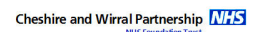


Friday, 15 January 2010 commencing at 9.00 am
Professional Excellence Centre, Acre Lane, Bromborough

1. 09:00 APOLOGIES
2. 09:00 DECLARATION OF INTEREST
3. 09:05 MINUTES OF PREVIOUS MEETING (Pages 1 - 8)
4. 09: 10 MATTER ARISING
5. 09:15 WIRRAL CHILDREN'S TRUST COMMISSIONING STRATEGY
6. 10:00 CONNEXIONS CORE OFFER
10:15 BREAK
7. 10:30 BEING HEALTHY STRATEGY GROUP REPORT (Pages 9 - 16)
8. 11:00 YOUNG PEOPLE AND ALCOHOL BRIEFING (Pages 17 - 22)
9. 11:15 WIRRAL COMMON ASSESSMENT FRAMEWORK ACTIVITY (Pages 23 - 30)
10. 11:30 SAFEGUARDING CHILDREN UPDATE (Pages 31 - 32)
11. 11:45 DISTRICT BOARDS REVIEW (Pages 33 - 34)
12. 11:55 ANY OTHER BUSINESS
13. 12:00 DATE AND TIME OF NEXT MEETING: 19 MARCH 2010, 09:00 - 12:00



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WIRRAL CHILDREN'S TRUST BOARD

Minutes of the Meeting held on Friday, 20 November 2009

Present: Councillor Phil Davies (Chair)

Councillors Sheila Clarke
Jean Quinn

Officers Howard Cooper
Paula Dixon
Thelma Wiltshire
Simon Fitzpatrick
Emma Dodd
Kathryn Podmore
Tina Long
Andy Styring
Hazel Thompson
Bev Morgan
Richard Longster
Sue Drew

In attendance: Officers Jane Cowden

1 APOLOGIES

Alan Stennard
Shanila Roohi
Gillian Thomas
Bob Gittins (S Fitzpatrick representing)
Peter Brandrick

2 DECLARATION OF INTEREST

None.

3 WELCOME AND INTRODUCTIONS

Cllr Davies gave a welcome to the Board and noted that 2 extra papers were being circulated for reference at the meeting.

4 MATTERS ARISING

iv. Howard Cooper updated this Board on a meeting held with the 4 District Boards, which was very productive. The Birkenhead Board was positive and there was a detailed understanding of their work. Cllr Denise Roberts felt it had added value. However, in the other 3 District Boards, feedback was not

so positive. Cllr Jean Quinn asked if lessons could be learnt from the Birkenhead experience. Howard noted that the need for locality working had originally been done on the basis of 11 areas and 4 districts. However, it was now obvious that the 4 districts had different needs. The PCT have come to the same conclusion that locality working is a good idea so there is a convergence of ideas but boundaries are not easy. A review has been started and Nancy Clarkson has produced a draft paper on why Birkenhead works well which will be shared across District Boards. Paula Dixon asked who was on the Boards. Cllr Davies said membership lists could be circulated. Cllr Jean Quinn remarked that busy professionals would not go to meetings unless they thought something would come of it. Tina Long noted that it was about realising benefits, what is spent and what is the added value.

Action – Membership of District Boards and Nancy Clarkson’s paper to be circulated.

- v. Howard Cooper gave an update on the Apprenticeship programme. 100 new apprenticeships have been funded with over £1,000,000 targeted at small and medium enterprises in the private sector to help maintain employment in recession. This has been organised by the Children and Young People’s Department. There were approximately 3,000 applications (some young people applied for more than one opportunity) and successful applicants are now on training. This group have come from the following backgrounds (approximate percentages):

- 20% NEET
- 30% nearly NEET
- 16% 19-24 ages had been NEET

Funding was found for another 17 apprenticeships which are also up and running. Melanie Campbell (14-19 team) has been instrumental in this programme. Howard added that an item will be taken to Cabinet next week to say we can do a further 50 apprenticeships and is seeking agreement to change the criteria slightly to target vulnerable groups and communities. However, there may be legal issues with this approach. Tina Long asked if there had been any discussion with Wirral Waters. Howard replied that they had been included as well as Cammel Lairds and the construction industry.

5 APPOINTMENT OF DEPUTY CHAIRPERSON

In the spirit of having a senior politician in this post Cllr Davies suggested Cllr Sheila Clarke. Cllr Clarke agreed and this was passed by the Board.

6 SAFEGUARDING UPDATE QUARTER 1

In the absence of Caroline McKenna, Howard Cooper reviewed this report. There is one Serious Case Review (SCR) currently live relating to child murder in Wallasey. The mother has been sentenced and found guilty of manslaughter on the grounds of diminished responsibility. We have commissioned a SCR from an independent source, Dennis Charlton, and he has written the Executive Summary, which has been sent to Ofsted for grading. If this is returned as Unsatisfactory there will be an inspection. There is national press interest in this case and the findings are likely to be available around Christmas.

Cllr Davies asked for an update on the extra investment put into social work staffing. Howard Cooper replied that £690,000 had been put into the budget to enhance the structure. We want to put more social workers in the front line and 8 have been appointed (although not in place yet). At Practice Manager level all posts have been filled, some by acting up. At Principal Manager level there are 8

posts in the plan and have recruited 3 with 3 more interviews arranged so still have some vacancies. Tina Long remarked that additional funding had been put into health visitors and this was working well. Howard noted that there had been a 40% increase in referrals after Baby Peter. There was a rise in number of children taken into care from 610 to 640 although this has now come down to 620. The number of children subject to a child protection plan went from 150 to 230 but has now reduced to 190.

The Board note the report.

7 PERFORMANCE MANAGEMENT 2009/10 QUARTER 2

Howard Cooper outlined the report, which provides an overview of the progress made against the national indicators which are relevant to the Wirral Children's Trust. Overall Wirral is doing well or on track but there are some red or amber issues.

NI 43 – Young people within the YJS receiving a conviction in court who are sentenced to custody. This is complicated and partly relates to prosecution policy but is expected to improve. Simon Fitzpatrick noted that earliest intervention will occur in the custody suite where officers engage with young people. There is a multi-agency response with the aim to avoid going through the criminal justice system.

NI 60 - % of core assessments for children's social care that were carried out with 35 working days of their commencement. The recruitment of social workers has been covered in the previous agenda item.

NI 72 – Achievement of at least 78 points across Early Years Foundation Stage with at least 6 in each of the scales in PSED and CLL. We are making an impact in this area but there is still some way to go.

Cllr Davies asked if the Board was happy with this reporting format. Tina Long noted that it was a good way of raising the key issues.

Howard commented that he felt the corner had been turned with regards to seeing a change with social care issues. Tina Long asked if partners could do anything. Howard replied that the barriers did not appear to relate to other partners but more the volume of work. Cllr Jean Quinn noted that children are often referred to social care due to drug and alcohol issues and this comes back to partners. Cllr Davis added that Cllr Sheila Clarke has been doing scrutiny on alcohol.

Andy Styring expressed caution about chasing targets and noted that if it is appropriate to take children into care, particularly in a recession, a rise in figures could be a positive thing. Thelma Wiltshire noted that referrals could be seasonal, particularly at Christmas when families are overstretched. Howard agreed saying that peaks also occurred before the summer. Cllr Davies noted that a lot of work had been done around alcohol and requested a more searching look at this at the next Board.

The Board note the report.

8 LOCAL AREA AGREEMENT 2009/10 QUARTER 2

Howard Cooper gave an update on reducing the numbers of NEETs. The performance is better than the same time last year. The Apprenticeship programme is seeing rewards and Connexions are

working with 20 weeks or more NEET group in the Activity Agreement scheme. More young people are staying at school or college, with approximately 85% in learning. In the 16-19 age group the largest number NEET is aged 18 and last year it was 17.

Sue Drew updated on reducing the number of teenage conceptions. Data is published annually by the ONS but there is a 14 month time lag from conception before the national data is available. Local data is also captured more regularly but should be viewed with caution and often differs from national data. Current ONS data looks good but is significantly lower than the local information.

Sue Drew reported on reducing the incidence of childhood obesity. Data is collected each academic year through the National Child Measurement programme which takes place annually for children in both Reception and Year 6. Although current performance looks like we have gone above the target the aim is to slow down the rate before it can be reduced. The work being done in schools appears to be paying off as rates in Year 6 are reducing although early years is not as good. Thelma Wiltshire asked about focussing on individual schools. Sue replied that some mapping work had been done but all schools were being targeted. This is the first year that analysis has been possible due to a change in legislation regarding how data is held. Thelma Wiltshire noted that children being underweight were also an issue. Tina Long asked if there was work to be done with health visitors with regards to the under 5s and Bev Morgan noted that a lot had been done to improve breast-feeding. Cllr Davies requested that as obesity is above the target this indicator should be monitored.

The Board note the report.

9 CAA CHILDREN'S SERVICES RATING (DRAFT)

Howard Cooper reported that the Comprehensive Area Assessment (CAA) draft rating had been received. The provisional outcome was that children's services in Wirral performs well (grade 3) which was a pleasing result. Cllr Davies noted that the report will be published on 10 December 2009. The 2 page letter about children's services will be circulated to the Board.

Howard explained that Wirral has not been subject to an unannounced inspection yet but there has been a great deal of activity in preparation for this. An audit of case files has been done which has proved to be a good exercise. Howard noted that the longer we go without an unannounced inspection the more likely a full inspection will be.

The Board note the report.

10 CONNEXIONS COMMISSIONING

Peter Edmondson outlined the approach to commission a Connexions Service for the 6 Merseyside Authorities for the period January 2010 to 31 March 2012. Legal advice in 2008 indicated that commissioning from 2009 onwards would need to follow European Union procurement regulations and Halton Council is acting as the lead for this work. The process has been time consuming and Mott MacDonald were appointed as external consultants to ensure an independent view. It was agreed that a contract should be given to Greater Merseyside Connexions Service (GMC). There is currently a short legal period for other bidders to raise objections before this outcome is final.

Peter noted that although the provider is the same there will be a different relationship with GMC. A core service will be delivered but the contract allows for the negotiation of Enhanced and Accelerated Services if required and if funding permits. The only service likely to be bought is Positive Activities. Howard Cooper noted that although he was pleased with the outcome we would need to monitor the

quality of the contract delivered in the light of lower funding and driving out of costs. Peter commented that the core service is quite large and covers legal responsibilities with small additionality. Richard Longster noted that vulnerable young people need more attention and hoped that this group would not suffer. Peter replied that disability issues had been a factor in everyone's thinking. Cllr Davies requested that Sheila Lynch should attend the next meeting to describe the core offer.

The Board note the report.

10 INTEGRATED YOUTH SUPPORT STRATEGY (IYSS)

Peter Edmondson gave an overview of the Integrated Youth Support Strategy (IYSS) and implementation plan. The aim of the strategy is to provide appropriate and targeted support to those young people who need it most. Key partners with Wirral's Children and Young People's Department are Greater Merseyside Connexions, Wirral PCT, Wirral Teenage Pregnancy Strategy, Wirral Schools and the Voluntary Community and Faith Sector. Peter outlined the plan and noted that he was particularly proud of the Positive Contribution element. It was good to see young people debating with politicians at the Youth parliament.

A summary of the key target areas is as follows:

- To reduce 16-18 year olds who are NEET to 6.9% by 2010
- Increase the proportion of 19 year olds achieving NVQ level 2
- Reduce the use of Class A drugs and the frequent use of illicit drugs amongst young people under the age of 25, especially by the most vulnerable young people
- To reduce the Under 18 conception rate by 50% by 2010
- 60% of young people aged 13-19 gaining a recorded outcome compared to the % of young people participating in YW in the LA area
- 30% of young people aged 13-19 gaining an accredited outcome compared to the % of young people participating in YW in the LA area

Wirral's IYSS will focus on key priorities identified in the Borough's Children and Young People's Plan.

The IYSS group will meet 6 times a year and dates have been set for partner agencies to report on progress against targets. Most recently Connexions came to talk about NEET.

Cllr Davies noted that following the recent Youth Outreach Scrutiny report there has been a decision to move staff from Regeneration into Peter Edmondson's area of management. This will give more structure to support staff and enable better outcomes. Howard Cooper added that the physical relocation of staff to Solar Campus will happen at the beginning of next year, when they will join the Youth Service, WASP and Youth Offending Service. The Respect Team deals with adults as well so the family aspect also needs to be considered.

Peter noted that Youth Club provision plans are moving forward and the aim is to have at least 4 clubs open 6 nights a week. He has costings for 1 night and is looking for sponsors. Tina Long replied that she could explore the possibility of buying nights for campaigns. Cllr Davies requested that suggestions be given to Peter.

The Board note and endorse the recommendations.

11 ENJOY AND ACHIEVE STRATEGY GROUP REPORT

Mark Parkinson reported on the Enjoy and Achieve outcome area of the ECM framework and outlined the annual work programme to monitor outcomes. Key recent achievements are an example of what went well and Wirral continues to be strong. Mark noted that there will be some issues and challenges ahead:

- Implementation of secondary school reorganisation including at least maintaining outcomes/standards
- Impact of budget challenges
- Impact of 21st Century Schools White Paper
- Narrowing the Gap
- Machinery of Government
- Implementing 14-19 Diplomas

There are some quite ambitious targets and we have some way to go to meet these, particularly Narrowing the Gap. Partnership involvement is vital to help break the cycle of under achievement that can be caused by other factors, for example family or housing issues.

Two case studies were given as examples of the progress that had been made with schools. Case Study 1 focussed on the Improving Schools Programme (ISP) which supports schools where standards achieved by pupils in Year 6 fall below one or more of the national floor targets in English and maths. In particular, 1 'Hard to Shift' school, which had been below the floor targets for 8 years, achieved results in 2009 that moved them above the floor targets and out of this category. Case Study 2 related to the Secondary National Challenge Programme which was introduced in June 2008 and supports schools with less than 30% of pupils achieving 5+ A*-C grades at GCSE including English and maths. Six Wirral schools fell into this category and 4 schools are currently in this group so we are making good progress. It is hoped that more impact will be seen next year.

Cllr Jean Quinn asked if this level of improvement is sustainable without additional resources. Mark replied that the focus had been on the Leadership and Management to help get clear priorities so there is evidence that it is sustainable. Thelma Wiltshire noted that at the National Strategies meeting it was clear that advisory teachers would cease and the role of the SIP extended.

Tina Long requested more information about narrowing the gap to understand what partners could do to help. Paula Dixon noted that she was looking at young carers to narrow the gap so there is scope there. Mark noted that gap analysis was being done but it was a complex combination of factors and there were on-going challenges where the gaps were bigger in some schools. 14-19 curriculum reforms are crucial to get young people engaged. The gap is bigger in Secondary but better in post 16. Action research is being done in some schools and Mark suggested that the Board may be interested in the outcomes of this. Cllr Davies agreed that further information should be brought to a future meeting.

Hazel Thompson commented that there was a huge amount of family support services in the voluntary sector that could help pupils stay in school. Schools should make use of this but they do not know what is available. Cllr Davies suggested that Hazel discussed this with Thelma Wiltshire and Paula Dixon after the meeting.

Howard Cooper noted that it was in the schedule to get a report on the other outcome areas and asked if this example was a good format for future meetings. The Board agreed.

The Board note the report.

13 WORKFORCE STRATEGY

Mark Parkinson circulated 3 papers relating to Wirral's Children's Workforce strategy. He outlined the background to this work, which has resulted from the Children's Workforce Development Council (CWDC) framework and the DCSF Children and Young People's Workforce Strategy. It had been agreed that following the introduction of the strategy and framework we must develop a strategy and priorities for delivery across Wirral and this is our Statement of Intent. This has been a complicated task to co-ordinate across all staff working with children. A lot of work has been done on developing training programmes but a strategy was needed to do joint training. Wirral's strategy seeks to ensure that all people working with children and young people have the best possible personal and professional development, knowledge and skills, behaviours and aptitudes, support and advice.

The report highlights what children and young people want and who makes up the children's workforce. We are currently focussing on the core workforce who work entirely with children. The CWDC have an on-line self-assessment tool which has been used to work out where our Trust is up to on developing one children's workforce and inform our priorities. There is a need to make a commitment to the strategy at all levels, from partners down to individuals and an expectation that everyone will engage. Key priorities have been identified, in particular:

- Complete the Wirral Children's Workforce strategy
- Gain agreement on the overall framework and Statement of Intent with the Children's Trust
- Further develop of key programmes in conjunction with partner providers:
 - Common induction programme
 - Leadership and Management

A draft Framework of Entitlement and Progression has also been produced which looks at the next steps in professional development.

Bev Morgan noted that there were not the same opportunities for training and development in the voluntary sector as in others and Hazel Thompson felt it would be difficult for her to implement this. Tina Long commented that this was a stunning piece of work and from a commissioning perspective should be put into contracts for providers. Hazel Thompson noted when tenders are made budgets do not cover the 10% management costs. Howard Cooper replied that the Children's Trust needs to be a fully commissioning body so could agree to build in workforce requirements.

Simon Fitzpatrick noted that this was an excellent piece of work. The Police are currently working with John Moores on Safer Schools partnerships and he would take this back and identify someone to liaise with the Board.

Richard Longster asked how a common induction programme would be developed across parties. Mark Parkinson replied that this was at the development stages and would be piloted over the spring term. He added that there was a resource pack and materials to support induction.

Andy Styring asked how the strategy could be put into practice. They are being inspected next week and Children's Trust mandatory training would have to meet the standard. Hazel Thompson noted that Higher Education courses were expensive and asked if the Trust would think about having places for the voluntary sector. Howard Cooper replied that this could be considered.

Cllr Davies suggested that the Board approve the strategy but it should be reviewed by the Trust again. Attention should be given to Section 2 as this listed the commitments being made by the Children's Trust. Tina Long asked for an electronic copy to be made available. Hazel Thompson requested a membership list of organisations in the Children's Trust.

The Board approve the strategy.

14 STAR CHAMBER FOR DATA COLLECTION AND SURVEYS

Mark Parkinson outlined the proposals for establishing a 'Star Chamber' to oversee the various surveys going to schools from partners across the Children's Trust. The need for this has arisen because of the demands on schools and the low response to key surveys such as Tellus and the Audit Commission Survey. A working group has defined the criteria for permitting a survey and the processes involved. A membership list for the Star Chamber has been drawn up and the decision of this group will be final. Mark noted that further suggestions for membership of this group would be welcome and Kathryn Podmore suggested adding a Post 16 representative. The proposal is that the Star Chamber should come into force from January 2010 to approve requests from March 2010 onwards. This has already been discussed with Headteacher groups who are supportive.

Cllr Sheila Clarke asked how scrutiny groups fitted into this process. Howard Cooper replied that it would be helpful to include them to prevent duplication of work. Mark noted that if surveys were managed there would be a commitment to get schools engaged. Howard remarked that in the recent Audit Commission Survey Wirral was had a higher than national response rate and was ranked 7th nationally in an evaluation of the top quartile responses to questions.

Sue Drew noted that it would be useful to align questionnaires, to develop research and identify needs gap. Mark agreed to alter the consultation.

The Board endorse the proposal.

15 AOB

- 15.1 Cllr Davies noted that this was Simon Fitzpatrick's last meeting because he was moving from partnership work over to operational and thanked him for his work on the children's agenda. Simon also thanked the Board.
- 15.2 Howard Cooper raised the issue of the crime and disorder reducing partnership. The Police have had an embedded officer in 6 Secondary schools to help build relationships. Paul Gibson (Fire and Rescue) also raised 3 part-time embedded officers working with 3 schools. The issue of continued funding needs to be considered as this activity has secured lower insurance from Zurich. Emma Dodd noted that this initiative was taken from the Police but the officers are operational and can only be spared 1 day a week. There are also funding constraints. Howard suggested working with Paula Dixon and re-visiting this subject at a later date.

DATE AND TIME OF NEXT MEETING

15 January 2010, 9.00 – 12.00 at PEC.

WIRRAL CHILDREN'S TRUST BOARD – 15th JANUARY 2010

BEING HEALTHY STRATEGY GROUP REPORT TO THE BOARD

Introduction

The Being Healthy outcome area within the Children and Young People's Plan aims to improve all children's health and to narrow the gap in health outcomes experienced by our most disadvantaged children through the following four priority areas:

- Reduction in the harmful consequences of risk taking behaviour
- Reduction in the prevalence of overweight and obesity in children
- Implementation of the Child Health Strategy
- Inequalities in the health and wellbeing of children and young people are reduced

The Being Healthy Strategy Group is chaired by the Head of Health and Wellbeing for Children and Young People, Public Health. Membership is drawn from multi-agency representation relating to each priority area and others who have an interest and are able to influence improving health outcomes for children and young people, including managers and practitioners from across the Children's Trust. All members are active and committed to delivering the agenda. However we recognise that there are gaps in the membership including Social Care and other Family Support services and services to vulnerable groups and will look to rectify this in the New Year. Meetings are held every six weeks and terms of reference have been agreed. The group has oversight of the following sub-committees:

- Teenage Pregnancy Steering Group
- Breast Feeding Steering Group
- Healthy Schools Steering Group
- Obesity Programme Board
- Sexual Health Programme Board

In addition, recent developments have led to the Being Healthy group being closely aligned to the Children's Modernisation Group of NHS Wirral to ensure complimentary activities are agreed to achieve better health outcomes for all children and young people living in Wirral.

One of the main functions of the Being Healthy group is to monitor and report on the progress of the Being Healthy element of the Children and Young People's Plan, including issues regarding the respective National Indicators, LAA targets, allocated task groups and any other locally based targets agreed by the partnership. At each meeting a full progress report is given on one of the priority areas with exception reporting provided for the remaining three areas. Other functions of the group include:

- The coordination, planning and monitoring implementation of NICE Guidance in relation to Children and Young People
- Receive information from and respond to requests from other groups and stakeholders.
- Develop opportunities for multi-agency involvement and networking to share best practice
- Provide support and information to other groups within the Trust.
- Maintain effective arrangements to consult with children, young people, families and carers and to act on the results of the consultation and provide feedback

Relevant Performance Indicators

The following National Indicators (NI) and Vital Signs Indicators (VSB) are monitored through the Being Healthy outcome group:

- NI 115 Substance Misuse by young people (reported through positive contribution)
- NI 39 Alcohol harm-related hospital admission rates

- NI 112 and VSB08– Under 18 conception rate
- NI 113 and VSB13 Prevalence of Chlamydia in under 20 year olds
- NI 50 Emotional health of children
- NI 51 Effectiveness of CAMHS
- NI 70 Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (also reported through staying safe)
- NI 55 and VSB09 Obesity among primary school age children in Reception Year
- NI 56 and VSB09 Obesity among primary school age children in Year 6
- NI 57 Children and young people’s participation in high quality PE and sport
- NI 53 and VSB11 Prevalence of breastfeeding at 6 – 8 weeks
- NI 54 and Vital Signs Indicator 33; Parental experience of services for their disabled children
- Decayed missing and filled teeth (DMFT – 5 year olds, 12 and 14 year olds)
- VSB10 - Individuals who complete immunisation by recommended ages

Overview of progress January 2010

<p>Key recent achievements</p>	<p>Reduction in the harmful consequences of risk taking behaviour</p> <ul style="list-style-type: none"> • Reduction in alcohol related hospital admissions to A and E for children and young people • ‘Whole Families Approach’ model developed to ensure provision of support services for families of alcohol users • Launch of first phase health services in schools in twelve secondary schools • Decrease in the teenage conception rates <p>Reduction in the prevalence of overweight and obesity in children</p> <ul style="list-style-type: none"> • 100% of Wirral schools achieved healthy schools status • 56 settings committed to achieving Health Promoting Early Years programme and 6 settings achieved HPEY status • 94% of schools achieved two hours of high quality PE per week and additional fitness sessions introduced in leisure centres • Increased participation in the National Child Measurement programme (reception and year 6) from 88.2% to 90.4% and feedback letters sent to all parents to inform them of their child’s weight • Breastfeeding Peer Support Programme commissioned and additional investment to hospital and community settings including all Children’s Centres to achieve UNICEF Baby Friendly Initiative • Effective collaboration between Children’s Centres and Health services to embed Better Outcomes Achieved Together (BOAT) programme within Children’s Centres <p>Implementation of the child health strategy</p> <ul style="list-style-type: none"> • Target achieved for HPV vaccination programme • Significant investment in the development of teams led by health visitors to deliver the Healthy Child Programme (pregnancy and the first five years). • Development and recruitment of Family Nurse Partnership team • Additional Short Breaks for children and young people with complex and continuing healthcare needs commissioned • Palliative and end of life care services for children and young people commissioned
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	<p>Inequalities in the health of children and young people are reduced</p> <ul style="list-style-type: none"> • Development of co-sleeping guidance to inform practitioners/parents/carers of the risk of sudden infant death associated with bed and sofa sharing • Steering Group established and plans developed to implement Baby and Teen Lifecheck • Stronger links forged between parenting strategy, teenage pregnancy and Being Healthy strategies to ensure joined up approach • Health visiting teams trained to identify mothers with mental health needs
Key issues	<ul style="list-style-type: none"> • Increasing access to vaccinations and immunisations in areas of low take up • Implementation of the Healthy Child Programme 5 – 19 years within existing resources • Delivering our aspirations for Wirral's Aiming High for Disabled Children strategy • Development of pathways for the transition of young people with complex healthcare needs to adult services • Maintaining the reduction in teenage conception rates • Development of services to address maternal weight and smoking in pregnancy • Increasing referrals to specialist child weight management programmes and engaging parents/carers in the programme. Recent data from the National Child Measurement Programme 2008/09 reflects that obesity levels in Reception has remained the same (9.6%) and for Year 6 has increased (19.1% to 20.6%). • Engaging schools in the 'Enhanced Healthy Schools Programme' to achieve target of 10% of schools engaged
Key challenges ahead	<ul style="list-style-type: none"> • Sustainability of services based on grant funding - e.g. teenage pregnancy initiatives and Family Nurse Partnership • Availability of qualified and skilled practitioners to deliver services/initiatives • Meeting the vaccination and immunisations targets and delivering the swine flu vaccination to all children under five years • Meeting the Chlamydia screening targets for 2010/11 (35%) • Service redesign within existing resources to meet aspirations for effective and efficient services.
Risks to outcome delivery and proposed actions	<ul style="list-style-type: none"> • Inability to recruit to key posts to deliver action plan and shortage of staff in key outcome areas e.g. health visitors. Service redesign to include recruitment of skilled mix teams, and sponsor additional students for training in 2010-11. • Sustainability and commitment of available funding/resources within core business to drive forward key actions.
Areas requiring further partnership involvement	<ul style="list-style-type: none"> • Explore potential for schools to become more involved in delivery of action plan through initiatives including health services in schools and enhanced healthy schools programme • Increase membership of group to include Social Care and Family Support services and consider parent/young person rep • Engaging partners in the healthy weight/lifestyle agenda to ensure increased referrals and take up of specialist weight management services for children and young people

	<ul style="list-style-type: none"> • Enhanced National Child Measurement Programme to be delivered in 6 primary schools during 2010. • Improving services for children with acute or additional health needs
Equalities impact assessment areas for development and progress made	<p>Areas for development</p> <ul style="list-style-type: none"> • Access to universal services for children with disabilities. • Skill mix of staff working in specialist weight management services • Access to services for people from transient communities • Disabled parents – difficulty in accessing services • Low uptake of services from young men/fathers • Shift in emphasis from obesity to healthy weight - in recognition of the need to engage parents/carers and to ensure services are responsive to cultural differences • Language barriers for some BME groups may lead to low take up of services <p>Progress made</p> <ul style="list-style-type: none"> • Health services in schools programme includes faith and non faith schools • Specific services for young men/fathers commissioned through 0 -19 joint commissioning programme • Range of services available to young people targeting vulnerable groups – e.g. Lifecheck, Be.You.Me campaign, Kooth.com • Range of services available to grandparent carers etc • Targeted services based geographically in areas of deprivation and greatest need
Areas for promotion /publicity / communication / engagement	<ul style="list-style-type: none"> • Baby and Teen Life Check • Range of specialist weight management services for children and young people • Benefits of immunisations and vaccinations

Areas for Reporting Focus

The following vaccination programme is reported here as an area of good practice for Wirral and a model to follow for future programmes.

Take up of HPV vaccination

During 2008/09, NHS Wirral commissioned the school nursing service to deliver the school based HPV programme. A multi disciplinary implementation group was established and met bi- monthly to steer the delivery of the programme. A key element of the success was in the excellent support from partners including education and pharmacy services. A planned and regular publicity campaign in the local press informed the general public of the progress of the programme and kept highlighting the importance of opting in to the programme. The school nurses developed their own HPV lesson plan and this was delivered to all students and parents, ensuring a consistent message and providing information about the vaccine. The school nursing service appointed a designated HPV co-ordinator who planned the programme with schools and took responsibility for reporting the monthly statistics to the Department of Health.

Additional nurse immunisers were also appointed to support the delivery of the vaccination programme in schools. On completion of all 3 doses, girls were given a book mark and a letter home for their female parents/ carers reminding them of the importance of cervical cancer screening. Wirral achieved 94% uptake for the 2008/09 co-hort which was the highest rate achieved in the North West.

The following initiatives are reported for information purposes and to gain support from relevant members to ensure continued commitment and delivery of the programmes.

1. Reduction in teenage conception rates

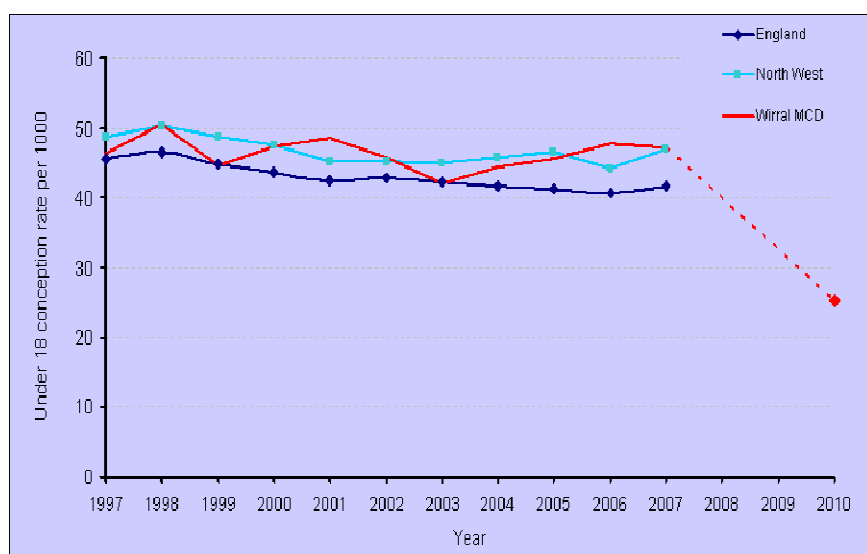
The National Teenage Pregnancy Strategy was launched in 1999 with two specific objectives:

- To reduce the number of teenage conceptions by 50% by 2010 (by teenager we mean those becoming pregnant under the age of 18).
- To increase the number of teenage parents in education, employment or training

In July 2008 the National Support Team visited Wirral to offer advice and support in meeting this ambitious target. As a result an action plan was developed based on the NST recommendations and Accountable Leads were appointed for each key area with a requirement to report to the teenage pregnancy steering group on progress made or potential blockages to achieving success. Annual data relating to teenage conceptions is released by the Department of Health two years behind, so that we can expect the annual data for 2008 to be released in February 2010. However, early indications for the most recent data relating to 2008 (i.e. up to quarter three of 2008) are indicating a greater decrease in reducing teenage conceptions and as such we are hopeful that initiatives relating to this area of work are beginning to have an impact. The table below refers to data from 2006 up to and including provisional data for quarter three of 2008.

	Number of conceptions	Rate per 1,000 young women under 18 years	% ending in termination
1998	314	50.6	43%
2006	312	47.8	48%
2007	303	47.2	53%
Jan – Sept 2008	191 (provisional DH data)	42.6	42%

The recent reduction for teenage conceptions in Wirral is against the national and regional trend and Wirral has been recognised recently as an area of good practice by Government Office North West, due to the way that the partnership has embraced the teenage pregnancy agenda across all levels. However, the graph below shows the extent of the challenge if targets for 2010 are to be met.



2. Family Nurse Partnership

This evidence based home visiting programme is delivered by specially trained nurses and targeted at the most vulnerable teenage mothers and their families. The role of the Family Nurse is to build close, supportive relationships with families and guide young first time parents so that they adopt healthier lifestyles for themselves and their babies, provide good care for their babies and plan their future goals. The programmes goals are to improve antenatal health, child health and development, and economic self sufficiency. Evidence gathered over 30 years in the US shows consistent and lasting health and wider impacts such as reductions in children's injuries and adolescent antisocial behaviour, fewer subsequent pregnancies and improvements to prenatal health. The first year evaluation of pilots in England has shown good levels of involvement of young fathers, improved breastfeeding initiation rates and reductions in NEET rates for the young parents.

Wirral's programme team of a 'Supervisor' and four 'Family Nurses' have been recruited and are all in post for 4th January 2010 and recruitment of young pregnant women to the programme (by 28 weeks of pregnancy) will begin by the end of January 2010. The team are based at Seacombe Children's Centre.

3. Breast feeding peer support

Breastfeeding rates in the UK are among the lowest in Europe and in England the Government has set a target to increase breastfeeding initiation rates by 2% each year, focusing on women from disadvantaged groups. Breastfeeding contributes short and long term benefits to the health of mother and child and provides all the nutrients a baby needs. Current UK policy is to promote exclusive breastfeeding for the first 6 months, continuing for as long as the mother and baby wish while gradually introducing a more varied diet. The Infant Feeding Survey 2005 showed that 78% of women in England breastfed their babies immediately after birth but that by 6 weeks, the proportion had dropped to 50%. Only 26% of babies were still breastfed at 6 months. In Wirral the breast feeding initiation rate for 2008/09 was 53.3%, dropping to 28.3% for mothers still breast feeding at 6-8 weeks with about half of all women who start to breastfeed giving up in the first few weeks, in line with national trends. Evidence suggests that one effective method of increasing breastfeeding initiation and duration rates is by providing local, easily accessible breastfeeding peer support programme as recommended in the Maternal and Child Nutrition NICE guidance (2008). In light of such evidence, NHS Wirral has commissioned Home-start Wirral to deliver a breastfeeding peer support programme across the Wirral, targeting groups with health inequalities, beginning in those areas with the lowest breastfeeding rates. Home-start Wirral are a voluntary organisation with an excellent local reputation for their work with families with young children who are in need of additional support. They have a large bank of volunteers whom they match up to families and have identified at least 10 peer support workers to deliver this specific project. In November 2009 a paid breastfeeding Peer Support scheme co-ordinator was appointed to lead the development of this programme. The co-ordinator and peer support workers are currently attending relevant training and will begin to support new breastfeeding mothers over the next quarter.

Brief SWOT Analysis of the Outcome Area

Strengths	Weaknesses:
<ol style="list-style-type: none"> 1. Active committed members with clear areas of responsibility and accountability 2. Four clear priority areas with majority of outcomes achieved or in progress 3. Sharing good practice and ideas 4. Improved health outcomes for children and young people 	<ol style="list-style-type: none"> 1. Membership predominantly made up of health care professionals 2. Overload of priorities impacting on capacity to deliver
Opportunities:	Threats:
<ol style="list-style-type: none"> 1. Multi agency working/pooling of ideas to deliver cross cutting outcomes 2. Potential for alignment of budgets/resources to achieve outcomes 3. Greater involvement of partnership organisations in delivering the child health agenda 	<ol style="list-style-type: none"> 1. Availability of skilled and experienced staff to deliver initiatives e.g. health visiting 2. Time limited grant funding and reduced capacity to mainstream with current economic crisis (e.g. Family Nurse Partnership, Teenage Pregnancy initiatives)

Summary

Across the Being Healthy outcome area we have made good progress in delivering the Being Healthy element of the Children and Young People's Plan and in meeting the relevant national indicators relating to this outcome area.

Recommendations:

That Wirral Children's Trust Board endorse the report.

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Appendices

Appendix 1 Being Healthy Linked Programmes and Priorities

Being Healthy Linked Programmes and Priorities

Children and Young People's Plan Being Healthy Priorities 2009/10 <ul style="list-style-type: none">• Reduction in the harmful consequences of risk taking behaviour• Reduction in the prevalence of overweight and obesity in children (NB will change 2010/11 to reflect health weight instead of obesity)• Implementation of the Child Health Strategy• Inequalities in the health of children and young people are reduced.
NHS Wirral Strategic Commissioning Plan linked programmes 2009/13 <ul style="list-style-type: none">• Obesity Programme• Sexual Health Programme
Wirral Council Corporate Plan 2010-2013 Being Healthy Linked Aims <ul style="list-style-type: none">• Reduce teenage conceptions• Support children to achieve and maintain a healthy weight
Local Area Agreement Related Indicators <ul style="list-style-type: none">• NI 39 Alcohol harm-related hospital admission rates• NI 112 Under 18 conception rate• NI 55 Obesity among primary school age children in Reception Year

Wirral Childrens Trust Board 15th January 2010

Young People and Alcohol Briefing

Executive Summary

The Government made a commitment in the Children's Plan, published in December 2007, to look at what more might be done to reduce excessive drinking by children and young people under the age of 18. This report provides information and service developments that will address significant issues for Wirral as a consequence of alcohol misuse, particularly for young people.

It has long been recognised that the excessive consumption of alcohol can be damaging. There is compelling evidence about the negative impact of drinking on young people, their families and wider society. Known risks associated with under age drinking can include effects on individual and family welfare, educational under-achievement, illicit drug misuse, teenage conceptions and unintentional injury.

Based within the context of the HM Government's Youth Alcohol Action Plan (2008), the National Drugs Strategy (2008), the Chief Medical Officer's guidance on the consumption of alcohol by children and young people and a Borough specific alcohol needs assessment, Wirral DAAT/NHS have commissioned a wide ranging alcohol programme targeted towards stakeholders to guide their efforts to reduce the harms that alcohol causes young people, their families and the communities in which they live.

The Young Persons Alcohol Plan ensures multi agency, multi disciplinary initiatives are in place across the borough to enhance engagement, screening and prevention activities, increase awareness of parental responsibilities, provide access to specialist support and work towards a reduction in the numbers of alcohol related presentations to the Accident and Emergency Department and hospital admissions.

1 Background

- 1.1 There have been changes in recent years in the levels and frequency of young people's drinking, where and how they drink, and where they obtain alcohol.
- 1.2 Drinking at an early age can cause serious health problems, both in the short and the long-term. There is also new evidence that drinking too much alcohol can impair adolescent brain development.
- 1.3 Drinking too much alcohol is strongly associated with a wide range of other problems which adversely affect the welfare of teenagers, for example, unprotected sex, teenage pregnancy, failing at school and the use of illicit drugs.
- 1.4 Alcohol can contribute to unacceptable behaviour by young people that can be a significant problem for the rest of the community, for example through anti-social behaviour or crime.

1.5 A number of recent government policy initiatives have emphasised the need for local action, including:

- 'Safe, Sensible, Social'. The next steps in the National Alcohol Strategy (2007).
- The National Drugs Strategy (2008).
- Youth Crime Action Plan (2008).
- Youth Alcohol Action Plan (2008).
- Young People's Specialist Substance Misuse Treatment – exploring the evidence Consultation (2008).

2 Service Development Priorities

2.1 A need has been identified to provide additional outreach/community support to address alcohol related antisocial behaviour. This may take the form of a detached outreach work.

2.2 Additional capacity is required in the form of targeted youth worker/substance misuse support to work as part of the young people's alcohol intervention programme to pick up referrals via the criminal justice system and police to offer targeted interventions and specialist support where necessary for young people coming into contact with the scheme.

2.3 There are gaps in provision for children and families of alcohol using parents and carers and siblings (in relation to hazardous, harmful and dependent drinkers).

2.4 Further pathway development is required for children and young people who may be admitted to hospital and/or via the A&E Department as a result of alcohol related and specific conditions.

2.5 Further co-ordination is required to ensure that education and health promotion campaigns are effectively marketed to those with presenting need, together with broad based education for young people and families.

2.6 There is a need for an enhanced program of education prevention and support targeted at school aged children that addresses the wider family needs.

2.7 There is a need for an enhanced program of education, prevention and support targeted at young women.

3. Structure

3.1 The post of a Programme Manager, School Drugs Adviser and admin support ensure programme is delivered and performance managed as prescribed by the Young Peoples Commissioning and Implementation Group

3.2 Staffing includes specialist treatment provision, 5 x wte posts within CAMHS, Response and YOS. Further targeted interventions delivered by 3 x wte posts within

Response and Connexions. Particular preventative work within schools is undertaken by a third sector organisation. One joint funded post is hosted by Regeneration to deliver shared outcomes in line with the positive futures programme.

- 3.3 2 x wte posts are commissioned within Response with a specific Alcohol prevention brief and links to Accident and Emergency Department and the Young Persons Alcohol Intervention Project
- 3.4 1 x wte post has been commissioned within Response to ensure links to Health Services in Schools programme.
- 3.5 Mainstream activity within CYPD has been enhanced with investment in Family Interventions Programme

4. Governance Arrangements

- 4.1 The Young People's Commissioning Implementation Group brings together senior officers from the Local Authority Children and Young People's Department, Connexions, Wirral NHS and the Youth Offending Service. The group is delegated the following tasks by the DAAT executive board:
 - Agree expenditure against the Young People Substance Misuse Partnership Grant funds with key partners, in line with local children and young people's plans.
 - Agree investment and appropriate targets against Key Performance indicators with the Joint Regional Government Office Team.
 - Monitor project performance
 - Agree strategic development and integrated planning.

5. Finance

- 5.1 The Home Office has allocated a Young People Substance Misuse Partnership Grant to local Drug Action Team Partnerships. The Young Peoples Substance Misuse Partnership Grant consists of pooled funding streams from existing DCFS, Home Office, Youth Justice Board and Department of Health grants relating to substance misuse services for young people.
- 5.2 The Young Peoples Substance Misuse Partnership Grant funds contribute to a number of internal and external Alcohol projects. The 2010-11 total grant allocation that Wirral receives from the Home Office is £361,747.
- 5.3 Funding secured from Wirral NHS funds a further programme of activities in order to progress the local Alcohol Harm Reduction Strategy and the Youth Alcohol Action Plan. This investment of £220k a year complements investment of the Young Persons Substance Misuse Planning Grant.

5.4 2008 -2011 Funding Statement

	2008/09	2009/10	2010/11
Young Persons Substance Misuse Planning Grant	209,321	209,321	209,321
Pooled Treatment Budget (NTA Adult Treatment Contribution. Specialist Treatment)	119,697	119,697	152,426
Additional Contribution from Pooled Treatment Budget	98,115	53,000	
Wirral NHS (Alcohol Prevention)			220,000
Shortfall			13,588
Grand Total	427,173	382,018	595,335

6. Performance Management

6.1 The drug strategy and the Public Service Agreements (PSAs) underpinning its delivery are closely related to a number of strategies and PSAs across a broad range of areas.

6.2 Action to meet objectives and targets set out in the drug strategy and its supporting action plans will contribute to the objectives set out in a number of other strategies.

6.3 Performance will be monitored through the National and Local indicators highlighted below:

- PSA 14 (NI 115) A reduction in the proportion of young people frequently using illicit drugs, alcohol or volatile substances (11-15 year old)
- PSA 25 (NI 40) an increase in the number of drug users recorded as being in effective treatment. (16-18 year old)
- PSA 25 (NI 39) A reduction in the rate of hospital admissions for alcohol related harm. (Under 20 year old)
- Local Strategy Indicators, monitored by National Treatment Agency, Home Office, DCSF. These are consistent with and help to monitor progress to achieve the outcomes of 'Every Child Matters' (2005):
 - A reduction of the number of drug and alcohol related exclusions from School
 - Percentage of young people leaving treatment in an agreed and planned way.

6.4 The closest links are between the drug strategy and the alcohol strategy, and the single PSA that informs the content of both strategies sets out the Government's vision to reduce the harms caused by alcohol and drugs.

6.5 All activity will ultimately support children in achieving the overarching key outcomes prioritised in the Children Act 2004 (Every Child Matters), the Wirral Children and Young People's Plan, Youth Alcohol Action Plan, and the local Alcohol Harm Reduction Strategy.

6.6 Specific outcomes in relation to the Youth Alcohol Action Plan addressed by the programme are:

- Stopping young people drinking in public places
- Taking action with industry on young people and alcohol
- Establishing a new partnership with parents
- Supporting young people to make sensible decisions

7 Key Actions

7.1 Review commissioning process

- Ensure commissioning decisions based on value for money, underpinned by a quality and performance framework
- Ensure services are commissioned based on the needs of individual children and their families

7.2 Deliver a package of interventions for families at risk, to improve parenting skills, helping parents

- Development of a pilot project that will ensure early intervention and support for alcohol-misusing parents of 14-17 years olds
- Adopt and deliver appropriate early identification and screening processes between all young people's services
- Ensure information and training is provided to district and area teams as to alcohol misuse issues amongst vulnerable young people.

7.3 Support for the expansion of the Young Persons Alcohol Intervention Programme (YPAIP)

- Additional outreach/community support to address alcohol related antisocial behaviour.
- Provide brief interventions to young people and their parents/carers.

7.4 Increase resources to specialist treatment services reducing the number of alcohol-specific admissions to hospital for underage drinkers.

- Develop a service to provide services and interventions to young people presenting at Accident and emergency with alcohol related issues
- Identification of how existing referral pathway can be utilised more effectively

7.5 Hospital Admissions Reduction

- Support & referral provided within Accident and Emergency

- Promote partnership work between relevant agencies
- Provision of targeted alcohol worker within substance misuse team to facilitate assessment and referral of young people referred from Accident and Emergency.

7.6 To provide targeted education and prevention interventions.

- The HSIS co-ordinator will liaise schools substance misuse lead; attend relevant meetings and events in relation to the delivery of the Young Persons Alcohol plan.
- Offer targeted support to enable full participation and inclusion through planned group work, street work and through brief interventions

7.7 Targeted information campaign to be devised

- Range of approved products produced and disseminated
- Steering group formed to ensure project delivery.
- Ensure specific elements of the campaign are directed towards young female drinkers

8 Recommendations

8.1 That Wirral Children's Trust Board note the report.

9 Background Papers

Reaching Out: Think Family, Cabinet Office, 2007 and Think Family: Improving the life chances of families at risk, Cabinet Office, 2008

Guidance on the consumption of alcohol by children and young people
From Sir Liam Donaldson Chief Medical Officer for England December 2009

Hidden Harm – responding to the needs of children of problem drug users, Advisory Council on the Misuse of Drugs (ACMD), 2003 and Hidden Harm Three Years On, ACMD, 2007

Aiming high for young people: A ten year strategy for positive activities, HM Treasury/DCSF, 2007

Every Child Matters: Change for Children– Young People and Drugs, DfES, 2005

Youth Alcohol Action Plan, DCSF, summer 2008

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WIRRAL CHILDREN'S TRUST BOARD – 15TH JANUARY 2010

Wirral CAF Activity April to November 2009

Background

The Common Assessment Framework (CAF) Database was piloted for 3 months within the Re-modelling Social Work Delivery Project Team in the Birkenhead, Tranmere and Rockferry area of the Wirral between January – March 2009. Following a successful pilot the database was rolled out across the Wirral in April 2009.

The purpose of the database is to enable Area Teams to map out and monitor areas of need concentrating on the following elements:

- Geographical location
- By agency completing CAF
- Gender
- Age group
- Need category

Monthly reports have been produced since April examining the above elements in order to identify patterns of need across Wirral. For the purpose of this report I have drawn all the data gathered over the previous 8 months to highlight the patterns that are evident thus far.

Current Position

Total CAF's Completed between April – November 2009

Area Teams CAF Data	Numbers
Bidston & St James Claughton	67
Birkenhead & Tranmere Rockferry	58
Prenton/Oxton	50
Liscard/Seacombe	61
New Brighton & Wallasey	34
Leasowe/Moreton/ Saughall Massey	33
Brombrough/Eastham	10
Clatterbridge & Bebington	13
Hoylake/Meols/WK/Thurs	21
Greasby/Frankby/Irby/Upton	33
Pensby/Thingwall/Heswall	22
Total	402

Our overall CAF returns from April - November 2009 are **402**. The Birkenhead District reports the highest level of additional need with 43% of the overall returns. Followed by Wallasey with 31%, the West reports 21% and the South District returned 5%.

High Level of Returns

Our highest returns by area are from Bidston/St James/Claughton with 16%, Liscard/Seacombe with 15% and Birkenhead/Tranmere/Rockferry with 14%.

Low Level of Returns

Our lowest returns by area are from Brombrough/Eastham 2%, Clatterbridge/Bebington 3% and Hoylake/Meols/West Kirby/Thurstaston 5%.

CAF's by Gender

Gender	Male	Female
Bidston & St James Claughton	43	24
Birkenhead & Tranmere Rockferry	32	26
Prenton/Oxton	32	18
Liscard/Seacombe	22	39
New Brighton & Wallasey	25	9
Leasowe Moreton Saughall Massey	21	12
Brombrough/Eastham	4	5
Clatterbridge & Bebington	6	6
Hoylake/Meols/WK/Thurs	12	9
Greasby/Frankby/Irby	17	16
Pensby/Thingwall/Irby	14	8
Total	228	172

CAF's by Gender

The percentage of CAF's completed on males over an 8 month period amounts to 56% whilst CAF's completed on females totals 42%.

Males

The highest proportion of CAF's completed on males are within the Birkenhead District with 26% of the overall returns.

Females

The highest proportion of CAF's completed on females are within the Liscard/Seacombe area with 9%, Birkenhead/Tranmere/Rockferry with 6% and Bidston/St James/Claughton with 5% of the overall CAF's completed on females.

CAF's by Age Group

Age Group	Unborn	0-4 yrs	5-10 yrs	11-15 yrs	16-18 yrs
Bidston & St James Claughton	0	19	22	25	2
Birkenhead & Tranmere Rockferry	0	20	16	17	5
Prenton/Oxton	0	15	27	7	2
Liscard/Seacombe	0	27	7	11	2
New Brighton & Wallasey	0	16	10	4	1
Leasowe Moreton Saughall Massey	1	14	4	10	2
Brombrough/Eastham	1	1	0	5	0
Clatterbridge & Bebington	0	2	3	4	6
Hoyle/Meols/WK/Thurs	0	7	2	9	1
Greasby/Frankby/Irby	0	3	9	18	2
Pensby/Thingwall/Irby	0	14	2	5	1
Total	2	138	102	115	24

(**N.B.** 27 dates of birth were not specified in the returns)

Highest Need Group 0-4 Year Olds (35%)

The highest need group by age between April – November 2009 is the 0-4 age group. These CAF's are concentrated in the Wallasey District which reports 41%, followed by Birkenhead with 39%, West with 15% and the South reporting just 2%.

11-15 Year Olds (28%)

The second highest need group by age are 11-15 year olds falls within the Birkenhead District with 70% of the returns followed by the West 27%, Wallasey with 21% and South with 7%.

5-10 Year Olds (25%)

The third highest need group by age are 5-10 year olds concentrated again in the Birkenhead District which reports 63%, followed by Wallasey with 20%, West with 12% and South reporting just 2%.

16 – 18 Year Olds (5%)

16-18 age range remains very low with just 5% of CAF's being completed on this age group since April 2009. Once again the most CAF's completed on this age group falls within the Birkenhead District with 37% followed for the first time by the South with 25%, Wallasey reporting 20% and the West reports 16%.

Unborn (0.4%)

Only two CAF's have been reported on an unborn child since April 2009.

Agencies Completing CAF

For eight consecutive months schools have been the lead agency for completing CAF's with 59% of the overall returns. Health professionals follow with 19%, Children's Centres report 6%, ESW's 8%, WASBT, Youth Offending Service and the Voluntary, Community and Faith sector have returned 1% each.

Agencies	Sch	ESW	Health	Youth	WASBT	YOS	Police	CH. C	Connex.	FIP	VCF	Hous.	CYPD	Not Spec.
Bidston & St Jam. Cloughton	38	1	8	0	4	1	0	9	1	0	1	0	0	1
Birkenhead & Tra Rockferry	39	3	9	0	0	0	0	1	0	2	2	0	1	3
Prenton/Oxt.	34	3	11	0	0	0	0	3	0	0	0	0	0	2
Liscard/Sea.	35	0	15	0	0	1	0	4	0	0	1	0		2
N. Brighton & Wa	18	0	5	0	0	0	0	0	0	0	0	0	1	1
Leasowe/More/ Saughall Mass	13	1	10	0	0	2	0	1	1	0	2	0	2	1
Brom/East	6	0	2	0	0	0	0	2	0	0	0	0	0	0
Clatt & Beb	6	0	1	0	0	0	0	4	0	0	0	0	1	1
Hoy/Meols/WK/T	13	0	1	1	0	0	0	3	1	0	0	0	0	1
Greas/Fran/Irby	27	0	5	0	0	1	0	0	0	1	0	0	0	0
Pens/Thing/Hesw.	9	0	10	0	0	0	0	0	1	0	0	0	0	1
Total	238	8	77	1	4	5	0	27	4	3	6	0	5	13

(NB 11 CAF returns did not specify which agency they were originating from).

Identified Needs and Outcomes

We have asked agencies to inform us of the identified needs when completing a CAF to enable us to measure whether the CAF/TAC process is having a positive impact and improving outcomes for children.

The needs fall into the Every Child Matters (ECM) outcomes:

1. Be Healthy
2. Stay Safe
3. Enjoy and Achieve
4. Make a Positive Contribution
5. Achieve Economic Wellbeing

The number of needs identified in the table if totalled will not match the overall figure of CAF returns as most agencies identified multiple needs for each child/young person they had completed an assessment on.

1. Be Healthy = 44%
2. Stay Safe = 56%
3. Enjoy and Achieve = 48%
4. Make a Positive Contribution = 40%
5. Achieve Economic Wellbeing = 29%

Area Needs	Teams	ECM	Be Hea	Sta. Safe	Enj Ach &	Pos. Cont	Eco Well
Bidston & St James Claughton			35	36	36	31	24
Birkenhead & Tranmere Rockferry			34	54	31	25	15
Prenton/Oxton			26	31	25	13	8
Liscard/Seacombe			31	31	31	31	27
New Brighton & Wallasey			18	17	17	12	16
Leasowe Moreton Saughall Massey			16	19	19	15	14
Brombrough/Eastham			4	6	7	7	3
Clatterbridge & Bebington			4	8	4	7	1
Hoylake/Meols/WK/Thurs			1	10	9	12	7
Greasby/Frankby/Irby			8	13	13	10	5
Pensby/Thingwall/Irby			3	2	2	0	0
Total			180	227	194	163	120

Stay Safe (56%)

As we can see from the table above Stay Safe has been identified as the highest level of need over the last eight months. This need has been concentrated in the Birkenhead District with 53% followed by Wallasey with 29%, West with 11% and the South with 6%. Birkenhead/Rockferry/Tranmere reporting the highest level of need by area with 23%.

Enjoy & Achieve (48%)

The second highest level of identified need is Enjoy & Achieve. This need is again concentrated in the Birkenhead District with 47%, followed by Wallasey with 34%, West 12% and the South with 5%. Bidston/St James/Claughton reporting the highest level of need by area with 18%.

Be Healthy (44%)

Be Healthy is the third highest need group. This need is again concentrated in the Birkenhead District with 52% followed by Wallasey with 36%, the West District with 6% and South with just 4%. Bidston/St James/Claughton reporting the highest levels of need by area with 19%.

Make a Positive Contribution (40%)

Making a Positive Contribution is the next recognised need group. This need is again concentrated in the Birkenhead District with 42% reported, followed by Wallasey with 35%, West 13% and the South with 8%. Bidston/St James/Claughton and Liscard/Seacombe report the highest levels of need by area with 19% each.

Achieve Economic Well Being (29%)

Achieving Economic Well Being is the lowest need group identified with just 29% of the overall returns during this period. This need is concentrated within the Wallasey District with 47% followed by Birkenhead with 39%, West with 10% and the South with 3%. Liscard/Seacombe reports the highest levels of need by area with 22%.

Progress

We first began recording the amount of CAF's completed in 2006. When we carried out a census across all agencies in May 2008 we found that this database was missing over 400 CAF's, which had not been reported. Since our current database was rolled out in April 2009 we have seen a 78% increase in the amount of CAF's reported.

This CAF information has enabled us to build a picture of those children/young people who have identified additional needs that cannot be met without a co-ordinated multi agency response. After eight months of recording CAF information we are now able to analyse this data and build a Wirral wide picture of need. We are also able to compare our preventative figures with our statutory figures and begin to draw conclusions as to whether we are identifying concerns early enough to prevent children/young peoples needs escalating to the extent where they would meet the thresholds for statutory intervention from a Social Worker. A smaller percentage of children/young people will inevitably always meet this threshold; however our intention is to reduce this number further through early intervention.

Conclusion

To conclude, from the CAF data outlined within the body of this report we are able to evidence that the Birkenhead District has the highest levels of CAF activity. The lowest levels of CAF activity are within the South and West Districts. Males between the ages of 0-4 and 11-15 years of age are the highest reported need group. The needs that cannot be met without a co-ordinated multi agency response is for children to Stay Safe and it is the schools that are the main agency for recognising this need to date.

For the CAF and Team Around the Child (TAC) process to be consistently applied across Wirral, all Area Teams must ensure that they have positive and active working relationships with agencies within their respective areas and have fully embedded the CAF/TAC procedures. Training audits should be carried out amongst agencies within these areas to ensure both staff and volunteers are fully confident in this process and know where to access advice, guidance, consultation and support. Area Team Leaders need to work alongside Social Care staff to analyse data and identify where they could have prevented cases escalating to level 4 (children requiring a specialist service) through early intervention, therefore improving outcomes for children/young people.

The CAF Quality Assurance Manager has been in post since September 2008. This is a temporary post funded through the LSCB. Funding is due to cease on 31 March 2010, however, there is a strong commitment to retain this post by the Board, and this is being taken into account as partners are determining their contribution to the LSCB budget for 2010 / 11. Should the post cease to exist, following the current post holders' move to a new permanent post in March 2010, then the Area Team Leaders would continue to

maintain the monitoring of CAF activity. However, the central co-ordination would not be maintained. If the post does continue it is recommended that the following work is undertaken.

- Six monthly reviews to measure impact
- Training Audit of Agencies
- Area Team Leaders & CADT Manager/Assessment Team Managers to analyse data & highlight cases that should have been considered for CAF
- Build in and record regular consultation surgeries with schools across the Wirral
- Review CAF/TAC plans to ensure they are SMART
- Continue to quality assure CAF's through the CAF Quality Assurance Group and publish CAF QA Monthly Reports

Recommendation

It is recommended that the Board note the report.

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WIRRAL CHILDREN'S TRUST BOARD – January 15th 2010

Safeguarding Children update: national and local response to Lord Laming report

1.0 Background

In November 2008 the Secretary of State for Children, Schools and Families asked Lord Laming to provide an urgent report on the progress safeguarding arrangements across the country. Lord Laming published a report in March 2009 and made 58 recommendations all of which were accepted by the Government in their report published in May 2009 entitled *The Protection of Children in England: Action Plan*. This set out the detail of how national requirements should be met and issued revised guidance and consultation in December 2009, namely *Working Together to Safeguard Children*. Members of the LSCB and the Children's Trust Board are attending regional meetings in February to respond to the consultation.

This report serves to inform the Children's Trust of the arrangement put in place in advance of the revised guidance and what is planned to change in the forthcoming months.

2.0 The Arrangements

- New requirements are for the LSCB, in producing the annual report, present this to the Local Authority, as well as other partners, so that the effectiveness of the Board's work can be scrutinised
- Independent chairing of the Board
- Lead Member joining and becoming a 'participating observer'
- 2 lay members selected from the local community
- Schools become statutory members from 1st April through amendment to Apprenticeship, Skills and Learning Act 2009.
- A budget must be set, but no funding formula agreed, local determination
- The LSCB will have a specific role in challenging each agency within the CTB of their success in keeping children safe
- Joint CTB and LSCB agreement on strategic approach to needs analysis, the effectiveness of services, identifying priorities for change and using this to drive improvements
- The LSCB should keep under review the sources of referrals to the LA Children's Social Care and monitor the quality of action taken in response
- All Senior Managers under the DCS must have skills in safeguarding and emphasises the importance of high quality leadership in safeguarding
- Referrals about children-referrers will be asked what information background in domestic violence, parental mental health, substance misuse and learning disability
- The responsibility of Local Authority Social Care staff to act appropriately in response to the referral and the responsibility of referring agencies to ensure staff report comprehensive high quality information to make judgements. These responses are agreed with the LSCB through locally agreed thresholds

- Reiterating the importance of training of staff through single –agency and inter-agency training. The LSCB should oversee the quality of all safeguarding training.
- Staff who work with children must have an understanding of normal child development to recognise possible signs of abuse and neglect.

3.0 Recommendations:

1. The Children’s Trust Board note the points raised in this report and facilitate any necessary developments required to ensure standards and requirements outlined in the national guidance are met.

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WIRRAL CHILDREN'S TRUST BOARD – 15th JANUARY 2010

WIRRAL DISTRICT BOARDS REVIEW

1.0 Background

A review of the operation of the District Boards was requested by the Director of Children's Services in October 2009.

2.0 Review Process

Meetings were held with Heads of Branch and District Managers to ascertain their views concerning the operation of the District boards. The findings are reported in Appendix 1.

Minutes of the District boards were reviewed to evaluate evidence of impact on outcomes for children and young people through the operation of the boards. The board minutes were found to be variable in content, with minimal actions minuted or progressed. A formal action plan was in existence for one board, Birkenhead (Appendix 2). In addition the minutes of the boards were not reviewed by any governance groups and no formal reporting structure was in operation for the boards.

A meeting between Board Chairs, Heads of Branch and District Managers was held on the 9th of November. The operation and impact on outcomes for Children and Young People and proposals for the future of the board were discussed. The findings are reported in Appendix 3.

The suggestions from the meeting for the future of the boards were:

- It was agreed the boards would be re-formed for one year commencing in April 2010.
- A flexible structure would be adopted with the membership and operation of the boards discussed at each individual board level to match the needs of the District.
- The boards would be aligned with the Youth Forums to ensure consistency of focus and operation.
- The West and South Wirral Boards would be merged.

3.0 Recommendations

1. That Wirral Children's Trust Board reviews the findings from the review and determines the future of the District Boards.

Appendix 1. Review of the District Boards 19th October, 2009.

Appendix 2. Birkenhead District Board Action Plan 2009/10

Appendix 3. Review of the District Boards 1 December, 2009

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