

CHILDREN'S STRATEGIC PARTNERSHIP AGENDA



Tuesday 14 March 2017

at 2.00pm

**in Conference Room 5,
Hartlepool College of Further Education
Hartlepool.**

MEMBERS: CHILDREN'S STRATEGIC PARTNERSHIP

Councillor Alan Clark, Chair of Children's Services Committee and Lead Member for Children's Services (Chair);
Councillors Beck, Clark, Hamilton, Harrison, James, Lauderdale and Moore.
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;
Chief Superintendent Gordon Lang, Cleveland Police;
Barbara Gill, Head of Offender Management, Durham Tees Valley Probation Trust;
Ali Wilson, Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
Representative, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
Lindsey Robertson, Professional Lead Nurse, Out of Hospital Care, Hartlepool and North Tees NHS Foundation Trust;
Chris Davies, Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust;
Chris Rooney, 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;
Head Teacher, Hartlepool Secondary Schools;
Head Teacher, Hartlepool Special Schools;
Darren Hankey, Principal Hartlepool College of Further Education, Hartlepool Post 16 Colleges;
Claire Naylor, Hartlepool Partnership and Social Justice Manager, Job Centre Plus;
Karen Gibson, Hartlepool Carers, HealthWatch
Children and Young People Representatives
Adoptive / Foster Parent Representatives

1. APOLOGIES FOR ABSENCE



2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **TO CONFIRM THE MINUTES OF THE MEETING HELD ON 13 DECEMBER, 2016**
4. **ITEMS FOR CONSIDERATION**
 - 4.1 Development and Planning Session – *Director of Child and Adult Services*

ITEMS FOR INFORMATION:

Date of next meeting – To be confirmed



CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

13 DECEMBER 2016

The meeting commenced at 4.15 pm at the Cleveland Fire Brigade Headquarters, Hartlepool.

Present:

Councillor Alan Clark (In the Chair).

Councillors: Brenda Harrison and Sylvia Tempest.

Also present: Sally Robinson, Director of Child and Adult Services
Louise Wallace, Director of Public Health
Danielle Swainston, Assistant Director, Children's Services
Ali Wilson, Chief Officer, NHS Hartlepool and Stockton Clinical Commissioning Group
Jo Heaney, Commissioning and Delivery Manager, NHS Hartlepool and Stockton Clinical Commissioning Group
Chris Davies, Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust
Lynne Brown, CAMHS, Tees, Esk and Wear Valleys NHS Trust
Dave Wise, Voluntary and Community Sector Representative
John Hardy, Primary Schools Sector Representative
Claire Naylor, Hartlepool Partnership and Social Justice Manager, Job Centre Plus
Graham Alton, Chief Executive, Changing Futures North East (Healthy Relationship Partnership)
Martin Todd, Project Lead, Health Relationship Partnership
Jayne Moules, Changing Futures North East

Officers: Jacqui Braithwaite, Principal Educational Psychologist
David Cosgrove, Democratic Services Team

15. Apologies for Absence

Dave Pickard, Independent Chair, Hartlepool Safeguarding Children Board.
Kay Glew, Thirteen Housing Group.
Darren Hankey, Hartlepool Post 16 Colleges Representative.
Children and Young Peoples Representatives.
Lindsey Robertson, Hartlepool and North Tees NHS Foundation Trust.
Councillor Carl Richardson.

16. Declarations of Interest

None.

17. Minutes of the meeting held on 27 September 2016

Confirmed.

18. Terms of Reference *(Director of Child and Adult Services)*

The Assistant Director, Children's Services had circulated a revised terms of reference for the Partnership in advance of the meeting. The revised document was based around seven main sections –

1. Purpose and functions of the Children's Strategic Partnership
2. Roles and Responsibilities of the Children's Strategic Partnership members
3. Membership
4. Frequency of Meetings and chairing of the Children's Strategic Partnership
5. Performance and review
6. Sub Groups and task and finish groups
7. Quoracy

There were also a series of appendices relating to the subgroups.

In relation to the specific sections of the terms of reference, the Assistant Directors comments and meeting discussions are as follows: -

1. Purpose and functions of the Children's Strategic Partnership

The purpose reflected *"Our ambition as a children's partnership is to enable all children and families in Hartlepool to have opportunities to make the most of their life chances and be supported to be safe in their homes and communities."* The Children's Strategic Partnership (CSP) is a sub group of the Health and Wellbeing Board and also fulfils the role of the local Multi Agency Looked After Children Partnership.

The CSP is responsible for the following priorities that are set out by Hartlepool's Health and Wellbeing Board:

Outcome 1 – Give every child the best start in life

Outcome 2 – Enable all children and young people to maximise their capabilities and have control over their lives

The role included the oversight of a number of plans and strategies including the Children and Young People's Plan and the Better Childhood in Hartlepool Programme.

This section was endorsed by the meeting.

2. Roles and Responsibilities of the Children's Strategic Partnership members

This section set out some the expectations placed upon members; accountability, commitment. High quality debate, honesty and integrity, objectivity, representative and respect for others.

This section was endorsed by the meeting.

3. Membership

The Assistant Director outlined a potential membership for the Partnership based on the current membership and drawing representation from those bodies/groups that would have an investment in the Partnership's ambition.

It was suggested by the meeting that representation should also include: -

- a representative from the special schools sector,
- a representative, possibly the Chief Executive, of the Young Peoples Foundation,
- the Councillors on the Children's Services Committee,
- a representative from the parents group

The Chair of the North and Coastal Neighbourhood Forum considered that the continued membership of the two Neighbourhood Forums was unnecessary as these tended to be more adult service focussed.

There was concern at how the CSP would be holding partner organisations to account particularly on the delivery of priorities. The group could possibly be seen to lack focus if too large. There was also the need for the CSP to deliver in its role as a sub of the Health and Wellbeing Board.

The Chair commented that he would wish to see the various work streams for partner organisations coming to the CSP for scrutiny.

It was suggested that a core membership should be developed of partners that would be expected to have a leading role in the delivery of the work which the CSP would have an overview of or role in delivering.

The debate centred around the potential of the CSP becoming too unwieldy if the membership was too large and the need for a wide representation of those groups/bodies/sectors that delivered services to children and young people in Hartlepool. Reference was made to the various groups mentioned above as well as the private, voluntary and independent sector which had a large role in the provision of nursery services. It was agreed that the membership section should be reviewed further, with the potential of core membership being explored by the Assistant Director.

4. Frequency of Meetings and chairing of the Children's Strategic Partnership

The meeting agreed that the current quarterly scheduling of meetings was adequate, with the ability to add additional meetings as and when required. In relation to the Vice Chair's position the Chair asked if John Hardy, the Primary Schools Sector Representative would re-take the position of vice-chair of the Partnership; to which Mr Hardy agreed.

5. Performance and review

Reference was made to the Partnership's requirement to submit an annual report to the Health and Wellbeing Board. The DCLG had issued a "Maturity Model" against which CSP's could measure their development and this process was to be undertaken for this group. The meeting agreed that some consideration of the review and measurement models for the Partnership's performance was required together with the potential for an over-arching plan.

6. Sub Groups and task and finish groups

There was some concern that some of the sub groups were working in isolation without clear lines of responsibility and accountability. A revised structure was proposed within the proposed terms of reference. There was concern expressed at how commissioning was reflected through the structure and it was agreed that this needed to be reflected more clearly. The Director of Child and Adult Services stated that there was no need for a joint commissioning body to re-appear. The focus of the CSP should be targeted at workforce development and continuous improvement of joint services and working.

It was agreed that the section would be amended and recirculated for comments/feedback.

7. Quoracy

The proposed quorum of representatives from three partner organisations was supported.

The Assistant Director indicated that the discussed revisions would be included in a revised Terms of Reference which would be circulated for comments and feedback from partners with the intention the new document would be agreed at the next meeting.

Decision

1. That Mr John Hardy be appointed vice-chair of the Partnership.
2. That a revised Terms of Reference be circulated for comments and feedback from partners for further consideration and approval at the next meeting.

19. **CAMHS Transformation Locality Plan - Update** (*Director of Child and Adult Services*)

The Principal Educational Psychologist gave a presentation to the Partnership on the CAMHS Transformation Locality and the work undertaken to date including the key findings of the work to establish a clear baseline through needs analysis and service mapping. These key findings highlighted the following –

- School and College staff believed that: -
 - Anxiety is the most common presenting need
 - Depression/low mood highlighted by colleges
 - Boys display more emotional needs than girls
 - There is a toxic trio of key risk factors – Family drug and alcohol abuse, domestic violence and neglect.
 - There was already a lot being done to support emotional wellbeing.
- Approximately 60% of schools spend in excess of £30,000 per year on emotional wellbeing support
- A rough estimate suggests in excess of £715,000 is spent by schools and colleges.
- 97% of schools agree that schools, the LA and Health should jointly commission mental health services for children and young people (CYP).
- 35% believe that mental health needs go unidentified
- 51% believe that mental health needs are not adequately supported
- The emotional wellbeing of staff is a big issue – need to come at this from a whole school community perspective
- Coordination of the emotional wellbeing offer for CYP and their families
- Improve Prevention Programme
- Improve Early Identification and Early Intervention
- Improve support for vulnerable groups
- Schools Pilot includes Dyke House, Stranton, St Aidan's, Brougham, Jesmond Gardens and Ward Jackson.
- The next steps included –
 - Working closely with children and young people to get it right
 - Workforce development programme
 - Pyramid of schools to pilot and evaluate each stage of graduated response
 - Further development and coordination of the local offer / links with more partners
 - Joint Working / Joint Commissioning.

The Principal Educational Psychologist highlighted that the assessment showed there was a lot of very good work going on in schools but with little or no coordination. There was perhaps an opportunity to review this provision and through better coordination potentially reduce some of the financial burden for schools. This would rely on a joint commissioning

arrangement coming forward. Of any school population, 80% would be thriving while the other 20% may need some intervention - 10% would get to a point of requiring a clinical diagnosis and the other 10% would require other services. The current situation was that those not getting a clinical diagnosis yet still suffering anxiety etc., were not meeting the threshold for a referral to CAMHS but needed support.

The Commissioning and Delivery Manager, NHS Hartlepool and Stockton Clinical Commissioning Group, highlighted that there was also a schools pilot underway in Stockton that was slightly different to that in Hartlepool as it focussed only on secondary schools; the Hartlepool model focussed on a cluster group. The two differing models for the pilots would give a wider information source to help identify what services were most effective and had the greatest impact. It was commented that one of the problems with current information sources in this area was that the Office of national Statistics (ONS) information was quite out of date.

Decision

That the presentation be noted.

20. CAMHS Update - Presentation (*Child and Adolescent Mental Health Services*)

The Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust gave a presentation to the Partnership updating Members on the current situation. The presentation highlighted –

- The national Future in Mind document focussed on Promoting resilience, early intervention and prevention, improving access to effective support – system without tiers, care for the most vulnerable, accountability and transparency, and developing the workforce.
- Future in Mind was heavily linked into the Hartlepool Transformational Plan which was centred around -
 - Improvement in emotional and mental health of all young people
 - Enhancing Multi agency approaches
 - Promoting Early intervention
 - Meeting the needs of children and young people with complex and established problems
 - Ensuring all children and young people and their families will have access to evidence based support by an appropriately skilled workforce.
- The Priorities identified for Hartlepool included –
 - Establish early intervention and enhanced training for schools
 - Identify named contacts in schools and CAMHS
 - Develop peer support for children, young people and their parents
 - Provide Intensive home treatment
 - Improve transitions for young people into adult services
 - Workforce development

- There were resources issues and some reviewing of teams required which may involve some staff being transferred to TEWV adult services.
- Referrals often came in from schools or other professionals. CAMHS preferred families referring where possible as this meant that the issue had been identified within the family and workers had immediate access to the family unit.
- Hartlepool CAMHS had secured investment from the CCG under the Access Waiting Time Standard for the Children and Young Peoples Eating Disorder Service which allowed the workforce to be increased including extra Nursing, Psychology, Psychiatry, Dietetics and Paediatrics via a SLA with South Tees NHS Trust and also a 'Duty' worker in place Monday to Friday 14.30-17.00 for consultation, advice, referral processing and screening of appointments as required. Young people would be assessed, formulated and receiving NICE concordant therapy within 28 days for routine referrals and 5 days for urgent referrals. There would be extra capacity to deal with co-morbidities, extra capacity to provide training to external agencies. The aspiration was to further expand the service to include IHT model with a view to reducing admissions to acute and mental health hospitals
- The service was centralised in Middlesbrough but could be 'mobilised'.

The Partnership welcomed the new eating disorder service. CAMHS representatives highlighted that it was unlikely that anyone referred would be waiting more than 28 days and it was the aim that referrals would be dealt with much sooner. Currently 100% of referrals were dealt with in less than 3 weeks, 80% within 2 weeks. There was a neighbouring area quoting 18 weeks for referrals. The team wished to get to the position whereby young people only waited because of the practicalities of their family arrangements and not any delay caused by the service.

The Chair commented that it was important to recognise the great strides made by the team in delivering services, particularly the new eating disorder service, to the young people of Hartlepool.

Decision

That the presentation be noted.

21. **Healthy Relationships - Presentation** (*Changing Futures North East*)

The Health Relationship Partnership Project Lead gave a presentation updating the Partnership on the work being undertaken by the project being led by Changing Futures NE. The presentation highlighted the following –

- The background and context of the Healthy Relationship Partnership which was being led by Changing Futures North East and had £1.56m investment between 2015 and 2020.
- Work is ongoing around systems change and development which was

difficult when services had to be kept running and there couldn't be stop, then a restart with new systems.

- Developed together in 2014/15 as "Healthy Relationships, Better Childhood";
- Improved early intervention and prevention;
- Improved outcomes for children and families;
- Reduce demand on specialist services – potential for financial savings;
- Cross Sector / Agency Partnership
- The aims of the partnership were to -
 - 1. Enable healthy relationships within and between:
 - Families and their communities;
 - Families and services that support them;
 - Services and Organisations that support families;
 - 2. Develop a Relational Offer across services in Hartlepool that supports family and organisational relationships effectively
 - 3. Develop a culture locally that values relationships and families or organisations seek help when they experience difficulties.
- Family stress was directly linked to children's mental health and also set a blue print of what parenting was for when they grow up – the move from silence to violence.
- The research in 2015/16 involving the analysis of CAF forms and the deep dive audit of looked after children's cases, among other studies, provided the statistical data that provided the backdrop to the programme.
- Progress to date had been good and included –
 - Development of Early Help Assessment – development with 60+ practitioners - Briefing for use for 72 practitioners
 - Integration of performance management framework
 - Training for 40+ Practitioners in 'Think Couple'
 - Support of the integration process between NHS and HBC at Early Help / Locality Team Development / Support – induction and training support, systems thinking and design.
 - Recruitment of project team for 2016-2020
- There would need to be a series of further activities to understand if the project changes anything;
 - Common Assessment Framework (CAF) Analysis
 - Family Experience Study Design
 - Team Climate Assessment Measure
 - Family relationships / Couple relationships part of consultation and research in other initiatives i.e. HBC/NHS skills audit, LAC research, Future in Mind consultation
- There were challenges for the future including how to get statutory organisations to authorise their teams' involvement in training opportunities and how these work streams were built into individual organisations working.
- The CAF analysis showed that there were lots of involvements with 'mums' rather than 'mum and dad'. The couples focus could also make interventions around violence and abuse where couples therapy may have success.

It was indicated that the Partnership was based at the Headland. Referrals came in from a variety of sources including domestic violence referrals. The Chair commented that, as had previously been discussed, half of all looked after children had come into the care system through family breakdown. The Project Leader indicated that while analysis showed this, it should not be seen as a trajectory for their lives but more part of the process to be unpicked. The Chair asked if any costs of these family breakdowns had been identified through any research. The Chief Executive, Changing Futures North East commented that while it may be an over-estimate, a quote of £46m had been given. The Early Intervention Foundation suggested the cost for Hartlepool was £40m.

The Assistant Director, Children's Services commented that in looking at children in the care system and the difficult relationships their parents had had, it was possible to see those issues playing out in their lives.

The Director of Public Health highlighted that in order to maximise the capacity available in the system, it was necessary to take the opportunities provided by the Better Childhood Programme in utilising cross-partner working and removing the old service silos to achieve the better outcomes that were beginning to be shown. Falling back into those silos could not happen.

It was acknowledged that much of the culture of the workforce in these services needed to be challenged through a focus on the reasons for the change and an assurance for the anxieties that would undoubtedly be felt by staff.

Decision

That the presentation be noted.

22. Any Other Items which the Chairman Considers are Urgent

It was suggested that an additional meeting of the Partnership be organised for February to discuss further the terms of reference and build upon the discussions at this meeting. This was supported by the Chair and Partnership members present.

The meeting concluded at 6.10 pm.

CHAIR