



Minutes of the Children and Young People's Trust Executive Group Meeting held on 6 November 2015

Present

Core Members

Rachel Dickinson (Chair)	BMBC, Executive Director: People
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
Tim Cheetham	Cabinet Member: People (Achieving Potential)
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Nigel Middlehurst	Voluntary Action Barnsley, External Services Manager
Dr Clare Bannon	Barnsley Local Medical Committee, GP representative
Dave Whitaker	Executive Headteacher, Representative of Secondary Headteachers
Margaret Libreri	BMBC, Service Director for Education, Early Start and Prevention
Mel John-Ross	BMBC, Service Director of Children's Social Care and Safeguarding
Brigid Reid	Barnsley CCG, Chief Nurse
Penny Greenwood	BMBC, Head of Public Health

Deputy Members

Dave Ramsay	South West Yorkshire Partnership Foundation Trust (SWYPFT), Deputy Director of Operations (for Sean Rayner)
Katherine Clark	Hoyland Springwood Primary School Headteacher (for Gerry Foster-Wilson)
Sue Gibson	Barnsley Hospital NHS Foundation Trust, Head of Midwifery/ Nursing (for Heather McNair)
Phil Briscoe	Barnsley College, Vice Principal (for Jenny Miccoli)

Advisers

Richard Lynch	BMBC, Head of Commissioning, Governance and Partnerships
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In attendance

Julie Govan	BMBC, Integrated Systems & Strategy Manager (for item 8)
Jayne Hellowell	BMBC, Head of Locality Commissioning and Healthier Communities (for item 9)
Ben Finley	BMBC, Integrated Youth Support Services Manager (for item 13)
Denise Brown (Minutes)	BMBC, Governance, Partnerships and Projects Officer

		Action
1.	<p><u>Apologies</u></p> <p>Tim Innes South Yorkshire Police Chief Superintendent (Barnsley Commander)</p> <p>Deborah Mahmood South Yorkshire Police</p> <p>Anna Turner BMBC, School Models and Governor Development Manager</p> <p>Angela Kelly BMBC, Targeted Youth Support Operations Manager</p> <p>Julie Green BMBC, Strategic Lead, Procurement and Partnerships</p> <p>Gerry Foster-Wilson Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools</p> <p>Sean Rayner SWYPFT District Director Barnsley/ Wakefield</p>	

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	<p>Wendy Lowder BMBC, Service Director for Stronger, Safer and Healthier Communities</p> <p>Catherine Warrener BMBC, Workforce Development Strategy Officer (for item 7)</p> <p>Jenny Miccoli Barnsley College, Vice Principal Teaching, Learning and Student Support</p>	
2.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>Reports for agenda items 4 and 10, BSCB minutes and Short Breaks report, are to be treated as confidential and are not for further distribution.</p>	
3.	<p><u>Minutes of the Trust Executive Group meeting held on 25 September 2015</u></p> <p>The minutes of the meeting were approved as an accurate record.</p>	
3.1	<p><u>Action log/ matters arising</u></p> <ul style="list-style-type: none"> Item 5 – effective engagement with schools. A discussion was held regarding the necessity for schools to have a Safeguarding Lead, particularly primary schools as secondary schools tended to have a nominated safeguarding lead on their leadership team. It was suggested that each primary school may wish to make a small contribution towards a Safeguarding Lead post. <p>Primary School representation on the BSCB continues to be an issue. It was noted that Ms Wilks, Headteacher at Kings Oak Primary Learning Centre, had undertaken to represent Primary Schools on the BSC Board.</p> <p>Margaret agreed to put an item on the next Schools Forum agenda regarding the need for effective strategic engagement with schools, particularly in relation to safeguarding.</p> <ul style="list-style-type: none"> Item 6(iii) – During the workshop when discussing ‘improving education, achievement and employability’ a number of issues were raised and Rachel had suggested that it might be helpful to hold a light touch learning event at some point. Item 10 – Central Government’s budget announcement and devolution agenda. This item had been removed from the agenda of this meeting as there had not yet been a budget announcement, however, it would continue to be a standard item for update on future agendas. 	Margaret
4.	<p><u>Minutes of the BSCB meeting held on 18 September 2015 – for information</u></p> <p>As highlights from the BSCB meeting held on 18 September had been recorded at the last meeting, the minutes were noted for information. There were no further comments.</p> <p>Bob informed the meeting that the Police and Crime Commissioner had invited Professor John Drew to lead an independent review into South Yorkshire Police’s approach to child sexual exploitation, and that the BSCB had received an invitation to be part of that process.</p>	

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5.	<p><u>Children and Young People's Plan - draft plan for 2016-19</u> (Richard Lynch)</p> <p>In preparing the review of the Children and Young People's Plan the results of the two workshops held at previous TEG meetings, and feedback from young people about the priorities in the Children and Young People's Plan had been taken into account. The comments from the workshop held at the joint TEG/BSCB meeting were yet to be assimilated to the draft plan.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • There was a shared view that there needs to be a small number of actions where partnership effort can be aligned that will have the biggest impact and make a difference, i.e. 5 key things. • Need to consider which issues could be taken forward, and how best to drive those actions forward. • The plan on a page is intended to be a pithy document to be used as a guide to achieving the desired outcomes. 'Less is more'. • Some elements in the draft plan are still too long. Need something that can be extrapolated that is portable and can be shared with front line workers. The priorities of the partnership need to align with front line priorities. • The CYP Plan needs to tell the story of the key issues and the value of having a partnership approach. • A key driver of the CYP Plan is the work of the Anti-poverty Board and also early help, and that part of the plan needs to be populated. • At the next TEG meeting would like a draft that can be signed off. <p>Members were asked to submit outstanding information that had been requested in relation to the progress update against the last set of priorities on page 13 of the draft plan, as well as setting priorities for 2016-19 for the revised plan on a page.</p> <p>It was agreed that TEG champions would be nominated for each identified priority to drive the actions, gather evidence of achievement and highlight any barriers:</p> <ul style="list-style-type: none"> • Keeping children and young people safe: Bob Dyson & Mel John-Ross • Improving education, achievement and employability: Margaret Libreri • Tackling child poverty and improving family life: It was agreed that the vehicle for addressing this is early help and that this has strong links with the Communities Directorate. A TEG champion needs to be nominated for this area of work • Supporting all children, young people and families to make healthy lifestyle choices: Penny Greenwood • Encouraging positive relationships and strengthening emotional health: Brigid Reid • Improving staff skills to deliver quality services: Champion to be nominated. 	Members
6.	<p><u>Progress report on the Child and Adolescent Mental Health Service Performance and Improvement Task and Finish Group</u> (Brigid Reid)</p> <p>The report highlighted the following points:</p> <ul style="list-style-type: none"> • Current average waiting times to the initial appointment is now 10 weeks, which is an improvement. The aim is to reduce this to 5 weeks by March 2016 and Dave Ramsay gave assurance that this target would be met. 	

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	<ul style="list-style-type: none"> Barnsley's Local Transformation Action Plan is focused on ensuring that children, young people and families can be effectively supported to meet their emotional health and wellbeing needs before they get to the stage of needing CAMHS services, in particular by increasing support to schools. The action plan is almost at a stage when it can be shared. A Governing Body development session focusing on CAMHS had been held on 29 October which had been helpful. <p>Brigid stated that a rejected referral from a GP had been brought to her attention, which had described a parent taking their child to the GP on the school's insistence due to behavioural issues. It was noted that there had been insufficient detail for the CAMHS team. The importance of input from the School Nurse was reiterated. Clare stated that there are still issues for GPs around thresholds and the gap in service provision below Tier 3. Brigid pointed out that one of the objectives of the Local Transformation Action Plan is to create capacity and capability in the system. All Schools have an identified School Nurse, and it is important for GPs to contact the School Nurse in the first instance if the parents claim that the school has sent them, and to ensure that referrals are made with the involvement of the School Nurse. It was confirmed that school nurses can refer directly to CAMHS.</p> <p>Clare queried whether the wait for treatment had been impacted on as a result of the shorter waiting times to initial appointment, and Dave Ramsay stated that data regarding waiting times would be available at the end of the calendar year.</p> <p>Rachel pointed out that it is important to monitor waiting times for a service, not only to initial appointment, to identify where the system is not working adequately.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> A notice would be included in the next Schools Bulletin to reiterate the role of the School Nurse in terms of referrals. An update would be given at the next meeting on the Local Transformation Action Plan. Dave would circulate invitations to TEG members to attend the official opening of the newly refurbished New Street Health Centre on 7 December, taking place from 6 – 7.30pm. 	<p>Margaret Libreri</p> <p>Brigid Reid</p> <p>Dave Ramsay</p>
7.	<p><u>Children's Workforce Development update</u> (Catherine Warrener)</p> <p>The report provided a helpful review of the Children's Service Learning and Development Activity between April – October 2015, and the Workforce Development Training Plan for 2015/16. It was agreed that as Catherine had been unable to attend this meeting members would send any comments to Denise, and that this item would be deferred to the next meeting.</p>	<p>Members/ Denise/ Catherine</p>
8.	<p><u>Continuous Service Improvement Plan/ Framework</u> (Rachel Dickinson/ Julie Govan)</p> <p>The CSI Framework has been amended following the feedback received at the joint TEG/BSCB meeting.</p>	

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	<p>It was noted that:</p> <ul style="list-style-type: none"> • There are no red flags against any performance action. • The 'front door' is still a priority. • Outcomes for care leavers are still being considered. <p>At the joint meeting it had been agreed that themed discussions would be helpful when reviewing the CSI plan, however, areas of concern must be raised by the Officer Group immediately and not wait until that particular theme is discussed.</p> <p><i>(Julie Govan left the meeting at this point)</i></p>	
9.	<p><u>Stronger Communities Partnership update</u> (Jayne Hellowell)</p> <p>The first meeting of the Stronger Communities Partnership (SCP) will be held on 9 November 2015, Chaired by Councillor Chris Lamb.</p> <p>Priorities will be progressed through three Delivery Groups:</p> <ol style="list-style-type: none"> 1. Delivery Group One - Resilient and Healthy Communities. 2. Delivery Group Two - Early Help and Prevention. 3. Delivery Group Three - Anti-Poverty. <p>The following comments were made:</p> <ul style="list-style-type: none"> • Rachel explained that during the Council's re-structure it had been agreed that the work around 'early help' and 'think family' would be driven by the Communities Directorate, however, accountability remains with the Executive Director for People Directorate as the DCS, and it is therefore important for both the Children and Young People's Trust and the Barnsley Safeguarding Children Board remain sighted on, and be able to challenge, progress. • The Stronger Communities Partnership (SCP) will provide a strategic focus, strengthening areas where necessary, and will ensure that there is no duplication of effort. • Clare pointed out that the membership included a representative of the GP Federation, which is not inclusive of all GPs as membership is optional, whereas all GPs are members of the Local Medical Committee. Jayne undertook to raise this with Wendy Lowder. • The Thresholds Group needs to be reviewed but will continue as a separate group. • An action plan would be submitted to future TEG and BSCB meetings. <p><i>(Jayne left the meeting at this point)</i></p>	<p>Jayne</p> <p>Jayne</p>
10.	<p><u>Provision of short breaks for children and young people with a disability in Barnsley – confidential</u> (Richard Lynch)</p> <p>The draft Short Breaks Strategy was presented for consultation and the report provided an update on progress in relation to the programme of work in the commissioning plan.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • The draft strategy is to be treated as confidential and not for wider sharing with the workforce at this stage. • It was noted that further consultation with stakeholders would take place at the Disabled Children's Programme Board. 	

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	<ul style="list-style-type: none"> • A key element of the strategy is an increased focus on personalisation. • Brigid stated that there is a strong theme in the CQC regarding children in transition into adult services, and there is a lot of work to be done around strengthening independence. • Members were asked to let Richard have comments on the draft strategy by the end of November 2015, particularly in relation to independence and use of personal health budgets. • The final version of the strategy will be considered at the Executive Commissioning Group Meeting on 11 January 2016. 	<p>Members</p> <p>Richard/ Denise</p>
11.	<p><u>0-19 Healthy Child Programme – update report</u> (Penny Greenwood)</p> <p>From 1 October 2015 the Council became responsible for commissioning School Nursing, Health Visiting and Family Nurse Partnership Services for children and young people aged 0-19 years. The Contracts for Health Visitors and Family Nurse Partnership expire at the end of March 2016, and the School Nursing Service contract expires at the end of May 2016.</p> <p>From June 2016 these services will be commissioned through the 0-19 Healthy Child Programme and bids were invited through the YOR Tender procurement system.</p> <p>Since the last TEG meeting, however, it had been decided not to award the contract for the 0-19 Healthy Child Programme as it was felt that the bids were not appropriate. Work is taking place with partners and colleagues regarding the next steps. Regular updates will be communicated through the website so that everyone is involved and aware of progress.</p> <p>The risks and challenges would be considered by the Executive Commissioning Group. It was acknowledged that concern is shared across the partnership.</p> <p>It is important to reiterate, and communicate with stakeholders and partners, that the services will continue to be provided.</p>	<p>Penny/ Denise</p> <p>Julia</p>
12.	<p><u>Performance: Escalated items from other theme leads</u></p> <p>No items were escalated. Rachel requested that this item remain on the agenda to allow for any issues of particular concern to be raised.</p>	
13.1	<p><u>Action focused discussion - persistent absence from school</u> (Margaret Libreri)</p> <p>A presentation was circulated highlighting the issues in relation to persistent absence in Barnsley, and the difference between those who are disadvantaged (receiving pupil premium) and those who are not.</p> <p>Persistent absence in Barnsley is higher than the national average for both primary and secondary schools, and more disadvantaged children are persistently absent when compared with their peers.</p> <p>The current definition of 'persistent absence' is a child who misses a month of school lessons in a year, 15% of the number of sessions a child should attend. The new definition takes into account the actual number of sessions available to a young person in whatever school they attend, and the threshold will be reduced to 10% with the aim that schools will take action</p>	

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	<p>sooner. This is a helpful change as it will identify young people who were not previously identified as persistently absent if they had moved schools.</p> <p>It was noted that schools converting to academies would have started with a nil balance and Margaret undertook to do a deep dive into individual school details.</p> <p>An anonymised case study of a family of four children who were not attending school was discussed and the following points were raised:</p> <ul style="list-style-type: none"> • It was acknowledged that in some cases non-attendance of school is condoned and is culturally acceptable. Despite fines being issued, taking holidays during the school term continues to be a massive problem. • For some young people school is not an attractive place to be and it is important to get behind the reasons for young people not wanting to attend school. • It is also important to help parents to understand the consequences of non-attendance for their children, emphasising the parental responsibilities of both parents. • There is a concern regarding the quality of education for those children who are educated at home. • It was suggested that a communications strategy be developed to convey the importance of school attendance and the responsibility of parents, including stories in the media of how families have been helped to overcome barriers. This would include a parallel piece of work around social marketing. • Positive reinforcement is important to recognise progress made. Of the 121 cases taken to an attendance panel, half achieved improved attendance. • It is important for GPs and other service providers to challenge the parents of young people who attend appointments during the school day, and it was suggested that truancy sweeps be carried out to challenge adults with young people who should be in school, and publish the results. • When young people are not in school it raises a potential safeguarding issue regarding where they are and who they are with. Improving school attendance for children who are on a child protection plan needs to be a priority. • If a school identifies a child who is persistently absent they would be expected to put in place a range of support to ensure attendance and engagement. • Closer links between GPs and the School Nurse would be helpful in some instances, i.e. if there are any medical concerns regarding the parents or the children e.g. if the Mum is believed to have mental health issues. • Margaret stated that the Behaviour and Attendance Group, which is a sub-group of the Barnsley Alliance Board, is currently exploring the reasons behind persistent pupil absence. The Behaviour and Attendance Group includes representation from schools; Educational Psychology; the Head of Early Start, Prevention and Sufficiency; and Education Welfare. It was suggested that representatives for PCSO's and SWYPFT are also invited to attend this group. • It was suggested that it would be helpful to identify a school to run a pilot and to put a team around a school, using early help methodology to understand the reasons behind persistent absence. Bob suggested 	Margaret Libreri

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	<p>further investigation in both a primary and secondary school, particularly if any siblings are attending a secondary school.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> Partners would raise the profile of persistent absence in their respective organisations, and to consider how a joint approach across the children's workforce might improve school attendance. Suggestions included GPs booking appointments after hours rather than during the school day; having CAMHS appointments on the school premises; improved support for schools with EAL learners. Consideration would be given to developing a Communications Strategy to emphasise in the media the importance of school attendance and the impact on non-attendance. Truancy sweeps would be undertaken, particularly on market days, and publicise the results A 10 minute update would be given at the next TEG meeting. 	<p>All partners</p> <p>Margaret Libreri</p>
13.2	<p><u>School exclusions</u> (David Whitaker)</p> <p>The report provided information on the number of secondary school fixed term exclusions for the first half term of the academic year 2015/16, and the number of permanent exclusions in Barnsley secondary schools. The data also showed the fixed term exclusions for the whole of the last academic year.</p> <p>Fixed term exclusions remain high in a number of Barnsley secondary schools, and are increasing in schools with previously low exclusion rates.</p> <p>Dave pointed out that the available space at Springwell Alternative Academy had reduced to 20 since this appendix had been circulated, and that there were no Primary PRU places available.</p> <p>During the discussion the following points were noted:</p> <ul style="list-style-type: none"> Consideration needs to be given to whether fixed term exclusions have achieved a change in behaviour, and it is therefore important to track the outcomes of those young people who had received fixed term exclusions, particularly in Carlton and Shafton Schools. Margaret Libreri undertook to obtain that data. The data does not show the movement of young people with behaviour issues to another school. Dave stated that Springwell Academy receives a lot of enquiries from other Headteachers who are working with young people with challenging behaviour. Their choices appear to be phone Springwell for advice/ exclude the pupil/ refer the pupil to CAMHS. It was suggested that the thresholds being used by schools for excluding pupils may need to be considered, as well as the skills of staff to manage challenging behaviour. Schools need to get better at looking at the reasons behind the poor behaviour. Examples were given of young people who may be excluded for being asked to deliver something that they are not capable of delivering, and not being able to read. There is also an issue around teaching young people how to manage their behaviour and to exercise self-control. Margaret Libreri stated that it had recently been agreed that these issues also need to be discussed at Primary School level. 	

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	<ul style="list-style-type: none"> It was noted that a link needs to be made with the Local Transformation Plan. <p>It was agreed that:</p> <ul style="list-style-type: none"> Margaret would obtain details about the young people excluded from Carlton and Shafton Schools for further investigation. An update would be brought to a future TEG meeting in the next term to discuss the issues raised further. 	<p>Margaret Libreri</p> <p>Dave Whitaker</p>
13.3	<p><u>Analysis of school attendance and attainment data for MST cases successfully closing 01/04/15 - 30/09/15 (Ben Finley)</u></p> <p>The report provided further analysis of the attendance and attainment levels of young people that MST had worked with, and concluded that young people had achieved an improved rate of attendance, and there had been a reduction in the use of fixed term exclusions, for the 4 weeks prior to closure with MST compared to the year prior to MST involvement. The report concludes that overall most young people worked with were achieving and sustaining better educational outcomes in the half term after MST had closed. It was acknowledged that whilst performance is positive there is still room for improvement, which there is commitment to achieve.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> Dave Whitaker stated that he would welcome a review of the service level agreement with Springwell to achieve a more joined up approach. It is important to achieve sustainability of good attendance not only during the life of MST but afterwards, and to work on what can be done to support sustainable change. <p>It was agreed that MST would:</p> <ul style="list-style-type: none"> Review the SLA with Springwell in January 2016 and consider its use more broadly with educational partners. Continue to refine its internal procedures and develop its work alongside schools. Provide contextual data in reporting outcomes for young people in education. 	
14.	<p><u>Proposed agenda items for the next meeting</u></p> <p>18 December 2015:</p> <ul style="list-style-type: none"> Supporting children, young people and families to make healthy lifestyle choices/ Child Health Programme Board (Penny Greenwood) Early Support Pathway for children with additional/ complex needs (Carol Ward and John Rooke) Public Health and Wellbeing survey for children and young people – results (Penny Greenwood) Continuous Service Improvement Plan/ Framework (Rachel Dickinson/ Julie Govan) Stronger Communities Partnership (Wendy Lowder) Draft CYP Plan 2016-19 	

		<u>Action</u>
	<ul style="list-style-type: none"> • Children's Workforce Development update • Local Transformation Action Plan <p>It was agreed that it had been more productive to have a presentation rather than a report around the agreed action focused discussion and that this practice should be continued in future.</p>	