



**Decisions and Actions Log of the Nottinghamshire Children’s Trust Executive
Held on 07 December 2017**

Present:

Dr Kate Allen (KA) - Nottinghamshire County Council (Public Health), Marion Clay (MC) – Nottinghamshire County Council, Chris Few (CF) – Independent Chair NSCB, Laurence Jones (LJ) - Nottinghamshire County Council, Colin Pettigrew (CP) (Chair) – Nottinghamshire County Council, John Robinson (JR) – Gedling Borough Council, Ed Seeley (ESe) – Edgewood Primary School, Dr Emma Shapiro (ESh)

Sean Kelly (SK) – Nottinghamshire County Council

Roz Howie (RH) – Deputy Managing Director, Nottinghamshire Health and Care Sustainability and Transformation Partnership

Joanna Cooper (JC) – Assistant Director, Nottinghamshire Health and Care Sustainability and Transformation Partnership

Apologies: Cathy Burke (CB) – NHS Bassetlaw, Steve Edwards (SE) – Nottinghamshire County Council, Tracey Lindley (TL), Nottingham West CCG

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

Date of Meeting	Action Point	Lead	Progress Update
07.12.17	Actions and decisions arising from the previous meeting on 19 October 2017		
Page 2	KA explained that she had had discussions about the role of District Councils in maternity related issues and that she would be talking to JR about specifics.	CF/JR	
	CF and JR had not yet had an opportunity to have a discussion regarding modern slavery.		
Page 3	CF was able to confirm that an independent review writer had been identified.		
	It was noted that the governance structure and membership of the Health and Wellbeing Board is under review.		
	A combined response from the Children’s Trust to the Health and Wellbeing Strategy consultation had been submitted.		

Date of Meeting	Action Point	Lead	Progress Update
07.12.17	Sustainability and Transformation Plan		
	<p>RH outlined the characteristics of the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) as described on the attached presentation. The importance of ensuring integration and a joined up approach across STPs was emphasised. RH explained the goal of adding three healthy years to life expectancy and ways in which the identified gaps can be addressed including understanding potential causes for these gaps, recognising good practice and replicating this in other areas.</p> <p>The progress of the plan to a partnership and the development of a memorandum of understanding which was agreed in August 2017 was explained. The implications of this for children and young people in Nottinghamshire were highlighted in detail as described on the attached presentation. Nottingham and Nottinghamshire's role as an Accountable Care System (ACS) accelerator site in June 2017 were explained. The difficulties of the financial situation were acknowledged along with the importance of the improved integration and shared ownership across all those bodies working across health and care in Nottingham and Nottinghamshire.</p> <p>Questions were raised about the current organisation of Clinical Commissioning Groups (CCGs) which were felt to create artificial boundaries. RH explained that four groups have merged in the Nottingham area under one Accountable Officer and that Mansfield and Ashfield and Newark and Sherwood are going to come under one accountable officer. CCGs are statutory bodies and there are no plans for mergers. Concern was expressed about duplication and lack of economies of scale arising from the current structures. RH said that consultations and development work could be done at an STP wide level rather than via individual CCGs. The fact that Bassetlaw is aligned to the South Yorkshire CCG adds a further complexity.</p> <p>There was a wide ranging discussion regarding children and young people's inclusion within the STP. The view of the meeting was that children and young people are not central to the plans and that issues relating to them get side-lined. Representation on related boards feels tokenistic and the amount of times issues relating to children and young people are discussed is not felt to be great. Any increased focus on children and young people is welcomed but concerns were expressed about pace and the STP's agility to move quickly enough to effect change. CP explained that the feeling in Children and Young People's Services is that they are not engaged with the STP. The level of the STP's engagement with school services was questioned. RH responded that children and young people's</p>		

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	<p>issues are a 'golden thread' running through the STP. CP said that colleagues wanted to see the impact on the lives of children and young people and the importance of early intervention and help being valued because of the impact this will have on future health and wellbeing.</p> <p>RH agreed to feed back the views of the meeting to Wendy Saviour.</p> <p>JC outlined what the Better Care Fund (BCF) is and explained the eight national conditions as given on the attached presentation, the expectation is to deliver on all eight but the emphasis is on four conditions. The BCF has made conversations that have never happened before about joint working across agencies happen.</p> <p>JC accepted that the proportion of spend on under 18s is low and that there is very little in the BCF that is specifically for children and young people. LJ commented that he was unaware of the young carers' element of the BCF and would make enquiries outside the meeting.</p> <p>CP questioned what needs analysis had led to the allocation of £40,000 to support young carers and commented that different areas have agreed that children and young people should have a higher priority within the BCF. KA said that the local perception is that the BCF is for adults and that the focus was agreed by the Health and Wellbeing Board. There was a discussion about the proportion of the BCF that is spent on younger adults, not older people, and the need to strengthen families, support parents, including support for parental mental health issues which are recognised as impacting on early years' experience, was emphasised but the view of the meeting was that this is not a national priority and that voices in support of this are not heard. Immediate pressure will be placed on the health service as of the following week it will become illegal for the Police to take a person with a mental health issue into containment at a Police Station so they will have to be held in a health setting or the Police will be pushed into making an arrest thus potentially criminalising mental health issues.</p> <p>There was general agreement that health and social care integration is advantageous but there are some underlying perceptions that need to be addressed as some parents do not regard social care positively or at best have mixed feelings.</p>		

Date of Meeting	Action Point	Lead	Progress Update
	CP thanked RH and JC for their contributions and suggested that time be allocated at a future meeting of the Children's Trust to look at the action points relating to what could be done differently regarding children and young people's representation in the STP and BCF.	CT Forward Plan	Item added
07.12.17	Early Years Improvement Plan		
	<p>IK explained that the Early Years Improvement Plan is brought to the Children's Trust on an annual basis to report on progress on the action plan and to seek endorsement for the plan for the coming year. She drew attention to the information contained in the previously circulated report, with specific reference to the challenges placed on the service by new requirements and to the priorities for the coming year. It was noted that Nottinghamshire is doing well in terms of the thirty hour provision but the difficulties experienced by some parents in accessing the early years' portal to acquire the necessary HMRC code were acknowledged including the high level of support being offered by schools.</p> <p>Although 89% of providers are rated good or outstanding the percentage of children achieving a good level of development in some areas is below that of statistical neighbours. There was a discussion round some of the factors influencing this including the timing of assessments, the measures used to identify these percentages, using an attainment only measure, and wider issues around development of early literacy including the difference in experience for children attending school settings with staff who have the required skill set, and those in private, voluntary or independent (PVI) settings. Concern was expressed about already vulnerable children being disadvantaged in terms of developing readiness for learning, resilience and curiosity. Issues were acknowledged with the data used and the ability to establish an accurate correlation between early years development and KS2 achievement; it is necessary to be able to see progress not just attainment. Support will continue via early help services for under fives along with broader support through the troubled families offer. There are district variations in development levels with a specific issue in the Gedling area which is being explored. Work is being undertaken with statistical neighbour authorities looking at home learning and the Better Start tracking tool is being used with providers in order to obtain data which will enable additional funding to be targeted at the most vulnerable.</p> <p>The following actions were agreed:</p>		

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	<ul style="list-style-type: none"> • IK to circulate the updated Early Years Improvement Plan to Children’s Trust Executive members. • Further work to be undertaken on the use of data to identify the most vulnerable, target services and inform the strategy. 	IK IK	<p>Updated Early Years Improvement Plan circulated</p> <p>IK/ESe to arrange a discussion</p>
07.12.17	Early Childhood JSNA		
	<p>KA presented the Early Childhood JSNA and explained that agreement had been reached in the Early Childhood and Healthy Child Integrated Commissioning Group that a new JSNA chapter should be prepared that included both health and educational outcomes. Attention was drawn to the target groups for the JSNA as outlined in the report.</p> <p>There was discussion about the JSNA recommendations and the following points arose; consideration was requested as to whether the recommendation about bath times should be broader to include water safety, further work to be undertaken on dentists’ approaches to dental care neglect as a safeguarding issue: it was confirmed that dentists are designated as relevant partners for the purpose of safeguarding, awareness of where healthy start vitamins can be obtained to be clarified. There was broad discussion regarding the monitoring of development and how the gap can be closed including recognition of the variety in experience of under-fives depending on the setting they attend and the potential inequalities this can create.</p> <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • Any amendments that colleagues wish to suggest to the Early Childhood JSNA to be shared with KA. Following amendment the Early Childhood JSNA, as shared with Children’s Trust Executive colleagues, will be published on line. • The JSNA chapter on maternity provision to be presented to the Children’s Trust when available. • KA to consider the responses expected of dentists to dental health neglect. 	All/KA CT Forward Plan KA	<p>Early Childhood JSNA being quality controlled following amendments. then to be published</p> <p>Added to Forward Plan</p> <p>KA pursuing</p>

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	<ul style="list-style-type: none"> KA to clarify availability of early start vitamins with antenatal colleagues. Promotion of the Family Nurse Partnership to be encouraged in secondary schools and FE colleges. IK and ESe to talk outside the meeting about how to refine the tracking tools used to monitor children's progress in order to give more meaningful data. 	<p>KA</p> <p>IK/ESe</p>	<p>KA pursuing</p> <p>IK/ESe to arrange a discussion</p>
07.12.17	Children Missing Education (CME) Strategy		
	<p>MC explained the scope of the CME Strategy, areas of concern relating to children and young people who miss education as a result of being electively home educated (EHE) including those for whom there are concerns about 'grey exclusion' and issues relating to increased numbers of fixed term exclusions, particularly of secondary aged pupils.</p> <p>The processes that are in place to manage children who are out of school were discussed including systems for monitoring children who are EHE and issues relating to the Local Authority's relationship with schools, particularly secondary schools and academies, in terms of securing school places and the appropriate use of fixed term exclusions and reduced timetables.</p> <p>The involvement of health colleagues in discussions about children missing education was discussed; often there is no representation at meetings and professionals are not aware that children have been missing health appointments until after the event. Issues of confidentiality exist for GPs in terms of whether they can share information about children not being in education without parental permission and there are potential safeguarding considerations for children and young people who are not on any professionals' radars. Legally if a child has not been registered at a school there is no legal requirement on the part of anyone to inform the Local Authority that they are being educated otherwise.</p> <p>The following actions were agreed:</p> <ul style="list-style-type: none"> MC and LJ to look at GP liaison and communication and the issue that if a child has never been registered at a school there is no legal requirement on the part of anyone to inform the Local Authority that they are being educated otherwise. 	MC/LJ	Ongoing

Date of Meeting	Action Point	Lead	Progress Update
	<ul style="list-style-type: none"> That the report that will be taken to the Children and Young People's Committee on CME should be shared at a future meeting of the Children's Trust. 	CT Forward Plan	Added to Forward Plan
07.12.17	Inspections update		
	LJ explained that this item had been brought to the Children's Trust Executive for information and that details on national and local developments in relation to regulatory inspections of children's services along with an update on Nottinghamshire's current position in relation to preparation for an Ofsted inspection are contained in the report. If colleagues have any questions or points they wish to raise LJ invited them to contact him directly.	All/LJ	