



Minutes of the Children and Young People's Trust Executive Group Meeting held on 27 March 2015

Present

Core Members

Rachel Dickinson (Chair)	BMBC, Executive Director for Children, Young People and Families
Dave Ramsay	South West Yorkshire Partnership Foundation Trust (SWYPFT) Deputy Director of Operations
Jenny Miccoli	Barnsley College, Vice Principal Teaching, Learning and Student Support
Brigid Reid	Barnsley Clinical Commissioning Group Chief Nurse
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Margaret Libreri	BMBC Service Director for Education, Early Start and Prevention

Deputy Members

Shelley Hemsley	South Yorkshire Police (for Liz Watson, Chief Superintendent)
Penny Greenwood	BMBC Public Health Acting Assistant Director (for Julia Burrows)
Katherine Clark	Head of Hoyland Springwood Primary School, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools (for Gerry Foster-Wilson)

Advisers

Richard Lynch	BMBC, Strategy and Service Manager Joint Commissioning
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In attendance

Julie Dickinson	BMBC CYPF Project Officer, Children's Services Organisational Development (for item 5)
Julie Green	BMBC CYPF Strategic Lead, Procurement and Partnerships (observer)
Angela Tracey	BMBC, Head of Strategy, Workforce & Organisational Development (for items 8 & 10)
Andrea Hoyland	BMBC CYPF Child Poverty & Family Support Strategy Programme Manager (for item 10)
Denise Brown (Minutes)	BMBC CYPF, Governance, Partnerships and Projects Officer

		Action	
1.	<p><u>Apologies</u></p> <p>Julia Burrows Cllr Tim Cheetham Nigel Middlehurst</p> <p>Dr Clare Bannon Dave Whitaker</p> <p>Gerry Foster-Wilson</p> <p>Heather McNair</p>	<p>BMBC Director of Public Health</p> <p>Cabinet Member: People (Achieving Potential)</p> <p>Voluntary Action Barnsley, External Services Manager</p> <p>Barnsley Local Medical Committee</p> <p>Executive Headteacher, Representative of Secondary Headteachers</p> <p>Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools</p> <p>Barnsley Hospital NHS Foundation Trust, Director of Nursing and Quality</p>	

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	Mel John-Ross BMBC, Assistant Executive Director of Social Care and Safeguarding	
2.	<u>Identification of confidential reports and declarations of any conflict of interest</u> There were no confidential reports and no conflicts of interest declared.	
3.	<u>Minutes of the Trust Executive Group meeting held on 6 February 2015</u> The minutes were approved as an accurate record of the meeting, subject to the following amendment: Page 5, item 5 - the final bullet point should read: It was noted that the BSCB has the overall role of challenging service improvement, and that monitoring of the continuous service improvement plan will be carried out in conjunction with the TEG.	
3.1	<u>Action log / matters arising</u> <u>Actions arising from 12 December 2014:</u> 3.1.1 <u>Article on CAMHS Service in Partnership News (item 4)</u> There is an outstanding action for an article to be prepared for the Partnership News to improve communication across the partnership regarding the work of the CAMH Service. Rachel explained to Dave what was required. Rachel asked that the partnership news be embedded in the schools e-bulletin to ensure that all schools receive it.	Dave Kevin Smith
3.1.2	<u>Action arising from 6 February 2015:</u> <u>Tension between inclusive schools and government education policy; and support for pupils with social emotional and mental difficulties in Barnsley Schools (item 3)</u> Dave Whitaker has data on exclusions, but it was felt that it would be best for this to be considered at a future TEG meeting when he was able to attend. It had been agreed to undertake short term work to deal with the immediate lack of capacity in the special school system, and also to consider longer term solutions. At Springwell School there are four potential options to identify capacity, which in the short term will meet immediate need and may result in the expansion of Springwell School in the long term. Bob and Rachel agreed to meet with the principals of Carlton and Shafton Academies after Easter to discuss their approach to behaviour and the possible implications in relation to safeguarding, and will report back to the TEG and BSCB.	Bob Rachel
3.1.3	<u>Child protection conference reports (item 5)</u> There is an outstanding action to ensure that the e-mail address that child protection conference reports are submitted to is correct, and is on the form itself. All agencies to be reminded to submit reports two days before the child protection conference is held. It was further agreed that a reminder would be included in the school bulletin. Brigid to follow up the action for Clare to raise this with the LMC.	Mel Brigid

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3.1.4	<u>Early Help Assessment Data (item 9)</u> The query that was raised regarding whether there was any record kept of repeated EHAs without successful solutions is being addressed outside of the meeting.	
3.1.5	<u>Inappropriate contacts into social care (item 10)</u> Work is in progress to develop a simple guidance document for agencies to follow, to reduce the number of inappropriate contacts into social care.	Mel
3.1.6	<u>Partnership News article re. SEND reforms update (item 11)</u> Work is in progress to prepare an article for Partnership News in relation to the Children and Families Act 2014 requirements and SEND reforms update.	Mel
3.1.7	<u>Public Health and Wellbeing survey for children and young people (item 14)</u> Results of the survey will be available after July 2015, and a full report will therefore be available at the September TEG meeting.	Penny/ Julia
3.1.8	<u>Access to physical health interventions (item 15.1)</u> Kathryn had reported that a cohort of 5 cases will be audited for access to primary care services and specialist services. Timescale 30/4/2015.	
3.1.9	<u>Volume of victim support needed (item 15.2)</u> South Yorkshire Police to find out how much victim support is needed. Shelley undertook to follow this up.	Shelley
	It was agreed that any updates to the action log would be sent to Denise so that a revised version could be circulated with the minutes.	All to note
4.	<u>Barnsley Safeguarding Children Board</u> The minutes of the BSCB meeting held on 23 January 2015 were noted for information. Bob highlighted the following issues discussed at the meeting held on 20 March 2015: <ul style="list-style-type: none"> • <u>Headteachers' report on safeguarding</u> The main issue of concern is that despite a number of reminders there was a return rate of only 46%. In year two the return rate had been above 80%. There are three primary schools who have not submitted returns for the last three years, and it was agreed that Bob would contact these Headteachers directly to find out the reason for this. It was suggested that there may have been some confusion around the deadline date for submission of the safeguarding report. The audit should be undertaken towards the end of the academic year and presented to the Governing Body of the school for consideration and analysis before being submitted to the BSCB. It is critical that the report is submitted to the Governing Body for a process of challenge and to plan implementation of any improvements.	Bob

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	<p>It was noted that an item had been included in the e-bulletin for the week commencing 23 March 2015, noting that over 30 schools had not submitted audit forms for the academic year September 2013 to July 2014, and requesting schools to return their forms to the safeguardingchildrenboard@barnsley.gov.uk mailbox.</p> <p>After Easter schools to be reminded of the expectations in terms of the summer term audit, and be requested to include an item on their summer term Governing Body agenda.</p> <p>The annual schools audit had been discussed at the Barnsley Alliance Board, and representatives from each pyramid cluster will be nominated to raise issues, such as performance and the schools audit, with the Safeguarding Board. It was suggested that the Alliance Board papers include the names of those schools who had not submitted returns for the Headteachers' report on safeguarding.</p> <ul style="list-style-type: none"> • <u>Multi-agency Training Strategy and Programme for 2015-16</u> The above training programme was agreed by the BSCB. It was noted that there had been good feedback received about the training so far, and that there is a comprehensive programme for the year ahead. The Multi-Agency Safeguarding Children Trainer is Karen Harrison. • <u>The 2015-16 Business plan and budget report</u> The level of overspend was noted, which demonstrates the financial pressures being placed on the BSCB. It has been agreed to include 'income generation' as an action on the business plan. Further work is to be done on the 'overarching principles and objectives of the BSCB'. • <u>Child Sexual Exploitation (CSE)</u> The CSE Action Plan was presented by John Fitzgibbons, and will be circulated to members of the TEG as a confidential report. CSE is also the item escalated to the TEG. 	Bob
5.	<p><u>Continuous service improvement plan and DfE review in April</u></p> <ul style="list-style-type: none"> • Whilst the Barnsley Safeguarding Children Board has the overall role of challenging service improvement, the plan is driven and monitored jointly by the TEG and the BSCB. • The TEG has a critical role in ensuring that responses are appropriately aligned to children's needs. • An Officer Improvement Group meets monthly to drive the actions in the service improvement plan. • There are over 200 rateable actions, and at the recent BSCB meeting it was agreed that the effectiveness of the front door approach and early help intervention should be RAG rated 'red' as there is insufficient evidence of impact. • Areas that are 'amber' include CAMHS Access Remediation Action Plan. • The most important areas of work are: early help; managing the level of pressure of the social care 'front door'; developing a multi-agency integrated 'front door' (MASH). 	

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	<ul style="list-style-type: none"> • It is critical that agencies go through their named safeguarding leads before going directly to Social Care. • Partner agencies to receive real time data in terms of referrals that are deemed to be inappropriate. • A further three agency workers have been recruited to deal with the backlog of children waiting for assessments. • Performance in relation to health assessments and PEPs for children in care has improved, and it is important to ensure that this improvement is maintained. <p>Bob pointed out that through the Section 11 challenge meetings it is clear that organisations are unaware how many contacts are made into social care or the number of referrals, and suggested that it would be helpful for them to have that information. Rachel suggested this be escalated to the Officer Improvement Group.</p> <p><u>DfE Review</u> Rachel reminded colleagues that the improvement notice had been lifted in November on the condition that the DfE conduct a review, and that is taking place on 21 April. The review will follow the same format, including meeting with social workers, managers and partners. The meeting in the morning will be more for operational managers, and in the afternoon the DfE will meet with members of the TEG and BSCB.</p> <p>Rachel stated that Jane Haywood had agreed to provide an outline report for the review, and undertook to ensure that this is shared with relevant partners. A meeting will be held with key staff before the review takes place.</p>	<p>Bob</p> <p>All to note</p> <p>Rachel</p>
6.	<p><u>Future Council – update / draft TEG work programme</u></p> <p>Rachel stated that from 1 April her new job title will be Executive Director, People Directorate, which comes with an expanded role and raft of responsibilities. Rachel asked partners to be patient during this phase of transition, but also encouraged challenge. Rachel intends to continue to chair both the TEG and ECG meetings.</p> <p>A draft work programme for the TEG was submitted for consideration and comment:</p> <ul style="list-style-type: none"> • Although some areas of work are moving under different Directorates, the TEG will still be responsible for monitoring progress and the responsible person for that particular area would be invited to attend the meeting as necessary. • Critical areas include: Systems re. early help to track progress; and emotional health and wellbeing/ CAMHS. • The Children and Young People’s Plan needs to be revised, and to do that there needs to be consideration of the needs assessment and other key areas of work. It was agreed that this would be considered at the next TEG meeting. • It was suggested that the items on the work programme be put under the key pieces of work. • Members were asked to submit further amendments or additions to the work programme to Richard and Denise. A revised work plan to be circulated to TEG members. 	<p>Rachel/ Richard</p> <p>All to note</p>

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7.	<p><u>Performance: Escalated items from other theme leads</u></p> <p>Bob noted that the number of children waiting for assessments had been dealt with and appreciated the additional workers that had been recruited to improve that outcome.</p>	
8.	<p><u>Children and Young People's Plan – strategic priority theme: Improving staff skills to deliver quality services, partnership sub-group report of the Strategic Workforce Development Group and performance highlight report</u></p> <p><i>Angela joined the meeting at this point.</i></p> <p>Angela gave an update of progress made so far and next steps. It was noted that:</p> <ul style="list-style-type: none"> • A programme of training 'helping you with early help' has been commissioned, and 175 core practitioners had signed up for the training so far, which starts on 27 April. • All agencies appear to be participating, but any gaps that are identified need to be escalated. • It is important to ensure that operational managers release staff to attend the training and that feedback is received regarding those agencies who do not attend. <p>It was agreed that Angela would circulate information on the take-up of training from all agencies so far.</p> <p>Katherine pointed out that the training is not advertised on Gerry's website and Angela undertook to confirm what the take-up had been from schools.</p> <p>Angela agreed to contact Sue Ludlam, Assistant Chief Executive of the South Yorkshire Community Rehabilitation Company, to find out how well equipped that service is to identify families in need of early help and whether they would like to undertake the training.</p> <p>Next steps include evaluating the impact, and Rachel queried how the level of impact will be determined following the training. It was suggested that the evaluation outcomes be included alongside the activities, and that this be linked up with the service improvement plan.</p> <p>It was agreed that an update would be given at the next meeting.</p>	<p>Angela</p> <p>Angela</p> <p>Angela</p> <p>Angela</p>
9.	<p><u>Procedures for children missing from home or care</u></p> <p>It was noted that the revised procedures for children missing from home or care have been completed by a Task and Finish group of the BSCB and have been circulated for final consultation and amendment. The revised procedure will go to the Policy, Procedures and Practice Development Sub Committee on 26th March 2015 for agreement and then to the full Board for approval in May. This item was therefore deferred to the next TEG meeting.</p>	Mel
10.	<p><u>Paediatric Services</u></p> <p>Brigid provided an update on current activity and future intent with</p>	

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	<p>regard to paediatric services in Barnsley, as requested in a previous TEG meeting during a discussion in relation to the work around ASD.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • Paediatric medical and nursing services are commissioned by the CCG from Barnsley Hospital NHS Foundation Trust (BHNFT) • The role of community paediatrics has remained with BHNFT despite the recommendations of a previous review (2008) which BHNFT were asked to revisit in 2013. • Further work is required to develop a model of provision which focuses on meeting the needs of the child, not the location or setting. This work needs to be provider led, with the support of TEG and partner organisations. • The CCG will identify the need for this work to its newly formed Clinical Transformation Board. • The difficulty for Barnsley Hospital is that the provision of maternity and emergency services includes paediatrics, and there has been no change in direction from having a maternity and emergency department. An added complication is the national work on the size of maternity units. • Barnsley was not successful in its application to become a vanguard site for the new Care Models Programme, however plans to transform how care is delivered locally will continue to be developed, with SWYPFT and BHNFT being signed up to that work. • Barnsley has been successful in securing ‘challenge funds’ looking at equity of access for people. This will be discussed at the Clinical Transformation Board and management team. <p>Rachel pointed out that this has parallel themes to early help, as some people may attend accident and emergency when what they really need is reassurance.</p> <p>Brigid suggested looking at the following article: ‘Make or break: How George Eliot Hospital secured a future for its paediatric service’ http://www.hsj.co.uk/home/innovation-and-efficiency/make-or-break-how-george-eliot-secured-a-future-for-its-paediatric-service/5073998.article#.VQLYifmsVcE</p> <p>Richard stated that continuing care for young people likely to need support, including those with a diagnosed autistic spectrum disorder, ADHD and those needing provision of short breaks, will be discussed by the Executive Commissioning Group.</p>	All to note
11.	<p><u>Think Family Programme Board update</u></p> <p>Barnsley’s Early Help Offer for children, young people and families is at the heart of the Think Family Programme. The progress report sets out where the partnership is in terms of early help, the immediate next steps and where we expect to be over the next few months.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • Progress is behind target and significant work is needed to accelerate it. • It is important that the ‘early help’ offer is articulated in a way that is easily understood. 	

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	<p>The following comments were noted:</p> <ul style="list-style-type: none"> • Need to consider the purpose of this document and associated document and understand how this feels from the practitioners' perspective. Although the strategy and continuum of need are clearly articulated it doesn't enable practitioners to deliver early help. • Practitioners need to understand their role in providing early help, and be sufficiently confident to take ownership rather than merely signposting. It was noted that some practitioners are not confident about taking on the lead professional role. • The best illustration of early help is a family who gets the help before an assessment is necessary! • It was suggested that an article be published in Partnership News to highlight the shift in practice that is needed. • Starting in April, training is being delivered to all early help practitioners to further develop their skills and confidence in working with families. • The 'early help assessment' (EHA) was launched in January 2015 (replacing the CAF). Understanding and monitoring the impact is important. • The family star is recognised as a good model that parents can engage with which measures distance travelled. • It is important to develop an assessment form that is 'family friendly' and easy to complete, otherwise it becomes a barrier to the parent and the practitioner. It is important to ensure that the information is captured once to avoid the family having to share the information multiple times. • School safeguarding leads and designated teachers are currently being consulted with. • A series of consultations on early help are being undertaken across the partnership with each practitioner group, eg health visitors, midwifery, schools, etc. The first session involved school safeguarding leads and designated teachers. • Progress of early help to be monitored through the TEG, Officer Improvement Group and Think Family Programme Board. <p>Following on from the 'Early support workshop' held in July last year, a 'Think Family - Early Help' event is being held on 13 May 2015, from 1 – 4pm. <i>Andrea joined the meeting at this point.</i></p> <p>TEG members agreed to:</p> <ul style="list-style-type: none"> • The revised approach to early help • Commit to getting staff to the key events over the next few months • Support their staff to become early help practitioners • Support delivery of the next steps – work of key senior practitioners within the Early Help Group • Sign up to an ADCS peer challenge in July/ August <p>Angela requested that leaders from other agencies help to support this work by consulting with their staff in terms of delivering the next steps and making this change. Rachel suggested that the names of senior practitioners who need to get involved be circulated with the minutes, clearly articulating what it is they are being asked to do. Partner agencies and schools need to be clear about what they want to achieve for their client group.</p>	<p>Angela</p> <p>All to note</p> <p>Angela</p>

