Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Children and Young People's Plan 2011-14: an update on progress and achievements
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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☐ Priority 1: Early help for vulnerable people
- ☐ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☒ Priority 4: Tackling obesity
- ☐ Priority 5: Better integrated care for the 'frail elderly' population
- ☒ Priority 6: Better integrated care for vulnerable children
- ☐ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report is intended to update the Health and Wellbeing Board on the progress made against the six priorities in the Children and Young People's Plan (CYPP), which sets out the strategic aims of the Children's Trust.

The six priorities are:

1. Ensure children and young people are protected from abuse and neglect
2. Increase breastfeeding
3. Reduce child poverty
4. Reduce teenage conceptions and terminations rates
5. Support complex families
6. Improve access to the most effective therapies

These priorities fall into three broad themes:

1. Support families to be at the heart of strong, safe and prosperous communities
2. Break negative cycles
3. Improve healthy lifestyles

The themes and priorities were defined in collaboration with a range of partners, through detailed assessment of local needs, consultation with professionals and the public, priorities of related bodies (e.g. Local Safeguarding Children's Board (LSCB)), with the final decision on inclusion made by members of the Children's Trust.

Partner agencies, including those from the Police, and the Health, Education and voluntary sectors, are collaborating well to deliver against these shared priorities.

This document highlights particular successes and areas of progress / challenge; the breadth of work underway is such that it cannot be articulated in full in this report.

For sake of brevity, "children and young people" is shortened to "CYP" in this report.

RECOMMENDATIONS

Board members are asked to note the contents of the report.

REPORT DETAIL

Priority 1: Ensure children and young people are protected from abuse and neglect

Strengthened multi-agency working practices

The Multi-Agency Safeguarding Hub (MASH) went live in 2012, with colleagues from the Metropolitan Police and Health representatives co-located with specialist social care staff in Mercury House. Havering is in the vanguard for MASH, both nationally and across London, having adopted more than the traditional safeguarding triage service which is in place in some other boroughs.

A detailed review of the effectiveness of MASH implementation and operation has revealed that the development and implementation of MASH has been achieved with the necessary governance and commitment. As well as social care triage and assessment teams, co-located partners comprise the Police, Probation, Early Help staff and NELFT Health Visitors. Virtual partners (i.e. not co-located) comprise Housing, BHRUT, Youth Offending Team, Adult Mental Health, Education and Drug and Alcohol Services.

There are more referrals progressing to Assessment (94% Jul-Sep13 vs. Apr-Sep12), indicating improved decisions on referrals received; fewer CYP are subject to more than one referral within six months (8% vs. 14%), and MASH is referring more CYYP to Children's Centres and other Early Help services (9% vs. 2%).

Although there have been some difficulties encountered this has been overall a successful implementation. It is pleasing that Havering MASH Health staff have been invited to present to a London wide conference in February 2014 to talk about the Havering MASH journey in respect of health involvement.

Early operational issues were identified through a pilot with appropriate consequent action taken to address. Some operational issues remain, including difficulties in the retention of suitably qualified and experienced staff. This is not unique to Havering. MASH now operates a rota system to ensure that Triage staff continue to develop their social work skills. The Council funds its social workers' membership of the College of Social Work and the approach to workforce development, recruitment and retention will be subject of detailed review to ensure the borough remains competitive and able to attract and retain the best staff.

Early Help, i.e. services provided or made available to CYP (and their families) who have some form of presenting need but who are not at risk of harm (where a child protection plan would apply) has undergone significant development, building on the established successes of the borough's children's centres and implementing innovative developments. This includes the creation of a multi-agency Tier 3 team

(see below) and combining Children's Centres into pairs to deliver a more co-ordinated and broader offer within their respective localities.

Children's centres continue to be hubs for delivery of Tier 2 services, with a critical role to play in supporting vulnerable families, particularly where there are children living in or at risk of living in poverty (see Reducing Child Poverty priority later in document).

Havering has established one multi-disciplinary team in the central children's centres locality, which delivers a coordinated service to families whose children may not be at immediate risk of harm but who still require some form of support. That support spans a range of intensity, depending on a family's circumstances, but focusing on Tier 3 support. By addressing problems at the earliest opportunity, such provision will reduce the risk of the needs of these families increasing to a point at which they are in crisis and social care needs to intervene in a more robust and legally-based manner.

As evidence of the effectiveness of Early Help services, Havering has low numbers of children on Child Protection Plans per 10k population (24 vs. 38 national average and 35 statistical neighbour average) and Looked After Children (LAC) per 10k population (36 vs. 60 national average and 59 statistical neighbour average). Some outcomes measures for these groups of CYP (LAC or on Child Protection Plans) are set out later in this section.

Different areas of Children's Services are collaborating to develop an **online directory of community-based services**, building on the existing Family Information Service, so that families and professionals who want to find out about available early help services can do so in an easier manner than is currently possible and appreciate the quality of available services (e.g. via a Tripadvisor-style model) . As the scope of needs is so broad this is a significant piece of work which will involve all agencies which provide any early help service, as well as the voluntary and community sector, which but one which will bring significant benefits to Havering residents.

The Troubled Families programme is making significant progress in drawing agencies together to work in a new and more effective ways. This is an integral part of the CYPP priority to Support Complex Families and is thus elaborated upon later in this document.

Closer collaboration of partners involved in the protection of CYP, be it through MASH or through other support mechanisms, will help Havering adapt to potential challenges brought by population migration from other London boroughs.

Improved participation of families

There are several strands to the work to ensure that the views of CYP and families can influence service design and strategic direction: developing culture and

capacity, building service user views into work to evaluate service quality, building the right structures to enable increased participation and embedding all of this into practice.

LB Havering has implemented **Strengthening Families**, a new approach to child protection, which uses families' strengths and protective factors to develop child protection plans with greater input from that family. Based on constructive relationships and innovative use of words, pictures and child-friendly tools, the approach has been well-received by professionals and families alike.

The **Children in Care Council (CiCC)** is essential in meeting Council, Government and OFSTED priorities around the involvement of Looked After Children (LAC). A new CiCC was launched at MyPlace in November 2012 and work continues to develop the group so that it can have a greater strategic influence, be representative of all LAC, play a part in recruitment, training and commissioning, and contribute to ongoing learning and service improvement.

Viewpoint, a new web-based tool for LAC or subject to a child protection plan, to contribute their views to the review of their plan, was launched in late 2012.

More than 50 children on Child Protection Plans or in the care of the Council have given their views through Viewpoint. This has revealed that:

- 87% of CYP feel they get the right amount of support. When asked 'how does your social worker help you', the most popular response is 'listens to me', followed by 'makes sure I am safe';
- CYP feel their social worker listens to them (average score out of 10 = 8);
- CYP feel safe at home, in school and in their local area (average score out of 10 = 9). This is comparable to CYP not in receipt of support from statutory services (views gathered from annual CYP survey in schools), and
- The most common issue that children want sorted out at their review is contact arrangements with their family. Most children want to go to their review and the most common preferred place to have the review is in school. Children and Young People's Services (CYPS) is acting on this feedback.

Havering continues to ensure high levels of participation of LAC at review – 99% for 2013-14 (just two LAC out of 310 subject to a review did not participate in that review).

The **tenders** for the Short Breaks (aka Respite) provider contracts were evaluated with CYP, their views contributing to 10% of the overall score. There was also the opportunity for parents to influence final decision making. For the tender for Advocacy Services, CYP designed case study scenarios for bidders to work through. The direct involvement of CYP in commissioning of sizeable contracts is an excellent example of CYP views impacting on service design, and can be replicated in future commissioning activity.

The Council trained up several LAC and care leavers to deliver **Total Respect Training**, which teaches social workers and other members of the children's workforce about the experience of being in care. At the end of the training, delegates document a personal pledge to work in a different way; the young people subsequently challenge that delegate around progress against their pledge. As well helping to develop the children's workforce, it is an excellent opportunity for LAC and care leavers to develop skills and confidence.

Professionals use the right tools and procedures for the specific needs of the child

The **Early Help Assessment**, which has replaced the Common Assessment Framework, is an improved and vitally important tool to identify families' and individual CYPs' needs at an early stage. CYPS has worked particularly closely with private, voluntary and independent service providers to ensure that they can use the tools to identify and support families they believe are in need of early help services.

Social workers are now equipped with updated practice guides and toolkits, which have helped them to support CYP to achieve sustained positive outcomes. This is evidenced in a range of indicators, e.g.:

- The stability of placements for LAC has improved significantly, with 6.7% (actual no. 13) of LAC having three or more placement moves, down from 14% in 2012-13 and 20% in 2011-12;
- 68% (actual no. 29) of LAC placements last two or more years, up from 63% in 2012-13;
- 12% (actual no. 10) of CYP who ceased to be looked after in 2013-14 have done so through adoption, up from 9% in 2012-13;
- 5% (actual no. 5) of CYP are on a Child Protection Plan for second or subsequent time in two years, higher than last year but improving.

7% (actual no. 6) of CYP who ceased to be subject to a Child Protection Plan had been on that Plan for more than two years. This is worse than 2012-13, better than 2011-12, and is improving.

The most significant development to the tools available to social care staff is the implementation of the **new improved social care IT system**. The new system, CCM, is now used by all social work staff and Children's Centres and is enabling supervisors and managers at all levels of CYPS to maintain a better oversight of children's social work.

Priority 2: Increase breastfeeding rates

In 2011/12, 71.1% of mothers in Havering gave their babies breast milk in the first 48 hours after delivery, an increase of 2.4% from 2010/11 rates. This put Havering at the bottom of the third quintile when compared to all England local authorities. When compared to London authorities, Havering had the lowest rate of breastfeeding initiation, bar one. 2012-13 initiation rates were comparable, at 71.3%.

This affects continuation rates (at 6-8 week check), although performance has improved from 39.5% (2010-11) to 45.6% (2012-13), which brings Havering close to the national average of 47%.

Increase awareness of breastfeeding to all cultures and age groups

Breastfeeding awareness sessions were delivered in ten secondary schools, with positive feedback from teachers and pupils.

There has been an **extensive marketing campaign**, focused around Breastfeeding Awareness Weeks. The most recent promotion was through Billboard campaigns and bus-signage campaign for high-risk locations.

Support mothers to feel confident to breastfeed in public

The **Breastfeeding Friendly Scheme** is proving highly successful with over 100 venues signed up, including GP surgeries, libraries, children's centres, early years education providers and local businesses. The Scheme benefitted from national television publicity in 2011. The Scheme sets out a range of criteria to which members must adhere, so that their specific service location is a welcoming and supportive environment for mothers who choose to breastfeed.

An evaluation of the scheme in February 2012, comprising over 900 people, shows that confidence and tolerance of breastfeeding in public has increased vs. June 2011 (when the scheme began). 4% of respondents said that women should not breastfeed in public (8% in June 2011); 74% said it was a good idea for women to breastfeed (vs. 69% in June 2011).

The scheme received national recognition in 2012, being recognised as an example of innovative practice by the Centre for Excellence and Outcomes (C4EO).

Priority 3: Reduce child poverty

Around 8,800 children aged 16 or under live in poverty in Havering, equating to 18% of the population, which is comparable to our statistical neighbours and reduced from over 9,000 (approximately 20%) in 2011.

Children living in poverty are concentrated in Gooshays, Heaton, Brooklands, Havering Park and South Hornchurch.

Some of the impacts of current welfare reforms are set out below:

- Caps to local housing allowance (LHA) has restricted the level of support that families can receive with their rents to the 30th percentile of rents within a local area, and set absolute limits depending on the number of bedrooms the claimant is allowed under the size criteria. These began to take effect in April 2011;
- The benefit cap restricts the total amount of support received by any one household to £500 a week for families with children and £350 for single people;
- Under-occupation charges will reduce the level of support for families in social rented housing if they are deemed to have an extra bedroom, and
- Universal Credit and Direct Payments - its rollout has been delayed but its impact on families could be significant. This restricts the total amount of six common benefits received by any one household to £500 a week for families with children and £350 for single people.

Although the overall number of CYP living in poverty has decreased, this will be partly due to the decrease in national median wage (a child is living in poverty if household income is < 60% of median wage). A broad range of activity is underway, in close collaboration with partners, to address the causes of poverty.

Develop a network of integrated services for families, focusing on the Foundation Years

Children's Centres are hubs for multi-agency working, and all new registrants are offered benefits advice.

Health Visitors work directly out of a range of Children's Centres across the borough.

Children's Centres developed as hubs for multi-disciplinary integrated teams, focused on support for Tier 3 families, as part of Early Help developments (see

Priority 1.). The team includes family support workers, Family Intervention Project Workers and a Domestic Violence coordinator.

Reduce barriers to employment

Uptake of high-quality formal childcare continues to increase. The average uptake of the three/four year-old offer was 3,648 in 2012 and 4,275 in the summer term of 2013. This gives children's development a good start and enables parents to attend work and generate household income.

The offer of **free childcare places for two year-olds** from disadvantaged families remains popular, with 280 children benefitting from the offer in academic year 2012-13 and 646 in Autumn term 2013. This is an increase from just 71 when the scheme first started in 2009.

These children are consequently more likely to access early years education (94% finished the two year-old offer in Summer 2013 and took up the three/four year-old offer in autumn 2013. Funding for the two year-old offer is increasing and it is projected that 1,120 children will be able to access a place in September 2014. Nationally, the current eligibility criteria is expected to cover 40% of two year-olds in September 2014.

4.9% of Havering 16-19 year-olds are **Not in Education, Employment or Training** (NEET), lower than national, London and statistical neighbour averages. This performance is comparable with previous years.

Improve financial wellbeing

The **Financial Inclusion Strategy** was approved in June 2012 with an embedded action plan. The six themes are Banking & saving; access to credit; increasing financial capability; home and contents insurance; addressing fuel poverty, and income maximisation.

To advance these themes, the follow actions have taken place or are underway:

- Banking Liaison Officer appointed and leading discussions with banking sector to agree ways to help more customers to access basic bank accounts (will increase employability and sustainability of tenancy for those currently without bank accounts. Risk of fuel poverty reduced if people can pay via direct debit);

- Front line staff are being trained to identify and support people who are victims of loan sharks;
- Residents are being supported to safely release equity from their homes to pay for refurbishments / repairs, avoiding loan sharks, so that older and vulnerable residents are able to stay in their homes for longer and avoid costly residential care (as self-funders and / or to the Council);
- Care Point (through its shop in Romford High Street) offers support with money management, including in-house advice or signposting to more specialist organisations;
- All new Council home residents receive a welcome pack detailing how to access home and contents insurance, and
- Welfare Rights Unit (Children, Adults and Housing Directorate) is supporting residents to maximise their benefits take-up. Between April and December 2013, this team dealt with 2,235 client enquiries, resulting in £1.1m benefit gains for the clients and £450k income gains for the Council.

Address health inequalities

Examples of work to address these inequalities include an influenza vaccination programme to children with complex health conditions, delivering MEND programmes in schools to tackle childhood obesity (by improving eating habits and increasing physical activity), and contracting smoking cessation services.

Vaccine coverage in Havering is generally in line with comparators, although is lower for Hib / MenC (exp. booster), Hib, MMR (1st dose) and DTaP at age 2. Low numbers of requests for MMR lab tests suggest that current provision and uptake of immunisations in Havering are suitable to meet the population level need.

Priority 4: Reduce teenage conceptions and terminations rates

When this was chosen as a priority for the Children's Trust, Havering's local conception figures were worryingly high with 190 conceptions in 2009 – a rate of over 40 per 1,000 girls. In 2011, this had fallen to 131 conceptions – a rate of just 28 per 1,000 girls (below the national and regional rates).

The most recent (provisional) data shows Havering has an under 18s conception rate of 27.8, slightly below the England average and above the London average. Average conception rates over the first three quarters of 2012 are in line with comparator authorities.

This is the lowest ever rate of teenage conceptions in this borough and is testament to the effectiveness of the well-coordinated partnership working which has been central to the work to achieve this priority.

There is significant variance in different parts of the borough. Wards in the far north of the borough and Brooklands recorded statistically significant higher rates of under-18 conceptions over this period; wards in the centre of the authority had significantly lower rates.

Access to Contraceptive and Sexual Health (CASH) services

Havering's Condom Card (C-Card) **scheme is one of the highest performing in London, with over 4,000 young people are registered, 63% of whom are male.**

The most commonly-used outlets are local colleges and Youth Zone. New schemes are in place with Lloyds Pharmacy and Mim Pharmacy. It is anticipated that a further seven pharmacies will join following training in early 2014. The Lead Nurse Specialist for Looked After Children (LAC) Team provides C-Cards at each LAC's annual review. Colleagues have approached many GP Practices but the lack of remuneration for participation remains a barrier to their involvement. In local sexual health surveys, young people cite GPs as their preferred source of information and advice about contraception, pregnancy and sexual health so it would be useful for GPs to join this already successful scheme.

Six schools, including one pupil referral unit, based in three TP hotspots (Harold Hill, Rainham, and Romford) have joined the C-Card scheme (i.e. they issue the cards, but signpost to other locations which provide the condoms).

15,000 foldout wallet-sized young persons' sexual health information booklets **have been distributed through C-Card centres, NHS walk-in centres and other key locations. Initial print-run was 5,000 but demand far outstripped this initial supply.**

Targeted work with vulnerable groups

The targeted sexual health service, Youngaddaction, and Children and Young People's Services (CYPS) have collaborated in the development of effective referral pathways for at-risk teenagers and make tailored interventions. Youngaddaction is the current provider of the young people's substance misuse service; there are proven links between teenage conceptions and young people's use of drugs and alcohol.

The referral pathways include six secondary schools / academies in TP hotspots, the Youth Offending Service, the Phoenix Counselling Service and the CYPS 12+ team.

Sex and Relationship Education (SRE) has been targeted at six schools in high-risk areas. In the most recent Sexual Health Survey of young people, 90% of respondents stated they had received SRE, with two-thirds rating the education positively. This is an improvement from previous years.

Workforce development

Since April 2012, three providers have delivered specialist courses to over 300 staff who work with children and young people.

Priority 5: Support complex families

When central government announced the Troubled Families programme, Havering, unlike many other boroughs, had already begun to plan how it would address the complex and inter-related risk factors affecting a section of the population, to help them to break their negative and often inter-generational cycles of behaviour and deprivation. The aim is not to create a new service; rather, to re-design our existing services and improve cooperation with partners to maximise the impact of our interventions. The step change is to ensure that the needs of the whole family, rather than individual members, are considered together and that agencies collaborate to deliver services which are in line with the whole family assessment.

The direction from central government usefully aligns with the approach we were already taking; the council will receive £700 for every family identified with potentially thousands more for those families with whom lasting positive outcomes (i.e. sustained after six months) are achieved. These outcomes fall into three areas: reduction in unemployment, improved attendance at school, reduced anti-social behaviour and youth crime.

In January 2013, representatives from the Department for Communities and Local government, who sponsor the Troubled Families work nationally, visited Havering and were delighted with the progress made, particularly in relation to the relationships forged with partners and teams which are helping to develop new systems and processes for achieving sustained outcome improvements for families.

Identifying families

DCLG gave LB Havering a target to identify 415 families by the end of March 2015 (end of the current three-year programme). This number of families will have been identified by the end of March 2014, i.e. **a year ahead of schedule**. The impact of welfare reforms has contributed to the higher-than-projected identification of families with complex needs.

Rather than identifying more families than the DCLG target, the Troubled Families (TF) programme will focus on delivering the highest possible quality outcomes for those 415 families. No further payments-by-results will be received for any families over the 415 DCLG target.

By the end of March 2014, the TF programme will have submitted **payment-by-results (PBR)** claims for 160 families, bringing the total of families for whom PBR claims are submitted to 164. This represents a good level of progress as PBR claims can only be made once six months have passed since the family achieved the positive outcome(s) specific to their own circumstances (e.g. regaining and sustaining employment, ceasing anti-social behaviour, or sustaining improved attendance at school).

Redesigning services

There has been **extensive journey mapping** with families to identify issues with existing processes and potential solutions. There is a growing bank of data and information from those families who have already been supported through the programme, which will be used to define improved operating models for inter-agency collaboration on a single family (see workforce development in next section).

Some families have upwards of 12 different agencies / professionals providing some form of support or intervention; this is clearly too many. The programme is funding an officer to **develop a strategic approach to workforce development** across the workforce, i.e. not focused solely on workforce for adults' or children's services. This work, which will also draw upon families' experiences, will need to be broader than Council workforce, to include Police and Health professionals and will ensure that professional develop skills outside of their immediate professional remit. This common approach to workforce development, with professional up-skilling and a more sophisticated operating model will help to reduce the number of professionals which a family sees and ensures consistency for families throughout the time in which they receive support from public agencies.

TF Programme has assisted the development of the **Tier 3 multi-disciplinary team** working out of children's centres (mentioned in Priority 1, above). This includes funding a Domestic Violence worker, and training and development for the teams.

The Programme is joint funding a volunteer coordinator post with Action For Children, who have implemented a **new Family Partners project** (similar to Family Intervention Projects) in Harold Hill, with neglect as the target issue. This will assist in development of Family Graduates and Family Advocates, who will be critical to success of TF Programme. Family Graduates are former service users; Family Advocates are former professionals.

The Programme is **working alongside Job Centre +** to explore opportunities to use the Flexible Support Fund to access employment for the TF cohort. One example is the creation of a 16-week training programme for TF with the schools catering workforce.

There remain some issues with information sharing, although this has been in a relatively isolated set of cases. The support and commitment from Health partners is still sometimes inconsistent, including no firm commitment of resources or staff development.

Troubled Families – Phase 2

The Government has confirmed that the **TF programme will continue for a further five years**, from April 2015 to March 2020, with an emphasis on early help. The approach is under consultation and the London Coordinators Group (of which LB Havering is an active member) has expressed its views. Details are not yet confirmed but it is likely to follow a PBR model and it is hoped that there will be greater local discretion of PBR criteria as local needs differ.

Priority 6 Improve access to high-quality therapies

Access to effective therapies has been a concern for parents and professionals alike. The broad themes of activity for this priority are to redesign services, to improve commissioning and collaboration with partners, and to ensure that we are able to intervene early and enable maximum independence.

Speech and Language Therapy (SLT)

Investment in 2010-11 (£270k into Health, £85k into Education) has delivered tangible improvements to provision of this essential service, including in the historically difficult area of hearing impairment. The extra funding allowed for the recruitment of more therapists which allows more children to receive the therapy they need. Teaching Assistants have also been trained to provide a degree of support and allow the qualified SLT therapists and technicians to support children with more complex needs. Between October 2012 – September 2013, 5,127 children registered with a Havering GP accessed SLT; 56% of whom were aged 5-10.

Redesign services

Work is ongoing to **redesign CAMHS** (Child and Adolescent Mental Health Service), based on a clear understanding of local needs and customer requirements.

A priority for the redesigned service is to ensure that the voice of the service user and the family is involved in Commissioning and decision making.

The **CAMHS Partnership Board** is re-established and is consistently well-attended by partners. This group plays an integral role in ensuring that mental health services for CYP in Havering meets identified needs. A new CAMHS Strategy is in development and will be in place in early 2014-15.

Improve commissioning and collaboration

The council will continue its work to develop more robust commissioning frameworks, to deliver improved value for money through consistent standards from multiple providers and strengthened monitoring arrangements. Substantial commissioned areas so far addressed include Domiciliary Care provision and Respite Care provision (ref. the Short Breaks tender in Priority 1).

The **forthcoming SEN Bill** presents exceptional opportunities for improved collaboration between education, health and social care services. Each child whose SEN meets locally-agreed criteria will be jointly assessed and supported through an Education, Health and Care (EHC) Plan.

A robust governance structure is in place to lead local preparations for the SEN Bill, which will come into force in September 2014, focusing on:

- Detailed analysis of local SEN populations, financial modelling and the impact of existing services;
- Joint commissioning processes;
- Our local offer and development of Personal Budgets;
- Single contact and assessment processes, and

A consultative forum with parents and CYP.

There has already been extensive work to **improve clients' transition** between care as a child to care as an adult. There is now improved information passing between to the two care services, through regular transitions meetings, and established governance arrangements for planning for young people's transition. In many cases, the aim is to provide sufficient support at an early stage, as young as 13 or 14, to improve the young person's independence, particularly if they are unlikely to be eligible for Adult Social Care services. A High Support Transitions Group is identifying and ensuring the best possible support for those CYP with particularly complex, and hence expensive, care needs. Exploration of the most effective operating models to ensure a smooth transition is underway.

NELFT has taken over from Whizzkids as the provider of wheelchairs and is now ensuring that CYP receive wheelchairs in a timely fashion, which has helped to address the concerns of parents and CYP in this area.

Early targeted interventions to increase independence

36 CYP and six adults with a learning disability have successfully completed the **travel training programme** with the Disability Association of B&D to help them to use public transport independently. A four-year travel training contract is in place to continue this service.

The most important benefit of the scheme is to the CYP involved and their families, although the work will ultimately contribute to transport savings, particularly where the CYP were previously using taxis. Savings on bus costs are more difficult to realise as removal of one child from a bus does not reduce the cost of running that vehicle.

The Children's Trust will continue to oversee and drive achievement against the CYPP priorities. Its bi-monthly meetings focus on one priority area, which allows more thorough discussion on progress, challenges and how to ensure that the priority objectives are achieved.

IMPLICATIONS AND RISKS

Financial implications and risks: None for Members to consider

Legal implications and risks: None for Members to consider

Human Resources implications and risks: None for Members to consider

Equalities implications and risks: None for Members to consider

BACKGROUND PAPERS

There are no background papers.