

Minutes of the Children and Young People’s Trust Executive Group Meeting held on 12 December 2014

Present

Core Members

Rachel Dickinson (Chair)	BMBC CYPF, Executive Director for Children, Young People and Families
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
Dave Ramsay	South West Yorkshire Partnership Foundation Trust (SWYPFT) Deputy Director of Operations
Mel John-Ross	BMBC CYPF, Assistant Executive Director of Social Care and Safeguarding
Dave Whitaker	Executive Headteacher, Representative of Secondary Headteachers
Liz Watson	South Yorkshire Police Chief Superintendent
Jenny Miccoli	Barnsley College, Vice Principal Teaching, Learning and Student Support
Gerry Foster-Wilson	Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools
Nigel Middlehurst	Voluntary Action Barnsley, External Services Manager

Deputy Members

Penny Greenwood	BMBC Public Health Acting Assistant Director (for Sharon Stoltz)
Sharon Galvin	Barnsley Clinical Commissioning Group (CCG) Designated Nurse Safeguarding and looked after children (for Brigid Reid)

Advisers

Louise Nock	BMBC CYPF, Head of Partnerships and Business Development
Richard Lynch	BMBC CYPF, Strategy and Service Manager Joint Commissioning

In attendance

Louise Wake	BMBC Public Health Intelligence Analyst
Denise Brown	BMBC CYPF, Governance, Partnerships and Projects Officer (Minutes)

		Action												
1.	<p><u>Apologies</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Sharon Stoltz</td> <td>BMBC Public Health Acting Director</td> </tr> <tr> <td>Brigid Reid</td> <td>Barnsley CCG Chief Nurse</td> </tr> <tr> <td>Heather McNair</td> <td>Barnsley Hospital NHS Foundation Trust, Director of Nursing and Quality</td> </tr> <tr> <td>Ian Hanks</td> <td>Job Centre Plus External Relations Manager</td> </tr> <tr> <td>Cllr Margaret Bruff</td> <td>Cabinet Member: People (Safeguarding)</td> </tr> <tr> <td>Cllr Tim Cheetham</td> <td>Cabinet Member: People (Achieving Potential)</td> </tr> </table>	Sharon Stoltz	BMBC Public Health Acting Director	Brigid Reid	Barnsley CCG Chief Nurse	Heather McNair	Barnsley Hospital NHS Foundation Trust, Director of Nursing and Quality	Ian Hanks	Job Centre Plus External Relations Manager	Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)	Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)	
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Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)													
2.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>There were no confidential reports or conflicts of interest declared.</p> <p>Rachel asked that the Short Breaks update report (item 11.1) and the SEND reforms update report (item 11.2) be withdrawn from the agenda as they had not yet been through internal processes.</p>													

		<u>Action</u>
3.	<p><u>Minutes of the Trust Executive Group meeting held on 7 November 2014 - for accuracy</u></p> <p>The minutes were approved as an accurate record of the meeting, subject to an amendment on page 2 of Andy Brooke's job title which was Chief Superintendent.</p>	
3.1	<p><u>Action log / matters arising</u></p> <p>The action log was considered and the following comments noted:</p> <p><u>Actions from 19 September 2014</u></p>	
3.1.1	<p><u>School Nursing Service</u></p> <p>Emotional Health and Wellbeing Training. Penny stated that Michelle Tudor had been progressing this. This issue also relates to school nurses making referrals to CAMHS without having to go back to GPs, and the need for school nurses to work closely with schools.</p> <p>Action: Dave Ramsay undertook to provide a report for the next meeting.</p>	Dave R
3.1.2	<p><u>School Nursing Service drop-in sessions</u></p> <p>This action was to establish the effectiveness of drop-in sessions at secondary school, and to establish what plans there are for drop-in sessions in primary schools. Penny stated that from a commissioning point of view the expectation would be to offer drop-in sessions in every secondary school. The service is currently offered in most secondary schools, providing opportunities to discuss health issues, including sexual health and access to the C-card scheme. Dave Ramsay undertook to find out the number of contacts that school nurses achieve with young people through the drop-in centres.</p> <p>There are a number of factors that contribute to the effectiveness of drop-in centres including:</p> <ul style="list-style-type: none"> • An environment that offers confidentiality and support. • A good relationship with the school nurse. • A supportive Headteacher where the service is welcomed. <p><i>(Dave Whitaker and Ben Finley arrived).</i></p> <p>The national vision is for drop-in centres to provide a generic service, although some drop-in centres have a particular focus, e.g. around sexual health.</p> <p>Provision of drop-in centres in primary schools is not recommended in the national guidance, and is not something that public health would want to commission at this stage. It is possible, however, that drop-in sessions in primary schools could be made available to parents.</p> <p>It is critical that the School Nursing Service is as effective as it can be and that it delivers value for money, supporting good interventions and positive outcomes for young people.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • Penny would discuss this work further with Natasha Beardmore. • A conversation is needed with young people to find out whether 	Dave R
		Penny

	or not the drop-in centres are meeting their needs.	Action Penny
3.1.3	<u>Attendance at child protection groups</u> In response to the concern that school nurses had been asked to limit their attendance at child protection groups, Penny and Dave Ramsay confirmed that this was not the case.	
3.1.4	<u>SEND review</u> The SEND reforms update report was withdrawn from this agenda as it had not been through BMBC's internal processes. However, it will be made available at the next TEG meeting.	Sharon Cooke
3.1.5	<u>School attainment results</u> There is an outstanding action for Ian to find out about a programme to introduce parental achievement which will hopefully raise aspirations and expectations in their children and improve attainment results.	Ian Hanks
3.1.6	<u>Actions from 7 November 2014</u> <u>Support for children with complex health needs</u> Dave Ramsay stated that a meeting between SWYPFT, CCG and Public Health to consider the challenges of ensuring that children based at satellite sites receive the same service as those based at Greenacre School, had been re-scheduled for a date in 2015 after which an update would be provided.	Dave Ramsay
4.	<u>Young people in the criminal justice system</u> The report: <ul style="list-style-type: none"> • Provided an overview of the interface between the Youth Offending Team (YOT) and the Child and Adolescent Mental Health Service (CAMHS), and the client group common to both services. • Recognised that there is not a common forensic pathway that addresses the mental health needs of young people involved in the criminal justice system. • Identified a common core of young people who are diagnosed with conduct disorders (AD/HD), and who do not receive, or cannot engage with, behavioural or parenting interventions to address their needs. • Recommended close examination of the merits of doctors from CAMHS working with YOT staff to enable and support them to deliver appropriate behavioural interventions to young people engaged with CAMH and Youth Offending Services. This may include co-location of staff. • Highlighted the risk that failure to develop a clear pathway increases the risk of young people's mental health needs becoming more entrenched, harder to engage and more difficult to treat, and that those young people are more likely to fail to successfully engage with other services and to have adverse life outcomes that have significant consequences and effect as they grown into adult life. 	

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	<p>During the discussion the following points were highlighted:</p> <ul style="list-style-type: none"> • A high percentage of young people identified as having mental health problems have learning difficulties and conduct disorders. • Early intervention is vital, and the response to young people needs to be quick and appropriate. This would reduce the need for the higher tier CAMH Service. • Most young people in the youth justice system have had involvement with social care or the CAMH Service. • From data provided by South Yorkshire Police it is possible to identify those young people who are committing the most offences. • The two issues to be considered are insufficient resource and the effectiveness of current resources. It is proposed that consideration be given to reconfiguring the current provision, with support from the Youth Offending Team and CAMHS, and that emotional wellbeing work be included with a focus on targeted and intensive work with parents. Sharon agreed to raise this with the CCG and Natasha Beardmore. • It was acknowledged that there is an issue regarding access to the CAMH Service by young people, particularly for low level problems, which needs to be addressed quickly. It was agreed that Dave Ramsay and Ben would discuss this further and that a joint report would be presented to a future ECG meeting suggesting possible solutions. Richard suggested focusing on vulnerable groups as well as looking at general access to CAMHS. • During a discussion that Rachel had with Sean Rayner, it had been agreed that in order to improve communication across the partnership regarding the work of the CAMH Service, an article would be included in the Partnership News bulletin. <p>The Trust Executive Group agreed that:</p> <ul style="list-style-type: none"> • A report would be prepared for a future ECG meeting to ensure that the care pathway and early help is sufficiently effective. • The CAMHS improvement plan would be considered at the Executive Commissioning Group before it comes back to the Trust Executive Group. <p><i>(Ben left the meeting).</i></p>	<p>Sharon G</p> <p>Dave R Ben</p> <p>Louise</p> <p>Dave R Ben</p> <p>Sharon G</p>
5.	<p><u>Barnsley Safeguarding Children Board Meeting held on 28 November 2014 – highlights for information</u></p> <p>The minutes of the above meeting were not yet available, but members of the TEG who had attended the BSCB meeting highlighted the following points that had been discussed:</p> <ul style="list-style-type: none"> • CCTV camera in the Barnsley Interchange. Concern had been raised that the CCTV camera in the Barnsley Interchange was not working and that there were no plans to repair it until the new financial year. This concern was escalated to the council meeting, which resulted in the CCTV camera being repaired. It was noted however that it is not being monitored 24 hours a day. • Early Help Assessment – whole family approach. A proposal to adopt the Early Help Assessment (EHA) was approved by the Trust Executive Group. Agencies agreed to ensure that practitioners follow the new assessment process to identify children's needs at an early stage and ensure that they receive timely and 	

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	<p>appropriate help and support.</p> <ul style="list-style-type: none"> • Private Fostering. An update report was presented to the meeting. It was noted that GPs and Schools are key to identifying whether young people are in private fostering arrangements. An annual report is due to be considered by the BSCB in April next year. • Child Sexual Exploitation (CSE). Following the Ofsted inspection, a self-evaluation was undertaken to determine how CSE is responded to at a strategic and practice level. The recommendations in the report were agreed, including: <ul style="list-style-type: none"> – BSCB to undertake a qualitative and quantitative review of the effectiveness of the CSE strategy, including case file auditing and a ‘deep dive’ into front line practice, and meeting with service users. – BSCB to influence the CYP TEG and the ECG in driving forward future commissioning and contract monitoring arrangements in relation to CSE and in line with the Children and Young People’s Trust Commissioning Framework. – BSCB to publish and monitor an annual CSE Action Plan. <p>It is important to ensure that all secondary schools are supporting the CSE training, and this will be monitored.</p> <ul style="list-style-type: none"> • Items to be escalated from the BSCB to the Health and Wellbeing Board included CSE and CAMHS. 	
6.	<p><u>Ofsted Improvement Board update / Continuous Improvement Framework</u></p> <p>A verbal update was given regarding the continuous improvement framework, which will be continually monitored and refreshed to strive for better outcomes, identify interventions that are not achieving results, and to identify any gaps in the system.</p> <p>It was agreed that the improvement plan will be considered at the next TEG meeting.</p> <p>Early help assessment (EHA). A discussion was held which is summarised as follows:</p> <ul style="list-style-type: none"> • The work around early help is essential, and efforts need to be aligned to ensure that front line staff are sufficiently skilled to identify needs and intervene early. • There is a need to identify instances where an EHA has not been completed or where interventions had not been successful. • It was noted that the number of EHAs for children up to primary school age had decreased, while those for secondary school age had increased. It was agreed that an analysis of the data will be presented at the next TEG meeting for consideration, and that as much time as possible will be spent identifying the issues around early help to ensure that the best use is being made of resources. • It was suggested that new and inexperienced Headteachers may have an impact on the progress of the early help offer, and that it may be helpful to identify which Barnsley schools are in categories or special measures. • There are a lot of children starting school with significant needs, including speech impediments, and as a Headteacher it is difficult to make sure that the right support is available to children while maintaining a tight budget, and after March 2014 there will be an 	<p>Rachel</p> <p>Sharon Cooke</p> <p>Phil Lawson</p>

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	<p>additional challenge around special educational needs and disability (SEND). Gerry pointed out that under the new Ofsted framework inspectors are being encouraged to challenge schools when children who are significantly below the expected standards are coming into school, suggesting that they should be placed in special school provision. Headteachers are also focussed on the standards agenda being driven by Ofsted. The inclusion agenda does not match the accountability agenda, and it was suggested that this concern needs to be escalated to the Alliance Board. Dave and Gerry undertook to discuss this further.</p> <ul style="list-style-type: none"> • Rachel undertook to escalate these issues to the leader of the council for discussion during his liaison meeting with MPs. • It was suggested that a coordinated approach locally around early help would be helpful, and that a locality based conversation be held with schools and other relevant partners to discuss support for the top 20 most vulnerable families. (Angela Tracey to raise this at the Think Family Programme Board). <p>It was agreed that:</p> <ul style="list-style-type: none"> • The early help agenda would be discussed at the next TEG meeting, giving as much time as possible for this item. • The challenges facing schools to be discussed and agreed, including consideration of the barriers, and these brought to the attention of the Alliance Board and members of parliament. • The issues/ comments noted during this discussion need to be considered at the next TEG meeting. 	<p>Dave W Gerry</p> <p>Rachel</p> <p>Angela</p> <p>Dave W Gerry</p>
7.	<p><u>Children and Young People's Plan strategic priority theme: supporting children young people and families to make healthy lifestyle choices. Partnership sub-group report from the Child Health Programme Board</u></p> <p>Penny Greenwood gave an update on the work of the Child Health Programme Board (CHPB), including the purpose of the Board, progress made by the Healthy Child Programme, and performance management.</p> <p>It was noted that task and finish groups have been set up for each of the key performance indicators, and have been asked to prepare a brief report for the CHPB to challenge the leads and to request further detailed information where necessary.</p> <p>During the discussion the following points were made:</p> <ul style="list-style-type: none"> • School Nursing Service universal health screening is a choice, however, if an assessment is refused the reasons for that need to be further explored, and it is important that staff are sufficiently skilled to proactively engage with parents. • It is important to work across agencies, as concerning behaviour may be identified by one agency and not another. The challenge is to have a structure in place to ensure that engagement takes place. • Health education at school is sometimes undermined by the young person's home environment, e.g. parents buying cigarettes for their children to smoke. Mel and Dave to discuss this further in relation to safeguarding issues. • Concern was raised that de-commissioning of the Healthy Settings Team will increase the risks and challenges in the system. 	<p>Dave W Mel</p>

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	<p>The following comments were noted:</p> <ul style="list-style-type: none"> Partners felt that this training would be more useful and provides an opportunity to raise expectations regarding what is considered as 'normal' for Barnsley. It was suggested that ways to engage with the disengaged need to be included. It was agreed that once the dates and further information about the training is available, it would be marketed through the schools bulletin with a commendation from Dave Whitaker and Gerry Foster-Wilson, explaining who the training is aimed at and the importance of attending. Attendance of training will be monitored. It was suggested that training be done on a locality basis to encourage working together. Nigel offered support with providing venues where possible. The early help offer and early help assessments are linked, and it needs to be made clear that the training around 'interpersonal skills' is to create a shift in mind set, whereas the training on early help assessments is about the process. Further thought may need to be given to the title of the training. The training will be advertised on the teaching websites, with Gerry and Dave as the link for this. Angela to work with each organisation, including the voluntary sector, to target the specific roles and people to be trained. <p>The Trust Executive Group agreed to the proposals and to receive an update at the next meeting in February.</p>	<p>Angela</p> <p>Angela</p> <p>Angela</p>
10.	<p><u>Issues for escalation to other boards</u></p> <ul style="list-style-type: none"> The CAMHS improvement plan and issues regarding access to the CAMH Service by young people to be considered at the Executive Commissioning Group (minute item 4). Concern that the inclusion agenda does not match Ofsted's accountability agenda to be escalated to the Alliance Board and Members of Parliament (minute item 6) Early Help and support for the top 20 most vulnerable families to be escalated to the Think Family Programme Board (minute item 6) Commissioning across the healthy child programme to be discussed by the ECG (minute item 7) 	
11. 11.1	<p><u>Consideration of circulated reports</u></p> <p><u>ADCS Group, Yorkshire and Humber Region, Annual Self Evaluation for BMBC Children's Services</u></p> <p>Rachel commended the report to members, and pointed out that it is a broad view and did not contain every area of strength. The report will go through the challenge process in early January, and Scrutiny, before it is finalised and will be taken into account as business units are developed for future council.</p>	
12.	<p><u>Dates of meetings during 2015</u></p> <p>All meetings will be held from 13.30 – 16.30.</p> <p>6 February; 27 March; 11 May; 3 July; 25 September; 6 November; 14 December</p>	

CHILDRENS TRUST EXECUTIVE GROUP – 12 December 2014

CORE SKILLS - WORKING WITH CHILDREN AND FAMILIES

Proposal

A review of induction arrangements through the Workforce Management and Development group (LSCB) has identified that important elements covering core skills already exist in the local inductions in organisations eg safeguarding and information governance. The perceived gap however is induction and training around **interpersonal skills** to enable gaining the trust and respect of children and parents and working collegially with colleagues.

This links very closely with the workforce development requirements for working in a whole family way currently being scoped as part of the Think Family Programme. This aims to ensure that all front line practitioners have the opportunity to work with families in a whole family way to deliver better outcomes for family and children. This will also ensure that families are clear with the support that they are receiving and what is expected of them.

Aim

To deliver a programme of training sessions to support and develop the workforce to deliver better outcomes for families and children
To get practitioners thinking and working in a whole family way
To build networks / contacts with other professionals for practitioners
To explore good practice and replicate

To develop the workforce in various areas including;

- Respecting other practitioners services and roles
- Honest and open conversations and challenge between practitioners
- Honest and open conversations with families, gaining trust and respect of children and parents
- Building resilience in families
- Building confidence to be tenacious in the approach with families
- Working in a solution focused way / building on the strengths of the family

Proposal for training

- To provide short sessions (1 ½ - 2 hour)
- less impact on front line delivery / more cost effective
- To deliver in central locations i.e. Gateway / Town Hall
- To deliver sessions in a multi agency / professional way to enable attendees to network and learn from each other
- To be delivered in house by experienced practitioners

Potential Workforce to be trained – Circa 500

- Initial push of 2 sessions per week for 3 months
- Monthly induction item thereafter

Funding

- Potential Troubled Families – for initial push sessions