

Minutes of the Children and Young People's Trust Executive Group Meeting held on 3 July 2015

Present

Core Members

Rachel Dickinson (Chair)	BMBC, Executive Director: People
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
Nigel Middlehurst	Voluntary Action Barnsley, External Services Manager
Dr Clare Bannon	Barnsley Local Medical Committee, GP representative
Tim Innes	South Yorkshire Police Chief Superintendent (Barnsley Commander)

Deputy Members

Sharon Galvin	NHS Barnsley Clinical Commissioning Group Designated Nurse Safeguarding Children/ Looked after children (for Brigid Reid)
Phil Briscoe	Barnsley College Vice Principal (for Jenny Miccoli)
Emma White	BMBC People, Health and Wellbeing Principal (for Penny Greenwood)
Sean Rayner	South West Yorkshire Partnership Foundation Trust District Director Barnsley/ Wakefield (for Dave Ramsay)
Susan Gibson	Barnsley Hospital NHS Foundation Trust, Head of Midwifery/ Nursing (for Heather McNair)
Cllr Anita Cherryholme	Cabinet Support Member: People (Potential), (for Cllr Tim Cheetham)

Advisers

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

Keri Kaye	BMBC Service & Strategy Manager – Assessment and Review (for item 5)
Matt Orr	BMBC Service & Strategy Manager – SSMS (for item 5)
Ben Powell	BMBC, Service & Strategy Manager - Education Psychology (for item 5)
Angela Tracey	BMBC, Head of Strategy, Workforce & Organisational Development (for item 8)
Denise Brown (Minutes)	BMBC CYPF, Governance, Partnerships and Projects Officer

		Action
1.	<u>Apologies</u>	
	Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)
	Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
	Dave Whitaker	Executive Headteacher, Representative of Secondary Headteachers
	Gerry Foster-Wilson	Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools
	Heather McNair	Barnsley Hospital NHS Foundation Trust, Director of Nursing and Quality
	Mel John-Ross	BMBC, Assistant Executive Director of Social Care and Safeguarding

		Action
	<p>Margaret Libreri BMBC Service Director for Education, Early Start and Prevention</p> <p>Dave Ramsay South West Yorkshire Partnership Foundation Trust (SWYPFT) Deputy Director of Operations</p> <p>Jenny Miccoli Barnsley College, Vice Principal Teaching, Learning and Student Support</p> <p>Brigid Reid Barnsley Clinical Commissioning Group Chief Nurse</p> <p>Penny Greenwood BMBC Public Health Acting Assistant Director</p> <p>Deborah Mahmood South Yorkshire Police</p> <p>Julie Green BMBC CYPF Strategic Lead, Procurement and Partnerships</p>	
2.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>Emma requested that the report for agenda item 5, babies born to substance misusing mothers, be treated as confidential and should therefore not be circulated further.</p> <p>There were no conflicts of interest declared.</p>	All to note
3.	<p><u>Minutes of the Trust Executive Group meeting held on 11 May 2015</u></p> <p>The minutes were approved as an accurate record of the meeting.</p>	
3.1	<p><u>Action log / matters arising</u></p> <p>The action log was updated as follows:</p> <p>3.1(b)(i) – Safeguarding of excluded pupils. An update from the Secondary School Headteacher representative is on the forward plan for the Barnsley Safeguarding Children’s Board. Rachel confirmed that the Barnsley Alliance Board will explore the percentage of young people eligible for free school meals in a school’s cohort.</p> <p>4(i) – 0-19 Healthy Child Programme – Richard to follow up on behalf of Margaret Libreri whether or not an item had been put on the cross-phase Headteacher’s meeting agenda regarding engagement in the consultation process.</p> <p>4(ii) – Richard confirmed that the consultation plan had been circulated, including to the chairs of Governors.</p> <p>5(i) – CYP Trust Membership. Rachel undertook to follow up the nomination of deputy members for the TEG outside of the meeting.</p> <p>6 – Procedure for children missing from home or care. The revised protocol had been approved at the BSCB meeting.</p> <p>7(ii) – Barnsley Alliance Board. Rachel explained that the Barnsley Alliance Board is commissioned through the Children’s Trust to enable schools to be supported and challenged to drive forward attainment and outcomes through sharing of best practice. Key issues are inclusion and healthy children in schools. A report from the Barnsley Alliance Board is on the September agenda of the Trust Executive Group.</p>	<p>Richard/ Margaret</p> <p>Rachel</p>

		Action
4.	<p><u>Review of the Children and Young People's Plan</u></p> <p>A workshop style session was held to discuss whether the priorities of the Children and Young People's Plan are still relevant, and to consider what more can be done to ensure improvements going forward.</p> <p>At the last meeting it was agreed that it is important that the views of young people are incorporated in the plan. Richard had therefore arranged for young people to be interviewed, and the questions included: whether the priorities and actions were the right ones; what actions should be focussed on to make a difference to the lives of young people; comments on progress made on the actions identified; what transformations to Barnsley would have the biggest impact on young people; whether services could be provided differently and if so what might that look like; key messages about being a young person in Barnsley. Extracts of those filmed interviews were shown at the meeting and a summary of all the responses was circulated and are attached to the minutes as appendix A. Richard undertook to find out whether the filmed interviews could be shared with members.</p> <p>Members then moved into two groups to consider: key achievements and ongoing challenges in each of the current priority areas; what transformation would look like; barriers to success. A summary of the discussion is attached to the minutes as appendix B.</p> <p>As it had not been possible to discuss all the priorities in the time allocated it was agreed that an additional hour would be allocated on the next agenda to continue the discussion.</p>	Richard
5.	<p><u>Improving provision for children with special educational needs</u></p> <p>Matt Orr, Ben Powell and Keri Kaye joined the meeting for this item.</p> <p>A report was distributed which is attached to the minutes for information.</p> <p>In summary, work has been underway to further improve the provision for young people with special educational needs in Barnsley. There is now a proposed SEND outcomes framework which will measure the success of the SEND system in Barnsley; a draft 'practice tool' to underpin the outcomes framework; and the beginnings of 'story boards' which chart the journey so far and identifies the next steps.</p> <p>One of the key drivers is to reduce the number of children with an Education and Health Care plan (EHCP) and to focus on early intervention.</p> <p>The Trust Executive Group agreed to support the proposals to identify ownership of the strategy for the SEND outcomes framework. It is important that the strategy has a steering group that is accountable and that reports into the TEG to make sure that the work is being driven forward. Rachel suggested that any issues which prevent this work being achieved should be escalated to the TEG as necessary.</p>	
6.	<p><u>Babies born to substance misusing mothers</u></p> <p>This issue had been raised at a sub-committee meeting of the Barnsley Safeguarding Children Board, when it was suggested that the implications of babies born to substance misusing mothers be considered by the TEG. The report provided information on the prevalence of babies born to</p>	

		Action
	<p>substance misusing mothers in Barnsley, the impact of substance misuse on the child's development and associated commissioning implications.</p> <p>The conclusion is that the health of a baby is affected by the health of the mother, and what a child experiences during the early years lays down a foundation for the whole of their life.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> • This agenda has a significant impact across the board. • Effects of alcohol are difficult to diagnose at birth and sometimes only become apparent later in life. • The majority of babies are discharged to their own parents. • It is important to identify mothers who need additional support at an early stage through an EHA. Concern was expressed regarding the low number of EHAs, and the reason for this needs to be further explored. Sue pointed out that every woman has a pre-CAF to identify what help they are already receiving. • It is important to determine whether or not any concerns are being passed on to health visitors. • A lot of work is being done in Barnsley to reduce the number of still births. The England infant mortality and still birth rates for 2011-13 are higher or similar to Yorkshire and Humber and Barnsley. It was suggested that whatever is being done to achieve less still births in Barnsley needs to be shared and celebrated. • Barnsley has a higher use of crack cocaine; lower success rate in drug treatment; and lower numbers completing drug treatment, and the reasons for this also need to be further explored. • The data needs to be further explored to understand what it means for Barnsley. • Need to consider whether the mapping data links with the South Yorkshire Police data. • Sharon undertook to find out from the CCG whether there is any research that can be undertaken to explore this work further, including cross referencing of geographical data with partner agencies. • Assurance was given that the content of this report has been considered when commissioning substance misuse services. <p>The TEG agreed to note the content of the report and the identified next steps, and requested to remain cited on this work.</p>	Sharon
7.	<p><u>0-19 Healthy Child Programme update</u></p> <p>Penny had provided the attached update for information.</p>	
8.	<p><u>Think Family Programme Board / Early Help Workforce Development updates</u></p> <p>The Think Family Programme Board progress report set out where the partnership is in terms of early help, the immediate next steps and the early help partnership plan.</p> <p>400 practitioners have been engaged with which was a very positive exercise and demonstrated that practitioners understood, and were delivering, early help. To build on this there remains the need to continue to embed early help, improve the process, remove barriers and understand and test the impact and effectiveness of early help.</p>	

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	<p>Main themes have included empowering families and testing effectiveness of the help.</p> <p>The Early Help Workforce Development report highlighted the fact that 450 core practitioners had attended training, with approximately 200 still to be trained including: 50 school safeguarding leads and designated school teachers; 60 Midwifery staff; 90 health visitors, school nurses and FNP staff; and 80 Children's Social Care staff members. Eight further sessions are proposed for September/ October 2015.</p> <p>The training has been well received and the impact of training will be undertaken at a three month evaluation, the first of which is due to be collated in August.</p> <p>The Early Help Partnership Plan proposes developing the early help practitioner role in key areas, including working to create easier access to targeted support at a local level and identifying expertise in local areas; and developing confident practitioners, giving them the skills to initiate challenging conversations with parents. It was acknowledged that more work is needed on the plan so that it is 'smarter'. Angela stated that an operational group would drive the detailed planning and delivery of the plan.</p> <p>Partners are asked to continue to commit to ensuring that practitioners attend the training events and to focus efforts on alignment to improve the quality of the workforce in terms of early help.</p> <p>Sue stated that 11 GPs had undertaken the training and that good feedback had been received. It was suggested that another follow up meeting with the Local Medical Committee would be helpful.</p> <p>It was noted that the governance arrangements of the Think Family Programme Board are currently under review and an update will be given in due course.</p> <p>Rachel stated that the Workforce stream of the CYP Plan would focus on the development of early help and the early help practitioner.</p> <p>As Angela is leaving the BMBC, Rachel thanked her for driving the think family work forward and for all the tremendous work achieved for the Children's Trust.</p>	<p>Andrea/ Kirsty</p> <p>Wendy Lowder</p>
9.	<p><u>Continuous Service Improvement Plan and DfE review in April</u></p> <p>Julie Govan joined the meeting for this item.</p> <p>A letter had been received from the Department of Education following the review of progress since the notice to improve had been lifted. The letter confirmed that Barnsley continues to make improvements and there remains a drive to achieve a 'good' or better rating from Ofsted in future.</p> <p>Julie confirmed that the main area of concern at the last Officer Improvement Group had been about aspects of the Child and Adolescent Mental Health Services. It was agreed that links with the CAMHS Improvement Group need to be improved.</p> <p>Richard stated that Brigid Reid had asked to be provided with the dates of</p>	

		Action
	<p>future iterations of the service improvement plan to ensure that updates are planned in advance.</p> <p>There were no further questions or challenges. (Sean left the meeting at this point)</p>	<p>Julie Govan</p>
10.	<p><u>Barnsley Safeguarding Children Board</u></p> <p><u>Highlights of the BSCB meeting held on 15 May 2015</u></p> <ul style="list-style-type: none"> • The proposal that the LADO would chair some strategy meetings in future was accepted by the Board. Reassurance was given that the policy change would be managed and evaluated and that any concerns, including potential conflict of interest, would be escalated on a case by case basis. • The CCG, BHNFT and SWYPFT had provided an increased financial contribution to the BSCB. • Revised 'children missing from home or care procedures' had been updated to reflect best practice. There was concern regarding some differences between this policy and the South Yorkshire Police's county wide protocol, and these differences need to be considered further. • A revised CSE joint investigation team protocol was presented to the Board. A further revision will be made to reflect the changes in relation to the MASH developments. • The Board accepted the policy for under-18's accessing the needle and syringe programme. • The Annual Head Teachers Report on Safeguarding was considered. Three primary schools who had consistently not submitted reports had been contacted and assurances given to submit reports in future. • 'Signs of safety' style conferences had received positive feedback, as it engages the family more effectively. Agencies need to ensure that safeguarding colleagues receive reports on time and that those reports have been shared with the family prior to the conference. A full evaluation of the conference process will be considered by the BSCB in September. • A private fostering annual report revealed that private fostering arrangements in Barnsley are low and appear to be reducing. Board members were asked to promote this service in their agencies and the BSCB agreed to continue funding publicity material. <p><u>Annual BSCB Report</u></p> <p>It was noted that Barnsley is one of the first local Safeguarding Boards to have prepared its annual report, and Sarah was commended for her efforts in preparing an excellent report.</p> <p>Challenges include the budget; engagement with schools, particularly primary schools; evidencing the impact of training and taking the learning back into the work place.</p> <p>Key work areas include FGM; bullying and e-safety.</p> <p>The next step is for the annual report to go to Scrutiny and then the Health and Wellbeing Board.</p>	

		Action
11.	<p><u>Future Council</u></p> <p>It was agreed that this item would be removed from future agendas.</p> <p>Rachel flagged up the Council's concern regarding the central government's budget announcement alongside the devolution agenda. It is unclear at this stage what impact this will have on services. It was suggested that there be an item on the next agenda to consider the threats and opportunities.</p>	Rachel
12.	<p><u>Review of Children and Young People's Trust Governance, Membership and Work Programme</u></p> <p>At the last meeting it had been agreed to review the governance arrangements including membership of the TEG and the work programme.</p> <p>TEG membership was considered and the following proposals agreed:</p> <ul style="list-style-type: none"> • A representative for the Job Centre Plus to be invited when the Board needs an update on the labour market or any other related issues. • An opportunity will be offered to all School Governors to be a representative on the TEG, and Anna Turner would attend meetings in the interim. • A representative for the Early Start, Prevention and Sufficiency team will attend TEG to represent the youth council and to ensure that work with young people is embedded. Work with young people on the themed discussions would take place separately and the results be fed into the TEG. <p>Rachel undertook to follow up member and deputy nominations outside the meeting.</p> <p>In considering the draft Terms of Reference and work programme the following comments were noted:</p> <ul style="list-style-type: none"> • The aim is to align effort and resources. • It is important that partners are encouraged to submit agenda items. • A proposed list of action focused discussion groups are listed as part of the work programme, and any other suggestions would be welcomed. It was felt that focus groups/ workshops would encourage lively discussion and help to drive tangible outcomes and impact. • Consideration needs to be given to prioritising those areas that need to be focused on. • Once the Children and Young People's Plan has been refreshed the issues that need to be driven forward will feed into the work programme and the focus/ agenda items may change <p>Members agreed to submit any comments and suggested amendments to the draft revised terms of reference, and the TEG work programme by 17 July.</p>	<p>Rachel</p> <p>Members</p>
13.	<p><u>Performance: escalated items from theme leads</u></p> <p>No items for escalation were raised.</p>	
14.	Date and time of next meeting: 25 September 2015, 1.30 – 4.30pm.	

Youth council interviews with young people re. the Children and Young People's Plan

In order to achieve the 5 outcomes of **staying safe, being healthy, being an active citizen, enjoying and achieving** and **earning a good living**, the six priority areas for action identified by the Children and Young People's Trust in 2013 (CYPT) were:

1. Keeping children and young people safe
2. Improving education, achievement and employability
3. Tackling child poverty and improving family life
4. Supporting all children, young people and families to make healthy lifestyle choices
5. Encouraging positive relationships and strengthening emotional health
6. Improving staff skills to deliver quality services

The attached 'plan on a page' gives an idea of the actions the CYPT has focussed on over the last 2 years.

Questions:

1. Are these the right priorities and actions?
2. If so, what actions would you focus on to make a difference to the lives of children and young people?
3. Do you have any comment on progress made to date on the actions identified last time? Have we made a difference – good or bad?
4. If you don't think these are the right priorities, what do you think they should be?
5. If you were thinking about how we can 'transform' Barnsley for children and young people, what do you think we should focus on? What would have the biggest impact?
6. Could services be provided differently? In a more child and young person friendly way? If so, what might that look like? What kinds of things might they need to think about and do?
7. Finally, do you have any key messages for the CYPT, good or bad, about being a child or a young person in Barnsley in 2015?

Responses received from the young people interviewed:

Ali – Horizon Community College

- Safety should come first.
- Barnsley Council should work alongside the youth council to ensure input from young people and that they are fulfilling the needs of young people. They need advice from young people about what they want and need.
- Need more promotion of these priorities – need to hold events and print leaflets to make sure that young people are receiving the right information
- Better transport in Barnsley is needed to allow young people to access facilities
- Need to make young people more aware of the disadvantages of using e-cigs and how harmful they are. Think this is a big problem in Barnsley.
- Need to get feedback about services and use that information to improve services – listen to service users
- Need to trust young people more to know what we need and what is right for us. We are the future of this country. Need to listen to the problems of young people

Anton and Dom

- The priorities are right. There could be a few things improved e.g. emotional and mental health
- Need to improve family life
- Reinstate the visitors when they were young to help children to do well.

- Some services are okay and provide the service in a child friendly way but some don't. Everyone should be entitled to services.
- Services need to offer more time slots and make the waiting lists quicker.
- More activities for young people so that they are not bored and stop anti-social behaviour eg. Fun days and activities
- Prices are high for swimming, bowling etc. which is bad for young people
- Need to do community projects e.g. Art classes
- Bus service is bad. Hard to get around. If you don't have a MiCard it is expensive.

Ashleigh

- Think they are the right priorities and actions
- Priorities around child poverty and healthy lifestyle choices are the most important ones and need to be focused on
- Think that tackling child poverty would result in less children going into care
- Help parents to make healthy lifestyle choices and they won't pass their habits on to their kids.

Danielle

- Main priority is to help children young people and families to make healthy lifestyle choices
- Want to see more support for young people to get jobs – more choices regarding where they want to go. Don't get enough information e.g. about going to college and what courses to choose.
- More activities needed in Barnsley eg team sports – not enough available in Barnsley
- How services are promoted is important. Don't read leaflets. More likely to read it on facebook.
- Majority of schools have staggered opening and closing times, but everyone should have the opportunity to take part in activities
- It's good that you can always ask someone if you need help or know what to do.
- Don't think lots of young people will have heard about the children and young people's plan or know much about it.

Heather

- Priorities are right and important to young people
- Needs to say how the priorities are going to be achieved, eg how is child poverty going to be achieved?
- Positive relationships is most important
- Try to find out what each person needs would help
- CAMHS tries to help family relationships and they work with the children to see if they can make things better for them. Should be something easier to access for families.
- Needs to be more awareness about services available – more publicity about services to support young people is needed
- Services should be more child friendly. Could try different approaches.
- Young people don't know enough about where to go and get these services.
- Important that young people can access services so that they can feel safe.
- 365 leaflet needs to be easier to understand with more information about how the priorities will be achieved. Need to use simpler language so that every young person can understand what it means.

Josh

- Keeping children and young people safe
- Important to prioritise staff skills to help kids in all services
- Healthy lifestyle choices is important
- Need more services to help families
- Need more support for teenagers
- Teenagers get into smoking and stuff
- Educate young children more to help them when making decisions – at primary school, particularly in drugs and alcohol – not enough education about these and life skills
- Need better support and services
- Plan needs to say more how the priorities are going to be achieved.

Kayleigh

- Need more activities to help young people to make healthy lifestyle choices to stop young people taking drugs and getting in trouble with the police. It would stop young offenders and people getting into trouble, e.g. want a centre that caters for lots of things like 'Orange box' in Halifax
- Waiting times for CAMHS is too long – stupid and wrong that children in care are waiting so long that it was better not to sign up for it. The waiting is so long to get any help. That is having a big impact on people.

Lily and Kyle

- Right priorities
- Need to specify how they'll be achieved eg. Improving education attendance – how will that be achieved, by rewards or disincentives?
- Priorities need to be worded in a young people friendly way and easier to understand
- Actions are okay but need more detail
- Don't know about sexual exploitation strategy – it doesn't say what it actually is
- A priority should be helping people to make healthy lifestyle choices e.g. provide more support and even meal plans. Don't understand '5 a day' for example. This would help improve healthy weight.
- Need improved mental health service for young people in Barnsley
- Services need to be more appealing to young people and teenagers – need to be more 'cool'
- Services need to be more accessible e.g. situated locally and have better opening times.
- It's alright being a kid in Barnsley from my point of view
- Could assess things to get better services
- Lots to do in Barnsley like Metrodome
- Mental health services need to be improved in Barnsley – could put posters up in school and in the local co-op
- Not enough information about e-cigs and what goes into them
- Can understand the 364 leaflet

**Children, Young People and Families Trust Executive Group meeting
Notes on the workshop session held on 3 July 2015
Re. Children and Young People's Plan's review**

A workshop was held to discuss the current Children and Young People's Plan priorities, to consider key achievements and ongoing challenges, future priorities and barriers to success.

Keeping children and young people safe:

Achievements/ challenges

- Better understanding of thresholds leading to more children being assessed.
- Lowering thresholds is an achievement but can still be a barrier.
- A barrier is lack of confidence in the workforce. Still getting over 1000 contacts into social care every month, mostly from other professionals seeking guidance and advice. The systems in social care are being clogged up with low level concerns. Workforce need to develop an improved confidence in their organisation's safeguarding officer.
- It is important for agencies to make referrals to the right agency at the right time.
- Use live-time information to make a shift.
- Signs of safety child protection conferences are more interactive and the care plan is developed with the child and their family who are actively involved in the decisions and identifying the risks. The plan is written in a way that is understandable by the family and is signed off by them.
- Moving from a CAF to an Early Help Assessment is an achievement. A barrier is that not all organisations understand their role in early help. Getting early help right is important if more complex and costly problems are going to be avoided later in life.
- An area for further development is the identification of children affected by domestic abuse. A lot of work is taking place around this, including child sexual exploitation.
- It is important that officers know which agencies they can refer people to.
- Key areas for further development include: think family; early help; emotional wellbeing and CAMHS. It was noted that waiting times are a lot lower in Wakefield, and the reason for this should be further explored to see if there is any learning to be gained.

Priorities

- Access to social care
- Safe environments – interchange / public spaces
- Bullying – Y7 transition – needs focus
- Point of principle against priorities – what would good look like?
- Benchmark/ evidence
- Is there a performance dashboard?
- Co-production should be another key principle

Highest impact

- 'child-friendly' services
- Promoting early help (branding)/ simplifying

Improving education, achievement and employability:

Achievements/ challenges

- Lack of aspiration and expectation in young people and families is an ongoing challenge and has an impact on the other priorities
- The challenge for the CYP Trust is to continue to improve in a constantly changing environment
- A barrier continues to be children starting school when they are not yet ready
- The workforce need to be sufficiently skilled to identify those children needing early help
- Each agency needs to understand the links to other partners
- Rachel suggested a light touch learning event to consider what action could be taken to address these issues.
- A discussion was held about the risks that are involved in young people centring their lives around the computer and facebook, and the importance of teaching young people to be sensible and safe on the internet. It is important that alternative activities are provided for young people to engage in.

Priorities

- Should recognise existing assets, e.g. Metrodome

Highest impact

- Focus on parental aspiration. Attitude to schools encouraging co-production.
- Learning from the evidence base – how to impact behaviour
- Behavioural insights

Tackling child poverty and improving family life:

Achievements/ barriers

- It was noted that the Government is aiming to re-defined child poverty indicators.
- There is a better understanding in terms of early help and improvement in practitioners owning this agenda, however there is still more work to do.

Priorities

- Are we doing enough to recognise English as a second language? Emerging even from last planning period.
- Midwifery fluctuates between 3 and 5% non-English speakers.

Highest impact

- Poverty of hope/ aspiration
- What can the community do?
- Focus for Area Councils i.e. in particular Ward Alliances

Supporting all children, young people and families to make healthy lifestyle choices

Highest impact

- Encourage bike libraries
- When police recover stolen bikes, can these be used?
- Could we encourage businesses/ charities to give over space for community gardens/ allotments?

Trust Executive Group – 3rd July 2015

Improving Provision for SEND

(Update by : Keri Kaye , Matt Orr and Ben Powell)

Background:

Upon taking up our positions as Service and Strategy Managers for the Assessment & Review, Specialist Support Services and Educational Psychology Services in April 2015, we were keen to develop our service delivery plans to further improve the provision for SEN in Barnsley, within the context of further embedding the SEN Reforms.

To initiate this work, we worked collaboratively with Margaret Libreri and formulated a vision which was based upon the ethos of Access, Aspire and Achieve and incorporated key guidance/documentation. (See graphic).

While continuing to work towards further embedding the SEN Reforms, we engaged the services of Colette Gollcher (SEN Consultant) and through our work with her and following attendance at several regional briefing's around the reforms it became apparent that a deeper level of strategic planning was required, from which our respective service delivery plans would cascade.

Summary of current Situation:

Colette was commissioned to facilitate the necessary strategic planning work and to ensure all pertinent stakeholders were involved in this key piece of work, two workshops were scheduled for 17th June and 1st July and a further workshop is being planned for September 2015.

Each respective workshop has included a widening group of stakeholders and have proved fruitful in that we now have the following:

- A Proposed SEND Outcomes Framework which will measure the success of the SEND system in Barnsley in terms of:
 - Positive experiences and outcomes for children, young people and their families
 - Effective preparation for adulthood
- A Draft 'Practice Tool' which underpins the Outcomes Framework and will provide detailed guidance with regard to Barnsley's provision for SEND.
- The beginnings of 'story boards' which chart our journey so far and what we need to do next. These will feed into our strategy for meeting the accountability framework.

Proposals:

In addition to the outputs outlined above which still require a significant amount of development in terms of , the strategic planning workshops have identified the following key actions:

- Requirement to identify ownership of the strategy for the SEND Outcomes Framework
- Requirement for an Accountability Steering Group which reports directly to TEG
- An audit of the funding formula arrangements
- Review the Local Authority's SLA's with Academies
- Review OOB provision and SEMH provision
- Analysis of the cost of Custody provision and the monitoring of it
- Organise a Head Teachers conference within next academic year

SEND Service Vision





REPORT FOR THE CHILDREN AND YOUNG PEOPLE'S TRUST EXECUTIVE GROUP

Date of meeting:	3 rd July 2015
Report Title:	0 – 19 Healthy Child Programme Update Report (verbal)
Author:	Name: Penny Greenwood Job Title: Head of Public Health E-mail: pennygreenwood@barnsley.gov.uk Telephone: 01226 773418
Officer Presenting	Emma White
Status of report:	Not confidential

1.	<p>Summary of report</p> <p>This report is to provide TEG with an overview and update on the transfer of the commissioning responsibility of the Health Visiting Service from NHS England to Local Authority and the ongoing commissioning and procurement process of the 0 – 19 Healthy Child Programme.</p> <p>In July 2014 a report “Healthy Child Programme 0 to 19” was presented to Cabinet. The report authorised the Director of Public Health to:</p> <ul style="list-style-type: none"> • Extend the contract with the current provider for school nursing to ensure continuity of service provision whilst a procurement exercise is undertaken to commission an integrated healthy child programme 0 to19 • Establish a transition group to oversee the transfer of public health commissioning responsibility for 0-5 year olds, including health visiting & family nurse partnership from the NHS to the Council which will come into effect on 1st October 2015 • Develop a new service specification for an integrated healthy child programme 0-19 based on national guidance but taking into consideration local need. <p>A follow on report was presented to BMBC Senior Management Team in March 2015 to provide an update on the development of the Healthy Child Programme 0-19 and transfer of the Health Visiting Service. It was agreed that the Executive Commissioning Group (ECG) within the People Directorate will provide oversight and governance for the commissioning activity.</p> <p>Transfer of Health Visiting Service & Family Nurse Partnership</p> <p>From 1st October 2015 the responsibility for commissioning public health services for children aged 0-5 transfers from NHS England to local authorities. The 0-5 Healthy Child Programme includes health visiting services (delivery of the service vision, four stage model including universal, community and targeted services) and Family Nurse Partnership services (targeted service for teenage mothers).</p> <p>The 0-5 Healthy Child Programme (HCP) is a prevention and early intervention public health programme offered to all families that lie at the heart of the universal service for children and families. It aims to support parents, promote child development, reduce inequalities, improve child health outcomes and health and wellbeing, and ensure that families at risk are identified at the earliest opportunity.</p>
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The Family Nurse Partnership is a licensed programme for first time parents aged 19 and under, starting in early pregnancy and continuing until the child is 2. Their work complements the health visiting service and is another service based on the child and family's needs. This more intense support gives the most disadvantaged children and families the foundations for the best start in life, reducing their health inequalities and helping children reach their potential. The programme uses in-depth methods to work with young parents on attachment, relationships and psychological preparation for parenthood, helping them to overcome adverse life experiences.

In preparation for the transfer of the contract two options were made available to Local Authorities, after seeking legal advice, BMBC opted for option one which is a single contract for the full-year of 2015/16, with a deed of novation being approved at the same time as the contract is signed, confirming that the contract will transfer to BMBC on 1st October 2015.

Healthy Child Programme 5 to 19

The Healthy Child Programme from 5 to 19 year olds builds on the 0 – 5 programme and set out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. It sets out support for giving children and their families the best start in life.

The present 5-19 School Nursing Service contract awarded to South West Yorkshire Partnership Foundation Trust (SWYPFT) has been reviewed and will expire on the 31st May 2016. SWYPFT also hold the contract for the health visiting and family nurse partnership contract which novates on 1st October 2015 although the contract end date is 31st May 2016.

Progress Update

The Integrated Healthy Child Programme 0 -19 Years' service will be tendered in accordance with Contract Procedural Rules with a contract commencement date of the 1st June 2016. As the market for a 0 to 19 Healthy Child Programme is developing the proposed procurement will be via an Open Tender. To support the commissioning activity and in preparation for the procurement a project team has been established. The high level timeline has been developed with consideration given to the need for Public Consultation, Market Engagement and Procurement.

The consultation process will inform the development of the service specification and therefore active engagement of GP's, Head Teachers, Service Providers and other commissioners including Barnsley Clinical Commissioning Group and NHS England. Service user consultation and engagement will be undertaken from May 2015 with the final specification being available in preparation for the procurement of the new service in Autumn.

The consultation period has now commenced with 8 drop in sessions planned for June and July at various locations across the Borough. Additional sessions will be held specifically for children and young people along with additional sessions being held within children's centers. Engagement sessions with stakeholders includes; LMC, GP members Council, School Governors and Education Alliance. The consultation period ends on the 27th July with the consultation report being made available early August. Responses so far are minimal from stakeholders however there has been a better response from the public.

The public and stakeholder questionnaires are available here:-

http://consult.barnsley.gov.uk/portal/public_health/ph-cyp-public
http://consult.barnsley.gov.uk/portal/public_health/phservices-cyp

A market awareness event was arranged for the 15th June for potential providers, 30 registered attendees from 13 organisations attended. The HCP is not a stand alone programme, key interdependencies have been identified and further discussions will be held with stakeholders in relation to the provision of a seamless service.

	<p>The ECG will endorse the Consultation Report, Service Specification and Key Performance Indicators, the Procurement Strategy and the Financial Resource Envelope early August. A report for Cabinet, BMBC is scheduled for the 26th August</p> <p>High level project timeline</p> <table border="1"> <thead> <tr> <th>Task Description</th><th>Start Date</th></tr> </thead> <tbody> <tr> <td>Consultation Start</td><td>25/05/2015</td></tr> <tr> <td>Consultation End</td><td>27/07/2015</td></tr> <tr> <td>Draft Consultation Report</td><td>31/07/2015</td></tr> <tr> <td>Consultation report for consideration ECG</td><td>03/08/2015</td></tr> <tr> <td>Invitation to Tender</td><td>02/09/2015</td></tr> <tr> <td>Final Moderation and Selection of Preferred Bidder</td><td>06/11/2015</td></tr> <tr> <td>Alcatel Period</td><td>09/11/2015</td></tr> <tr> <td>Final Award</td><td>12/11/2015</td></tr> <tr> <td>Contract Mobilisation</td><td>01/12/2015</td></tr> <tr> <td>Service Commencement</td><td>01/06/2016</td></tr> </tbody> </table>	Task Description	Start Date	Consultation Start	25/05/2015	Consultation End	27/07/2015	Draft Consultation Report	31/07/2015	Consultation report for consideration ECG	03/08/2015	Invitation to Tender	02/09/2015	Final Moderation and Selection of Preferred Bidder	06/11/2015	Alcatel Period	09/11/2015	Final Award	12/11/2015	Contract Mobilisation	01/12/2015	Service Commencement	01/06/2016
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2.	<p>Proposals/ Recommendations/ Action required</p> <ul style="list-style-type: none"> To update TEG on the progress of the procurement process. 																						
3.	<p>Risks/ barriers</p> <p>A risk workshop for the project steering group members considered all project risks. Project risks highlighted to date;</p> <ul style="list-style-type: none"> Funding for 2016/17 is yet to be determined and there is a risk that the funding allocation will be below the current provision. NHS England commission services from the current provider of the Healthy Child Programme that are interdependent. This may impact on the service mobilisation. The market for an Integrated 0 to 19 Healthy Child Programme is in development. 																						
4.	<p>Financial Implications</p> <p>Financial modelling will underpin the proposed resource allocation for consideration and agreement through the ECG.</p>																						
5.	<p>Equalities</p> <p>Equality Impact Assessment in progress</p>																						
6.	<p>Attachments/ background papers</p> <p>None</p>																						