



**Minutes of the Children and Young People's Trust
Executive Group Meeting
Held on 14 March 2014**

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| Present: | |
| Core Members | |
| Rachel Dickinson (Chair) | BMBC CYPF, Executive Director for Children, Young People and Families |
| Jenny Miccoli | Barnsley College, Vice Principle |
| Bob Dyson | Barnsley Safeguarding Children Board Independent Chair |
| Brigid Reid | Barnsley CCG, Chief Nurse |
| Sharon Stoltz | BMBC Public Health, Acting Director |
| Gerry Wilson | High View/ Park Street Executive Head, representative for Primary Headteachers |
| Nigel Middlehurst | Voluntary Action Barnsley External Services Manager |
| Heather McNair | Barnsley Hospital NHS Foundation Trust, Director of Nursing and Quality |
| Sara Morrissey | Head of Barnsley Challenge, Learning and Standards (for Phil Lawson) (for items 10 & 11) |
| Jean Imray | BMBC, CYPF, Interim Assistant Executive Director of Safeguarding, Health and Social Care |
| Deborah Mahmood | South Yorkshire Police, Police Inspector Partnerships |
| Deputy Members | |
| Margaret Bruff | Elected Member |
| Advisers | |
| Richard Lynch | BMBC CYPF, Strategy and Service Manager Joint Commissioning |
| Paul Thorpe | BMBC CYPF Performance and Quality Assurance Manager (attended for agenda items 7 & 8) |
| Sue Hare | BMBC CYPF Head of Joint Commissioning, Policy and Trust Governance |
| In attendance | |
| Dr Frances Clement | BMBC, Consultant in Public Health Medicine (for item 5) |
| Kate Jones | Public Health England, Consultant in Dental Public Health (for item 5) |
| Denise Brown | BMBC CYPF Governance, Partnerships and Projects Officer (Minutes) |

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| 1. | <p><u>Apologies</u></p> <p>Apologies were noted from:</p> <p>Tim Cheetham Lead Member, Children, Young People and Families</p> <p>Heather Marsh NHS England</p> <p>Dave Whitaker Representative of Secondary Headteachers</p> <p>Ian Hanks Job Centre Plus</p> <p>Sue Wing South West Yorkshire Partnership Foundation Trust</p> | |

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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"> • Quarter 3 performance report • Development of new performance framework • Workforce Strategy Group update <p><u>Declarations of any conflict of interest</u></p> <p>It was agreed that Denise would send a reminder to those members who had not yet completed the 'declarations of conflict of interest' form.</p> | Denise |
| 4. | <p><u>Minutes of the Trust Executive Group meeting held on 17 January 2014 - for accuracy</u></p> <p>The minutes were approved as an accurate record of the meeting.</p> | |
| 4.1 | <p><u>Action log/ matters arising</u></p> <p>It was agreed that actions from 13 September and 15 November 2013 could now all be closed. Reminders will be sent to those members who have not yet completed a declaration of interests form.</p> <p>Actions from 17 January 2014 were updated as follows:</p> <ul style="list-style-type: none"> • (6.5) Safeguarding reports from schools. Bob stated that more than 90% reports had been received from schools so far, and thanked Gerry for her intervention. Gerry asked Bob to let her know which schools had not yet submitted returns. • (11) Health and Wellbeing Strategy for children and young people with autism. A draft strategy will be available for consultation at the end of March. This action can be closed. • (13) SEN developments re. new legislation. It was agreed that an update on performance/ progress would be given at the next TEG meeting. Gerry stated that there is some confusion in schools around the shifting structures. Rachel undertook to ensure that schools are clear about the process. <p>Brigid confirmed that the identification of a CCG Health Officer for SEND is being progressed. This action can be closed.</p> <ul style="list-style-type: none"> • (14) Disabled children's charter. Sue Hare undertook to remind agencies to review Barnsley's compliance with the action plan and to complete their individual action plan. • (16) Breastfeeding. Sharon Stoltz undertook to confirm when an action plan would be ready for consideration by TEG and let Denise know. <p>It was agreed that all other actions could be closed.</p> | <p>Denise</p> <p>Bob / Gerry</p> <p>Rachel</p> <p>Sue H</p> <p>Sharon S</p> |

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| 5. | <p><u>Oral health/ tooth decay in children in Barnsley</u></p> <p>Dr Frances Clement and Kate Jones joined the meeting for this item.</p> <p>A presentation was given, explaining what tooth decay is and how it can be prevented; statistics for Barnsley; what Public Health is doing to address tooth decay, and what partners can do. It was noted that 41% of 5 year olds in Barnsley have experienced tooth decay, with an average of 3-4 teeth affected. There has been no improvement in tooth decay levels compared to a survey in 2007. Barnsley 5 year olds have the highest levels of tooth decay in South Yorkshire and is in the top 5 worst authorities in Yorkshire and Humber. Barnsley is ranked 22 out of 147 upper local authorities in England, where 1 is the worst for tooth decay.</p> <p>During the discussion the following points were highlighted:</p> <ul style="list-style-type: none"> • Poor oral health in children can be linked to deprivation, neglect, and parents who don't go to the dentist regularly. • Identified areas for improvement are for parents to take their children to the dentist regularly, and for dentists to consistently offer to apply fluoride varnish to children's teeth to prevent tooth decay. Parents, including carers of looked after children, need to be made aware that this service is available. • The best oral health in the country can be linked to areas where fluoride has been added to the water. Although Public Health England has been trying to get fluoride added to the water in Barnsley, there have been objections raised. It was agreed that this would be discussed further at the Health and Wellbeing Board, and Cabinet. • It was proposed that dental health checks take place in schools, including the offer of fluoride varnish - parental consent would be needed for this. As about 70% of children go to the dentist, it was further suggested that those children who don't attend a dentist regularly be identified and supported. • Children already have their eyes tested in school, and their weight monitored, and Gerry felt that Headteachers would welcome the opportunity for children's teeth to be checked in school. Kate stated that there used to be an inspection programme in school that was discontinued due to lack of financial resources. Rachel suggested that an inspection programme in school may need to be re-considered. • Oral health education in school needs to be linked with the Barnsley Healthy Schools Programme. Gerry asked if there could be more work to educate children on how to brush their teeth properly. • It was suggested that breakfast clubs at school be linked to tooth brushing clubs, however, this raised logistical problems around hygiene of toothbrushes etc. It was noted that the SMILE programme in Scotland has achieved good results. • Margaret asked whether the toothbrush balls that are available to buy at service stations are helpful, and Kate responded that if there is sufficient fluoride in the toothpaste used it would help to prevent gum disease. This is an interesting idea which may be further explored. It was suggested that toothbrushes and toothpaste be included in food parcels. • Jenny offered to do an oral health promotion day at Barnsley College's wellbeing centre. | <p>Sharon Stoltz/ Frances</p> <p>SS/ FC/RD</p> |

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| | <ul style="list-style-type: none"> An article on oral health is due to be published in the next Open Door magazine, and consideration would also be given to including an article in the Chronicle newspaper. <p>Trust Executive Group agreed:</p> <ul style="list-style-type: none"> To take ownership of the issues relating to tooth decay To work with members to raise awareness of tooth decay in Barnsley Work with the Oral Health Improvement Advisory Group on specific actions that TEG members can take to improve the oral health of Barnsley's children To support any future resource issues to ensure that Oral Health Promotion is given a high priority to prevent tooth decay levels from worsening That a promotion day would be held for Barnsley College students That the action group would give consideration to having dentists in schools in targeted areas Use of toothbrush cleaning balls to be further explored That this would be discussed at a future Health and Wellbeing Board meeting, and at a future cabinet meeting A progress report would be shared with the CYPF Trust. | SS/ FC SS/ FC |
| 6. | <p><u>Barnsley Safeguarding Children Board Meeting Minutes, 24 January 2014</u></p> <p>The minutes were noted and the following points highlighted:</p> <ul style="list-style-type: none"> Further revision had been made to the draft joint investigation team protocol for consideration at the next meeting. Child in need procedures have been updated and will be published on the Safeguarding website. Performance management information – a revised performance management framework was approved, putting robust performance management at the heart of securing continuous improvement. The Board also received a report regarding the development of a new approach to the performance scorecard. It was agreed that this should be constructed around a core set of key indicators to be monitored by the Board at every meeting. 69 indicators were identified, which needs to be refined down to about 12, themed around the child's journey. Annual Head Teachers report on safeguarding. Bob thanked Gerry for her intervention, which prompted a number of returns being submitted by schools. Gerry asked Bob to let her know which schools still needed to submit reports. Young people missing from care 2013. A report was submitted providing further information on young people reported missing from care. This was a good piece of work and the Board agreed that a specific audit should be undertaken for report back at a future meeting. Private providers will also be reminded to notify GPs when a child being registered at a practice is identified as being looked after by the state. | Bob |
| 6.1 | <p><u>Joint BSCB and TEG event</u></p> <p>During the discussion that followed it was agreed that a joint event between the BSCB and the TEG would take place at the beginning of the financial year to clarify the relationship between the two Board's, and</p> | Claire Simpson/ |

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| | to identify the critical key indicators that need to be driven forward to streamline effort. It was suggested that this could be an annual conversation, linked to the performance review timetable. | Louise Nock |
| 7. | <p><u>Children's and Young People's performance report for quarter three</u></p> <p>Paul joined the meeting to present this report, which measures progress against the key performance indicators and provides the position as at 31 December 2013. It was noted that a new format of reporting has been established for this quarter.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • Due to the timetable for publication of national indicators there is a time lag on some of the data. • Measure 1, children in low income families, replaces the revised child poverty indicator, and there is a time lag on this data. • It is important to ensure that the workforce is supported to improve outcomes and that they know what the particular concerns are in certain geographic areas, for example, poor oral health. It was suggested that this be discussed at a future Think Family Programme Board. [Denise to action] • Margaret stated that funding had been received recently for community support teams to target specific areas. • The Public Health Intelligence Team are working with partners to develop health indicators for children and young people. Sharon stated that ward and area based profiles are almost ready to be shared for consultation. • Performance requiring consideration includes the percentage of 4-5 year olds and 10-11 year olds who are obese. However, this disappointing performance is not unique to Barnsley. Sharon stated that work is being undertaken with the scrutiny committee to look at working with schools, a range of children's services and local providers of weight management services. It was agreed that a presentation and report on childhood obesity would be prepared for discussion at the next TEG meeting, outlining where we are and what needs to be done to improve this outcome. It is important for this work to be linked in with the Healthy Schools programme. • Smoking rate in pregnancy is another performance indicator requiring consideration. Heather suggested that early prevention is important, starting with pre-conception. It was noted that smoking is also linked to obesity and poor oral health. <p>The Trust Executive Group agreed:</p> <ul style="list-style-type: none"> • To note the identified good performance, those outcomes that are improving and those that require further consideration. • To receive a presentation and report on childhood obesity at the next TEG meeting. | SS |
| 8. | <p><u>Children and Young People's Plan – development of the new CYPT performance framework (confidential)</u></p> <p>Paul presented the draft performance framework, which is to be considered as confidential at this stage. Six strategies have been identified within the plan, and theme leads were asked to complete a template and, in conjunction with the respective Boards, compile a new suite of indicators</p> | |

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| | <p>which would lead to the establishment of targets once indicators were agreed by the CYP Trust. These templates are in different stages of completion as not all Boards have been able to proceed at the same pace.</p> <p>Performance information for the new indicators is not yet available and Paul undertook to meet with the leads to complete this work, which needs to be finished by the end of March. It was agreed that from 1 April 2014 the new framework would be reported against.</p> <p>Sharon pointed out that not all increases in statistics should be seen as negative, for example, an increase in diagnoses of Chlamydia could be seen as a positive sign that young people are coming forward and being diagnosed. Public Health has been striving to make young people aware of this infection and the importance of early diagnoses and treatment.</p> <p>The Trust Executive Agreed that:</p> <ul style="list-style-type: none"> • The report is helpful, is going in the right direction with links to the six priority areas and boards, and will help to identify and monitor those areas that need to improve. • An update would be received at the next TEG meeting. • From 1 April 2014 this would be the reporting framework in use. <p>(Jean left the meeting at this point)</p> | |
| 9. | <p><u>Barnsley Annual self assessment of Children’s Services Association of Directors of Children’s Services (ADCS) (Yorkshire and Humber Region)</u></p> <p>The ADCS performs an important role in coordinating improvement in children’s services. This includes ensuring that local authorities work together to share data and intelligence, and to share best practice to improve outcomes for children, young people and families in Yorkshire and the Humber.</p> <p>The Regional ADCS annual self assessment is a key part of the Regional improvement plan for children’s services, and a report was prepared including: details of reviews, inspections and assessments across children’s services in the last 12 months; key population information; areas which may be subject to assessment; key areas of strength and areas for improvement; capacity to improve; and self awareness/ signatures of risk.</p> <p>Barnsley’s self assessment of children’s services (2013/14) was circulated for consideration. The following points were highlighted:</p> <ul style="list-style-type: none"> • The ADCS group developed score cards of 15 authorities, which helps all authorities to see where they are rag rated. Barnsley compares well with other authorities in terms of conducting the exercise, but is not rag rated as ‘green’ as is the goal. • Barnsley was asked to identify up to 6 areas of strength and 6 areas for further improvement. All areas of assessment were considered and a summary of key strengths include adoption, and NEETs post 16 retention. • The next stage is to consider whether another authority would gain any intelligence from Barnsley’s identified areas of strength to help them to improve. It is a developing process, for example, Barnsley may be good at engaging post 16, but may not be as good at achieving the | |

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| | <p>outcomes of that engagement.</p> <ul style="list-style-type: none"> • The process will need to be more rigorous next year, and the ADCS has been asked to provide the timetable for the self assessment as early as possible to provide opportunity for peer review to take place locally. This links in with the proposed joint TEG and BSCB workshop. • This is a beneficial process that gives Barnsley access to best practice and helps to provide impetus and pace. • It is important to cross reference this work and to find out whether the improvement activity is taking place at a pace, and to test the 'golden thread'. <p>The Trust Executive Group agreed to:</p> <ul style="list-style-type: none"> • Endorse the self assessment approach • Make a commitment to engage in updating the self assessment on a quarterly basis. • Receive the next version that will be available after the required year end data is available. • Include actions arising from the self assessment in relevant strategic and operational plans. • Give consideration to developing the self assessment process locally to enable and improve opportunity for local peer challenge to be built in. • Consider this at the joint event between the TEG and BSCB. | |
| 10. | <p><u>Special Educational Needs (SEN) update</u></p> <p>Sara Morrissey gave a verbal update, which is summarised as follows:</p> <ul style="list-style-type: none"> • The Inclusion Service is in the process of being restructured and it was agreed that an update report would be prepared for the next TEG meeting. • It is important for everyone to work in an integrated way, and to Think Family. • There is a need for improved communication with schools, particularly in relation to the allocation of funding and deployment of resources, to ensure that young people receive the best possible offer. • It was noted that primary schools are finding it difficult to meet the needs of children who arrive from outside the borough, who may be children in care, and where the family have challenging circumstances. There is also a problem with communication between local authorities. In some cases the children don't have a statement of special educational need. Rachel suggested that a piece of work be done to find out how many people are moving into the borough, particularly the number of looked after children, and to understand how this affects issues such as school placement. • A number of concerns were raised including: <ul style="list-style-type: none"> – There has been a noticeable increase in applications for the disability living allowance (DLA). A number of young people are being prescribed medication, eg ritalin, for disorders which leads to a request for medication, followed by a request for DLA. This applies to a small number of families, but it is feared that this may be seen by parents as a means of accessing a form of benefit. Ian Hanks is requested through these minutes to confirm whether or not there has been a rise in applications for DLA. – Parents are aware that if they get a medical appointment their child | <p>Sara</p> <p>Sara</p> <p>Ian</p> |

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| | <p>can go into a special needs school, rather than a mainstream school. Richard stated that this issue had been raised a few years ago when GPs were advising parents on what their children's educational needs might be, suggesting that their children may need support in a special school such as Robert Ogden.</p> <p>Brigid agreed to raise these issues at the CCG's management team meeting.</p> <ul style="list-style-type: none"> • Susan Hayter is being commissioned to conduct an audit to ensure that statutory requirements are in place, and to propose a new model for a good quality inclusion strategy. • Sharon suggested that it would be helpful to include increasing health needs of children while considering the SEN reforms to ensure that it links into the commissioning intentions. During the review of the school nursing service one of the issues raised was the increase in complexity of health needs of children, which is predicted to increase. • Gerry asked that a piece of work be included around student voice. • Need to clarify how work will be taken forward on the Children and Family's Act. <p>The Trust Executive Group agreed:</p> <ul style="list-style-type: none"> • To receive a report on the restructure of the Inclusion Service at the next TEG meeting • That there needs to be clear communication about the transition of the Inclusion Service. • That the issue relating to increased applications for Disability Living Allowance be confirmed by Ian Hanks, and raised at the CCG's management team by Brigid. | <p></p> <p>Brigid</p> <p>Sharon S/ Louise Nock</p> <p>Sara</p> <p>Ian Brigid</p> |
| 11. | <p><u>Barnsley Challenge Board update</u></p> <p>Sara gave a verbal update on the work of the Barnsley Challenge Board which is summarised as follows:</p> <ul style="list-style-type: none"> • School attendance is almost at the national average. • Priorities identified included a project to address transition from primary to secondary school. Vulnerable children need to be identified quickly to ensure that they receive the appropriate support. By July it is hoped that there will be a list of children who need to be monitored closely once they go into secondary school, and it is proposed that primary and secondary headteachers work alongside each other to achieve the best outcomes for those children. It was noted that whilst some children might be at the right academic level, they may not be emotionally ready for the transition and to cope with the different level of behaviour that is expected in secondary school. Brigid stated that in meeting with members of the youth council, one of the main issues raised was their experience at school. Sara stated that two retired headteachers will be going into school to find out from the children what their experience of transition has been. • Gerry was unclear how information shared with secondary schools is dealt with. • A cross phase conference is taking place at the beginning of April. • It was agreed that a piece of work on transitions would be welcomed and it was suggested that Barnsley College be included in that piece of work. | |

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| | <ul style="list-style-type: none"> • Sara has met with Clare Archer and Sue Copeland regarding the work that the youth council is doing around bullying. It was suggested that a representative of the youth council be invited to attend a future headteachers meeting. • It is important for children to have someone to go to who they can feel safe with and trust. This is a key role for school nurses. However, this is not happening consistently and is one of the issues that needs to be further considered. • A query was raised again about how the wellbeing spaces in schools is being used. • There are still multi-complex challenges facing secondary schools. Going to start getting strategies in place. • It was agreed that it would be helpful to receive an update and to see outcomes at a future meeting to ensure the wider connections are being made. | Sara |
| 12. | <p><u>Child Health Programme Board (DHPB) update</u></p> <p>Sharon gave a verbal update on the work of the CHPB, which is summarised as follows:</p> <ul style="list-style-type: none"> • An action plan has been developed and, once approved by members of the CHPB, will be circulated to members. • The action plan focuses on key priorities including: teenage pregnancy; young people's sexual health; immunisation; smoking during pregnancy; obesity and dental health. • The CHPB has agreed that there needs to be more of a focus on process measures. • The Department of Health are starting the accreditation process for the You're Welcome standards, and the Board have decided that the focus should be on GPs practices, dentists and community health settings. An additional staff member has been recruited on a temporary contract to lead on this work. • The CHPB have agreed to do more to support the work of oral health and will hold colleagues to account for the quality of care that Barnsley children receive at their dentist. • Another area of concern is childhood nutrition, not just obesity. For children to have the best start in life they need to have access to healthy food. • Data is being collected to better understand attendances at A&E and an audit will be conducted to understand what the information is telling us, and to identify whether it is the same young people attending A&E. • It is important to hear what children have to say about their experience of our health services. • There are links to physical health, mental health, self esteem and emotional wellbeing. It was suggested that there be a mapping exercise of activity already taking place in these areas. • Margaret raised a concern about 'legal high's' being sold to young people in Barnsley. It is important for young people to understand how dangerous these drugs are. It was noted that Central SNT's are doing lots of work around this and staff are trained to discuss the risks with young people. There is also a recognised risk of child sexual exploitation. Richard stated that the numbers presenting for treatment are still relatively low and that misuse of alcohol remains the biggest issue in targeted services. Use of cannabis is the most common reason | |

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| | <p>aimed at making sure that health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes. There are a number of expectations from us, including a significant contribution to national thinking about how best to achieve integration and improve experience and outcomes for citizens. Benefits include access to government leaders; reduce barriers to progress; access to national research; support of a senior sponsor and knowledge from other pioneers.</p> <ul style="list-style-type: none"> • Barnsley is slightly behind national averages regarding 'troubled' families performance and progress, and more work is needed to connect the data intelligence. Overall progress is good. Next steps include: preparing for phase two of the programme; equipping the workforce; developing a system to provide the management information needed; ensure that thresholds are fully understood across services; and improve management of 'step down' and 'step up' processes. • It has been agreed that an event for stakeholders will be held during May/ June to provide an opportunity to present the TFPB ideas and engage more with the third sector and workforce, including parents and carers. A group has been formed to plan the event including: Sue Hare/ Angela Tracey; Kathryn Padgett; Nina Sleight; Sharon Cooke and Lynn Brown. Gerry Wilson will advise about achieving participation of schools. Members were asked to let Sue Hare know if they think anyone else needs to be on the planning group. | <p>Sue/ Angela</p> <p>All</p> |
| 15. | <p><u>Children and Young People's Health Outcomes: Meeting New Local Responsibilities</u></p> <p>As a result of a piece of work by the Children and Young People's Outcomes Forum, set up by the Children's Commissioner, highlighting the poor health outcomes for children in this country, the Government have produced a national pledge to improve health outcomes. Health and Wellbeing Boards are being encouraged to sign up to the pledge, and an event was held in January to explore the expectations outlined in the pledge.</p> <p>It was agreed that a report will be prepared for the next TEG meeting to consider whether or not the CYP Trust would recommend Barnsley's Health and Wellbeing Board to sign up to the pledge.</p> | <p>Sharon</p> |
| 16. | <p><u>Date of next meeting</u></p> <p>The next meeting will be held on 9 May 2014, from 1.30 to 4.30pm.</p> | |