MINUTES of a meeting of the **DERBYSHIRE CHILDREN'S TRUST BOARD** held on 11 December 2014 at County Hall, Matlock.

PRESENT

Councillor D Greenhalgh (in the Chair)

S Ali	Derbyshire VCI Consortium
J Ankrett	Stockport NHS Foundation Trust
A Barrow	Chesterfield Royal Hospital CAMMS
K Boulton	Derbyshire County Council
K Capstick	Derbyshire County Council
C Cassell	Derbyshire Safeguarding Children Board
G Collins	Chesterfield Royal Hospital
L Dale	Derbyshire County Council
D Gazzard	Derbyshire Fire and Rescue Service
I Johnson	Derbyshire County Council
R Kightley	Derbyshire County Council
M Meggs	Derbyshire County Council
Dr A Mott	Southern Derbyshire CCG
A Pritchard	Derbyshire County Council
B Smith	North Derbyshire CCG
Jo Smith	3D Voluntary Sector
Councillor J Street	Derbyshire County Council
I Thomas	Derbyshire County Council
D Tucker	Derbyshire Healthcare Foundation Trust

Apologies for absence were submitted on behalf of J Birch, Councillor C Bisknell, J Connelly, Councillor J Coyle, Councillor K Gillott, P Hackett, K MacLeod, S McLernon, T Nolan and C White.

		ACTION
1	**MINUTES** The minutes of the meeting held on 16 October 2014 were confirmed as a correct record	
2	**ACTIONS ARISING FROM LAST MEETING** An update on actions arising from the meeting on 16 October 2014 was provided in respect of Minute nos. 2,3,4,6,7,9 and 11.	
3	**CORE BUSINESS GROUP - MINUTES** The minutes of the meeting of the Core Business Group held on 13 November 2014 were received.	

4	**ACTIONS ARISING FROM THE CORE BUSINESS GROUP MINUTES** An update on actions arising from the meeting on 13 November 2014 was provided in respect of Minute nos. 1,5 and 6.	
5	**YOUNG PEOPLE'S MENTAL HEALTH – SELF ASSESSMENT AGAINST THE SELECT COMMITTEE REPORT** The Board were asked to self-assess performance in Derbyshire against the recommendations of the Select Committee Report. The Board split in to three working groups and a background note was circulated along with a template for recording views on performance in Derbyshire in respect of:- - Strengths - Weaknesses - Gaps/Risks - Actions required to address issues identified and bring about improvement. Each working group identified a single key issue and reported back to the meeting. All the responses would be collated and considered in detail by the Core Group. It was noted the Derbyshire Youth Council wished to make representations to the Board on this matter but unfortunately were unable to attend the meeting. This included seeking the Board' support for a motion to include mental health education in the National Curriculum. It was agreed that this could be supported in principle but that the Youth Council representatives be invited to the next meeting to discuss the matter directly with Board members.	**Linda Dale** **Rosie Kightley**
6	**STRONGER FAMILIES, SAFER CHILDREN** The Board received an update from Karla Capstick, Service Improvement Manager, Derbyshire County Council on the current developments and progress in the new way of working with children, young people and families across Derbyshire's Children and Younger Adults Department named "Stronger families, Safer Children", a strengths-based model which formed part of the drive to bring together partner services under the Integrated Early Help to Safeguarding Programme.	

	A pilot had been held in one area of Erewash and it had been used by Multi-Agency team Workers, Children's Centre workers and it had been used in trials at the new "Front Door" for referrals ('Starting Point'). Briefing events had been held across Derbyshire to introduce staff and partners to the new model. A training programme was being developed with a proposal to share training across Derbyshire through locally based training days. The model had been piloted in Erewash and it was proposed that the model could be rolled across Derbyshire through a series of early starter areas, details of which were presented. It was noted that the Amber Valley early start had been confirmed as Langley Mill. Members of the Board were asked to respond direct to Karla Capstick (karla.capstick@derbyshire.gov.uk) to the questions posed at the end of the paper, including contacts for Karla to link with in each agency in the early starter areas, and details of who would need to access the training. It was noted that the model was consistent with person-centred approaches and systemic practice and that training plans were being co-ordinated.. The information gathered through this approach to identify the "Voice of the Child", and how children's voices were taken into account, needed to be audited and the results of the audit fed in to the Safeguarding Children's Board. It was agreed that an extract from the Child Protection Conference Video should be shown at the next meeting of the Children's Trust Board, to enable Board members to see how the model worked in practice	**All** **Karla Capstick** **Mel Meggs**
7	**DERBYSHIRE SAFEGUARDING CHILDREN BOARD – ANNUAL REPORT AND UPDATE** Christine Cassell, Independent Chair of the Derbyshire Safeguarding Children Board presented the Annual Report for 2013-14 which included details of progress made against key priorities. Christine stated that the DSCB would return to the Children's Trust Board in the future to discuss how future commissioning plans could support the DSCB to achieve its key priorities.	

	A new post had been created to focus on tackling child sexual exploitation (CSE), in particular tracking the number of cases being identified and making sure that there evidence of a culture in which children's voices were heard. In response to a question from a Board member, Christine clarified that several disclosures were being made following each performance of 'Chelsea's Choice'. There had been some increase in cases being investigated by the Police although this was relatively modest. Awareness of the risks of CSE would be built into the school curriculum. Preliminary work was underway to prepare for the new multi-agency inspection process, and a working group had been created that would report to both Boards. All Board Members were asked to promote awareness of the DSCB annual report and the DSCB priorities within their organisations and networks.	**All**
8	**DRAFT PROTOCOL WITH THE HEALTH AND WELLBEING BOARD AND THE SAFEGUARDING CHILDREN BOARD** A draft protocol setting out the relationship between the Health and Wellbeing Board, the Children's Trust Board, the Local Safeguarding Children Board and the Safeguarding Adults Board was discussed. The importance of all the key organisations supporting the Children Trust Board was emphasised. It was noted that the Police were not attending meetings and that this needed to be addressed as a matter of urgency. The Board agreed that this should be raised on behalf of the whole Board as it operated as a partnership. There should be effective mechanisms in place to challenge non-attendance at the Children's Trust Board, even at sub-groups. It was agreed that comments on the draft Protocol should be submitted by email to Linda Dale (linda.dale@derbyshire.gov.uk) as soon possible.	**Ian Johnson** **All**
9	**PAPERS FOR INFORMATION** The Board received for information, briefing notes on 16-17 Old Homelessness, Performance Monitoring and a letter on the Peer Review of the Health and Wellbeing Board.	
10	**IAN THOMAS** Members of the Board wished Ian well in his new position of Director of Children's Services at Rotherham MBC.	

DERBYSHIRE CHILDREN'S TRUST BOARD CORE BUSINESS GROUP MINUTES OF MEETING HELD ON 15 JANUARY 2015

Present: S Ali, L Dale, R Kightley, Dr A Mott, A Pritchard and M Stafford-Wood

		ACTION
1	**Transition Programme Board** • This item was deferred for discussion at the next meeting	
2	**Children's Trust Priorities/ Children and Young People's Plan** • The Group considered the current Children and Young People's Plan, which needed to be updated. • The Group agreed that there should continue to be a Plan, and consideration needed to be given to what it should look like, how to use the Plan, and how it would fit with the CAYA Service Plans/CCG Plans. • It would be helpful to draw on the existing priorities in the current Plan to see where there needed to be an update. It was suggested that the priorities should reflect what the Health and Wellbeing Board wanted the Children's Trust Board to deliver. The Plan also needed to detail how the priorities were going to be delivered and by whom. • It was stated that some of the priorities that had previously been number driven did not need to be. Work would take place with M Stafford-Wood and other partners to ensure the plans were consistent. • L Dale would meet with A Pritchard to discuss the Public Health element of the Plan • It had also been requested that the Safeguarding Children Board priorities be included in the Plan • The deadline for the revised Plan to be completed was March, and an update would be presented at the next appropriate meeting of the Group.	**L Dale**
3	**Minutes from the Core Business Group – 13 November 2014** • The Minutes were agreed.	
4	**Minutes from Children's Trust Board – 11 December 2014** • The Minutes were noted.	

5.	**Outstanding Actions from Children's Trust Board and Core Business Group** • L Dale had not yet circulated proposed outcomes for young disabled people (as was planned before Christmas 2014 in the draft action plan for the Disabled Children's Charter). There were some high level draft outcomes, but they needed to be developed in more detail. It was proposed to bring these to the next meeting of the Children's Trust Board in March. It was noted that the Chair of the Health and Wellbeing Board had agreed to sign the Disabled Children's Charter and this had been reported at the Board meeting on 15 January • High Peak and North Dales Locality Report – A Pritchard reported that there weren't local targets for obesity, but data was analysed by the locality teams. • L Dale was still to meet with M Stafford-Wood to discuss how the data for locality reports was presented. She would pick up the above action point about how data on obesity was analysed. • The Terms of Reference for the LPCP's would be updated prior to the next meeting of the Group. • The issue of young people's emotional wellbeing and mental health had been raised with the Health and Wellbeing Board, and it had been agreed that it would be a fourth priority in the Health and Wellbeing Strategy refresh (at its meeting on 15 January 2015, the Health and Wellbeing Board had narrowed down to four key priorities). A discussion took place around the work that now needed to be undertaken, including the Public Health work around the JSNA and the Integrated Behaviour Pathway. The pieces of work would be mapped along with who was leading on these. The Behaviour Pathway would be reviewed in terms of representation due to the increasing volume of work around CAMHS. R Kightley would speak to Derby City regarding the review of the Integrated Behaviour Pathway, and a meeting was due to be held on 6 February. Updates would need to be presented regularly to the Health and Wellbeing Board. This would need to be a standing item on the Children's Trust Board agenda. • In terms of refreshing the membership of the Board, a secondary school representative was still required, along with representatives from NHS England and Job Centre Plus. These would be followed up.	**L Dale** **L Dale** **R Kightley** **L Dale/R Kightley**

	• With regard to Police representation, S Goodwin would be meeting with the Police shortly, and would follow up representation at a range of meetings, including the Children's Trust Board.	

6.	**Agenda for Children's Trust Board meeting – 19 March 2015**
	• Proposed items for the next meeting:-
	  • Mental Health including JSNA work – progress report
	  • SEND Reforms – workshop session (to include autism pathway and proposed outcomes for young disabled people)
	  • Integrated Commissioning Arrangements – information paper
	  • Stronger Families, Safer Children - DVD of how this is working in child protection conferences
	  • E-Safety Strategy
	  • Young People to Report their views on Emotional Wellbeing and present their petition
	• Board members would be emailed to see whether they had any items for the next agenda
		A Pritchard
		
		L Dale

7.	**Links with Health and Wellbeing Board** • Details were provided around the four agreed Health and Wellbeing Board priorities. • A report had been presented to the last meeting of the Health and Wellbeing Board on SEND Reforms, and there would a report to a future meeting on Mental Health	
8.	**Review of Children's Trust Sub-Groups** • Details were provided of the existing Children's Trust Board sub-groups. Some were working well, but there were a number of others that needed to be reviewed. • The CAMHS Commissioning Group would possibly be reviewed in light of the Behaviour Pathway Group, and it was proposed not to organise meetings of the Disabled Children's Commissioning Group – much of the work of this group had been superseded by the Support and Aspiration Project Board.. Further discussions were due to take place around the role of the Children's Trust Workforce Group. • In terms of the LPCPs, L Dale would update the Terms of Reference, and these would be presented to the meeting in April. Consideration needed to be given as to how to better support the LPCP Chairs. R	**R Kightley**

	Kightley and L Dale would attend the Universal and Targeted Services meeting to discuss LPCPs. • An update on the sub-groups would be provided to the Children's Trust Board via the minutes of the Core Business Group.	**R Kightley/ L Dale**
9	**Agenda for the next Core Business Group - 12 February 2015** • Amber Valley LPCP Report – D Bond • Early Help to Safeguarding – D Smith • Transition Programme Board	

DERBYSHIRE CHILDREN'S TRUST BOARD CORE BUSINESS GROUP
MINUTES OF MEETING HELD ON 12 FEBRUARY 2015

Present: S Ali, R Kightley, Dr A Mott, and A Pritchard

Apologies: L Dale and M Meggs

		ACTION
1	**Preparing for Adulthood & Role of the Transition Programme Board** • Further work was still required around this and there would be an update at a future meeting of the Group.	
2	**Update on Early Help to Safeguarding Review and Starting Point** • Deb Smith attended the meeting to provide an update on the Programme that was being implemented to create an integrated, single point of access, early help to safeguarding service. • The key developments were highlighted, and included Starting Point, Integrated Operating Model – Stronger Families Safer Children, thresholds for accessing support and services, resource following need, and co-terminous boundaries/co-located teams. • The aims of Starting Point were to create an integrated front door that would achieve a consistent application of the threshold, ensure improved decision making based on better sharing of information, improve referrer experience, avoid duplication, achieve greater efficiency for locality based staff, and enhance the out of hours service. • The structure of Starting Point would be 6 multi-professional pods which would involve a range of staff, and these would triage all referrals. Five tests of the processes had already taken place, and a further test was due to take place in April. • The indicative timetable for the appointment process for Starting Point was given, and it was the aim to have an implementation date of 1 June 2015. It was hoped that the team would be based in Ripley. • Partners needed to be mindful of the timescales and changes, and it was the intention to provide an update to the Group in October.	**D Smith**

3	**Report from Amber Valley Locality Planning and Commissioning Partnership** • Dave Bond attended the meeting to give an update on the progress of the Amber Valley Locality Planning and Commissioning Partnership. • A summary of the local priorities was provided. The partnership was on target for the priorities around Safeguarding, NEET, Anti-Social Behaviour, Domestic Violence and Teen Pregnancy. However, it was not on target for the priority around Troubled Families, and work was taking place to improve this. • Two meetings had been held to consider the work around Troubled Families and how to make it more joined up. Troubled Families was embedded in Early Help Services, and it was felt that it would be appropriate for the Children's Trust Board to challenge the infrastructure and for it to be a future agenda item. It was also suggested that Locality Planning and Commissioning Partnerships had a key part to plan in the Troubled Families agenda. • The number of young people EET with learning disabilities at age 17 was 95.7%, but this fell at age 18. Further work was needed to understand why this was the case, and individual journeys would be tracked to see what happened. An update would be provided to a future meeting. • The Group was provided with a leaflet that had been produced around Sexual Health Services for Young People in Amber Valley, and it was felt that this could be replicated across each locality. • It was reported that membership of the Partnership had reduced, and this needed to be looked at. Details were also given of the restructure that was taking place, and how this impacted in Amber Valley. Work was taking place around the location of the teams, and it was felt that there needed to be a location in the Heanor area. Co-location was being considered, and R Kightley would take this forward. • Following the restructure of the Partnerships, there would be a small Task and Finish Group to look at the Terms of Reference for the Locality Planning and Commissioning Partnerships, and this would include the Children's Trust Board leads for each locality. • The Chelsea's Choice performance had been well attended, and work was being put together to help individuals who may have been subject to Child	**L Dale** **R Kightley**

	Sexual Exploitation. This was being piloted, and if successful, this would be rolled out across the county.	
4	**Minutes from Core Business Group** • The minutes from the meeting held on 15 January 2015 were noted..	
5	**Minutes from Derbyshire Health and Wellbeing Board** • The minutes from the meeting held on 15 January 2015 were noted.	
6	**Outstanding Actions from Children's Trust Board and Core Business Group** • L Dale would complete the work around updating the Children and Young People's Plan by March • L Dale had arranged to meet with M Stafford-Wood to raise the issue of how data on obesity was analysed. • There would be further following up around membership of the Children's Trust Board • The review of the Children's Trust Board Sub-Groups was ongoing, and a report was due to be presented to CAYA SMT. • A meeting would take place with the Locality Planning and Commissioning Partnerships in June	
7	**DSCB Key Priorities** • C Cassell, Chair of the Derbyshire Safeguarding Children Board, had asked for the Board's key priorities to be included in the Children and Young People's Plan:- • Early Help • Review the Domestic Violence Strategy • Emotional Wellbeing • Child Sexual Exploitation	
8	**Agenda for Children's Trust Board – 19 March 2015** • Proposed items for the next meeting:- - SEND Reforms – main discussion item - Draft Action Plan around Emotional Wellbeing and Mental Health - Stronger Families, Safer Children – Video clip - Safeguarding Board update – to include E-Safety Strategy - Protocol with Health and Wellbeing Board/Derbyshire Safeguarding Children Board - Information Sharing Protocol for Special Educational Needs and Disabilities	

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9	**Agenda for the next Core Business Group – 23 April 2015** • Bolsover and North East Derbyshire Locality Planning and Commissioning Partnership update • Refreshed Children and Young People's Plan • Impact of Locality Planning and Commissioning Partnerships • Discussion/Update on Emotional Wellbeing	

CHILDREN'S AND YOUNG PEOPLE'S TRUST BOARD

THE HUB, SHINERS WAY, SOUTH NORMANTON, DE55 2AA

Thursday 19th March 2015, 4.30pm – 6.30pm

AGENDA

1.	**Apologies for Absence**	
2.	**Declarations of Interest**	
3.	**To confirm the minutes of the meeting held on 11th December 2014 and matters arising**	
4.	**To confirm the minutes of the Core Business Group meetings held on 15th January 2015 and 12th February 2015 matters arising**	
5.	**Special Educational Needs & Disability Reforms – Main discussion item** The Board is asked to consider and discuss the draft principles and structures included in the document, in particular: • What are the Board pleased to see? • What concerns do the draft structures and principles raise? • What might be missing or need amending?	Rosie Kightley Nicole Chavaudra
6.	**E-Safety Strategy – for discussion** The Board is asked to: • Commit to support the principles of the strategy as well as the implementation of the action plan when it is launched. • Identify and share any existing examples of good practice within their organisations • Consider what more needs to be done to deliver the aims in the strategy.	Bob Smith
7.	**Children and Young People's Emotional Wellbeing: Presentation by Youth Council members**	Youth Councillors
8.	**Integrated Behaviour Partnership Report and Action Plan** The Board is invited to approve the report and the action plan for 2015-16, for presentation to the Health and Wellbeing Board	Andy Mott
9.	**Safeguarding Board update**	Christine Cassell

10.	**Draft Protocol with Health and Wellbeing Board & Safeguarding Board** The Board is invited to approve the Protocol	Christine Cassell
11.	**Information sharing agreement for special educational needs & disabilities** The Board is invited to approve the document	Rosie Kightley
12.	**provisional** Video clip – Stronger Families Safer Children Case Conference	

PAPERS FOR INFORMATION ***(It is not planned to discuss any of the following papers at the meeting. If any Board member wishes to discuss a paper for information, please can they notify the Chair in advance)***		
13.	Healthwatch Children & Young People report	
14.	Performance Monitoring report	
15.	Update report – Disabled Children's Charter Action Plan	

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

MARCH 19th 2015

Purpose of the Report

- To present a vision for phase 2 of the reforms of special educational needs and disabilities (SEND) services for children in Derbyshire for consideration of the Children's Trust Board;

- To invite feedback and discussion regarding the role of partners in the reforms.

Overall Summary

This document describes the requirements for Local Authorities and their partners with regard to SEND due to the Children and Families Act 2014. It describes progress thus far and presents and draft ambition and vision for the next phase of the reforms. The report then seeks the views and contributions of the Children's Trust Board with regard to the proposed developments.

Information and Analysis

The Children and Families Act 2014

The Act imposes duties upon Local Authorities and their partners with regard to how children and young people with special educational needs and disabilities will be assessed and supported. The Act is supported by a revised Code of Practice for Special Educational Needs (SEN), published in August 2014. The principles underpinning this Code of Practice make clear that local authorities must have regard to:

- The views, wishes and feelings of the child or young person, and the child's parents;

- The importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions;

- The need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

Each local authority was required to be compliant with the requirements of the Act by 1st September 2014, and an Implementation Grant has been provided to Councils by the Department for Education to support the implementation of the Reforms.

Implementation to date

Phase 1 of the reforms focused on achieving compliance with the requirements of the Children and Families Act and associated Code of Practice for SEN. Phase 1 was led by a multi-agency project board which has delivered the following from September 2014:

- Derbyshire's Local Offer, which describes the types of support available in Derbyshire for children and young people with SEND and their families, from birth to 25 years of age, has been live.

- All requests for assessment of special educational needs now follow the 20 week process for the Education, Health and Care (EHC) Needs Assessment.

- 5 EHC Assessment Facilitators have been appointed to support children young people and families who are referred for an EHC Plan Assessment

- A timetable for conversion of Statements of SEN to EHC Plans, which local authorities must undertake by April 2018, has been published

- A new Personal Budgets officer has been appointed to provide advice over the next year

Ambitions for phase 2 of the Reforms

In June 2014 Cabinet approved investment in a transformation programme to deliver on the ambitions for the SEND reforms in Derbyshire. The Reforms locally seek to deliver:

- A new relationship with children and families – doing with, rather than being done to;
- Reduced bureaucracy;
- More joined up and integrated approaches between services;
- A system that feels different, characterised by person centredness and a focus on outcomes;
- Strategic and integrated commissioning of SEND services.

Fig 1. Ambitions for Phase 2 of the Reforms

A Clear Vision

- Understood and owned by all – a future where children young people and families are supported to be the best they can be – safe, happy, healthy, working and learning;
- Services that are cost effective, sustainable and offer value for money;
- A mandate for creativity and innovation – taking measured risks to meet needs and improve outcomes;
- A shared sense of responsibility for outcomes

Engagement

- Services should be co-designed and jointly reviewed, with a focus on meaningful engagement and participation of all stakeholders, including children, young people and their families;
- Clear, jargon free communications;
- All views are respected;
- A positive view of services.

High quality experiences for children, young people and families

- Families feel safe and secure, and free from fear;
- Hassle-free processes;
- Reduced bureaucracy;
- Support that is as local and personalised as possible;
- Services that do what they say on the tin;
- There is always someone to talk to
- All professionals have can-do attitudes, and there is no wrong door.

Excellent Practice

- Person centred planning, and interventions;
- Safe practice;
- A focus on early intervention, and outcomes;
- Working together to be inspirational;
- Being proactive, not reactive;
- Having clear, unambiguous roles;
- Ongoing consideration of preparation for adulthood.

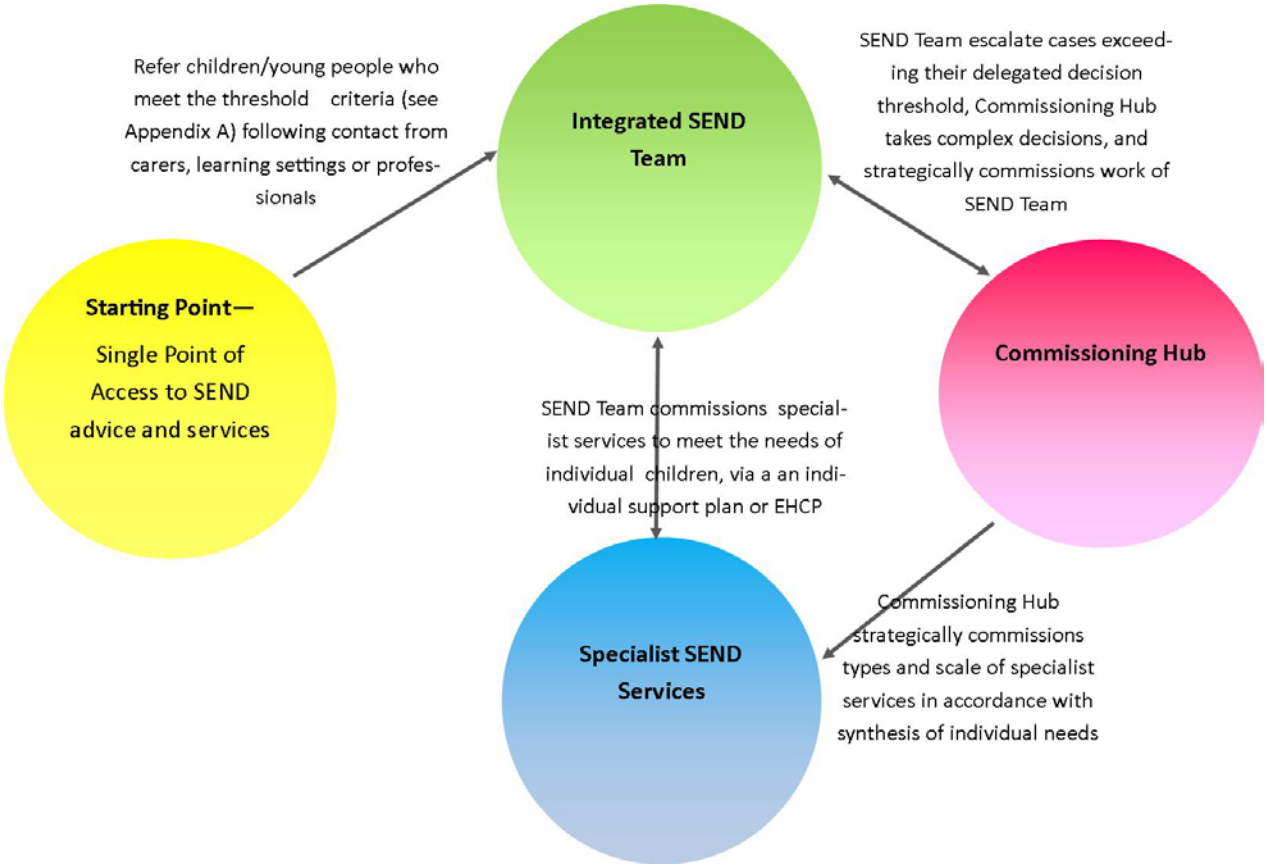
To meet the cultural and statutory requirements a new approach to providing support is needed, beyond the implementation of new processes and procedures. Whilst there is much positive about the current system, an evolution is required to meet the changes. As such, a draft vision has been developed by a multi-agency project board for consultation with public, service users, staff and stakeholders.

The Draft Vision

The multi-agency project board have developed an outline vision for the next stage of the reforms, including draft threshold document (see Appendix A). The board have also developed a potential integrated structure for discussion, as described by the following diagrams. This structure is informed by the following principles:

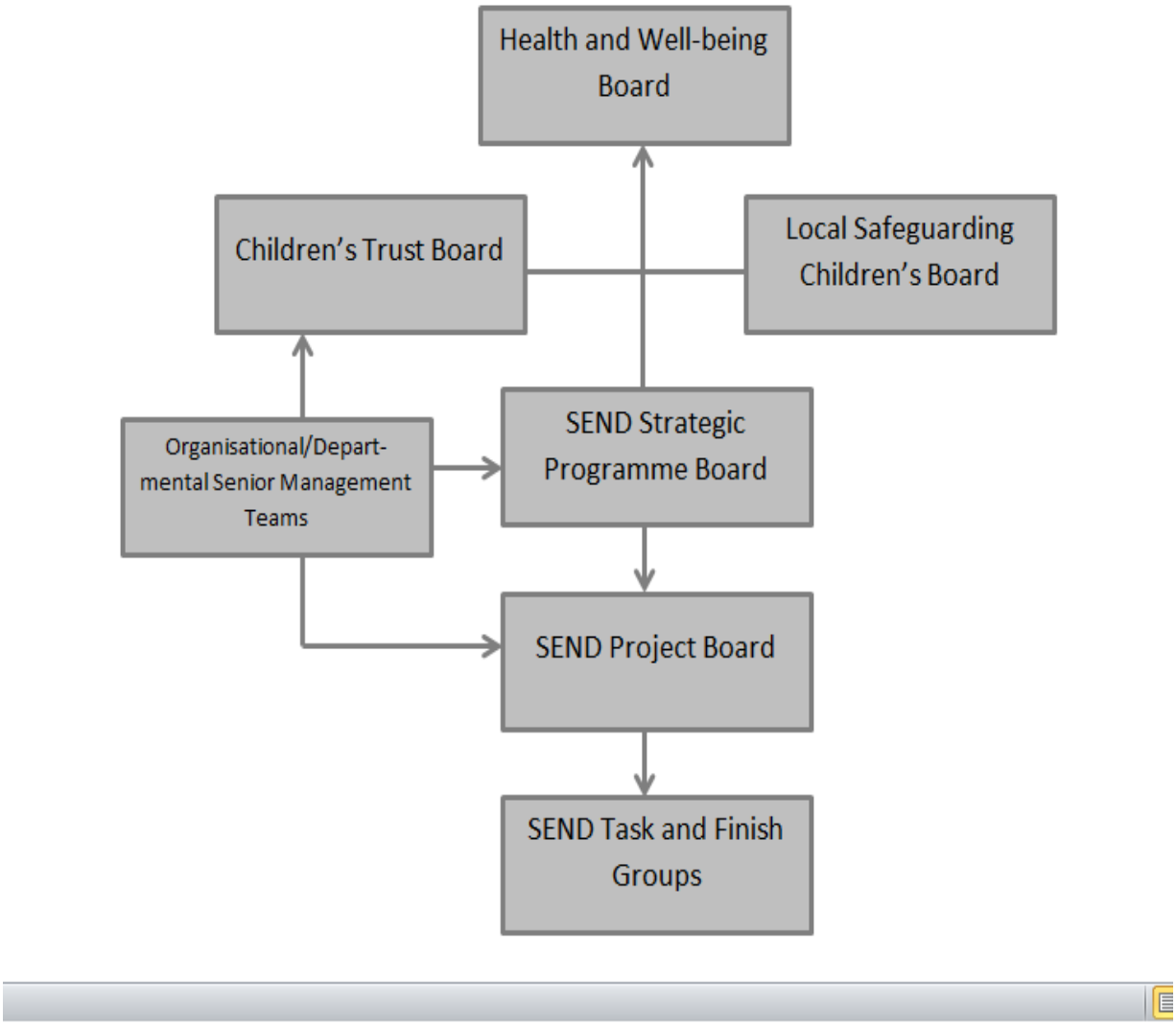
- Based around the CAYA structure of 6 localities to enabled a clear interface with early help to safeguarding services;
- Less complex and simplified;
- 'Tell us once' and think family approach;

Fig 2: Draft SEND structure



Governance

The governance arrangements for the reforms are as follows:



Joint Commissioning

Joint commissioning is required under the Children and Families Act, as follows:

'Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act).' (Code of Practice for SEN, 2014)

To meet this requirement, the draft structure proposes the inclusion of a new, integrated commissioning hub, with clearer commissioning responsibilities identified within the new structure. For example:

- **SEND Team**: responsible for individual plans, and commissioning of specialist services and support required to meet the needs of individual children, up to a designated threshold.
- **Commissioning Hub:** responsible for complex decision making, strategic commissioning and performance management of SEND services across education, health and social care.

Involving wider stakeholders in the development of SEND services

It is proposed that a series of engagement events take place in late Spring as follows:

- 6 local events for families, children and young people to learn about and shape the developments;
- 6 local events for multi-agency stakeholders and interested parties to learn about and shape developments;
- Individual services workshops to explore critical learning and functions for new teams.

How have children and young people and their families been engaged, and what are their views?

In July 2014 a report was received by Cabinet providing analysis of a public consultation on potential principles and applications of the 2014 Act. The findings from the consultation have informed the draft vision detailed in this report. The developments have also been informed by ongoing engagement via Parents' Forums, and through parental engagement on strategic boards, and engagement with individual families.

Children and young people have been engaged at an individual level, within the public consultation in 2014 and via special school council meetings.

Background Papers

Code of Practice for Special Educational Needs, Department for Education, 2014.

Officer Recommendation

That the Children's Trust Board:

- Consider and discuss the draft principles and structures included in the document, in particular:
    - What are the Board pleased to see?
    - What concerns do the draft structures and principles raise?
    - What might be missing or need amending?

Derby and Derbyshire Safeguarding Children Boards

E-Safety Strategy 2015

1) Definition of e-Safety

E-Safety is a term which encompasses both the internet and other ways in which young people communicate using electronic media e.g. smart phones, tablets and gaming consoles. It means ensuring that children and young people are protected from harm and supported to achieve the maximum benefit from new and developing technologies, whilst minimising risk to themselves and others.

The aim is to protect young people from adverse consequences as a result of their use of electronic communication, including from accessing inappropriate content, harmful material, bullying, inappropriate sexualised behaviour or exploitation.

Appropriate use of electronic communication by staff is covered by other protocols and procedures and agencies are expected to have appropriate or acceptable use policies in place for their employees, volunteers and anyone else having contact with children and young people.

2) National and Local Context

Virtually all children and young people will have some form of access to the internet and may access it from as early as 3 or 4 years old. Patterns of use of the internet are continually changing as both new technologies and new ways of using it emerge. Children and young people are at ease with and confident in their use of technology and may have considerably more skill and knowledge than their parents, teachers or any of the other adults in their lives. Children and young people, however, can be at greater risk and be less aware of how to stay safe on line than adults. Specific risks include:

- Children and young people being groomed online (including by both adults pretending to be young people and other young people) with the aim of exploiting them sexually
- Inappropriate (e.g. threatening or abusive) images of children and young people being uploaded, distributed and traded on photo and video sharing websites
- Children and young people may readily access inappropriate websites and images online, either intentionally or accidentally

- Images of an intimate nature being sent to others (known as sexting) and being circulated to a wider group
- Children and young people being bullied via social networking sites and messaging services
- Encouragement of harmful behaviours e.g. by pro-anorexia and self-harm social media contacts and websites
- Gang culture may have an online component, where threats of violence and control may be posted on line
- Children and young people acquiring potentially harmful substances online e.g. New Psychoactive Substances (NPS), commonly known as legal highs
- Radicalisation of children and young people to become involved in violent extremist ideologies through the internet and social media
- Children and young people being vulnerable to economic exploitation

3) Vision

All children and young people in Derby and Derbyshire will be equipped with the knowledge to safeguard themselves online. This will include:

- Learning about the safe use of technologies;
- Recognising and managing the potential risks associated with online activities;
- Behaving responsibly online;
- Recognising when pressures from others in the online environment might threaten their personal safety and well-being;
- Developing effective ways of resisting pressure;
- Knowing whom to go to with any concerns.

Parents and carers also need to be equipped to help young people stay safe online by:

- Learning about the safe use of technologies;
- Recognising and managing the potential risks associated with online activities;
- Behaving responsibly online;
- Knowing whom to go to with concerns

All people who work with children and young people in Derby and Derbyshire will be equipped with the knowledge and skills to safeguard children at risk through online activity. This will include:

- Complying with relevant professional conduct standards;
- Accessing training in the safe use of technologies;
- Recognising and managing the potential risks associated with online activities;
- Understanding and conforming to local procedures;
- Behaving responsibly online;
- Knowing whom to go to with any concerns.

Appropriate systems and services will be in place to identify, intervene and divert people from sexual exploiting, abusing or cyber bullying children in Derbyshire.

All children and young people who have been the subject of indecent images, sexual exploitation or cyber bullying will be protected from further abuse and given an appropriate level of support.

4) Aim of the Strategy

Derby and Derbyshire SCBs and partner agencies will work together to ensure young people are safe on line through a three strand strategy of Prevention, Protection and where necessary Prosecution.

Prevention

- Awareness raising of young people of the risks online and how they can protect themselves and behave responsibly towards others
- Helping parents and carers in their responsibility to monitor, support and protect young people online
- Supporting agencies and settings that work with young people to develop e-safety policies and skills
- Harnessing the knowledge of young people in developing strategies and responding to new types of online behaviours

Protection

- Building e-safety skills among the workforce, foster carers, volunteers and anyone else working with young people
- Where feasible encouraging the use of filtering software to protect young people from inappropriate content
- Ensure that policy and procedure keeps pace with developments in both technology and software to access the internet
- Supporting children and young people who may be especially vulnerable to online exploitation
- Providing access to expert advice where staff and carers have to deal with an e-safety issue
- Providing appropriate assessment and intervention programmes for young people and adults who have been involved in online behaviour which is either criminal or poses a significant risk to others

Prosecution and Diversion

- Pursue and prosecute perpetrators of online abuse of children and young people consistent with the joint Safeguarding Board's Child Sexual Exploitation Strategy
- Take a proportionate response to the prosecution of young people who send self-taken intimate, but illegal, images through social media or other routes (sexting)

- Respond appropriately to children and young people conducting online abuse against other young people, recognising that some young perpetrators may be simultaneously both victims and perpetrators of online abuse

5) Partnerships

Effective safeguarding of young people requires a partnership approach. Both Derby and Derbyshire Safeguarding Boards have e-safety action plans in place and agencies should ensure that they comply with expectations of those plans. To ensure that young people are safe from online abuse and exploitation agencies need to work together to:

- Identify e-safety leads within their organisation or setting;
- Ensure that an up to date e-safety strategy/policy is in place;
- Ensure that there is an awareness of risks posed to young people on line;
- Ensure that technological measures to protect young people are in place (e.g. filtering software) whilst recognising the limits of these actions as technology develops (e.g. increasing availability of low cost 4g smartphones and tablets);
- Contribute to future strategy development and action planning, as technology and associated behaviours change over time.

In addition some agencies have specific roles and responsibilities to protect young people online.

- Schools
    - to equip young people to stay safe online and develop an awareness of the risks
    - to have a policy framework and knowledge within the staff group to respond to issues as they arise
- Local Authority Children's Services – to respond in high risk situations where young people need to be protected
- Police – to prosecute perpetrators of abuse where appropriate
- Youth Offending Service – to assess and intervene with young perpetrators of online abuse where the behaviour is high risk or criminal
- Probation Service – to assess and intervene with adult perpetrators of online abuse where the behaviour is criminal
- Public Health – to promote safe and healthy lifestyles
- Health Service – to promote healthy lifestyles and to respond to e-safety issues where young people need protecting

6) Links with Other Strategies

There may be an e-safety dimension to a wide range of young people's issues, many of which are covered by other strategies and procedures. These include:

- Preventing and tackling bullying;
- Young people going missing;
- Suicide and self-harm;

- Trafficking;
- Sexual abuse and violence;
- Radicalisation and violent extremism;
- Substance misuse;
- Gangs.

There is also in place a joint Boards' Child Sexual Exploitation Strategy and each Board has CSE Action Plan. The most serious e-safety incidents often include a Child Sexual Exploitation dimension and should be dealt with as such.

New types of risky online behaviours are continually emerging and strategy leads and policy authors should take account of e-safety when producing new material.

7) Monitoring and Reporting

Each Safeguarding Board should have an up to date action plan outlining the specific tasks being undertaken to ensure that the strategy is being implemented effectively. Progress against the action plans should be reported to the respective Boards at least annually. Barriers to implementation of the action plan should be escalated to the Board for resolution. The Boards should explore ways in which e-safety activity can be identified, quantified and incorporated into Board performance and quality systems.

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

MARCH 19th 2015

Purpose of the Report

To inform Board members of the recent adoption of the e-Safety Strategy by Derbyshire Safeguarding Children Board and to seek Children's Trust Board members support in its implementation.

Overall Summary

On the 19th December 2014 the Safeguarding Children Board agreed an e-Safety strategy. A task and finish sub-group comprising representatives from the Safeguarding Board and also Derby City Safeguarding Board had been established to develop the strategy and it is a shared strategy across the two Boards. Separate Action Plans for each Safeguarding Board are currently in the final stages of development and will translate the Strategies into practice.

Information and Analysis

E-Safety has become an increasingly important issue affecting young people. The Derbyshire Strategy identifies many of the ways in which young people can be at risk online. Some of these risks relate to Child Sexual Exploitation but there are other risks such as economic exploitation, substance misuse and most recently radicalisation which may be less obvious to practitioners. The relatively recent emergence of social media and its continually developing functionality mean that adults are often unaware of what young people do online and hence the extent of the risks. Consequently many adults are also unaware of how to protect young people on line.

The strategy seeks to outline the key risks to young people and to demonstrate the Safeguarding Board's commitment to tackling these risks. The action plans will translate the strategy into a wide range of activities designed to help young people stay safe online.

How have children and young people and their families been engaged, and what are their views?

Limited indirect consultation with young people was undertaken through Task and Finish Group members individually discussing e-safety issues with their service users. The Derbyshire Youth Council coordinator was involved in the early meetings of the group.

Background Papers

Derby and Derbyshire e-Safety Strategy.

Officer Recommendation

1. That the Board notes the adoption of the e-Safety strategy by the Safeguarding Children Board.
2. That the Children's Trust Board commits to support the principles of the strategy as well as the implementation of the action plan when it is launched.
3. That Board members support development of the action plan by:
    - identifying and sharing any existing examples of good practice within their organisations;
    - considering what more needs to be done to deliver the aims in the strategy.

Derby City Council

NHS England

NHS
Southern Derbyshire Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group

DERBYSHIRE County Council
Improving life for local people

IMPROVING CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING IN DERBYSHIRE AND DERBY CITY

PROGRESS REPORT FROM THE INTEGRATED BEHAVIOUR PATHWAY STEERING GROUP AND 2015-16 ACTION PLAN

1. PURPOSE OF THIS DOCUMENT

Improving the emotional health and wellbeing of children and young people has been identified as a key priority for the Derbyshire and Derby City Health and Wellbeing Boards; the Derbyshire Children's and Young People's Trust and the Derby City Children, Families and Learners Board.

This report offers a progress update on the work of the Integrated Behaviour Partnership and sets out that group's vision for the future. It also proposes a work programme for 2015-16 that will secure rapid progress towards that vision.

It is important to acknowledge that the determinants of children's emotional health and wellbeing are very broad. There are a wide range of 'risk factors' which mean that some children are more likely to experience mental health problems than others. These risk factors include:

- Poor physical health;
- Living in poverty or being homeless;
- Having parents who separate;
- Having parents with mental health problems, parents who misuse substances or parents who are in trouble with the law;
- Experiencing bullying or abuse;
- Experiencing bereavement;
- Having caring responsibilities for others.

A large number of strategies and plans will therefore make some contribution to improving the emotional health and wellbeing of children and young people in Derby and Derbyshire - for example strategies to tackle poverty and worklessness; early intervention & prevention strategies; adult mental health strategies; substance misuse strategies; strategies to support parents and carers who have learning disabilities; strategies to support carers; strategies to improve

school attendance/attainment and reduce exclusions; community safety strategies; e-safety strategies; strategies to tackle child sexual exploitation and many more. This report does not address this wider work that will contribute to positive emotional wellbeing for children and young people.

2. WHAT IS THE INTEGRATED BEHAVIOUR PATHWAY GROUP AND WHAT HAS BEEN ACHIEVED SO FAR?

The four CCGs, two Local Authorities and Public Health teams across Derby/Derbyshire have developed an innovative approach to improving emotional health and well-being and behaviour for children and young people. This is managed through the "Integrated Behaviour Partnership" that has been working together for the last 18 months. Key outputs include:

- clear messages from children and young people (Fig.1 below);
- co-production of a new delivery model (Fig. 2 below) involving key stakeholders;
- the piloting of a single point of access to specialist health services;
- a joint set of CCG commissioning intentions and integrated plans with Local Authorities.

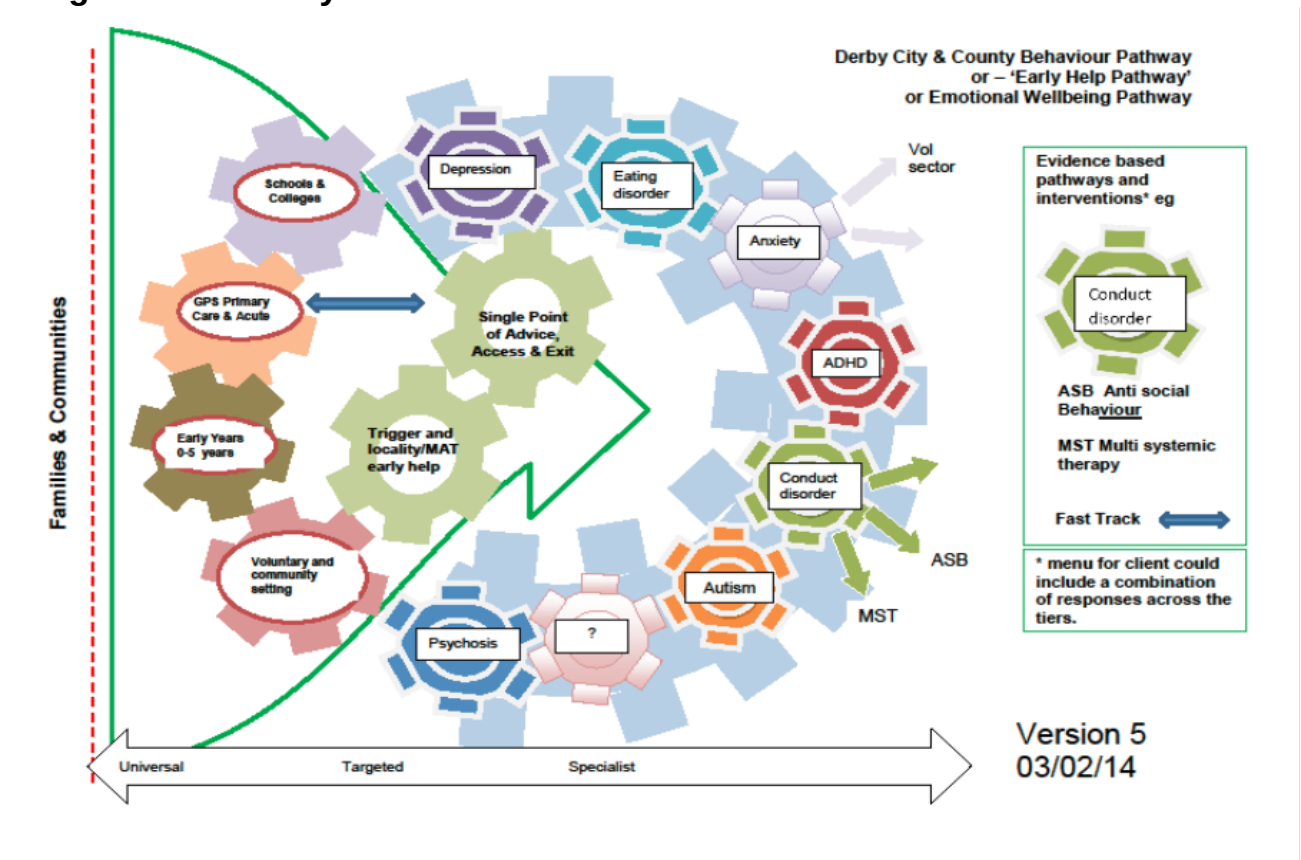
Work is underway to develop an outcomes-framework, improve data and develop evidence-based pathways for children and young people with mental health problems, starting with self-harm and eating disorders.

The partnership has recently secured £40,000 from Department of Health to deliver a pilot in 2015 to develop a model and toolkit for schools to identify and manage emotional wellbeing and behaviour through early help. A similar pilot in Tameside and Glossop will focus on enabling frontline staff to identify and respond to mental health issues, within a clear framework for intervention.

Figure 1: Messages from Young People: Key Design Principles

- I only have to tell my story once.
- I am able to access information and support in a format that suits me at the time I need it.
- I know who to contact and am confident that they will support me to get the right help quickly.
- I know that those who care about me will be involved at the right time.
- I feel that I am listened to and am involved in decisions about my care.
- I feel safe and can trust the people who are helping me.
- I trust that all those caring for me will work together to get me the right support when I need it.
- I am confident that the support I get will make a difference to me.
- I feel that I am being treated as a person and all my needs are considered.
- Where my care is not working for me I am able to try alternative options.
- I know that I can get the help I need whoever I am and wherever I am.
- I will be supported through the transition to adulthood in a way that is appropriate for me.

Figure 2: Delivery Model



3. VISION

The Partnership's vision is that:

Children and young people in Derbyshire and Derby City are able to achieve positive mental health by having access to high quality, local services, appropriate to levels of need, as well as a range of support that enables self-management, recovery and wellbeing

In order to achieve this vision:

- There will be a "universal offer" for all children and young people, rooted in prevention, early identification and intervention, including a school offer that maximises the contribution and impact which schools can make in promoting positive emotional wellbeing with support from their partners;

- Professionals within schools and other universal services will have increased knowledge, skills and confidence to respond appropriately when children and young people need help;

- Children and young people with mental health problems will be able to access high quality support at the right time, when and where they need it;

- There will be good quality information about local services, and how to get support;

- Services will focus on providing support to meet children and young people's needs, instead of achieving a diagnosis;

- Referral routes to services will be clear and simple. There will be one single assessment point to access specialist health services;

- There will be evidence-based pathways to access help, that will start and end with universal services and the community;

- There will be a commissioned rapid-response pathway and intensive community support to make sure that children and young people can receive help urgently when they are experiencing a crisis, to prevent problems from getting worse;

- There will be greater integration and co-ordination of care and support, with specialist services working together and reaching out in support of universal/targeted services to deliver seamless, 'wrap-around' support as close to the young person's home and community as possible;

- Services will be flexible, 'person-centred' and 'family-centred'. Children, young people and their families will have a choice of evidence based treatments and support;

- There will be greater integration of children's and adults' mental health services;

- There will be an outcomes-based approach. Data about children's and young people's needs, service delivery and the achievement of outcomes will be available and will be shared in order to track progress towards these shared goals.

Critically, there will be less:

- Avoidable harm and injury;

- Stigma and discrimination associated with mental ill health;

- Dependency on A&E and out of area admissions for those with acute care needs.

4. OUTCOMES

A full suite of outcome-measures will be developed as part of the action plan (see appendix). These outcome-measures will reflect what young people have said is important to them, as well as a range of other service outcomes and clinical outcomes. Although this is still work in progress, it is anticipated that the following will be key success measures:

- Children and young people will feel more positive about their emotional health and wellbeing;
- Children and young people will feel that their school and other local services are helping them to be resilient and to cope with life situations;
- Children and young people will know how to access help if they need it;
- Referrals to CAMHS will stabilise, and gradually reduce from 2014-15 levels;
- Children, young people and their families will feel that they are listened to and involved in decisions about their care;
- Fewer children and young people will be admitted to hospital due to self-harm;
- Fewer Derbyshire and Derby City young people will need to be placed in specialist, in-patient units;
- Fewer children and young people will be excluded from school;
- More young people aged 16-18 will be in education, training or employment.

5. CONTEXT

Young people's mental health currently has a high profile nationally. The 2013 report of the Chief Medical Officer focused on children and young people, including their mental health. Her report stated that:

> "The evidence base for the life course approach is strong**.** What happens early in life affects health and wellbeing in later life. There is increasing evidence that, in England, we are not doing as well as we should to achieve good health and wellbeing outcomes for our children and young people"

75% of adult mental health problems begin before the age of 18; however only 6% of national mental health budgets are spent on children's and young people's services.

In 2014, the Health Select Committee held an inquiry into children's and adolescent mental health and CAMHS (Child and Adolescent Mental Health Services). The report is now available at:

http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/14-11-04-camhs-report-substantive/

The report identified a need to improve data and information for commissioners; and a need to strengthen prevention and early intervention. It identified a lack of funding for CAMHS services nationally and recommended increased funding, alongside a national service specification and national standards to address local variations in access to services. The report also recommended changes to commissioning arrangements to incentivise the development of local 'Tier 3.5' intensive community support services.

The issues identified in the Select Committee report are reflected within Derbyshire and Derby City:

- NHS programme budget data shows that, in 2011/12, funding per head for CAMHS in Derbyshire was £44.01 and in Derby City it was £17.88[1]. This compared with an East Midlands average of £46.80 and an England average of £59.35.

- Locally, there will be challenges in maintaining current levels of investment in prevention and early intervention services for young people with mental health problems, due to the scale of the budget reductions facing both the NHS and Local Authorities. Since 2011, when changes were made to the Early Intervention Grant, there has been a substantial reduction in young people friendly services that are readily accessible, non-stigmatised and responsive to the needs of young people. Some services continue, but the coverage is increasingly patchy. In Derby City, the Primary Mental Health Worker service has been de-commissioned, and continued funding for this service in the County is subject to review.Locally, specialist CAMHS providers have reported increasing pressure due to a sharp increase of around 10% in referrals to their services. Self-harm and eating disorders feature prominently in this increase. Universal and targeted services working with children and young people also report an increase in self-harm – which is sometimes "clustered" around particular schools. In 2013-14, the rate of hospital admissions of 10-24 year olds in Derbyshire due to self-harm was 377.5 per 100,000 – well above the 2012-13 national average of 346.3.

- The number of young people in Derbyshire who require specialist in-patient CAMHS placements is low in comparison with other areas, however the

[1] Caution is needed when interpreting these figures, as the last available figures relate to 2011/12 and they do not include expenditure on CAMHS services by all agencies.

numbers have increased sharply over the past 3 years (up from 5 in 2011/12 to 30 in 2013/14). The numbers in Derby City appear to be low and relatively stable.

- Across the whole geography, there are fragmented commissioning arrangements and historic differences between CAMH services. In North Derbyshire, specialist CAMH services are provided by Chesterfield Royal Hospital NHS Foundation Trust. In Southern Derbyshire and Derby City, they are provided by Derbyshire Healthcare NHS Foundation Trust and Derby Hospitals NHS Foundation Trust. They are also provided by Pennine Care for the Glossopdale area of the county. Derbyshire Healthcare and Pennine Care are both pilot sites for the Children's "Increasing Access to Psychological Therapies" programme, which is seeking to embed and extend evidence-based interventions within CAMHS and includes the provision of training and supervision for early help services. This programme is not yet available in North Derbyshire[2].

- Multi-Systemic Therapy, a manualised intervention with a strong evidence base that targets young people on the edge of care or custody is currently available in both Derby City and Derbyshire, although there is no long term funding commitment beyond the end of the contracts in 2016.

- Across City and County, there is a need to develop a rapid response pathway to reduce the reliance on A&E when young people are in crisis and to enable GPs and other professionals to support young people better in their communities, rather than escalating to specialist and in-patient services. This is captured in Derbyshire's response to the Mental Health "Crisis Concordat".

A Child Mental Health Task Force has been established to consider how to take forward the findings of the 2014 Health Select Committee report. Its report, and further national guidance and policy direction, are awaited. The NHS Five Year Forward View acknowledges the need to improve support for young people with mental health problems, and to work towards parity between mental and physical health needs.

6. GOVERNANCE ARRANGEMENTS

The Integrated Behaviour Partnership will be responsible for delivering this vision and action plan. The current membership and terms of reference are appended to this report.

[2] The 2014 report 'Closing the Gap: Priorities for Essential Change' anticipates national roll-out of Children's IAPT by 2018.

The Partnership will be directly accountable to the Derbyshire Children's and Young People's Trust Board and the Derby Children, Families and Learners Board. It will report on progress to each meeting of these Boards. The Children's Trust Board and Children, Families and Learners Board will, in turn, be accountable to their respective Health and Wellbeing Boards.

7. CO-PRODUCTION

Opportunities for engagement with children and young people, parents and carers, statutory and non-statutory partner agencies, voluntary sector providers and staff will be project-planned alongside each action, i.e. there will be involvement in each of the themed work streams (such as pathway development, outcomes monitoring etc.), as well as opportunities for decision making about future priorities.

8. ACTION PLAN 2015-16

The priority workstreams to deliver this vision, and the key deliverables for 2015-16, are set out in the Action Plan which is appended.

ACTION PLAN 2015-16

Workstream:	Deliverables:	Timescales:	
1. Create an Outcomes Framework and improve Data/Reporting	• Develop suite of outcome measures and regular data reports	Summer 2015	Sheila McFarlane
	• Ensure implementation of national CAMHS data set by all CAMHS providers	2015 – date of national implementation tbc	Rosie Kightley – North Frank McGhee - South
	• Develop/maintain Countywide survey of young people's emotional health & wellbeing	Summer 2015	Claire Jones
	• Develop Joint Strategic Needs Assessment to include young people's emotional and mental health and refresh needs assessment	Summer 2015	Alison Pritchard
2. Develop 'universal offer' for early intervention and prevention	• Develop and implement training programmes on self-harm awareness/working with children who self-harm	Spring 2015	Task and Finish Group to review progress and identify lead
	• Identify good practice in prevention/early intervention locally, regionally and nationally and propose strategy for County/City	September 2015	Claire Jones
	• Start commissioning / re-commissioning of local services as needed to deliver strategy	Spring 2016	Rosie Kightley Frank McGhee
	• Develop co-ordinated training strategy for children's and young people's workforce (including consideration of IAPT training)	Spring 2016	Rosie Kightley Frank McGhee
	• Ensure development and launch of guidance/toolkits for universal and targeted services (this includes guidance for schools – see 2a below)	Spring 2016	Claire Jones
	• Ensure information materials available for children, young people and families	Spring 2016	Behaviour Partnership Group
2a. Develop and embed 'schools offer' (good practice model for schools)	• Develop compendium of good practice interventions in local schools	Spring 2015	Sheila McFarlane
	• Design 'co-commissioning' of pupil premium funding with pilot schools and develop good practice commissioning guidance for schools on pupil premium	March 2016	Sheila McFarlane

	• Disseminate good practice model to schools and evaluate impact (this is part of guidance for universal and targeted services – see 2 above)	March 2016	Sheila McFarlane – City Mark Emly - County
3. Simplify referral routes into specialist health services	• Review learning from pilots of Single Point of Access, Entry and Exit to specialist health	Spring 2015	Behaviour Pathway Group
	• Extend Single Point of Access pilot into Erewash	Spring 2015	Kate Taylor (with Ian Stevens/Helen MacMahon)
	• Clarify future service model based on ongoing learning from pilots and commission agreed model	Spring 2015 – March 2016	Rosie Kightley – North Frank McGhee - South
4. Develop and commission priority evidence-based pathways	• Develop self-harm reduction pathway & guidance	March 2015	Mick Upsall
	• Develop all-age eating disorders pathway & service model	Autumn 2015	Commissioning Manager, Emotional Wellbeing
	• Work towards full implementation of self-harm and eating disorders pathways	Spring 2016	Commissioning Manager, Emotional Wellbeing
	• Develop all-age autism pathway and service model	March 2016	Linda Dale (working with adult commissioners)
	• Clarify future plans for Children's IAPT to achieve coverage in North Derbyshire.	Autumn 2015	Rosie Kightley/Rob Harvey – North Derbyshire
	• Agree suite of evidence-based interventions that will be available in the future in Derby/Derbyshire, including future availability of Multi-Systemic Therapy	Autumn 2015	Rosie Kightley Frank McGhee
5. Develop rapid-response pathways and intensive	• Agree and implement rapid response pathway and intensive community support service in South Derbyshire/Derby City	Spring 2015	Andy Mott – South

community support	• Further develop rapid response pathway and intensive community support service to ensure availability across the whole of Derbyshire/Derby City with integrated working across CAMHS, A&E, children's in-patient and broader Local Authority rapid response services	Spring 2016	Andy Mott Commissioning Manager – Emotional Wellbeing
	• Improve support for GPs and targeted services managing mental health crises in the community	March 2016	Commissioning Manager – Emotional Wellbeing
	• Review with NHS England Derby/Derbyshire referrals to specialist inpatient (Tier 4) CAMHS provision and identify how referrals could have been avoided	Autumn 2015	Commissioning Manager – Emotional Wellbeing
6. Greater integration and co-ordination of care	• Develop more integrated delivery models for CAMHS. Review and refresh service specifications to achieve integrated care	March 2016	Sheila McFarlane Commissioning Manager – Emotional Wellbeing
	• Age appropriate services: Agree how future models will achieve integrated, age appropriate mental health services which do not leave a 'cliff edge' at age 18	March 2016	Sheila McFarlane Commissioning Manager – Emotional Wellbeing (with adult services commissioners)
7. High quality, flexible, person-centred and family-centred services	• Encourage/enable the use of personal budgets and personal health budgets for children and young people with mental health problems	March 2016	Alex Albus
	• Promote and improve involvement, engagement and co-production opportunities with young people and families in the design, delivery and evaluation of services	Ongoing	Sheila McFarlane Commissioning Manager – Emotional Wellbeing
	• Ensure that robust performance management systems are in place which capture the feedback of young people and their families	Ongoing	Sheila McFarlane Commissioning Manager – Emotional Wellbeing

PROTOCOL IN SUPPORT OF THE RELATIONSHIP BETWEEN THE DERBYSHIRE HEALTH AND WELL BEING BOARD, THE DERBYSHIRE CHILDREN'S TRUST BOARD, THE DERBYSHIRE SAFEGUARDING CHILDREN BOARD (DSCB) ANDTHE DERBYSHIRE SAFEGUARDING ADULTS BOARD (DSAB)

Purpose

The purpose of this protocol is to set out an approach for the relationship between the Health and Well Being Board, the Children's Trust Board, the Local Safeguarding Children Board and the Safeguarding Adults Board.

Background and Functions of the Boards

Health and Well Being Board

The Health and Social Care Act 2012 established the requirement that each "top tier" local authority should set up a Health and Well Being Board (HWB). They are intended to be a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The key functions of the HWB are:

- Identify and develop a shared understanding of the needs and priorities of local communities in Derbyshire through the development of the Derbyshire Joint Strategic Needs Assessment (JSNA) with the Clinical Commissioning Groups.

- Prepare, publish and oversee the Joint Health and Wellbeing Strategy for Derbyshire to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measured way.

- Develop effective mechanisms to communicate, engage and involve local people and stakeholders in Derbyshire to ensure that the work of the Board reflects local needs.

- Oversee the totality of public sector resources in Derbyshire for health and wellbeing and drive a genuine collaborative approach to commissioning.

The Children's Trust Board

The purpose of the Children's Trust is to improve the wellbeing of all children and young people who live within or receive services in Derbyshire; whilst redressing inequalities between the most disadvantaged children and their peers. It is a requirement of the Children Act 2004 to have a Children's Trust in each area.

The Local Safeguarding Children Board

The key objectives of Local Safeguarding Children Boards (LSCBs) are set out in 'Working Together to Safeguard Children 2013. These are:

- To co-ordinate local work to safeguard and promote the well-being of children;
- To ensure the effectiveness of that work

The role of an LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB is not operationally responsible for managers and staff in constituent agencies.

The Safeguarding Adults Board

Safeguarding Adult Boards are not currently statutory bodies but this is likely to change with the passage of the Care Act 2014.Currently Boards operate within the framework promoted by 'No Secrets' which was published by the Department for Health and the Home Office in March 2000 and by 'Safeguarding Adults' which was published by the then Association of Directors of Social Services in October 2005.

The focus of the work of Safeguarding Adults Boards is 'vulnerable' adults. The role of the SAB is to ensure effective safeguarding arrangements are in place in both the commissioning and provision of services to vulnerable adults by individual agencies and to ensure the effective interagency working in this respect.

The case for effective communication and engagement between the Boards.

Working Together 2013, the DfE statutory guidance on inter-agency working to safeguard children requires that the LSCB Annual Report be presented to the chair of the Health and Well-Being Board. The Ofsted criteria for the review of LSCBs takes this a step further:

> ***The governance arrangements enable statutory partners (including the Health and Well-Being Board and the Children's Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people. There is evidence that this leads to clear improvement priorities being identified that are incorporated into a delivery plan, which improves outcomes.***

There are not as yet similar requirements in relation to Adult Safeguarding Boards, but statutory guidance is likely to follow the Care Act 2014.

There is therefore a case for there to be formal interfaces between the Health and Well-Being Board, Children's Trust and the Safeguarding Children and Safeguarding Adults Boards at key points including:

 The needs analyses that drive the formulation of the annual Health and Well-Being Strategy and the Safeguarding Boards' Business Plans. This should be reciprocal in nature ensuring both that the Children's Trust Board and Safeguarding Boards' needs analyses are fed into the JSNA and that the outcomes of the JSNA are fed back into planning by the Children's Trust and Safeguarding Boards;

 Ensuring each Board is regularly updated on progress made in the implementation of the Health and Well Being Strategy, the progress against the priorities of the Children's Trust Board, and the individual Board Business Plans in a context of mutual scrutiny and challenge;

- Enabling key issues, gaps or concerns to be shared across the Boards if there is a need for co-ordinated action to address an emerging issue or a need to review the priorities;

 Annually reporting the evaluations of performance on Plans, again to provide the opportunity for reciprocal scrutiny and challenge and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

Arrangements to secure co-ordination between the Boards.

The following arrangements ensure effective co-ordination and coherence in the work of the four Boards:

- The Children's Trust Board will be constituted as a sub-group of the Health and Wellbeing Board. Minutes of each Children's Trust Board meeting will be formally shared and noted by the Health and Wellbeing Board.

- The independent chair of the LSCB will be a member of the Children's Trust Board. There will be a standing item on the agenda to enable the independent chair to provide a safeguarding update.

- The Strategic Director for Children and Younger Adults will represent the Children's Trust Board at the LSCB. The Strategic Director will update the LSCB on key issues from the Children's Trust.

- The LSCB and the Adult Safeguarding Boards will attend the other Board as a reciprocal arrangement once a year

- There will be regular contact between Board meetings when necessary , and relevant items will be placed on each agenda for items to be referred between the Boards (for example serious case reviews).

- Between September and November each year the Independent Chair of each of the Safeguarding Boards will present to the Derbyshire

Health and Well-Being Board and Children's Trust their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This will be supplemented with a position statement on the Boards' performance in the current financial year. This will provide the opportunity for the Health and Well-Being Board and Children's Trust to scrutinise and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Derbyshire Health and Well-Being Strategy and the priorities for the Children's Trust Board.

- The Derbyshire Health and Well-Being Board will present to the Safeguarding Boards and Children's Trust Board an update on progress against the Health and Well-being Strategy and the JSNA work programme.

- Between April and June the Boards will share their refreshed Plans and priorities for the coming year to ensure co-ordination and coherence.

- The agendas and minutes of the four Boards will be shared between all Boards for information.

- The Board/Business managers or equivalent roles will maintain a dialogue with their equivalent Board colleagues as appropriate to ensure lines of communication are open between the four Boards.

The protocol will be reviewed annually.

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SEN and Disabilities - Derbyshire Local Data Sharing Agreement

Version 1.1

Document owner	Andy Callow
Document author and enquiry point	Martin Stone
Document authoriser	Andy Callow
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This is a specific local data sharing agreement relating to sharing of Special Educational Needs and Disability information under the Derbyshire Partnership Forum Information Sharing Protocol http://www.derbyshirepartnership.gov.uk/about_us/ (see related documents section)

1 Partners

1.1 Chesterfield Royal Hospital
Derby Hospitals NHS Foundation Trust
Derbyshire Community Health Services
Derbyshire Healthcare NHS Foundation Trust
Stockport NHS Foundation Trust
Tameside Hospital NHS Foundation Trust
North Derbyshire CCG
Hardwick CCG
Erewash CCG
South Derbyshire CCG
Tameside and Glossop CCG
Derbyshire County Council
Derbyshire Probation Service

1.2 It will be the responsibility of these signatories to make sure that they:

- have realistic expectations from the outset
- maintain ethical standards
- have a process by which the flow of information can be controlled
- provide appropriate training
- have adequate arrangements to test compliance with the agreement
- meet Data Protection and other relevant legislative requirements.

2 Purpose of this information sharing agreement

2.1 From 1st September, the Children and Families Act (2014), Part 3 has taken effect. The impact of the act will be to effect the biggest changes to Special Educational Needs in 30 years. Key changes are:

- Local authorities must ensure that parents, children and young people are involved in discussions and decisions about every aspect of their care and support, including planning outcomes and agreeing services & activities to meet those outcomes.
- The replacement of the Statement of Special Educational Needs with a new Education, Health and Care plan (EHCP).

- The entitlement to EHCPs will extend to all disabled 18 to 25 year olds, including those no longer in education.
- Parents with an EHCP will have the right to request a personal budget for their support. A personal budget is an amount of money provided to the family to enable them to directly purchase all or some of the provision set out in their EHCP.
- Every council will be required to publish a detailed directory of what local support there is available for children and young people with SEND – called the Local Offer. The Local Offer will provide clear and accurate information about local education, health and care services

Basis for information sharing

2.2 This information sharing is to be carried out under the legal framework contained in the Children & Families Act 2014 relating to EHCP's.

2.3 Personal information will only be shared with the explicit consent of the parent\carer with parental authority over the child\young person that requires an EHCP, or if appropriate the child\young person requiring the EHCP, unless there is lawful reason for sharing the information otherwise. This complies with the fair processing conditions outlined in the Data Protection Act 1998 schedule 3.

2.4 The parent\carer with parental authority over the child\young person that requires an EHCP or, if appropriate, the child\young person requiring the EHCP will be advised of the reasons for the proposed share of information, their right to dissent and their right to alter their decision to consent or dissent at any point.

2.5 The data controller under this agreement is Derbyshire County Council.

3 Exchange of Information

3.1 Partner agencies involved in completing individual EHCP's will share the following child\young person identifiers, address and contact information:

- Surname
- Forename
- Gender
- Date of Birth
- Child/Young Person's Address Line 1
- Child/Young Person's Address Line 2
- Child/Young Person's Address Line 3
- Child/Young Person's Address Line 4
- Child/Young Person's Address Line 5
- Child/Young Person's Address Postcode

- Name of Setting/Educational Establishment Child/Young Person Attends
- Names of persons with parental responsibility
- Unique Pupil Number
- NHS Number
- Ethnicity (aggregated datasets, not at person identifiable level)

3.2 Partner organisations will share relevant information required to complete individual EHCP's. The structure of the EHCP is set out in the "Special Educational needs and Disability code of practice: 0 to 25 years", which must include as a statutory minimum[1] a number of sections as follows:

- Section A: The views, interests and aspirations of the child and his or her parents or the young person.
- Section B: The child or young person's special educational needs.
- Section C: The child or young person's health needs which are related to their SEN.
- Section D: The child or young person's social care needs which are related to their SEN or to a disability.
- Section E: The outcomes sought for the child or the young person. This should include outcomes for adult life. The EHC plan should also identify the arrangements for the setting of shorter term targets by the early years provider, school, college or other education or training provider.
- Section F: The special educational provision required by the child or the young person.
- Section G: Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. Where an Individual Health Care Plan is made for them, that plan should be included.
- Section H1: Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.
- Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014.
- Section I: The name and type of the school, maintained nursery school, post-16 institution or other institution to be attended by the child or young person and the type of that institution (or, where the name of a school or other institution is not specified in the EHCP, the type of school or other institution to be attended by the child or young person).

[1] Section 9.62 - Special educational needs and disability code of practice: 0 to 25 years (June 2014)

- Section J: Where there is a Personal Budget, the details of how the personal budget will support particular outcomes, the provision it will be used for including any flexibility in its usage and the arrangements for any direct payments for education, health and social care. The special educational needs and outcomes that are to be met by any direct payment must be specified.
- Section K: The advice and information gathered during the EHCP needs assessment must be attached (in appendices). There should be a list of this advice and information.
- 9.63 In addition, where the child or young person is in or beyond year 9, the EHCP must include (in sections F, G, H1 or H2 as appropriate) the provision required by the child or young person to assist in preparation for adulthood and independent living, for example, support for finding employment, housing or for participation in society.

3.3 Additionally, background information about the child/young person will be included. This section is intended to personalise the EHCP and may include photos or videos that further help to explain the likes and aspirations of the child/young person.

If a child/young person has a personal budget Derbyshire County Council will share with partners that have provided funding for their account a breakdown of the spending in order to support the recharge process between partners.

Derbyshire County Council is under a duty to protect the public funds we administer and to this end may use information provided by partners for the prevention and detection of fraud however only with the prior agreement of the partners who have provided the information,, The Council may share information with other bodies responsible for administering public funds for this purpose, once again only with the prior agreement of the partners who have provided the information.

3.4 Information will be shared primarily via a secure web portal with industry standard security provided by Derbyshire County Council. In instances where Information needs to be shared via alternative means an appropriate secure method of transfer will need to be agreed beforehand by partner organisations e.g. GCSX, NHS.NET etc.

Terms of use of Information

3.5 The information shared will be primarily used to support the creation of EHCP's for individual children/young people. Practitioners will contribute professional assessments and opinions into the plan, which, once agreed provides a statutory statement of the support for the child/young person.

3.6 The information will be shared with all relevant practitioners who are contributors to the plan or delivering services included in the plan.

3.7 The information will be stored in a secure Derbyshire County Council children's services case management system in accordance with its ISO 27001 certification for Information Security Management standards and in compliance with relevant data protection legislation.

3.8 Information being shared should be anonymised whenever possible.

3.9 Information shared may also be used for planning and research purposes by partner organisations. This information must be anonymised or pseudonymised if used for these purposes as this will be a secondary use of the information.

3.10 If large volumes of data are provided for research and/or planning by partner organisations, as a matter of courtesy the outcome of that research/planning should be provided to the organisation(s) supplying the data.

4 Data quality assurance

4.1 All partners will ensure compliance with their internal data quality policy, procedures and good practice. Information which is inaccurate, out-of-date or inadequate for the purposes of the agreement will be notified to the data controller who will be responsible for correcting the data and informing the other Partners to maintain data integrity.

4.2 Information discovered to be inaccurate, out-of-date or inadequate for the purpose should be notified to the Data Controller who will be responsible for correcting the data and notifying all other recipients of the information who must make sure the correction is made.

5 Data retention, review and disposal

5.1 Partners will make sure that all data, regardless of format, will be managed in accordance with their own local policies and procedures to ensure compliance with the Data Protection Act 1998

5.2 Information relating to EHCP's stored on Derbyshire County Council systems will be retained in accordance with its local policy.

6 Access and Security

6.1 The partners to this agreement acknowledge the security requirements of the Data Protection Act 1998 applicable to the processing of the information subject to this agreement.

6.2 Each partner will make sure they take appropriate technical and organisational measures against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

6.3 In particular, each partner must make sure they have procedures in place to do everything reasonable to:

- make accidental compromise or damage unlikely during storage, handling, use, processing transmission or transport
- deter deliberate compromise or opportunist attack
- dispose of or destroy the data in a way that makes reconstruction unlikely
- promote discretion to avoid unauthorised access.

6.4 Access to information subject to this agreement will only be granted to those professionals who 'need to know' to effectively discharge their duties.

7 Additional arrangements

7.1 As some of the data shared under this agreement is deemed as 'sensitive' information under the Data Protection Act 1998 it should be handled in accordance with the information management classification for this type of data in each partner organisation which should cover:

- Physical and electronic security measures
- Ensuring only appropriate employees having access to the information

8 Complaints and Breaches

8.1 All complaints or breaches relative to this agreement will be notified to the designated Data Protection Officer of the relevant organisation in accordance with their respective policy and procedures.

8.2 Partners will make sure that all breaches of agreement, internal discipline, security incidents or malfunctions will be managed in accordance with their own local policies and procedures to ensure compliance with the Data Protection Act 1998

9 Indemnity

9.1 Each Partner to this Agreement will undertake to indemnify the other against any legal action arising from any breach of this Agreement by any person working for or on behalf of its own organisation.

10 Subject access request

10.1 The data may only be shared with the parties to this agreement and will not be shared with any other third party or any other Authority without the explicit consent of the Data Controller

10.2 Any Partner who receives a request for information under the subject access provisions of the Data Protection Act 1998 or Freedom of Information Act 2000, must progress it in accordance with its own internal procedures.

However, it is expected that Officers in the originating organisation will liaise with Officers as necessary to agree on relevant exemptions from disclosure.

11 General operational guidance

11.1 Information shared will only be used for the purposes defined in this agreement.

11.2 Complaints or breaches relevant to the agreement will be notified to the nominated Data Security/Information Governance lead officer within each organisation in accordance with their respective policies and procedures.

11.3 This Agreement may be suspended by any Partner for up to 30 days, in the event of any significant breach in order to negotiate appropriate remedial action.

12 Closure/termination of agreement

12.1 Any partner organisation may terminate this agreement at any time as long as they give at least 30 days' notice in writing

13 Agreement version control

Change History

Date Issued	Version	Status	What has changed?
24/07/2014	0.1	Draft for discussion	
18/08/2014	0.2	Awaiting authorisation to circulate	Includes updates from Support and Aspiration Project Board
17/10/2014	1.0	Authorised for circulation for comments prior to signing off at next Children's Trust Board	
11/03/2015	1.1	Final version	Updated to reflect comments from partner agencies

SEN and Disabilities
Derbyshire Local Data Sharing Agreement
- Signatories

DATE	ORGANISATION	NAME AND POSITION	SIGNATURE
	Chesterfield Royal Hospital		
	Derbyshire Community Health Services		
	Stockport NHS Foundation Trust		
	Derbyshire Healthcare NHS Foundation Trust		
	Tameside Hospital NHS Foundation Trust		
	Derby Hospitals NHS Foundation Trust		

	North Derbyshire CCG		
	Hardwick CCG		
	Erewash CCG		
	South Derbyshire CCG		
	Tameside and Glossop CCG		
	Derbyshire Probation Service		
	`		

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

MARCH 19th 2015

Purpose of the Report

Final sign off of SEN and Disabilities – Derbyshire Local Data Sharing Agreement by board

Overall Summary

From 1st September 2014, the Children and Families Act (2014), Part 3 has taken effect. The impact of the act will be to effect the biggest changes to Special Educational Needs in 30 years. Key changes are:

- Local authorities must ensure that parents, children and young people are involved in discussions and decisions about every aspect of their care and support, including planning outcomes and agreeing services & activities to meet those outcomes.
- The replacement of the Statement of Special Educational Needs with a new Education, Health and Care plan (EHCP).
- The entitlement to an EHCP will extend to all disabled 18 to 25 year olds, including those no longer in education.
- Parents of a child with an EHCP will have the right to request a personal budget for their support. A personal budget is an amount of money provided to the family to enable them to directly purchase all or some of the provision set out in their EHCP.
- Every council will be required to publish a detailed directory of what local support there is available for children and young people with SEND – called the Local Offer. The Local Offer will provide clear and accurate information about local education, health and care services.

Therefore partner agencies within Derbyshire that provide education, health and care services to children and young people will have to ensure appropriate data sharing arrangement are in place to support these plans.

Information and Analysis

In August 2014 the first draft of above agreement was circulated to IG colleagues within CAYA and NHS organisations for preliminary views on what the agreement should contain.

As stated in section 2.3, data for the purpose of this agreement should only be shared with the explicit consent of a parent\carer or young person therefore there is no legal barrier to sharing this data as long as all organisations follow appropriate information governance processes. Derbyshire County Council will hold the data shared as part of its duty under the Children & Families Act 2014.

Data relating to the agreement is already being shared, in non electronic formats, between Derbyshire County Council and some partner agencies with the explicit consent of parents\carers or young people.

A draft of the agreement was circulated to all board members on 30 October 2014 for comments prior to presenting to board for approval.

Responses were received from two organisations.

- Derbyshire Police
- Derbyshire Healthcare NHS Foundation Trust

As a result of comments from these organisations the draft version (1.0), circulated at end of October 2014, has been updated to version (1.1) as follows:

Section 1.1

Removed Derbyshire Police as a partner to the agreement.

> *the Police are not aware of any requirements for them to share data under this agreement, however will consider signing at a future date if a case for them to be included can be made.*

Section 2.1

Changed paragraph from future tense to past tense as relevant part of Children Act came into effect on 1 September 2014

Section 2.3

Remove reference to partner agencies being “data processors”

Data is being “shared” by the partner agencies and not being “processed”

Section 3.3

Changed 3rd paragraph to read:

> Derbyshire County Council is under a duty to protect the public funds we administer and to this end may use information provided by partners for the prevention and detection of fraud *however only with the prior agreement of the partners who have provided the information*. The Council may share information with other bodies responsible for administering public funds for this purpose, *once again only with the prior agreement of the partners who have provided the information.*

Section 3.4

No change has been made to this section, however partner agencies need to agree a method of transferring the data and it is expected that partners will choose the secure web portal provided by Derbyshire County Council due to the benefits it provides for secure collaborative working.

Section 5.2

Resolved typo relating to acronym EHCP

Other Issues

Derbyshire Healthcare NHS Foundation Trust would ideally like Derbyshire County Council to attain level two in the 2015 NHS IG Toolkit evaluation process, however accepts that the Council’s ISO 27001 Information Security Management accreditation makes it a trusted data sharing partner.

Derbyshire County Council is currently in the process of obtaining level two status under the NHS IG Toolkit evaluation process.

How have children and young people and their families been engaged, and what are their views?

The council has consulted with parent\carers on the introduction of EHCP’s in Derbyshire as part its Support and Aspiration Programme.

Background Papers

SEN and Disabilities – Derbyshire Local Data Sharing Agreement V1.1

Officer Recommendation

Approve agreement for sign off by all named partner organisations in agreement represented by Children's Trust Board.

healthwatch Derbyshire

Children & Young People in Derbyshire have their say about Health & Social Care Services

March – October 2014

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Introduction

Healthwatch Derbyshire (HWD) is the consumer champion for health and social care in Derbyshire. It was set up on the 1st April 2013, as a result of the Health and Social Care Act 2012. HWD sits alongside 148 other local Healthwatch organisations across the Country and also feeds information through to Healthwatch England.

HWD hears what Children, Young People and Adults have to say about health and social care services. We strengthen the collective voice of patients and the public, so that service providers and commissioners listen to what they have to say. We then hold them to account for how they use the information we provide to shape, inform and influence service delivery and design.

All the information we receive from Children, Young People and Adults, about their experiences of using health and social care services, is logged onto our database as comments. All individual comments are shared on a monthly basis through our information sharing arrangements with service providers and commissioners, and a response is requested within 28 days as to how the information has been used. This is how HWD ensures that 'Every Comment Counts'.

In addition to this HWD also write reports and make recommendations to highlight a particular theme or trend, or in this case the experiences of a particular group of people. These reports are meant to open up a dialogue with service providers and commissioners and ensure that patient and public experience is listened to.

Purpose of this Report

This report has been written to highlight what Children and Young People in particular have had to say to HWD about Health and Social Care services over the past 8 months.

The comments should be taken in the context that they are not representative of all Children and Young People, but are no less important as a result. They are genuine thoughts, feelings, and issues that Children and Young People have conveyed to HWD through a variety of engagement activities around Derbyshire. We would be very interested to know if anyone else has received similar comments.

We are keen to start a discussion about the needs of Children and Young People as regards health and social care services, and work with service providers and commissioners to determine how best those needs are met, in the light of the information we have. We can tailor our engagement activities to gather information in response to questions that service providers and commissioners have, and always welcome the opportunity to work in partnership to ensure that we can ensure the best outcomes for Children and Young People.

your voice counts

Methodology

To obtain the views of the Children and Young People contained in this report we visited:

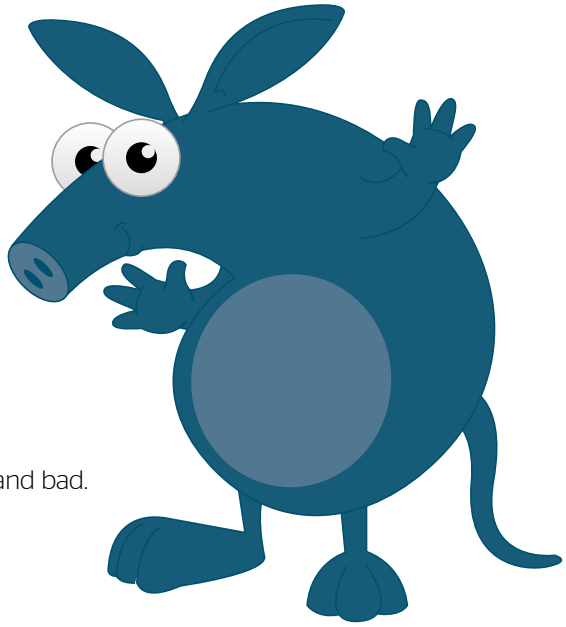
- Alfreton Childrens Centre
- Alfreton Library
- Babes & Bouncers, Duffield
- Barnardo's
- Belper Secondary School
- Bonsall Primary School
- Broomfield College Volunteer Fair, Morley
- Chesterfield College
- Derby College (Ilkeston site) Volunteer Fair
- Drop In, Belper
- First Steps
- Frederick Gent Academy, South Normanton
- Heanor Childrens Centre
- Heanor Weenies
- Highfields Secondary School, Matlock
- Holbrook Baby & Toddler
- Holbrook School for Autism
- Hope Valley College
- Horsley Woodhouse Pre School
- Hulland Toddler Group
- Lady Manner's Secondary School, Bakewell
- Monyash Primary School
- NCT Toddler Group, Belper
- OzBox
- Queen Elizabeth's Secondary School, Ashbourne
- Royal Derby, Children's Outpatients
- SAFE Housing
- Seedlings Toddler Group, Duffield
- Shirebrook Academy
- Speakup4urself
- Young Carers event arranged by Action for Children.

In order to raise awareness of Healthwatch with Children and Young People, we have publicised Healthwatch in the following ways:

- Publicity distributed to Multi Agency Teams, Youth Involvement Workers, Children in Care Participation Worker, Belper 'Drop In', Youth Integrated Support Manager, Derbyshire County Council.
- Article in Derbyshire Health Promotion Service Publication 'Healthy Herald'.
- Regular Twitter Feed.
- Handing out stickers in doctors/libraries/schools
- Making up publicity bags for children to take away from sessions.
- 12+ age group postcards given out to children to take away from Personal, Social, Health & Economic (PSHE) session.

We used the following engagement methods to gather the comments from Children and Young People:

- Child and Young People friendly postcards developed for under 12's and 12+, stickers, character stands, snap cards and certificates – using Aardvark and Hamster – Healthwatch Characters for under 12's.
- Visits to school assemblies and classrooms to take verbal comments.
- Visits to PHSE lessons.
- Visits to Health and Social Care classes.
- Visits to Citizenship Classes.
- Health, Education, Employment, Training Events.
- Fresher's week using Healthwatch stand, publicity and freebies to encourage engagement, e.g. pens, post-it notes. Free competition encouraged sign up to mailing list
- Distribution of generic Speak Out Forms
- Goodie bags made up for children to take home from school which also informs parents about Healthwatch.
- Face to face discussions with Children and Young People to explore any comments they made.
- Flip Chart activities, e.g. headed Doctors, Dentists, Hospitals – good and bad.
- Colouring books, crayons and dinosaur models used to engage with young children when appropriate.



The comments quoted in the findings section of this report are a mixture of:

- Individual and group comments that have been recorded on the database (which can be attributed to a specific service provider and commissioner, date range 18th March 2014 – 3rd October 2014) of which there are 42 entries.

- Comments collected that cannot be attributed to a specific service provider, which are shown as images on flipchart paper, or in various other formats used for engagement with Children and Young People.

These comments represent in excess of 300 Children and Young People.

The comments presented in this report are collated into themes and categories.

All comments that relate to a specific service provider or commissioner have been forwarded in advance of this report for a response, and any responses have been noted.

It is important to note that although a comment may have been logged in September, it may relate to an experience that is 6-12 months ago. This information is provided to the service provider so they know the timeframe of the comment.

Findings

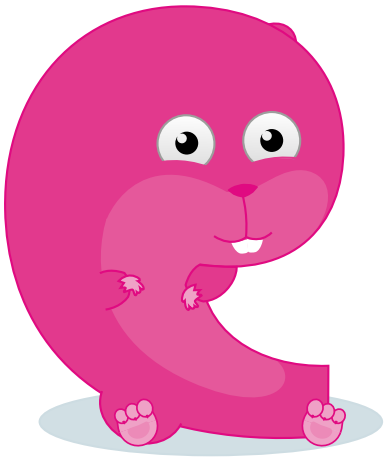
Comments relating to GP Practices

Group of 5 children aged 4-11 years old via school assembly regarding visits to the GP (no service provider name given).

(logged Sept 2014, time frame: current)

- No toys and magazines in GP waiting rooms.
- One little boy said he would like a gun to play with.
- Another child mentioned wanting comics.
- Building blocks were also suggested.

These comments were re-iterated at a further primary school event where young children suggested that there should be more toys, such as remote control cars, diggers, magazines such as gaming magazines, football magazines, and 'Geographic Kid' magazine and pop magazines.



Group of approximately 70 students at Hope Valley College recorded their experiences of going to the Doctors on flipchart.

(logged Sept 2014, time frame: current)

The main issues highlighted in this activity were as follows:

Positive

- Helpful, friendly doctors and staff who do their job well.
- Always positive in my experience never had any issues.
- Listen and are nice.
- At our doctors they have magazines.
- Clean toilets.
- Get appointments quickly.
- They make you feel calm.
- Good at keeping things confidential.
- Gentle, polite, respectful, and understanding.
- Don't rush you.
- Good advice, someone to talk to.
- Good waiting room, good for kids.
- Cleaner than hospitals.
- 'Rapido' once you are in the doctors.

Negative

- Waiting rooms boring and uncomfortable.
- Waiting for the appointment.
- Need to be more modern.
- Judgemental of younger generation.
- Sometimes doctors make you feel embarrassed.
- Intimidating.
- Patronising.
- Difficult for children to book appointments.
- They talk to parents, not us.
- Often scary to go along and long wait to get in.
- Uncomfortable because of gender of doctor.
- Appointments at awkward times.
- Lack of free mints on counter.
- Receptionist being nosey.
- Feel nervous.
- Awkward booking and talking on the phone.
- They may do things not needed so they get paid.
- Sometimes there is a wait for medication.
- They don't always give you stuff you need if you need it straight away.
- Listen but take no action.
- Don't always answer when called.
- Distance to the doctors is a problem.
- Nerve racking/terrifying.
- Mood lighting would be good.
- No eye contact.
- Smells funny, but clean smell.
- Telephone appointments are bad, don't help, lines busy.
- Got referred to wrong specialist.
- No appointment at the time you want.
- Wish I could make appointments on line.
- Some doctors annoying.
- Always refer to you by your full name and never your preferred name.
- Not 100% reliable.
- Running behind with appointments.
- Can't always fit you in, unless emergency.

Suggestions for improvement

- Waiting rooms should have Lego, food (sweets) and drinks, free Wi-Fi, X-Box/PS3, comics/magazines, music, fish tank, films, gerbils/hamsters ... not enough for little kids.
- Suggest any monies taken from drinks machines should go back to the NHS.
- Free condoms for every visit for 13+ years.
- Sofas to sit on.
- Make sure it stays free of charge.

Group of 10 young people from a Citizenship Class, regarding Bakewell Medical Centre

(logged June 2014, time frame: current)

- Mixed GP attitudes.
- Quite good in terms of getting an appointment.
- Sometimes you can get same day if needed but always within 1 week.
- I went for a blood test but the doctor had not done one for a while and had to do it again in the other arm.

Response from GP Practice: *We are sorry that the young person found there were mixed GP attitudes. We do have a dedicated teenage health clinic for any young people; this has been an overwhelming success for many years but teenagers are using this less and less now and we would encourage them to use this as their first point of call. Regarding the GP taking blood, we have Health Care Assistants and Nurses who do this daily, it is not something a GP would normally do but perhaps did so in an effort to ensure that the young person was not inconvenienced by having to return.*

Individual young person regarding Brailsford & Hulland Medical Practice

(logged May 2014, time frame: within 6 months)

The doctor gave me a prescription and when we went to receive it, they said they had none left. I had to wait until the following Monday to get it. This meant a week's delay before I got my medication.

Response from GP Practice: *Called HWD for more details to look into this experience.*

Individual young person regarding Ashbourne Medical Practice

(logged May 2014, time frame: within 6 months)

I was running late for an appointment and they said it was fine. The surgery was very understanding.

Two young people at Evelyn Medical Centre (Hope Valley Surgery)

(logged Oct 2014, time frame: current)

- We like Hope Surgery.
- The (named) doctor is nice at Hope Surgery.

Group of 10 young people via Citizenship Class regarding Eyam Surgery

(logged June 2014, time frame: current)

Positive

- Additional parking has been provided, after concern raised.
- If you ring in the morning, you get an afternoon appointment.
- I like the fish tank in the waiting area.
- If you are on time you can sign in electronically but if late you sign in via reception.
- District Nursing is good.
- I can pick the gender of the doctor if I ask.
- They are nice doctors.
- They are good on the phone.

Negative

- The wallpaper.
- I can normally wait about 20 minutes in the waiting room.
- I think the booking in system is rubbish, although it is quite new.
- No-one seems to use the booking in system – it seems a waste of money.
- No TV.
- The doctor does not announce himself.
- There are no magazines or anything in the waiting area.
- No antibacterial dispensers.
- It is dark in the waiting area.
- The receptionist is not always friendly. She is really miserable but I am not sure if she is still there.
- There seems to be a regular change of doctors.
- You sometimes get a bit of a chat but you would rather the doctor just gets on with it.

Suggestions for improvement

- There needs to be some entertainment for older children and less longer waits.

Individual young person (Bonsall Primary School) regarding Hannage Brook Medical Centre

(logged Sept 2014, time frame: within 3 months)

The commentator who was very young said she had visited the surgery and finished with their appointment. On leaving the surgery, the commentator said she 'bashed into a post' as she didn't see it. She said she felt unwell but that the staff made her feel better, bringing her an ice pack and giving her a book mark. In her words, "*it made me feel better and I stayed calm.*" She thought they were really good.

Group of 7 young people via a Health and Social Care Class regarding Imperial Road Surgery

(logged July 2014, time frame: current)

- I am an asthma sufferer and have to go to the GP regularly. When I check in I am never told where to go. I always have to ask. The electronic system does not indicate which room you need to go to.
- The system is that you ring for an appointment at 8am and firstly you cannot get through and then secondly you cannot get an appointment.
- I have had an appointment set for me which is two weeks ahead. Other young people in the group said that they had managed to get appointments the next day or within 2 days.
- The GP is very nice and the nurse is really nice and friendly.

Two young people at a Secondary School regarding Tideswell Surgery

(logged Oct 2014, time frame: current)

- Long waiting times, low on doctors, inexperienced doctors.
- Nice private rooms, clean and friendly, easy to get appointment, short waiting time and they talk to me like I am a grown up.

Individual young person regarding Darley Dale Medical Centre

(logged June 2014, time frame: current)

There is hardly any parking.

Group of 7 young people regarding Lime Grove Medical Centre

(logged July 2014, time frame: current)

- When I visit the practice, I normally have to wait about 45 minutes for my appointment. The GP is running late so you then feel rushed.
- In terms of appointments, the system seems fine and I normally have quite a few choices. There is an electronic booking system which is fine, the reception is also ok.
- There used to be loads of stuff to do, in relation to toys, but now they have all gone. I recently witnessed a family with children and they got really bored waiting.

Response from GP Practice: *It is difficult to comment on the 45 minute wait unless we have some indication of the date as it may have been that a GP was held up with a complicated case/admission to hospital. I apologise if the patient felt rushed. As far as the toys in the waiting room are concerned, we did remove all the toys and leaflets/magazines during the flu epidemic and the uncertainty at the beginning of CQC inspection, as we were uncertain what we would be allowed to leave in the waiting room. However, since June 2014, following discussions with our PPG (Patient Participation Group) we have a good selection of magazines and a daily newspaper. We have also reinstated the toy area and furnished it with new tables, chairs, toys and books – all of these have been welcomed by our patients. After listening to patients views regarding television, we only play the radio through our TV except on special occasions such as Wimbledon for example. I can only assume that the patient attended the surgery before the beginning of June as I am sure she would now be pleasantly surprised.*

Comments relating to Hospitals

A group of approximately 70 students at Hope Valley College recorded their experiences of going to Hospitals on flipchart paper.

The main issues highlighted in this activity were as follows:

Positive

- Some doctors really nice.
- It's nice and cool when it's a hot day.
- Nice food.
- Good facilities – shops and cafes.
- Nice staff.
- Clean and hygienic.
- Friendly.
- Sympathetic.
- Easy to talk to the nurses.
- Let my mum stay with me.
- Can be very helpful.
- Treat you well.
- Nurses are good and friendly.

Negative

- Waiting times too long in A&E.
- Children get bored in the waiting rooms, nothing for teenagers, really quiet, nothing to do or look at.
- Staff not always helpful.
- Depressing.
- Takes ages to get where you want to be.
- More parking is needed.
- Receptionists are mean.
- Scary.
- Needs more colour.
- Needs better food.
- Hospitals sell unhealthy food and drink when trying to make you healthy.
- Unhygienic and full of infections.
- Car park charges.
- Make more food available for visitors.
- More staff needed.
- Doctors/nurses in a rush.
- Referrals take forever.
- Food expensive.
- Restaurant staff rude.
- Not enough doctors.
- Priorities aren't right.
- Patients don't always get listened too.
- Doctors not always around to talk to.
- Doctors lie about pain.
- Too big, easy to get lost.
- Smokers stood outside doors.
- Too busy.
- Drunken people, people on drugs, dangerous people.
- Ugly buildings.
- Lack of information.

Suggestions for improvement

- Make waiting rooms better, with TV, comfy chairs, more things to do, Wi-Fi, DVDs, coffee shop.
- Make hospitals more exciting for children.
- Make them look nicer.
- Faster A&E service.
- Work experience for Year 11's
- Personalised posters in wards/calming posters.

Chesterfield Royal Hospital

Group of 3 young people
(logged Oct 2014, time frame: current)

- Visiting times should be extended.
- I got a free Pudsey
  (comment made by two youngsters).
- More Pudseys.

Response: *We have open visiting for parents and carers for children on Nightingale ward and by day for others, I am sorry to hear you feel this has not been effective and if you could give us more information regarding where you stayed we would be happy to look into this for you.*

Individual young person
(logged April 2014, time frame: current)

I went to A&E with a big lump on my right leg. I was waiting for 4 hours but the staff kept me fully informed as to what was happening. There were no books or magazines for me to read whilst I was waiting.

Individual young person
(logged April 2014, time frame: within 3 months)

I have to go to A&E with my dad lots of times, he drinks a lot and has many accidents. The staff speak to him rudely because he is drunk and they don't try to explain any treatment to him or me. My dad comes away from the hospital not knowing how to treat his wound and what medication to take. He has not been referred to a support service and he goes to the hospital a lot. I have not been identified as a Young Carer at the hospital or referred for support.

Response: *It is difficult to respond to this individual comment as this is anonymous however I offer my sincere apologies if there is a perception that patients are not spoken to in a kind, compassionate way and this had been raised with the team in ED.*
Signposting: *This young person was signposted to Action for Children by HWD Engagement Officer.*

Individual young person
(logged April 2014, time frame: within 3 months)

I was concussed after falling off my motorbike and I was rushed straight through A&E and had a CT scan within an hour. I was only in the hospital for 3 hours which really concerned my mum as she thought I would need to stay in overnight to be observed.

Individual young person
(logged April 2014, time frame: current)

I had a broken ankle and I was only waiting 3 hours for an x-ray and to see the doctor. There were only magazines for older people and books for toddlers in the different waiting rooms.

Individual young person
(logged April 2014, time frame: within 3 months)

I had a bump to my head and had to wait in A&E, staff were friendly and explained everything to me. There was a lot of waiting at different parts of the hospital when I had an x-ray and when I was waiting for the doctor, I understand why there is a wait but it would help if there were things to do such as a television, computer or magazines.

Response: *These comment were passed to Divisional Head of Nursing and the Senior Matron and there is now a TV installed in the Emergency Department. They are also currently updating the facilities for children and adolescents in terms of books, resources and computer games, as magazines just get taken.*

Group of 3 young people

(logged Sept 2014, time frame: within 2 years)

- Young person said that his father had fallen from his bike and they felt that the wait at A&E was quite annoying, about 3 hours. There was a water fountain which was good as could have a drink, but it was not that close and therefore water dripped everywhere.
- Another young person had also experienced a long wait in A&E and couldn't understand why some people who had arrived after themselves were seen before they were.
- Another young person had a similar experience waiting from 10pm until 1am, with his 16 month old sister who had a tooth impacted into her lip. He added that there were only a few newspapers in one waiting room and in another there was nothing other than a few chairs. Nothing could be done to help his sister until the specialist arrived and dealt with the problem.

Response: *We offer our apologies for the time the patients have had to wait to be seen. All patients receive an initial assessment and they are seen in clinical order of priority not the time of arrival which often means that patients who arrive before you, are seen before you, this is based on clinical need not the time of arrival. We have installed a screen in the waiting room that acts a 'live' system informing patients of the current estimated waiting times to improve communication. In relation to the water fountain, this is located in the department so that this can be easily accessible to all patients and relatives. In relation to books and magazines these are not provided for patients as these are often not returned to the department after use.*

Sheffield Children's Hospital

Group of 10 young people

(logged Oct 2014, time frame: current)

- More parking needed near the hospital.
- Really good supportive place that I have to go to regularly and always makes me feel safe and cared for.
- The bright colours and staff always smiling cheer the kids up.
- Food really nice.
- Nurses really good with children.
- Sheffield Children's Hospital is really good.
- Good entertainment for patients.
- More information could be given.
- Doctors at Sheffield Children's Hospital are very good. However, sometimes seem rushed.
- I went to Children's Hospital at Sheffield and the doctor wasn't friendly and as a kid didn't make me feel comfortable.
- They take care of patients.

Response: *Parking – we have closed our car parks as the building of our new wards, out patients and main entrance is taking place where the car parks were. However, we have managed to retain 4 disabled parking spaces on site and I am helping people on a one to one basis who need help with parking. We also have a park and ride scheme from QPark car park in the centre of Sheffield and a free bus brining families to and from this car park. Information is included in letters and booklets to parents as are my contact details.*

Information – we constantly review the information for families. Where there is something specific like this it would be useful if the person leaving the comment had the opportunity to contact me so that I could look into their specific concerns.

Clinics rushed – we allocate slots for patients but sometimes they overrun as we try and give families the time they need or when there are complicated consultations which mean the clinic potentially will run late and the doctor has other patients to see, e.g. on the wards. Again if a family need longer with the doctor then if they could contact me I could discuss this with them to see what we can do.

We are very grateful for all the positive comments. I will make sure they are shared with staff.

King's Mill Hospital

Individual young person
(logged March 2014, time frame: current)

The young person was given leaflets at the hospital about his epilepsy. He thought it was a good service.

Individual young person
(logged March 2014, time frame: current)

I got lost in King's Mill Hospital as the signage is poor.

Buxton Hospital

Individual young person
(logged Oct 2014, time frame: current)

Buxton Cottage Hospital is very clean, the people are great but the waiting time is unnecessary and it would be good if it had an extension because Buxton isn't a village.

Royal Derby Hospital

Individual young person
(logged June 2014, time frame: current)

A young person aged 10 who is a regular visitor to various hospitals due to his condition. His only wish was that there was a Slush Puppy machine in Royal Derby Children's Wards, similar to the one in Birmingham Children's Hospital. The reason being is that sometimes this is all he wants to eat/drink.

Response: *This feedback has been shared with Children's Hospital senior staff and it is felt that having a vending machine containing very high sugar products would be inappropriate in a hospital setting – it would probably even spark complaints from healthy eating conscious parents.*

Two young people
(logged Sept 2014, time frame: within 12 months)

Both young people said the waiting times in A&E were too long. The toys were not suitable for them to play with. The 2 young people said they would like things like Lego, David Walliams books to read and toy guns.

Whitworth Community Hospital

Group of 3 young people
(logged Sept 2014, timeframe: within 2 years)

- About a year ago I fell out of bed and my teeth came through my lip. I went to the hospital and there was no one waiting so I went straight in and was seen to. I was stitched up and they were really nice.
- I dislocated two fingers. I went to the hospital and they were really good. I had an x-ray and was bandaged up and felt very comfortable.
- A few years ago, I fell head first from a wall and fractured my wrist. I went to the hospital and I only waited a few minutes and then I was seen. I went straight in and they told me what to do and how to rest my arm on a pillow in bed.

Comments relating to Dentists

A group of approximately 70 students at Hope Valley College recorded their experiences of going to the Dentist on flipchart.

The main issues highlighted in this activity were as follows:

Positive

- Friendly, chatty, nice people.
- I like the stickers, lollies, balloons.
- Not long to wait.
- I like the chair, it moves.
- When they brush your teeth, the paste stays for a long time.
- Dentist is nice.
- They always explain what they are doing.
- Can't feel injection unless in roof of mouth.
- My dentist always sings.
- Very kind, helpful staff.
- Nice teeth afterwards.
- Models of teeth are cool so dentists can show you what is going on.
- Give you good advice on how to clean your teeth.
- Cleaning paste tastes of lemon.

Negative

- Waiting times can be long.
- Expensive.
- Intimidating due to mask.
- Awkward when poking around in mouth.
- Too quiet.
- Too bright.
- When you are asked, 'do you floss?' you say 'yes' otherwise you feel judged.
- Waiting room boring, need more toys, fish tank, WiFi, movies, Lego, music, comics, drinks/food, TV, X-Box.
- Gloves taste horrid.
- They lie about needles and pain.
- Drills are loud.
- Smells horrible.
- Horrid taste in mouth after.
- The numbing doesn't work.
- Sometimes painful.
- Staff are mean.
- Receptionists unfriendly.
- Can be a bit aggressive with tools.
- My dentist is always late, even if I have a 9am appointment and we are scheduled first.
- NHS waiting lists are long meaning people go private.

Suggestions for improvement

- Suggest flavoured fillings and free toothpaste and toothbrush.
- Free Bonjella for intense mouth ulcers.

Two young people regarding Hathersage Dental Surgery

(logged Oct 2014, time frame: current)

- Hathersage dentist is really nice and the (named) dentist is a good dentist and is the only one my parents will go to as they are really scared. The receptionist is really nice.
- They were good and quick for my friend.

Individual young person regarding Diamond Court Dental Practice
(logged June 2014, time frame: current)

The magazines are not very exciting.

Individual young person regarding Diamond Court Dental Practice
(logged July 2014, time frame: current)

The Practice is very good. There is good disabled access. Appointments are fine although I do tend to plan mine well ahead. The waiting room is ok and generally waiting times are good.

Group of 10 young people via Citizenship Class regarding Holt House Dental Practice
(logged June 2014, time frame: current)

- There are magazines and toys in the waiting room.
- If there are any concerns, you are referred to the Orthodontist straight away.
- Sometimes I have a really long wait.
- The dentist is not very communicative and hard to understand.
- I seem to get a different dentist every appointment.
- My cousin had the wrong tooth extracted, she was not impressed.

Group of 7 young people via a Health and Social Care Class regarding Holt House Dental Practice
(logged July 2014, time frame: current)

- I am not sure if there is good disabled access.
- Every time you go you have to fill in the same details about yourself.
- There are children's toys but nothing for our age group (15-17 years).
- Magazines are needed for our age group (15-17 years).
- I can't understand what the dentist is saying.
- The downstairs toilet is good. It allows me to clean my teeth before seeing the dentist.
- There is a reminder service for your appointment – either answer phone message left or text, which is good.

Individual young person regarding Matlock Dental Practice
(logged July 2014, time frame: current)

There are lots of steps from the path to the door so I am not sure how people with disabilities access the service. The practice and dentist are good. There used to be toys in the waiting room but these seem to have gone so there is nothing for children to play with.

Individual young person regarding Lime Grove Dental Practice
(logged July 2014, time frame: current)

The appointment system at the dentist is good. It is quite a small reception but there are things in the waiting area for children. The dentists are very nice, they explain what they are going to do. However, I do not understand dental charges.

Individual young person regarding Oasis Dental Care in Chesterfield
(logged Sept 2014, time frame: current)

Visited the dental surgery with a swollen jaw. They found the dentist ok and the waiting room was fine. They liked the dentist because they were kept informed of everything that was to be done.

Individual young person regarding Oswald House Dental Practice
(logged Sept 2014, time frame: within 3 months)

The dentist is really nice, they give you a choice of sticker. The waiting room is nice. There is a box of toys and stuff to calm you down. I do find it calms me as it is nice and quiet, not noisy.

Group of 10 young people via Citizenship Class regarding Buxton Dental Practice
(logged June 2014, time frame: current)

- Generally less than 5 minutes wait.
- There are magazines and toys in the waiting room.
- Very friendly, sociable dentist.
- It is the same dentist – a family dentist.
- There is even a coffee machine in the waiting area.

Comments relating to other services

Individual young person regarding John F Fell Opticians in Ashbourne

(logged May 2014, time frame: current)

The appointments are always running over and your appointment is late so you have to wait a long time.

Two young people

(logged April 2014, timeframe: current)

They expressed concern that there were no youth groups in the Bolsover area. The only thing to do is go to the park but the police move you on. The Youth Worker (named) is great and she works with the police to avoid problems. There are Extreme Wheels activities once in a while.

Group of 12 young people regarding East Midlands Ambulance Service

(logged Oct 2014, time frame: current)

- Ambulance despatch should be better educated on the local area.
- I had trouble understanding and communicating with the ambulance service.
- Ambulance can take too long to respond to emergency calls/ambulance takes ages – same comment made by 5 youngsters.
- Ambulances can be unclean as they have no time to clean them.
- Took ambulance 2.5 hours to get to me.
- Ambulance didn't come.

Summary of Findings and Recommendations

From the comments listed in the 'Findings' section the main issues of concern for Children and Young People regarding their experiences of Health and Social Care Services appear to be:

- **The Environment** – this by far plays the largest part in the comments made by Children and Young People, e.g. the waiting room is often considered boring, and they would like more to do while they wait. We appreciate some of the suggestions made may not be feasible, but as this is an area that features so prominently we do feel that service providers should consider how their environment may be perceived by Children and Young People and make reasonable changes accordingly.

- **Waiting** – Children and Young People feel frustrated about waiting for appointments but this is also related to the environment and there being nothing to do.

- **Staff Attitude** – Children and Young People have mixed experiences but where they are negative, they report feeling intimidated, judged, awkward, and nervous. Where they are positive they report being made to feel calm, listened too, and respected.

- **Access to Services** – again Children and Young People have mixed experiences, but where they are negative it's usually due to difficulty making appointments, and appointments being at inappropriate times. Hence, online booking system may go some way to resolving this issue.

Please note:

Comments from young children under 5 and children with special needs are vague in nature, e.g. "the doctor was nice", "I like it when the chair goes up and down", and they can be easily influenced. They also take time to absorb the question being asked, and need the questions to be very simple, i.e. as simple as picking a smiley face for good ☺, and a sad face for bad ☹. This makes it difficult to record the comments on our current database, which logs comments mainly by service provider. Young children and children with special needs very often do not know the name of the doctor or dentist. We do, however, record these comments elsewhere but this means they are not routinely shared with service providers and commissioners using our monthly information sharing protocols.

We would like to know if service providers and commissioners would still like us to share this with them routinely.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count

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DERBYSHIRE CHILDREN'S TRUST
making life better for children

Key Performance Indicators-Update March 2015

Indicator	Latest actual number	Current Performance	Performance against target	Direction of travel compared with last update	Comparator average	Comparator best
1.Children in care per 10,000 population (Updated monthly)	610 (Jan 2015)	39 per 10K pop	**Not Meeting**	**Better**	Not Available	Not Available
2.Adoptions from care (% leaving care who are adopted). 3 year average figures. (Updated annually – no updates)	215	25%		**Better**	14% (Nat) 16% (SN Ave)	25% (Derbyshire)

3. No of children subject to a child protection plan per 10,000 pop (Updated monthly)	668 (Jan 2015)	40 per 10K pop	**Not Meeting**	**Worse**	Not Available	Not Available
4. EHA's instigated by organisation	***Reports in process of being developed***					
5. Children who have run away from home/care overnight (Updated monthly)	337 (Jan 2015)	N/A	**Achieving**	**Worse**	Not Available	Not Available
6. Children in need per 10,000 population (Updated monthly)	4558 (Jan 2015)	294 per 10K pop		**Better**	Not Available	Not Available
7. Hospital admissions of children and young people due to self-harm (10-24) per 100,000 pop (Updated annually – no updates)	495	377.5 per 100K			346.3 per 100K (Nat)	82.4 per 100K
8. % achieving a good level of development in the Early Years Foundation	5125	61.6%	**Not Meeting**	**Better**	60% (Nat)	69% (Kent)

Stage (Updated annually – no updates)					62.1% (SN)	
9. Breast feeding initiation rates (Updated annually – no updates)	5379	72.6%	**Not Met**	**Better**	73.9% (Nat) 71.9% (Regional)	73.9%
10.Obese children in reception year (aged 4-5) (Updated annually – updated 2013-14)	681	8.6%	**Achieved**	**Worse**	9.5% (Nat) 9.0% (SN)	7.8% (Nottinghamshire)
11. Obese children in year 6 (aged 10-11) (Updated annually – updated 2013-14)	1259	17.1%	**Achieved**	**Better**	19.1% (Nat) 18.0% (SN)	16.7% (Northamptonshire)
12. Smoking in pregnancy (Updated annually – updated 2013-14)	1224	16.3%	**Not Met**	**Worse**	12.0% (Nat) 15.1% (Regional)	10.7% (Leicestershire)
14.English and Maths of children benefitting from Pupil Premium	***To be developed***					

15. Children living in poverty (under 16) (Updated annually – updated 2012)	21860	16.3%		**Better**	19.2% (Nat) 18.2% (EM)	11.5% (Leicestershire)
16.16-18 year old NEET (Updated monthly)	997 (Jan 2015)	3.9%	**Achieving**	**Better**		
17.Percentage of 17 year olds in learning (academic age) (Updated monthly)	7669 (Jan 2015)	87.8%	**Not Meeting**	**Better**	Not Available	Not Available
18.Participation of 18 year olds in learning (academic age) (Updated monthly)	6013 (Jan 2015)	71%	**Not Meeting**	**Same**	Not Available	Not Available
19.Care leavers in employment, education and training (Updated monthly)	51 (Jan 2015)	60%	**Not Meeting**	**Worse**	Not Available	Not Available
20. Achievement of 5 or more A*-C grades at GCSE or equivalent including English and	4393	53.7%	**Not Met**	Not comparable due to changes to KS4 performance	53.4% (Nat) 56.4% (SN)	62.9% (Worcestershire)

Maths (Updated annually – updated for 2014)				measures.	54% (Regionally)	
21. Under 18 conception rates (per 1000 girls aged 15-17) (Updated quarterly – updated full-year 2013)	270 (2013 full-year)	19.4 per 1000	**Achieving**	**Improving**	24.3 per 1000 (Nat) 24.4 per 1000 (SN) 24.6 per 1000 (regional)	19.4 per 1000
22. Under 18 years alcohol related admissions to hospital (specific) <18 years per 100,000 pop. Pooled over 3 years (Updated annually – no update – last update 2010-11 to 2012-13)	68	43.2 per 100K		**Improving**	42.7 per 100K (Nat)	42.7 per 100K

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

19th MARCH 2015

Purpose of the Report

1. To provide an update on the Children's Trust Board key indicator set.

Information and Analysis

2. Updates have been included for the following indicators:

- Number of children in care per 10,000 population
- Number of children subject to a child protection plan
- Children who have run away from home/care overnight
- Number of children in need per 10,000 population
- Obese children in reception and year 6
- Smoking in pregnancy
- Children living in poverty
- 16-18 year old NEETs
- 17 and 18 year olds participating in learning
- Care leavers in employment, education and training
- Teenage pregnancy

3. The following indicators have moved in the right direction since they were last updated:

- Children in care
  There has been a small reduction from 632 children at the end of October, to 610 at the end of January 2015.

- Obese children in year 6
  There has been a slight improvement, from 17.6% to 17.1%. Derbyshire's performance remains above the national/regional average

- Children living in poverty
  21,860 children were living in poverty in 2012, a reduction compared with the previous year.

- Participation of 16-18 year olds
  In January, 3.9% of 16-18 year olds were not in education, employment or training (NEET), compared with 4.4% in October. Participation of 17 year olds in learning has increased, and participation of 18 year olds has remained the same.

- Teenage pregnancy
  The full year figures for 2013 show an improvement from 22.3 per 1000 to 19.4 per 1000. Derbyshire is the comparator best authority.

4. Children's Trust partners will want to note and consider the following:

- Children subject to a child protection plan
  The number of children on a child protection plan has risen very slightly again, from 644 at the end of October to 668 at the end of January. The numbers do tend to fluctuate on a month-by-month basis.

- Children in need
  The number of children in need fell very slightly to 4,558 at the end of January, compared with to 4,596 at the end of October

- Children who have run away from home/care overnight:
  This indicator has changed to a 12 month rolling average. In October the 12 month figure was 299, in January it rose to 337.

- Obese children in reception year
  There has been a very slight increase year on year, however at 8.6% Derbyshire's performance is still 1 percentage point above the national average and 0.5pp above the regional average.

5. The following indicators give cause for concern:

- Participation of care leavers
  60% of care leavers were participating in education, employment and training in January. This is only very slightly worse than the October figure of 61.4%, but this indicator has been on a downward trend for the past 2-3 years.

- Smoking in pregnancy
  The latest annual figures are slightly worse – 16.3% smoked during pregnancy in 2013-14 compared with 16.2% the previous year. Derbyshire's performance continues to be worse than the national average (12%) and the regional average (15.1%)

Officer Recommendation

6. It is recommended that Children's Trust Board members-

- Note the performance data provided
- Identify any further information or analysis that may be required to understand the reasons for these changes
- Consider what actions can be taken to improve performance

Linda Dale
March 2015

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

PROGRESS UPDATE – DISABLED CHILDREN'S CHARTER

MARCH 19th 2015

Purpose of the Report

In October 2014, the Children's Trust Board agreed an action plan to implement the pledges in the 'Disabled Children's Charter' for Health and Wellbeing Boards. This report provides an update on those action plan commitments.

Progress on Action Plan Commitments.

The action plan contained 4 commitments which were due to be completed between October 2014 and March or April 2015. These were as follows:

> 1. Incorporate more data on disabled children and young people within Joint Strategic Needs Assessment (March 2015)
>
> 2. Complete a 'needs assessment' for disabled children and young people in Derbyshire (March 2015)
>
> 11. Disabled Children's Commissioning Group to propose a suite of outcome measures to Children's Trust Board and Health and Wellbeing Board (December 2014)
>
> 13. Report to Health and Wellbeing Board on the quality of young people's experiences of transition, including young people's and parents'/carers' views, and arrangements to ensure a high quality experience for all (April 2015)

1. Incorporate more data on disabled children and young people within JSNA (March 2015)

This has not yet been completed, as it did not form part of the original JSNA workplan. The timescales for incorporating more data on disabled children and young people will be considered at the next JSNA steering group meeting on 31 March.

2. Complete a 'needs assessment' for disabled children and young people in Derbyshire (March 2015)

Work on a needs assessment is underway, and will be completed during spring 2015.

11. Disabled Children's Commissioning Group to propose a suite of outcome measures to Children's Trust Board and Health and Wellbeing Board (December 2014)

The proposed outcomes which it is proposed to measure are at Appendix 1. Although we are confident that all of these outcomes can be measured, further work and discussion will be needed to put in place data collection systems for some of them (e.g. satisfaction with support during transition into adult life/adult services).

13. Report to Health and Wellbeing Board on the quality of young people's experiences of transition, including young people's and parents'/carers' views, and arrangements to ensure a high quality experience for all (April 2015)

This is due to be completed next month, although the timing does not align with the revised dates for Health and Wellbeing Board meetings. The Children's Trust Board Core Business Group will agree appropriate timescales with the Health and Wellbeing Board and commission a report.

Officer Recommendation

The Core Business Group will review progress on the Charter action plan at its next meeting, to make sure it is clear who is responsible for each commitment and that the necessary work is in hand. A more detailed progress report will be provided to the Board in June.

APPENDIX 1: PROPOSED OUTCOME MEASURES

The proportion of young people aged 16-18 with a learning difficulty or disability who are not in education, training or employment (NEET).
The proportion of young people aged 17 with a learning difficulty or disability who are still in learning.
The proportion of young people aged 18 with a learning difficulty or disability who are still in learning.
The proportion of young people who formerly had a statement of SEN or Education, Health and Care plan who are participating in education, employment or training at age 25.
The proportion of young people who formerly had a statement of SEN or EHC plan who are in employment at age 25.
The overall quality of life of adults with a learning disability. (Adult Social Care Outcomes Framework. Based on aggregate score from responses to the Adult Social Care Survey (annual survey))
The overall quality of life of adults with a physical disability. (Adult Social Care Outcomes Framework. Based on aggregate score from responses to the Adult Social Care Survey (annual survey))
The proportion of people with a learning disability who use services who have control over their daily life. (Adult Social Care Outcomes Framework. Based on aggregate score from responses to the Adult Social Care Survey (annual survey))
The proportion of people with a physical disability who use services who have control over their daily life. (Adult Social Care Outcomes Framework. Based on aggregate score from responses to the Adult Social Care Survey (annual survey))
Proportion of adults with a learning disability in paid employment. (Adult Social Care Outcomes Framework. Based on numbers of adults known to Social Care in paid employment.)
Proportion of adults with a learning disability who live in their own home or with their family. (Adult Social Care Outcomes Framework. Based on numbers of adults known to Social Care.)
Feedback/satisfaction of young people and parents/carers with transition into adulthood. (Measure to be developed)

Number and % of pupils with SEN who are permanently excluded from school
Measure of drop-out/early leavers from post-16 programmes. (measure to be developed).
Number and % of disabled children and young people who are in care – this would be up to age 18.
Number and cost of ‘out of county’ placements for disabled children and young people. (measure to be developed)
Number and % of disabled children and young people of compulsory school age who are not attending school
% of pupils with SEN making the expected levels of progress at each key stage. This would relate to the expected progress for each pupil given their prior attainment.

The intention will be to develop this suite of outcome measures, over time, so that it also includes specific health outcome measures for children and young people with disabilities and long term conditions.

Disabled Children's Charter
for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** .....
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth
For children with multiple disabilities

APPENDIX 3: ACTION PLAN TO IMPLEMENT DISABLED CHILDREN'S CHARTER

Charter pledge:	Current position:	Action to be taken:	Timescales:	Who is responsible:
We have detailed and accurate information on the number of disabled children and young people living in our area, and provide public information on how we plan to meet their needs	Some data on disability is contained within the JSNA; however this is focused on adults with a disability. Data from the School Census is available on the number of pupils with special educational needs. A range of other data on the number of disabled children and young people, and outcomes, is available but it is not all collated or published in one	1. Incorporate more data on disabled children and young people within JSNA 2. Complete a 'needs assessment' for disabled children and young people in Derbyshire 3. Publish the needs assessment on the Local Offer website and update it annually, taking account of comments from disabled children and their families about services	March 2015	1. Mandy Stafford-Wood, Information & Quality Assurance 2. Alison Pritchard, Public Health 3. Linda Dale, Local Offer lead

	place.	4. Improve the range of data and reports which are available to inform commissioning, e.g. data about take-up of services and outcomes being achieved.		4. Mandy Stafford Wood & Andy Callow
We engage directly with disabled children and young people and their participation is embedded within the work of our Health and Wellbeing Board	A special schools forum has been established, as a sub-group of the Derbyshire Youth Council. This provides a mechanism for regular engagement with disabled children and young people. Engagement also takes place with wider	5. Make sure that engagement with disabled young people is central to Derbyshire's overall engagement strategy 6. Health and Wellbeing Board to consider attending Special Schools Forum to hear young people's views, and/or	Autumn 2014 – Autumn 2015	5. Mandy Stafford-Wood 6. Health and Wellbeing Board

	networks of disabled young people, to establish what young people think about services and support, and around the commissioning and re-commissioning of specific services.	members to visit settings and activities to meet directly with disabled young people 7. Health and Wellbeing Board to receive annual report about the outcomes being achieved by disabled children and people, their needs and views, and what participation has taken place		7. Linda Dale, via Disabled Children's Commissioning Group and Children's Trust Board
We engage directly with parents and carers of disabled children and young people, and their participation is embedded in the work of our Health and	Local Parent Forums are well-established in Derbyshire, supported by a Parent Forum co-ordinator. Parents and carers are engaged directly in key developments e.g.	8. Current engagement with parents and carers needs to be maintained and where possible strengthened, via support for the Parent Forums.	Autumn 2014 – Autumn 2015.	8. Parent Forums Co-ordinator

Wellbeing Board	they are represented on the Support and Aspiration Project Board, which is leading implementation of the special educational needs and disability reforms. Parents and carers are routinely involved in service reviews and redesign work, and in commissioning processes.	9. Health and Wellbeing Board to consider attending Parent Forum meetings to discuss parents' and carers' views with them directly 10. Health and Wellbeing Board to receive annual report about the outcomes being achieved by disabled children and people, their needs and views, to include what participation has taken place with parents and carers.		9. Health and Wellbeing Board 10. Linda Dale, via Disabled Children's Commissioning Group and Children's Trust Board

We set clear, strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards them and hold each other to account	The Children's and Young People's Plan contains an outcome target that "More disabled young people [are] in purposeful (long term) education, employment and training." However, progress towards this target needs to be monitored and reviewed, and new outcomes agreed. A range of strategic outcome measures could be put in place, as has been discussed by the Transition Programme Board.	11. Disabled Children's Commissioning Group to propose a suite of outcome measures to Children's Trust Board and Health and Wellbeing Board. 12. Regular reports to be available on agreed outcome measures, and progress to be reported to Children's Trust Board and Health and Wellbeing Board at least once a year.	December 2014 March 2015	11. Linda Dale, as Chair of Disabled Children's Commissioning Group 12. Andy Callow

We promote early intervention and support for smooth transitions between children's and adult services for disabled children and young people	A Transition Programme Board is in place, and a high level transition pathway. There has been much improvement, although it is still not possible to say that for each individual young person, their experience of transition is smooth, co-ordinated and that good outcomes are achieved.	13. Report to Health and Wellbeing Board on the quality of young people's experiences of transition, including young people's and parents'/carers' views, and arrangements to ensure a high quality experience for all.	April 2015	13. Ian Johnson & Andrew Milroy, as Joint Chairs of Transition Programme Board
We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners	Integration is a key focus of the special educational needs and disability reforms, which have now come into force (Children and Families Act 2014). Work has	14. Review current processes and delivery models, with a view to achieving greater integration	Ongoing until 2016	14. Kathryn Boulton, as Chair of Support and Aspiration Project Board

	already started to join up assessment and planning processes across the agencies and further work will be taking place over the next 2 years to achieve closer integration of services.			
We provide cohesive governance and leadership across the disabled children's and young people's agenda by linking effectively with key partners	The Children's Trust Board and Health and Wellbeing Board enable key partners to link together. The two Boards need to make sure that they are addressing specifically the needs of disabled children and young people and providing leadership to this agenda.	15. All the measures set out above will enable the Boards to demonstrate delivery of this Charter pledge.	By Autumn 2015	