

HEALTH AND WELL-BEING BOARD

9 FEBRUARY 2016

CHILDREN'S PLAN - UPDATE

Board Sponsor

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Author

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Priorities

(Please click below
then on down arrow)

Older people & long term conditions

No

Mental health & well-being

Yes

Obesity

Yes

Alcohol

Yes

Other (specify below)

Groups of particular interest

Children & young people

Yes

Communities & groups with poor health outcomes

No

People with learning disabilities

No

Safeguarding

Impact on Safeguarding Children

Yes

If yes please give details: key activity focused on keeping children safe

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to:

- a) **Note the content of the report and the progress made on implementing the Children and Young People's Plan.**
- b) **Approve the refresh of the Children and Young People's plan following the approval of the Joint Health and Well-Being Strategy as outlined in paragraph 23**

Background

2. The Children and Young People's Plan (CYPP) 2014 – 2017, outlines how partner agencies across Worcestershire will work together to improve outcomes for children and young people. There are seven priorities within the Plan. These are:-

- Children and young people have a healthy lifestyle
- Children and young people reach their full potential in education
- Children and young people are helped at an early stage
- Children and young people are protected from abuse and neglect
- Children and young people grow up in secure and stable homes
- Young people have the life skills they need so they feel ready for adult life
- Children, young people and their parent/carers know where to go for information about services.

3. This report provides a half-year review of performance against the seven areas of focus.

Children and young people have a healthy lifestyle

4. The areas of focus are:

- to improve the emotional health of children and young people, including access to mental health support;
- to encourage children and young people to eat healthily and participate in physical activity and sport;
- to reduce the harm caused by, and improve young people's awareness of, smoking, drugs and alcohol.

5. Progress against the agreed actions within the plan continues. For example:-

- A comprehensive needs assessment has been completed to understand emotional wellbeing and mental health needs, and many focus groups have been held with parents and young people to inform the needs assessment.
- An Emotional Wellbeing and CAMHS Transformation Plan has been approved by NHS England which is focussing on redesigning services to improve emotional wellbeing for children and young people.
- A new 0-19 Prevention service is being commissioned from October 16 which incorporates greater emphasis on both perinatal mental health & emotional health & wellbeing of children and young people.
- The redesign of adult primary mental health services includes provision for YP aged 16+ - a new "Healthy Minds" service provides self-referral and access to computerised CBT and a range of courses available in the community for stress and anxiety.
- Additional resource has been committed from April 2016 for early intervention around emotional wellbeing, and for specialist services for young people who need specialist mental health support.

- Within 2015-16, commissioners have invested additional resource in out of hours CAMHS services, and training within eating disorder services.
- Partnership working continues between CAMHS, Social Care and the Acute Trust to follow the urgent care protocol and undertake case reviews to improve the pathway for those young people who attend A&E and who are admitted to the Paediatric hospital ward.
- The School health service have supported identified schools with promotion of and improvement in availability and uptake of healthy food and physical activities
- Schools continue to implement School Food Plans and participate in local initiatives in support of national Change4Life social marketing campaign
- **The National Child Measurement Programme data for academic year 14/15 shows improvement for both Reception age (4-5 years) and Year 6 (10-11 years) which is being received optimistically.**
- Healthy weight and obesity pathways for under 5s and for age 5-19s have been reviewed and an integrated pathway developed and agreed across all agencies. A new Health Visitor led preschool Healthy Weight service for obese infants has been piloted and has now rolled out countywide. School nurse service supports schools with high prevalence rates to better promote and support healthy weight. School nursing service can provide either one to one or group programmes of support for overweight school age children & families when requested.

6. Success measures update:

- Hospital admissions for self-harm (rates) have plateaued in Worcestershire since 2008, but remain higher than national and regional average.
- A&E attendances for self-harm (rates) have decreased overall (using data from 2010-2014), but there has been an increase in attendances amongst females aged 10-14 yrs.
- 30.7% of Year 6 pupils had excess weight in the 14/15 academic year. The Gap decreased in 13/14 but increased in 14/15. Overall % amongst the disadvantaged did decrease in 14/15 but decreased more amongst least disadvantaged communities which caused the gap to widen.
- Alcohol-specific admissions has reduced to 46.5 (target was 47.1)
- Smoking at delivery reduced to 12.6% for 14/15 (target was lower than 14%)
- Breastfeeding at 6-8 weeks increased to 45.5% and is now significantly better than the England average

Children and young people reach their full potential in education

7. The areas of focus are:

- to increase the diversity and further improve the quality of learning opportunities and access to them for all children and young people;
- to reduce educational attainment gaps between vulnerable learners and their peers;
- to match learning opportunities to the child or young person;
- to help parents and carers to be involved in their child's learning (with a focus on parents with poor literacy skills).

8. The performance headlines are outlined below:-

- There has been an increase in the percentage of pupils who achieved a good level of development in the Early Years Foundation Stage from 58% in 2013/14 to 66.4% in the 2014/15 academic year. This has now put us above the national average which is 66.3%.
- During 2014/15, the marked improvement seen in the previous three years has been sustained and further improved for schools judged as good or better by Ofsted.
- There has been a small decrease in the percentage of pupils that achieve level 4 or above in Reading, Writing and Maths at Key Stage 2 from 77% in 2013/14 to 76% in 2014/15 (academic year). We are currently 4% lower than the national average of 80%.
- There has been an improvement in the percentage achieving five or more A*-C at GCSE or equivalent including English and Maths from 58.5% in 2013/14 to 60.0% in 2014/15 (academic year). *
- There has been a further improvement in closing the SEN/Non SEN attainment gap for 5 A*-C GCSEs including English and Maths from 49% in 2013/14 to 47.2% in 2014/15 (academic year).*

** Please note that all data is provisional and validated results will all be published in January 2016.*

Children and young people are helped at an early stage

9. The last performance update to the Health and Well Being Board outlined the intention to refresh and re-focus the current Early Help Strategy. In November 2015, Worcestershire County Council approved an All-Age Prevention Policy that sets out a clear, consistent and evidence-based approach to prevention by the Council that will inform its work with partners.

10. Using the same language within the draft Joint Health and Well Being Strategy, the All-Age Prevention Policy outlines the **aim of prevention** to:

- **Prevent** ill health and the need for care before it occurs.
- **Reduce** the impact of problems which have occurred, detecting risk and problems as soon as possible and intervening early to limit their impact.
- **Delay** the need for further help and avoid crises by getting the right help to people who already have needs and giving the right support to prevent those needs escalating.

11. It also outlines the **five main approaches to prevention** which will inform work with all ages. The Council will ensure that it can demonstrate these approaches in action.

- **Creating a health promoting environment** by developing and enforcing healthy public policy and taking health impact into account systematically in decision making.

- **Encouraging and enabling people to take responsibility for themselves, their families and their communities** by promoting resilience, peer support and the development of community assets.
- **Providing clear information and advice** across the age-range, so that people make choices that favour good health and independence.
- **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available.
- **Gate-keeping services** in a professional, systematic and evidenced way, so that services are taken up by those who will most benefit and the service offer is available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

12. Complementing Worcestershire County Council's All-Age Prevention Policy is the Health and Well Being Board's Joint Health and Well Being Strategy and Worcestershire Safeguarding Children's Board Threshold document. These three strategies form the basis of the Worcestershire's prevention and early intervention strategy for children and families and:-

- provide clarity on roles, responsibilities and relationships between agencies and organisations from across the children and families sector;
- focus on strengthening communities – building resilience and transforming the way people and communities help themselves and each other
- shape future WCC / NHS commissioning and influence other commissioning activity

13. Underpinning Worcestershire's approach to early help is an **Early Help Needs Assessment**. This was carried out to:

- Determine and forecast the demography, epidemiology and outcomes for children and young people
- Identify what works and is cost effective for 0-19 prevention and early intervention
- Assess how this compares with the support and service configuration currently delivered
- Make recommendations for future service commissioning and provision.

[The full assessment can be accessed here](http://www.worcestershire.gov.uk/downloads/file/6506/2015_early_help_needs_assessment)

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14. This needs assessment is being used to drive the commissioning of a new 0-19 prevention service which will integrate Public Health services (e.g. Health Visiting, School Nursing) with some of the services currently delivered by the 0-19 early help providers (e.g. Children's Centres). The new service will be in place by October 2016.

15. The performance headlines from the current Early Help Strategy are:-

- The referral rate to Children's Social Care has increased from 355.6 per 10,000 in 2014/15 to 380.1 per 10,000 in Quarter Two of 2015/16.

- There was an increase in permanent exclusions from 0.07% in 2013/14 to 0.11% in 2014/15 (academic years). This data is provisional and will be validated by the Department for Education in July 2016.
- There has been a decrease in persistent absence from Primary and Secondary school from 4.1% in 2013/14 to 3.7% in 2014/15 (academic year). This data is provisional and will be validated by the Department for Education in May 2016.
- The percentage of 16 to 18 year olds not in education, employment and training has increased from 3.8% at the 30/03/2015 to 4.8% at the 30/09/15. This is higher than the target, however the NEET figure is adversely affected at this point of the year by the transition of young people between education establishments.

Children and young people are protected from abuse and neglect

16. The areas of focus are:

- to improve services that help to keep children safe;
- to reduce the impact on children and young people of domestic abuse, parental mental health issues and substance misuse;
- to protect children and young people who go missing and from child sexual exploitation;
- to help children and young people feel safe wherever they are.

17. Worcestershire Children's Safeguarding Children's Board (WSCB) oversees the implementation of this key priority and progress is captured within their annual report (shared with the Health and Well Being Board in September 2015).

Children and young people grow up in secure and stable families

18. Our areas of focus are as identified in Corporate Parenting Strategy. The Corporate Parenting Board is developing a programme of work for the next year. This will include oversight of educational attainment for Looked After Children and the focus on improving outcomes for Care Leavers.

19. Along with the refresh of the Strategy, the Corporate Parenting Board has focused effort on improving the timeliness and quality of health assessments for Looked after Children. There has been an improvement in the percentage of Looked After Children who have an up to date health assessment from 70.5% in 2014/15 to 75.5% in Quarter Two 2015/16.

20. In addition to the performance on health assessments for looked after children the main performance headlines are:-

- There has been an increase in the Looked After Children (LAC) rate in Quarter Two 2015/16 (62.6 per 10,000). This compares to 60 per 10,000 in 2014/15.
- The percentage of LAC adopted as a proportion of children looked after for six months or more increased to 14.5% in 2014/15 from 13.1% in 2013/14. This is better than the target.

Young people have the life skills they need so they feel ready for adult life

21. Our areas of focus are:

- to work with businesses and other organisations to improve the range of work experience, jobs, apprenticeships and volunteering opportunities for young people, especially for those who are not currently in education, training or employment or those who are in care;
- to help all young people to gain the information and skills that will help them to live independently, especially those young people who are about to leave care;
- to improve transition arrangements between children's and adults' services for children with special educational needs and disabilities.

22. In response to these areas of focus:-

- Worcestershire Connecting Schools and Business Programmes' "Worcestershire Careers Central" website is fully functional and since its launch in July 2015 has received 6500 unique visitors primarily young people. Work is underway to populate the site with further job profiles information covering Worcestershire's key Growth Sectors. Through our partnership with Worcestershire Youth Cabinet, Worcestershire's Careers' Video has been created and uploaded via our you tube link on the Careers Portal. The video provides a young person's perspective on the careers' Advice and Guidance being offered by schools and information from businesses and other organisations on the potential career pathways.
- The changes made during the development of phase 2 of the "Worcestershire Skills Central" are completed and the portal is now fully functional. The key change undertaken allows the web portal to be accessed by parents/guardians who have their children attending Worcestershire high schools and assists them in the identification and facilitation of their child's work placement.
- Worcestershire County Council is currently working with a local voluntary sector organisation to submit a Reaching Communities bid for key worker support to 18+ Care Leavers focused on supporting them into employment. The bid is due to be submitted in March 2016.

23. The main performance headlines are:-

- The percentage of care leavers not in employment, education and training has decreased from 38.2% in 2014/15 to 35.4% in Quarter Two 2015/16. This is not currently meeting the target.
- There has been an increase in the percentage of care leavers in suitable accommodation from 71.2% in 2014/15 to 76.8% in Quarter Two 2015/16. However, the target has not been met.

Children, young people and their parents/carers know where to go for information about services and support

24. Our areas of focus are:

- to continue to develop the internet as a point of access for children, young people and their parents/carers requiring information, advice and guidance on all aspects of a child's life;
- to continue to develop and promote existing information on services for children, young people and their parents/carers, the support they offer and how to access them;
- to improve accessibility of information on what to do when there are concerns about the welfare and safety of a child or young person.

25. This area of focus currently does not have any specific performance measures attached to it. However, **providing clear information and advice** across the age-range, so that people make choices that favour good health and independence is a key theme within the all-age prevention policy and as such will have targets and performance indicators attached to it.

Future Plans

26. The current Children and Young People's Plan will need refreshing in light of the changes to the Joint Health and Wellbeing Strategy and the wider Prevention agenda. It is proposed, post approval of the Joint Health and Well Being Strategy, to hold a Children and Young People Strategic Planning event with partners to consider a refresh of the current CYPP. It is intended that this event would focus on identifying and agreeing complementary priorities, to those within the JHWPB Strategy, which will improve outcomes for children and young people. The Health and Wellbeing Board is asked to approve this approach.

Contact Points

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