



**Halton Children's Trust**  
**Minutes of Executive Group Meeting held on Tuesday 3 September 2013**  
**1pm, Committee Room 1, Runcorn Town Hall**

**Present:**

Ann McIntyre	Operational Director, Children's Organisation and Provision, HBC Services (Chair)
Gareth Jones	Head of Service, Cheshire West, Halton and Warrington Youth Offending Service, HBC
Tracey Coffey	Operational Director, Children and Family
Mark Grady	Principal Policy Officer, HBC
Julia Rosser	Consultant, Public Health
Steve Nyakatawa	Operational Director, Learning and Achievement, HBC
Simon Clough	Divisional Manager, 14 – 19 Services, HBC
Emma Taylor	Divisional Manager, Team Around the Family, HBC
Clare Myring	Integrated Commissioning Manager, HBC
Clare Hollins	Administration Analyst, Halton Borough Council

**Guests:**

John Gallagher	Principal Policy Officer, Corporate & Organisational Policy, HBC
Catriona Sreenan	Senior Manager, Safeguarding, Cheshire West and Chester Council

**Apologies**

Gerald Meehan	Strategic Director Children & Enterprise, HBC
Ged Timson	Divisional Director, Child and Family Services, Bridgewater CHT
Michelle Forder	Halton Family Voice Engagement Co-ordinator, HBC
Tracy Ryan	Assistant Policy Officer, HBC
Gill Frame	Halton CCG
Lorraine Crane	Divisional Manager, IYSS, Commissioning & Inspiring Families, HBC
Catherine Johnson	Principal Performance Officer, HBC
Julie Karmy	Integrated Commissioning Manager, HBC
Paula St Aubyn	Divisional Manager, Safeguarding, Quality and Review, HBC
Dave Sweeney	Operational Director Integrated Health Commissioning, Halton CCG
Lindsay Smith	Divisional Manager, Mental Health, HBC
Michelle Bradshaw	Assistant Director, Child and Family Services, Bridgewater CHT

Item		Action	Deadline
<b>1.</b>	<b>Minutes and Matters Arising from 23.7.13</b>		
1.1	1.5 <u>Vulnerable Groups</u> Targeted Youth Strategy Board – action completed.		
1.2	1.6 <u>HSCB Meetings</u> Increase in LAC report – action completed.		
1.3	4.1 <u>Commissioning Partnership</u> New performance monitoring model – action completed.		
1.4	6.1 <u>Maternity, Children &amp; Young People Strategic Clinical Network</u> Feedback to be brought to next meeting – action outstanding	<b>JR</b>	<b>15.10.13</b>

<p>2.</p> <p>2.1</p> <p>2.2</p>	<p><b>ITEMS FOR AGREEMENT</b></p> <p><b>Effectiveness of Early Help Report</b>  ET/TC presented this report  All proposals were agreed in principal to be signed off by the Children’s Trust.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li><b>3.5 of report – proposed to create one off task and finish group to look at CAF Activity and to measure early help.</b></li> </ul> <p>Suggested that YOT to be included as they also undertake early assessments. Suggested that it may be useful for Ian Rowlands to be part of the group from a data capture point of view.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li><b>3.6 That all CAFs open for 18+ months are highlighted on the system and brought to the Trust’s attention via IWST; that the progress within these CAFs is reviewed at the Working Together meetings, with further CAF activity subject to six-monthly reviews via the same process; and that the level of need is reviewed by the Lead Professional with input from the IWST SW to help review the progress made in each CAF. It is also proposed that the length of CAFs is included in the Trust’s performance monitoring systems.</b></li> </ul> <p>The timeframe to flag for the Trust to review was discussed, whether it should be 12+ or 18+ months. <b>It was proposed to do a sample on the 12mths CAFs – if this sample audit then highlights that the outcome planning is not as robust as expected.</b> This would then feed into the overall planning.</p> <p>IWST Social Workers are no longer undertaking initial assessment – action completed.</p> <p>To look at IWST alongside the Next Steps groups. It was agreed that the Business Case plan be brought to the Trust for agreement and also would like to see the impact that IWST has had.</p> <p><b>Children’s Trust Structure</b>  MG presented the new Trust structure. There are lots of groups doing a lot of good work but not tied into the actual structure; the new structure tries to address this issue. There will be many more areas integrated but it was agreed that this is a starting point.</p> <p>It was proposed that before the new structure is agreed at board level, to ensure that CCG have had sight of the structure and feed into it.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li><b>JR to review from a Public Health point of view.</b></li> </ul>	<p><b>MG/ET</b></p> <p><b>TC</b></p> <p><b>JR</b></p>	
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	<p>It was highlighted that the area around Closing the Gap is not just about the NEET group, but also for example, the 11-19 partnership and also has a different perspective from a health point of view.</p> <p>Consideration should also be given to how the Trust links with Adults Services which link with Children and how this transition is handled, such as from a Safeguarding, Domestic Violence or Probation Services point of view etc.</p> <p>There is no representation indicated from the Communities Directorate and this could be linked strategically. The linking of data should also be given consideration.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>Please inform MG to any changes to membership or appropriate links to be made.</b></li> </ul> <p>It was also raised how young people could be represented on some of the boards. The Young People preferred to have their own shadow arrangements and issues are taken to them rather than attending the formal meetings. Need to consider how this issue could be resolved in the future, whether this be as observers or being more creative in how this can be achieved in order to show how the voice of the child is influencing the direction of strategy.</p> <p>One way forward, would be to identify at the end of each meeting, whether there have been any questions raised that need to be taken back to young people for their feedback. It was noted that Cheshire has appointed a Youth Crime Commissioner Dominic Rogers, who could be utilised further.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>Report to be produced by John and Michelle/Des on what consultation is currently in place for the next meeting</b></li> </ul> <p>2.3 <b>CT/HWBB/HSCB Relationship: 3-way Protocol</b>  MG presented the Protocol for discussion and agreement. The initial draft of the joint protocol was shared with the Trust. It has been developed, to combine all three protocols and will be taken to HWBB on 18<sup>th</sup> September and will be taken to all three boards.</p> <p>Item 33 – reports on aspects of Safeguarding on a six-monthly basis rather than the quarterly basis as outlined.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>The board agreed in principle, subject to it being being agreed by all three boards. The board agreed for it to be taken to the CT/ HWBB/ HSCB boards.</b></li> </ul>	<p>All</p> <p>JB/MF</p>	
3.	<b>PRIORITY UPDATES</b>		
3.1	<b>Commissioning Partnership</b> AMcl outlined the activities being undertaken around SEN and it		

	<p>has been agreed to have a project group, a project lead and a range of sub-groups to sit beneath the partnership.</p> <p>One proposal is that a member of the SEN team will be seconded as the project lead, there is a budget of £9 million put aside by the Government but it is not known at this time how this will be broken down but it may be necessary to commission additional resource to complete the project. Membership of the Project group will then need to be established.</p> <p><b>3.2 Early Help and Support</b> Key areas of progress included:</p> <ul style="list-style-type: none"> <li>ET confirmed that the Health Visiting Team have moved into Kingsway. There is now a range of provision on site.</li> </ul> <p><b>3.3 Vulnerable Groups</b> Key areas of progress were discussed.</p>		
<p><b>4.</b></p> <p><b>4.1</b></p> <p><b>4.2</b></p> <p><b>4.3</b></p>	<p><b>INFORMATION ITEMS</b></p> <p><b>Induction Evaluation Report</b> JG outlined the key areas. In Sept-Oct 2012, the pilot programme was run and the first programme ran in April 2013. Will be rolled out twice each year dependant on demand. Hoping to utilise the programme for other Children's Trusts with a view to generating income. It was asked if it could be developed as a completely e-Learning tool. It was asked how participants are nominated - currently advertised on the Children's Trust Newsletter and website and staff are often nominated by their line managers.</p> <p>The following staff have delivered the initial programme:- NHS – Ann Evans and Chris Levan Addaction – Lynn Kenyon Halton Speak Out - John Hunt and Marl Hampson YOT - Ann Murray YOT HBC - John Bucknall. Michelle Forder and Barbara Egan</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li><b>GM to send out a letter to partner agencies asking them to identify staff who would then deliver the programme.</b></li> </ul> <p><b>Pupil Premium Report</b> SN presented this report.</p> <p><b>Overview and Analysis Multi-agency Audit Day July '13</b> CS presented this report, outlining the key elements. Children are chosen randomly and are audited by individual agencies who then submit the outcomes of their audit which was then collated to be analysed on the Audit Day on 10<sup>th</sup> July – looked at 16 children in total in different stages – 59 audit forms returned. And a short summary of the case provided by each practitioner to assist the focus group discussions. 58 professionals attended with encouraging feedback from the practitioners. The report indicates where audit forms were not returned or non-attendance.</p>	<p><b>GM</b></p>	

	<p>94% of cases were either satisfactory or good but one case had only one form returned and only one practitioner attended. 3 children with CAFs, where CAVAs were not shared. One Housing Officer was commended for their work. In addition:</p> <ul style="list-style-type: none"> <li>• The importance of chronology was reported.</li> <li>• Staff attempt to speak to the child and parent in each case, however, this is not always possible.</li> <li>• Concerns were raised in the delay in convening a Child Protection Conference in one instance which will receive further scrutiny.</li> </ul>		
<p>5.</p> <p>5.1</p>	<p><b>AOB</b></p> <p><b><u>Date/time of future 2013 meetings:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Tuesday 15 October September, 1– 3pm</b> Committee Room 1, Runcorn Town Hall</li> </ul> <p>Please note the change of venue for the November meeting:</p> <ul style="list-style-type: none"> <li>• <b>Tuesday 26 November, 1-3pm</b> Marketing Suite, Municipal Building, Widnes</li> </ul> <p><b><u>Proposed date/time of 2014 meetings: All TUESDAYS</u></b></p> <ul style="list-style-type: none"> <li>• 4 February</li> <li>• 18 March</li> <li>• 13 May</li> <li>• 24 June</li> <li>• 5 August</li> <li>• 23 September</li> <li>• 4 November</li> <li>• 16 December</li> </ul> <p><b><u>Flu Vaccinations</u></b> There has been an extension to the flu vaccination programme for under school age children. This information can be distributed via the Early Years settings. <b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>JR will provide information to be circulated.</b></li> </ul> <p><b><u>Group on Neglect</u></b> Meetings have been planned for the early age range but it has not been confirmed what has been planned for the older children.</p> <p><b><u>Results</u></b></p> <ul style="list-style-type: none"> <li>• KS2 – overall there has been an improvement since last year. Writing now 86% - 5 points above national average.</li> <li>• GSCCE results have increased to 62%.</li> </ul>	<p><b>JR</b></p>	