

**CHILDREN AND YOUNG PEOPLE'S
STRATEGIC PARTNERSHIP
18 MAY 2011**

PRESENT: PETER DUXBURY (IN THE CHAIR)

Debbie Barnes (Lincolnshire County Council), Leila Baron (Voluntary Sector), Julia Beard (Lincolnshire County Council), Councillor Mrs P A Bradwell (Executive Councillor for Children's Services and Adult Education), Caroline Broughton (Lincolnshire Police) Chris Cook (Chair, LSCB), Michael Follows (Schools Forum), Fiona Griffiths (Primary Head LPG), Lynne McNiven (NHS Lincolnshire), James Nicholson (West Lindsey District Council), Linda Priestly (LCVYS), Rachel Wilson (Lincolnshire County Council) and Clive Yates (Lincolnshire County Council).

Also in attendance: Phil Garner (NHS Lincolnshire), Andy Fox (Lincolnshire County Council), Paul Snook (CfBT) and Jennie Thornton (Lincolnshire County Council)

28. APOLOGIES FOR ABSENCE

Apologies for absence were received from Chris Seymour, Karen Parsons, Keith Smy, Manjeet Gill and Allan Kitt,

It was noted that Leila Baron, Caroline Broughton, Lynne McNiven and James Nicholson attended in place of Karen Parsons, Keith Smy, Allan Kitt, and Manjeet Gill respectively.

29. MINUTES OF THE PREVIOUS MEETING AND ACTION POINTS OF THE STRATEGIC PARTNERSHIP HELD ON 16 MARCH 2011

RESOLVED

That the minutes of the previous meeting and action points of the Strategic Partnership held on 16 March be agreed.

30. CHILD POVERTY NEEDS ASSESSMENT

Consideration was given to a report and presentation by Julia Beard (Lincolnshire County Council) which provided a brief overview of the Child Poverty Needs Assessment, the findings to date and the development of the Child Poverty Strategy.

The Partnership received a presentation which provided them with detailed information on the following areas:

ACTIONS

- Child Poverty Act
- Child Poverty Strategy
- Child Poverty National Indicator (NI) 116
- National Strategy: New Key Performance Indicators (KPI's)
- Child poverty data broken down by district and the top 10 wards – percentage and number
- Lower Super Output Areas (LSOA's)
- Key points

It was reported to the Partnership that following the change in Government, there had been a shift in emphasis of the national strategy from increasing family income to improving children's life chances which included Lincolnshire's outline strategy themes of economic poverty, poverty of aspiration and poverty of access. The Strategy would be structured around four main work programme areas of Early Years, early intervention and prevention; Schools, narrowing the gap; Transitions (16-24), targeting those at risk of becoming unemployed and Supporting People into Employment.

It was reported by Debbie Barnes (Lincolnshire County Council) that the Government was currently consulting on 10 performance indicators in relation to child poverty, but it was not yet known what they would be. The Joint Strategic Needs Assessment would be used as the evidence to determine where resources were used and so the aim would be to work together to ensure that the most appropriate indicators were used. It was also commented that life chances would be one of the key priorities along with health issues.

The Partnership was informed that the draft Joint Strategic Needs Assessment was available to view on the LRO website.

The Chairman requested that an update be brought back to the next meeting.

RESOLVED

That the progress of the Child Poverty Needs Assessment and the development of the Child Poverty Strategy be noted, and an update brought to the next meeting.

31. ACCIDENTAL AND NON-ACCIDENTAL ADMISSIONS TO A&E UNDER 18 YEARS OF AGE

Consideration was given to a report and presentation by Lynne McNiven (NHS Lincolnshire) and Andy Fox (Lincolnshire County Council) which provided information in relation to the NI70 or VSC29 indicator which measured hospital admissions by injury type. This included both unintentional and deliberate injury to children and young people who were under 18 years of age. It was noted that this indicator related to admissions rather than attendances at hospital.

The Partnership received a presentation which provided them with detailed information in the following areas:

- What is NI70/VSC29
- Overview
- What the data didn't show – a large number of admissions were coded as 'unspecified' or 'exposure to inanimate mechanical forces'
- Fall injuries
- Complications of Surgical and Medical Care
- Home Safety Injuries (age range 0-5)
- Accidental poisoning
- Accidental poisoning breakdown
- Play safety
- Leading cause of injury by age group
- Trends and seasonal variation

It was reported to the Partnership that the rate of admissions of children under the age of 18 due to unintentional or deliberate injury in Lincolnshire was approximately 103/10,000. It would not be possible to develop a single strategy to reduce the numbers of admissions to A&E due to the breadth of different causes for admissions, therefore it is important to raise awareness of this indicator and its subsequent analysis and ensure it would be embedded within all partners' strategies.

It was noted that one problem from a child protection perspective was that it was very difficult to determine whether the same children were attending different hospitals in order to avoid suspicion, as there was no system in place to highlight this unless it was specifically being looked for.

It was noted that one initiative which was being looked into was working with supermarkets in order to make home safety equipment more noticeable in store as the majority of trips, falls and scalds could easily be avoided. There was also no record made of whether families had been given home safety information.

It was queried whether there was any merit in writing to hospitals reminding them of the importance of accurately recording the data, and it was thought that any encouragement would be beneficial. It was requested that Lynne McNiven provide a draft letter and the Chairman would send it on behalf of the Partnership to all hospitals within the county.

Other issues discussed included whether there was any need for additional training regarding recording of data; any further safety measures which could be put in place for playground equipment; raising public awareness around cyclists on the road – could some work be done with the Lincolnshire Road Safety Partnership? The suggestion of publicity campaigns highlighting safety during summer, as the number of falls significantly increased with the improvement in the weather, was also put forward.

Lynne
McNiven/Peter
Duxbury

Lynne
McNiven

It was thought that this would be a useful presentation for the Lincolnshire Safeguarding Children Board (LSCB) to see and it was suggested that this go forward to a future meeting of the Board.

RESOLVED

1. That a letter be sent to all hospitals in Lincolnshire on behalf of the Partnership highlighting the importance of accurate recording of causes of admissions;
2. That work be carried out with the Lincolnshire Road Safety Partnership to highlight safety whilst cycling;
3. That the presentation be taken to a future meeting of the LSCB.

32. NHS LINCOLNSHIRE AND LINCOLNSHIRE COUNTY COUNCIL'S PROPOSED SECTION 75 AGREEMENTS FOR CAMHS

Consideration was given to a report presented by Lynne McNiven (NHS Lincolnshire) which provided the Partnership with background information on the plans for commissioning Lincolnshire's Child and Adolescent Mental Health Services.

It was reported that to date, services for Lincolnshire's Child and Mental Health Service (CAMHS) had been co-commissioned by NHS Lincolnshire and Lincolnshire county council via two different arrangements that covered the separate health and social care components. As the Children's Services contractual arrangement for CAMHS was due to expire on 30 June 2011, new commissioning intentions were agreed, following extensive negotiation, which would transform the existing provision.

It had been proposed that NHS Lincolnshire and Children's Services established an agreement under Section 75 of the NHS Act 2006, which would allow Local Authorities and Health to delegate their functions to one another and enable them to pool their budgets in the best interest of service provision. This would mean that a new single contract for preventative and targeted CAMHS covering both the health and social care components would be in place. It was noted that NHS Lincolnshire would continue to directly commission specialist CAMHS.

The Partnership was informed that the benefit of this new arrangement would be that there would be closer working between the NHS and LCC within a tighter budget.

The Assistant Director for Children's Services stated that the pooling of budgets would be a positive outcome. However, there may be a need to look at joint contract management as there was some anxiety regarding the robustness of the data and so some reassurance around this was requested. It was also commented that this was a positive development as schools had been asking for this for a long time.

RESOLVED

That the information be noted and a progress report brought back to a future meeting.

33. SUMMARY OF THE 2009/10 NATIONAL CHILD MEASUREMENT PROGRAMME (NCMP)

The Partnership considered a report presented by Lynne McNiven and Phil Garner (NHS Lincolnshire) which outlined the findings of the 2009/10 National Child Measurement Programme (NCMP). It was reported that Healthy Weight, Healthy Lives, was a cross-government strategy for England, which was launched on 23 January 2008 by the department of Health and Department of Children, Schools and Families and aimed to be the first major nation to reverse the rising tide of obesity and overweight in the population, with an initial focus on children and families.

The NCMP took place annually between September and June during the school academic year and involved children in the reception year (age 4/5) and year 6 (age 10/11). The percentage of children taking part had improved over the previous two years and there was now a robust set of measurements which gave a snapshot of the overweight and obese children within the targeted age groups in Lincolnshire. It was noted that the results showed that the numbers for Lincolnshire had not yet reached a plateau.

It was reported that research had showed that the best interventions were those aimed at prevention, but this required a change in culture and mindset. It was noted that as a whole, children in Lincolnshire were not very active, but if the data was broken down further it showed that there were some very active families within the county.

It was commented that as districts had done a lot of work with getting older people more active, could this be extended to children? This strategy was looking to involve whole families in physical activity. It was thought that some parents had a lot of fear about letting their children go outside to play, and this was something which would need to be combated.

It was reported that the 'Change for life' campaign had changed the way that about 5% of the population ate. However, it had been more successful with more affluent families. The question now would be how to engage with families to get across the messages of healthy eating, drinking more water and being active, as it had been concluded that in general shock tactics did not work very well in terms of health promotion.

Lynne McNiven (NHS Lincolnshire) reported that 'me sized plates' were to be given out to all reception and year one children in September 2011, along with change4life information and an invite for parents to take part in focus groups or questionnaires. This process would be repeated annually

alongside the NCMP in future years (reception year only). This would be carried out as a social marketing project, as there was no evidence that this would work as an intervention. The plates were not meant to be prescriptive, but instead as a bit of fun in order to get parents thinking about portion sizes. More work would be carried out with the media once the plates had arrived. It was thought there was still a lot of work which needed to be done around changing the culture towards eating.

It was reported that the Health and Wellbeing Board was already funding two projects in this area, which were interactive playground markings and also funding the Fit Kids pilot scheme, which had been running for two months. It was commented that West Lindsey had already identified some of the families most in need of help, as research showed obese children were likely to become obese adults. For West Lindsey, tackling deprivation was also a key priority.

Discussions took place regarding the importance of interventions in early years if a lasting effect to tackling this problem was to be found. Particularly as obesity was a sensitive area for school nurses and head teachers to raise with parents. It was usually assumed that staff could broach subject areas such as this with parents, but this was not always the case. It was now known that work needed to be carried out with the under five's, but how was the best way to do this? The challenge would be reaching the slightly overweight children, as there was a danger of this becoming the norm.

In order to tackle this problem there would be a need to tackle stereotypes and perceptions.

The Chairman commented that this report was welcomed and supported, and it was requested that regular updates be brought back to the Partnership, as this was one of the top priorities.

RESOLVED

That the information be noted and updates be received by the CYPSP on a regular basis.

Lynne
McNiven/Phil
Garner

34. RECONFIGURATION OF SPECIAL SCHOOLS

Consideration was given to a report presented by Paul Snook, CfBT, which provided the Partnership with an outline of the findings of the review of all special schools and mainstream unit provision in the authority, which the County Council had commissioned the School Improvement Service to carry out in January 2010. The Partnership was informed that Clive Yates would arrange for the full report to be available to any members who requested one.

Clive Yates

Following extensive consultation with all stakeholders, including officers, headteachers, parents, governors and elected members, the report and its

13 recommendations were adopted by the Executive Committee on 1 March 2011. The report acknowledged the quality of the existing schools in terms of Ofsted reports, but it also recognised that not all of the school sites were fit for purpose, able to be modified or suitably located to meet the needs of the authority. The outcome of the review took the form of 13 recommendations.

It was also noted that the aim was to produce a strategy and delivery plan. One of the key factors considered was the need to reduce travel time. The feedback to the consultation was largely positive, and this was due to engaging with all stakeholders throughout the consultation process.

It was noted that not all children needed to be in a specialist school, but they might just need equipment, also not all parents wanted their children in a special school, and sometimes children did not want to be in a special school either, and so these issues needed to be taken into consideration.

It was reported that as part of the wider review, there was a specific focus on the needs of Lincoln city, which included the agreement to develop two designated specialist units at the Priory Witham and the City Academies which would accommodate up to 100 pupils with more complex needs. However, there was not an aspiration to rush to fill up these spaces. Approval to consult on the closure of Queens Park Special School was also sought, and provision would be reconfigured by enhancing the provision at St Christopher's and St Francis Special Schools. It was expected that the closure of Queens Park would be managed by the three headteachers of the special schools in Lincoln.

It was reported that the reconfiguration of the special schools programme was very ambitious and would require very strong partnership working, it was expected that it would take 10 years to complete the programme of changes. This work was welcomed by the Partnership, and it was noted that this reconfiguration would replace work which had been done on SEN in the past.

RESOLVED

That the content of the report be noted.

35. TaMHS PATHFINDER OUTCOMES SUMMARY

It was reported that this item was for information purposes only.

36. MANAGING TAC's AND THE DEVELOPMENT OF THE MULTI AGENCY GROUP (MAG)

The Partnership considered a report which was presented by Jennie Thornton (Lincolnshire County Council) which provided an outline of the proposals for the management of the Common Assessment Framework

(CAF) team to be moved into locality teams.

It was reported that professionals working with children who had identified additional needs were expected to complete a Common Assessment Framework (CAF), which provided basic information and set out the assessed needs or areas of concern. The case would then be dealt with by a single agency, and if necessary could be referred to another agency. All CAF's would be screened by co-ordinators at the Customer Service Centre (CSC) and would refer to agencies if they had not already been advised. Initial meetings would be chaired by the Co-ordinators, but they did not act as lead professionals.

Following the final full core offer stage, the CSC would continue to be the first point of contact. CAF's would become known as TAC's (Team Around the Child). The first meeting would be initiated by the professional, who would then become the lead professional until the first TAC meeting when the Lead Professional would be identified. A record of the TAC referral would be sent to the locality team manager, who would also screen it for safeguarding concerns and appropriateness of the referral.

Multi Agency Groups (MAGs) would also be formed which would represent a locality focused opportunity to ensure that children's cases were efficiently and effectively managed. It would also be important that the MAG had members of sufficient seniority to make decisions regarding thresholds for cases using the relevant processes. There would also be a requirement for a decision on a lead agency to be made at the first meeting at the MAG. The lead agency would also take full responsibility in ensuring that a lead professional was appointed immediately at the MAG or within five working days.

It was hoped that there would be about five Multi Agency Groups running, but that there would be no less than three and a maximum of seven. It would be part of their role to ensure that they were problem solving groups, and that if everything went well, there were plans to reduce the number of multi agency groups.

It was noted by the Chairman that this process was about assessing the needs of children and delivering what was required. There was a need for this process to be able to be explained simply and clearly so people would know how to access support. There was also a need for the language used to be very clear as it needed to be easy for schools to refer cases, especially as some may not refer cases very often. It was commented that officers from locality teams would be attending head teachers briefings in the hope that some of these issues could be addressed.

The new arrangements would mean that there was collective responsibility for the child, and it was noted that this reaffirmed what the authority had been striving for, and it was accepted that there should be a shared ownership of the process, but more clarity was needed along with very

simple, clear language. It was thought that there should be strong marketing of this across all agencies, and clear management would be needed. It was requested that all partners work with their own agencies to make this happen, and also for them to work with Jennie Thornton to set up a sub group to ensure that the language used to promote these new arrangements was simple and clear to all. It was thought that neighbourhood policing team, CSP's and housing teams would all be important in the future.

RESOLVED

That all partners work with their respective agencies to allocate a representative to work with Jennie Thornton (Lincolnshire County Council) on a sub group to simplify the language used to explain the new arrangements.

37. PARTNERSHIP ARRANGEMENTS

Consideration was given to a report presented by the Assistant Director for Children's Services, which outlined the amended arrangements along with the revised branding, which underpinned the previous agreement and commitment to the revised strategic themes.

It was reported that the government had signalled its intention to revoke the current legislation and withdraw the statutory guidance on Children's Trusts, which would remove the requirement for local authorities to set up Children's Trust Boards and the requirement on these Boards to prepare and publish a joint Children and Young People's Plan.

However, the CYPSP had agreed at its AGM to continue to work together and also to the continuation of a children and young peoples plan as the key strategic document as an affirmation of commitment to working together. It had been proposed that the partnership arrangements be adapted so they were fit for purpose. The Partnership also agreed to refresh the priorities and objectives in line with the policy direction which had been set nationally and was now being adapted to compliment the recognised needs of Lincolnshire's communities.

It was reported that the CYPSP was currently accountable to the LAA Strategy Board, but with the establishment of the Health and Wellbeing Board, the Partnership would in the future report to them instead.

It was noted that the authority had responded to the budget changes by reducing management, and so it was proposed to reduce the number of Local Children's Partnerships to three, so that they were aligned with the locality teams.

The Partnership was asked to consider whether they would prefer to be known as a 'partnership' or 'delivery group', and there was support for the retention of the title of 'partnership' as it was felt that this promoted the fact

that there were organisations working together.

It was reported that at the previous meeting, the idea of rebranding was discussed as a move away from the Every Child Matters agenda, and since then work had been carried out on the Lincolnshire Partnership brand which had successfully been used to provide a shared identity to overarching integrated communications and marketing campaigns. Through the adoption of the brand identity, 'Brilliant Lincolnshire', the previously agreed replacement for Every Child Matters in Lincolnshire brand, would be easily implemented across the children's services network.

RESOLVED

1. That the partnership arrangements be reviewed and updated to reflect the proposal;
2. That the partnerships branding and accompanying guidance be agreed.

38. JOINT AGENCY PANEL

It was reported that this item was to be deferred until a later date.

39. Q3 PERFORMANCE REPORT – OUTCOME LEADS

Members had been requested to e-mail questions relating to the performance information directly to the outcome lead.

40. ANY OTHER BUSINESS

The Chairman agreed that the following items could be considered under Any Other Business: -

It was reported that the flyers for the upcoming conference taking place on 4 July 2011, would be sent out shortly, and that the number of places would be limited to 130 due to the size of the venue, and partners were asked to confirm their interest in places before they would be allocated in order to ensure an even spread of representatives from partners.

It was also noted that the next meeting would take place on 5 July, 2011. This would be an evening meeting and it was hoped it would be held at the Riseholme College Campus.

The meeting closed at 4.55p.m.