**West Cheshire Children’s Trust Executive**

**Minutes of Development Session held on Monday 15th July 2024**

**In attendance:**

Adam Langan – Councillor – Cabinet Member for Children and Families, CW&C. (Chair)

Zara Woodcock – Head of Service, Early Help and Prevention, CW&C.

Amanda Allen – Senior Manager Childrens and Social Care, CW&C.

Mike Ankers – Police.

Debbie Edwards – Head of Education and Inclusion, CW&C.

Matt Emmerson – Assistant Director, Commissioning CW&C.

Stella Higgin – Assistant Director, Adults Social Care Operations CW&C.

Alex Holt – Public Health Programme Lead, CW&C.

Eifion Burke – Senior Manager, Childrens & Social Care, CW&C

Fay Quinlan – Head of Transformation & Partnerships, WCP.

Delyth Hughes – Director, Student Services, University of Chester.

Ian Roberts - CWAPH

Anna Johnson OWOW, CW&C.

Hazel Crampton – Education Manager, Fire and Rescue.

Adrian Waddlelove – Councillor, CW&C.

Simone White – Interim Director, Children and Families, CW&C.

Isabel Noonan – Business and Governance Manager, CW&C.

Kirsty Davies – Performance Support Officer, CW&C. (Minutes)

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| **Item No** | **Minute/Action** | **Who** |
| **1.** | **Welcome, Introductions and apologies.**  Adam Langan welcomed all to the meeting.  Apologies were noted from: Helen Bromley, Karen Cove, Clare Crerand, Laura Marsh, Mike Ankers (late) |  |
| **2.** | **Note of meeting held on 15th July 2024 and Matters Arising/Review of Actions**  Adam Langan went over the current task and what has been completed and if any actions are still outstanding. All actions from pervious minutes completed. |  |
| **3.** | **Our Way of Working (PowerPoint Presentation)**  Amanda Allen and Anna Johnson went through the Our Way of Working PowerPoint Presentation that was going to be brought to our July meeting, which was delayed by our Ofsted review. Whistle stop tour of presentation. Has been significant progress and well embedded into childrens workforce having a greater understanding of having trauma informed approach to engage with families wherever they sit within the continuum of need. Highlights of impact across the partnership was recognised in 2022 SEND inspection and focus visit. Was brought forward in ILACs inspection good evidence of trauma informed approach within workers and partners. Journey in 2018 was just starting to understand trauma and now reviewing and understanding a trauma informed approach. Ofsted highlighted it was a well embedded response. There are continuing changes that inform our approach and something to continuously revisit and update. OWOW whats next? It was decided at the beginning of this year that there was serval representations to the trust that there was continued funding from the partnership to enable the team to continue. Felt by partners that within their priorities of spend that they weren’t able to contribute any longer for this financial year, for the running of the team, historically had original funding from the DFE, for the last 3years partners contributed towards to enable the team to function at it was and develop. This financial year it has been solely funded by Childrens Social Care; Adults Social Care have contributed £10,000 towards that. A couple of very small funding stream external funding streams that have helped support the team. Team has dramatically reduced, have now one independent facilitator, learning development officer, practice and improvement lead which will remain until March 2025. We’ve worked a financial model which would sustain that. As a partnership how do we evidence a trauma informed response? From a childrens and social care point of view, it is operation of a single agency model in delivering multi agency groups and learning conversations. Soley to childrens and social care and Adults social care. Reflect and consider how do we collectively demonstrate a partnership approach, when the operating model is a single agency approach?  FQ – From a health point of view looking at this from a ICB commissioning, providers to evidence trauma informed practice we would use our contractual mechanisms, quality schedules within each contract with our main providers, such as CWP and the countess. Have a quality schedule would be for colleagues to negotiate with the providers as part of that contractual process to include some quality and evidence space measures then that would be measured throughout the year, that is one mechanism we as Health Organisation have in place.  ME – Trauma informed response, built into commissioning approach. How to get providers to work in the same way and follow suit it is a challenge to consider.  **Action - Every partner thinks about how to continue OWOW and how we imbedded/evidence to bring to next session.** | **ALL** |
| **4.** | **Borough Plan 2024-2028**  Zara Woodcock went over the Plan.  Overarching vision was the stronger vision to ‘play your part’ in thriving, caring and sustainable communities. We recognise ourselves most from the Childrens Trust perspective is in the Starting Well element of the borough plan. The overarching principle of the best start for all of our children, young people with improved opportunity a healthier start, greater resilience in families and the best possible support and care when it is needed. When looking at the children and young peoples plan that is the overarching theme. The other elements of the plan, tackling hardship and poverty cant be ever avoided at the moment. Resilient people living their best lives. Fair and local economy when looking at children being school ready and narrowing the gap, all fits within our business contributions in the future. Neighbourhood pride and greener communities, climate element of any work being done, which doesn’t always feel immediately obvious when writing a plan. Detail in the plan surrounding Starting Well, themes, enhancing our approach to early help and prevention for families. Upscaling early intervention and target prevention and therefor reducing the number of families requiring crisis support. Developing further link to the think families and trauma informed approach as our way of working, across all local childrens and adults services, with a strong focus on preventative practice and a increase to family resilience. This must be the framework for our plan for children and young people. There were also points in closing the gap in attainment between all pupils and the disadvantage groups. Support and challenging schools and settings to improve educational outcomes, promoting healthy lifestyles, including insuring access to preventative services. Developing our family hubs – some coverage in the new budget then continuing to deliver our services to tackle domestic abuse and violence against women and girls.  Range of activities and support for young people to make a positive contribution – youth offer. Making sure the voice of young person is heard and informs wat we do, work with schools and colleges to ensure that young people have employment opportunities. Supporting children in care and care leavers, which is an essential focus for children and young people’s plan but is also covered very broadly within other plans. |  |
| **5.** | **0-19 JSNA – Reminder of Outcomes**  Zara Woodcock went over the outcomes from the 0-19 JSNA. Lots of information and focus on domestic abuse, prevention and early intervention, changing attitudes, raising awareness, signs, impact, being proactive, needs to feature within our plans. Elements are covered elsewhere - the domestic abuse strategy heavily as focus on how in Cheshire West we will try best to deal with domestic abuse, but it will still need to be featured within the plan.  Looked seamless support for families and the coherent joined up start for life, Matt Pilling queried if that would be part of a commission service specification.  Improved digital and virtual information, some work going on around the development of our Live Well information and a recommission of that function facility. To make sure when looking at a plan we have that digital and virtual element to it. Have a go to rather than a opt in model was a suggestion on improving data and information sharing. Importance of strength-based identification of needs quite a lot is covered within the SEND Strategy and within the strategic themes.  A line in our plan where it might direct to where there might be more information relating to the issue. Prioritise early intervention tackle the number of children in care, is also covered within children in care and care leaver strategy and the action plan which is monitored by the corporate parenting panel and serval subgroups. Not repeating what is in other plans, but to come into an overarching plan then be pointed out where that sits and understand the impact off services and delivering a universal offer. It is within the Early Years action plan as a priority and the focus of the offer for younger children. Lots also in SEND action plan, that covers but will need to be a feature withing the Children and young people’s plan.  Measures have been aligned within health and education – consider how we measure success through the plan and strategies develop and deploy strategies to engage with vulnerable families aged 0-2 – potentially hang within the development of the family hubs but it is featured within SEND.  Parenting and support services – there was an offer of evidence-based interventions to enable parenting capacity to improve change and having more opportunities, working in partnership to improve outcomes. Looking at the most disadvantage children aged 0-2. It is prioritising of services to local communities, continue to have a robust approach to reaching families and being more considerate to practical considerations of how we deliver services – services being in the right places for the right people. Consider how service providers engage. Standards we want to adhere to but not necessarily something that is written into a plan but to be the overarching ethos about the right help at the right time.  Outcome around obtaining the lived experience, everyone recognised the need to still have a think family approach. Better embedded in adults Stella said the link that came out in the JSNA, the think family approach and mental health services. Took learning from the local case reviews and safeguarding children partnership have checked out whether the learning is embedded. Is & Sarah supporting the development of the plan have got the learning from our most recent reviews to make sure it is covered alongside our JSNA 0-19 information.  Arrangements with GPs and health visitors was raised and covered within the trust no need to be further explored. Engaging and maximising the contribution in the charity voluntary sector, very active in the EHP Strategy Group.  Best start in life – Data and tracking and ensuring we understand the information the data is telling us, so we know which children are not meeting their age-related expectations. Clear and consistent messaging around child development, is another priority. Looking at what information is put out, the services we provide and the links to the 1001 days. All linking in with family hub work.  Parental mental health – this was shared with the emotional health and wellbeing group, as the adults are the parents of the children and that links with our think family approach.  Speech and language – Effects of speech and language therapy services and what support there is in the development of communication. Some evidence has been overseen through the Early Years Action Plan. We want to see it translate into the Children and Young People’s plan.  SEND emerging needs – Evaluate the effectiveness of current systems to be reviewed in the future, how we can be more inclusive and sustainable so the needs of SEND children are met. Plan to how we can achieve that.  Voice of people who are using the services – lots of meetings publicly and internally, doesn’t need to be covered more.  Communication/Live Well – Virtual offer featured within this plan; plan will need to cover.  Training available and use of systems.  Any opportunities on joint commissioning which is a focus of the CTE.  Not starting from a blank sheet of paper. There has been a lot of work doe to find out the needs in the area listening to the voice of people who have experienced services. |  |
| **6.** | **Development of the Cheshire West Children and Young Peoples Plan 2025-2029**  Isabel Noonan – went over the suggestions of developing the plan. In pervious meeting we were discussing how we approach writing a new Children and Young Peoples Plan we already had a plan then got a year’s extension for various reasons, including quite a lot of reform in the health service. Were told to look at what is around and what we want to go forward, a blank piece of paper or use informed information that we must make a start on a plan. Current plan is extended to March 2025. Development of a new plan of Children and Young People and their families. Task and finish group took place on 10th October, to discuss how to move forward with a plan and what will be the best approach. Need to endorse the way forward and add more suggestions. Children and young people’s plan are the single overarching plan for services across all the agencies, which directly support children and young people and their families in the borough. It is our key plan for providing services and improving outcomes. Everyone has their own individual agencies and jobs, but this is where we can come together to collaborate in a partnership. We can contribute to improving those outcomes to children, young people and families. There is good level of communication between the other sub groups where issues are escalated between the groups as appropriate. We can do cross referencing to pick up individual topics if necessary and keep a collective communication going.  Suggesting that in this paper the participation stage of children young people and their families, professionals, others that are in the voluntary sector that are involved with children and young people. Where do we want to start? There is a ladder of communication which is used across the partnership, describes the level of participation. Which can be used when designing, writing, rewriting a plan. There is Co-production, Co-design, engagement and consultation, what level do we go in at? There has been discussion of Co-production and a blank piece of paper but there is an element of co-production when using data and intelligence to make a start of what you know, there has been different views on that. Want to make sure when we’re writing the plan that effective commissioning and contracting will be waving through all the evidence of the plan and the practice model on a trauma informed approach should remain embedded throughout all the work.  Timeline and activities – Strategy groups met in September, and then the task and finish group 10th October 24. The JSNA and other data intelligence telling us that there might possibly be 3 strategic outcomes. To go out on consultation on. Want to go out to engagement, consultation with children, young people and families and key stakeholders within 6-8 weeks with a list of key questions for each strategic outcomes and possibly more conversational question to capture a wider views and perceptions, to not shut off if we go with the 3 strategic outcomes, if there are other areas that come up from consultation engagement might be included in the plan. Using particularly the JSNA to give a start at the 10 overarching strategic outcomes.  Once the participation ladder has been completed, plan to go the Health and Wellbeing bored and ICP approval pathway, present and endorse plan to cabinet in April 2025 for final approval then publish the new children and young peoples plan in April 2025.  Katy Ellison new appointed co-production manager in commissioning who will be supporting the co-production engagement of the draft for the children’s & young people’s plan. The appendix for that has been produced by Katy including stakeholder mapping, quality and equality analysis and design of engagement material. That she has been working on until end of October, 6 weeks of engagement of consultation from the 20th of October to 6th December. Analysing feedback and draft a report of engagement consultation findings, 3-4weeks 9th December to 6th January. Take an account of engagement consultation feedback and shaping of the plan – box timescale.  Several different ways to approach engagement like a blank sheet of paper or a more structed approach where some early ideas for priorities for a plan have been drawn together. Then engagement with key groups of people to see these are the right priorities to focus on whilst maintaining that very open view, its not closed off to other areas.  Using the information from the JSNA the task and finish group decided to use a more structured approach to engagement and identified three potential strategic outcomes as the basis for developing the Children and Young Peoples Plan for 2025 and beyond. They are Prevention, SEND, Emotional Health & Mental Wellbeing. Proposal to consult on these outcomes with some questions for consideration, must also recognise the other views and perceptions may be put forward during the engagement process. The stakeholder might be exercised to identify the key groups we want to engage with has been drawn up – can be seen in the appendix attached separate.  Important to ensure that there is a clear story of how the plan has been developed. Make sure communication is communicated to see how they have contributed to the plan.  Katy Ellison is proposing to engage with a wide variety of origins to identify themes under the three identified outcomes of prevention, SEND, Emotional health and wellbeing, to have a discussion to hopefully approve the approach or an approach with some amendments, to go forward. IN – then went through Katy Ellisons Appendix on how she will approach. – can be seen in the appendix attached separate.  AL- Everyone to have a read of the appendix and feels it is a very good piece of work from Katy. The young persons voice is next stage for development.  ME – Say we coproduced it there will be things, which could added weight to it from past conversations and work been done, further enhance with coproduction.  FQ – Don't go in with a fix view, codesign engagement approach is essential, Katy is currently doing fantastic work which will catch the codesign approach with Jill Taylor and Heather Catterall who is our programme lead for Starting Well, attending the primary care forum which will have an emotional wellbeing and mental health tabletop exercise which will capture the codesign and engagement approach. Can gather that work has already started. We need to capture the themes, equally it’s important we don’t lead anyone into a certain direction, we don't want to miss any other areas.  AL – Telling the story to get that buy in of engagement is very important.  Simone White – Where those concerns and priorities are coming from, the data might show it is a priority or if there is a geographical approach we might need to take. To stop areas from not having enough help in certain areas. To help the plan have the best approach.  AL – Very interesting point are the prioritise the same need across all of the borough.  Zara Woodcock – Co-production we have a narrow budget so it can never be a blank sheet of paper as it must fit in within the plan and the labour manifesto. The work in the last 12months has identified those 3 areas, weave into narrative to evidence where these key points have come from.  AL – Agrees the recommendations plus the starting well element of the borough plan are the core element of the borough plan. Everyone to engage with Katy when she reaches out. |  |
| **7.** | **Consider re-naming the Children’s Trust Executive/Partnership**  ZW- Does the name still fit with the job we are doing. Before Helen left conversation were had about suggestions. Is Childrens Trust the right name as we know have starting well, embedded and borough plan. The Best Start Board or Starting Well Board might lead to confusing with CWP Starting Well. Do we need to better reflect, do we include providers from 2025, charity voluntary sector are big players in Early intervention and prevention. Also, generally who is around the table. Peoples thoughts on what to start with.  AL – agrees children trust sounds old school, starting well would be perfect but could be confused with the CWP link. Best start sounds okay unless anyone else has any better suggestions.  **Action - look at members to see if there are more people who can be invited. How can we include young people into the meetings to hear more from them.** **Possible sub groups to include members and young people.**  FQ – Key health colleagues, no desire to change but can see the benefits to change the name, they more favoured starting well, as more closely aligns with the agenda. Attendance of group there is missed opportunity with key health providers, trust in past was mindful not to invite senior levels but they are included in subgroups could they be managed into declarations of interest.  AL – Agrees that bringing in senior levels would be beneficial if managed properly.  DE – Capturing the child’s voice it is something we in education recognised perhaps in an error of development not just around SEND child's voice but in universal child’s voice. How we can engage IT and engage in apps that the child’s voice is a key area to improve on. Meaningful data from young people tap into schools e.g. survey forms on a decent sample size of children and young people.  SW – Would it be too radical if we were to ask young people what they think the name of the group should be called? So it is something they would recognise and want to be part of.  **Action – Katy Ellison if she can go forward asking young people their ideas on the name of the group.**  Going forward refresh who comes & who is invited to these meetings. Come together to set an agenda, so members aren’t just sat as observers, more items that can include different organisations and what they have to offer to young people their prioritise and what they have, starting from April.  EB – Participation of children and young people and families, what's new services, what's the next step should we talk to young people and children & families with the development of the plan.  ZW– We can't set up expectations then not meet them.  DE – What can we afford to offer the trauma informed practice has been round for a while but has changed over time, more and different priorities have come.  AJ – As part of OWOW we have consulted it children and young people and families, through their youth parliament spoken to school children, worked with our colleagues in schools to engage their voice been to the SEND forum and number of times spoken to parents and through secondary schools had a quash forum through secondary schools been around for 3-4 years and engage with parents understanding families trauma is different from a professionals point of view. A lot more we can do to further embedded this approach.  EB – Agrees with what has been said with people who are paid to do as job compared to someone’s lived in experience and priorities. Can we understand the impact of it through lived in experiences and include it in co-production. How can we be more actively involved in the decisions, and it is something we might be missing in the trust. What the real impact has been on all the feedback. | **ALL**  **Is Noonan** |
| **8.** | **School Allergy Policy**  AH – Went over the allergy policy (attached separate to this email), currently schools have their own policies which differ from school to school. Used a template from allergy UK made a few amendments to strengthen the policy. Steps to take to adhere to guidance in catering, shared with paediatric allergist at the COCH. Ask to get approval to share with schools.  **Action – Alex to send policy to Kirsty the policy to share with minutes. Everyone to agree over email to Alex Holt.** | **ALL** |
| **9.** | **Date of Next Meeting:**  **Monday 27th January 2025 3-5pm Via Teams** | **ALL TO NOTE** |