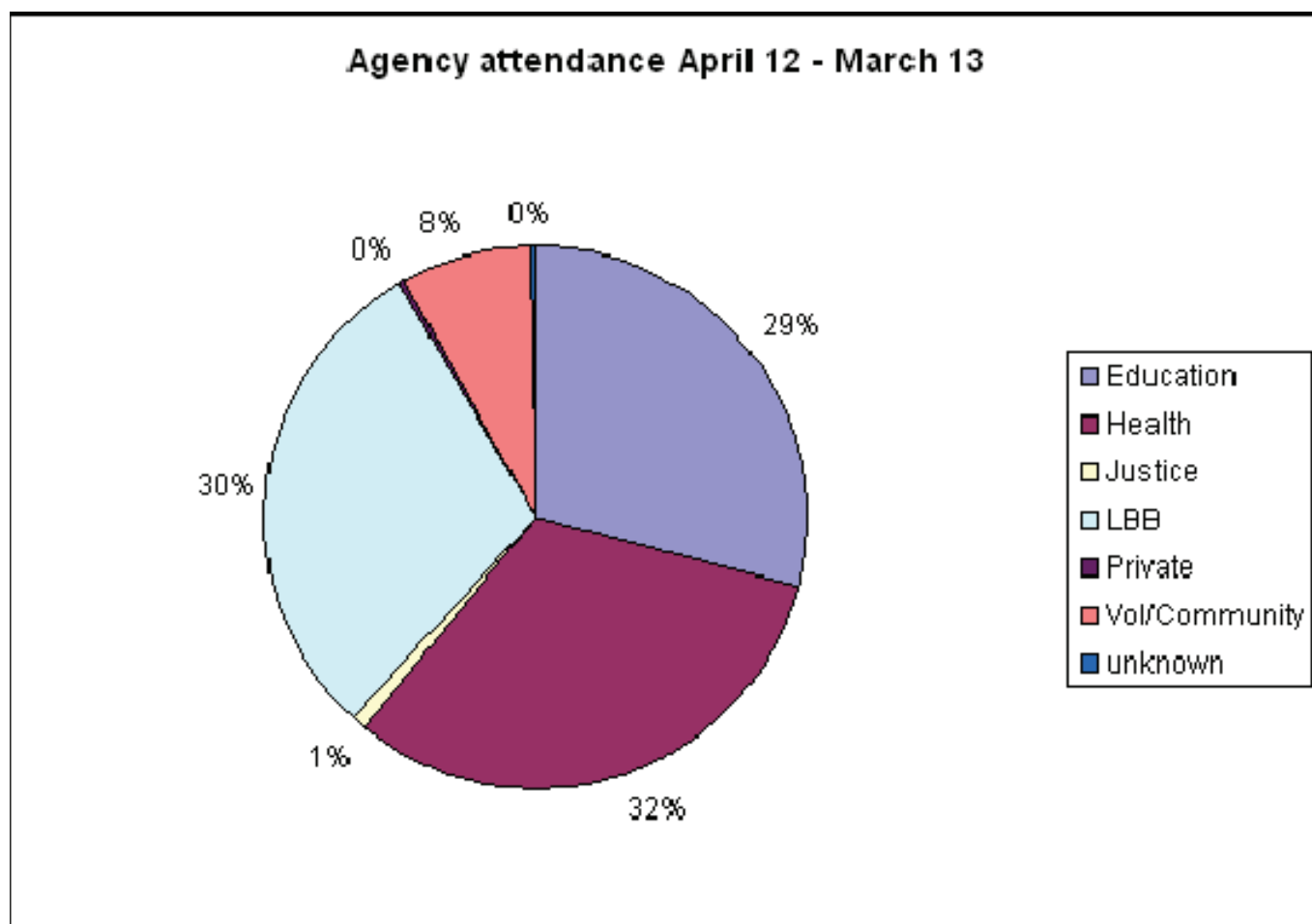


Figure 17—Breakdown of number of people taking the Children’s Safeguarding E-learning courses

| | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | TOTAL |
|--|--------|--------|--------|--------|--------|--------|-------|
| Number of people who completed Group 1 E-learning | 1 | 10 | 29 | 8 | 16 | 19 | 83 |
| Number of people who completed Group 2 E-learning | 1 | 1 | 8 | 0 | 3 | 2 | 15 |
| Total number of people who have started E-learning but not completed | | | | | | | 70 |

- a meeting
- Given time to reflect and learn about new developments
- Given them clarity of procedure and was excellent

4.29 During 2012-13 BSCB provided local multi-agency training through over 17 courses and 40 sessions attended by 617 people. In

addition, four briefing sessions were held on Signs of Safety and the introduction of Strengthening Families Child Protection Conferences attended by 172 delegates. There were two more courses than in 2011-12 and a 57% increase in the number of people attending the training courses. BSCB aims to have a multi-agency mix of professionals at every training course and a



breakdown of agencies attending training up to April 2013 is below.

4.30 Towards the end of the year, the BSCB training committee has updated its evaluation forms for attendees of the training and for 2013-14 will be introducing a much more comprehensive evaluation process which will include pre and post training evaluation as well as a three month follow up evaluation with attendees to identify the impact of training BSCB provides.

4.31 In September 2012 the BSCB Training Committee introduced free e-learning courses for Groups 1 and 2. The e-learning includes fourteen courses which make up the Group 1 and 2 courses. The advantage of online training is that delegates can learn at a time and pace that suits them. A breakdown of the number of people taking the BSCB e-learning courses since they commenced in September 2012 is below. In total 83 people have completed the Group one courses and 15 have completed the Group 2 courses. During 2013-14, the training committee will be evaluating the effectiveness of the E-learning courses and identifying the impact of training.

AUDITING SAFEGUARDING ARRANGEMENTS

Section 11

4.32 The Board assures itself of the safeguarding arrangements in place in its partner agencies through inviting agencies to complete a self assessment tool called a Section 11 after the section of the Children Act 2004 which stipulates the standards expected of agencies. The audit is now an ongoing audit of agency arrangements where agencies present their challenges and achievements to the Quality Assurance and Performance Monitoring Committee. Issues and actions raised in discussion at the Committee are then logged and monitored at future meetings.

4.33 Over the past year the following agencies completed Section 11 Audits and reported them to the Quality Assurance and

Performance Monitoring Committee:

- Metropolitan Police - Borough Police
- Metropolitan Police - Child Abuse Investigation Team (CAIT)
- Bromley Health Care
- South London Healthcare Trust
- Schools
- Young Offending Team and Bromley Youth Support Service

4.34 When scrutinising the CAIT Section 11, the Board raised issues around joint visits between social workers and police officers. The Board requested data to be included in the safeguarding dataset to enable the Board to monitor the number of joint visits.

4.35 Highlights from the South London Healthcare Trust (SLHT) Section 11 audit included the monitoring arrangements they have in place including monitoring of training levels, monthly monitoring of referrals to social care and CAF's and discussion of children's social care referrals at weekly multi-agency psychosocial meetings.

4.36 The Youth Offending Team (YOT) and Youth Support Service S11 audit identified the need to ensure enough CAFs are being undertaken and a need to reduce the number of children whose participation in Education, Employment and Training is not known. The most recent Inspection of the Youth Offending Item revealed that 81% of cases meet the HMIP standard for safeguarding compared with 68% nationally. In addition, a number of agency S11 audits identified the positive joint working in developing the Multi Agency Support Hub (MASH).

4.37 The Board has also been monitoring safeguarding arrangements within a health setting for children and young people in the borough where concerns had been raised. The Board has received regular updates on the setting in 2012-13 including feedback on its inspection report. The Board also requested that the setting complete a Section 11 Audit and report its findings to the Board. This will happen in early 2013-14.



Monitoring Single Agency Audits

4.38 Each year the Quality Assurance and Performance Monitoring Committee establishes an audit plan including a review of single agency audits. Inspections are also brought to the attention of the committee and the Board for discussion and monitoring safeguarding actions where appropriate. This year the following agency audits were reviewed and actions discussed.

SLHT Audit of Referrals to children's services

4.39 This audit highlighted that services, particularly the Emergency Department are considering the impact upon children of adult health issues. It highlighted an issue regarding the application of thresholds which has been recognised as a risk to children and families. The number of referrals meeting thresholds has increased; in part due to increased training, embedding of threshold criteria or professionals challenging decisions more.

4.40 Whilst the use of borough specific Children's Social Care referral forms across the sites poses difficulties for staff, this has been addressed as all forms are now easily available to staff. The audit confirmed that the revised layout of the Bromley Children's Social Care referral form had improved the recording of required demographics.

SLHT audits of assessment of fathers

4.41 This audit looked at whether questions were asked about the father's mental health by midwives and made a number of recommendations to ensure the issue continues to be raised.

GP contributions to Conferences

4.42 This audit followed up the findings of an audit in 2010 looking at GP contributions to initial child protection conferences and whether GP reports follow the guidance and standards. This audit showed a marked improvement in the submission of information. All of the reports included detailed relevant information about the child's health and development.

Bromley Healthcare quality of supervision of safeguarding cases

4.43 This audit examined the value of safeguarding children supervision from the perspective of the supervisee. The audit provided evidence that safeguarding supervision within Bromley Healthcare is effective and contributes to safe practice.

Monitoring Inspection Reports and Action Plans

4.44 The Board has continued to consider agency inspection reports and keep oversight of the implementation of Inspection Action Plans. In 2012-13 the Board received the Ofsted Inspection report of Safeguarding and Child Protection in Bromley and continued to monitor the implementation of the Disabled Children Action Plan which resulted from the Ofsted thematic inspection on protection of disabled children.

4.45 In July 2012, Bromley Children's Social Care was inspected by Ofsted as part of the Inspection of local authority arrangements for the protection of children. The inspection focused on the effectiveness of multi agency arrangements for identifying children who are suffering, or likely to suffer, harm from abuse or neglect; and for the provision of early help where it is needed. The report was published in August 2012 and the findings and areas of improvement were considered by the Executive.

4.46 Inspectors found the overall effectiveness of the arrangements to protect children in Bromley to be adequate. In summary they found:

- Clear strategic vision and leadership is in place that has made some significant improvements to practice and service delivery from a low base
- Thresholds are clear and understood by a full range of agencies
- Effective arrangements are in place within children's social care to protect children from immediate risk of harm. However, assessments do not always identify all needs beyond those concerning the immediate risk of harm
- Most early help and intervention is timely and focused and is particularly



- well delivered by the Bromley Children Project
- When children become subject of a child protection plan good multi-agency involvement continues with regular and well attended meetings. However, plans are not sufficiently outcome focused to monitor progress and ensure that parents are clear about what needs to change for their children to be effectively protected.
- The engagement of families in service improvement activity is underdeveloped
- The early identification of neglect and timely responses by the local authority to put effective multi-agency plans in place to reduce the likelihood of harm for children subject to neglect is not consistent

- The inclusion of Working with Neglectful Families within the BSCB training programme

4.47 In particular for the BSCB, inspectors noted the BSCB is meeting its statutory duties and members provide sufficient challenge to drive improvement activity based on robust analysis of performance information that is well focused on early intervention and child protection practice. However, they do not routinely focus on the outcomes of activity. They also found performance management frameworks were not yet sufficiently robust to drive improvement in the quality of practice and improve outcomes for children, young people and families. In addition, they also found that elected members do not give the BSCB sufficient challenge by attending routinely.

4.48 In considering the findings from the inspection, Children's Social Care developed a post inspection action plan to take forward the recommendations. The BSCB considered the report and action plan and the key findings of the inspection have shaped the work of the BSCB in the latter part of 2012-13 and the development of the future priorities for 2013-14. This has included:

- The review of the BSCB Committee Structure which now has representation from the Portfolio Holder for Care Services.
- The development of a performance management and improvement framework



Section 5: Future Priorities and Developments

5.1 This period of time is marked by the implementation of significant changes across the sectors, which is impacting on all agencies. The Board's priority is to remain focused on safeguarding children, which it delivers through offering training, monitoring agency performance and the development of policies, guidance and strategies as required. Moving forward into 2013-14 a key focus for BSCB will be on improving outcomes for children and young people. The Board's Business Plan for 2013-14 sets out the following priorities which BSCB will work towards:

5.2 The Business Plan is divided into five work areas themes:

- Leadership and Accountability – holding agencies to account and the Board having a strong strategic leadership on safeguarding
- Improve Safeguarding through effective communication – the role of promoting safeguarding and also good interagency working
- Monitoring and Quality Assurance
- Improving outcomes for children and young people who have been harmed or abused or at risk of harm
- Listening to children and young people and improving outcomes.

5.3 Key priorities for 2013-14 include:

- Evaluating the effectiveness of the BSCB training programme
- Continuing to promote awareness in key areas of child protection including domestic violence, child sexual exploitation and neglect
- Establishing more regular multi-agency audits of front line practice
- Establishing mechanisms for the views of children and young people to inform the assessment of the effectiveness of child protection practice in Bromley.



Section 6: Accounts

A summary of the accounts of the BSCB for 2012-13

| | |
|--|-----------------|
| INCOME | |
| Contributions from partner agencies | £89,956 |
| Training | £13,951 |
| Annual Conference | £8,025 |
| Other Income | |
| TOTAL INCOME | £111,932 |
| EXPENDITURE | |
| Staff, consultant, office, Independent Chair | £90,781 |
| Training & Annual conference | £18,648 |
| Serious Case Review | £0 |
| Publications, guidance & resources | £2,453 |
| TOTAL EXPENDITURE | £111,882 |
| BALANCE | £50 |



Section 7: BSCB Membership

Board Membership from January 2013

| | |
|---|-------------------------------|
| Independent Chair | Independent |
| Designated Dr | Bromley CCG |
| Director of Quality | Bromley Healthcare |
| DCI Borough Police | Metropolitan Police Service |
| Director of Quality, Governance and Patient Safety | Bromley CCG |
| Director of Complex Needs, Recovery & Learning Disability | Oxleas NHS Trust |
| Care Services Portfolio Holder | Council Member |
| Assistant Chief Officer | National Probation Service |
| Head of Service Safeguarding & Quality Assurance | London Borough of Bromley |
| Lay Members | Independent |
| Executive Lead for Safeguarding | South London Healthcare Trust |
| Quality Improvement Service Manager | CAFCASS |
| Bromley CFVSF Chair | Bromley Women's Aid |
| Assistant Director, Education | London Borough of Bromley |
| Executive Director, Education & Care Services | London Borough of Bromley |
| Consultant Public Health Medicine | NHS Bromley |
| DCI Child Abuse Investigation Team | Metropolitan Police Service |
| Designated Nurse for Safeguarding | Bromley CCG |
| Assistant Director, Children's Social Care | London Borough of Bromley |
| BSCB Performance & Improvement Officer | London Borough of Bromley |
| BSCB Business Manager | London Borough of Bromley |



Professional Advisors from January 2013

| | |
|--|----------------------------------|
| Named Nurse | South London & Maudsley Trust |
| Head of Housing Needs Service | London Borough of Bromley |
| Asst Director Legal & Support Services | London Borough of Bromley |
| Lead Officer, Education Safeguarding | London Borough of Bromley |
| Programme Manager, Black and Minority Ethnic Communities | London Borough of Bromley |
| Head of Service Early Years | London Borough of Bromley |
| Drug Action Team Manager | London Borough of Bromley |
| Borough Crown Prosecutor | South London Prosecution Service |
| Named GP | Bromley CCG |
| Safeguarding Named Nurse | Oxleas NHS Trust |
| Named Nurse | Bromley Healthcare |
| Named Dr | Bromley Healthcare |
| Named Nurse | South London Healthcare Trust |
| Named Dr | South London Healthcare Trust |

Quality Assurance & Performance Monitoring from January 2013

| | |
|--|-------------------------------|
| Independent Chair | Independent |
| Designated Dr | Bromley CCG |
| Named Nurse | South London & Maudsley Trust |
| Director of Quality | Bromley Healthcare |
| Head of SEN and Disability | London Borough of Bromley |
| Head of Service Safeguarding & Quality Assurance | London Borough of Bromley |
| Named GP | Bromley CCG |
| Domestic Violence Co-ordinator | London Borough of Bromley |
| Assistant Chief Officer | National Probation Service |
| Head of Youth Support Programme | London Borough of Bromley |
| DI Child Abuse Investigation Team | Metropolitan Police Service |
| Head of Service, Early Years | London Borough of Bromley |
| Lead Officer, Education Safeguarding | London Borough of Bromley |
| Safeguarding Named Nurse | Oxleas NHS Trust |
| Named Nurse | Bromley Healthcare |
| DI Borough Police | Metropolitan Police Service |
| Named Nurse | South London Healthcare Trust |
| Designated Nurse | Bromley CCG |
| Group Manager Performance | London Borough of Bromley |
| Assistant Director, Children's Social Care | London Borough of Bromley |
| BSCB Performance & Improvement Officer | London Borough of Bromley |
| BSCB Business Manager | London Borough of Bromley |



Appendix One

London Borough of Bromley

Located in South-East London, Bromley is the largest London borough in the city. At approximately 150 square kilometres it is 30% larger than the next largest borough. It has over 45 conservation areas and a wide range of historic and listed buildings.

Although Bromley is a relatively prosperous area, the communities within Bromley differ substantially. The North-East and North-West of the borough contend with similar issues (such as higher levels of deprivation and disease prevalence) to those found in the inner London Boroughs we border (Lambeth, Lewisham, Southwark, Greenwich), while in the South, the borough compares more with rural Kent and its issues.

Bromley benefits from a good number of public parks and open spaces as well as sites of natural beauty and nature conservation.

The population of Bromley is rising and is predicted to continue to rise. The 2012 estimate of the resident population is 316,647; this is expected to increase to 326,217 by 2017 and 332,956 by 2022.

The number of births has risen considerably in recent years (an increase of 29.1% in 2011 compared to 2002) and is likely to continue to do so. This has resulted in a concomitant increase in the numbers of 0 to 4 year olds.

The overall pupil population within maintained and academy schools, and the Pupil Referral Service provision in Bromley is 47,242 pupils – including post-16. About 20% of the borough's school intake comes from neighbouring boroughs –

predominantly Lewisham and Croydon. The number of pupils in Bromley schools with Special Educational Needs has increased by 1,193 children since 2008.

There has been an increase in the proportion of the ethnic minority population in Bromley from 13.5% in the 2001 Census to 22.6% in the 2011 Census. For the first time, the 2011 Census has included Gypsy/Irish Travellers as an ethnic category, with 0.2% of Bromley's population stating that they belong to this category.

The 2011 Census shows that although there has been a significant increase in the proportion of people working in higher professional occupations, there has also been a marked increase in the proportion of “never worked” and “long term unemployed” in Bromley.

Bromley Safeguarding Children Board

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BROMLEY HEALTH & WELLBEING BOARD**INFORMATION BRIEFING****PART 1 - PUBLIC****30th January 2014****Joint Strategic Needs Assessment 2013-14**

Contact Officer: Agnes Marossy, Public Health Consultant, ECHS
Tel: 020 8461 7531 E-mail: Agnes.Marossy@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health, London Borough of Bromley
Telephone: 020 8313 4220 E-mail: Nada.Lemic@bromley.gov.uk

1. SUMMARY

- 1.1 As previously outlined the Joint Strategic Needs Assessment (JSNA) is an evidence based document highlighting need, and informs the Health & Wellbeing Strategy. This is one of the regular Health & Wellbeing Board (HWB) updates on the JSNA process.
- 1.2 Responsibilities for the JSNA sections have been agreed. Voluntary sector involvement in providing information for the JSNA is being actively pursued.
- 1.3 Consideration is being given to planning a seminar for council members on the ward profile section of the JSNA

The JSNA Steering Group has suggested that it would be useful for the HWB members to agree the process for priority setting for the Health & Wellbeing Strategy.

2. THE BRIEFING

- 2.1 *At its meeting in September the HWB agreed that it would receive regular updates on the progress in completing the annual JSNA to increase knowledge which will assist in informing the HWB priorities.* This report therefore describes developments in the JSNA process since the last update.
- 2.2 The JSNA Steering Group and Working Group have now been established and have terms of reference agreed with regular meetings scheduled.
- 2.3 Responsibilities for the JSNA sections have been agreed, as in the table below:

| JSNA Section | Lead Name(s) | Lead Contact Details |
|---|--|--|
| Life Expectancy & Burden of Disease | Dr Agnes Marossy Susan Mubiru | Susan.Mubiru@bromley.gov.uk |
| Ward Health Profiles | Dr Agnes Marossy Susan Mubiru Gill Slater | Susan.Mubiru@bromley.gov.uk |
| Housing | Kerry O'Driscoll Sara Bowrey Gill Slater | Sara.Bowrey@bromley.gov.uk |
| Children & Young People | Dr Jenny Selway Georgina Sanger | Jenny.Selway@bromley.gov.uk |
| Older People | Catriona Ellis Ailsa Reid-Crawford | Catriona.Ellis@bromley.gov.uk |
| Learning Disability | Angela Buchanan | Angela.Buchanan@bromley.gov.uk |
| Physical Disability & Sensory Impairment | Angela Buchanan | Angela.Buchanan@bromley.gov.uk |
| Mental Health | Paula Morrison | Paula.Morrison@bromley.gov.uk |
| End of Life Care | Dr Ruchira Paranjape | Ruchira.Paranjape@bromleyccg.nhs.uk |
| Carers | Catriona Ellis | Catriona.Ellis@bromley.gov.uk |
| Substance Misuse | Paula Morrison Shannon Katiyo | Paula.Morrison@bromley.gov.uk |
| Alcohol | Paula Morrison Shannon Katiyo | Paula.Morrison@bromley.gov.uk |
| Frequent Attenders to Unscheduled Care Services | Dr Agnes Marossy Susan Mubiru | Agnes.Marossy@bromley.gov.uk |
| Asset Based Community Development | Dr Agnes Marossy Angela Buchanan Folake Segun Gill Slater Cllr Ellis | Agnes.Marossy@bromley.gov.uk |
| Updates on Progress from Last Year's JSNA | ALL | |
| Useful References | ALL | |
| Executive Summary | Dr Agnes Marossy Pat Wade | Agnes.Marossy@bromley.gov.uk |

- 2.4 Voluntary sector involvement in providing information for the JSNA is being actively pursued. Dr Agnes Marossy is meeting with the Voluntary Sector Strategic Network on 30th January. Healthwatch Bromley and Community Links are active members of the JSNA Steering Group and JSNA working group and the key strategic partners are being consulted on the specific client group sections.
- 2.5 Consideration is being given to planning a seminar for council members on the ward profile section of the JSNA. This will be an opportunity to show and explain to councillors the key health indicators for their ward, to identify areas of need in order to assist members in the process of prioritising any objectives for development.
- 2.6 The JSNA Steering Group has suggested that it would be useful for the Health & Wellbeing Board members to agree the process for priority setting for the Health & Wellbeing Strategy, one way of doing this could be through a specific HWB workshop being held in early autumn following finalisation of the JSNA.