



### MINUTES

**Agenda item No: 2**

Date: 30th April 2014  
 Time: 10.00am – 12.30pm  
 Place: The South Fens Business Centre, Fenton Way, Chatteris

Membership Board:		Attendance	Apologies
<b>Statutory Members</b>			
Councillor D Brown (Chairman)	Cabinet Member for Children's Services	No	Yes
Councillor S Garratt (Vice-Chairman)	District Councils' Member	No	Yes
Adrian Loades	Executive Director: Children, Families and Adults (CFA)	No	Yes
Dan Horn (in the chair)	District Councils' Officer	Yes	
Fiona Mortlock	Clinical Commissioning Group (CCG)	No	Yes
Supt Jon Hutchinson	Police	Yes	
John Budd	Probation	No	Yes
Annette Pottinger	Jobcentre Plus	No	
<b>Other Partners</b>			
Felicity Schofield	Local Safeguarding Children Board (LSCB)	Yes	
Ana Rita Nunes	Healthwatch	No	
Liz O'Donnell	CATCH and Cam Health Local Commissioning Group (LCG)	Yes	
Karen Parsons	Voluntary & Community Sector	Yes	
Jonathan Martin	Voluntary & Community Sector	Yes	
Caroline Derbyshire	Chair of Cambridgeshire Secondary Heads	No	Yes
Jenny Russon	Chair of Cambridgeshire Primary Heads	No	
Kim Taylor	Special Schools	No	Yes
Susanne Stent	Further Education & Sixth Form College (rotating member)	Yes	
<i>To be confirmed</i>	Early Years Private, Voluntary & Independent sector	-	-
Carin Taylor	Area Partnership – East Cambs & Fenland	No	Yes
Mike Hill	Area Partnership – South Cambs & City	Yes	
<i>To be confirmed</i>	Area Partnership – Huntingdonshire	-	-
<b>Associated Members</b>			
John Peberdy	Cambridgeshire Community Services NHS Trust (CCS)		
Rachel Gomm	Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)	No	Yes
Rachel Coyne	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)	Yes	
Catherine Morgan	The Queen Elizabeth, Kings Lynn NHS Foundation Trust		
Councillor B Chapman	Cambridgeshire & Peterborough Fire Authority		

<b>Membership Board:</b>		<b>Attendance</b>	<b>Apologies</b>
Rick Hylton	Cambridgeshire Fire & Rescue Service		
Tracey Cogan	NHS England	Yes	
<b>Substitute Members</b>			
Alison Hancock	Probation	No	Yes
Neil Nineham	Jobcentre Plus	No	
Josie Collier	LSCB	Yes	

**Officers:** E Alexandratou, E de Zoete, P Evans, W Lansdown, D Revens, M Teasdale, R Yule

## 1. WELCOME & INTRODUCTION

In the absence of both Chairman and Vice-Chairman, members invited Dan Horn to take the chair.

## 2. MINUTES – 5 February 2014

Agreed as a correct record and signed by the Acting Chairman.

## 3. ACTION LOG FROM 5 FEBRUARY BOARD MEETING

Noted.

## 4. LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) UPDATE

Received a report updating the Board on LSCB developments. Members noted that one of the two background documents supplied on a confidential basis, the Youthoria survey on Child Sexual Exploitation (CSE), should be treated as non-confidential.

Discussing the report, members

- pointed out that the problem of children not being known to community health services despite being registered with a GP had been solved; from 1 December 2013, NHS England had put in place a system whereby fortnightly reports were exchanged between GP practices and child health records departments
- commented that in some parts of the county it was believed that not all migrants were registered with a GP. It was agreed that members would consult each other outside the meeting to consider ways of encouraging GP registration by migrants and of counteracting exploitation of migrant workers
- noted that schools and partner organisations were encouraged to promote the water safety leaflet (attached to minutes as Appendix A) and place it on websites
- drew attention to the importance of those who worked with children involved in CSE being aware that they were dealing with very vulnerable young people who were not in a position to make informed choices; an apparently willing young person was still a child who was being exploited
- raised the question of developing district council staff's awareness of CSE, given that those working in e.g. housing and licensing could come across cases of CSE
- pointed out that it was important to develop a greater understanding of perpetrators; in some cultures, CSE was regarded as accepted practice
- suggested that an abbreviated, non-confidential version of the CSE Multi-agency Audit Report could be a useful resource for training purposes, and should be circulated to the Board when available.

Action

**MT**

**JC/R Y**

**5. NATIONAL AND LOCAL UPDATE**  
**Developing an Early Help Strategy for Cambridgeshire**

Received a briefing note updating the Board on national policy announcements and local developments (attached as Appendix B).

Received a report on work being developed to review the early help offer for children and families in Cambridgeshire, building from a review within Cambridgeshire County Council's Enhanced & Preventative Services to reconfigure its early help offer.

Noted that

- schools had been involved in developing the strategy and were well represented at the Area Partnerships; schools to be encouraged to ensure that they were also always represented at Children's Trust Board meetings
- the draft Early Help Strategy would be presented to the Board for discussion at its meeting on 2 July 2014.

**MT**

The Board agreed to take ownership of the developing Cambridgeshire Early Help strategy to act as the strategic body to oversee and approve the strategy.

**6. EMOTIONAL WELLBEING AND MENTAL HEALTH STRATEGY FOR CHILDREN AND YOUNG PEOPLE IN CAMBRIDGESHIRE AND PETERBOROUGH 2014-2016**

Received a report on work being done to develop a strategy outlining the strategic priorities for promoting and improving the emotional wellbeing and mental health for children and young people between 2014 and 2016 within current resource.

Noted that

- a recent conference in London on transforming service delivery for child and adolescent mental health and wellbeing had highlighted that 1.3m children were diagnosed as in mental health need at any one time, yet only 25% of them were receiving effective treatment
- of the whole NHS budget, only 11% went to mental health, and only 0.7% to child and adolescent mental health
- locally, the strategy was being developed by the Children's Trust in response to the concern of both the Cambridgeshire and Peterborough Health and Wellbeing Boards that children and young people should be given a positive start to life
- 1 in 10 children had a diagnosable mental health disorder; there were an estimated 13,000 children and young people with mental health difficulties in Cambridgeshire
- the strategy had been informed by feedback from children and young people and their parents, as well as by the considerable involvement of statutory and voluntary partner organisations.

Discussing the strategy, members

- welcomed the inclusion of parental mental health in the strategy, and asked how the input of agencies working with adults was being captured. Noted that this had been identified as an area of concern; work was being undertaken around pathways and transition to adult services
- reported that the children of parents with mental health problems tended themselves to exhibit a higher level of mental health need; while carrying out the Joint Strategic Needs Assessment (JSNA), it had been identified that no record was being kept of whether a patient was also a parent

- commented that the strategy tackled the “how” of providing support well, but had less to say about “what would be different” as a result of implementing it. It was suggested that a report could be brought to a future meeting on the difference that the strategy was making, and that the multi-agency Strategic Emotional and Mental Health group could help to develop its outcome elements
- raised the question of resources, pointing out that
  - the level of need was higher than the level of resources, so it was important to ensure that the best possible use was being made of resources
  - workforce awareness was crucial to the success of the strategy
  - mental health needs ought to be included in the Early Help Strategy previously discussed
  - it might be possible to interest Local Commissioning Groups (LCGs) in contributing resources on an invest to save basis
  - early intervention to address children and young people’s mental health and emotional wellbeing needs was money well spent, as it reduced the need for support in their adult life.

The Board agreed to approve the Strategy and launch its implementation, and to receive a progress report in six months’ time.

## 7. CHILDREN’S OUTCOMES FRAMEWORK

Received a presentation introducing the health-related children’s outcomes framework (attached as Appendix C). Noted that the whole outcomes framework document was being circulated in draft to the Children’s Programme Board, and could also be supplied in draft to Board members.

EdZ

Commenting on the framework, members

- pointed out that voluntary and community organisations would be able to supply case studies and rich evidence from their experience working with families
- cautioned that trying to develop multi-agency frameworks could be a complex exercise and involve questions of capacity to chase and interpret data
- noted that most of the framework had been based on information that the Public Health Team already collected through their contract arrangements, so it was a case of bringing together and interpreting existing information
- noted that the Children’s Trust would be invited to sign up to the population outcomes; this was a living document, and no precise timescale had been set
- noted that the framework would be taken to the Children’s Programme Board in mid-May, returning to the Children’s Trust Board in July.

## 8. TIMEBANKING

Viewed a short film *Time Credits, the Wisbech Story* and received a presentation on timebanking (film available at <https://www.youtube.com/watch?v=9w04nDTvixA>, presentation attached as Appendix D).

Invited to consider how their organisations could make use of timebanking, members

- asked how timebanking fitted with Disclosure and Barring Service (DBS) disclosure, and noted that this was a matter for each organisation’s own policy

- noted that volunteering did not affect welfare benefits
- cautioned that it could sometimes prove difficult to provide suitable opportunities for volunteers, and that it was necessary to avoid the task of supervising volunteers from becoming too onerous
- welcomed the opportunities timebanking provided to reward volunteering.

Board members were all invited to tell Wendy Lansdown at the County Council if they were able to supply contacts or say how their organisation could become involved.

## **9. 0-5 HEALTHY CHILD PROGRAMME PILOT AND TOOLKIT**

Received a report on the Healthy Child Programme (HCP) pilot and the resource tool available to support its integrated commissioning and delivery, noting that

- responsibility for commissioning health visiting would transfer to local authorities in October 2015, and the number of health visitors was being increased
- Cambridgeshire had been heavily involved in developing the Healthy Child Programme 0-5 Integrated Commissioning and Delivery Toolkit
- Peterborough's Health and Wellbeing Board had already agreed to be part of the pilot; in Cambridgeshire, the Children's Trust Board was being asked to make the decision because the Health and Wellbeing Board had delegated responsibility for its priority 1, "ensuring a positive start to life for children, young people and their families", to the Children's Trust
- the pilot, if agreed, would run for six months; a report would be brought to the Board on completion.

The Board agreed to approve Cambridgeshire as a 'pilot site' for the HCP 0-5 Integrated Commissioning and Delivery Toolkit project – Integrated performance monitoring of the HCP, outcomes and key performance indicators.

## **10. CHILDREN'S TRUST PLAN AND WORKFORCE PLAN**

Received the Children's Trust plan, setting out how the Trust's agreed priorities would be met over the next three years, and the draft workforce plan, covering the workforce needs of the Trust's partner organisations.

Noted that

- links had been made with the county-wide Welfare Reform group for all three priority areas in the Children's Trust plan
- a fourth priority had been added to the workforce plan, Special Educational Needs and Disabilities (SEND), because much of SEND could only be delivered in a multi-agency context
- a refreshed workforce plan would be brought to the Board in a year's time.

It was suggested that it would be helpful if members could provide feedback in a year's time on what impact the Workforce Plan had had on their organisations.

The Board approved the final Children's Trust plan for 2014-17, and agreed to the Children's Trust draft workforce plan.

**11. CHILDREN'S TRUST FORWARD AGENDA PLAN 2014**

Noted the agenda plan to November 2014 and requested the addition of an item on the SEND Commissioning Strategy, the Strategy to be circulated to members meanwhile.

**MT**

Agreed to add to the agenda plan

- the SEND Commissioning Strategy (September 2014)
- a progress report on the emotional wellbeing and mental health strategy (November 2014)
- a report on the HCP pilot (November 2014).

**DR**

**12. FOR INFORMATION PAPERS**

Area Partnership minutes attached:

- Huntingdonshire – 2 April 2014 (Appendix E)
- South Cambridgeshire & Cambridge City – 24 April 2014 (Appendix F).

**13. DATE OF NEXT MEETING:**

Noted that the Board's next meeting would be at 10am on Wednesday 2 July at Sackville House, Cambourne.

Chairman