



Halton Children's Trust

Minutes of Executive Group Meeting held on Tuesday 4th September 2012 1.00pm, Civic Suite, Runcorn Town Hall

Ann McIntyre	Operational Director, Children's Organisation and Provision (Chair)
Nigel Moorhouse	Operational Director, Children & Families Services, HBC
Denise Roberts	Head of Child and Family Commissioning, NHS
Catherine Johnson	Principal Performance & Improvement Officer, HBC
Lorraine Crane	Divisional Manager, Integrated Youth Support Services, HBC
Emma Taylor	Divisional Manager, Team Around the Family, HBC
Mark Grady	Children's Trust Principal Officer, HBC
Paula St Aubyn	Divisional Manager, Safeguarding, Quality and Review, HBC
Emma Cheers	Administrative Officer, HBC (minutes)
Sharon McAteer	Public Health Development Manager, NHS Halton & St Helens
Lindsay Smith	Divisional Manager, Mental Health, HBC
Julie Karmy	Children's Commissioning Manager, HBC

Apologies

Michelle Vallance	Parent and Carer Engagement Coordinator
Hazel Coen	Divisional Manager, Performance and Improvement, HBC
Steve Nyakatawa	Operational Director, Learning and Achievement, HBC
Karen Hickey	Assistant Policy Officer for CYP, HBC
Simon Clough	Divisional Manager, 14 – 19 Services
Gerald Meehan	Strategic Director of Children's Services, HBC (Chair)
Christine Whittaker	Interim Divisional Manager, Bridgewater CHT

Item		Action
1.	MATTERS ARISING from meeting 10.07.12	
1.2	SCS reporting: It was established that both SCS and Children's Trust performance reports are needed, but care should be taken to avoid duplication. All present agreed with this proposal.	Performance Staff
1.3	CHIMAT: Work is ongoing with Public Health to look at performance information that can be used.	
1.4	After the Riots: This report is to go to LSP and then will be presented to Executive Group in October.	MG
1.5	Item 1.6 EHAS update: Lindsay Smith will be the Adult Services representative for EHAS meetings. Lindsay expressed the view that he should also be the representative for future Executive Group meetings, and that Paul McWade should be on the main Trust Board. This will be followed up and clarified at a later date.	LS/MG
1.6	Public Health Transition: A Group is meeting on a regular basis to look at the commissioning model.	
1.7	Troubled families: This name is no longer to be used and the new name	

	<p>is “Inspiring Families”. This will reflect a more positive approach.</p> <p>The group agreed the set of minutes from the previous meeting, aside from a paragraph change in 2.2 regarding Adult performance reporting in terms of recording children and young people’s needs, LS has discussed with Hazel Coen ways to identify young carers.</p>	
2.	FEEDBACK ON PREVIOUS SCRUTINY TOPICS	SC
2.1	<p>NEET</p> <ul style="list-style-type: none"> • SC will take straplines to NEET group. • ET has met with SC on the back of what he presented in the report. Some actions are going forward as a result of this. • There are no obvious external funding streams at present but will continue to look for opportunities. • There has been some success around the WNF apprenticeship proposal. Four submissions were put forward to the LSP and the approved submission was for a bid to support a number of apprenticeships and to create a hardship fund, both aspects will in part support our NEET population. 	
2.2	<p>Early Help Integration Model</p> <p>ET has spoken to Angela McNamara and contacted IWST teams, as has LS, for greater integration, in particular regarding Domestic Abuse. ET is chasing this up. It was felt that this will assist professionals in getting a better feel for what is needed to move forward. A review is underway of IWST. They are compiling a statement regarding who should be a core part of IWST and who should be a part in a virtual capacity. This will start in October.</p>	
2.3	<p>CAVA Protocol</p> <p>This referred to how CAVAs are dealt with across the agencies. Angela McNamara has been approached and discussions have taken place around combining CAVA meetings and IWST allocation meetings. These meetings will include CRI (Crime Reduction Initiatives) and health professionals.</p>	
3.	SCRUTINY TOPICS	
3.1	<p>Health Joint Strategic Needs Assessment (JSNA)</p> <p>The aim of the JSNA is to provide a top level, holistic and systematic view of needs within the borough. The joint health and wellbeing strategy sets the priorities for collective action. This will assist communities in their decision making and to help them assess who is in need and to define that need. The final draft of the health and wellbeing strategy will go to the board this year and to the CCG. There are a number of cross cutting priorities such as mental health, older people and alcohol abuse. There is a significant issue with childhood access in the borough, in particular “0-5” age group.</p> <p>Sharon McAteer put to the group how the JSNA can be improved as she felt that better engagement will ensure that the work goes forward. She asked whether the chapters contained fully reflect issues and whether the</p>	

<p>3.2</p>	<p>format is appropriate and key issues are covered. She acknowledged that a higher level of creativity around needs is required.</p> <p>NM felt that the JSNA informs all and presents of a higher standard than most that he had seen previously.</p> <p>Sharon felt that the assessment provides a whole range of information. She suggested the inclusion of a child health profile that could be included to help us assess the level of need.</p> <p>PStA felt that JSNA should be one for the whole borough.</p> <p>AM felt that the document was much easier to read but was not sure that it covered all priorities.</p> <p>LM informed that the key national document is not mentioned or the Mental Health Strategy and that it would be beneficial for both to be included.</p> <p>AM enquired as to whether a pathway was mentioned and Sharon informed that they did try to pick out a life course approach. 0-5 development was suggested for inclusion. AM informed that the main aspect of CHIMAT was the 0-5 development and that it was supposed to be that progress was inadequate and a subgroup was created. The Executive Group felt that this would work and Sharon McAteer assured that she would facilitate this.</p> <p>Representatives for this group were discussed and it was decided that LC, CJ, DR, a representative from Research & Intelligence, Performance Management representation plus another individual to be nominated by AM would be sufficient. A suggestion around the group being separated into different sections for different areas and a lead representative for each section was welcomed.</p> <p>MG will assist Sharon in providing her with contact details such as email addresses etc and he will report back with progress around this at the next meeting.</p> <p>Early Help Recommended Programmes</p> <p>One of the major recommendations in the Allen Report was around the identification of the 25 best Early Intervention Programmes in the UK which robust evidence demonstrates are “proven to work”. It is felt that these programmes would work in Halton, in particular during the ante-natal period. Therapeutic work with young children and assessments of impacting factors upon them and a range of other social groups would also be considered. Specific skills will be required for various types of needs and the programmes would have a strong clinical aspect. The intention of the programme is to provide support to children from the outset and to provide this at the earliest possible stage.</p> <p>It was acknowledged that a high level of parents in the area feel that they lack the support that they need. As soon as issues for families are identified, then programmes may be offered to them where appropriate. The programmes will cater for what families have found the most useful</p>	<p>Sharon McAteer</p> <p>LC, CJ, DR</p> <p>AM</p> <p>MG</p>
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	<p>and enjoyable. Commitment from Halton Children’s Trust to the service redesign and reconfiguration is required. The redesign will include clinical delivery, educational psychology, adult learning and family learning. Attachment theory will be an underlying factor in the work. Partnership with schools will also take place and Head teachers of local schools have been spoken to who informed that they would like for the service to come to the schools. Work in schools will centre on a cognitive behavioural therapeutic approach. All 25 programmes will be looked at again and assessed to see if any modifications need to be made.</p> <p>JK informed that the test of these will be if the programmes are taken to the schools.</p> <p>LS expressed concerns around referral and assessment pathways and whether it will be fully assessed as to what is needed for the child. JK informed that assessment will take place prior to any programme that the child participates in.</p> <p>ET asked whether it was possible for Halton to go ahead with these programmes. JK informed that this is possible, in particular with the Adult Learning programme. She added that if CAMHS were able to provide an additional member of staff, this programme could be delivered weekly. JK expressed that it is important that links are maintained with IWST.</p> <p>AM asked as to whether it is needed to identify the correct key people for each area. JK informed that the Educational Psychology Service are awaiting instruction and are ready to be involved. Val Stoddard-Cross has been spoken to by JK regarding calculations and budgets.</p> <p>NEET and antisocial behaviour are areas of priority.</p> <p>DR informed that CAMHS are eager to help with this.</p> <p>LS made the suggestion that the Mental Health Strategy be brought into this.</p> <p>All present at the meeting supported the recommendations.</p>	
4.	ITEMS FOR AGREEMENT	
4.1	<p>Proposals for Future Multi Agency Audit of Practice</p> <p>The current multi-agency auditing of practice is undertaken three times per year for half a day and 4/5 cases are discussed in detail on each occasion. The proposal is that the auditing of practice is carried out three times a year for a full day each time. This will involve practitioners and facilitators and they would meet the children and their families face to face for the audit. The quality of the information as a result will be greater than that of independent agencies and will have a greater child and family perspective. All involved must commit to this process. A further recommendation is that during the CAF audit, steps are made to hear directly from the children and families and this will prepare Halton for future auditing.</p> <p>LS informed that the “voice of the child” is a good development and that</p>	

	<p>he is aware that the police are supportive and in favour of the proposals.</p> <p>AM stated that all present endorse and support the recommendations.</p> <p>DR will send the proposals out to providers to ensure that this is what all involved want. ET will look into administration for the CAF audit in order that Halton move forward with this.</p>	<p>DR</p> <p>ET</p>
5.	PRIORITY UPDATES	
5.1	<p>Improve outcomes for children and young people through effective joint commissioning</p> <p>There was no update for this item.</p>	
5.2	<p>Improve outcomes for children and young people through embedding integrated processes to deliver early help and support.</p> <p>An action plan is up to date. Multi-agency work is integrative. There has been no move to Kingsway as yet. Public involvement is strong in this area. A regional event is to take place in June. Work is looking positive and referrals have decreased. ET stated that it is clear from the first panel that we need these meetings to be well attended.</p>	
5.3	<p>Improve outcomes for our most vulnerable children and young people by targeting services effectively</p> <p>There is no update for this item as this is a work in progress but a report will be provided at the next executive group meeting.</p>	
5.4	<p>Children’s Trust Report Card Q1, 2012-13</p> <p>This will not be signed by the Executive Group until it has gone through the subgroups. It was proposed that this be looked at again at the next Executive meeting. There are firmer numbers around attachment. The report card is on its first draft and some parts are yet to be updated. The next meeting is scheduled too soon to add the second quarter’s information.</p>	
5.5	<p>CHIMAT Performance Data Update</p> <p>This report is scheduled to go to the meeting after next. The information is to go to the JSNA. Information is also required from the health colleagues within the council. It is hoped that when it goes to the Commissioning Partnership that a few recommendations will be included. They are there at a strategic level but also need to be available for the Commissioning Partnership. Some improvements have been noted.</p>	
6	INFORMATION ITEMS	
6.1	<p>Troubled Families Initiative</p> <p>This initiative is to be renamed as “Inspired Families. It is hoped that work around this will start in October. Work is to take place with ET around the delegated model. Families are to be identified so that they are known to workers. Police wish to have more information before they participate or are involved. Health have yet to sign to agree to their involvement.</p> <p>The next National Conference is to take place on the 18th September at Westminster. This event will be discussed at the next board meeting. AM</p>	

<p>6.2</p> <p>6.3</p> <p>6.4</p> <p>6.5</p>	<p>informed the Executive group that all Regional and National meetings are to be attended.</p> <p>There is to be a report going across Cheshire around families that will take place across all four authorities.</p> <p>Levels of Need Framework update The new framework will identify how cases fit in with the levels of need. A consultation will take place which will be open to everyone. The levels have been agreed but the wording has not. A meeting will take place regarding this next week. MG informed that there are some concepts and designs to work with. All involved will have to agree with how to work with these concepts and designs prior to the consultation. The project appears to be going to task and time.</p> <p>LS felt that the simplicity of the framework will be it easier for referral agencies to refer to.</p> <p>NM was pleased with the outline framework. 3A and 3B issues are around common language. 3A is going into 2. Professionals are happier with the three levels.</p> <p>Child Protection Inspection Planning Update The Child Protection Inspection is to be replaced by the new Multi-Agency inspection. An initial strategy group meeting was held in July. An updated communications pathway is hoped to be in place for any unannounced inspections next year. MG will be the Lead Co-ordinator with TH. A newsletter is to be produced and the online library is in good shape. Activity is to take place around greater emphasis on the “voice of the child”. LC is preparing evidence for this, and PStA requested for partners to forward examples they have of collating the views of children and young people to MG.</p> <p>MG informed that there is to be a group meeting in October, involving multi-agencies and representatives from marketing, HR and Health.</p> <p>LS informed that there will be a Domestic Abuse meeting around the “voice of the child” and that there will be various groups to promote within this. He stated to the group that Halton Housing Trust have a young people’s forum which is working well and is well attended. The group all agreed that as this group is working so well, it is not necessary to create further groups.</p> <p>Multi Agency Audit of Practice, July 2012 The audit of practice demonstrated learning, openness and honesty from partners. There were significant issues raised by the police, two examples to be exact, of incidents and concerns that were deemed to be high risk for children and their families were downgraded which was extremely concerning. CRI Action around staff being briefed on what is expected of them will be chased up by PStA.</p> <p>Actions for Future Executive Meetings The Peer Challenge Evaluation is to be taken off the actions.</p>	<p>ALL</p> <p>MG</p>
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<p>An update is to be given on “Inspiring Families” at the next meeting.</p> <p>SN will attend to Peer Challenge Evaluation and SEN.</p> <p>“After the Riots” will be attended to by MG.</p> <p>Early Help and NEET Executive Challenge updates to be brought.</p>	<p>LC</p> <p>SN</p> <p>MG</p> <p>ET/SC</p>
<p>Date and Time of Next Meeting Tuesday 16th October, 1.00pm – 3.30pm, Civic Suite, Runcorn Town Hall</p>	

Outstanding Actions to date:

1.2	SCS reporting: It was established that both SCS and Children’s Trust performance reports are needed, but care should be taken to avoid duplication	Performance Staff
1.4	After the Riots: This report is to go to LSP and then will be presented to Executive Group in October	MG
1.5	LS to be Adult Services representative at Executive Group and Paul McWade to be approached to be sit main Trust Board.	LS/MG
2.1	SC will take straplines to NEET group	SC
3.1	JSNA: Sharon McAteer to facilitate subgroup for development of pathway for 0-5 child development. Membership to consist of LC, CJ, DR, a representative from Research & Intelligence, Performance Management representation plus another individual to be nominated by AMc MG will assist Sharon in providing contact details and will report back with progress around this at the next meeting	Sharon McAteer LC, CJ, DR AMc MG
4.1	Future multi-agency audit of practice: DR will send the proposals out to providers to ensure that this is what all involved want. ET will look into administration for CAF audit in order to move forward with this	DR ET
6.3	Child protection inspection planning: partners to forward examples they have of collating the views of children and young people to MG	ALL
6.5	<p>Actions for Future Executive Meetings:</p> <p>The Peer Challenge Evaluation is to be taken off the actions.</p> <p>An update is to be given on “Inspiring Families” at the next meeting.</p> <p>SN will attend to Peer Challenge Evaluation and SEN.</p> <p>“After the Riots” will be attended to by MG.</p> <p>Early Help and NEET Executive Challenge updates to be brought</p>	<p>MG</p> <p>LC</p> <p>SN</p> <p>MG</p> <p>ET/SC</p>