

CHILDREN AND YOUNG PEOPLE'S TRUST BOARD
Wednesday, 15th December, 2010

Present:- Councillor Lakin (in the Chair); Chris Boswell, Dr Russell Brynes, Alan Hazell, Kath Henderson, Ann Jackson, Martin Kimber, Richard Tweed, Janet Wheatley.

In attendance: Clare Burton, Gani Martins, Dorothy Smith and Julie Westwood

Apologies for absence:- Apologies were received from Andy Buck, Brian James and Joyce Thacker.

D41. MINUTES OF THE PREVIOUS MEETING OF THE CHILDREN AND YOUNG PEOPLE'S TRUST BOARD HELD ON 17TH NOVEMBER 2010

The minutes of the previous meeting held on 17th November, 2010 were approved as a correct record.

D42. ISSUES AND CONCERNS

NHS

Sarah Whittle reported that the Operating Framework had been published today.

Ofsted Annual Children's Services Assessment

Dorothy Smith reported that this year's assessment confirmed the service to be performing adequately. She thanked all partners for their contribution to this outcome.

D43. FINAL DRAFT PARTNERSHIP AGREEMENT FOR CHILDREN AND YOUNG PEOPLE'S TRUST BOARD

Pursuant to Minute No. D33 of the meeting held on 17th November 2010, Members considered the Final draft Partnership Agreement for the Children and Young People's Trust Board.

Reference was made to Page 13 which detailed the Partnership Agreement and two minor amendments were made to item 2 and 3.

It was suggested and agreed that 2.11 include health and wellbeing in the wider sense.

Resolved:- (1) That these further amendments be made to the Partnership Agreement for the Children and Young People's Trust Board and that it be brought back to the next meeting for final approval.

(2) That all Members sign the Partnership Agreement and agree to its terms.

D44. DRAFT PROPOSAL FOR THE DEVELOPMENT OF PREVENTION AND EARLY INTERVENTION SERVICES

This item was deferred to the next meeting on 19th January 2010.

D45. ROTHERHAM CHARTER FOR PARENT VOICE

Dorothy Smith, Senior Director – Schools and Lifelong Learning presented the submitted report in respect of the Rotherham Charter for Parent Voice.

She reported that the Charter had been developed by a working group comprising members of the Rotherham Parents and Carers Forum, CYPS representatives, school staff and Governors, based upon research using the narrative of Rotherham parents who have children with Special Educational Needs.

The Charter is a commitment to care, include, communicate and work in partnership with parents and their children. It has four key principles, each underpinned by criteria against which schools and services may evaluate their partnership with parents. It will be supported by a practical toolkit and a training module for use by schools and services. A Charter Management Group, made up of parents, school and service personnel will be established to assess and monitor the achievement of the Charter, including at gold standard.

Initially it is designed for parents of children with additional needs, however the Charter has been developed for use by all services and partners as well as schools.

It was suggested that wider consultation was needed in respect of this and it was agreed that Pip Wise and Simon Perry be requested to attend the next meeting to re-present the report in order for Members of the Board to be better informed.

It was agreed that a copy of the Charter be emailed out to members prior to the next meeting.

Resolved:- That the report be re-presented at the next meeting and Pip Wise and Simon Perry be asked to attend.

D46. THE KENNEDY REVIEW - GETTING IT RIGHT FOR CHILDREN AND YOUNG PEOPLE

Sarah Whittle presented the submitted report in respect of the Kennedy Review. The aim of the report was to raise awareness of the review and to inform members on what NHS Rotherham was undertaking to address some of the concerns raised within the review.

The review was carried out amid concerns about the services provided by the NHS to children and young people. It related in part to a number of

tragic and high profile cases and the investigations and reports that followed.

The review concentrated on understanding the role of culture in the NHS and focused on those areas where there were cultural barriers to change and improvement. It examined the NHS's position in a wider system of care and support in order to understand and improve the provision of services to children and young people.

Key findings of the review were:

The review found that although there were some excellent services from which others might learn, a large number were in need of significant improvement. Standards of care across the country were shown to vary, with some health services lacking co-ordination and struggling to communicate effectively across the complex array of organisations, units and teams.

Child mortality rates have fallen less quickly than in other EU countries and were now lagging behind. The UK also had some of the highest rates of teenage pregnancy and low-birth weight babies in Europe. These statistics were indicative of broader shortcomings in services.

A recent study for UNICEF ranked the UK bottom out of 25 industrialised countries for well-being enjoyed by children, based on a range of measures, including subjective well-being.

Many GPs have little or no experience of paediatrics as part of their professional training

Accident and emergency (A&E) had become the default option. While A&E departments dedicated to children and young people provided good care, the experience of children entering adult A&E departments could be quite different.

In successful networks of care built around specialist children's hospitals, children would receive the best possible quality of care as close to where they live as possible. Without successful networks, children might receive inappropriate or poorer-quality treatment locally, or may be required to travel long distances, receiving treatment in specialist centres that could just as easily have taken place in their local hospital.

Despite the increased awareness in the NHS of the need to safeguard children and young people, on occasions the NHS failed to provide a safe and supportive environment.

Parents and carers were often frustrated at the lack of co-ordination between services. Appointments were scheduled on consecutive days and at multiple locations, when arranging them in the same place on the same day would save a long journey and time off work.

Problems of co-ordination reflect the sheer complexity of the services that some children and young people need: a complex range of clinical services supported by complex organisational arrangements. Public perception of the NHS was that it was a single, universal system providing co-ordinated programmes of care. In fact, it was a complex array and interplay of organisations, units and teams.

The problem was particularly evident for young people whose care was passed from children's to adult services.

There was also frustration at the NHS's lack of 'join-up' with other services. There was a clear need for close collaboration between professionals in health and education to ensure that children with long-term or serious health needs did not lose out. But some head teachers and schools were reluctant to make the necessary commitment. As regards the criminal justice system, strong links between the police and the NHS were often lacking, with NHS organisations described by one senior officer as some of the police's "weakest" partners.

Children, young people and parents/carers were often frustrated that organisations failed to share relevant information appropriately. As for investment in services for children and young people, it was lowest in the very early years, which were the most crucial in the development of the brain, and increased only at the point when development slows.

There was a real sense among professionals and organisations that services for children and young people in the NHS have a low priority. Children and young people receives a disproportionately lower priority than adults in the imperatives of management and delivery, in the relative funding allocated, and in the realisation that investment in the care of children and young people would reduce the cost of care later in life.

Policy on children comes from more than one government department, it frustrates local co-operation as differences in departmental philosophy and priorities were played out in practice.

Data collection, necessary for effective management of services, was described as poor or non-existent in many areas of healthcare for children and young people.

The findings also called for a review of how young patients were progressed from children's to adult care. Currently, under what Professor Kennedy described as "a phenomenon created by the system", young patients were arbitrarily moved from children's services to adults services because they turn 16 or 18, regardless of their needs.

Some of the reviews recommendations were:

The single most important change in the NHS would be able to make sure children's health services were prioritised, as highly as adult services

were, from 'minus nine months'; the moment a child is conceived

The review recommended that focus be given to getting policy right, for GPs to be given additional paediatric training and for investment to be shifted towards children and young people's health services.

The creation of a single point of responsibility for children's health and wellbeing, linked in to other public services used by children, with an identified funding stream for their health and healthcare. This will ensure a more unified and holistic approach to their welfare and should be a Local Partnership

A shift of investment by the NHS, especially towards early years and mental health, to improve lives in the long-term, as well as improve cost effectiveness;

A focus on prevention, early intervention and wider well-being instead of the current model of treating illness and injury;

Responsibility for policy relating to children's healthcare and wider well-being being brought together;

Focus to be given to getting policy right, and for GPs to be given additional paediatric training and for investment to be shifted towards children and young people's health services.

The professionals caring for children should train together, to a common curriculum. This would foster the mutual trust and teamwork that were at the core of high quality services.

A question and answer session ensued and the following issues were raised:-

- Plans need to be embedded into services
- How would progress be fed into the Board in future
- It was felt that changes needed to be made with very young children
- We need to rethink/review Children's Centres with a view to developing them to support children over 5 years old.
- It was suggested that an action plan be produced encompassing both this and the prevention and early intervention agenda, to avoid duplication of work.

Resolved:- (1) That it be noted that Infant mortality in Rotherham had reached the UK average

(2) That it be noted that Rotherham's children's plan addresses many of the key themes highlighted in the Kennedy report.

Mike Brown presented the submitted report in respect of the Teenage Pregnancy Strategy Annual Report 2009.

The Annual Report highlighted the impact of the Strategy Refresh which took place in October 2008 and provided an overview and analysis of the Strategy interventions.

The interventions within the report were based upon models of good practice and aimed to prevent the negative outcomes for young parents and their children by reducing early conceptions and providing support for teen families. The work aimed to address the social risk factors of teenage pregnancy, which contributed to work around wider social issues such as safeguarding, deprivation, child poverty and educational attainment.

The identified successes from 2009 and the areas which could be developed further included:

Successes

- Early indications of a steep decline in under-18 conception rates
- Increased attendance at youth clinics and the Contraception and Sexual Health Service
- 95% uptake of contraception post termination within RFT Pregnancy Advisory Service
- Increased uptake of Long Acting Reversible Contraception
- 'Pep Talks' were well received and valued by female pupils as part of Sex and Relationships Education
- The Maltby Linx Young Women's Project was a national finalist for the Health and Social Care awards for success in partnership working
- The launch of 'The S-Word' we need to talk about sex' with regional recognition as a model of good practice
- The production and dissemination of two 'In Control' magazines
- The introduction of Rotherham's sexual health week.

Areas for development

- Increase uptake of LARC further, including transferring pill users to LARC as a more effective contraception
- Develop a one day training session covering all key elements of sexual health
- Increase the percentage of people operating the Hardwear scheme that have accessed the training
- Consideration to be given to poorly attended youth clinics
- Increase the number of pharmacists providing 'help72' the free emergency contraception scheme in order to increase coverage and availability throughout the Borough

- Long term sustainability and development of targeted prevention projects.

Concerns were raised about future funding in respect of sexual health and it was agreed that the Chief Executive of Rotherham Borough Council and NHS Rotherham would meet to discuss this further.

Reference was made to the proposed closures of youth centres and concerns were raised that there were youth clinics within these centres which would close along with them.

Resolved:- That the progress of the Teenage Pregnancy Strategy during 2009 as identified in the annual report be noted.

D48. UPDATE ON LOOKED AFTER CHILDREN

Gani Martins, Director of Safeguarding and Corporate Parenting Services presented the submitted report which updated the Children and Young People's Trust Board on recent developments in services to looked after children.

Organisational Changes

Fieldwork services had undergone a recent reorganisation that saw the setting up of a dedicated service to looked after children and young people. Two social work teams and the Looked After and Adopted Children's Support Team had been grouped under a service manager to supervise the cases of children who had been or were likely to be in the care system for more than two years.

Evidence from other areas where LAC teams were well established showed that social worker retention was much improved and there were greater opportunities to form close working relationships with colleagues from other disciplines to improve outcomes for looked after children and care leavers. The teams had the advantage of being co-located with the Get Real Team and this was already starting to show benefits in improved planning.

Looked After Children Numbers

The number of looked after children had reduced to 407. The number of children can change on a daily basis as children come in to care or are returned home, adopted or reach 18 but generally the number had been at around over 400 for the last six months.

Efforts were being made to ensure that children who could be supported within their families received co-ordinated support packages. A new inter-agency resource panel had been established to improve planning support for all children who were at risk of coming into care or who had been admitted to care in an emergency and need support to return home. The

effects of this Panel would be monitored over its first three months and reported on at the end of January.

The establishment of a family finding post in the Adoption Service had improved the number of children placed for adoption although timeliness of placement remained a problem area as the understandable, strategic decision was made that efforts would be targeted on these children who had been waiting longest for placement. Twenty seven children were currently being placed for adoption and the projected number of adoptions for the current year was in excess of thirty.

The Authority was starting to make good use of Special Guardianship Orders and was promoting this order with kinship carers and long term foster carers as a permanency option that had advantages over fostering.

Fostering

The Service was actively recruiting carers and hopes to add 15 more families by March 2011. It had been focussing on younger children during the autumn but would turn its campaigning efforts towards older children who needed long term care in the New Year.

The service was also promoting kinship care and two workers were specialising in assessing and supporting family members as foster carers in recognition of the special challenges they faced.

A second Fostering Panel was scheduled to come into operation in February 2011.

Education

GCSE results in August showed the continued trend of improvement with 26% achieving 5 A*- C including English and Maths which was well above the national average of 15%.

Corporate Parenting

A Corporate Parenting Group had been established offering members and officers (including the NHS) an opportunity to focus on outcomes for looked after children and to develop an agenda that included, monitoring performance, engaging with children and young people, receiving Ofsted reports and getting a more in-depth understanding of services for looked after children. The group would meet on a 6 weekly basis and receive reports and presentations from a range of individuals and services.

Members had also had the opportunity to attend training to raise their awareness of their responsibilities as Corporate Parents and more sessions were –planned in January.

A question and answer session ensued and the following points were

raised:

- Concerns were raised about the number of looked after children out of the Borough. It was confirmed that in addition to the strategy now in place to address this within the service, there was also a piece of work which was being undertaken across the region in respect commissioning for out of area placements.
- Reference was made to a report which was to be presented to Cabinet in respect of the change of facility to replace the Orchard Centre.

Resolved:- That the report be noted.

D49. COMMISSIONING FOR OUTCOMES AND EFFICIENCIES

Clare Burton gave a powerpoint presentation in respect of Commissioning for Outcomes and Efficiencies.

The presentation drew specific attention to:-

- A Commissioning for Outcomes Exercise
- Why this is required
- What we want from the exercise
- Identifying the Needs
- Identifying the Outcomes
- Other considerations
- Agreeing a way forward

Members of the Board agreed that the workshop which was to take place in respect of this should be deferred to the next meeting on 19th January 2011 and be the first item on the agenda along with the report in respect of Prevention and Early Intervention. This would allow input from all partners on the Board.

D50. CHILD POVERTY NEEDS ASSESSMENT AND STRATEGY

Kate Taylor, Policy Officer gave a powerpoint presentation in respect of ending Child Poverty in Rotherham.

The presentation drew specific attention to:

- The National Context
- Reference to the Children and Young People's Plan 2010-2013
- Measuring Child Poverty
- Needs Assessment
- Developing a local Strategy
- Priorities
- Delivering Priorities

- Measuring Success
- What's Next

A question and answer session ensued and the following issues were raised:

- Reference was made to income and employment and it was noted that there would be no funding for social inclusion after the end of March 2011.
- A query was raised about who was on the Steering Group who had undertaken the work so far. It was confirmed that there were representatives from the Council, NHS, Job Centre Plus, South Yorkshire Fire and Rescue, South Yorkshire Police and the Voluntary Sector.
- Concerns were raised about who would be responsible for implementing the Strategy and monitoring it.
- It was noted that some of the children affected could in fact have parents employed by the Council and it was felt that consideration needed to be given about how they can be supported.
- Reference was made to the labour market in Rotherham and it was suggested that this be promoted positively rather than negatively.

Members of the Board thanked Kate for her informative presentation and looked forward to future updates.

D51. DATES AND TIMES OF FUTURE MEETINGS

Agreed:- That the dates and times for future meetings be as follows:

Children and Young People's Trust Board

- 19th January
- 9th March
- 18th May
- 20th July
- 14th September
- 16th November

Meetings to commence at 4.00 pm at the Town Hall

Children and Young People's Trust Board Executive Group

- 12th January
- 23rd February
- 30th March
- 27th April
- 8th June
- 13th July
- 10th August
- 7th September

- 12th October
- 9th November

Meetings to commence at 1.30 pm at the Town Hall