

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 30 October 2018
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting *(To Follow)*

To approve the minutes of the previous meeting of the Committee held on 9th October, 2018 (Item 3 to follow).

Overview and Scrutiny Issues for the Committee

4 Barnsley Child and Adolescent Mental Health Services (CAMHS) *(Pages 5 - 24)*

To consider a report of the Executive Director Core Services (Item 4a attached) in respect of Barnsley Clinical Commissioning Group's (CCG's) Report on CAMHS (Item 4b attached).

5 Barnsley Corporate Parenting Panel (CPP) Annual Report 2017-18 *(Pages 25 - 40)*

To consider a report of the Executive Director Core Services (Item 5a attached) in respect of the Barnsley CPP Annual Report 2017-18 (Item 5b attached).

6 Exclusion of the Public and Press

The public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

7 Children's Social Care Performance *(Pages 41 - 92)*

Children's Social Care Performance Cover Report (Item 7a), Data Report (Item 7b) and Explanatory Document (Item 7c)

Reason restricted:

Paragraph (2) Information which is likely to reveal the identity of an individual.

Enquiries to Anna Marshall, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis OBE (Chair), Bowler, G. Carr, Charlesworth, Clarke, Clements, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hand-Davis, Hayward, W. Johnson, Makinson, Mitchell, Murray, Phillips, Pickering, Pourali, Sheard, Sixsmith MBE, Tattersall, Williams, Wilson and Wright together with co-opted Members Ms P. Gould and Statutory Co-opted Member Ms K. Morritt (Parent Governor Representative)

Electronic Copies Circulated for Information

Diana Terris, Chief Executive
Andrew Frostdick, Executive Director Core Services
Rob Winter, Head of Internal Audit and Risk Management
Michael Potter, Service Director, Business Improvement and Communications
Ian Turner, Service Director, Council Governance
Press

Witnesses

Item 4 (2:00pm)

Martin Tune, Acting Chief Nurse, Barnsley CCG
Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity)
Barnsley CCG
Dave Ramsay, Deputy Director of Operations for SWYPFT
Carol Harris, District Service Director, Forensic and Specialist Services, SWYPFT
Claire Strachan, General Manager, Barnsley CAMHS, SYPWFT
Ovidiu Sandica, Consultant Psychiatrist, Barnsley CAMHS, SWYPFT
Mark Smith, Vice-Chair, Healthwatch Barnsley

Item 5 (2:50pm)

Rachel Dickinson, Executive Director - People, BMBC
Mel John-Ross, Service Director - Children's Social Care and Safeguarding, BMBC
Liz Gibson, Virtual Headteacher for Looked After Children, BMBC
Andrea Scholey, Named Nurse Children in Care, 0-19 Service, BMBC
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Barnsley Council Elected Members on the CPP

Item 7 (3:30pm)

Mel John-Ross, Service Director, Children's Social Care & Safeguarding, BMBC
Cllr Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)

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Item 4a

Report of the Executive Director Core Services to the Overview and Scrutiny Committee on Tuesday 30th October 2018

Child & Adolescent Mental Health Services (CAMHS) in Barnsley – Cover Report

1.0 Introduction and Background

- 1.1 In April 2014, significant concerns were raised regarding the performance of Barnsley Child and Adolescent Mental Health Services (CAMHS) which resulted in establishing an officer Task and Finish Remediation Group. Barnsley CAMHS reflected national trends in terms of rising demand and insufficient capacity, which was supported by the Parliamentary Health Select Committee report published in November 2014 which concluded that nationally ‘there are serious and deeply ingrained problems with the commissioning and provision of children’s and adolescents’ mental health services’.
- 1.2 In March 2015, the Government published the ‘Future in Mind’ report as a result of the ‘Children and Young People’s Mental Health and Wellbeing Taskforce’ which ‘considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people’s mental health services are organised, commissioned and provided’. The key themes which arose from this were:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce
- 1.3 On 10th March 2015, the then Children’s Services Scrutiny Committee (CSSC) considered the performance of local CAMHS which included raising concerns regarding extensive wait times. A number of recommendations were made which included that performance of the service should be followed up every 12 months. Additionally, during 2015, Healthwatch Barnsley, which is an independent consumer champion that gathers and represents the views of the public with regards to health services, undertook a survey of service users of Barnsley CAMHS. A report summarising the findings was published in December 2015 which highlighted issues within the service that were impacting upon individual’s experiences. The findings of this report were used by the service to inform their future work
- 1.4 In May 2016, the then Safeguarding Scrutiny Committee (SSC) undertook follow-up activity and acknowledged that during 2015/16 improvements had been made to wait times (from 14 weeks in April 2015, to 5 weeks in March 2016); however wait times for Core/Partnership appointments were still lengthy and the overall wait times for access to specialist CAMHS extensive.
- 1.5 In June 2017, the Overview and Scrutiny Committee (OSC) continued to follow up the progress of CAMHS. They welcomed the introduction of the Single Point of Access (SPA); commended the reduction in waiting times that had been achieved; however noted that there was still a lot of work to be done to improve the service, especially the waiting times to receive treatment.

2.0 Current Position

- 2.1 Healthwatch Barnsley has revisited their survey from 2015 very recently and, although it is early days, preliminary findings indicate that a large percentage of children, young people and families feel there is a lack of support whilst they are waiting to access CAMHS. In addition, it would appear that there are still long wait times from referral to treatment, with over half of the parents/carers surveyed stating it was 18 months and over. Furthermore, it seems that poor referrals from doctors/professionals continue to be the reason why some referrals are not accepted by CAMHS.

- 2.2 Despite developing strong foundations, and accessible support throughout the borough, low level support services are not currently having a direct, positive impact on referrals to NHS Specialised CAMHS. The service has managed to keep the average wait (in days) for the initial assessment (Choice appointment) under three weeks. However, a rise in demand from the previous year, and considerably long waiting times for all identified pathways are reflected in current data.
- 2.3 The attached report (Item 4b), provided by Barnsley CCG (Clinical Commissioning Group) who commission CAMHS Services in Barnsley, provides an update to the OSC on performance information as well as achievements made by the service which is delivered by South West Yorkshire NHS Partnership Foundation Trust (SWYPFT).
- 2.4 Over the last 12 months, a wide range of activities have been undertaken by Chilypep, a charity dedicated to raising the voices of young people. This includes consultation with Looked After Children (LAC); work with local schools and education providers; promotion of the CAMHS Single Point of Access (SPA) and the development of a Mental Health First Aid (MHFA) Kit at Greenacre School. The details of this work can be found in Appendix A (attached).

3.0 Invited Witnesses

3.1 The following witnesses who are responsible for the commissioning and provision of CAMHS have been invited to today's meeting to answer questions from the OSC:

- Martin Tune, Acting Chief Nurse, Barnsley CCG
- Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity) Barnsley CCG
- Dave Ramsay, Deputy Director of Operations for SWYPFT
- Carol Harris, District Service Director, Forensic and Specialist Services, SWYPFT
- Claire Strachan, General Manager, Barnsley CAMHS, SWYPFT
- Ovidiu Sandica, Consultant Psychiatrist, Barnsley CAMHS, SWYPFT
- Mark Smith, Vice-Chair, Healthwatch Barnsley

4.0 Possible Areas for Investigation

4.1 Members may wish to ask questions around the following areas:

- Other than Autism Spectrum Disorder (ASD) & Attention Deficit Hyperactivity Disorder (ADHD), what are the main underlying issues that cause children & young people in Barnsley to visit CAMHS?
- What have been the barriers to significantly reducing waiting times for the individual pathways over the last 12 months and what are the plans for the coming year?
- Given that hospital admissions as a result of self-harm (10-24 years) in Barnsley are well above the national average, what is being done to support this group of young people?
- In your opinion, is the service providing value for money?
- What are the plans to improve the pathway for Looked After Children (LAC) and when will these be implemented?
- To what extent does practice reflect policy and processes when it comes to working with other authorities, for example financial arrangements for treating children from outside the area?
- To what extent do delays in treatment lead to children being prescribed medication that may not be necessary?
- What support is in place for staff to help them manage caseloads and their own mental wellbeing?
- What are the timescales for implementing the Oasis and Public Health Nurses action plan outlined in Appendix A?

- How are services promoted to ensure that those in need are aware of the services available, particularly those groups that are difficult to reach/in a minority (for example BME, traveller children, child carers, those that are home schooled, children of alcohol/drug dependent adults etc.)?
- What is in place to help patients transition from CAMHS to adult mental health services and is this a seamless process?
- When will the results of the Peer Review be available and what do you expect the findings to be?
- What support is available to parents and young people before and between referrals / appointments and is this available to everyone?
- Last year's report mentioned several areas for development, including training GPs to ensure that inappropriate referrals reduced. Which of these development areas were implemented and how have you measured their success?
- What can Members do to support improvement in CAMHS?
- Our children and young people have specifically asked 'how are you sure that you put the interest of the young person first'?

4.0 Background Papers and Links

- Item 4b – Barnsley CAMHS Report
- Item 4b Appendix A - Chilypep Activity
- Barnsley CCG CAMHS Key Performance Indicators Report – August 2018 (available upon request)
- CAMHS Report to the OSC 2016/17:
<https://barnsley.mbc.moderngov.co.uk/ieListDocuments.aspx?CId=224&MId=4422&Ver=4>
- Future in Mind Barnsley Transformation Plan for Children & Young People's Mental Health & Emotional Wellbeing 2015-2020:
<http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/2017/Future%20in%20Mind%20Barnsley%20Transformation%20Plan%202015-2020%20Refresh%20-%20October%202017.pdf>
- Public Health England Public Health Profiles – Self Harm Statistics 2016/17:
<https://fingertips.phe.org.uk/search/self%20harm#page/0/qid/1/pat/6/par/E12000003/ati/102/are/E08000016>

5.0 Glossary

ASD	Autism Spectrum Disorder
ADHD	Attention Deficit Hyperactivity Disorder
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
Chilypep	Children & Young People's Empowerment Project
CSSC	Children's Services Scrutiny Committee
OSC	Overview and Scrutiny Committee
MHFA	Mental Health First Aid
SPA	Single Point of Access
SSC	Safeguarding Scrutiny Committee
SWYPFT	South West Yorkshire NHS Partnership Foundation Trust

6.0 Officer Contact

Anna Marshall, Scrutiny Officer, 22nd October 2018

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**Report to the Overview and Scrutiny Committee (OSC)
by Barnsley Clinical Commissioning Group (CCG) regarding
Child and Adolescent Mental Health Services (CAMHS) in Barnsley**

1.0 Introduction

- 1.1 CAMHS (Child and Adolescent Mental Health Services) is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. Many mental health conditions in adulthood show their first signs in childhood, and, if left untreated, can develop into conditions which need regular care. Early intervention is therefore a key focus of Barnsley's 'Future in Mind' Local Transformation Plan (LTP) 2015-2020. The LTP details how the additional transformation monies allocated to Barnsley CCG is being utilised to improve the emotional health and wellbeing of Barnsley's children and young people.
- 1.2 In previous years, all too often children and young people's emotional wellbeing and mental health has not been given the attention it needs. The 'Future in Mind' report of the Children and Young Peoples' Mental Health Task Force highlighted the significant changes needed to improve our children's emotional health and wellbeing and focused our attention on adopting a whole child, whole family approach, promoting good mental health from the earliest ages. In Barnsley we are improving access to intervention and support when and where it is needed and are improving the use of voluntary and digital services to ensure access to a more robust system.

2.0 Background

- 2.1 The table below details the Future in Mind additional investment received by Barnsley CCG over a four-year period to implement the recommendations of the Future in Mind report.

Work Stream Priority	2015/16	2016/17	2017/18	2018/19
	£	£	£	£
Develop a community based Eating Disorder Service (collaborative arrangement with Calderdale, Wakefield, Greater Huddersfield & Kirklees CCGs)	146,000	143,000	143,000	143,000
Building resilience in primary school children (THRIVE) (Public Health led)	111,000	98,000	111,000	98,000
School-led mental health therapeutic team (Wellspring Academy Trust taking the lead)	145,000	335,500*	320,038	330,000
CAMHS SPA/Youth Offending Team (YOT) (CAMHS is provided by South West Yorkshire Partnership Foundation Trust (SWYPFT))	60,000	103,500	103,100	103,100
Training Young Commissioners (led by Chilypep)	30,000	30,000	39,575	39,575
Belonging, Resilience, Vocabulary (BRV) – Boys Programme (led by Chilypep)				15,000
Accessing information ('One-stop shop') (Led by YOT Manager)	20,000	0	0	0
SYEDA – Eating Disorder Counselling Service in schools – pilot				30,000
TOTAL INVESTMENT	512,000	710,000	716,713	758,675

*Incorporates peer mentoring work undertaken by Chilypep plus training provided by TADS/SYEDA

- 2.2 Within Barnsley, this investment has been, and will continue to be, ring-fenced, to ensure that it is only utilised on those services that will improve the emotional health and wellbeing of the children and young people of Barnsley.
- 2.3 Barnsley has strong, collaborative, mature partnerships which has enabled significant progress, at pace, to be delivered in improving the low level emotional health and wellbeing support services available to our young people. Partners come together at the bi-annual Stakeholder Engagement Event (held each April and October) to discuss things that are going well, things that could be even better and to agree on the priorities of the next 6-12 months.
- 2.4 Progress in implementing LTPs follows a stringent NHS England Assurance process and are refreshed annually, each October.

3.0 Trailblazer Pilot

- 3.1 In December 2017 the Department for Education published a Green Paper: 'Transforming Children and Young people's Mental Health Provision.' The three key elements of this paper are:
 - i) To incentivise and support schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health.
 - ii) To fund new Mental Health Support Teams (MHST), supervised by NHS Children and Young People's Mental Health staff, to provide specific extra capacity for early intervention and ongoing help within a school and college setting.
 - iii) As the new support teams are rolled out, NHS England will trial a four week waiting time for access pilot to specialised NHS Children and Young People's Mental Health services.
- 3.2 NHS England has invited those CCGs who have passed their pre-qualifying criteria, to express an interest in becoming a Trailblazer site to pilot a Mental Health Support Team and/or to undertake a 'four-week wait' pilot. Barnsley is in a strong position to deliver the ambitions of the Green Paper as a Trailblazer site as we have already implemented a successful model within our secondary schools via MindSpace. As MindSpace delivers low level emotional health and wellbeing support to our secondary school pupils and has built up strong, collaborative partnerships with NHS Specialist CAMHS, Chilypep and Early Help services, our expression of interest is to deliver similar support to our primary school children, those in Post 16 education and vulnerable groups, such as those children educated at home.
- 3.3 Barnsley's expression of interest also includes a bid to deliver a four-week waiting time pilot targeting the CAMHS Mood and Emotional pathway. This pathway has been chosen by partners, and supported by the Barnsley Children's Trust Executive Commissioning Group, as it will complement the support provided by a Mental Health Support Team in schools and because anxiety, depression and associated self-harm are issues that our children and young people have been highlighting.
- 3.4 It is expected that NHS England will announce the successful Trailblazer sites at some point during the week commencing 22 October 2018.

4.0 Children and Young People's Empowerment Project (Chilypep)

- 4.1 Chilypep is a charity dedicated to raising the voices of young people and giving them the confidence, influence and platform to shape their world. They work with all young people in Sheffield and South Yorkshire, in particular, the most vulnerable and excluded groups to protect and promote their wellbeing and rights. Appendix A shows the wide range of local activities conducted by Chilypep over the last 12 months, on behalf of the CCG, including:

- Developing young commissioners and strategic engagement
- The promotion of the CAMHS Single Point of Access (SPA)
- Involving young people in the recruitment of CAMHS employees
- Engagement with Looked After Children (LAC) to improve their pathways and access to services and to involve them in the design and delivery of services
- Giving young people the opportunity to feed into local and national consultations/campaigns
- Working with Public Health to develop an action plan to improve the support to young people with their mental health in schools
- Providing creative self-help wellbeing sessions for young people and teachers
- Development of a Mental Health First Aid Kit

5.0 NHS Specialist CAMHS

5.1 The Future in Mind investment has clearly strengthened the emotional health and wellbeing support now available to children and young people in Barnsley and from the highly positive case studies and testimonials from those who have accessed services such as MindSpace, THRIVE, CAMHS Single Point of Access and the Youth Offending Team, this support is clearly enabling a brighter future for those children and people and a better quality of life. This enhanced offer for the children and young people of the borough truly involves the young people themselves, focuses on prevention and early intervention, reduces medicalisation and reaches schools and parents.

5.2 However, although these foundations are strong and the enhanced support is accessible throughout the Borough, the development of these low level support services is not currently having a direct, positive impact on reducing referrals to NHS Specialised CAMHS.

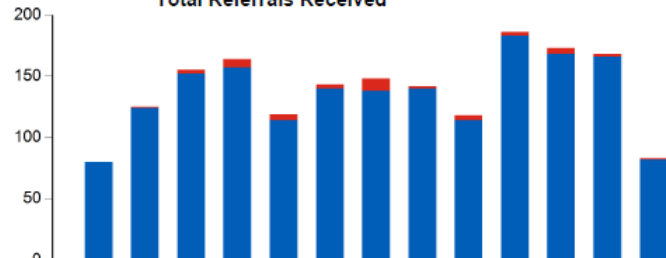
6.0 CAMHS Referral Data

6.1 As can be seen from the graph below, despite indications in 2016/17 of a drop in a demand this has not been sustained and a rise in demand is reflected.

6.2 This indicates that there has previously been a huge unmet need for low level emotional health and wellbeing support which is likely to take a considerable length of time before we see a positive reduction on the demand on NHS Specialist CAMHS services in Barnsley.

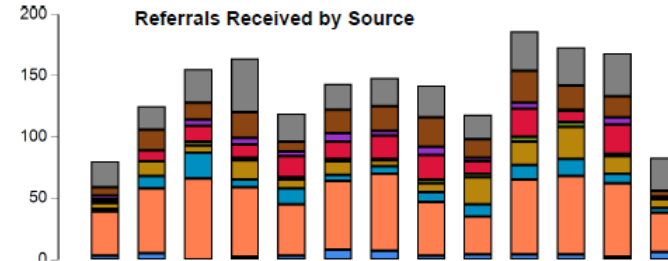
Referrals Received

Total Referrals Received



	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Barnsley CAMHS	80	124	152	157	114	140	138	140	114	183	168	166	82
Other SWYPFT CAMHS		1	3	7	5	3	10	2	4	3	5	2	1
Total	80	125	155	164	119	143	148	142	118	186	173	168	83

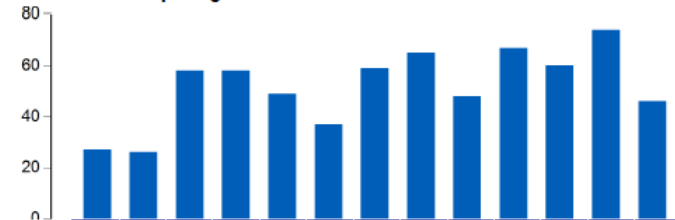
Referrals Received by Source



	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Self Referral	3	5		2	3	8	7	3	4	4	4	2	6
GP	36	53	66	57	42	56	63	44	31	61	64	60	32
Community based Paediatrics	2	10	21	6	13	5	6	8	10	12	14	8	4
Hospital based Paediatrics	5	12	6	16	7	11	5	7	22	19	26	14	7
School Nurse	2		3	2	2	2	1	3	3	4	4	2	1
Education Service	1	9	13	11	17	14	19	20	10	23	9	24	
Social Services	3		5	5	4	7	4	7	3	5	1	6	1
NHS Hospital Staff - Other	7	17	14	21	8	19	20	24	15	26	20	17	5
Other	21	19	27	44	23	21	23	26	20	32	31	35	27
Total	80	125	155	164	119	143	148	142	118	186	173	168	83

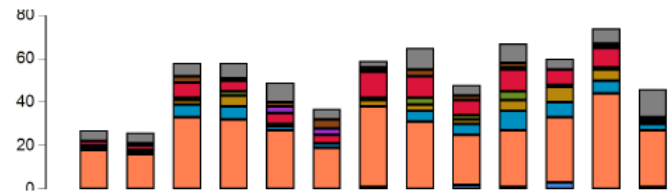
Page 12

Referrals not requiring Assessment and or Intervention



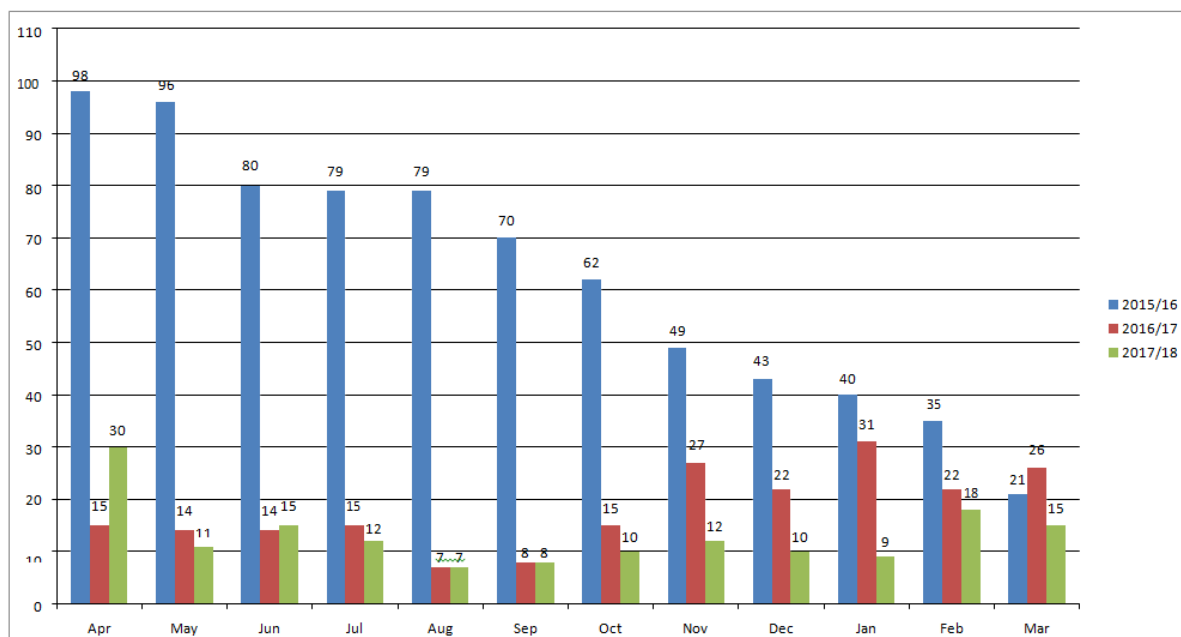
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Barnsley CAMHS	27	26	58	58	49	37	59	65	48	67	60	74	46
Total	27	26	58	58	49	37	59	65	48	67	60	74	46

Referrals not requiring Assessment and or intervention by Source



	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Self Referral							1		2	1	3		1
GP	18	16	33	32	27	19	37	31	23	26	30	44	26
Community based Paediatrics	1	1	6	6	2	2		5	5	9	7	6	3
Hospital based Paediatrics		1	2	5			3	3	2	5	7	5	1
School Nurse	1		1	2	1		1	3	2	4	1	1	1
Education Service	2	2	7	5	5	4	12	10	7	10	7	9	1
Social Services						3	3	1		1		1	
NHS Hospital Staff - Other		1	3	1	2	4	1	3	2	2		1	
Other	5	5	6	7	9	5	3	10	5	9	5	7	13
Total	27	26	58	58	49	37	59	65	48	67	60	74	46

7.0 Average Wait (in days) to Choice Appointment (Initial Assessment)



7.1 Looking at the graph above, it can be seen that the NHS Specialist CAMHS service continues to maintain the remediation achieved in 2016/17 of keeping waits to first appointment ('Choice' for assessment) to under 3 weeks against a commissioned KPI of 5 weeks (the current average being 10 days as in the August KPI report).

7.2 However, the table below highlights that access to actual treatment, in many instances, is still unacceptably long for all pathways.

Average days wait by pathway	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
Complex Behaviour	299	295	305	321	322	326	Data unavailable	324	309
Mood & Emotional	195	210	192	203	213	218		241	254
CIC (LAC)			0	52	51	42		38	38
Eating Disorder	The access and waiting time standard applies: 7 days for urgent and 28 days for routine and the service is meeting this.								

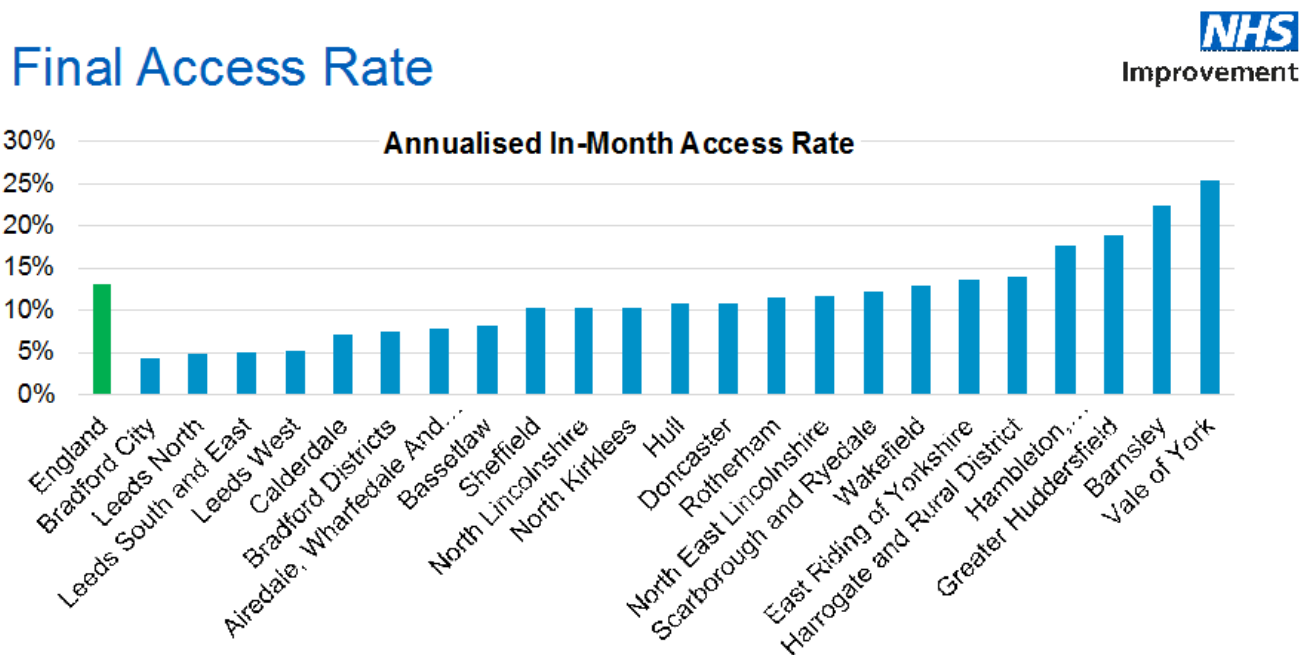
7.3 There is no longer a Solution Focused pathway but the service does still offer early intervention / short-term interventions via the CAMHS SPA (Single Point of Access) / Children and Young People Wellbeing Practitioner offer. However, solution focused interventions are offered across the pathways where indicated.

7.4 CAMHS have developed some of the other pathways to maximise skilled capacity, therefore the slight rise in days for the Complex Behaviour pathway has been influenced by the reallocation of the previous Learning Disability pathway patients to it.

- 7.5 This pathway is also dependent upon the right skill mix of other practitioners as need to be able to undertake some of the work that the consultants do (such as medication reviews), thereby freeing up consultation capacity to enable them to focus on new referrals (the ability to discharge is low on this pathway given the nature of conditions and medications associated with it). Equally the rise in referrals in 2017/18 from the previous year's drop will be influencing the access to treatment times and work is progressing to explore this.
- 7.6 Early indications suggest that although there is an overall increase of referrals in the last 12 months when compared with previous years, the longer waits are more reflective of an increase of the number of children on the CAMHS Complex behaviour pathway, particularly for children and young people with ADHD (Attention Deficit Hyperactivity Disorder). This can, to a large extent, be attributable to the current ADHD assessment and diagnosis process which is very lengthy, meaning that the young people remain on this pathway for a considerable length of time resulting in limited capacity for new referrals to be seen, which then increases the overall waiting time on this pathway.
- 7.7 In addition, it is apparent that approximately 75% of each CAMHS consultant's caseload is for children and young people with ADHD and a significant amount of their time is concerned with medication reviews. The Barnsley NHS Specialist CAMHS service are looking at alternative ways in which these medication reviews / issues could be dealt with by other practitioners, thereby freeing-up clinical capacity for the consultants to be able to assess new referrals.
- 7.8 SWYPFT (South West Yorkshire NHS Partnership Foundation Trust) who provide the Barnsley CAMHS service have advertised Nurse prescribing posts on a number of occasions but unfortunately have been unable to appoint to these posts. SWYPFT are continuing to look at alternative ways of delivering elements of this pathway and are preparing a business case.
- 7.9 The Barnsley Children and Young People's Trust CSI (Children's Services Improvement) Plan for 2018/19 has included a new strategic action whereby all providers across health, education and social care will work together to design a sustainable approach to the assessment, care and treatment of children and young people with ADHD. The interface between family centres, parenting programmes, school-based mental health services, educational staff, paediatricians and GPs will be integral to this work.
- 7.10 Specialist CAMHS and MindSpace are currently exploring how the offers of group work can be extended and promoted whereby engagement in group work can be increased.
- 7.11 The service has developed and introduced a process for the review and management of risk for children and young people whilst waiting on each of the pathways and continues to provide support and advice to families and professionals via the SPA i.e. is the child / young person deteriorating - if this is the case then the child/young person's priority becomes greater and they access the service sooner.
- 7.12 All of the historical cases waiting for Autism Spectrum Disorder (ASD) assessments were completed in March 2018. However, due to a continued high level of demand on this pathway, increased waiting times were being experienced on both the 0–5 ASD pathway but more significantly on the 5+ ASD pathway that is hosted by Barnsley Hospital NHS Foundation Trust (BHNFT). As the remedial ASD assessments had been completed by January 2018, a small limited resource became available. The ASD Steering Group agreed that this resource should be transferred from SWYPFT to BHNFT in order for it to be utilised on the over 11 pathway to reduce the significant waiting times for assessment that were now being experienced. This resource enabled weekday evening and Saturday morning clinic sessions to be undertaken which proved to be very successful. Transferring the resource however did mean that SWYPFT lost the potential to utilise this resource to make any positive impact on any of their pathways.

8.0 Metrics

- 8.1 The NHS Improvement Intensive Support Team are looking at developing a new set of metrics on which to assess providers and CCGs on their performance in relation to CAMHS to better reflect the level of interventions and support that is provided but not currently captured. Including these metrics in the table below shows that the Barnsley CAMHS service is performing well above the England average.



9.0 Workforce Development

Children & Young People (CYP) – Increasing Access to Psychological Therapies (IAPT)

- 9.1 The service continues to actively engage in the CYP-IAPT training programmes in order to improve outcomes and experience of care for children, young people and their families by increasing access to effective services and evidence based therapies through system-wide improvements. The service was successful in recruiting two CYP well-being practitioner trainees who are located within SPA on the first national cohort training programme in July 2017 who completed training in June 2018. The CCG has invested in these two qualified CYP well-being practitioners for one year July 2018–June 2019. A further two trainees commenced the programme in June 2018 and this will enhance the offer for Barnsley. In addition a current Expression Of Interest (EOI) for two further trainees on the third cohort is pending.
- 9.2 Barnsley has four Recruit to Train posts of which three have remained on the programme. These are Post Graduate Diploma Parenting trainees and are based in Family Centres. This will further develop the local offer and the interface with CAMHS for parenting interventions. The CAMHS Parenting Specialist who is on the Parenting Supervisor programme is supervising the trainees and is exploring options for pathway development with the family centre manager. The first parenting programme has been delivered and a review of parent feedback is pending.
- 9.3 CAMHS also has one IAPT trainee who started the course in January 2018. Barnsley allocated two Enhanced Evidenced Based Practice programme (EEBP) places. One trainee is located on the Youth Offending Team and one in the 0-19 Public Health Nursing Service. Both trainees are supervised by a Cognitive Behavioural Therapy (CBT) Practitioner from Specialist CAMHS.

General Workforce Development

- 9.4 Further skill mixing is underway within Specialist CAMHS as investment and vacancies arise to provide career progression and development in the service to maximise retention of well-trained experienced staff.
- 9.5 The introduction of CYP-Well-being Practitioners has brought an additional layer of opportunity. The team is now undertaking a skills and knowledge assessment within the pathways to inform training and development requirements and how we can develop a wider offer for evidence-based individual and group based interventions.
- 9.6 Dialectical Behaviour Therapy (DBT) training has been funded by the service for nine staff (the majority of which are within the Young Persons Outreach Service (YPOS) team. This team supports the most difficult, hard to reach young people.

10.0 Summary

- 10.1 The recurrent transformation monies received from NHS England in support of delivering the recommendations of the 'Future in Mind' report continue to enable all health and social care partners to transform the delivery of services for children and young peoples' emotional health and wellbeing across the whole system in Barnsley.
- 10.2 The passion, commitment and drive amongst all partners to deliver better outcomes for Barnsley's children and young people has resulted in strong bonds between partners delivering key elements of the 'Future in Mind' programme in Barnsley, namely MindSpace, Chilypep, CAMHS, Youth Offending Team, Public Health, Early Years, parents, schools, voluntary sector organisations and the children and young people themselves.
- 10.3 Significantly, over the past few years, there has been full engagement from all key stakeholders across the borough through the agencies of the Future in Mind work which now sees schools actively pursuing their role in this key agenda and recognition of the need to effectively support parents of which the MindSpace service has been pivotal.

11.0 Future Challenges – Peer Review

- 11.1 However, there is still much to do. We need to evaluate the effectiveness of the actions / redesigns taken to date to ensure the best possible outcomes are achieved. As part of this evaluation Barnsley CCG is to 'buddy' with Doncaster CCG to undertake a Peer Challenge Review of our children and young people's emotional health and wellbeing services. The Peer Challenge Review will occur in Autumn 2018 and is being both supported and facilitated by Rob Mayall, Director of SIMUL Ltd. and Local Authority North of England Transformation Lead.
- 11.2 It has been agreed that the Peer Challenge Review will focus on the following areas:
- School preparedness in relation to the Green Paper
 - Progress towards developing a sustainable workforce
 - Effectiveness of arrangements for children in crisis and or with acute needs
 - Effectiveness of Transforming Care arrangements
 - Effectiveness of Early Help arrangements
- 11.3 Both Doncaster and Barnsley CCGs will undertake a self-assessment of their services using a self-assessment tool. The self-assessments will then be swapped and critically analysed and the outcomes shared with each team of assessors. The teams will then come together on Friday 9th November to discuss and challenge the outcomes resulting in recommendations being made and agreed.

Item 4b - Appendix A

Children & Young People's Empowerment Project (Chilypep)

1.0 Young Commissioners and Strategic Engagement

1.1 This year Chilypep are involving young people in activity with a range of partners who are responsible for young people's services across the Borough as part of the Local Transformation Plan (LTP) for Barnsley. To achieve maximum opportunities for young people, Chilypep will be establishing specific roles within the group for young people to focus on different areas of work, depending on their skills and personal interest. OASIS (Opening up awareness and support and influencing services) is a Chilypep group that aims to empower young people to shape mental health services. In addition to attending the weekly meetings, OASIS members will feedback from participating in their different opportunities outside of the group sessions by reflecting on what role they had and learning obtained through a young person friendly feedback form.

2.0 Promotion of the CAMHS Single Point of Access (SPA)

2.1 OASIS has added the CAMHS SPA poster to the redesign of the Youth Mental Health First Aid (MHFA) book as a way of creatively reaching more young people. The CAMHS SPA poster has also been promoted out to teachers during mental health training as a way of them being able to relay the information to young people they work with. The poster has also been promoted out to young people throughout Mental Health Awareness Week (week commencing 14 May 2018). The CAMHS SPA poster has been added to the redesign of the Youth MHFA Kit and sits as a download on the Chilypep website. Chilypep had 500 copies of the Youth MHFA book printed which have been handed out to young people in a multitude of young people's settings. The process began throughout week commencing 14 May 2018; Mental Health Awareness Week, in the areas Chilypep delivered workshops, and held stalls, including activities from the Youth MHFA kit. This included:

- Barnsley College including Barnsley Sixth Form
- Greencare School
- Horizon College
- Outwood Carlton Academy

2.2 Additional to promoting out the Youth MHFA book to young people through delivery of the self-help creative activities, Chilypep has also met the following organisations working with young people to hand over copies of the book:

- Recovery College
- MindSpace
- CAMHS
- Barnsley Hospital
- Barnsley Job Centre
- TADS

2.3 The next steps are for all services and organisations working with young people in Barnsley, including partners under Future in Mind, to help promote out the CAMHS SPA poster, upload on to young person friendly platforms and put up in their settings.

3.0 Recruitment of CAMHS Employees

3.1 Three OASIS members regularly participate in a young people's interview panels in Specialist CAMHS.

4.0 Pathway for Looked After Children (LAC)

- 4.1 The Children in Care (CiC) CAMHS pathway was reviewed by CAMHS in consultation with the Children in Care Service and was republished in September 2017 in accordance with the Children's Continuous Service Improvement (CSI) Plan.
- 4.2 The CSI action plan also included an action whereby CAMHS would agree a method to evaluate the voice of the child on the revised pathway during the first six months of launch. CAMHS commissioned an independent review by Chilypep (Children and Young People's Empowerment Project) to ensure children are at the centre of services they receive and to have a voice in and improve the CiC CAMHS Pathway. The CAMHS General Manager has shared the 'Voice of the Child' report with the Head of Service for Children in Care to inform the overall review of the effectiveness of the pathway for Children in Care (CiC) to CAMHS and therapeutic services.

Consultation Findings

- 4.3 Whilst the relationship with the CAMHS workers came back as good practice with all the young people Chilypep spoke to that had accessed CAMHS, all young people felt let down by people involved in their care up to the point of accessing CAMHS. Young people found it hard to trust and build relationships with adults and professionals due to experience of being a looked after child and having different workers involved at different points in their lives and for short periods. Young people reflected this was the opposite with the professional they see for their mental health at CAMHS.
- 4.4 Waiting times to receive treatment were an issue for young people. With the exception of a couple of emergency hospital admissions, young people reported they had waited for up to 11 months to two years before being treated.
- 4.5 Young people didn't feel that they had been involved in their referral process, although one young person recognised that as an emergency admission this was not possible.
- 4.6 Young people had lots of ideas about how they could be better involved in the referral process which focused on ensuring that they were made aware of, and included in, any actions being taken. They also wanted to be able to self-refer, and for this to be advertised widely.
- 4.7 Young people felt that a lot of activity happened without their knowledge or involvement, and were concerned about what professionals and carers were saying about them. They also felt that as there were often lots of professionals and carers involved in their lives, that they were told different things by different people, and that sometimes people didn't know them or their history enough to speak on their behalf.
- 4.8 Young people were asked if they would like CAMHS to have a copy of their Strengths and Difficulties Questionnaire (SDQ), as part of the referral and review. Young people felt that this was a helpful practice, and it gave them a chance to inform workers and carers about their lives and needs and improve understanding. They had concerns about workers not supporting them at LAC reviews and wanted wider involvement from family members that they thought were more supportive. One young person said their worker wasn't there to support them on the day so a 'stranger' carried out this role on the day, and that there were a lot of professionals in the room and the pace was too fast for them to engage.

Recommendations for the Pathway

- 4.9 The following actions were proposed by the CAMHS General Manager to the Corporate Parenting Panel in relation to the Chilypep report:

- *The CAMHS Single Point of Access Team will work with Chilypep to further publish and promote that CAMHS accepts self-referral into the service*
- *CAMHS will ensure the evaluation of the environment is included as part of the pending 'You're Welcome Standards' CAMHS review planned by Chilypep*
- *The CAMHS General Manager and Head of Service for Children in Care should convene a task and finish group with key stakeholders to agree how the SDQ can be embedded in the practice of key services across health and social care.*

- 4.10 Another recommendation is to ensure that young people know when they are being referred and involve them in the process. (CAMHS does ask if the child is aware via the CAMHS referral form).
- 4.11 Additionally, to consider involving family members that the young person chooses to be involved in LAC reviews. (CAMHS do not convene the LAC review meetings so are not able to influence this). Also, ensure the young person feels engaged and that the pace is appropriate for this, and consider how the number of professionals can be reduced.

Recommendation around Consultation Clinics as above recommendations

- 4.12 To be made clear to young people that they have a choice in attending the consultation clinic if they want to and be given younger person friendly ways in which they can engage in this if it is what they want to do. (The pathway has provided this flexibility since September 2017 and they adapt the meeting to accommodate this).
- 4.13 Respond to the suggested ways of supporting young people to feed into the process including different methods such as videos, video calls, voice recordings, writing a letter, drawing a picture, having access to an advocate, and sharing their LAC life story books or something like this that could be designed and adapted specifically for LAC and involve young people in the process developing these. It was also suggested the consultation clinic could be split in half and given equal time separately to both the child and foster carer/worker to enable them to speak freely and openly on their own. (This has been happening since September 2017).

Involving Young People in the Design and Delivery of Services

- 4.14 Young people gave a wide range of feedback about what they want their service to look like. They included:
- Involving young people in their treatment more and giving them more voice and influence.
 - Ensuring workers are appropriately skilled and have a positive, empowering, non-judgmental and supportive approach. Young people talked a lot about having positive relationships with trusted workers that are developed over time and where the young person feels truly listened to and respected.
 - *"I know you are hearing and understanding me but also having the skills to give me understanding of my situation without judgement. It's not always about the deep dark world in my life; it's about sharing the experiences and feeling comfortable to do so at a nice steady pace. The worker should be able to have a joke with you and a laugh and if you have a good relationship with them that will come naturally. The worker I see at CAMHS is all of the above."*
 - Help and support early – early intervention so that young people can get help early on before they become worse.
 - *"The service should work to identify needs of the looked after child early, I know in my situation if this was identified and addressed then I may not have ended up with a criminal record and diagnosed mental illness."*
 - Faster and easier referral processes including self-referral, and shorter waiting times.
 - An out of hours phone line – for the child/young person to receive 24-hour support.
 - Making sure young people know what is happening and keeping them informed.

- Making the environment more young people friendly and inviting, particularly the treatment rooms.
- Ensuring that the wider workforce, including teachers, social workers and carers have access to training about young people's mental health and how to support them.
- Consider independent advocates for young people to help them say what they want or act on their behalf.

4.15 A summary paper of the LAC pathway consultation process and findings was shared at the Corporate Parenting Panel in July 2018. Young people will then help re-design the service based on their feedback with CAMHS support. As a number of issues reflected in the interviews from young people around social services and relationships with the foster carer were evident this has also been fed back to the head of LAC services within Barnsley Council.

5.0 OASIS Input to Local and National Consultation/Campaigns

5.1 Young people are influencing services nationally through inputting into government consultation:

- OASIS participated in the DSA (Domestic, Sexual, Abuse) consultation around the new proposed domestic abuse bill and influencing national development changes in mental health services and support.
- During Mental Health week, OASIS members signed and shared the petition 'Where's Your Head At?' calling on everyone to sign a Change.org petition asking the Government to change Health and Safety regulations so that first aid provision includes mental as well as physical health. This call to action has the backing of the Leader of the Opposition, Jeremy Corbyn MP, and former Minister for Health and Social Care, Norman Lamb MP. This change would mean that all organisations have staff trained in Mental Health First Aid, bringing us a step closer to parity of esteem between mental and physical health in the workplace. Several celebrities including Liam Payne, Jamie Laing, Charlotte Crosby, Megan McKenna and Kem Cetinay have offered their support for the campaign and have all spoken openly about their personal struggles with mental health and why they think it is important to have Mental Health First Aid in the workplace. The petition has received over 75,000 supporters. Chilypep and OASIS have supported, signed the petition and shared this campaign on social media using the hashtag #wheresyourheadat. The post was shared and signed by 65 young people and/or professionals we work or have previously worked with which highlights the importance of people wanting to achieve, support and see parity of esteem in regards to mental health and support the key campaign message #NotJustMe.

5.2 NHS Yorkshire and Humber Stairways event - five OASIS members attended in April 2018 and input views to the development of the NHS Stairways Mental Health Awareness week campaign. NHS Stairways is the children and young people's advisory group who work with the NHS Clinical Network responsible for children's services.

5.3 Youth work consultation - OASIS took part in a consultation for National Youth Advocacy inquiry into Youth Work in June 2018. Their contribution has been submitted as part of a whole transition report from Chilypep.

5.4 Public Health consultation with OASIS in June 2018 focused on creating an action plan (below) of development work. The group have already given their feedback and helped to create a new feedback form that is more young person friendly for the Public Health Nurses (PHN) to use with young people they see. OASIS will continue to work with Public Health to look at how they support and engage young people aged 0-19 with a particular focus as to how they can support young people with their mental health in school.

OASIS	Public Health Nursing
Consultation with young people in schools 'what support would young people want from PHN' 'Do PHN change their name?' 'Difference between 'school nurses' (physical first aiders) & public health 0-19'	Change feedback form based on OASIS feedback.
Young people to suggest new names for service	Inform wider team of discussions in the session
Young people need to be informed about the differences between PHN and school nurses	To develop promotional material and bring back to OASIS to review e.g. video idea
How to include social media in promoting PHN services	Create a description of the service and what it offers for Barnsley Open Up Directory
Video development	
Include PHN in Barnsley Open Up Directory	

6.0 Youth MHFA Kit

6.1 Youth MHFA Kit, providing creative self-help wellbeing sessions to young people and teachers. Workshops took place during May Mental Health Awareness Week at the following places:

- Barnsley College
- Horizon College Big MH event
- Outwood Carlton Academy

6.2 National influence of the Youth MHFA Kit has begun with elements of this built into bespoke training set to be delivered at Wakefield College in July to 50 teachers. The Youth MHFA Kit has also been sent into the NHS 70 years' good practice online marketplace and a poster designed for this. A postcard to promote the Youth MHFA Kit, manifesto and resources was designed in May 2018 with 200 of these printed and will be promoted out during stalls, events as well as on social media. A further 200 copies of the manifesto have been printed and distributed.

6.3 Against Violence and Abuse (AVA), a UK Charity working to end violence and abuse, have also contacted Chilypep for the Youth MHFA kit.

7.0 Development of a MHFA Kit in Greenacre School During Mental Health Awareness Week

7.1 Greenacre School tasked every teacher to develop and create their own Youth MHFA kit alongside the young people in their class during Mental Health Awareness Week. Chilypep/OASIS went to visit the school to see the work being done and held a meeting on the 10 July to explore further development of this across primary school settings and settings for young people with special educational needs:

"Each class were asked to develop their own mental health first aid kits for use within the classroom setting. All 17 classes across Greenacre School including satellite provision, were asked to develop a kit. Classes were asked that objects/activities be placed in the boxes that could be used to support the mental health and well-being of each child and young person

across all programme areas throughout school. This included pupils in free flow (reception) classes through to college students.

We have asked that all the boxes stay in each classroom and that this is an ongoing resource available for use, as and when needed by pupils to support their mental Health and wellbeing.

Examples of objects in the boxes were bubbles, sensory objects, lavender fragranced products, feelings cards, magic sand, stress balls, feathers, music CDs etc. Staff are encouraged to add items to the boxes.

Since the introduction of our Mental Health First Aid box in classes, staff report that the boxes are used on a daily basis across school to support Greenacre pupils' health and wellbeing". Cherie Miller, Early Help Co-ordinator & Deputy Designated Safeguarding Lead, Greenacre School.

8.0 Key Pieces of work from OASIS Group

- 8.1 In April 2018, Barnsley MIND attended OASIS with five members of the MIND Lesbian, Gay, Bisexual and Transgender (LGBT) Peer lead group. Two OASIS members have now also attended the LGBT MIND group.
- 8.2 Also in April, two CAMHS Assistant Physiologist Workers attended OASIS and led a session around anxiety signs, symptoms and helpful strategies and got to know OASIS and the group's aims and achievements to date.
- 8.3 In May 2018, OASIS attended the Horizon Community College Big Mental Health event to promote the group and the Youth MHFA kit and to seek opportunities for OASIS to influence services through networking. OASIS members helped facilitate the Youth MHFA kit activities and engaged with other stalls informing them of their commissioning role for young people.



- 8.4 On 31 May 2018, Barnsley CCG Marketing team attended OASIS to film the OASIS mission statement which was showcased at the next Barnsley CCG Annual General Meeting (AGM).
- 8.5 In June 2018, two OASIS members participated in a young people's interview panel for the CAMHS Crisis Outreach Worker. The young people were valued and listened to and the person the young people felt best suited the role was employed.
- 8.6 Also in June, five Youth MHFA boxes, posters and Youth MHFA books are now in Barnsley Hospital's women and children's department. Young Commissioners requested for the Youth MHFA kits to be in Barnsley Hospital in regards to their #NotJustMe campaign with the focus of parity of esteem. This was promoted out across OASIS' Twitter social media platform and reached 2,319 people. There were a total of 106 engagements/interactions with the post and it was one of OASIS' highest performing individual tweets to date valuing parity of esteem and showing the importance other people and the community of Barnsley believing in this.
- 8.7 OASIS members were also asked to review the risk assessment care plan used by staff for young people on the Children's ward.

9.0 Development Work

- 9.1 This year OASIS were asked to develop a mixed programme that schools could choose from, so as to make the training more bespoke for each school's needs. As every secondary school in Barnsley has had participants attend mental health training through Chilypep, OASIS are now focusing on training others working with young people outside of educational settings as well as those working in educational settings.
- 9.2 The CAMHS SPA Poster has been promoted out during delivery of training from the end of January 2018 and will continue to be promoted out through delivery of ongoing training to teachers and young people.
- 9.3 Chilypep met with CAMHS on the 30 April 2018 to discuss the possibility of training the reception staff at CAMHS in the Youth MHFA two day course.
- 9.4 Chilypep met with Barnsley Hospital on the 8 June 2018 to discuss the possibility of training nurses in the hospital working on the Children's ward in Youth MHFA.

10.0 Barnsley College Peer Mentors: National Council for Voluntary Organisation (NCVO) Assessment

- 10.1 Chilypep has been awarded Approved Provider Status from NCVO for their Peer Mentoring Project at Barnsley College, after completion of the recommendations made following the assessment in March. The accreditation lasts until June 2021. There have been 12 wellbeing sessions run by Peer Mentors April to June 2018.
- 10.2 Sessions have been delivered at Old Mill Lane Students Union, Eastgate Campus & GAINspace at Sixth Form. Topics covered included Exam Stress, Revision Support, Transitions, Creative Wellbeing and Managing Stress.

11.0 Development Work - Transitions

- 11.1 Partnership work with MindSpace is progressing in order to train a group of students from each secondary school as 'Young Ambassadors' (Peer Mentors). Chilypep have supported this so far with the delivery of the Youth Lite Mental Health First Aid Training; are in the process of developing the links between this group and the Peer Mentors at Barnsley College; and have training sessions booked in with the Mental Health Ambassadors in July. The aim is by working together, Chilypep will be able to better support students with the transition between secondary school and higher education.
- 11.2 OASIS have been consulted around transitions through transition agenda – this consultation will be carried out with young people in a multitude of different settings and a report based on the findings will be written by February 2019.

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Item 5a

Report of the Executive Director Core Services, to the Overview and Scrutiny Committee (OSC) on Tuesday 30th October 2018

Barnsley Metropolitan Borough Council's (BMBC) Corporate Parenting Panel Annual Report 2017-18 – Cover Report

1.0 Introduction and Background

- 1.1 The attached report 'Item 5b' is an annual update of the work of the Council's Corporate Parenting Panel (CPP). The role of the CPP is to ensure that BMBC, through its elected members, officers, carers and partner agencies fulfils its corporate parenting role. This means providing commitment and leadership to 'being there' for children in care and care leavers as well as monitoring performance in terms of improving outcomes.
- 1.2 All Elected Members have a responsibility as Corporate Parents to ensure that every child at the edge of care, in care or who has left care, is given the opportunity to reach the best possible outcome they can. They should act as 'pushy parents', with the litmus test being "Would this be good enough for my child or me if I was a child?". This year, all Elected Members were invited to the OSC meeting to discuss both the Adults' and Children's Safeguarding Boards Annual Reports, which provided them with opportunity to challenge what is being done to protect the most vulnerable people in the borough.
- 1.3 As a result of Corporate Parenting responsibilities, it was agreed at the OSC meeting on 10th February 2015 that the CPP Annual Report should be brought to the OSC on an annual basis, enabling challenge to be provided by Members who are not directly involved with the CPP.
- 1.4 National data shows that children who are in care are one of the lowest performing groups in terms of educational outcomes. They also have poorer employment prospects and health outcomes than the general population. Research indicates that there are a number of factors which need to be considered to maximise positive outcomes for children in care, some of which include placement stability, interventions being tailored to the characteristics and experiences of the individual and the need for professionals to have a good understanding of children's social, emotional, mental health and educational needs.
- 1.5 It is therefore essential that the quality of services for our children and young people at the edge of care, in care, or who have left care, are monitored and challenged. The attached Annual Report outlines the work of the CPP during 2017-18 (Item 5b) including:
- The responsibilities and statutory duties of the Council to protect children
 - The role and responsibilities of Councillors as Corporate Parents
 - The Barnsley Pledge to Children and Young People in Care
 - Corporate Parenting in Barnsley, including membership, progress and areas covered by the CPP during 2017-18
 - Governance arrangements
 - Children in Care Council

- Priorities for the CPP during 2018-19
- Performance information

2.0 Invited Witnesses

2.1 The following witnesses have been invited to today's meeting:

- Rachel Dickinson, Executive Director - People, BMBC
- Mel John-Ross, Service Director - Children's Social Care and Safeguarding, BMBC
- Liz Gibson, Virtual Headteacher for Looked After Children, BMBC
- Andrea Scholey, Named Nurse Children in Care, 0-19 Service, BMBC
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Barnsley Council Elected Members on the CPP

3.0 Possible Areas for Discussion

3.1 Members may wish to ask questions around the following areas:

- What are the success stories that the CPP has influenced during 2017-18?
- To what extent are partners engaged in the work of the panel and contribute to improving outcomes for our young people?
- How do you know whether the work of the Panel is having a direct, positive impact upon the lives of children in care (CiC) and care leavers?
- How many of the 'Top Ten' improvements recommended by the Care4Us Council have been successfully implemented, and what evidence do you have of the difference they have they made to the lives of CiC?
- Which of the priorities for the coming year would impact upon the greatest number of children?
- Which areas of good practice could be replicated in other areas for a 'quick win'?
- What potential obstacles do you foresee that may prevent the Panel from achieving its priorities and fulfilling its responsibilities for 2018-19 and how do you plan to overcome them?
- What positive outcomes do you anticipate from the introduction of Personal Advisors?
- How do you ensure that the Panel is constantly fit for purpose?
- How can Members not involved directly in the meetings, most effectively support the work of the CPP and our children in care?

4.0 Background Papers and Links

- Item 5b (attached) – Corporate Parenting Panel Annual Report 2017-18

- Virtual Headteacher's Report March 2018:
<https://barnsleymbc.moderngov.co.uk/documents/s38992/Appendix%201%20Annex%201.pdf>
- 2017/18 Key Data Summary (Statistical First Release (SFR)):
<https://barnsleymbc.moderngov.co.uk/documents/s38993/Appendix%201%20Annex%202.pdf>
- Child Protection in England: Legislation, Policy and Guidance:
<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance/>

5.0 Glossary

ADM	Agency Decision Maker
BMBC	Barnsley Metropolitan Borough Council
BSCB	Barnsley Safeguarding Children's Board
CAFCASS	Children & Family Court Advisory & Support Service
CAMHS	Child & Adolescent Mental Health Service
CiC	Children in Care
CPP	Corporate Parenting Panel
CPR	Child Permanence Reports
CSIF	Continuous Service Improvement Framework
DCS	Director of Children's Services
EET	Education, Employment & Training
IRO	Independent Reviewing Officers
LAC	Looked After Children
LAPSO	Legal Aid, Sentencing & Punishment of Offenders
OSC	Overview and Scrutiny Committee
PAs	Personal Advisors
PAQA	Performance & Quality Assurance
PEP	Personal Education Plan
PI	Performance Indicator
SDQs	Strengths & Difficulties Questionnaire
SEND	Special Educational Needs & Disability
SFR	Statistical First Release
SWYPFT	South-West Yorkshire Partnership NHS Foundation Trust
TEG	Trust Executive Group
TPEP	Termly Personal Education Plan
UASC	Unaccompanied Asylum Seeking Children

6.0 Officer Contact

Anna Marshall, Scrutiny Officer
22nd October 2018

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**Barnsley Corporate Parenting Panel
Annual Report 2017-2018**

1.0 Context

1.1 This report sets out an annual update on the corporate parenting arrangements in Barnsley, with progress and outcomes for children in care and care leavers for the period 1 April 2017 to 31 March 2018. It reminds members of key legislation and guidance, advising on local performance and service improvement, as well as progress made by the corporate parenting panel. The report aims to strengthen the role and responsibilities of corporate parents in improving outcomes for children and young people.

**2.0 Proposals and Reasons: Corporate Parenting – Our Responsibilities
Legal Framework**

2.1 The Children Act 1989 and the Leaving Care Act 2000 place clear statutory duties upon the Council to protect children from suffering significant harm and to provide continued financial and transition support to care leavers aged up to 21 (or 25 if in full time education). Underpinning corporate parenting is a wide range of national policies, guidance, regulations and legislation, which are subject to change by High Court rulings, such as the Southwark ruling in 2009.

2.2 The revised care planning regulations and guidance, including The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review; Volume 3: Planning Transition to Adulthood for Care Leavers; and the Statutory Guidance on Securing Sufficient Accommodation for Looked After Children March 2010, place increased emphasis on effective care planning with a focus on the child, and are designed to improve the quality and consistency of care planning, placement and case review for looked after children. They also aim to improve the care and support provided to care leavers.

2.3 The UK Government made significant reforms to the youth remand framework with the implementation of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act in December 2012. The Act implicitly attributes further responsibility to Local Authorities by means of children and young people being remanded to youth detention accommodation, being treated as children looked after and being eligible for leaving care services if they are looked after beyond 13 weeks.

2.4 The Children and Social Work Act 2017 received Royal Assent in 2017. The act enshrines in law a series of changes to the social work profession, including new provisions for care leavers. There is now a legal requirement upon councils to provide Personal Advisers (PA's) to care leavers up to the age of 25 and for councils to publish a local offer for care leavers.

2.5 Statutory guidance has been published by the Department for Education in line with the Children and Social Work Act 2017, which focuses on supporting the education of children in care and previously looked-after children and how extending Personal Advisers for care leavers up to 25 should be implemented.

2.6 Key duties for professionals involved with these groups of children and young people are outlined in the statutory guidance. For children in care in schools, the new guidance states that, '*Social workers, [Virtual School Heads], [Independent Reviewing Officers], school admission officers, and Special Educational Needs and Disability (SEND) departments should work together to ensure that, except in an emergency, appropriate education provision for a child is arranged at the same time as a care placement.*' Virtual Head teachers, who have the lead role for promoting the educational achievement of looked-after children, should ensure that appropriate training needs for professionals responsible for young people's education are met.

3.0 Corporate Parenting – The Role and Responsibility of Councillors

3.1 Effective corporate parenting requires knowledge and awareness of the needs of children and young people looked after and the services they receive. This is a shared responsibility by the Council as a whole. The role of the corporate parent is therefore:

- a) To receive and consider accurate and timely management information reports on the numbers, characteristics and needs of looked after children and care leavers.
- b) To receive and consider reports demonstrating how effectively Barnsley is serving its looked after population through the provision of services and targeted initiatives.
- c) To receive briefings on new national and local initiatives designed to improve children and young people's life chances.
- d) To gain knowledge of services based on direct involvement and opportunities to meet and gain the views of stakeholders, especially listening to the views of children and young people looked after and members of the Care 4 Us Council.
- e) To monitor and review progress on the delivery of Corporate Parenting 'Promise' to children looked after and care leavers.
- f) To ensure that decisive action is taken to address any shortcomings in the services provided to children and young people.

4.0 The Barnsley Pledge to Children and Young People in Care

4.1 What all children and young people in our care can expect from us:

- We'll look after children in care in a safe and caring home.
- We'll promote, support and respect their identity.
- We'll ensure all children in care receive a good education.
- We'll support children in care to be healthy.
- We'll prepare children in care for the future.
- We'll involve children in care in decision making and making it happen.

5.0 Corporate Parenting in Barnsley

5.1 Children in care are those children and young people aged 0 -18 years who cannot safely remain with their family and are cared for by the local authority. The local authority has continuing responsibilities to many of these young people up until they are 25. This includes all unaccompanied asylum seeking children (UASC) and children with multiple disabilities. Children in Care and Care Leavers are one of the most vulnerable and disadvantaged groups in our community.

5.2 The Corporate Parenting Panel is responsible for children in care, children at the edge of care and children and young people who have left care.

5.3 Members of the Corporate Parenting Panel have agreed that their role is to act as 'pushy parents' for our children in care and care leavers. The litmus test being "would this be good enough for my child?", irrespective of age.

6.0 Corporate Parenting Panel Overview and Membership

- 6.1 The Corporate Parenting Panel is chaired by the Cabinet Spokesperson for People (Safeguarding).
- 6.2 The Panel meet every two months and there continues to be good attendance at meetings by the full range of members, which include:
- Elected Members, BMBC
 - Executive Director, People Directorate, BMBC
 - Service Director, Children's Social Care & Safeguarding, BMBC
 - Virtual Head Teacher for Children in Care, BMBC
 - Representatives for the Care4Us – Children in Care Council
 - Head of Safeguarding and Quality Assurance, BMBC
 - Foster Carer/s from the Barnsley Foster Carers Association
 - Named Nurse for Children in Care, SWYPFT
 - Designated Nurse Safeguarding Children/LAC, NHS Barnsley Clinical Commissioning Group
 - Designated Doctor, BHNFT
 - Head of Service, Children in Care Services, BMBC
 - Managers for Children in Care and Care Leavers Teams, BMBC
 - Scrutiny Officer, BMBC (Observer)

7.0 Corporate Parenting Work Programme in 2017-18

- 7.1 At each of its meetings the Corporate Parenting Panel receives the following standard reports for scrutiny and challenge:
- Looked after Children Performance Report; a bespoke performance report which captures data, provides a commentary and performance rating against all key performance indicators of relevance to children in care and care experienced young people. Panel members receive a cover report which highlights the areas of concern and invites and encourages member challenge.
 - A Children in Care Status Report; a report which sets out numbers, locations and types of placements of Barnsley's children to support members in asking questions about trends and the implications for children's wellbeing.
- 7.2 Other standard agenda Items:
- Minutes of the Education of Children in Care Steering Group
 - Minutes of the Health of Children in Care Steering Group
 - Minutes of the Care4Us Council
- 7.3 In addition to the performance management information and data, over the past year the Panel has requested and considered the following thematic reports for discussion and challenge:

Report Title	Date of Meeting
1. Report on the Foster Carers Ball Celebration Event 2. Review of the Pledge	Monday 24 April 2017
1. Breakdown of Children Missing from Care Presentation 2. Barnsley Corporate Parenting Panel Annual Report 2016-17 3. The Pledge	Monday 12 June 2017
1. Exception Report of Education, Employment & Training (EET) for Care Leavers 2. Bi-Annual Audit of Review Health Assessments for Children in Care in Barnsley	Monday 24 July 2017

Report Title	Date of Meeting
<ol style="list-style-type: none"> 1. Exception Report on the Sufficiency of Care Leavers Accommodation 2. Fostering Action Plan 3. Independent Reviewing Officers (IROs) Annual Report 4. Perceptions of Care – Key Messages 5. Child & Adolescent Mental Health Services (CAMHS) Children in Care Pathway 	Monday 11 September 2017
<ol style="list-style-type: none"> 1. Outline Programme for National Takeover Day 2. Exception Report of CIC Health including Strengths & Difficulties Questionnaires (SDQs) and Access to CAMHS 3. Update on the Promoting of the Pledge 	Monday 23 October 2017
<ol style="list-style-type: none"> 1. Outline Programme Presentation for the Children in Care Awards Event 2. Progress report on Life Story Work 3. Update on Takeover Day 4. Regulation 44 Visits – Overview and Key Messages 5. Barnsley Safeguarding Children's Board (BSCB) Multi-Agency Audit- Return to Care Interview for Children in Care 6. Audit Report for Looked After Children and Pregnancy 	Monday 04 December 2017
<ol style="list-style-type: none"> 1. Discussion 'How will we as Corporate Parents use the information provided to support the Care4Us Council over the next 6 months' 2. Regulation 44 Visits Updated Report 3. A Review of the Bi-Annual Audit 4. Foster Carer Recruitment - North East Area Council Report 5. Council Tax Exemption for Care Leavers 6. Health of Looked After Children 	Monday 15 th January 2018
<ol style="list-style-type: none"> 1. Participation Tools for Children in Care 2. Numbers of Children in Care Chairing Their Own LAC Reviews 3. Reporting of Frequency of Visits to Care Leavers 4. Review of Foster Carer Allowances 	Monday 5 th March 2018

8.0 Progress for Children in Care & Care Leavers in 2017-18

- 8.1 At the end of March 2018 (full year outturn 2017/18) there were 310 children in care (CiC). The number of children in care has grown slowly over the last five years peaking at 314 in February 2018. The rate of children in care at the end of March 2018 was 63.1 per 10,000 – at the national average for 2016/17 and well below statistical neighbours.
- 8.2 At the end of March 2018 (full year outturn 2017/18) there were 92 care experienced young people. The number of care experienced young people in receipt of services has remained stable over the last two years.
- 8.3 Children in care and care experienced young people have strong, stable relationships with their Social Workers and Personal Advisors (PAs) who know them well and see them regularly, over and above regulatory requirements. This is evidenced through our quality assurance activity; reviews; case file auditing and direct observations of practice.
- 8.4 Children in care have attention given to their health needs with regular health needs assessments and dental care to promote their health and wellbeing. Waiting times for assessments to CAMHS for children and young people in care has significantly improved this year and we have introduced a Pathway to CAMHS support and consultation for children in care. A priority for 2018/19 will be an evaluation of the Pathway and the timeliness for treatment.

- 8.5 Our children in care running club, led by a children's social worker and former health colleague, continues to be enormously successful, in engaging with growing numbers of children in care and their carers, to promote healthy lifestyles and to have fun!
- 8.6 We have fully embedded Termly Personal Education Plans (TPEPs) for children in care, alongside the Annual Personal Education Plan (PEP) to ensure that we are predicting, planning and promoting children's education, attendance and attainment, in live time. The Virtual Head Teacher's report, as presented to Overview and Scrutiny Committee on 9 January 2018 sets out the achievement, attendance and exclusion rates of children in care for the academic year 2016 to 2017.
- 8.7 Children in care experience stable care, relationships and placements. Our ambition, as set out in our Placement Sufficiency Strategy, is that all children in our care are looked after in family type placements, apart from in very exceptional circumstances where a family setting will not meet their needs. Whilst Barnsley has not experienced the significant rise in numbers of children in care as reported nationally and regionally, the local demand for care placements, particularly for adolescents, has impacted upon our placement stability.
- 8.8 Our performance evidences that children in care have their care plan reviewed in a timely manner.
- 8.9 Monthly management deep dives are undertaken for any child who has been missing from care and a multi-agency audit on the quality of Return to Care Interviews was undertaken by the BSCB Performance & Quality Assurance (PAQA) sub group in July 2017. This showed tenacity in making contact with young people and that there was no safeguarding reason for why young people were missing; most were late in returning to their placements and the most common reason was that they wanted to be with friends. Return to Care interviews are completed with children placed in Barnsley by other local authorities who go missing.
- 8.10 Barnsley is an area with a high volume of private children in care placement providers. We facilitate a Private Placement Provider Forum, which is also attended by South Yorkshire Police, the Virtual Head Teacher and Specialist Nurse for children in care. We also have a multi-agency Vulnerable Young Peoples Panel which quality assures intervention and planning for any vulnerable young person and young people who go missing.
- 8.11 Barnsley Council invested additional resources in the children legal team, to improve the capacity and quality of legal advocacy. We have good partnership arrangements with Children and Family Court Advisory and Support Service (CAFCASS) and the South Yorkshire Family Courts, who are currently struggling to list cases within 26 weeks, due to increased demand in other parts of the sub region. However our performance is strong.
- 8.12 One of our key strengths is the effectiveness of our permanency planning for children in care. This factor also has an impact on the number of children in care. We have excellent performance in the percentage of looked after children leaving care through adoption. In 2016/17 this was 30.0%, the third best performance nationally, and we have continued to perform very strongly in 2017/18, with a provisional outturn figure of 29.5%. However, we need to improve our timeliness from decision to adoption.
- 8.13 Children in care who are subject to public law care proceedings have good quality assessments of their needs which inform timely permanency decisions. The Service Director is the designated Agency Decision Maker (ADM) for all children where the plan is that they should be placed for adoption. The ADM reads all child permanence reports (CPRs) and all attached assessments, where the standard of quality is found to be consistently high. CPRs provide coherent assessments with informed analysis supporting the decision, setting out all other options for permanence and all viability assessments of suitable, potential family carers. Crucially, they provide a rich narrative of the child, his/her needs and an invaluable description of the child, for the matching of potential adopters but also, for the child's future reference to his/her history. This supports our assertion that Social Workers know their children well.

- 8.14 Since June 2014 we continue to have no adoption breakdowns for children, due to high quality assessments and rigorous matching processes, delivered by an experienced and highly committed Adoption Team.
- 8.15 We have aspired to continually improve the participation of children and young people, in influencing how services are delivered and what matters to them. In 2014 just one young person participated in this National Takeover Day, shadowing the Executive Director. In 2015 we were awarded a silver commendation and in 2016 a gold commendation by the Children's Commissioner for the broad range of takeover opportunities for young people across the council. In 2017 this also included local private businesses, with the programme led by what jobs and careers young people were interested and aspired to.
- 8.16 Our Pledge to children in care was designed and led by the Care4Us Council, who for the first time in 2017 presented their own annual review of their work in a video, alongside their 'Top 10' improvements that they wanted to see, from their social workers, who responded by attending the Care4Us Council with their pledges to be 'even better'.
- 8.17 We champion higher aspirations for children in care and care experienced young people. Our annual Awards Ceremony for children in care has grown in scale over the last few years. The event is enjoyed by all who attend and its increasing popularity has meant that we have had to find larger venues to accommodate the growing numbers of children, young people and their carers who want to attend the event. Last year's event was introduced by a care experienced young person, who proudly spoke of his achievement in getting in to University. We currently have five care experienced young people at University and 20 in further education.
- 8.18 The Cabinet Spokesperson for People (Safeguarding) and Chair of the Corporate Parenting Panel, as well as members of the Corporate Parenting Panel are prominent participant's at all key events for children in care. This includes the Annual Celebration Event of Children in Care's Education and Achievement; the Annual Foster Carers' Ball; Children in Care and Adopted Children's celebration events; Fostering and Adoption promotion activities.
- 8.19 We have delivered significant improvement during 2017/18 for the numbers of care leavers engaged in employment, education and training. However this remains a priority for us, as well as driving improvement for the attendance, progress and attainment of children in care.
- 8.20 At the current time we are in touch with all our care experienced young people. There is sufficient and suitable accommodation for care leavers but we are developing an even better offer. Our performance is accumulative and the young people who we have judged not to be in suitable accommodation are those within the youth justice system.
- 8.21 We have good relationships with our local housing provider, Berneslai Homes who prioritise all care leavers for housing upon the age of 18 years. We have designated training flats for care leavers and local semi-independent accommodation for vulnerable young people has been recommissioned, now provided by Centrepoint. We promote and support staying put arrangements and the Council agreed that all our care leavers would be exempt from council tax payment from 1 April 2018.

Key Performance Highlights – position as at Q4 2017/18 (year-end outturn)

<i>LAC Reviews within timescales</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn
Barnsley Performance	85.1%	96.9%	96.7%	99.0%

Local Indicator – Benchmark Comparators Unavailable

<i>LAC Visits Timeliness</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn
Barnsley Performance	75.0%	90.0%	91.9%	98.7%

Local Indicator – Benchmark Comparators Unavailable

<i>LAC Visits Timeliness (as per 'Regulations')</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn
Barnsley Performance	76.7%	91.8%	93.2%	99.2%

Local Indicator – Benchmark Comparators Unavailable

<i>Personal Education Plans (PEPs)</i>	15/16 Outturn	16/17 Outturn	17/18 Outturn
Barnsley Performance	100%	98.7%	98.6%

Information collected from the start of 2015/16;

Local Indicator – Benchmark Comparators Unavailable

<i>Termly Personal Education Plans (TPEPs)</i>		16/17 Outturn	17/18 Outturn
Barnsley Performance		96.8%	97.3%

Information collected from the start of 2016/17;

Local Indicator – Benchmark Comparators Unavailable

<i>LAC Health Assessment Timeliness</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	16/17 Stat. Neighbours	16/17 National
Barnsley Performance	100%	100%	99.9%	98.5%	94.8%	93.7%

<i>LAC Dental Assessment Timeliness</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	16/17 Stat. Neighbours	16/17 National
Barnsley Performance	100%	100%	99.2%	99.5%	90.8%	88.2%

<i>LAC Placement Stability: 3+ Placement Moves</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	15/16 Stat. Neighbours	15/16 National
Barnsley Performance	4.2%	5.1%	5.6%	3.4%	9.7%	10.0%

<i>LAC Placement Stability: Stable Placement 2.5yrs+</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	16/17 Stat. Neighbours	16/17 National
Barnsley Performance	70.5%	75.0%	77.2%	67.9%	66.8%	68.0%

<i>Adoptions - Days from 'Placement Order' to 'Adopter Match'</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	16/17 Stat. Neighbours
Barnsley Performance	298.9	279.3	242.2	184.6	234.5

<i>Care Leavers - Percentage in Education, Training and/or Employment</i>	16/17 Outturn	17/18 Outturn	16/17 Stat. Neighbours	16/17 National
Barnsley Performance	40.0%	61.8%	49.4%	50.0%

Information collected from the start of 2016/17
(This information is for 19-21yr olds, in line with the national PI)

<i>Care Leavers - Percentage in Suitable Accommodation</i>	16/17 Outturn	17/18 Outturn	16/17 Stat. Neighbours	16/17 National
Barnsley Performance	93.0%	95.6%	91.0%	84.0%

Information collected from the start of 2016/17
(This information is for 19-21yr olds, in line with the national PI)

<i>LAC subject to Final Warning, Conviction or Reprimand</i>	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	16/17 Stat. Neighbours	16/17 National
Barnsley Performance	6.4%	5.2%	7.0%	5.0%*	5.1%	4.0%

*2017/18 outturn figure of 5.0% is provisional at the time of writing

<i>LAC Education Attainment</i>	<i>See Annexes 1 and 2</i>
Barnsley Performance	

<i>Ofsted 'Rating' of Children's Residential Units</i>	Newsome Avenue	Spring Lane
Barnsley Performance	'Good'	'Good'

9.0 Governance Arrangements

9.1 The Corporate Parenting Panel is established within the Council's Constitution and has specific Terms of Reference which emphasise the above responsibilities and its overarching responsibility to ensure that the Council, through elected members, officers and partner agencies, fulfils its corporate parenting role. Although the Corporate Parenting Panel does not possess Executive powers, the Panel is able to refer matters to the Council's Cabinet to consider any actions which the Panel recommends. The Council's Scrutiny Committee may, in turn, receive any of those issues which are referred to Cabinet and which the Cabinet feels would benefit from an in depth investigation in open session. It is proposed that the Corporate Parenting Panel annual report is considered by both the Cabinet and the Full Council meeting.

9.2 The Corporate Parenting Panel has links with the following groups:

- Children in Care Health Improvement Group – the Chair sit on the Corporate Parenting Panel and formally reports back each meeting. It was agreed to further strengthen this by having one of the Corporate Parenting Panel Councillors also sitting on the group. Minutes of meetings of this group are considered by the Corporate Parenting Panel.
- The Virtual School Governance Group is attended by Officers, the Virtual Head teacher for LAC, members of Corporate Parenting Panel and partners. The group is chaired by Cabinet Spokesperson for People (Achieving Potential).

9.3 Any areas of concern may be referred to Cabinet which may refer for Scrutiny Committee consideration.

10.0 Children in Care Council

10.1 The Children in Care – Care4Us Council directly supports the Corporate Parenting Panel to measure and monitor the effectiveness and quality of 'Corporate Parenting' to children and young people; according to the views and experiences of the children who are in care. The panel remains fully committed to listening to the voice of service users and the active involvement of children and young people within the decision-making processes.

10.2 The Cabinet Spokesperson for People (Safeguarding) with the Director of Children's Services (DCS) and Service Director meets regularly with representatives from this group. This is to ensure that there is strong and direct feedback from children and young people; to be assured that they feel well cared for, safe, are happy, having their needs met and promoted, as well as to hear and respond to any other issues raised by them.

11.0 Continuous Service Improvement Framework

11.1 Barnsley's Continuous Service Improvement Framework (CSIF) was designed in 2014 to secure continuous improvement and deliver our collective ambition to deliver services that are as a minimum good. It enables the partnership to develop and deliver services to the highest standards, achieving the very best outcomes for children and families. It sets out the dynamic elements of how everyone operating at all levels - officers, elected members, and partners - discharge their responsibilities and work together to make the children's system work effectively. The framework places the child at the centre of everything that we do. The framework is reviewed annually at a joint meeting of the Children Young People and Families Trust Executive Group (TEG) and the Barnsley Safeguarding Children Board (BSCB).

11.2 A Continuous Service Improvement Plan continues to be in place following the Ofsted inspection in June 2014 which judged Barnsley as 'requires improvement'. The plan consists of the work which is being monitored as part of the continuous service improvement journey. The plan is overseen by the multi-agency Officer Group. Barnsley Safeguarding Children's Board (BSCB) monitors the actions

which indicate whether sufficient progress is being made, i.e. the right amount of progress in the right direction at the right pace.

11.3 All of the areas for improvement from the Ofsted 2014 inspection have been addressed within the Continuous Service Improvement Plan.

12.0 Priorities for the Corporate Parenting Panel for 2018- 2019

- Deliver the Placement Sufficiency Strategy
- Improve our adoption timeliness from decision to adoption
- Improve school attendance; progress and attainment outcomes for children in care
- Improve the numbers of care leavers engaged in employment, education and training
- Improve transitional planning for disabled children in care and care experienced young people into adulthood
- Improve the timely access to emotional support and treatment for children in care and care experienced young people

13.0 Work Programme for 2018/2019

Report Title	Date of Meeting
<ol style="list-style-type: none"> 1. Care4Us Council Attendance/Presentation 2. Care Leavers Offer – Jon Banwell 3. Teenage Pregnancy Task Group – Angela Fawcett 	Monday 16th April 2018
<ol style="list-style-type: none"> 1. Barnsley Corporate Parenting Panel Annual Report 2017-18 – Mel John-Ross/Jon Banwell 2. Evaluation of the CAMHS Pathway for CIC – Claire Strachen 3. Placement Sufficiency Strategy Refresh – Jon Banwell 4. CPP Work Programme 2018/19 – Mel John-Ross/Jon Banwell 	Monday 21 May 2018
<ol style="list-style-type: none"> 1. Annual Report of the IROs – Monica Green 2. Annual Report of the Fostering & Adoption Services – Steph Evans 3. Health Passports for Care Leavers - Andrea Scholey/Jon Banwell 	Monday 9 July 2018
<ol style="list-style-type: none"> 1. CIC Exam Results – Liz Gibson 2. Review of Assessment & Treatment Timescales to CAMHS - Claire Strachen 	Monday 3 September 2018
<ol style="list-style-type: none"> 1. Care4Us Council Attendance/Presentation 2. Outline Programme for National Takeover Day 2018 – Jon Banwell/Pete Howell 3. Exception Report of CIC Health including SDQs analysis - Andrea Scholey 	Monday 29 October 2018
<ol style="list-style-type: none"> 1. Outline Programme Presentation for the Children in Care Awards Event – Jon Banwell/Pete Howell 2. Update on the Sufficiency of Care Leavers Accommodation 	Monday 10 December 2018
<ol style="list-style-type: none"> 1. Evaluation of the Care Leavers Offer – Mel John-Ross/Jon Banwell 2. Messages and Learning from Reg 44 Visits – Pete Howell 	Monday 14 January 2019

Report Title	Date of Meeting
1. Review of the last year; Outcomes & progress for children in care and care leavers; Priorities for 2019/20	Monday 4 March 2019

14.0 Conclusion

- 14.1 Corporate Parenting Panel is where the responsibility and accountability for the wellbeing and future prospects for Barnsley children in care ultimately rest.
- 14.2 A good corporate parent must offer everything that a good parent would. It must address both the difficulties which children who are looked after experience and, the challenges of parenting within a complex system of different services.
- 14.3 Like any good parent, we must continually strive to do 'even better' for our children in care and care experience young people, promoting and supporting their aspirations, their potential, their progress and achievements.
- 14.4 Further improvements for children in care and care leavers have been achieved during 2017/18, as evidenced within the Continuous Service Improvement Plan, the Children's Social Care Monthly Performance Reports, the Quality Assurance Framework and activity (case file audits, observations of practice) and as measured against key performance indicators.
- 14.5 A review of the Terms of Reference and work programme for the Corporate Parenting Panel is recommended in 2018 to support the CPP in helping to achieve even better outcomes for children in care and care experience young people, focusing more on quality and the lived experiences of young people.

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Item 7a

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