

## NOTTINGHAM CITY COUNCIL

### CHILDREN'S PARTNERSHIP BOARD

#### MINUTES

of meeting held on 30 MAY 2012 at

Loxley House from 4.04 pm to 5.32 pm

✓ indicates present at meeting

Councillor David Mellen	- Chair of the Board and Portfolio Holder for Children's Services	) ) )	
Jane Todd	- Chief Executive	)	
Councillor Jon Collins	- Leader	)	Nottingham City Council
Ian Curryer	- Corporate Director of Children's Services	) )	
Katy Ball	- Head of Early Intervention and Market Development	) )	
✓ Chris Wallbanks	- Programme Manager Early Intervention and Partnerships	) ) )	
✓ Shirley Smith	- Assistant Director of Joint Commissioning	) )	NHS Nottingham City Clinical Commissioning
Dawn Smith	- Chief Operating Officer	)	Group
Paul Scarrott	- Deputy Chief Constable	-	Nottinghamshire Police
✓ Wendy Smith	- Chair	-	CONGA (City of Nottingham Governors' Association)
✓ Sheila Wright	- Chief Officer	-	Nottinghamshire Probation Service
Graham Sheppard	- District Manager	-	Job Centre Plus
✓ Steve McLaren	- Urban Angel Project Manager	-	On behalf of the Community and Voluntary Sector
Mike Butler	- Chief Executive	-	Djanogly City Academy
✓ Malcolm Cowgill	- Principal	-	South Nottingham College
✓ Jill Robey	- Head Teacher	-	Nottingham Nursery School and Training Centre
Jane-Belinda Francis	- Head Teacher	-	Springfield Primary School
Andy Sloan	- Head Teacher	-	Rosehill School (Special School representation)

✓ Gareth Owen	- Head Teacher	- Hadden Park High School
✓ Jean Pardoe	- Chief Executive	- Nottingham & Nottinghamshire Futures
✓ Phyllis Brackenbury	- Assistant Director Children and Family Services	- CitiHealth NHS Nottingham
Angela Horsley	- Clinical Lead	- Nottingham Children's Hospital
Lauren Davey	)	
Uzair Hashmi	) Youth Council	
Jamie Mansell	)	
Aaron Reilly	)	
Darrell Redmond	-	Nottingham Equal

**Also in attendance**

Simon Nickless (on behalf of DCC Paul Scarrott)	- Chief Superintendent	- Nottinghamshire Police
Lis Anderson (on behalf of Mike Butler)	-	- Djanogly City Academy
Caroline Jordan	-	)
Caroline Hird	- Public Health	) NHS Nottingham City
Yiuran Mellor	-	- South Nottingham College
Paul Burnett	-	- Local Safeguarding Children Board
Jean Pardoe	- Chief Executive	- Nottingham & Nottinghamshire Futures
John Yarham	- Director of Economic Innovation & Employment	)
Satinder Gautam	- Director of Safeguarding	) Nottingham City Council
Zena West	- Constitutional Services Officer	)
Dot Veitch	- Partnership Support Officer	)

**Please note: except where otherwise indicated, all items discussed at the meeting were the subject of a report which had been circulated beforehand.**

**1 CHAIR**

**RESOLVED** that Mr Cowgill be appointed as Chair of this meeting and the appointment of a Chair and Vice-Chair of the Board be considered at the next meeting.

**2 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

- Councillor David Mellen
- Councillor Jon Collins
- Jane Todd (Nottingham City Council)
- Ian Curryer (Nottingham City Council)
- John Rea (Nottingham City Council)
- Mike Butler (Djanogly City Academy)
- Graham Sheppard (Department of Work and Pensions)
- Angela Horsley (Nottingham Children's Hospital)
- Dawn Smith (NHS Nottingham City Clinical Commissioning Group)
- Paul Scarrott (Nottinghamshire Police)
- Peter Moyes (Crime & Drugs Partnership)
- Darrell Redmond (Nottingham Equal)
- Jamie Mansell (Youth Council)
- Lauren Davey (Youth Council)
- Aaron Riley (Youth Council)
- Uzair Hashmi (Youth Council)

### **3 DECLARATIONS OF INTERESTS**

No declarations of interests were made.

### **4 MINUTES**

**RESOLVED** that subject to minute 44 changes the minutes of the last meeting held on 28 March 2012, copies of which were circulated, be confirmed and signed by the Chair presiding at the meeting:

- (a) Sheila Wright's designation be changed to Chief Officer, Probation Service**
- (b) Jean Pardoe's designation be changed to Chief Executive, Nottingham & Nottinghamshire Futures**

### **5 CHILDREN AND YOUNG PEOPLE'S PLAN (CYPP) PERFORMANCE**

Consideration was given to reports of the Director of Children and Families, copies of which had been circulated.

#### **(a) End of Year Main Report**

Satinder Gautam, Director of Safeguarding, presented the report to the Board. The following key information was provided:

- Safeguarding services continued to show good performance following positive unannounced inspections;
- the Family Support Strategy Implementation Plan agreed by the Board in September was signed off and had become fully operational;

- teenage pregnancy rates continued to fall and were ahead of the 2020 target;
- there were notable reductions in youth related crime, with a positive outcome to the Youth Offending Team inspection, particularly in relation to safeguarding;
- educational attainment continued to rise across all key stages and exclusion rates reduced;
- youths Not in Education, Employment or Training (NEET) levels improved and continued to buck national trends;
- there was a high demand for Social Care and Safeguarding services, with a high number of referrals and a significant improvement in Common Assessment Framework (CAF) initiation rates;
- there was an above average number of children and young people with an unhealthy weight, with continued work with colleagues in Health to address targets;
- since the decommissioning of the Youth Inclusion Programme (YIPS) there was a lack of dedicated youth crime prevention resources;
- school absence figures for primary and secondary ranked amongst the worst in the country;
- requests for Special Educational Needs (SEN) statements had increased by 60% since 2009;
- the Local Authority's ability to influence schools under the current educational system had been diminished due to an increased number of schools converting to academies;
- although Nottingham's number of children in care, at 547, was lower than its statistical neighbours, the number was still considered high;
- the number of CAF initiations had doubled
- there was a major improvement to the number of Personal Education Plans (PEPs) completed, 96% overall and 100% within just the City of Nottingham;
- there was a major improvement in the number of Children in Care (CIC) cases reviewed within timescale and the number of SEN statements carried out to timescale;
- there was a strong reduction in the number of first time entrants to the youth justice system, with positive reductions in re-offending rates and long-term analysis of detected crime showed that young people featured less;
- the Teenage Pregnancy plan was implemented, and the latest published figures showed a continued improvement;
- NEET rates continued to improve, particularly with Children in Care.

- attainment of Level 2 at 19 had improved, though further work was required to move in line with the national average.

In response to questions and comments by the Board, the following additional information was provided:

- although there was a decrease in overall offending rates, there had been an increase in rates of sexual offences and violence, which had the greatest negative impact on the community. This would be an item for consideration at the next Board meeting, with updates on what would be done to decrease rates of sexual offences and violence;
- a Youth Crime Reduction plan and a First Time Entrants plan would be required. Ken Beaumont would report back to Ian Curryer and Councillor Mellen and present an update at the next meeting of the Board;
- Edge of Care Panel meetings had started in July 2012, with two reports having been received. The Panel was conducting detailed work on where CAF referrals came from and why they were not with the children presented to the Edge of Care Panel;
- safeguarding referrals to social care did not use CAFs as these were used for lower level cases.

**RESOLVED that the contents of the report be noted.**

**(b) Adoptions Report**

Satinder Gautam, Director of Safeguarding, presented the report to the Board. The following key information was provided:

- the timescale for adoptions was 639 days, including legal and court proceedings;
- there were two clear targets in relation to the adoption process;
  - the time from a child entering care to their eventual adoption or the end of the care process;
  - the time from when a legal placement order was granted to the adoption of the child;
- the targets set were challenging;
- performance had improved, with Nottingham City Council 79 days faster than the Department for Education targets;
- Nottingham City Council was performing 4% better than the next average local authority, and 72 other local authorities did not meet the target;

- there was an expectation that local authorities would improve adoption performance year on year;
- nationally there would need to be a reduction in time to placement of 24%, or 134 days;
- nationally there was a lack of adopters, with plans being introduced to identify nationwide adopters at a central location;
- as a result of the Family Justice Review there would be reduced timescales of court processes for care proceedings from over 50 weeks to 28 weeks;
- recruitment events were being organised for difficult to place children;
- Adoption Placement Advisors were being recruited to help potential adoptive parents;
- work was being carried out to reduce bureaucratic barriers (such as black children only being adopted by black parents) and assessing on an individual basis what was best for the child;
- an external provider had been commissioned to undertake the initial adopter assessment, which reduced assessment times from 26 weeks to 16 weeks, with 40 potential adopters lined up after successful assessments;

As a result of questions and comments by the Board, the following additional information was provided:

- comparative performance against other local authorities was difficult to measure and although the City Council did not set its own targets, its placements were still three months earlier than the national average;
- there was concern that a reduction in timescales could result in more failed adoptions, but the Board was reassured that there were extensive checks for potential adopters, including checks with referees, health checks, and being interviewed at least 5 times;
- the Board felt it would be useful to compare the current adoption failure rate with future adoption failure rates to ensure that the checks in place remained robust under increased timescale pressures;
- local authorities with strong performance for quick adoption times had dedicated Children in Care Teams. The recently established Children in Care Team at Nottingham City Council would take on all future adoption work;
- Nottingham City Council has excellent measures in place already, with a failure rate of just two adoptions in the last three years;
- the Safeguarding Board would continue to assess failure risk as part of its performance monitoring function;

- whilst there was no evidence of a direct correlation between speed of adoption and sustainability of placements, there was some evidence to suggest the two could be associated;
- difficult to place children typically took longer to place, with the added delay that an assessment of a child with complex needs would have to be accurate to ensure correct placement;
- the largest rate of referral for children entering care was attributed to neglect, with chronic cases often fast tracked to adoption.

**RESOLVED that the contents of the report be noted.**

**(c) Immunisations Report**

Caroline Jordan, Senior Nurse, Public Health, NHS Nottingham City, presented the report to the Board. The following key information was provided:

- alongside a clean water supply, immunisation was the most effective public health intervention in the world;
- herd immunity, the immunisation of 95% of the population, was very important to ensure those who could not be immunised (such as children with cancer and babies under 2 months) were not exposed to infectious diseases;
- the key contributors to the effectiveness of the immunisation programme were as follows:
  - GP practices, where most immunisations were administered;
  - Nottingham CityCare Partnership, who provided the Health Visitor service;
  - Child Health Information team, who collected and collated information regarding immunisation;
  - Public Health team including the Health Protection Agency, who were consultants in communicable disease control;
  - the Primary Care Commissioning team;
  - the Children and Families Commissioning team, who worked in close relationship with the Health Visitors;
- the slides presented in the report were slightly out of date as, since they were produced, new information for quarter four had been made available;
- the overall trend in uptake of children given the Diphtheria, Tetanus, acellular Pertussis and Inactivated Polio Vaccine (DTaP/IPV) at 12 months was upwards, but Nottingham City Council still performed poorly against its statistical neighbours, with one of the lowest rates in the East Midlands;

- the percentage uptake at 12 months for 2011/12 for the DTaP/IPV was 92.4%, which was an improvement on 2010/11;
- the percentage uptake of the Pneumococcal Conjugate Vaccine (PCV) booster in 2011/12 was 89.6%;
- the percentage uptake of the first Measles Mumps and Rubella (MMR) vaccines for 2011/12 was 88.8%, and for the second MMR vaccines was 82.5%, which was an improvement over recent years;
- it had been proven that there was no link between the MMR vaccine and autism, and measles remained a highly contagious and dangerous disease which, thanks to immunisation, had less than 20 reported cases in Nottingham in recent years;
- the percentage uptake of DTaP/IPV booster vaccine by aged 5 was only 83.6%;
- by age one Nottingham City children had an uptake rate of over 90% on all five available vaccines;
- by age two Nottingham City children had an uptake rate of over 90% on only three out of the five available vaccines;
- there were issues surrounding effective uptake of vaccines and boosters which included:
  - persistent late or non-attendees at appointments;
  - vaccines were not seen as a priority for many parents;
  - it was difficult to confirm the vaccination history of migrants, who may have been on different vaccination schedules or have had limited access to vaccinations in their home country, and there could also be a language barrier for which interpreters would be required. The standard practice was to start the immunisation programme again if there was any doubt;
  - GP practices may not have had the capacity to allow Practice Nurses to make home visits to administer vaccines;
  - date reporting was variable, with internal organisational issues meaning patient records may have been inaccurate. With flexible appointments, text reminders and better record keeping, this was improving;
- several actions were identified for increasing the uptake of vaccinations:
  - there was an effort to increase understanding of population issues;
  - greater use was being made of strategic and working groups;
  - increased use of evidence such as National Institute of Clinical Excellence (NICE) papers was to be promoted;



- visits to underperforming practices were undertaken, with top tips being shared from the more successful practices;
  - the importance of robust performance management of primary care and other providers was recognised;
  - the importance of improvement of data management and accurate practice lists with no “ghost patients” was recognised;
  - each practice would have a Designated Lead(s) for immunisation;
  - practices were encouraged to have a robust call and recall system;
  - practices would have flexible systems for giving immunisations, including booked appointments, opportunistic and domiciliary;
  - strong links were encouraged with named Health Visitors;
  - pro-active use of the Interpreting Service or Language Line was encouraged to overcome any language barriers;
- from April 2013 there would be extensive changes to the way the NHS worked. Commissioning would likely be through the new NHS Commissioning Board;
  - further guidance would be needed regarding the roles of the local authority, Public Health England and the Health Protection Agency in the future provision of immunisation programmes.

In respect of questions and comments by the Board, the following additional information was provided:

- direct engagement with harder to reach groups such as migrants or those with a chaotic family life was difficult, and more concentration was given to the service delivery side of immunisation. There was some direct engagement through Health Visitors, leaflets, the Nottingham Post and other local media, but there was limited capacity for this;
- a priority for safeguarding was engagement with communities, and there was a suggestion that immunisation could be included as a safeguarding issue;
- there was a very strong link in place already with children’s centres;
- parents were not overly concerned about immunisation as there had not been an epidemic recently, so the message had to be constantly reinforced;
- the efforts of Public Health and other health providers in the promotion and provision of immunisation programmes were laudable.

**RESOLVED that the contents of the report be noted.**

## **6 SAFEGUARDING BI-ANNUAL REPORT**

Consideration was given to a report, copies of which had been circulated, of Paul Burnett, the Independent Chair of the Nottingham City Safeguarding Children Board (NCSCB), who presented the report to the Board.

The following key information was provided:

- the NCSCB would meet with the Children's Partnership Board twice per year;
- a major event in the last year for the NCSCB was the death of its Chair, Margaret McGlade, who the Board remembered fondly;
- the national legislative change arena was clearly impacting on the Children's Partnership;
- the Department for Education was releasing a new version of "Working Together", which was expected to be shorter. There was a risk that a shorter framework could have a negative impact;
- the Health and Social Care Bill would create new Clinical Commissioning Groups which could pose a risk. Safeguarding roles were currently with Primary Care Trusts and should transfer to the new Clinical Commissioning Groups, but it was not clear how this would operate in practice;
- the Police and Crime Commissioner (PCC) Election would be held in November 2012, which could present the following issues:
  - the PCC would be subject to arrangements under Section 2 of the Children's Act;
  - the PCC would have jurisdiction over Home Office grants for alcohol and drug abuse and community safety. This funding would no longer be ring fenced, so the PCC would be able to spend the money on something else;
  - as the PCC would be directly elected, they could potentially be swayed by public opinion, rather than reaching targets;
  - if the PCC were to remove grant money mid-way through schemes, services could be disrupted;
  - there was a need to engage with the new PCC to ensure financial decisions were taken in collaboration with other parties;
- the NCSCB and Safeguarding Adults Boards were to start working more closely together, but would still remain separate. As a result, a more holistic approach would be taken to tackling family issues;
- six requirements were identified for ensuring that the NCSCB priorities would be more closely aligned with those of the Children's Partnership Board and the Children and Young Person's Plan. They were as follows:

- the Board should be effective;
- identification was required of the key areas of risk, such as domestic abuse, sexual exploitation of children in care, and bullying;
- more effective practice in early years was required to deliver a high quality service to Children in Care;
- more focus was required on what children and young people considered were priorities;
- more engagement with service users was necessary;
- more engagement was required with health visitors, teachers, school staff, youth workers, probation workers and other frontline staff;

In response to questions and comments by the Board, the following additional information was provided:

- information packs were being prepared for all potential PCC candidates to engage on a regional level;
- there was an agreed protocol in place for the NCSCB to engage with the Health and Wellbeing Board;
- closer links were needed with Community Safety, and the NCSCB would support an ambitious partnership agenda;
- the NCSCB priorities were aligned with Probation Service priorities, with growing alignment with partnership organisations;
- there were opportunities to mainstream Safeguarding and to raise Safeguarding information in local area forums;
- it was felt to be a positive step to combine work on vulnerable adults and children, and was noted that, more often than not, there was a link between vulnerable adults and vulnerable children in most vulnerable family situations;
- there were Safeguarding Governors on Governing Bodies who would welcome a more dynamic relationship with the NCSCB;
- the NCSCB was looking to recruit more Lay Members to the Board.

## **RESOLVED**

- (1) that the report of key developments over the last twelve months in relation to inspections, national legislative and policy developments, serious case reviews and changes to local safeguarding governance arrangements be noted;**

- (2) that the areas of future work headlined in the report and the means by which continued dialogue between the two Boards might be secured to ensure appropriate alignment of activity and continued scrutiny and challenge between the two Boards be agreed;**
- (3) that the risk to safeguarding performance posed by the significant changes taking place in agencies across the partnership be recognised, and that action be taken to manage and mitigate this risk both individually and collectively.**

## **7 CHILD POVERTY REPORT**

Consideration was given to a report of the Director of Children and Families, copies of which had been circulated.

John Yarham, Director of Economic Innovation & Employment, presented the report to the Board. The following key information was provided:

- financial measures of poverty included absolute measures and relative measures;
- worklessness was the largest major risk factor for poverty;
- 70% of children in Nottingham City lived in families that received financial support for Government;
- the unemployment rate in the City was 6.6% (14,700), which was an increase of 16.1% from March 2011;
- factors contributing to the unemployment rate included:
  - the Future Jobs Fund had ended;
  - changes had been introduced to the way benefits were calculated;
  - there was a poor economic climate for jobs in general;
  - there was often great difficulty in moving from unemployment into employment, particularly if unemployment had been long term;
- there were existing strategies in place covering secure financial inclusion, provision of family support, support of employment and skills and providing early intervention;
- other local authorities invested in new poverty strategies, but it was felt that Nottingham already had a range of different strategies in place for tackling poverty;
- there was emerging work regarding complex and troubled families, with the focus on “priority families” in Nottingham;
- work was undertaken in Aspley as this was a particular geographical hotspot of child poverty;

- 50 families within Aspley were identified as those with the greatest needs based on public spend;
- the interventions for those families were identified, focusing on levels of prioritisation, focus and coordination across services;
- this study had concluded that vulnerable families were accessing predominantly universal support, with issues surrounding access to bespoke services;
- comprehensive work was being undertaken by Tim O'Neill, Director of Family Community Teams at Nottingham City Council, to provide support for priority families, which would provide the foundations of co-ordinated family support, building on the existing family support strategy;
- the strategy covered a wide range of issues and was dedicated to supporting 1,200 families over the next three years;
- the March 2012 Welfare Reform Act was expected to save £18 billion nationally by 2014/15;
- housing benefits in social housing would be limited;
- a benefits cap of £26,000 would be introduced;
- the Disability Living Allowance would be replaced by Personal Independence Payments;

Arising from questions and comments by the Board, the following additional information was provided:

- there would be wide ranging effects on the Aspley residents surveyed and on the average Nottingham citizen as a result of the welfare reforms, and general predictions would be difficult;
- families with a disabled child would be approximately £3,000 worse off per year, and more families would fall into poverty;
- the Children and Young People's Network could get involved in support, and work could be fed back to the Children's Partnership Board in future.

**RESOLVED that the contents of the report be noted.**

## **8 FURTHER EDUCATION**

Consideration was given to a report, copies of which had been circulated, of the Principal of South Nottingham College, Malcolm Cowgill, who presented the report to the Board. The following key information was provided:

- the focus for education in Nottingham would be on economic factors, funding reductions and refocus, tackling rising youth unemployment, reversing the upward

trend for NEETs, employment as a final destination, and promoting apprenticeships to students;

- there were various educational establishments in Nottingham contributing to these aims, including academies, studio schools, free schools, University of Nottingham Technical College (UTC), and schools and colleges;
- the key focus would be employer related, working closely with Job Centre Plus and employment sectors;
- the City Growth Plan also promoted education, skills and training;
- individual colleges were doing excellent work promoting employment, with Top Valley Academy working closely with a global manufacturer to promote working links with its engineering students;
- though the aim would be employment, further education was often a stepping stone to employment;
- colleges would work together in partnership, but it was difficult balancing between competitor and collaborator;
- core essential skills were still English and Maths. Education in the City was not just about further education and technical skills, employment skills were also vital;

In response to questions and comments by the Board, the following additional information was provided:

- though the desirable outcome was for students to find employment, it was recognised that better education could lead to a better job, and it would not always be in all students interests to encourage them into employment as soon as possible;
- the future downgrading of vocational qualifications would result in a decline of league table levels;
- schools would need to be brave in order to go against government proposed league table changes, as they would need to decide between offering courses that were best suited to individual students, or for achieving league table success;
- it was agreed that the priority should be what is best for the pupil, and that it would be ideal if the Local Authority showed support for this course of action;
- if focus was switched to league table success, it would be less profitable for City children;
- it was agreed that Nottingham should investigate other ways of measuring success to justify this approach in the long run, such as tracking young people into employment and celebrating success;

- despite losing some very good youth employment programmes, Nottingham was performing extremely well on 16-18 years old youths in education or employment (EETs). Continued engagement was required with Job Centres;
- having young people in work or education reduced social problems.

**RESOLVED that the contents of the report be noted.**

## **9 KEY MESSAGES AND ITEMS FOR INFORMATION**

**RESOLVED**

- (1) that the meeting of the Children's Partnership Board scheduled for 27 June be cancelled, due to conflicts with the Olympic Torch Relay, in which several Board members were involved;
- (2) that following meeting dates be agreed: 26 September 2012, 19 December 2012, 27 March 2013.

## **10 FORWARD PLAN**

**RESOLVED that the following agenda items be agreed for future meetings:**

- Appointment of Chair and Vice-Chair
- Reducing Substance Abuse