

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

Present

Core Members

Brigid Reid (Chair)	Barnsley Clinical Commissioning Group Chief Nurse
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
Julia Burrows	BMBC Director of Public Health
Mel John-Ross	BMBC, Assistant Executive Director of Social Care and Safeguarding
Dr Clare Bannon	Barnsley CCG GP and clinical lead for children and maternity services/ Governing Body
Dave Whitaker	Executive Headteacher, Representative of Secondary Headteachers
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
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)

Deputy Members

Deb Mahmood	South Yorkshire Police DCI (for Liz Watson, Chief Superintendent)
Penny Greenwood	BMBC Public Health Acting Assistant Director
Kathryn Padgett	South West Yorkshire Partnership Foundation Trust (SWYPFT) (for Dave Ramsay)

Advisers

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

In attendance

Simon Barber	Headteacher, Holy Trinity School (for item 3)
Angela Tracey	BMBC, Head of Strategy, Workforce & Organisational Development (for items 7, 8 & 9)
Sharon Cooke	BMBC, Head of Children and Families Social Care (for items 9, 11 & 12)
Nigel Leeder	BMBC, Multi Agency Co-ordinator (for item 9)
Ben Finley	BMBC, Youth Justice Service Manager (for item 15)
Denise Brown	BMBC, Governance, Partnerships and Projects Officer (Minutes)

		Action
1.	<u>Apologies</u>	
	Rachel Dickinson	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
	Kerry Warhurst	NHS England, Public Health Programme Manager
	Ian Hanks	Job Centre Plus External Relations Manager
	Heather McNair	Barnsley Hospital NHS Foundation Trust, Director of Nursing and Quality

		Action
	<p>It was noted that Rachel had been called at short notice to represent the region at the Association of Directors of Children's Services (ADCS) meeting, and had asked Brigid to chair the TEG meeting.</p> <p>Brigid welcomed Julia to her first TEG meeting as the Director of Public Health.</p>	
2.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>It was noted that item 7, partnership sub-group report from the Think Family Programme Board and performance highlight report, is to be treated as confidential. No conflicts of interest were declared.</p> <p>It was agreed to discuss agenda item 12 next to allow Dave and Simon to leave the meeting.</p>	
3.	<p><u>Tension between inclusive schools and government education policy, and support for pupils with social emotional & mental difficulties (SEMD) in Barnsley Schools</u></p> <p>At the last TEG meeting concern was raised regarding the challenges facing schools due to the inclusion agenda not matching the accountability agenda, and it was suggested that this be discussed further and escalated. Richard explained that there are also pressing issues in relation to commissioning across the partnership to support children with social emotional and mental difficulties. <i>(Debbie, Mel, Tim, Angela, Sharon, and Nigel Leeder arrived during this discussion)</i></p> <p>Simon Barber had provided a position paper which highlighted the fact that whilst schools should be as inclusive as possible and reflect the community they operate in, there is a potential for unintended consequence in that schools are quite rightly judged according to the standards they achieve in terms of attainment and behaviour, however, there may exist an incentive for schools to move on 'difficult' pupils, resulting in less inclusivity. Schools get no credit for working with more challenging cohorts, and by ridding a school of those pupils they are excluding the most vulnerable children in society and passing them on to a different school. The report suggests that if the government want schools to be inclusive they need to rethink Ofsted's focus, and give credit to schools that provide for the pupils with additional needs in mainstream provision.</p> <p>It was noted that if there is a vacancy, the school is obliged to accept an application for a young person to attend, and that 42 children had transferred into Holy Trinity School in 7 terms.</p> <p>The current system is so focused on outcomes that there is no consideration of whether a school is helping a young person with learning difficulties, or behaviour challenges, to improve. This raised a concern that young people are being failed by the current system.</p> <p>A young person can be excluded for a maximum of five days, but repeated exclusions lead to many days education being lost. Often the young person being excluded is already at risk, and excluding them is putting them at greater risk. It was suggested that exclusions data be considered at a future TEG meeting.</p>	

		Action
	<p>Dave pointed out that there is an imbalance in the system. If a young person has a physical disability the school is obliged to make the necessary adjustments to accommodate them, but this is not the case for those young people with mental health and behavioural problems. There is therefore a lot of money in the system to support some young people, but not others.</p> <p>Tim confirmed that the Local Authority and councillors are aware of the tensions in the system, but it was agreed that before this concern could be escalated solid evidence needs to be made available to present.</p> <p>Clare raised the concern that there is a lack of early intervention for young people with low level mental health problems, and GPs referrals to CAMHS being rejected.</p> <p>Dave pointed out that the PRU is full and there are no short-term solutions, which results in a number of problems including: some young people being in mainstream provision which is inappropriate for their needs; the disruptive behaviour impacts on the other children in the class; safety of teaching staff being put at risk.</p> <p>The report highlights the fact that the number of 5-16 year olds in Barnsley with social, emotional and mental difficulties (SEMD) is higher than the regional average, and it is clear that current capacity in mainstream and special schools is not meeting need.</p> <p>In discussion with two secondary school Headteachers and a primary school Headteacher, short term, medium term and long term approaches were suggested.</p> <p>The proposal is to establish a working group, including members from the Alliance Board, Schools Forum and other key stakeholders to identify potential solutions and report back to TEG. Richard suggested a zero based audit to consider what support needs to be in place.</p>	Dave
	<p>Members of a small working group will be identified across the school system, and will link to the systems leadership work. Richard to ensure that the group is established as soon as possible, and before the next TEG meeting which is on 27 March. Brigid requested that proportionality, reasonable adjustments, parity and early help all be included in that piece of work.</p> <p>Brigid also pointed out that at the September TEG meeting there had been discussion regarding pupil mobility into and around the borough, and asked that this be taken into account as well.</p>	Richard
	<p>The Trust Executive Group agreed that:</p> <ul style="list-style-type: none"> • Before escalating the concern regarding the inclusion agenda not matching the accountability agenda, there needs to be solid evidence, and it was noted that this is work in progress. • Urgent efforts will continue to identify solutions to the immediate capacity issues for pupils with SEMD. This work will report to an expanded Children, Young People and Families Leadership Development Team prior to the end of March 2015. 	Dave/ Simon Richard

		Action
	<p>buying cigarettes for their children, and Mel has agreed to meet with the leadership team to consider the issues further.</p> <p>7.3 – The Children and Young People’s Profile 2014 diagram was circulated via the schools e-bulletin 267 in the week of 15 December 2014.</p> <p>7.4 – It was confirmed that the action for Penny and Dave to explore the consistency of information exchange from Health Visitors to schools has been actioned.</p>	
5.	<p><u>Barnsley Safeguarding Children Board Minutes of Meeting held on 28 November 2014 (confidential) – highlights for information</u></p> <p>Highlights from the BSCB meeting on 28 November had been given at the last TEG meeting in December prior to the availability of the minutes, which had now been circulated for information.</p> <p>The last meeting of the BSCB had been held on 23 January, Bob highlighted the following issues that had been discussed:</p> <ul style="list-style-type: none"> • Thresholds and contacts into Social Care – there is a requirement for agencies to identify a safeguarding lead to resolve issues at source and quality assure referrals into Social Care. Rachel had undertaken to discuss this at the next cross phase meeting with Headteachers. • The DfE are scheduled to undertake a review on 21 April 2015 and although the improvement notice has been lifted, there has been slippage in some areas including dental health. • All agencies to ensure that reports are submitted two days before child protection conferences. Clare undertook to raise this with the Local Medical Committee. It was noted that nil returns should also be submitted. Gerry asked that the e-mail address that reports are sent to be checked, and Mel undertook to follow that up. • Barnsley Sexual Abuse and Rape Crisis Service (BSARCS) gave a presentation. The valuable work of the CSE trainer was acknowledged, and the importance of raising awareness for children, families and child care professionals. BSARCS will need to be self-funding to continue, and this is an issue that needs to be addressed. • A paper was presented on female genital mutilation (FGM), and a gap in policy was identified. This issue will be addressed at a number of meetings to ensure that girls and women are safeguarded. This is a significant piece of work for Social Care to undertake. • Mel is working with partners to establish a Multi-agency safeguarding hub (MASH) for April, which is key in terms of partnership working. • It was noted that the BSCB has taken over monitoring of the service improvement plan. 	Mel
6.	<p><u>Continuous service improvement framework and improvement plan</u></p> <p>It was noted that the two issues that are currently RAG rated as red under workforce development are:</p> <ul style="list-style-type: none"> • All staff in children’s social care to have a current PDR in place • Revise training and development strategy, informed by the Social Care Reform Agenda 	

		Action
	<p>Mel is confident that apart from staff on maternity leave or long term sick, all staff had a PDR that is recorded electronically.</p> <p>The refreshed workforce and development strategy is back on track for the year ahead.</p> <p>The remaining actions on the improvement plan are all either achieved or on target to being achieved, and need to be replaced by further aspirations to ensure that services are continuously striving to improve.</p> <p>Brigid pointed out that the improvement plan has been recognised as good practice and thanked those who had been part of its development.</p>	
7.	<p><u>Children’s Workforce Development Training – update report</u></p> <p>Angela stated that further work had been undertaken to address the perceived gap in induction and training around interpersonal skills, respectful challenge and persistent work with families.</p> <p>The content of the training will be confirmed by 19 February.</p> <p>There are 500 people in the core workforce who need training, and a list of job roles will be circulated to key people to identify staff members to attend. A couple of training sessions will be held each week to ensure that most of the workforce will have completed the training by early summer.</p>	
8.	<p><u>Children and Young People’s Plan strategic priority theme report: Tackling child poverty and improving family life</u></p> <p>In considering the partnership sub-group report from the Barnsley Think Family Programme Board and performance highlight report, the following comments were noted:</p> <ul style="list-style-type: none"> • The contents of the report underpin the early help offer. • A lot of progress had been made across the partnership in terms of the Troubled Families agenda, and the programme is on target. • Barnsley has accepted an invitation to be an early starter to the national Phase 2 Troubled Families expanded programme. • Barnsley is in the upper quartile for performance nationally. • The number of early help assessments across agencies is a key indicator of progress, and the number of EHAs closed as a result of outcomes being achieved is around the national average. • Although there is an increase in use of the Family Star tool to measure improvements made by families against indicators, there are still insufficient being completed to demonstrate impact. • Examples of learning gained through working with families, needs to be shared with other agencies. It was acknowledged that sharing anonymised cases is a very powerful way of communicating positive messages, and it was suggested that this be done in the form of story boards, and via the website. • The indicator in the performance report in relation to ‘re-offending by young offenders as a proportion of total young offenders cohort’ is RAG rated red, and it was noted that the data covers performance two years ago resulting in a lag in improvement showing. Angela gave assurance that this will be more up to date next time. 	

		Action
	An event to consider the early support offer for vulnerable children and their families will be held on 13 May. This follows the Think Family workshop event that was held in July 2014.	
9.	<p><u>Early Help Assessment Data</u></p> <p>The report provided TEG members with early help assessment (EHA) data and analysis.</p> <p>During the discussion the following points were noted:</p> <ul style="list-style-type: none"> • Training sessions for EHAs have been taking place, with 270 people signing up for training from January to June. Training sessions beyond June are currently being organised. • Practitioner forums in localities, are an opportunity for agencies to get together to focus on priority areas including early help assessments, and these have been well attended across all agencies. • At the next Thresholds Group key agencies will be encouraged to take the lead, as it is important that it is not always led by Social Care or the Multi-agency Coordinators. • It is anticipated that the number of EHAs completed in Barnsley should double, and there are currently 100 new EHAs being completed every month. One of the challenges is evidencing the difference being made to children, young people and their families. • With reference to the early help assessment age split analysis charts circulated, it was noted that there was a trend in some localities for more EHAs to be completed in senior school than in primary. There are more in early years than in primary. This is mainly due to behaviour issues, rather than looking at the underlying issues for that young person. • EHAs were being completed to refer the issue elsewhere, whereas the aim is for the workforce to think more about what is happening with this young person and their family, and by working in partnership try different things before exploring a plan. • Analysis of EHAs completed over the past calendar year shows that a significant number are completed during the child's early years, that there is increased activity in national curriculum year 6 and a significant increase in year 9 and 11 (more than in years 4 and 5 in Primary School). • Further analysis on an agency and locality basis was attached as appendices showing key age split analysis for CAFs that were opened at some point between January and December 2014. Agencies need to take responsibility when data is provided to identify areas that need to be strengthened, including workforce development issues. • The locality information highlighted the need to focus on Penistone, Darton and the Dearne, where there has been a decrease in EHAs in primary school and an increase in secondary school. There are less EHAs being completed in the Dearne than would be expected. This data will be discussed at locality meetings. It is important to praise those areas that are doing well. • There are still young people starting school with needs that should have been identified earlier in reception, and who have not had an EHA 	

		Action
	<p>completed.</p> <ul style="list-style-type: none"> • 87% of the assessments have been closed and there are good news stories to share, however there are 800 assessments that have been open for longer than two years, and Nigel Leeder and Carol Ward are following these up to see how many of them are actually still open. Some of these will be due to complex needs that require long term involvement. Part of this exercise will be to determine whether or not there had been successful outcomes for the young people and their family. • Clare queried whether there was any information in terms of how many EHAs are repeat assessments, because she had seen a family who had six lots of CAF documentation over a number of years and had still not had a successful outcome. Sharon asked Clare to provide her and Nigel with the details so that this can be investigated. • Mel suggested that as well as capturing the number of EHAs completed, it is important to capture information about whether the right people are working in partnership to meet the young person's needs. • It is better to aim for quality assessments than achieving the target quantity. 	Clare/ Sharon
10.	<p><u>Performance: Escalated items from other theme leads</u></p> <p>No other performance issues were raised by the theme leads.</p> <p>In relation to inappropriate contacts into social care, Brigid queried whether there were any good examples that could be shared. Agencies need to be clear about the crucial role they play and it is important to build confidence. It was suggested that an A4 page be developed to take agencies through the process. Mel undertook to follow this up. <i>(Deb Mahmood and Nigel Leeder left at this point)</i></p>	Mel
11.	<p><u>Children and Families Act 2014, requirements and readiness, SEND reforms update</u></p> <p>Sharon gave Mike Kemp's apologies for being unable to attend this meeting.</p> <p>A key priority of the Barnsley Challenge is to raise achievement of children and young people with special educational needs. A review of provision for this group of vulnerable young people was commissioned, set within the context of the new requirements in the SEND reforms as part of the Children and Families Act 2014, and the implications of moving to a new 'Future Council'.</p> <p>The LA SEND review took place over three months, involving a number of stakeholders, including schools, and focused on identified issues including finances and how funding is allocated. This provided a more informed view of the challenges being faced by the service.</p> <p>The report provides a summary of progress made since 1 September 2014, and the following points were highlighted:</p> <ul style="list-style-type: none"> • The basic local offer is now up and running. The reach of the local offer continues to be developed and there may be an opportunity to extend this by linking it to the developments around an early help hub/ offer. Feedback from service users will continue to help inform further 	

		Action
	<p>developments, with a particular focus on consulting with young people.</p> <ul style="list-style-type: none"> • Education Health and Care Needs Assessment Panels are being held and attended by schools. One of the challenges is around the process to be followed when a parent applies for an EHC plan and not the school. It is important that if the application is not successful that there is feedback to the referrer so that learning is built into the process, and to ensure that there is no delay for the young person needing the support. • Review meetings are taking place but are not being attended as they should be by all the key agencies. It is important that the right people are invited and are attending review meetings. Data is being gathered for consideration at the next Disabled Children's Board meeting. • There is still work outstanding around personal budgets, and it is critical to get an agreed process and pathway in place that is working in practice. • It is important that good news stories are shared about children who have been through the process with collaborative solutions and successful outcomes. Brigid suggested that an article be prepared for the Partnership News publication and Mel undertook to action this. 	Mel
12.	<p><u>Disabled Children's Charter – 6 month update on progress for information</u></p> <p>The Disabled Children's Charter has been developed by Every Disabled Child Matters (ECDM) to support Health and Wellbeing Boards to meet their responsibilities towards disabled children, young people and their families, including children and young people with special educational needs and complex health conditions.</p> <p>The seven requirements of the Disabled Children's Charter signed up to in July 2013 were attached to the report. It is possible to show compliance to the charter across agencies, but this is not the case for every individual agency. One of the areas that need to be strengthened is seeking the views of young people. A lot of work has been done to consult with parents and carers, but there needs to be a focus on embedding the voice of young people. There are good examples of engagement with young people, and that needs to run through everything we do.</p> <p>A task and finish group is meeting on 19 February 2015 to review progress in relation to the Charter. It is important to ensure that engagement of young people is consistent across all agencies and to agree better systems for collection of good practice. <i>(Sharon left at this point)</i></p>	
13.	<p><u>School Nursing and referrals to CAMHS</u></p> <p>The report provided a current position statement regarding the role of the school nursing service in supporting emotional health and well-being issues, and specifically in making direct referrals to CAMHS.</p> <p>School nurses work in partnership with schools' pastoral teams to identify programmes of intervention that can be offered by the school nurse on issues including: stress management, self-esteem, relationships issues, anxiety, self-harm and eating disorders - these can be in groups or individuals. To facilitate access to emotional health support, weekly school</p>	

		Action
	<p>nurse 'drop-in' clinics are delivered in secondary schools. The service is supported in managing emotional health needs through advice line contact with CAMHS.</p> <p>School nurses currently directly refer children and young people to CAMHS following routine health assessments, and assessments following referral from the child, young person, parent, school staff and GPs etc. As appropriate, consultation clinics are arranged to discuss potential referrals and support arrangements within a multi-disciplinary context.</p> <p>In 2013/14 the school nursing service referred 204 children and young people, with 95% meeting the threshold criteria for CAMHS support. It is important to reinforce the message that School Nurses can and should make referrals to CAMHS.</p> <p>Brigid enquired what the take-up is in the school's drop-in centres, and Penny responded that this is being explored and challenged through contract monitoring meetings. SWYPFT have been able to provide some information but more detailed information has been requested. This will also be informed by the work that Healthwatch is doing.</p> <p>At the last TEG meeting it was noted that some drop-ins have a specific focus, such as sexual health, and this was also being investigated further, as the requirement is for the drop-ins to be more generalised. Penny stated that the national school nursing pathway is due to be released soon.</p>	
14.	<p><u>E-cigs – update on tobacco control agenda</u></p> <p>Penny gave a verbal update which is summarised as follows:</p> <ul style="list-style-type: none"> • The Tobacco Alliance is putting together a local plan in relation to tobacco control. A summit took place in November 2014 to explore the different themes and how they would inform practice. Feedback from that work will inform the local plan. • In relation to e-cigs, there is no national evidence or guidance, and no regulations. The local Public Health & Wellbeing survey for children and young people includes a question in relation to e-cig usage, and the initial indications are that a downward trend is evident. • Brigid asked whether school nurses received the most up-to-date information to enable them to respond to queries from young people about e-cigs, and Kathryn responded that this had been communicated but felt it could be improved upon. • Margaret pointed out that 'legal high's' are currently of more concern than e-cigarettes, but Penny stated that initial results of the survey show that young people don't seem to be interested in legal high's. • It was agreed that the results of the survey would be brought to a future meeting. 	Julia/ Penny
15.	<p><u>Youth Justice Plan 2014-15</u></p> <p>Ben Finley joined the meeting for this item.</p> <p>The annual report provides an overview of the work of the Youth Offending Team (YOT), and recommends activity for the year.</p>	

		Action
	<p>The following points were highlighted:</p> <ul style="list-style-type: none"> • The YOT is positively supported by its statutory partners through the secondment of staff, provision of financial resources and a shared vision for children and young people. • There have been significant changes in the way that the YOT works with young people, including a new out of court framework for young people committing offences. • There is continuing concern at the high level of young people entering the criminal justice system for the first time, and a range of interventions need to be developed that enable young people to be diverted from the criminal justice system. • Recidivism figures for young people being worked with by the YOT remain positive, suggesting that the YOT is effective at stopping young people offending when they are referred. However, there is still some way to go before the target is achieved. • The YOT will continue to develop the work with the families of young people subject to court orders, prevention interventions and out of court disposals. If the YOT feels that there may be parenting issues in the family the other siblings are also worked with. • Parenting orders enable the YOT to sustain engagement with a parent over 12 months of interventions, and build a relationship with a parent where non-engagement would otherwise prevent it. Through that relationship it is possible to support parents to engage in a range of programmes such as substance misuse interventions, mental health support or domestic violence perpetrator or victim programmes. This is very beneficial for those parents who are reluctant to engage. • From 1 April 2015 there will be a Targeted Youth Support Service. There needs to be better engagement with teenagers to ensure that they access the services available to them. • Access to physical health interventions is an area where progress has not been as positive as hoped and Kathryn agreed to find out what the issues are. • There is a statutory requirement to work with young people who are victims of crime, but service support in this area is under-developed. Young people who are victims of violent or sexual offences (including becoming a victim by witnessing an offence) can often be significantly affected by the experience. Services such as BSARCS provide good interventions, but there is a need to consider young victims emotional wellbeing as a particular area for consideration. <p>There is a general conversation needed regarding how the emotional needs of young people are responded to. It is clear that there is insufficient CAMHS resource to meet that need, and a discussion is needed to ensure that the best use is made of the available resources to support vulnerable groups of young people. This will be further discussed at the ECG meeting.</p> <p>It was agreed that Deb be asked to find out through South Yorkshire Police the volume of victim support needed, and this would also be picked up through the ECG meeting.</p>	<p>Kathryn</p> <p>Richard</p> <p>Deb/ Richard</p>

		Action
	Ben stated that the Multi-systemic Therapy (MST) team in Barnsley had been recognised for the good work that they are doing by being awarded the 'Whatever it takes' award for the best service out of 500 teams. Congratulations are extended to them!	
16.	Date of next meeting: 27 March 2015, 1.30 – 4.30pm	16.30