

Decisions and Actions Log of the Nottinghamshire Children's Trust Executive Held on 19 January 2017

Present:

Kerrie Adams (KAd) (representing Kate Allen - Nottinghamshire County Council (Public Health), Tracy Burton (TB) – NHS Bassetlaw, Chris Few (CF) – Independent Chair NSCB, Dr David Hannah (DHa) – Nottinghamshire Clinical Commissioning Groups, Derek Higton (DHi) (Chair) - Nottinghamshire County Council, Ed Seeley (ES) – Edgewood Primary School

For Item 4 -Amanda Collinson (AC) – Nottinghamshire County Council, for Item 5 – Devon Allen (DA) and Merlin Tinker (MT) – Nottinghamshire County Council, for Item 6 and observing Sarah Lee (SL) and Lucy Hawkin (LH) – Nottinghamshire County Council

Apologies:

Dr Kate Allen (KA) - Nottinghamshire County Council (Public Health), Marion Clay (MC) – Nottinghamshire County Council, Steve Edwards (SE) – Nottinghamshire County Council, Tracey Lindley (TL), Nottingham West CCG, Colin Pettigrew (CP) – Nottinghamshire County Council, John Robinson (JR)-Gedling Borough Council, Rachael Harrold (RH) - Nottingham West CCG, Sean Kelly (SK)- Nottinghamshire County Council

| Key: | |
|----------------------------|--|
| Complete | |
| Ongoing but in-hand | |
| Requiring action/attention | |

| Date of Meeting | Action Point | Lead | Progress Update |
|-----------------|--|------|-----------------|
| 19.01.17 | Young People's Health Strategy for Nottinghamshire | | |
| | Colleagues were updated on the implementation of the Young People's Health Strategy for Nottinghamshire. The aim of the strategy is to make young people's heath visible and to complement other strands of provision. The views of young people are at the heart of the strategy and young people have identified the range of topics that the recommendations within the strategy cover; emotional and mental wellbeing is identified as of central importance to young people's health. | | |
| | Key areas of development including the launch of the new young people's health strategy website, the combination of the teenage pregnancy integrated commissioning group with the young people's health strategy steering group and work to ensure that health services are 'young people friendly' were discussed. | | |

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| | Actions: Progress on the strategy, which has a three year action plan, will be regularly reported to the Health and Well Being Board and further reports will be provided to the Children's Trust Executive. Details of how the access the Young People's Health Strategy website to be shared with Children's Trust Executive members. An audit of the lessons learnt from the previously conducted 'mystery shopper' exercise in respect of young people's health services to be considered in association with the Clinical Commissioning Groups (CCGs) Contact to be made with communications colleagues in the CCGs to look at redistributing the video that was made in connection with the 'mystery shopper' exercise. | SK KAd KAd KAd | Included on the forward plan Details shared Link provided by KAd |
| 19.01.17 | Nottinghamshire County Family Nurse Partnership | | |
| | Information was received on the key developments in respect of the Family Nurse Partnership (FNP) in Nottinghamshire since the Children's Trust last received a report. The commissioning responsibility for the Family Nurse Partnership (FNP) was transferred to Nottinghamshire County Council in October 2015 and the current contract ends at the end of March 2017. From April 2017 to March 2020, FNP will be part of the Healthy Families Programme. Nottinghamshire has consistently exceeded the programme's fidelity goals and frontline delivery has been maintained despite some difficulties within the team. In light of forthcoming changes to the funding and organisation of the FNP, including issues regarding the evaluation of the national programme, other areas de-commissioning the service and evaluation pilot projects in respect of changes to the delivery model the following was agreed: **Actions:** Children's Trust Executive to receive outcomes data in respect of clients and their children before looking at further commissioning options. DHi and KAd to discuss mechanisms for data collection and analysis to assist in option mapping for future commissioning prior to presentation to the Children's Trust Executive. | SK/KAd/ DHi | Add to forward plan when appropriate. |

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| 19.01.17 | Looked After Children (LAC) and Care Leavers' Strategy | | |
| | Colleagues were informed that the Looked After Children (LAC) and Care Leavers' Strategy was reviewed in October 2016 and the existing action plan was developed to make it more outcome focussed. The aims of the strategy are to drive improvements in six key outcomes for looked after children and care leavers. | | |
| | There was discussion about progress against the key indicators linked to these key outcomes. Concern was expressed about some of the indicators; specifically those relating to dental examinations, development assessments, substance misuse, educational attainment, up to date Personal Education Plans (PEPs) and care leavers in higher education. The likely causes of some of these less positive indicator results were considered, which in some cases may involve issues in data collection. The benefits of looking at the educational data in the national context were discussed and there was recognition that, particularly in respect of accessing higher education, there is a specific issue in Nottinghamshire as a whole and not only with care leavers. | | |
| | There was acknowledgement that positive developments are being made but there are areas which need improvement; work is in hand to address these concerns and resolve anomalies with data collection and the Children's Trust Executive will receive updates on progress. | | |
| | Actions: The Children's Trust Executive to receive an update report once the quarter 4 verified data is available. | SK/AC | Added to forward plan |
| 19.01.17 | Update on the development of the Multi Agency Safeguarding Hub (MASH) | | |
| | The MASH was opened in December 2012 with partners across Nottinghamshire working together to deal with new safeguarding concerns in respect of children and adults. Sixty five people from a range of agencies work together across the MASH and the benefits of working together including improvement in the co-ordinated work of different agencies outside the MASH were noted. | | |
| | The means of regular and appropriate scrutiny of the work of the MASH were shared with colleagues including the range of formal inspections that the MASH is subject to along with the internal mechanisms for quality assurance as well as information about the regular meetings of the Operational Management | | |

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| Meeting | Group and the Governance Group which ensure that operational issues and strategic issues effecting the MASH are addressed by the appropriate group. At present a review of the work of the MASH is being undertaken which will be completed by April 2017 and reports will be taken to the Children's Services Leadership Team and the MASH Governance Group. The work of the MASH has evolved over the time it has been in existence and there has been an increase in the number of referrals received; this is a combination of an increase in need, the way in which referrals are recorded, better identification and a shift in tolerance and perception of abuse. There is a relatively small level of duplication of referrals and these are identified via the systems that the MASH has in place. The simplicity of the single point of referral and the success of the MASH were both cited as reason why agencies feel more able and confident to make referrals than they may have been in the past. An increase has been seen in adult safeguarding referrals due to an increase in awareness of the safeguarding needs of adults and the perception is that this will be an area of growth. It was noted that although there is a backlog of child safeguarding referrals, this is made up of cases that are awaiting allocation and are not urgent cases requiring child protection intervention. All the cases are subject to Social Work Team Manager oversight and colleagues from the Assessment Team are coming to the MASH to assist in addressing the backlog. There was discussion about the role of the MASH in an advisory capacity and the need to have input into training to help agencies make appropriate referrals. There was also discussion around the mechanisms by which the MASH will receive referrals in the future. There is currently a pilot taking place whereby Social Workers are taking the details directly from the referrers rather than the information being taken | | |
| | by a MASH officer and then passed on to Social Workers. Early indications are that this revised way of working is safer and quicker. The conclusion was that the MASH has had a huge, positive impact since it opened and should be a source of pride. | | |
| 19.01.17 | | | |
| | At the time when the Children's Trust last received an update on the Prevent Duty the initiative was at an early stage and the priority was to raise awareness amongst colleagues and to develop a clear understanding of what should be referred to the Prevent Team. | | |

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| | Attention was drawn to the previously circulated action plans which give details of the planned activities and progress to date and reflect the most recent developments locally, nationally and internationally. The Nottinghamshire County Council and Partners Plan is in the process of being further refreshed. | | |
| | The key focus has been on awareness raising and training, including ensuring that referrals to the Police are made appropriately. In October 2015 Nottinghamshire County Council and the District Council pooled their Home Office funding in order to commission shared training tailored to the needs of colleagues across the partnership. | | |
| | There is recognition that social media plays a crucial role in radicalisation but is also the way in which the majority of young people communicate. Work is ongoing with the ICT Security Team to ensure that robust procedures are in place; appropriate guidance has also been shared with schools. Young people have been involved in quality assuring the resources that are made available to teachers and others working with young people. | | |
| | As this is a relatively new area of work it is still developing and evolving as referrals are made to the teams involved. Work is required to clearly establish defined roles and responsibilities and consistent approaches to intervention. | | |
| | There was discussion around the appropriate body to facilitate collective conversations around appropriate thresholds for intervention when a school age young person is living in the household with an adult/s who are known to hold extremist beliefs, the strategic direction for this work including encouraging engagement by all stakeholders and holding to account those involved in the Prevent Delivery Plan. | | |
| | Actions: | | |
| | That the Safer Nottinghamshire Board and the Nottinghamshire Safeguarding Children Board (NSCB) be involved in the discussions around thresholds for intervention, strategic direction and accountability for the delivery of the Prevent Delivery Plan. | SL/CF | |
| 19.01.17 | Continuous Improvement Plan – six monthly review | | |
| | It was noted that the majority of performance priorities in the previously circulated Children, Young People and Families (CYPF) Plan are on track and that progress to date presents a relatively positive picture. | | |

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| | There was some discussions around the targets selected to measure performance against and why these have been chosen. One of the issues is that not all data is available at a national level but the need for transparency and clarity over why certain targets are set was acknowledged. Action points: Consideration to be given to the performance targets selected and the factors influencing these choices. | SK | |
| 19.01.17 | Any Other Business | | |
| | TB shared with colleagues planned changes to the delivery of paediatric care at the Bassetlaw Hospital which will provide an enhanced day time urgent assessment and treatment service but will no longer have provision for overnight admissions. Patients requiring this care will be transferred to Doncaster Royal Infirmary or Sheffield Hospital. TB wanted to make colleagues aware of this development prior to the information entering the public domain the following week. | | |