

Public Document Pack



CHILDREN AND YOUNG PEOPLE'S TRUST

Date: Friday 9 March 2012

Time: 9.00 am

Venue: Tamar Science Park

Please ask for: Mrs Amelia Boulter

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Time	WELCOME, APOLOGIES, MINUTES OF THE LAST MEETING AND MATTERS ARISING	Author & Pages
9.00 – 9.10 am	1.1. Welcome	Chair
	1.2. Apologies	Chair
	1.3. Minutes and action from the meeting held on 9 December 2011.	Chair (Pages 1 - 6)

Time	INFRASTRUCTURE AND GOVERNANCE	Author & Pages
9.15 am	2.1. Foundation Trust Application Purpose of item: To receive a presentation on the Foundation Trust Application.	Dr Alex Mayor (Pages 7 - 26)
9.30 am	2.2. Troubled Families Purpose of item: The board to receive a verbal update on troubled families.	Pete Aley
9.45 am	2.3. Working Better Together for Children and Young People Purpose of item: The board to receive a report on Working Better Together for Children and Young People.	Cate Simmons (Pages 27 - 38)

Time	SERVICE IMPROVEMENT	Author & Pages
	No items.	

Time	MONITORING PERFORMANCE	Author & Pages
9.50 am	<p>4.1. Report from the Chair of PSCB</p> <p>Purpose of item: To receive an update from the Plymouth Safeguarding Children's Board.</p>	<p>Jim Gould/Simon White (Pages 39 - 42)</p>
10.00 am	<p>4.2. Youth Unemployment</p> <p>Purpose of item: The board are requested to engage in an interactive workshop covering main issues for youth unemployment.</p>	<p>Maggie Carter (Pages 43 - 44)</p>

Time	INFORMATION/AOB	Author & Pages
12.00 pm	<p>5.1. Date of next Children and Young People's Trust Board meeting</p> <p>Purpose of item: To note that the next meeting will be held on Friday 15 June 2012.</p> <p>Background paper:</p> <p>Progress Update to Children and Young's People Scrutiny Panel.</p>	<p>(Pages 45 - 52)</p>



**MINUTES OF THE
PLYMOUTH CHILDREN AND YOUNG PEOPLE'S TRUST BOARD
MEETING OF
9 December 2011**

Present:

Cllr Sam Leaves (Cllr SL) - Chair	Portfolio Holder for Children and Young People, Plymouth City Council
Gareth Allen	Parent and carer representative
Andy Birkett (AB)	Chair of Plymouth Association of Secondary Head Teachers (PASH) and Headteacher of Hele's School
Cllr Sally Bowie (Cllr SB)	Councillor, Plymouth City Council
Mike Jelly	Acting Chief Executive, The Zone, Voluntary and Community Sector
Adrian Kemp (AK)	Trustee Stonehouse Play Space Association, Voluntary and Community Sector
Bronwen Lacey (BL)	Director, Services for Children and Young People, Plymouth City Council
Debra Laphorne (DL)	Director of Public Health
Simon Mower	Headteacher, Chaddlewood Primary representing PAPH
Kerri Nason (KN)	Senior Probation Officer, Devon & Cornwall Probation
Paul O'Sullivan (POS) (representing John Richards)	Director of Health Services for Children & Families, Plymouth Teaching Primary Care Trust
Jenny Rudge (JR)	Chief Executive, Connexions Cornwall and Devon
Cllr David Stark (Cllr DS)	Councillor, Plymouth City Council
Steve Waite	Chief Executive, Plymouth Community Healthcare

Apologies:

Viv Gillespie	Principal, City College Plymouth
Morvean Maclean	Parent and carer representative
Dr Peter Rudge	Sentinel Clinical Commissioning Executive Chair, Sentinel

In Attendance:

Fiona Fleming (FF)	Commissioning Manager Plymouth City Council
Claire Oatway (CO)	Head of Service, Performance & Policy, Services for Children & Young People, Plymouth City Council

Minute	Item	Action
Part I 1.1	<p>Welcome Steve Waite, Plymouth Community Healthcare and Chris Eastwood, Devon and Cornwall Police.</p> <p>The Board were informed that the slides being shown were taken at the Takeover day as part of the British Arts Show. At the Participation Gala event young people gave feedback on the Children and Young People's Plan.</p> <p>It was also reported that on Armistice Day on the Hoe, young people manned the War Memorial alongside the arm forces.</p>	

Minute	Item	Action
1.2	<p>Apologies</p> <p>Apologies were received from Dr Peter Rudge, Viv Gillespie and Morvean Maclean.</p> <p>The Board were informed that elections were taking place at the Zone in the New Year for a replacement representative to attend future board meetings.</p> <p>It was also reported that David Connelly would no longer be attending and representation from the clinical commissioning group would be sourced for future meetings.</p>	
1.3	<p>Minutes of the last meeting, held on 16 September 2011</p> <p>Minutes were agreed.</p> <p>Matters arising:</p> <ul style="list-style-type: none"> • page 3 - two events held on 11 November and 20 October 2011, views were heard from young people from Routeways and the Participation Network. Each group configured elements of the plan and their views to be included into the continuous action plan. • page 5 - a report on Child Poverty went to Cabinet on 13 September 2011. A number of participation events were held for staff and councillors. The Child Poverty is moving forward within PCC with a cross party working. This is one of the top priorities for the city. We are working hard with the business sector and housing and more work needs to be done all sectors have a part to play in this. • page 6 - Community Advice Centre. An interim and long term solution is being looked into. Work taking place with Police and probation to progress this. A suggestion was put forward for William Woyka to liaise with community colleagues on this matter. 	
<p>Part 2</p> <p>2.1</p>	<p>Ofsted Annual Performance Assessment</p> <p>BL reported that –</p> <ul style="list-style-type: none"> • Plymouth were judged in the bottom 5 in 2005 and as a result were under regular inspection. Slowly over the years PCC had improved and this year Ofsted reported that PCC were performing excellently. Everyone had made a contribution to this. • there is a need to continue to raise children’s attainment and work around health inequalities in north/west divide. • Children’s health is of prime importance and the Leader states that children are the top priority. Carole Burgoyne will be taking on the new role of Director of People and the Children’s agenda would continue to be championed. 	

Minute	Item	Action
2.2	<p>Plymouth 2020 Governance Changes</p> <p>CO gave an update on the Plymouth 2020 governance changes. It was reported the value of partnership working was recognised. The Plymouth 2020 Executive looked at each of the action plans and signed up to the following 4 priorities –</p> <ul style="list-style-type: none"> • Increasing the number of jobs • Getting people into work • Reducing alcohol harm • Celebrating Plymouth as a city <p>It was raised that the Plymouth Learning Trust work around PASH over the next 2 -3 years and currently what we deliver doesn't meet the needs of the city. Need to be thinking about where we see ourselves in 5 – 6 years time. There are real tensions between funding being reduced and participation age rising – there needs to be bigger joined up thinking.</p> <p>These contributions need to feed into the growth agenda. Funding for post 16 changes – funding regime that funds the course that the country needs.</p> <p>Recommendations agreed.</p> <p>Action: Invite Growth Board to the next meeting.</p>	
2.3A	<p>Community Budget</p> <p>FF reported that</p> <ul style="list-style-type: none"> • offer around community budgets rebadging of Total Place. Plymouth put forward an expression of interest to take part in Phase II. 710 – 810 complex families in PI710 – 810 complex families in Plymouth. • This will be resolved within this parliament – published plan on our offer by March 2012. • We have some good building blocks in place – and how we challenge ourselves and meeting the families earlier. Alcohol theme will be phase I. • 46,000 families national how identified? Is Plymouth in a poorer situation in relation to national – Plymouth has a rise in complexities in families – 58% vulnerable people becoming homeless in the last couple of months. • This is not an imposed solution and how we find the solutions and how they work in the local area. <p>In response to questions raised -</p> <ul style="list-style-type: none"> • see no planning contained within the slides and Plymouth is poor at planning; • Every Child Matters had been very successful, one of the biggest issues is to engage with health; 	

Minute	Item	Action
	<ul style="list-style-type: none"> • collaborative work needed between agencies to make a difference to these families; • work between agencies is critical and we have good examples to build on; • this is an issue for the Health and Wellbeing Board. <p>Recommendations agreed 4 bullet points – add to next agenda.</p> <p>Action:</p> <ul style="list-style-type: none"> • a list of the 750 complex families to be circulated to the board. 	
2.3B	<p>Working Together Better for Children and Young People – A Transformation Strategy 2011 – 2014</p> <p>SW reported that this draft document would be going before a number of committees and staff were happy to provide briefings.</p> <p>In reponse to questions-</p> <ul style="list-style-type: none"> • PCH to move towards locality based working; • the lack of support from GPs and health with schools is frustrating; • a GP may not know what school a child attends which causes difficulty pulling together intelligence for a family; • GPs do not attend CAF meetings; • a requirement for a common shared record across the community. So many barriers in place at present and we need to work together to resolve the issues; • this is the opportunity for heads to document the process. Desperately trying to lead GP and representative heads to explore a way forward; <p>Recommendations agreed.</p> <p>Action:</p> <ul style="list-style-type: none"> • SW and SM to meet to have a discussion on the lack of support from GPs and health and schools. 	
2.3C	<p>Health Visitor Implementation</p> <p>POS reported that –</p> <ul style="list-style-type: none"> • this is a national requirement which is being reinforced in NHS operating format; • it was important to recognise the new role for health visitors; • continue to work with PCH to take on extra staff; • school nurses would not be rebranded as Health Visitors. The government were looking at the role of school nurses. School nurses need to be working to support the schools and hope the new guidance would reflect this. <p>Recommendations agreed.</p>	

Minute	Item	Action
<p>Part 3 3.1</p>	<p>CYP Attendance at Hospital – Progress Update</p> <p>POS gave an update and reported that –</p> <ul style="list-style-type: none"> • there is a priority for planned and unplanned care; • the board received earlier in the year a breakdown 24,000 attendances and admissions for children and young people each year; • looking at what can be achieved in the community; • looking at targeted intervention for children and young people with recurring health problems; • all partners have a role to play and further work to be undertaken on primary and secondary care; • this board to give support on the wider agenda on prevention and addressing poverty; • realigning of Public Health and the local authority and what targeted interventions to focus on; • this needs to take place in the schools to get the messages across when the children are aged 5/6. <p>Recommendations agreed.</p>	
<p>3.2</p>	<p>Children’s Emotional Wellbeing and Mental Health</p> <p>POS gave an update on the Children and Young People Overview and Scrutiny Panel Task and Finish Group which looked at Children’s Emotional Wellbeing and Mental Health. It was reported that –</p> <ul style="list-style-type: none"> • the task and finish identified areas that were working well and not so well; • Tamhs did not have an opportunity to review the report; • also picked up a specific issue - increased waiting times for planned referrals; • the task and finish produced a set of recommendations and an action plan was produced on how to respond to the recommendations; • there is a clear action plan from Plymouth Community Healthcare (PCH) in place including what steps the service would take to achieve the reduction in waiting times; • weekly monitoring meeting to check progress and impact having on the children and young people waiting; • PCH have produced a trajectory to ensure waiting times are within 18 weeks by March 2012; • review of the children and families on the waiting list for an assessment. This has been reviewed by PCC and a multi disciplinary team to look at the learning for the future; • the use of CAF and looking at the child’s and family needs – clearly highlighted multi referral routes into the service that are not joined up. There are children and families that are in the service and have been for some time; • ensuring children and families are receiving the correct service; 	

Minute	Item	Action
	<ul style="list-style-type: none"> • looking at capacity for evening and Saturday appointments by March 2012 so that this can be implemented sooner; <p>Recommendations agreed.</p> <p>Action:</p> <ul style="list-style-type: none"> • Circulate 'Under the Smile' and Tamhs with the minutes. 	
3.3	<p>Report from Chair of Plymouth Safeguarding Board</p> <p>It was reported that –</p> <ul style="list-style-type: none"> • the Plymouth Safeguarding Children Board met yesterday; • a successful safeguarding conference had taken place; • multi agency training had received an injection of cash; • analysis of child deaths over last 3 – 10 years in the city, continues to be an area of concern (road traffic accidents); • multi agency hub up not set up yet. <p>The board noted the report from the Plymouth Safeguarding Children Board.</p>	
Part 4 4.1	<p>Date of next Children and Young People's Trust Board Meeting</p> <p>The next meeting will be held on Friday 9 March 2012.</p> <p>Special thanks were given to Bronwen for her work and support to the board.</p>	
4.2	<p>Background Papers</p> <ul style="list-style-type: none"> - Summer Mix - Children's University 	



Meeting	Plymouth Children and Young People's Trust Executive Committee
Date	9 March 2012
Title	Plymouth Hospitals Foundation Trust
Responsible Officer	
Purpose of Item	For the Board to receive a report.
Recommendations	
Consultation Record	
Meeting Notes:	

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Our Future as an NHS Foundation Trust

Consultation: January – March 2012



Leading with excellence, caring with compassion



Seeking Your Views

- We are asking for your views on
 - Our plans for the future
 - Our proposed new name
 - Our arrangements for governance: our membership and our Council of Governors

- We are also asking for your support

Please join us as a Member - together we can make a difference



Being an NHS Foundation Trust

- ❑ We will remain part of the NHS family and continue to
 - Treat NHS patients free of charge
 - Employ NHS staff
 - Be bound to the same high quality standards as the wider NHS
 - Be subject to independent inspections

- ❑ We will also strengthen the way we work with our community
 - We will have members – patients, staff people from our local community who want to play a part
 - A Council of Governors made up of elected and appointed patients, staff and local people whose role it is to ensure community involvement



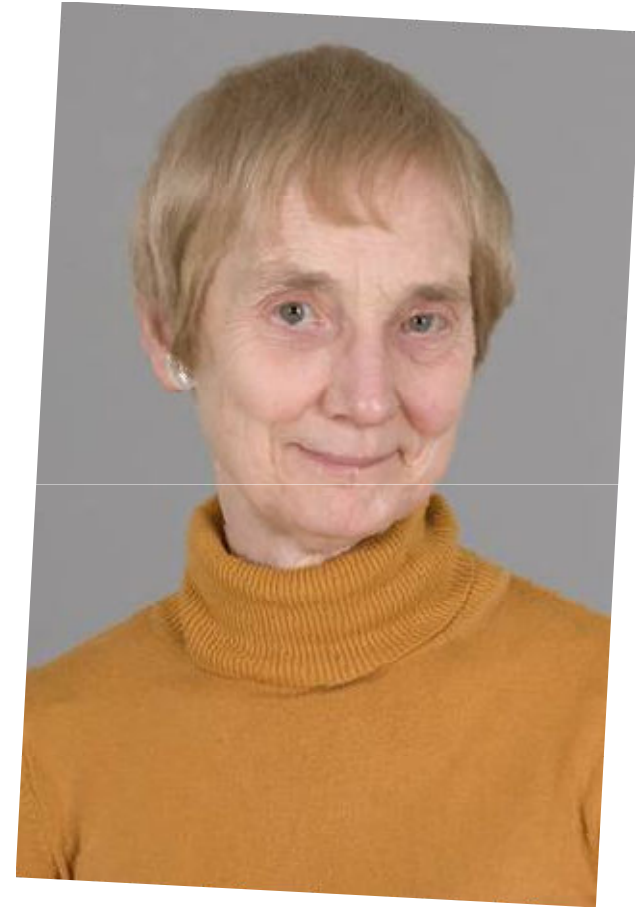
“ It is essential that we become an NHS Foundation Trust, as we are the largest Trust in the south west peninsula offering specialist services and we should be controlling our own destiny. Becoming a Foundation Trust will give us more autonomy to plan and invest in research and innovation, which undoubtedly improves patient care and outcomes. ”



Governor-in-waiting Consultant
Thoracic and Oesophago-Gastric
Surgeon Joe Rahamin



“As a ‘governor in waiting’ I have contributed ideas from the patient perspective, highlighting what is good and bad, to influence change. I have seen changes happen and realise that the opinions of ‘governors’, members and patients are valued. I have been part of the ‘governors’ panel three times when the Trust has appointed Executive Directors.”



Governor-in-waiting Vera Mitchell




“ As a governor in waiting, I have been able to gain an insight and ... understand the problems that need to be overcome. It has allowed us to begin to build a relationship and two way conversation between management and all the stakeholders involved. I hope we will have the opportunity to develop this further as a Foundation Trust to help provide the best service for everyone involved, one of which we can all be truly proud. ”



Governor-in-waiting Pam Redgwell



Our Foundation Trust Journey

- Oct 2011 – Submission of draft Integrated Business Plan
- Jan 2012 –  Begin public consultation exercise
- Jan 2012 – Historical due diligence (stage 1)
- Mar 2012 – Submission of final Integrated Business Plan
- Apr 2012 – Historical due diligence (stage 2)
- Aug 2012 – Formal application to the Department
- Nov 2012 – Monitor assessment process begins
- Feb 2013 – Formal authorisation



Who We Are



- A regional specialist teaching hospital
- A growing research centre
- Proud of our military connections
- We have 907 beds, around 5,200 whole-time equivalent staff and a turnover of £383m for 2011/12



Leading with excellence, caring with compassion



What We're About

Our Values

- ❖ Putting Patients First
- ❖ Taking Ownership
- ❖ Respecting Others
- ❖ Being Positive



Our Promises to Our Patients

- ❖ I will ... care for you compassionately and respectfully
- ❖ I will ... give you clear information and involve you in your care
- ❖ I will ... give you the best treatment I can when you need it
- ❖ I will ... make sure you are treated in a clean and safe environment



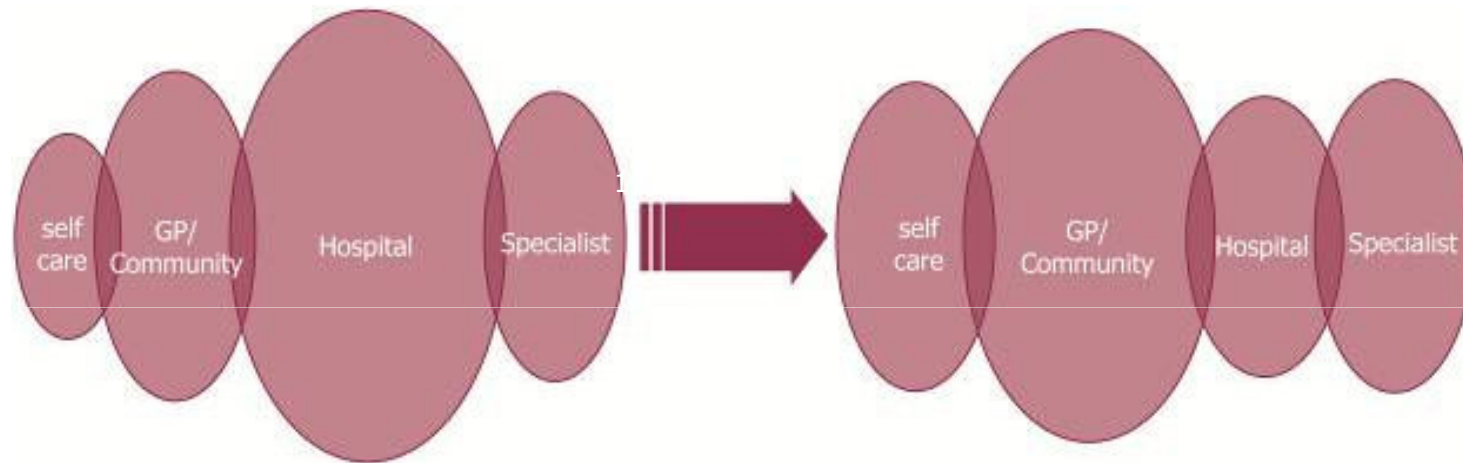
Our Vision

To be a major university teaching hospital and healthcare provider, recognised as one of the best in the country.

We will lead with excellence and care with compassion.



Our Strategy and the Health Economy Vision



**Excellent
Patient
Outcomes**

**Excellent
People**

**Excellent
Partnership**

**Excellent
Innovation**



Leading with excellence, caring with compassion



Our Five Year Plans

Achieving **excellent patient outcomes** by

- Maintaining and improving the safety and quality of our core hospital services and deliver excellent specialist care
- Delivering care in the most appropriate setting for the patient – right treatment, right time, right place
- Expanding our specialist services – Major Trauma Centre, cancer services, paediatric services
- Developing healthcare services which are led by doctors, nurses and other healthcare professionals and well supported by good managers and support staff

Employing **excellent people** by

- Reviewing and developing our workforce as healthcare needs change to ensure we have the right people, in the right place at the right time to provide excellent patient care and support colleagues who do so
- Providing clear and consistent leadership to highly motivated staff who take a pride in delivering the best possible care with kindness and compassion



Our Five Year Plans

Developing **excellent partnerships** by

- Developing good relationships with other health and social care providers and robust contracting arrangements with those who purchase services on behalf of patients
- Engaging governors, members and future Healthwatch in shaping and improving the quality of services to our patients
- Building on strong academic partnerships
- Playing a leading role as a large organisation and employer in Plymouth and the wider peninsula

Creating a culture of **excellent research and innovation**

- Promoting and expand our research and development activities
- Empowering our staff to innovate and lead their services

What do you think of our plans?



Our Name

University Hospital Plymouth NHS Foundation Trust

What do you think of our proposed name?



Our Plans for Membership

- We have 6,000 people signed up as members already
- Anyone over 16 with an interest can become a member
- All staff automatically become members unless they opt out

Where are our members drawn from?

Members will continue to be drawn from 3 electoral areas:

- Plymouth, Cornwall & Isles of Scilly, Devon (excluding Plymouth)










Staff members are drawn from the following staff groups:

- Admin & Clerical (A&C), Management, Hospital Chaplains and Estates
- Nursing and Midwifery Services
- Medical and Dental
- Health Professionals
- Volunteers
- Contracted Staff

What do you think of our membership plans?












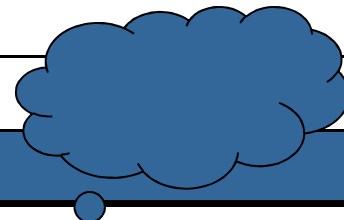
Our Council of Governors - Elected

Constituency	No of elected governors
Public constituencies (elected)	14
Plymouth	
Cornwall	
Devon	
Staff constituencies (elected)	6
A&C, management, chaplains and estates	
Nursing and midwifery	
Medical and Dental	
Health professionals	
Volunteers	
Contracted staff	
Total	20



Our Council of Governors - Appointed

Constituency	No of appointed governors
Primary Care Trusts	3
Plymouth Commissioning Representative	
Devon Commissioning Representative	
Cornwall Commissioning Representative	
Local authorities	3
Plymouth City Council	
Cornwall County Council	
Devon County Council	
Partner organisations	3
Derriford Hospital League of Friends	
Ministry of Defence Hospital Unit	
University of Plymouth	
Total	9



What do you think of our plans for Governors?



Leading with excellence, caring with compassion



Any Questions?





Meeting	Plymouth Children and Young People's Trust Board
Date	9 March 2012
Title	Working Together Better for Children and Young people; A Transformation Strategy for Health Services for Children and Young People 2011-2014.
Responsible Officer	Cate Simmons, Interim Head of Children's Services, Plymouth Community Healthcare CIC
Purpose of Item	<p>The Children and Young People's Trust Board are requested to receive this briefing paper that has been developed to give an update on the progress of 'Working Together Better for Children and Young People: A Transformation Strategy 2011-2014'.</p> <p>The paper will describe planned revisions to the strategy as an outcome of the consultation process for the strategy, which has recently taken place at the request of Plymouth Community Healthcare CIC Board in November 2010.</p>
Recommendations	It is recommended that the Children and Young People's Trust Board accept the proposed amendments to <i>Working Together Better for Children and Young People</i> such that a final version may be created for endorsement and approval by Plymouth Community Healthcare Board on the 19 th April 2012.
Consultation Record	
Meeting Notes:	

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Paper for: Plymouth Children and Young People's Trust Board
Author: Cate Simmons. Interim Head of Children's Services. Plymouth Community Healthcare CIC.
Date: 09 March 2012
Purpose: This briefing paper has been developed to give an update on the progress of 'Working Together Better for Children and Young People: A Transformation Strategy 2011-2014'.

The paper will describe planned revisions to the strategy as an outcome of the consultation process for the strategy, which has recently taken place at the request of Plymouth Community Healthcare CIC Board in November 2010.

1. Introduction

1.1 'Working Together Better for Children and Young People: A Transformation Strategy 2011 – 2014' has been developed with the specific intention of describing a new framework of community based healthcare services for children and young people in Plymouth. This new framework of services is expected to provide the basis for improvements in the health and wellbeing of children and young people across the city.

2. Consultation¹ Responses

2.1 There have been nine formal responses returned, with three further 'informal' responses received. Michelle Thomas, Director of Operations and Cate Simmons, Interim Head of Children's Services have also met with the Chairs of PASH, SHAP and PAPH and the Principal of SDCC to take verbal feedback.

2.2 As a result of the limited responses and the tight timescales described in the agreed review, endorsement, and approvals process for the strategy, it has been decided that to reach agreement about the way forward for children and young people's services, it was necessary for the Plymouth Community Healthcare Executive Management Team to make a decision about required amendments to the strategy. An options paper was taken by the Interim Head of Children's Services to this meeting on the 9th February 2012 and the following amendments agreed for inclusion in the revised strategy.

¹ 'Consultation' is being used in a generic sense, to describe the act or process of consulting on the contents of the strategy. This period of consultation on the contents of the strategy **should not** be confused with formal consultation with staff carried out as part of a human resources process.

3. Early Years Service

- 3.1 The initial proposal for an Early Years Service outlined in Working Together Better for Children and Young People: A Transformation Strategy 2011-2014' will not be progressed. The arrangements below will take its place.
- 3.2 Align health visiting services with the ²five localities (as for adult services), based or linked in the 16 Children's Centres across the city, under the management of the Locality Managers. The Family Nurse Partnership would also be included in this revised arrangement.
- 3.3 Early years Speech and Language Therapists would be aligned with the rest of the Children's Speech and Language Service in locality based teams (see below).
- 3.4 The Parent and Infant Mental Health Team would be developed as described in the strategy but would be sited with specialist, citywide services instead (see below).

4. Locality based teams

- 4.1 This element of the strategy would remain substantially the same as originally described, with healthcare professionals who currently work with older children being drawn together with colleagues from Plymouth City Council to provide a comprehensive offer to meet the needs of 5-18 year olds in the city.
- 4.2 The healthcare professionals working in the locality based teams would be the School Nurses, a proportion of the 'skill mix' lower banded staff from the current 0-19 CPHN Service, the Primary Mental Health Workers from Mainstream CAMHS – including the Targeted Mental Health in Schools (TaMHS) team – and the Speech and Language Therapists.
- 4.3 These healthcare professionals would work in four school age locality teams aligned with the four children and young people's locality teams established by Plymouth City Council, which include social care practitioners, educational psychology, family support workers, and inclusion support workers, advisory support teachers, learning mentors, education welfare officers and parent support advisors.
- 4.4 The four healthcare teams would retain a separate leadership and management structure, with a Clinical Team Manager in each team

² The five locality teams within PCH are South West, North West, Central and North East, South East and Plym. The latter is a placing together of Plympton and Plymstock . This is consistent with the planning of the Local Strategic Partnership.

reporting to the Children and Young People's Locality Services Practice Manager.

- 4.5 This arrangement would allow services to respond more effectively to the needs of school age children as well as supporting the achievement of the 'Troubled Families' agenda by targeting support at those families that have been identified as requiring a multiagency and multiprofessional response. The Interim Head of Children's services, Plymouth Community Healthcare CIC is at present working with senior Local Authority colleagues and Head Teachers from across Plymouth to ensure that this joint commitment to school facing teams will result in the best possible arrangement for school age children and young people.

5 Specialist citywide services

- 5.1 These services are:

- Peninsula Tier 4 CAMHS Inpatient Unit;
- CAMHS Children's Day Programme;
- CAMHS Plymouth MDT (currently under reconfiguration)
- CAMHS Outreach Team;
- CAMHS Severe Learning Disability Team;
- CAMHS Parent and Infant Mental Health Team (the expansion of the existing Infant Mental Health Team as described in the strategy would be retained)
- Children in Care Team (the expansion of the existing Children in Care CAMHS Team as described in the strategy would be retained)
- Peninsula Child Death Review Service

- 5.2 With the exception of the Peninsula Tier 4 CAMHS Inpatient Unit the entire specialist, citywide services will be allocated to a single locality. This would mean a consolidation of the specialist elements of services for children and young people under one management structure.

- 5.3 The Peninsula Tier 4 CAMHS Inpatient Unit would benefit from enclosure within a management structure that in-patient adult mental health and as such the strategy will be amended to place this service within the appropriate locality for that outcome.

6. Management and Leadership

- 6.1 The amendments to the strategy will also require a revision of the management and leadership structure that was originally proposed. It is recommended that the following posts would be required.

- **Head of Children and Young People's Services** – this post would hold line management responsibility for the Children and Young People's Locality Services Practice Manager and would

take responsibility for implementing the integration of the four school age locality based teams with those managed by Plymouth City Council. They would also take a wider role in supporting the strategic development of services for children and young people, as well as working closely with the Locality Managers and Professional Leads. The post will take the lead in describing and delivering the transition plan to the arrangement of services described above.

- **Clinical Lead for Specialist Community Public Health Nursing** – this post would be responsible for ensuring safe clinical practice across the health visiting and school nursing service, liaising with the Locality Managers and the Children and Young People’s Locality Services Practice Manager to ensure consistency of practice across the city;
- **Children and Young People’s Locality Services Practice Manager** – this post would ensure the work undertaken in the four school age locality based teams continues to support the provision of safe and effective community based healthcare services. This post will be integral to maintaining effective clinical governance and ensuring compliance with Care Quality Commission (CQC) standards. It will also ensure compliance with operational standards such as the 18 week referral to treatment time.

6.2 There are already Clinical Team Managers in each of the Mainstream CAMHS teams that form part of the specialist, citywide services, as well as a Service Manager in the Peninsula Child Death Review Service. These posts would remain in the structure.

6.3 It should be noted that notice on the provision of the Child Death Review Service will be served in 2012/13, in line with arrangements that are being put in place in the two commissioning organisations – NHS Plymouth and the four Local Safeguarding Children Boards across the Peninsula) – to seek an alternative service provider or method of provision in 2013/14.

6.4 In order to demonstrate the management and leadership structure suggested, a diagrammatic representations of the proposed arrangement is attached as Appendix One

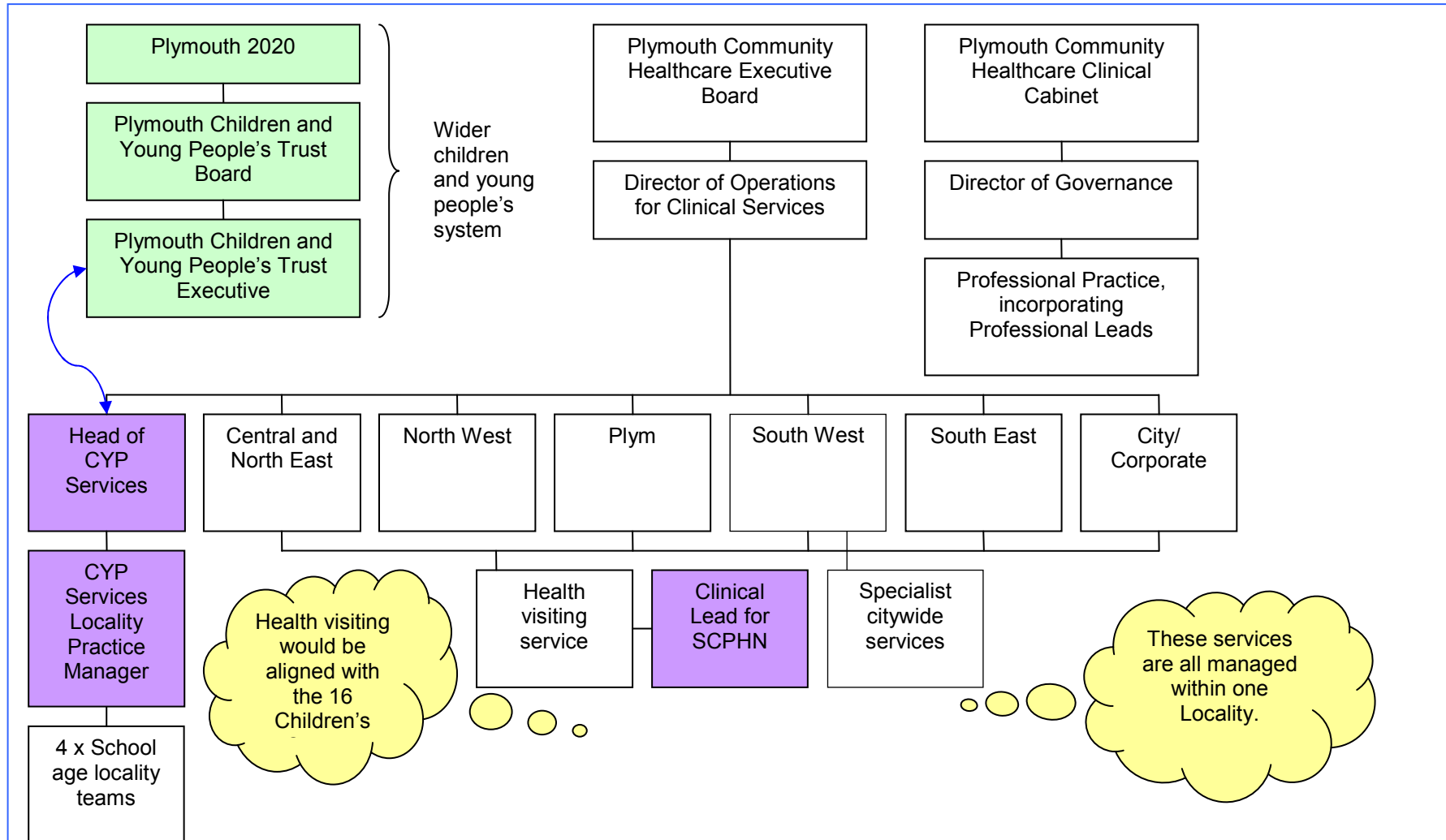
6.5 It should be noted that there are challenges for PCH to delivering adult services into the 5 localities most commonly adopted across the city whilst at the same time, delivering locality based school age children and young people’s services into the four localities determined for that purpose by Plymouth City Council Children’s services.

7. Recommendations

7.1 It is recommended that the Children and Young People’s Trust Board accept the proposed amendments to *Working Together Better for*

Children and Young People such that a final version may be created for endorsement and approval by Plymouth Community Healthcare Board on the 19th April 2012. The revised review, endorsement and approvals timeline is attached as Appendix Two.

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It should be noted that the specialist citywide services are shown against the South West locality only to demonstrate their placement into a single locality. The final decision about the locality into which the service is to be placed, will be taken as part of the transition planning.

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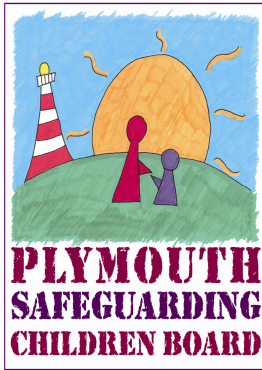
‘Working Together Better for Children and Young People’

Revised review, endorsement and approvals timeline

The revised timeline for the review, endorsement and approval of the strategy is outlined in the table below:

Board, group or body	Date	Review, endorsement or approval
Plymouth Community Healthcare CIC Board	15 December 2011	Review
Joint Committee for Consultation and Negotiation	21 December 2011	Review
Plymouth Community Healthcare CIC Board	19 January 2012	Review
Plymouth Community Healthcare Executive Management Team	09 February 2012	Review and approval of inclusions to final version
Plymouth Children and Young People’s Trust Executive	15 February 2012	Review and approval of inclusions to final version
Children and Families Directorate Management Meeting	16 February 2012	Review and approval of inclusions to final version
Plymouth Community Healthcare CIC Board	23 February 2012	Review and approval of inclusions to final version
Transformation meeting – commissioners and PCH	06 March 2012	Review and approval of inclusions to final version
Plymouth Children & Young People’s Clinical Commissioning Group	07 March 2012	Review and approval of inclusions to final version
Plymouth Community Healthcare Executive Management Team	08 March 2012	Review and endorsement of final version
Plymouth Children and Young People’s Trust Board	09 March 2012	Review and endorsement of final version
NHS Plymouth ET QIPP Meeting	13 March 2012	Review and approval of inclusions to final version
Plymouth Community Healthcare CIC Board	15 th March 2012	Update on progress for endorsement
Plymouth Shadow Clinical Commissioning Group	28 March 2012	Review and approval of inclusions to final version
Plymouth Community Healthcare CIC Board	19 April 2012	Review and approval of final version

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PLYMOUTH SAFEGUARDING CHILDREN BOARD (PSCB)
PSCB INDEPENDENT CHAIR'S REPORT TO THE
PLYMOUTH CHILDREN AND YOUNG PEOPLE'S TRUST
MEETING - 9 MARCH 2012

I. INTRODUCTION

- 1.1 This is the ninth report from the Independent Chair of the Plymouth Safeguarding Children Board intended to inform the Plymouth and Young People's Trust Board of national and local developments in safeguarding and areas for further developmental work by the Trust in order to enhance the safety of children and young people.

2. PROGRESS ON CHALLENGES SINCE THE LAST REPORT

- 2.1 My previous reports identified challenges for partners of the Trust and I have included the following updates on progress to meet these challenges:

2.2 Organisational changes within partner organisations and financial constraints.

- 2.2.1 These changes continue to evolve with some associated change in personnel and structures. The new Social Enterprise Company for Community Health, Plymouth Community Healthcare CiC (PCH) has nominated Liz Cooney, a Director of the Company with overall responsibility for safeguarding to be their nominated representative on the PSCB. The Safeguarding Business Manager and I met with Liz recently for an induction and we are pleased to have a senior representative from the new organisation as a member.
- 2.2.2 As in my previous report the recruitment of a Designated Doctor for Child Protection has not yet been successful but assurance has been given that contingency arrangements are in place to provide cover, and that a permanent appointment is still the aim.
- 2.2.3 Consultation on the new proposals for safeguarding arrangements within the Police Service has been extended. I recently met the Assistant Chief Constable responsible for the service, Mr. Ross Middleton and with Detective Chief Superintendent Michelle Slevin along with my fellow Chairs from Devon and Torbay. We were given assurances that

there would be full discussion with stakeholders prior to any changes being made and reassured that safeguarding will remain a Force priority.

2.3 Young Witness Support Scheme

- 2.3.1 In my September report to the CTB, I drew attention to the fact that the NSPCC were withdrawing from this scheme and the Trust Board established a task and finish group to address this loss of provision. The proposed linking nationally with the Victim Support Scheme has now been confirmed. Chairs of LSCBs have received a joint letter from the NSPCC and Victim Support giving advanced notice of the intention to jointly develop a new support service for young witnesses across England and Wales. The hope is for the service to be delivered by Victim Support in 12 months time. I am sure the CTB will be concerned with this timescale given that the scheme which has operated locally has now come to an end. The issue was discussed at the meeting with the Police Service mentioned above and the Police are keen for the service to be reinstated utilising the existing trained volunteers. They are in ongoing discussions with the NSPCC, but there appears to be an issue about provision of support, supervision and guidance for the volunteers.

3. NATIONAL DEVELOPMENTS

- 3.1 In my last report I noted that the Government, in response to the Munro Report had stated that the current arrangements for Serious Case Reviews would continue for the foreseeable future, including full publication and Ofsted evaluations. Ofsted have now published their new interim approach to Serious Case Reviews .From January 2012 evaluations will be “more streamlined” with a greater focus on “identifying and embedding learning”. Evaluations will no longer be graded. Findings of evaluations will be set out in an Evaluative Letter which will focus on judging the effectiveness and impact of learning from practice. These arrangements will continue until July 2012. The Minister had previously stated that the SCIE (Social Care Institute for Excellence) systems model of reviews was “not perfect” and needed further testing before it could be considered for a prescribed model. I am attending one of the National feedback sessions on where the SCIE model has been tested on 9th March and so have had to give my apologies for today’s meeting.
- 3.2 Ofsted have also published their interim inspection framework for the inspection of child protection in local authority areas. The intention is for there to be a joint inspection framework “during 2013/2014” which will involve Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation undertaking joint inspections. The interim framework will consider how effectively the local authority leads partnership working and how effectively local services contribute to the protection of children and

young people. All inspections will be unannounced and the inspection team comprised of 4 inspectors with social care experience and one with education experience.

- 3.3 The new Ofsted framework for the inspection of schools has also been published and was introduced in January 2012. Safeguarding is no longer a “Limiting Judgement” for the overall Ofsted judgement of a school. There are now four key judgements in an Ofsted inspection of schools around “achievement”, “quality of teaching”, behaviour and safety” and “leadership and management”. The school’s commitment to safeguarding will be inspected within the judgements for “behaviour and safety” and “leadership and management”. Ofsted has a clear statement that the requirement to evaluate the school’s compliance with statutory requirements on safeguarding remains.

4. LOCAL DEVELOPMENTS

- 4.1 Safer Internet Day was celebrated locally through a joint PSCB/Plymouth University event . The day was a practical fun day for children and young people, parents and carers and practitioners to explore the Internet and to consider how to stay safe. Participants included nearly 300 children from the City, drawn from early years settings, primary and secondary schools. Volunteers drawn from social care and educational courses at the University and from ICT programmes assisted, as did school staff and representatives from other PSCB member agencies including the Police, Youth Service, Fire and Rescue Service and Social Care.
- 4.2 Along with representatives from the PSCB, I met with the Vice Chancellor of the University and members of her senior team to explore other ways we can jointly work on safeguarding issues. The University has kindly offered their premises to host this years annual PSCB Conference which is to be held on Thursday 28th June 2012.

5. AREAS FOR DEVELOPMENT TO DRAW TO THE TRUST BOARD’S ATTENTION

- 5.1 As I have mentioned in previous reports organisational changes, changes of personnel, subsequent loss of expertise combined with financial constraints remain a continuing cause for concern. It is therefore essential that all agencies maintain their stated commitment to keeping safeguarding as the highest priority. It places an even greater responsibility on the PSCB to monitor and highlight these issues and bring them to the attention of the CTB and the developing Health and Wellbeing Board. As I raised in my last report it will be important to define the relationship and reporting processes between the PSCB, CTB and the Health and Wellbeing Board and I will look forward to being involved in that process.

- 5.2 I have again highlighted the concern at the loss of the Young Witness Support Scheme and would urge the CTB to continue its efforts to resolve this problem locally.
- 5.3 I would also like to use this opportunity to record my thanks to the Chief Executive of Plymouth City Council, Mr Barry Keel, who has announced his intention to retire. As many of you will know Barry chaired the PSCB prior to the recruitment of an Independent Chair. I have greatly valued his support in my role and would like to thank him for his genuine commitment to safeguarding.

Jim Gould
Independent Chair of the Plymouth Safeguarding Children Board
March 2012



Meeting	Plymouth Children and Young People's Trust Board
Date	9 March 2012
Title	Youth Unemployment
Responsible Officer	Maggie Carter
Purpose of Item	The Children and Young People's Trust Board are requested to engage in an interactive workshop covering main issues for youth unemployment.
Recommendations	<p>To note the economic prospects for the city and direction within the local economic strategy.</p> <p>To identify how member organisations can practically support young people into work.</p> <p>To note upcoming raising participation age milestones.</p>
Consultation Record	
Meeting Notes:	

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CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH

Progress Update to Children and Young People's Scrutiny Panel



Response to recommendations from the Task and Finish Group on Children and Young People's Emotional Wellbeing and Mental Health

Plymouth Children and Young People's Trust has formally received a copy of the report from the Task and Finish Group and has agreed to the recommendations. An action plan has been developed and the responsibility for this plan has been delegated to the PCT as the lead partner for this service area. Additional coordination will be provided through PCC's Children's Commissioning team.

A copy of the Action Plan and progress to meet the recommendations is attached in Appendix 1.

Summary of key areas of progress:

1. Waiting Times for Specialist Intervention

- 1.1 The PCT had been working with Plymouth Community Healthcare on a plan for improvement. This ensures compliance with the national standard of no more than 18 weeks wait between referral and treatment. The achievement of this has been monitored closely by PCT and Plymouth City Council staff.
- 1.2 Plymouth Community Healthcare has reduced the number of Children and Young People waiting longer than the national standard of 18 weeks from referral to treatment. The original target was to reduce the number of referrals breaching this standard to 11 at the end of February and zero by the end of March; Performance to date indicates that no referrals will be breaching this standard by the end of February. See Appendix 2
- 1.3 An External Review Team from the high performing Oxford and Buckinghamshire CAMH Service has been commissioned by Plymouth Community Healthcare in order to review the model of service delivery. Recommendations from this review will be used to ensure sustainability of access to the service.

2. Attendance at CAF Meetings

- 2.1 The issue of non attendance at CAF meetings by key agencies was reviewed at the Children's Trust Executive on 18/01/2012. All partners agreed to ensure through commissioned and provided services staff would prioritise attendance to CAF meetings. Further work has been progressed to ensure CAF meetings are properly resourced and attendance monitored closely.

3. Communication

- 3.1 Plymouth Community Healthcare has developed a communications strategy to ensure practitioners and referring agencies are kept informed about service developments. PCH wrote to all referring agencies on 6th January and 8th February 2012 to update them on the waiting list and on the other mental health services they deliver for children and young people

- 3.2 PCH also wrote to schools in November informing them of the support available through the Targeted Mental Health in Schools (TaMHS) project, commissioned using Early Intervention Grant funding. Further communication to be sent by the Council by the end of February informing schools and youth services about new counselling service (see 4.2)

4. Review of roles of statutory and non-statutory provision and Early Intervention

- 4.1 The requested Framework document has been developed. This outlines the requirements in respect of Children's Emotional Wellbeing and Mental Health for the PCT, Local Authorities and schools. It also maps commissioned resources specific to Children's Emotional Wellbeing and Mental Health against the level of need for preventative services, early intervention, targeted early intervention and specialist services. This has formed the basis of the review of Early Intervention provision to be completed by the end of March 2012.
- 4.2 PCC and PCT have commissioned a new pilot for an early intervention therapy service targeted to meet the needs of vulnerable 11-16 year olds, including those experiencing significant family problems, such as domestic abuse and parental substance misuse and those in vulnerable groups, such as unaccompanied asylum seekers and young carers. This is due to start at the beginning of March 2012.
- 4.3 Improvements in co-ordination of preventative support and increased capacity to meet need early have formed the key components of the Children's Services early intervention planning and framework. This forms the building blocks for our plans to meet the needs of troubled families. In turn this ensures diversion from specialist high cost services.
- 4.4 In partnership with the PCT, joint commissioning will improve the performance of the specialist CAMH service and improve capacity to meet need earlier. This will improve long term outcomes for Children, Young People and Families in raising capability for achievement and reducing health inequalities.

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
R1	The panel extends its congratulations to members of the Youth Cabinet for their work in carrying out the survey of attitudes towards mental health that is referenced in this report	Prepare letter on behalf of Chair of CYPOSP	Claire Oatway, Policy, Performance and Partnership Manager PCC	Letter sent	31/01/2012
R2	Representatives of Children and Young People Overview and Scrutiny Panel attend the Youth Cabinet to feedback on the report and recommendations following task and finish review	Arrange session for feedback to the group	Claire Oatway, Policy, Performance and Partnership Manager PCC	Attendance originally scheduled for February has been rescheduled due to availability (Youth Parliament elections and preparation) Meeting re-scheduled for 22 nd February 2012	31/01/2012
R3	The Council should consider the use of social media networks to promote consultation initiatives	To include within design of PCC consultation framework	Giles Perritt, Head of Performance, Policy and Partnerships PCC	Agreed that social media and other online channels be included within consultation framework and associated communications. Work has started to refresh PCC consultation framework due for completion in Spring 2012.	Complete
R4	The Children's Trust allocates responsibility to a lead agency to develop a framework that clearly identifies the roles of statutory and non-statutory agencies and the resources available both in prevention and early intervention work with regard to mental health among children and young people	Children and Young People's Trust Executive identify staff team to produce framework document of services responding to differing levels of need and available at both locality and city wide level, including those provided by the statutory and non-statutory sector. This framework to be used to support action in respect of R 8.	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth & Fiona Fleming, Commissioning Manager PCC	All commissioned services have been mapped against statutory responsibilities and role of prevention, early intervention (2 levels of need) and specialist intervention. Resources from Dedicated Schools Grant, Early Intervention Grant, PCC and PCT revenue funding are clearly identified in document.	Framework document to be presented to Children's Trust Executive on 21/03/2012

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
R5	The Children's Trust review reasons for non-attendance of key professionals at Common Assessment Framework meetings, and make recommendations to ensure that such meetings are timely and properly resourced, with particular attention being paid to the role of Educational Psychologists and communication interaction professionals.	Common Assessment Framework team prepare a review of attendance issues to be reported to the Children and Young People's Trust Executive	Amanda Paddison, CAF Manager	The issue of non attendance at CAF meetings by key agencies was discussed at the Children's Trust Exec on 18/01. All partners agreed to ensure through commissioned and provided services staff would prioritise attendance to CAF meetings. Maggie Carter has reported that Educational Psychologists and communication interaction professionals will attend meetings where appropriate. Further work has been progressed to ensure CAF meetings are properly resources and attendance monitored closely Children's Trust Executive will continue to monitor.	Complete
R6	Plymouth Community Healthcare (PCH) prepare a communications strategy with respect to children and young people's mental health and revise content of media as appropriate.	To ensure partners and young people are made aware of the services that are available to them and how those services are developing	Jacqui Gratton, Communications Manager PCH Michelle Thomas, Director of Operations PCH Cate Simmons, Interim Head of Children's Services PCH	Communications strategy developed and submitted. PCH sent letters to all referring agencies on 6 th January and 8 th February 2012 to update them on the waiting list and on the other mental health services they deliver for children and young people.	To be presented to Children's Trust Exec on 21/03/2012
R7	The Panel commends the Excellence Cluster for their flexible approach to the delivery of services and the best practice	Letter to be drafted for sign off by Chair	Claire Oatway, Policy, Performance and Partnership Manager PCC	Letter sent	30/11/11

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
	demonstrated in their work.				
R8	PCC and PCT commissioners review the range of early intervention services available and assess the value for money of the range of options.	Joint Commissioning Plan to be developed by PCC and NHS Plymouth to maximise use of available resources for commissioning appropriate and effective services early intervention services. Draft Joint Commissioning Plan to be developed during 2011/12 for approval with view to implementation in financial year 2012/13	Paul O’Sullivan, Director of Joint Commissioning NHS Plymouth (Commissioning officers from PCC and NHS Plymouth) & Fiona Fleming, Commissioning Manager PCC	PCC/PCT additional pilot for counselling services targeted to CYP with significant family problems – such as domestic abuse, substance misuse and vulnerable groups such as young carers and unaccompanied asylum seekers A range of small grants have been awarded through Localities Small Grant Commissioning to 4 voluntary and community sector projects to increase capacity for prevention and early intervention. Review of services underway which will inform the Joint Commissioning Plan for 2012/13	31/03/2012
R9	The Council ensures that key universal services including schools and youth services are notified of alternative counselling services available within the city.	Communication to be prepared	Maggie Carter, Assistant Director - Learner & Family Support PCC	Schools were informed by PCH of support available through TaMHS, commissioned through Early Intervention Grant, on 21 November Communication sent by PCH to all referring agencies as reported in R6. Follow up communication to be sent regarding of contract for counselling service by the end of February	Further communication drafted and ready to be sent by 28/02/2012

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
R10	The Council update the Panel regarding the impact of new multi-disciplinary locality teams on children's emotional wellbeing and mental health services in six months	Schedule update to CYPOSP	Maggie Carter, Assistant Director - Learner & Family Support PCC / / Alan Fuller, Principal Educational Psychologist PCC	To be included in CYPOSP forward plan.	30/04/12
R11	An urgent summit meeting to be arranged between strategic leads from CYPOSP, PCC, PCT and PCH regarding the findings of this report	Meeting took place 26 th October 2011.		Complete – full report made to CYPOSP on 5/1/2012	Complete
R12	PCH review the cost effectiveness of participation support services for young people using mental health services	Director of Finance to work with the Chief Executive of Routeways	Dan O'Toole, Director of Finance PCH	Completed in conjunction with Routeways.	31/12/2011
R13	The Children's Trust investigate and report on ways in which the work of clinicians and other children's professionals can be better co-ordinated with respect to mental health support	Learning from the current multi disciplinary review underway of the cases waiting for CAMHS assessment will be used to inform how professionals can improve coordination at both an early intervention stage and during treatment with particular reference to use of CAF (R5). The framework document (R4) and Joint Commissioning Plan (R8) will incorporate this.	Cate Simmons Interim Head of Children's Services PCH Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth	Options appraisal in development following lessons learnt from waiting list review. This will implement coordination in information gathering and referral. Initial discussions held at Children's Trust Board providing additional feedback and support from across the sector.	Options appraisal as to referral routes and options to improve co-ordination to be presented to Children's Trust Exec for approval on 21/03/2012 Incorporation

APPENDIX I: EMOTIONAL WELLBEING AND MENTAL HEALTH - Task and Finish Report Recommendations

	Recommendation	Action Required to Deliver Recommendation	Lead	Update as at 20/02/12	Date to be Completed by
					in Joint Plan by 31/03/2012
R14	The Children's Trust establishes a clear and transparent process for the identification, monitoring and escalation of issues such as those identified in this report	Mechanism for reporting of performance through Children's Trust Executive and Board to be reviewed and refreshed	Claire Oatway, Policy, Performance and Partnership Manager PCC	To be incorporated into Plymouth 2020 governance review and partnership working guide.	31/03/2012
R15	Commissioners from the Children's Trust provide interim updates to CYPOSP on the response to these recommendations.	Progress report to be reviewed by Children and Young People's Trust Exec and dates for reporting to CYPOSP to be agreed with Chair.	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth & Fiona Fleming, Commissioning Manager PCC	Action plan and progress reports to be reviewed at Children's Trust Executive on 21/03/2012 Update to be provided for 1 st March 2012 with quarterly follow up reports	31/12/2011

APPENDIX 2: CAMHS waiting list performance update 20/02/2012

	October		December		January		February		March		
	Actual		Actual		Plan		Plan		Plan		
	Total Waiting	Breaching RTT	Total Waiting	Breaching RTT	Total Waiting	Breaching RTT	Total Waiting	Breaching RTT	Total Waiting	Breaching RTT	
Primary Mental Health Workers	0	0	46	20	41	0	16	0	0	0	
Plymouth Multi- Disciplinary Team	242	98	66	23	58	13	50	5	0	0	
Neuro-Developmental	0	0	82	25	46	10	42	6	37	1	
TOTAL	242	98	194	68	145	23	108	11	37	1	
					January						
					Actual						
					Primary Mental Health Workers	27	10				
					Plymouth Multi- Disciplinary Team	55	6				
					Neuro-Developmental	63	10				
					TOTAL	145	26				

Notes:

The three teams were not split in October, hence why there is a single total in this month

Performance so far suggests an adjusted trajectory for no referrals to be breaching the 18 weeks referral to treatment standard by the end of February.