

Direct 01522 553787

Dialling:

E-Mail [andrea.brown@lincolnshire.gov.uk](mailto:andrea.brown@lincolnshire.gov.uk)

**PARTNERSHIP NAME:** Children and Young People Strategic Partnership  
**MEETING DATE:** Wednesday, 7 August 2013  
**MEETING TIME:** 2.00 pm  
**LOCATION:** The Showroom, Tritton Road, Lincoln LN6 7QY

## AGENDA

Item	Title	Purpose	Pages
1	<b>Apologies for Absence</b>		
2	<b>Minutes of the previous meeting and Action Points of the Strategic Partnership</b>		1 - 8
3	<b>CYPSP Chairs Comments</b> (Debbie Barnes)		
4	<b>LSCB Chair Comments</b> (Chris Cook)		
5	<b>Action Group Updates</b>		
5a	<b>Lincolnshire Participation Action Group</b> (Kerry Mitchell)		
5b	<b>14-19 Partnership (RPA)</b> (Maggie Freeman)		
6	<b>CYPSP Terms of Reference and Governance Arrangements</b> (David McWilliams)		9 - 24
7	<b>Early Help Offer &amp; Early Help Strategy</b> (Stuart Carlton)		
8	<b>Children &amp; Young People's Plan</b> (David McWilliams)		
9	<b>Team Around the Child Audit</b> (Paula Whitehead)		25 - 30

**10 DoH Health Visiting Implementation Programme**  
(Ginny Blackoe)

31 - 34

Distributed on 1<sup>st</sup> August 2013



**CHILDREN AND YOUNG PEOPLE  
STRATEGIC PARTNERSHIP  
17 APRIL 2013**

**PRESENT: DEBBIE BARNES (CHAIR)**

Malcolm Barham, Ginny Blackoe, Andrew Clarke (for Louise Davidson), Chris Cook, Justin Hackney, Chris Horrocks, David McWilliams Karen Parsons, Andy Payne and Janice Spencer.

Officers in attendance: Andrea Brown, Democratic Services Officer

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor D Brailsford, Councillor Mrs P A Bradwell, K Smy, J Tubb, A Fisher, S-A Caunter, S Carlton, J Allen, R North, C Seymour, R Cumbers, K Mitchell, M Follows MBE and L Davidson who was represented by A Clarke.

The Chair was disappointed by the number of apologies received, despite meeting dates being fixed twelve months in advance. Although the Terms of Reference did not include quoracy rules, the Chair felt it appropriate to write to all members advising that the attendance at these meetings is inadequate. She agreed to copy the letter to all.

RESOLVED

That the Chair write to all members of the Children & Young People Strategic Partnership in regard to attendance.

2 MINUTES OF THE PREVIOUS MEETING AND ACTION POINTS OF THE STRATEGIC PARTNERSHIP

Matters Arising

- a) Ginny Blackoe provided an update for Minute Number 96, bullet point 5, explaining that a review had been undertaken of paediatric services across provider organisations, the findings of which were presented to the Chief Executive. No response had yet been received.
- b) The Chair reported that Chris Slavin had also chaired a group looking at the autism pathway which identified that a clearer pathway was required in addition to a wider range of services for people with behavioural challenges and autism. It was agreed that a commissioner led review would be set to look at previous reviews to meet the needs of children with autism. The scope of this review would be circulated at the next meeting.

Public Health, CCGs and Children's Services for the Local Authority had agreed to appoint a joint Assistant Director post which would review all services from all providers to children with autism. A job description had been agreed and it was anticipated that the post would be advertised in the next couple of weeks.

- c) Minute Number 56, bullet point 8 – the Chair reported that the bid submitted for Fulfilling Lives had been unsuccessful although no feedback had been received.
- d) Minute Number 61 – Welfare Reform – Janice Spencer confirmed that Local Authority foster carers had been isolated in order to support them through the Welfare Reforms. They were mindful, however, that the profile was constantly changing.
- e) Minute Number 62 – Infant Feeding Strategy – Ginny Blackoe noted that she was in agreement with the comments made at the last meeting, in respect of there being too many actions on the plan. She reported that a detailed action plan would be included in the strategy as an appendix with guidance to be used as a working document.

#### RESOLVED

- 1. That the minutes of the previous meeting held on 14 February 2013 be confirmed and agreed as a true record.
- 2. That a paper detailing the scope of the Autism Pathway Review be considered at the next meeting.

#### 3 CYPSP CHAIRS COMMENTS

The Partnership received an update from Debbie Barnes, Chair, which highlighted key areas to the Partnership:-

- 1. The National Children's Improvement Board set up with a national budget of £8m per year to support programmes such as ALICSE. This budget had now been withdrawn, with no notice. However, due to an underspend in the East Midlands, plans agreed for this year would continue but would be relooked at for next year.
- 2. Local authorities were to provide 15 hours of early years education for all two year olds in disadvantaged areas and were required to meet a target of 20% by September 2013 and reach 40% by September 2014. The Chairman was confident that these targets would be reached.
- 3. The Government had launched a programme for local authority involvement in early years education, however the inspection of early years providers had been transferred to OfSTED.
- 4. The Children and Families Bill was in the final stages in the House of Commons and expected to be passed imminently.
- 5. Block allocations for primary and secondary schools were to be the same and the Government had asked for comments. A number of strategic issues had been raised, in relation to a further tranche of school funding, by the partnership and it was hoped that the Government would change their stance on this issue.

6. OfSTED were consulting on a new inspection on school improvement services, although academies had previously been responsible for their own school improvement. This would now cover both maintained schools and academies although no guidance had yet been received if academies would be expected to pay for this.
7. Public Health were leading on a mental health promotion strategy which they had asked for comments on.

RESOLVED

That the update be noted.

4 LSCB CHAIR COMMENTS

The Partnership received an update from Chris Cook, Chair of the Lincolnshire Safeguarding Children Board:-

1. A piece of work was underway by a multi-agency group relating to Team Around the Child (TAC). This had identified some issues to be addressed and further work regarding the quality of practice had been requested. Recording processes had been identified and pursued with most found to be of a very good standard. The group had been asked to provide a full report by 10<sup>th</sup> June 2013.
2. The post of Child Sex Exploitation (CSE) Coordinator was now ready to be advertised.
3. The Public Protection Board was coordinating a number of boards, including MAPA, Community Safety, Adults, Domestic Abuse, children's etc, with a view to identifying key themes. Item 9 would cover one particular area of this work.
4. A lot of work was currently being undertaken around Serious Case Reviews but, due to the confidential nature of each case, no detail was discussed.

RESOLVED

That the update be noted.

5 ACTION GROUP UPDATES

(a) Lincolnshire Participation Action Group

David McWilliams advised that no update had been received as apologies for the meeting had been received from Kerry Mitchell. He agreed to request a written update along with the work programme to circulate with the minutes.

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RESOLVED

That David McWilliams would request a written update to circulate with the work programme.

(b) 14-19 Partnership (RPA)

No update for this item was available, unfortunately. The Chair agreed to request a written update for this item.

RESOLVED

That a written update be requested from relevant officers.

**6** HOUSING STRATEGY UPDATE

- a) The Chair provided a verbal update to the partnership, explaining that the District Councils and local authority faced challenges in respect of homeless people aged 16/17. The Southward Enquiry omitted that there was a requirement for a number of options to be made available to this group of people rather than making them Looked After Children (LAC). A draft strategy and pathway and a commissioning plan were currently being worked on with the strategy out for consultation on 3<sup>rd</sup> May 2013. This would be brought to the next meeting of the partnership.
- b) It was explained that the pathway was a single gateway in risk of homelessness, advocacy would be provided but they young person would have to live at home and housing stock for young people was available in some district in the form of individual housing options. Due to the new reforms, young people would not be able to afford accommodation other than one room in a shared house so the options available would need to be reconsidered. The possibility of investing in support lodgings was also being considered that the details of that work would be presented to the partnership as part of the consultation.

During discussion the following points were noted:-

- Now that the initial issues had been work through, the group would be widened although this would require further debate.
- Following the Southward ruling, there was difficulty in placing babies into foster care as places were being filled by 16/17 year olds.

RESOLVED

1. That the update be noted.
2. That the strategy would be brought to the next meeting of the partnership.
3. That consideration of wider representation on the group be given.

7     CYP OUTCOMES FORUM

- a) The Chair introduced the report considered by the Shadow Health and Wellbeing Board, which would become a statutory committee following the May Full Council meeting.
- b) The Secretary of State had established a Health Outcomes Forum to assess how the health and wellbeing of young people could be improved and a number of questions were posed to the Health and Wellbeing Board as a result.
- c) The relationship between the Health and Wellbeing Board and this partnership had not yet been developed although there were a number of members who sit on both groups. It was, therefore, hoped that a good relationship could be formed.
- d) The Chair noted that the Children's Trust Board should act as the strategic commissioner acting on behalf of the Health and Wellbeing Board and informal discussions had been held. A review of the terms of reference to incorporate this change was required and a further review of the membership to ensure issues included in the terms of reference could be delivered.

During discussion the following points were noted:-

- Challenges were anticipated to ensure the right representation covering all seven district councils, etc.
- It was hoped that by linking the Children's Trust to the Health and Wellbeing Board that the partnership may be able to influence the board.
- Work on key deliverable priorities would be undertaken at the next CYPSP Development Day.

RESOLVED

That the report be noted.

8     INSPECTION UPDATE

- a) Janice Spencer, Assistant Director for Children's Services, provided a verbal update to the partnership. Despite preparing for a multi-agency inspection and meeting with partners, they had been advised that these inspections were no longer being undertaken as OfSTED had withdrawn the framework for these types of inspections. An interim inspection had been undertaken which focussed solely on child protection processes. Had the interim framework continued, an inspection was expected in May 2013 and, although it was thought the inspection would not take place, officers continued to ensure they were inspection ready in case it did go ahead.
- b) It was thought that OfSTED intend to merge two inspection frameworks together from August/September 2013 but confirmation had not yet been received. There was, however, continuation of the fostering and adoption inspections and also with a number of smaller looked after/leaving care regulations, although more detail was awaited.

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RESOLVED

That the update be noted.

9 MULTI AGENCY SAFEGUARDING HUB (MASH)

- a) The Chair provided a verbal update to the partnership and suggested holding a half day workshop to develop what this type of hub should look like in Lincolnshire. A model had been prepared which was thought to be successful, initially using a triage type system although there was a gap in information available for that system from schools.
- b) Following triage, the county would be dissected into four areas in line with the CCGs where there would be a locality MASH with co-located team managers. There would be a central MASH and, depending on the outcome of the triage, cases would be referred to the locality MASH for action.
- c) It was agreed that additional work and discussion would be required at the workshop to develop this further.

RESOLVED

That the updated be noted.

10 NORTHUMBERLAND'S APPROACH TO RISK MANAGEMENT

- a) The Chair introduced the report and explained that she had visited Northumberland County Council and was impressed with this piece of work. As a result, they were looking to implement the system within Lincolnshire. Following a tragic incident, Northumberland County Council had changed their processes and systems, implementing a vulnerability check list which covered a wide range of issues. If a high risk case was identified from that checklist, this would be brought to a multi-agency panel to look at the plan for that individual.
- b) A DVD was shown to the partnership which explained how the system worked in Northumberland, including interviews with individuals and officers involved the process.

During discussion, the following points were noted:-

- This had also been considered by the Strategic Board of the LSCB who had been impressed and were supportive of it.
- It was asked if the process was dependent upon the young person being part of the process and what would happen to them if not.
- The authority knows, as a result of this process, how many cases there are and what point of the process they are at which was beneficial to all agencies but, most importantly, the young person involved.
- In principle all agreed that this was a good model but that further work was required to link into MASH groups and develop a pilot model for Lincolnshire.

RESOLVED



That the partnership support, in principle further work to develop suitable model for Lincolnshire.

11 CHANGES TO THE NHS IN LINCOLNSHIRE

The Chair presented the report to the partnership which provided an update on the changes to the NHS in Lincolnshire.

RESOLVED

That the update be noted.

12 SHARING THE LINCOLNSHIRE CHILDREN & YOUNG PEOPLE'S PLAN

- a) David McWilliams introduced and facilitated the item and tabled papers and activities for members which provided the context to the discussions. The purpose of the session was to shift the focus of the partnership from activity and priorities to "Outcomes".
- b) David McWilliams gave a short presentation which was followed by a workshop.

RESOLVED

- 1. That comments made during the workshop would be used to agree the key Strategic Outcomes for the next Children and Young People's Plan.
- 2. David McWilliams to bring forward this work to the Development Day on the 13<sup>th</sup> June 2013.

13 REPORTS CIRCULATED FOR INFORMATION

(a) Working Together 2013

Janice Spencer, Assistant Director for Children's Services, agreed to provide a summary update to all partnership members. The deadline for the Working Together 2013 reviews and comments was 15<sup>th</sup> April 2013.

David McWilliams also asked that this summary be shared with Keith Batty at CfBT for information at the next Heads/Governors meeting.

It was also suggested that this be included as part of the 'business risk' element of the Development Day.

RESOLVED

- 1. To circulate a summary update to the partnership (Janice Spencer).
- 2. To share the summary update with Keith Batty for discussion at the next Heads/Governors meeting.
- 3. To include Working Together 2013 at the next CYPSC Development Day.

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14     FUTURE DATES

Development Day – Thursday 13<sup>th</sup> June 2013 9.30am to 4.30pm, The Showroom, Lincoln.

CYPSP Meeting – Wednesday 7<sup>th</sup> August 2013 9.30am to 4.30pm, The Showroom, Lincoln.

The meeting closed at 4.07 pm

Lincolnshire Children and Young  
People's Strategic Partnership  
**Governance Arrangements &  
Terms of Reference  
2013/15**





## 1.0 ROLE OF CYPSP

The CYPSP has been established as the key statutory mechanism for local agencies to work together to improve the lives and outcomes of children and young people.

### Responsibilities include:

**1.1** Responsibility for developing, publishing and reviewing the Children and Young People's Plan for Lincolnshire

**1.2** Responsibility for outlining the strategic framework for how partners will co-operate to improve the well-being of children and young people in Lincolnshire.

**1.3** Responsibility for monitoring the extent to which the partners act in accordance with the Children and Young People's Plan and to publish an annual report.

**1.4** Responsibility for working with the Health and Wellbeing Board to ensure that priorities in the Health and Well-being strategy are reflected in the children and young people's plan and to act as the delivery mechanism for those priorities reporting to the Health and Wellbeing Board.

## 2.0 BACKGROUND

**2.1** Legislation supporting Local Authorities and their Partners in delivering children's services currently sits within the Children Act 2004. This act requires Local Authorities to have in place local cooperative arrangements which facilitate agencies working together, with a focus on improving the lives of children and young people.

**2.2** The Apprenticeships, Skills, Children and Learning Act (ASCL) November 2009 introduced the new statutory requirements with updated guidance about working together for Children's Trusts and Safeguarding.

## 3.0 KEY THEMES

**3.1** Agree priorities and actions for children's services ensuring safeguarding underpins all activity.

**3.2** Provide a framework to enable agencies to work together for the benefit of; Children, Young People and Families.

**3.3** Monitor and evaluate performance against priorities to inform future planning and commissioning.



**3.4** Influence and set the strategic direction for the development of local commissioning of services for children and young people in the Children and Young Peoples Plan (CYPP) and the Health and Well-Being Strategy.

**3.5** Monitor the implementation of the CYPP and the Children's priorities in the Health and Well Being Strategy, which will set out what resources are required to achieve the priority outcomes and targets to reduce inequality and to close the gaps in outcomes and improve the experiences for families.

**3.6** Provide a framework, so that public expenditure can be aligned /pooled and co-ordinated and be responsible for the effective use of resources to enable priorities to be resourced.

**3.7** Use performance monitoring information, statistical data and evaluation to inform decision making, the use of resources and maintain an overview of progress towards achieving the stated outcomes and targets.

## **4.0 MEMBERSHIP**

**4.1** The Children and Young People's Strategic Partnership (CYPSP) will comprise of the following representatives;

- **Director of Children's Services to Chair** *1 seat*
- **Lincolnshire County Council Lead Member** *1 seat*
- **Lincolnshire County Council** (adult and Public Health ) *2 seats*
- **Clinical Commissioning Groups** *4 seats*
- **Lincolnshire Police** *1 seat*
- **Lincolnshire Probation** *1 seat*
- **Schools** *4 seats* ( School Forum, Primary, Secondary & Special School Head Teachers)
- **District Councils** *7 seats*
- **Health Providers** *2 Seats*
- **Voluntary Sector Forum** *2 Seats*
- **FE Colleges** *1 seat*
- **Work based providers** *1 seat*
- **Independent Chair of the Lincolnshire Safeguarding Children Board** *1 seat* ( Observer with speaking rights)
- **Economic Development** *1 seat*
- **Chair of LPAG** (Lincolnshire Participation Action Group) *1 seat*

**4.2** Members agree that only representatives or a person nominated as a named substitute will attend meetings in their absence.



## 5.0 INDIVIDUAL RESPONSIBILITIES OF MEMBERS

**5.1** Take a leadership role in promoting the work of the partnership including:-

- Using the power of their position held in the host agency to influence strategy, policy and practice
- Using strength of personality to advocate the work of the CYPSP
- Creatively share ideas to improve service delivery
- Sharing professional knowledge, expertise and analytical ability to further develop the work of the CYPSP
- Communicating the messages of the CYPSP within own and across a shared network of agencies
- Investing resources to deliver the outcomes outlined within the Children & Young People's Plan
- Participating fully in the work of the CYPSP through attendance (a 70% attendance rate is expected and will be recorded), active participation (monitored through auditing of completion of key actions identified at CYPSP)
- Ensuring own agency commits to performance management activity, audit work and implements recommendations from such activities

**5.2** The CYPSP cannot compel a participating individual partner to implement any decision. Individual partners remain accountable to their employing authority. A member's role at CYPSP is to influence their agency's priorities and policies so that the single vision agreed at the CYPSP can be delivered through its partners. Members bring their professional knowledge and expertise to the CYPSP to influence how all member agencies work together to deliver improved outcomes for children and young people. Their role is not to represent their agency's priorities and policies, but to influence the partnership, agree a consistent approach and return to their organisation to influence the way it delivers services.

## 6.0 ADMINISTRATION

**6.1** Secretariat Support will be provided by LCC Democratic Services with general administrative support provided through the partners on the board.

**6.2** Agenda papers will be sent out at least seven working days before each meeting and made available on the [lincolnshirechildren.net](http://lincolnshirechildren.net) web site.

**6.3** Minutes shall be taken and will be a record of the meeting. The minutes will be considered draft until agreed at the following meeting. Once agreed they will be published on the Children Services website [lincolnshirechildren.net](http://lincolnshirechildren.net) and distributed within ten days of the meeting where practicably possible.

**6.4** Representatives must declare all personal interests, both pecuniary and non-pecuniary, relating to any matter which, is discussed at CYPSP. Any representative with a personal pecuniary interest shall be required to declare the interest and remain silent during the time when the matter or the subject of the pecuniary interest is discussed. A member having declared an interest may be asked to leave the meeting where a matter



is subject to a vote or choose to leave the meeting until the matter being discussed has been concluded.

**6.5** Meeting Attendances (including development days) will be monitored and are expected to be no less than 70% over the course of the financial year.

**6.6** The County Council's constitution provides a useful guide to public access to meetings at page 4 of the Access to Information Procedure Rules in part 4 of the Constitution. This outlines when the public must be excluded from Council meetings and when they may be excluded.

**6.7** The CYPSP will keep all meetings open unless there is a specific need for it to be treated otherwise. Members of the public will be required to complete the meeting attendance record and the Chair advised when members of the general public are present.

## **7.0 CONFIDENTIALITY**

**7.1** The LSCB information sharing protocol will be followed at all times.

**7.2** CYPSP members must not disclose/discuss personal data relating to third parties or confidential information provided by government or third parties (for example commercially sensitive data supplied by contractors) in a public forum. Otherwise the disclosing party is likely to breach the Data Protection Act or could be sued for a breach of confidentiality. There may be occasions where the CYPSP may want to exclude a guest or non-members present. See also declaration of Personal Interests page 2.

**7.3** All members will adhere to data protection and pay adherence to their own organisations whistle blowing policies.

## **8.0 VALUES**

**8.1** CYPSP Members are expected to:-

- Put Children, Young People and their Families at the Heart of everything they do;
- Develop self-esteem, self-belief and aspirations to succeed
- Develop a culture of praise and encouragement
- Recognise and enhance positive behaviours and attitudes.
- Nurture skills in listening to young people and developing their self-worth.
- Recognise, celebrate and reward achievement and acquisition of skills.



## 9.0 PRINCIPLES

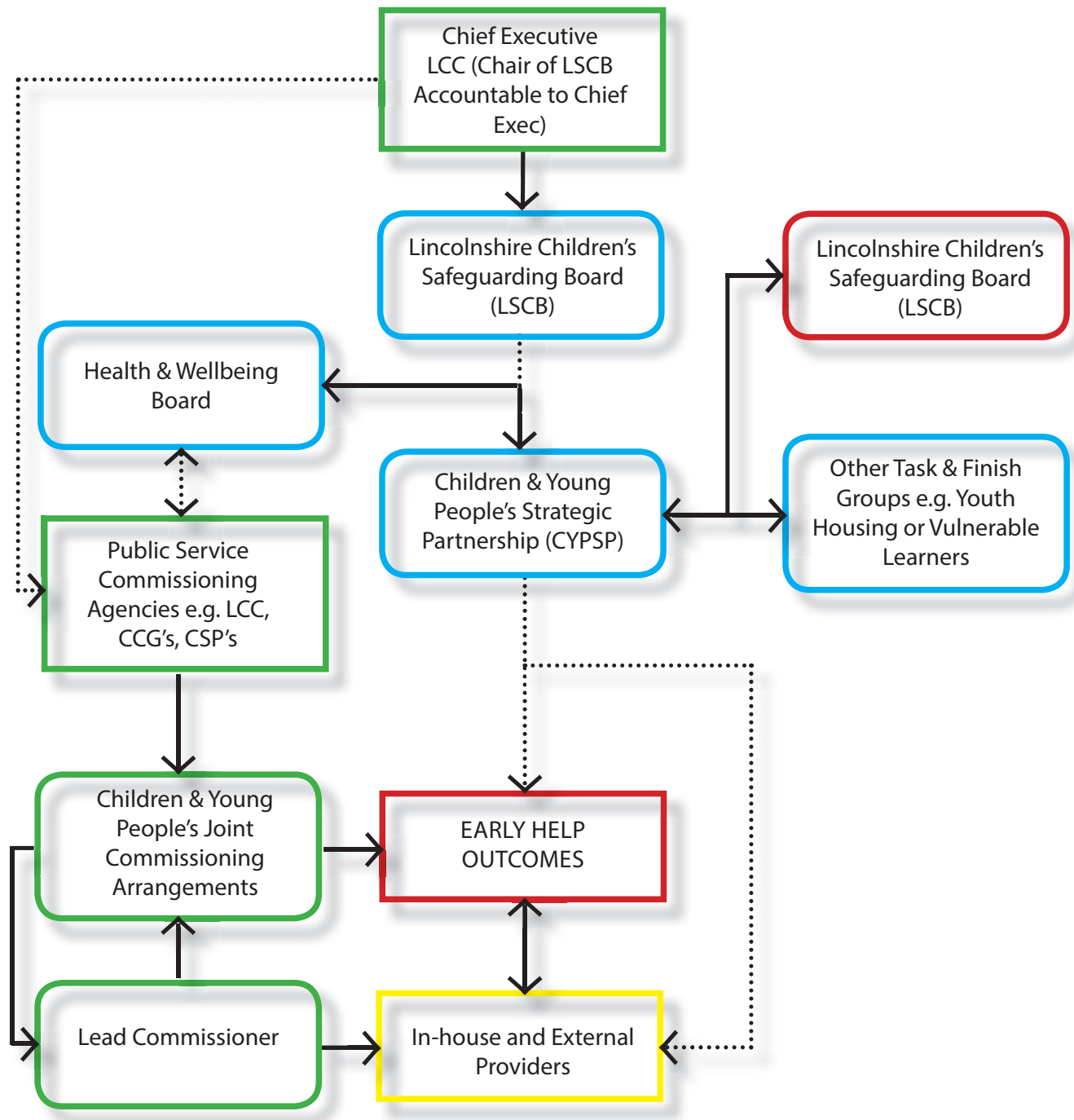
**9.1** The CYPSP agree to embracing the six principles outlined in “The Good Governance Standards for Public Services” The Independent Commission on Good Governance in Public Services:-

- Focusing on the partnerships purpose and outcomes for children young people, parents, carers, their families and children’s service users; This will be monitored through a performance management framework which includes developing and monitoring outcomes through a local performance scorecard and the completion of an annual self-assessment
- Performing effectively in clearly defined functions and roles the CYPSP will work with the Health and Well Being Board to identify need, recommend service design based on professional guidance and research and co-ordinate service delivery to promote collaboration, co-location and integration
- Promoting values for the whole organisation and demonstrating the values of good governance through;
  - behaviour,
  - agreeing shared values
  - working towards recognised best practice standards,
  - taking informed, transparent decisions and managing risk,
  - making minutes of the meetings public
  - completing an annual report and holding an annual general meeting
  - developing the capacity and capability of the Partnership to be effective
  - engaging stakeholders and making accountability real
  - Implementing the participation strategy to ensure that the views of children, young people, parents and carers shapes the design and delivery of services.



# 10. A FRAMEWORK FOR ACCOUNTABILITY ACROSS MULTIAGENCY PARTNERSHIPS

## COMMISSIONING OUTCOMES FOR CHILDREN AND YOUNG PEOPLE



- Directly **Procured** provision from in-house and external providers using public funding to achieve improved outcomes
- Formal Partnership Arrangement that **influence** providers and citizens to achieve improved outcomes
- Providers** of services and activities that help to achieve improved outcomes
- Children & Young people (and their family and carers) who **co-produce** improved outcomes



# 11. FURTHER COMMENTS ON THE ACCOUNTABILITY FRAMEWORK

- CYPSP and its partner agencies have a range of strategic relationships which are facilitated through the CYPSP.
- (Green) denotes directly procured services by Lead Agencies and Blue denotes where there is a key influencing role through partnership arrangements. The Green denotes formal decision making arrangements of the lead Commissioner. The role of CYPSP is to influence strategic direction and to monitor effectiveness but not to directly procure provision.
- An Early Help improvement Board is being established and will act as the Children's Joint Commissioning Board. Governance arrangements will be flexible to suit individual circumstances, including use of Section 75 or Section 10 Agreements to establish lead commissioner and pooled budget arrangements. Pooled budgets can be used by the lead commissioner to directly procure services that will meet the Early Help Outcomes. The C&YPSP can also use influence to encourage other stakeholders that are not directly funded to also contribute to meeting the Early Help Outcomes.
- At present there are different lead commissioners. E.g. Children's Public Health, CCG's. CYPSP will wish to influence lead commissioner arrangements
- (Yellow) Providers can provide services and activities through contract or Service Level Agreements with (Green) commissioners. However they can also choose to also use their own funds to help achieve outcomes. For example; Academies will not be directly funded by commissioners, but they may choose to use their own resources to help limit exclusions.
- There are a wide range of other stakeholders that can be influenced to achieve improved outcomes. CYPSP will seek to influence all of these relationships.
- (Orange) - C&YP it is important that we have C&YP input to agreeing priorities and also being involved in co-production. Parents, family and carers also of course have to take lead responsibility (where ever safe to do so) and contribute to achieving improved outcomes.
- CYPSP will influence the Procurement Strategies developed by lead commissioners. They will also develop strategies that influence the resources held by other stakeholders in order to achieve shared priorities.
- The CYPSP will report to the Health and Wellbeing Board and will be the delivery mechanism for delivering the children's priorities of the Health and Well Being Strategy. The priorities of the CYPP will influence the Health and Well Being Strategy and vice versa

The LSCB will monitor the effectiveness of the CYPSP and will require specific work in response to issues highlighted by LSCB





## 12. RELATIONSHIP BETWEEN HEALTH AND WELL BEING BOARD AND CYPSP

- The Health and Well Being Board has effective links with the Children's Trust to ensure cohesive governance and leadership
  - Terms of Reference of CYPSP have been revised to reflect that it will be an established sub group of the Health and Well Being Board
  - Membership of CYPSP has been revised to ensure effective representation especially across the clinical Commissioning Groups and Schools
  - Terms of Reference of CYPSP have been revised to establish it as the primary commissioning forum for children's outcomes
  - CYPSP will continue to publish a Children and Young People's Plan which incorporates the priorities of the Health and Well Being Strategy reflecting the outcomes of the Joint Strategic Needs Assessment
  
- The Health and Well Being Board will have an agreed process to ensure children's issues receive sufficient focus
  - CYPSP will provide a 6 monthly partnership progress report, outlining performance/achievements and areas of required focus
  - CYPSP will provide ad hoc reporting as priorities determine
  - Health and Well Being Board can request CYPSP to establish task and finish groups to undertake actions in line with service and performance outcomes
  - The Health and Well Being Board will be a formal consultee of the Children and young people's plan and the CYPSP will be a formal consultee of the Health and Well Being Strategy
  
- The Health and Well Being Board will contribute to the defining of an early help offer:
  - Lincolnshire's early help offer will be formally consulted upon and approved by the Health and Well Being Board
  - The Health and Well Being Board will ensure that all commissioning and delivery plans prioritise "Team Around the Child" processes as Lincolnshire's agreed mechanism for co-ordinating the delivery of early help
  
- The Health and Well Being Board will ensure that there are effective mechanisms for listening to the views of children, young people and their families
  - The Health and Well Being Board will utilise the same mechanisms for listening to the views of children, young people and families and will maximise further opportunities through an agreed process with Health watch



# 13. RELATIONSHIPS BETWEEN CYPSP AND LSCB

## Introduction

This protocol sets out the relationship between the Children Trust Board (CYPSP) and Lincolnshire Safeguarding Children Board (LSCB).

Safeguarding children and young people can only be effective if it is undertaken within the general context of promoting the wellbeing of children and young people, and equally the CTB arrangements must take account of the work of the LSCB to safeguard children and young people.

## Legislative Background

Section 10 of the Children Act (2004) requires local authorities and 'relevant partners' to co-operate to improve the wellbeing of children and young people. The local authority must take the lead in making arrangements to promote co-operation between local agencies in this regard.

Statutory Guidance on co-operation arrangements including the Children's Trust Board and the Children and Young Peoples Plan (DCFS March 2010) set out by promoting cooperation between partners how these arrangements will improve the lives of local children, young people and families across the five key outcomes. The outcomes are underpinned by the General Principles of the United Nations Convention on the Rights of the Child (UNCRC)

The Children Act 2004 (Sections 13, 14, 15 & 16) also required local authorities to establish and operate a Local Safeguarding Children Board as the statutory successor to the Area Child Protection Committee. The core objectives of the LSCB as set out in the Children Act 2004 are to coordinate what each person or agency represented on the LSCB does to safeguard and promote the welfare of children and young people, and to ensure the effectiveness of what is done for that purpose. The role and function of the LSCB are set out in Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children

The work of LSCB fits within the wider context of the CTB, and whilst it contributes to the overall goal of improving the wellbeing (five outcomes) of all children and young people, it has particular focus on the 'Stay Safe' outcome.

## Functions of the CYPSP

The CYPSP is the lead partnership board for children, young people and families in Lincolnshire, and operates within the context of the Local Area Agreement and Sustainable Community Strategy. The main function of the CYPSP is to promote and enable co-operation between agencies with a view to improving the well-being, of children and young people in Lincolnshire.

The CYPSP will monitor the implementation of the Children and Young People's Plan which will set out what resources are required to achieve the priority outcomes and targets specified in the Sustainable Community Strategy to reduce inequality





and to narrow the gaps in outcomes and experiences for families.

## **Functions of the LSCB**

There are three main aims of the LSCB are to:

- improve the effectiveness of work to safeguard children and young people;
- promote the welfare of children and young people by co-ordinating the work of partner agencies
- ensuring its effectiveness; and co-ordinate wider safeguarding activity in Lincolnshire.

Inevitably this work will operate within the context of the CYPSP arrangements, given the broad overarching remit of the CYPSP. In order to ensure that the safeguarding activity of the professional network is effective, the LSCB will monitor the quality of that activity through peer review, self-evaluation, performance indicators and joint audit.

The LSCB will be able to challenge organisations as necessary and communicate with the CYPSP with an independent voice. The CYPSP governance arrangements recognise that the LSCB has a distinct identity.

## **Accountability of the LSCB**

Whilst LSCB has a role in co-ordinating and ensuring the effectiveness of agencies' work to safeguard and promote the welfare of children and young people, it is not accountable for their operational work. Each CYPSP and LSCB partner retains its own existing lines of accountability. The LSCB does not have the power to direct other organisations.

The independent chair of the LSCB is accountable to the Chief Executive of the Local Authority for the effectiveness of the work of the LSCB.

The local authority will scrutinise the operation of the LSCB as part of its scrutiny arrangements and through regular reports to the CTB. The effectiveness of the work of the LSCB will form part of the judgement of the inspectorates through Ofsted, CAA/Total Place.

## **Scrutiny Function of the LSCB**

Where there are issues around the performance of individual agencies with respect to safeguarding children and young people, the relevant LSCB member for that agency will take the lead in the resolution process.

Where no resolution has been possible, the Independent Chair of the LSCB will write to the lead member or 'accountable' person for that agency, copying the letter to the Director of Children Services.

Where the LSCB is not convinced that any planned action to improve performance will be adequate, the Chair of the LSCB (or designated person) will explain the concerns to senior individuals in the partner organisation, or the relevant inspectorate, which may advise further steps to be taken if necessary



**FOR ALL ENQUIRIES PLEASE CONTACT:**

David McWilliams,  
Head of Service,  
Performance Assurance,  
Children's Services,  
Lincolnshire County Council,  
01522 782111

# Agenda Item 9



<u>Report Title</u>
TAC Overview Report

<u>Report Author</u>
Paula Whitehead, L.S.C.B. Business Manager

<u>Report Date</u>	<u>Date to L.S.C.B.</u>
30 <sup>th</sup> June 2013	11 <sup>th</sup> July 2013

<u>Purpose of Report</u>	
For Information.....	<input checked="" type="checkbox"/> Yes/No
For Decisions.....	<input checked="" type="checkbox"/> Yes/No
For L.S.C.B. Action.....	<input checked="" type="checkbox"/> Yes/No

## **1. Introduction**

In January 2013, Lincolnshire Safeguarding Children Board (the Board) made a decision to conduct a multi-agency audit of cases within the Team Around the Child Process (TAC). This decision was made in order to assess the effectiveness of multi-agency early help as part of the Board's recently established Learning and Improvement Framework. The prioritisation of this audit was in part prompted by two significant cases; but also because of the wish to drive forward progress in multi-agency ownership of Lincolnshire's Early Help Offer.

## **2. Methodology**

Cases were selected at random from an anonymised list provided by the TAC Co-Ordinators. The review consisted of examination of 30 cases. These cases were audited using an adapted version of an Early Intervention Toolkit devised by London Safeguarding Children Board. The cases were considered by at least two professionals from different agencies, taken from a multi-agency audit team, who had not had any prior involvement with the cases. The case information audited consisted of (as a minimum): an assessment, a TAC Plan, and TAC meeting/review notes. In one case, where safeguarding concerns were raised during the audit process, these were followed up by the LSCB Business Manager.

Following this 'paper-based' exercise, more qualitative information was obtained from a cross section of 16 cases by conversations with Lead Professionals, and where possible families.

For this report, the findings of this audit are also supplemented by feedback from a range of frontline practitioners during the Board's delivery of locality-based TAC Training.

## **3. Analysis**

### **i. Audit Process**

The process has taken a significant amount of time and commitment from the audit team, and from administrative staff. It would have benefitted from a dedicated audit officer supporting the process. The toolkit used is generally good and fit for purpose, however, it was originally intended for use on audits where all agencies involved are around the table, and all case files are available. This has meant in some areas, the paper-based process did not give a full picture of the quality of work. For example, in some cases there was a substantial amount of paperwork, and it was difficult for the team to find the key evidence; in others where only the TAC paperwork was available, areas such as management oversight, were not able to be assessed. However, the conversations with Lead Professionals and families gave a more rounded picture.

For further audits more time needs to be allowed for agencies to access and collate records to be made available to the audit team. However, in an inspection environment this may not be possible, so agencies should examine their own systems here, as well as LSCB considering this issue.

Members of the audit team have expressed how much they have learnt through the process, and how it enabled them to have time to focus on this particular area of work in order to learn and see clear development opportunities for TAC in Lincolnshire.

### **ii. Early Identification**

From the documentation audit, early identification of need for children, young people and families was judged to be adequate or good in 20 of the 30 cases audited. Where this area was not scored (4 cases) it was due to lack of evidence on the paperwork available. In 2 cases where early identification was not judged as adequate, this was attributed to poor information sharing on step down from Child in Need, or poor use of historical information and concerns.

However, qualitative information from discussions with Lead Professionals indicates that recent training and supervision within agencies has increased confidence in assessment of need, leading to improved early identification and communication with Children's Social Care within many services.

iii. **Assessment**

The findings of the audit show that in 75% of cases children were appropriately involved in the assessment of need (Single Assessment or Initial Assessment), but that this is inconsistently recorded in TAC documentation. Where children were judged as not being appropriately involved, this was due to an emphasis on parental engagement and perception of need, rather than a focus on the child. Moreover, with regard to parental involvement in the assessment process, 87% were actively involved, but this was difficult to evidence from the TAC records alone. In two cases, Lead Professionals identified that there was insufficient involvement of fathers or absent parents in the TAC process. In the TAC documentation examined, there was little evidence of assessment as an ongoing process; however, in 63% of cases, the qualitative information indicated new needs being identified and addressed during the lifetime of the TAC.

iv. **Planning**

75% of TAC Plans considered during the audit were judged to be holistic and impact focussed. However, again, the documentation was often poor and inconsistent. Occasionally practitioners tended to focus on actions that fitted their roles, taking the focus away from the child's needs and wishes. However, in over 80% of cases Lead Professionals reported good and consistent agency involvement. Some written plans were adult focussed and not specific, timebound, nor measurable, and there is apparent confusion regarding whether there should be a separate plan for each child, or a collated family TAC plan. However, in 75% of cases Lead Professionals could demonstrate appropriate involvement of children and families and good recording of the voice of the child. Only one TAC case was evidenced to have closed because of parental disengagement in the plan.

v. **Review**

The audit team felt strongly that the current TAC documentation did not promote good practice in recording this area. It is not clear with whom the documentation is shared, and reviews do not consistently evidence progress nor impact. However, there is often a different picture within single agency case files. Therefore the documentation evidence did not reflect the actual effectiveness of TAC, rather the limitations of the paperwork.

Individual cases showed the following areas of concern:

- o Some 'drift' when there was a long time between reviews, particularly during school holidays
- o In one case, poor use of resources when some siblings are within CIN, and some within TAC. In this case there was two sets of multi-agency meetings with the same participants.

All Lead Professionals interviewed reported regular TAC reviews (between 8 and 17 weeks), and all but one said that agencies continued to attend. 75% of Lead Professionals of closed cases reported all needs being met on closure of TAC; with the remainder of cases being 'stepped up' to Social Care, apart from the one case where family had disengaged.

A more general theme is evidence of lack of confidence amongst Lead Professionals and practitioners to challenge other agencies and parents regarding lack of progress; although Lead Professionals cite training and supervision improving practice in recent months.

Also, within TAC documentation there is little evidence of a change in plan if the original is not working; but again case files and conversations often told a different story with significant evidence of reflective practice.

vi. **Management Oversight**

This was not assessed in 12 of the original cases due to this not being covered in current TAC documentation. However, there is evidence that most agencies have systems in place (for 87% of Lead Professionals interviewed); and demonstration that this is effective. From the original documentation review, the audit team felt that more structured recording of support and challenge was needed; but during the conversations with Lead Professionals most individual organisations recorded supervision and other quality assurance processes. Although the format and frequency of supervision varied across agencies, most Lead Professionals valued the opportunity it gave to reflect on individual cases. The primary concern for the Audit Team was that case supervision within Educational settings could not be

evidenced, and the same seemed to apply for Early Years settings, although only one Early Years Lead professional contributed to the audit.

**vii. Additional factors to be considered**

From discussions with practitioners, the following areas were consistently evident:

- Multi-agency training was cited to be the single most effective tool for giving confidence and skills to Lead Professionals.
- Current documentation was difficult to use, and not conducive to good practice.
- LSCB Escalation Policy was not consistently understood and implemented.
- TAC Co-Ordinator support was valuable, but more interface with Children's Social Care was desirable.
- Better leaflets for children, young people and parents/carers were requested.
- Capacity to undertake the role of Lead Professional was reportedly stretched in some organisations.
- Administrative support to the process was difficult or non-existent, leading to challenges for Lead Professionals.

**4. Conclusion**

There is no significant difference found in the quality of practice within agencies; the themes are consistent across all areas, apart from the issue of supervision and management oversight, which is particular to Early Years and Educational settings. Whilst the TAC process is embedded in Lincolnshire, there is clearly room for improvement in the documentation used, and the availability of records to audit teams. However, there is significant commitment to TAC as an effective means of early help to children and families, and this forms a good basis for development.

**5. Recommendations**

- LSCB to require the Children and Young People's Strategic Partnership (CYPSP) to establish a multi-agency TAC Steering Group to deliver the recommendations from this audit
- CYPSP to establish a mechanism for effective quality assurance of the TAC process
- CYPSP to review recording arrangements and amend all paperwork used for TAC processes
- CYPSP to make recommendations to agencies on expected standards of case supervision for TAC
- Locality based TAC training continues to be delivered regularly by LSCB; and all partners prioritise attendance of relevant staff.
- CYPSP to ensure sufficient resources are available so that practitioners have access to advice and challenge
- CYPSP to ensure the voice of the child is heard in all assessments, plans and reviews.
- LSCB actively raises awareness of Escalation and Professional Resolution Policy.
- Further audit work is undertaken with all agency case files available to the auditors.
- It is recommended that the Board consider allocation of a dedicated audit officer to LSCB.

**6. Decisions Required**

- ❖ Do the Board accept the recommendations above?
- ❖ How will resources be allocated to support the recommendations?
- ❖ What further work does the Board require?

## **7. Acknowledgements**

The Board and the Business Manager would like to thank the Multi-Agency Audit Team below for their time and commitment that enabled this report to be produced.

Michelle Johnstone, LCHS

Jennie Thornton, Independent Consultant

Sue Roy, Skegness Primary School

Paula Moody, LCHS

Caroline Mogg, LCC

Anne Mumby, LCC

Mary-Ann Round, LSCB

Jane Booth, South Kesteven District Council

Mark Fowell, LCC

Julie Chong, Queen Eleanor School

David Gibbons, Nettleham Junior School

We would also like to acknowledge the support provided by the following people in supporting the process by administrative duties and the collection and collation of files:

Ben Rush, LSCB

TAC Co-Ordinators: Jennifer Cook, Cheryl Johnson, Jo Wright, Hannah Sherman, Debbie Wright, Linda Langman,

Liz Treadgold, Sarah Dyer, Sue Buck.

Andy Storer, LCC

Nicky Myers, LCC

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# Agenda Item 10

## CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

### REPORT

<b>DATE OF MEETING:</b>	7 <sup>th</sup> August 2013
<b>SUBJECT:</b>	DoH Health Visiting Implementation Programme Ginny Blackoe
<b>REPORT SPONSOR:</b>	General Manager Family and Health Lifestyles Services, LCHS
<b>NAME OF CONTACT OFFICER:</b>	Liz Hillman
<b>CONTACT OFFICER TEL NO:</b>	01522 574202
<b>CONTACT OFFICER EMAIL ADDRESS:</b>	Elizabeth.Hillman@lincs-chs.nhs.uk
<b>IS THE REPORT EXEMPT?</b>	No
<b>IS THE REPORT CONFIDENTIAL?</b>	No

#### 1. Purpose

To provide CYPSP with background and information in relation to the Health Visitor Implementation Plan, and to advise as to progress in Lincolnshire in relation to this.

#### 2. Background/Context

The Government established the Health Visitor Implementation Programme in 2011 to secure an extra 4,200 health visitors and transform the health visiting service across England by April 2015, as per David Cameron's electoral pledge.

Health Visitors can make a critical difference to improving the health and wellbeing of children, not only as leaders and primary deliverers of the Healthy Child Programme, which is the key universal evidence based programme for children aged 0 – 4 years, but also in providing early intervention when families need extra help and support. There is growing evidence of the importance of the early years in developing emotional resilience and early intervention

By using the Early Implementer Sites to apply new evidence and developing new services, health visitors are leading the change to provide high quality public health interventions for families and children. This ensures that effective, sustainable services give all children the best start in life.

The DH Healthy Child Programme is based on systematic review of evidence and has been developed at national level to address problems in child health and development as well as reducing health inequalities. It is the universal service for improving the health and Visit [www.lincolnshirechildren.net](http://www.lincolnshirechildren.net)

wellbeing of children - through a series of health and development reviews between the ages of 0 and 4 years, health promotion, parenting support, screening and immunisation programmes. Health Visitors are public health practitioners contributing to health needs analysis as well as improving health and reducing inequalities with local communities, and are the staff group who deliver this programme in the main.

Commissioning of the Healthy Child Programme for 0 – 4 years in Lincolnshire is currently NHS England, through the Local Area Team. The commissioning of the programme is expected to move to Local Authorities in 2015.

### Service Transformation

There has been a transformation of Health Visiting services through the application of the DH service model, over four levels: Community, Universal, Universal Plus and Universal Partnership.

**The community** has a range of services including some Sure Start services and the services which families and communities provide for themselves.

**Universal Services** from the Health Visitor and team provide the Healthy Child Programme to ensure a healthy start for child and family, support for parents and access to a range of community services and resources

**Universal Plus** provides a rapid response from the team in relation to specific concerns where expert help is required including individual care packages

**Universal Partnership Plus** provides on-going support from the team plus a range of local services working together and with families to resolve more complex issues over a period of time

### The Workforce in Lincolnshire

Increasing the number of training places and the increase in the workforce reversed the previous historical decline in the number of health visitors.

- ESR figures at the end of March 13 105.63 wte (Target March 2013 105wte)  
March 2015 target 134.50 wte  
Distance to target 28.87 wte
- In 2012/13 and 2013/2014 there was an increase of students commencing health visiting training, as well an increase from one to two intakes per year leading to an extra 40 health visitors in Lincolnshire by September 2014.  
10 are due to qualify in September 2013, and an additional 9.5 in January 2014
- A successful national and local recruitment campaign has attracted an increase of applicants to health visiting training. Lincolnshire has also been acknowledged by the universities of the calibre of its students.

## **Lincolnshire 2<sup>nd</sup> Wave Early Implementer Site**

Early Implementer sites were developed across the country to lead the way and demonstrate how service transformation could be achieved. Lincolnshire was one of twenty three areas who achieved second wave Early Implementer status.

In Lincolnshire, service development using evidence based tools was led by identification of gaps in the Healthy Child Programme:

- Antenatal contact- preparation for parenthood using antenatal promotional guide. It promotes the early development of babies, the transition of mothers and fathers to parenthood and improves infant outcomes. This is a targeted intervention, achieved at 5%. An action plan is in place to ensure that this is delivered universally by April 2015.
- Maternal Mental Health- increasing the quality of services. By utilising a Train the Trainers model delivered by a nationally recognised expert in post natal depression, the health visiting workforce is being upskilled. Lincolnshire Community Health Services are in the process of developing an App for postnatal depression following a focus group with service users. The percentage of maternal mental health pathways in Lincolnshire is calculated as percentage of new births and stands at 14%, which is in line with the national average of 15%
- Embracing modern technology – using text reminders for 2 year reviews initially with the view of rolling out to all developmental reviews. This reduced DNAs in the pilot area by 25%.
- Restorative Supervision- supporting health visitors emotionally to strengthen resilience and reducing stress and burnout. Final report from cohort one due in the autumn.
- Integrated 2 year review- working together with Early Years to deliver the 2 year review. This is currently achieved at 49%, and an action plan is in place to ensure universal delivery by April 2015.

### **Professional leadership**

The health visiting workforce in Lincolnshire has developed its skill base and is gaining confidence. Staff engagement and re energisation of the workforce has taken place over the last eighteen months:

- A celebration event with a national speaker; sharing the process and outcomes of the pilot projects.
- A rolling programme of In house training for Maternal Mental Health for all Health Visitors and teams.
- Antenatal Promotional Guide training by a Clinical Psychologist
- Professional development through Building Community Capacity module delivered by Sheffield Hallam to give health visitors the skills to make wider local community impact.
- Refreshment of public health skills.
- Health visitors have had opportunities to provide long arm mentorship in order to support health visitor students
- Opportunities have been provided for health visitors to train as practice teachers
- Opportunities to share learning and best practice through membership of Regional Communities of Practice.
- Two of Lincolnshire's case studies published in the DoH review of progress of Early Implementer sites

**Impact:**

An increase of workforce and service transformation will contribute to reductions in health inequality, health and wellbeing and a better experience for families and children. Lincolnshire is committed to a strong health visiting service beyond 2015, thus making a real difference to children and families. Despite the achievements there is still work to do in order to reduce the variability in services in order to deliver a seamless service across Lincolnshire.

**References**

- Health Visitor Implementation Plan 2011-2015: A Call to Action. Department of Health, 2011
- Healthy Child Programme; Pregnancy and the First 5 Years of Life. Department of Health, 2009
- The National Health Visitor Plan: progress to date and implementation 2013onwards. Department of Health 2013