

**GIVE KIDS A CHANCE (GKAC)  
ADVISORY GROUP MEETING  
Minutes of meeting held on 8<sup>th</sup> July 2011 at  
Jubilee Hospital, Huntly**

**Present:**

Linda Smith, Public Health Lead, Aberdeen CHP, NHS Grampian  
Ivor Lee, Local Integration Support Officer, Buckie, Keith & Speyside, Moray Council  
Susan Leslie, Health Improvement Officer (Schools) Moray CHSCP  
Pauline Gerrard, Liaison Officer, Aberdeen Council of Voluntary Organisations  
Babs Davidson, Parent Support Worker, St Machar Parent Support Project, Aberdeen  
Calvin Little, Public Health Co-ordinator, Aberdeenshire CHP, NHSG  
Heather Wilson, GKAC Project Manager, NHS Grampian

Item	
1.	<p><b>Welcome and Apologies</b></p> <p><b>Apologies:</b> Graham Jarvis, CL&amp;D Manager, The Moray Council Rona Benzie, Community Learning Development Officer, Children &amp; Young People, Aberdeen City Council Jennifer Hall, Public Health Lead, Aberdeenshire CHP, NHS Grampian John Carney, Social Work Manager, Moray Council Tracey Gervaise, Public Health Lead, Moray, NHS Grampian Kim Penman, Public Health, Aberdeenshire CHP, NHS Grampian Caroline Clark, Public Health Co-ordinator, Abdnshire CHP( North) Geoff Marshall, Acting Youth Strategy Team Leader, Aberdeenshire Council Gary Sutherland, Chair, North Aberdeenshire Alcohol, Drug and Blood Borne Virus Forum</p> <p>Heather welcomed Calvin to the meeting. Calvin was attending on behalf of the Aberdeenshire CHP.</p> <p>Ivor advised that Graham Jarvis was now on secondment and would not be able to attend future meetings.</p> <p>Garry Sutherland had been unable to attend but provided the following comments on reading the draft report: "GKAC, operationally and strategically lends itself more with being aligned with the voluntary sector." And "overwhelmingly positive feedback."</p>
2.	<b>Actions from the previous meeting.</b>

	<p>1. Heather advised that she had researched the GIRFEC websites on each local authority website and information was available on each site with regard to Community Planning groups. Susan had also provided information after the last meeting that confirmed the Safer and Stronger Theme Group as the most appropriate group for GKAC to be aligned to although it was also noted that the project could contribute to a number of others.</p> <p>2. In Aberdeenshire a Joint Management Group with multi agency partners was responsible for ensuring joint working across children's services and overseeing the improvement needed to deliver the outcomes relevant to children and young people in the Single Outcome Agreement.</p> <p>3. Linda Smith had discussed GKAC with Lorraine Currie who was aware of the project and re-assured Linda regarding governance issues. However, Lorraine was not so sure that GKAC was best placed within the NHS as she felt the project did not reflect the core business of the organisation.</p> <p>4. Linda had volunteered to pull the report together, summarising the detailed work that had been completed by Clinical Governance and Heather and the current draft reflecting that work was being consulted today.</p>
3.	<p><b>Draft Report – discussion</b></p> <p>All attending agreed that the current format of the report, although still lengthy, was much easier to read.</p> <p>It was agreed that the meeting would focus on the discussion and conclusion section of the report and the following points were discussed:</p> <p><b>5.1 Response rates</b> to the Critical Review from professional groups were very similar to the pattern of use identified in the 2010/11 Evaluation and Monitoring report. This was re-assuring and gave credibility to the results.</p> <p><b>5.2 Awareness of GKAC</b> once again gave rise to the discussion about raising awareness and meeting demand. It was agreed that there was little need to raise awareness when places were full. The only areas not working to the target of 75% of places utilised were Fraserburgh and Peterhead.</p> <p><b>5.3 Professionals identified a clear fit between GKAC and their own service priority.</b> There was a fear that GKAC was “plugging a gap” but also acknowledgement that the project had been established to meet a specific need. The project was recognised as an “early intervention” and it was agreed that the early intervention definition given in the report should remain.</p> <p><b>5.4 Response categories</b> had fallen neatly into recurring themes which are clearly evident in the appendix of the report. This confirmed earlier views on reasons for referral and outcomes.</p> <p><b>5.5 Added value</b> was an important factor for service providers with GKAC providing a service they could not, however, there was an issue with organisations shifting responsibility to another service. GKAC was aware that many of the young people on the scheme no longer had a named worker – this information could be quantified by checking through the database. Gaps in provision for more vulnerable groups of young people</p>

had been highlighted and although GKAC could not support these groups the information clarified the focus for the project.

**5.6 Lack of action planning** was clear but could be viewed in different ways. Although this had been perceived as a means of moving a young person on to another service it could also be a reflection on how good the process has been and the early interventional nature of the project. Different systems appeared to be in place across the three areas.

**Action:** Heather to follow this up and clarify the situation and also highlight the number of new referrals with action plans in place at the time of referral. This information to be included in the 2010/11 Evaluation & Monitoring report.

**5.7 Sustainability** was a key challenge for GKAC. Heather advised the group about the difficulties with the database and the lack of support from NHSG to update it. This was a huge risk to the future sustainability of the project. Lack of inclusion in service delivery plans had been discussed previously and it was agreed that this was not a huge concern as individual projects were no longer mentioned by name. Susan highlighted that a lack of reporting and not demonstrating outcomes achieved was potentially more damaging to GKAC. Heather gave an example of the positive outcomes achieved by a young person which were being highlighted by the MCMC 16Plus network in Aberdeen. The softer outcomes recorded by this young person did not fit any NHS outcome agreement targets but were aligned more closely to CL&D and the Voluntary Sector.

**5.8 The Conclusion** section of the report was discussed with comments provided to amend the wording of this section to ensure clarity of intent and to retain a focus on mental health outcomes. The evidence to support work in the early years could not be disputed but there was also a requirement to support young people in crisis now and it was acknowledged that until sufficient investment was made in the early years there would be a requirement for projects like GKAC and early years work to continue. It was anticipated that parallel working and possibly lowering the current age range for GKAC would help address this. It would be difficult to quantify the lost benefit to the wider population should GKAC cease to exist. It was also acknowledged that there will always be times of crisis or need for young people even with the best planning and provision.

Various models of delivery for GKAC were discussed, including an option to follow the former Grampian Heart Campaign model of charitable status within a health setting. The following were identified as the most appropriate:

- **Independent Charitable Status**
- **Align with another voluntary organisation**
- **Current structure to be strengthened as a partnership between NHSG and the three Local Authority areas.**

	<p>Pros and cons to each suggested model were discussed. A table is attached to this note detailing the points discussed. Further comments to this should be added by those reviewing the report.</p> <p>It was agreed by all attending that the ultimate aim is that GKAC continues.</p>
4.	<p><b>Date of next meeting</b></p> <ul style="list-style-type: none"><li>• Friday, 7<sup>th</sup> October 2011, Jubilee Hospital, Huntly</li></ul>

Suggested models of delivery to continue GKAC	
<b>1. Independent charitable status</b>	
<b>Pros</b>	<b>Cons</b>
<ul style="list-style-type: none"> <li>• Uniqueness of project</li> <li>• Allows complete freedom to revisit aims and objectives and implement any suggested changes from the review.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Setting up as charitable organisation when project quite large could prove difficult.</li> <li>• Immediate responsibility for HR, accounting, insurance and Governance issues – cost and staffing implications.</li> <li>• Management committee structure to be introduced – commitment from management/trustees</li> <li>• Competition from other voluntary organisations</li> <li>• Cost of setting up infrastructure – computers, phones, office accommodation, etc</li> <li>• Need to continually change aims and objectives to fit funding bodies rather than needs of children and young people.</li> </ul>
<b>2. Align with another voluntary organisation</b>	
<ul style="list-style-type: none"> <li>• Could enable working with younger age groups, e.g. Befriend a Child – fits with early intervention and addresses gap between 5 – 11 years.</li> <li>• Help to offset costs for HR, accounting, insurance and governance etc</li> <li>• Joint working, merging of resources</li> <li>• Possible re-branding – benefit of marketing and ability to attract national funding</li> </ul>	<ul style="list-style-type: none"> <li>• Finding a voluntary organisation willing to expand and working across the 3 local authority areas may be difficult. Suggestions included, Action for Children, Aberlour Trust, Barnardos (less of a presence in Moray)</li> <li>• Loss of focus for well recognised local project</li> <li>• Possible re-branding may affect donations from local funders</li> </ul>
<b>3. Current structure to be strengthened as a partnership between NHSG and the three Local Authority areas.</b>	
<ul style="list-style-type: none"> <li>• Continuation of project as it is currently</li> <li>• Formal partnership agreements with commitment to locally support and resource project</li> </ul>	<ul style="list-style-type: none"> <li>• Current structure lacking strong local support and commitment to drive project forward.</li> <li>• Challenge of local co-ordination and support from each area. ie,</li> </ul>

	<p>named person, IT provision, support for database and finance</p> <ul style="list-style-type: none"><li>• Uncertainty of budgets, people</li><li>• Current funding and support structure limits opportunity to expand</li><li>• Lacks opportunity to generate funding support from within each area which is required to drive project forward and expand.</li><li>• Reliance on small project team affects future sustainability of project.</li></ul>
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	<b>Action Plan</b>	<b>Date by which action will be accomplished</b>	<b>Person responsible for overseeing action</b>
6.1	<p>Dissemination of results to seek views on proposed options.</p> <p><b>NHS Grampian</b> Public Health Leadership Group Lorraine Currie (Strategic Co-ordinator Child Health – NHSG)</p> <p><b>Local Authority Contacts</b> Sandy Riddell (Director of Education and Social Care - Moray) Annette Bruton (Director of Education, Culture and Sport – Aberdeen) Patricia Cassidy ( Head of Communities, Culture and Sport – Aberdeen) Maria Walker (Director of Education, Learning and Leisure – Aberdeenshire) Chris White (Buchan Area Manager – Aberdeenshire)</p> <p>Integrated Childrens Services Steering Groups and Management Groups – all areas</p> <p><b>CVS/ACVO</b> Alison Chandler (ACVO – Aberdeen) Eileen Bush (Moray) Alan Young (Aberdeenshire)</p>	30 September 2011	<p>Clinical Effectiveness Team</p> <p>Linda Smith</p> <p>Members of the Advisory Group</p>
6.2	Advisory Group to meet again and plan the way forward for GKAC.	7 October 2011	Public Health Leads; advisory group
6.3	Actively seek agreement with partners or appropriate organisation to support or accommodate GKAC.	31 December, 2011	
6.4	Firm up agreement for selected option.	31 March 2012	