



**NOTTINGHAM CITY COUNCIL  
CHILDREN'S PARTNERSHIP BOARD**

**MINUTES of the meeting held at Loxley House, Nottingham on 30 March 2016 from 16.02 - 17.55**

✓	Cllr David Mellen (Joint Chair)	Portfolio Holder for Early Intervention and Early Years (NCC)
✓	Cllr Webster (Joint Chair)	Portfolio Holder for Schools (NCC)
	Candida Brudenell	Assistant Chief Executive (NCC)
	Alison Michalska	Corporate Director of Children and Adults (NCC)
✓	Helen Blackman	Director of Children's Social Care NCC
✓	Katy Ball	Director of Procurement & Children's Commissioning (NCC)
	Patrick Fielding Sarah Fielding	Joint Directors of Education (NCC)
	Chris Wallbanks	Strategic Commissioning Manager for Children (NCC)
	Jon Rea	Engagement & Participation Officer (NCC)
	Uzair Hashmi Chloe Mullins	Representatives for Young People (Youth Cabinet)
	Michael Manley (Superintendent)	Assistant Chief Constable, Nottinghamshire Police Authority
	Christine Oliver	Crime and Drugs Partnership, Head of Finance and Commissioning (NCC)
✓	Michelle Battlemuch (Small Steps, Big Changes)	Nottingham CityCare Partnership
✓	Chris Cook	Nottingham City Safeguarding Children Board, Independent Chair
✓	Sally Seeley	NHS Clinical Commissioning Group, Director of Quality and Delivery
✓	James Strawbridge	City of Nottingham Governors' Association (CONGA) Representative
	Julie Burton	Nottinghamshire Probation Trust, Chief Executive
	Karen Slack	Head Teacher of Rise Park Primary School (Primary School representative)
✓	David Stewart	Head Teacher of Oakfield School (Special School representative)
✓	Sean Kelly	Head of Top Valley Academy (Secondary School representative)
✓	Scott Mason	Head Teacher, Snape Wood Primary School (Primary School Representative)
	Malcolm Cowgill	Principal of Central Nottingham College (Further Education representative)

✓	Michelle Wright (Operations Director)	Futures Advice, Skills and Employment
✓	Katy Pearson	DWP Job Centre Plus
✓	Stephen McLaren	Voluntary Sector Representative

✓ Indicates present at meeting

**Colleagues, partners and others in attendance:**

- Jonathan Allen - Senior Project Manager, Inclusion and Disability
- Katy Pearson - Department for Work and Pensions
- Sophie Russell - Head of Children's Strategy and Improvement
- Sandra Whiston - Public Health England
- Dot Veitch - Partnership Support Officer
- Phil Wye - Governance Officer

**34 APOLOGIES FOR ABSENCE**

Phyllis Brackenbury  
Malcolm Cowgill  
Alison Michalska  
Jean Sharpe  
Karen Slack  
Chris Wallbanks  
John Yarham

**35 DECLARATIONS OF INTEREST**

Councillor Sam Webster declared an interest in item 8 as he works part time for Futures Advice, Skills and Employment

**36 MINUTES**

The minutes of the meeting held on 16 December 2015 were confirmed as a correct record and signed by the Chair.

**37 CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP PRIORITY  
PROMOTING THE HEALTH AND WELLBEING OF BABIES, CHILDREN  
AND YOUNG PEOPLE**

a SMALL STEPS AT HOME PROGRAMME (Agenda Item 4a)

Michelle Battlemuch, Small Steps, Big Changes Co-ordinator, introduced the report highlighting the following:

- (a) the Small Steps, Big Changes programme will be one year old on Friday 1<sup>st</sup> April. It has been successful so far, with the following achievements:
- 140 downloads of the Baby Buddy app;
  - 552 children receiving books through the Imagination Library;
  - 194 new births engaged with the Small Steps at Home Programme;
  - 86 attended sessions of Triple P;

- 74 attended sessions of Bump, Baby and Birth;
  - 49 attended sessions of Infant Massage;
  - 544 promotional interviews;
  - 847 Universal Mental Health screenings carried out;
- (b) the Small Steps at Home Programme is delivered by Family Mentors, a workforce of paid peer supporters. These are parents from the area, who are trained and given manuals to support their work;
- (c) new parents are visited monthly from pregnancy until the child's 4<sup>th</sup> birthday, with every visit having a purpose mapped across three child development outcomes. The aim is primary prevention, which will help families even before the stage of early intervention;

The following answers were provided in response to questions from the Board:

- (d) there is no reason why children with disabilities could not take part in the programme. If Family Mentors had any concerns about progress, they would refer to a professional service;
- (e) the programme is currently active in 2 wards, Bulwell and Aspley, and works with around 200 families. Delivery in the Arboretum and St Ann's wards is due to begin in September 2016. These two wards may present additional problems such as language so some adaptations may need to be made to the programme;
- (f) discussions have taken place with Head Teachers of primary schools in St Ann's and there are also links with primary schools in Bulwell. At the moment there are not links with secondary schools but this could be helpful in future.

**RESOLVED to**

**(1) note the report;**

**(2) support the Small Steps at Home Programme.**

b UPDATE ON CHILDREN'S ORAL HEALTH IN NOTTINGHAM CITY (Agenda Item 4b)

Sandra Whiston, Consultant in Dental Public Health, Public Health England, introduced the report, highlighting the following:

- (a) good oral health is integral to general health and wellbeing. It is important that children are educated about this at an early age as dental decay is most common in children. Poor oral health can have wider impacts on education and the economy;
- (b) despite overall improvement significant oral health inequalities remain. Although dental decay is largely preventable, extractions under general anaesthetic remain the most common reason for hospital admission in 5-9 year olds. Nottingham has the second highest experience of dental decay in the East Midlands, after Leicester City;

- (c) since the Health and Social Care Act of 2012, local authorities have had responsibility to provide or commission oral health promotion programmes, monitor the oral health of the population by commissioning oral health surveys, and provide water fluoridation if deemed appropriate;
- (d) NHS England commissions all dental services, Health Education England develops the workforce and Public Health England provides expertise, evidence and intelligence;
- (e) Recent guidance from Public Health England has placed a bigger emphasis on prevention, and recommends that local authorities focus on oral health as a part of their health and wellbeing agendas. Oral health promotion in Nottingham was recommissioned from April 2015 to:
- deliver a supervised tooth brushing programme within early year settings, targeting the most deprived wards in Nottingham City;
  - train key health, social care and education professionals in order for them to deliver oral health advice to citizens;
  - distribute oral health resources such as tooth brushes and toothpaste, based on evidence of need;
  - participate in national oral health awareness campaigns.
- (f) access to dental care is good in Nottingham, with 84% of practices taking on new patients which is much higher than the national average. Uptake of care is improving, particularly amongst children;

The following answers were given during the discussion which followed:

- (g) fluoridation of water has been identified as an effective way of reducing oral health inequality. Whilst there is no water fluoridation currently in Nottingham City, this may be considered in future but would require a detailed process identifying need and feasibility studies. This would also then need to go through a public consultation;
- (h) providing dental care through schools would be convenient, however it may still not reach all children and it would be better to engage families with dental practices when children are young or even engender the culture before they are born;
- (i) fluoridation of milk is done in some other countries but has largely been decommissioned in the UK, primarily around milk supply to children.

**RESOLVED to**

- (1) note the local authority's responsibilities in terms of oral health and the issues highlighted regarding the oral health of children living in Nottingham including the potential wider health, educational and economic impacts;**
- (2) support the revision of the oral health pages of the Joint Strategic Needs Assessment;**
- (3) support the development and implementation of an Oral Health Improvement strategy for the residents of Nottingham City which will inform future**

**commissioning strategies and collaborative working with partners;**

**(4) actively support current oral health promotion activity and encourage increasing numbers of children and young people to access dental services across the city;**

**(5) to discuss the feasibility of water fluoridation in Nottingham City.**

### **38 PRIORITY FAMILIES PROGRESS UPDATE**

Sophie Russell, Head of Children's Strategy and Improvement, introduced the report providing a high-level update on the Priority Families programme, with progress to date with phase 2 targets and recent changes to the governance of the Priority Families programme. Sophie highlighted the following:

- (a) Nottingham is currently implementing phase two of the Priority Families programme, which runs 5 years from 2015-2020. To be eligible, families must match at least 2 key criteria across two different family members;
- (b) A significant number of families are eligible for support through the programme. The scheme is funded nationally by the Department for Communities and Local Government and an £800 'payment by results' can be claimed for every family for whom significant and sustained progress can be demonstrated;
- (c) A tiered approach has been introduced, meaning that children and families receive appropriate support and more serious concerns can be escalated;
- (d) The Crime and Drugs Partnership has taken over the overall governance for the programme, rather than the Health and Wellbeing Board.

#### **RESOLVED to**

**(1) note the progress being made within phase 2 of the programme and changes to programme governance;**

**(2) consider future reporting requirements for the Priority Families programme**

### **39 NOTTINGHAM CITY CHILDREN'S SAFEGUARDING BOARDS STRATEGIC BUSINESS PLAN 2016 – 2018**

Chris Cook, Independent Chair of the Nottingham City Safeguarding Children Board (NCSCB), introduced the report, highlighting the following:

- (a) the Strategic Business Plan was agreed last week by the Nottingham City Children's Safeguarding Board. The priorities are based on national drivers such as the development of Joint Target Area inspections and the National Review of Local Safeguarding Children Boards;
- (b) there will be a three year strategic plan, with the priorities remaining the same over the three year period. This three year action plan will be supported by an annual action plan

- that will be regularly reviewed. The detailed action plan for year one has been produced;
- (c) a priority will be to strengthen and support a competent workforce that is committed to learning and developing safeguarding practice with assurance that safeguarding is everyone's responsibility;
  - (d) being able to evidence the impact of the NCSCB will be important for inspections, and so impact assessments will be done for this;
  - (e) the annual work plan for year one has a particular focus on self-harm and physical abuse, as well as observing financial implications on the ability to deliver, and the effectiveness of the operating model;
  - (f) an engagement strategy will be developed as engagement with young people is important. Online safety is a growing issue.

The Board raised concerns around the possibility of Serious Case Reviews being taken from Safeguarding Boards and dealt with nationally, as it believes that Boards are best placed to deal with these and a national agency may be under-resourced.

## **RESOLVED to agree the Business Plan**

### **40 YOUTH CABINET UPDATE**

None.

### **41 PARTNER UPDATE - FUTURES ADVICE, SKILLS AND EMPLOYMENT**

Michelle Wright, Operations Director, Futures Advice, Skills and Employment gave a presentation highlighting the following:

- (a) Futures Advice, Skills and Employment is a not for profit company owned jointly by Nottingham City Council and Nottinghamshire County Council. It has an annual turnover of £17m and reserves of £3m. It is treated as an in-house council service whilst realising the increased need for commerciality;
- (b) the primary focus of the service is to prevent NEET (Not in Employment, Education or Training), and works with all schools, for those young people most at risk in years 10 and 11. It also attends all Education Health and Care Plan reviews in years 9 and 11, provides statutory data to the Department for Education and supports all 16-18 year olds who are NEET;
- (c) Nottingham is ranked first among core cities for low numbers of NEET and Not Known young people, when taken together. It is fourth for NEET on its own;
- (d) the Aspire programme links schools with employers to allow young people to engage and achieve their potential. 4748 young people have benefited from Aspire activity;
- (e) Futures has won the contract to provide the Youth Engagement Initiative in Nottingham and is further aiming to decrease the numbers of NEET and Unknown young people further through the following programmes:

- Intensive Careers Support – 16-17 year olds;
- Pre Traineeships – 16-17 year olds;
- Step into Work – 18-29 year olds;
- Pre Traineeships Nottingham North – 18-24 year olds;
- Nottingham Jobs Funs+ - 18-24 year olds.

The following answers were provided during the discussion which followed:

- (f) Futures works closely with the voluntary sector, particularly on the Step into Work programme where they work with a different community partner in each area;
- (g) Futures does have a base in Leicester as well as Nottinghamshire. This is funded by the National Careers Service and is used purely for National Careers Service work.

**RESOLVED to note the information in the presentation**

**42 JOINT OFSTED/CQC INSPECTION OF LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) SERVICES**

Jonathan Allen, Inclusion and Disability, introduced the report which provides the background and overarching themes of the SEND reforms, a definition of the inspection's focus on 'local area' responsibility, and a summary of what is currently known about the Ofsted and Care Quality Commission (CQC) joint local area inspection process scheduled to begin May 2016. Jonathan highlighted the following:

- (a) SEND reforms came into force in 2014 and included a range of local area expectations and responsibilities in delivering SEND services, including the offer of personal budgets and the replacement of Statements of SEN with Education, Health and Care (EHC) plans;
- (b) from May 2016, Ofsted and the CQC will inspect and assess how effectively local areas fulfil their responsibilities towards children and young people aged 0-25 who have special educational needs and disabilities. Inspectors will assess how SEND services are being delivered through the wide range of partners in the local area, including nurseries, schools, further education colleges, and health and care services;
- (c) the final process is yet to be announced, but 8 local areas will be inspected by the end of the summer term. It has been made clear that the inspection will focus on partnership working, and is more an inspection of the whole local area than the local authority;
- (d) the inspection team will be multi-agency, with 3 members from Ofsted, the CQC and the local authority. The inspection will take place over 5 days with 5 days' notice, and once inspected there will be no more inspections for 5 years.

The following responses were given during the discussion which followed:

- (e) the decision as to whether a child qualifies for an EHC Plan is locally made. There has been a rise in the number of requests for ECH Plans – this could be as parents are frustrated by a lack of access to alternatives such as educational psychology and speech and language. The joint commissioning plan with the CCG should address some of this.

**RESOLVED to**

- (1) note the inspection's focus on local accountability for education, health and social care services to meet the requirements of the SEND reforms;**
- (2) note the local area inspection process;**
- (3) note expectations around roles of partners in the inspection;**
- (4) provide regular updates at future meetings on the Board.**

**43    FORWARD PLAN**

**RESOLVED to note the Forward Plan**