



**Minutes of the Children and Young People's Trust  
Executive Group Meeting  
Held on 17 January 2014**

<b>Present:</b>	
<b>Core Members</b>	
Rachel Dickinson (Chair)	BMBC CYPF, Executive Director for Children, Young People and Families
Dr Clare Bannon	Barnsley Clinical Commissioning Group (CCG), Clinical lead
Cllr Tim Cheetham	Lead Member, Children, Young People and Families
Jenny Miccoli	Barnsley College, Vice Principle
Bob Dyson	Barnsley Safeguarding Children Board Independent Chair
Ruth Jefferson	BMBC, Adults and Communities, AED Disability and Provider Services
Brigid Reid	Barnsley CCG, Chief Nurse
Sharon Stoltz	BMBC Public Health, Acting Director
David Whitaker	Springwell School Principal, representative for Secondary Headteachers
Gerry Wilson	High View/ Park Street Executive Head, representative for Primary Headteachers
Sue Wing	SWYPFT, Deputy Director of Operations
Ian Hanks	Job Centre Plus/DWP, External Relations Manager
Nigel Middlehurst	Voluntary Action Barnsley External Services Manager
<b>Deputy Members</b>	
Sara Morrissey	Head of Barnsley Challenge, Learning and Standards (for Phil Lawson) (for item 5)
Deb Mahmood	South Yorkshire Police (for Chief Superintendent Andy Brooke)
Margaret Bruff	Elected Member
<b>Advisers</b>	
Richard Lynch	BMBC CYPF, Strategy and Service Manager Joint Commissioning
Paul Thorpe	BMBC CYPF Performance and Quality Assurance Manager (attended for agenda item 10)
Sue Hare	BMBC CYPF Head of Joint Commissioning, Policy and Trust Governance
<b>In attendance</b>	
Anita Dobson	Public Health (for item 11)
Angela Tracey	BMBC CYPF (for item 12)
Sharon Cooke	BMBC CYPF (for items 13 and 17)
Mike Kemp	BMBC CYPF (for items 13 and 17)
Kay Bennett	Public Health, Infant Feeding Strategy Coordinator (for item 15)
Denise Brown	BMBC CYPF Governance, Partnerships and Projects Officer (Minutes)

		<b>Action</b>										
1.	<p><u>Apologies</u></p> <p>Apologies were noted from:</p> <table border="0"> <tr> <td>Heather McNair</td> <td>Barnsley Hospital NHS Foundation Trust</td> </tr> <tr> <td>Phil Lawson</td> <td>BMBC CYPF, AED Lifelong Learning, Achievement and Enterprise</td> </tr> <tr> <td>Jean Imray</td> <td>BMBC CYPF, AED Safeguarding, Health and Social Care</td> </tr> <tr> <td>Helen Richardson</td> <td>BMBC CYPF, AED Strategic Services, Partnership and Commissioning</td> </tr> <tr> <td>Carianne Stones</td> <td>VAB, Healthwatch Manager</td> </tr> </table>	Heather McNair	Barnsley Hospital NHS Foundation Trust	Phil Lawson	BMBC CYPF, AED Lifelong Learning, Achievement and Enterprise	Jean Imray	BMBC CYPF, AED Safeguarding, Health and Social Care	Helen Richardson	BMBC CYPF, AED Strategic Services, Partnership and Commissioning	Carianne Stones	VAB, Healthwatch Manager	
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2.	<p><u>Announcements</u></p> <p>There were no announcements made.</p>											
3.	<p><u>Identification of confidential reports</u></p> <p>Reports to be treated as confidential are:</p> <ul style="list-style-type: none"> <li>• Workforce Development Strategy 2013-16 - due to it's draft status</li> <li>• Breastfeeding report - as it contains sensitive information</li> </ul> <p><u>Declarations of any conflict of interest</u></p> <p>It was noted that 20 response forms had been submitted so far. Members who had not yet completed the 'declarations of conflict of interest' form were encouraged to do so.</p>											
4.	<p><u>Minutes of the Trust Executive Group meeting held on 15 November 2013 - for accuracy</u></p> <p>The minutes were approved as an accurate record of the meeting subject to an amendment to the final paragraph of item 4 on page 3. It was noted that the correct person to follow up the need for midwives to consistently complete CAFs is Heather McNair, and Sue Wing undertook to discuss this with her.</p>	Sue Wing/ Heather McNair										
4.1	<p><u>Action log / matters arising</u></p> <p>The action log was updated:</p> <p>It was agreed that all the actions relating to June 2013 could now be closed.</p> <p>Actions from September:</p> <ul style="list-style-type: none"> <li>• Item 10.2 - The terms of reference of the Child Health Programme Board (CHPB) are with the Clinical Commissioning Group (CCG) for comment. The work programme for the CHPB is under discussion. It was agreed that an update would be given at the next TEG meeting on 14 March 2014.</li> <li>• Item 12.2 - It was agreed that a paper be submitted to the next TEG meeting to analyse progress made by mainstream pupils with special educational needs in Barnsley, and to propose a strategy to focus resources more effectively and recommend actions that can be taken to close the attainment gap.</li> </ul>	Sharon Stoltz  Sara Morrissey										

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	<p><i>(Sara Morrissey arrived at the meeting)</i></p> <p>Actions from November:</p> <ul style="list-style-type: none"> <li>• Item 2.2 - Pioneer in integrated care and support. Sue Hare explained that the local authority and health partners were in the process of making a bid to the better care fund. It was unclear at this stage how children's services would benefit, however, Sue undertook to share further information once it becomes available.</li> <li>• Item 4 - Quality Assurance Audit - CAF. The action was to ensure that the learning from this audit is disseminated and acted upon by all staff; that workforce development issues be considered; and to ensure outcome focused CAFs. Brigid stated that there had been no feedback from the CCG. Rachel requested that feedback be prepared in time for the Think Family Programme Board meeting on 23 January, even if there is a nil return. Nigel stated that the audit had been discussed by VAB and would be taken into account.</li> <li>• Item 8 - Ofsted Improvement Board. The self-assessment had been completed and submitted on time. A peer review challenge had resulted in general agreement with the identified strengths and weaknesses, although it was felt that early years could be improved upon. Sue undertook to circulate the amended document, and Rachel suggested that it be put on the TEG agenda for March 2014 for discussion.</li> <li>• Item 11 - Year 10 Survey - Dave stated that schools had received their individual survey results and are working on them. Dave undertook to arrange for Public Health Colleagues to attend a future Headteacher's meeting.</li> <li>• Item 15 - Clare to follow up the CCG's response to the CYPT Communication Framework.</li> </ul>	<p>Sue Hare</p> <p>Sue Hare</p> <p>Dave Whitaker</p> <p>Clare Bannon</p>
5.	<p><u>Barnsley Challenge Board - update</u></p> <p>Sara Morrissey gave the following update on the work of the Barnsley Challenge Board:</p> <p>Since the beginning of this term, progress checks have been carried out on secondary schools to ensure that children are attending school, and are making the progress they ought to be. Secondary headteachers are meeting on a fortnightly basis to prioritise actions in response to the Barnsley Challenge Action Plan. These inform agendas for regular network meetings of deputy headteachers and senior leaders in secondary schools who are currently working on issues relating to attendance, SEN provision and curriculum development. Although it is too early to demonstrate the impact of many of the actions taken to date, secondary school attendance percentages have improved and are now closer to the national average. Primary school attendance remains in line with the national average. Results from early entry into GCSE's for English are positive, but less so for Maths. The next challenge is to develop cross phase working between primary and secondary schools.</p> <p>Sara recorded her gratitude to consultant headteachers who have been helping the local authority to conduct quality assurance visits to all schools.</p>	

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	<p>Teachers in both primary and secondary schools are focussed on progress and there is a very focused drive towards making an impact.</p> <p><i>(Sara left the meeting)</i></p>	
6.	<p><u>Barnsley Safeguarding Children Board Meeting Minutes of 29 November 2013</u></p> <p>Bob highlighted the following issues discussed at the BSCB meeting:</p>	
6.1	<p><u>Child sexual exploitation</u></p> <p>An update was given to the BSCB on the current position in South Yorkshire re child sexual exploitation, particularly in Barnsley. Local achievements have been progressed through a multi agency approach and work is well under way within the police to address the issue. A dedicated team has been established to progress this work.</p> <p>Bob noted that placing local authorities (social care) are not consistently notifying the local authority/BSCB when a child is in the area, which could have implications if offenders were trying to find their victims. A paper on runaways from children's homes will be considered at the next BSCB meeting.</p> <p>Details have been circulated of an event for safeguarding leads which is being held on 24 February 2014.</p>	
6.2	<p><u>Provision of private residential care in Barnsley</u></p> <p>The Board received a report on the number of private residential care homes that are in the borough, including the number of children accommodated and the most recent Ofsted inspection results, all of which had been rated 'good' or 'outstanding'. More work is needed to ensure that this is up-to-date but it was acknowledged as being a good piece of work.</p> <p>It was noted that the regulations now state that private residential homes are required to tell the local authority that they are in their area.</p>	
6.3	<p><u>Children with disabilities and complex health needs</u></p> <p>The Safeguarding Children with Disabilities and Complex Health Needs Sub-Group is working on a gap analysis to identify what an outstanding service would look like, and what support may be required from the Board to provide a multi agency response to safeguarding children with disabilities and complex health needs locally. The outcome of the completed gap analysis would be reported to a future Board meeting.</p>	
6.4	<p><u>Multi-agency Safeguarding Hub (MASH)</u></p> <p>It was noted that following a joint meeting with the Safeguarding Adults' Board, it had been agreed to explore the potential to develop a multi-agency safeguarding hub (MASH).</p>	
6.5	<p><u>Safeguarding Reports from schools</u></p> <p>It was noted that about 80% safeguarding reports had been received from primary schools and Gerry undertook to follow this up.</p>	Gerry Wilson

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7.	<p><u>Ofsted Improvement Board Activity – update</u></p> <p>Rachel stated that following a 12 month review in December 2013, the Department for Education were positive about the good progress being made and are confident that Barnsley knows where it's been, where it's going and how to get there. The next piece of work is to build a plan for continuous improvement.</p> <p>An independent review was commissioned which will conclude at the end of January 2014. It is important to ensure that thresholds are clearer and that use of the escalation procedure is encouraged. It was suggested that the escalation process be reviewed through the BSCB.</p> <p>The next step is to establish a group of designated teachers to provide regular feedback.</p> <p><i>(Anita Dobson arrived)</i></p>	
8.	<p><u>Children and Young People's Plan draft Commissioning Strategy 2014-16</u></p> <p>The first draft of the Commissioning Strategy was considered. The document is intended to complement, amongst others, the strategies and plans related to the Children and Young People's Plan, including the Barnsley Challenge Board Plan and the Workforce Strategy. It is also key to the delivery of the Health and Wellbeing Strategy and will inform the developing commissioning arrangements within the local authority.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• The document was welcomed, particularly in challenging times of dwindling resources when it is important to set priorities.</li> <li>• The flow charts were found to be particularly useful.</li> <li>• The CCG undertook to ensure that their commissioning plans are aligned to this strategy.</li> <li>• Brigid felt that it would be helpful to discuss this at the Executive Commissioning Group.</li> <li>• Ruth suggested that the personalisation agenda (where a person can commission services on their own behalf) needs to be reflected.</li> <li>• Richard suggested that the document needs to say more about the duty for Adults and Children's Services to jointly commission packages of care. It is referenced on page 5 of the strategy but could be strengthened.</li> <li>• Gerry stated that schools experience a lot of issues around parenting and felt that this is not represented strongly enough. There is a need to look at what is being done to improve parenting skills. This was also something that the young people themselves had raised during discussions with them, and needs to be picked up as part of the think family approach. This will be amended on page 15 of the report.</li> </ul> <p><b>The Trust Executive Group agreed that:</b></p> <ul style="list-style-type: none"> <li>• The document would be amended and circulated during February 2014 for final approval and for partners to start applying it.</li> <li>• The Commissioning Strategy be published on the CYPFT website.</li> <li>• A commissioning action plan will be developed alongside the Commissioning Strategy.</li> </ul> <p><i>(Paul arrived)</i></p>	Sue Hare

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9.	<p><u>Think Family Programme Board - highlight report</u></p> <p>The work of the Think Family Programme Board is regarded as strategically and operationally important and is key to the delivery of the Health and Wellbeing Strategy and the Children and Young People's Plan 2013-16. The Think Family Programme work is the delivery engine of the Children, Young People and Families Trust.</p> <p>The importance of promoting the use of the CAF was highlighted, which hopefully will become a 'Think Family Assessment Framework'.</p> <p><b>The Trust Executive Group agreed to:</b></p> <ul style="list-style-type: none"> <li>• promote the work of the TFPB and the concept of considering the whole family in the work of their organisations;</li> <li>• note the next steps (on page 5 of the report);</li> <li>• note that the 'Think Family' programme of work will be circulated for consultation following a number of engagement activities with various reference groups (currently being planned);</li> <li>• secure strong communication links with relevant representatives on the TFPB, HWBB and CYPFT to ensure that the 'Think Family' message is systematically conveyed at all levels in organisations;</li> <li>• note that the next meeting of the 'Think Family' Programme Board is on January 23rd.</li> </ul> <p>Next steps:</p> <p>Sue to work with the TFPB to develop an overall timetable and action plan which will be circulated for consultation.</p>	Sue Hare
10.	<p><u>Health and Wellbeing Strategy - draft performance framework for children's health - for information and update</u></p> <p>The performance framework was considered and the following comments noted:</p> <ul style="list-style-type: none"> <li>• Priority 2 outcome 2 had been erroneously flagged red, but this had subsequently been accepted as incorrect.</li> <li>• Priority 3 outcome 4 - a revised indicator for this outcome is being developed.</li> <li>• Autism spectrum disorder indicators awaiting the launch of the ASD pathway.</li> <li>• Priority 3, outcome 5 - Brigid queried the 100% target for initial, and review of, child health assessments completed on time, as there was always likely to be one or two exceptions. Rachel stated that whilst the aim is to achieve 100%, a 5% tolerance would be acceptable.</li> <li>• It was agreed that more work is needed on setting targets, supported with the use of narrative, and that a debate needs to be had to support the target setting process. Setting targets provides the opportunity for children's issues to be raised at the Health and Wellbeing Board, and to ask for more support if targets are not being met. Sharon Stoltz stated that the Child Health Programme Board will take responsibility for developing that and reporting back to the TEG on progress. In relation to priority 4 indicators, it will be necessary to work with the identified leads to set tangible targets.</li> </ul>	CHPB

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	<b>The Trust Executive Group agreed to note the development of the framework and the progress made. The strategy will be reported into the Health and Wellbeing Board to measure progress on outcomes.</b>	Paul Thorpe
11.	<p><b><u>Health and Wellbeing Strategy for children and young people</u></b></p> <p>The strategy sets out the framework for collaborative working to improve the health and wellbeing of young people of Barnsley (11 -19 years of age). A wide range of partners had contributed to the development of the strategy, and it had been widely consulted on. Feedback had been positive with some minor amendments made. Some of the comments will feed into the action plan that will follow. Governance will be through the Child Health Programme Board. An equality impact assessment is being completed.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• Brigid stated that the strategy had been well received by the CCG who are committed to taking it forward.</li> <li>• It is important to ensure that the action plan is clear and duplication avoided.</li> <li>• It was agreed that e-cigs be included in the strategy. Bob pointed out that the strategy is focused on tobacco but that the sale of e-cigs have increased remarkably. It was noted that the NHS don't support the use of e-cigs as they still contain nicotine and therefore still have health implications. Legislation on their use is expected to be passed in 2015.</li> <li>• It was agreed that a paragraph is needed to make the link with the Health and Wellbeing Strategy. It was noted that the HWB Strategy is being refreshed and will include a focus on the young people's element of it, drawn from this strategy.</li> <li>• It was agreed that the strategy needs to clearly state that it is focused on those young people between 11-19 years of age who are judged to be Fraser competent.</li> </ul> <p><b>The Trust Executive Group agreed to approve the Children and Young People's Health and Wellbeing Strategy subject to the agreed amendments.</b></p> <p>A query was raised about how the needs of autistic children are met, and it was agreed that a time limited group be formed to develop a strategy specifically for those young people with autism. It was noted that autism is not addressed in the JSNA and Richard undertook to follow this up.</p> <p><i>(Angela Tracey, Sharon Cooke and Mike Kemp arrived)</i></p>	Anita Dobson  Richard Lynch
12.	<p><b><u>Barnsley Children and Young People's Trust Workforce Development Strategy 2013-16 Implementation Plan</u></b></p> <p>The report provides an update on progress towards achieving implementation of the Children's Trust Workforce Strategy, including proposals for action and delivery, and how performance and impact of the plan will be monitored.</p> <p>The Implementation Plan sets out the priority actions, milestones, timescales and lead officers, and includes priority measures which will be monitored by the Workforce Strategy Group.</p>	

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	<p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• Brigid felt that more thought needs to be given to how staff are trained and developed, bearing in mind the result of consultation with young people when they were asked to describe what characteristics they thought an ideal worker should have. There needs to be a different approach to achieve a shift in behaviour from the workforce. Angela assured Brigid that this was being built into the plan to include reinforcing behaviour, beyond training and delivery, back on the job. Need to consider what would evidence the impact to provide assurance that organisations are applying the principles of the strategy and embedding the practice in their processes, such as staff development, PDR's etc. It was agreed that an assurance/ evaluation framework would be developed for consideration at a future TEG meeting.</li> <li>• Brigid suggested that there ought to be set principles to bear in mind when commissioning services for children and young people. Angela undertook to follow that up in developing the principles as part of the implementation plan.</li> <li>• Sue Hare suggested that once the principles have been identified they could be more explicit under priority 4.2, and in the strategy itself.</li> <li>• It is important that partners support this strategy and own it.</li> <li>• Although not covered directly in the implementation plan, Rachel felt that the commitment to training and development needed attention and asked that information on single and multi-agency training attendance be provided.</li> </ul> <p><b>The Trust Executive Group agreed:</b></p> <ul style="list-style-type: none"> <li>• To approve the implementation plan.</li> <li>• To support the implementation of the plan by a continued commitment to partnership working via the Trust Workforce Development Group.</li> <li>• That a stronger assurance/ evaluation framework would be considered at a future TEG meeting.</li> <li>• To receive regular updates on progress.</li> <li>• That information on attendance at training courses be provided to future TEG meetings.</li> </ul> <p><i>(Clare Bannon left the meeting and Kay Bennett arrived)</i></p>	<p>Angela Tracey</p> <p>Angela Tracey</p>
13.	<p><u>Special Educational Needs (SEN) - developments re. new legislation</u></p> <p>The percentage of pupils in Barnsley with statements of special educational needs (SEN) has risen from 3.2% to 3.6%, which is significantly higher than the national and regional figures of 2.8% and 2.4% respectively. There are currently 1273 young people in Barnsley with a statement of SEN.</p> <p>The Children and Families Bill (Act) in respect of SEN requires improved cooperation between all the services that support children (0 to 25 years of age) and their families, particularly local authorities and health authorities. There is a need to identify a designated health officer by April 2014 to ensure the development of health plans.</p>	



	Action
<p>Culturally there has been an over reliance in the SEN process with statements being requested by parents. However, it is important that the common assessment framework (CAF) be used to identify children and young people with additional needs at the earliest stage, to enable agencies to work together to produce a clear plan of support that everyone has confidence in. This will also ensure that the SEN statement is used for only the most complex cases. An early support pathway has been agreed by the Child Health Programme Board.</p> <p>Members will be asked to provide information for the development of the local offer and it is important for TEG members and their agencies to commit to this work.</p> <p>It was noted that children have been identified to take part in a pilot, starting this month.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• Ruth suggested that links be made with the Adult Social Care workforce who are working on promoting independence, including lifetime planning and transitions.</li> <li>• There needs to be stronger engagement with Health Visitors, and a link to their implementation plan. Sue Wing suggested development of an existing post in health visiting.</li> <li>• Brigid pointed out that it might take some time to identify an appropriate designated health officer and was concerned about meeting the deadline of April 2014.</li> <li>• Gerry raised concerns regarding the statistical data being affected, but it was hoped that the new process would alleviate this.</li> <li>• Gerry also raised concerns about the expectation of teaching staff, who have 30 children in a class, to complete more CAF's. It is important to consult with mainstream schools regarding this piece of work. Sharon Cooke and Gerry to discuss this further.</li> <li>• Dave undertook to arrange for this to be put on the agenda of a future Secondary Headteacher's meeting to discuss the need for a cultural change in terms of identifying special educational needs. It could also be discussed at a practitioners forum such as the SENCO network.</li> <li>• It is important to keep the child and their learning experience at the centre of the process.</li> </ul> <p><b>Trust Executive Group agreed to the following recommendations:</b></p> <ul style="list-style-type: none"> <li>• Members to ensure that relevant officers in their agency commit to contributing to the relevant work streams.</li> <li>• Confirm the following strategic leads: <ul style="list-style-type: none"> <li>- Sharon Cooke/ Mike Kemp for Social Care</li> <li>- Sara Morrissey/ Janine Muller for Education</li> <li>- CCG health officer for Health (Brigid to progress)</li> </ul> </li> <li>• The multi-agency working group will help to drive this area of work and take responsibility for delivering the action plan.</li> <li>• That £75k implementation grant will be used to hold cultural change events and workshops; training material; development of an electronic multi-agency plan; support the development of the electronic local offer format; 6 month project management support; designated parent engagement work.</li> </ul>	<p></p> <p></p> <p></p> <p></p> <p>Sharon Cooke</p> <p>Dave Whitaker</p> <p></p> <p>All members</p> <p>Brigid Reid</p>

		<b>Action</b>
	<ul style="list-style-type: none"> <li>• The widening of the gap of achievement between children with an SEN and those without, will be addressed as part of the Barnsley Challenge.</li> <li>• SEN reforms will be integral to the Barnsley Challenge; narrowing the gap; Think Family; Stronger Families; the Health Transformation agenda; 365; personalisation agenda and individual budgets.</li> <li>• Better outcomes will be secured for children and young people by deploying resources more efficiently to meet identified need through improved early identification and effective joint assessment.</li> <li>• The use of the CAF and person centred EHCP assessment will be refined to ensure that the child remains at the centre of the process.</li> <li>• Embed the use of the Continuum of Assessment.</li> <li>• Members to provide the required information within timescales regarding the local offer.</li> <li>• Services to cooperate to implement the pilot of EHC plans from now to August 2014.</li> <li>• Pooled budgets/ joint commissioning will be developed to ensure providers across a range of services are supported to implement the reforms.</li> <li>• Regular performance/ progress reports will be received at TEG.</li> </ul>	
14.	<p><u>Disabled Children's Charter for Health and Wellbeing Boards</u></p> <p>The new Disabled Children's Charter has been developed by Every Disabled Child Matters (ECDM) to support Health and Wellbeing Boards to meet their responsibilities towards disabled children, young people and their families, including children and young people with special educational needs and health conditions. It provides a focus in relation to the local authority's duty around short breaks and allocation of the non-ring fenced Early Intervention Grant (EIG), by advocating a strong focus through the Joint Strategic Needs Assessment (JSNA) and Joint Health &amp; Wellbeing Strategy (JHWS), to ensure they adequately reflect the needs and views of this group and prioritise resources accordingly.</p> <p>Barnsley's Health and Wellbeing Board, in signing up to the Disabled Children's Charter in July 2013, agreed to meet its 7 commitments, focusing on improving outcomes for disabled children and young people and to provide evidence after one year which demonstrates how each of the outcomes has been met. (Disabled Children's Charter attached as Appendix C). It had been agreed that the action plan that was developed to track progress would be monitored via the Disabled Children's Board and TEG.</p> <p><b>Trust Executive members agreed to undertake the following pieces of work:</b></p> <ul style="list-style-type: none"> <li>• Agencies to review Barnsley's compliance with the attached disabled children's charter action plan (Appendix A) and provide comments.</li> <li>• Services to complete the individual compliance plan to ensure that there is a comprehensive view of compliance to the charter within Barnsley (Appendix B).</li> </ul> <p>Comments and completed compliance plans should be e-mailed to MikeKemp@barnsley.gov.uk.</p>	All members

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15.	<p><b><u>Participation in Education, Training and Employment 16-24 years of age - Reducing NEETs in Barnsley</u></b></p> <p>The report provided TEG with an overview of activity and support available for 16-24 year olds who are not in education, training and/or employment (NEET).</p> <p>Ian stated that good progress has been made and youth unemployment was down to 1600, making up a quarter of unemployed.</p> <p>The report outlines a number of initiatives, including work experience, and Ian would be happy to discuss the mechanics of this further with partners outside of this meeting.</p> <p>In addition to the 4000 vacancies in the system, there are 1200 new vacancies this month, including apprenticeship opportunities. Altogether there are 30 000 jobs available in South Yorkshire. It was noted that people are expected to travel 90 minutes to work.</p> <p>Ian stated that there is an initiative lead by Sheffield to work with targeted young people to find jobs that match their talents and skills, including a wage incentive. The initiative is due to be publicised and Ian undertook to circulate a paper. It was suggested that an item be put on a future agenda.</p> <p>Rachel challenged the comment under the recommendation that there is little practically that TEG partners can do with regard to dealing with the current 16-24 labour market, and undertook to discuss this further with Sharon Pickering as it was felt that there is a lot that partners can do and the CYP Trust agreed.</p> <p><b>The Trust Executive Group agreed to receive an update report in May.</b></p>	<p>Ian</p> <p>Sharon/ Ian</p>
16.	<p><b><u>Breastfeeding - progress report</u></b></p> <p>Following a deep dive report to TEG in September highlighting breastfeeding rates and activity, Kay Bennett provided an update of the present position and future challenges.</p> <p>Increasing breastfeeding rates continues to be a challenge across the borough. As a result of new governance arrangements, Public Health Intelligence is unable to obtain local breastfeeding data in a timely manner and relies on the national data which is published annually by the National Information Centre (due March 2014).</p> <p>Unvalidated data is locally available and shared as an indication of current activity. The local quarter two breastfeeding initiation rates show signs of slight improvement, however they are still below the national average for 12/13. There is no improvement noted in rates for 6 - 8 weeks. BHNFT and SWYPFT have been collecting data manually, but that in itself is complicated and it is a challenge to get reliable data.</p> <p>Once reliable data is available, it will be possible to establish at what point women stop breastfeeding and target interventions appropriately.</p>	

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	<p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• There needs to be a shift in culture and attitude towards breastfeeding, starting in primary schools. Concern was expressed how that would be taken forward and who would deliver that programme.</li> <li>• There is also a challenge to engage fathers, particularly young parents.</li> <li>• 'Having a baby' programmes try to engage the whole family.</li> <li>• Services need to be targeted to local solutions and agreements in different areas.</li> <li>• It is important not to stigmatise those who can't breastfeed, or choose not to.</li> <li>• Parent support advisors work closely with families and it was suggested that they could be linked into this agenda</li> <li>• This also has links to the workforce strategy to ensure that the workforce is equipped to promote breastfeeding.</li> <li>• Kay stated that some work had been done in school which had been positively received by a small group of girls.</li> <li>• Ian wondered if, while supporting women to breastfeed, there may be an opportunity to encourage women who claim income support until their child is 5 years of age, to start preparing to return to work.</li> <li>• It is important to celebrate the progress that has already been made and the ongoing work to improve this outcome.</li> </ul> <p><b>The Trust Executive Group agreed:</b></p> <ul style="list-style-type: none"> <li>• That TEG gains assurances from providers to maintain BFI accreditation and aim to achieve Beacon status in 2015.</li> <li>• That stakeholders will work towards improving robust data collection and sharing.</li> <li>• To gain assurances of strategic leadership to drive the agenda forward within partner organisations.</li> <li>• That an action plan would be prepared for consideration at a future TEG meeting.</li> <li>• That the action plan would be linked to the workforce strategy.</li> </ul>	<p>All</p> <p>Public Health</p> <p>All</p> <p>P/ Health</p> <p>Angela</p>
17.	<p><u>Children's Oral health</u></p> <p>It was agreed to defer this item to the next meeting.</p>	
18.	<p><u>Date of next meeting</u></p> <p>The next meeting will be held on 14 March 2014, from 1.30 to 4.30pm.</p>	