

CHILDREN'S STRATEGIC PARTNERSHIP AGENDA



Monday 25 January, 2016

at 4.15 pm

**in the Centre for Excellence in Teaching and Learning,
Brierton Lane, Hartlepool**

MEMBERS: CHILDREN'S STRATEGIC PARTNERSHIP

Councillor Chris Simmons, Chair of Children's Services Committee and Lead Member for Children's Services (Chair);
Councillor Alan Clark, Chair of South and Central Neighbourhood Forum;
Councillor Paul Beck, Chair of North and Coastal Neighbourhood Forum;
Sally Robinson, Director of Child and Adult Services, Hartlepool Borough Council;
Danielle Swainston, Assistant Director, Children's Services, Hartlepool Borough Council;
Mark Patton, Assistant Director, Education, Hartlepool Borough Council;
Louise Wallace, Director of Public Health, Hartlepool Borough Council;
Damien Wilson, Assistant Director, Regeneration, Hartlepool Borough Council;
Chief Superintendent Gordon Lang, Cleveland Police;
Barbara Gill, Head of Offender Management, Durham Tees Valley Probation Trust;
Ali Wilson, Chief Officer, NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group;
Representative, NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group;
Lindsey Robertson, Professional Lead Nurse, Out of Hospital Care, Hartlepool & North Tees NHS Foundation Trust;
Nicki Smith, Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust;
Head of Service, North Locality, Hartlepool Borough Council;
Jane Young, Head of Service, South Locality, Hartlepool Borough Council;
Helen White, Participation Manager, Hartlepool Borough Council;
Dave Wise, West View Project, Voluntary and Community Sector;
Kay Glew, Housing Hartlepool, Thirteen Group;
John Hardy, Head Teacher St John Vianney Primary School, Hartlepool Primary Schools (Vice Chair);
Head Teacher, Hartlepool Secondary Schools;
Head Teacher, Hartlepool Special Schools;
Darren Hankey, Principal Hartlepool College of Further Education, Hartlepool Post 16 Colleges;
Jonathan Fay, Partnership Manager, Job Centre Plus;
Karen Gibson, Hartlepool Carers, HealthWatch Children and Young People's Representative
Children and Young People Representatives
Adoptive / Foster Parent Representatives



1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

3.1 To confirm the minutes of the meeting held on 17 November, 2015.

4. **ITEMS FOR INFORMATION / DISCUSSION**

4.1 Better Childhood programme / Healthy Relationships - Presentation – *Director of Child and Adults* (Documentation to follow)

For Information:

Date of next meeting – 23 February, 2016 at 4.15 pm in the Civic Centre, Hartlepool.



CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

17 NOVEMBER 2015

The meeting commenced at 4.15 pm in the Civic Centre, Hartlepool

Present:

Councillor Chris Simmons (In the Chair);

Councillor Alan Clark, Chair of the South and Central
Neighbourhood Forum
Sally Robinson, Director of Child and Adult Services
Danielle Swainston, Assistant Director, Children's Services
Louise Wallace, Director of Public Health
Antony Steinberg, Economic Regeneration Manager (as
substitute for Damien Wilson)
Alison Wilson, Chief Officer, NHS Hartlepool and Stockton on
Tees Clinical Commissioning Group
Lindsey Robertson, Professional Lead Nurse, Hartlepool and
North Tees NHS Foundation Trust.
Chris Davies, CAMHS, Tees, Esk and Wear Valleys NHS Trust
Dave Wise, Voluntary and Community Sector Representative
Jonathan Fay, Jobseeker Opportunity Manager, Job Centre Plus
Dave Pickard, Independent Chair, Hartlepool Safeguarding
Children Board
Lauren Howells, Young Peoples Representative
Ben Marshall, Young Peoples Representative

Also present: Leo Jones, Senior Manager, iMPower
Debbie Frossan, Manager, iMPower
Graham Alton, Chief Executive Officer, Changing Futures NE
Martin Todd, Deputy Chief Executive Officer, Changing Futures NE

Officers: Helen White, Participation Manager
Deborah Clark, Health Improvement Practitioner
David Cosgrove, Democratic Services Team

10. Apologies for Absence

Damien Wilson, Assistant Director, Regeneration.
Chief Superintendent Gordon Lang, Cleveland Police.
Kay Glew, Housing Hartlepool (Thirteen Group).

11. Declarations of Interest

None.

12. Minutes of the meeting held on 8 September, 2015

Confirmed.

The Chair referred to Minute No. 7 "Children's and Young Peoples Out of School Entitlement" where Partnership had supported the continuation of the Strategy Group and indicated that the Strategy Group had applied to the Children's Social Care Innovation Fund established by the Government's Cabinet Office to assist in the establishment of new structures to delivery services to children and young people. A grant of £40,000 had been achieved to assist with the next steps of the process. This was excellent news that showed the strength of the proposals that had been agreed by all partners.

13. Delivering the Better Childhood and Healthy Relationship Programme *(Director of Child and Adult Services)*

The Assistant Director, Children's Services introduced Leo Jones and Debbie Frossan from iMPower who had been working with the Council on the development of the Better Childhood and Healthy Relationships Programme.

The representatives from iMPower gave a detailed presentation to the Partnership, a copy of which is attached as an appendix to these minutes.

During the presentation the meeting broke into working groups to discuss findings from phase 1, the case for changing how we work together and what could be done differently to make an even bigger impact.

In feeding back after the group sessions, Partnership members commented as follows –

A confident workforce was required with the confidence to retain and manage cases through the right interventions through targeted commissioning.

A detailed evidence base was required.

Integrated working is often based on individual relationships and personalities rather than systems and these often failed when key people moved on.

Agencies were essentially being required to make a leap of faith. Austerity and rising demand was driving the need to work proactively rather than reactively.

There was a growing role for the third sector.

The fact that agencies weren't working together particularly well was no surprise; it was a repetitive subject at meetings.

There is a Bereavement service for children with £16,000 of funding but no one has heard of it.

If many of the children placed in care were avoidable, why were they not avoided.

Agencies should have been working together already without the pressure of budget cuts. The same people were at the same meetings saying the same things.

Teachers weren't always aware of how to deal with many of the issues that people were saying they should be picking up or children should talk to them about.

Did 'early intervention' actually need to be earlier?

Following the groups, the IMPOWER representatives indicated that there was a need to focus on the outcomes that the partners wanted to achieve. There was the potential for local authority and partner services to fracture because of the austerity savings that were being demanded.

Opportunities to re-shape services like the one 'we' now had were rare. Bringing the partners together with shared values to model new services with the potential to have an impact on families was key. There was need to develop a different model of integrated services better able to survive key individuals moving on. Those services also needed to be measurable to ensure that their impact could be assessed not just how much money was being spent.

It was proposed that a further meeting of the Partnership be held in January to look at the development of the Better Childhood and Healthy Relationships Programme.

Key to moving the process forward would be 'volunteers' from within each partner organisation to move matters forward within their own organisation. The Chair commented that this was potentially a one-off opportunity to make such a radical reassessment and realignment of services and one that all partners should grasp in light of the budgetary pressures 'we' were all under.

The Director of Public Health commented that the Chief Executive's of the majority the agencies involved had been involved in the decision making around this process through the Health and Wellbeing Board, so there was key-individual 'buy-in' to the process.

Decision

1. That the comments and discussions are noted.
2. That a further meeting of the Partnership to discuss the development of the Better Childhood and Healthy Relationships Programme be held in January 2016.

14. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 6.45 pm.

CHAIR

Children's Strategic Partnership

Delivering the Better Childhood and Healthy Relationship Programmes



**CLEVELAND
POLICE**

CSP 17th November 2015

Desired Outcomes from the session

1. **To share, absorb and discuss the findings** from Phase 1 of the Better Childhood and Health Relationships Programmes
2. **To begin to shape a shared vision** on what this means for our individual services as well as how the partnership could and should work together in the future
3. **Explore our key outcomes** that we need to achieve individually and begin to agree a number of cross cutting outcomes that we pursue together as a partnership
4. **Agree a long list of 'cross cutting outcomes / obsessions'** that our programme and partnership is here to deliver
5. **Begin to consider a more integrated approach** across the children's system and how we achieve this
6. **Agree the future role of the CSP** in supporting this

Agenda

1. Welcome and Introductions
2. Recap on the Better Childhood & Healthy Relationships Programmes – purpose, focus and rationale behind their development
3. Review of findings from phase 1 of the programme
 - Discussion regarding what this means and what we need to do differently
4. Review of our individual key outcomes and development of our cross cutting partnership outcomes that the programme will deliver
5. Setting up a 'programme' of change
 - Agreeing partnership input
 - Roles, responsibilities, workstreams and governance
6. The future role of the CSP in supporting this

Recap on the context and purpose of the Better Childhood and Healthy Relationships Programmes



Context

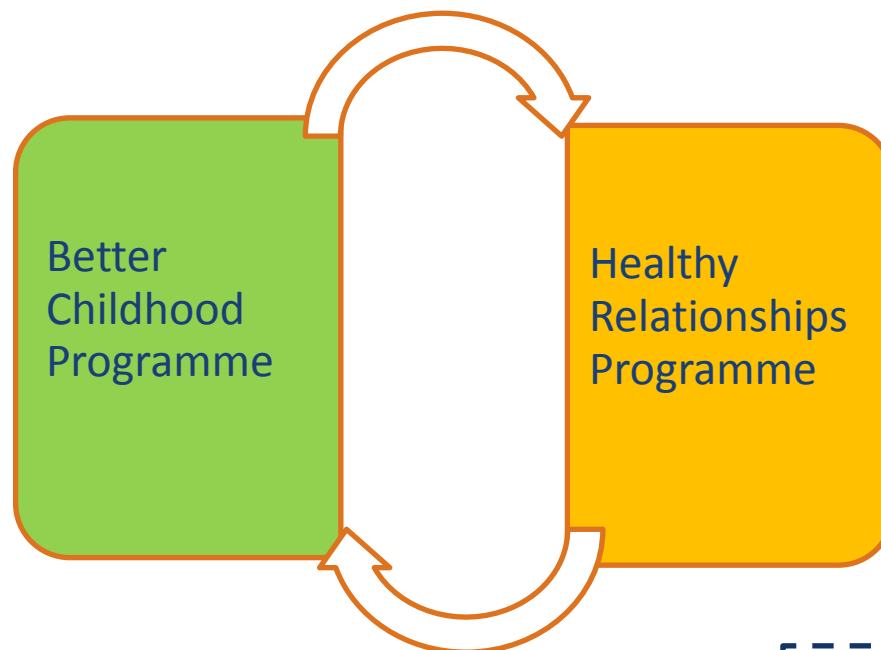
- North Tees has some of the highest child poverty rates in the country and the authorities of Hartlepool and Stockton are some of the most deprived in terms of IMD
- The national picture has been one of reductions in expenditure with associated increases in demand for statutory services which is not sustainable in the short, medium or long term.
- In the last three years there has been a: -
 - 30% increase in the number of children receiving a social care service and a
 - 15 – 20% increase in the number of children looked after.

The impact of such demand can be felt across the wider partnership and these trends are placing significant pressure on public expenditure that is not sustainable

- — — — —
- **The Better Childhood Programme** was launched to: -
 - transform processes, systems and service models to help reduce demand for higher cost statutory services and to
 - improve the life outcomes of children and families across the area.
 - The programme was seeking to create new multi professional solutions for children and families by removing duplication from the system and maximising the expertise of the children's workforce.
- — — — —

The programme has been supported by investment from a range of partners and by the success in the bid to the transformation challenge award

Two 'programmes of change' supporting each other



What is
its
purpose?

To improve our identification and response to vulnerable families to stop their needs escalating.
To remove unnecessary duplication & delay in the system

How will
we do
this?

We want to integrate our early intervention services and target them more at the core drivers of demand. **We hope this will include a more multi-agency approach.**

What is
its
purpose?

Designed to improve the relationships in families – including couples and parent / child to create stability, build long term resilience & stop needs escalating.

How will
we do
this?

We want to train up the workforce in supporting better relationships and provide relational centres where people can access support in their communities

Core elements of the Better Childhood Programme

The Better Childhood Programme is made up of three key elements

1. The establishment of a Multi-Agency Children's hub to provide support, advice and signposting for children and families across Hartlepool and Stockton with a view to ensuring they get the most appropriate support and intervention at the earliest opportunity.
2. The redesign of the current approach to early help and social care to establish multi-professional (and ultimately multi-agency) teams of family partners. The design of these teams will reduce duplication for families and provide more focused support and intervention through a single key worker
3. Reducing the number of avoidable presentation and admissions of children to hospital and A&E across Hartlepool and North Tees.

The programme is a long term transformational journey designed to change the way we work together as a partnership over the next 10 years

Core elements of the Healthy Relationships Programme

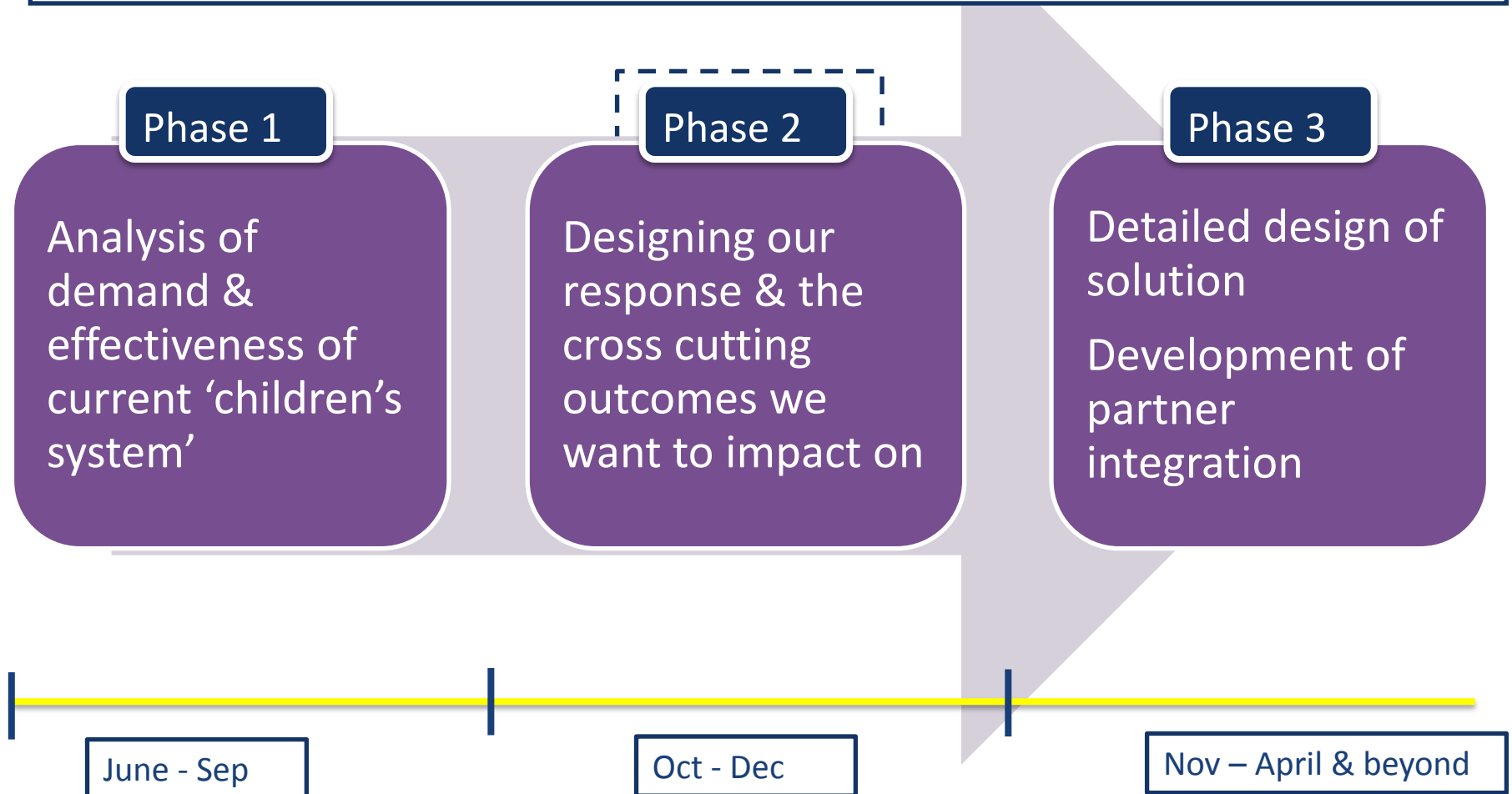
The Healthy Relationships programme is made up of three key elements

1. The establishment of three Family & Relationship Hubs in statutory and VCS venues to provide support, advice and signposting on relationships for children and families across Hartlepool with a view to ensuring they get the most appropriate support and intervention at the earliest opportunity.
2. Helping build on the current approach to early help and targeted & acute services including through:
 - Establishing multi-professional teams of family partners to assess, support and evaluate work in respect of couple and family relationships.
 - Building additional expertise in agencies across the sector in assessing, working with and supporting couple and family relationships
3. As a result of improving relationships and resilience we aim to help reduce pressures on health agencies, and improve attendance, behaviour and attainment in schools.

The programme is a long term transformational journey designed to change the way we work together as a partnership over the next 10 years

Delivering the Programmes of change

Whilst our initial bid included the ambition of reducing demand and driving increased integration across partners, we recognised the need to better understand demand in the system to then develop our collective response to it



Thinking Differently



Ground rules and hopes for the session

Whilst there is clearly good work happening in Hartlepool with pockets of strong practice and effective multi-agency working at a local level, the focus of phase 1 has been on what we can do differently to have a bigger impact with shrinking resources.

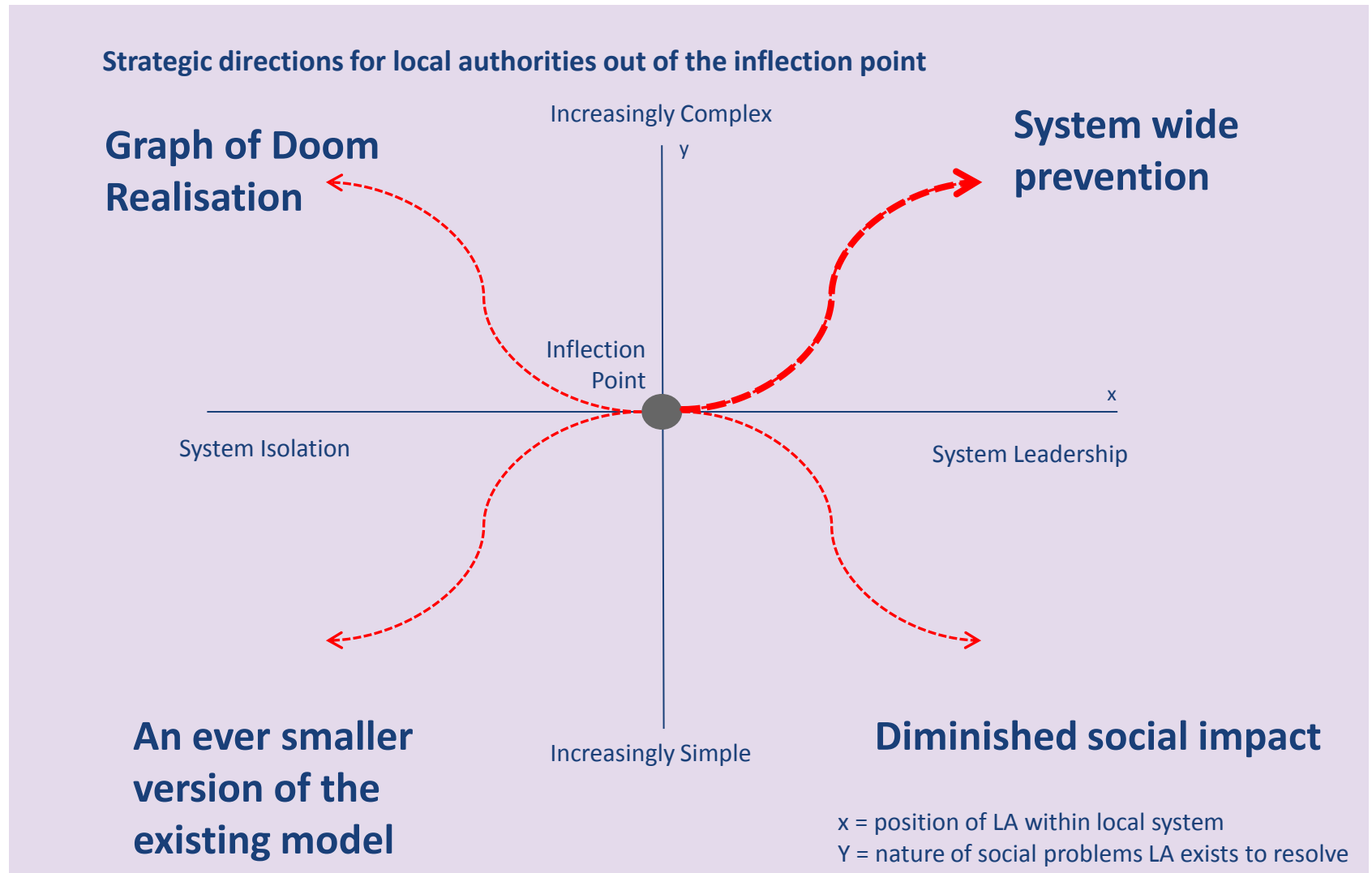
- The findings are not designed to be critical of any organisation
- We want to have an open conversation about what we could do differently and how we could work even more closely together in the future
- This is the 'start' of the conversation but we want to move as quickly as we are able to better maximise our efforts
- Everyone's voice is important and should be heard – please allow everyone to share their views
- We believe that we cannot continue to do more of the same – our shrinking resources and rises in demand will not allow it

We are therefore asking everyone to 'think differently' about a future model of support and intervention for children and families

Thinking Differently



The impact of the austerity agenda means we are at the Inflection Point



Thinking Differently

Text Message
Sun, 5 Jul, 12:00

We would like you to think about the care and treatment that you received in our A&E department. How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment? 1 Extremely likely, 2 Likely, 3 Neither likely nor unlikely, 4 Unlikely, 5 Extremely unlikely, 6 Dont know. Please reply today, texts are free of charge. Your feedback is anonymous & important to us. Please reply "STOP" if you dont want to receive any further surveys from the trust. Thank You

Findings from phase 1



Summary of what we have found regarding 'demand' for services

Demand

Confusion over pathways drives unnecessary demand

There is quite a lot of 'unnecessary' activity

A good proportion of demand is avoidable

There appear 'core' demand drivers

The current system isn't focused enough on these issues

Detail

- ➔ There is a lack of understanding of how to access early help provision – and a lack of confidence in it leads to unnecessary referrals to social care & delay in appropriate support for children & families
- ➔ 100% of police, 46% of schools & 30% of partners think referring to social care is the best way to access early help

- ➔ There are high levels of social care assessment which don't lead to social care intervention
- ➔ 67% of social care assessments are closed without social care support

- ➔ We have reviewed 25% of LAC cases (in partnership with HBC staff) which has shown that **48% could definitely or possibly have been avoided**

- ➔ DV & Substance Misuse are core drivers for future specialist services
- ➔ This is particularly prevalent in younger children – making the case for deeper integration with partners (particularly health)
- ➔ There are 2 cohorts that drive care entry (0 – 1 and 15+)

- ➔ Whilst there are lots of services involved with families, they are very rarely seeking to tackle & prevent these core issues (DV & SM)
- ➔ The prevalence means the whole system needs to focus on these more

Successful demand reduction requires work across the whole system with all partners

Understanding Demand and the children's system

Findings from our partner survey

Over the summer we launched a survey for partners around their understanding, roles and behaviours in the children's system in Hartlepool

This was completed by a range of partners including schools, Police, Health and the 3rd Sector

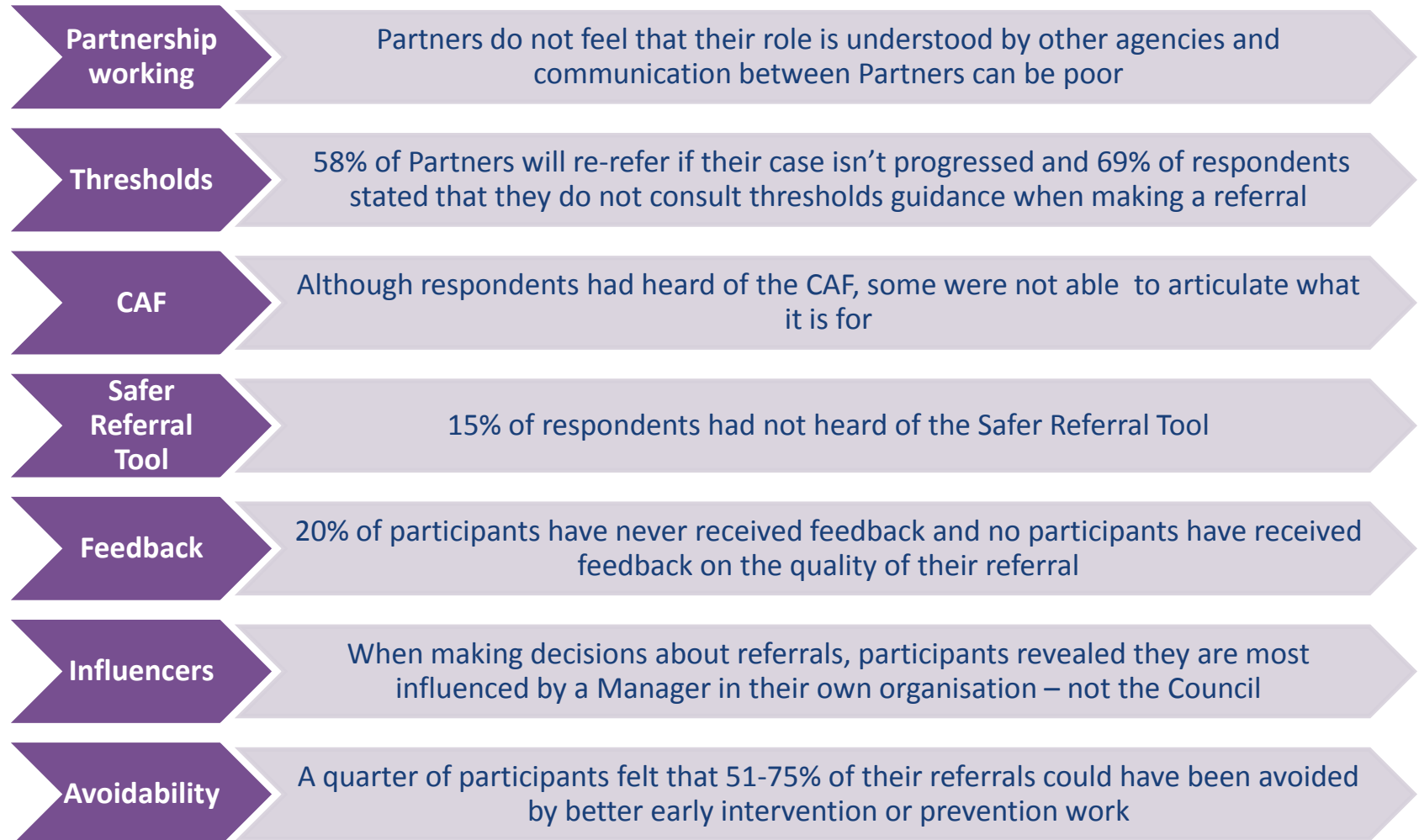
This is a summary of these findings – but we have also created specific findings for each main partner agency



We would like to share this individually with agencies over the next month as we seek to develop our response to the findings & the further development of the BCP

Understanding our Partnerships

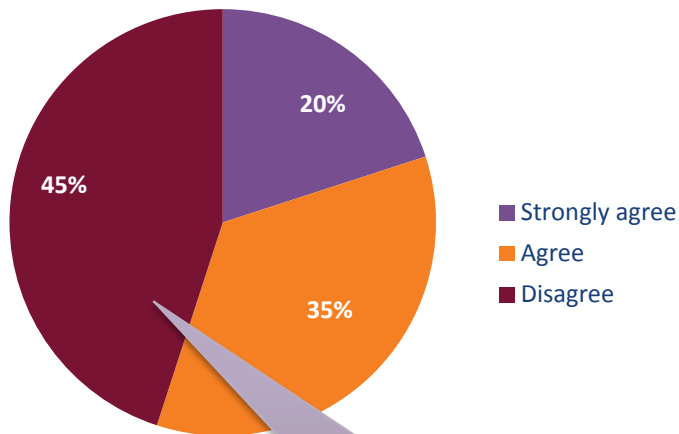
Summary findings from our partner survey



PARTNERSHIP WORKING

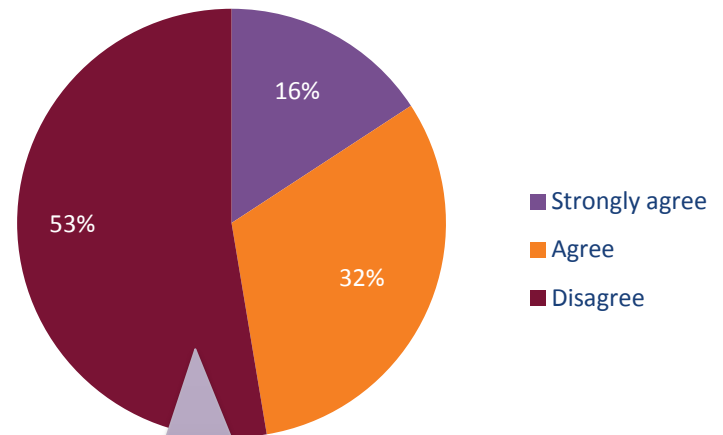
45% of Partners reported that they do not feel that their role in Early Help is understood by other agencies and 53% feel that there is not good communication between Partners around Early Help services

Partners understand the role of my agency and how we help need/risk from escalating Partners understand the role of my agency and how we help need/risk from escalating



45% do not think Partners understand their role

There is good communication between partners about children receiving early help services There is good communication between partners about children receiving early help services

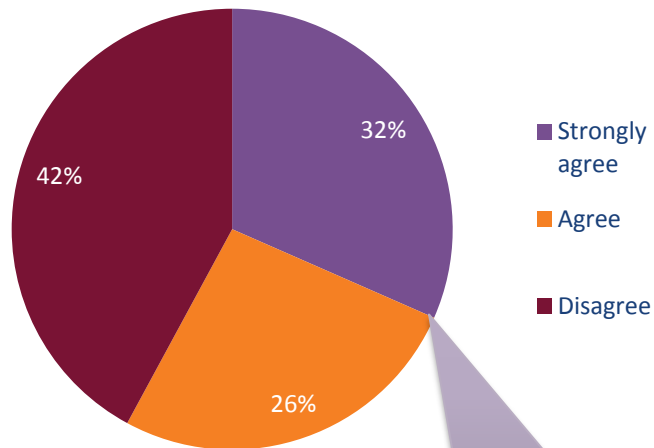


53% disagree that there is good communication across the Partnership

THRESHOLDS

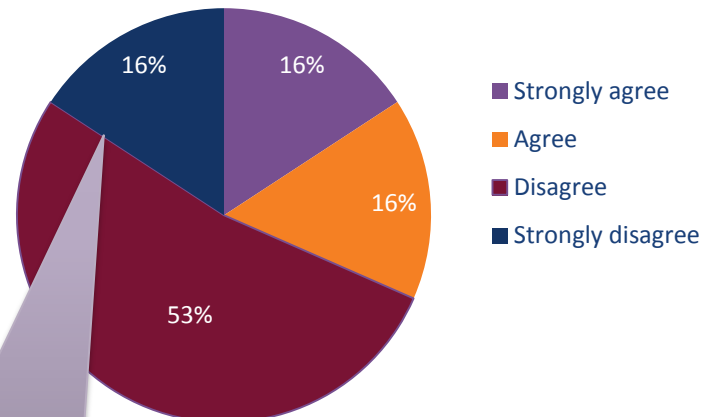
The majority of respondents stated that they will re-refer if their case isn't progressed and the majority of Partners who replied stated they do not consult guidance on thresholds before making a referral

If the case isn't taken forward after referral, when I believe it should be, I will re-refer If the case isn't taken forward after referral, when I believe it should be, I will re-refer



58% of Partners agree or strongly agree that they will re-refer if a case they refer isn't taken forward

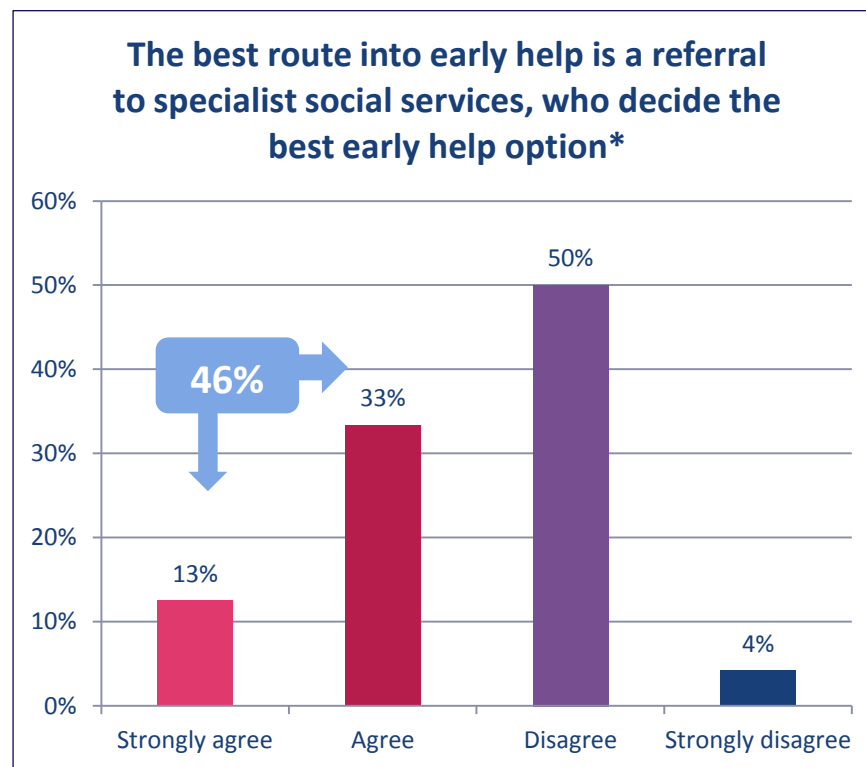
I always consult the How to Get The Right Services for a Child at The Right Time document before making a child protection referral or completing a CAF



69% of Partner do not consult "How to get the Right Services at the Right Time" when referring

The dominant brand for accessing early help support from Hartlepool appears to be specialist social care and not CAF

- ❑ 46% of schools,
- ❑ 100% of police respondents and
- ❑ 30% of other partners think the best route to access Early Help service is through specialist Social Care



*Data Source: Hartlepool Better Childhood Programme Partnership
Survey - Education

Confusion over pathways – and lack of feedback on appropriateness and quality of referrals is encouraging inappropriate demand

Understanding Demand and the children's system

Findings from deep dive case reviews

As part of the analysis we also completed specific case reviews of 25% of the current LAC population to help us understand: -

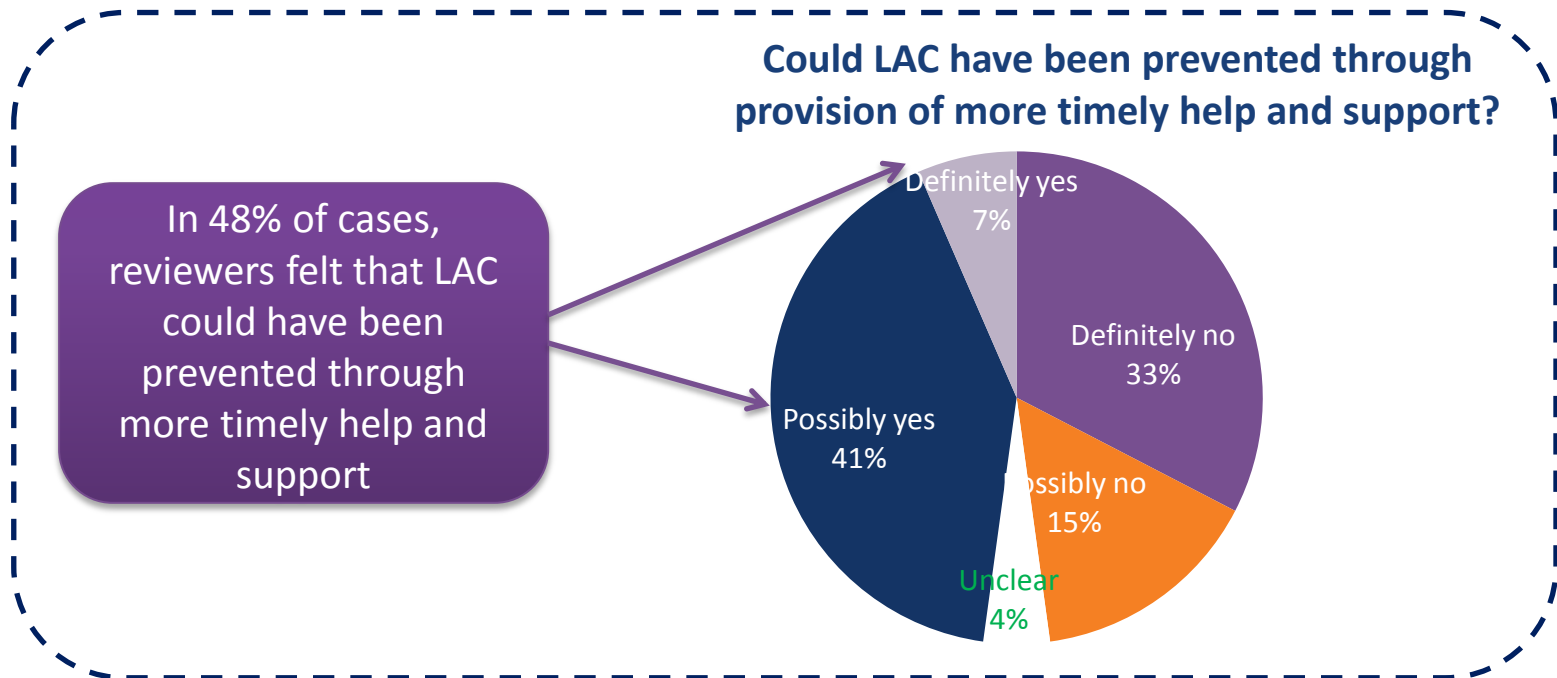
- What the key issues were in these families that led to the children having to come into care
- To help inform us as to how we may need to work differently in the future to tackle them
- To understand if we could have avoided these children from entering care and if so what we could have done and
- To understand how effective we were in the intervention we were offering families in times of crises



Case review analysis

Exploring Avoidability

- Quantitative and qualitative analysis has demonstrated significant opportunities for potential avoidability in the number of children entering care with case reviews suggesting **48%** of the LAC population could have been avoided
- The current service models and pathways of support across the whole 'children's system', are not set up to tackle root causes and are not having enough of an impact on building effective family resilience

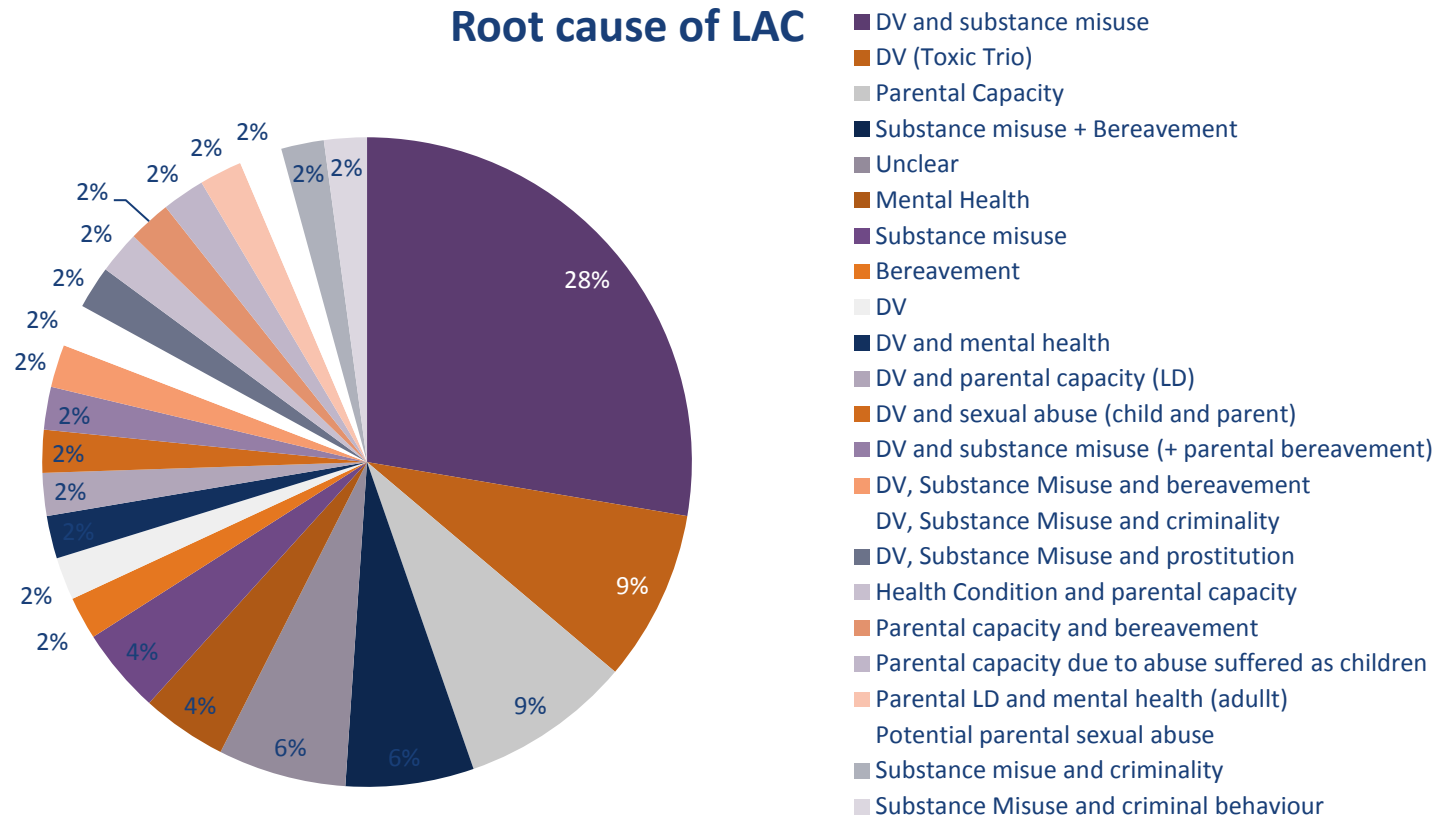


Case Review Analysis

Unpicking the 'root cause'

An analysis of case review narratives found that in over 50% of cases the root cause of LAC was **domestic violence. Substance misuse** is also found in 50% of cases and DV and substance misuse together in 36% of cases. 15% of cases involved **bereavement**.

Root cause of LAC



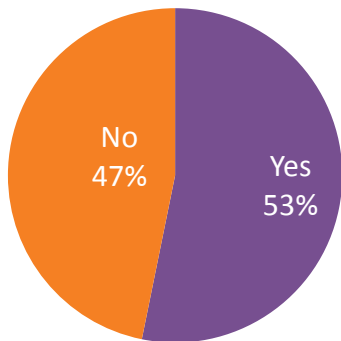
6 of the cases involved a parent who was previously LAC. The root causes for their children becoming LAC all related to DV or substance misuse

The 'root cause' analysis demonstrates a different issue to the reason for care entry
DV is extremely prevalent as well as substance misuse
Successfully tackling these causal factors requires a multi-agency response

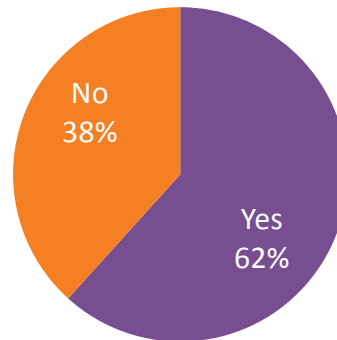
Unpicking the 'root cause'

Domestic Violence and substance misuse appear the prevalent factors driving future LAC in most cases

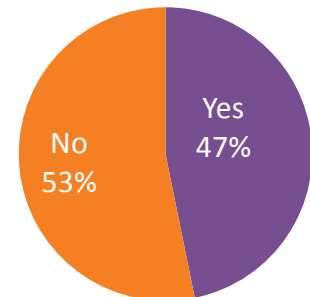
Cases where domestic violence is a root cause



Cases where substance misuse is a root cause



Cases where substance misuse & domestic violence is the root cause



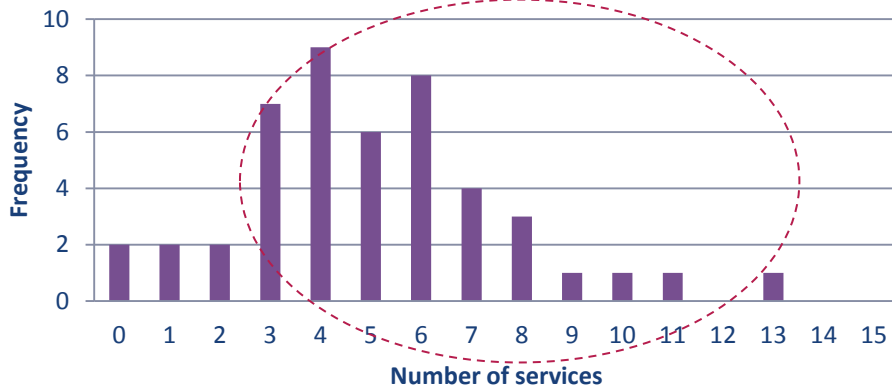
- Domestic violence was a key factor in children becoming LAC in 53% of the cases that were reviewed. Substance misuse was also a big factor playing a role in 62% of cases.
- DV and substance misuse together was a factor in 47% of cases.
- Amongst 0-4s, the prevalence of DV as a factor increases to 74% of cases, and substance misuse to 68% of cases.
- Amongst over 15s however, 42% of cases involve domestic violence or substance misuse as contributory factors.

Responding to these root causes will require an integrated and multi-agency response which further demonstrates the need for deeper integration of service delivery

Effectiveness of services and support

Effectiveness of our multi-agency response

List of significant professionals involved prior to LAC



“Whilst there was many services involved with the family it is difficult to determine from the records how successful the support has been.”

Quote from Case Reviews

- The majority of cases reviewed (75%) had four or more ‘significant’ professionals involved with the case prior to the child becoming looked after
- Whilst there are often many services ‘involved’ with families, their impact is unclear and they are not always being effective enough in improving outcomes for families

Findings suggest that large numbers of professionals & services are working around a family but there is often a lack of clarity over the plan & outcomes they are trying to achieve

What does this tell us about our current children's system?

Roles & Responsibilities

In early help are not always well understood

Pathways

Are confused and this can cause delay in families accessing the right support

Feedback

Is insufficient and there is no feedback on the quality of referrals to partners

CAF is a toxic brand

It is not effectively used as a tool to support earlier intervention & there are barriers to its use

Integrated multi-agency working

There is an appetite across partners to work more collaboratively together

Avoidability

There are real possibilities in earlier prevention to stop needs escalating and children entering care

Root Cause Issues

There appear to be specific issues that lead to families resilience breaking down

What should we do to respond?

Agreeing a common narrative for the future

Exercise 1

We feel the findings demonstrate the need for us to work even more closely together as a partnership – at a strategic and local level

BUT we want to create a shared partnership view and develop future thinking together so: -

- What do you think about the findings from phase 1?
- Do you think there is a case for changing how we work together?
- Collate what we could do differently to make an even bigger impact
 - *Please be specific for example develop multi-agency teams around localities*

Creating shared value

Considering our shared outcomes



Working together across Hartlepool

Collating your core outcomes

We all have individual outcomes that we are responsible for achieving as individual organisations

However, many of them will be impacted on by other partners and similarly we also have the ability to impact on the outcomes of others

Over coffee please put up the three top outcomes you are responsible for that relate to children and / or families

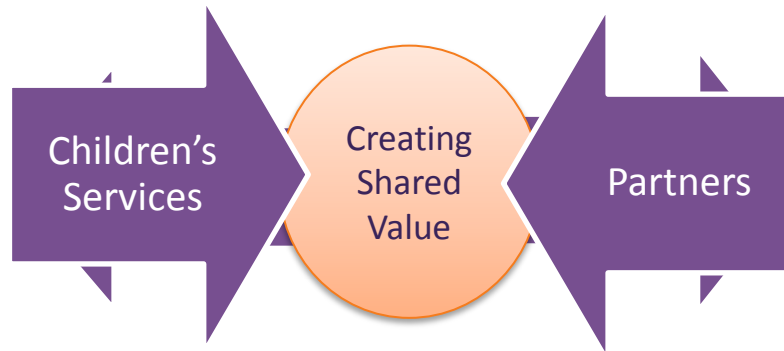
We then want to begin to consider what we could and should impact on as a partnership over the next 3 – 5 years

If there were 3 – 5 things we could do that would have the greatest individual and collective impact what would they be?

A sustainable Children's Services requires common value across the wider partnership

An opportunity for deeper integration?

- We are all predominantly facing the same threats – shrinking resources and roles
- Current and future deep cuts have the potential for partner retreat and isolation
- However they have the potential for driving integration at a level not seen before



Opportunities?

Schools Integration – Aligning resources and bringing schools capacity into the Early Help Pathway. Shared governance and commissioning

Health Integration – Aligning resources, priorities and creating integrated teams and integrated roles

CSP Role?

Honest about priorities and challenges

Agreeing a number of 'shared outcomes' that we will deliver as a partnership

Unblocking barriers, driving integration at all levels

Delivering our programme of change

Exercise 2

We want to develop a number of core 'cross cutting' outcomes the programme is seeking to achieve to help us measure the impact of the programme and the benefits across the partnership

If there were 3 – 5 things we could do that would have the greatest individual and collective impact what would they be?

What are our 3 – 5 core outcomes / obsessions we want impact on?

Phase 1

Analysis of demand & effectiveness of current 'children's system'

June - Sep

Phase 2

Designing our response & the cross cutting outcomes we want to impact on

Oct - Dec

Phase 3

Detailed design of solution
Development of partner integration

Nov – April & beyond

Creating a new Delivery Model

Emerging thinking



Developing a shared vision

Defining desired design principles

Analysis from phase 1 has pointed to a number of key design principles that should be considered in the re-shaping of the service offer & in engagements with key partners

- Improved analysis of 'root cause' issues to better respond, first time, to the challenges facing families in Hartlepool
- A service response focused on building family and community resilience – with provision designed to enable families to deal with 'crisis' themselves
- The 'blurring' of professional boundaries to remove silo working and ensure all services respond to root cause issues present in families lives
- A recognition that for some families, they will require on-going 'life coach' intervention to enable them to remain out of specialist support
- Integration of services at all levels – with the removal of different early intervention teams and the co-location, co-management and co-delivery of the health visiting and school nursing offer in locality early help teams
- Targeted early help teams located around schools and learning communities at a local level – with a core aim of building the capacity and resilience of universal provision & local communities
- Streamlined pathways between early help and social care teams – with social care enabled to access a range of multi-agency support when needs escalate

Our analysis emphasises the need for real integration and multi-disciplinary working at a local level across the borough

What does this mean in practice?

Currently our service response is set up to have workers referring to multiple other services – which are not based together and often take a long time to access

Multiple services

- DV support
- Substance misuse support
- Family Support
- CAMHS
- Bereavement counselling
- Debt advice
- Youth Support
- Children's Centres
- Health support (e.g. Health Visiting)

Where we may be heading

Single Worker model

Locality team with Health Visitors, Early Help workers, DV, substance misuse specialists etc in one place

We want to try and move to an integrated team where a single worker can quickly bring in a small number of specialists from their local team to provide quick and impactful support

Creating a partnership transformation programme

We want any new model
to be developed and
supported by partners



Delivering the programmes of change

Key considerations

We are now embarking upon a major transformation programme across Hartlepool, affecting numerous internal and external partners

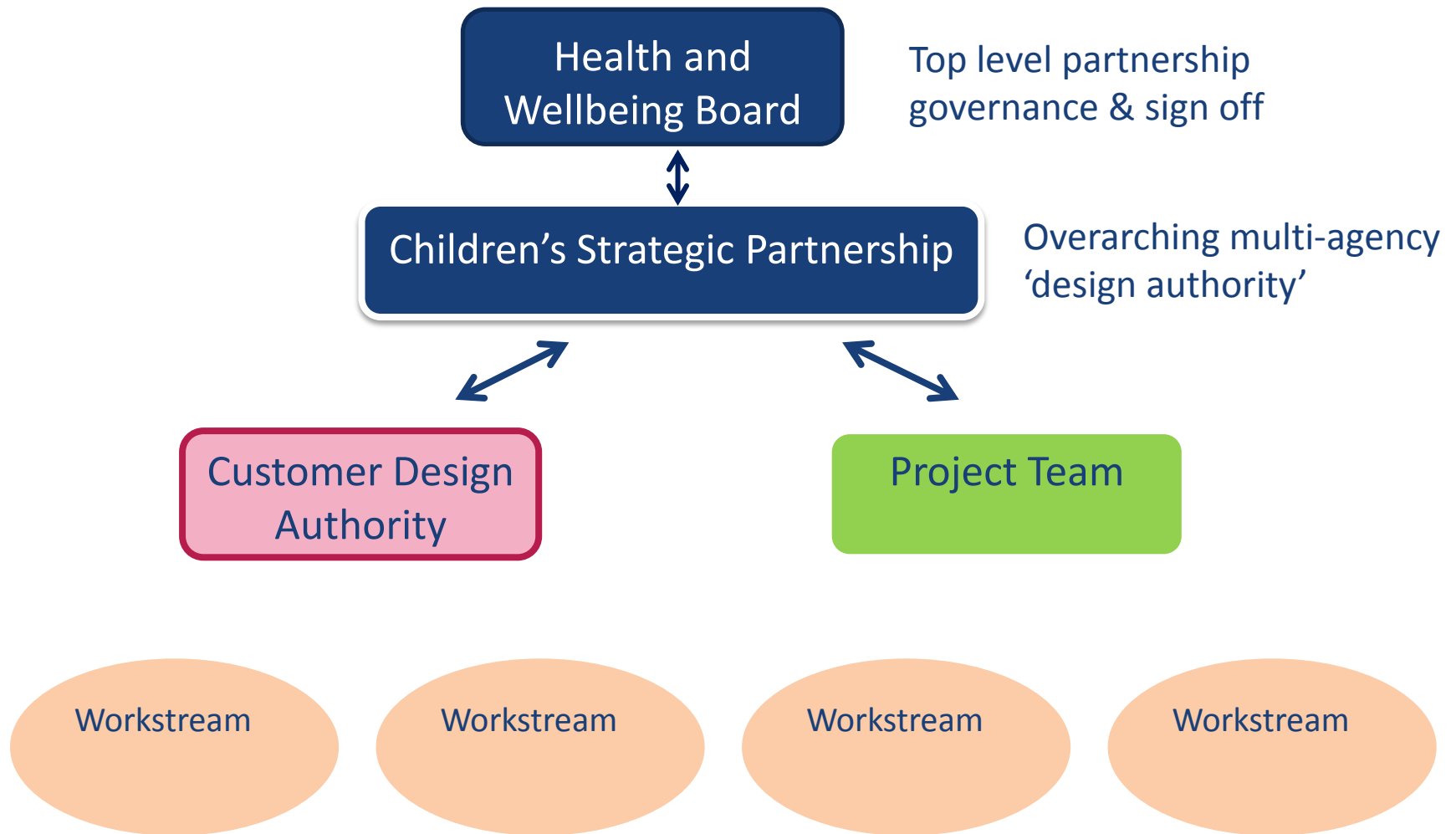
As such we will need a clear transformation 'architecture' for engagement, sign off and delivery of work

We will need clear governance lines for this engagement including 'sign off' of the design of any new structure or ways of working and escalation if there are issues with delivery

We also want some working groups to develop any changes – which feedback into the CSP

We want change to be 'bottom up' with design influenced and driven by staff, partners and our customers to make the change real & impactful

Proposed Transformation project architecture



What would be the role of the CSP

We are proposing that the Children's Strategic Partnership **becomes the delivery vehicle** for the implementation of the Better Childhood and Healthy Relationships Programmes.

As such the **core business of the CSP will become the implementation of these programmes** and in ensuring change is delivered. This will include the CSP: -

- Acting as the Partnership design authority to agree overarching vision and design of new prevention model including partner deployment
- Having oversight of progress, impact & performance of new ways of working

There would be a standard agenda reporting through progress and this would include the development of a single overarching children's strategy and multi-agency performance framework that demonstrates our impact against our 3 cross cutting outcomes that we are seeking to deliver

This would be reported quarterly to the board as a core agenda item

What does this mean in practice?

We are now setting up workstreams and would like partners to be a part of these.

It is suggested that the outputs will feed back into the CSP which, will sign off any changes – e.g. changes to the CAF / Early Help Assessment, models of intervention or training across the multi-agency workforce.

We would like your support in these workstreams as detailed below: -

Workstream	Focus
Service re-design	To develop a new integrated model of service – aligned with partners as much as possible and focused on individual and community resilience
Workforce Development	To ensure the wider children's workforce has the right skills and confidence to support the needs identified in phase 1
Needs Assessment	To ensure any multi-agency assessment of needs and guidance is fit for purpose and usable across the partnership
IT and performance management	To ensure our multi-agency e-CAF / Early Help system becomes a useful tool for integrated working which all partners can access and which we can report outcomes from
Customer engagement	To ensure any re-design of services makes sense to children and families and is driven by them

What do we need from you?

Workstream	What is needed?
Service re-design	<ul style="list-style-type: none">• Performance / data lead to provide data which will help build the case for change and what future demand levels could be• Input into emerging design e.g. PSA, Police Officer, Health Visitor
Workforce Development	<ul style="list-style-type: none">• Workforce development lead, who will be able to lead on workforce skills audit for you agency
Needs Assessment	<ul style="list-style-type: none">• Nominees to participate in multi agency working group, which will develop a new needs assessment and accompanying guidance
IT and performance management	<ul style="list-style-type: none">• IT lead to support IT workstream and IT governance issues• Performance / service leads to contribute to the identification of outcome measures which will need to be built into the system
Customer engagement	<ul style="list-style-type: none">• Assistance with identification of children and families to speak to regarding the key demand drivers• Provide overview of customer feedback mechanisms and feedback your organisation already collates

Next Steps

- Confirm our core obsessions, baseline our current position and agree how we can measure our impact
- One to one partner engagements to understand the appetite for future change and the impact it could have
- Develop the case for change to show the wider partnership impact we can have together
- Develop the transformation programme with workstreams meeting over the coming weeks and months
- Develop revised terms of reference and agenda for the CSP to govern the programmes moving forward
- Meet again early January to continue momentum
- Feedback into your organisations on what is happening and encourage engagement in the programmes of change