NEWHAM PARTNERSHIP CHILDREN AND YOUNG PEOPLE TRUST
Meeting held on Tuesday, 5th July 2016 in Room EG.06, New Dockside, 1000 Dockside Road, London E16 2QU

Present: Councillor Quintin Peppiatt, Rosie Dei-Boateng, Ian Mackay, Pat Edwards, Claire Bridge, Jane Senior, Jan Tallis, Marcia Samuels, Simon Munk, Satbinder Sanghera, James Thomas, and Janine St Pierre.

Also Present: Meradin Peachey, Director of Public Health, and Cameron MacLean, Committees and Partnerships Officer

Apologies for Absence: David Sanders, Dr Elizabeth Goodyear, Dr Jane Hawdon, and Jane Moon.


The meeting commenced at 4:35 pm and closed at 5:50 pm

1. Management of Business
   The Chair welcomed all members of the Trust and agreed the Order of Business.

2. Declarations of Interest
   There were two declarations of interest by Marcia Samuels, New Choices for Youth Trust (voluntary sector representative), as follows –
   
   Item 4: HeadStart Funding
   Organisations with which she was associated may be the beneficiaries of HeadStart funding.

   Item 7: Placement Sufficiency for Looked after Children
   New Choices for Youth Trust (“NCY”) had an interest in providing accommodation for young persons.

3. Minutes and Matters Arising
   The minutes of the meeting held on 3rd February 2016 were approved as a correct record.

   Matters Arising
   James Thomas (JT) referred to Item 7: Stocktake on Priorities and Identifying Future Priorities. He stated that the Trust had been formally constituted last year and was now a subgroup of the Health and Wellbeing Board. The Board had identified four priorities as the starting point for the work of the Children and Young People Trust, these being:

   (i) Best Start in Life
   (ii) School Age Health
   (iii) Special Educational Needs and Disabilities
   (iv) Children and Young Person’s Emotional Well-Being and Mental Health

   He stated that an additional priority would be continuing the major transformation programme relating to integrated neighbourhood working which was intended to coordinate universal and targeted services.

   JT stated that these five priorities would provide a theme for agendas for Trust meetings, and for the Trust’s Forward Plan. However, this would not be to the
exclusion of other agenda items such as Housing issues, when it was appropriate to include such items on the agenda.

Noted

4. **HeadStart Funding**

The Trust considered a report by Dr Simon Munk (SM), the purpose of which was to provide –

(i) An overview of the new HeadStart service;

(ii) Suggestions for how the Trust could contribute to the development of the service; and

(iii) Suggestions as to how to plan for the financial sustainability of the service.

It was recommended that the Trust agree –

(i) Specific ways that it could contribute to the development of the service;

(ii) How financial sustainability planning for the service could take place; and

(iii) Next steps

The Chair stated that, as most people were familiar with the program, he proposed focusing on the future development of the programme rather than reviewing what had taken place. He asked SM to introduce the item and present his report.

SM stated that, based on the pilot project that had been carried out, a bid had been submitted to the Big Lottery for funding for a Borough wide project and that the bid had been successful and that Lottery funding of nearly £10 million over a five-year period had been awarded. It was noted this information was subject to an embargo until such time as the Big Lottery made an official announcement.

SM stated that the challenge the project presented was how to provide sustainable funding beyond the initial five-year period for which funding was provided, and how the project might deliver outcomes that were relevant to members of the Trust, each of which would have a role in shaping and delivering the project both individual and collectively. SM went on to say that, if the project was successful in delivering it outcomes, this may give rise to a commitment on the part of Trust members to future funding thereby ensuring the sustainability of the work carried out during the lifetime of the project.

SM went on to note that, if the project was successful, there should be improved outcomes in mental health; education i.e. reducing existing attainment gaps; and social care.

In the subsequent discussion, the following points were raised –

(i) The number of CAHMS referrals would be only one indicator of the success or otherwise of the project, and it would be necessary to have several other indicators if a holistic evaluation of the success of the project was to be carried out.

(ii) That HeadStart was an opportunity to join up targeted and universal services in such a way as to meet needs that were not presently being met.
Universal services would include primary and secondary schooling, and youth provision within the Borough.

(iii) HeadStart would be a key component of CAHMS transformation work and social care provision. If the project was successful, it would target young people with emerging mental health difficulties and provide them with a package of support measures intended to promote their mental health well-being outcomes. A yearly assessment of the Stress and Difficulties Questionnaire (SDQ) of each young person on the HeadStart project would be carried out, and from this, it was proposed that it would be possible to determine whether or not the activities in which they were engaged were resulted in improved mental health outcomes. This information could then be related to attainment and attendance data held by the local authority, and to records of those young persons who had been referred to social care.

(iv) It was hoped that the project would not only reduce the number of young persons referred to CAHMS, but would ensure that those persons who were referred were the right persons to be referred to the service. There was a cohort of young persons who were not presently receiving any support who would benefit from support. If these young persons could be provided with support that benefited their mental health outcomes, this may result in improved school attainment and a consequent reduction in the amount of social care attention that might otherwise be required. Consequently, this approach was targeted at providing support to young persons just below the threshold of services provided by other organisations such as CAHMS.

(v) As a targeted, evidence-based approach, this provided an opportunity to provide a youth service using school and community-based activities to identify young persons who were at risk of requiring a future referral to social care services.

(vi) Regarding the Key Evaluation Questions set out in appendix 2 of the report, SM stated that there were three things that he would like the Trust members to confirm, as follows –

- That the right things, as defined by the Key Evaluation Questions, were being measured;
- What would work, and what would not work, in terms of delivery so that the service could be suitably adjusted; and
- The key outcome for each member of the Trust that would persuade each organisation to continue funding the work of the project.

In conclusion, SM stated that, over the next few months, he would be meeting with each of the members of the Trust discuss the items referred to in the discussion, and that he would report back to the Trust in February of next year. He stated that the report to the Trust in February would set out what a success framework might look like based on the discussions he had held with the Trust members, and how they proposed delivery be refined as a result of those discussions.

Resolved: To –

1. Agree the recommendations set out in the report;
2. Proceed on the basis of the proposals, as discussed; and
3. That a further report be submitted to the Trust in February 2017.

5. Childhood Obesity and Physical Inactivity

The Trust considered a report of the Director of Public Health, the purpose of which was to provide a briefing on childhood obesity and physical activity in children and young people living and studying in Newham; and to highlight the levels of obesity in school aged children in Newham and the impact this would have on the future burden of ill health.

Based on national evidence on tackling and preventing obesity, the report presented how the current provision of physical activity in Newham mapped on to the national framework for improving physical activity and made recommendations to improve the current provision in line with the national framework. It also recommended actions that should be embedded in the prevention strategy that was currently in progress.

It was recommended that the Children & Young People Trust be asked to agree:

(i) To a whole system approach to tackling and preventing childhood obesity that was recommended by national evidence;

(ii) To use the national framework for improving physical activity to have a whole system approach to increasing physical activity in Newham children and young people;

(iii) To receive a briefing on a whole system approach to improving diet in children and young people; and

(iv) To embed whole system approaches to tackling and preventing obesity in the Borough-wide prevention strategy.

Introducing the report, Meradin Peachey (MP) stated that different countries adopted different approaches to tackling child obesity and that there did not appear to be a single solution to this problem, which affected many Western European countries as well as Australia. She stated that the report provided statistics that allowed Newham to be compared with other London boroughs and England as a whole. Of particular interest, were the statistics for Thanet in East Kent, a deprived area in which it might be expected that there would be a greater incidence of child obesity. However, over the last 10 years, there had been a very significant investment by local authorities in Kent in in promoting public health and, although it was difficult to make a correlation between cause and effect, it would appear that this investment had contributed to a reduction in child obesity.

MS then referred Members to Page 24 of the papers and a section of the report headed “What Can We Do Better to Improve the Physical Activity of Children?” Here it was stated that the national framework for physical activity suggested taking action across four domains: social environments; active lives; moving professionals; and scaling up, and what was required to relate these domains to Newham.

MS then summarised the measures that were presently being taken in Newham across the four domains to tackle child obesity, and the level of activity that was required if the measures were to be successful. She stated it was for the Trust to
decide the domains and activities on which it might wish to concentrate, and whether or not to make commissioning changes. It was noted that there was no identified funding for child obesity initiatives, or any partnership programs addressing the issue. However, the Mayor had stated that he would like some pilot projects designed to tackle child obesity to be carried out.

In the subsequent discussion, the following points were raised –

(i) Regarding the provision of bus passes to schoolchildren, it was noted that most primary school children lived within a short distance of the school they attended, but this was not always the case for secondary school pupils, some of whom lived a significant distance away from the school they attended.

(ii) Measures that had been introduced in at least one primary school included –
- Actively discouraging parents from driving their children to school; and
- Offering fruit with school meals instead of puddings and doing this for most days of the week.

(iii) The Council was aware of the problems presented by fast-food outlets and the limits of the planning process in restricting the location of such outlets near schools.

(iv) In Walthamstow, the Council had imposed traffic restrictions on side roads near to schools to discourage parents from driving their children to school. Such restrictions made it impracticable, given the time taken, to drive children to school, thereby encouraging parents to make their children walk to school.

(v) There was no single answer to tackling child obesity and it was necessary for each of the various stakeholders to make a commitment to a joint strategy as a start to tackling what was a complex and difficult issue.

(vi) One way of evaluating possible measures intended to address childhood obesity would be to identify a number of neighbourhood communities where a whole system approach might be implemented as a pilot project which could then be evaluated. In the meantime, a range of measures intended to tackle child obesity could continue to be implemented across the rest of the Borough.

(vii) If a neighbourhood community project was to be embarked upon, this could include activities that happen at home, in schools, and in the community, and it may be possible to get agreement on scaling up as one of the four domains.

(viii) There appeared to be a higher incidence of child obesity in middle-class areas, such as Forest Gate, when compared with more deprived areas such as Green Street. However, without more information, it was difficult to draw conclusions as the differences may be the result of various factors such as differing cultures, traditions and levels of poverty.

(ix) An additional problem was a misguided notion held by many as to what constituted a healthy weight and size for a child of a particular age, many people perceiving what would otherwise be a healthy weight and size to be too small and skinny.
(x) Problems of obesity in young children could result in mental health problems and, therefore, there existed a correlation between the measures proposed in the HeadStart project and measures intended to tackle childhood obesity. Arising out of the discussion was a consensus that the way forward would be to implement a pilot project involving one or two neighbourhood communities adopting a comprehensive approach involving all four domains and scaling up activities, as appropriate.

Resolved: that a report detailing proposals for a pilot project in one or two neighbourhood communities be presented at the next meeting of the Trust.

6. Transformation of the School Nursing Service

The Trust Members considered a report, the purpose of which was to –

(i) Provide an update on the transformation of School Nursing following the decision by Newham Council’s Cabinet to bring the service in-house for direct delivery by CYPS; and

(ii) To discuss, with the Trust, opportunities for stakeholder participation in the transformation process.

It was recommended that the Trust –

(i) Note the planned changes to delivery of the School Nursing service;

(ii) Discuss the proposed approach for stakeholder participation in the service transformation process; and

(iii) Make recommendations for action/consideration by the programme leads in order to ensure all stakeholders were fully involved.

Claire Bridge (CB) summarised the report that was before the Trust and took the Members of the Trust through the slide presentation that was appended to the report.

In the subsequent discussion, the following points were raised –

(i) Regarding the frequency and regularity of visits by school nurses, it was proposed that Members of the Trust were best placed to advise on those arrangements in relation to their organisations.

(ii) It was stated that school nurses should be allowed to get to know the children they were dealing with, and their families, and that their work should be balanced in such a way as to avoid most of their time being taken up with one issue, such as child protection, to the detriment of their other duties and responsibilities.

(iii) Given the number of school nurses and the number of schools within the Borough, it was not practicable for school nurses to undertake all the functions for which they were previously responsible. Consequently, it was necessary to decide how school nurses work best with other practitioners, and how they might best access the services required to perform their functions.

(iv) GPs should have a greater role in caring for schoolchildren and that their responsibilities in this regard should be clarified vis-a-vis the roles and responsibilities of school nurses. This was becoming increasingly necessary
with the added number of free schools which did not have access to the school nurse service.

(v) CB stated that there were many things to be considered over the next few months including possible changes to the service; determining what members of the Trust would like the service to provide; the services that could be provided within the resources available; and maintaining a dialogue with all the relevant parties. It was noted that Children’s Services would be subject to a re-procurement exercise and that it was important that the school nurse service retained links with Children’s Services.

(vi) Giving the peripatetic nature of the work of school nurses, consideration should be given to how to make the most efficient use of their time, including working during school holidays. In addition, there may be functions for school nurses to perform in nursery schools to prepare children for entry into primary school.

In conclusion, the Chair stated that Members of the Trust were invited to provide their views and opinions on the School Nursing Service so that these could be taken into consideration when proposing possible changes to the service and different models of working.

Resolved: That Members of the Trust be asked to forward their views and opinions on the School Nursing Service (arranging meetings to discuss the service if necessary), so that a report on the reorganisation, modelling and priorities of the service could be submitted to a future meeting of the Trust.

7. Placement Sufficiency for Looked after Children

Rosie Dei-Boateng (RDB) referred Members to the PowerPoint presentation in the papers before them, summarising the presentation.

Regarding what it was that officers were seeking from Trust Members in relation to the Placement Sufficiency for Looked after Children, RDB stated that the Council wished to increase the number of foster carers within the Borough and was seeking ways in which members of the Trust may be able to assist in this regard.

James Thomas (JT) stated that one of the biggest challenges faced by the Council was having the right placement for the children that came into the Council’s care. Presently, the Council was actively recruiting new foster carers, but was only just keeping up with demand. The reasons for this were twofold: some foster carers were applying for and being granted special guardianship orders making them no longer available as foster carers; and the national “Stay Put” campaign which actively encouraged foster carers to allow their foster children to remain with them after they turned 18.

JT noted that the best method of recruitment for foster carers was word-of-mouth and informal networks. Accordingly, he asked that Members of the Trust suggest ways in which they might be able to assist in recruiting Foster carers using their networks and organisations. Regarding schools, it was stated that the Council was seeking ways of accessing both teaching staff and parents, possibly through teacher-parent evening, as potential foster carers.
Simon Munk (SM) stated that there was a CAHMS officer working with the Council’s in-house foster care team to provide support and assistance to foster carers as part of a pilot project. It was suggested that, by providing this type of support, this might make foster care more appealing to would-be foster carers. Also, peer parenting support was being piloted as part of the HeadStart project and it was to be hoped that this might lead to word-of-mouth recommendations about foster care.

It was proposed that information about the support and assistance available to foster carers had to be made much more publicly and widely available as there was a general perception amongst the public that there would be no or little support or assistance for foster carers once they had assumed responsibility for a foster child.

Jacquie Burke (JB) stated that there were a number of programs designed to provide assistance and support for foster carers, and that the Council had recently held its Annual Foster Carers Celebration. She noted that the foster carers present at the Annual Celebration were doing an extraordinary job and that all had been appropriately vetted and suitably trained prior to becoming foster carers. It was noted that there were incentives for foster carers to introduce potential foster carers to the Children’s Services Foster Care Service, and that consideration could be given to using informal networks of foster carers as a means of encouraging persons to become foster carers.

Resolved: that Members of the Trust liaise with Council officers on ways in which their organisations and bodies may be able to assist in recruiting foster carers by using their existing networks and institutional events to promote foster care amongst their constituents.

8. Any Other Business

There was there was none.

9. Date of Next Meeting

It was noted that the next meeting of the Trust would be in September.

[Since the meeting of the Trust, it has been agreed that meetings of the Trust for the remainder of the municipal year would take place at 3.30pm in a meeting room at New Dockside, 1000 Dockside Road, London E16 2QU on the following dates –

1. 6th September 2016
2. 20th December 2016
3. 14th February 2017
4. 11th April 2017]

The meeting ended at 5.50pm.