



OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

Children and Young People's Plan 2011-14: an update on achievements

CMT Lead:

Sue Butterworth, Group Director – Children's Services

Report Author and contact details:

Simon Jolley, Strategic Lead – Performance and Policy, Social Care and Learning (x3886)

Policy context:

Ensure safety and promote wellbeing of children and young people

SUMMARY

This report is intended to update the Overview and Scrutiny Committee 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.

There is significant progress to report against all priorities, which are delivered in line with the council Transformation Programmes, predominantly the Children and Families Transformation Programme (CFTP). There is also explicit crossover between the outcomes defined in the CYPP and those of the CFTP.

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 outlines the progress and work underway, to achieve the aims of the Children's Trust's priorities.

RECOMMENDATIONS

Members are asked to note the contents of the report.

REPORT DETAIL

1. Ensure all children and young people are protected from abuse and neglect

It is paramount that all agencies ensure the safety and promote the wellbeing of our children and young people. Activity areas are based on agencies working together effectively, intervening in the right way at the earliest opportunity, achieving lasting positive outcomes, and ensuring that processes enable the positive participation of families in service design and delivery.

Strengthened multi-agency working practices

Attendance at Core Groups and Child Protection Conferences has improved, with 75% of those invited attending. Further work is underway to ensure that GP and Probation representatives attend as required.

The Multi-Agency Safeguarding Hub (MASH) is due to go live in 2012. Partners will co-locate in Mercury House, to ensure that assessment of need is based on the best and broadest shared information. The first phase will comprise social care, Police and Health partners.

With closer partnership and improved information, MASH will enable better-informed decision-making and more sophisticated harm identification and reduction.

A triage service is in operation in the Duty and Assessment Team and a new multi-agency referral form was released in February 2012. These two developments will help to reduce the number of referrals which do not meet the child protection thresholds, and ensure that children's social care can take the appropriate action on any referrals as swiftly and effectively as possible.

Havering (via its LSCB) is a pilot site for the London Councils Quality Assurance Framework (QAF). The local pilot focuses on pregnant women or new mothers with a specific vulnerability or risk factor (e.g. teenage mothers, women at risk of domestic violence, or with a mental health condition). It aims to ensure that the support and services provided to these women delivers positive outcomes.

Work is progressing well: business processes are mapped, performance metrics are defined, surveys of clients and professionals are underway and detailed review of a representative number of cases is planned for April 2012.

This wealth of information will enable us to identify improvements and track the improvement in outcomes. Several quick wins have already been identified, around improving sharing of information and joint decision-making between ante-natal and post-natal services.

The new three-year Families Programme, part of the Troubled Families agenda, will provide early intervention to vulnerable families, experiencing inter-generational unemployment and other negative cycles which are barriers to employment. All public sector services have been invited to refer families.

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Improved participation of families
A range of mechanisms already exist to ensure that the views of children, young people and families are taken into account in assessments and reviews.
Work is underway to identify mechanisms to co-design operational improvements and strategic direction with these groups.
Work currently underway includes review of Children in Care Council arrangements, involvement of young people in assessment of bids for Short Breaks contracts, first annual Looked After Children survey will launch in April, and a highly participative LAC website will offer alternative ways for LAC to engage and offer feedback on local practice and direction. Young people are integral to the planning and design of this latter piece of work.
The Safeguarding and Service Standards Unit will begin interviews with young people recently de-registered from a child protection plan, to understand their experience and how to improve the experiences and outcomes of other young people as a result.
Professionals use the right tools and procedures for the specific needs of the child
The Common Assessment Framework is a critical early intervention tool, through which the needs of a given individual can be clearly understood. The CAF gold standards are being applied to similar early intervention tools in use across other agencies, to ensure that all such assessments are of the necessary level of quality.
The LSCB is now leading progress on CAF implementation, to reinforce that CAF is a partnership endeavour rather than Council-led. A detailed evaluation of CAF outcomes underway – latest figures demonstrate that identified needs are met in 70% of CAFs closed.
CAF uptake is improving, with Children's Centres now using CAF as their main tool for assessing the needs of referred families.
The Top 100 Families project will develop professional standards and a quality framework for intervention, to ensure the right services are delivered to the agreed standards.

2. Increase breastfeeding rates

Evidence indicates that breastfeeding may have a protective effect against obesity in children, when compared to babies who are bottle fed. Havering has one of the highest rates of childhood obesity in London, coupled with the lowest breastfeeding rates in London. However, designing appropriate interventions was hindered by the lack of reliable data on breastfeeding. To address this gap, significant work has been undertaken to improve the reliability and completeness of breastfeeding data and this means that Havering now has a solid baseline on which to benchmark the impact of future activity. The impact of efforts to improve initiation and continuation of breastfeeding is being evaluated.

Increase awareness of breastfeeding to all cultures and age groups
Breastfeeding awareness sessions were delivered in five secondary schools, with a further five planned.
There has been an extensive marketing campaign, beginning with a highly-successful series of events for Breastfeeding Awareness Week in 2011. The most recent promotion was through Billboard campaigns and a bus-signage campaign for high-risk locations will shortly begin.

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Support mothers to feel confident to breastfeed in public
The Breastfeeding Friendly Scheme is proving highly successful with over 90 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.
Improve access to breastfeeding support services
Breastfeeding Cafes and peer support services in Children's Centres and maternity units remain popular.

3. Reduce child poverty

Nearly one in five Havering children (<16 years) live in poverty. Although this is lower than many London boroughs, the rate is increasing and is higher than for our statistical neighbours (range is 16-18%). 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.
There are three Children and Family Partnerships in Havering, to commission and deliver services which meets the specific needs of the families in that area.
Foundation Years Localities have defined specific outcome-focussed objectives, with many focused on reducing child poverty, including uptake of formal childcare, domestic violence and early years attainment
Reduce barriers to employment
Uptake of high-quality formal childcare continues to increase, giving children's development a good start and enabling parents to attend work and generate household income.
The offer of free childcare places for two year-olds from disadvantaged families remains popular and evidence shows that these children are consequently more likely to access early years education.
The new Havering Apprentice Training Agency is increasing opportunities across the borough and targeted work in colleges is focused on reducing the risk of young people moving into long-term unemployment. More than 500 young people have entered into an apprenticeship in Havering, exceeding our targets.
The new Families Programme aims to get > 450 individuals through their programme and back to work.
The % of 16-19 year-olds Not in Education, Employment or Training (NEET) is lower than national, London and statistical neighbour averages. A targeting toolkit, which identifies 13-15 year old pupils at risk of becoming NEET has been piloted in six schools; feedback was positive and expansion is planned.

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Improve financial wellbeing
The Financial Inclusion Strategy will be put to Cabinet in March 2012. Its main themes are Banking & saving; access to credit; increasing financial capability; home and contents insurance; addressing fuel poverty, and income maximisation. A broad range of activity will follow.
A targeted communications campaign throughout 2012 focuses on debt advice, benefits entitlement, illegal money lenders and fuel poverty. April is national Benefits Awareness month.
Address health inequalities
Health inequalities are intertwined with deprivation levels. A key influence on health outcomes is education. Access to services is also a major influence on health equality. All partners are working together to identify and address health inequalities.
Examples include delivering 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.

4. Reduce teenage conceptions and terminations rates

Teenage conception rates had been increasing, contrary to a national and London-wide downward trend. Latest data shows that the local rate is now falling and at a faster rate than for London and England, demonstrating the impact of local efforts. The conception rate (31.6 per 1,000 teenage girls) is the lowest since April-June 2006.

Access to Contraceptive and Sexual Health (CASH) services
Condom Card (C-Card) registrations continue to increase, with a high number of repeat visits. The Havering C-Card scheme is the highest performing in London.
A foldout wallet-sized young persons' sexual health information booklet was launched in November 2011, with 5,000 to be distributed through C-Card centres, NHS walk-in centres and other key locations.
Targeted work with vulnerable groups
The targeted sexual health service will work in collaboration with Children and Young People's Services to develop effective referral pathways for at-risk teenagers and make tailored interventions. Sexual health services are provided by GPs, NHS Walk-in Centres, and Clinics. Two Clinics are located in non-health young people-focused venues (Youth Zone, Romford, Information Shop, and Harold Hill).
Workforce development
Three providers are delivering specialist courses to up to 200 staff who work with children and young people. The most popular course covers sex, drugs and alcohol, which aims to raise awareness of causal links and how to provide effective interventions and achieve lasting outcomes

5. Support complex families

There has been a lot of recent media attention on the Government's Troubled Families programme. Unlike many other boroughs, Havering 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. This work has been progressed through the Top 100 Families project currently underway. 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 direction from central government usefully aligns with the approach we were already taking; the council will receive money for every family with whom lasting positive outcomes are achieved.

Troubled Families / Top 100 Families
Partners have suggested more than 800 individuals who they feel would benefit from involvement in this work; over 500 families have been suggested. There is a significant proportion for whom domestic violence, substance / alcohol abuse and mental health issues are commonly identified. Analysis continues to refine this list, to determine which families will ultimately be part of this programme.
Families which have been part of Family Intervention Projects (FIPs), successfully, are assisting with journey mapping to help inform the best approach to take.
It is currently planned to begin working with some of the Troubled Families in late Spring.
Community Budgets
Our early work on Troubled Families puts us ahead of many other boroughs. Although Community Budgets follows similar principles to Troubled Families, of prevention, early intervention and effective targeting of resources, the scope of the work is wider.
The project will enable partners to make sound commissioning and service delivery decisions for a given locality; the emphasis is on pooled budgets, joint planning and community involvement.

5. 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. Limitations remain in some areas of service, e.g. Hearing Impairment; work is underway to train Teaching Assistants to provide a degree of support and allow the qualified SLT therapists and technicians to support children with more complex needs.
Priorities over the next 12 months include improved provision in Secondary schools and improved provision for Hearing Impairment.

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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 strategic Health review is underway concurrently across ONEL (Outer North East London), in which the council's Children's Commissioner is involved. The aim is to develop more integrated commissioning and provision of services across ONEL, with greater collaboration between Health, social care and education agencies.
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.
Children's Social Care are also working closely with Health on this review; a joint working group has been established to ensure that flexibilities are built into the contract, particularly in light of the new ways of working required to meet the Top 100 / Troubled Families agenda.
The CAMHS specification for Havering is in the final stages of development.
Redesign of other forms of therapeutic services will follow, e.g. Physiotherapy.
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.
The Transitions project continues to progress well, with the aim of improving clients' transition between care as a child to care as an adult.
A detailed study of current clients, costs and services is informing how adults' and children's services can work better together, to either ensure a seamless transition for the client or provide sufficient support at an early stage to enable the client to gain increased independence, particularly if they are unlikely to be eligible for Adult Social Care services.
Early targeted interventions to increase independence
A six-month pilot travel training scheme with the Disability Association of B&D is helping young people to use public transport independently. A four-year travel training contract is being procured through East London Solutions.
The new Autism Strategy (to be ratified by Children's Trust in May 12) advocates targeted strategies for addressing mental health issues. Delivery against this strategy will provide workers across sectors and professions with a common language and an effective toolkit for supporting their clients

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The Children's Trust will continue to oversee and drive achievement against the CYPP priorities. Its bi-monthly meetings from March 12 focus on one priority area, which allows more thorough discussion on progress, challenges and how to ensure that the priority objectives are achieved.

The changes to commissioning structures in light of the Health and Social Care reforms, including creation of Clinical Commissioning Groups (CCGs) and the development of the shadow Health and Wellbeing Board, affect how each of the six priorities are to be progressed in the longer-term. The council and its partners are in a period of transition and future accountabilities are being defined, through close and well-managed collaboration across the health and social care sectors.

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.