

Agenda Item 2

At a meeting of the Children's Trust Board held on Monday, 5 December 2011 at 6:30 pm at Committee Room 3, Civic Centre, Lampton Road, Hounslow.

Councillors Present:

Councillor Jagdish Sharma (Chair)

Councillor Steve Curran, Carole Carr, Sue Jeffers, John Norton, Judith Pettersen, Kevin Prunty, Jad Greisaty - Youth Council Representative, Dr Mike Robinson, Heather Sullivan and Acting C I Robert Wilson

24. Apologies for Absence

Apologies were received from Councillor Lilly Bath and Alison Simmons.

25. Introductions

The Chair, Councillor Jagdish Sharma welcomed attendees to the meeting.

26. Minutes of the meeting held on 7th September 2011

The minutes of the last meeting were agreed as an accurate record and signed by the Chair.

27. Matters Arising

There were no matters arising from the minutes.

28. A Review of Provision in Hounslow in light of the Government Publication - "Supporting Families in the Foundation Years" (Chrissie Elam)

Board members were reminded of the discussion at the previous meeting on the Government publication 'Supporting Families in the Foundation Years'. This brings together a range of evidence from a variety of reports and reviews and provided a vision for how all those working with young children and their families could work most effectively to support them.

Chrissie Elam, Head of Early Years and Childcare, introduced a discussion about the format of a review of how these services were provided and how agencies were working together and at an earlier stage, to support the needs of young people.

The issue of GPs charging for referrals was raised. In reply to questions, Ms Elam explained that the charge was for completing the referral form for 15 hours of free childcare for disadvantaged 2 year olds. Mike Robinson suggested that Ms Elam raise this issue with Dr Nan Sharma, lead GP for the Great West Commissioning Consortium.

Board members were invited to shape the scope of the review and suggested that it should seek to answer the following questions:

- Who were the key professionals working with 0 – 5 year olds?
- Were there any gaps?
- Was the work evidence based?
- Was it as integrated as it might be?
- Were the same assessment criteria being used?
- Could the most neediest and vulnerable children access the service?

They also suggested that the following organisations should be involved: Great West Commissioning Consortium; early years and children's centres; schools with nurseries; NSPCC; professional organisations and public health.

Judith Pettersen summarised the discussion as agreeing the review to be a mapping activity and an understanding of the issues and gaps, which would then lead to the recommendations.

Resolved –

The Board noted the report and **agreed** the scope of the review of the provision of support in Hounslow to families in the foundation years.

29. Children's Trust Board Membership Review (Judith Pettersen)

The membership of the Children's Trust Board, which had been established under the original regulations, was tabled at the meeting. Judith Pettersen explained that the Board was set up fairly tightly to steer and be more of an executive group, but as there was now some disquiet about the numbers around the table it was time to review it.

Responding to a question on whether a health provider should be on the Board, members agreed that there would be logic to that and thought that Hounslow and Richmond Community Health Care Trust (HRCHC) should be invited.

A formal request had been received from the Jobcentre Plus asking to join. Jenny Bains, Youth Participation Officer thought that having the jobcentre represented would be of benefit to young people as accessing money was a big issue for them.

Kevin Prunty pointed out that the Children's Trust Board was served through the school representatives and he therefore did not see a need for the Schools Forum to be represented. Members were informed that the further education college had expressed an interest in attending and agreed that they should be invited.

In response to comments about social care representation, Judith Pettersen said that she would consult with the Children's Services Assistant Directors about inviting them back on to the Board.

Heather Sullivan thought that having representatives of the people with direct experience of delivering services would be of benefit to the Board. Judith Pettersen agreed to consider this but thought that having so many members might make it difficult for the Board to be a driving body operating at a strategic level.

Resolved –

Members agreed to invite the Jobcentre Plus, the HRCHT, and West Thames College on to the Board and remove the Schools Forum.

That Judith Pettersen consults with the Assistant Directors about returning as members of the Board and considers having representatives from early intervention and specialist services.

30. Children and Young People's Plan - Mid Year Review Report (Judith Pettersen)

Areas of performance from the mid-year review of the Children and Young People's Plan were highlighted. Teenage pregnancy rates had continued to fall; there had been significant uptake of free vitamins for vitamin D deficiency increasing by 8% in one quarter; and the percentage of schools in the borough achieving Healthy Schools accreditation had also

increased.

Progress on oral health action had been greatly hindered by lack of funding. Mike Robinson explained that the budget which had previously been provided from recurrent spend was now under the control of NHS North West London. Sue Jeffers said that this was partly correct, the funding had finished and the contract was with NHS North West London, but a couple of months ago an agreement had been reached with the contracts manager to claw back £18k to continue funding the programme. Judith Pettersen asked if this was a risk if the programme was provided each year from underspend, Ms Jeffers agreed that it was but said that this was the only way of accessing the money and that she was comfortable with the risk.

In relation to performance on childhood obesity, Jenny Bains stated that GP surgeries displayed fitness posters for families' but when GPs or receptionists were asked for the details they did not have any. Jad Greisaty, Youth Representative, said that he thought that the BMI checks were not being carried out correctly because friends of his had been incorrectly categorised as underweight when they obviously were not. Mike Robinson agreed to investigate these issues further.

The substance misuse service was targeting its services to high risk groups such as young people excluded from school and those at risk of becoming NEET. Jad Greisaty said that the Youth Council were aware that some pupils were faking ADHD in order to get Ritalin to improve brain power prior to exams and also to sell on. They did not appear to be aware of the serious side effects of taking this drug. Sue Jeffers agreed to send a general message to all GPs to remind them that children needed to be referred to the CAMHS service before new prescriptions for Ritalin were issued. Chief Inspector Robert Wilson said that he would be happy to go along to talk to the Youth Council about what was being done around drugs prevention from a policing angle.

The NW London cluster was concerned that Hounslow was not reaching the 95% target for age 5 immunisation rates. Mike Robinson said that there was a taskforce, consisting of school nurses, who could attend schools to help them catch up; if HRCHC were agreeable the taskforce could be in schools after February as an immediate intervention.

The Friends for Life (F4L) programme, which was in some secondary schools with a view to identifying those children who might end up with an eating disorder, was proving successful. Ms Pettersen informed the Board that there were very initial discussions about how it would continue to be funded and the idea was to use early intervention grant as pump priming with schools continuing funding for successful programmes with premium pupil funding.

There was a steady improvement in the number of looked after children sitting GCSEs and achieving five or more GCSEs at grade A* - C, although this performance was still significantly adrift from that of the main population. The number of children adopted and placed with permanent foster cares had also increased; the board were informed that a good deal of work had been done in this area.

The Youth Council had expressed concern about the support that was offered to children in care by Pathways, as it was not as effective as it should be. Judith Pettersen said that there was a forum in place for the young people to raise these concerns and suggested that the Youth Council could, with her help if required, put forward a report to the Corporate Parenting Panel with these concerns.

There was a significant increase in the Ofsted grades of the borough's early years setting worth celebrating, however some evidence was emerging that performance in the bulge classes was less positive. Councillor Curran was aware that schools were concerned that

some children were turning up not having had an assessment and that the school was being left to find out if they had learning needs. Judith Pettersen agreed that there were a disproportionate number who had English as an additional language and no prior experience of nursery education in some of the current bulge classes.

There was good progress in narrowing the gap in achievement between the highest and lowest attaining groups. Members noted that the bar had been raised for 'persistent absentees' as it was now categorised by attendance below 85% when it was previously 80%.

Heather Sullivan raised the issue of the number of children living in unsuitable homes as pre-school visits were showing that there were a large number of children living in 'sheds with beds'. Councillor Curran said that the council had realised that this was a big problem and that a council wide multi-disciplinary approach was being put in place to review it. Chief Inspector Wilson said that the estimate for Southall was that there were 4,500 dwellings like this. In response to suggestions that teachers who come across children living in this sort of accommodation should report it, Judith Pettersen replied that there was some sensitivity around this issue, if it was clear that the environment was unsafe for the child then the teacher would report it but otherwise they may not. The Board agreed that any future discussion on this matter would be informed by the results of the review.

Resolved –

The Board noted the Mid-Year Review report and agreed the following actions:

- Mike Robinson to investigate the issues raised by the Youth Council representatives regarding fitness programmes and BMI assessments.
- Sue Jeffers to investigate the issue raised by the Youth Council representatives regarding the prescription of Ritalin.

31. Families with Multiple Problems: Governance of Project (Report by Michael Marks presented by Judith Pettersen)

The report proposed governance arrangements for the Intensive Family Support Project and recommended that the Intensive Family Support steering group reports to the Children's Trust and thence to the LSP.

Members thought that they should minimise the number of separate groups and agreed the recommendations.

Resolved –

The Board agreed that the Children's Trust Board would report directly to the LSP on the progress of the work of the Intensive Family Support Project.

32. Briefing on the Great West Consortium / NHS Hounslow Commissioning Intentions (Sue Jeffers)

Board members received a presentation on the Great West Commissioning Consortium's (GWCC) Children's Commissioning 2012/13. Sue Jeffers explained that legislation had gone through parliament which meant that from April 2013 PCTs would no longer exist and instead the commissioning of health services would be carried out by a group of GPs, known as Commissioning Groups which would be co-terminus with local authorities.

The GWCC were taking a lead and were currently directly commissioning a quarter of the PCTs £404m budget focussing mainly on hospital care. In 2013 they would be commissioning the entire budget for both community and hospital care.

Ms Jeffers highlighted the work being done in regard to urgent care:

- The Urgent Care Centre which was at the front of West Middlesex University Hospital was due to open in mid February;
- An assessment of paediatric care was being carried out with initial thoughts being that the paediatric assessment would be carried out in local hospitals and paediatric surgery in hospitals with specialist expertise;
- SystemOne, a clinical computer system which provides the platform for electronic information sharing, was expected to be rolled out to all GPs and into hospitals by April 2012. This meant that records would be available to the out of hours service in UCC, which would make for safer care; and
- A Department of Health pilot of the telephone number 111, which was for urgent advice and support but not emergencies, was due to start in autumn 2012.

With regard to targeted care, highlights included:

- The Family Nurse Partnership team was being implemented;
- Health Visitor numbers would be increased by 1-2 each year until 2014; and
- A Wheezy Children Service was being developed.

The GWCC were concerned about the rate of children's immunisation which was the worst in NW London for age 5 and one of the worst in London and would be working to improve this. Work was also going to be carried out with CAMHS which had a high level of children accessing tier 4 inpatient care. This would focus on improving early intervention leading to an increase in access at tier 2 and a reduction at tier 4.

Resolved –

The Board noted the report.

Councillor Steve Curran and Kevin Prunty left the meeting at 8.10pm

33. Consultation on the Statutory Guidance on Roles and Responsibilities of the DCS and LMCS

Members were informed that it was not intended that the Board should respond formally to the consultation on the Statutory Guidance on the roles and responsibilities of the Director of Children's Services and Lead Member for Children's Services, but that they should consider what the issues might be for their organisations. Ms Pettersen then withdrew from the meeting and this item was facilitated by Sunita Sharma, Head of Scrutiny, LBH.

Ms Sharma stated that it was important that members should have clarity on whether their organisation would want to submit a response, what that response should be, and an understanding of what these proposals meant in relation to the structural changes happening in LB Hounslow.

The current guidance was clear on the roles and responsibilities of DCS and the lead member. It referred to improving outcomes; the clear and unambiguous line of local accountability with the first tier officer reporting directly to the Chief Executive; and the arrangements for discharging responsibility effectively. In the proposed shorter guidance, there was the same emphasis on a single officer and a single lead member and a recommendation against adding additional duties but there was also the option of local determination. Ms Sharma asked members to consider whether they were confident that the new guidance would help them to deliver their service and help the local authority to provide the political leadership and service delivery that they required.

In reply to questions on whether the guidance had taken sufficient account of Professor

Monroe's recommendations, Ms Sharma thought that the revised guidance was less prescriptive and less detailed.

Mike Robinson said that he could not see the need for longer guidance when there was already a legal framework in place. Lead members had the right to set their expectations for the role of lead member for children's services despite the shorter guidance. Sunita Sharma said that the assumption was that local authorities would do that but the fear was that some authorities would take a de minimis approach and there would be a blurring of roles and boundaries, and dual roles might also come into conflict.

Dr Robinson thought that there were potential advantages in having the same director responsible for both adults and children's services, provided that the individual had the right attributes to undertake the dual role. Sue Jeffers suggested that board members might want to be clear in the differences in the roles of director and lead member when responding, for example a director might have dual responsibility whereas a lead member would be focussed on one service or vice versa.

Sunita Sharma concluded the discussion suggesting that the key issues to be considered in the submission were:

- does the guidance help or hinder the trust board;
- does it help to lead to and maintain good performance;
- does it deliver strength and accountability;
- does it reflect Professor Monroe's guidance; and
- does it satisfy or reassure the board that the discreet roles of DCS and Lead members would be protected.

Resolved –

The Board noted the proposed statutory guidance on the roles and responsibilities of the Director for Children's Services and the Lead Member for Children's Services.

34. Any Other Business

There was no such business.

35. Date and Time of next meeting - Wednesday 29th February 2012, Committee Room 3

The date and time of the next meeting were noted.

The meeting finished at 8:45 pm.

The minute taker at this meeting was Anna-Marie Bonner