

WOLVERHAMPTON CHILDREN'S TRUST
CHILDREN'S TRUST BOARD
Minutes of meeting held on 30th September 2014
Civic Centre

Item	Notes	Action
	<p><u>Present</u></p> <p>Councillor Val Gibson (Chair) Chief Supt Simon Hyde (West Midlands Police) Doctor Cathy Higgins (Royal Wolverhampton NHS Trust) Sarah Norman (WCC – Community) Emma Bennett (WCC – Community) Ian Darch (Voluntary Sector Council) Lynne Law (School Improvement Partnership) Noreen Dowd (Wolverhampton CCG) Ros Jervis (WCC – Public Health) Janet Anderson (for Jeremy Vanes - Royal Wolverhampton NHS Trust) Mary C Keelan (Wolverhampton Secondary Head Teachers –WSIP)</p> <p><u>In attendance</u></p> <p>Russell Stanley (WCC – Education & Enterprise) Eileen O'Callaghan (WCC – Community) Fiona Ellis (WCC – Community) Louise Bath (WCC – Safeguarding and Quality)</p>	
1.	<p>Welcome, Apologies & Introductions</p> <p>Apologies were received from:</p> <p>Councillor Mark Evans Tim Johnson Alan Coe Jeremy Vanes (Royal Wolverhampton NHS Trust)</p>	
2.	<p>Declarations of Interest</p> <p>None</p>	
3.	<p>Notes of the Meeting of 11th March 2014</p> <p>Agreed as a true record.</p> <p>Matters Arising</p> <p>None</p>	

4.	<p>Appointment of a Vice Chair:</p> <ul style="list-style-type: none"> • Cllr Gibson explained reason for VC; and it was requested by SN that this not be a WCC member but a Trust Partner. • Noreen Dowd - CCG – volunteered to act in the capacity of VC in the interim until permanent post holder appointed. <p>Noreen Dowd ratified by Board as Vice Chair of CTB.</p>	
5.	<p>Annual Public Health Report – obesity:</p> <ul style="list-style-type: none"> • RJ apologised to those members of the Board who had already received this report at other meetings. • The Annual Public Health Report is a statutory requirement; however this years report responds to the challenge to in 2013 made by Sir Liam Donaldson at the Healthy, Wealthy and Wise Debate which was to focus on report on a key challenge for Public Health in Wolverhampton. This year's report focuses on obesity and aims to promote a fuller discussion about 'how' to tackle the challenges hence the 'call to action'. • The report identifies the scale of the problem, outlines areas of work that need to be supported by agencies; but does not go into the details of how this will be achieved • VS – indicated that Community Champions need to be identified • SEB – WCC Planning Agenda, Sports and Leisure Facilities • CTB – The numbers of children defined as obese has increased since the report was written. There is a role for all partners to support reducing numbers of children who are obese. Certain life points at which it is possible to effect change for individuals (pregnancy, illness etc) – all agencies need to use these opportunities to support change. • Pledge Cards – Will be hosting a summit on 10.11.2014, invites to be circulated shortly. • LW – Issue relates to parents and need to educate them; using school nurse was very difficult. One child on CP Plan which supported multi-agency action for the child. Really important and then don't participate as actively as they could. • ID – Where is it most effective to intervene – there is a direct correlation with adult obesity; but best place to start is across Early Years. • RJ - Looking to develop Community Champions across agency's – especially in schools • CH – See's children in clinic identified a need to create a directory for purposes of signposting. • LW – Around City there are sports colleges that are well resourced and could act as community hubs. 	

	<p>Action – Pledge Cards to be returned to Public Health who will use responses to draw up a City wide Action Plan. All to promote this within their respective organisation - ALL</p> <p>Recommendations in report were accepted and point 4 noted.</p>	
6	<p>Children, Young People and Families Plan – final plan:</p> <ul style="list-style-type: none"> • FE – explained the arrangements for monitoring progress against the Plan. • ND – Queried whether some of this could be more child focused and where are the links with safeguarding agenda issues; especially MH and Drug and Alcohol • FE – technical documents sit behind the Plan – and this will incorporate the issues affecting children in their home environment. • FE to share technical document if it is acceptable. • EB – 10 year plan quite wide in its focus and there is a link to what will be monitored by CSC; and would look at each area of Plan and the impact on children. • EB – FrF, WSCB Plan, Alcohol Strategy, Hidden Harm are linked to the overarching Plan. • FE – other strategies will also underpin this, to ensure needs do not escalate • Police – measure around DV – issue of under reporting Police agenda is to increase the number of 1st time reporting. • FE no targets have been set yet – so there may be an expectation that indicator does increase in some instances; and then work towards a decrease. In depth analysis will be key. • RJ – use re-commissioning of services as an opportunity to address outcomes contained within Plan. • FE – timescales gives a real opportunity to be able to see real progress against outcomes. • FE – Wolverhampton in Profile – all plans/strategies that contribute to the Plan can be added to this electronic hosting site. ACTION here <p>Recommendation agreed.</p>	
7.	<p>Protocols with other Partnership Boards:</p> <ul style="list-style-type: none"> • LB updated meeting and advices that the protocols would be circulated with the minutes. 	
8.	<p>Learning from frontline practice – “Preventing children becoming LAC through partnership working”:</p>	

	<p>The meeting split into two groups to examine the case study provided.</p> <p>EB Group Feedback:</p> <ul style="list-style-type: none"> • EB indicated that the group needed more information – specifically in regards to what was the nursery, midwife and health visitor doing about this and how information was being shared. • Where was the EHA, nobody appeared to have done anything about this. • Are thresholds too low? • Things are left until situation reaches crisis point. Inter-agency working and EHA was not apparent. • Useful to get key frontline reps together to look at a number of cases. Issues around training and info sharing. • LB queried whether there was a way to flag children's status on each of the electronic databases used to record information. <p>SN Group Feedback:</p> <ul style="list-style-type: none"> • ideal situation picked up by EHA around July 2013 to generate a solution focused approach at point A was in a previous relationship. • intelligence regarding current relationship should have been incorporated into new family and EHA be developed. • At point of crisis should have found alternatives to PPO and Bail conditions – dialogue with Police and Courts. <p>ACTION</p> <ol style="list-style-type: none"> 1. Flagging system on EHA and CSC databases to be explored 2. FrF programme – deep dive to be undertaken on a couple of cases involving partners to explore what would action would agencies take and to identify what barriers (if any exist). 3. Case Study for next meeting – Obesity Case from Health Visiting 	
9.	<p>Health Related Behaviour Survey 2014:</p> <ul style="list-style-type: none"> • RS – circulated a more detailed version of report. • Drew attention of Board to presentation document – allows for a number of themes and ways of analysing data; and explained the methodology and headline results for KS1 & 2. • RJ – Guns and Gangs highlighted and this needs to be looked at more closely. • ND – what do we do with the information – what is the drop down list for worries in the questionnaire. Provides an opportunity for re-design of services. • LL– From School perspective very good; used for PSHE curriculum team and other experts to address within the schools environment. School interrogate worries and consider 	

	<p>how this should be addressed.</p> <ul style="list-style-type: none"> • RJ – so what – how valuable do partners find survey <ul style="list-style-type: none"> ○ ID – need to look at trends arising from data survey by survey and the reasons for changes. More trend analysis would be helpful ○ CH – noted that the survey findings are useful ○ EB – used by MAST and Children's Commissioning and links to Children and Young Peoples Plan – feedback from C&YP <p>Recommendations within report were supported.</p> <p>ACTION:</p> <ol style="list-style-type: none"> 1. WSCB Q&P and full Board circulate to WSCB partnership in relation to Results Event. 2. Feedback of findings to agencies. 	
10.	<p>Families R First update:</p> <ul style="list-style-type: none"> • EB – provided updating report and highlighted key areas identified in the PowerPoint presentation provided. Launch may slip slightly to January so this links with the WSCB Threshold document launch. All actions are currently on track – LAC numbers have stabilised, but no decrease noted as yet. Reviewed all 16/17 year olds and identified a cohort that do not need to be LAC; also reviewed children placed with parents and there are a number of revocations of orders that need to be required. Retention and Recruitment of foster carers – to reduce costs linked to agency carers. Submitting a number of bids for funding in relation to early intervention and links with adult services (triggers); innovation fund – to develop FSS re-adolescents. • ND 3.0 – Action Plan – Edge of Care Meetings do these link to MSMG External Placements– no link as these are case specific. • ID – EHA any issues regarding with signup • EB – every agency to act as a champion, and group chaired by Steve Dodd will QA take up of EHA. Taken on feedback from learning from CAF. Electronic system being put into place. • VG – Use of Boarding Schools – DM leading on this and will prepare a report to look at how these can be used more creatively. • VG – Interviews for analyst – appointed. • ID – changing the culture – managing away days – is this targeted to all partners? • EB – EHA training – linked to WSCB training and thresholds, risk 	

	<p>analysis, measuring the gap.</p> <ul style="list-style-type: none"> • ND – links to Child Poverty Strategy. <p>Recommendations Agreed:</p> <p>Emma was thanked for driving forward this big piece of work as it is important for outcomes for children and financial implications of LAC. Thanks to be passed onto staff.</p>	
11.	<p>Adult Services representation on Children's Trust Board:</p> <ul style="list-style-type: none"> • EB – has no update as yet – needs chasing in respect of MH – this should be VG? 	
12.	<p>Key messages from Health & Wellbeing Board:</p> <ul style="list-style-type: none"> • CllrG – WSCB Annual report 12/13 Health & Wellbeing – would be useful to have this circulated to Board for information; and then invite Chair to present 13/14. <p>Minutes of H&WB to be noted.</p>	
13.	<p>Key messages from Children's Trust Delivery Board:</p> <ul style="list-style-type: none"> • Minutes noted 	
14.	<p>Any other business:</p> <ul style="list-style-type: none"> • NA 	
15.	<p>Date of Next Meeting</p> <p>Next meeting is 17th December 2014 - 2.00 pm- 4.00 pm</p>	

ACTION LOG

ACTION	RESPONSIBILITY	COMPLETION DATE
Pledge Cards to be returned to Public Health who will use responses to draw up a City wide Action Plan. All to promote this within their respective organisation.	ALL	November 2014
Joint Protocols with WSCB and other partnership Boards to be circulated with Minutes.	LB	October 2014

CBT members to provide amendments, additions, comments.		10.11.2014
Flagging system on EHA and CSC databases to be explored in respect of key concerns about children.	EB	Next meeting
FrF programme – deep dive to be undertaken on a couple of cases involving partners to explore what would action would agencies take and to identify what barriers (if any exist).	EB	December 2014
Case Study for next meeting – Obesity Case from Health Visiting	Health	Next Meeting
Health Behaviour Survey:		
1. WSCB Q&P and full Board circulate to WSCB partnership in relation to Results Event.	EB	November 2014
2. Feedback of findings to agencies.	All	November 2014
FrF		
Multi-agency Steering Group – feedback required from schools.	LL	Next Meeting
Adult Services representation on CBT	EB	Next Meeting
1. VG to be approached to attend CBT.		
WSCB Annual Report 12/13 to be circulated to CBT members.	LB/CO	With Minutes
AC (WSCB Chair) to be invited to report on WSCB Annual Report 13/14.	LB/CO	Next Meeting