

Joint Children and Young People Network Meeting

8 December 2010

Attended:

Mukter Abdi, Bilingual Family Project; Asma Ahmad, Voscur; Cenzina Barclay, Black Carers Project; Andrea Clark-Ward, Good E.I.Dea; Lee Cox, Shared Care Network; Rebecca Cross, Bristol City Council - CYPS; Catherine Gane, University Hospitals Bristol NHS Foundation Trust; Kate Gough, Young Bristol; Emily Gowney, Bristol City Council; Fran Harrison, Fairbridge West; Maeve Hedge, Bristol Children's Playhouse; Steve Heigham, Help! (Bristol) Ltd; Nettie Howlett, Princess Royal Trust - The Carers Centre; Annie Hudson, Bristol City Council - CYPS; Alison Jackson, Bristol City Council - CYPS; Kathryn Mason, Supportive Parents; Web Matthews, Hartcliffe Club for Young People; Sandra Meadows, PEYTU; Victoria Moore, Easton Families Project; Jo Morrell, Connexions West Of England; Alison Oldfield, Futurelab; Annie Oliver, Single Parents Action Network (Span); Julie Orchard, West Of England Centre For Inclusive Living (WECIL); Katherine Piper, Shelter; Jonquil Richards, Barton Hill Settlement; Duncan Stanway, Barnardos; Polly Stewart, Voscur; Adina Stockham, Bristol Children's Playhouse; Matthew Symonds, Voscur; Sophie Taylor, Bilingual Family Project; Lin Thatcher, Princess Royal Trust - The Carers Centre; Hannah Tracey, Fairbridge West; Jill Turner, Brigstowe Project; Jackie Williams, Time 2 Share; Dominic Wood, 1625 Independent People; Christine Lowe, Bridge Foundation, The; Katharine Gonzales, The Care Forum; Louise Hudson, The Care Forum

Apologies:

Maria Allen, Bristol Mother and Baby Project; Craig Bolt, Bristol City Council; Anne Bush, Supportive Parents; Sarah Dailly, Barton Hill Settlement; Anne Donaghey, Royal National Institute For The Blind (RNIB); Caroline Donald, Bristol City Council - CYPS; Emma Evans, Kompany Malakhi; Melanie Iddon, Brook Bristol; Caroline Jenkins, Bristol City Council - CYPS; Mary Lewington, Bristol City Council - CYPS; Grace McWilliams, Hartcliffe And Withywood Kick Start (Hawks); Abeje Prehaye, Single Parents Action Network (SPAN); Ben Silvey, Oasis Community Hub Brightstowe; Gemma Timons, Envision; Cheri Wilkins, West Of England Centre For Inclusive Living (Wecil)

Presentation:

Update on Bristol's Early Intervention and Youth Links Reviews – Alison Jackson, Service Manager, Children's Trust and Commissioning, Children & Young People's Services, Bristol City Council

The implementation date for Youth Links is April 2010. There are two strands: 1) Developing the hub model in North, South and East Central for front facing services. This is being aligned with early intervention. 2) Services delivered to 13 to 19 year olds. Several of the services in the scope of Youth Link Review have funding coming to an end. There is a meeting on 15 December about transition funding. It is hoped that there will be notification given about transition by the end of this year. There is a market testing event on January 12 for anyone interested in providing services for 13 to 19 year olds. There will be a session in afternoon and evening at The Old Council House in Corn Street. Findings will inform the timeline and structure for the remainder of the project. The event will look at what interest there is in providing services. It will look at how to structure the youth services market in the future.

Q: What do you mean by market testing?

A: There are a number of agencies who are already providers but there may be more out there. We want to find out the interest in a range of small contracts and area-based contracts. Work will be parcelled up to be put out for bidding. It is a workshop type event and we will get providers' input and feedback. 60 to 70 providers are already registered.

Fran: The event has been on a national website.

Early Intervention

This is a review of council-funded children and young people's services at tiers two and three. These are the services for vulnerable children and children with more complex needs. Originally it was to be a prevention and early intervention review. In the end we decided that it should just cover Early Intervention. There are two proposed outcomes: 1) to make the pathways for children and young people clearer. As Youth Links is for 13 to 19 year olds, the general focus is on younger children, but not with a rigid cut off point. Also, pathways need to be clearer between universal and targeted services. 2) To protect outcomes in tiers 2+3 as far as possible with a reduced funding package. We will reduce 70 services to 45 services and this is both vol and stat sector services.

As government policy has emerged, different services ended up being parts of different reviews in different places. In the initial scoping in summer, it was clear in the early intervention review that certain services would continue to be needed and there would need to be a provision of a function around: engagement; assessment; triage. We need to ensure that children don't fall through the safety net between engagement and enforcement ("assertive outreach"). We are in discussion with adult services to see if we can link up, so there will be one place for families where their needs can be assessed – an area hub. A separate piece of work is looking at aligning this with Youth Links. Services could reduce or expand. We know we need more family support and one place for families to go.

Over the last few weeks, business cases have been completed, showing what it takes to evidence the impact of the Early Intervention provision, with as wide an evidence base as possible. Tomorrow and Friday, six people will be looking at those cases against the outcomes we've prioritised. Some services may need a shift of focus or age focus. We hope to come up with a ranked list of priorities. There will be portfolio shifting/adjustment to maximise the outcome with appropriate spread of services for age and geography. There will be a meeting on 20 December of the P&EI Workstream at which recommendations will be taken to endorse so there a proposed list of services to be retained for early intervention. Frances Fox of The Bridge Foundation and Joanna Holmes of Barton Hill Settlement are the reps, but they are not there to advocate for individual services. They are there to provide a voice for the VCS and to ensure it is heard. Providers and commissioners will need to declare interests.

Q: At the moment, some youth service delivery services are currently not funded by the city council. Are these services included in the draft plan?

A: At the moment, we are looking at what we are currently funding and looking at other factors such as match funding and value added. However, there is little time to do this and so it will not be comprehensive.

Q: Some groups that are not funded at the moment may be better than existing services. Are you aware of the impact on other services, for example on teen pregnancy?

A: Unfortunately, there is not enough time to research too widely on this.

Q: The Ofsted inspection noted Bristol as having "good" safeguarding services. Have you liaised with the Chair Ray, so the impact on frontline services of decommissioning can be fed into the review?

A: He has raised it at the Children's Trust Board and is gathering evidence.

A: The VCS Rep, Mairi Wilson is following it up with Ray. Some VCS groups want to meet him.
Alison: Keep me and Bonnie included in that loop.

Q: There is fear of redundancy and my team will be looking for jobs from January and therefore depleting their teams.

A: There is very clear awareness of that and our aim to get the information out before Christmas.

Q: What about funding being carried through to May, rather than ending in March?

A: It is difficult trying to assess that without knowing what funding is coming in. There are real tensions about how thinly we can spread the list of what we'd like to sustain.

Q: What about the compulsion for engagement and the gap. My service is at tier 2.

A: This isn't the same as a continuum of need, it's about engagement. This means that even children receiving regular palliative care might be at the lower end of the scale of engagement. It would be good if you could feed into Ray's work on the impact of service cessation.

Presentation:

The changing landscape and how it affects Bristol - Annie Hudson, Strategic Director, Children, Young People and Skills, Bristol City Council

Annie explained that the landscape is changing very rapidly with power being pushed away from central government to schools and front line practitioners being empowered. There is also a swathe of white and green papers being published and lots of big picture ideas and less about detail. The Bristol settlement is due out next week. The emphasis seems to be on education. The Green Paper on commissioning emphasises the importance of the VCS and encourages social enterprises and mutuals. It is a very tough financial context with £20million worth of cuts across Bristol City Council. Bristol is known for working across the sectors and it is constantly remarked upon.

There is prioritisation around Early Intervention and around those CYP with higher-end needs. It is driven by resources and the government's philosophy.

A lot of money is being de-ringfenced which will reshape delivery.

Will need to maintain the sense of all being part of one workforce.

No questions.

Presentation:

Update on the NHS, Rebecca Cross, Service Manager, Health Partnership, Bristol City Council and NHS Bristol

At the moment there are two commissioners for all children's services. Waiting times for CAMHS have been brought down significantly and there are no vacancies in health visiting. With the Service User Charter, they are now better at hearing the views of children and young people and shaping services accordingly. In the world of health, a significant proportion relates to adults and often child health commissioners are junior members of staff. It is lucky that in both organisations, Claudia McConnell is quite senior. There were concerns in the Kennedy review report about: GPs' lack of knowledge; child health; transition planning and the use and sharing of information and it was clear that services should be more joined up and children's partnerships should continue to be used. It is not clear if all of the recommendations in the Kennedy review will be endorsed. At the moment, there are very end stage outcomes, rather than prevention in the white papers. There are also a lot of papers being published at the moment. GPs are to hold 80% of the NHS budget, commissioning the majority of services for their patients. All NHS Trusts will be foundation Trusts within three years and the social enterprise provider market is being encouraged. The configuration of the GP commissioning consortia will match the children's areas and neighbourhood partnership areas more or less. It

might just be Bristol or Bristol and parts of South Glos or North Somerset. Improving outcomes resides with the new national NHS commissioning Board. The new strategic Health and Wellbeing Boards will have oversight on the joint commissioning of social care services. The Health and Wellbeing Board's working will be very much based on the JSNA and will include the local LINKs (to be Healthwatch). There will be a joint Director of Public Health. There has been an acknowledgement in the importance of early intervention in the Kennedy review and all the other papers.

Q: Who will be on the HWPB?

A: GPs, the local authority, adult social care and children's services. The challenge is the joining of children and adult services and ensuring there is a link with education. Healthwatch will have a scrutiny function and will be part of the Care Quality Commission. It will be more powerful than LINKs.

Q: What about Healthwatch England?

A: The board provides scrutiny and other multiple functions and has a significant amount of power.

Q: Will there be more joined up commissioning in the next couple of years in Bristol which can be applied across the Bristol Partnership area?

A: There is already quite a lot of joint commissioning between health and children and young people services. The Children's Trust Board has talked about increasing commitment to pooling and aligning budgets. However, this will increase the potential for demand, but with less money to meet this demand.

Q: One of the suggestions has been that each consortium should have a children's champion to implement the recommendations in Ian Kennedy's Review.

A: I agree that every practice should have a GP skilled in children's health. GPs are to be better trained in child health, with the aim of having one GP in each practice area trained in child health care. Everyone is working hard to ensure we don't lose sight of children's needs. It is important that they are not seen as "little adults" and there is awareness that they have specific requirements.

Update from Young Bristol

Kate Gough informed the meeting that My Place's bid had been approved to develop the former fire station in Bridewell. They don't yet know what the budget will be.

Children and Young People's Plan (CYPP) – Update

Alison Jackson, Service Manager, Children's Trust and Commissioning

Alison Jackson (AJ) outlined the draft CYPP and explained that there would be a consultation beginning within a few weeks. The report had been based on the summer needs assessment. The consultation will be placed on the blogsite: bristolchildren@wordpress.com

AJ asked participants to visit the site and to give feedback on the consultation, and also to spread the word and ask colleagues and others in the sector to do the same. This is important in order to further inform the consultation.

The report is segmented into five Every Child Matters outcomes, plus chapters on child poverty and demographics.

The report is quite short, only 16 pages long. It doesn't list everything, but cross-references to where the information can be found. It highlights only the strategic priorities of the Children's Trust Board:

- To shine a light on partnership priorities, that they cannot carry out alone
- Joint overarching priorities

The principles at the start of the plan have been agreed by the Children's Trust Board:

1. Value can only be added by working together through integrated governance. There is support for integrated work as far as possible which demonstrates the value of multi-agency partnerships.

They would like to establish a common induction process for new and existing children's workforce. This would make sure that they are speaking a common language and have a shared understanding of vulnerability so as to effectively target vulnerable children.

2. Maximise outcomes on reserves and an opportunity for effective joint commissioning.

3. Area Based Approach

There is a need to ensure a whole family approach to services, since at present there are huge sets of services (health/ schools/ youth) aligned behind existing neighbourhood services. At present there are the 10 locality areas and the 14 Neighbourhood Partnerships and they can no longer afford to run two sets of such services.

4. Strengthen the communication role

Things are shifting so fast and if the professionals find it hard to keep up with changes, consider how difficult it must be for young people and their families.

Mission

The CYPP states the strategic priorities and cross references to relevant documents and reports.

When setting the priorities there are four themes to consider:

1a) Improving our shared understanding of and planning for the needs of our children and young people.

In the next 20 – 30 years it is predicted that the population of Bristol will increase by 1/3 and be increasingly diverse. Schools and the BME community will become diverse faster than the city as a whole.

As a result of the top children's hospital, Bristol has more children with complex needs. 7.5% of children are disabled or with a chronic illness.

All this information needs to be tracked and predicted jointly in order to provide effective services.

1b) How will this knowledge help shape delivery to Children and Young People?

Cultural access needs to be considered. For example, disabled people, those with complex health needs, newly arrived refugees, gypsy and travellers. Also children of offenders – their full numbers are unknown. Nationally, 7% of children experience a parent in prison during their school years.

The aim is to look for, and share best practice about how to be open and accessible.

2a) Keeping Children and Young People Safe

This section has been cross referenced to the Children's Safeguarding plan.

- There is increasing awareness that it is important for those working with adults to focus on child safety. Recognising when children may be at risk from adult's behaviour and taking appropriate action.
- There is a need to address bullying and harassment.
- Ensuring those 16 and 17 year olds who are homeless, or at risk of homelessness have somewhere safe to live.

2b) Ensuring all Children and Young People achieve to their full potential.

i) Focus on improving educational achievement

ii) How to engage children who are ready to learn?

iii) Narrowing the gap in educational attainment (this is rising in Bristol, so the gap is decreasing). However, national statistics show that those children in care and those in receipt of free school meals have, on average, results 28% lower than others

iv) Post 16 progression – Increase the numbers of 16 and 17 year olds in education. The availability of the EMA (Education Maintenance Allowance) has improved participation, and there is concern that the withdrawal of this will cause a fall in numbers. Deborah Evans will bring this to the Children's Trust Board, since the economic arguments in favour of the EMA are obvious.

3. Improving school attendance levels

For the past few years these have been stuck at 92.5%.

4. Child Poverty (AJ is the lead on this)

4a) Tackling poverty of income through financial inclusion.

Worklessness can be the result of unavailable childcare. The children's workforce needs to be trained in signposting to debt advice and encouraging the uptake of benefits. In Devon it was found that over half of families were under-claiming. This also applies to working benefits, since nationally, 51% of children in poverty are in working families.

4b) Poverty of Experience

The quality of childcare may be poor and the quality of housing for vulnerable families is also often poor. Also the ability of children and families to take part in activities that other families take for granted, even having a friend home for tea can be impossible for a family who are on a low income.

4c) Outcomes associated with poverty

There are significant health outcomes as a result of poverty, such as infant mortality, obesity, teenage pregnancy. Also age mortality, since those in poverty, on average, die 10 years earlier than those not in poverty.

Conclusion

AJ explained that it was important to think of concise outcomes to report on publicly. AJ again urged everyone present to feedback on the consultation.

Feedback on the consultation via the blog: bristolchildren.wordpress.com

Alison Jackson can also be contacted via: alison.jackson@bristol.gov.uk

Close

Louise Hudson thanked Alison Jackson and the other speakers for their contributions. Notes from the flipcharts will be typed up and any questions answered and sent out to participants. (See below)

Questions arising from workshop discussions

Due to the rapidly changing nature of the policy environment it was difficult to provide fully, comprehensive answers to some questions posed by participants. In particular a number of questions were asked about schools and commissioning which cannot be answered until further guidance has been received and has begun to be implemented.

1. Is the CYP going to operate as a framework for each CT member/school?

Government has withdrawn the duty to have a Children and Young People's Plan and therefore partners no longer legally have to be bound by it. However, the Children and Young People's Trust in Bristol has said they want to work together and still want a plan, so there is a commitment to it. This plan is only about key partnership priorities – those which no agency can address on their own. AND it focuses on those issues where our needs assessment shows that we have not yet improved performance to the extent we would want, or where it is not yet sustained. It is therefore not an exhaustive list of the work going on in the city to improve outcomes and not exclusively the framework for our work – there is much else besides.

2. What level of detail are stakeholders going to see in order to implement the plan?

The detail doesn't exist in the plan itself and people will see from reading it that there are some priorities which cross reference lengthy action plans and others which state a priority that we should be developing something, so it varies.

3. How will the VCS engage/acknowledge and be included in each of the themes?

I think that varies and depends on the nature of the work – I'd recommend that people read the draft themes and the priorities within them and if there is something missing about specific VCS engagement, let us know so it can be included. Some will be more appropriate than others for in-depth engagement, as they will be for any other agency.

4. Can we have a timeline for development of the CYP Plan?

Out for consultation 23 December to 18 March. Hope to finalise and publish by late April / early May.

5. Where will the children's plan be downloaded?

The draft Children and Young People's Plan and the needs assessment which informed it are now open for consultation at

<http://bristolchildren.wordpress.com/draftplan>

until Friday 18 March. You can contribute to the discussion by posting a comment on the wordpress site itself, or you can e-mail us at childrensneeds.assessment@bristol.gov.uk

6. How will priorities be actioned/delivered?

Hugely varies – see answer 2 above.

7. Have children and young people seen the CYPP. Which groups of children and young people, if any? Does it include vulnerable groups e.g. children in poverty?

Groups haven't yet seen the plan. It is being discussed with Youth MPs and the Youth Select Committee later in January.

A wide range of CYP views have informed the plan, however. This has ranged from statistical input from the wide-ranging surveys to a series of in-depth focus groups carried out with vulnerable children and young people (including questions about poverty) by the Supplementary Fund VCS Providers and Barnardos.

8. How do schools link into CYPP, particularly when they become more autonomous. How will CYPs (LA) bring schools into this?

Again this varies from priority to priority. There are some which are clearly about work in schools and some more at arms length. As per question 1 above, there is no formal imperative. However, we are consulting with schools via the Trust Board members, via Schools Forum and through a piece in the Head teachers' newsletter.

9. Joint commissioning – where does criminal justice fit into this plan, will they be involved in joined up working? Is information collated and does it feed into the

CYP services. How can it inform the strategic plan? Could you look at CJ mapping of crime rates/convictions etc. (informing ‘improving the knowledge’)

We do acknowledge the need for this plan and that of the Safeguarding Board to take a more family-based approach – this is also part of the next steps for the Total Family project, commissioned by the Bristol Partnership. There are also some references to joint working with Safer Bristol – eg under the bullying and harassment priority. We’ve looked widely at young people conviction rates etc and you can see this chapter of the needs assessment on the blog, which also has a search facility.

10. How does the plan link with youth links and early intervention review e.g. offenders’ children? Similar in terms of worklessness

You’ll see actions in the plan in relation to worklessness and to children of offenders which I hope addresses this question.

11. **Are the definitions (e.g complex health needs) the same for health service and children and young people services?** It is difficult to define. Complex health needs are defined by the person with the need. We would like our focus to be on delivery rather than definitions.
12. **Do we know a timeframe for the setting up of the Health and Wellbeing Partnership Board (HWPB)?** They need to be established by April 2012.
13. **How will the HWPB and the Children’s Trust Board work together?** There will be cross-over of membership.
14. **Informal health education – missing (whereas attainment and safeguarding are here) what is the link to health and wellbeing?** See answers above which direct you to the link to the draft plan. New government are still signed up to Healthy Schools Agenda but schools will probably register on a voluntary basis. Other money for health-related education may come through the pupil premium.
15. **GP consortia – how will children and young people tap into the money?** The consortia are not yet sufficiently developed to be able to confirm how CYP will access the money. Current CYP health commissioners ask that service providers ensure services are service-user led and that is currently written into the contract with NBT. It is hoped this model may be adopted in the future by GP commissioners.
16. **Where do disabled children fit in funding streams? Where do short breaks for carers fit in?** Further guidance is being sought via lead officers at Bristol City Council.
17. **Transparency? If you don’t attend meetings, how can you know? How will information come out?** The information is currently cascaded to the voluntary and community sector via the infrastructure organisations, The Care Forum and Voscur. Notes from meetings are displayed on our websites and via our monthly ebulletins. From March infrastructure arrangements and communications will change when Voscur leads on the delivery of infrastructure services. It is unclear at this point in time how those arrangements will operate.
18. **How can CYP be top of everyone’s agenda?** By ensuring that CYP VCS continue to be involved in strategic multi-agency decision making groups and that at a senior level organisations continue to work in partnership through The Children’s Trust Board.

Flipchart notes

Group 1: Comments on children and young people plan

- Made sense. Good to have something you can hold in your head.
- Relationship building – need stronger focus e.g GP having better training in children and adolescent issues. Stronger focus on emotional needs of children and stronger emphasis on schools.
- Hard to communicate with schools
- Unclear if school staff have expertise to commission range of services
- Not clear about how H&WB and CT arrangements will work together.
- Make schools welcoming for CYP.

- Too many mailing lists for children and young people providers – some people left out of the loop.
- More clarity about networks and how VCS can influence.
- Transparency about funding pots (not enough), especially small amounts.
- Challenge is how to make GPs understand ‘wellbeing’ rather than health
- Specialisms must continue (as stated in ‘shared understanding and planning’)
- Children and young people voice needs to be incorporated and priority needs to continue
- Under achieving full potential, priorities just included education. Other areas such as social interaction, other skills etc. Must be included. Disabled children more likely to experience all of this more. Who are the 92% of improved attendance at school? Are the 8% disabled/carers?
- Child poverty SPAN has done huge amount of work. Their research is a huge resource.
- ‘Harder to reach’ families resist ‘state run’ services

Group 2: Comments on CYP Plan

- Simplicity good.
- Order of priority of themes. Which is highest priority? Communication should be number one theme.
- Housing (CYP not at top of agenda)/Health and schools hard to work with.
- Engage the parents so services are meaningful
- Equality of opportunity to access different activities – different communities have different expectations and different approaches to accessing services
- Acknowledgement of the needs of young carers
- Definitely keep family focus including emphasis on adults’ workforce
- Keep the focus on disadvantaged and vulnerable children and families
- Low level buddying/support scheme – to build confidence and address social isolation and exclusion. We unanimously think we need this (cross ref autism strategy)
- How to keep an awareness of the whole child and family circumstances in schools who are focused on teaching and learning – this is a challenge.
- Look for good examples of localised joint work/commissioning between and best practice from extended services e.g. GPs and schools to share – to fill the ‘detail vacuum’.
- Travel barrier to accessing services
- Education Maintenance Allowance (EMA) cut impact
- Common induction pathways need to be clear.

Group 3: Comments on CYP Plan

- Applaud CYP brevity
- easier to align activities
 -and that it comes cross-referenced
 - Important that all parts of local authority endorse and support – can we have signed commitment?
- Extended Schools Partnerships
- will they exist?
 - If no, how will we ensure that all (irrespective of type) schools engage and support plan outcomes?
 - Schools: more work to be done to ensure schools engage better with multi agency work e.g CAF
- V positive about the focus on family and holistic service delivery
 - Workforce; common induction – hopeful! Good opportunity for increasing knowledge and skills development, but first line managers must be included – not just front line.

Group 4: Comments on CYPP:

- All makes sense –, most of it we know. None of priorities miss the spot. It's hard hitting where we know priorities should be.
- Because health coming into LA – these populations that access services in health – don't currently access services run by CYPS (LA). So their specific needs may not be taken into account in this process. E.g transition for children with long term health (chronic) issues may miss sexual health advice because they are not in school where they would receive it. In some respect their needs do get met by PCT at present
- Priorities in health are different from those in LA in terms of CYP. Gap analysis need to make sure the groups not accessing services are not missed.
- Long term joint strategic themes may be at risk – healthy schools, emotional wellbeing, PHSE joint agenda that are optional – will drop off the agenda. Health component less specific in the themes.
- Under 'achieved potential' – needs to include potential around health e.g. emotional well being. Working together to meet their health needs. Achieved health potential for children in care. CYP services need to take into account health agendas when they develop their plans. Although education no longer required by statute 'to play' we still need to include them in plans. Need to link in VCS health sector, counselling, advice etc.