

Children & Young People's sub group of the Health & Well-being Board Meeting held on 23rd March

It was agreed that the Terms of Reference should include consideration of the Think Family approach and will be amended and taken to the HWB board for ratification in June.

Actions from the previous meeting included take up from the Voluntary Sector of the Learning Pool training available from B&NES. Whilst there were 94 attendees from the VS, 49% of which attended the Standard Inter-agency Child Protection training which was positive, the remaining 14 was felt to be quite low. A further report showing breakdown will be circulated but would be useful to have feedback whether there are any barriers to accessing the training available. CH raised that VCS in addition to releasing staff to attend training, also had to back fill where they were frontline staff and this together with timings and locations of training may impact.

Childhood Obesity Strategy – there is now no requirement for the LA to collect data but Ofsted require evidence to support how funding is being used in relation to PSHE work and so the Public Health team and School Sports Partnership will be aligning their work with the Ofsted requirements to maintain school sign up. There are challenges with funding changing and schools are not all coming up with the commitment but are clustering together which seems to be working well.

Oxfordshire Health NHS Foundation Trust have been named as the preferred provider for the CAMHS service. There is currently a consultation out which all those working with children and young people are asked to feedback to Margaret Fairbairn on as soon as possible, by the end of April at the latest. The new model is based on a Thrive framework with a Single Point of Access and includes self-referral by children and young people and their families. See attached PowerPoint and list of questions and email to Margaret_fairbairn@bathnes.go.uk

B&NES have commissioned a new Eating Disorder Service called TEDS
<http://tedsuk.com/about-us/>

The sub group agreed after some discussion that the reporting on progress for the Children and Young People's Plan be a gradual step towards an Outcomes Based Accountability model and that we needed to agree what population outcomes we need to start with. It was suggested that the Child Health Profile inequalities which included immunisation uptake, hospital admissions, risk taking behaviours including alcohol and cannabis use, school readiness and emotional health and well-being be a good starting point as there are already baselines and data is collected. It was agreed that we continue to focus on reducing inequalities.