



MeetingDate commencing at MeetingTime

MeetingLocation

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**31 March 2015
9:00 am – 12.00 noon
Committee Room 1, Wallasey Town Hall**

(D) = Decision (I) =Information

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|--|--------------------|--------------|
| 1. 09:00 Apologies and Introductions | Chair | (I) |
| 2. 09:05 Declarations of interest | Chair | (I) |
| 3. 09:10 Minutes of the last meeting and actions arising | Chair | (I) |
| 4. 09:15 Ofsted's Single Inspection Framework for Children's Services (<i>presentation</i>) | S. Butcher | (D) |
| 5. 09:35 Being Healthy Group – Annual Update | J. Graham | (I/D) |
| 6. 09.55 Safeguarding Update: Child Sexual Exploitation | B. Walker | (I/D) |
| 10.15 Break | | |
| 7. 10:25 Annual Review of the C&YPP | N. Clarkson | (I/D) |
| 8. 10.45 Children's Trust Board Direction of Travel (tabled) | J. Hassall | (I/D) |
| 9. 11.10 LADS Project (<i>presentation</i>) | M. Newman | (I) |
| 10. 11:30 Early Years, Children's Centres, Early Help - update | D. Gornik | (I) |
| 11. 11.55 AOB | | |

Dates of future meetings:

19 May 2015; 21 July 2015.

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Minutes of the meeting held on Tuesday 20 January 2015

PRESENT:

Councillor T Smith (Chair), Cllr W. Clements, Cllr C. Meaden, J. Hassall, P Sheridan, S Dainty, J. Webster, J. Welsh, V. Harrison, N. Currie, R. Longster, Fiona Pedder K. Podmore, Bernard Walker, Supt J. Martin, Pauline Riding

IN ATTENDANCE:

T. Woodhouse, B. Mellor, P. Ward, M. Smith, Z. Munby, A. Donelan, T. Malley, J.Doherty, M. Cain, E. Hughes, C. Cooper, P.Ward

1.0 INTRODUCTIONS and APOLOGIES

Cllr Smith welcomed the members and noted apologies had been received from B. Morgan, Gary Price, Nancy Clarkson

Julia Hassall took the opportunity to advise the group that Link Forum would not be represented at the meeting. She reported on the recent announcement from Link that the funding for the Link worker would cease from 31 March 2015.

2.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

3.0 MINUTES OF THE LAST MEETING (17 November 2014) and actions arising

These were accepted as an accurate record of the meeting.

Agenda item no. 4 Children's Workforce Development Strategy 2014/15

Julia Hassall reported that work on this framework is progressing and discussions on how the framework could be integrated into existing work are progressing. An update would be provided at a future meeting.

4.0 Domestic Abuse Strategy (B. Walker)

The group received the report which outlined the key issues for the borough.

The Wirral Safeguarding Children Board (WSCB) Executive resolved at its meeting in May 2014 to establish a Domestic Abuse committee. It was suggested that this should be a children's and adults committee and this was subsequently approved by the Safeguarding Adults Partnership Board (SAPB). Three workstreams had been identified.

- Development and publication of a Neglect Strategy
- Revision and publication of a Children's and Adults Domestic Abuse protocol and practice guidance
- Review of current Domestic Abuse training and publication of a revised suite of training

The members were advised that work is continuing in all aspects with the intention to complete the strategy, procedure and revision of training by March 2015. The intention would be to bring a further report to the Children's Trust to a future board. The strategy has developed a vision for Wirral based upon the priorities identified in the Government's

Violence against Women and Girls Action Plan. These have been presented for Wirral as Prevention, Partnership, Protection, Perpetrators and Provision.

It was also advised that the 6 main aims of the strategy emphasised the importance of early identification and prevention being key.

1. ensure domestic abuse is a strategic priority for everyone in Wirral
2. improve early identification and prevention of all forms of domestic abuse through high quality training
3. develop multi agency understanding of the impact of domestic abuse on children and adults
4. change the acceptance of domestic abuse
5. ensure that victims of domestic abuse and their children are adequately protected and supported
6. hold perpetrators accountable through effective and early interventions

J. Webster took the opportunity to advise the members that the Cheshire & Merseyside Directors of Public Health have commissioned a campaign on domestic violence and are also undertaking insight work locally. She also advised that Public Health was working with the Police and Licensing on a 'Reducing the Strength' campaign. This would be a voluntary code but there is political and police support.

Supt Martin welcomed the initiative but said there was a need to focus on priorities as strategies can be well meaning but broad. He further advised that the incidents of domestic violence in Wirral are the highest per population on Merseyside. Approximately 80% of these types of incidents are alcohol related and suggested that there might be an opportunity for this work could be linked to the H&WB Alcohol Strategy. It was suggested that D. Robbins liaise with Public Health to discuss the possibility of linking with the Alcohol Strategy.

Cllr Meaden took the opportunity to highlight that in some areas alcohol is available for purchase from 6.00 am.

Cllr Smith thanked B. Walker and his team for the update.

It was resolved that:

The Board noted the report.

D Robbins would liaise regarding joint working arrangements.

A future report would be presented to the Board.

5.0 Early Year's Foundation Trust Update (Zoe Munby)

The Board received the report on the progress of the project for the period to September 2014. This provided an update on the 7 services currently being delivered as noted in the report and appendices. The group was also advised that poverty indicators are being collected and that there was also support for the Child Poverty group idea.

Z. Munby also confirmed that the Beechwood Estate is now an area of focus and this has been welcomed as a key bridge into the community. A further programme of work is to develop ways to support families at pre-school transition stage. In discussions Cllr Smith questioned if there was any work in progress to increase the uptake of 2yr olds, as he was aware that there was only 50% uptake of funding and what was being done to attract the

heard to reach children. In response Z. Munby said work with Public Health and referrals from Health Visitors is ongoing in trying to identify the under 5's.

In discussion it was also confirmed that the performance data would be made available at alternate Board meetings and would include family case studies/examples.

It was resolved that: the Board noted the report.

6.0 Children & Families Act 2014 (SEND) Update (P. Ward)

The Board received the presentation and P. Ward took the opportunity to remind the Board of the governance role with regard to children with SEN or disabilities. The new Act replaces Statements of special educational needs and learning difficulty assessments with a new simpler plan, that being the Education Health and Care Plan (EHCP). The new plans give the same statutory protection to parents and do not dilute responsibilities. It also sets out the legal responsibilities of the Council of a contract between the family and the Council and allows for the introduction of personal budgets. The Act also extends the right of parents to express a preference for a place.

P. Ward also outlined the national vision and the local vision as being one and the same, in that children and young people with special needs is the same as for all children in that they achieve well in their early years, at school and in college, lead happy and fulfilled lives and have choice and control. The Board was also advised that a new key area of note is the requirement of health bodies to cooperate with the local authority to identify and support 0-25 yr olds with SEN. NHS England, CCGs and Health & Wellbeing Boards must promote integration of services and this must be provided for in the Education Health Care Plan. It was also advised that clinicians and providers must support the identification of children with SEN and to help with this a designated medical officer is to be employed by health. This will be a jointly funded post.

It was also pointed out that there are also a number of key duties around social care; one being where children and young people with SEN also have a child in need or a child protection plan; there is a need to ensure that the statutory timescales for social care assessments are met and any assessments are aligned with EHC assessments where possible. Duties on schools and governors were also highlighted.

The Board was advised that the local offer was published on 1 September 2014 and new EHC plans are to be in place by 2018 and are now in the transition phase. In summary the new Act places greater emphasis on how to support youngsters.

N. Currie asked if the appeal and mediation mechanism had been established. In response she was advised that further discussions on this are taking place.

Cllr Clements asked how young people, past school age but with health needs, are accommodated? In response P. Ward advised that the current focus was on the children in transition but a plan could be requested if needed.

K. Podmore enquired how the connections between health and education would be monitored and also the transfer and share of information. P. Ward responded by advising that this would be part of the medical officer's area of work but that one of the biggest challenges was the ICT platform being updated and in place.

J. Hassall suggested that a future update included some case studies with anonymised plans.

Cllr Smith thanked P. Ward for the presentation and for the comprehensive information on the new Act and for his work to date on SEND.

It was resolved that the Board acknowledge the information provided.

7.0 Child Poverty Update – Fender and Leasowe Community Hubs

R. Mellor introduced the members of Fender and Holy Spirit Schools and proceeded to outline the background to the project and the development of the hubs. The hubs have produced a joint evaluation report for the year January – December 2014 and this report evidences the impact and added value of working in partnership to improve the outcomes for children, families and communities. It was further advised that the hub model is based on the Asset Based Community Development (ABCD) approach whereby local assets are considered as primary building blocks of sustainability community development. Each hub has a network of community champions or connectors and this network of support has also enabled the personal development of the volunteers and people involved.

The opportunity was taken to introduce the headteacher of Holy Spirit and staff from Fender School and Holy Spirit School.

The Board received the presentation on the status and future plans for the two hubs. In outlining what had worked well, the areas of holiday provision was highlighted. The holiday clubs operating at Easter and during the summer holidays had been well received and well attended. The holiday clubs have also provided children moving into the area with a smooth transition and helped them prepare for their new school. The report includes comments from parents to this effect. The work can also be linked with the 3 outcomes of

- Children are ready for school
- Young people are ready for work and adulthood
- Children and Young people feel safe and are safe

There was also a marked increase in adults attending education courses, particularly in Maths and English. Work was also in hand with other headteachers and it was considered by all that the overall the impact of the work of the hubs on the community has been incredible. There has also been a marked decrease in the number of children being involved in ASBOs.

Separate budgets have been established for the project and the expenditure to date was also highlighted in addition to the amount that would be required to sustain the project going forward.

A video was also played which showed members of the community talking about their experiences of being part of the project and how it had changed their lives for the better.

The headteachers involved also acknowledged the commitment and drive from the volunteers and members of the respective steering groups who had helped to ensure the success of the project. It was also acknowledged that although two different approaches had been adopted, similar outcomes had been achieved.

The clear message was that the communities wanted to continue with the project but acknowledged that additional help and finance was needed.

Cllr Smith, on behalf of the Board, thanked the staff and all the volunteers for the excellent report and presentation. He also acknowledged the different and creative way of working

within a community. He confirmed that £25,000 had been allocated to each hub for 2015/16 to help continue the project.

It was resolved that: The Board noted the report and approved the recommendations.

8.0 LADS Project

Due to time constraints this was deferred to the next meeting.

9.0 Intensive Family Intervention Programme Update (E. Hartley)

The Board received the update on the programme from which it was noted that due to the progress in delivery of the current programme, Wirral had been invited to join the expanded Troubled Families Programme as an Early Starter. Work will commence in the current financial year with a commitment to work with 60 families before the end of March.

A set of principles had been laid down of Trust, Transformation and Transparency. However each local authority will determine how it will measure significant and sustained progress in order to claim payment by results successes.

E. Hartley advised that a workshop is planned to take place in January with multi agency representation to agree the measures for the outcomes. The Board was also advised that the grant for Wirral has doubled and this was indicative of the increase in data collection requirements and programme administration.

The current programme is being evaluated and reviewed and full details will be outlined at the IFIP Celebration Event in March.

Cllr Smith thanked E. Hartley for the work to date.

It was resolved that: the Board noted the report.

10.0 Vision 2018 Update

J. Hassall briefly updated the Board on the work of V2018 and advised that a full report on the work of the Children's Workstream would be submitted at a future meeting.

It was resolved that: the Board receive a report at a future meeting.

11.0 Children's Trust Board Direction of Travel

J. Hassall advised that a full report on the future direction of travel for the Board would be submitted at the March meeting.

It was resolved that: the Board receive a report at the March meeting.

12.0 Performance Report : Quarter 3

The Board received the performance report for Quarter 3 which gave the updated position on the 7 indicators of which 6 have targets set. Of these, 5 are performing well against targets (Green) and 1 has missed the target by more than 10% (Red).

It was resolved that: the Board noted the report.

13.0 AOB

K. Podmore advised that the Standards and Inclusion Committee had recently met. Her attention had been drawn to the post 16 report which had highlighted a number of issues; one being the number of post 16 children who had gone out of area for education. In further

discussions it was agreed that the findings be reviewed and scoped out for further consideration. K. Podmore to scope out and provide a report at a future date.

It was resolved that: the Board receive an update at a future meeting.

CLOSE:

As there was no further business to discuss the meeting closed at 12.10 hrs.

DATE AND TIME OF FUTURE MEETINGS

9.00 am 19 May 2015

9.00 am 21 July 2015

DRAFT

WIRRAL CHILDREN'S TRUST BOARD – 31st March 2015

BEING HEALTHY GROUP – ANNUAL UPDATE

1.0 Background

The National Healthy Child Programme sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. 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 'Being Healthy Strategy Group' is chaired by the Head of Public Health, Wirral Council. 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 groups:

- Family Nurse Partnership Board
- Breast Feeding Steering Group
- Early Years Strategy Commissioning Strategy Group
- Risk and Resilience Work stream.

2.0 Key recent achievements relating to Being Healthy priorities for 14/15

- Award of contract and mobilisation of a new 0-19 years integrated service for children, young people and their families
- A perinatal pathway is now in place for GPs, midwives, health visitors, Child and Adolescent Mental Health Services, Adult Mental Health Services and Family Nurse Partnership and specialist perinatal support is available. The pathway is currently being reviewed with clinicians due to the publication of the Antenatal and Postnatal Mental Health NICE Guidance issued in December 2014. The Cheshire and Merseyside Strategic Clinical Network for Perinatal Mental Health are due to release a pathway imminently which the Wirral pathway will also be brought into line with
- A stop smoking service specifically for pregnant women is in place. The service focuses on the 20% most deprived lower super output areas and is a 12 week holistic health and wellbeing programme with a focus on quitting smoking
- A breastfeeding needs assessment was completed to examine local views/ best practice in order to inform service developments
- Brief intervention training is available to all Early Years practitioners. The aim of the training is to increase skills around motivational interviewing and support behaviour change. There is also co-ordinated training provided on breastfeeding and oral health. 6 early years settings are actively promoting breastfeeding as part of their commitment to the Health Promoting Early Years Programme
- Public Health have worked with Children's Centres and additional financial support has been provided to enable Healthy Eating and Nutrition for the Really Young (HENRY) to be delivered
- Exemplar enhanced status plans have been developed and piloted around oral health. These have been shared with all early years and school settings. Embedded within the plans are areas such as training/workshops for parents and professionals, promotional events, for example, National Smile Month and improving links with dentists and resources. A toothbrush exchange took place at 2 local primary schools.

- 6 schools have achieved the enhanced healthy schools award, areas selected include: obesity; sex education and risk taking behaviour; emotional health and wellbeing; breastfeeding; packed lunches and school meals. Lunchbox audits have been completed in 6 schools as part of work to deliver better nutrition/healthy eating education
- Health Services in School (HSIS) is a free and universal prevention service for Wirral secondary school pupils, hosted by schools. HSIS delivers a range of collaborative services in all but one Wirral secondary schools and includes prevention and intervention services for sexual health and emotional wellbeing. There are different levels of sexual health offer depending on the ethos and needs of the school
- The HSIS team have developed four personal development programmes. These include: Drugs and Alcohol; Emotional Health and Well-Being; Sexual Health and Relationships and a 3 week condensed programme that is focussed on risk and resilience
- The Alcohol Alright -'Brief Intervention' resources that enables young people to re think their alcohol consumption, related behaviour, improve knowledge about harmful consequences of alcohol, cut down or stop drinking and provide parents with information has been rolled out across HSIS and used by Response staff in their alcohol interventions
- The 'Love Life' brief intervention and behaviour change tool is being used successfully as part of Brook personal development programmes. It encourages positive decision making about relationships and sexual health
- A sexual health needs assessment has recently been completed to inform local views and service developments
- The teenage pregnancy intervention using virtual babies piloted during 2013/14 has been further developed and 14 sessions have been delivered providing 140 students with the opportunity to understand the consequences of teenage parenthood, all sessions are delivered as part of an integrated approach to education on reducing teenage pregnancy following best practice guidance developed by Wirral Community NHS Trust. Breastfeeding is promoted to pupils/staff at every virtual babies session delivered within schools
- There are currently 15 organisations that have achieved Young People Friendly status. The Community Trust have worked with the Youth Voice group to take ownership of the award and in future assessments will be completed by young people
- GIRLS project run in conjunction with Youth Service. Award ceremony scheduled for The G.I.R.L.S. project was successfully piloted in 2013 and has received funding from the Public Health Outcomes Fund to roll out the programme in 2014/15 across Wirral to work with 240 young women in need of additional support. The project offers an opportunity for vulnerable and at risk young women aged 13 – 19 years to participate in a specialist, intensive personal development programme. This is a celebration of the third and final course in the current G.I.R.L.S. programme in which over 60 young women have participated. The programme is accredited through Open Awards and has helped the young women to increase their confidence and self-esteem, identify their strengths, unlock their potential and increase their resilience.

3.0 Key issues for 15/16

- Fragmented commissioning of children's services remains an issue. Conversations have taken place between the Director of Children's Services and the Director of Public Health to develop joint commissioning arrangements to include the Clinical Commissioning Group.
- Vitamin D uptake remains an issue. Promotion has been included in the Healthy Child Programme which should increase uptake through partner organisations

- Capacity to attend training has been identified as an issue for some organisations. Attendance is being monitored to ensure where an issue is identified an alternative means of delivery is explored, for example, breakfast clubs/team meetings.

Areas for development:

- Public Health is currently working to facilitate the development of a toothpaste distribution scheme for 3-8 year olds in our most deprived areas to increase access to fluoride toothpaste
- Workshops were held at the end of January with Maternity Services and relevant partners to explore how links between public health and maternity can be strengthened to give babies the best start in life. The workshops looked at; smoking at the time of delivery, breastfeeding and maternal weight/gestational diabetes. Working groups will be set up to take forward potential actions identified for smoking and maternal weight. Breastfeeding actions will be progressed through the Breastfeeding Steering Group
- Ensuring that the Better Food Wirral (Wirral Food Plan) free school meal offer is made available to all eligible schools
- Strategy development for 'Risk and 'Resilience'.

4.0 Key challenges ahead

It is still not clear what the full impact of the budget restraints of Wirral Council will be during the coming years. The Healthy Child Programme Policy emphasises the importance of Universalism - 'it leads to the early identification of vulnerable children because prediction of poor outcomes is an inexact science and the greatest population gains result from universal services'. At a time when services everywhere are subject to scrutiny and cuts some argue that aspects of universal services could be seen as non-essential, however as this statement highlights the importance of this approach is prevention.

Public Health has recently re-tendered for key services for children, young people and their families. This was undertaken in conjunction with the NHS England Local Area Team (Cheshire, Warrington and Wirral). The intention of the exercise was to enable the delivery of an integrated Healthy Child Programme for 0-19 years. It includes the following services:

- Health Visiting Service and the Family Nurse Partnership Programme
- Health Improvement for 0-5 years
- Healthy Child Programme for 5-19 years
- Vaccination and Immunisation for 5-19 years

The service was operationalised in February 2015 and delivered by a lead provider organisation, Wirral Community NHS Trust and supporting partners, which include Homestart, Wirral Brook and Barnardos. Responsibility for commissioning the Health Visiting Service and Family Nurse Partnership will transfer to the Council from October this year, Vaccination and Immunisation commissioning will remain the responsibility of the Area Team.

5.0 Risks to outcome delivery and proposed actions

- It will be essential during the coming year to ensure that activities aimed at prevention do not become swamped by demands resulting from cuts to other services
Proposed action – Activity data is being monitored to ensure any early indication of this is identified and addressed appropriately
- Capacity of staff due to reductions in workforce resulting from budget cuts
Proposed action – prioritisation of work areas

- Wirral's breastfeeding rates remain a challenge despite considerable investment across the partnership.
Proposed action – breastfeeding support has been included in the integrated service for 0-19 years to ensure a more seamless approach. There is an increasing emphasis locally to ensure breastfeeding services are working to 'normalise' breastfeeding. A workshop was held recently with key stakeholders, including maternity services to determine how breastfeeding support can be strengthened.

6.0 Areas requiring further partnership work

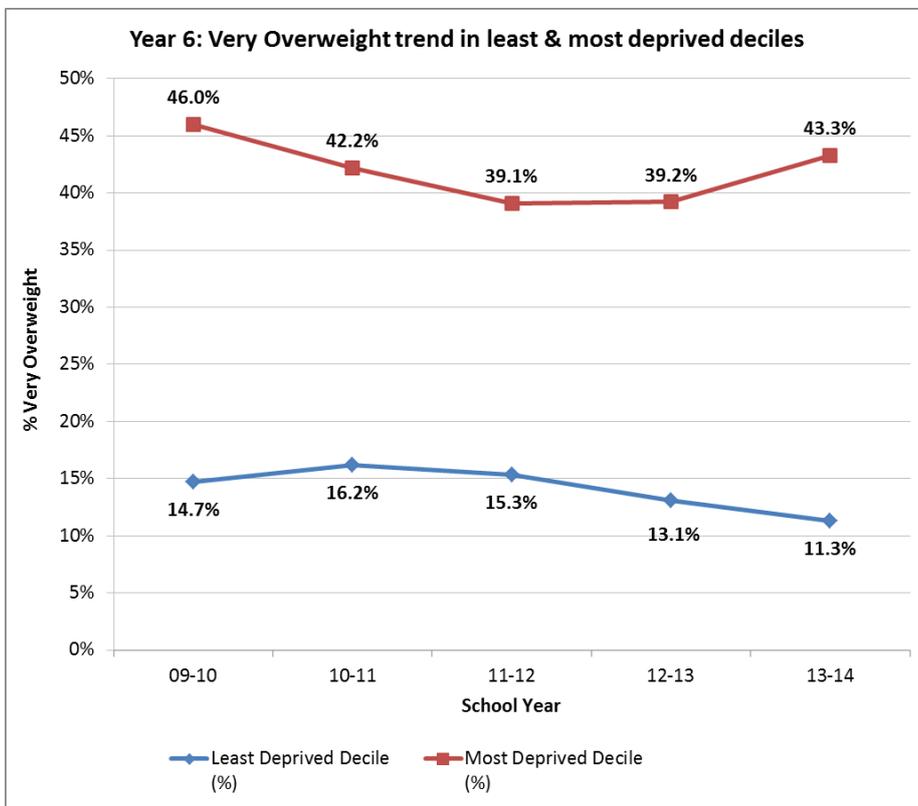
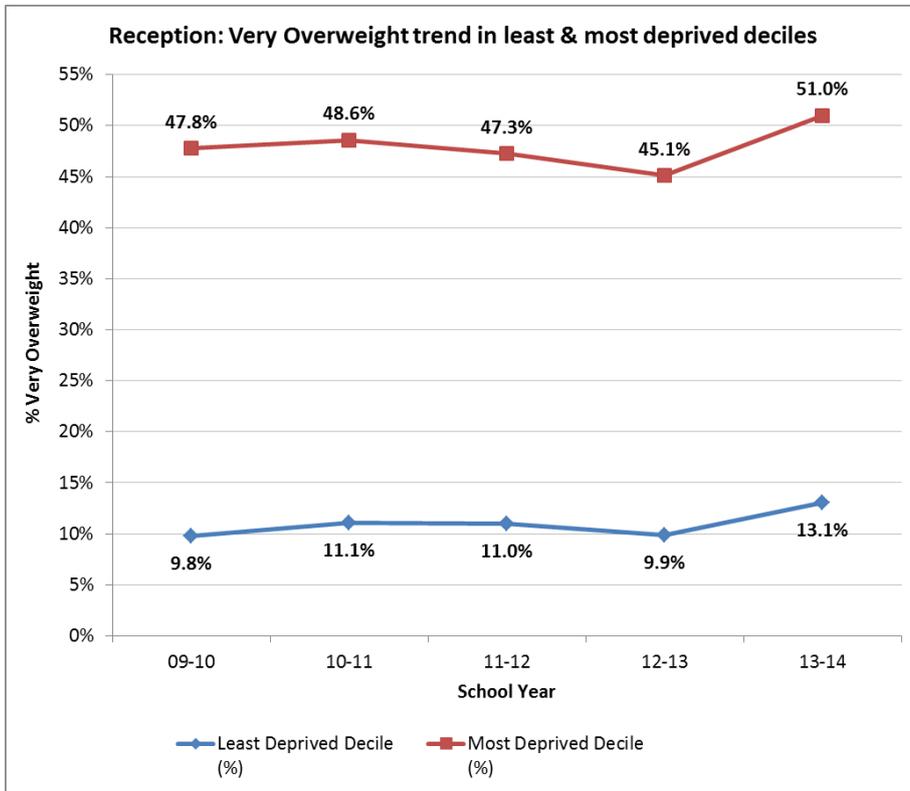
Breastfeeding – partners are encouraged to promote 'breastfeeding as the norm' at every opportunity to ensure an increase in rates across Wirral. Support for breastfeeding has now been included in the Healthy Child Programme for 0-19 years, we will continue to monitor whether there is an improvement in rates as a result of a more integrated programme. In parallel with implementing some of the actions identified in the recent workshop with maternity services and the breastfeeding needs assessment completed during 2014.

Teenage pregnancy

The teenage pregnancy rate in Wirral increased slightly during the previous reporting year from 33.5 per 1,000 in 2012 to 33.7 per 1,000 in 2013. Teenage pregnancy is now being addressed through the early stages of development of a 'Risk and Resilience' strategy, which includes sexual health, substance mis-use and emotional wellbeing. There has been consultation with young people and key stakeholders which is being used to inform the strategy development. As part of this work the teenage pregnancy pathway will be revised to ensure that all agencies are aware of the services available to support young parents. Work will also be undertaken with education providers to ensure that young people remain in education and thereby improve outcomes for both themselves and their babies.

JSNA

A partnership approach has been adopted to updating the JSNA. This approach will enable a robust data repository to be built up through identifying, accessing and analysing data sources. Progress to date has been limited. It will therefore be necessary to establish a task and finish group to take this forward in order to enable developing trends to be identified in a robust manner to inform future commissioning intentions and service development (see example overleaf from the National Child Measurement Programme data analysis).



Children’s Mental Health Taskforce Report

Partnership working is key to developing a local action plan to implement applicable recommendations/key themes from the Department of Health/NHS England recent report ‘Future in mind. Promoting, protecting and improving our children and young people’s mental health and wellbeing’.

7.0 Equalities impact assessment areas for development and progress made

Public Health has continued to impact assess any changes to priorities and regularly undertakes needs assessments, including vulnerable groups to inform service developments.

8.0 Areas for reporting focus

Infant mortality

Infant deaths are scrutinised on a monthly basis via the Merseyside Child Death Overview Panel (CDOP) which was formed in April 2011. The panel involves Liverpool, Knowsley, St. Helens, Sefton and Wirral councils.

- The CDOP analyses any deaths occurring in children, aged from 0-18 years old, and identifies any modifiable factors that could represent areas for future improvement
- During 2013/14, Merseyside CDOP met 11 times and reviewed 86 deaths (17 of these were from Wirral)
- Of the 86 deaths reviewed, 69 were concluded and categorised
- 12 of the concluded cases were judged to have modifiable factors. These factors included:
 - delay in diagnosis
 - Poor service provision and delay in progressing required medical intervention
 - Co-sleeping, substance misuse, risk-taking behaviour
- Deaths to neonates continue to account for approximately a third of all child deaths
- There is a persistent link between levels of deprivation and number of child deaths
- Actions arising from CDOP activity have included:
 - Briefing sessions delivered to local professionals
 - Regular themed newsletters to frontline professionals, advising on areas of risk
 - Production of quarterly and annual reports
 - Sharing of good practice guidelines
 - Range of 'Safe Sleep' activity (see below).

Safe Sleep:

- Over the past 5 years, a total of 25 infant deaths have occurred where unsafe sleeping practices have been associated. As a result of this, Merseyside CDOP has led to the following action:
 - Local workshop to 120 frontline professionals (Wirral)
 - Media campaign including radio
 - Safe sleep briefing sessions (6) in each local area delivered by Lullaby Trust
 - Development of a Merseyside Safe Sleep pathway
 - Currently developing a Merseyside Safe Sleep public campaign, based on the successful Lancashire model.

Infant feeding

The Infant Feeding Team (Wirral Community Trust) is working on a number of innovative programmes to further develop the support available to women on the Wirral. These include: Get Rock Ferry Breastfeeding – Pilot project working with first time mothers who live within the Rock Ferry postcode area. They are being offered an additional ante-natal visit focused on building better relationships with their baby and breastfeeding and then further supported with additional texts relating to pregnancy and breastfeeding. They are being audited ante-natally and post-natally for efficacy of the service.

Discussions are also taking place to enable the successful pilot milk bank to be extended. The project is looking at supporting additional mothers and babies with complex medical needs that are impacting on breastfeeding and where exclusive breastfeeding would be of considerable health benefit.

Pupil panels

Pupil panels are delivered via:

- 2 x Key Stage 2 (primary age) day events
- 1 x Key Stage 3 (11 - 13 age) day
- 1 x Key Stage 4 (14+ age) day

All events were delivered in November 2014

Twenty primary schools and 50% (11) high schools were involved in these consultation events, a full range of ability is represented from Grammar schools, all ability schools, faith schools, special schools and same sex schools.

Themes discussed in the primary days:

- cyber bullying and walking to school

Themes discussed in the KS3 and KS4 days

- risk and resilience, the role of the school nurse, staying safe in the real world, how to normalise breastfeeding in society and the barriers and e-cigarettes*.

*As a result, Tobacco free Futures (Manchester based social enterprise) asked if a Wirral high school could take part in a Glasgow research project into E-cigarettes. This will help inform the Government of e-cigarettes prevalence amongst teenagers.

Teenage Pregnancy

Current activities to reduce teenage pregnancies include:

- Health Services in Secondary schools where young people are able to access information on relationships, sexual health & contraception
- Relationship and sex education- Brook workforce development training programme to equip staff with the skills, knowledge and confidence needed to discuss sex and relationship issues with young people. The programme was adapted to enable primary school staff to attend due to demand for the programme, and included: puberty; relationships; peer pressure; media influences and e-safety. A resource called, 'Right Time, Right Age' was developed to highlight to staff that there are multiple factors to consider to planning the delivery of RSE, including developmental age, cultural and other life experiences. Tier two training was also delivered for those working with more vulnerable or hard to reach young people. Tier three builds on both of these sessions.

For practitioners working older groups the focus was on sexting; CSE within vulnerable groups; unhealthy relationships and sexual health. The training has received very positive feedback across agencies, the following is an example of this: *'The best training I have ever been on, really enjoyable and I have taken lots from it; I will use what I have learned in so many ways, thanks for the resources too, I will use them confidently. The trainers are fun, confident, approachable and passionate, I really enjoyed today'*

- This intervention has now been incorporated into the Healthy Child Programme for 0-19 years.

Alcohol and substance misuse

- Schools Substance Misuse Guidance document launched
- Christopher Winter educational resource has been embedded into the primary curriculum. All primary schools invited to attend Christopher Winter Training which is being delivered across cluster groups – Bebington, Bromborough and Deeside clusters still to receive training
- Substance Misuse Champions – single points of contact – have been identified in 45% of primary schools and 90% of secondary schools
- Substance Misuse training for teachers on-going with over 80 staff trained. Further training has been negotiated with a number of other schools still to be delivered
- Staff from Response running sessions at Accident & Emergency (A & E) staff and maintaining an evening presence within the A&E department twice weekly. Schools have been involved in A&E pathway developments in partnership with Response to ensure schools receive notification of hospital admission/attendance data. The A&E pathway for young people's substance misuse services was launched in November and training on use of the pathway was offered to A&E staff . Brief intervention clinic is operational within Arrowe Park Hospital offering young people follow up appointments post Alcohol admission
- Wirral Council's Public Health, Environmental Health and Trading Standards Teams have joined forces to work with the police, licencing team, local charities and other key stakeholders to set in place a 'Reducing the Strength' campaign in Wirral. This involves alcohol retailers voluntarily agreeing not to sell very strong, very cheap beers and ciders. Cheaply sold 'super-strength' beers and ciders (6.5% ABV and above) have been shown to cause a lot of harm to the people who drink them and to the communities who have to deal with the consequences. These 'super strength' products have been linked with harm and problems amongst street drinkers and young drinkers wanting to become intoxicated quickly and cheaply – even though this can lead them into risk taking and anti-social behaviour. Restricting the availability of very strong and cheap alcohol helps to reduce harm to individuals and the communities within which they live.

9.0 Brief SWOT analysis

Strengths	Weaknesses:
<ol style="list-style-type: none"> 1. Active committed members with clear areas of responsibility and accountability 2. Forum for sharing good practice and ideas 3. Improved health outcomes for children and young people 4. Main driver/monitor for key programmes, e.g. Healthy Child Programme, Health Services in Schools, Early Years Commissioning Strategy. 	<ol style="list-style-type: none"> 1. Changes in resources and government priorities resulting in uncertainty about future of some programmes and funding streams 2. Fragmentation of commissioning function.
Opportunities:	Threats:
<ol style="list-style-type: none"> 1. Multi agency working/pooling of ideas to deliver cross cutting outcomes 2. Potential for alignment of budgets/resources to achieve outcomes 3. Greater involvement of partnership organisations in delivering the child health agenda. 	<ol style="list-style-type: none"> 1. Depleted pool of skilled and experienced staff with less capacity to attend meetings, training and deliver initiatives 2. Ring fenced grant funding streams end and local areas advised to set own priorities' and allocate resources accordingly.

10.0 Summary

Good progress has been made in delivering the Being Healthy element of the Children and Young People's Plan and in meeting some of the relevant national indicators relating to this outcome area. In some areas progress has been slower than intended, this is a consequence of all the changes to the NHS and Wirral Council. There are further changes and budgetary challenges which will continue to affect progress during the current year and the impact of these will require monitoring and remedial action.

11.0 Recommendations

- That the Children's Trust Board notes the report.

Report Author: Julie Graham, Senior Public Health Manager

Contact: Juliegraham2@wirral.go.uk

0151 666 5181

Appendices: none

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WIRRAL CHILDREN'S TRUST BOARD – 31st March 2015

Report to the Children's Trust Board on Safeguarding Arrangements

1.0 Background and Introduction

1.1 This report forms part of a regular safeguarding update from the WSCB to the Children's Trust Board on key developments locally and nationally on regulatory reform, updates on progress of local Serious Case Reviews and work locally and key challenges for the partnership and agencies.

2.0 National Reform and Safeguarding Developments

2.1 Child Sexual Exploitation Strategy

The multi-agency Child Sexual Exploitation (CSE) multi-agency sub committee continues to focus on developing an effective response to CSE including awareness raising, training and ensuring young people who are at risk of, or victims of CSE are identified as early as possible and protected from harm.

The committee through the WSCB and in partnership with the LSCB's in Merseyside has begun a 12th month campaign against CSE called www.listentomystory.co.uk. The campaign was launched on the 18th March 2015 – the date of the first National Awareness Raising Day for Child Sexual Exploitation. An example of the campaign poster images is included in Appendix One. Key aspects of the campaign include:

- highlighting the www.listentomystory.co.uk website to partners through safeguarding updates and emailed briefings to partner agencies
- providing partners with awareness raising resources including posters, leaflets, screensavers, email signatures etc
- developing a media strategy including local press releases and local radio shows and regular messages through the Friday updates and on Twitter
- working in partnership with young people's groups to design a *Who's Looking Out for the Teenagers?* style day for young people
- undertaking a series of audits of practice and testing of multi-agency readiness to help combat Child Sexual Exploitation

The WSCB has requested all partners answer four key questions in regards to their CSE preparedness:

Q1. How many (%) of your frontline staff have received CSE training (single or multi-agency) in the last three years?

Q2. How many (%) of your operational and strategic managers have received CSE training (single or multi-agency) in the last three years?

Q3. How confident (very confident; confident; not very confident) are you that staff in your organisation know how to make a referral in respect of cases where they suspect CSE?

Q4. Has your organisation undertaken work with young people to raise awareness about CSE? If yes, what work have you done (events, training, posters etc)?

The WSCB asks that agencies respond (to davidrobbins@wirral.gov.uk) by the **24th April**. We will publish a report of the findings shortly afterwards.

2.2 Feedback from the WSCB Meeting 10th March 2015

The full WSCB meets once a quarter to discuss safeguarding items of local and national significance including those the WSCB holds a statutory duty for. The WSCB does not publish the minutes publicly due to the sensitive nature of some of the content but will include general feedback from the meetings as a standing item in the quarterly reports to the Children's Trust. The following topics were discussed at the meeting held on the 10th March 2015:

- Presentation from Merseyside Police about the involvement of girls and young women in criminal groups and gangs in Wirral – the presentation highlighted the breadth of criminal activity controlled by a small number of criminal groups and the need for all agencies to be aware of signs that young people may be involved with such groups, for example sudden signs of wealth. The WSCB is supporting activity led by Merseyside police.
- Multi-agency audit of 'thresholds' – the WSCB audited nine cases at level 3 (3x team around the family) and level 4 (3x child in need and 3x child protection). The report showed that there is a good understanding of the thresholds of need across the partnership but it did highlight the need for agencies to share information in a timely manner and for lead professionals to ensure all relevant agencies receive invitations to meetings and minutes, and are able to contribute effectively to plans designed to support young people.
- Early Intervention Maturity Matrix – the Head of Targeted Services presented to the Board the findings from the recently undertaken Early Intervention Maturity Matrix by the local authority and partners during two multi-agency workshops. The Maturity Matrix, developed by the Early Intervention Foundation (EIF) was designed to support those involved in decision-making, planning, designing and commissioning Early Help services in local areas. Analysis of the findings from the matrix has helped the Early Help Strategic Board identify five work streams including development of performance indicators and publication of a strategy.
- Private Fostering – the Private Fostering Annual Report for 2014/15 was presented to the WSCB. The report highlighted that in Wirral relatively few cases of private fostering are reported to the Local Authority: there were six in the last 12 months. The recommendations from the report, informed by best practice highlighted nationally by Ofsted, include devising an awareness raising strategy for the next 12 months, ensuring reporting is robust and reporting a self-evaluation of placements. A multi-agency task and finish group has been established to implement the recommendations.
- Wirral Community NHS Trust 0-19 Healthy Child Service – The Community NHS Trust presented a report about the recently jointly commissioned Healthy Child Programme for 0-19 years by the Local Authority and NHS England. The new service is designed to improve safeguarding for children and young people by providing a seamless pathway of care, preventing duplication and promoting integration in preventative health care provision for children and young people. The service incorporates key functions and services for children and young people including: health visiting; family nurse partnership; health promotion services; school nursing; sexual health; alcohol education; immunisation and vaccinations. The new service provides many opportunities to closely align with other support to young people provided by the partnership, particularly early help.

2.3 Online Section 11/ Section 175 Safeguarding Audit

The WSCB has launched the 2015 Section 11/ Section 175 Safeguarding Audit for schools and partner agencies. All agencies who deliver services to children and young people under the age of 18 are required to assure the WSCB that they have effective arrangements in place to safeguard and promote the welfare of children and young people.

The paper audit has been replaced with an online audit which requires agencies to log into and update. The WSCB can monitor how complete the audits are and can offer support to agencies where they identify gaps in their safeguarding arrangements. The audit covers key areas of safeguarding including training for staff, named lead professionals for safeguarding, management accountability, quality of policies and procedures and safer recruitment.

Agencies have to register to be put on the online system and invitations have been sent across the partnership. The WSCB will be delivering multi-agency briefings for agencies to explain the how to log on and complete the audit. Agencies are requested to have completed the audit by **31st July 2015**. A report of findings from the audit will be included in the WSCB Annual Report and follow up accountability meetings with key partner agencies will also be held.

Partners are asked to contact davidrobbins@wirral.gov.uk if they have any queries about the audit.

2.4 WSCB Safeguarding Messages via Twitter

The WSCB has an established method for delivering safeguarding messages across the partnership to highlight safeguarding matters and issues through the regular Friday safeguarding update newsletters. Since the end of May 2014 39 safeguarding updates have been emailed out across the partnership. Topics have included learning from national and local serious case reviews, forced marriages, operation encompass, safeguarding training, child sexual exploitation, domestic abuse, neglect strategy, safe sleep advice etc. Feedback from the partnership has been very positive. The WSCB has now expanded on how it communicated safeguarding messages by complementing the newsletters with messages on Twitter.

To coincide with National Awareness Raising Day for Child Sexual Exploitation the WSCB has launched its own Twitter account called **@wirralscb**. The WSCB will tweet at least once a week (we are currently tweeting every day about CSE) to highlight an important safeguarding message. We are encouraging partners to follow us.

The WSCB will continue to explore other ways for us to be accessible to children, young people, families, professionals and the wider community including using social media and redeveloping the use of the website.

3.0 Recommendations:

3.1 The Wirral Children's Trust Board notes the report.

3.2 The Wirral Children's Trust Board supports the WSCB's request for all partner agencies to answer the four stated CSE questions by 24th April.

3.3 The Wirral Children's Trust Board supports the WSCB's request for all partner agencies to register for and complete the Section 11/ Section 175 Safeguarding Audit by 31st July 2015.

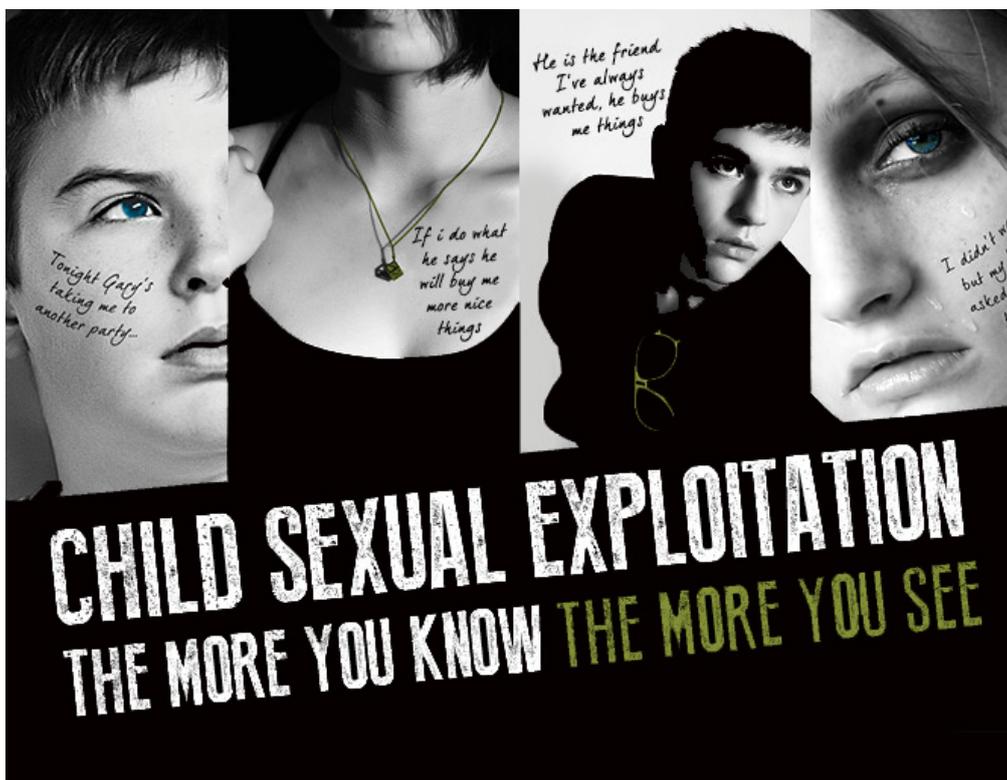
4.0 Appendix

4.1 Appendix One - www.listentomystory.co.uk Campaign CSE Poster images

Report Author:
David Robbins
WSCB Business Manager

Contact:
Phone 0151 6664314
Email davidrobbins@wirral.gov.uk

**Appendix One – Child Sexual Exploitation www.listentomystory.co.uk Campaign
Poster Images**



WIRRAL CHILDREN'S TRUST BOARD – 31 MARCH 2015

THE CHILDREN AND YOUNG PEOPLE'S PLAN 2013-2016 REVIEW 2014-15 AND REFRESH 2015-16

1.0 Background

- 1.1 The Children and Young People's Plan (CYPP) is a overarching strategic plan developed by Wirral Children's Trust for all organisations providing services for the children and young people of Wirral. It is developed and reviewed by multi-agency groups ensuring all partner organisations and children and young people are fully involved. The CYPP is reviewed annually.
- 1.2 In May 2013 Wirral Children's Trust (CT) Board approved the new three CYPP 2013-16. The CT made a commitment to review and refresh the CYPP on an annual basis to evidence the positive difference being made and ensure that the CYPP remains relevant and fit for purpose. The review and refresh does not replace the 2013-16 CYPP but is a concise tool for review, assessing progress and refreshing areas of work as required.
- 1.3 Progress against the second year of the new plan has been reviewed with a focus on reporting on outcomes achieved. Exceptions are provided where activities have been delayed. The plan has been refreshed ensuring it remains fit for purpose reflecting the organisational changes currently occurring. The review and refresh document is provided for endorsement.
- 1.4 In 2015 the Children's Trust arrangements are proposed to evolve to a new structure as a Wirral Children's Trust Joint Commissioning Group. The review of the plan has reflected this proposed change and in refreshing the CYPP for 2015-16 the Children's Trust Executive has ensured that the priority areas and activity included in the plan are areas that will continue to be delivered in the final year.

2.0 Recommendation

That the Board approve the Children and Young People's Plan 2013-16 Review 2014-15 and Refresh 2015-16.

3.0 Appendices

Appendix 1: Children and Young People's Plan 2013/16- Review 2014-15 and Refresh 2015-16

Report Author:

Nancy Clarkson
Senior Manager CYPD Infrastructure
nancyclarkson@wirral.gov.uk

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WIRRAL CHILDREN AND YOUNG PEOPLE'S PLAN 2013-16

REVIEW 2014-15 AND REFRESH 2015-16

March 2015

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INTRODUCTION

In 2013 Wirral Children's Trust published our 2013-16 Children and Young People's Plan (CYPP). This plan outlines how all partners working together will continue to make a positive difference to the lives of children, young people and their families.

Wirral Children's Trust aims to ensure the priorities and activities are coordinated and aligned to improve the outcomes for children and families in Wirral. Three key transformational outcomes have been identified to help drive and focus the work of all partners; these are:

- Children are ready for school;
- Young people are ready for work and adulthood;
- Children and young people feel safe and are safe.

Underpinning the delivery of these outcomes is the partnership commitment to ensure that children and young people have their needs met as early as possible.

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In our CYPP we outlined the constraints Wirral Children's Trust operates under in light of significant public sector change and austerity, and this position continues. This was reflected in the CYPP through ensuring a small number of highly focused priorities to ensure cost-effective activity is targeted in the right areas. The identified plan priorities and activities outlined in this plan are designed to deliver the four outcomes.

Central to the delivery of the CYPP is the effective operation of the Children's Trust, the partnership approach to working with children and families. The Trust operation is annually reviewed and in 2014 the Children's Trust Board agreed to further develop its children and families joint commissioning function. The new operating model is under development and will be phased into operation in 2015. The voices of children and young people are integral to ensuring services are fit for purpose and a Children's Trust Framework of engagement and participation developed with young people is in operation.

The plan is a live document and we monitor progress on a quarterly basis through the Children's Trust Board. The plan has been refreshed for the final year 2015-16 to ensure the priorities and activity remain relevant and to ensure we can evidence the positive difference being made with our young people and families.

OUTCOMES DELIVERED IN 2014-15

The focus of the plan is the delivery of outcomes for children and families. The framework below shows the progress made in 2014-15 to deliver outcomes related to each priority area.

At the time of publication of the 33 outcome measures data is available for 26 and not available for 7. Of those with data available in 2014-15 figures have improved or stayed the same in 73% of indicators which indicates a positive direction of travel in the second year of our three year plan.

Comparison with England and Statistical Neighbour authorities indicates that Wirral early years and key stage attainment is higher than the comparators except at key stage two. The attainment gap between those children who are eligible for free school meals and those that are not is wider in Wirral than that seen nationally in primary age children however at key stage four the gap has widened in 2014. In 2014 attainment of children looked after has improved but as with comparator authorities remains well below that of children not looked after.

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Whilst Children in Need are higher than statistical neighbours, through great effort the number of children has continued to reduce. This provides evidence of a positive direction of travel with plans in place to continue to improve this with targeted activities. The number of young people in education, employment and training (EET) has also continued to improve exceeding comparator authorities and in 2014 there has been a significant increase in the number of care leavers accessing EET.

However there are some areas where performance requires additional targeted action including the rate of children in care, continued focus on the attainment gap, improvement in adoption rates to progress towards the national performance thresholds and the breastfeeding rate. There is a continued commitment to continue to improve all the outcomes through the delivery of the priorities in this refreshed CYPP.

Outcome Area 1: We will support you to have the best possible start to life and to develop healthy lifestyle choices.

Impact Indicator	2012/13	2013/14	2014/15 (Q3)	OfSTED Statistical Neighbours	All England	North West Region	Direction of Travel
PHOF 4.1 Infant Mortality	4.9 (2009/11)	4.4 (2010/12)	-	-	4.1 (2010/2012)	4.3 (2010/12)	-
PHOF 2.02 Breastfeeding at 6-8 weeks	29.8 (2011)	29.8 (2012)	31.0 (2013)	30.2 (2013)	32.3 (2012)	46.6 (2012)	↑
PHOF 4.02 Tooth decay in children under 5	1.05 (2007/08)		1.21 (2011/12)	-	0.94 (2011/12)	1.29 (2011/12)	-
PHOF 2.6 Excess weight in reception year	24.7	22.2	23.1 (2014)	23.6 (2014)	22.5 (2014)	23.6 (2014)	↔
PHOF 2.6 Excess weight in Year 6	35.6	33.3	35.0 (2014)	35.3 (2014)	33.5 (2014)	34.4 (2014)	↔
PHOF 2.4 Under 18 conception rate per 1,000 females (aged 15 – 17)	34.6 (2011)	33.5 (2012)		35.3 (2012)	27.7 (2012)	31.6 (2012)	-

Outcome Area 2: We will keep you safe from harm, in a family environment and where necessary support you at the earliest opportunity.

Impact Indicator	2012/13	2013/14	2014/15 (Q3)	OfSTED Statistical Neighbours	All England	North West Region	Direction of Travel
CSC008 - Looked after children rate per 10,000	98.0	99.0	102.6 (P)	82.2 (2014)	60.0 (2014)	81.0 (2014)	↑
CSC003 - Children in need rate per 10,000	417.7	401.6	385.5 (P)	370.1 (2014)	332.2 (2014)	343.1 (2014)	↓
CSC004 - Child Protection Plan rate per 10,000	39.8	43.0	32.2 (P)	55.3 (2014)	42.1 (2014)	50.8 (2014)	↓
CSC005 - Child Protection Plans lasting 2 years or more	4.2	4.0	7.7 (P)	3.3 (2014)	4.5 (2014)	4.5 (2014)	↑
CSC006 - Child Protection Plan second or subsequent time	17.1	11.7	8.0 (P)	14.0 (2014)	15.8 (2014)	15.6 (2014)	↓
CSC010 - Stability of foster placements – Number of moves	10.0	8.0	6.6 (P)	9.7 (2014)	11.0 (2014)	9.3 (2011)	↓
CSC011 - Stability of foster placement – Length of placement	72.0	68.0	73.7 (P)	68.2 (2014)	67.0 (2014)	68.2 (2011)	↑
CSC015 - Average Number of Days between a child entering care and moving in with its adoptive family, for children who have been adopted	744 (2010/13)	687 (2011/14)	536 (P) (Apr – Dec)	612.2 (2011/14)	628.0 (2011/14)	-	↑

(P) = Provisional data

Outcome Area 3: We will raise your aspiration and achievement, so that you are equipped to enter adulthood and working life.

Impact Indicator	2012/13	2013/14	2014/15	OfSTED Statistical Neighbours	All England	North West Region	Direction of Travel
% Pupils achieving a Good Level of Development - EYFS	-	47.0 (2013)	63.0	56.2 (2014)	60.0 (2014)	58.0 (2014)	↑
% Pupils reaching expected level in Phonics decoding - KS1	54.0 (2012)	68.0 (2013)	76.0	75.4 (2014)	74.0 (2014)	74.0 (2014)	↑
% Pupils achieving level 4+ (Reading, Writing and Maths) – KS2	74.0 (2012)	76.0 (2013)	78.0	80.8 (2014)	79.0 (2014)	80.0 (2014)	↑
% Pupils achieving 5 + A* to C GCSEs including English and maths – KS4	65.4 (2012)	66.2 (2013)	60.0 (2014)	55.5 (2014)	53.4 (2014)	55.8 (2014)	↓
Total absence in Primary Schools	4.5 (2012)	5.2 (2013)	<i>Due March 2015</i>	4.5 (2013)	4.7 (2013)	4.5 (2013)	-
% of offers of education or training to 16 and 17 year olds (September Guarantee)	94.3 (2012)	95.9 (2013)	<i>Due March 2015</i>	92.5 (2013)	92.1 (2013)	92.5 (2013)	-
% of 16 – 18 year olds NEET	7.5 (2013)	5.9 (2014)	4.3 (Q4)	8.5 (2014)	6.1 (2014)	7.1 (2012)	↓

Outcome Area 4: We will support those of you who need extra help to achieve you potential and do well.

Impact Indicator	2012/13	2013/14	2014/15	OfSTED Statistical Neighbours	All England	North West Region	Direction of Travel
% Pupils reaching expected level in Phonics decoding (FSM)	41.0 (2012)	58.0 (2013)	62.0 (2014)	61.9 (2014)	61.0 (2014)	61.0 (2014)	↑
Attainment Gap – Early Learning Goals (New 2013)	-	39.5 (2013)	35.1 (2014)	37.4 (2014)	33.9 (2014)	37.3 (2014)	↓
Attainment gap - % Pupils achieving KS2 level 4+ (Reading, Writing and Maths) – (New 2013)	27.0 (2012)	20.9 (2013)	18 (2014)	20.6 (2014)	18 (2014)	19 (2014)	↓
% Pupils achieving 5 + A* to C GCSE grade including English and maths (FSM gap)	30.0 (2012)	34.8 (2013)	36.0 (2014)	29.1 (2014)	27.0 (2014)	30.0 (2014)	↑
% Pupils achieving 5 + A* to C GCSE grade including English and maths (SEN Statement)	12.0 (2012)	11.5 (2013)	6.3 (2014)	10.0 (2013)	8.0 (2014)	8.0 (2014)	↓
% LAC Pupils achieving KS2 level 4+ (Reading, Writing and Maths) – (New 2013)	44.0 (2012)	42.9 (2013)	46.0 (2014)	54.2 (2014)	48.0 (2014)	50.0 (2014)	↑
% LAC Pupils achieving 5 + A* to C GCSE grade including English and maths	12.0 (2012)	12.0 (2013)	13.2 (P)	15.7 (2013)	12.0 (2014)	11.8 (2014)	↑
Attainment at Level 2 by aged 19 (FSM gap)	21.0 (2012)	17.0 (2013)	<i>Due March 2015</i>	17.7 (2013)	16.0 (2013)	18.0 (2013)	-
Attainment at Level 3 by aged 19 (FSM gap)	34.0 (2012)	36.0 (2013)	<i>Due March 2015</i>	27.2 (2013)	24.0 (2013)	28.0 (2013)	-

Impact Indicator	2012/13	2013/14	2014/15	OfSTED Statistical Neighbours	All England	North West Region	Direction of Travel
% Care Leavers that are EET	58.0 (2013)	47.0 (2014)	67.5 (Q3)	48.1 (2014)	45.0 (2014)	45.0 (2014)	↑

Outcome Area 5: We will listen to your views to inform decision that affect you.

Impact Indicator	2012/13	2013/14	2014/15	OfSTED Statistical Neighbours	All England	North West Region	Direction of Travel
% LAC participating in their reviews	94.2 (2012)	95.7 (2013)	Due June 2015	tbc	tbc	tbc	NA
Number of Schools in Youth Parliament	12	16	9	n/a	n/a	n/a	↓

REVIEW OF 2014-15

In the development of our strategic CYPP the majority of the activity outlined was designed to be delivered over the three years of the plan. The outcomes delivered in the second year have been highlighted in the previous section and work will continue to improve these outcomes over the remaining year of our plan.

In our review we have identified areas where difficulties have arisen in delivery and an exception is provided relating to these areas outlining where planned work has been reviewed. In addition in other areas due to changes in circumstances some activities require amendment and in some cases a refreshed delivery item will be added to the plan.

Priority	What we will deliver 2013-16	Exception
Priority 1: From conception to age five Wirral Children have the best possible physical, social, emotional and psychological start in life.	Breastfeeding will be embedded in the nursery, primary and secondary school curriculum through the use of resources that show women breastfeeding instead of feeding formula milk so that children grow up experiencing breastfeeding as the norm.	Breastfeeding rates remain lower than expected and the target is not being achieved. Rates need to be increased in order to enable the 6-8 week target to be reached. Breastfeeding support has been included in the Healthy Child Programme for 0-19 years commission which was recently awarded and mobilised. A breastfeeding needs analysis was completed in 2014 and the recommendations from this, and recommendations from a key stakeholder mapping event held in January 2015 in conjunction with maternity services are being taken forward by the Breastfeeding Steering Group. Breastfeeding work in primary schools has been piloted and will be further developed during 2015.
	Explore the potential to increase access to fluoride through options including, extending the fluoride milk programme to early years settings and the development of a toothpaste distribution scheme.	Fluoride milk scheme has currently been suspended due to a national directive. 2015-16 activity refreshed to reflect this
	Develop a Wirral obesity strategy within the wider Health and Wellbeing Strategy with an emphasis on prevention and physical activity.	Development of a specific strategy is no longer required as healthy eating focus is now part of the wider 'Better Food Wirral' (the Wirral Food Plan) and the new Healthy Child Programme for 0-19 years.
	Explore the potential to deliver healthy cookery classes in schools.	Healthy eating focus is now part of the wider 'Better Food Wirral' (the Wirral Food Plan) and the new Healthy Child Programme for 0-19

Priority	What we will deliver 2013-16	Exception
<p>Priority 2: From 5 - 19 years, Wirral children and young people's health and well-being will continue to develop.</p>	<ul style="list-style-type: none"> The Teenage Pregnancy Strategy will be reviewed to focus on 16 and 17 years olds living in wards with under 18s conception rates higher than the Wirral average and priority will be given to appointing a 1-1 support worker for those young people assessed as 'at risk' of early parenthood. 	<p>years</p> <p>The most recently published annual statistics for under-18 conceptions are from 2013. These figures show that Wirral recorded an under -18 conception rate of 33.7 per 1000. This was a slight increase from the previous year of 33.5 per 1000. The strategic approach to teenage pregnancy has now been broadened and is based on a 'Risk and Resilience' approach for young people which includes substance misuse, emotional wellbeing and healthy relationships. There has been considerable consultation with young people and a strategy will be developed by June 2015.</p>
<p>Priority 4: To improve outcomes for children and young people in need of protection.</p>	<ul style="list-style-type: none"> Ensuring all agencies have clear processes for listening to the voice of the child. Ensure that lessons learnt nationally and locally from Serious Case Reviews (SCR) and Critical Incident Reviews inform practice. 	<p>In children's social care continuous work is underway in this area. The focus is on ensuring and evidencing that the views and experiences of children and young people are at the centre of both social work practice and service design and that they influence developments and strategic thinking. This area will continue to be developed in 2015-16.</p> <p>Although lessons have been identified from local Serious Case Reviews and Critical Incident Reviews there is currently insufficient evidence available to show that they have yet significantly informed practice. This area will continue to be developed in 2015-16.</p>
<p>Priority 5: To improve outcomes for Children in Care and Care Leavers.</p>	<ul style="list-style-type: none"> Delivery of the Corporate Parenting Strategy and the refreshed Looked After Children's Strategy The Adoption Improvement Plan will be developed and implemented. 	<p>The Corporate Parenting Strategy is being delivered and reported on at Corporate Parenting Group. There is a Looked After Children Project (March 2014) against which there has been some progress. Further work is now underway to understand the population of CLA in more detail. This detail will then inform a review of the plan and future actions.</p> <p>Following review the AIP work has been aligned and incorporated into the children's social care Practice Improvement Plan. Further work is underway to re-prioritise the actions in this plan to ensure that we are continuing to focus our resources on our most significant areas of practice.</p>

Priority	What we will deliver 2013-16	Exception
<p>Priorities 6: To ensure that there is appropriate support and challenge to educational settings.</p>	<ul style="list-style-type: none"> Review, redesign and market traded services for schools. 	<p>Review work in this area has resulted in agreement to establish a School Traded Services Company jointly with Cheshire West and Chester Council. The company is due to be incorporated in 2015 and traded services for schools will be delivered through the new company. The activity has been renamed in the plan refresh.</p>
<p>Priority 9: Improve the educational outcomes for vulnerable children and young people.</p>	<ul style="list-style-type: none"> Advise and challenge schools and settings to utilise the additional funding for children in care to improve outcomes. Monitor and report on the compliance of and quality of Person Education Plans (PEPs) as a central support document. 	<p>There are two funding sources, the Pupil Premium Plus (PPP) and for CLA, the Personal Education allowance. From analysis of use for the Academic Year 2013-14 for both additional funding streams, there are examples of anecdotal evidence of positive impact but no definite pattern or impact on outcomes. One of the reasons for this is the relatively small sample size. A review of the available support and challenge to schools was carried out and new working practices are now in place with LACES team, social workers and the school improvement team to optimise educational support for CLA in schools.</p> <p>Following the change to the way Pupil Premium Plus is allocated to schools (Years F2 to Year 11 compulsory school age); in order to increase support and challenge payments to schools will be dependent on the following factors:</p> <ul style="list-style-type: none"> An up to date and complete PEP is in place The school has provided the appropriate data to the LACES team about each child and The targets for the child will result in appropriate age related progress being made. <p>The impact of these changes will improve monitoring regarding progress CLA are making towards their educational targets.</p> <p>The completion of PEPs is an action on the social care Practice Improvement Plan. The social care case management system Liquid Logic is being reviewed to assist meaningful completion and accurate and timely recording. Auditing is in place to assess the completion and quality of PEPs.</p>

Priority	What we will deliver 2013-16	Exception
	<ul style="list-style-type: none"> • Deliver an internship programme for care leavers. 	<p>Due to resource issues no progress has been made on this activity in 2014-15, this requires prioritisation in 2015-16.</p>
<p>Priority 11: Enhance the involvement of children and young people in the decision making process.</p>	<ul style="list-style-type: none"> • CICC peer mentoring for young people in care. • Children's Takeover Day 2014 involving 50 young people in care. 	<p>Work is underway however there have been difficulties in recruiting young people.</p> <p>The takeover day has been rescheduled to May 2015.</p>

CHILDREN AND YOUNG PEOPLE'S PLAN 2015-16 REFRESH

The review of the second year of the CYPP indicates the progress made to deliver our planned activities. In order to ensure the CYPP remains relevant for 2015-16 the priorities and activities have been reviewed by the Strategy Groups.

For the final year of the plan no changes have been made to the eleven plan priorities however there have been changes to the underlying activities to ensure they remain relevant. A number of activities will continue into the final year of the plan. Some activities have been completed and they have been removed from the refreshed plan. In addition a number of activities have been refreshed and some activities reframed and merged, for example activity regarding teenage pregnancy, alcohol and substance misuse has been merged into a new 'risk and resilience' approach.

As the Children's Trust evolves in 2015 to a new commissioning approach, focus remains on delivering the three key transformational outcomes identified to help drive and focus the work of all partners; these are:

- Children are ready for school;
- Young people are ready for work and adulthood;
- Children and young people feel safe and are safe.

Underpinning the delivery of these outcomes is the partnership commitment to ensure that children and young people have their needs met as early as possible.

The outcomes will be delivered by the identified priorities and activities outlined in this refreshed plan.

The CYPP quarterly review and challenge by the Children's Trust Board will ensure that progress continues to be made in improving outcomes. In addition this will allow any further significant organisational changes to be monitored and activity reviewed and refreshed as required.

In the final year of our plan there is continued commitment from all partner organisations to work together to deliver the identified outcomes and our vision:

"To enable Wirral's children, young people and families to access services quickly in order to be secure, healthy, have fun and achieve their full potential".

Priority	What we will deliver in 2015-16 - Refreshed
<p>Priority 1: From conception to age five Wirral Children have the best possible physical, social, emotional and psychological start in life.</p>	<ul style="list-style-type: none"> • Brief intervention training is to be offered to nursery and Early Years Practitioners to assist in supporting families who may be on the edge of services. • A stop-smoking service to work specifically with pregnant women and targeting younger women will be commissioned. The potential for this service to offer holistic brief interventions or referral to other relevant services will be explored e.g. weight management, emotional health and wellbeing, perinatal mental health, sexual health services. • Breastfeeding will be embedded in the nursery, primary and secondary school curriculum through the use of resources that show women breastfeeding instead of feeding formula milk so that children grow up experiencing breastfeeding as the norm. • The benefits of Vitamin D across maternity, health visiting, GP and pharmacy services will be promoted in order to increase uptake among pregnant women and under 5's. Good oral hygiene to be promoted as part of the Personal Health and Social Education (PHSE) curriculum. • Good oral hygiene to be promoted as part of the Personal Health and Social Education (PHSE) curriculum. • Increase access to fluoride through the development of a toothpaste distribution scheme. • Midwifery and health visiting services to identify women who are obese at their 12 week ante natal assessment. • Examine local data to determine current levels of maternal obesity in Wirral and identify appropriate solutions to tackle these. • Develop an early year's programme to include focus on healthy eating and being active. • Ensure that interventions within Better Food Wirral include a focus on children and young people
<p>Priority 2: From 5 - 19 years, Wirral children and young people's health and well-being will continue to develop.</p>	<ul style="list-style-type: none"> • Continue to provide specialist support to schools and young people settings around substance misuse and ensure the adoption of the Schools Substance Misuse guidance and policy documents • Provision of interventions for young people admitted to the Accident and Emergency department, addressing the presenting issues and reducing the likelihood of future presentations. • Ensure that specialist substance misuse agencies engage with IFIP to provide education, treatment and other support for families where parents or children are misusing substances. • Develop a 'Risk and Resilience' strategic action plan for children and young people which incorporates teenage pregnancy and substance misuse to ensure a more holistic approach to issues affecting young people. • Develop a strategic approach to children and young people's emotional health and wellbeing, ensuring this links into the Children's Vision 2018 workstreams, including ASD/ADHD and self-harm.
<p>Priority 3: To support those children and young people who require extra help at the</p>	<ul style="list-style-type: none"> • Following the review of a Preventative and Early Help Approach a maturity matrix as an audit of current position will be completed. • The audit will advise workstreams and action plans to progress delivery. • We will increase in the number of children and young people receiving support early resulting in continued reduction in

Priority	What we will deliver in 2015-16 - Refreshed
earliest opportunity.	children in need.
Priority 4: To improve outcomes for children and young people in need of protection.	<ul style="list-style-type: none"> • Continue to develop and review the joint agency approach to a Multi-Agency Safeguarding Hub (MASH). • Ensure the Wirral Safeguarding Children Board (WSCB) Business Plan includes action related to runaways and sexual exploitation with child sexual exploitation remaining a Board priority. • Ensuring all agencies have clear processes for listening to the voice of the child. • Ensure that lessons learnt nationally and locally from Serious Case Reviews (SCR) and Critical Incident Reviews inform practice. • Ensure promotional programmes are in place and effectively reviewed for: <ul style="list-style-type: none"> ○ Road safety ○ Anti-bullying ○ Teenage Pregnancy ○ Sexual Health ○ E Safety ○ Safety in the home
Priority 5: To improve outcomes for Children in Care and Care Leavers.	<ul style="list-style-type: none"> • Delivery of the Corporate Parenting Strategy and the refreshed Looked After Children's Strategy. • The Adoption Improvement Plan will be developed and implemented, evidenced by improved timeliness for children. • Social Work practice which complies with the Pre-Proceedings Protocol, both in terms of timely outcomes and child centred planning through court proceedings. • We will focus on evidencing the impact on positive outcomes for children, young people and their families, in our work with them in partnership with other agencies. Practice improvement will be undertaken by using the Ofsted inspection framework, targeting key areas which require additional focus.
Priority 6: To ensure that there is appropriate support and challenge to educational settings.	<ul style="list-style-type: none"> • Implement and launch a new School Traded Services Company jointly with Cheshire West and Chester Council. • Manage school traded services cost effectively and efficiently.
Priority 7: To ensure children and young people across Wirral will have improved	<ul style="list-style-type: none"> • Schools below floor standards, schools causing concern and/or schools in an OFSTED category will be supported to make good or better progress; those in Schools Causing Concern or an OFSTED category should be removed from that category in the shortest possible time. • Persistent Absence will continue to be reduced and attendance in primary schools will continue to improve.

Priority	What we will deliver in 2015-16 - Refreshed
attainment levels and skills, to enable them to fulfil their aspirations.	
Priority 8: Effectively promote and enable participation and progression for all young people.	<ul style="list-style-type: none"> • Young people will have access to, and be equipped to take advantage of, a range of training, employment or entrepreneurship opportunities. • To provide young people with the best possible preparation for work we will maintain and further develop strong partnerships which connect the educational sector, training providers and the business sector.
Priority 9: Improve the educational outcomes for vulnerable children and young people.	<ul style="list-style-type: none"> • Ensure that there are sufficient childcare places to meet local needs. • Provide information, advice and guidance to parents through the Family Information Service (FIS). • Improve access to early intervention and preventative services through Children’s Centres particularly for the most vulnerable, evidencing sustained engagement with vulnerable children and families. • To continue to identify schools with the largest disadvantage gap at all key stages providing support and challenge to close the gap. • Provide challenge and support to raising the attainment of disadvantaged pupils to close the gap. • Narrowing the post 16 education attainment gap projects will continue with schools and further education providers; specifically at level 3. • Review, monitor and report on the attainment, progress, attendance and exclusions. • To challenge the attainment and progress of Children Looked After so that their performance is higher than the CLA national average. • To continue to monitor and report on the compliance of and quality of Person Education Plans (PEPs) as a central support document. • Provide a programme of academic mentoring for young people in year 9 onwards. • Deliver an internship programme for care leavers. • Develop a Housing Strategy Plan for young people at risk and care leavers.
Priority 10: Improve provision, choice and outcomes for children and young people with	<ul style="list-style-type: none"> • A continuum of specialist education provision for SEND that meets the local needs of children and young people. • A local offer that publishes in one place information about educational, health and social care provision for children and young people aged 0- 25 with SEND and their parents and carers. Coupled with clear assessment arrangements. • A full review this specialist service area. • Develop a Council all age disability service to ensure lifelong planning and needs led support for children, young people, adults and their carers.

Priority	What we will deliver in 2015-16 - Refreshed
Special Educational Needs and/or Disabilities.	
Priority 11: Enhance the involvement of children and young people in the decision making process.	<ul style="list-style-type: none"> • Key participation events - The Youth Voice Conference, Youth Parliament and Youth Engagement Reference Group. • Train and support young people in care to formally recruit and select Wirral social care staff. • CICC peer mentoring for young people in care. • Children's Takeover Day 2015 involving 50 young people in care.

Activities Removed from the CYPP for 2015-16

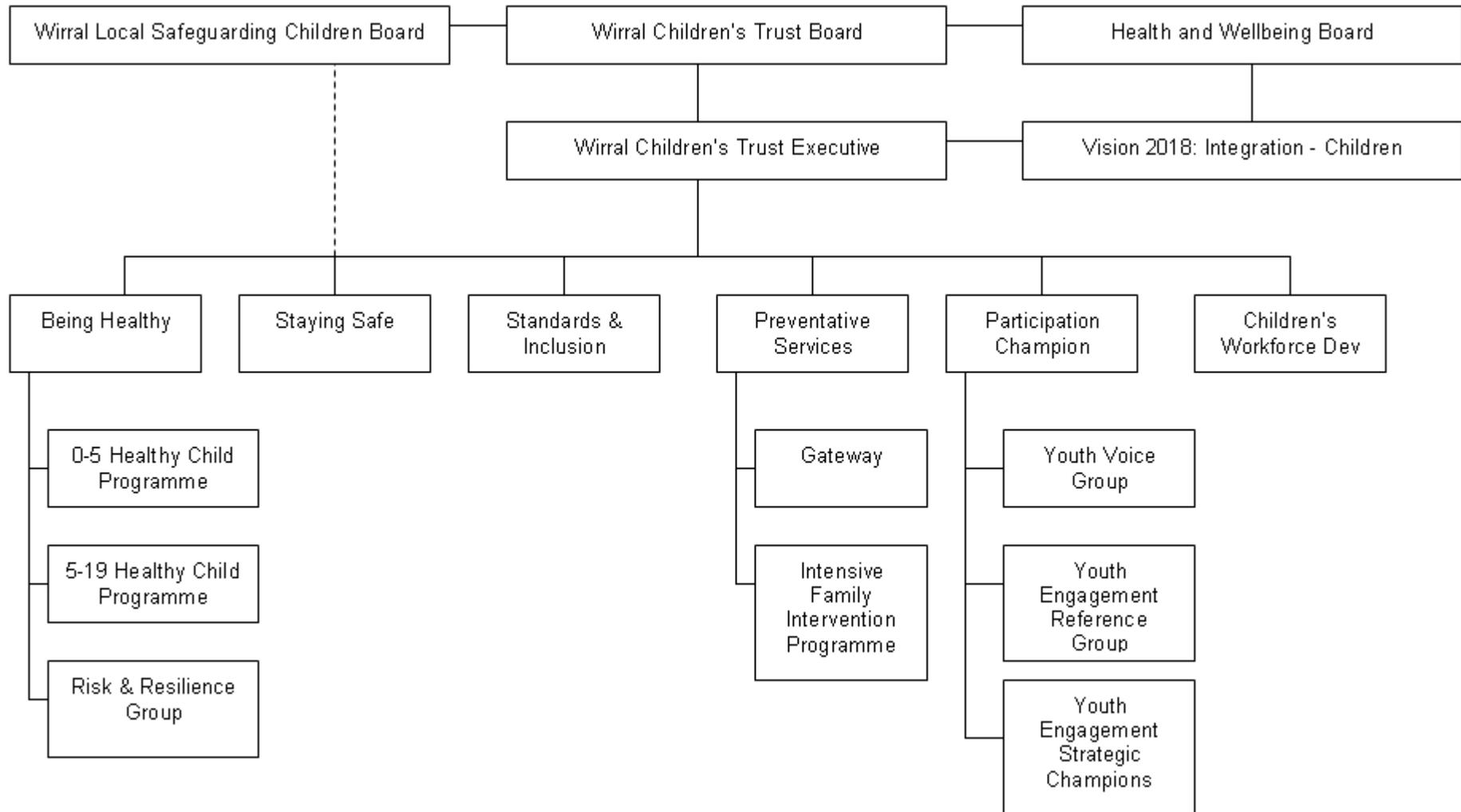
The activities below have been removed from the refreshed CYPP 2015-16. A large proportion of the actions have been completed with some actions (marked with an *) which have been reframed into new activity outlined above.

Priority	Activities removed from the CYPP refresh
<p>Priority 1: From conception to age five Wirral Children have the best possible physical, social, emotional and psychological start in life.</p>	<ul style="list-style-type: none"> • A pathway will be developed to ensure that all relevant agencies understand the signs of post natal depression and offer early help/referral to appropriate services – to include nursery and school based staff and practitioners working in the IFIP. • An audit of infant deaths will be conducted to gather intelligence to inform targeted health improvement campaign. • Explore the potential to increase access to fluoride through options including, extending the fluoride milk programme to early years settings and the development of a toothpaste distribution scheme. • Develop a Wirral obesity strategy within the wider Health and Wellbeing Strategy with an emphasis on prevention and physical activity.* • Explore the potential to deliver healthy cookery classes in schools.*
<p>Priority 2: From 5 - 19 years, Wirral children and young people's health and well-being will continue to develop.</p>	<ul style="list-style-type: none"> • A Schools Substance Misuse Advisor will be recruited to support the promotion, adoption and implementation of the following: <ul style="list-style-type: none"> • Alcohol Alright brief intervention toolkit; • Involvement of the young person's parents or carers; • Develop a range of bespoke programmes of activities and interventions to target vulnerable young women misusing alcohol;* • Deliver specialist treatment/interventions via CAMHS, Response and Youth Offending Services to reduce substance misuse, improve school attendance and improve family relationships.* • The Sexually Transmitted Infections (STI) screening programme will be commissioned to monitor and address the increase in Gonorrhoea cases amongst the 16-25 year old heterosexual population in Wirral. • The Teenage Pregnancy Strategy will be reviewed to focus on 16 and 17 years olds living in wards with under 18s conception rates higher than the Wirral average and priority will be given to appointing a 1-1 support worker for those young people assessed as 'at risk' of early parenthood.* • The brief intervention toolkit will be embedded into services to engage and advise young people on risks associated to alcohol. • We will raise awareness of, and unpick myths about contraception.* • Contraception provision in Wirral secondary schools will be further developed. • A stop-smoking service to work specifically with pregnant women and targeting younger women will be commissioned. • The potential for this service to offer holistic brief interventions or referral to other relevant services e.g. weight management, emotional health and wellbeing, sexual health and housing support. • An emotional health, psychological wellbeing and mental health pathway will be established to ensure schools have direct

Priority	Activities removed from the CYPP refresh
	<p>access to informal generic advice from CAMHS.</p> <ul style="list-style-type: none"> • Pilot the proposed new 'health and happiness' indicator (once confirmed) with low level school based emotional health and wellbeing intervention service as well as other Health Services in Schools (HSIS) providers.
<p>Priority 3: To support those children and young people who require extra help at the earliest opportunity.</p>	<ul style="list-style-type: none"> • The Preventative Services Review will be completed and implemented.* • The review will confirm a commitment from all partners to co-develop and deliver a preventative approach which targets services to those who need them the most.
<p>Priority 4: To improve outcomes for children and young people in need of protection.</p>	<ul style="list-style-type: none"> • Implement revision of Working Together 2013 including reviewing thresholds. • Review the effectiveness of single gateway for homelessness 16-17 year olds to ensure suitable accommodation is provided.
<p>Priority 6: To ensure that there is appropriate support and challenge to educational settings.</p>	<ul style="list-style-type: none"> • Review, redesign and market traded services for schools.*
<p>Priority 8: Effectively promote and enable participation and progression for all young people.</p>	<ul style="list-style-type: none"> • Lifelong and family learning provision will be focused to engage and motivate disadvantaged families, encourage achievement and progression and strengthen communities. • The Council joint protocol for homeless 16 and 17 year olds will be delivered and embedded. • A targeted careers information, advice and guidance service for vulnerable young people aged 16-18 (up to the age of 24 if subject to a learning difficulty assessment) will be delivered. • A web based careers information and advice interactive tool – Mersey Interactive (www.merseyinteractive.com) will be provided for use by all Wirral young people, parents, carers and teaching professionals. • Contribute to the Liverpool City Region Apprenticeship 'Hub' and ensure Wirral supports the headline regional delivery target of 10,000 apprenticeships starts in 2013-14.
<p>Priority 9: Improve the</p>	<ul style="list-style-type: none"> • Expansion of the project targeting primary schools with the largest attainment gaps.* • The Raising Attainment for Disadvantaged Youngsters (RADY) project for secondary schools will continue to develop and

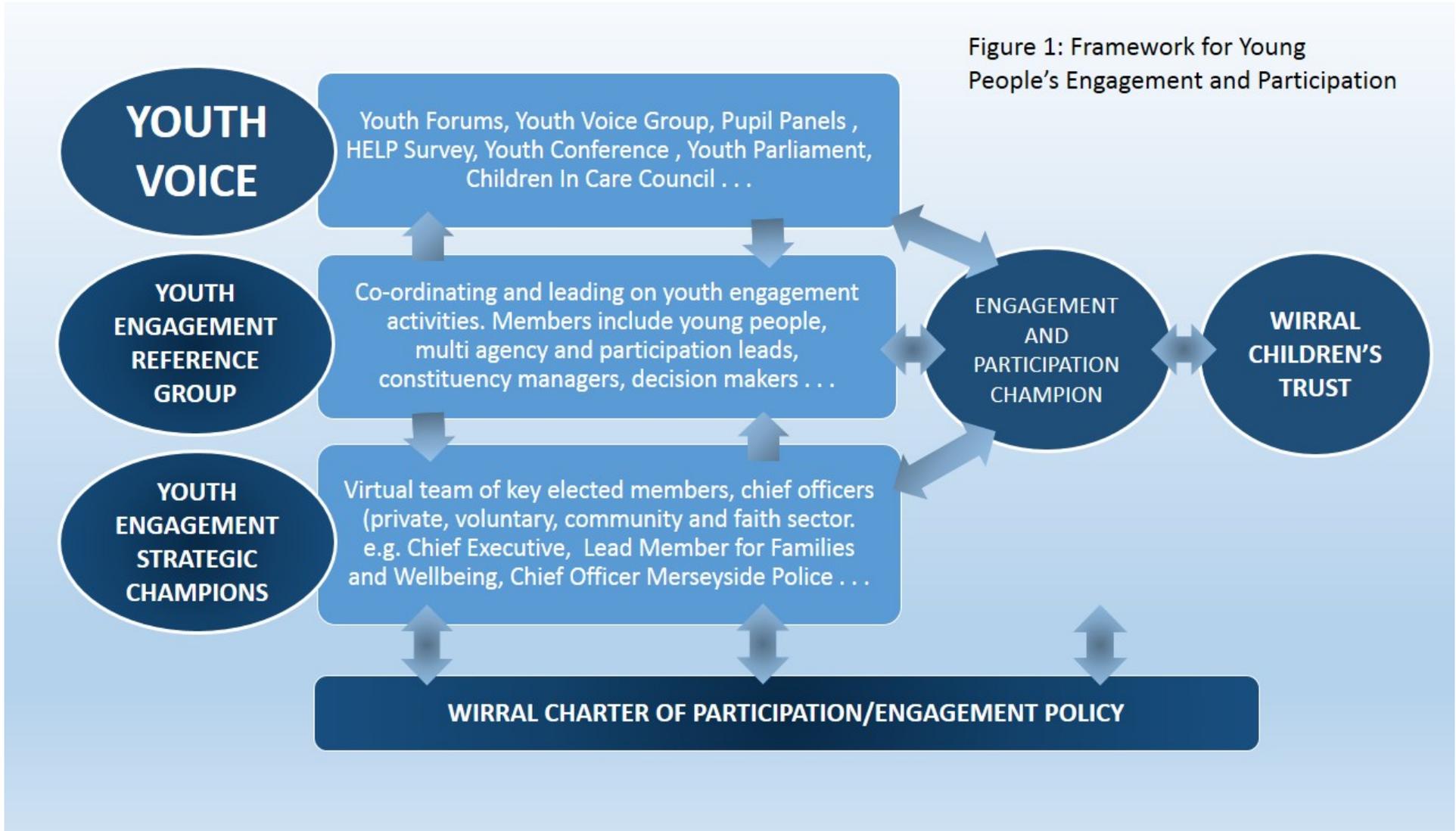
Priority	Activities removed from the CYPP refresh
educational outcomes for vulnerable children and young people.	<p>outcomes and learning will be transferred to all secondary and primary schools.*</p> <ul style="list-style-type: none"> • Advise and challenge schools and settings to utilise the additional funding for children in care to improve outcomes.*
Priority 11: Enhance the involvement of children and young people in the decision making process.	<ul style="list-style-type: none"> • Development of Junior Children in Care Council (CICC). • The implementation of the Wirral Peer Education Programme (WPEP).

APPENDIX 1: The structure of Wirral Children’s Trust – This structure will be reviewed in 2015 during the development of the Children’s Trust Joint Commissioning Group



APPENDIX 2: The Framework for Young People’s Engagement and Participation.

Figure 1: Framework for Young People’s Engagement and Participation



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WIRRAL CHILDREN'S TRUST BOARD – 31 March 2015

Early Years, Children's Centres and Early Help - Update

1.0 Background

This agenda item provides the board with a brief update on three key areas related to early years, children's centres and early help.

2.0 Early Years and Children's Centre Review

A review of the Early Years and Children's Centre offer was directed by the Cabinet member for children and Young People's Services in April 2014. This was to respond to both required finance efficiencies of £2M (agreed in December 2013) and changes to National Guidance (April 2013)

The Performance Action Plan updates members of the Children's Trust Board on the outcome of the Early Year's and children's centre review and to advise that public consultation to progress the recommendations which will advise a future delivery approach for the early years and children's centre service will be required.

3.0 Ofsted Outcome March 2015

The Performance Action Plan updates members of the Children's Trust on the current position following the outcome of the Ofsted inspections of Birkenhead Children's Centre Cluster Group in May 2014 and West Wirral Children's Centre cluster Group in February 2015

4.0 Early Intervention Maturity matrix Self-Assessment: Wirral Council

At the 'committing to Making a Difference' Early Help event held on 1 May 2014 partners subscribed to the North West Regional Early help Strategy as an interim position allowing time for the development of a local strategy.

Senior leaders committed to the formation of an Early help Strategic Board which would oversee the development and implementation of a local Early Help Strategy underpinned by the principles of

Local Solutions, Local Decisions

1. Work with the whole family ensuring they are central and key partners in processes that affect them.
2. Identify problems early and intervene quickly with effective solutions, at the right time, by the right organisation.

Promoting Independence

3. Promote early intervention and prevention, offering help to families with emerging problems to prevent them getting worse.
4. Help change behaviours and build resilience at a family and community level.

Driving growth and aspiration

5. Improve life chances and aspirations of children and families
6. Provide responsive and flexible support based on 'what works' to ensure better outcomes for all, sharing learning so that what we do is based on good evidence.

Ascertaining our current maturity and priorities for early help has been achieved through the completion of this matrix. A Task and Finish Group, reporting to the Early Help Strategic Board are using its findings to formulate a partnership Early Help Strategy for Wirral.

5.0 Recommendations

The Board is asked to note the report and appendices.

Report Author:

Deborah Gornik
Head of Targeted Services
Children & Young People's Services

Contact:

deborahgornik@wirral.gov.uk

Appendices:

Performance Action Plan Outcome of Review

Performance Action Plan Ofsted Outcome March 2015

Early Intervention Maturity Matrix Self-Assessment: Wirral

Children and Young Peoples Plan 2013-16

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL projects that are slipping or late in the CYPP 2013 – 16. It should also be completed for any performance indicators that are under performing against target.

PROJECT/INDICATOR OVERVIEW	
Project/Indicator Title	Early Years and Children’s Centre Review
Strategic Director Lead	Julia Hassall
Departmental Lead	Deborah Gornik
Target	To update members of the Children’s Trust on the current position following the outcome of the Ofsted inspections of Birkenhead Children’s Centre Cluster Group in May 2014 and West Wirral Children’s Centre Cluster Group in February 2015.

Performance this Period/Current Position	<p>The Ofsted inspections of Birkenhead Children’s Centre Cluster Group in May 2014 and West Wirral Children’s Centre Cluster Group in February 2015 were both judged as ‘inadequate’.</p> <p>Action plans are in place for both Groups to address the issues that resulted in the inadequate judgement and the recommendations for improvement. Since the Birkenhead inspection this has also included improvement plans for all early years and Children Centre services across Wirral.</p> <p>The key issues in the Ofsted inspection of West Wirral Children Centre Group highlights areas such as: how many vulnerable children are consistently accessing the service, how data is used to support more focused activity and the leadership, management and governance of the service. Hence, it is important to note that some key strengths that are significant improvements since the previous inspection of Birkenhead Children’s Centre Group, notably that:</p> <ul style="list-style-type: none"> • the strategic direction is improving and senior leaders have communicated the reasons for change well; • Improvement in safeguarding arrangements from being described as “poor” within the Birkenhead inspection to being identified as a strength in the West Wirral inspection; • Standards of practice and management oversight of individual case work have been implemented well.
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ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .

<p>What (is required)</p>	<p>Based on the ambition to develop a confidence in the service there have been a number of specific priorities/ actions toward improving the service:</p> <ul style="list-style-type: none"> • Performance monitoring, advice, challenge and support by the local Authority – a baseline 'quality Challenge Visit' has been undertaken with all groups prior to the implementation of a performance framework that will meet the authority's duty to provide an Annual Conversation to Centres. • Further plans for workforce development will be developed following the outcome of the Review and service reconfiguration. • Work towards the development of the Advisory Boards is ongoing to provide further local challenge and setting of robust targets. All clusters need to improve representation further and embed the terms of reference. Further training is being planned for Advisory Board members • Data management and reporting - Central database systems are being reviewed and a children's centre scorecard has been drafted in order to provide focus to centres against strategic improvement priorities. Further training for Centre managers is being planned. • A systematic approach to Impact monitoring against the outcomes framework is being developed • Data sharing with partners, notably health is being progressed following the recent sign off of the Tier 3 information sharing protocol. • Further work with local partners at strategic and operational level to identify target groups and priorities, especially Lifelong Learning. • Embedding of processes for planning, delivering, monitoring and evidencing impact across centre clusters is taking place, e.g. through local task and finish groups focussing on key targets around child development, health, parenting capacity and resilience and parents ready to work and learn.
<p>How (will it be achieved)</p>	<p>The actions will be achieved through two inter-dependant processes currently underway.</p> <ol style="list-style-type: none"> 1. The Early Years and Children's Centre Review which is currently under consultation until the end of March. Whilst the final outcome is subject to consultation, it is anticipated that the Review will reconfigure Centres in a way that enable then to <ul style="list-style-type: none"> • Target the offer- in that Children's Centres play an integral part of

	<p>the early help offer through the early identification of needs</p> <ul style="list-style-type: none"> • Achieve integration and collaboration through consolidating and improving partnerships and appropriate data information sharing • Development of effective staffing structures • Create one main full core purpose offer hub in each constituency area through which Children’s Centre services would be coordinated for the area and delivered through the other existing centres that would be jointly utilised with partners and stakeholders. <p>2. A far reaching performance and quality improvement strategy which is addressing issues from data management and monitoring, planning against outcomes and demonstrating quality and impact of the work undertaken is already underway. This will enable the Authority to meet its statutory duty to monitor targets and outcomes along with challenging quality through and Annual Conversation.</p> <p>It is anticipated that there will be a re-inspection of Birkenhead in the very near future.</p>
Who (will be responsible)	<p>Lead officer for the implementation will be the head of targeted services, overseen by the director of children’s services – who has devolved accountability for children’s centres.</p> <p>An early year’s steering group will be developed and will oversee the implementation, developments and ongoing delivery.</p>
When (will results be realised)	<p>In relation to the Review, final proposal to proceed to Council for approval in June 2015 (date not yet confirmed) with implementation anticipated to progress following this period. Work toward performance and quality improvement is underway and to be implemented by the end May.</p>

Date Completed: March 2015 Completed By: Deborah Gornik

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Children and Young Peoples Plan 2013-16

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL projects that are slipping or late in the CYPP 2013 – 16. It should also be completed for any performance indicators that are under performing against target.

PROJECT/INDICATOR OVERVIEW	
Project/Indicator Title	Early Years and Children's Centre Review
Strategic Director Lead	Julia Hassall
Departmental Lead	Deborah Gornik
Target	To update members of the Children's Trust on the outcome of the Early Years and Children's Centre Review and to advise that public consultation to progress the recommendations which will advise a future delivery approach for the early years and children centre service will be required.
Performance this Period/Current Position	<p>A review of the Early Years and Children's Centre offer was directed by the Cabinet Member for Children and Young People's Services in April 2014. This was to respond to both required finance efficiencies of £2m (agreed in December 2013) and changes to National Guidance (April 2013).</p> <p>The Early Years' service which is responsible for the Children's Centres) has not been subject to a review since the inception of the children's centre offer 2002.</p> <p>The review was progressed and managed as a consultative and inclusive approach, through a strategic multi-agency core group during April – August 2014. During this period four workshops were held to consider ways forward.</p> <p>Service specific information was also considered and Local consultation activities with service users and partners took place to gather views to advise the review.</p> <p>The report following the review was detailed in August 2014. It advises four recommendations that were detailed as findings from the review.</p> <p>It is important to note that the extent of Early Years has a far wider sphere of activity than Children's' Centres, much of which is legislative and is delivered as part of statutory duties levied at the Local Authority. This includes such as the Family Information Service, the 2, 3 and 4 year old early education offer and support for the wider early year's private, independent and voluntary sector.</p> <p>Key to the review and its future implementation has been both the</p>

	endorsement of one overarching outcome for early childhood services ‘ school readiness ’ in that children are ready to learn and ready for school at age 5 years <i>and</i> the detailing of an outcomes framework (attached) developed through the review period and process.
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ACTIONS: This describes what’s necessary or how to achieve a ‘green’ score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .

What (is required)	<p>Four outcomes were advised by the review:</p> <ol style="list-style-type: none"> 1. The Children’s Centre offer is developed to become an <i>integral part of the early help offer</i> through effective identification and support of children and families who need targeted early help. An overarching aim is to safely reduce the number of children referred to social care or accessing specialist/statutory services and who are at risk of resulting poor outcomes. 2. Work to establish strategic and operational policies and procedures to ensure that a joint service offer across the Borough’s early childhood services develop – reducing duplication, and cost and improving outcomes. This will include agreements for effective and robust information sharing. <p>This will include more formal partnership arrangements drawn up between the Council and health visiting and the Council and Jobcentre Plus (as statutory partners).</p> <ol style="list-style-type: none"> 3. Staffing Structures developed as outreach teams for four constituency areas, designed around need and population. A Central Business Support Team will also be developed to secure the wider Early Years and Childcare remit and offer essential support to the operation of delivery and activity. 4. To secure one main Children’s Centre (which will be designated with DfE as full core purpose offer centres in each of the Constituency Localities (4). This will give a named children’s centre for every child and support the local authority to carry out its statutory function to evidence sufficient children’s centre activity. <p>It is anticipated that all other current buildings will be preserved through partnership working with key stakeholders such as schools, health, and the voluntary, private and independent sector to offer an element of targeted support in those areas where there is a high local need identified. This will see the 18 Children’s Centre buildings deliver as:</p> <ul style="list-style-type: none"> • 4 main hubs or designated children’s centres • 4 outreach or satellite of the main hubs • 2 work as an extended nursery school to offer service delivery alongside the poverty hub schools • 4 potentially transferred to be delivered by schools • 4 to be further developed with schools and partners
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<p>How (will it be achieved)</p>	<p>Public consultation to progress the recommendations which will advise a future delivery approach for the early years and children centre service will be required and formal HR consultation will be applied for all staff affected by the resultant changes to the current position.</p> <p>It is expected that the saving for 2015-16 will be achieved by:</p> <p>Implementing a staffing model delivered as outreach teams (based on need and demand) and an early year's business team.</p> <p>Retaining four designated Hub Children's Centres (the current position of sustaining 16 designated Children's Centres that all deliver the full core purpose offer is not viable)</p> <p>De-designated 12 children's centres – four of which will be retained as outreach provision of the Hub Children's Centres</p> <p>Supporting two of the 12 de-designated (Leasowe and Ganney's Meadow nursery schools) to offer extended services as part of the nursery school provision and alongside the poverty hub schools.</p> <p>Exploring the option for four of the de-designated children's centre buildings to be transferred to co-located school sites, to deliver the 2, 3 and 4 year old offer as part of the wider school offer.</p> <p>Explore with partners the potential to use the remaining four buildings differently as a wider partnership offer.</p>
<p>Who (will be responsible)</p>	<p>An early years steering group is being developed and will oversee the implementation, developments and ongoing delivery .</p>
<p>When (will results be realised)</p>	<p>It is anticipated that implementation will progress form April 2015.</p>

Date Completed: September 2014 Completed By: Deborah Gornik

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EARLY INTERVENTION MATURITY MATRIX SELF- ASSESSMENT: WIRRAL

Completed by the Early Help Strategic Board- January 2015

At the 'Committing to Making a Difference' Early Help event held on 1st May 2014 partners subscribed to the North West Regional Early Help Strategy as an interim position allowing time for the development of a local strategy.

Senior Leaders committed to the formation of an Early Help Strategic Board which would oversee the development and implementation of a local Early Help Strategy underpinned by the principles:

LOCAL SOLUTIONS, LOCAL DECISIONS

1. Work with the whole family, ensuring they are central and key partners in processes that affect them
2. Identify problems early and intervene quickly with effective solutions, at the right time, by the right organisation

PROMOTING INDEPENDENCE

3. Promote early intervention and prevention, offering help to families with emerging problems to prevent them getting worse
4. Help change behaviours and build resilience at a family and community level

DRIVING GROWTH AND ASPIRATION

5. Improve life chances and aspirations of children and families
6. Provide responsive and flexible support based on 'what works' to ensure better outcomes for all, sharing learning so that what we do is based on good evidence

Ascertaining our current maturity and priorities for Early Help has been achieved through the completion of this matrix. A Task and Finish Group, reporting to the Early Help Strategic Board, are using its findings to formulate a partnership Early Help Strategy for Wirral.

Early Intervention Maturity Matrix Self-Assessment write-up: Wirral

Workshop dates: Session One 08-11-14 Session Two 08-12-2014

	Evidence for current progress level	Gaps and areas for development	Actions to develop to next level
<p>PLAN</p> <p>Score:</p> <p>0 1 2 3 4</p>	<ul style="list-style-type: none"> • NW Early Help Strategy has been endorsed by Senior Leadership across the partnership through the 'Committing to Making A Difference' event on 1st May 2014 • Partners aspire to having an evidence-based Early Help Strategy which is owned by the partnership • Early Help is mentioned in existing strategy documents but a formal approach to planning, commissioning and implementation of Early Help is required • Partners collaborate to analyse strategic-level data on the population and needs analysis identifies some target groups • A number of evidence-based programmes across the 0-19 cycle are embedded in mainstream service offers • Pots of funding, sometimes re-directed from other grants, are dedicated to Early Help work • Cost benefit analysis is beginning in a small number of areas • Commissioning is clearly aligned to strategic priorities through the Children and Young People's Plan and CT 	<p>Understanding:</p> <ul style="list-style-type: none"> • A local Early Help Strategy is required to define what is meant by 'Early Help', to illustrated examples of both formal and informal types of Early Help and to give clarity to the critical role of both voluntary and universal services in delivering the Early Help Offer • All partners in the children and families workforce need to be aware of their role and contribution to Wirral's Early Help Offer <p>Co-ordination:</p> <ul style="list-style-type: none"> • Data sharing in relation to trends, needs and target groups is undertaken by select groups of services/programmes. This needs to be widened to include a more appropriate range of Early Help services • The model for Locality Working has been established and should be developed to facilitate information sharing, co-ordination of services, identification of target groups and delivery of Early Help at a local level involving all partners 	<p>Understanding:</p> <ul style="list-style-type: none"> • Produce a shared local strategy for Early Help (including a review of the existing Principles for Early Help) • Within the strategy define what 'good Early Help' would look like within a locality area • Produce an action plan to share, implement and embed the strategy across all Wirral services <p>Co-ordination:</p> <ul style="list-style-type: none"> • Establish links with the Health and Well-Being Board • Work with the Local Safeguarding Children Board to agree a set of common multi-agency Early Help indicators • Locality Managers and Locality Teams to engage partners in regular, formalised Early Help network meetings

<p>DELIVER Score:</p> <p>0 1 2 3 4</p>	<ul style="list-style-type: none"> ● Some evidence of information sharing across agencies to inform delivery of services ● The use of common assessment approaches is widespread in early intervention focussed services. Work is underway to roll out the approach more broadly ● Effective targeting is monitored but mostly according to individual agency monitoring systems ● Information from frontline delivery is often used in strategic needs analysis and service design work ● Early intervention is understood and prioritised by many key professionals but patchy across agencies ● Training programmes are beginning to be tailored to Early Help goals ● Team Around the Family work is beginning to become mainstream ● Some early intervention practitioners receive regular case supervision ● A number of evidence-based programmes are being used 	<ul style="list-style-type: none"> ● Information sharing across agencies is not routinely undertaken to identify target groups or priority families. There are examples of interventions which do, such as IFIP, and this approach could provide learning and a model for mainstream use. ● Sometimes families experience unnecessary delays in receiving services because the referral has not been made to the correct pathway eg level 2 referrals being made to CADT rather than the Gateway ● Attendance at allocation meetings, relevance of information available and quality of case presentation are not always consistent and can cause delay in allocation of cases to Lead Professional. ● CAF/TAF training programmes would be enhanced if delivered by those with most experience of authoring CAFs and acting as Lead Professional. ● Nominated CAF Champions are not effectively utilised to promote, support or enhance multi-agency CAF/TAF work. ● Not all authors of CAFs or Lead Professionals have access to high quality case supervision. ● The EHSB is unclear of which evidence-based programmes are available in Wirral and how effective they are. Learning from these programmes is not widely shared. 	<ul style="list-style-type: none"> ● Locality Teams should become the forum for localised information sharing to identify priority/target groups ● Systems to identify and prioritise families used for IFIP should be considered as a mainstream approach ● Access points to services should be reviewed to ensure families do not experience unnecessary delay. This should include the decision taken through the Locality Working Development session to discontinue referrals to the Gateway for Level 2 services. ● CAF/TAF training to be delivered by the most experienced CAF/TAF professionals rather than Team Leaders/Team Managers. Multi-agency input is essential. ● CAF Champions to be brought together into a forum where their role is clarified and work plan can be agreed as a partnership ● Gateway Manager and Locality Managers to ensure attendance and quality of information allows timely and appropriate allocation of work ● The supervision audit, undertaken by the LSCB, to be reviewed and consideration given to any gaps and how they may be addressed
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<p>EVALUATE Score:</p> <p>0 1 2 3 4</p>	<ul style="list-style-type: none"> ● No agreed Early Help outcomes framework ● Evaluation is recognised as important. Some services are evaluated, but not to a consistently high quality, agreed standards or criteria, or with direct relevance to Early Help outcomes ● Evaluation is used to inform some changes to operations and broad service planning decisions 	<ul style="list-style-type: none"> ● Lack of performance data for Early Help. No means by which to collate data across agencies. No shared targets or agreed outcomes for Early Help ● Current reporting arrangements (CAF Activity Report and CAF QA Report) do not satisfy the full range of Early Help interventions ● The use of pre-CAF is undetermined ● Transition across threshold levels is not routinely monitored or reported. Thus it is not possible to demonstrate the impact or financial benefit of early intervention in Wirral ● Understanding and joint working arrangements for Early Help and Specialist Services needs development ● Local strategy is not influenced sufficiently by performance information ● Links to Vision 2018 need to be strengthened 	<ul style="list-style-type: none"> ● A set of multi-agency Early Help indicators to be agreed ● The CAF Activity and CAF QA reports should be replaced with Early Help reports ● Review the use and effectiveness of the pre-CAF in Wirral ● Develop systems to track cases as they move across threshold levels and service areas ● Strengthen working relationships with Specialist Services, providing local forums to discuss case transition which supports the journey of the child
<p>LEAD Score:</p> <p>0 1 2 3 4</p>	<ul style="list-style-type: none"> ● An identified partnership group has responsibility for Early Help and is working towards an agreed definition. There is willingness to deliver actions and have a shared responsibility for Early Help ● Active buy-in from local elected representatives and senior officials, evidenced by commitment of time, 	<ul style="list-style-type: none"> ● Governance of the Early Help offer is unclear ● Early Help activity and outcomes need to be given priority by all agencies at the most senior level ● Lack of strategy and performance information prevents active participation and ownership of the Early Help agenda by agencies 	<ul style="list-style-type: none"> ● The Early Help Strategy will confirm lines of accountability ● Multi-agency data to be included within the performance indicators ● Once performance indicators are agreed senior management from all agencies should be briefed and given one clear message to disseminate within their home agencies

	<p>resource, consistent understanding, advocacy and support for early intervention voiced across agencies</p> <ul style="list-style-type: none"> • Some minor weaknesses have been identified through external peer challenge or inspections around partnerships or leadership relating to services delivering Early Help 	<ul style="list-style-type: none"> • Lack of performance information means that it is the Local Authority who is most often held to account for early intervention • Lack of experience in reviews or inspections relating to Early Help 	<ul style="list-style-type: none"> • The Early Help Strategic Board to consider outcomes of regional and national inspections and Early Help thematic inspections.
<p>FAMILY FOCUS</p> <p>Score:</p> <p>0 1 2 3 4</p>	<ul style="list-style-type: none"> • Children, young people and families are engaged through formal consultation and engagement mechanisms. Views gathered through consultation are taken into account in strategy and services. This is generic rather than Early Help specific • Work has been agreed by the Local Safeguarding Children Board to develop a 'single front door' so that families need only tell their story once to begin to access all the help they need. • Children and families are central to most delivery. Family centred working practices such as Team Around the Family are commonplace in all key services and being rolled out more broadly • There are a number of Early Help projects being delivered by communities for communities, some of which are part of an increasingly 	<p>Engagement:</p> <ul style="list-style-type: none"> • While the majority of service areas are actively involved in collecting the views of children, young people and families, this is neither routinely shared with the partnership nor framed specifically for Early Help • The benefits of using a 'whole family approach' have not been shared widely across the partnership and therefore there is a lack in joint commitment to the approach <p>Co-ordination:</p> <ul style="list-style-type: none"> • At a local level there is insufficient knowledge of Early Help activity which is provided by universal services, voluntary services and community groups • Without a formally agreed local Early Help Strategy the views of children, young people and families will not be able to affect change in service delivery of the Early Help Offer 	<p>Engagement:</p> <ul style="list-style-type: none"> • Develop and implement a set of common measurements for Early Help to be included in user feedback/consultations across all services • Evaluate the benefits of using a 'whole family approach' in early intervention and disseminate learning across all agencies <p>Co-ordination:</p> <ul style="list-style-type: none"> • Produce a shared local strategy for Early Help • Engage with the Constituency Managers to ensure that community activity, voice and capacity are considered within the strategy and developed through the action plan • Identify appropriate representation for and fully participate in the Local Safeguarding Children Board's 'single front door' project

	coherent early intervention approach which need to be aligned to the developing Early Help Strategy		
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