

Children and Young People's Services Policy and Scrutiny Panel – Work Plan

This Panel will consider issues of significant public concern, areas of poor performance, and areas where members think the Council could provide better value for money

1. CURRENT WORK

Area for investigation	What does the topic include?	Why should panel consider?	How should panel proceed?	Timescale
Respite Care and Short Breaks Working Group	To monitor the implementation of the procurement process re the contract for Children's Services Short Breaks Commissioning	(1) To assist officers in reviewing the current contracts for short breaks (expiring in March 2015) and contribute to the development of Short Breaks for disabled children and their families; (2) To ensure that there is a robust commissioning process for the service.	Working Group: Members: Cllrs Anne Kemp ((Lead Member), Annabel Tall, Jill Iles and Mr Justin Templer. Cllr Colin Hall to attend.	Commenced in April 2014. Report to Panel in September 2014
Disabled Children and Adults 'Life Course' (Cradle to Grave) Working Group	The opportunity to improve services and promote independence across the life course; Options for delivering services in alternative ways; Potential for savings to impact on the 2015-16 budget	To improve where possible, the continuity of care around transition from childhood; Possible opportunity to generate efficiencies in working practice and realise budget; To exploit opportunities for further integration and to support service transformations across the Council	Working Group: Cllr Anne Kemp (Lead Member), Jill Iles, Mary Blatchford, Colin Hall, Roz Willis, Annabel Tall	Commenced in March 2014; finish by October 2014. Report to Panel in November 2014.

<p>School Organisation Group</p>	<p>1. In-depth investigations of proposed school changes 2. Pupil Projections – methodology as applied generally and in particular in respect of new builds, including affordable housing 3. Admission Arrangements</p> <p>Note: School Organisation Working Group redesignated to make clear that it is a standing sub-group of the CYPs Policy and Scrutiny Panel and not a task and finish scrutiny working group.</p>	<p>Corporate Aim: Promoting lifelong learning opportunities</p> <p>Key issues for the public</p> <p>New national Code</p>	<p>Working Group: Cllrs Colin Hall (Chairman), Bob Garner, Catherine Gibbons, Hugh Gregor, Anne Kemp, Sonia Russe, Deborah Yamanaka; Ms Helen Fenn and Mr Justin Templer</p>	<p>Ongoing</p>
<p>Merger of Adult Services and Housing and the Children and Young People's Services Directorates</p>			<p>Workshop for all Councillors held on 25th November and update session on 18th June 2014.</p>	<p>The Director of People and Communities will update Members as necessary on issues.</p>

2. ISSUES AWAITING RESPONSE FROM EXECUTIVE

Area for investigation	Date recommendations were agreed	Expect answer by (first panel meeting two months after recommendations were agreed)
<p>Respite Care and Short Breaks Working Group (Phase1) - to approve the development of an integrated support service for children and young people with Special Educational Needs and Disability</p>	<p>10th January 2014</p>	<p>Note: Panel recommendations taken forward with the continuation of the working group (Phase 2) to monitor the implementation of the procurement process re the contract for Children's Services Short</p>

		Breaks Commissioning (see above)
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3. PROGRESS ON IMPLEMENTING PANEL RECOMMENDATIONS

Panel Recommendation	Date of Executive's response	Executive actions – implementation progress
Not applicable at the moment		

4. FOR POSSIBLE CONSIDERATION IN FUTURE

Area for investigation	What does the topic include?	Why should panel consider?	How should panel proceed?	Timescale
Health of Young Children	Report from the Clinical Commissioning Group on CAMHS (Child and Adolescent Mental Health Services)		This forms of part of a report to the Panel on the Re-commissioning of Children's Community Services.	September 2014

5. PERFORMANCE MONITORING / ONGOING ISSUES

Item	Dates
Performance and Finance Monitor	Report to each Panel meeting.

Notes

(1) All Councillor briefing on Social Impact Bonds to be held in September (17th September 2014, 5.00 pm, New Council Chamber)

(2) Reports on the following matters will be submitted to the Panel in 2013/14

Update report to each Panel meeting from Councillor Lisa Pilgrim, Assistant Executive Member

Annual Report from Local Safeguarding Children's Board – January 2015

Government Green Paper - New SEN Plan - Personal plans for 14-25 year olds. This is a future work plan topic (no earlier than 2014) – as pilot projects are not due to conclude until late in 2013.

(3) Councillor Donald Davies has requested the following-

For next panel meeting can we please have:

1. a report on levels of smoking amongst pregnant women in NS (according to Radio Bristol it is over 11%, second highest in the Avon area) and the action plan of our public health colleagues to reduce it, so we can scrutinise those plans and suggest ways to improve performance. I am very concerned due to the impact on the child and their development.
2. a report on what NSC is doing to address the issue of female genital mutilation, especially as the PM has led international efforts to stamp out this hideous crime, so again the panel can judge if these efforts need to be enhanced (I note that it is possible to fly direct to the Near East and Africa from Bristol airport; we have very significant African communities in Bristol also).

Please see appendices 1 and 2 below.

Appendix 1 - Smoking in pregnancy update

The latest Public Health Profiles, published by Public Health England in August 2014, showed an increase in the proportion of pregnant women smoking in both Bristol, and North Somerset. Members may have seen or heard coverage of this in local media. The figures used in the Profile are from 2012/13. In North Somerset 11.3% of women were recorded as smoking at the time of delivery, below the national average of 12.7%, or the South West average of 13.3%, but higher than the North Somerset figure in 2011/12 (9%).

Smoking in pregnancy causes serious complications for mother and baby, including increased risk of miscarriage, premature birth, stillbirth, low birth weight and sudden unexpected death in infancy. Reducing the number of women who smoke in pregnancy is therefore a key priority and we are working to reduce these numbers in line with the national ambition of 10 per cent.

There have been improvements in both the recording of pregnant women's smoking status, and in the referral system for smoking cessation services. All three local Trusts providing maternity services now routinely test carbon monoxide levels as well as recording self-reported smoking status. This has been achieved through a combination of a training programme for midwives and robust contract monitoring. A new electronic referral system has also been introduced.

These measures have led to a significant increase in referrals to smoking cessation services. The current contract funds the Health visitor service (North Somerset Community Partnership) to deal with up to 12 referrals per month. In the first quarter of 2014/15 there were 94 referrals which has impacted on their ability to respond to these referrals. As an interim measure the specialist support to stop smoking

service has been supporting the provider. This is not sustainable in the longer term and a contract variation to cover the increase in demand is being considered.

The latest figure for smoking at time of delivery is 9.9% (Q1) which is an improvement on figure in the Public Health Profile. The quit rate for pregnant smokers has also improved significantly from 25% in Q4 to 50% in Q1. Capacity in the core team has been stretched due to staffing vacancies but recruitment is underway to appoint a Health Improvement Specialist whose portfolio includes reducing smoking in pregnancy.

Appendix 2 - Female Genital Mutilation (FGM)

In light of recent heightened national concern about Female Genital Mutilation (FGM), Councillor Donald Davies requested a report about what North Somerset Council is doing to address the issue.

FGM is a collective term for all procedures which include the partial or total mutilation of the external female genital organs for cultural or other non-therapeutic reasons. FGM has been illegal in the UK since 1985 but there were no prosecutions until 2014.

According to the NSPCC, “in the UK, FGM tends to occur in areas with large populations of FGM practising communities. The Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most risk of FGM (2014). Areas where girls may be at risk include London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes, however, FGM can happen anywhere in the UK”

To the knowledge of senior managers responsible for safeguarding in North Somerset, there has not been a case of FGM or any referral of suspicion of FGM in recent years. Colleagues in Health services have confirmed that they are not aware of any local cases.

However the lack of known cases should not be an excuse for complacency. In order to ensure awareness amongst professionals working with children and families in North Somerset detailed guidance training and are provided.

Social workers and allied staff in North Somerset access guidance in respect of cases of FGM through the electronic child protection procedures that all North Somerset staff in all agencies refer to (South West Child Protection Procedures):

<http://www.online-procedures.co.uk/swcpp/procedures/knowledge-hub/parenting-capacity-families/female-genital-mutilation/>

The guidance contains detailed information for practitioners on FGM including: signs and indicators, Practice guidance, National support and information services, case examples and a practitioner flowchart.

In addition to this our social work teams have strong working links to specialists organisations in Bristol should such a case be identified in this area.

FGM awareness (signs and what to look out for), has been a part of our training for schools since September 2013. A total of 914 people have attended Schools Basic Awareness from Sept 13 - July 14.

Forced marriage and FGM are dealt with in a specialist training module (detailed analysis of trends/behaviour/origins provided by a specialist trainer), that has been delivered on three occasions this year to a total of 74 multi agency staff.

It is also part of newly developed Sexual Exploitation training being delivered as part of the joint Health/police/social care Sexual Exploitation MARAC meetings, operational since July 2014.

All training uses the guidance and procedures from the South West Child Protection Procedures.

The Department of Health has announced that all acute hospitals will report information about the prevalence of FGM within their patient population each month, with the full report from this data return being available in the autumn of 2014 . This data should provide an objective basis to estimate the prevalence of FGM in North Somerset as compared to other areas, and inform decisions about what further action is needed to protect girls from harm locally.