



## CHILDREN'S TRUST PARTNERSHIP BOARD – 17<sup>th</sup> January 2018

<b>Present</b>		
Ann Marie Dodds	AMD	Director of Children, Education and Early Help Services, RBC
Jill Lake	JL	Trustee for Homestart, RCVYS
Sally Murray	SM	Head of Children's Commissioning , NHS Berkshire West CCGs
Chris Kiernan	CK	Head of Education
Liz Stead	LS	Head of Safeguarding Children, Berks West CCGs
Penny Jones	PJ	Thames Valley Police
Gassan Shaladan	GS	Thames Valley Police
Vicki Rhodes	VR	Strategic Early Help Lead, Education and Early Help Services, RBC
Alison McNamara	AM	National Education Union
Karen Cridland	KC	Director Children, Young People and Family Services, BHFT
<b>Young People in attendance</b>		
None	Youth Cabinet	
<b>LSCB/Business Support:</b>		
Vicki Lucas	VL	Minute Taker
Esther Blake	EB	Partnership Manager, RBC
<b>Apologies:</b>		
Cllr Jan Gavin	Lead Member for Children's Services	
Kim Drake	Head of Safeguarding, CSC	
Stan Gilmour	Local Area Commander, Thames Valley Police	
Ben Cross	Business Development Manager, RCVYS	
Jane Reynolds	Windsor & Maidenhead Locality, BHFT and Section 11 Panel Chair	
Cllr Jane Stanford-Beale	Councillor	
Alex Walters	LSCB Chair	
Ann Cox	Named Nurse for Reading, BHFT	
Debbie Simmonds	Nurse Director, Berkshire West CCGs	

### 1. WELCOME AND INTRODUCTIONS

Round table introductions took place.

Ann Marie Dodds chaired in absence of Councillor Gavin.

No representation from Youth Cabinet.

### 2. MINUTES FROM PREVIOUS MEETING

**Page 2 Reading Children's Company** – question was asked if this included schools. AMD confirmed it would include Education services delivered by RBC but would not include schools.

### 3. EARLY HELP AND PREVENTION STRATEGY

AMD explained that the focus of this Board meeting is to consider governance of the Early Help and Prevention Strategy. Vicki Rhodes will give a presentation that will set out the main principles of the EH and Prevention Strategy. This strategy has been delayed partly due to the Ofsted Monitoring visit in October which focussed on Early Help services. We wanted to take forward the learning points from the Ofsted report and incorporate these into the strategy. It went to Admin Briefing last night, and was approved by members. It will go to ACE on 31<sup>st</sup> January 2018.

Presentation was delivered by Vicki Rhodes, Strategic Early Help Lead. See attached presentation.

VR explained that the purpose of the strategy is to look at how collectively as a partnership we can prevent the needs of children and families from escalating to the point they need social care intervention. Part of this will include developing a proactive and effective method to identify trouble families who are likely to be at risk and offer a continuum of services that can better support these families. It will consider practical ways to integrate provision and make services more accessible to families. The approach is outcome based and tightly monitored to ensure that financial input leads to positive outcomes.

The strategy sets out a vision for how the Council and its partners will work with children, young people and their families to offer help and support in a way that reduces the need for specialist interventions and provides support across the levels of need.

The strategy is a key element of our overall ambition to ensure that children and young people are healthy, safe, aspire and achieve their full potential and for families to become more resilient and develop capabilities to prevent and resolve problems.

Strategic outcomes- how will we know it is having a positive effect?

The main focus of the strategy is on reducing the number of referrals in to our front door service requiring social care assessment and intervention. We have tracked troubled families for a year and there is robust evidence that if we work with families on a continued basis, providing improved EH services, rather than dipping in and out, we can reduce reliance on our collective and frontline services and enable families to meet their own needs.

The aim is that we work closely together to develop Universal services and Universal Plus services so that fewer families reach a point where they require targeted and/or specialist services. Our strategic priority is to create a clarified offer that is less confused and more comprehensive that everybody including our partners and families knows what is on offer. We recognise a need for there to be consistency around approach and application and there has to be mechanisms to monitor and promote evidence based practice.

Lisa Wilkins Service Manager for Troubled Families held a consultation event in the Autumn last year. The key messages from partners included information sharing, the need to share and capture information from all partners. This included partners being able to record on Mosaic. In response VR confirmed that we had asked the systems contractor to come and demonstrate a partner portal. We potentially have the making for contact point in Reading.

There were also a lot of requests for link workers and the proposals will look at releasing our skilled work force- Family Support Workers- to work alongside partners agencies. Other feedback included improving knowledge of local services and timeliness of referrals. This would be looked at through our workforce development strand of the strategy.

There was mention that West Berkshire was piloting a new process for partner information sharing in relation to DA notifications. This started last month so not sure how effective it has been.

When Ofsted come back, we want to demonstrate our strategic plan to coordinate our EH services, set out simple model which can coordinate early identification, provide sustained effective services and stepdown cases in a timely way. The troubled families dataset has a wealth of intel and we need to use this more intelligently to target and align services to support children and families.

The strategy will also look at strands such as advice and signposting functions, case allocation, i.e. who is the best person to lead on creating good relationships and effective communication.

The strategy will clarify levels of support and services available:

Level 1- know what we currently have in the borough including Children Centres, Early Years and Portage plus community based universal services.

Level 2 –Early Help including general and specialist services including targeted youth workers, EWS and Family support Workers.

Level 3 & 4- Social Care led.

**Next steps-** we need to write a robust operational implementation plan. It is recognised that this will not be an easy tasks as it will be implicated by the budget position. It will need to be realistic, achievable and measurable.

EH allocations meetings will be relaunched.

Pilot RBC partnerships support link workers- volunteers to pilot the partnership to support roles

Use data to pilot targeted work

Develop a WFD programme for the partnership

The group noted that if there was no luck with creating a Mosaic partner portal, there are cheap and effective alternative systems available that do offer the same advantages and are used across the country. This could be a plan B.

LS also noted that with CP-IS (Child Protection-Information Sharing) coming in at end of March 2018 for children on CP plans and looked after children, exchange of data sharing between health and social care will become easier. The key social care information from CP-IS will help authorised care professionals assess in a timely manner whether a child is at risk, ensuring child protection and safe guarding guidelines and processes are followed. This is an important link in providing joined-up care. NHS colleagues noted the current difficulties that health has around information sharing, where express consent is not available. In response they are pushing to use legislative frameworks as a tool to make sharing information easier with partners. They are excited about the changes that Connected Care has to offer. This will be a significant change in the way we share statutory information with other agencies.

Adult services in Wokingham and West Berks are trialling it. This has been funded through better care fund. VR said she will take this back to the Reading Mosaic Board.

LS advised that a partner portal will allow contribution to completion of EHCPs, Looked after health assessments, contribution to CP conferences and children in need plans – it will require financial backing to get the infrastructure up and running, but would offer so many benefits for frontline services.

JL asked how voluntary agencies will be involved. They make a number of referrals and there always used to be link workers allocated. In addition, what is the WFD offer for partners?

VR advised that she has staff that are able to roll out and deliver training. Dan Cook in Commissioning has organised a new forum that will be starting point. The RBC WFD Team are invited to the next meeting to look at legacy planning specifically looking at how we sustain a trained workforce. In terms of link workers there has to be a different response dependent on level of need. We are seeing that there are already strong links with external youth organisations that are seeing children and young people more often. We suspect there is a lot of good work going on out in the community but we just don't know about it. A shared case management system will better assist with planning and supporting families so that we don't waste effort on offering support that has been tried. We want to strengthen our links so that we can have early involvement prior to Social Care taking the lead. We want partnership meetings to co-design a support package before escalation is required. The thinking is based on the Thrive model rather than a tiered approach, which allows children and young people the opportunities to seek help, advice and support. This EH and Prevention strategy supports this way of thinking.

#### 4. YOUTH CABINET UPDATE

No update- not in attendance.

#### 5. BUDGET

AMD provided a budget update- Children's Services are going through some really significant negotiations in regards to budget. Despite recent activity to identify savings, the LA still has a gap of £3.5 million and the administration made a commitment this week that they would close the budget gap.

The areas of business that have seen cuts so far have been Reading Children Centres, youth provision, youth counselling, SEND and short breaks, Edge of care, Pincroft and Cressingham residential and respite care and reductions in out of borough and high cost LAC placements. AMD advised that on Monday she is required to put on the table every single service that Children's Services deliver that is not a statutory service. AMD stated that some of our services have been reduced down to skeleton services with income generation targets attached to them. Going forward there will be fewer services on offer. The politicians will be making some very difficult decisions next week - looking at whether they cease provision of children centres or stop cutting the grass.

AMD advised that nothing is off the table and we may be forced to close non-statutory services entirely which will impact on a number of staff across these services. These decisions will not be quick, and will be subject to democratic processes and continued negotiations. Front line services are protected but everything else has been stripped back and could be stripped back further or stopped altogether.

With the budget situation in mind, there was some difficulty getting the EH and prevention strategy through. The administration consented to taking the strategy to ACE on 31<sup>st</sup> January. AMD advised that actions could not be attributed at this stage because we don't know what the future service offer will be. AMD confirmed that the LA will continue to jointly fund partnership posts with police to meet TVP demands. We have managed to demonstrate the value of keeping these but there is no buffer financially for any of this work.

## 6. CHILDREN'S TRUST MOVING FORWARD

AMD advised that Councillor Gavin would like this board to oversee the governance of EH and prevention strategy going forward.

There needs to be clarity regarding its role, priorities and strategic intent.

If the only business of this Children's Trust will be the EH and prevention strategy- could this be done by the amalgamated West Berkshire LSCB Board going forward or could this be on the CS Improvement Board agenda.

AMD advised that CSIB doesn't have capacity to give this the level of scrutiny needed to oversee the implementation.

AMD stated that EH and Prevention Strategy will not be singly led by Reading Children's services. It has to be owned by all partners and the implementation plan would have to be co-designed in collaboration with all partners. Going forward, we will be doing business as the partnership not as Children's services. We all share this responsibility.

LS advised that pressures on Children's Services have a ripple effect on other partner agencies. LS stated that this group needs to be revamped with consideration of its membership for the strategy to be co-lead. This strategy fits within the SEND and Emotional Wellbeing agenda which has a much bigger footprint in Reading. Rather than its focus being unilateral it needs to be deconstructed to fit with other agendas such as the SEND strategy and other working groups. AMD confirmed that consideration of overlap with other strategies had been considered.

AMD advised that at some point we will need an Operational group that will look at designing an implementation plan. This will include looking at what Reading's offer will look like respecting the current challenges facing Reading Children's Services. Beyond 31<sup>st</sup> January we can start outlining the operational detail.

AMD stated that we are not going to sit around for 6 months and then think about what we want to do for the next 6 months; we are going to implement and write about it. Testing as we go to see what works and assessing that we are making a difference for children and families.

SM stated that we need to realise the difficulties in implementing this strategy when the infrastructure helping to co-deliver the strategy is becoming leaner. If services are being cut the safety nets protecting children will become fractious and that will drive up demand on frontline services.

AMD advised that we are aware of our position and the difficulties of delivering this strategy. We are trying to be honest with partners; the demand for services across Children's Services is rising at rate faster than in the last 18 months. It is the rise and demand that is putting on the squeeze on our frontline services. Our budget is based on 240 looked after children; we now have 280 children in care which is creating a greater pressure. We believe our expectations are realistic and understand the reduced offer we are bringing to the table, but more than ever Reading children need a stronger partnership which is the purpose of the EH and Prevention Strategy.

AMD advised that this group meets 4 times a year therefore it is not going to implement the strategy; the operational group that sits beneath it will be responsible for co-designing and implementing the strategy. The Children's Trust Partnership Board will have strategic oversight and accountability.

There was a brief discussion on the name of the meeting- does CTP still reflect the purpose of the group. AMD advised that this should be led by Councillor Gavin at the next meeting.

**7. AOB**

None.

**8. ACTION PLAN AND NEXT STEPS**

<b>Action</b>	<b>Who/ when by</b>
1. Look at Terms of reference for this group and send this round for next meeting.	EB by next meeting
2. Following ACE on 31/01/18, define terms of the operational group and agencies consider membership of this group	VR to lead on creating an Operational Group and agreeing membership with partner agencies.  Partners to identify names of operational leads to EB by 31/01/18.
3. Partners to identify other working groups- operational meeting where the EH strategy could be adjoined.	Partner to share these meetings/ groups with EB by 31/01/18.