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**Children's Services Improvement Board (Teams virtual meeting)
Chair – Stuart Smith
Minutes of meeting held 2 September 2021**

Attendees:	
Name	Job Title
Ali-Jan Haider	Executive Lead for Bradford Districts CCG
Amandip Johal	Head of Service - Safeguarding Reviewing and Quality Assurance
Chris Chapman	Director of Finance and IT
Christina Holloway	Associate Director - Keeping Well (CCG)
Claire Threapleton	HR Manager, Children's Services
Craig Tupling	Vice Principal, Bradford College
David Johnston	Interim AD (Residential, fostering, commissioning and placement coordination)
Darren Minton	Bradford Safeguarding Board Manager
David Sims	Medical Director and SRO, Act as One CYP Wellbeing programme
Duncan Cooper	Public Health Consultant
Geoff Winnard	Councillor – Chair of Children's Overview and Scrutiny
Helene Stewart	DfE Case Lead representative
Irfan Alam	Deputy Director Social Care
Jane Booth	Chair and Independent Scrutineer – The Bradford Partnership
Jeanette Sunderland	Leader - The Liberal Democrat and Independent Group
Jenny Cryer	AD Office of the Chief Executive
Kelly Barker	General Manager, Mental Health Services BDCT
Kersten England	Chief Executive
Laura Copley	Senior Data Analytics & Intelligence Officer OCX
Marium Haque	Deputy Director, Education and Learning
Mark Douglas	Strategic Director Children's Services CBMDC
Michelle Holgate	General Manager Community Services, Bradford District Care NHS Foundation Trust
Michelle Turner	Strategic Director of Quality and Nursing Bradford District and Craven CCG
Peter Horner	Young Lives Bradford Manager VCS representative
Phil Witcherley	Head of Policy and Performance, CBMDC
Richard Padwell	Superintendent West Yorkshire Police
Shahnaz Akhter	Apprentice Social Worker/Staff Reference Group rep
Stuart Smith	Chair of the Improvement Board
Sue Duffy	Councillor - Lead Portfolio Holder Children's
Susan Hinchcliffe	Councillor and Leader of the Council
Tehmina Hashmi	Executive Principal, Bradford Academy
Zoe Nichols	Service Manager Placement Coordination (for item 7)

In attendance	
Heidi Hardy	Programme Support Officer (Minutes)
Apologies	
Anne Lloyd	Head of HR – Claire Threapleton sub
Diane Jackson	BDCT
Ginny Robinson	Acting Headteacher, Midland Road Nursery and Abbey Green Nursery School
Heather Lacey	Headteacher Shirley Manor Primary School
Heather Wilson	Commissioner (Youth Provision)
Helen Hirst	CCG Ali-Jan Haider representing the CCG
Janice Hawkes	Barnardo's VCS representative
Joanne Hyde	Strategic Director Corporate Resources CBMDC
Karen Dawber	Chief Nurse Bradford Teaching Hospitals NHS Foundation Trust.
Maggie Smallridge	Head of Bradford & Calderdale National Probation Service
Mustansir Butt	Scrutiny and Overview Lead Officer (Corporate Resources)
Nick Hawley	Head of Bradford & Calderdale Probation Delivery Unit.
Patrick Scott	Chief Operating Officer and Deputy Chief Exec Bradford District Care NHS Foundation Trust. (Michelle Holgate sub)
Phil Hayden	Director of Programmes Children's Services and Innovation and Improvement
Philippa Hubbard	Director of Nursing/Professions and Care Standards DIPC (Michelle Holgate sub)
Sasha Bhat	Head of mental wellbeing CCG
Traci Taylor	Principal Social Worker

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1.	Welcome and apologies Introductions were made. Apologies were noted as above.	
2.	Minutes of last meeting held 1 July and matters arising The minutes were agreed as an accurate record.	
2.1	Matters arising All actions complete and items added to today's agenda where indicated.	
3.	Action Tracker All items closed except Item 112 remains open: owner Irfan Alam A future highlight report to reference anything raised in most recent Ofsted letters i.e. elective home education plus the conclusions and next steps from the annual IRO report.	IA
4.	Staff Reference Group update The group are looking to encourage representation from a number of key areas including Residential. Good progress is being made regarding sharing good	

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	<p>practice. The group are working creatively around spending time with families. It is noted there is continued frustration with shortages of staff. Cllr W queried the promotion of staff into management roles and training and support given. AJ assured that mandatory training and coaching was provided for these workers to enable them to be responsive. The chair stressed that the next staff survey raises a question of supervision which will help to determine whether quality is improving.</p> <p>A discussion on work related stress and return to work took place. CT assured that in terms of mental health engagement staff sessions would take place on 9th September. Education & Learning good practice in this area would also be looked at in the form of the Social Work Academy and what this may mean for Bradford.</p> <p>KE acknowledged the need for representation from Residential Services at the SRG and welcomed elements of good practice that could be shared from MH's area. MD mentioned that on-line staff briefings are now taking place on a regular basis.</p> <p>AJH welcomed the report. He queried in terms of new qualified social workers there is a lack of support and is there a support group available with other organisations? AJ explained that regular drop in sessions were in place and support provided by the Principal Social Worker. Regular reviews of progress and external support is also in place and the Deputy Director Social Care also holds regular floor walks to support all workers.</p>	
5.	<p>Directors update – Mark Douglas Mark introduced David Johnston interim AD Safeguarding and Reviewing who takes over following Richard Fawcett's decision to step down from the role.</p> <p>There has been a main focus on Residential Provision over the past 8 weeks. Following inspection by Ofsted, two homes were found to be weak in delivery of services notably Owlthorpe and Valley View. Both homes were recently inspected by Ofsted and judged inadequate resulting in suspension notices being placed on both homes. Following extensive work at Owlthorpe, Ofsted have re-inspected the provision and lifted the notice. It is noted that a carefully coordinated re-introduction of children matched to the home will take place but not whilst the remaining young person with complex needs remains in the home. A robust plan is now in place for this young person. A similar approach will take place at Valley View.</p> <p>An Ofsted monitoring visit is due to take place on 7 and 8 September and will focus on looked after children and care leavers the findings of which will be published on 12th October 2021.</p>	

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	<p>Procurement of the Children's Commissioner closed on 1 September 2021. It is noted this as a blind recruitment process and an announcement will be made by 15th September.</p> <p>KE assured the board that robust planning around complex places is taking place and should reflect the wider question of wider social work practice, management oversight and placement planning and sufficiency ensuring we have appropriate placements for children with increasingly complex needs. It was accepted there was a learning issue around 1 young person who experienced very challenging circumstances. An independent review of placement planning is taking place.</p> <p>MD stressed the need to ensure the right support and resources are in place around a system approach for health needs to prevent future incidents.</p> <p>MT reported that SQC senior execs agreed to look at the few children of concern regarding trends and look at gaps in commissioning. In terms of NHS requirements, a review of the young person's' case is taking place as part of the patient safety strategy. Jane Booth to give an update on recommendations as part of the CSE thematic review.</p> <p>Cllr SH questioned how support for complex needs children is commissioned and support systemised. She also asked if these children could be identified and looked at on a regular basis. DS and JB both agreed need a system approach, unblocking through high level cases take place at MACE groups – MT and JB stressed the need to work out the best intention as a system with a focus on the top 5 children in the district and work creatively together to find solutions. MH agreed the need to forecast on immediate issues and how we get there using data on previous trends and analyses of children in the system and best of forecasting of data to determine how we go forward. MH stressed this was not a single agency approach and need to start to do things collectively and keep as many children in the district by working together with health partners. A review of residential estate will take place with health partners and there will be a review of the foster care sector to ensure wherever possible children with complex needs and disabilities who are looked after remain in the home environment. MH stressed this could only happen by working collectively on a long term strategy.</p> <p>MD assured that conversations had taken place with health partners around commissioning arrangements in Bradford and for this very small group of people to intervene earlier and meet needs of individual cases earlier.</p> <p>AJH assured the board that the dynamic support register provides data and helps partners come together providing a proactive system approach going forward. CH welcomed the dynamic support register.</p>	

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	<p>Cllr W questioned the role of the Children's Commissioner and whether it would be an executive role. The chair confirmed that it is a non-executive role and that the role was to look at shortcomings identified in residential services to see if they are systemic across the whole children's services department.</p> <p>KE welcomed the health-partners investment in autism support.</p>	
<p>6a/b</p>	<p>School Nursing review</p> <p>SM gave an overview of the national shortage of school nurses which is being picked up via Public Health England national issue. It is apparent that nurses are staying in the acute sector rather than going into community. It is acknowledged that some kpi's are not being met and there is currently a business continuity plan in place for 3 months. It is accepted that safeguarding must come first. Work is underway looking at system thinking around a healthy child</p> <p>PHE has considered the Barnardos model delivering Early Intervention along with FSW's reporting to 0-19 teams. It was suggested the VCS could possibly have a lead role and that conversations were happening to look at different ways to meet demand. SM reported that she has discussed this with the national for PHE who is nationally looking at different models.</p> <p>The nurse associate role is being looked at as a bridge. PHE looking for LAs to pilot and conversations have taken place with Bradford University to deliver the course. SM will provide an update as soon as PHE have confirmed the position and work continues with Therese Pattern to find different ways to do this. However the introduction of a nurse-associate model is a long term solution and will not address the immediate shortage of school nurses or the shortfall in terms of early intervention.</p> <p>MD welcomed the ongoing conversations with Sarah regarding the long term associate role however he stressed that there needs to be a short term solution.</p> <p>DC highlighted increase in demand from a safeguarding perspective and the Need to think about the unique role of school nurses in the system rather than replace like for like. DC made reference to the review of pressures and system solutions and what is going well and alternative models together with the work to look at a more integrated health approach. DB stressed the lead professional role for Bradford needs to be clarified. The report circulated to the board gives an overview of the Bradford System-wide Integrated Commissioning Roadmap (new CYP commissioning governance).</p> <p>Cllr SH highlighted the link to autism and welcomed the work with Bradford University to help with vacancies.</p>	

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	<p>Cllr SH questioned the role of mental health champions and whether there was any structure or training and whether something could be done locally to make this work as a system?</p> <p>DC explained there were mental health champions in schools, these include a range of staff including teachers and the use of the child friendly App Kooth. The Education Psychology team have been awarded funding to develop a charter mark for schools and this will involve professionals. Cllr SH stressed the need to use the resource correctly, to be proactive and set out how they use the money to develop an early help pathway to help parents navigate the system.</p> <p>MH welcomed the review and optimism and spirit in spite of the challenges. There will be a focus on a self-care model and digital offer, also dedicated team structure and safeguarding and everything will come through one team. Whilst it is recognised there is a national shortage there is confidence that the model will address the issues.</p> <p>AJH assured Cllr SH that staff will be provided with appropriate support, guidance and supervision to deal with low level support.</p> <p>MH stressed the need to be clear with the schools what the impact and outcomes are and agreed with AJH that the preventative agenda needs further development.</p>	
<p>6b</p>	<p>Health visiting 0-5 current resources and ability to deliver their role and duties regarding prevention; early help and safeguarding.</p> <p>This item is deferred to the November meeting.</p>	<p>Sarah Muckle/ Dawn Lee</p>
<p>6c</p>	<p>Update on addressing backlog in autism assessment and treatment</p> <p>AJH updated in the position with neurodiversity and confirmed MT attended health executive and secured funding of £1.7m non-recurrent funding to address the backlog and funding to increase capacity and deal with current demand in terms of autism.</p> <p>Action: SS asked that the vital signs report (health section) in future meetings reports on the trajectory towards the target of reducing the backlog of ASD assessment and treatment waiting times.</p> <p>MT agreed there is a be a wider system approach in neurodiversity which had received critical funding but in terms of the model it is vitally important health and education work together to ensure correct alignment is done.</p>	<p>AJH</p>

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7.	<p>Improvement Highlight report The latest report was presented showing areas of progress and concern. Zoe Nichols was present and gave an update on Placement Coordination and the commissioning review.</p>	
8. 8a	<p>Vital Signs reports</p> <p>Vital Signs report for C&YP known to CSC</p> <ul style="list-style-type: none"> • Rate of children subject to a CP plan - Still below our stat neighbour average but is increasing. • Contacts to Front Door are decreasing over previous 12 months but have increased in August. <p>PW looking at implementing a few changes to vital signs report and are looking at what the indicators mean for the child. More context in terms of targets will be added to future reports and there will be a focus on ICPS.</p> <p>JB raised ongoing concerns regarding the number of ICPCs. And the impact of high numbers on timeliness. It was felt that by September the figure will look differently and acknowledged this was linked to a big surge which has taken time to get through due to availability of people to attend and administer the conferences. JB assured the board that during September a number of staff will observe the conferences to look at quality and will feed back later in the year. PW agreed the need to keep an eye on this.</p> <p>AJH explained various attempts made in light of requests for ICPC's need to ensure right partner agencies are in attendance. With schools going back in September conscious and slots are booked in to accommodate any spike.</p> <p>IA explained that SW's are required to flag up requirements at initial strategy discussions and this is being addressed by service manager oversight and section 47 so should start to see a drop in calls for ICPCs.</p>	
8b	<p>Children and Young People's Mental Wellbeing The board noted the date relating to mental health now incorporated into the vital signs.</p>	
8c	<p>Vulnerable Children – Health Highlight Report CB acknowledged that IA was working with colleagues to increase the proportion of children looked after where health assessment consent had been obtained as there was still a significant number without consent and this was impeding progress with the backlog. Senior managers agreed to resolve the issue of consent via electronic signature.</p> <p>A review of capacity to address the issue of review of health assessments will take place.</p>	CH

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9a	<p>Audit update – May and June data AJ was pleased to report a positive return rate of 82%. Participation is up at 53%. Quality of audits is being picked up as a main issue by the team. All audits are shared with Heads of Services and conversations and learning from the audits is taking place with a strong focus on quality of practice. Future reports to have early sight of PLO data including quality of practice.</p>	
9b	<p>PEP quality update The board accepted the findings in the report. Work is starting to have an impact and quality is key to ensure children have a good educational outcome.</p>	
10.	<p>The Bradford Partnership update Covid meetings will continue to meet weekly until schools return and pick up any concerns and will be reviewed after October.</p> <p>Assurance work shows examples of cases stood down for initial consent; these were safeguarding and therefore required reporting.</p> <p>Will discuss work outstanding to complete work in September. There is learning from national good practice and external people have been brought in from the Mayor's Officer including a critical friend.</p> <p>DM pleased to report an increased in number of trainers.</p> <p>JB reported that a more detailed report reflecting actions in the thematic review including an action plan delivered by our partners will be brought to a future board.</p> <p>DM confirmed that 100 partners will attend 'Vulnerable/exploitation' event at Valley Parade to develop a comprehensive assessment and identify what we need to do to create a multi-agency exploitation strategy and action plan for improvement in Bradford.</p>	
11.	<p>Any Other Business None.</p>	