Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 7 DECEMBER 2017 at 10:30 am

P R E S E N T :

Present:

Councillor Clarke (Chair)	–	Deputy City Mayor, Leicester City Council.
Ivan Browne	–	Deputy Director of Public Health, Leicester City Council.
Councillor Piara Singh Clair	–	Assistant City Mayor, Culture, Leisure and Sport, Leicester City Council.
Frances Craven		Strategic Director, Children's Services, Leicester City Council.
Steven Forbes	–	Strategic Director of Adult Social Care, Leicester City Council.
Paul Hindson	–	Chief Executive, Leicestershire and Rutland Police and Crime Commissioner's Office.
Wendy Holt	–	Better Care Fund Implementation Manger, Central NHS England, Midlands and East (Central England)
Andy Keeling	–	Chief Operating Officer, Leicester City Council.
Chief Superintendent Andy Lee	–	Head of Local Policing Directorate, Leicestershire Police.
Sue Lock	–	Managing Director, Leicester Clinical Commissioning Group
Councillor Sarah Russell	–	Assistant City Mayor, Children's Young People and Schools, Leicester City Council.

Paul Weston – Leicestershire Fire and Rescue Service

In attendance
Graham Carey – Democratic Services, Leicester City Council.

105. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

The Chair also referred to the recent announcement by NHS England that they were going to continue to commission Children's Congenital Heart Disease Services from UHL NHS Trust. The Chair congratulated everyone that had been involved in the campaign over the previous 2 years. He felt that the campaign to retain the services at Glenfield had been well managed and conducted in a convivial manner. He paid tribute to the staff at UHL who had been involved for their professionalism during the campaign under very difficult circumstances.

Apologies for absence were received from:-

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Lord Willy Bach	Leicester, Leicestershire and Rutland, Police and Crime Commissioner
Andrew Brodie	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
Councillor Vi Dempster	Assistant City Mayor, Adult Social Care and Wellbeing
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical, Commissioning Group
Will Legge	Divisional Director, East Midlands Ambulance Service
Roz Lindridge	Locality Director Central NHS England, Midlands and East (Central England)
Dr Peter Miller	Chief Executive, Leicestershire Partnership Trust
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group

Toby Sanders	Senior Responsible Officer, Better Care Together Programme
Ruth Tennant	Director of Public Health, Leicester City Council

106. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business to be discussed at the meeting. No such declarations were made.

107. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the previous meeting of the Board held on 9 October 2917 be approved as a correct record.

108. HOW WILL YOU HEAR ME

The Board received a presentation from Bernadette Killeen, Youth Development Worker on the recent Safeguarding Summit on the Emotional Health and Wellbeing of the City's pupils. A short video from a series of videos made by the Young Peoples Council called 'How You Hear Me' highlighting depression in young people was played at the meeting.

It was noted that:-

- How You Hear Me was a participation development tool for professionals which had been developed with the Young Peoples' Council.
- It was a collection of 15 short films of young people's experiences of being heard, or not heard, within different service themes.
- It had been developed as a resource of around 20 hours of training for staff in organisations to explore their participation practices, explore definitions, develop strategies, and evidence outcomes of participation.
- It started from a conversation with young people about the inconsistencies of the services they received from different personnel across all service streams.
- The project started from the premise that if you find new ways to hear, you hear new things. It challenged professionals, particularly at front line level, to raise the standard of how they evidence and articulate the differences they were making to a child and the family's life; and, equally, how a child and the family could articulate the difference the professional had made to their life.
- The resource had been around for approximately 18 months and had recently won a British Young Council National Innovation Award, and the Young People's Council were extremely proud of this project

The Board were then shown one of the video's which told the story of a young person experiencing depression as a result of a family member suffering life threating injuries. It was felt that the video portrayed a powerful story about the young person's ability to cope and also not cope with the situation he faced. It demonstrated the resilience of young people to cope with stressful situations, when often their coping strategy becomes depleted and also their ability to articulate that to a system that are working to help them.

The Board also received feedback on a recent Safeguarding Summit held on the City which had been commissioned by the Leicester Safeguarding Children's Board. (LSCB)

It was noted that:-

- LSCB had their own Board with young advisors and a number of partners had worked together, including the Young People's Council, to agree a theme around emotional health and wellbeing in city's pupils and what was happening to support their health and wellbeing.
- It had also been linked into the 'Time to Change' message with a view to extending the campaign to young people. There had been partnership working to produce posters, a resources kit and pledge cards. The posters had used the statistics from the latest health and wellbeing survey in relation to the city.
- The event had been open to primary and secondary schools in city and 15 schools had attended, with pupils aged from 7-16 years old.
- The event had not been planned as a disclosure day but as a solution focused day. Those taking part had participated fully and had wanted to share their experiences. They had wanted to articulate the difference between mental health and mental illness, and to develop a mental health first aid toolkit which they could take back and use in their schools.
- Bullying had been discussed including the difference between on-line and face to face bullying.
- Consideration was also given to the different aspects of wellbeing. The 'Time to Change' posters and resource kit were made available and the pupils made pledges and took these back to their schools.
- The event had also been useful in giving guidance and aids to teachers to assist them to observe trigger signals and how to address them. This had received positive feedback from the teachers who had felt the time spent with pupils on this topic had been very beneficial and it would help to enhance the resilience programme in fitting into a wider agenda within the school.
- A report on the event was being prepared and would be shared with decision makers to make them aware of what young people wanted from decision makers.

The Chair commented that the event had demonstrated that what happened in Leicester in participation with young people was not simply a tick box exercise; but it showed that Leicester focused on the outcomes that could be delivered with young people and that it was led by young people, which was very

important. The Chair asked that the thanks of the Board be passed onto all those involved in project and the work of the teams working with young people.

109. THEMED SESSION ON CHILDREN'S MENTAL HEALTH

(i) INTRODUCTION

Dr Joe Dawson, Head of Service SEN and Disabilities/Principal Psychologist, Leicester City Council gave a general introduction on children's health and wellbeing in the City and outlined some of the key challenges.

As general background, Dr Dawson commented that:-

- Approximately 10% of school age children would require some form of professional support for mental health issues, and they were more likely to be boys rather than girls and be aged 11-15 years old than 5 -10 year olds.
- There were a range of known environmental factors that could impact upon mental health, including housing and social deprivation. There was a significant association between poor mental health and educational outcomes, which then often led to poor attendance and poor life outcomes. These could then be exacerbated into a cycle of entrapment.
- Mental health had impacts upon life changes and these could lead to criminality and a whole host of resource heavy behaviours which often resulted in poor life experiences of people.
- There was a clear understanding by those involved that this needed to be addressed for both the individual concerned and for the effective use of resources.
- 50% of looked after children were likely to have clinically diagnosed mental health disorders; which is significant and needed to be taken seriously.
- The risks and protective factors for children young people and their families had long been documented by the Audit Commission and the Mental Health Foundation, and, whilst these factors were well known, the real issues were about the need to put into practice something that recognises those risks and resilience factors and deals with them in the best interest of the children and young people.
- There was a focus on children and young people but some of the processes within the system could often cloud the vision of what was being done and could stop the system having a clear overview of what it was delivering as a whole.
- Language could also be a barrier both within the system and accessing it as there was a range of different terms used such as mental illness, mental health, emotional wellbeing and psychological wellbeing etc. This was both a barrier to people in understanding what professionals were talking about and sometimes it was used by professionals to keep people out of the

system and by others to reinforce the perception of needing to involve a specialist and to transfer the responsibility of care to others. This delineation was often encouraged as a consequence of the referral process. There was a view that the language used was jargon laden, which could became impenetrable to some trying to access different parts of the system.

- Different agencies also had different targets and these could be competing with and, sometimes working against, other local authority, health, criminal justice and voluntary sector agencies' targets.
- Budget pressures could also impact on services as reducing preventative protective measures were often the first services to be withdrawn as part of budget cuts, but this could result in increased pressures for specialist services at a later date.
- Diagnosis was not a straight forward process. There was a general belief that when a doctor, psychologist or psychiatrist gave a diagnosis, it was readily understood by everyone and meant the same thing to everyone. Unlike a diagnosis of a physical illness or condition, a diagnosis of a psychological or psychiatric illness could have a range of difficulties and categorisations within them and were, therefore, problematic in creating difficulties comprehension and expectations. It could also cause difficulties in accessing services. Services were generally organised in a tiered model approach; but children and young people didn't move in tiers. They moved up and down within models and tiers and it was often forgotten that if a child needed a high level of intervention, then it did not necessarily mean that the lower levels of intervention should automatically drop out. These lower levels of intervention were equally important to support and reinforce the higher level interventions.
- The needs of the young person should be considered as a whole, as the lines between being sad and depressed or experiencing social difficulties and having autism could be finely balanced and open to interpretation. Some of the diagnostic toolkits worked on the principles of providing a best fit approach to a diagnosis, which may always be appropriate.
- 'Service-land' as a whole was controlled by those operating within it and sometimes people could get lost within the system. Changes in thresholds and resources could prevent access to the service point and provide barriers that resulted in people getting lost between services. There was still more work needed to have better joined up working practices and there were still some examples of a silo approach. Even where partnership working existed, there was a need to have more partnership and creative working to achieve better outcomes to meet children's needs.
- There were sometimes inherent barriers between professionals as they did not always know who did what within other parts of the system, or what types of service were available to make referrals and sometimes where and how to make those referrals. Language could be used as a barrier and could sometimes be barrier

between professions and whether the person receiving a service was a client or a patient.

- The process of change always presented difficulties in moving from the relative comfort of current practice to what was required.
- Leicester had a history of being a pathfinder for targeting children's mental health issue with good links between the police, schools, specialist CAMHS services and school nurses and local authority teams etc. The city had been a national leader in such practices and experiencing their demise as funding was withdrawn.
- External factors which could impact upon children's mental wellbeing included mental stress, anxiety, financial pressures, homelessness, family pressures etc. These could all add to, and exacerbate, the state of mental health.
- Changes in statutory obligations and responsibilities could often be disruptive as professionals could become pre-occupied with understanding what was needed in the changed circumstances instead of delivering the services.
- There was a need to create a better model for service delivery to remove barriers so that the best outcomes were achieved for children and young people who were in need of help and intervention measures.

In response to the Chair's question, Dr Dawson commented that there were specialist and targeted services both within schools and in community settings. The city also had an innovative service which he believed did not exist in any other local authority. A number of psychologists were employed by the Council (funded by CCG) to look at those young people that didn't meet the CAMHS specialist service thresholds and who were hovering around Tiers 2 and 3 within the system. The psychologists worked with this cohort in their homes, schools and in group work to stop them getting worse and hitting the CAMHS threshold in the future. There were also other good therapeutic interventions in Leicester; but these were under increasing pressures from resources, which meant they could not be delivered as widely as would be liked. It was acknowledged that this pressure was faced by other local authorities

The Strategic Director of Children's Services commented that both officers and schools recognised the importance of outcomes for children. These issues were dealt with on daily basis and were taken seriously. Everyone was keen to work in partnership across services and agencies to address this. There was a need for officers and schools to understand the whole system; as various organisations and agencies had individual parts of the system but not all of the system. There was an issue of trying to understand the complexity of the whole system in delivering both universal and specialist services and to trying to identify where gaps existed or where there was duplication of services. It was felt that this series of presentations would help with a better understanding of the specialist services. It was also recognised that this work been ongoing for many years and was always developing and changing to reflect the

constant changes evolving in society as a whole.

Board Members made the following comments and observations:-

- It was recognised that there were issues in a linear model of service delivery, whereas users were more exploratory in their nature of navigating through the system.

- There was a clash of social models of intervention and support with medical models. There was a need for collaborative working in providing open and clear pathways and to be collectively more creative in service delivery.

- There was support for everyone using the same language to fully understand other services within the system. For example, 'early help' was often interchangeable with 'early intervention' in some services, but had different meanings to others in the system. All words/phrases used within the service should have the same meaning.

A member of the public asked a question in relation to the loss of subjects such as drama, music and dance etc from the school curriculum that he felt provided support and helped the wellbeing of children and young people. He also asked if teachers received training to detect early changes in children's and address them in order to prevent issues developing and requiring specialist support.

In response, Dr Dawson commented that he was unable to comment upon curriculum changes, as there was little evidence to say these subjects had an impact on mental health. However, the Social and Emotional Aspects of Learning programme (SEAL) had been evaluated and had showed significant impacts on wellbeing and resilience and was a useful resource within schools to support children's, teachers and staff resilience. It had been a national decision to remove psychology of development in children from teacher training courses and colleges; however the service did offer this training to maintained schools and academies.

The Chair thanked Dr Dawson for his informative and thought provoking introduction.

(ii) SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Mark Roberts, Associate Director of Children's Services, Leicestershire Partnership NHS Trust gave a presentation on Specialist Child and Adolescent Mental Health Services (CAMHS); a copy of which had been circulated with the agenda.

It was noted that:-

- The Associate Director had recently taken over responsibility for CAMHS and it had moved as a service from a social to a medical model.
- The service employed 100 staff serving population of approximately 250,000 children and young people. There were currently 50 young people in the in-patient care unit at Ashby de la Zouch.
- Teams within the service included Primary Health, Crisis Home Treatment, Outpatients, Young Peoples, Learning Disability, Eating Disorders, Paediatric Psychology and Inpatients.
- CAMHS was in a directorate within LPT which was 10 times the size of the CAMHS team and had every element of service that has a direct interest in children's emotional health and wellbeing beyond the specialist CAMHS service. This had presented some challenges of co-ordination and the service had responded by developing a place based service co-ordination care navigation system to help improve access to the service.
- There had been new investment in Crisis Home Treatment and Eating Disorders Teams and to expand the Inpatients Unit.
- A Triage Hub had been established to place children in the right place at the right time through the referral process.
- Work continued to improve resilience and early intervention.
- Efficiency savings had been outstripped by a 20% increase in referrals. The numbers currently waiting had increased; partly as result of improving access to the system. It was felt that the waiting times could be better assessed in six months as the current number of referrals moved through the system. The details of these waiting times were summarised in the presentation.
- There was active management of risks for those that were waiting for treatment. Each individual's risks were assessed, monitored and reviewed every 3 months through a comprehensive RAG rating.
- The service had made positive progress since the CQC Inspection and was now moving from 'Recovery' status to an 'Improving Service'. Resources were being allocated for next year to take this work further forward.
- The demands on the service and its performance were summarised in the presentation. It was thought that the increase in demands for the service in June could be attributed to children taking exams. The service was now achieving 95% performance on the 13 week access wait target and no-one was waiting over 12 months, which was a reduction of over 100 patients who were waiting up 2 years in March 2017.
- The increase in referrals was somewhat unwelcomed at a time when resources were under pressure and it also increased pressures on staff within the service. The increase in referrals was, in part, attributed to the increased awareness of service. The service cost £1m more than the current budget; partly due to the

ward and outpatient patient system and the pressure to engage locum specialists, which was acknowledged as an expensive way in meeting needs of children. It was felt there were better ways of improving children's resilience.

- There was an ambitious improvement programme around prevention and how the service connected with other teams. The Thrive Programme, which was a conceptual framework model, was supported by the service and there was enthusiasm to develop it further. Thrive was a conceptual model for the management of emotional and mental wellbeing across whole health system. The framework focused on identified needs and it was captured in a language that could be transferred across the whole system and service users. It also clarified a distinction between treatment and support and built upon individual and community support around resilience. It ensured that the child and family were actively placed as decision makers within the model.
- It was considered that the next steps in development of the CAMHS service could not be achieved without a whole system transformation and all health, local authority early help, children and young peoples and education teams 'signing up' to the transformation.

Members commented that they felt the development of the service was not dependant on a whole system 'sign-up' as the system should be working collaboratively anyway. If it was a good model of delivery, then it should not prevent one provider from progressing with transformation and improvement and others partners engaging with it.

In response to a question on the 20% increase in demand for the service; it was noted that this included a cohort of approximately 30% who subsequently did not required specialist CAMHS services after their assessments. The 30% had not changed over time as this cohort of 30% existed before the current increase of 20% in the demand for the service. It was considered that there was a challenge for the needs of this cohort to be addressed elsewhere in the system; partly through services that were now operating in the Future In Mind initiative. It was too early to assess the impact of these services in dealing with the needs of this cohort and preventing them from reaching the referral to CAMHS. The creation of a single hub providing one access route for all children and young people, instead of having many access routes, should help to signpost all children and young people to the best support and service for their needs and reduce referral to CAMHS.

It was also felt that the cohort of 30% within the increase in demand was being seen across all service sectors within the system. It was felt that the 30% was mirrored in the number of children not needing any further action once they had been referred to children's social care. A better understanding of these pressures in the whole system was needed at a strategic level rather than each part of the system trying to understand them within their own operational service areas. This was particularly

pertinent in relation to understanding the future impact on all services arising from the increased numbers of children currently living in the City and the projected increase of 57% more children in secondary education in 10 years' time. These impacts would take place at a time when the number of additional resilience tools that were deployed at a local universal level were reducing as a result of budgetary cuts. It was important to know the impact of these additional numbers on the system as some would inevitably need services from CAMHS and children's social care and have an engagement with the police.

There was a consensus that there was an understanding of the increases in demand within individual services but not across the across the whole partnership. It could be that the increased numbers accessing CAMHS would also include some of the same young people that were also being seen by Children's Social Care and Special Education Needs Teams and the police.

It was suggested that all partners and those members working in the transformation of services should undertake a further analysis to look at this issue in more detail across all the services rather than within the individual services

The Chair relayed a comment from Debra Mitchell, Integrated Services Programme Lead at UHL, who was unable to attend the meeting. Whilst she acknowledged the improvements that had already been made she would welcome further work with LPT colleagues in addressing the needs of children while they were with in an acute health care setting. She would be contacting colleagues to discuss this further.

The Chair thanked everyone for their participation in this item and asked whether services should refer to all child approach in preference to an all system approach.

(iii) UNIVERSAL SUPPORT FOR CHILDREN AND YOUNG PEOPLE

Claire Mills, Public Health Lead Commissioner, Leicester City Council, Sarah Fenwick, Senior Group Manager, FYPC, Leicestershire Partnership Trust and Catherine Yeomanson, Lead Practice Teacher, School Nursing, Leicestershire Partnership Trust gave a presentation on "Healthy Together: universal school age offer." A copy of the presentation had been circulated with the agenda.

It was noted that:-

- The local Healthy Child Programme universal offer for 0-19 year olds in the city, commissioned by the Council and provided by the Leicestershire Partnership Trust, represented £33.5 m investment over for 4 years.
- There were approximately 5,000 new births in city and public

health nurses were involved in various aspects of care for 0-19 year olds.

- The programme provided a universal service that used a range of public health tools to respond swiftly and appropriately to need, in order to promote resilience and maximise the health and wellbeing of children, young people and families in Leicester.
- Assessments were made an early stage following a referral to determine the impact on a child and the whole family. Emotional health was at the centre of the service and those using the service were reviewed at regular intervals.
- There had been a number of public health campaigns and the service also offered an interactive phone service, a website for teenagers to chat about issues affecting them (including a parents section) and virtual clinics. There were strong governance and safeguarding arrangements in place to protect users from harm.
- A new crisis team had provided support for young people without them need to visit their GP or attend A&E. The service was underpinned by safeguarding arrangements and supported by a good evidence base.
- The Assessment Framework training for 0-19 staff had been reconfigured to strengthen supporting young vulnerable people and parents.
- The emotional health pathway had a robust risk assessment embedded into the framework, which every practitioner has to complete. There was also an assessment of how people were using the screening tools to see if practitioners made a difference and this would hard evidence would be used to see if more specialist resources were required.

Members commented that:-

- There was no reference to the criminal justice system in the presentation.
- Chief Supt. Lee commented that the triage car working with health colleagues had been a success in dealing with people with mental health issues. There was also a small team of Police Officers looking at longer term issues in working with health colleagues, Police Neighbourhood teams also went into schools and they had some specialist officers that could link into the service. Chief Supt. Lee undertook to discuss this with the officers after the meeting.
- It was recognised that the youth offending and probation teams could be better aligned so that they could be better engaged. This had been recognised in the commissioning of the service and there was now a link with youth offending officers.

Following a question from the Chair in relation to parity of esteem in children's services across mental and physical health, it was confirmed this was well recognised within the various services that worked closely together.

It was also noted that a feature of the CAMHS service in Leicester was that it was integrated into the same management team system as the universal service, which meant that the both services were closely linked and not competing with each other.

The Chair thanked officers for their contributions.

(iv) FUTURE IN MIND

Chris West, Director of Nursing and Quality West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups, and Elaine Egan Morris, CAMHS Manager/Future in Mind Transformation Programme Manager, gave a presentation on Transforming Mental Health and Wellbeing Services for Children and Young People across Leicester, Leicestershire and Rutland. A copy of the presentation had been circulated with the agenda.

It was noted that:-

- Future In Mind was aimed at transforming children and young people's mental health services, over five years through 'Promoting, Protecting and Improving our Children and Young Peoples Emotional Health and Wellbeing'.

- The local aims were to:-
    - Develop in partnership with children and young people. Children and Young People and key stakeholders.
    - Set out a multi-agency approach to improve mental health and wellbeing in Children and Young People.
    - Aim to address gaps in current service provision.

- The planned outcomes were:-
    - Increased prevention and building resilience in Children and Young People and reduce attendance at A&E.
    - Improve timely access to assessment.
    - Increase staff numbers and improve the skill mix.
    - Improve access to evidence based practice.

- Feedback from the initial engagement events with children and young people identified six schemes of work that the plan should deliver. These were:-
    - Vanguard – Place of Safety Emergency Department
    - Building Resilience
    - Early Help
    - Eating Disorders
    - Access to CAMHS
    - Crisis and Home Treatment

- The next steps were to:-
    - Share with partners the 2017 Transformation Plan which

had gone out to consultation and included the key lines of enquiries and also addressed a number of local issues.
    - Publish the final version on the agency website.
    - Review the role and responsibility of key partners and steering group.

- The multi-agency approach now involved health, local authority and voluntary sector staff in delivering services. This had been developed during the Transformation Plan with additional funds being provided for early intervention services for ADHD. Relate had been engaged to provide 1:1 sessions as part of the early intervention needs for children. Schools now had the ability to directly refer children for ADHD assessments. Additional resources had been provided for ADOS assessments for autistic autism and 1 practice had been able to see over 60 children in a 7 week period and this was contributing significantly to reducing the waiting list for assessments.

- The collaborative working in delivering the new common model was considered a significant success but there was still more to do. The benefits of having a common model with everyone using the same language and having a single front door of access was also considered important.

The Deputy City Mayor for Children, Young People and Schools recognised that the initiative was for Leicester, Leicestershire and Rutland, but sought assurances that children and young people in the City would be able to actively participate in the evaluation and development of the service. In response, the CAMHS Manager/Future in Mind Transformation Programme Manager stated that young people in the City had been involved in the engagement process.

The Youth Development Worker commented that whilst Young People's Council and Young People Advisors had been approached during the commissioning of young advisors in evaluating the programme and a possible role as mystery shoppers; there had been no agreement on the standards of involvement and costs. There was still and offer from LLR to make a presentation to the Young People's Council; which was confirmed by the Director of Nursing and Quality, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups. The Director also commented that the process was not completed and she would liaise with the Youth Development Worker as it was not the intention to exclude anyone from the process. The Strategic Director of Children's Services stated that this issue had already been raised in the previous week and it was intended to follow up the effective engagement of young people in the City through the Steering Group to ensure that they were involved in the process.

Members of the Board commented that collaborative working relied on being able to share information across different agencies and asked if the

implications of the General Data Protection Regulations and the New Data Protection Legislation would affect this. The Director of Nursing and Quality confirmed that the all the recent focus had been to develop a model that everyone could support but acknowledged that this was inextricably linked to sharing information; so the implications of sharing information to comply with the new legislation would be addressed.

The Chair commented that sharing information and budget resources were often 'blockers' within the system and these two key areas would need to be revisited in the future.

(v) DISCUSSION AND NEXT STEPS

The Chair thanked everyone that had made presentations and felt that these had proved that engaging young people in participation work was not simply a 'tick-box' exercise in the City. He suggested that Members should reflect on the presentations and ensure that examples of good practice were shared widely and there were good opportunities for all partner organisations to benefit from them. Although there were many examples of good practice; there were still some 'blockers' within the system, some of internal constructs and some from wider determinants.

The Chair felt that the themed session had been extremely valuable and he asked that the Youth Development Worker share the write up from the 'graffiti wall' and post–it notes collected as part of the Children and Young People's Safeguarding Summit on Emotional Wellbeing with the Director of Public Heath so that they considered in the review of the Health and Wellbeing Strategy.

110. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from Members of the public.

111. DATES OF FUTURE MEETINGS

It was noted that future meetings of the Board would be held on the following dates:-

Monday 5th February 2018 – 3.00pm

Monday 9th April 2018 – 2.00pm

Meetings of the Board would be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

112. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business.

113. CLOSE OF MEETING

The Chair declared the meeting closed at 12.41pm.