

CHILDREN'S STRATEGIC PARTNERSHIP AGENDA



Tuesday 2 May, 2017

at 10.00 am

**at the Centre for Independent Living,
Burbank Street, Hartlepool. TS24 7NY**

MEMBERS: CHILDREN'S STRATEGIC PARTNERSHIP

Councillor Alan Clark, Chair of Children's Services Committee and Lead Member for Children's Services (Chair);
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;
Paul Edmondson-Jones, Interim 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;
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 14 MARCH 2017**



4. ITEMS FOR CONSIDERATION

- 4.1 Needs Analysis – identification of priorities – *Assistant Director, Children's Services*
- 4.2 Children and Young People's Plan – follow up discussion from previous meeting – *Assistant Director, Children's Services*
- 4.3 SEND Improvement Plan – *Assistant Director, Children's Services*



CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

14 MARCH 2017

The meeting commenced at 2.00pm in the Hartlepool College of Further Education, Hartlepool.

Present:

Councillor Alan Clark (In the Chair)

Councillor Brenda Harrison.

Also present: Sally Robinson, Director of Child and Adult Services
Danielle Swainston, Assistant Director, Children's Services
Paul Edmondson Jones, Interim Director of Public Health
Alastair Simpson, Cleveland Police
Jo Heaney, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Dave Wise, Voluntary and Community Sector Representative
Andy Elvidge, Housing Hartlepool (Thirteen Group)
Graham Alton, Chief Executive, Changing Futures North East (Healthy Relationship Partnership)
Martin Todd, Project Lead, Health Relationship Partnership
Jayne Moules, Changing Futures North East
Malcolm Walker, Independent Chair, Healthy Relationships Partnership
Nicki Smith, Child and Adolescent Mental Health Services (CAMHS), Tees, Esk and Wear Valleys NHS Foundation Trust
Dave Pickard, Independent Chair, Hartlepool Safeguarding Children Board

Officers: Karen Douglas-Weir, Head of Service, Looked After Children and Care Leavers
Helen Swales, Participation Worker
David Cosgrove, Democratic Services Team

23. Apologies for Absence

Barbara Gill, Durham Tees Valley Probation Trust,
Ali Wilson, Hartlepool and Stockton-on-Tees Clinical Commissioning Group,
Chris Davies, CAMHS, Tees, Esk and Wear Valleys NHS Foundation Trust,
Kay Glew, Housing Hartlepool (Thirteen Group),
John Hardy, Primary School Sector Representative.

24. Declarations of Interest

None.

25. Minutes of the meeting held on 13 December, 2016

Confirmed.

26. Development and Planning Session *(Assistant Director, Children's Services)*

The Assistant Director, Children's Services introduced the session and welcomed Clare Allen and John Ballatt, from People in Systems consultancy partnership who had been engaged to facilitate a discussion with Partnership members on exploring how the partnership was functioning, with a view to strengthening its effectiveness.

The discussions were designed and structured to help members address several key questions:

- What is your sense of how well the Board is working together to steer, energise and support the strands of change and development within its vision?
- What work in your 'home' organisation is crucial to the changes in system and workforce practice envisaged in the wider vision and agenda, and how well is this being prioritised, supported and 'joined up' with partners' work?
- How much/well is this being considered and supported in the Board?
- What factors are inhibiting any of this?
- How might working together be best improved?
- Are there implications for the membership of the Board?

The initial discussion focussed on how partners perceived the effectiveness of the Partnership in fulfilling its role and was it clear what that role was. The following comments were made during the discussion –

- The Partnership was perceived to be a 'Council' body.
- While work had been done on establishing a 'vision' and 'obsessions' for the services there did still seem to be a lack of purpose in the group.
- It wasn't always clear what was expected of the people that attended during the meeting and afterwards.
- What was the legislative role of the Partnership and its relationship with the Health and Wellbeing Board; was there any autonomy.
- Health and Wellbeing Board's focus was largely adult orientated; how did this partnership fit into that.
- The Partnership provided a role as the Multi Agency Looked After Partnership (MALAP) and the lead for Special Educational Needs and Disabilities (SEND); did everyone know that.
- Did the partnership have a commissioning role or a monitoring role or both.

- If the Partnership wasn't a 'Council Committee' how could it move away from that impression.
- Good partnerships held partners to account and were places people wanted to come to share best practice.
- Was the lack of a strategic role hindering the way forward for services.
- Did service heads attending the meeting have authorisation to 'go and do'.
- Groups providing services in the community needed somewhere to channel needs back into.
- There was a view that with the JSNA and other data, services were awash with information but there seemed to be little clarity as to what to do with it and how things needed to change to realise the ambitions we have.
- Too much seemed to be rooted in individual relationships, rather than organisational relationships, in order to get things done.
- Were goals and aspirations equally shared among partners.

The facilitators highlighted the lack of connectedness between partners but commented that this was common in such arrangements. There was concern that the Partnership was not being used as the 'first port of call' to resolve service delivery problems. Again, much revolved around the personal relationships individuals had rather than a top down relationship between organisations.

The meeting then broke into groups to look at the individual agendas within organisations and how these were crucial to the delivery of the strategy, and how well organisations felt supported by the Partnership.

After the group stage, there was a feedback session followed by further group discussion during which the following comments/issues were raised –

- The Chair commented that the Partnership's role was 'very' strategic but this led to questions of how best to challenge partners in service delivery alongside our joint aims. This must also be an issue other partnerships were dealing with; how were they doing it. The challenge that the group felt 'too much like a local authority meeting' had to be countered with 'if we didn't bring the group together, who would'. There was strength in the breadth of experience available to the Partnership through its membership but did it need to meet more often, or less often.
- There was comment that information sharing seemed always to come on the back of a situation that had gone wrong because of a lack of information sharing.
- Information sharing was always talked about and agreed at the top level but at the grass roots there were continuous questions about information sharing.
- Information sharing was beginning to improve as agencies started to trust each other with the information they held; fewer questions were being asked.
- The team around the family approach worked extremely well for families

but as well as workers building relationships with the family they were building relationships with the other agency workers as well.

- It was often perceived to be the agencies that were at fault; the more joined up the agencies became, the better the information sharing.
- The facilitators noted that perhaps what this group should be doing was facilitating the connectedness of front line workers rather than organisational reorganisation. The Children's Hub was shown as an example that once workers from different organisations were physically based together, the barriers to information sharing soon dropped.
- Was there a need to consider representation on the Partnership from organisations; where the right people present who could 'defend their organisations corner' but also give direction within their organisation on joint working.
- Did the terms of reference adequately spell out this role.
- How did this Partnership fit in with the other bodies, from the Health and Wellbeing Board through to the Education Commission and the Corporate Parent Forum.
- There was a need to keep a view on the wider world around organisations. This could be exhausting but could answer many questions. Each organisation needed to assess its own priorities and then cross reference them with each other. What were the things that over-lapped and what were the outliers.
- Mapping of services, while crucial, was hard and operational staff were sometime finding it hard to understand the differing service arrangements, particularly as some seemed to change almost daily.
- The links between organisations were also changing as were the nature of those links – neighbours to partners to single teams.
- While each had their own area of operation and expertise, where there were overlaps, these services and people needed to be brought together.
- The Police representative highlighted the three stages of intervention where investment seemed to be the wrong way around -
Acute Intervention – where most organisations spent their money; at the point of desperate need.
Tailored Intervention – where organisations invested; team around the family.
Primary Intervention – the things that if we invest in now we won't see the payback but it will reduce the call on both Acute and Tailored Interventions. Breast feeding was a prime example, as were interventions in families with children under 5. The immediate effect may seem limited but the long term benefits could be huge.
- Bereavement was another significant area. If a child lost someone significant when they were young, they were much more likely to go missing later and the type of intervention they got was totally dependent on who they spoke to about their problems.
- The issue of communication and information sharing within areas were amplified significantly when operating across locally boundaries. This was an issue for those organisations that spanned more than one local authority area.

- Were the problems so huge they were becoming over-whelming.
- Could the Partnership add value through meeting more often or as and when partners needed to address issues. Would a change in time lead to greater focus.
- Did capacity need to be released from other Boards or Partnerships to make this one work more effectively. Did the sub-groups need to do more.
- There was a need to prioritise; mental health was an issue that needed some focus and a 'deep dive' to develop a unified strategy rather than dealing with piecemeal projects. But where did this partnership's boundaries lie in terms of the Health and Wellbeing Board.

The Chair commented that the partnership could meet more often if it wished and these meetings could be scheduled. Meetings may though need to be more reactive with the group coming together as and when it needed to address specific issues. The Chair proposed that there should be no minimum number of meetings and the Partnership should come together more regularly as needed. The Chair did acknowledge comments that if the group began to meet monthly, for example, that would place a too significant workload on representatives. There was scope for the sub groups to complete more themed project work and feed that up tot he main group. The Chair proposed that the Partnership should meet as frequently as required with the next meeting taking place in April after the Easter break. This was agreed by all present.

Decision

1. That meetings of the Partnership in the future be held on a more 'as and when needed' basis with no minimum or maximum schedule of meetings being set.
2. That the next meeting be held in April after the Easter break.
3. That the facilitators Clare Allen and John Ballatt, from People in Systems consultancy partnership be thanked for their role.
4. That the comments and discussions be noted and inform the revisions to the Terms of Reference and the future operation of the Partnership.

The meeting concluded at 4.30 pm.

CHAIR