NHS North Central London

MEETING
BARNET CHILDREN'S TRUST BOARD
DATE AND TIME
THURSDAY 14TH MARCH, 2013
AT 10.00 AM
VENUE
HENDON TOWN HALL, THE BURROUGHS, HENDON NW4 4BG

Children's Trust Board Priorities

Ensuring the Safety of all Barnet's Children

Narrowing the Gap for Children at Risk of Not Achieving their Potential

Preventing Ill Health and Unhealthy Lifestyles

Children's Service contact: Heather Storey 020 8359 3057

CHILDREN'S SERVICE DIRECTORATE

ORDER OF BUSINESS

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12.	Presentation by Barnet and Southgate College Leavers 2012 (in private session)	

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BARNET CHILDREN'S TRUST BOARD
MINUTES OF MEETING HELD ON 6 DECEMBER 2012 AT TOWN HALL, THE BURROUGHS, HENDON, LONDON NW4 4BG

PRESENT:

Cllr Andrew Harper (Chairman)	Cabinet Member for Education, Children and Families, LBB
Cllr Helena Hart	Cabinet Member for Public Health
Kate Kennally	Interim Director of Children's Service and Director of Adult Social Care and Health
Vivienne Stimpson	Head of Children's Commissioning, NHS/LBB
Denise Murphy	Interim Chief Executive, Community Barnet
Jack Newton	Head Teacher, Grasvenor Avenue Infants School

OFFICERS PRESENT:

Sharon Scott	Interim Assistant Director, Partnerships and Transformation
Heather Storey	Strategy and Projects Team, Children's Service
Elaine Runswick	14-19 Lead, Children's Service
Helen White	14-19 Team, Children's Service
Gail Jackson	Strategy and Projects Team, Children's Service
Andrew Nathan	Strategic Policy Adviser

APOLOGIES- Angela Trigg (Principal, London Academy), Jenny Gridley (Head Teacher, Oakleigh School), Clare Stephens (Clinical Commissioning Group), Ch Supt Adrian Usher (Metropolitan Police), Jay Mercer (Deputy Director of Children's Service), Tim Beach (Chair of Barnet Safeguarding Children Board), Janet Matthewson (Community Barnet).

1 WELCOME AND INTRODUCTIONS

2 MINUTES OF THE LAST MEETING

The minutes of the Board held on 13 September 2012 were agreed as a correct record.

3 CHILDREN AND YOUNG PEOPLE PLAN 2013-2016 (DRAFT)

The Board considered a first draft of the new Children and Young People Plan, and Sharon Scott and Heather Storey attended to explain how the consultation and engagement programme to date had shaped a suggested

plan, which was based around a child's journey towards adulthood, and the key transition points in their life where the correct support was required.

They requested feedback on proposals for presenting the plan, and confirmation that the right agencies had been identified in the table setting out possible priorities and the lead agencies responsible.

The view of the Board was that the first draft set the correct direction and provided a good basis on which to develop the next stage, of ensuring it read across to, and was reflected in, each organisation's own budgets and business plans.

Given that a number of key partners were absent, Councillor Harper would write individually to all partners specifically asking them to commit to the actions assigned to their agencies, and to work them into their own business planning documents. This was required urgently as Executive Management Group would be considering the resourcing implications of the plan the following week.
ACTION: Sharon Scott/Heather Storey

In response to a question from Councillor Hart, the officers confirmed they had attended a recent meeting of the Clinical Commissioning Group to help bring them up to speed with the importance of the Plan.

The Board endorsed the decision to prepare a separate Child Poverty Plan rather than try and embed it within the Plan, and highlighted the links between welfare reform and the importance of ensuring families being supported through the Troubled Families scheme were not being disadvantaged in other ways.

The challenge of raising the profile of the role of the Children's trust Board and the Plan was recognised. It was agreed that as a starting point Councillor Harper should author a foreword to the Plan, highlighting examples where young people had brought issues to the forefront of the Board's work, and that the Barnet Youth Board be asked for advice on preparing a child friendly version.
ACTION: Sharon Scott/Heather Storey

In conclusion the Board endorsed the work to date and thanked both officers and partners for their contribution, and agreed that the Chairman seek the explicit agreement of all partners to the actions assigned to them.

4 16-19 POLICY AND DEVELOPMENT

Elaine Runswick presented a report which gave the Board an overview of the current policy environment and the range of current activity in Barnet to effectively respond to the new requirements on local authorities and meet the needs of learners. She highlighted that these new responsibilities were about partnerships and influencing and shaping the curriculum, and that there was a

diverse picture of provision with the growth of free schools and academies and new vocational routes such as ‘studio schools’.

The 14-19 team had responded to the raising of the Participation Age and particular attention had been paid to broadening the curriculum offer for those who may find it more difficult to progress to further education and training. They had also supported schools in taking on their new responsibilities for careers advice and guidance.

It was noted that improving the support for care leavers in their attainment was currently a priority focus, particularly as the Council was below target on GCSE attainment for Looked After Children.

Elaine Runswick was invited to outline some of the challenges ahead that the Board could support her with. These included identifying accommodation for the studio school; working with Community Barnet to maximise the opportunities of education programmes in the voluntary and community sector such as supplementary schools; and joint working between schools, colleges and parents to ensure people made the right choices at 16 and that there were equally valid alternatives to A levels including apprenticeships which provided a direct route into a variety of professions.

It was agreed that providing support to schools to help them with their new careers function- for example accreditation for Quality Standards- should be explored as a potential traded service and brought back to a future meeting as appropriate.
ACTION: Elaine Runswick

5 PLATFORMS PROGRAMME

Elaine Runswick and Helen White delivered a presentation on the ‘Platforms’ programme, in which the Council and partners had invested significantly to deliver a series of initiatives to address youth unemployment in Barnet and support young people aged 16 to 24 into employment and further training.

They highlighted how young people had helped shape the programme, including its name, and some of the key projects involving a wide variety of partners. These included apprenticeships such as an Apprenticeship Training Agency; employability support for people with learning and other disabilities; employability support for both graduates and non graduates; and enterprise support. Most of the schemes had successfully gained momentum although progress with some such as enterprise support had been slower.

The Board were concerned that the scheme was sustainable and that programmes would be mainstreamed after the initial investment had expired. Elaine Runswick reported that future funding was being reviewed in the New Year. There was an opportunity to bid for funds form the City of London Corporation while some programmes would in future be supported from mainstream funding.

It was noted that an evaluation report was being prepared which would return to the Board in March or June 2013.
ACTION: Elaine Runswick

6 EXAM RESULTS IN BARNET AND NARROWING THE GAP

Kate Kennally introduced a detailed report which analysed the exam results of Barnet's schools in 2012 across all the Key Stages, and action being undertaken to improve results further, with a particular focus on progress made against the Children's Trust Board key strategic objective of Narrowing the Gap for children at risk of not achieving their potential.

She reported that the Education Strategy Board had confirmed the importance of monitoring and challenge with Academies to continue to drive up standards.

There was a discussion on how the Pupil Premium was being used within Barnet and Jack Newton explained how it was being spent in his school. It was agreed that best practice should be shared, including the opportunities for partnership working across schools, but that a single approach to deploying the premium was not suitable for a school population as diverse as that in Barnet. Councillor Harper and Kate Kennally confirmed that this reflected the emerging direction of the Education Strategy.

The relatively high levels of pupils with some Special Educational Need but not statemented was noted, and Sharon Scott reported that this was due to schools managing needs to a level where formal statementing was not required.

The Board noted the report.

7 TROUBLED FAMILIES UPDATE

The Board noted a standing report on progress with expanding the Troubled Families Programme. They welcomed the way in which this was being rolled out at an accelerated pace by the team led by Stuart Collins and by partners, and was ready delivering improved outcomes. In particular work with schools to provide better absence data had been very useful.

8 REPORT OF THE CHILDREN AND YOUNG PEOPLE'S HEALTH OUTCOMES FORUM: IMPLICATIONS FOR BARNET

Vivienne Stimpson introduced a report which set out the findings of the Children and Young Peoples Health Outcomes Forum commissioned by the Department of Health. Although the Government had yet to formally respond to the recommendations her report identified some of the implications for Barnet and current good practice locally.

In discussion, it was agreed that the findings of the Forum were generally well reflected in the themes of the Health Well Being Strategy. The engagement of the Clinical Commissioning Group would be critical and they should be encouraged to have regard to this document in developing their Commissioning Strategic Plan.

The Board endorsed the recommendations in the report and agreed that Vivienne Stimpson, Dr Andrew Howe and Dr Clare Stephens collaborate on a more detailed report to the next Children's Trust Board on how the Board can best deliver better child health outcomes, which would include recommendations around governance and resource planning (including Section 75 Agreements).
ACTION: Vivienne Stimpson/Dr Clare Stephens/Dr Andrew Howe

In the context of the recommendations on the health of Looked After Children, Councillor Hart reported that Barnet and Chase Farm Hospital had now identified a Doctor and a nurse with this designated responsibility, which was welcomed by the Board.

Kate Kennally asked that Officers ensure the procurement of a Barnet Healthwatch reflect the recommendation to engage children and young people in discussion on their issues.
ACTION: Vivienne Stimpson/Andrew Nathan

9 BARNET YOUNG CARERS- 2012/15 PLAN AND MEMORANDUM OF UNDERSTANDING (MoU)

Councillor Harper introduced this item by reminding the Board that it stemmed directly from a very inspiring presentation given by a young carer at the Children's Trust Board last year.

Gail Jackson reported that the Barnet Young Carers and Siblings Project had assisted adult, children's and drug and alcohol services in the development of this Plan. The purpose of the Memorandum of Understanding was to ensure services for both adults and children were working closer together to ensure they had the full picture and alerted each other of relevant considerations.

It was agreed that Councillor Harper, as Chairman of the Children's Trust Board, sign the MoU to give it added weight as a partnership document.

Kate Kennally reported that the Council, via the 'pledgebank' area of its website, was seeking volunteers to purchase Christmas presents for young carers and encouraged interested partners to donate.
ACTION; All partners

10 FUTURE WORK PLAN

The Board considered the work plan for future meetings.

Items on the approval of the Children and Young People Plan, Platforms and health outcomes as identified during the meeting would be added to the March 2013 agenda. It was agreed that the presentation should be from Barnet and Southgate College students, and that the presentation by the Young Parents Group be held over to the June 2013 meeting.
ACTION; Andrew Nathan

It was provisionally agreed that students at the 'Virtual School' be invited to present to the September 2013 Board, but Jack Newton would monitor progress on their readiness to do this and keep the Board informed.
ACTION; Jack Newton

It was agreed that the offer of an OFSTED lead with expertise in Education and Schools be welcomed, but that it be held over to the June meeting to allow consideration alongside the Education Strategy.
ACTION: Heather Storey

11 DATE OF NEXT MEETING

14 March 2013 at 2.00pm at the Town Hall, Hendon NW4 4BG.

The meeting ended at 4.15pm.

AGENDA ITEM 3

Meeting:	Date:	Agenda Item No:
CHILDREN'S TRUST BOARD	14 March 2013	

TITLE OF PAPER: Barnet Children and Young People Plan 2013-16

SUMMARY OF PAPER:

Barnet's Children and Young People Plan is a three year partnership plan setting out local priorities to improve outcomes for children and young people in the borough. The plan sets out the partners' ambition that

> *'All children and young people in Barnet should achieve the best possible outcomes, to enable them to become successful adults, especially our most vulnerable children. They should be supported by high quality, integrated and inclusive services that identify additional support needs early, are accessible, responsive and affordable for the individual child and their family.'*

The priorities are structured through the journey of the child; Early Years, Primary, Secondary and Preparation for Adulthood, with the three key focuses of the partnership running alongside them; Early Intervention and Prevention, Targeting Resources to Narrow the Gap and Keeping Children and Young People Safe. Under each of these priorities are objectives and key performance indicators. The action plan which underpins this will be updated each year, whilst the priorities and objectives will remain for the next three years.

The CYPP has been developed with input from a wide range of stakeholders including health, police, voluntary sector, schools and the council to ensure that there is joint ownership of the CYPP priorities. A multi-agency conference was held in October 2012 to help identify the key priorities for the next three years and define the actions and targets for 2013/16. Consultation has also taken place (as required by statutory guidance) with various groups including the Primary and Secondary Heads and the Schools Forum. Children and young people have been actively engaged in the process through focus groups held by the Barnet Youth Board, and an online survey distributed through schools and youth networks. The plan has also been informed by the 'Profile of Children and Young People in Barnet' - which brings together partners' data on Barnet's children and young people.

ACTION REQUIRED BY BOARD:

- The board is requested to approve the Barnet Children and Young People Plan 2013-16.

AUTHOR OF PAPER

NAME: James Mass
POSITION: Family & Community Well-being Lead Commissioner
ORGANISATION: LBB
PHONE NO: 07853 308795

Barnet Children and Young People's Plan – 2013 - 2016

DRAFT

February 2013

Foreword

“My most important duty is to get things right for Barnet’s children and young people and to champion their interests. But helping them to achieve their best, and supporting children and families when they need extra help, can only be done by working in partnership, across organisations. Barnet’s Children and Young People Plan 2013/14 – 2015/16 is a real partnership plan, with a strong shared agenda, shaped by people from across our borough who know and work with children and young people, and also by the children and young people themselves.

Partners on Barnet’s Children’s Trust Board provide excellent opportunities and services to children and young people, and our aim is to continually improve our provision, by making services personal to each child’s needs. Particularly in this challenging time, when increasing pressures are being faced by all services, and resources are tight, it is vital to be clear about our common purpose. This plan sets out our aims to support the whole journey of children in Barnet, underpinned by our three key priorities of intervening early, narrowing the gap and keeping children and young people safe. It has children and young people at its heart and prioritises their participation across our services.

Together, we can make life even better for Barnet’s children and young people and make sure they have the opportunities they all deserve.”

Cllr Andrew Harper
Chairman of Barnet Children’s Trust Board
Cabinet Member for Education, Children and Families

Vision

‘All children and young people in Barnet should achieve the best possible outcomes, to enable them to become successful adults, especially our most vulnerable children. They should be supported by high quality, integrated and inclusive services that identify additional support needs early, are accessible, responsive and affordable for the individual child and their family.’

Compared with the rest of the country and statistical neighbours, Barnet’s children do well at school, have good health, benefit from low crime rates and access to high quality open spaces. The Children’s Partnership has the highest expectations for children in Barnet and we are committed to help them have happy and successful lives on their journey through childhood.

To achieve our vision will be challenging, especially given the increasingly tough environment in which children and young people live, trying to find work, accommodation and support. However, we remain committed to close partnership working between organisations, with a focus on early intervention and prevention, targeting resources to narrow the gap in achievement between those most at risk of not achieving their potential and those with greater advantages, and keeping children and young people safe.

Partners in Barnet are committed to working with children and young people to analyse need, design services and review how effectively we are performing.

About this plan

This plan explains what the organisations represented on Barnet's Children's Trust will do to support children, young people and their families to lead happy and successful lives. It is structured around the journey of the child and our cross-cutting priorities:

- Early Years
- Primary
- Secondary
- Preparation for Adulthood

- Early Intervention and Prevention
- Targeting Resources to Narrow the Gap
- Keeping Children and Young People Safe

We have worked hard to make sure that this partnership plan truly reflects the breadth of work with children and young people in Barnet as well as being responsive to the wishes and needs of families themselves. Children and young people were engaged in the process through focus groups held by the Barnet Youth Board, and an online survey distributed via schools and youth networks.

This plan outlines the Children's Partnership's priorities for the period 2013-16. An annual action plan will sit beneath this plan and will detail how services are delivering the plan against their targets. In addition, the plan will sit alongside the Health and Wellbeing Strategy and Safer Communities Strategy. Several sub-strategies support the Children and Young People Plan, detailing work in specific areas, these are:

- The Education Strategy
- The Inclusion Strategy
- Ensuring Excellence for Barnet's Early Years
- Child Anti-Poverty Strategy
- Early Intervention and Prevention Strategy

Understanding Barnet's Children and Young People

Children and young people make up around a quarter of Barnet's total population and the borough's population of 90,464 children and young people is the second largest in London. Males account for a slightly higher proportion of the younger population than females. Since 2004 there has been a 23.4% increase in births in Barnet, compared with a 16.9% increase in London and a 19.2% increase in England.

Barnet's younger population is more diverse than Barnet's population overall; while the majority are White there are high proportions of children in many minority ethnic groups.

Despite the tough economic climate, households in Barnet remain relatively prosperous, with average household income 5.4 per cent above the London average. However, there are variations in different parts of the borough and household incomes have been increasing at a slower rate than the rest of London. There are pockets of deprivation, notably around the western boundary's 'A5 corridor' and in some of our local housing estates.

Some groups of children and young people in Barnet are more vulnerable than others: The Department for Education estimates that around 7% of children have a disability as defined by the Disability Discrimination Act (DDA). In Barnet, this would equate to around 4,400 – 6,100 children and young people between the ages of 0 and 19. The council is also responsible for maintaining a list of children in the area who are at risk of continuing significant harm, and for whom there is a child protection plan. At 31 March 2012 there were 211 children subject to a child protection plan in Barnet.

You can find more information about the demography of children and young people living in Barnet in the Profile.

Performance management and governance

Barnet's Children's Trust brings together all services for children and young people in the borough, to focus on improving outcomes for all children and young people. Key members of the trust are:

- Barnet Council
- North Central London NHS, GPs, and health providers
- Barnet Borough Police
- CommUnity Barnet, representing the voluntary sector
- Primary, Secondary and Special Schools in Barnet
- Barnet and Southgate College
- Focus Groups of Children and Young people, representing specific issues

Representatives from all these organisations make up the Barnet Children's Trust Board which will keep a strategic oversight of the plan. Each organisation has agreed to be responsible for implementing the Children and Young People's Plan and the Executive Management Group of the Trust will monitor this.

The Children's Trust Board will monitor the this plan against a combination of the success measures detailed in each section of the plan and progress reports submitted to the Board.

Ways of working

Barnet Children's Trust Board and the Children's Partnership is committed to working in the following ways to achieve the strategic outcomes in this plan:

Working in partnership
We will work together to make sure that activity and resources are joined up and target those who most need them. We will collaborate with other service providers as required to meet the diverse needs of children and young people.

Involving children and young people in our work
We will consistently engage actively with children, young people and their families in developing and implementing solutions to meet their needs.

Keep safeguarding at the forefront of all we do
We will constantly keep the safeguarding of children in our thinking and working practices. We have a duty of care to all our residents, especially the vulnerable, to keep them safe

Delivering better services with less money
We will seek to ensure the best value for money so that children and young people get the maximum benefit

Early years

Every child in Barnet has a great start in life, with the security and safety to grow in a nurturing environment.

The number of children aged between 0 and 5 years old in Barnet is growing every year and it is expected that by 2016 there will be 28,300 children in this age group. This represents an increase of 8% over the period of this plan. This presents the Children's Partnership with a significant challenge, especially as resources diminish.

Priority	What does this mean?	How will we judge success?
1) Engage families early to ensure children have happy lives at home.	Recognising that families have the greatest influence over young children, we will engage with families pre-birth and in the early years of a child's life. We will work with those families on the cusp of need to help set positive habits for life and ensure that children are ready for school by the age of 5. *This could include parenting classes or ensuring the sufficiency of childcare places.*	▪ An improvement in attainment of children against Early Years targets ▪ Growth in the prevalence of breastfeeding at 6 – 8 weeks from birth ▪ An increase in the numbers of resident children immunised by their second birthday (MMR) ▪ A decrease in the proportion of babies born under 2.5kg (5.5lbs) per 100 live births ▪ An increase in the early identification of children with special educational needs ▪ A declining number of children who are obese upon entering Reception
2) Provide high quality health services for mothers and young children.	A growing body of evidence shows that good health for mothers and young children makes the biggest difference to life chances. This includes birth weight, development at age 2 and the mother's early relationship with the child. In order to give children the best possible start in life, the health of mother and child should be regularly monitored and maintained. *This could include health visitors who support and promote breastfeeding and immunisations and Family Nurse Partnerships.*	
3) Ensure children in need of support are identified early and appropriately supported in their early years.	We will identify children with additional needs – whatever the cause – and work with families to reduce the impact of disadvantage later on. *This could include early years development checks across education, health and social care or the putting in place of a child protection plan.*	

Primary

Childhood in Barnet is safe and fun, with lots of opportunities to grow and develop through education, leisure and play.

There are currently over 28,000 children living in Barnet who are between the age of 5 and 11, and 25,700 children being educated in Barnet's primary schools. Children of this age group achieve well over all, with at least two thirds achieving at expected academic levels by the time they leave primary school. We recognise that there is more to childhood than school; children at primary level should be enjoying life, be safe in their environments and be making healthy lifestyle choices.

Priority	What does this mean?	How will we judge our success?
1) Provide exciting and supportive learning experiences in welcoming schools	Barnet's primary schools do provide these learning experiences - the vast majority of are rated good or outstanding and standards are above the national average. A good range of choice is available to parents, and schools generally cater well for a spectrum of abilities and needs. The main challenge facing the partnership is maintaining these high standards and ensuring Barnet's schools keep up with emerging national requirements. *This could include schools supporting each other to improve standards through exchange of expertise or sharing good practice.*	▪ A decline in the numbers of children judged to be obese in Year 6. ▪ A growth in the number of schools who feel confident in identifying additional needs among their pupils and referring on for support. ▪ An increase in the number of children achieving above the floor targets in Year 6. ▪ A decrease in the number of children who are persistently absent from school. ▪ Increase the % of children making 2 levels of progress in English between Key Stages 1 and 2
2) Work with schools and families to join up education, health and safety services	Teachers in Barnet schools have the greatest amount of professional contact with Barnet's children and as such, are able to identify issues early and make contact with partners when additional support needs to be put in place. We will work to make services more joined up and easy to access, with service users at their heart. *This could include better communications to improve awareness of services available and making better use of school nurses.*	
3) Encourage healthy lifestyles and choices to combat obesity in children and young people	In 2009/10, 12.7% of Barnet Reception children surveyed were found to be overweight and 10.6 were obese. By Year 6 15.1% of children were found to be overweight and 17.5% obese –above the national average. We will work with children and families to ensure they foster good habits early to stay healthy into adulthood. *This could include parenting programmes or health providing resources to schools to help promote healthy eating.*	

Secondary

Children and young people feel supported to achieve and engage, while developing their identities and resilience. There are 24,550 children between the ages of 11 and 16 in Barnet, and around 21,800 children educated in Barnet secondary schools. The January school census 2011 recorded that 143 different languages apart from English were spoken by pupils in Barnet schools. By the time young people in Barnet reach the Secondary stage of their journey, they have a wide range of experiences and are forging their own individual identities.

Priority	What does this mean?	How will we judge our success?
1) Offer opportunities for engagement and support, recognising the needs of the individual and supporting them to achieve	In the survey of children and young people in Barnet 90% of respondents were taking part in activities outside of school, within the borough. A range of activities is currently on offer across the borough, and we need to take action to mitigate the impact of the current economic climate on the equality, targeting, and longevity of these opportunities. *This could include ensuring the sustainability of mainstream youth services through some charging.*	▪ A declining number of children who are persistently absent from school or are excluded. ▪ Improve school attendance among children identified as having 15% or more unauthorised absence or 3 fixed term exclusions ▪ An increase in the umber of children achieving 5 A* - C grades including English and Maths at GCSE. ▪ An increase in professionals who feel supported by their local network.
2) Work in partnership with schools to address the root causes of exclusion and poor attendance	Exclusion has a major impact on the young person's learning as well as contributing to issues of isolation, criminal activity and health. *This could include behaviour training or making better use of data to ensure that support can be provided early on.*	
3) Build peer support networks among professionals to enable healthy mutual support and challenge that improves outcomes for young people	Many professionals in Barnet feel supported by numerous and diverse networks in which they can share best practice, resources and challenge one another. We want to help facilitate the development of these networks to ensure that all professionals feel supported. This should raise awareness of services available to young people, helping to join them up and drive improvement for children and young people. *This could include working with primary schools to identify the most appropriate model of working together or expanding network meetings to be more inclusive.*	

Preparation for Adulthood

Young people are ambitious for their futures and contribute positively to society.

There are around 12,000 17 -19 year olds in Barnet, and a growing number of young people continuing to receive services between the ages of 19 and 25. We want young people to feel ambitious about their futures and begin to prepare for independence, particularly economic independence.

Priority	What does this mean?	How will we judge our success?
Enable young people to foster ambitious and realistic aspirations.	We will support young people to have confidence in their abilities, be ambitious about their futures, set realistic goals and achieve these ambitions. Job Centre Plus reports a general lack of understanding and awareness of the jobs market and some young people are ill-prepared for the world of work. We need to work together to improve this situation. *This could include effective use of the pupil premium or providing personalised and relevant advice in schools to enable young people to make well-informed choices about their futures.*	▪ An increase in the proportion of children with a statement of special educational needs moving towards independent living. ▪ A growth in the number of children achieving a level 2 qualification by the age of 19 ▪ A rise in the percentage of care leavers in employment, education or training ▪ An increase in the percentage of young offenders engaged in suitable education, employment or training ▪ A decline in the percentage of 16 to 19 year olds who are not in education employment or training
Ensure services are integrated to support young people as they transition to adulthood	We want children and young people who are in care or have special educational needs to have a positive transition into adulthood. We will put the appropriate support in place to help them to achieve their potential and live lives that are as independent and fulfilling as possible. If young people need to transition to Adult Social Care in their journey to adulthood, we will make this as seamless and positive as possible. *This could include a multi-agency programme for young people leaving care or better joint planning with young people with high levels of disability and complex needs.*	
Offer relevant and tailored learning and employment opportunities.	We want all young people to be prepared for the world of work and will ensure there is a broad range of educational & training opportunities (incl. apprenticeships) that meet the needs of all Barnet residents. We know that the right skills and early experiences of training and employment help to foster economic independence for the rest of a young person's life but that more can be done to make sure some young people are able to participate and achieve. *This could include building a residential unit as a step to supported living for young people with learning difficulties and / or disabilities or the creation of a studio school to provide a more business orientated learning experience.*	

Early intervention and prevention

Intervening early improves outcomes for children, young people and families, enabling them to thrive

A whole family approach to early intervention and prevention that joins up support from all partners not only gives children and young people the best life chances but is vital to our financial sustainability. Early identification, targeting and planning of interventions, working in partnership and sharing information at the appropriate level are at the heart of our approach.

Priority	What does this mean?	How will we judge our success?
1) Take a whole family approach to improving outcomes for children and young people.	The partnership is committed to supporting communication, emotional, physical and social development in families and addressing risk factors early on. We will help parents to maximise their skills as we aim to give their children the best start, including supporting families affected by domestic abuse. *This could include supporting families with employment or housing issues.*	▪ Decrease the number of households with children living in temporary accommodation ▪ Decrease the number of children in care per 10,000 of the under 18 population ▪ Reduce the number of 17 and 19 year olds who are not in education, employment or training. ▪ Reduce the number of young people offending.
2) Strengthen early identification and intervene early to improve life chances for those living in the most difficult situations.	Children and young people who have chaotic lives at home need early support to help minimise the impact of these difficulties on their development and later lives. Identifying and addressing needs at an early stage can help to prevent the difficulties that they can experience from arising. We aim to ensure that children and young people receive the right support at the right time, so that problems are addressed well before reaching 'crisis point'. *This could include intensive support from a family focus worker, improving the identification of neglect or targeted youth and play opportunities.*	
3) Reduce the involvement of children and young people in crime and anti-social behaviour.	Crime rates in Barnet are relatively low amongst children and young people, and we are committed to reducing them further, particularly through partnership working between the police and youth justice system as well as working intensively with families to alleviate the drivers of criminal and anti-social behaviour. *This could include supporting young people to cope with peer pressure or Kickz football schemes to engage young people in positive activities.*	

Keeping Children and Young People Safe

Children and young people are safe in their homes, schools and around the borough, with an ability to develop healthy relationships with others.

The partnership will work together to protect children from harm to ensure their safety and welfare, in particular through the work of the Barnet Safeguarding Children Board. The Children's Partnership has recognised a need to develop its quality assurance to help keep our children and young people safe.

Priority	What does this mean?	How will we judge our success?
Address unhealthy relationships based on exploitation and build aspirations for the future.	We will work to broaden awareness and support around bullying and vulnerability to exploitation to identify and support vulnerable children and young people. We want to identify exploitation early, ensure children and young people are safe and then reduce the impact of exploitation on their aspirations and plans for the future. *This could include a multi-agency approach to domestic violence and raising awareness of sexual exploitation and developing services for young people most at risk .*	▪ Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days). ▪ Proportion of children and young people who have been victim of exploitation who feel ambitious for their futures and prepared to reach their ambitions. ▪ Reduce the number of young people admitted to hospital with alcohol specific conditions. ▪ Percentage of children at the virtual school meeting the targets in their Personal Education Plans. ▪ Children subject to a child protection plan, where neglect is the main characteristic.
Educate children and young people on how to stay safe and provide support for those who are victims of crime.	There is often significant peer pressure affecting children and young people, to enter into activities that may not keep them safe, in particular to use drugs and alcohol. We will educate young people on the effects and outcomes of these activities, and provide access to a range of services to get advice, socialise together and keep themselves positively engaged. *This could include working with youth forums to gain a better understanding of the impact of bullying in Barnet and how the partnership could work to combat this.*	
Protect children at risk of harm and support them to achieve their potential	In cases where children are found to be at risk of significant harm as defined in the Children's Act 1989, the Local Authority has a clear legal duty to take steps to protect them, taking children into Local Authority care or professionals supporting the family to keep the child at home. *This could include implementing the Munro Review model of child protection, to contribute to a new model of social work delivery and quality assurance.*	

Targeting Resources to Narrow the Gap

Targeted, personalised support for those most at risk of not achieving their potential, helping to reduce inequalities.
Narrowing the gap means improving the rate of progress and outcomes for children who are at risk of underachievement. They are those children and young people whose educational achievement may be affected by factors relating to their ethnicity, gender or their social, cognitive and linguistic development.

Priority	What does this mean?	How will we judge our success?
1) Ensure that the families of children and young people at risk of underachievement, support their learning at home.	A significant body of research now points towards the importance of the home learning environment, from an early age and throughout the child's journey, to the life chances of children and young people. It will be important to work in partnership to ensure that children's lives outside their education, support their participation, learning and on-going development. *This could include outreach from children's centres or schools running homework sessions for the whole family.*	▪ Reduce the achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stage 2 (Level 4+ in both English & maths). ▪ Increase the % of children with Special Education Needs (SEN) achieving 5 or more A*-C GCSE including English & Maths at Key Stage 4. ▪ Increase the % looked after children making the expected level of progress in English and Maths between Key Stages 2 and 4. ▪ Ensure waiting times for CAMHS services are as low as possible.
2) Continue to support children and young people's mental health and emotional wellbeing.	We must ensure that we address health, including mental health, both as a cause and consequence of poverty. We will work to join up resources to support the commissioning of integrated services for children and young people with emotional and mental health difficulties. Poor emotional wellbeing can prevent children and young people from achieving and may mean that they disengage entirely, having a major impact on their educational and personal development. *This could include provision of therapies in schools.*	
3) Enable those with Special Educational Needs, Learning Difficulties and Disabilities and complex needs to achieve their potential	Over the past five years there has been a general improvement in the attainment of pupils with SEN and those eligible for free school meals (FSM) at both Key Stage 2 and Key Stage 4. The attainment gap between pupils eligible for FSM and those not eligible is narrower at KS2 than at KS4 and at KS4 the gap is narrowing. Changes to the local authority capacity to support schools may impact on the pace of change. *This could include travel training or special schools providing additional support within mainstream schools.*	

AGENDA ITEM 4

Meeting:	Date:	Agenda Item No: 4
CHILDREN'S TRUST BOARD	14 March 2013	

TITLE OF PAPER: Munro Review Update

SUMMARY OF PAPER:

In September 2011 the Children's Trust Board received a report on the implications of the Munro for Barnet, this report updates the Board on the work that has been undertaken since then, and is continuing, to integrate the Munro recommendations into ongoing practice. Most recently, as a Munro Development Demonstrator, Barnet has continued work towards the implementation of the Munro recommendations on improving outcomes for children and families. The work which has been done so far in different areas has been extremely collaborative and has involved working with the neighbouring boroughs of Enfield & Haringey, the judiciary, CAFCASS, front line social workers, Professor David Shemmings and Stirling University.

Key implications of the Munro Review at 2011 and progress to date

'A strategic approach across partner agencies that must engage with the Children's Trust Board (CTB); Barnet Safeguarding Children Board (BSCB); staff in teams, services and across agencies; whilst incorporating the views of children and their experience of their journey.'

Our approach to this strategic approach and partnership working has included developing a Single Assessment, Court Project and Multi-Agency Safeguarding Hub (MASH). More detail on these is given below.

'Continuing to strengthen early intervention services to provide effective early help for children and young people through a skilled workforce.'

We have now re-aligned services and integrated Family Support and Early Intervention work, (which now includes Intensive Family Focus, Children's Centres, Welfare benefits advisors, Family Nurse Partnership links, and the borough's responsibility for childcare arrangements). We aim to strengthen services using the specialisms of Early Years education and support to enable us to identify vulnerable children and families at an earlier stage to further reduce escalation into high-cost, specialist services later on.

Our work in building a picture of the characteristics of vulnerable children and families will contribute to our ability to intervene earlier. We are also carrying out a series of commissioned reviews of early years provision, including a review of nurseries, one to measure the impact of Children's Centres, and another 'Tracking the Child's Journey' analysing outcomes against specific early years' pathways. We aim to use the reviews to strengthen our evidence-based delivery, and commissioning, including

payment by results commissioning. Our multi-disciplinary workforce is drawn from a range of professional backgrounds including both Adults' and Children's Social Workers, Early Years, Housing, Probation, Counselling, Drugs/alcohol practitioners, Youth Offending, childcare settings and others.

A Principal Child and Family Social Worker should be designated, who is a senior manager with lead responsibility for practice in the Council and who is still actively involved in frontline practice.

Within Barnet we have taken the decision to share this function across two key roles – a Principal Office for Care Proceedings within social care and a Quality Assurance Officer post in safeguarding. Both these posts have a remit to drive up standards in front line practice.

The Barnet Safeguarding Children Board (BSCB) should submit annual reports to Chief Executive, Chair of the Health and Wellbeing Board, Leader and Police Commissioner effective from 2012.

The Annual Report of the BSCB was published in 2012, having been circulated to Chief Executive, Chair of the Health and Wellbeing Board, Leader and Police Commissioner as well as Cabinet. The BSCB has also developed a performance framework for safeguarding work. This will be further developed to include survey data from service users.

Additional work to implement Munro's recommendations

Munro Demonstrator Site

Barnet has been a Munro Development Demonstrator (MDD) site during the financial year 2012/13, sharing our work on the implementation of the Munro Review and seeking peer challenge from other Local Authorities. Staff have attended MDD events where there has been an opportunity to share learning, and we have made a number of Barnet learning events open to participants from other MDD sites. All learning from the MDD sites is uploaded to a central learning hub. There have also been opportunities to participate in telekit discussions. The benefits of taking on this additional responsibility have been recognised across the service and we are hoping to continue this work in the new financial year.

Single Assessment

We have worked with Professor David Shemmings to help develop Barnet's approach to assessment and implementing the ADAM (Assessment of Disorganised Attachment and Maltreatment) assessment model. We are currently in the process of rolling this model out to all front line social workers and they have demonstrated good engagement with the process so far. Three cohorts of staff are being trained at present and further training will be commissioned as required. Furthermore there is collaborative work with Enfield council to learn from their implementation of the model. It is anticipated that there will also be training provided for the early intervention workforce, along with a launch conference for partner agencies. All of this work will feed into our development of a new format for a single assessment, which will need to be implemented across the service, in the next year.

Court Project

There has been continued liaison and ongoing work between the neighbouring boroughs of Enfield and Haringey, the judiciary and CAFCASS. Our focus will be on improving the quality and timeliness of assessments, front loading cases prior to issue, and avoiding drift in care planning. This in turn will achieve the overall objectives of the reducing the time taken for care proceeding cases to progress through court.

Case tracking is already in place through the establishment of the Care Planning Panel, and a new Principal Officer for Court Proceedings will be recruited shortly.

Social Work Practice Pilot

'Onwards and Upwards' launched as a Social Work Practice, comprising what was previously the 'Leaving Care Team' in it's new base at Woodhouse Road, on 3 December 2012. Feedback from staff indicates that there has been an increased opportunity to see young people at the new location at and greater opportunities for more creative and valuable work with young people, such as cookery classes and group working. This has supported the development of good relationships, increased and positive engagement between young people and their workers.

Action on neglect

A conference to consider Neglect has been planned for the 13 March 2013 building on the views raised by social workers and other practitioners at the annual Children's Workforce Development Conference in October 2012 around the need for more specific tools to assist in their work with child neglect. This event will be open to multi-agencies and opened to other Munro Demonstrators sites. At the event a new neglect toolkit will be launched, based on work by Stirling University.

Multi-Agency Safeguarding Hub (MASH)

There has been a good attendance from professionals at the focus, implementation and steering meetings of the MASH. This has promoted opportunities for cross authority development of relationships and contribution of ideas into the MASH model being developed. Phase 1 (co-location of the council and the police public protection desk) is established. The development of Phase 2 involving co-location of all partner agencies including health, education, and housing is progressing well. There has been some delay with securing the lease for the building for Phase 2. As soon as the lease is signed, partners will expedite the installation of their equipment to launch Phase 2 of the MASH.

Workforce development and improving quality of practice

Continued lunchtime sessions have been provided for staff, focusing on topics and issues of relevance to their line of work. This has raised awareness of service developments across the Children's Service and increased knowledge and understanding of implementation and new practice. Recently an external supervision audit was carried out – resulting in the consideration of implementing a new supervision strategy. The new supervision strategy seeks to strengthen supervision across the service and promote specific, measurable, accurate, realistic and time specific approach to supervision discussions and plans of action.

Following the joint workshop between Adult Mental health and Childrens Social Care, an induction programme is being designed to ensure collaborative working is highlighted as a priority for new staff in both service areas. It is hoped to establish regular job shadowing opportunities with a focus on developing understanding and joint work around child protection.

Conclusion

Overall the work undertaken to integrate the Munro recommendations into ongoing practice has had positive impact. With increased collaborative work right across the board it has encouraged shared learning and new ways of sharing knowledge and information. It has also promoted opportunities for cross authority development and leadership. Furthermore front line staff have been given the opportunity to improve as well as to engage with new tools and information to aid them in their practices. The work which has been carried out so far is already achieving positive outcomes for children and young people in Barnet. With the further work outlined above we are confident of continuing this trajectory.

ACTION REQUIRED BY BOARD:

To note and comment on progress made to implement the Munro Recommendations.

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AGENDA ITEM 5

Meeting: CHILDREN'S TRUST BOARD	Date: 14 March 2013	Agenda Item No: 5

TITLE OF PAPER:
RESPONSIBILITY FOR REMANDS

SUMMARY OF PAPER:
On 1 May 2012 the Legal Aid, Sentencing & Punishment of Offenders (LASPO) Act 2012 received Royal Assent. The changes made devolve the remand budget in its entirety to Local Authorities for securing remand. This report informs the Board as to the impact these changes will have on the Youth Offending Service (YOS) and the wider Children's Service.

Background

Nationally there has been a steady decline in the number of young people sentenced to custody over the past 5 years, however during the same period the number of young people remanded in custody has remained constant. Nationally 61% of young people remanded to custody do not go on to receive custodial sentence. The LASPO Act aims to lengthen the route into custody for 12 to 17 year olds: young people facing remand must now have a real prospect of receiving a custodial sentence upon conviction before they may be remanded to youth detention accommodation, unless they are charged with a violent or sexual offence or one where an adult would receive a custodial sentence of 14 years or more. It has been estimated by the Youth Justice Board (YJB) that there will consequently be a 15% decrease in remands and therefore 15% of the budget will be deducted at source as a result of applying this new test.

Legislation

The new provisions of the LASPO Act 2012 means that young people aged 12-17 may be remanded to local authority accommodation or remanded into local authority secure accommodation under Court Ordered Secure Remand (COSR). In these instances these young people will automatically become looked after children and are therefore the local authority's responsibility.

Impact

The changes made by the LASPO Act 2012 give Local Authorities (LA) total financial responsibility for secure remand on a bed night basis. All those remanded into custody will acquire Looked After Children (LAC) status and therefore may be entitled to a leaving care service.

Current legislation in relation to eligibility for leaving care stipulates that:

- Eligible children are young people aged 16 and 17 who have been looked after by the Local Authority for at least 13 weeks, since the age 14 and are still being looked after.
- Eligible children are young people aged 16 and 17 who have been looked after by the Local authority for at least 13 weeks since the age of 14 and who have been looked after at some time after their 16th birthday, and who have now left care.

Therefore 16 and 17 year olds who are on remand for 13 weeks or more will also qualify for a full leaving care service. The impact on the LA needs to be quantified as now 16 and 17 year olds will need to be offered a LAC service and potentially also a leaving care service.

When the court makes a remand decision, they will designate a responsible authority for the young person. The authority will be responsible for:

- Fulfilling duties towards the young person in relation to their LAC status
- Paying for the cost of the youth detention per night
- Safeguarding and promoting their welfare
- Agreeing a care plan and reviewing its completion

Financial implications

The funding streams for Barnet for 2013/14 are set out in the table below.

Barnet

Funding Components				
Remand (3) (YOI share)	**LAC (3) (YOI share)**	**LAC Travel (4) (Cost of Visits)**	**Transport (5) (SCH/STC)**	**LA Funding Allocation**
£125,981	£25,055	£2,353	-£1,113	**£152,276**

The YJB originally predicted a budget for Barnet of £159,975 rising to £164,625 in 2014/15. This has now been revised to £125,981 - a difference of £33, 994, in light of the continued decrease in the national remand rates since the time of the initial calculation. The Local Authority currently funds the full transportation cost for those young people who are remanded into a Secure Training centre (STC) / Secure Children's Home (SCH) (cost of £1,113) and this will continue.

The devolved budget of £152,276 that Barnet will receive is unlikely to meet the predicted remand costs and the Local Authority will have to meet the shortfall. There will be no additional budget provided for leaving care responsibilities and the expectation is that the Local Authority absorbs this.

The scale of the predicted shortfall is difficult to quantify, as it will depend on the number of young people in remand. Based on data from the last few years, the budget shortfalls per annum would have ranged between £50,000 to £210,000 for YOS, and between £100,000 to £200,000 for children's social care. For 2013/14, a total budget shortfall of £208,000 could be anticipated - £85,000 for YOS and £122,000 for children's social care.

Next Steps

Barnet's youth offending service, social care, targeted youth service (TYS), troubled families and housing will need to work together to prioritise this group of young people and look at preventative measures, as well as packages to keep those at immediate risk of remand to custody, in the Community. Training, agreed ways of working, and clear protocols for shared practice will be key to the development and progress of this work.

The YJB is also suggesting that local authorities consider establishing cross borough consortiums to share the financial cost. Currently Barnet shares a youth court with Harrow and Brent, and a probation trust with Enfield, we share a health connection with Enfield and Haringey and are involved in a remand fostering consortium with Haringey, Enfield, Islington and Camden.

Each of the neighbouring boroughs has gang related issues and is contending with violence and weapons enabled crime. The LASPO Act 2012 will introduce compulsory custodial sentences for knife enabled offences, which means that remand episodes for these offences will also increase indicating that these boroughs will be under more pressure to find community based alternatives and are therefore more likely to require additional resources.

One of the identified benefits of a consortium approach is the ability to share resources to reduce cost. However, the remand population is by definition the most prolific and serious cohort of offenders and therefore any discussion relating to cross borough resource sharing, should consider implications in relation to gang related post code rivalry.

The role of the relationship between the YOS and the court is crucial in the remand decision and it is therefore essential that the Court has confidence in what the YOS is able to provide. It may therefore be helpful to consult with the Magistrates Bench at Willesden Youth Court on how we can continue to offer the court the best service moving forward.

The Court is confident in the Intensive Supervision and Surveillance Programme delivered by the YOS (25 hour community based programme which includes 5 core elements plus electronic tagging and Police intelligence sharing). The YOS's capacity to deliver the programme is currently limited to 5 to 6 young people at any one given time. It is recommended that investment is considered in order to allow for the YOS to offer this provision more widely as it will go a long way in preventing future remand episodes.

A senior remand task group has been established to provide a focused and targeted approach to this agenda. This group is chaired by the Assistant Director for Children's Social Care and is examining ways of promoting and enhancing community based alternatives to remand via strong multi agency work. This will include further development of joint working practices, evidence based assessments and targeted intervention delivery via programmes designed to promote the court's confidence that any potential risk can be managed successfully in the community.

ACTION REQUIRED BY BOARD:

To note and comment on the changes to remand responsibilities and the question of cross-borough joint working in this area.

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Meeting:	Date:	Agenda Item No:
CHILDREN'S TRUST BOARD	**14 March 2013**	**6**

TITLE OF PAPER: Family Nurse Partnership Programme (FNP)

SUMMARY OF PAPER:

This report sets out the background and some of the evidence base for the Family Nurse Partnership Programme, and informs the Children's Trust Board of progress being made in Barnet. Barnet had its first annual review which was undertaken by the DoH FNP Development team November 2012. (Please see FNP DoH annual review Appendix A).

Introduction

The DoH review team found that Barnet FNP has had a good first year, with strong good outcomes achieved in getting the programme established and running well, with a presence in the Borough and some excellent client engagement. A very positive platform has been built, upon which the team, clients and stakeholders can continue to strengthen and grow.

Background

Following a successful application by NHS Barnet and LBB in June 2011. The Family nurse partnership was commissioned by NHS Barnet and the London Borough of Barnet, and commenced in November 2011.

It is an intensive support programme for first time young mothers which is grounded in theory, strength based and is a licensed programme. It is based on research from the USA over a period 30 years in different cultural settings, which found the outcomes to be consistent across different co-hort's of families.

The new team consists of four nurses from various nursing backgrounds and a family nurse supervisor. The team work very closely with midwifery, Children Centres education and social care.

It is a 3 year project, broken down into 2 stages

- 12 months recruitment of clients The minimum caseload size for a Family Nurse Partnership Team is 100 families, based on Barnet's population of teenage parent's we aim to recruit 100 families.

- Follow up of the infants until they are 2 years old.

Since the government announcement in late 2010 to recruit an extra 4,200 health visitors by 2015, there have been various documents published that reaffirm the commitment and provide information about how the NHS will be expected to implement the target. The FNP programme is part of the 'core offer' of support for young families in the first year(s) of life. The programme is run across a number of sites in the UK. Haringey and Islington are Barnet's local sites.

Partnership Working

The DOH Family Nurse Partnership programme have learnt that successful delivery of the programme is more likely if NHS and local partner organisations really understand and embrace what Family Nurse Partnership implementation is about. The joint approach gives a clear commitment to the programme and the implementation plan clearly addressed the needs of key stakeholders.

Programme Approach and Delivery

The specialised advice and support is focused on improving prenatal health, children's health and development and encouraging parents to be more economically self-sufficient.

A pattern of weekly and fortnightly visits begins in early pregnancy and continues until the child is two years old. The programme encourages women to fulfil their aspirations for their baby and themselves. The nurses use programme guidelines, materials and practical activities to work with mothers –as well as father and the wider family-on understanding their baby, making changes to their behaviours, developing emotionally and building positive relationships.

1. FNP Barnet began delivering services in November 2011

2. The programme is guided by a project board led by the Joint Head of Children's Commissioning and reports into the EIP Strategy Group.

3. The service is led and managed by the Divisional Manager for Children's Services at CLCH.

FINANCE AND EFFICIENCY

The programme will span 3 years and costs £300,000 per year. The DOH contributed £150,000 in set up costs in year one 2011/12.

It costs £3000 per year per family on the programme, or £9000 per family over 3 years.

In the 3 randomised control trials in the US demonstrated that economic benefits came from breaking the cycle of disadvantage experienced by the children of teenage mothers. Independent economic evaluations in the US have shown that:-

- For every $1 invested in the FNP there is a saving of $5 for high risk families.

- There is a saving for $15,000 per family by the time the child reaches 15 years.

- The savings come from less use of health services, reductions in child abuse and social care needs, better school achievement, reduced involvement with criminal justice services, improved mental health and increased earnings.

- For high risk families the costs were recovered by the time the children reached 4 years due to reduced use of health services and benefit savings.

UK

FNP Aims are to reduce the following and improve maternal and child health, leading to substantial cost savings per family, and longer term health improvements:

If we prevent:

- 1 day in hospital for 10 pregnant women we save £10,000
- one overnight stay in SCBU for 10 babies we save £4,500
- 5 emergency hospital admissions we save £3,750
- 5 children going into foster care, saves £135,000 a year
- the need for 10 core assessments by children's social care we save £6,500

If we prevent:

- 10 cases of serious conduct disorder we can save society £2.25m over their lifetime
- poor outcomes for 50 children with multiple disadvantages we could help save local services over £5m by the time these children are 16
- 10 young women staying in NEET and getting work we can save the state £70,000 in benefits alone
- 80 children having poor literacy and numeracy we could help save society up to £5m over a lifetime.

Therefore the annual saving made for the most vulnerable families on the FNP programme is approximately £36,850 or

1 client returning to education and stopping benefits- saving the state £7000 per year, £21000 (3 years- FNP cost £9000 for 3 years).

Expected Outcomes for clients on the FNP programme:

Mother	**Baby**
Reduced smoking rates Increase breastfeeding rates	Improved early language development, school readiness and academic achievement
Fewer subsequent pregnancies	Reduced child abuse and neglect, fewer childhood injuries
Reductions in benefit claims	Improved behaviour and emotional development
Increased employment	Fewer mental health problems
Fewer arrests and convictions	Reduced arrests and convictions by age 15 and 19.
Improved parenting	

Reduced child abuse and neglect

- FNP is often cited as the most effective programme for preventing child abuse and neglect and reducing childhood injury and this is where some of its strongest evidence lies.

- Outcomes of the programme in this area include:

- Reductions in verified child abuse and neglect

- Reductions in health care encounters for injuries
- *More specifically:*
- 48% reduction in verified cases of child abuse and neglect by age 15 (Elmira)[14]

- 56% reduction in A&E attendances for injuries and ingestions during child's second year of life (Elmira)[15]

- 28% relative reduction in all types of health care encounters during child's first two years of life (Memphis)[16]

- 79% relative reduction in the number of days that children were hospitalised with injuries or ingestions in child's first two years of life (Memphis)[16]

- FNP has also been identified as the most effective programme for preventing child abuse and neglect in a review by MacMillan and colleagues published in The Lancet.[17]

Data for 2012: Barnet FNP Admissions to A&E for ingestion or injury

Age of child	No A&E attendances	No hospital admissions
Up to 6 months	0	0
Upto 1 year	0	0

51 % of clients recruited onto FNP have reported some form of abuse in their past, physical , sexual and emotional.

Improved school readiness and academic achievement

- The research shows that FNP children have better cognitive and language development and score higher on reading and maths achievement tests than do their control group counterparts with these effects limited to low-resource mothers. More specifically FNP children had:

- 50% reduction in language delay at 21 months (Denver)[12]

- Better academic achievement in the first six years of elementary school (Memphis, low resource mothers)[18]

- Better language and emotional development at age 4 (Denver, low resource mothers)

Key Priorities 2013/14

- Continued pro-active recruitment of clients and promotion of service across the borough

- Embed referral pathway with Barnet maternity services(this will need help from commissioners).

Communication Plan

Key stakeholders have been engaged from the beginning of the project to ensure referrals are received. This is an ongoing process and at month 14 there is still further work to be undertaken.

- The FNP team have evaluated their service, by way of user questionnaires, overall feedback is positive and clients have committed to the programme.
-
- Enrolled clients are being actively recruited to advisory board to obtain their views and advice how to further engaged this client group.
- Presented more recently at GP training forum.

Work presently ongoing:

User focus group
Media- articles for local newspapers
Newsletter
Consider facebook page.

User evaluations Dec 13
(appx)- ..\annual review\Annual_evaluation_results[1].doc

Performance Management and Governance

Licence conditions and data/activity is monitored by the D.O.H. with regular on-sight visits to ensure the programme is performing as expected. These visits are supportive and enable the local team to learn from established sites.
A very positive DOH annual review was held in December, with favourable feedback and recommendations. (Appendix -..\annual review\DOH feedback report and recommendations.doc)

Referral Pathway

The referral pathway into the service is paramount to the success of the service, communication of the referral pathway is ongoing and many services have engaged and are referring well, GP'S/ Social care/ youth support/LAC/Schools and family support workers.

Embedding the pathway into maternity services has been a little more difficult and is not yet robust. The majority of referrals are referred from maternity services, with weekly visits by the Family nurses, to embed the referral process permanently, input is now required from the commissioners of maternity services, to support joint working.

Table 1: Referrals/enrolments to date.

Year	Referrals Totals	eligible	Not eligible	Enrolled	Awaiting enrolment	declined	Gestation (Fidelity)	Babies
2011	16	9	7	8				
2012	134	57	70	57		5	<16 /52=55% >16 /52= 45%	2
2013	17	11	6	3	8	1	<16/52 = 60% >16/52=40%	51
	167	77	79	68	8	6		

Clients who were not eligible for the programme for the following reasons:

- >28 Weeks pregnant (**20)**
- > 20 Years of age **(14)**
- Living outside of Barnet **(17**- Borehamwood/ Enfield/ Brent)
- Terminations/Miscarriages. **(15)**
- Refused enrolment (these clients are revisited until they pass the 28 week gestation) **(6)**

(9 unable to trace or make contact)

Expected Referrals and attrition by month

The aim for 2012 was to recruit 100 clients as per DOH guidance; however it was recognised that the recruitment of 100 clients would not be achieved by year end.

Monthly breakdown of referrals:
If there is a similarity to 2012/13 figures, we would anticipate achievement of the 100 clients recruited by June 13, with recognition of the additional time this has taken. The DoH is aware of the additional time this has taken.
Average recruitment over the 14 month has been 5 clients per month; however positive recruitment was in quarter 4 of 2012, and quarter 1 of 2012/13, based on these figures the team anticipate recruiting to the 100 by June 13. This has significant impact on budget planning and commitment as will need budgeting into 2015/16 budget, if recruitment was to go past June 13, then this would cross into 2016/17 budgeting process.

Quarter	Referrals	Eligible	Enrolled	Non-eligible	Declined programme	Waiting enrolment	Leavers
2011	16	9	8	7	1		
Qrt 4 - 2012	25	13	13	12		8	
Qrt1-2012/13	34	18	18	16			
Qrt 2-2012/13	41	17	17	24	4		
Qrt 3-2012/13	24	9	9	15	1		
Qrt 4-2012/13 (present)	17	11	6	6	1	6	
totals	169	92	71 (+6)	77	6		8 (moved out of borough)

Achieving Recruitment rate:

The team has not recruited 100 clients to date, due to the number of pregnancies within Barnet this has taken longer, and is expected to take another 3 months minimum.

- This is being monitored closely by the FNP Advisory Board chaired by the Joint Head of commissioning.
- Tenacious engagement is being pursued and DoH aware of concerns regarding referral numbers from maternity services.
- DoH has given clear guidance on measures to be taken in the event that the programme is unable to recruit 100 clients this includes review of Barnet's recruitment criteria.

Impact upon 2015/16 budgeting process, consideration to be given if continued reduced referral numbers and if the original 100 clients not recruited by June 2013.

Further Actions

- Continued pro-active and tenacious recruitment of clients
- Strengthen communications with maternity units senior via management team
- To improve referral processes with Barnet Maternity Services with commissioner input.

Conclusion

Family Nurse Partnership is making good progress in Barnet as highlighted by the DoH Annual review.

ACTION REQUIRED BY BOARD:

The Board is asked to note the ongoing work of the FNP programme Board.

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Meeting:	Date:	Agenda Item No:
CHILDREN'S TRUST BOARD	14 March 2013	7

TITLE OF PAPER: Family Nurse Partnership Programme (FNP)

APPENDIX: Family Nurse Partnership Programme Annual Report 2012/13

FNP Annual Report 2012/13

Barnet

Annual Review date: 12th December 2012

"There is a magic window during pregnancy… it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

David Olds, PhD, Founder, Nurse-Family Partnership

1 – Vision for FNP in Barnet

Please describe current vision and ambitions for FNP (e.g. how would you like it to grow, become integrated, influence other services etc)
FNP is an important part of our early intervention and prevention strategy. Our Children's Trust board and Health and Wellbeing Board both emphasis the importance of a good early start. We would like to see FNP become mainstream and this will be considered as part of our planning over the forthcoming year. FNP is one the main priorities within our refreshed Children's and Young peoples Plan FNP has become very well integrated in the last year and the team has worked hard to become an established and recognised service across Barnet. Referrals are now coming into the service regularly from all agencies and the services remit is understood within the multi-agency team. FNP has influenced other services e.g. troubled families family focus and is seen as an evidenced based approach to support young families

2 – Strategy

Please describe the local strategy for FNP taking into account the following key points:

- Sustainability, funding and expansion plans
- Ownership / Funding / Organisational contracts / FNP Sub-licence
- Strategic Partnerships (e.g. Children's Trust, Health & Wellbeing Board, LCSB, Local Authority Elected Members)
- FNP fit with local strategies, plans, policies (e.g. JSNA, Early Years, 0-19s, Children's Plan, Family Support, Teenage Pregnancy, Social Care)
- Describe any plans for regional working (strategic or operational)

Analysis and Narrative
Sustainability- The FNP Board reports into the Executive management group who oversees progress and planning to ensure the outcomes are aligned and integrated into other workstreams

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales

3 – FNP Advisory Board

Please describe the FNP Advisory Board taking into account the following key points:

- (Core Model Element) Ongoing FNP Advisory Board, chaired by the commissioner, which meets at least quarterly to lead, support and develop the programme, ensures delivery to the model and is working to achieve sustainability.
- How does the Advisory Board promote Programme quality?
- How does the Advisory Board engage FNP with the broader strategic agenda for children, young people and family support?
- Advisory Board Chair / frequency / terms of reference / membership & attendance
- Accountability
- Client involvement and participation

Analysis and Narrative
1. The FNP advisory board meets monthly, and has oversight of FNP progresses based upon reporting format, this faciliatates the opportunity to investigate report findings and identify concerns and agree action plans. 2. There is also robust multi-agency representation, who are tasked with the dissemination of information and key issues from the services which may have implications or identify gaps and the relevance they has on individual services and action planning, these are also then cascaded into partner agencies. 3. The FAB has consistently had user representation, and has a number of interested clients. **Sustainability- VS- The FNP Board reports into the Executive management group who oversees progress and planning to ensure the outcomes are aligned and integrated into other workstreams** H:\annual review\FNP Advisory Board TOR Final July 2011.doc H:\advisory\advisory board report June 2012..docxH:\advisory\activity report as at 19 September 2012.doc H:\advisory\minutes 24 october 2012.doc H:\advisory\FAB_minutes_July_12.doc

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
1. Increase and maintain user engagement 2. Strengthen the framework for FNP user participations and involvement	Have 3 teenage parents, a Grandmother and Father interested	Recruitment of interested volunteers through user days and children's centres.	Supervisor/provider lead/ user rep
3. Increase attendance of senior midwifery management of partner agencies, and a commitment of at least 2 meetings a year.	Ensure a high level of strategic ownership from partner agencies	Provider invitation to key SMT	Commissioner/ provider lead: Jan 13.

4 – Provider Organisation

Please describe how the organisation is delivering its responsibilities to ensure that good leadership, management support and systems are in place to support family nurses and supervisors to deliver, develop and continually improve programme delivery (including Core Model Elements)

- **Please attach your Local Safeguarding Model for FNP**

Key Points:

- Logistics (e.g. accommodation, IT, mobile working)
- Clinical governance
- Team appointments and contracts
- Supervision of the Supervisor, appraisals and personal development reviews
- Service user / client feedback

Analysis and Narrative
FNP safeguarding model is as follows: Provider lead/ manager meets with team supervisor monthly for a 1:1, to support and guide supervisor where necessary Safeguarding nurse provides safeguarding support to FNP supervisor and also quarterly to the team. Team have a dedicated base, IT, Laptops and desk phones along with mobiles, the equipment enables team to work at base or be mobile. The team work within CLCH clinical governance framework, which in turn means they adhere to the CLCH clinical supervison policy/ procedures The team attend local professional forums and wider Children Families Health & Wellbeing meetings and development forums (Band 7 away days) The team undertake the relevant programme in relation to FNP training and also local mandatory training requirements. The team where recruited by October 2011, on fixed term contracts (to July 2014) The team have all had annual appraisal and PDP set. The team also participate in CLCH patient reported experience measures, patient stories and as such continually receive feedback, however this is written into the wider HV outcome measures.

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
1. Separate the PREM from generic HV reporting	To ensure feedback to FNP is FNP specific	Work with IG an CG to extrapolate data feedback.	Supervisor/provider lead and CG Team Jan 2013.

5a - FNP Team

- Describe how FNP has been working in your area over the last 12 months. What is working well and where are the challenges and opportunities?

Key points:

- Description of last 12 months (e.g. expansion, current team size - both actual and budgeted, vacancies, sickness)
- Caseload size and intensity (e.g. need for use of interpreters)
- Eligibility criteria and client recruitment pathways
- Supervisor use of monthly clinical supervision from the Named Nurse
- Provision and use of psychological consultancy

Analysis and Narrative
Set up and Team FNP commenced in Barnet in November 2011. The team where recruited and commenced in post November 2012, (1 supervisor, 4 nurses and 1 administrator) following pregnancy training in October 11, and attendance at Trust induction the team could commenced recruiting. As limited lead up time to recruitment beginning, limited processes in place the first few months where spent engaging local services, setting up referral pathways and sharing of information. The team have now settled, and reflect the expectation that they hit the ground running following initial training, with little equipment and resources in place. Processes and systems are now in place and are embedded throughout the first year. The team establishment is full, and no vacancies exist. Sickness rate is minimal, we believe the ethos of flexible working has kept this low. **Client Recruitment** Client Recruitment was initially slow and it was difficult to embed a referral pathway with the local maternity unit, although we had a robust process with our other 2 maternity units, no referral process is the same and we have had to be resilient and adaptable to gain the trust of the varying maternity units. There has been constant work with all maternity units and the Family Nurses now attend monthly social concerns meetings in both local providers and also teach at mandatory midwifery training in each unit, promoting a bottom up approach to referrals. Recently it has been agreed the nurses visit each of the maternity unit clinics weekly to identify and collect any referrals from the booking notes, each nurse has a delegated role and maternity unit. We have also changed the referral form from opt in to opt out (Sept 12), we am optimistic that this will enable all referrals to be sent to FNP team and this way we can give the clients the relevant information to enable them to make an informed choice to join the programme. Our key referrers on inception were social care and we have developed strong links with the Local authority and this is evident in our partnership multi-agency training and conference days. We are fortunate to have multi-agency support across all professions, from health, social care, troubled families- family focus workers/teams and the voluntary sector. The area of partnership working we would like to see improved are among General Practices, involvement and schools, the team is continually pushing to improve this. This has included letters; cold calling and more recently ensuring safeguarding and SC incorporate FNP within the GP training sessions. Attending CLCH GP stakeholder event. Schools in particular have been more difficult to engage, some schools have been very supportive and we have good links, whilst many others do not want the team to come into the schools (felt this may be the topic material).

Analysis and Narrative
Caseload size Since October 2011 we have received 130 referrals, of which 62 where eligible and enrolled on the programme and 13 where in the process of being recruited. 57 clients where not eligible. This is inline, if not slightly higher than was expected. Each nurse caseload is approximately 14, and the supervisor has 4 clients, if all those awaiting recruitment are indeed recruited, caseload numbers will be almost 17. The advantages of this steady recruitment have enabled the team to deliver the programme dosages and become confident in their work. However the slow numbers has meant we have not recruited the 100 clients expected, although this was always an anticipated risk in view of the low pregnancy numbers in Barnet at the beginning of the programme. It is anticipated that if we continue to recruit at 5- 10 a month, then 100 clients is achievable by end of March 13. This has implications on budgeting into 2014/15. A comparison with the Public helath projected pregnancies for 2013 has shown a gentle increase is expected (this is an estimated figure). We have found that caseload size and its dependency can vary throughout the programme, as vulnerabilities can become more complex or child protection concerns develop. The use of interpreters has increased in recent months, and presently each nurse has 1 non English speaking client, we have liaised with interpreting services to negotiate the use of the same interpreter once they have met a client, to improve consistency and also reduce amount of time nurses spend explaining the programme, the nurses have had to identify ways to work with the programme and ensure the message and content is delivered, as some elements can be lost in translation. The supervisor has monthly supervision with the named nurse, which has proved beneficial and helpful as the client load has increased. There are excellent working relationships with the safeguarding team, and the named nurse is available for the team when the supervisor is away. **Safeguarding clients'** 4 children have a CP plan, 1 Child is in need, we are also completing CAFs regularly due to the nature of the client's ages and vulnerabilities. **Psychology for the FNP team:** This commenced in March 12. The supervisor has found her individual sessions most beneficial. The team sessions have been more mixed and the needs of the nurses are very different, there has been discussion regarding the need to link theory of psychology to practice to the pregnant teenager and developing newborn. H:\psychology\INTERNAL_AGREEMENT1 PSYCHOLOGY final april12.doc

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
1. Referral pathway with maternity units.	Increase referrals, all clients meeting referral criteria are referred and opt out once spoken to with nurses.	Continue building relations and maintain presence in social concerns meetings and training. Increase Senior management at FAB.	Supervisor/ provider lead and commissioner. Jan 13.
2. Review of psychology services	To have both psychologist and team enjoying psychology sessions. Team to feel they are able to link	Evaluate contract Seek FNP national unit advice	Supervisor / provider lead Jan 13.

	theory and practice		
3. GP and schools engagement	Continue communications, and reminders re: referral criteria	Engage CCG	Commissioner

5b - FNP Team

- Describe how the FNP team is delivering against the core model elements (see appendix).

Key points:

- Progress with the FNP learning programme and competencies (including local learning required)
- Progress with team-based learning packs (including skills practice)
- Supervision one-on-one with each family nurse weekly, one home visit with each family nurse every 4 months and regular team meetings
- Using the FNP Information System to accurately input data and use of reports to assess, manage and enhance programme quality programme and inform reflective supervision
- Dedicated administrative support to ensure that data is entered completely and accurately on a timely basis and providing general administrative support to the team

Analysis and Narrative
Core model elements are prescribed in five areas of the programme: 1. Client enrolment and engagement: 2. Family nurse recruitment, training and working practices 3. Supervisor recruitment, training and working practices 4. Administrative support 5. Implementing agencies All team members have completed all relevant FNP training, and local mandatory requirements. All team members completed TNA at the commencement of programme and are working towards the FNP competencies; this was reviewed with each nurse at their annual appraisal. Team based learning, we meet weekly, these meetings include, and operational meeting, case review / presentations / skills practice- we are presently undertaking DANCE integration along with PIPE practice, following Dance and toddler training. We regularly have outside speakers, and this was more so earlier in the year. Each nurse attends 2 weekly and monthly social concerns meetings at our local maternity units. There were initially some team dynamic issues and it was with consistent encouragement and guidance that team members now feel comfortable with this practice. The supervisor meets weekly with each nurse individually to review caseload and each client is discussed with key issues summary, and joint visits are and have been undertaken regularly. The nurses originally found these uncomfortable, however they are normal aspect of practice now, we are also considering joint visits whilst implementing DANCE to aid scoring of key domains. The supervisor produces monthly reports for FAB, based upon fidelity measure, to enable FAB to monitor success criteria and identify

Analysis and Narrative
concerns in a timely manner and identify actions required. More recently the supervisor has had to revisit Open Exeter Data entry with nurses, to interpret their own data and recognise how achievement for fidelity is monitored as a team and not just individually. Admin support is active in data entry and pulling of reports, and the postholder is about to take the lead as FAB administrator, she has the underlying knowledge of programme to enable minutes and reports to be succinct and accurate.

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
1 Better team understanding of Data reports and FAB board	All key professionals to understand the relevance of data and be able to interpret	Discuss with FNP national unit, to attend a FAB and discuss data	Supervisor / provider lead and FNP NU

6 – Clinical Quality – Enrolment and Attrition

- Please fill in progress for enrolment and attrition in the table below and describe any over or underperforming areas and plans for improvement.

Key points:

- Sites enrol at least 60% of clients enrolled in the Programme by the 16th week of pregnancy and 100% no later than the 28th week;
- Each client enrolled is visited by the same family nurse throughout her pregnancy and the first two years of her child's life
- Percentage of clients offered the programme who are enrolled (please detail % uptake data and include analysis for previous 12 months)

Analysis and Narrative
Clients recruited before 16 weeks is at 51.6%, (53.1% end Nov 12), this is not at 60% yet, there has been a steady increase in achieving 60%. When the team initially commenced recruiting clients, very few where under 16 weeks pregnant at referral, the team has worked very hard to embed the referral pathway with maternity units and build relationships, which have contributed to the continuous improvement. The recent changes to the referral form to be a opt out rather than opt in, is expected to improve this further. Attrition: Of those recruited, 2 clients left in pregnancy, they moved out of borough. This is an ongoing concern as many clients are temporarily housed out of borough and it is anticipated this could become more difficult with the future changes to housing benefits. Programme attrition in pregnancy is 10% (team within this criteria)

Enrolment and Attrition (also refer to dashboard)		
Data for last 12 months	Performance	Fidelity Goal
Recruitment by 16 weeks	51.6%	60%
% enrolled who are offered FNP	87%	75%
Attrition (Programme Completers)		40%
Attrition (pregnancy)	6.7%	10%
Attrition (infancy)		20%
Attrition (toddlerhood)		10%

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
1. To recruit more clients by 16 weeks	Enrolment criteria, achieve 60% clients enrolled by 16 weeks.	Continue engaging maternity services, and revisit GP's and schools.	Supervisor
2. Continue to work with housing	Increase number of clients kept in local borough	Continue liaison with contacts in housing	Supervisor/team

7 – Clinical Quality – Visit Dosage

Please fill in progress for visit dosage and average length of visit in the tables below and describe any over or underperforming areas and plans for improvement (include reference to fidelity goals)

Visit Dosage (also refer to dashboard)		
Data for last 12 months	Performance (Stage Completers)	
Pregnancy	63.3%	% receiving ≥80% of expected visits
Infancy	68%	% receiving ≥65% of expected visits
Toddlerhood		% receiving ≥60% of expected visits

The team continue to deliver the programme and visit schedule, our client group have some excellent attendees, however those who have been more difficult to maintain the visit schedule with have been the older clients 18-19 years old. A number of clients have been housed outside the borough, as far afield as Hackney and we have also had 3 in mother and baby units, where visits where not encouraged in the first few weeks.

The clients who have not always been available, have had numerous reasons, or have been too busy, however of those who have been poor engagers in pregnancy they have come back onboard in infancy and once delivered.
Of those clients whom have proven the most difficult to engage, the team have discussed these clients at team meetings and this has given the nurses the opportunity to be inventive, some clients have agreed to a monthly visit, or joint visits ante natal, this has proven more successful than pushing the weekly visits and still maintains contact rather than risk the client disengaging completely.

63.3% is above the programme average for the same time scale.
81.1 minutes is within the expected time spent on visits.

Average length of visit (also refer to dashboard)		
Data for last 12 months	Performance	Fidelity Goal
Pregnancy	81.1mins	≥60 mins
Infancy		≥60 mins
Toddlerhood		≥60 mins

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
Continue to implement the visit schedule and identify different ways to maintain engagement	Increase visit dosage achievements	Continue working with clients, consider options with poor engagers, and individual plans fro clients	All team and supervisor

8 – Clinical Quality – Programme Content

- Please fill in progress for programme content in the tables below and describe any over or underperforming areas and plans for improvement.

Key points:

- (Core Model Element) Follow the FNP Home Visit Guidelines and adapted programme guidelines, which specify the desired structure and content of each visit;
- (Core Model Elements) Apportion home visit time among content domains within the ranges specified.

Analysis and Narrative
The team have found that with their clients in the initial visits there is much more pressing matters namely housing and benefits, and these areas have taken up significantly more time than was anticipated, it is also recognised that without dealing with the issues concerning clients they will not be receptive to any of the other programme content. (Environmental health) The team identified that we had not been scoring maternal health correctly, and we have planned to review this, and ensure team members have programme content scoring guides when entering data onto open Exeter, and thinking through % allocations.

Programme content (also refer to dashboard)		
Last 12 months	Performance	Goal
Pregnancy		
Personal health	28.7	35-40%
Environmental health	17.4	5-7%
Life course development	14.2	10-15%
Maternal role	24.2	23-25%
Infancy		
Personal health		14-20%
Environmental health		7-10%
Life course development		10-15%
Maternal role		45-50%
Family & friends		10-15%
Toddlerhood		
Personal health		10-15%
Environmental health		7-10%
Life course development		18-20%
Maternal role		40-45%
Family & friends		10-15%

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
Realistic allocation of programme content.	Monitor within team meetings, and ensure staff fully understands allocations of % going into infancy.	Monitor at team meetings and review with individuals at supervision.	Supervisor.

9 – Outcomes and short-term maternal and child health and development indicators:

Please use this space to highlight key points around improvements in maternal and child health and development and other programme outcomes.

- This should include consideration of the programme's short-term child and maternal health indicators (e.g. child development, smoking cessation, subsequent pregnancies, breastfeeding, immunisations, A&E attendances, hospital admissions, EET) and other information on potential impact such as safeguarding or child protection examples.
- You should also include data completeness in the FNP IS in this section.

Analysis and Narrative
Smoking data: of all those clients smoking at recruitment, there has been a 75% reduction in the numbers of cigarettes smoked at recruitment to 36 weeks. The family nurses now also carry CO2 monitors(in joint working with local smoking cessation services) which enables pro-active work with the clients to demonstrate CO2 levels and will hopefully help in referral to stop smoking. There has been a reduction in number of clients using drugs and alcohol from recruitment to 36 weeks. Breastfeeding initiation is at 78.6 %, this is above the programme average (across UK), and 35.7% are still breastfeeding at 6 weeks. The data is limited for those still breastfeeding at 6 months, in part due to the small numbers at this stage. Immunizations at 6 months: 100% of babies reaching 6 months have received their immunisations. 0% A&E attendances for ingestion or injury. 75% clients reaching 6 months are taking contraception. 41.7% clients enrolled where in employment or education 25% in EET at 6 months of infancy- of those entering education 50% clients are accessing course (NVQ) in children's centres. We are also holding a workshop in conjunction with Home start Barnet and Tended on "Healthy relationships" in the new year. Ages and stages questionnaires: There is no data available, these can only be entered at 6 months, those completed have not been entered by end November- data incompleteness.

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
ASQ data scores	Ensure FN's entering this data as soon as are able to at 6 months	Discussion in team meeting and with individual nurses.	Supervisor, Dec 12.

10 – Achievements, celebration and relevant information:

Please explore any issues that may not have been covered above as well as any areas for discussion that you would like to highlight to the board.

- This is an opportunity to celebrate successes, what has been working well and any aspects of work that you are particularly proud of.
- This may include work on sharing the learning, or any awards as well as how programme graduation and transition is managed locally.

Analysis and Narrative
We have an established multi-agency advisory board that has continued to meet monthly, with regular user input and proactively recruiting more. At programme set up, supervisor spoke at the EIP launch, which created good local contacts and networks with youth and Early years. Presentation at Children's trust board with local MP lead, with positive feedback. Stand at Social care speak out day. Team have a presence at midwifery training sessions locally. We are one of a few teams that can offer FNP to all pregnant teenagers in the borough. The team has settled in well, the referral pathways are in place; however do need constant review and communication with maternity units. We are on target to meet the required 100 clients, in a slightly longer time scale than was anticipated, but is inline with local data and public health figures. The team delivered 2 celebration days with our clients in May 12, these were attended by approximately 9 clients and partners and were very successful, and themes included- memory boxes, art work ad belly casts which the clients then decorated to tell the story of their journey so far. We also did meals on a budget, which again was very popular. The days are being repeated in November 12, with a Christmas theme and now more babies we will be able to do Christmas baubles, calendars' and weaning foods. The celebration days where held in youth centres and children's centres. In July 12, we held a stakeholder event, and this went well, it was chaired by our Director of Children, Families Health and Wellbeing division, and the DOH lead attended. We felt very honoured as 2 of our clients spoke of their journeys to that point and we also had testimonial from other clients, this was most powerful to all in attendance. We have also developed a video of FNP Barnet (to be shown), and recently where invited to take part in a TV programme looking into teenage pregnancy and services available- one of our clients was interviewed and her nurse- we have been contacted by ITV who are interested in doing further filming. We are also proud of our relationships with Local Authority, each nurse has links to key children's centres/GP's and schools in a defined geographical locality and this has certainly aided relationships with our children's centres and signposting clients. We are presently working with Homestart Barnet (voluntary organisation), who have agreed to do a drama//peer led workshop for our clients regarding healthy relationships. A major concern presently is the difficulty keeping clients in the borough, and with the chain to benefits and housing next year this problem will further increase. Long term this will affect attrition as we are being forced to lose clients as they move across a local authority boundary.

Analysis and Narrative
Feedback stakeholder days and client days H:\annual review\Annual_evaluation_results[1].doc **The key areas for action this next year are:** Continuing to recruit, clients- for this to be successful we require senior maternity input on the FAB Maintain accurate and timely data, address concerns early. Working with housing where we can to keep clients in borough or in surrounding areas. Better engagement of schools and GPs Work with our local Pilot CCG.

Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
Continuing to recruit, clients- for this to be successful we require senior maternity input on the FAB	Embedded and robust referral pathway with maternity services	Senior maternity management representation on FAB,	Supervisor/ provider lead and commissioner
Maintain accurate and timely data, address concerns early.	Integral role of the post	Work with all nurses and identify where gaps may be.	supervisor
Working with housing where we can to keep clients in borough or in surrounding areas.	Reduce number of clients leaving the borough, and improved understanding of the FNP role with these clients	Liaise with housing and identify actions to help	supervisor
Better engagement of schools and GPs	Early signposting into FNP from GP's and schools, and improve recruitment by 16 weeks	Continue to liaise with GP's and schools and identify how else this can be achieved. Consider a GP event	Supervisor/ provider lead and commissioner.
Work with our local Pilot CCG.	CCG promote FNP service, so integral aspect of funding considerations for the future. Improved feedback to GP's and promotion of service.	Identify timescale to present to CCG boards.	Commissioner

Post Meeting – Summary and Improvement Plan (for completion by the Service Development Lead)

Analysis and Narrative (to be completed by SDL following Annual Review)
We were delighted to be at Barnet's first Annual Review (AR) and to meet so many wonderful young parents and their babies who actively participated and contributed to the AR meeting. The evidence is strong to support how seriously client engagement is taken by the FNP team in helping to lead and embed the programme in Barnet. Clients spoke very positively about the programme and how it has supported their and their babies' lives – " it has been a life saver", "helped me to think more about the future rather than panicking about the now", "it helps when you feel you are being listened to", " FNP gave me the right help". It was lovely to have one grandmother attend the meeting who is also a member of the Advisory Board and to hear from her how much she feels the programme supports her so as she can support her daughter and grandchild. One of the real strengths on the programme is its evident connectivity with universal and appropriate targeted support services. All parents spoke of their involvement with children's centres, with the nurses each allocated children's centres, supporting families to use and building links to develop good working relationships and understanding of the programme. Both the Commissioning and Provider lead spoke of the importance of having FNP and of its connectivity across the system of children's services. This could be further strengthened by their participation in the AR and regular attendance at board meetings. It has been a positive start to the programme with 63 clients recruited aiming to have a 100 by the end of March. The maternity referral pathway has been a challenge, but through tenacious relationship building is now improving. Having senior strategic representation from maternity services on the board is recommended and would be welcomed by the team. The team is in place and working well together, their commitment and passion was evident from the quality of their input at the AR meeting and hearing the clients speak so positively of their work with them. The team are getting to grips with Data and report feeling confident with Open Exeter, it was acknowledged that further improvements in inputting could be achieved, but good progress for this early stage of the programme. Client mobility was (as with other London Boroughs) a significant concern. The team do well aiming to "stick with" clients if they move out of Borough, continuing to work with them where possible. The team aims to keep clients "on" if the move out temporarily. Dosage levels have scope for improvement and it was evident that a great degree of thoughtfulness is being given to it, ensuring that the nurses are confident and practiced in all elements of the programme. As with other sites, a reduction in time spent on the environmental domain with an increase on maternal role is recommended. Linked to this is having strategic discussions with Housing aiming to reduce mobility where possible through earlier permanent housing in the borough. The high breastfeeding initiation (78.6%) is very good, as was the 100% immunisation take up at 6 months. It has been a good first year, with strong good outcomes achieved in getting the programme established and running well, with a presence in the Borough and some excellent client engagement. A very positive platform has been built, upon which the team, clients and stakeholders can continue to strengthen and grow.

FNP Improvement Plan for Barnet			
Area for Improvement	Outcome (Where do we want to get to?)	Actions (How will we get there?)	Owner(s) and Timescales
Stronger maternity referral pathway	Improved and sustained early referrals	Senior maternity representation on Advisory Board	Commissioning/Provider leads with FNP SV – immediate & review
Supporting client engagement(nurses confident in using programme tools) Client mobility	Clients stay on programme	SV reflect & review through SV with FN's Senior Housing representation on Advisory Board	SV with FN's – ongoing Commissioning/Provider lead with FNP SV – within 3 months
Strengthened vision for FNP	Sustain FNP in children and family system of services	Connect with Health & Well Being Board	FNP Advisory Board – immediate & over coming year
Improve dosage	Strong programme outcomes – Highly skilled and high quality team	Team deliver the programme; skills practice; continued good supervision	FNP SV and FN's – on-going

Appendix – Core Model Elements and Fidelity Goals

The FNP Licensing Core Model Elements

Core model elements are prescribed in five areas of the programme:

1. Client enrolment and engagement
2. Family nurse recruitment, training and working practices
3. Supervisor recruitment, training and working practices
4. Administrative support
5. Implementing agencies

When the Programme is implemented in accordance with these Model Elements, the Parties can reasonably have a high level of confidence that results will be comparable to those measured in research. Conversely, if implementation does not incorporate these Model Elements, results may be different from research results.

Clients:

1.1 Enrolment and participation in the FNP is voluntary;

1.2 Eligible clients include first-time mothers only;

1.3 Eligible clients include high-risk mothers only (e.g. low resource mothers, teens), and criteria is agreed with the FNP NU.

1.4 Sites enrol at least 60% of clients enrolled in the Programme by the 16th week of pregnancy and 100% no later than the 28th week; and

1.5 Each client enrolled is visited by the same family nurse throughout her pregnancy and the first two years of her child's life.

Family Nurse

Each family nurse will:

2.1 Be registered with the Nursing and Midwifery Council (NMC), be educated to a degree level and meet the person specification for a family nurse.

2.2 Follow the FNP learning programme and attend all FNP specific essential training.

2.3 Follow the FNP Home Visit Guidelines 1) original visit schedule, which specifies the frequency and timing of home visits; and 2) the adapted programme guidelines, which specify the desired structure and content of each visit, and programme assessments and interventions to be used;

2.4 Apportion home visit time among content domains within the ranges specified.

2.5 Actively participate in FNP supervision as specified.

2.6 Be trained in specified approaches for establishing therapeutic relationship and motivating clients for positive behaviour changes;

2.7 Carry a caseload of no more than 25 families per full-time employee;

2.8 Work at least three days per week (20 hours per week) on the programme. Collect data about activity, visit content, mothers, and children according to the schedule and procedures specified by the international partner's data management team and approved by Dr. Olds.

2.9 Will work exclusively in this programme unless agreed with the FNP National Unit.

Supervisor

Each programme supervisor will:

3.1 Be registered with the NMC, at least equivalent in education and training to family nurses, preferably to masters level, and meet the person specification requirements.

3.2 Follow the FNP learning programme and attend all FNP essential training, as well as supervisor training and learning sets.

3.3 Carry a supervisory load of no more than eight individual family nurses (per full-time programme supervisor).

3.4 Carry a small clinical caseload (2/3 families).

3.5 Work at least three days per week (20 hours per week) on the programme.

3.6 Use programme reports to assess and manage areas where systems, organisational, or operational changes are needed in order to enhance the overall quality of programme operations and to inform reflective supervision with each nurse;

3.7 Meet one-on-one with each family nurse at least weekly to provide clinical supervision, preferably in person but by telephone where travel constraints limit nurse or Programme Supervisor mobility.

3.8 Conduct at least four team meetings per month: two to discuss programme implementation and two case based meetings to identify client challenges and solutions;

3.9 Develop opportunities for learning within the team and invite experts from other disciplines to participate in case based team meetings whenever cases require such consultation;

3.10 Make a minimum of one home visit every 4 months with each nurse;

Administrative Support

Each Site will employ a person (at least 0.5 full-time equivalents per 100 mothers enrolled) to provide support to the family nurses and programme supervisor, including

4.1 Ensuring that data about family nurse activity, visit content, mothers, and children are entered into the local database completely and accurately on a timely basis; and

4.2 Providing general administrative support

Implementing agencies:

Each Family Nurse Partnership implementing agency will:

5.1 Be located in and operated by organisations known in the community for being a successful commissioner and provider of prevention services to low-income families.

5.2 Convene a long-term FNP Advisory Board, chaired by the commissioner, that meets at least quarterly to promote a community support system to the program and to promote programme quality and sustainability.

5.3 Ensure adequate support and structure shall be in place to support family nurses and supervisors to implement the programme and to assure that data is accurately entered into the database in a timely manner.

UK Requirements

Psychological support:

Each FNP team will be supported by an appropriately qualified and skilled psychologist/child psychotherapist who will offer monthly consultancy as set out in the FNP Management Manual.

Safeguarding:

The FNP Advisory Board will ensure that safeguarding supervision and systems are in place in accordance with the FNP Management Manual.

Governance:

The FNP should be incorporated into local clinical governance arrangements.

Responsibilities for the sub license and local replication

- The commissioner is responsible for commissioning the programme in its entirety and for ensuring that the provider can meet the licensing requirements i.e. to provide sufficient funding with long term commitment, to understand and use the outcomes measures that the programme is known to affect, to use the core model elements, fidelity measures and FNP data sensitively for contract monitoring and quality assurance.
- The provider is responsible for meeting the licensing requirements, demonstrating excellence through the provision of data to the FNP National Unit and continually improving the quality of the programme.
- The FNP National Unit is responsible to the University of Colorado for ensuring the FNP licensing conditions are being met in England.
- The FNP National Unit will provide quality benchmarking information to commissioners and providers. If the FNP National Unit is concerned about the quality of a local programme, we will raise this with the provider and alert the commissioner of our concerns.
- The local FNP Advisory Board is the joint forum with responsibility for ensuring excellence in programme delivery, programme sustainability and support to FNP by community partners and champions.

The FNP Fidelity Goals

Fidelity goals relate to client recruitment, retention, visit dosage and coverage of content. These goals provide sites and the FNP National Unit with a benchmark against which fidelity can be assessed. Achieving these goals, or being close to them, will maximise a site's likelihood of delivering the same results as those found in the research trials. However, it is recognised that nurses' achievement of some of these fidelity goals, notably those on visit dosage, is demanding and they need to be seen as 'stretch goals' especially during the learning phase of programme delivery. It should also be recognised that the achievement of the recruitment and enrolment goals is highly related to the site's establishment of a successful recruitment pathway.

Sites are able to download regular reports detailing their collective and individual nurse achievements against these goals from the FNP Information System and will use these to learn about and reflect on their progress.

The fidelity goals cover 4 main areas:

1. Recruitment,
2. Retention of clients (measured by attrition rates)
3. Amount of programme received ('dosage'- measured by visits)
4. Programme content received (measured by FNP domain spread).

The specific fidelity goals for each area are set out below;

A. Recruitment and Enrolment

The programme attains enrolment goals of;

- At least 60% enrolled *before* 16 weeks of pregnancy and 100% no later than the 28 weeks.
- 100% clients enrolled are first-time mothers, within the specified site age bracket
- 75% of eligible clients who are offered the programme are enrolled
- Each nurse enrols 25 families (or pro rata adjusted) within 12 months of recruitment commencing.

B. Attrition

Clients leave the programme at no more than these rates:

- Cumulative programme attrition is 40% or less through to the child's second birthday
- 10% or less during the pregnancy phase.
- 20% or less during infancy phase
- 10% or less during toddler hood

C. Dosage

Clients receive:

- 80% or more of expected visits during pregnancy
- 65% or more of expected visits during infancy
- 60% or more of expected visits during toddler hood
- On average, length of home visits with participants is ‥60 minutes.

D. Programme Content

It is expected that the content of home visits reflects variation in developmental needs of participants across the programme phases:

Average Time Devoted to Content Domains during Pregnancy

Personal Health	35-40%
Environmental Health	05-07%
Life Course Development	10-15%
Maternal Role	23-25%
Family and Friends	10-15%

Average Time Devoted to Content Domains during Infancy

Personal Health	14-20%
Environmental Health	07-10%
Life Course Development	10-15%
Maternal Role	45-50%
Family and Friends	10-15%

Average Time Devoted to Content Domains during Toddlerhood

Personal Health	10-15%
Environmental Health	07-10%
Life Course Development	18-20%
Maternal Role	40-45%
Family and Friends	10-15%

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CHILDREN'S TRUST BOARD	14 March 2013	7

TITLE OF PAPER: Family Nurse Partnership Programme (FNP)

APPENDIX: Family Nurse Partnership Programme

Feedback on Annual Review

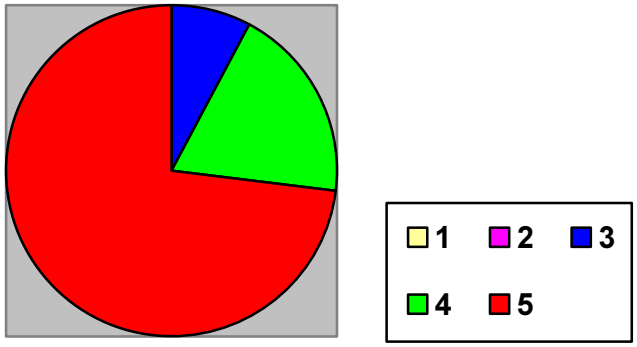
November 2012

All enrolled clients were handed an annual review survey to complete. 26 responses were received

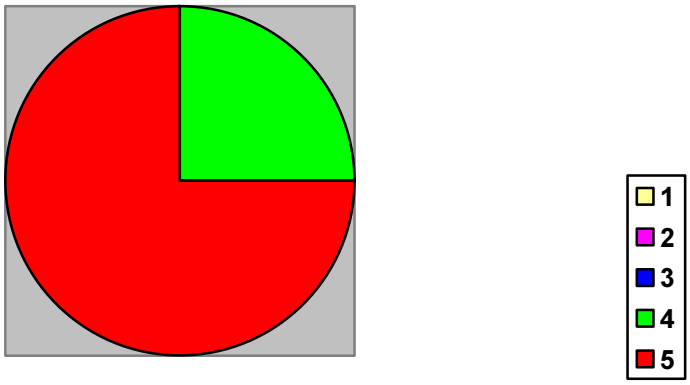
At the time of carrying out the annual survey we had 65 clients enrolled and 33 babies under 1. Currently we have no babies over 1. There is therefore no feedback referring to the Toddler programme

Below is a summary of feed back .received

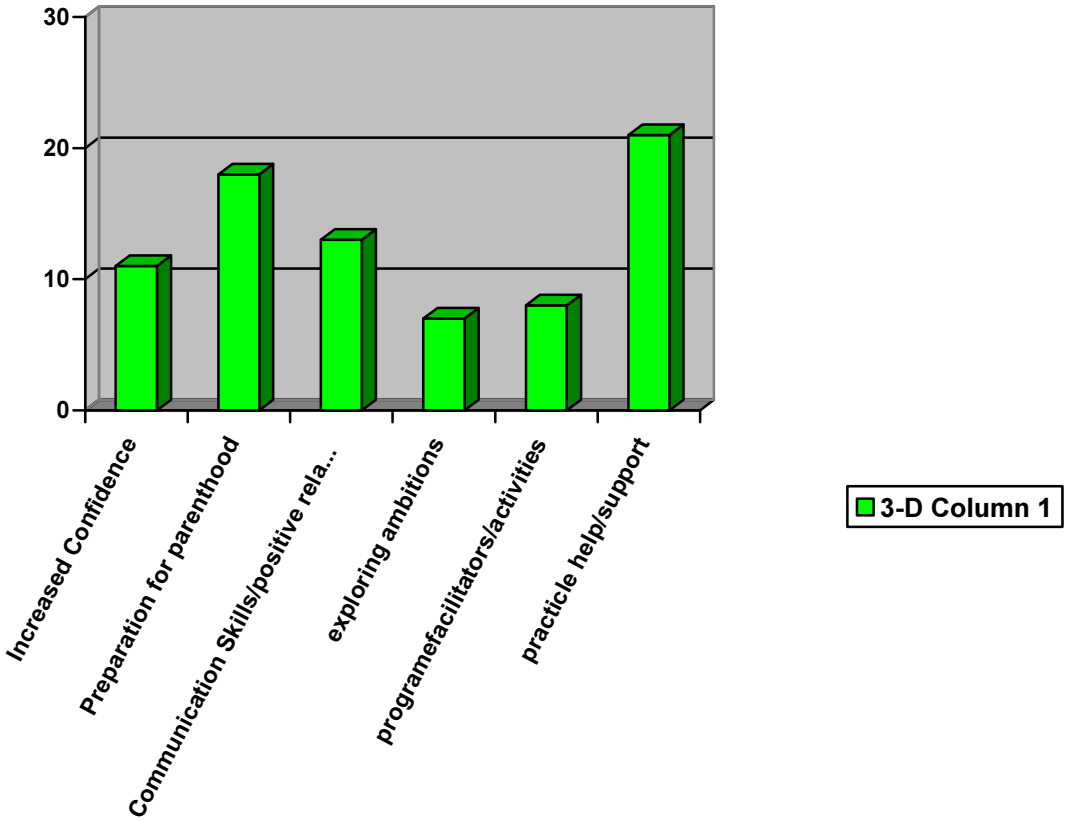
Feedback on how helpful client's found the FNP programme during Preganancy (1 represents least; 5 represents most)



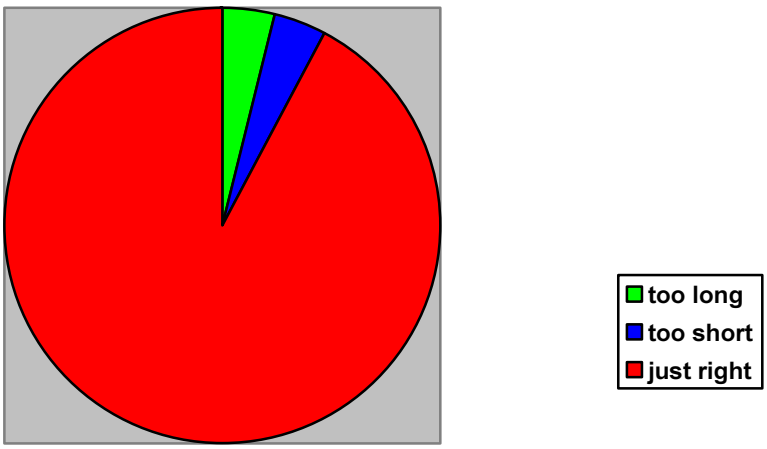
Feedback on how helful client's found the FNP programme during Infancy (1 represents least; 5 represents most)



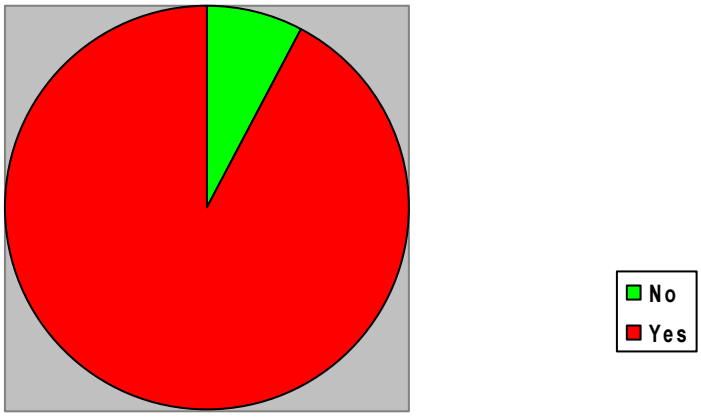
Feedback on what aspects of the programme the clients enjoyed most



Feedback on the lenght of the programme



Feedback on if clients would recommend FNP



Other Comments

- " programme taught me things I didn't know"
- "Helped me a lot during pregnancy"
- "Provided good support during pregnancy"
- "Didn't enjoy the beginning"
- Helped me to understand what to expect during pregnancy
- Provided helpful information about different stages of a Childs development
- Enjoyed learning new things
- "too much paper"

I addition to the above specific comments most clients ended with expressing “Thanks” for the support provided by their individual nurses.

Clients were asked to comment on what they would like to add to the programme. Only 3 responded with the following comments

- “ Nothing it covers everything”
- “to make it available to all ages”
- “more help getting back to education”

-
- Generally everyone found the event very informative; various comments on “hearing the client’s positive views on the programme and acknowledgment that it is an ‘excellent service ‘for young people.

A few comments about the lack of air conditioning in the room and the noise from the fans making it difficult to hear the presenters at times.

Meeting:	Date:	Agenda Item No:
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TITLE OF PAPER: Family Nurse Partnership Programme (FNP)

APPENDIX: Family Nurse Partnership Programme Client Stories

FNP Barnet 2012

1. Subtract/ Abstract: A nurses journey: Feelings about the unknown and how to get started.
2. Aims: To achieve the best for our client group. Also pushing own professional boundaries and knowledge.
3. Context: New team, new environment and a new way of working to deliver the programme. Also having trust in the programme material.
4. Methodology: Introducing the new team to agency's in Barnet, working as a multi disciplinary team, and informing people about the benefits of the family nurse programme. Setting up referral pathways. Creating a new working environment, and meeting the challenges that this created.
5. Findings: The process of becoming a family nurse is a long journey and one in which you continue to learn each day. Each client can present with there own challenges and being part of the multi agency team provides extra benefits for the clients, it enables you to meet the majority of there needs, whilst continuing to allow self efficacy to take place. Our teams journey began on training. 5 strangers away for a week, learning an intensive programme, and worried about the unknown. By the end of this 1st week, we needed to trust the programme material and each other to be able to achieve our desired outcomes. Once back in the office the fun began as chairs and tables

were all we had! This is where our 6th team member joined us and has continued to be invaluable to the service we provide.

These weeks of setting up the office gave us the opportunity to go and meet various agencies, find out which resource were already available to our client base and how we could best work with these services.

The varied skill mix with in the office was also put to good use, and sharing the knowledge we all share has greatly improved our service.

The learning and enthusiasm we have for this job continues.

6. Conclusions:

The family nurses work well together, and our clients appear to be enjoying the programme, this is always apparent on our client days.
A lot of our clients have already made and continue to make the positive life changes, that effect not only them selves but also the lives of their children.

The importance of multi agency working is paramount to the success of the programme and the clients.
Clear pathways and sign posting form all services has been invaluable, in allowing this to take place effectively.

FNP Barnet 2012

1.Subtract/ Abstract:

This story shows how FNP can change the life course of a client

2. Aims:

To provide evidence that FNP can make a difference to the life skill development of a client

3. Context

One evidence based outcome of this programme is that clients continue with their education

4. Methodology

Reflection on a case of young first time parent who had disengaged from school and refused to take public exams,

5. Findings:

a-Overview of client

16 year old not engaging in school Did not take GCSE's
CAF in place. Was raped age 15. Lack of parental control. Smoked cigarettes, cannabis and drank alcohol regularly
Very poor housing conditions, dirty house, animals soiling furniture. Fuel poverty,
Clients mother had mental health issues and unable to see past her own needs
Poor diet and little idea of nutrition
No aspirations for the future. All family welfare dependant
History of DV within family

b- Intervention:

Engagement with family nurse.
Referral to social care due to poor housing situation. This was soon stepped down to a CAF due to involvement of FNP
Working with under 17s housing mediation client was offered a flat in hostel. With some support from housing outreach, she has sorted out all her bills and direct debits and is managing her money well
She has claimed all her benefits with support from welfare rights advisor
Attended group healthy eating session, One to one cooking session and obtained utensils and casserole dishes from a charity so now able to cook healthy meals for herself and her baby.
She has stopped smoking cigarettes and smoking cannabis and is only drinking with friends on social occasions. She is much more aware of how to keep herself safe. (used facilitator re keeping self safe)
Baby born with healthy weight, is gaining weight well.Engaged with CONI programme
Immunisations are up to date.
Baby achieving top scores on ASQ
Mother is in tune with baby showing sensitivity and good attachment
Mother is using Long acting contraception
Mother is in stable relationship with her partner who is working full time
Mother has connected with all services referred to and is using local childrens centre facilities including attending infant massage

Mother is meeting other mums from FNP socially
Mother has enrolled in Level 1 & 2parenting course having completed a foundation level course that was suggested by family nurse
Mother has organised work experience placements
Mother is planning to work part time in the evenings to supplement family income.
Client's mother referred to mental health services. She is now coping well and in a position to give her daughter support

c:- Rationale for particular intervention

This client has benefited from a range of interventions.
Smart Choices cartoons have helped her to communicate effectively with her partner. The use of "I" Messages has meant that they can explain how they feel without blaming each other
PIPE has helped her to be sensitive to the needs of her baby, she especially enjoyed learning about baby cues before the baby was born
This client has enjoyed completing the facilitators. My Budget showed that she was not paying for her water. (she did not realise that she should). We were able to contact water company and arrange for her to pay a small amount each week to catch up on arrears
This client is not shy to ask for what she thinks might help her and also confident to say what she thinks. She did not want to breastfeed or put the baby to the breast and was pleased that she was not put under pressure to do so.
She has built up a trusting relationship and has accepted all referrals to other agencies.

d- Client engagement

This client has been happy to work with all the professionals that she has been referred to

6. Conclusions

This client has engaged well with FNP service and has valued the additional support available to her.
Without the service, she is unlikely to have been rehoused so quickly. The case is likely to have remained at CP level rather than being stepped down to a CAf so quickly
She is not likely to have engaged with children's centres so early and therefore not been able to access foundation and now level 1&2 childcare courses. She has aspirations for herself and plans to go to work.

The communications sessions have helped her and her partner remain living together. The relationship had been under strain because they were blaming each other and had unrealistic expectations

She has had a healthy pregnancy, healthy baby and has improved her own health
She has now started to go swimming and going to the gym.

She is sensitive to the needs of her baby, aware of how she can enhance her development and has aspirations for her child to do well.

Her diet had improved dramatically and she now has skills to cook healthy meals for the whole family.

Her relationship with her extended family has improved.
Any other Comments: IMPACT Cessation of involvement with children's social care Good attachment and bonding with baby Spacing of pregnancy Mother in Education with plans for employment Father in Employment Child development as expected Smoking cessation , reduced alchohol, Stopped using cannabis Improvement in diet and general health Likely Benefits Savings for Children's services Health Services Education Services Benefits

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Meeting:	Date:	Agenda Item No: 7
CHILDREN'S TRUST BOARD	14 March 2013	

TITLE OF PAPER:

CHILD AND ADOLESCENT MENTAL HEALTH STRATEGIC ACTION PLAN

SUMMARY OF PAPER:

Children and young people's emotional and mental health is a key priority for the children's services partnership in Barnet and continuing to improve in this area is a key action within the emerging Children and Young People's Plan (2013-16). All agencies working with children and young people have a responsibility to meet their emotional and mental health needs, with LBB and NHS Barnet CCG having particular roles as local commissioners. A local strategic plan is therefore required to ensure that there is an agreed, shared vision and collective resources are used as effectively as possible to realise it.

Purpose

The current CAMHS Strategy runs until the end of March 2013, and there have been many significant developments since it was developed in 2009. A new strategic plan has therefore been developed to meet local planning needs from April 2013.

Details

1. The Children and Young People's Mental Health Strategic Action Plan will be a distinct workstream under the Inclusion Strategy, which in turn sits below the Children and Young People's Plan.
2. A significant stakeholder engagement exercise was completed in autumn 2012. Particular attention has been paid to engaging with VCS organisations, with discussions at the CYPNet forum in September and November 2012.
3. Parents have been engaged in the developing priorities via the PP4danBarnet group.
4. Children and young people's voices have been heard through specific sessions with the Barnet Youth Board, Barnet Refugee Group and members of the CAMHS service user group. Consultation activity carried out by the Role Model Army and YouthShield has also been factored into the development of the strategy.
5. Draft priorities were discussed with contracted providers at specific meetings in December and January.
6. Draft priorities were presented to EMG at its December meeting, where the broad direction of travel was endorsed, and the February 2013 meeting of EMG approved the detailed action plan.
7. The Strategic Action Plan focuses on five key priorities:
   - Mentally healthy schools
   - Emotionally resilient communities
   - Getting it right for vulnerable groups
   - The children's partnership working together to promote mental health

- Effective commissioning arrangements

8. A detailed implementation plan is attached.
9. Implementation will be overseen by the CAMHS Core Group, which includes representation from the Local Authority, commissioned providers and the voluntary and community sector.
10. An update from the CAMHS Core Group is a standing agenda item at EMG meetings to ensure that progress is made and any barriers are identified and managed.

ACTION REQUIRED BY BOARD:

The Children's Trust Board is recommended to endorse the CAMHS Strategic Plan.

AUTHOR OF PAPER

NAME: Howard Ford
POSITION: Children's Commissioning Manager
ORGANISATION: NHS Barnet CCG
PHONE NO: 020 8937 7659/07951 909470

Meeting:	Date:	Agenda Item No:
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TITLE OF PAPER: Child and Adolescent Mental Health Service- Action Plan

APPENDIX: CAMHs Strategic Action Plan

Objective	Actions/Milestones	Resource Implications	Accountability	Interdependencies
Mentally healthy schools				
Continue to develop the Primary and Secondary Projects	Terms of Reference for Review agreed by 1 September 2013 Review commences by 1 September 2014 Review completed by 31 December 2014	Review to be managed within existing resources	Brian Davis Howard Ford BEHMHT?	Pilot of Schools Based Tier 3 Service
Pilot a schools based Tier 3 Service	Project plan for pilot agreed by 30 May 2013 Project operational by 1 September 2013 Evaluation methodology agreed by 1 September 2013 Evaluation commences by 1 September 2014 Evaluation completed by 31 December 2014	Pilot contingent on 2013/14 contract negotiations Review to be managed within existing resources	Shaun Collins Howard Ford Brian Davis	Review of Primary and Secondary Projects

Promote mentally healthy schools through the Healthy Schools Standard	Scoping exercise to be completed by 31 May 2013	To be determined	Howard Ford	London Healthy Schools Programme
Ensure that school nurses can effectively respond to emotional and mental health needs	Scoping of current capacity and opportunities completed by 31 September 2013	To be met within existing resources	Vivienne Stimpson	DH Guidance on Public Health Role of School Nurses
Map what is currently provided/commissioned directly by schools	Methodology for mapping exercise agreed by 31 May 2013 Mapping exercise commences 1 June 2013 Mapping exercise completed by 31 September 2013	To be met within existing resources	Howard Ford Sue Fella Robin Archibold Paul Ferrie	
CAMHS staff to play a key role in the Team Around the Setting	All maintained schools to have a named CAMHS link by 31 April 2013	To be met within existing resources	Brian Davis BEHMHT?	
Schools to be represented on the CAMHS Core Group	All 3 school reps to have attended a meeting by 31 July 2013	To be met within existing resources	Howard Ford	
Ensure that developments in CAMHS provision reflect special school place planning	Milestones to be agreed when Inclusion Strategy finalised	To be determined	Brian Davis Howard Ford	Review of CAMHS Learning Disability Pathway Inclusion Strategy
Ensure that planning for mental health needs is incorporated into development of alternative provision	CCG represented on all Management Committees by 31 September 2013	To be met within existing resources	Brian Davis	
Develop a clear protocol to intervene	Working group established by 31 April 2013	To be met within existing resources	Amina Tareen Brian Davis	

early when children are absent from school as a result of mental health issues	Protocol launched by 31 October 2013 Protocol reviewed by 31 October 2014		Howard Ford	
Emotionally resilient communities				
Map potential community based delivery sites	Criteria for safe delivery of service in community venues agreed by 31 September 2013 Methodology for mapping agreed by 31 December 2013	To be met within existing resources	Howard Ford Shaun Collins Bozena Merrick Pennie Ashton	
Explore potential to deploy Terapia trainees in Barnet	Options appraisal completed by 31 September 2013		Howard Ford Bozena Merrick	
Work with young people to develop a mental health awareness leaflet	Project plan agreed with Barnet Youth Board by 31 June 2013	Specific projects costs to be identified	Howard Ford	Barnet Youth Board work programme
Work with young people to develop peer support provision	Project proposal agreed by 31 September 2013	Specific project costs to be identified	Howard Ford Flo Armstrong	
Parents to be represented on the CAMHS Core Group	Parent representative to be elected by 31 May 2013	To be met within existing resources	Howard Ford Christine Marchesi	
All CAMHS providers to have clear plans for young people's and parent's participation, linked to the 'You're Welcome Standards'	Annual plans presented at CAMHS Core Group at May 2013 meeting Progress reviewed at January 2014 CAMHS Core Group meeting	To be met within existing resources	Sally Hodges Shaun Collins Carmen Clemente	
Develop an 'investment profile' for VCS groups	Agreement in principle at June 2013 CYPNet meeting	Commissioner and provider support to VCS organisations May require some seed	Howard Ford Bozena Merrick Pennie Ashton Janet Matthewson	

		funding to develop detailed bids		
Getting it right for vulnerable groups				
Review the CAMHS role in post adoption support	Terms of reference for review agreed by 31 May 2013	Review to be carried out within existing resources	Howard Ford Stephanie Vergnaud Sally Hodges Gina Filose	Review of service offer for LAC
Review the pathway for children and young people with learning disabilities and autism	To be agreed via three borough meeting	Review to be carried out within existing resources	Howard Ford Mark Carter	Barnet, Enfield and Haringey Learning Disability Pathway Project
Review the service offer to looked after children	Terms of reference for review agreed by 31 May 2013	Review to be carried out within existing resources	Howard Ford Stephanie Vergnaud Sally Hodges Gina Filose	
Participate in the 3 borough pilot Care Proceedings Pilot	To be confirmed by Jo Pymont/Gina Filose	To be determined	To be determined	Barnet, Enfield and Haringey Care Proceedings Pilot
Develop a clear local protocol for managing children and young people with eating disorders	Protocol agreed by 31 May 2013 Protocol reviewed by 31 May 2014	To be met within existing resources	Howard Ford Mark Berelowitz Lisa Mukerjee Sally Hodges	
Develop a local protocol for safeguarding children and young people with mental health issues	Working group established by 31 May 2013 Protocol agreed by 1 October 2013 Protocol reviewed by 1 October 2014	To be met within existing resources	Howard Ford Marie Moody	
The children's partnership works together to promote mental health				
Establish CAMHS presence in the Multi-Agency Safeguarding Hub (MASH)	To be advised by Erica Ferarri	To be determined		MASH Implementation Plan

Ensure that CAMHS services are an integral part of assessment and planning for new Education, Health and Care Plans	To be established through Inclusion Strategy	To be determined		
Improve the experience of young people transitioning from CAMHS to adult mental health services	Tracking/monitoring system established by 31 April 2013 Multi-agency protocol in place by 31 June 2013	Dependent on 2013/14 contract negotiations	Howard Ford Shaun Collins Temmy Fasegha	Complex Care Programme Board
Ensure that CAMHS participate in the Council's Leading Edge Group for Vulnerable Children	CAMHS to be represented by 31 April 2013, and continue to attend	To be met within existing resources	Shaun Collins Brian Davis	
Ensure that CAMHS continue to participate in the CAF Multi-Agency Groups	CAMHS continue to participate in all MAG meetings	To be met within existing resources	Shaun Collins Michaela Carlowe	
Effective commissioning arrangements				
Develop a Section 75 agreement between the Council and CCG to underpin commissioning arrangements	Section 75 agreement to be in place by 31 March 2014	To be met within existing resources	Howard Ford Elaine Tuck	
Submit a partnership bid to the Children and Young People's IAPT Programme	Dependent on national IAPT process and timescales	Will lever in additional resources for workforce development	Howard Ford Brian Davis	National CYP IAPT Programme
Develop a standard quarterly CAMHS	Profile to be agreed by 31 March Q1 Performance Profile to be	To be met within existing resources	Howard Ford Sally Hodges	2013/14 CAMHS Provider contracts

Performance Profile, including data on activity and clinical outcomes	submitted to July 2013 CAMHS Core Group		Carmen Clemente Shaun Collins	
Monitor the development of Payment by Results for CAMHS	To be determined once national PbR pilots have been completed	Response to PbR to be met within existing resources	Howard Ford	National CAMHS Payment by Results Pilot Programme

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TITLE OF PAPER:

Charter for Care Leavers

SUMMARY OF PAPER:
The Minister, Edward Timpson, has asked authorities to sign up to the Charter for Care Leavers

Care Leavers are young people who have left the care of the authority and by virtue of the time spent in care are entitled to services under S24 of the Children Act 1989.

The Children's Trust Board is asked to consider the Charter and the recommendation to sign up to it and to embed its principles in day to day practice.

Details

The Charter has been produced by care leavers and published by the DfE with a strong endorsement from the Minister asking everyone to support him in making it a reality.

The Charter sets out promises care leavers want central and local government to make them to aid the decision making in respect of them. It is designed to challenge authorities to raise the expectation, aspiration and understanding of what care leavers need and act as good corporate parents.

The Charter reflects the aspirations and expectations of care leavers in their own words, requesting that we:

- respect who they are, and remember that they are individuals
- listen to them and place their views at the heart of decisions made about them. If we don't agree with them to explain why.
- provide them with practical help and support
- value their strengths and help them learn from their mistakes
- not forget them when they are no longer anybody's statutory responsibility

The Charter asks us to make 7 broad promises to Care Leavers:

- To respect and honour your identity
- To believe in you
- To listen to you
- To inform you
- To support you
- To find you a home
- To be a lifelong champion

The Charter reflects the principles of good practice and is in accordance with the vision and objectives of Onwards and Upwards, the recently formed Social Work Practice, providing services to Care Leavers.

Social Work Practice pilots are a Department for Education programme which enable a new way of providing social work services to children and young people. The aim of the Social Work Practice is to improve experiences and outcomes for children in care and care leavers. Social Work Practices seek to enable social workers to work more closely with children and young people and to have more control over the direction and priorities of their organisation.

In order to increase the ownership and value of the Charter, Onwards and Upwards propose working with young people to produce a local response based on its principles.

ACTION REQUIRED BY BOARD:

It is recommended that the Children' Trust Board agree that the authority signs up to the principles of the Charter.

That Onwards and Upwards build on the Charter in conjunction with the Role Model Army (Children in Care Council) and young people using the service to produce an addendum to the Charter, based on locally identified need and priorities.

AUTHOR OF PAPER

NAME: **Jo Pymont**
POSITION: **Head of Children in Care and Provider Services**
ORGANISATION: **London Borough of Barnet**

Contact for further information: Serena Hadi, Business Manager, Onwards and Upwards, 020 8359 6220.

Edward Timpson MP
Parliamentary Under Secretary of State for Children and Families

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Ms Kate Kennally
Director of Adult Social Care & Interim Director of Children's Service
Barnet London Borough
Building 4
North London Business Park
Oakleigh Road South
London
N11 1NP

30 March 2013

Dear Director

Improving Outcomes of Care Leavers

I am writing to you, as Care Leavers Week draws to a close, to thank you for all you are doing to support young people leaving care, to bring to your attention a number of important new developments and to emphasise the importance of the setting up home allowance in helping young people to make the transition to independent living.

As many of you know, I grew up alongside foster children. I know how important and difficult the transition into adulthood can be for them, and for all children in care.

Unfortunately the latest figures show an overall reduction in the number of care leavers in employment, education and training, and that slightly fewer are living in suitable accommodation. But the wide variations between local authorities are very striking; we need all local authorities to learn from the best.

Data Pack

That is why we have today published a data pack on care leavers, complementing those already published on adoption, children's homes and the education of looked after children. The data pack underlines, for instance, the clear links between good outcomes, the number of placement moves and the

age when young people leave care. Of particular concern is that nearly one in five children still leave care at aged 16. I hope you will find it very helpful in reviewing your policies and benchmarking your performance.

Charter

Yesterday we also published a Charter for Care Leavers. It has been produced by care leavers themselves, and is all the more powerful because it reflects their aspirations and expectation in their own words. They are very clear that they want us to:

- respect who they are, and remember that they are individuals
- listen to them and place their views at the heart of decisions made about them. If you don't agree explain why.
- provide them with practical help and support
- value their strengths and help them learn from their mistakes
- not forget them when they are no longer anybody's statutory responsibility

I intend to throw my weight behind the Charter and do all I can to help make it become a reality. I hope very much you and your authority will sign up to the Charter and discuss with your Children in Care Council what needs to be done to help embed its principles in day to day practice.

From Care2 Work / Employment

I want us to maximise the employment opportunities for care leavers. I know that in the current financial climate this is not easy. But some local authorities have nonetheless increased the number of care leavers in employment, or in education and training, through focussed action and support. The Government certainly has a role to play here. That is why **last week we announced that we would be tendering for a contract to increase employment opportunities for care leavers, building on the work of the *From Care2 Work* programme**. This brings the voluntary sector into partnership with national and local employers and local authorities. Thousands of care leavers have already been given opportunities they might not otherwise have had, from taster days through to apprenticeships and full time employment. I hope your authority will take an active part in this programme, if it does not do so already. For my part I will be working hard to encourage more employers to take part in the programme including hosting a seminar later this year.

Accommodation / Staying Put

I hope too that we can address the downturn in the proportion of care leavers living in suitable accommodation. I am also struck by the numbers of care leavers who have told me that they feel unsafe in their accommodation. **The best local authorities are using Staying Put arrangements** to ensure that care leavers can continue to live with and get support from their former foster carers. I hope very much that you will see such arrangements as a priority in the coming year, particularly where these young people are in further or higher education.

Financial Support – Junior ISAs

Care leavers also need financial help to make a successful transition of independent living. This is one reason why the Government is to open **Junior ISA accounts** for every looked after child who has been in care for 12 months or more, starting on or after 3 January 2011. I feel very strongly that local authorities, for their part, should pay young people leaving care adequate setting up home allowances. Whilst I accept that the cost of setting up home is lower in some parts of the country than others, the amounts paid by some local authorities is simply too low for youngsters to buy the essentials they need.

Care Leavers Grant

In September 2011 the Care Leavers Foundation estimated that it would cost at least £3,000 to enable care leavers to meet the costs of transition, but that the majority of local authorities were paying less than £2,000, and some less than £1,000. I am not proposing to set a national minimum amount for this allowance at this stage, but will consider doing so in the future if some care leavers continue to receive an inadequate allowance.

Ofsted inspection reports make very clear than the best local authorities are strong corporate parents, with Directors of Children's Services and Lead Members leading the way in their commitment to championing the needs of looked after children and care leavers. The more I talk to DCSs and Lead Members in my new role as Minister for Children and Families, the more I understand the depth of the commitment there is in very many areas. I share that commitment with you wholeheartedly, and look forward to working with you in the months ahead.

I would be grateful if you would bring this letter to the attention of your Lead Member for Children's Services.

Edward Timpson MP
Parliamentary Under Secretary of State for Children and Families

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Department for Education

Charter for Care Leavers

A Charter is a set of principles and promises. This Charter sets out promises care leavers want the central and local government to make. Promises and principles help in decision making and do not replace laws; they give guidance to show how laws are designed to be interpreted.

The key principles in this Charter will remain constant through any changes in Legislation, Regulation and Guidance. Care leavers urge local authorities to use these principles when they make decisions about young people's lives. The Charter for Care Leavers is designed to raise expectation, aspiration and understanding of what care leavers need and what the government and local authorities should do to be good Corporate Parents.

We Promise:

To respect and honour your identity

- **We will support you to discover and to be who you are and honour your unique identity. We will help you develop your own personal beliefs and values and accept your culture and heritage. We will celebrate your identity as an individual, as a member of identity groups and as a valued member of your community. We will value and support important relationships, and help you manage changing relationships or come to terms with loss, trauma or other significant life events. We will support you to express your identity positively to others.**

To believe in you

- **We will value your strengths, gifts and talents and encourage your aspirations. We will hold a belief in your potential and a vision for your future even if you have lost sight of these yourself. We will help you push aside limiting barriers and encourage and support you to pursue your goals in whatever ways we can. We will believe in you, celebrate you and affirm you.**

To listen to you

- **We will take time to listen to you, respect, and strive to understand your point of view. We will place your needs, thoughts and feelings at the heart of all decisions about you, negotiate with you, and show how we have taken these into account. If we don't agree with you we will fully explain why. We will provide easy access to complaint and appeals processes and promote and encourage access to independent advocacy whenever you need it.**

The Care Leavers' Foundation
help when you need it

To inform you

- **We will give you information that you need at every point in your journey, from care to adulthood, presented in a way that you want including information on legal entitlements and the service you can expect to receive from us at different stages in the journey. We will keep information up to date and accurate. We will ensure you know where to get current information once you are no longer in regular touch with leaving care services. We will make clear to you what information about yourself and your time in care you are entitled to see. We will support you to access this when you want it, to manage any feelings that you might have about the information, and to put on record any disagreement with factual content.**

To support you

- **We will provide any support set out in current Regulations and Guidance and will not unreasonably withhold advice when you are no longer legally entitled to this service. As well as information, advice, practical and financial help we will provide emotional support. We will make sure you do not have to fight for support you are entitled to and we will fight for you if other agencies let you down. We will not punish you if you change your mind about what you want to do. We will continue to care about you even when we are no longer caring for you. We will make it our responsibility to understand your needs. If we can't meet those needs we will try and help you find a service that can. We will help you learn from your mistakes; we will not judge you and we will be here for you no matter how many times you come back for support.**

To find you a home

- **We will work alongside you to prepare you for your move into independent living only when you are ready. We will help you think about the choices available and to find accommodation that is right for you. We will do everything we can to ensure you are happy and feel safe when you move to independent living. We recognise that at different times you may need to take a step back and start over again. We will do our best to support you until you are settled in your independent life; we will not judge you for your mistakes or refuse to advise you because you did not listen to us before. We will work proactively with other agencies to help you sustain your home.**

To be a lifelong champion

- **We will do our best to help you break down barriers encountered when dealing with other agencies. We will work together with the services you need, including housing, benefits, colleges and universities, employment providers and health services to help you establish yourself as an independent individual. We will treat you with courtesy and humanity whatever your age when you return to us for advice or support. We will help you to be the driver of your life and not the passenger. We will point you in a positive direction and journey alongside you at your pace. We will trust and respect you. We will not forget about you. We will remain your supporters in whatever way we can, even when our formal relationship with you has ended.**

Meeting:	Date:	Agenda Item No: 9
CHILDREN'S TRUST BOARD	14 March 2013	

TITLE OF PAPER: Forward Work Programme

SUMMARY OF PAPER:

This report seeks the views of the Children's Trust Board on future agenda items for the Board.

DETAILS
The provisional list of items for the next and future Boards is as follows:

Thursday 27 June 2013
End year performance report
Presentation- Young Parents Group
Education Strategy
New OFSTED School Inspection framework- guest speaker Grahame Sherfield HMI
Children and Young People Health (deferred from March)
Platforms programme- evaluation/mainstreaming
Housing changes and effect on young people (deferred from March)

Thursday 12 September 2013
Presentation- Virtual School (tbc)

Thursday 5 December 2013
Half yearly performance report

Undated but identified at Executive Management Group:
Employability- Pre NEET work
Effect of national contracts- ESF, Youth Offer, etc
Safeguarding Annual Report

Future agendas will be driven by the priorities in the new Children and Young People Plan and therefore the report elsewhere on this agenda will influence the development of a more detailed programme for subsequent meetings.

ACTION REQUIRED BY BOARD:

To comment on the work programme and suggest further items for inclusion

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