



Tuesday, 22 May 2012 commencing at 9.00 am

Professional Excellence Centre, Acre Lane, Bromborough

1. 09:00 APOLOGIES AND INTRODUCTIONS
2. 09:00 DECLARATIONS OF INTEREST
3. 09:05 MINUTES OF THE LAST MEETING (Pages 1 - 6)
4. 09:10 BEING HEALTHY ANNUAL UPDATE (Pages 7 - 16) **A Tattersall**
5. 09:55 BEHAVIOUR ROADMAP **M Parkinson**
- 10:25 BREAK
6. 10:45 COMMISSIONING UPDATE (Pages 17 - 40) **M McDaid**
7. 11:00 CHILD POVERTY (Pages 41 - 42) **J Morgan**
8. 11:15 CEIAG UPDATE **V Stafford**
9. 11:45 YEAR END PERFORMANCE REPORT (Pages 43 - 56) **T Little**
10. 11:55 ANY OTHER BUSINESS

Date and time of next meeting: 17th July 2012

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WIRRAL CHILDREN'S TRUST BOARD**Minutes of the Meeting held on Tuesday, 20 March 2012**

Present: Cllr Sheila Clarke, David Armstrong, Andrew Davies, Bev Morgan, Jane Owens, Peter Brandrick, Lisa Cooper, Amanda Farrell (Tina Long)

In Attendance: M McDaid, V Stafford, N Clarkson, T Little, F Allen, L Tomlinson

Apologies: Val McGee, Derek Kitchin, Gillian Thomas, Emma Dodd, Lyn Loughran, Fiona Johnstone, Debbie Mayer, Cllr Ann McLachlan, Tina Long

84 **09:10 DECLARATIONS OF INTEREST**

Cllr Sheila Clarke declared an interest in Item 89 Child Poverty by virtue of her involvement with the Child Poverty Board.

85 **09:15 MINUTES OF THE LAST MEETING**

David noted an item 78 relating to fare dodging, that a change in approach has been adopted by the BT Police, which was working well so far.

Councillor Clark updated that with regard to the Connexions contract Vivian Stafford will attend the May Children's Trust Board meeting to give a formal update.

Resolved: Minutes agreed as a true record.

86 **09:20 DRAFT CHILDREN AND YOUNG PEOPLE'S PLAN**

Nancy Clarkson presented the draft Children and Young People's Plan for 2012/2013 and the 2011/2012 Annual report. The refresh reflects on the achievements of the Trust Board for 2011/12 and highlights where key challenges still remain.

Nancy invited comments from the Board on the review for 2011/12 plan.

Richard Longster asked how effective a one year plan has worked for the Trust. Nancy noted that for this year a one year plan has worked for the Trust but it is labour intensive to produce and it was felt that a three year plan gave a stronger strategic planning approach.

Jane Owens asked where the refresh and the plan will go now approved.

Nancy replied that it goes to Overview and Scrutiny and that schools are also informed of the plans production. Jane added it would be useful for this to additionally go to Chairs of Governors.

Sue Brown requested the additional comment for Staying Safe section.

Councillors Clarke and Williams thanked everyone involved in the production of the plan.

Nancy outlined the structure of the new 2012/13 plan.

Bev Morgan requested that the Child Poverty training is added to the workforce development section of the plan.

Nancy requested comments and amendments. Amanda Farrell commented on the usefulness of the Wirral Borough statistics as it highlights the stark contrasts across the Borough.

Resolved: The board endorsed the report

87 **09:40 INTENSIVE FAMILY INTERVENTION PROGRAMME (IFIP) - FORMERLY COMMUNITY BUDGETS**

Maureen McDaid introduced the progress made within the IFIP (formerly Community Budgets).

Maureen noted that a support post has now been created and approved. The post will be funded on a three year secondment basis. This will go to Appointments and Employment Committee shortly. Work is on track with Interface to identify the families that will be involved in the project.

Ch. Supt. John Martin asked how many families would be involved. Maureen noted that 900 families will be worked with over the 3 years.

The payment by results element is around £3,500 per family supported. This can be used to buy additional support that might be required and will be allocated based on performance and results.

Sue Brown asked how far we are in identifying the families.

Maureen noted that Interface will hold briefing sessions for all partners and work with partners to identify families and with issues around data sharing.

Sue noted that data sharing needs to be managed well and should be agreed regionally or nationally.

Maureen updated that new timelines for identification of the families will be given shortly from central Government.

Ch. Supt. John Martin asked whether the families will be a snapshot or an ongoing programme. Maureen updated that it is expected that this will be an ongoing process, starting with 300 families initially.

Resolved: The Board noted the report.

88 **09:55 COMMISSIONING**

Maureen McDaid gave an update on the priorities for the EIG commissioning process for 2012/2013

David noted that the EIG is £2.5m of work. He added that costs are not cast in stone and contracts may involve adjustments, for example when performance is an issue and contracts are not being delivery.

Councillor Clarke clarified that there are procedures in place to appeal against funding changes.

Resolved: The Board noted the report.

89 **10:15 CHILD POVERTY**

Bev Morgan updated that the Council have allocated £400,000 to work in the area of child poverty.

Bev added that the Child Poverty training has been taking place and will be made available as an e-learning module and in addition as part of the common induction programme.

Councillor Clarke has undertaken the training and noted how useful it was and how powerful the case study work was to illustrate the impact of the consequences of choices and decisions on the overall impact of child poverty.

Bev reiterated that everyone in the child's workforce should be trained. Councillor Clarke updated that the Child Poverty Strategy went to the Health and Wellbeing Board. The GP Consortia are keen to be involved. David Armstrong noted that the GP consortia now have a Governing Body which should improve relationships, dialogue and good practice sharing.

Councillor Williams added that all members should be trained within the Child Poverty training. Bev noted that Jane Morgan is producing a summary guide to the Child Poverty Strategy.

Nancy noted that the Workforce Group would be a good driver to deliver the training as part of its work programme.

Resolved: The Board noted the update.

90 **10:50 RAISING PARTICIPATION AGE**

Vivian Stafford presented a report which outlined the changes in the participation age for young people. The Education and Skills Act 2008 legislated the raise in the compulsory participation age to at least their 18th Birthday. Participation includes all education, employment or training with an accredited outcome, to enable them to progress. This will

be a staggered change, for their 17th Birthday in September 2013 and 18th Birthday from 2015.

This change is expected to impact on the strong correlation between young people NEET and engagement in risky behaviour, having poor health and low income.

In Wirral self assessment has informed the development of the RPA plan alongside consultation with the 14-19 Partnership Group.

Vivian noted the importance of understanding the cohort of young people involved and ensuring that the provision landscape meets their needs. Vivian added that managing transitions and thorough tracking, underpinned by effective support mechanisms are key to improving participation.

The establishment of a new measure is being developed to track young people who are at Risk of becoming NEET (RONI), ensure support is targeted effectively.

Vivian outlined the 14-19 RPA governance structure which includes key stakeholders included providers and colleges. It also includes the NEET action group which is a thorough analysis of individual young people.

Jane Owens noted that there may be benefit implications for parents in relation to increased participation and now is the communicated to parents. Vivian replied that a small amount of money has been secured to fund a support post to work with NEET young people and their families to support them through the benefits system.

Kathryn Podmore commended the job to date and noted that Central Government are still finalising details and awaiting consultation responses. Kathryn added that 'fining parents' would be a potential issue that may be managed via the Local Authority. Measurements are being developed for schools to measure the participation rates of pas pupils at aged 19.

There is currently a consultation open to which the LA will be responding.

Richard Longster asked if there was a focus on education. Kathryn Podmore replied it is having the right types of courses and young people in the most suitable courses.

Councillor Clarke thanked Vivian and her team for the work in this area.

Resolved: The Board endorsed the report and the Governance Structure.

91 11:10 CHILDREN'S WORKFORCE

Nancy updated on the Children's Workforce Strategy which has been developed. The Strategy is still in draft format and is open for comments or amends. The Strategy is aligned to the CYPP.

Nancy added that all the Children's Trust partners have signed up to the strategy and outlined the key items within the strategy. Nancy highlighted the consultations with young people and the outcomes matrix that outlines the changes and improvements that children and young people would expect to see.

Resolved: The Board note the draft action plan.

92 **11:30 TEENAGE PREGNANCY REFRESH**

Lucy Tomlinson introduced the Teenage Pregnancy (TP) Strategy Refresh. This paper succeeds the National Teenage Pregnancy Strategy which came to an end in 2010. The current TP rate per 1,000 young women aged 15-17 is 47.3 compared to 40.6 in the NW and 35.4 for England.

In 2010 the Health Services in schools was launched and it is expected to impact on conception rates for 2011 onwards.

The local TPS plan has been developed to delivery a more local focus. The targets set a reduction of 5% overall with local targets of up to 7% in high rate areas including Birkenhead, Bidston, Seacombe and Tranmere. Targeted support is delivered to identified groups of young people by better use of data and information sharing.

Councillor Williams asked if young mums are consulted to identify what factors they believe led to teenage motherhood. Fiona added that this work was being undertaken to consult with young mums to identify support that may have prevented or delayed their teenage motherhood.

Jane Owens asked if there was anything that Governors could do to raise the profile and health services in schools.

Councillor Clarke thanked Fiona and Lucy for their contribution.

Resolved: The Board agreed the targets and endorsed the report.

93 **11:50 QUARTER THREE PERFORMANCE REPORT**

Tracy Little updated on the Q3 performance which outlines performance against the Children and Young People's Plan.

Indicators that are not expected to hit the year end target include the percentage of children who have been subject to Child Protection (CP) plan for a second or subsequent time. Performance in this area is above the expected target but has improved over the previous three quarters. This is linked to the high numbers who currently have a CP plan overall and the extra pressure that builds in a family when subsequent children are born. This results in not just the youngest child having a plan but the older siblings may also be issued with a subsequent plan. The rate of 17.5% is comparable to the end of year rate for 2010/11.

Core assessments for children have increased by almost 33% since the same period last year; this has resulted in a reduction in the number of assessments that are being completed within timescale. Children are seen and safeguarded, however the complexity and volume of work that requires detailed assessment has increased. It is not expected that this indicator will hit the end of your target.

Resolved: The Board note the report

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WIRRAL CHILDREN'S TRUST BOARD – 22nd May 2012

BEING HEALTHY STRATEGY GROUP REPORT TO THE BOARD

Introduction

The aim of the 'Being Healthy' outcome theme of the Wirral Children and Young People's Plan is to improve all children and young people's health and wellbeing, reduce health inequalities and keep people well, through innovative and sustained delivery of the Healthy Child Programme 0 - 19 years. The review of the Children and Young People's Plan for 2011/12 has led to a refresh of the Being Healthy priorities for 2012/13. The 'Being Healthy' plan for 2012/13 now contains the following four key elements:

- Promote wellbeing through health promotion and behaviour change approaches.
- Reduce the harmful consequences of risk taking behaviour including substance misuse and sexual activity resulting in unplanned teenage conceptions and sexually transmitted infections.
- Encourage and support all children and families to achieve and maintain a healthy weight and lifestyle.
- Improve positive mental health outcomes for children and young people.

The 'Being Healthy Strategy Group' is chaired by the Head of Health and Wellbeing for Children and Young People, Public Health, NHS Wirral. Membership of the Strategy Group is drawn from a number of partner organisations who are best placed to address each priority area. Meetings are held bi-monthly and the group has oversight of the following sub-committees:

- Health Visiting Early Implementer Site/Family Nurse Partnership Steering Group
- Teenage Pregnancy Steering Group
- Breast Feeding Steering Group
- Healthy Weight Steering Group
- Change4Life Steering Group

In common with the other outcome areas, the functions of the Strategy Group include:

- Monitor and report on the progress of the Being Healthy element of the Children and Young People's Plan
- Monitor and report on performance relating to the Healthy Child Programme 0-19 years
- The coordination, planning, implementation and monitoring of NICE Guidance in relation to children and young people
- Receive information from and respond to requests for information 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 Performance Indicators (PI) are monitored through the Being Healthy outcome group:

- PI 39 – Alcohol harm-related hospital admission rates
- PI 51 - Effectiveness of Child and Adolescent Mental Health Services
- PI 53 - Prevalence of breastfeeding at 6 – 8 weeks
- PI 55 - Obesity among primary school age children in Reception Year
- PI 56 - Obesity among primary school age children in Year 6
- PI 58 – Emotional health of looked after children
- PI 70a - Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (also reported through staying safe)
- PI 112 – Under 18 conception rate
- PI 113 - Prevalence of Chlamydia in under 20 year olds
- PI 1300 – Proportion of women who continue to smoke throughout pregnancy
- PI 1301 – Percentage of young people reporting to use alcohol

Overview of progress 2011/12

<p>Key recent achievements relating to the Being Healthy priorities for 2011/12</p>	<p>Inequalities in the health of children and young people are reduced</p> <ul style="list-style-type: none"> • A multi agency group has met throughout the year to coordinate and monitor uptake of Healthy Start supplements and a Vitamin D policy is to be developed for 2012/13 • All children’s centres have fully integrated plans to reduce the inequalities in oral health and pathways are in place to support families • ‘Chemical Soup’ training has been rolled out across children’s centres to ensure children are protected against the harmful effects of tobacco • All 13 Wirral residential homes for children have achieved the Healthier Homes standard and the standard now includes smoking cessation, substance misuse and Relationship and Sex Education (RSE). This project was short listed for a national ‘Children and Young People Now’ Award (2011) and the standard has been adopted regionally. • Young people who are at risk of becoming looked after have been engaged in a Health Challenge Champions initiative to increase healthy lifestyles • The Wirral Family Nurse Partnership worked with 125 families in 2011-12, and the planned expansion will increase reach to 175 families in 2012-13. • Immunisation rates for two year olds are the same as or better than the England average. Groups known to have poor uptake are investigated to assess current needs and barriers and an ongoing programme of work to address the latter is in place. <p>Reduction in the harmful consequences of risk taking behaviour</p> <ul style="list-style-type: none"> • Youth Alcohol Workers have been placed within the Accident and Emergency ‘out of hours’ Department proving successful at reducing the rate of hospital admissions for alcohol related harm (under 18s) from 95.33 per 100,000 young people in 2010/11 to 88.72 per 100,000 young people in 2011/12 • 14 young people are delivering the Alcohol Peer Education programme in 6 schools with accredited training certificates and a resource pack. • Health Services in Schools are hosted in 28 secondary schools including all faith schools and special schools. The programme includes targeted interventions for smoking cessation, positive mental wellbeing and contraception services and sexual health service provision is available in all participating secondary schools. • The Teenage Pregnancy Strategic Action Plan has been refreshed to achieve a reduction in teenage conception rates by 5% during 2012. • Tiered training for sexual health promotion and RSE is available to all children and young people’s workforce • A ‘Wirral Values Framework for RSE’ has been developed following consultation with senior Faith Leaders and other key stakeholders to assist educational establishments to meet the needs of their children and young people without compromising or devaluing the faith perspective of the educators • The RSE lead and CAMHS Clinical Psychologist offer support to school staff and School Nurses to deliver RSE to pupils with learning difficulties, including those with Autistic Spectrum conditions • An outreach Chlamydia Screening service was commissioned during Q3 and Q4 to increase uptake, resulting in an additional 3200 Chlamydia screens in 2011/12. • A Children’s A&E Needs Assessment has been conducted to inform the commissioning of future accident prevention interventions and reduce the number of hospital admissions for unintentional and deliberate injury.
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	<p>Reduction in the prevalence of overweight and obesity in children</p> <ul style="list-style-type: none"> • 44% of the breastfeeding mothers supported by the Homestart Peer Support Programme are breastfeeding at 6- 8 weeks which is in line with national performance and ahead of the average Wirral performance. • The Breastfeeding Peer Support Programme have produced a promotional DVD to show to mothers during pregnancy and post-birth • The National Child Measurement Programme (NCMP) achieved 97% coverage and reported a reduction in obesity levels for both Reception (9.4% from 10.6% for 2010-11) and Year 6 children (18.6% from 20.3% for 2010-11). • The NCMP has been extended to include telephone contact with every parent whose child is identified as obese, prior to them receiving their feedback letter. • Specialist child weight management services now include referrals for children with disabilities, leading to increased confidence and self esteem and changed attitudes to types of food eaten. • A pilot project at Mosslands School has been established to increase free school meal uptake • 11 young men have accessed the Mosslands School pilot to target 20% of pupils identified as overweight or obese to access specialist in-house exercise and nutrition services <p>Implementation of the Child Health Strategy/Healthy Child Programme</p> <ul style="list-style-type: none"> • Short breaks for children with complex and continuing care needs are commissioned in partnership with a range of providers. • Claire House is commissioned to provide 24 hour access to advice and home nursing care for children and short breaks for children with life threatening/ limiting conditions • A diagnosis and care pathway for children and young people with ADHD and ASD has been approved with implementation planned during 2012/13
<p>Key issues for 2012/13</p>	<p>Wirral's Joint Strategic Needs Assessment identified the following key health issues for children and young people (2012):</p> <ul style="list-style-type: none"> • Smoking in pregnancy <i>'There is a need for targeted action on smoking in pregnancy in more deprived areas and younger age groups'</i> A pilot intervention has been commissioned to work with 100 smokers who are pregnant, living within the 20% most deprived areas of Wirral during 2012/13. The intervention lasts for 12 weeks with a focus on increasing self esteem, decreasing stress and empowering pregnant smokers to change their behaviour. All women who engage with the intervention will be given information on healthy weight alongside smoking cessation support. Wellbeing will be measured and women will be signposted to relevant services if any other lifestyle concerns arise, such as alcohol, drugs or mental health. The Being Healthy Plan will continue to monitor the targeting of pregnant smokers and ensure that smoking and healthy weight messages are included in the health promotion messages they receive. • Teenage conceptions <i>'Whilst there has been a reduction in teenage conception rates since 2000, progress is slow and below regional and national comparators'</i> A comprehensive report on teenage pregnancy was provided to the Children's Trust Board in March 2012 to demonstrate that teenage pregnancy rates remain a challenge for Wirral. The most recent statistics published for 2010 show an increase in the rate of conceptions from 44 per 1000 15-17 year olds in 2009, to 47.3 in 2010. Although Wirral experienced an overall reduction of 6.5% in the teenage conception rate from 1998 to 2010, Wirral's conceptions rates are considerably higher than our statistical neighbours, (Sefton – 29; Lancashire – 37.5; Stockton on Tees – 39; Darlington – 37).

On a positive note, Wirral has seen a reduction in the under-16 conception rate from 10.2 per 1000 young women in 2006-2008 to 8.5 in 2008-2010 and more recently, 7.1 per 1000 young women, (Q1, 2011). This could be attributed to the implementation of the Health Services in Schools programme which allows young people to have regular access to sexual health advice and contraception within their school setting. Funding has been maintained for this work until March 2013 and the Being Healthy Group will continue to oversee the implementation of the Teenage Pregnancy Strategic Action Plan during 2012/13.

- **Alcohol**

Alcohol is a significant problem for children and young people in Wirral, which can cause a wide range of problems including increased risk of injury, accidents, risk taking behaviour, cognitive problems and a long term risk to health'.

Wirral's Response Service are funded to support parents and offer follow up sessions to young people admitted to A&E as part of the young people's alcohol intervention pathway. The funding ensures that two workers are present at A&E 6 days a week, including Saturday night, to engage with young people who have been admitted due to alcohol intoxication and offer referrals into specialist services. This initiative has been successful in preventing admittance to A&E and many parents have commented that they now feel more confident to talk to their children about alcohol. The new 'alcohol alright' tools are given to parents to pass on to their children and a review of the referral packs given out to young people has resulted in them being made more age appropriate.

The Being Healthy Plan will continue to monitor the number of alcohol related hospital admissions and improve links to young people's services.

- **Emergency admissions for unintentional and deliberate injuries**

Wirral has a higher rate of emergency admissions for unintentional and deliberate injuries in comparison to the regional and national average

Accidents are the leading cause of injury to children and disproportionately affect children from lower socio-economic groups. Wirral saw a total of 253 hospital admissions in the 0-4 age group during the period 2011/12, which is a reduction on the number of admissions for 2010/11 (260), but still higher than the regional and national average.

Wirral has had a safety equipment scheme dating from 2002 to present, whereby families with children aged between 0-4 years who receive 'Healthy Start' vouchers are eligible to receive a free stair gate and fireguard. Since May 2010 there has been an additional safety equipment scheme available through Children's Centres, providing a larger package of safety equipment, alongside a home assessment and free fitting for eligible families. These two schemes have now been merged and stronger pathways developed with the Children's A&E department. In addition, the Public Health Intelligence Team will produce quarterly reports on the admission figures including injury types, locations, repeats, length of stay, to share with the Child Home Safety Steering Group to inform ongoing and future work.

More recently, a Needs Assessment at Arrowse Park Children's A&E Department has been commissioned to provide qualitative insight into the reasons for the increasing admission figures. Funding has been identified to develop the recommendations from this independent report, and the Being Healthy Plan will ensure that the findings from the needs assessment are used to deliver health promotion messages, with priority given to early year's provision.

- **Obese/overweight children**

Although Wirral has achieved a reduction in the number of children who are obese in Reception and Year 6, the number of overweight children is higher than North West and England average. This needs to be closely monitored and prevention initiatives implemented in accordance with Wirral Obesity Strategy

Wirral's Healthy Weight Steering Group oversees the implementation of the healthy weight priority within the Being Healthy Plan, with a focus for 2012/13 on those young people who are overweight. Work is in place to ensure increased up-take of school meals, increased participation in physical activity of the least active young people by supporting all schools to engage in Level 1 and 2 of the School Games Framework and delivery of the Active Families Programme. In addition, a Social Marketing Behaviour Change project will be delivered to raise awareness and uptake of physical activity for families living within the 20% most deprived areas.

- **Dental decay**

Dental decay amongst Wirral five year olds is a considerable problem in some of the more deprived areas of Wirral. Targeted interventions in these areas should continue.

Around 600 children have a Dental General Anaesthetic (GA) each year for teeth extractions. The Being Healthy Plan will ensure that effective dental health promotion messages are delivered appropriately to all children and young people, to prevent tooth decay and the need for extensive dental treatment. In addition, the GA data for 2011/12 is to be analysed to establish a better understanding of the profile of this population group so that targeted interventions can be delivered during 2012/13.

- **Breastfeeding**

Breastfeeding rates in Wirral are significantly lower than the regional and national average. There is a need for targeted action to increase breastfeeding initiation and prevalence across Wirral.

Wirral's breastfeeding rates continue to be low despite national improvements over recent years. Breastfeeding initiation rates for England increased from 71% in 2000 to 81% in 2010 and the average North West initiation rate stands at 66% (2010). In contrast, Wirral has seen very little change in initiation rates since 2006, with rates remaining fairly static, around 56%. This rate drops to around 30% for women still breastfeeding at 6 – 8 weeks, compared to an average 34% across the North West and 44% for England.

Wirral mothers are less likely to initiate breastfeeding and there is a correlation between higher initiation rates of breastfeeding in professional groups as opposed to manual / routine occupation groups. Young maternal age, low educational attainment and low socioeconomic status continue to have a very strong impact on the patterns of infant feeding, (Bolling, et al, 2007). In addition, national estimates suggest that breastfeeding initiation drops around 12-15% within the first week of birth, (Promotion of breastfeeding initiation and duration: Evidence into practice briefing, NICE, 2006). Wirral's average initiation rate of 55.63% (2011/12) drops to around 42.5% by 10 -14 days. Therefore, support during the transition from hospital to community is critical to ensure continuity.

The Being Healthy Plan continues to support delivery of the breastfeeding strategic action plan to increase initiation and prevalence of breastfeeding at 6 – 8 weeks and to support the hospital and community settings to achieve and deliver the UNICEF Baby Friendly Initiative, (BFI).

<p>Key challenges ahead</p>	<p>Healthy Child programme 0-19 years <i>'Nothing can be more important than getting it right for children and young people'</i>, ('Achieving Equity and Excellence for Children', DoH, 2010).</p> <p>During 2011/12, a review of the Healthy Child Programme (HCP) was conducted across Wirral children's services using the HCP framework for 0-5 and 5-19 years. The purpose of the review was to ensure improved outcomes and a reduction in health inequalities for Wirral children and young people aged 0 -19 years. The review group was asked to consider all services that contribute to the health of children within the universal and progressive framework of the HCP. The initial focus of the review was to undertake a benchmarking exercise of the HCP 0-5 years followed by a similar exercise for the 5-19 programme. Key providers were interviewed and young people were consulted as part of this process.</p> <p>The DoH emphasise that both Health Visiting and School Nursing Services are critical to the delivery of the HCP 0-19 years: <i>Professionals such as health visitors and school nurses will have a role in helping to develop local approaches to public health, provide links between public health and the NHS and leadership in promoting good health and addressing inequalities.</i></p> <p>(Healthy lives, healthy people: update and way forward, DoH, 2011, p.10)</p> <p>The Wirral Health Visiting Service is already commissioned to deliver the Healthy Child Programme 0-5 years and was approved as an Early Implementer Site by the DoH to implement the 'Health Visitor implementation plan 2011-15: a call to action', (DoH, 2011). However, the HCP review identified the need to review Wirral's School Nursing Service and this will be conducted during 2012/13, taking into account the conclusions of the national review of school nursing, including the recommendation to offer a continuum of interventions along the same framework as that adopted for health visiting:</p> <ul style="list-style-type: none"> ▪ Your Community – range of services for children, young people and families ▪ Universal Services – to ensure healthy start for every child ▪ Universal Plus – swift response from school nurse when specific expert help needed ▪ Universal Partnership Plus – ongoing support from school nurse working with range of local services to deal with more complex issues <p>The improvements introduced to Health Visiting services and the review of the School Nursing specification should enable purposeful delivery of the HCP 0– 19 years across the continuum of identified need.</p> <p>The HCP review group was established as a task and finish group. However, it became apparent during the process of the review of the need for a forum to monitor the ongoing delivery and performance of the Healthy Child Programme 0 – 19 years. It has therefore been agreed to include this activity within the remit of the Being Healthy Outcome Group and a performance and outcome framework is being developed to use for this purpose.</p> <p>However, a key challenge remains, to maintain effective links and connections across the partnership during the organisational and functional reform within the public sector, including the transition of Public Health to the Local Authority and the transfer of commissioning responsibilities across the NHS, in order to ensure the continued success of this partnership group.</p> <p>In addition, the strong links that have been developed with schools and further education settings have been critical to delivery of programmes such as Health Services in Schools, the Enhanced Healthy Schools Programme and the National Weight Measurement Programme. It is vital that these relationships are sustained when, and if schools opt out of local authority control and adopt individual Academy status.</p>
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Risks to outcome delivery and proposed actions	<p>We continue to be concerned by the low engagement of parents/carers to the child weight management programmes and this continues to pose a risk to the delivery of the being healthy outcomes.</p> <p>Proposed action – Providers are commissioned to engage directly with communities and key stakeholders to actively promote their services and training is offered to practitioners across the children’s workforce to equip them with the skills to talk to parents/carers about this sensitive issue.</p> <p>Wirral’s breastfeeding rates remain a challenge and have stubbornly refused to increase, despite considerable investment across the partnership.</p> <p>Proposed action - Work intensively with maternity service providers to ensure prioritisation of breastfeeding initiation and establishment during the first 48 hours following delivery. Continue to promote improved initiation and duration of breastfeeding by ensuring all relevant service provision has full UNICEF accreditation by the end of 2012/13. Continue to promote the ‘Breast milk... It’s Amazing’ social marketing campaign, using a range of media.</p>
Areas requiring further partnership involvement	<p>Breastfeeding – Partners are encouraged to promote ‘breastfeeding as the norm’ at every opportunity to ensure an increase in rates across Wirral.</p> <p>Teenage Pregnancy – continued support of the teenage pregnancy strategy is vital across the Children’s Trust Partnership to ensure a sustained reduction in Wirral’s teenage conception rates</p>
Equalities impact assessment areas for development and progress made	<p>Areas for development 2011/12</p> <p>All areas of health inequality to be targeted, for example, fathers involvement in Children’s Centres, CAMHS developments for young disabled people; smoking cessation to prioritise BME workers; Healthier Homes to reduce health inequalities for LAC.</p> <p>Analysis of equality data for Health Services in Schools (HSiS) to ensure ratio of users proportionate to BME representation within school</p> <p>Potential for lack of awareness amongst BME communities of the health impact of being overweight</p> <p>Progress made 2011/12</p> <p>Information from two needs assessments conducted with people with HIV and lesbian, gay, bisexual and transgender were disseminated to inform future commissioning.</p> <p>HSiS collects BME data of young people accessing the service</p> <p>Targeted awareness raising about weight management amongst BME communities through workforce development plan; HENRY training delivered across Children Centre workforce; MEND to promote e-learning package across Children’s Services</p>
Areas for promotion /publicity / communication / engagement	<ul style="list-style-type: none"> • Consultation and engagement with young people and partners to promote the revised School Nursing Service specification and service delivery • Promotion and dissemination of the findings from the various health needs assessments taking place during 2012/13: <ul style="list-style-type: none"> • Young offender needs assessment <ul style="list-style-type: none"> ○ Child and adolescent emotional wellbeing and mental health needs assessment • Eating Disorders needs assessment

Areas for Reporting Focus

The following examples are reported here as evidence of improved outcomes for Wirral children and young people and their families.

1. **Increasing choice and accessibility to the health visiting service for children and families**
 - **Wirral Healthy Child Clinic**

Wirral's Health Visiting Service was adopted as an early implementer site for the governments 'Health Visitor implementation plan 2011-15: a call to action' and as such had to evidence, through their implementation plan, how they would improve prevention and early intervention within their service. Having sought views from peers, agencies and families through verbal discussions during their universal and targeted services, open parent forums, multi-agency meetings and from parents using a local children's centre, this resulted in a re-design of service delivery, leading to the establishment of the Healthy Child Clinic (HCC). The HCC operates as a drop in service for families from Monday – Friday 09.30-16.30. Families can access any aspect of the Healthy Child Programme including unscheduled immunisations and are encouraged to work in partnership with Health Visitors to make decisions about their child's health care.

The HCC has moved away from the traditional appointment system for developmental reviews and offers choose and book or 'walk in' reviews where parents can discuss their child's development. If the issue is not resolved during the drop-in session, a care plan is created for families underpinned by the universal, universal plus and universal partnership plus domains to support the family. Families determine where and when the care plan is delivered, whether at home or in a clinic setting. For universal partnership plus, the Common Assessment Framework ensures families receive a joined up service. The clinic has resulted in access to a Health Visitor on a one-to-one basis for an additional 35 hours a week at no additional cost.

- **Breast Start App**

The Breast Start App was conceptualised to address the complex issue of providing timely support to new breastfeeding mothers. It is aimed specifically at the difficult to reach population of younger mothers who may prefer to access an On-Line App for help rather than calling their Health Visitor, GP, or attend a baby clinic or breastfeeding group. This innovative service offers mothers a 24 hour private resource for breastfeeding help and advice and will be particularly useful for those without access to the internet or those hesitant to talk on the phone for fear of having their issue documented. The page design has been carefully developed to link into Wirral's Social Marketing Campaign, 'breast milk ... its amazing'. The Breast Start App is free to use 24 hours a day and available as an iphone and android version.

At a recent ministerial event held in London to celebrate the success and achievements of the early implementer sites, Health Secretary, Andrew Lansley was so impressed by the developments of Wirral's Health Visiting Service and particularly the innovative breastfeeding app that he went on to talk about them in his speech to the conference delegates.

2. Family Nurse Partnership - engagement

The Family Nurse Partnership (FNP) is a preventive programme for first time mother's aged 19 years and under. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two. The FNP has three aims: to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency. The methods are based on theories of human ecology, self-efficacy and attachment, with much of the work focused on building strong relationships between the parent and family nurse to facilitate behaviour change and tackle the emotional problems that prevent some mothers and fathers caring well for their child.

Family Nurses work closely with health visitors and midwives and professionals from other services for children, young people and families where additional needs are identified, particularly in relation to social care and safeguarding. They also work closely with Children's

Centres and parents are encouraged to use these services, particularly in preparation for the end of the programme when children reach two years of age.

Wirral FNP engaged with 125 families during 2011-12, and the planned expansion during 2012-13 will increase capacity within the team to work with 175 families. One such parent was referred to the FNP when she was 16 years old and living in semi-supported accommodation due to a family dispute. She was not in a relationship with the baby's father and engagement was very difficult for a long time; she made little eye contact during visits and was reluctant to talk. Following her eviction from her accommodation for non-payment of rent she returned to her family home, but left home again, following a family argument and went back into supported accommodation. Social Care were involved briefly and towards the end of her pregnancy she disengaged from her Family Nurse.

Following her baby's birth the young woman moved between her family home and her accommodation. Visits were often cancelled or she would not be at home, she remained reluctant to engage in conversation and refused to become involved with other services. The Family Nurse persisted and managed to maintain contact. The baby appeared well cared for in a physical sense but the Family Nurse was concerned about the level of responsiveness and emotional quality of her interactions with the baby. The Family Nurse monitored the quality of the parent – infant interactions, pointing out the positive things that she saw and using small elements of the programme to try to help the young woman think about her baby's cues and what they may mean. Gradually, she started to engage with the Family Nurse and the programme materials in a more meaningful way. Her level of self confidence began to improve; she would more readily engage in conversation and started thinking about her future in a more positive way. After twelve months, the baby is developing well, the Family Nurse no longer has concerns about the attachment relationship and the young woman is attending college and planning for her future.

3. Healthier Homes Initiatives - Health Challenge Champions.

Wirral children's partnership has worked to ensure that health and wellbeing outcomes for looked after children (LAC) are better recognised and catered for by a wide range of health and wellbeing services. However, there remains a concerning group of young people viewed as "at the edge of care" who might not always benefit from the level of support and care afforded to LAC. Health Challenge Champions is a new initiative aimed at extending the clear success of Wirral's Healthier Homes standard, working with those young people identified as at risk of becoming looked after and young people returning from care, to provide them with the best possible opportunities to have healthy lifestyles. For this group of young people, Healthier Homes has been turned on its head so that instead of equipping professionals and carers with the skills to improve young people's health and lifestyle, young people themselves are provided with the skills and motivation to safeguard their own wellbeing.

Health Challenge Champions was designed as a series of 5, two hour challenges delivered over a six week period and adapted from the wellbeing criteria -

- Staying Happy
- Eating Well
- Keeping Active
- Doing the Right Thing around Alcohol, Drugs and Smoking
- Good Relationships

The sessions are shaped in consultation with the young people themselves, the Adolescent Support Team, providers and key stakeholders in public health. The programme was evaluated, with positive findings. Providers stated that this initiative had a positive impact on the young attendees and noted that more young people completed the course than started, (12 attendees started and 14 finished the programme). The young people showed strong levels of interest, enjoyment, and learning when rating the sessions.

A similar programme has been adopted at Forum Housing and is in the process of being designed for Pathways (Leaving Care Team), Youth Offending Service and Wirral Metropolitan College.

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 (2011/12) 3. Forum for sharing good practice and ideas 4. Improved health outcomes for children and young people 5. Main driver/monitor for key programmes, e.g. Healthy Child Programme, Health Services in Schools, Teenage Pregnancy Action Plan, Healthy Weight Action Plan 	<ol style="list-style-type: none"> 1 Resources and government priorities shifting resulting in uncertainty about future of some programmes and funding streams
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 4. Monitoring of the Healthy Child Programme across the partnership will ensure greater responsibility of health outcomes for children and young people 	<ol style="list-style-type: none"> 1. Depleted pool of skilled and experienced staff with less capacity to attend meetings and deliver initiatives 2. Ring fenced grant funding streams ended and local areas advised to set own priorities' and allocate resources accordingly

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. However, there is still much to be done to improve health inequalities and outcomes for Wirral children, young people and their families and the opportunity to combine the monitoring of the Healthy Child Programme within the remit of the Being Healthy Group will ensure greater shared ownership and responsibility towards achieving children's health outcomes.

Recommendations:

That Wirral Children's Trust Board endorse the report.

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WIRRAL CHILDREN'S TRUST BOARD – 22 MAY 2012

COMMISSIONING UPDATE

1.0 Background

This report is an update on the performance of the services/activities commissioned through the Early Intervention Grant. The period covered by the report is January - March 2012. The TRUST Board are asked to note the report.

2.0 Introduction

2.1 This is a quarterly report informing the Board about the performance of Early Intervention Grant commissioned services totalling £2.8million. After contracts were awarded, performance measures to underpin service delivery were agreed with each of the service providers. The Priority areas for which services were commissioned were:

PA1 – Parenting/Compromised Parenting
PA1 – Short Breaks for Disabled Children
PA3 – Risk taking Behaviour in Children and Young People

2.2 Delivery against the performance measures have been RAG rated Red, Amber or Green. A Red rating denotes underperformance; Amber reflects work in progress broadly in line with expectations and Green is meeting or exceeding expectations. Red and Amber ratings are followed up by commissioners in one to one discussions at which corrective actions are identified to improve performance.

2.3 Early Intervention Grant funded services are delivered within the following principles:

- Early intervention: to intervene to stop the problem developing.
- Early prevention: acting proactively to ensure that problems do not arise in the first place.
- Early identification: identifying problems early or identifying the risk of problems early.
- Personalisation: the provision of greater personalised support.

2.4 In Wirral, the Early Intervention Grant (EIG) has been used to drive service delivery which is prompt, appropriate, effective and planned around the family and the child. The RAG reports for each area is in Appendix A.

3.0 Current Position

3.1 Priority Area 1 – Parenting/Compromised Parenting (Appendix A – PA1)

Within this area there are 8 out of 10 providers performing or exceeding to their contract targets and therefore they have been given green status. Feedback from service users has been excellent with 5 out of 10 services being rated as 100%

successful with 4 having scored in excess of 80% and the lowest score recorded was as high as 70%. All services reported good achievements against agreed outcomes.

There are two service providers who are not delivering according to their contract which are Action for Children who deliver the Evidence Based Parenting Groups and Barnardo's who provide the Relationship Abuse service for 16/17 year olds. Action for Children has delivered 13 courses with 8 currently running and has been notified that we will not be paying for Strengthening Families 10-14 as they have failed to deliver any of these courses within the contract period.

Barnardo's target to reach 65 young people during the year was ambitious. The commissioner has worked closely with partners to increase the referrals and ensure that work is being targeted appropriately. They have now achieved amber status (previously being red) as their numbers are now more than half (37 young people) what was agreed in their annual contract. There is ongoing work to renegotiate the outputs to an achievable number of 40 for this contracted period.

3.2 Priority Area 2 - Short Breaks (Appendix A – PA2)

Within this area there are 9 out of 13 providers performing or exceeding their contract targets and therefore they have been given green status. The total number of Short Break hours delivered this quarter was 13,408 an increase of 2416 from last quarter due. The services are becoming more established and uptake is increasing. Service user feedback has been excellent with most services achieving agreed outcomes.

However the following services are not delivering the expected outcomes:

1. After School club for children with complex health needs provided by Crossroads. There is still not the expected number of children attending. After meeting with the provider, the Headteacher and representative from NHS Wirral it appears the need for this service has reduced. The provider and the school have been informed there will be a reduction to 2 nights per week rather than 3 from 1st July 2012.
2. After School club at Barnstondale provided by Crossroads. The number of children has reduced. Another short break service has been established on a Friday evening at Barnstondale and children have chosen to attend that one instead. The provider and commissioner will promote and market the service and change the activities delivered in line with requests from families.
3. Sitting Service provided by Wirral Autistic Society. The service is still not providing as many sessions as expected due to the long term sickness of a member of staff and problems with their staffing structure meeting the times of sessions that families want.
4. Contract Carer Scheme provided by Action for Children. The service has continued to have difficulties recruiting carers; one Short Break Carer is expected to be approved in May 2012. There will be a reduction in outputs and contract values for this service from 1st July 2012.

3.3 Priority Area 3 – Risk Taking Behaviour (Appendix A – PA3)

Within this area all providers but one are now performing or exceeding their contract targets and they have been given green status at no extra cost. There were 2,085 young people participated in Universal services, with 340 additional young people participating in the targeted services. Two of the projects have now been completed and the feedback and evaluations were very positive, in particular reaching young people who had a learning difficulty/disability.

The one organisation which has a red status is Wirral Youth and Play Service. This is due to recruitment difficulties.

Appendix B are three case studies one from each area.

4.0 Finance

All activities are funded through the Early Intervention Grant.

5.0 Recommendations:

The Board is asked to note the report.

Appendices:

Appendix A – PA1, PA2 and PA3

Appendix B

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Appendix A - PA1 EIG Parenting/Compromised Parenting Q3 (1st January - 31st March 2012)

Service/Provider	Predicted Outputs	Actual Outputs QTR 1	Actual Outputs QTR 2	Actual Outputs QTR 3	R/A/G QTR 1	R/A/G QTR 2	R/A/G Qtr 3	Comments
PA1.1 Early Intervention Home Visiting - Home Start	250 families	139	167	241	Green	Green	Green	<p>This organisation has supported 241 families this year. Evaluations received in quarter 3 show 90% rated the service as successful with the remaining 10% rating it as average. Assessments completed after the intervention during the quarter show 100% of families said they were supported earlier and 70% reported that their health inequalities was reduced as well as 58% having improved mental health.</p> <p>Quote from a parent <i>"With support I was able to access groups and activities in my local area..... I feel confident that my daughter will now have a better start than she would have done."</i></p>
PA1.2.1 Parenting Programmes - Action for Children	<p><u>TOTAL GROUPS 33</u> 14 x Triple P Parenting Groups 8 x Nurturing Groups 6 x Strengthening Families (10-14) 5 x Strengthening Families/Strengthening Communities</p>	2	4	13	Red	Amber	Amber	<p>This organisation has supported 147 parents over 13 different programme areas which are Triple P Teens, Nurturing Programme and Strengthening Families/Strengthening communities. Action for Children have indicated that they will not be delivering the 6 Strengthening Families 10-14 parenting courses and we have sent them formal notification of this.</p> <p>Quote from a parent <i>"It makes you feel better to deal with this and helps you to understand and cope on your own"</i></p>
PA1.2.2 Intensive family support - Catch 22	75 families	65	55	94	Green	Green	Green	<p>This organisation has supported 94 families this year and has already exceed the full year targets at no extra cost. Evaluation in this quarter shows that 100% of the families rated the service as successful. Assessments following the completion of the intervention completed during this quarter show that 91% have reported a reduction in the number of incidents of domestic violence and 83% improvement in school attendance and behaviour as well as a reduction in Anti Social Behaviour.</p> <p>Quote from a parent <i>"We as a family have made so many changes which was very hard, but with P's support and constant help the changes are very positive one and have made our lives so much easier and enjoyable"</i></p>

Service/Provider	Predicted Outputs	Actual Outputs QTR 1	Actual Outputs QTR 2	Actual Outputs QTR 3	R/A/G QTR 1	R/A/G QTR 2	R/A/G Qtr 3	Comments
PA1.2.3 Home Visiting 5-19 - Catholic Children's Society	120 Families	45	80	120	Green	Green	Green	In this quarter this organisation has reached their yearly target of 120. Evaluations received in quarter 3 show 83% rated the service as successful with the remaining 17% rating it as average. Post intervention assessments for the quarter report Parental mental health has improved by 71% and 54% reduction in risk taking behaviour. They have also been innovative in working with parents with hearing difficulties by tailoring their work to meet their need. Quote from a parent <i>"Without this service my life would be in complete turmoil, I don't know where I would be now"</i>
PA1.2.4a Domestic Violence 5-13 - Zero Centre	80 children	11	17	52	Amber	Amber	Green	This organisation have delivered more courses in this quarter to make sure that they are delivering according to their contract. 100% of the participants rated this service as successful. From the assessments completed the four outcomes are reporting over 90% in each area, including: Improved relationships between parents and children and children feeling safer in reporting abuse. Quote from a parent <i>"This course has changed my life and my sons"</i>
PA1.2.4b Domestic Violence 16-18 - Barnardos	65 young people	3	12	37	Red	Amber	Amber	The area has been actively managed by the commissioner and partners which has resulted in this organisation developing their referral routes and have more than doubled their numbers since last quarter. With a similar level of activity for quarter 4 the contracted number of outputs and outcomes will be achieved. 100% of participants have rated this service as successful. The interim outcomes which they have achieved so far show (post course assessment to be completed) a positive impact in each of the five outcomes with three of them recording nearly 60%: reduction in levels of risk/harm; improvement in ability to identify abusive/exploitative behaviour and improved self esteem.
PA1.2.5 Family Support for BME - Wirral Multicultural Organisation	100 families	32	51	81	Green	Green	Green	In this quarter WMO have begun to deliver a parenting course. 90% rated this service as successful with 10% rating it as average. This organisation is on target to achieve their outcomes with 81 families being supported to date. The four outcomes have shown a positive outcome with three of them reporting over a 50% improvement: Increased healthy lifestyles; improved emotional wellbeing and improved wellbeing of children, young people and families. Quotes: <i>"I am calmer, able to deal with things better without getting upset. Feel closer with all my family"</i>

Service/Provider	Predicted Outputs	Actual Outputs QTR 1	Actual Outputs QTR 2	Actual Outputs QTR 3	R/A/G QTR 1	R/A/G QTR 2	R/A/G Qtr 3	Comments
PA1.2.6 Young Carers - Barnardos	140 young people	89	108	137	Green	Green	Green	This organisation is well on track to achieve both its outputs and outcomes, having nearly achieved full year outputs by quarter 3 at no extra cost. 100% of participants rated this service as successful. Assessment completed to date show good achievement of the outcomes agreed with an average achievement of over 75%, ranging up to 86%. The outcomes include: improved mental health & wellbeing, reduced isolation, improved school attendance, reduction in risk and improved age appropriate responsibilities. These outcomes indicate that these young people are successfully reducing/managing their caring role. <i>Quote from a young person "ZH helped me find different ways to cope and make things better"</i>
PA 1. Parenting - Youth Offending Service	100 parents	36	54	184	Green	Green	Green	Over the last three quarters this service has exceeded the full year outputs by 84% at no extra cost. 70% of participants rated this service as successful with 30% recoding that the service was average. 65% of the Parents reported that their confidence had improved and were experiencing better relationships with their children. <i>Quote from a parent "I have been telling everyone how Triple P is making a difference in my life "</i>
	70 young people	37	37	68	Green	Green	Green	This service has achieved its outputs for the year. Impressively 75% of this cohort did not reoffend especially as nearly 80% of the young people this service is working with has some type of disability or has a statement of SEN. 85% of participants rated this service as successful with 15% rating it as average.

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Short Break Services for Disabled Children- RAG rating 1st January - 31st March 20122.1 Weekend/Weekday

SERVICE/PROVIDER	Q2 R/A/G	Q3 R/A/G	Q3 PREDICTED OUTPUTS	Q3 ACTUAL OUTPUTS	Q3 % OF DELIVERY	COMMENTS
Activate Arts Creative Workshops	Green	Green	36 sessions 15 children attending each	42 sessions Average of 15children	117%	The Service is operating well.
Crossroads Barnstondale Weekends	Green	Green	2 weekend breaks 20 children per break	2 weekends 12 children per break	100% 60%	The numbers vary each weekend depending on the needs of the children to ensure the grouping is appropriate.
Crossroads Barnstondale After School	Green	Amber	12 sessions 20 children per session	12 sessions 13 children	100% 65%	The number of children has reduced due to a new session being established on a Friday evening elsewhere. ACTION TAKEN/PLANNED: Sessions to be promoted with a specific focus on the activities available for children (arts and crafts and cookery) Age grouping and start time also to be revised.
Crossroads	Amber	Amber	30 sessions	26 sessions	87%	The numbers attending are lower than capacity.

Complex Health After School		7 children per session	5-7 children per session	85%	ACTION TAKEN/PLANNED: Outputs are to be reduced to 2 sessions per week instead of 3.
Crossroads	Green Green	48 sessions	47 sessions	98%	Children attend based on social worker referral. ACTION TAKEN/PLANNED: Commissioner to speak to Social Work team leader to ensure referrals are at a maximum.
Complex Needs Activity		48 children	43 children	90%	
Wirral Autistic Society	Green Green	52 sessions	72 sessions	138%	Continuing to operate effectively.
Activity Clubs					
Wirral Play Council	Green Green	60 sessions	63 sessions	105%	Continuing to operate effectively.
Specialist Playschemes		96 children aged 5-14 29 children aged 14-18	88 children aged 5-14 28 children aged 14-18		
WC (Sports Development)	Amber Green	12 weekday sessions	12 weekdays sessions	148%	Changes have improved uptake of service greatly. ACTION TAKEN/PLANNED: discussion to take place to find out why attendance fluctuates .
Sports Sessions		13 weekend sessions 20 children per session	25 weekend sessions Attendance ranges from 5-23 young people per session		

Wirral Resource Centre Play sessions for 0-7	Amber Green	52 sessions	51 sessions	98%	Change of day improved update of service.
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2.2 Sitting Service

SERVICE/PROVIDER	Q2 R/A/G	Q3 R/A/G	Q3 PREDICTED OUTPUTS	Q3 ACTUAL OUTPUTS	% OF DELIVERY	COMMENTS
Wirral Autistic Society	Amber	Amber	598 sessions	415	69%	<p>The Service has come across some operational issues which has reduced the volume of delivery. Full time staff are appointed but delivery time is predominantly evenings and weekends. One full time member of staff has also been on long term sick.</p> <p>The commissioner and provider have met and discussed some points of action to address this problem and increase delivery.</p> <p>ACTION TAKEN/PLANNED: agreed Commissioner to meet with them again in May to discuss how these issues can be overcome.</p>

2.3 Direct Payment Support Scheme

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SERVICE/PROVIDER	Q2 R/A/G	Q3 R/A/G	Q3 PREDICTED OUTPUTS	Q3 ACTUAL OUTPUTS	% OF DELIVERY	COMMENTS
Wired	Green	Green	21 hours of support	21 hours of support		

2.4 Family Support

SERVICE/PROVIDER	Q1 R/A/G	Q2 R/A/G	PREDICTED OUTPUTS	ACTUAL OUTPUTS	% OF DELIVERY	COMMENTS
Wirral Council Family Support	Green	Green	483 x 2hour sessions	531 x 2 hr sessions	110%	Service operating effectively.

Contract Carers

SERVICE/PROVIDER	Q2 R/A/G	Q3 R/A/G	PREDICTED OUTPUTS	ACTUAL OUTPUTS	% OF DELIVERY	COMMENTS
Action for Children Contract Carer Scheme	Amber	Red	To recruit 4 carers 24 children to be supported 218 nights support delivered	2 recruited 7 children 51 nights 28 sessional hours	50% 29% 23%	Difficulty recruiting contract carers.

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Service/Provider Targeted - Appendix A - PA3	Predicted Outputs	Delivered Outputs (Actual and %) QTR 1	Delivered Outputs (Actual and %) QTR 2	Delivered Outputs (Actual and %) QTR 3	R/A/G QTR 1	R/A/G QTR 2	R/A/G QTR 3			Comments
							Sessions	Attendance	LDD	
PA3.1a Youth and Play targeted outreach 8-13	N/A	0%	0%	0%	R	R	R	R		Not able to proceed due to recruitment difficulties
PA3.1b Youth and Play targeted Arts programme	1 programme	1 in progress (80%)	100%	25%	A	G	A	G		Group has formed a strong supportive bond and have been supported to gain a range of skills focussing on organisation, responsibility and building positive relation. One young woman has developed a range of strategies and coping methods which have enabled her to improve her school attendances and grades. The school say that the impact of the programme is a major factor in her improvement. The group is working towards a Silver Arts Awards
PA3.1b Youth and Play Sports development enhanced outreach 13-19	120 units young people from priority groups	0%	15 units (83%)	96 units delivered 216 hours of delivery across 8 sites. Contact information gained from 344 young people 80%	R	G	A	G		The reason that the numbers have been down is that the same area has the Borough Wide Team and the Bikenhead team working at Mersey Park which has been identified as one of the ASB hot spot areas. On the positive side there has been close partnership working between the Youth Service and Sports development team. They are using 4 lighting systems and a fully operational generator on the sports mobile to light an unlit area e.g. a MUGA. The session in hotspot area and attracted 101 unique people with high attendances at each session. Various workshops have been delivered on the Kontaktabus such as substance misuse, careers and pamper sessions. The Police Community Officers and the police have made positive remarks about having the sessions in the area of deployment with a reduction of ASB. In addition harm reduction advice and guidance has been given using the Alcohol Alright resources. Outreach workers and sports instructors have been signposting young people to club based organisations.

PA3.1b Sports Development and partners Holiday Periods 13-19	11units a quarter 15 young people attending = 165	100%	100%	24 units delivered unique young people =153 218%	G	G	G	G	Youth and Play are working with Sports Development and partners in order to deliver diversionary activities. Positive Futures: young people from tier 3 level of need. Show great interest in the activities and requested gym passes to train further in their own time. YIP: retention levels remain reasonably high only 1 person from the core of 39 has been arrested and from the core group of young people accessing holiday activities provided by YIP no young person has reoffended. LAC activities reported improved self confidence, enhanced self esteem, improved mental well being. The disability programme had 36 new participants, retention levels of 89%65% of participants took part in 3 or more activities.
PA3.1b Merseyside Fire and Rescue Life Project	1x 5 day course, 12 referrals	2 (100%)	1 (50%)	1x5 day course delivered 12 young people completed the course 100%	G	A	G	G	100% completed the course, all received First Aid certificate, all received MFRS completion certificate. However the young people did not complete the Asdan award as they said they wanted to have fun during the holidays and not sit in a classroom doing paperwork. All engaged in Road safety, practical fire fighting drills, outdoor pursuits and teambuilding activities and First Aid
PA 3.1b Merseyside Fire and Rescue Beacon Project	2 twelve week course + 12 referrals each course	2 (100%)	2 (100%)	2twelve week course delivered with 12 referrals and 11 completed the course and 10 out of 12 completed on second course 100%	G	G	G	G	92% completed course, all received First Aid certificates, all received MFRS completion certificate, 1 student received Most Outstanding/Most improved award, mentor received mentor accreditation, all completed the Asdan Activities award. All engaged and educated in Road Safety, practical fire fighting drills, outdoor pursuits, fire safety in the home and community, healthy eating. Schools have reported positive impact on the young people and improved behaviour at school. Positive parental feedback. Some young people on course expressed a wish to enrol with MFRS cadets
PA3.2 Youth and Play Advice and Guidance	15 staff per quarter trained 250 Agreed Interventions per quarter 25 group sessions per quarter	4 Training and delivery products (75%)	60%	All staff training complete (103 participant)171% 761 interventions to date 76% 64 group sessions 64%	G	A	A	G	Alcohol Alright training is now completed and all staff are delivering brief interventions with young people in relation to their alcohol use Feedback is very good with young people reporting positive comments and evaluation logs reporting on attitude change to drinking alcohol.

PA3.4 Youth and Play Risk taking workshops Arts	Final preparation and delivery of 3 peer led packages	10 Peer educators recruited (100%)	100%	42 units of RTB workshops delivered with peer educators n(100%)	G	G	G	G		At risk young people engaged in development of production have begun to reflect upon their own unhealthy and risky relationships. Ongoing support is being offered and appropriate sign posting. In addition to the RTB workshops around relationships, we will be delivering additional RRTB work with young people at Beb High linked to the 'One Punch' campaign (and Somebody's Son a previous production). Meeting to take place with police to develop ideas and workshops. Young people from company successfully applied for YOF funding for a residential to complete the script for the RTB production which took place in March.
Junior Youth Inclusion Programme	48 sessions in a quarter 326 activity places offered core group of 52 yp			30 sessions delivered, 63% 221 places taken up 66% regular attendance of 47 young people 94%			A	G		90% attendance of cohort, some sessions had to be cancelled because of poor weather. Good engagement levels for voluntary engagement working with this a" at risk" group. Of the 52 regular members no FTE/ re-offending in this quarter.

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Appendix B

Early Intervention Grant Priority Area One Case Study Catholic Children's Society

Background

Mum is a lone parent raising 4 children - A 14 years; B 12 years; C 6 years and D 5 years. She is profoundly deaf and has some learning difficulties which specifically affect her ability to retain information. The initial reasons for referral to this organisation were:

She had difficulty with her emotional health and well being, and she felt isolated. She had difficulty managing her children's behaviour and she felt that her children's self esteem was poor. The initial request was that she would participate in a Triple P 1:1 parenting intervention but following discussions with her and other agencies involved it became obvious that this was not the most appropriate plan of action for her.

(Other agencies included Deaf Society SW; Children's Centre FSW (time limited due to youngest child's age); Young Carer's)

When CCS first became involved with the family the relationship between mum and A had broken down and A moved out of the family home to live with auntie. Mum found it difficult to juggle the needs of her children and suffered bouts of anxiety and low moods which had a knock on effect on her physical health.

The home environment was extremely chaotic with inconsistent rules and boundaries.

Approach

Following discussions with mum our initial Action plan focused on the following:

- Parenting strategies
- Routines and Boundaries
- Building and strengthening relationship with A
- Mum's emotional/physical well being

Due to mum's disabilities our approach to meeting these goals had to be specifically tailored to enable mum to achieve the level of success required to make the positive changes within her family.

Simple discussions did not have the desired affect as each goal had to be

backed up by a process and relate to actual events and experiences current within the family. We also found that mum found it easier to take the ideas on board if shown by example with Family Support Worker demonstrating in order to support the process.

Outcomes

The family home in general is much calmer with mum having the confidence to adopt a more consistent approach to parenting, including lots of praise and time in together.

Mum now has a healthy, stronger relationship with A who has now moved back into the family home and she has more realistic expectations of A and is able to be more empathic in relation to the changing needs of a teenager and their behaviour. There are also physical displays of affection between the two and they have created greater opportunities for quality time together within the family routines.

Mum is parenting more consistently and maintains routines and boundaries ensuring family time together are incorporated and she is much more able to recognise the different needs of each of her children and tries to provide opportunities to meet these needs. She is now involved in several groups and activities including a weekly walking group; weekly attendance at the gym and is also due to start a college course through Life Long Learning. She has also linked up with Community health team.

Mum is more communicative with school and feels more confident to approach staff if she has any concerns regarding the children's development. Mum 'moves in wider circles' and has developed lots of social experiences and strategies to enhance her independent living. Said, 'she had not done anything like it in her whole life'

Her children have shared how proud they are of their mum and have praised her for her achievements. A has also become involved in mum's fitness regime by going walking with her and motivating mum to increase speed, distance etc.

Appendix B

Priority Area 2 Short Breaks for Disabled Children

Case Study

Wirral Autistic Society

Background –

Young person was referred Wirral Autistic Society for the following reasons:

- had been experiencing significant difficulties in coming to terms with his diagnosis
- difficulty developing friendships.
- struggling with his own self esteem.
- This along with other issues had led to his exclusion from two schools over the past 6 months.

Approach

He was encouraged to attend the activity clubs provided through Wirral Autistic Society. This would provide a positive activity but could also support him to address the issues above. Being with other children with similar difficulties too could help him understand and come to terms with his diagnosis.

He needed support to settle him to the club this was provided by both his parents and Wirral Autistic Society staff, it was important to do it at an appropriate pace for the young person.

The activities he participates in he is able to choose but they also offer variety to encourage him to try some new things.

He is attending the club regularly.

Outcome

Evidence shows:

- He is using the clubs as a way of understanding his own difficulties
- His social skills are developing.
- He is developing skills to help him deal with frustration.
- He said that the clubs have helped him
- his parents have commented that, without the clubs he would have been totally isolated during his periods of exclusion from school. This isolation, they felt, would have been very distressing for the young person.

The young person is now back in school and things appear to go well. He still attends the club and is able to discuss any difficulties he may be having with staff and friends that are both understanding and supportive.

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Appendix B

Early Intervention Grant Case Study

Priory Area 3 – Risk Taking Behaviour

Junior Youth Inclusion Project

Background

B was referred in to the Junior Youth Inclusion Programme from Challenge and Support in the Autumn of 2011. A year 7 pupil, he was referred in for the following reasons:

- Involvement in anti social behaviour in his community including fire setting and running into traffic at a busy roundabout.
- Negative peer group.
- Lack of positive male role models, no enduring relationship with father, poor relationship with step-father.
- low attachment to school. Poor behaviour at times leading to periods on report.

Approach

The intervention plan that was implemented by the JYIP focused on providing B with diversionary activities, based on good school attendance and behaviour in all settings (home, school, community), and one to one work in school continuing the work completed with Challenge and Support. The relationship with his keyworker was a critical point as we felt he would benefit from a good role model who supported him but was able to challenge him as well.

Activities: B is an active boy who already played for a local football team each week and he showed a great aptitude and enthusiasm for active pursuits with JYIP. He attended at least once per week, limiting his time with his negative peer group out in the community and building his self confidence each week.

During the school holidays (which had been a key flashpoint time for B) he also attended regularly, showing his reliability and ability to manage his own behaviour over full day activities and becoming a good role model for younger JYIP participants through his positive behaviour.

One to One: focused on choices and resilience with the keyworker encouraging B to look at past choices and recognise the pressure upon him when in with a negative peer group. We looked at practical strategies to use in different situations that had been problematic for him, in peer pressure situations and also at home when he was in confrontation with his step father.

Multi Agency: Fire service delivered an in school session to B and his peers in that school on fire setting and road safety.

Outcome – How had things changed?

Communication with school and home was weekly and early into the intervention B had to miss an odd week where his behaviour had been poor, showing consequences to his actions. This lessened over the six months that he was with us as he made sure he was able to come on activities by keeping his behaviour largely positive and on occasions when he was poorly behaved he was able to cool down quicker and extricate himself from a negative situation with less adverse consequences.

B himself enjoyed the opportunity to get involved with a youth group that gave him such a wide range of opportunities and felt that he had made some good choices about his negative peer group who he was spending hardly any time with.

There have been no further reports of anti social behaviour or fire setting in the community through the Respect Panel and he has not been on report in school for over four months.

Child Poverty Update

1.0 Background

Wirral is producing a Child Poverty Strategy and Action Plan. To support this, the local authority established a local advisory group to review the evidence and make recommendations to the Council and its partners about local action to tackle child poverty. Representation on this group (the Wirral Child and Family Poverty Working Group) is drawn from the local authority, voluntary, community and faith, housing, health, and education, employment and skills sectors

2.0 Progress Update

Milestones regarding the development of the strategy and action plan since the last report to the Children's Trust Board:

- The Council's budget resolution of the 1st March set out a commitment to tackling intergenerational poverty in Wirral and agreed an investment of £400,000 to take forward the 'Roots and Wings' strategy. Council also agreed that the independent Working Group would determine, prioritise and recommend where this investment should be made to best effect in local communities.
- In addition to the £400,000 funding, a further £100,000 was allocated in the Council's 2012/2013 budget to support research and subsequent development of school readiness measures. The research element is being undertaken with a group of Birkenhead Schools by the University of Cambridge and it is intended that the outcomes from the research will be of benefit locally and nationally.
- The Child and Family Poverty Working Group met on the 21st March 2012 with the principal objective of discussing the approach to determining the allocation of the £400,000 investment. The Working Group discussed a number of key principles in relation to allocating the funding, including identifying any conflict of interest and basing the investment of the latest available evidence.
- In a report to Cabinet on the 12th April, a number of steps were agreed in relation to allocation of the funding. These are set out below with a brief update on progress:

<i>Agreed Next Step</i>	<i>Progress / Approach</i>
More detailed profiles of the areas with the highest levels of child poverty are developed using existing and new statistics and information, including relevant Neighbourhood Plan consultation findings and the report of the 'what works' project previously commissioned to evaluate the impact of local initiatives and programmes on families in poverty which will be finalised in April 2012	<ul style="list-style-type: none"> ▪ Detailed profiles are being developed to reflect cluster areas of child poverty in Wirral, working with colleagues in partner organisations to ensure that the data is up to date and key challenges are identified ▪ A draft report of the 'what works' project has been submitted, and stakeholders will be asked to review the findings prior to this being finalised

<p>Profiles are considered by the Working Group alongside options for commissioning and delivering the programme of activity and that the Working Group makes recommendations to Cabinet with regard to the how the investment should be targeted and a preferred approach to delivering the programme</p>	<ul style="list-style-type: none"> ▪ The Working Group will consider the area profiles and additional evidence in order to agree criteria for allocating funding and agree an approach for commissioning
<p>Previous work undertaken with regard to identifying best practice and the key drivers for tackling poverty is integrated as appropriate in the preferred approach</p>	<ul style="list-style-type: none"> ▪ Previous work will be captured in a summary document which sets out the key elements of the 'roots and wings' strategy, updated information on national and sub-regional drivers and best practice and key action being undertaken by partners in Wirral
<p>Commissioning is undertaken with due regard to procurement procedures further to Cabinet's consideration of the Working Group's recommendations</p>	<ul style="list-style-type: none"> ▪ Commissioning will take place subsequent to further discussion by the Working Group as indicated above
<p>A clear protocol is put in place with regard to any conflict of interest related to the membership of the Working Group and the commissioning process to ensure transparency</p>	<ul style="list-style-type: none"> ▪ The Working Group will agree a revised Terms of Reference with regard to its role in determining the allocation of the funding and ensure that any conflict of interest relating to the allocation of the funding is identified as appropriate

- Frank Field MP addressed the Cabinet meeting of the 12th April and presented an application to establish a virtual free school for young women pregnant from twelve weeks. Cabinet's recommendation to the Working Group in this respect will be addressed as appropriate as part of the next steps referred to above.

3.0 Recommendations:

3. 1 Wirral Children's Trust Board notes the contents of the report and agrees to continue to receive further updates.

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1.0 EXECUTIVE SUMMARY

1.1 The Children and Young People's Plan 2011/12 has been produced by partners to address identified needs of children in key priority areas. These needs have been identified by partners and in consultation with the children and young people of the Borough. The plan is delivered by partners working through the five Outcome Strategy Groups. Performance monitoring of the delivery of the plan is conducted via the Children's Trust Executive Board, chaired by the Director of Children's Services and the Wirral Children's Trust Board chaired by the Lead Member for Children's Services and Lifelong Learning.

The delivery of key projects is monitored by reporting on key performance measures identified at the planning process. This report provides an overview of progress made against Children's and Young People's Plan indicators for the final quarter.

2.0 PERFORMANCE SUMMARY

2.1 Performance against Children and Young People's Plan Indicators.

For 2011/12 there are 55 performance indicators that are measured, A total of 71% of the performance measures have hit or exceeded their targets. This is compared to 58% in 2010/11. A further 3.6% of indicators improved on the 2010/11 performance even though they fell short of the target in 2011/12.

The following indicators have missed their annual target and are therefore assessed as **red or amber**:

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 53	Prevalence of breast-feeding at 6-8 wks from birth	31.3%	35.1%	30.2%	Red	
		(Higher is Better)					
Corrective Action:	<p>Work plans are due to take place by the Peer Support programme to support and encourage more mums at the antenatal stage, to educate and inform mothers about the benefits of Breastfeeding for both them and baby. This will increase number of women initiating breastfeeding and is expected have an impact on the number of women who continue to breastfeed at 6 - 8 weeks.</p> <p>In addition a mobile phone Application has been delivered. The Breast Start App has been developed provide timely support to new breastfeeding mothers. It is aimed specifically at the difficult to reach population of younger mothers who may prefer to access an On-Line App for help rather than visiting a health professional. This innovative service offers mothers a 24 hour private resource for breastfeeding help and advice and will be particularly useful for those without access to the internet or those hesitant to talk on the phone for fear of having their issue documented.</p>						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 60	Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement	74.6%	75%	50% (E)	Red	
				(Higher is Better)			
Corrective Action:	<p>There has been an increase in the number of core assessments with a 33% increase compared to the same period last year. Wallasey district have been subject to a larger increase than expected, putting this team under significant pressure. A review of the district team has resulted in the replacement of one team with two. An additional practice manager and further resources have been put in place to increase capacity in response to the increase in referrals that district have had a major impact on performance.</p> <p>This is an area of development from the recent unannounced inspection by OFSTED. The action plan from this inspection identifies steps to further improve performance including daily action by the practice manager on compliance with timescales with formal reporting to the principal team manager on a daily basis on outcomes. This will be re-enforced by weekly reporting and monitoring by senior managers.</p>						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 61	Timeliness of adoptions.	70.6%	80%	61% (E)	Red	
				(Higher is Better)			
Corrective Action:	<p>Principal Team Managers have undergone training to improve the quality of Child Permanence Reports (CPR). From April 2012 all CPR's submitted to the adoption panel will have undergone a thorough quality assurance process to ensure they meet fully meet the national standards. Reports of a high standard are associated with less likelihood of delay or disruptions in court.</p> <p>The service has developed a tracking tool for each child's record which requires details of each stage in adoption to be confirmed as meeting relevant timescales. Where timescales are not met the team manger will explain the delay on this record and identify any steps to mitigate against the impact of delay. The recent "Adoption Action Plan" released by Government will introduce further performance measures around adoptions and will be considered by the adoptions taskforce to drive improvements in both the numbers of children adopted and timeliness of placements.</p>						
Context:	<p>For this financial year a total of 23 adoptions have taken place. Of these 23 adoptions 14 (61%) were within the 12 month timescale. Of the 7 adoptions that did not take place within time scales, 2 were out of time due to contesting of the adoption in court and 5 were due to delay in matching children with specific needs. A further 2 children were adopted straight from Foster Care by their carers, due to the definition of this indicator, these children are not counted as "in time".</p>						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 62	Stability of placements of looked after children: number of placements	8.9%	9.0%	11.2% (E)	Red	
				(Lower is Better)			
Corrective Action:	Regular meetings are being held between the adolescent support team and family placement to identify placements at risk of disruption. This enables additional support to be provided to both foster carers and the young people in placement. This work is also supported by Child and Adolescent Mental Health Service (CAMHS). Foster Care peer mentors have now been recruited and the scheme has begun to provide enhanced support and development opportunities for foster carers. In residential care placements, disruption meetings are being introduced. This is to ensure a consistent approach to identifying actions that could stabilise a placement or inform a placement move to improve placement stability.						
Context:	This is an estimated figure pending validation. Performance against this target has deteriorated since Q2 and is estimated to be 2.3% below previous year's performance. This represents 76 children having three or more placements for 2011/12 compared to 61 children in 2010/11. The level of performance at 11.2% compares well to the England average for 2010/11 of 10.9% and falls well within the "Very Good" national category of (0% - 16.01%).						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 65	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time.	17.6%	15.0%	18.0% (E)	Red	
				(Higher is Better)			
Corrective Action:	A comprehensive study has been undertaken to examine the circumstances why children become at risk for a subsequent time. This research identified that family size was a significant factor in compromising parenting effectiveness and subsequent child safety. All the families that are involved have experienced a subsequent incident which has caused professionals to agree that a child should become the subject of a further plan to keep them safe from harm. There is a large increase in numbers of children becoming the subject of a plan overall from 317 in February 2011 to 389 in February 2012, this is a 23% increase. As a consequence this contributes to the increase in the number of repeat plans. Discussions within the Safeguarding Unit identify a lead professional for those families where children have previously been subject to a plan and assistance is sought from the Family Group Meetings and Family Intervention Programmes to support the family before consideration will be made for a subsequent plan.						

Portfolio	PI no	Title	2011/2012 Year End		On target	Direction of travel
			Target	Actual		
Children's Services & Lifelong Learning	NI 70a	Reduce emergency hospital admissions caused by unintentional and deliberate injuries in 0-4 years	212	267 (E)	Red	Introduced 2011/12
			(Lower is Better)			
Corrective Action:	<p>Regular monitoring of the home safety equipment scheme is undertaken by the Child Safety Implementation Group and actions to reduce accidents are included in all Children Centre delivery plans. There are plans to combine Public Health and Local Authority budgets to deliver one safety equipment scheme across Wirral (rather than two separate schemes) based upon an evidence based model from the Royal Society of Accident Prevention (RoSPA). This will be effective from April 2012 but will require time to draw the current Public Health scheme to a close.</p> <p>A Children's A&E Needs Assessment has been completed and the report is currently being signed off, the recommendations of this will inform future work and additional funding has been allocated to progress the recommendations from the report.</p>					
Context:	<p>This is an estimated figure. The most current available data for 2011/12 covers April - February 2011/12 (full year data will not be available until the 30th April 2012). There have been a total of 233 admissions in the 0-4 age group during this period. This is a 4.5% increase on performance for April – February 2010/11 (223 admissions)</p>					

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 92	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	27.6%	27.6%	29.9%	Amber	
			(Lower is Better)				
Corrective Action:	<p>The Early Intervention Manager has worked with identified schools to ensure current reception children are on track to achieve the expected level of progress. If projections indicate that a child is not on track the Strategic Service Manager alerted and additional support is put in place for these children. In addition the Early Years team have been working with schools/settings to identify a target group of low attaining boys and have put in place targeted support for this group of children to decrease the gender attainment gap.</p>						
Context:	<p>This is an actual figure as reported at Q2. There has been an increase in the attainment gap of 2.3% compared to the 2010/11 cohort of children. Performance in 2010/11 was higher than expected and the target was to maintain this level of performance for 2011/12. However, the target was missed by 2.3%. This is due to the disadvantaged group attaining lower results than in the previous year, (63.1% compared to 64.4%) and the 'other' group of children performing much better than in the previous year (93.0% compared to 91.1%). For 2011 results Wirral are ranked 56th nationally and remain in the second quartile. The England gap for 2011 is 31.4%, 1.5% greater than Wirral.</p>						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 102b	Achievement gap between pupils eligible for free school meals (FSM) and their peers achieving the expected level at Key Stages 4	36%	30.2%	34.2%	Red	
		(Lower is Better)					
Corrective Action:	A review has been conducted to examine the results of the 100 identified FSM pupils who were targeted with additional resources, through the '100 Club' project. The review focussed on identifying the actual impact and improvement in achievement made by this group of young people. From this analysis the 2011/12 academic year programme is now underway with additional support being provided to a further 100 children.						
Context:	Performance against this target has improved compared to 2010/11 year end, with a reduction of 1.8% in the attainment gap between the FSM and the Non FSM groups. The FSM group achieved a 38.6% pass rate in June 2011 compared to 31.8% in June 2010; this is a 6.8% increase and is higher than the England average of 34.7%. The non FSM group improved by 7% over the same period to 72.8%, significantly higher than the England average of 62.2%. The England gap of 27.5% is lower than the Wirral gap; however, both FSM and non FSM children do significantly better overall in Wirral schools than the national average. The 2011/12 year end target was missed by 4.0%. The review of the intervention programme put into place within 2011/12 and its effectiveness will not be realised until June 2012 exams.						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Targ et	Actual		
Children's Services & Lifelong Learning	NI 104	The Special Educational Needs (SEN)/non-SEN gap – achieving Key Stage 2 English and Maths threshold	47.7%	46%	50.2% (E)	Amber	
		(Lower is Better)					
Corrective Action:	School Improvement Associates are working with schools to identify the reasons why SEN pupils have not made the expected progress. The SEN Green Paper will focus senior leaders in ensuring that the correct provision is in place to move pupils' learning forward.						
Context:	This is an estimated figure. Performance against this target has deteriorated, with a rise in the gap of 2.5% when compared to the 2010/11 year end. The 2011/12 year end target was missed by 4.2%. This indicator will be replaced in 2012/13 with a local measure that is specific to the attainment of the SEN children who have a statement.						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 105	The Special Educational Needs (SEN)/non-SEN gap – achieving 5 A*- C GCSE inc. English and Maths	52.6%	47%	50.3% (E)	Amber	
				(Lower is Better)			
Corrective Action:	School Improvement Associates are working with schools to identify the reasons why SEN pupils have not made the expected progress. The SEN Green Paper will focus senior leaders in ensuring that the correct provision is in place to move pupils' learning forward.						
Context:	This is an estimated figure. Performance against this target has improved, with a reduction in the gap of 2.3% when compared to the 2010/11 year end. The 2011/12 year end target was missed by 3.3%. This indicator will be replaced in 2012/13 with a local measure that is specific to the attainment of the SEN children who have a statement.						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 112	Percentage reduction in the under 18 conception rate	-13.1%	-49.9%	-6.5%	Red	
				(Lower is Better)			
Corrective Action:	A revision of the local under -18 conception target has been approved by Public Health and Children's Trust Board and will now see Wirral's Teenage Pregnancy Steering group implementing targeted interventions for those wards above the Wirral average with the aim of reducing the overall Wirral rate by 5% in 2012.						
Context:	Performance against this target has deteriorated with a reduction, from the 1998 baseline, of -6.5% at 2011/12 year end, compared to -13.1% at 2010/11 year end. The 2011/12 year end target was missed by 43.4%. 2010 under-18 conception data released in February 2012 shows a rate of 47.3 (per 1000 15-17 year olds). This is an increase in the rate compared to 2009. The 2010 rate equates to 276 conceptions.						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 117	16 to 18 year olds who are not in education, employment or training (NEET)	8.6%	7.9%	9.0% (P)	Red	
		(Lower is Better)					
Corrective Action:	<p>A number of interventions are planned to ensure this indicator remains stable over the coming year. These include the following:</p> <ul style="list-style-type: none"> The Department of Work and Pensions Youth Contract programme for disengaged 16 and 17 year olds will commence July 2012. Cabinet is considering options for a further extension of the Wirral Apprentice programme to commence April 2012. New targeted information, advice and guidance service for NEET young people aged 16 to 18 has been commissioned. The service is being delivered by Greater Merseyside Connexions Partnership and can be accessed locally through selected Council One Stop Shops and the library service. Cabinet is considering options for the delivery of a work experience programme during 2012/13 for young people. The programme will be delivered in partnership with the voluntary, community and faith sector and will offer employability skills support and an extended work placement. New European Social Fund engagement funded provision- New Futures is now in place. This is a flexible, engaging and supportive programme for Wirral young people who are NEET – or at risk of becoming NEET. The programme is currently being delivered through a consortium of voluntary, community and faith organisations across the borough. 						
Context:	This is a provisional figure, subject to validation. The economic climate has remained difficult and this has had a significant impact on this indicator. This indicator has shown a small deterioration (0.3%) compared to 2010/11 year end. However, the 2011/12 year end target has been missed by 1.1%.						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 148	Care leavers in education, employment or training	38.6%	58.0%	48.0%(E)	Red	
		(Lower is Better)					
Corrective Action:	<p>Targeted interventions are taking place with identified care leavers. These interventions include 1:1 mentoring, work tasters, and the development of employability skills. The impact of this additional support will be monitored to enable tracking and reporting on the progress of individual care leavers.</p> <p>In addition to working with the young people directly. The foster carer taskforce group are building their capacity in terms of understanding the education landscape and support arrangements for vulnerable young people.</p> <p>The LAC Employability Team are scheduled to be operational by end of May 2012. They are responsible for refreshing and driving forward actions in the "From Care to Work" Plan.</p>						
Context:	This is a provisional figure as data is still being validated; however initial results show that 24 care leavers have been helped into EET in 2011/12 compared to 17 in 2010/11. Based on a cohort size of 44 for 2010/11 and 50 for 2011/12, the indicator outturn has increased from 38.6% to 48% for 2011/12. The indicator has fallen short of the target of 58%. The target for 2012/13 is 65% of Care Leavers are assisted into EET. The cohort of young people for 2012/13 has been identified as over 70 individuals making the target number of young people into EET, in the region of 45.						

Port folio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	NI 81	Inequality gap in the achievement of a Level 3 qualification by the age of 19	36%	28%	36%	Red	
		(Lower is Better)					
Corrective Action:	<p>Work planned to improve performance in this area includes:</p> <ul style="list-style-type: none"> • Delivery of the Further Education Narrowing the Gap Project ensuring those targeted Free School Meal (FSM) eligible young people in Wirral Met College have an appropriate support package or intervention in place to facilitate improved level 3 attainment. • The completion of the strategic analysis of post 16 education and learning provision in the Borough, including participation and the quality of provision. Undertake a stakeholder consultation to ensure the correct identification of priorities and any gaps in provision. • Use experimental data to profile the cohort and performance of individual providers to help target further interventions. 						
Context:	The gap inequality gap in attainment in Wirral at level three has been maintained. The FSM cohort pass rate has increased from 24% to 27%. This is the largest such percentage increase since 2007. The gap nationally is 25% and for the North West region is 29%.						

Portfolio	PI no	Title	2010/11 Year End Actual	2011/2012 Year End		On target	Direction of travel
				Target	Actual		
Children's Services & Lifelong Learning	Local 1700c	Participation in and outcomes from youth work: Accredited Outcomes	15.6%	30%	14.6% (E)	Red	
		(Lower is Better)					
Corrective Action:	The year began with high number of vacancies, throughout the year the majority of vacancies have filled through internal recruitment. A toolkit is being developed to assist workers to identify opportunities for young people to gain Accredited Outcomes as part of the service provision. In addition future funding applications will be focused upon achievement of Accredited Outcomes by young people.						

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APPENDICES

Appendix 1 Department Performance Indicator Summary

Appendix 1 Department Performance Indicator Summary

Direction of Travel Summary

% PIs	No. of PIs	
41.8%	23	Improved by more than 2.5% on previous year's performance
25.5%	14	Deteriorated by more than 2.5% on previous year's performance
20.0%	11	Stayed within +/-2.5% of previous year's performance
-	-	Awaiting data
12.7%	7	Not applicable
100.00%	55	(Note: percentages rounded to 2 decimal places)

Target Summary

% PIs	No. of PIs	
56.4%	31	Green (within +10/-5% of the target)
5.5%	3	Amber (missed target by between 5% and 10%)
21.8%	12	Red (missed target by more than 10%)
14.5%	8	Over-performing (more than 10% of the target)
-	-	Awaiting data
1.5%	1	Target not set
-	-	Not Applicable
100.0%	55	(Note: percentages rounded to 2 decimal places)

PI No.	Title	2011/2012 Target	2011/2012 Actual	On Target	Direction of Travel
NI 51	Effectiveness of child and adolescent mental health (CAMHS) services	16	16 (P)	Green	
NI 53	Prevalence of breast-feeding at 6-8 wks from birth	35.1%	30.2% (P)	Red	
NI 55	Obesity in primary school age children in Reception (Lower is Better)	9.9%	9.4% (A)	Green	
NI 56	Obesity in primary school age children in Year 6 (Lower is Better)	19.3%	18.6% (A)	Green	
NI 58	Emotional and behavioural health of looked after children (Lower is Better)	12.5	12.5 (E)	Green	
NI 60	Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement	75%	55% (E)	Red	
NI 61	Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption	80%	61.0% (E)	Red	
NI 62	Stability of placements of looked after children: number	9.0%	11.2% (E)	Red	

PI No.	Title	2011/2012 Target	2011/2012 Actual	On Target	Direction of Travel
	of placements (Lower is Better)				
NI 63	Stability of placements of looked after children: length of placement	70%	69.0% (E)	Green	
NI 64	Child Protection Plans lasting 2 years or more(Lower is Better)	4.0%	3.7% (E)	Green	
NI 65	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time. (Lower is Better)	15.0%	18.0% (E)	Red	
NI 66	Looked after children cases which were reviewed within required timescales.	100.0%	97.3% (E)	Green	
NI 67	Percentage of child protection cases which were reviewed within required timescales	100.0%	99.6% (E)	Green	
NI 68	Percentage of referrals to children's social care going on to initial assessment	90%	95% (E)	Green	
NI 70 a	Reduce emergency hospital admissions caused by unintentional and deliberate injuries in 0-4 years (Lower is Better)	212	267 (E)	Red	n/a
NI 72	Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy	57%	57% (A)	Green	
NI 73	Achievement at level 4 or above in both English and Maths at Key Stage 2	79%	77% (A)	Green	
NI 75	Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths	60.7%	64.1% (A)	Green	
NI 79	Achievement of a Level 2 qualification by the age of 19	82%	83% (A)	Green	
NI 80	Achievement of a Level 3 qualification by the age of 19	54%	53% (A)	Green	
NI 81	Inequality gap in the achievement of a Level 3 qualification by the age of 19 - (Lower is Better)	28%	36% (A)	Red	
NI 82	Achievement of a Level 2 qualification by the age of 19 by FSM Group	64%	67% (A)	Green	
NI	Secondary schools judged	90%	95.5% (A)	Green	

PI No.	Title	2011/2012 Target	2011/2012 Actual	On Target	Direction of Travel
86	as having good or outstanding standards of behaviour				
NI 87	Secondary school persistent absence rate (Lower is Better)	4%	3.3% (A)	Over Performing	↑
NI 89a	Number of schools judged by OFSTED as requiring special measures (Lower is Better)	0	0 (A)	Green	↑
NI 91	Participation of 17 year-olds in education or training	87%	86% (A)	Green	↔
NI 92	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest (Lower is Better)	27.6%	29.9% (A)	Amber	↓
NI 99	Looked after children reaching level 4 in English at Key Stage 2	18.0%	65.0% (A)	Over Performing	↑
NI 100	Looked after children reaching level 4 in maths at Key Stage 2	15.0%	58.0% (A)	Over Performing	↑
NI 101	Looked after children achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and maths)	5.0%	10.9% (A)	Over Performing	↑
NI 102a	Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 (Lower is Better)	17.9%	21.0% (A)	Red	↑
NI 102b	Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 4 (Lower is Better)	30.2%	34.2% (A)	Red	↑
NI 103a	Percentage of final SEN statements issued within 26 weeks (Excluding exceptions).	100.0%	100% (A)	Green	↔
NI 103b	Percentage of final SEN statements issued within 26 weeks (Including exceptions)	100.0%	96.1% (A)	Green	↔
NI 104	The Special Educational Needs SEN/non-SEN gap - achieving Key Stage 2 English and Maths threshold (Lower is Better)	46%	50% (A)	Amber	↓
NI 105	The Special Educational Needs (SEN)/non-SEN gap - achieving 5 A*- C GCSE inc. English and Maths - (Lower is Better)	47%	50.3%(P)	Amber	↑

PI No.	Title	2011/2012 Target	2011/2012 Actual	On Target	Direction of Travel
NI 111	First time entrants into the YJS aged 10 - 17 (Under Review)	-	648	N/A	
NI 112	Percentage reduction in the under 18 conception rate - (Lower is Better)	-49.9%	-6.52% (A)	Red	
NI 113	Prevalence of Chlamydia in under 25 year olds	30.0%	29.0%	Green	
NI 114	Rate of permanent exclusions from school - (Lower is Better)	0.04%	0.04% (P)	Green	
LOCAL 117	16 to 18 year olds who are not in education, employment or training (NEET) (Lower is Better)	7.9%	9.0% (P)	Red	
NI 147	Care leavers in suitable accommodation	97%	94% (E)	Green	
NI 148	Care leavers in education, employment or training	58%	58% (E)	Green	
LOCAL 1400a	Number of looked after children	645	677 (P)	Green	
LOCAL 1400b	Looked After Children - Placed Out of Borough in Residential Placements - (Lower is Better)	39	28 (P)	Over Performing	
LOCAL 1405	Percentage of initial assessments for children's social care carried out within 10 working days of referral	70.0	69.0 (E)	Green	
LOCAL 1406	Number of Foster Carers	20	25 (P)	Over Performing	n/a
LOCAL 1503	Number of Early Years settings judged as inadequate - (Lower is Better)	0	0	Green	n/a
LOCAL 1504	Number of EY settings delivering flexibility in relation to the 15 hour free entitlement	40.0%	40.1% (P)	Green	n/a
LOCAL 1505a	Percentage of 0 - 5 year olds registered at a Children's Centre	70.0	75.1 (P)	Green	n/a
LOCAL 1505b	Percentage of 0 - 5 year olds registered at a Children's Centre (Disadvantaged Backgrounds)	70.0	79.5 (P)	Over Performing	n/a
LOCAL 1507	Percentage uptake of schools receiving School Improvement Services.	80.0%	94.0% (A)	Over Performing	n/a
LOCAL 1700a	Participation in and outcomes from youth work: Participation	23%	23.05% (P)	Green	
LOCAL 1700b	Participation in and outcomes from youth work: Recorded Outcomes	65%	68.85% (P)	Green	

PI No.	Title	2011/2012 Target	2011/2012 Actual	On Target	Direction of Travel
LOCAL 1700c	Participation in and outcomes from youth work: Accredited Outcomes	30%	14.58% (P)	Red	

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