



Minutes of the Children and Young People's Trust Executive Group Meeting held on 5 February 2016

Present

Core Members

Rachel Dickinson (Chair)	BMBC, Executive Director: People
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
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
Gerry Foster-Wilson	Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools
Sean Rayner	SWYPFT District Director Barnsley/ Wakefield
Amanda Glew	BMBC Organisation Development Manager
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Nigel Middlehurst	Voluntary Action Barnsley, External Services Manager
Dave Whitaker	Executive Headteacher, Representative of Secondary Headteachers
Dr Clare Bannon	Barnsley GPs Local Medical Committee

Deputy Members

Angela Kelly	BMBC, Targeted Youth Support Operations Manager (for Barnsley Youth Council – youth voice)
Deborah Mahmood	South Yorkshire Police, Head of crime (for Chief Supt. Tim Innes)
Diane Wall	Barnsley College Safeguarding Team Leader (for Jenny Miccoli)
Diane Lee	BMBC Head of Public Health (for Penny Greenwood)
Keith Dodd	BMBC Communities Business Manager (for Wendy Lowder)
Sue Gibson	Barnsley Hospital NHS Foundation Trust, Head of Midwifery/ Nursing (for Heather McNair)

Advisers

Julie Green	BMBC, Strategic Lead, Procurement and Partnerships
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In attendance

Anne Smith	BHNFT, Public Health Midwife (for item 5)
Carrienne Stones	Healthwatch Barnsley Manager (for item 6)
Victoria Schofield	BMBC Head of Children in Care (for item 8)
Julie Dickinson	BMBC Safeguarding & Quality Assurance Project Officer (for item 14)
Denise Brown	BMBC, Governance, Partnerships and Projects Officer

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1.	<p>Apologies:</p> <p>Richard Lynch BMBC, Head of Commissioning, Governance and Partnerships</p> <p>Tim Innes South Yorkshire Police Chief Superintendent (Barnsley Commander)</p> <p>Penny Greenwood BMBC, Head of Public Health, Health protection</p> <p>Emma White BMBC Public Health</p> <p>Jenny Miccoli Barnsley College, Vice Principal Teaching, Learning and Student Support</p>	

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	<p>Anna Turner BMBC, School Models and Governor Development Manager</p> <p>Wendy Lowder BMBC, Service Director for Stronger, Safer and Healthier Communities</p>	
2.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>Reports to be treated as confidential are:</p> <ul style="list-style-type: none"> • Item 11 – Tackling child poverty and improving family life strategic priority report. • Item 15 – Continuous service improvement plan <p>No conflicts of interest were declared.</p>	
3.	<p><u>Minutes of the Trust Executive Group meeting held on 18 December 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> <p>Actions arising from 6 November 2015:</p> <ul style="list-style-type: none"> • Minute 5. Effective engagement with schools. A meeting has been arranged for Margaret and Monica to discuss the possibility of putting together a traded package to fund a Safeguarding lead post for schools. • Minute 6(i). A notice had been included in e-bulletin 309, circulated on 5 February 2016, reiterating that 'where schools want to refer children to CAMHS the most appropriate route to refer is through their school nurse, rather than directing via parents making requests to GPs.' A list of school nurses and linked schools had been attached to the bulletin. • Minute 6(iii). Rachel had asked Tom Smith to follow up the action to arrange a light touch learning event to consider the issues raised during a discussion re. improving education, achievement and employability. • Minute 13.1(i). It was confirmed that PCSO representation on the Behaviour Attendance Group has been arranged. • Minute 13.1(iv). Following the TEG meeting, an Education Welfare officer had confirmed that schools are always contacted following a truancy sweep, and either the school or an Education Welfare Officer contacts the parents, who are given an information leaflet on the importance of school attendance. Contacts with school and parents are all recorded. <p>Actions arising from 18 December 2015:</p> <ul style="list-style-type: none"> • Minute 5. Noted that Kaye Mann had made contact with colleagues to arrange attendance at the secondary school Headteachers meeting re. the RUDifferent social norms programme outcomes. • Minute 9.1. Confirmed that partners had attended the Officer Group re. the continuous service improvement plan. 	
4.	<p><u>Barnsley Safeguarding Children Board Meeting held on 29 January 2016 – highlights (Bob Dyson)</u></p> <p>The following items discussed at the BSCB meeting were highlighted:</p> <ul style="list-style-type: none"> • Ray Powell, the BMBCs Prevent Coordinator, had attended the meeting with two colleagues from SY Police. It was agreed that Bob would arrange for the briefing to be circulated to TEG members. • A briefing paper which sets out the changes to the process and practice of Children's Social Care Screening and Assessment had been supported by 	Bob

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	<p>the BSC Board, and is on the TEG agenda. There continues to be concern regarding the high level of contacts into social care.</p> <ul style="list-style-type: none"> • The Children's Sexual Exploitation (CSE) Strategy had been approved by the BSC Board. • Concern was raised that the recent Department for Education's (DfE) elective home education guidelines for Local Authorities means that there are no real checks and safeguards in place for children educated at home. It was agreed that a letter would be sent to the DfE to highlight these concerns, and copied to the Chief HMI and Regional Ofsted lead. 	Mel/ Bob
5.	<p><u>Stillbirths in Barnsley</u> (Sue Gibson and Anne Smith)</p> <p>The reason behind the low rates of stillbirths in Barnsley had been queried at previous TEG meetings, and the attached presentation was given to review the trends of intrauterine foetal death (IUFD) and stillbirths in Barnsley Hospital.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • The UK ranks 33rd of 35 high income countries for its stillbirth rates • It is a national maternity priority to reduce the numbers of stillbirths/ IUFDs • Declining rates of IUFD in Barnsley was noted over the last five years, more than halving the rate of IUFDs from 4.68% in 2010 to 2.15% in 2014 • For more than 50% of the women it was their first pregnancy • Most common presentation was reduced foetal movements, and intrauterine growth restriction (IUGR) • The greatest risk factors include: smoking, which was identified as the most common modifiable risk factor; medical disorders; and intrauterine growth restriction (IUGR)(babies not developing as they should) • Nearly 40% of the women had a body mass index (BMI) of between 25.0 and 29.9; and nearly 35% had a BMI of between 18.5 and 24.9 • Placental insufficiency was the cause of death in 44% of cases • Barnsley is classed as outstanding with 100% compliance in the 'stillbirth care bundle' which includes four elements: reducing smoking in pregnancy; detecting foetal growth restriction; raising awareness of reduced foetal movement; improving effective foetal monitoring during labour <p>The following questions were raised/ comments noted:</p> <ul style="list-style-type: none"> • Rachel queried what factors had caused the IUFD rates to decline, and it is felt that the work to reduce smoking in pregnancy, and the implementation of individualised growth charts to improve detection rates of babies not growing sufficiently, which both started in 2011/12, had started to make a difference. • It is important that the developing Family Centres are aware of the risks of smoking during pregnancy, and Keith was tasked with making the Communities Directorate aware of this, to be taken into account when making future commissioning decisions. • More needs to be done to encourage pregnant women with high BMI rates to lose weight. • Young women using substances or drinking heavily are on a high risk pathway of care and the fact that they are not losing their babies is a positive endorsement of the care that they receive. • Anne expressed concern that the 'smoking cessation' service, which had managed to reduce the percentage of women smoking during pregnancy down to 17%, had been decommissioned. Rachel undertook to relay that concern to commissioners. 	Keith Rachel

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	It was agreed that the key messages from the presentation would be sent to Nina Sleight.	Denise
6.	<p><u>Work of Healthwatch</u> (Carrienne Stones)</p> <p>Carrienne credited Healthwatch champions for providing the slides for the attached presentation.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • A quarterly Healthwatch Bulletin is produced by young people for the 750 members, which includes health and social care related information. It also provides feedback to members regarding how their views are being used to make a difference. • A Health Booklet is currently being produced to highlight: emotional health and wellbeing; sexual health; drugs and alcohol; school nursing system and healthy eating. A health survey was designed which 365 young people completed and the relevant information was included in the booklet. Healthwatch Barnsley was awarded £300 from Berneslai Homes for a project to promote healthy eating amongst young people in Barnsley. A page dedicated to healthy eating has been included in the Health Booklet, including details of relevant services available for young people. It is hoped that the booklet will be available from April 2016. • Healthwatch was approached by the Patient Experience Support Officer from Barnsley Hospital for views on a flyer designed to gain complaints and compliments from young people. Following consultation, feedback forms were submitted. The final draft of the flyers will be shared with young people so that they can see the impact of their feedback. <p>The following comments were noted:</p> <ul style="list-style-type: none"> • Brigid emphasised how valuable the contribution of Healthwatch had been, particularly in relation to the work of CAMHS. • Bob suggested working more closely with Healthwatch in future in relation to safeguarding issues and it was agreed that Bob would ask the BSC Board Manager, Nigel Leeder, to contact Carrienne Stones regarding this. • It was noted that Healthwatch is not currently engaged with primary schools, and it was agreed that Gerry and Carrienne would meet to discuss how this could be achieved. • Young people are informed of the positive impact that their contribution is making via the bulletin, and through Healthwatch representatives who go into schools on a regular basis. <p>It was agreed that:</p> <ul style="list-style-type: none"> • TEG agendas will be sent to Carrienne in future who will determine whether there are any agenda items which Healthwatch could contribute to, or comment on in order to ensure that the Children's Trust is sufficiently connected to Healthwatch in future. • The draft Children and Young People's Plan 2016-19 would be sent to Carrienne for comment by Healthwatch. <p>Rachel congratulated Healthwatch on the excellent achievements over the years.</p>	<p>Bob</p> <p>Gerry/ Carrienne</p> <p>Denise</p> <p>Denise</p>

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7.	<p><u>Developing a model of early help for families</u> (Margaret Libreri)</p> <p>The attached presentation provided an update on the work taking place around early help for families including: transformation to family centres, and the outcome of the early help peer review. It was noted that information regarding impact on outcomes was not available at this stage. It is important to get integrated working and workforce development right.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • A Stronger Communities Partnership has been established which has oversight of the early help agenda, and there is an early help steering group for children. • From 1 April 2016 there will be a single point of referral into services. • A range of services focused on the family and young people will be offered through Family Centres. • The emphasis will be on targeted services, but there will still be a universal element in terms of access, i.e. won't have to be referred. • Need is being targeted through prevention and early intervention; working in a whole family way from pre-birth to 25 years; building on family strengths and developing family resilience and aspiration. • How data is used, and information shared, is critical to ensure we are delivering the right services and programmes based on evidence of outcomes. • Family star and teen/youth star are very effective in measuring outcomes and understanding the difference that early help is making. • Everyone needs to take ownership of early help, and not see it as something to be passed on to another service. For early help to be successful all partners, and the children's workforce, need to have the ability to signpost referrals appropriately. It is important to achieve permeable routes to the right help. • Partners need to be willing to take a coordinated approach. Key areas of work with partners include: workforce development; understanding the vision for early help and the outcomes that it can have an impact on; and integrating systems and processes as much as possible. • It is important to work with partners to ensure good systems and processes are in place for gathering data and providing feedback regarding what is working well, or not working well. <p>During the discussion the following points were noted:</p> <ul style="list-style-type: none"> • It is concerning that the number of early help assessments being completed has decreased, and is the lowest it has been for years. • Early help is an 'invest to save' initiative. Getting early help right will prevent problems from escalating and avoid longer and more expensive interventions. • It is vital that the workforce are developed to strengthen core skills including: good leadership and management; an understanding of multi-agency working; an ability to be professionally curious; identify needs as early as possible across the spectrum of outcomes; offer the right service at the right time; consider the needs of the whole family; be tenacious and provide respectful challenge when necessary; strive for continuous improvement; demonstrate improved performance. • The challenge is to ensure that everyone sees early help as their responsibility, and leaders need to ensure that front line practitioners understand this. It is not about referring an identified problem on to another service, but rather joining efforts to achieve good outcomes for a 	

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	<p>young person or family. It is important to emphasise that even seemingly simple interventions will help to secure good outcomes.</p> <ul style="list-style-type: none"> • There needs to be more discussion between agencies about the child's needs, and services trying to achieve the same outcomes need to be integrated. <p>The Trust Executive Group agreed to:</p> <ul style="list-style-type: none"> • Endorse the direction of travel, including a single point of access. • Enforce the message that early help is everyone's responsibility. • Ask the Early Help Steering Group to: <ul style="list-style-type: none"> - Collect good examples of early help in action. It was suggested that short, two line sentences, of examples of early help in action would be helpful. - Consider short video clips with stories that people can relate to that illustrate a successful experience of early help; to capture what early help looks like at different stages and how it can ultimately manage the demand for high level services. - Join up early help efforts for children and families. • Receive a progress report at the TEG meeting on 29 April 2016. • Consider a celebration event in six months' time to recognise the work that has taken place; test those areas that we would expect early help to have had an impact on, such as Fair Access Panel and referrals into CAMHS; and capture any learning where earlier intervention would have been helpful. <p>Margaret informed the meeting that a Head of Early Help Strategy is being recruited to in the Communities Directorate. This role will be critical in progressing strategic developments, partnership engagement and communication.</p> <p>Rachel asked that the Early Help Steering Group be thanked for their work.</p>	<p>Members</p> <p>Margaret Libreri</p> <p>Margaret</p> <p>Margaret</p> <p>Margaret</p>
8.	<p><u>Contacts into Social Care</u> (Vicky Schofield)</p> <p>The briefing paper re. Children's Social Care screening and assessment sets out the recent changes to practice and assessment, focusing on the current timeliness, volume and quality of social work assessments; and social work practice in relation to referrals to the service, including recording of information.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • Performance reporting in Barnsley indicated a consistent increase in social care referrals, which resulted in fewer assessments being completed within timescales. It was also noted that only 30% of assessments resulted in an ongoing intervention to Children's Social Care. • A number of issues were identified where current practice could be improved upon. In future, social workers will be required to apply their professional judgement and only record contacts which constitute a welfare concern for a child. Contacts into the service which are requests for information; to provide information about low level concerns or to seek advice or guidance about available services, are not recorded in the same way. This will enabled the service to focus on those children who are most at risk. • Operational guidance has been provided for screening staff. The Screening Team provides the first point of contact for all enquiries to Children's Social Care in Barnsley. 	

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	<ul style="list-style-type: none"> The proposed Multi-Agency Referral Audit (MARA) Group will provide a consistent and regular overview of agency practice at the point of referral to Children's Social Care. The Safeguarding Children Board has given their support for this approach. Terms of reference for the MARA Group will be considered at the next Performance and Quality Assurance (PAQA) group meeting. It was acknowledged that this is not a risk free strategy, and is heavily dependent on good management oversight, social work skill and expertise. On Wednesday afternoons there will be an open door session with the screening team which people are invited to attend. This provides an opportunity for practitioners to talk to social workers about individual cases. The team can be contacted via e-mail or on their usual contact number. <p>The following comments were noted:</p> <ul style="list-style-type: none"> At the Safeguarding Children Board meeting a discussion was held regarding the duty of those people who are initiating contacts into social care to keep their own records. It was noted that some Local Authorities record phone calls, and it was suggested that this be considered as it provides the opportunity to listen to the calls, and use the recordings for training purposes. Written referrals will need to be routinely audited by managers. An audit trail is crucial and there needs to be assurance that other agencies are auditing contacts in the same way. <p>The Trust Executive Group agreed to:</p> <ul style="list-style-type: none"> Endorse the approach with appropriate auditing through PAQA. Receive an update to TEG alongside a report to the BSCB. 	Vicky/ Mel
9.	<p><u>Local Area Special Educational Needs Ofsted Inspection</u> (Margaret Libreri)</p> <p>Margaret handed out the attached paper at the meeting which provides an update on progress in relation to compliance with SEN reforms and the Children and Families Act, and in preparation for the Ofsted inspection, including: meeting the duty to identify disabled children and those with special educational needs; joint working across agencies, services and institutions; education health and care plans.</p> <p>Work is taking place with early years' settings and schools to assess and meet children's needs according to the SEN code of practice. Consideration has also been given to the systems in place and identifying areas where they are not working effectively.</p> <p>It was agreed that the self-assessment would be brought to the TEG meeting on 29 April for consideration, and that a representative of the Barnsley Parents and Carers Forum would be invited to attend. This will be the main agenda item to collectively consider the key areas of focus.</p>	Margaret
10.	<p><u>Children and Young People's Plan 2016-19</u> (Julie Green)</p> <p>The following update on finalising the CYP Plan was provided:</p> <ul style="list-style-type: none"> Julie thanked everyone who had submitted comments and amendments. A meeting has been arranged with young people from Barnsley College regarding designing the graphics for the CYP Plan. 	

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	<ul style="list-style-type: none"> The current version of the plan has been sent to the Youth Council to be shared with young people. <p>It was agreed that:</p> <ul style="list-style-type: none"> The CYP Plan would be sent to the Barnsley Parents and Carers Forum and Healthwatch for comment. The amended version of the CYP Plan would be circulated to members. There is still time to make final comments, but hopefully there will be no major changes at this stage. At the next meeting a discussion will be held regarding the process for monitoring the CYP Plan and for challenging progress to ensure that the desired outcomes are achieved. <p>Rachel asked Julie to let her know if any difficulties are encountered with finalising the plan.</p>	<p>Denise</p> <p>Denise</p> <p>Julie</p>
11.	<p><u>Strategic Priority: Tackling child poverty and improving family life</u> - confidential (Andrea Hoyland)</p> <p>The report provided an update on progress towards meeting targets against key indicators in the CYP Plan relating to tackling child poverty and improving family life.</p> <p>It was noted that following the Council restructure in 2015 the child poverty element of this theme sits in the Healthier Communities service area of the Communities Directorate.</p> <p>The Anti-Poverty Delivery Group is a multi-agency, cross sector partnership group which sits under the newly established Stronger Communities Partnership, and is one of three delivery groups.</p> <p>The Anti-Poverty Action Plan 2015-18 details activity for the first of the next three years under four key challenge areas:</p> <ul style="list-style-type: none"> To increase early take up of financial advice and support for skills and employability, to help people to make the most of the money they have and improve their potential income. To reduce child poverty, to help parents give their children the best start in life. Ensure that strategies and plans are ‘poverty proof’. To evaluate joint impact, and to determine whether or not the expected results are being achieved. <p>Dan Jarvis, MP for Barnsley Central, has drafted a Child Poverty report to highlight child poverty and is committed to working with the Anti-Poverty Delivery Group to reduce the levels of child poverty in Barnsley and across the country.</p> <p>The current version of the Anti-Poverty Action Plan is scheduled to go to Cabinet on 10 February 2016 for approval.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> There is a detailed needs assessment for anti-poverty that underpins the strategy and action plan which is kept up-to-date by BMBC Business Intelligence Information had been shared with local MPs. Dan Jarvis will be kept informed of progress. 	

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12.	<p><u>Performance: escalated items from theme leads</u></p> <p>No other performance issues or risks were highlighted.</p>	
13.	<p><u>Local Transformation Action Plan (Brigid Reid)</u></p> <p>The Local Transformation Action Plan is on both the CCG and BMBC websites.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> • Patrick Otway has been asked to develop a 'plan on a page'. • Key aspects of the transformation plan are: the work already taking place with schools, and access to therapeutic support. • The Terms of Reference for the 'Future in Mind' Implementation Group will be considered at the next ECG meeting. • An update is due to be provided to the TEG meeting in April, and the Action Plan is going to Scrutiny in May 2016. • A lot of work has gone into developing the plan, and the contribution of Nette Carder, interim BDU Director for SWYPFT, was acknowledged. It was noted that Carol Harris will be starting as the BDU Director from March 2016. • This is a good piece of work, and tracking progress to deliver the plan is a top priority to ensure that it has the required impact on outcomes. 	
14.	<p><u>Joint TEG/BSCB Risk Register (Mel John-Ross)</u></p> <p>The risk register had been discussed at the last joint TEG/BSCB meeting in October 2015. In terms of the BSCB the risk register is fully completed, however, there is further work in terms of scoring key risks that are particularly relevant to the CYP Trust.</p> <p>Margaret Libreri pointed out that a risk needs to be included regarding maintaining a rigorous performance management framework. Members were asked to let Rachel know if there are any risks missing.</p> <p>It was agreed that Rachel and Mel would meet to consider the risk register before it comes back to the TEG.</p>	<p>Members</p> <p>Rachel/ Mel</p>
15.	<p><u>Continuous service improvement plan (Mel John-Ross/ Julie Dickinson) – confidential</u></p> <p>It was noted that there were no particular concerns and no actions were flagged 'red'.</p> <p>A joint development day had been held to update specific plans owned by the BSCB, and they will continue to be updated.</p> <p>It was agreed that owners of the Early Help Action Plan would be invited to attend the next TEG meeting to provide an update on progress.</p>	<p>Margaret</p>
16.	<p><u>Issues for escalation to other Boards</u></p> <ul style="list-style-type: none"> • Health and Wellbeing Board: early help; work of Healthwatch; reduction in stillbirths. • Barnsley Safeguarding Children Board: No issues for escalation. 	<p>Nina/ Margaret/ Sue Gibson</p>

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17.	<p><u>Proposed agenda items for the next meeting on 17 March 2016</u></p> <p>It was agreed that the key priorities for the next meeting are:</p> <ul style="list-style-type: none"> • Early Help Action Plan • Local Transformation Action Plan • A process for taking the CYP Plan forward and a system for delivering it 	
18.	<p><u>Any other business</u></p> <p><u>Opportunity for secondary schools in England that do not currently have an established counselling provision to receive a high quality professional counselling service at no cost to the school for two years</u></p> <p>Brigid had forwarded an e-mail which it was agreed would be circulated following this meeting. 'Following recent government guidance recommending the availability of counselling in every school (1), the University of Roehampton, along with colleagues at the Metanoia Institute and Universities across the UK, are currently planning to conduct a study of school-based counselling as a means of reducing psychological distress in pupils: The ETHOS trial, funded by ESRC. We are looking to recruit approximately 18 secondary schools that do not currently have an established counselling provision to participate in the study. Eligible schools will receive a high quality professional counselling service at no cost to the school for two years.</p> <p>Those interested in finding out more about becoming a participating school should contact Peter Pearce at peter.pearce@metanoia.ac.uk (1) www.gov.uk/government/uploads/system/uploads/attachment_data/file/416326/Counselling_in_schools_-240315.pdf</p>	Denise
19.	<p><u>Attachments</u></p> <ul style="list-style-type: none"> • Item 5 – IUFD and stillbirths in Barnsley Hospital – review of trends • Item 6 – Work of Healthwatch Barnsley • Item 7 – Developing a model of early help for families • Item 9 – Progress in relation to the Children and Families Act, and readiness for the Ofsted inspection 	

Dates of future TEG meetings:

Date	Time	Venue
17 March (Thursday)	14.00 – 17.00	Westgate Plaza Boardroom, Level 3, Room 3
29 April (Friday)	9.30 – 12.30	Westgate Plaza Boardroom, Level 3, Room 3
17 June (Friday)	13.30 – 16.30	Westgate Plaza Boardroom, Level 3, Room 3
*4 August (Thursday)	09.00 – 12.00	Westgate Plaza Boardroom, Level 3, Room 3
6 October (Thursday)	09.00 – 12.00	Westgate Plaza Boardroom, Level 3, Room 3
24 November (Thursday)	14.00 – 17.00	Westgate Plaza Boardroom, Level 3, Room 3