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People Overview & Scrutiny Committee

Monday, 3rd September, 2018
6.00 pm

AGENDA

1. Welcome and Apologies

2. Minutes of the meeting held on the 11th June 2018

People OSC Minutes June 2018 **3 - 6**

3. Declarations of interest in items on this Agenda

Declarations of Interest **7**

4. Mental Health - Adolescence

a) For the Committee to receive a presentation on National Mental Health Foundation report published in August 2018. "Keys to a Mentally Prosperous Nation Executive Summary and Call to Action" – attached.
b) Members to receive an update on the Task & Finish Group held on 24th July 2018.

Item 4a - MHPC (2018) Investing-in-a-Resilient-Generation-Executive-Summary-and-Call-to-Action **8 - 26**

5. OFSTED Action Plan progress

For the Committee to receive an update on the progress in implementing the Action Plan produced in response to the OFSTED inspection.

Item 5 - SIF Inspection Action Plan (Sept 2017) v2_2 **27 - 42**
Item 5 - Transitions update to Scrutiny

6. Committee's Work Programme for 2018-19

For the Committee to consider and approve an outline of the work programme for People's Overview and Scrutiny Committee for the municipal year 2018/19.

PART 2 - THE PRESS AND THE PUBLIC MAY BE EXCLUDED DURING CONSIDERATION OF THE FOLLOWING ITEM

There are no Part 2 items.

Date Published: 23rd August 2018
Harry Catherall, Chief Executive

PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE
MONDAY 11 JUNE 2018

PRESENT - *Councillors: Liddle (in the Chair), Whittle, Daley, Slater Jaq, Gee, Afzal, Akhtar P, Sidat, Smith D, Richards and Oates.*

ALSO IN ATTENDANCE – *Councillor Maureen Bateson, Councillor Brian Taylor, Elle Walsh (Youth MP), Linda Clegg, Dominic Harrison, Robert Arrowsmith and Phil Llewellyn.*

1. **Welcome and Apologies**

Following introductions the Chair welcomed Members to the meeting.

2. **Declarations of Interest**

There were no declarations of interest received.

3. **The Role of Scrutiny**

The Chair outlined the role of scrutiny, making reference to the extract from the Constitution submitted with the agenda. Reference was also made to the Scrutiny Handbook, and it was suggested that if the latest version of this could be found (2014 was thought to be the most recent) that this be circulated to the Committee.

4. **Oversight of Corporate Plan and Forward Plan**

Members, in particular the newly elected Members, were given details of the important role of both Corporate Plan and the Forward Plan in the scrutiny process, and the latest versions were included in the agenda for the meeting.

5. **Executive Member's Reports on 3 Key Issues for the Year Ahead and Top 3 Risks**

The Executive Member for Children and Young People, Maureen Bateson, and Linda Clegg, Director of Children's Services, reported on the top three priorities for the Portfolio:

- Improving outcomes for all children and young people through proportionate support and intervention – in school and in the wider community

- Ensuring services for children and young people are of good quality (Inspection Readiness) in particular in terms of Special Educational Needs & Disability and Safeguarding

- Effectively addressing the increasingly complex needs of children and young people, especially adolescents

The top three risks were identified as:

- The high demand for services and high workloads for staff, particularly social workers, retention of staff and the loss of the current Director and other senior management

- Budget pressure and uncertainty/volatility

- Preventing adverse school inspection judgements in a school-led improvement system

Members of the Committee debated the key issues and priorities and a common concern was Mental Health of young people and it was suggested that a Task and Finish Group should be established to look at this area. Councillor Bateson advised that it may be appropriate to also take account of the Adolescent Review being undertaken which also had linkages to Mental Health.

Elle Walsh updated the Committee on the work undertaken by the Youth Forum in relation to Mental Health on positive initiatives such as the two Mental Health Nurses for schools.

Councillor Brian Taylor, Executive Member for Adult Social Care and Dominic Harrison, Director of Public Health, reported on the key priorities for the Portfolio, which were:

- Place-based Integrated Health and Social Care Transformation

- Mental Health and Suicide Prevention

- Children and Child Dental Health

- Mitigate deteriorating local Health Outcomes including Life Expectancy

The key areas of risk were identified as:

- Rising poverty and inequality

- Cuts to ‘health-relevant’ investment

- NHS transformation for efficiency

- Public Health Grant Budget cuts

A further presentation was delivered on the challenges and opportunities for Adult Services.

Mental Health again emerged as a key concern for Committee Members, as did isolation and it was felt that there were linkages between the two areas.

Dominic Harrison agreed to circulate to the Committee the latest Public Health Annual Report (2016/17) which detailed the principal Public Health challenges in the Borough, the opening chapter of which outlined the authority's prevention approach involving Social Movements for Health.

RESOLVED – That the Executive Members be thanked for their presentations.

6. Legacy Item- OFSTED Plan Update

The Chair congratulated all concerned on the recent successful OFSTED inspection and asked the Director of Children's Services to update the Committee on progress in implementing the Action Plan produced in response, noting that 9 of the 12 actions were the responsibility of the Department, with the remaining 3 actions the responsibility of the Local Safeguarding Board.

Linda Clegg updated the Committee on progress to date, and advised that 3 of the 9 actions would be more appropriate for the Corporate Parenting Specialist Advisory Group to consider.

The Chair indicated that this item would be a standing item on each agenda of the Committee moving forward, in order that the Committee could monitor progress of the actions outlined in the Plan.

RESOLVED – That the update be noted.

7.Work Programme for 2018-2019

The Committee discussed the Work Programme for the year ahead. Young persons Mental Health, as discussed earlier in the meeting, had been identified as a key area, with Members of the Committee suggesting that particular areas of focus could include:

- The journey of a young person into adulthood
- Apprenticeship and SEND and services for young people
- Marketing and support for young people regarding the mental health services available

It was suggested that the Corporate Parenting Specialist Advisory Group look at the ways the Council could support Children in Our Care in terms of Work Experience and Apprenticeships.

Following discussion, the Committee agreed to discuss Work Programme areas at the next meeting, but that for the September meeting the main item would be Mental Health, which cut across Portfolio areas and that the Task and Finish Group on Young People's Mental Health report to that meeting. As discussed earlier, the OFSTED Action Plan would be a standing agenda item.

RESOLVED – That remaining Work Programme areas be discussed at the next meeting, with the September meeting looking at Mental Health as a key focus area, with the Task and Finish Group on Young People's Mental Health reporting in to that meeting, and that the OFSTED Action Plan update be a standing agenda item.

Signed……..

Chair of the meeting at which the Minutes were signed

Date……

DECLARATIONS OF INTEREST IN

ITEMS ON THIS AGENDA

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING: **PEOPLE OVERVIEW & SCRUITY COMMITTEE**

DATE: **3RD SEPTEMBER 2018**

AGENDA ITEM NO.**:**

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

UNIVERSITY OF BIRMINGHAM

Mental Health Policy Commission

INVESTING IN A RESILIENT GENERATION

Keys to a Mentally Prosperous Nation
Executive Summary and Call to Action

COMMISSION MEMBERSHIP

CHAIR

The Rt. Hon. Professor Paul Burstow
Professor of Mental Health Policy in the School of Social Policy and the Institute of Mental Health at the University of Birmingham, Chair of the Tavistock and Portman NHS Foundation Trust, former Member of Parliament for Sutton and Cheam, former Minister of State in the Department of Health

COMMISSIONERS

Dr Susanna Abse
Psychotherapist and Partner at The Balint Consultancy, former Chief Executive Officer of Tavistock Relationships, Executive member of the British Psychoanalytic Council

Andy Bell
Deputy Chief Executive of the Centre for Mental Health, Co-Chair of the Future Vision Coalition, Trustee of Young Minds

Professor Dame Carol Black
Senior Policy Advisor on Work and Health for the Department of Health and Public Health England, Chair of the Board of the Nuffield Trust, Principal of Newnham College at the University of Cambridge

Jacqui Dyer
Senior Management Board Lived Experience Advisor for the Time To Change campaign, Member of the Ministerial Advisory Group for Mental Health, former Vice-Chair of the Mental Health Taskforce for England, Chair of Black Thrive, Member of Advisory Panel for Mental Health Act Review, and Co-Chair Mental Health Act Review African and Caribbean Working Group (MHARAC)

Heather Henry
Independent nurse, Chair of the New NHS Alliance, and Queen's Nurse

Cynthia Joyce
Executive Director of MQ Foundation (USA), former Chief Executive of MQ: Transforming Mental Health (UK), and former Executive Director of the SMA Foundation and the American Academy of Neurology Foundation

Professor Thomas Jamieson-Craig
President of World Association for Social Psychiatry, and Professor of Social and Community Psychiatry at King's College London

COMMISSION ADVISORS AND SECRETARIAT

Dr Karen Newbigging
Senior Lecturer in the Health Services Management Centre and the Institute of Mental Health at the University of Birmingham and a member of the National Taskforce for Women's Mental Health

Professor Jerry Tew
Professor of Mental Health and Social Work in the School of Social Policy and the Institute for Mental Health at the University of Birmingham

Benjamin Costello
Research Associate in Mental Health and Doctoral Researcher and Teaching Associate in Philosophy at the University of Birmingham

This report has been prepared by Professor Paul Burstow, Dr Karen Newbigging, Professor Jerry Tew, and Benjamin Costello on behalf of the Commission members. The quotes used in this report are from young people who took part in roundtable events and who have commented on this report. We are grateful to them for ensuring that this work is grounded in the perspectives of young people with current experience of mental health challenges. We are grateful for the insightful comments from those who have responded to the call for evidence, participated in witness sessions, roundtable events, and interviews, and those who provided comments on earlier drafts of this report. We would also like to thank Steve Watkins and Zoe Morris from NHS Benchmarking for their report on Child and Adolescent Mental Health Services. We are grateful to Gregor Henderson and his colleagues at Public Health England for their advice. Finally, we are indebted to Francesca Tomaselli for her efficient administration, and the College of Social Sciences at the University of Birmingham and MQ Mental Health for providing the funding that enabled this work to take place.

This report should be cited as:
Burstow, P., Newbigging, K., Tew, J., and Costello, B., 2018. *Investing in a Resilient Generation: Keys to a Mentally Prosperous Nation. Executive Summary and Call to Action.* Birmingham: University of Birmingham.

FOREWORDS

GUS O'DONNELL

I worked in the Treasury for a quarter of a century. I learned that there are always lots of ideas about how to spend more taxpayers' money and very few about how to raise more revenue. This report is a notable exception. It realises that there is no magic money tree that will provide the £1.77 billion that would be needed to treat all the young people who need help with their mental health. And with Brexit looming, the prospect of finding an extra 23,800 staff is just fanciful. The answer is the obvious one: prevention, not cure, should be the primary policy goal. This applies not just to mental health services but to physical health and a whole range of public spending.

So why has the allocation of spending gone so wrong? First, voters can see new hospitals, patients are aware of the drugs they take, and they experience real problems when waiting lists are too long. There are also powerful vested interests who do well out of spending money curing people. Public Accounts Committees spend their time criticising spending decisions that don't produce as much as promised but rarely look at the mix between prevention and cure.

Now imagine a world where we re-prioritise spending and allocate more to prevention. This investment will pay off handsomely, as this report demonstrates. But in the short run, progress on curing people will slow down. Vested interests will make a lot of noise as will short-sighted politicians. So how do we make the re-prioritisation politically and publicly acceptable?

First, you have to demonstrate the evidence in a persuasive way that this will lead to better outcomes. This is no simple task. In the Treasury we were inundated with 'spend to save' suggestions that frequently ended up with more spending and little saving. So it is vital to be able to track the impact of the extra spending on improved outcomes and lower future spending. As the report recommends, this will mean getting the Office for National Statistics to think hard about how to classify spending between prevention and cure. The Office for Budget Responsibility could also help by using this approach when preparing its analysis of long-term fiscal trends.

The 2019 Spending Review presents a perfect opportunity to implement these ideas. The Government desperately needs to show that it has the capacity to think about something other than Brexit. This would be a radical and very welcome approach to making 'Global Britain' a better place in the long-term.

Such a spending review could embrace an approach to use spending to improve the quality of life, or well-being, of all of us. In health this would mean re-allocating money from physical to mental health but, more generally, it would mean spending more on prevention and, in time, less on cure. It would mean spending more on helping children and young people to develop resilience. We need less emphasis on exam results as the evidence is clear that they actually matter less for their future well-being and earnings. This of course needs to be backed by hard evidence, so we should start systematically measuring the well-being of our children and young people.

None of this is easy. It means getting departments to work across boundaries and it needs different layers of government to work collaboratively not competitively. This will be best achieved by having clear outcomes and budgets that span these different groups. I tried to implement these kinds of approaches when I was in the civil service but with very limited success. This report could be a path breaker demonstrating how such an approach could work in the vital area of mental health. It is time for change and I hope the Government will embrace this challenge.

Gus O'Donnell
Former Cabinet Secretary and Head of the Civil Service, 2005–2011

JACQUI DYER

It has been a delight to be part of this Commission and to say a few words of welcome to our report. The commitment, diversity, and focus of the commission members has resulted in a robust report that is timely and profound. We are in the midst of a Mental Health Act Review, a Children and Young People's Mental Health Green Paper, and an Integrated Communities Strategy consultation. This illustrates a governmental and societal awareness that the mental challenges of our time must be attended to with gusto and commitment.

We can no longer turn a blind eye to the early needs of our population if we really want each and every one of us to be resilient both mentally and emotionally. A flourishing and safe society depends on our leadership to make this happen. Without this attention, particularly for communities who experience multiple disadvantages and multiple discrimination, the issue is urgent. Inter-generationally so many of our population are suffering in silence with the only access to support barely taking place at crisis point. This is a totally unsustainable and negligent approach.

We must not waver in our duty to deliver this report's recommendations as we seek to make the paradigm shift required away from increasing numbers of mental illness across all communities.

Jacqui Dyer
University of Birmingham Mental Health Policy Commission Member

PAUL FARMER

Over the last few years, we have seen an extraordinary shift in awareness and understanding around mental health. People with their own lived experience are more likely to be open about their mental health problems, the media see it as a major issue, and senior public figures – politicians, members of the Royal Family, and business leaders – are all recognising the importance of mental health to our society. Public attitudes have shifted for good.

But this new-found awareness of mental health exposes the absence of fundamental building blocks that we need to address a major health and social issue. The commitment to parity of esteem with physical health is important, but mental health is still in the foothills of achieving that parity.

Nowhere is this more apparent than in the field of prevention. Most school children today regularly receive messages about their sugar and calorie intake, the dangers of drugs and alcohol, and the importance of physical activity. But almost nothing about mental health. Local government spends only one per cent of its public health budget on mental health prevention – until very recently it was listed under 'miscellaneous' spend.

As a consequence, mental health services are overrun, and too many people lose their jobs, lose their potential or lose hope as a result of not be able to act, or receive the help and support they need. Yet we know that a collective effort – recognising the role of individuals, work, housing, addressing inequalities and safety – could make a significant difference.

As thoughts start to turn to a new settlement for the NHS, a new mental health plan to follow the *Five Year Forward View for Mental Health*, and the increasing clamour for progress, this Commission is extremely timely. It sets out a clear argument for investing in prevention in a systematic way. It argues that we should regard this investment in our society in the same way as we have seen investment in Crossrail or HS2 as a long-term investment.

Mental health is likely to be one of the major challenges facing 21st-century Britain – this Commission sets out a persuasive argument for early investment so that future generations are better prepared for life's challenges.

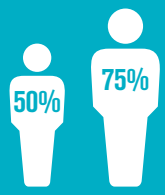
Paul Farmer
Chief Executive, MIND

Investing in a Resilient Generation: Making the Case

The Commission believes that closing the prevention gap should be made a fifth Grand Challenge by the Government. This would have the goal of halving the number of people living with life-long mental health problems within a generation.

Children and adults with **high resilience resources** are **half as likely** to have a diagnosable mental health condition[1]

Mental ill-health costs the UK taxpayer an estimated **£70–£100 billion** per year (**4.5 per cent** of the UK's GDP)[2]



Half of all mental health problems manifest by the **age of 14**, with **75 per cent by age 24**[3, 4]

1 IN 10 children have a diagnosable mental health problem[5]

The frequency of mental health problems in children and young people is **increasing with the rate of self-harm** among young women **three times higher** than a generation ago[6]

10 YEARS

There is on average a **ten-year delay** between young people experiencing their first symptoms and receiving help[7]

7 **pence** in every **£** the NHS spends is on children's mental health and just over 1p of this is spent on early intervention[8]

3 IN 4 CHILDREN with a diagnosable mental health condition **do not get** access to the **support** that they need[9]

Scaling-up child and adolescent mental health services to ensure that every child receives timely support requires an extra **23,800 staff** at a cost of **£1.77 billion**[10]

There is good evidence for interventions, which need adopting and scaling-up

Social exclusion and social disadvantage increase the risk of all types of mental health difficulties in children and young people, from depression to psychosis[11]

Adverse childhood experience (particularly sexual and psychological abuse, and being exposed to domestic violence or bullying) substantially increases the risk of poor mental health[12]

EXECUTIVE SUMMARY AND CALL TO ACTION

Executive Summary

MOST ENDURING MENTAL HEALTH PROBLEMS SHOW THEIR FIRST SIGNS BEFORE THE AGE OF 25.

The root causes of mental health problems can often be traced to adversity in childhood or adolescence, but the effects can have a life-long impact on well-being and the ability to live a satisfying and productive life throughout adulthood.

The personal, social, and economic costs of poor mental health are huge, with the cost to the taxpayer alone being estimated at £70 billion to £100 billion per year (4.5 per cent of the UK's GDP)[1]. The Commission sees a compelling case for investing in the positive mental health of young people in order to build a resilient generation for the future.

Today, access to appropriate support and treatment remains a lottery for young people – with long waiting lists and services that do not address the range of challenges that they are facing. Despite heroic efforts to scale-up services by 2021, at best only a third of young people in England facing mental health difficulties are likely to have access to the support and treatment they need.

A stock-take by Public Health England (PHE) found that most local areas had taken some action towards the prevention of mental health problems[2]. However, despite a welcome emphasis on children and young people's mental health, the overall level of priority given to prevention 'varied significantly'.

Work by NHS Benchmarking for the Commission demonstrates that, without a concerted focus on prevention and early response, meeting demand for young people's mental health services by scaling-up existing provision would require an extra 23,800 staff at a cost of £1.77 billion – which is clearly unrealistic in terms of funding and recruitment. Closing the treatment gap by scaling-up access to treatment alone would be a mistake.

Instead, the Commission believes that it is time to change the paradigm and close the 'prevention gap' by tackling the causes of poor mental health at their root instead of years later in treatment. The Commission's case for change is simple: the nation's future prosperity requires a sustained investment in the nation's mental resilience, starting early and supporting families, schools, workplaces, and communities to be the best they can be at nurturing the next generation.

Pointing to the work of Derek Wanless for HM Treasury in 2004[3], the *Five Year Forward View for Mental Health* argued for a 'radical upgrade in prevention and public health' to reduce the 'stock' of population health risks to stem the 'flow' of costly NHS treatments.

This report sets out the evidence base around the factors that can impact on young people's mental health. This can be summarised in terms of four key building blocks for building a resilient generation:

Figure 1: Building a resilient generation: four building blocks

By systematically deploying evidence-informed practices and programmes that maximise resilience and minimise risk factors, it is within our grasp to halve the number of people living with life-long mental health problems in a generation.

What is required is transformational change that embeds prevention in all policies and practices that affect young people. From the evidence that the Commission received, this report sets out a number of promising approaches that have been identified, which address each of the key building blocks.

Building block	Local focus to build the resilience of young people
Positive family, peer, and community relationships	Enhanced **perinatal support** with a specific focus on the mental health of mothers and infants
	Parenting programmes, which include fathers, where possible, and have a whole-family focus
	Intensive support for families facing difficulties, building on the **Family Recovery Project** model with embedded mental health expertise
	Investing in the **social infrastructure** of communities with a stronger focus on the needs of young people
Minimise adverse experiences and exclusions	Ensure vulnerable families and young people have a **secure base** within the community in terms of income, housing, and access to health, education, and employment – using a combination of universal provision and targeted approaches such as **Housing First**
	Community and family-based approaches to reduce harm caused by identifiable **Adverse Childhood Experiences**, such as abuse, domestic violence, bullying, or victimisation
Mentally friendly education and employment	Whole-school **Social and Emotional Learning** programmes that are universal but can offer additional support for more vulnerable children
	Whole-school approaches for addressing **harmful behaviour,** particularly **bullying, substance abuse, and reducing exclusions**
	Supporting successful **transitions** in education (eg, primary/secondary school transition) and into employment
	Encouraging **employers** to support the **mental well-being** of their workforce and make public reporting on employee engagement and well-being a requirement
Responding early and responding well to first signs of distress	Accessible and friendly 'one-stop-shop' services for young people – eg, the Australian **Headspace** model or the Tavistock-AFC Thrive model here in the UK. The best services are those that are co-designed with young people and their families
	An **inclusive approach** that involves **family and friends** in developing understanding and support, and that addresses social, relationship, or identity issues that may underlie young people's mental distress – eg, **Open Dialogue**

Table 1: Local action to build a resilient generation

Call to Action

1 Investing in whole-system change

No single action or single agency, in isolation, can ensure that the causes of poor mental health are minimised. What is required is a whole-system prioritisation of prevention and early action in childhood and adolescence. This means making mental health everyone's business – and broadening the focus beyond those who are involved in providing treatment and support.

The focus on whole-system change through joint-sectoral action promoted by PHE's Prevention Concordat[4] sets the right direction. It is the Commission's view that without this whole-system approach, the prevention gap cannot be closed. However, what is required is a radical up-scaling of the Prevention Concordat's impact. This requires investment and leadership.

National and local government must work together to mobilise the public and private sectors, civil society, and academia to tackle the causes of poor mental health in young people. The Commission proposes that closing the prevention gap is made an Industrial Strategy Grand Challenge[5] in recognition that mental illness is the single largest global burden of disease and adversely affects prosperity and productivity.

Investing in a Resilient Generation Grand Challenge bids would focus investment on evidence-informed whole-system initiatives that would act as test-beds for local innovation. Through these, we will be able to refine our understanding of what works best in delivering effective prevention and early response. These real-world experiments will seek to affect systemic change across a complex interlocking 'system of systems'.

Local consortia bidding for funding would have to demonstrate how they will work across these interlocking systems, better utilise existing resources and community assets, and generate relevant data to support rapid-cycle evaluation, learning, and accountability.

ACTIONS

1.1. PHE, as the Government's executive agency for the public's health, should work with local government and Innovate UK to shape a new Grand Challenge Fund: Investing in a Resilient Generation.

1.2. The Department for Education and the Department for Health and Social Care should work with the Department of Business, Energy, and Industrial Strategy as joint sponsors of the Investing in a Resilient Generation Grand Challenge programme to ensure continuity and sustainability.

1.3. PHE and the Office for National Statistics (ONS) should convene a taskforce to identify what data is currently available, and what data could be available, that could best evidence:

- social determinants of mental health;
- incidence and severity of adverse childhood experiences;
- resilience and social connectedness;
- family stress/family resilience;
- well-being at school and at work; and
- social infrastructure within communities.

2 Making early action the new business as usual

There needs to be strong leadership and governance to ensure that prevention is in all policies and that all policies are assessed for their impact on mental health. Leadership must come from both central and local government, but be firmly rooted in co-production principles and practice.

Nationally, the Cabinet Office should be charged by the Prime Minister to lead this work supported by PHE. With the authority of the Prime Minister, the Cabinet Office should lead on the strategy and programme management necessary to ensure that prevention and early action are prioritised across government.

The Government should use the 2019 Spending Review to address the institutional bias against early action, changing the default from spending on late action – on consequences – to spending on early action – on causes.

Local government has a critical role to play with its responsibility as the leader and shaper of place. With its public health duties and powers, local government can act as a convenor of leaders across the interlocking 'system of systems', leading by example.

The Prevention Concordat offers a range of tools to support and encourage local government and others to mainstream mental health promotion and illness prevention. It included updated economic modelling of the return on investing in a range of interventions[6] for young people.

The Commission believes that these well-evidenced interventions should be commonplace and that they offer 'best buys' for closing the 'prevention gap'.

ACTIONS

2.1. Charge the Cabinet Office with responsibility for leadership and governance to ensure that prevention is in all policies by putting in place the strategy and programme management necessary to ensure that prevention and early action are prioritised across government. This requires both cross-government working and collaboration with local government.

2.2. As part of the process of equality impact analysis for new government policy, the potential direct and indirect impact on mental health should be considered explicitly – including social and economic factors that have been demonstrated to have a major impact on mental health outcomes.

2.3. Based on the evidence gathered by the Commission and the economic modelling by the London School of Economics and Political Science (LSE)[7] for PHE's Prevention Concordat, the following interventions offer the immediate 'best buys' with long-term impact for children, young people, and families, and should be the norm in *every* locality:

Intervention	Payback
Provide and increase access to ***debt and welfare*** services	Five years
Parenting programmes addressing conduct disorder, especially those that include fathers and that have a whole-family focus[8]	Six years
Enhanced ***perinatal support*** with a specific focus on the mental health of mothers and infants[9]	
Whole-school ***Social and Emotional Learning*** programmes that are universal but can offer additional support for more vulnerable children[10]	Three years
Whole-school approach to addressing ***harmful behaviour*** such as ***bullying***[11, 12]	Four years
Encourage ***employers*** to provide ***well-being programmes*** in the workplace	One year
Encourage employers to deliver ***stress prevention*** in the workplace	Two years
Population-level ***suicide*** awareness training and intervention	Ten years

Table 2: Evidence for savings from investing in preventative interventions

2.4. Health Education England should be charged with developing a workforce strategy to support the shift in organisational culture and professional practice necessary to ensure prevention and early action are mainstreamed.

2.5. The Financial Conduct Authority (FCA) should be asked to consider the business and societal benefits of 'human capital' reporting and should consult on making public reporting on employee engagement and well-being a requirement.

3 Changing the rules of the game: funding early action

The Commission believes that the 2019 Spending Review should allocate resources to front-end loading investment in a radical up-scaling of the Prevention Concordat and an Investing in a Resilient Generation Grand Challenge. A longer time-frame of ten years would further widen the scope for adopting programmes with long-term payback periods.

At the same time, the Office for Budget Responsibility (OBR) should be charged with the task of reporting on the long-term sustainability of spending on the consequences, rather than the causes, of poor mental health. This will in turn enable further changes to public accounting rules to be made, allowing long-term payback to be recognised by spending on prevention.

Furthermore, HM Treasury should commission the ONS to start the process of classifying spending on early action, starting with the Department of Health and Social Care, Department for Education, Department of Housing, Communities, and Local Government, the Ministry of Justice, and the Home Office.

A Spending Review is also the moment to set clear accountability in government for driving early action. While the Cabinet Office should lead on the Investing in a Resilient Generation Grand Challenge, the Commission believes that HM Treasury is best-placed to take on the overall task of re-setting the public finance rules to promote early action and prevention.

ACTIONS

3.1. During the 2019 Spending Review, at the start of the spending review period, re-allocate a share of anticipated increased spending on 'late action' by the end of the spending review period on funding the 'best buys' for early action and prevention recommended by the Commission and launching the Investing in a Resilient Generation Grand Challenge Fund.

3.2. Make HM Treasury responsible for holding all spending departments to account for spending on early action – the causes – and late action – the consequences – including ensuring that the rewards of spending on early action are fairly shared between the investing and the benefiting agencies or departments.

3.3. Task the ONS with classifying spending on early action. Part of this work would include developing and consistently applying definitions and measures of early action and social infrastructure.

3.4. Widen the remit of the OBR to report, as part of its annual Fiscal Sustainability Report, on the sustainability of spending and acting too late.

4 Getting started on the ground

The Commission believes that every locality should put in place a comprehensive approach to enhance the resilience and mental health of young people. The four building blocks and the most promising approaches identified by the Commission, along with the national 'best buys', form a strong basis for local action in every corner of the nation.

ACTIONS

4.1. Local leadership is needed and local authority Public Health leads should initiate collaborative conversations with other agencies, schools, and community groups about how they are going to work together to build a resilient generation in their area.

4.2. Identify 'quick wins' that can capitalise on local resources and enthusiasm – and that can deliver immediate benefits (such as whole-school approaches to social and emotional learning) as well as improve long-term mental health outcomes. These would lay a foundation for a broader strategy for local innovation across sectors, and provide the basis for a successful Investing in a Resilient Generation Grand Challenge bid.

5 Research, monitoring, and evaluation: learning from 'what works'

The Commission believes that, to make the best use of taxpayer funding, we must evaluate the whole-system impact of innovation in each of the Investing in a Resilient Generation Grand Challenge sites. With Innovate UK and the Research Councils coming together under the umbrella of UK Research and Innovation, there is an opportunity to pool funding to support an integrated programme of research and innovation.

A combination of different research approaches is needed to help demonstrate proof of concept and proof of scalability. Evaluating a Grand Challenge innovation requires a framework for examining:

(a) the mechanisms involved in delivering whole-system community-based interventions ('how is it working?'); and

(b) whether it is achieving the desired short-term and long-term outcomes.

ACTIONS

5.1. Embed a rapid evaluation framework in all successful Investing in a Resilient Generation Grand Challenge sites to provide feedback on what is and is not working effectively, and in what contexts.

5.2. As part of the Investing in a Resilient Generation Grand Challenge, commission a 'big data' research project to:

- learn more about how service and community systems interact and how to improve them to benefit people at risk of mental health problems;
- provide a population-level snapshot of resilience indicators and progress towards building a resilient generation; and
- identify areas for change to improve quality and impact.

Conclusions

CLOSING THE TREATMENT GAP IS AN IMPOSSIBLE DREAM IF WE FAIL TO STEM THE TIDE OF PEOPLE LIVING WITH MENTAL ILL-HEALTH.

While there remains an urgent need to significantly improve access to support and treatment, this alone is not sufficient. We must look 'upstream' and shift the focus towards maximising young people's resilience and minimising the risks to their mental health. It is by closing the prevention gap that we can close the treatment gap too.

As this report demonstrates, there is sufficient evidence to act now to begin the systematic shift of paradigm envisaged by the Commission[13]. The Investing in a Resilient Generation Grand Challenge would be designed to facilitate this whole system working, better utilising existing resources and potentials at a local level, building the local infrastructure, and integrating action and learning across local government, education, business, community and voluntary organisations, and academia.

Such a decisive step would position the UK as a global leader in addressing the single largest global health challenge. To delay is to countenance avoidable harm. The costs of failing to marshal the necessary resources and implement large-scale programmes are huge.

The time for small-scale pilots is over. It is time to change the paradigm and close the prevention gap.

> "Give the young people of today the potential to be the adults of tomorrow."

The Commission's Case for Change

Ten years ago, the Government Office for Science concluded that if we are to thrive in a rapidly changing world, our mental capital and mental well-being are of critical importance to our future prosperity and well-being as a nation[14].

> An individual's mental capital and mental well-being crucially affect their path through life. Moreover, they are vitally important for the healthy functioning of families, communities and society. Together, they fundamentally affect behaviour, social cohesion, social inclusion, and our prosperity[15].

Poor mental health has an impact on individuals and their families and can reduce people's quality of life and life chances. The financial picture is also stark. Mental ill-health costs the UK taxpayer an estimated £70 billion to £100 billion per year (4.5 per cent of the UK's GDP)[16], and as many as 70 million sick days per year are taken by employees as a direct result of poor mental health, meaning that poor mental health is the primary reason for absence in the workplace[17, 18, 19].

ONE IN TEN CHILDREN HAVE A MENTAL HEALTH DISORDER, INCLUDING ANXIETY AND DEPRESSION.

The impact of poor mental health raises questions about what can be done to reduce its incidence, strengthen people's capacity to manage their mental health, and intervene early to prevent mental health problems becoming entrenched. While there is a clear case for sustained investment in mental health treatment services, the Commission believes this is not sufficient. What is also required is action to improve the population's mental health and reduce poor mental health.

Common mental health problems often begin in childhood: one in ten children have a mental health disorder[20], including anxiety and depression. Mental health problems in children and young people can be life-long. Half of life-long poor mental health starts before the age of 14 and three quarters by the age of 24[21, 22]. The frequency of mental health problems in children and young people is increasing[23] and differences in mental well-being between population groups can be seen at an early age[24]. For example, more young women than ever are now presenting with anxiety or depression symptoms and rates of self-harm in women are the highest since records began.

WE MAY WELL BE STORING UP PROBLEMS FOR THE FUTURE.

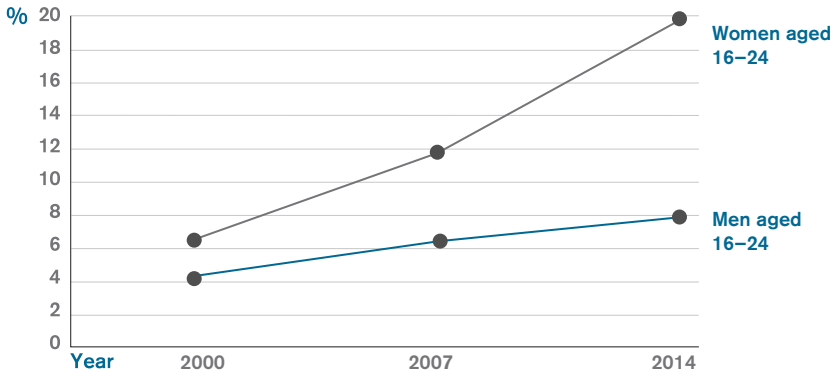


Figure 2: Rates of reporting of self-harm in young people[25]

> To neglect mental illness in young people is not only morally unacceptable, but also an enormous economic mistake[26].

In turn, poor mental health can reduce life chances and compound social inequalities, contributing to low income, unemployment, social isolation, and increased likelihood of relationship difficulties and breakdown[27].

There is already strong evidence that preventative interventions achieve substantial financial savings in the long-term – and there is strong evidence that 'good mental health in the first few years of life is associated with better long-term mental, physical, and social outcomes'[28]. Economic modelling can help to quantify the financial case for targeted preventative interventions to give children and young people the best start in life.

Target	Intervention
Families	Debt and welfare services – every £1 invested results in an estimated saving to society of £2.60 (over five years)
Mothers	£400 investment per birth in universal and specialist provision for perinatal mental health problems would lead to savings to society in the region of £10,000 per birth, including £2,100 to the public sector
Children	Whole-school anti-bullying programmes – every £1 invested results in an estimated saving to society of £1.58 (over four years)
Children	Social and emotional learning – every £1 invested results in an estimated saving to society of £5.08 (over three years)
Children	Parenting programmes addressing conduct disorder – every £1 invested results in an estimated saving to society of £7.89 (over six years)
Young people and adults	Well-being programmes in the workplace – every £1 invested results in an estimated saving to society of £2.37 (over one year)
Young people and adults	Stress prevention in the workplace – every £1 invested results in an estimated saving to society of £2.00 (over two years)
Young people and adults	Suicide prevention – every £1 invested results in an estimated saving to society of £2.93 (over ten years)

Table 3: Examples of the economic case for investing in evidence-based preventative interventions[29, 30, 31, 32]

WHILE ONE IN TEN CHILDREN EXPERIENCE POOR MENTAL HEALTH, ONLY ONE IN FOUR OF THESE HAVE ACCESS TO MENTAL HEALTH SERVICES[33].

One approach to improve young people's mental health is to increase access to treatment and the range of support available. Indeed, the *Five Year Forward View for Mental Health* proposes to increase access to Child and Adolescent Mental Health Services (CAMHS) to 35 per cent of young people with an identifiable need by 2020–2021[34]. However, this leaves 65 per cent of children and young people without access to the support they need to improve their mental health and future prospects.

CAMHS WORKFORCE PROFILING – FUTURE PROJECTIONS				ADDITIONAL STAFF NEEDED			
Number of CYP accessing community CAMHS each year (caseload)	Equal to	Equivalent % of total in need (approximate)	Additional WTE staff required	Consultant Psychiatrists	Registered Nurses	Clinical Psychologists, Psychotherapists, Allied Health Professionals, and Mental Health Practitioners	All other disciplines
170,500	Existing levels	25%	N/A	N/A	N/A	N/A	N/A
240,500	Additional 70,000	35%	3,251	232	964	1,417	638
341,000	Additional 170,500	50%	7,919	581	2,411	3,542	1,385
545,600	Additional 375,100	80%	17,421	1,277	5,301	7,793	3,050
682,000	Additional 511,500	100%	23,756	1,742	7,232	10,627	4,155

Table 4: Future projections for the CAMHS workforce to respond to the needs of children and young people[35]

The Commission has concluded that simply investing in 'more of the same' would neither be feasible (in terms of funding or workforce capacity) nor sufficient to address the potential scale of need. What is required is a twin-track approach with increased investment in support and treatment alongside a concerted drive on prevention. It is also evident that, on average, less than half of young people referred to CAMHS were subsequently accepted for treatment[36]. Poor mental health is also associated with an increased risk of young people dropping out of education, which will adversely affect their employment prospects and earning potential[37]. This picture of late and insufficient support for young people's mental health supports the Commission's call for a radical re-think of the paradigm of waiting for symptoms to appear before the impact of poor mental health of children and young people is recognised.

Effective prevention can be achieved through a combination of targeted new investment and whole-system re-modelling of existing provision for young people to foster resilience and minimise the incidence and long-term impact of adverse childhood experiences, such as sexual abuse or domestic violence. This requires both national and local government leadership to work together with the education sector, health services, employers, and the community and voluntary sector to re-orient what they are already doing to provide a more coherent focus on young people's mental health.

The Commission believes that the current evidence offers a compelling case for a new paradigm that seeks to close the 'treatment gap' by closing the 'prevention gap'. This is the focus of this report and the Commission's Call to Action.

Concerned about this 'treatment gap', the Commission asked the NHS Benchmarking Network to draw on their data to profile the workforce implications of scaling-up access to treatment for young people. They estimated that ensuring all young people receive support from specialist mental health services would require approximately 23,800 additional staff at an estimated cost of £1.77 billion[38].

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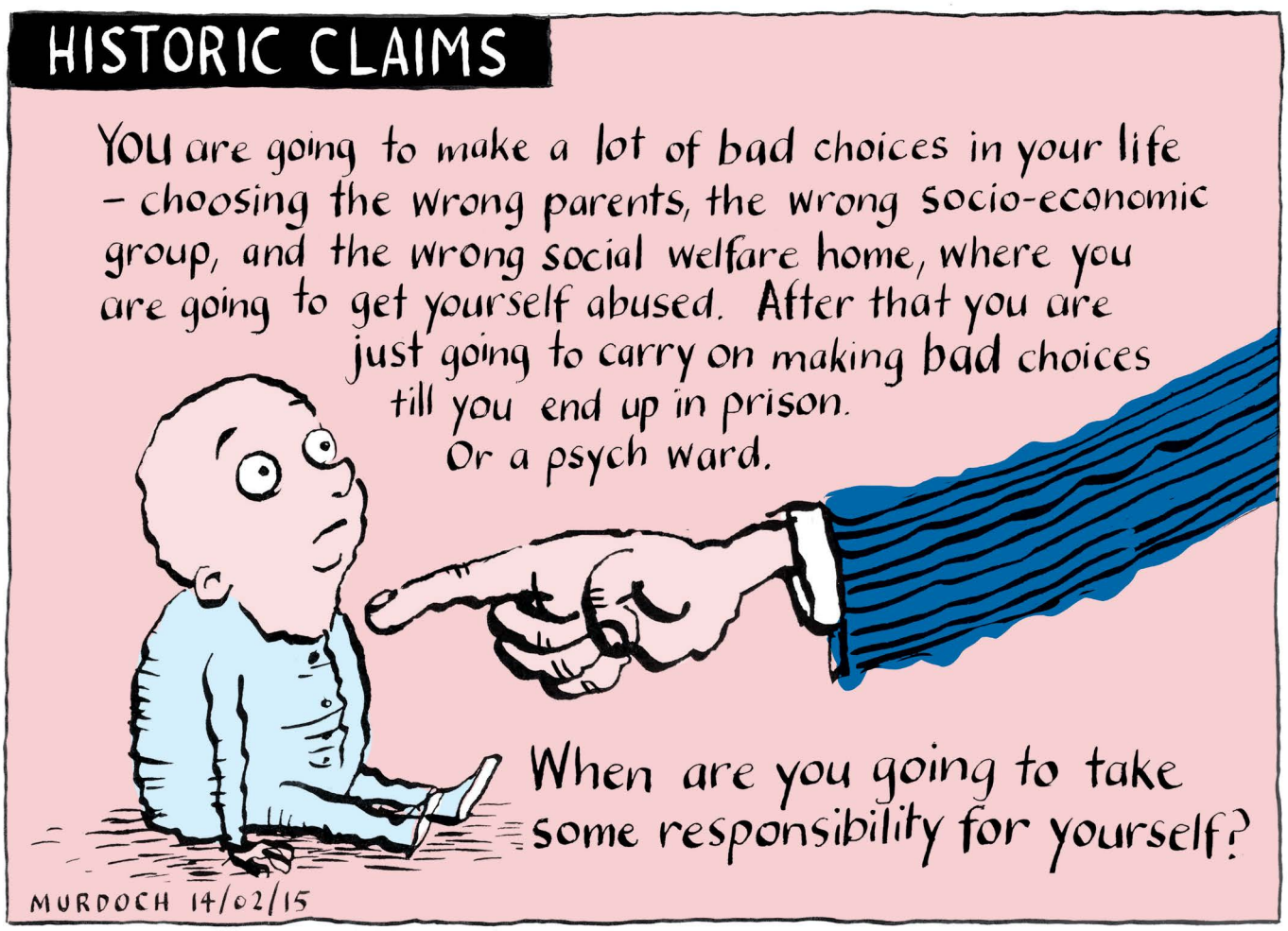

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NO SINGLE ACTION OR SINGLE AGENCY, IN ISOLATION, CAN ENSURE THAT THE CAUSES OF POOR MENTAL HEALTH ARE MINIMISED.

WHAT IS REQUIRED IS A WHOLE-SYSTEM PRIORITISATION OF PREVENTION AND EARLY ACTION IN CHILDHOOD AND ADOLESCENCE. THIS MEANS MAKING MENTAL HEALTH EVERYONE'S BUSINESS – AND BROADENING THE FOCUS BEYOND THOSE WHO ARE INVOLVED IN PROVIDING TREATMENT AND SUPPORT.

UNIVERSITY OF BIRMINGHAM | institute for mental health

Closing the mental health treatment gap is an impossible dream if we fail to stem the tide of people living with mental ill-health. While there remains an urgent need to significantly improve access to support and treatment, this alone is not sufficient. We must look 'upstream' and shift the focus towards maximising young people's resilience and minimising the risks to their mental health. It is by closing the prevention gap that we can close the treatment gap too.

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UNIVERSITY OF BIRMINGHAM
Edgbaston, Birmingham,
B15 2TT, United Kingdom
www.birmingham.ac.uk

Blackburn with Darwen SIF Inspection Action Plan

Inspection date: 25th September – 19th October 2017

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
1. Ensure that all assessments are timely and updated to reflect changes in the children's lives, and to take account of their history and identity needs. Key success indicators: all assessments are completed within timescales (unless there is a good reason not), and are updated at significant events as measured through performance data and audits. Assessments clearly evidence analysis of historical information and acknowledge identity.				
Summary: A number of the agreed actions have been completed within timescales. However, audits completed in January 2018 indicate that this is not yet fully embedded within the service, with assessments not always being completed in accordance with the guidance. The audit will be repeated in October 2018 to assess progress in this area and this will include longer term child protection cases including those where neglect is an issue. Performance data shows that cases are moving more quickly through system which could be linked to stronger assessment and planning however this needs to be tested through further performance information and audits.				
a. Review and relaunch What Does Good Look Like (WDGLL) Guidance	Head of Social Work Service	January 2018	Guidance has been reviewed and re-issued to staff.	Complete
b. Review the trigger points at which to update assessments	Principal Social Worker	February 2018	Procedures have been reviewed and updated on Tri.X.	Complete
c. Improve induction for new staff	Principal Social Worker; Lead HR Consultant, Workforce Development	March 2018	An updated version of the online Virtual Learning Environment (VLE) was launched in July. Checklists and training requirements have been streamlined with all offline content moved online. It has been agreed that all social workers and team managers will receive 1 week clear of case allocation to follow the revised induction programme. New recruits to the department are testing the changes, including the new Director of Children Services. Use of the environment will be monitored by the Strategy, Policy & Performance team during the initial implementation phase and reported to Senior Management.	In progress
d. Best Practice team to deliver mandatory training	Principal Social Worker	March 2018	Training delivered (and this is part of the Best Practice team ongoing support).	Complete

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
e. Mandatory workshop for managers and Independent Reviewing Officers (IROs)	Principal Social Worker	April 2018	Training delivered.	Complete
f. Review active assessments to ensure that any areas for development can be addressed on the assessment before it is finalised	Principal Social Worker	August 2018	This is seeking to ensure learning is delivered as part of the process, rather than a retrospective audit of the quality of the work.	In progress
2. Ensure that children's plans contain clear actions, timescales and outcomes, and that actions are progressed effectively to avoid drift and delay for the child. Key success indicators: effective and appropriate plans evidence that the right offer of support is being provided at the right time; permanence options are considered at the earliest opportunity; any drift and delay is addressed swiftly.				
Summary: Since the inspection there have been several processes established to enable senior management oversight of key areas/plans. There is now greater system process and oversight at a senior level although the impact of this is yet to be seen in practice as evidenced through audit findings. A thematic audit on assessment and planning was completed in January 2018 which indicated some progress but this is still inconsistent, and we are not yet where we need to be. A repeat of the assessment and planning audit is scheduled for October, and will highlight whether these processes are having an impact.				
a. Revise format of plan	Head of Social Work Service	Dec 2017	Development of the plan format was delayed pending findings of a planned audit for January. Following the audit, the plan format has been simplified and changes were recently implemented. It should be noted this is an interim solution, a fundamental review of plans needs to be undertaken in the Autumn to consider new functionality that is now available on the recording system, which will require significant resource from SPP/Systems, QA, Social Care Managers and Social Workers, and additional financial investment. Impact of this work will be assessed as part of a repeat assessment and planning audit scheduled for October.	Complete
b. Deliver mandatory training to managers and IROs around plans	Principal Social Worker	May 2018	Completed	Complete
c. Train social workers on new plan format	Principal Social Worker	May 2018	Completed	Complete

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
d. Ensure senior management/IRO oversight of all plans to strengthen challenge around potential drift and delay	Service Leads; Independent Reviewing Officers	December 2017 – April 2018	Since the inspection there have been a number of new processes to provide formal management oversight, such as: • Children in Need (CIN) tracking - weekly • Permanence Panel – fortnightly (by theme) • Adoption Tracking Panel – 6 weekly • PLO tracking – with Service Leads chairing care planning meetings • Commissioned external review on the use of child protection planning	Complete
3. Ensure that the transition arrangements for disabled children are focused on the needs of the individual child and that clear plans are in place well before their 18th birthday. Key success indicators: audits identify that children are receiving the services they need to meet their needs when they turn 18 (with no delay); young people and families report that they are happy with their transitions arrangements.				
Summary: Progress has been made on individual component issues but these are part of a much larger issue that faces the Council around provision for this group of young people as they become adults. They are amongst the most intensively supported children and will remain so as adults, and fundamentally a review of local provision is needed for this group of citizens. The establishment of the Transition Panel is ensuring greater visibility of cases; so far the group has reviewed 36 young people aged 17 and 18 years, with a further 58 aged 13-16 years who will be coming through the group for review once resources have been configured appropriately.				
a. Establish a multi-agency focus group to review transitions and consider timing of an earlier transition point	Service Lead, Children in our Care (CIOC), Children with Disabilities (CwD) and Leaving Care	January – October 2018	The group has established a monthly Transition Panel, which reviews all cases of young people who are due to transition. The group has agreed that transitions needs to start from the age of 14, with a graduated approach that sees involvement of Adult Social Care (and the level of co-working) increasing gradually as the young person approaches their 18th birthday. Work is underway to review structures and services that will enable this.	In progress
b. Develop Memorandum of Understanding between DCS, Director of Adult Social Services (DASS) and Clinical Commissioning Group (CCG)	Director of Children's Services	August 2018	The 0-25 Joint Commissioning Group has reviewed Terms of Reference and ensured a greater strategic focus, with clear governance in place which will align to broader integration. As a result, a separate Memorandum of Understanding is not felt to be required at this time.	Complete

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
c. Interim review of young people aged 13 years and over who are likely to transition to identify transition plan(s) for those children, pending outcome of wider reviews around processes	Service Lead, CIOC, CwD and Leaving Care; Service Lead, Service Lead, Specialist Services (Adults Social Care)	March 2018	A list of children aged 13 years upwards who are likely to transition has been shared with relevant colleagues; a Transition Panel has been established to review all cases of children and young people who are due to transition, based on these lists. Currently, only the 17 year olds are being looked at although the intention is to move through the list in age order.	In progress
d. Develop clear procedure, outlining expectations and offer to young people and families	Service Lead, CIOC, CwD and Leaving Care Head of Strategic Commissioning (Adults, Communities and Prevention)	July 2018 March 2019	We have worked with young people to produce a Transitions Guide which is now complete. The Council's offer for care leavers is also published on the Council website. In terms of defining the local offer, this will be addressed through the development of community provision; a working group has been established and the first meeting scheduled for September. This will explore how personal budgets could be used, and how we can link in with the adult learning provision in-borough.	In progress
4. Improve the quality and timeliness of pre-proceedings work, particularly in relation to chronic neglect, and ensure that monitoring systems are in place to prevent delay. Key success indicators: Pre-proceedings work is timely and any exceptions are clearly understood and reviewed on a regular basiss by senior management; audits by senior management, IROs and the DCS do not find issues of drift and delay.				
Summary: There are fewer cases open to Public Law Outline (PLO) for longer periods of time, and we are operating to tighter timescales. There has been significant improvement around case recording with the introduction of tracking systems. Service Leads oversee care planning meetings, which is an example of the stronger management oversight through system. An external review of child protection planning was recently commissioned, and the report is currently being considered by the Senior Leadership Team (SLT) and a separate action plan will be produced.				
a. Re-launch the Neglect Strategy	Head of Social Work Service; Principal Social Worker	January 2018	The Strategy has been launched and shared with the Local Safeguarding Children Board (LSCB), who have developed a multi-agency action plan.	Complete

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
b. LSCB to have closer line of sight to practice around neglect	LSCB Chair	January 2018	The case of concern (involving neglect) that was referred in during the SIF inspection has been referred in to the LSCB for a Multi-Agency Concise Review, to provide an opportunity for learning across the partnership. It has also been agreed that the LSCB will include neglect on the multi-agency audit plan in the next year.	In progress
c. Introduce formal tracking systems for CIN and Public Law Outline (PLO) cases	Head of Social Work Service; Head of Service, Policy Planning & Performance	November 2017	Formal Public Law Outline (PLO) tracking processes were introduced in October 2017; CIN tracking systems were implemented in November.	Complete
d. Ensure families have an offer of Family Group Conferencing (FGC) either prior to or in pre-proceedings	Service Lead, Early Intervention & Prevention	December 2017	All staff are aware of the need for an early offer of FGC. The Head of Service looks for evidence of the FGC offer in case decision forms requiring approval. The creation of the team and the raised awareness saw a significant increase in FGC activity in January and February, with around 60 referrals per month. This has since settled to an average of over 40 per month. In August, the Head of Service for Early Help & Support and two Service Leads from Safeguarding reviewed CP cases over 12 months old and identified that the majority have had an offer of FGC.	Complete
e. Create capacity within the fostering service to undertake more timely assessments of connected others.	Head of Social Work Service	March 2018	After initial delay in approving new posts, in February 2018 it was agreed to recruit 2 new social workers and these posts were recruited to in early April, commencing in post in July. An additional Fostering Service Manager post has also been created to increase managerial oversight of this area. All connected persons work has now transferred to the Permanence sub-team in Fostering; this includes Regulation 24 assessments, viability assessments and combined	Complete

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
			SGO/Family and Friends Fostering assessments. A great deal of work has been undertaken to ensure that the required systems and processes are in place and to ensure that work is quality assured and promotes timely permanence planning for children. This work is being overseen by the Permanence Panel which has been established to ensure senior management oversight of care planning and to drive the permanency agenda. This will also be monitored through audit, with quarterly Quality of Practice meetings established to discuss learning.	
f. Ensure that where children are experiencing neglect that all assessments are underpinned by the graded care profile tool	Principal Social Worker	November 2017	The recording system has been modified so that the graded care profile tool is attached to the assessment. This will be monitored through audit to ensure processes are being followed. Training on use of the graded care profile has been delivered by the Principal Social Worker, and was mandatory training for all social workers. There has been some training delivered to partners by social care, but this is to be taken forward by the LSCB as part of their multi agency training programme; this is to ensure that the safeguarding partnerships are able to identify and respond to neglect concerns appropriately.	In progress
g. Ensure greater evidence of direct work, informing future planning	Head of Social Work Service	November 2017	Business Support have reviewed documents that sit outside the Protocol system, including direct work tools. Guidance has been issued to all workers setting out how direct work should be recorded – which should make evidence of direct work more apparent, and can then inform planning more effectively. The Strategy, Policy & Performance (SPP) team is reviewing the extent to which the new recording is being used and will update senior management accordingly. Future audits will	In progress

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
			consider how this direct work has influenced the daily lived experience of the child.	
h. Review reporting of this area to ensure greater visibility	Head of Service, Policy Planning & Performance; Head of Social Work Service	October 2017 - February 2018	Reporting of children subject to Public Law Outline work is now captured in weekly reports provided to managers, Service Leads and Heads of Service.	Complete
i. Ensure effectiveness of intervention through increased senior management oversight	Service Lead, Review & Quality	January 2018	All Child Protection Plan (CP) cases will be reviewed by a Service Lead one month prior to the 3rd review conference, challenging any issues and generating appropriate actions.	In progress
j. Increase DCS line of sight to front line practice in this area	Director of Children's Services	January 2018	The fortnightly Tier 3 audits held by the DCS were re-focused on pre-proceeding cases. This provided the DCS with line of sight to front line practice in this area and able to provide effective support and challenge to workers on their PLO cases.	Complete
5. Ensure that life-story work and later-life letters are available for children looked after to assist each child's understanding of their history and plan for their future. Key success indicators: Audits of children's case files evidence good quality life story work completed at the appropriate point.				
Summary: There have been capacity issues in ensuring that the resources/support set out in the life story procedure has been available; however training has been delivered to social workers to remind them of the expectation. Social work capacity (high caseloads) has limited the opportunity to deliver regular direct work sessions to children. The new Head of Service for Permanence will lead on this area when they commence in post in early October. In the interim, the main focus is on ensuring that all contact with the child is purposeful, and informed by the child's daily lived experience. Following a recent audit on statutory visits and engagement a new statutory visit template has been rolled out, to ensure that a more purposeful visit takes place which is informed by the child's daily lived experience. This will be reviewed through a thematic audit.				
a. Review support materials available	Head of Social Work Service	December 2017	Comprehensive materials are available however it was identified that the procedure needed to be more explicit on expectations around recording of direct work; this has been added as a separate action.	Complete
b. Review policy	Principal Social Worker	January 2018	Meeting held in January to review policy; policy fit for purpose a minor amendment suggested to the membership of the virtual team. Policy revised and changes submitted, although they will not be live until the next Tri.X update in September 2018.	Complete

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
c. Deliver life story workshops	Head of Social Work Service	June 2018	These have been delivered by the Play Therapist and were well attended.	Complete
d. Reinstate the life story virtual team	Head of Service, Permanence	December 2018	Due to capacity issues there has been a delay in reinstating the team and the associated processes. This will be a priority for the new Head of Service, Permanence who is joining BwD in October.	Not started
e. Relaunch revised arrangements to all staff	Head of Service, Permanence	January 2019	Dependent on d) above	Not started
6. Ensure that personal education plans for children looked after involve children and young people and are specific about targets and achievements, and that the impact of pupil premium funds is monitored and used to best effect. Key success indicators: All looked after children have a PEP which is reviewed each term; high quality Personal Education Plans (PEPs) are seen in termly audits; regular analysis of pupil premium funding is undertaken and reported to the Virtual School Governing Body.				
Summary: There has been lots of activity within the department in progressing actions. From September 2018, there are increased statutory duties for the Virtual School Headteachers in relation to Previously Looked After Children and as a result there is a need to revisit remit and focus of the team, and the actions needed from schools.				
a. Review PEP format	Virtual Headteacher	September 2017	New annual format of PEP ensures that targets from previous term(s) are monitored and providing greater oversight. The new PEP format was implemented in September 2017. An annual document being updated termly is working better, progression is clearer, as is the impact of pupil premium.	Complete
b. Review Children in our care (CIOC) Pupil Premium Plus policy	Virtual Head	March 2018	The new policy was presented to the Virtual School Governing Board in June. There has been good engagement with CIOC Professionals (including Designated Teachers) regarding our proposed approach.	Complete
c. Virtual School to offer mandatory training for practitioners in relation to PEPs and Pupil Premium plus (PP+).	Virtual School	November 2017	Additional termly training on target setting has been added to the training plan and will be a recurring event. General training will continue to be included in the Virtual School training plan for the 2018/19 academic year.	Complete
d. Deliver mandatory training for social workers	Virtual Head	April 2018	These were delivered in April; further mop-up sessions will be held for those who were unable to attend.	Complete
e. Hold regular PEP drop-in sessions for social workers	eLAC Manager	September 2018	In April, it was agreed that the eLAC Manager will hold regular drop-in sessions for social workers. These will begin in the new academic year, alongside the PEP updates.	Not started

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
			In the meantime, social workers have been provided with contact details for the team with an invitation to contact at any time for support, advice and guidance and the team have had some positive uptake on this.	
f. Build capacity within the Virtual School for monitoring use and impact of PP+ and ensuring compliance and quality within PEPs.	Virtual Head	March 2018	The Virtual School Headteacher intends to recruit a PEP Co-ordinator to scrutinise target setting, amongst other things (the successful candidate will be a qualified teacher as is standard in other local authorities). This can be funded using Pupil Premium, however there have been delays in getting approval to recruit to this post. In the meantime, the service are in discussions with a recently retired Virtual Headteacher with a view to commissioning this service.	In progress
g. Review recording of PEPs	Virtual Head; Service Lead, Quality Assurance (QA), Inspections & Systems	September 2018	PEPs are not currently recorded on the Protocol recording system; a demo of a Professional Portal took place in April and there is an agreement in principle that this is the way forward. Funding needs to be resolved and system configuration needs to be fully tested. During Autumn term the Virtual School will begin testing and pilot activity.	In progress
7. Improve work experience and apprenticeship opportunities for care leavers. Key success indicators: increased number of care leavers in education, employment and training (EET).				
Summary: There has been lots of focused activity around the Council offer this year, a more detailed review of the impact of this work and comparison to previous years will be completed by the Strategy, Policy & Performance (SPP) team.				
a. Ensure Employment and Skills Strategy includes provision for additional support to care leavers within the Council.	HR & Workforce Strategy Manager	January 2018	Strategy has been updated to explicitly reference care leavers as a priority: *5.1 We will develop new strategies to support care leavers into employment.*	Complete
b. Explore apprenticeship opportunities for care leavers within the Council	HR & Workforce Strategy Manager; Leaving Care Manager	January – July 2018	A task and finish group was established to identify the key actions required. It was agreed that the Council must lead by example by providing apprenticeship opportunities, before we can approach partners. As part of the recruitment for the September 2018 apprentice intake, care leavers were	In progress

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
			guaranteed an interview to any posts they applied for. All care leavers were written to personally, inviting them to the Council open evening in April and Personal Advisors supported a number of care leavers in accompanying them to the event. 3 care leavers have been offered apprenticeships, with an additional young person carrying out work experience in another team. Work experience for care leavers outside of the apprenticeships programme is also being considered by HR colleagues, and opportunities through volunteering will be considered through Lancashire Volunteer Partnership.	
c. Specify the resource and support requirements necessary to ensure that care leavers are successful in completing their apprenticeships	HR & Workforce Strategy Manager	April 2018	A document has been developed which sets out the Council's commitment entitled 'Supporting our care leavers – Apprenticeships and work experience'. The Leaving Care Team will develop training for managers within the Council so that managers know what to expect, how to provide the appropriate support and manage their young person to give a better chance of success. We will also have to consider our own internal HR policies to ensure the needs of care leavers can be met.	In progress
d. Develop Work Ready course for care leavers	Leaving Care Manager	May 2018	A Work Ready course has been developed for care leavers, as a pilot with Training 2000. The first six weeks will be spent working at Training 2000, where they will learn employability skills such as CV development and interview skills. A 3 week work experience placement will then follow, moving the young people around so they can experience different positions. 13 young people started their course in May.	In progress
e. Develop traineeship programme	Leaving Care Manager	May – September 2018	A traineeship programme has been developed in partnership between BwD Leaving Care, Blackburn Rovers Community	Complete

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
			Trust and the English Football League Trust (EFLT). This will see the delivery of a traineeship programme for 16-25 year olds. It will start in September in and will focus on personal social development and will require young people to undertaken tasters in different areas. The qualifications will be accredited by West Lancashire College, whilst on the course the young people will be covering: • Employability • Personal and Social Development • First Aid Qualification. • Level 1 Football or Netball Coaching Badge / or sport related depending on what the young people would like to cover.	
f. Increase offer of supported internships for pupils with Education, Health and Care Plans (EHCPs)	HR & Workforce Strategy Manager; Post-16 Manager	August 2018 – September 2019	The Post-16 Manager is exploring options for taking this forward in a small pilot, working with 2 or 3 test employers in collaboration with the LA. St Mary's College will be the lead provider of learners initially (Blackburn College, Crosshill and Newfield are also part of the working group). The group is considering providers for a 'supported employment' service (necessary for the success of the programme). We will also consider creation of supported internships for young people with SEND (but not necessarily EHCP) once we have a successful model. Agreed a September 2019 start for the first cohort.	In progress
g. Influence external partner organisations to consider creation of employment opportunities for care leavers.	Chief Executive; Director of Children's Services; HR & Workforce Strategy Manager	March 2019	As internal processes and support are proved to be successful, we will then look to expand on this with partners.	Not started
8. Ensure that supervision for all staff is both regular and reflective, and promotes high-quality social work practice.				

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
Key success indicators: good quality supervision records; staff report feeling supported by their managers; no drift identified.				
Summary: An audit of supervisions took place in July and this confirmed that personal supervisions are still not taking place as per policy. The Head of Service for Social Work is meeting with social workers to gather their views to feed into the audit. Refresh workshops need to be held to ensure that all staff are clear on the expectation set out within the policy and guidance - further training and support will be rolled out in September. The audit confirmed issues with consistency between managers and their recording, this will be addressed through workshops and through their own supervision. The policy around reflective supervisions needs to be reviewed in light of capacity; we know that reflective discussion takes place but it is not recorded (and this was evident in discussions with inspectors).				
a. Improve recording of personal supervisions	Head of Social Work Service; Principal Social Worker	March 2018	The main issue lies in capacity: personal supervisions are either not being completed and/or recorded by managers. This issue has not been helped by the lack of a single recording system by which managers can effectively monitor their compliance with the supervision policy (see next action). Recent audits (July 2018) indicate that this remains an issue.	In progress
b. Consider how supervision is monitored and reported at a senior level	Head of Service, Strategy, Policy & Performance	March 2018 September 2018	The Corporate HR recording system does not provide a facility to record supervisions and monitor supervisions due/overdue. This may be a feature of future developments but in the absence of a confirmed solution, the department has created their own central recording system on Sharepoint, which was launched in April. This will enable managers to see at a glance any overdue/due supervisions but will also provide data for senior management which will be included as part of performance reports. This is being monitored by the SPP team to assess effectiveness.	In progress
c. Ensure that all workers are aware of the requirements for supervision and have signed a supervision contract	Head of Service, Strategy, Policy & Performance	July 2018 September 2018	The induction processes have been reviewed to ensure that the supervision policy and supervision contract are covered as part of the online induction via the Virtual Learning Environment (VLE). The Strategy, Policy and Performance team are reviewing supervision contracts to ensure that all workers have signed and understood the requirements/expectation.	In progress

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
9. Ensure that the performance monitoring framework analyses and reports on children's individual experiences, as well as the compliance of the activity undertaken by social workers. Key success indicators: Performance framework provides more child level data to enable managers to drill down into key areas; audits that focus on areas that matter most to our children and young people.				
Summary: Performance and QA have been reviewed since the inspection, with performance reports enhanced so as to be meaningful at a child level and the approach to QA has changed to a thematic model.				
a. Review performance framework – reports provided, indicators routinely included/analysed	Head of Service, Strategy, Policy & Performance	January 2018	Refinement of weekly, monthly and quarterly reporting has been completed. There has been significant progress in combining most individual reports into a single master list of children and young people with a range of key indicators, which is also now being used as the core of the data to be used in the permanence tracker (see c below)..	Complete
b. Enable users to run their own interactive reports	Head of Service, Strategy, Policy & Performance	December 2018	There has been a review of the available software options and the consensus is that the current product is appropriate although an update to the current version is needed, and there are discussions with IT to ensure this happens. We have met with the provider and explained the specific needs for our reporting, and they have committed to providing support so that this can be achieved. In the interim, we have revised the reports that are being distributed and have created a child level report that can be interrogated by team managers and service leads to follow up performance issues identified in other reports.	In progress
c. Development of a tracker for children and young people from the cusp of care to permanence	Head of Service, Strategy, Policy & Performance	April 2018	Tracker for cases in pre-proceedings have been created and are being used and refined (see 4c) A full permanence tracker, similar to that used by Rochdale MBC in their recent inspection, is under development.	In progress
d. Identify additional resource to increase reporting capacity	Head of Service, Strategy, Policy & Performance	September 2018	The team have been successful in securing corporate approval to a Data Analyst Apprenticeship. The apprentice will commence in post in September. In the meantime, resource in the team has been reconfigured to provide more capacity around reporting.	Complete

Action	Lead Officer	Timescales	Progress/Comments	RAG Rating
e. Review QA framework	Service Lead, QA, Inspections & Systems	January 2018	The QA Audit programme has been refocused, less on compliance and more on the child's lived experience. The department now operates a quarterly thematic model of auditing and all toolkits have been revised. Feedback from social workers and managers so far has been positive as it is felt to create better learning opportunities.	Complete
f. Involve children and young people in audit activity	Service Lead, QA, Inspections & Systems; AST Team Manager	September 2018	We have undertaken some early, brief consultation with young people who particularly liked the idea of using technology to capture their views. We are looking at ways of doing this through text platforms and young people portals. A small focus group of young people is being pulled together to help us develop this further and this will take place in August/September.	In progress

Inspection Update: Transitions

The Ofsted SIF inspection identified an issue with regard to transitions arrangements, with the following recommendation made by the inspection team: *Ensure that the transition arrangements for disabled children are focused on the needs of the individual child and that clear plans are in place well before their 18th birthday.*

While the recommendation was primarily focused on arrangements between children's and adult social services, transition is a wider issue encompassing other partners, with particular emphasis on health.

Social Care & Health

Senior Managers within Children's and Adult Services have agreed in principle that transition should begin at 14 years of age; this requires formal approval and consideration of budgets in order to achieve this as there would need to be changes to resourcing. In the meantime, a transitions operational group has been established and meets monthly to review those who are due to transition. A list of young people aged 13 and over was shared with colleagues in Adult Services to identify those young people who are expected to receive support from Adult Services in the future. The transitions group is focusing on the 17 year old cohort, with plans to work downward chronologically through the full list.

The group has also worked with young people to co-produce a Transitions Guide, providing useful information for young people and their families.

The 0-25 Joint Commissioning Group ensures that there is discussion with health colleagues around transition cases and individual need. With regard to health, the main issues tend to lie in the eligibility for adult services compared to the offer in children's, along with the timeliness of provision of those services.

Education & Employment

From September, Crosshill will be delivering post-16 provision, targeted at those 16-18 year olds who are not quite ready to access further education in a mainstream FE college, thus providing additional time to get children and young people ready and developing their independence. The bigger issue in relation to SEND is post-19 transition; for some of our most complex children attending Newfield, once they reach 18 there is a lack of suitable, specialist provision in-borough. Parents tell us they want a safe place for their young adults to go during the day but there is nothing in-borough that families feel is appropriate. This was a feature of the SEND annual review. There is some work to do with parents and carers to agree on a "perfect week" (or something similar) might look like, however provision does need to be addressed.

The Head of Strategic Commissioning (Adults, Communities and Prevention) is leading on the development of community provision; a working group has been established and the first meeting scheduled for September. This will explore how personal budgets could be used, and how we can link in with the adult learning provision in borough.

In terms of employment opportunities, the Post-16 Team Leader is leading on the development of supported internships, to look at how we can offer employment opportunities and development for care leavers and also children with SEND. There was a separate recommendation within the Ofsted report: *Improve work experience and apprenticeship opportunities for care leavers.*

Transition arrangements will be under scrutiny in any future inspection in Blackburn with Darwen, whether this is part of a focused visit under the ILACS (Inspection of Local Authority Children's Services) framework (where progress against the SIF inspection action plan will be reviewed) or as part of the local area inspection of arrangements for children with special educational needs and disabilities. Both of these inspections are likely within the next six to twelve months.