

Children and Young People's Plan 2012-2016

Review of Priorities and Outcomes January 2015



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Activity	Milestone	Review	Evidence
<p>Priority 1 – Effective Early Support so that families know how to access services through a single front door with a single integrated assessment process that delivers interventions effectively for Levels 2 and 3 of the Continuum of Need.</p>			
<p>i) Produce the Early Support Strategy.</p>	<p>Draft Strategy is consulted upon. Establish work programme for Early Support Strategy Group. Launch the Team Around the Family (TAF) Assessment Tool. Roll out TAF implementation Workshops.</p>	<p>Completed October 2013.</p>	
<p>ii) Evaluate and test early intervention models that make a difference.</p>	<p>Review existing provision of parenting programmes across the Borough. Establish national and international best practice models for parenting (part of iii below).</p>	<p>Reviews undertaken. LIFT Project (Lottery Funded) coming to the end of its 3 years – detailed monitoring reports produced and Chester University are undertaking an evaluation. Sustainability funding has been applied for. Chester University Evaluation of IES services to be undertaken between January and October 2015.</p>	<p>Reports to BIG Lottery and Ecorys show successful achievement of a range of outcomes. Model based on building self-esteem of families and empowering them to use personalised budgets, at the same time building the capacity of the voluntary, community and faith sector. Detailed work on Social Return on Investment completed which shows significant savings to the public purse The Children's Society runs a Youth Inclusion Project for young people in Northwich and Winsford areas. Referred for issue based work in groups with C&YP aged 7-15 years plus school mentoring in 5 schools. Positive evidence from schools and parents of increased attendance at school and less risky behaviour. Cheshire Fire and Rescue Services RESPECT Programme for both primary and secondary schools working with children and young people around risk taking behaviour, consequences of their actions and personal safety. Evaluation of IES services to be presented to Public Services Board (PSB) and Children's Trust in December 2015.</p>

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Activity	Milestone	Review	Evidence
<p>iii) Commission new model of early intervention with families, including with the voluntary, community and faith sectors.</p>	<p>Design service specification around what works. Review effectiveness of new service. Undertake options appraisal for new team models including costing location review and models of operation.</p>	<p>Commissioned services with Catch 22, Core Assets, Quarriers and Cheshire Young Carers. As part of commissioning process monitor and evaluate progress against detailed outcomes (in specification)</p>	<p>Regular contract review process in place Performance Management Framework (PMF) reports from Children's Commissioning available. Regular contact review process in place. PMF reports from Children's Commissioning available.</p>
<p>iv) Review potential models for co-located integrated teams based on children's centres.</p>	<p>Undertake a review of existing children's services operating preventative models of service including current location, team structures and financial commitment. Undertake options appraisal for new team models including costing location review and models of operation.</p>	<p>Team established in October 2013. Team has expanded to also include Community Safety, Education Welfare, Information Advice and Guidance and Young People's Services. Teams to be co-located from April 2015.</p>	<p>New model of Integrated Early Support (IES) will be operational from April 2015. University of Chester have been commissioned to undertake an evaluation of the service between January and October 2015.</p>
<p>v) Refresh all the early support actions and new forward plan produced.</p>	<p>Early Support Group to review and refresh the action plan.</p>	<p>Service review undertaken – started July 2014 completed November 2014. Changes to be implemented 1 April 2015.</p>	<p>Business Plan available for 2015 and updated project plan.</p>
<p>vi) Commissioning health improvement services for communities to improve their health and well-being through healthy living centres etc.</p>	<p>Provision of health promotion activities such as cooking skills for families and support for the health and well-being of looked after children.</p>	<p>Community food programme developed and operating within the two Healthy Living Centres (Ellesmere Port and Chester). The programme offers cooking skills classes for families and other activities centred on healthy lifestyles. The Healthy Living Centres are a one stop shop for information and advice about healthy living that enable all sectors of the community to access resources and support. The Healthy Living Centres and the activities and resources they offer are now incorporated in the Integrated Wellbeing Service. This includes both universal and targeted provision. BRIO awarded contract live from 1 April 2015.</p>	

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Activity	Milestone	Review	Evidence
Priority 2 – Improved outcomes for Children in Care so that children are engaged in planning services such as leaving care service and there is an improvement in the stability of placements for looked after children			
i) Closer liaison between Children in Care (CiC) Council and Children's Trust	<p>Children's Trust adopts and commits to deliver on the CiC Council Pledges – Corporate Parenting Board (CPB) is also reviewing the delivery of the pledges. http://www.cicc.org.uk/?page_id=12</p> <p>Children's Participation Team moves under the management of the Children's Trust.</p> <p>Direct engagement of CiC Council in Children's Trust planning events.</p>	<p>Pledge monitoring system now in place. Guidance note for its implementation produced and endorsed by CPB.</p> <p>Pledge review due in 2015</p> <p>Team now managed by Children's Social Care.</p>	
ii) Review of the effectiveness and quality of Leaving Care Service	<p>Consult with young care leavers about plans to establish the Leaving Care Service.</p> <p>Review Leaving Care Service.</p> <p>Recommendations fed back to Children's Trust Board (CTB) and Local Safeguarding Children's Board (LSCB) with improvements reviewed within 12 months.</p>	<p>Reviewed and implemented. Focus now on EET (in Employment, Education, and Training) of Care Leavers.</p> <p>Pathway Planning – ensure consistently good quality. C&YP take part in process, engaged and good relationship.</p> <p>Ensure in appropriate accommodation is a priority – implementing strategy.</p>	<p>Cared for destinations December 2014/ January 2015:</p> <ul style="list-style-type: none"> 6th Form – 11 % Apprenticeship – 3% College – 24% EET – 10% EET Army – 1% NEET – 28% Training – 6% University – 5% Voluntary Work - 1% Work – 11%

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Activity	Milestone	Review	Evidence
<p>iii) Review of effective adoption service in line with national policy review.</p>	<p>Analysis of national green/white paper and required improvements reported to the Board – consultation.</p> <p>Adoption summit held and Scrutiny report produced by elected member.</p> <p>Review effectiveness of Fostering and Adoption Service to be undertaken once actions and recommendations implemented.</p>	<p>Progress has been made.</p> <p>Actions being produced to address Fostering. Adoption being developed further.</p> <p>Review of Sufficiency Strategy for Fostering and Adoption being undertaken.</p> <p>Actions: Target recruitment of foster carers to increase numbers; look at Fostering Friendly kite mark for staff; make sure planning right for child and assessment and care planning right for child.</p>	<p>The percentage of children in care being adopted has been increasing since 2011. 15 children were adopted in 2013 and are increasing. 25 children have been adopted since 1 April 2014.</p>
<p>iv) Review of Stability of Placements for looked after children in light of on-going review and improvements.</p>	<p>Undertake task to establish baseline and report to CT.</p> <p>To develop a plan to improve placement.</p> <p>Undertake survey with young people to test that service improvement had impact on them including reduction in placement moves.</p>	<p>Ensure stability of placements.</p> <p>Number of CiC – ensure children move through system quicker.</p> <p>Timeliness of children entering and exiting the system.</p> <p>Aim: Placements to be in Borough where possible.</p>	<p>The percentage of children in care with 3 or more placements in CWAC has declined since 2010 to present despite an increase between 2012 and 2013. The percentage of children placed outside the LA boundary and no further than 20 miles from home has increased from 14.7% to 20.2% between July 2012 and June 2014. 43% of placements outside and 57% inside LA boundary as at June 2014.</p>

Activity	Milestone	Review	Evidence
Priority 3 – Improved outcomes for children and young people who experience domestic abuse (DA) so that children will be safer and the Trust will know which interventions are most effective in safeguarding children.			
<p>i) Undertake a review of existing operational services supporting children.</p>	<p>Undertake borough wide review across agencies to establish effectiveness of current interventions.</p> <p>Present what effective models and tools for supporting children affected by DA and perpetrators of DA are available.</p> <p>Present the national policy position of DA and the impact for CWaC children.</p>	<p>Review to take place in April 2015 when full years data available.</p>	<p>Voluntary perpetrator programme in place until June 2015. On 5th March 2015 a pan-Cheshire conference to look at national Mirabal project evaluation and programmes took place to inform the re-commissioning exercise.</p> <p>Young People Independent Domestic Violence Advisor (IDVA) to be appointed from April 2015 by Police and Crime Commissioner (PCC).</p> <p>Countess of Chester Hospital (COCH) IDVA post in place and working effectively across all agencies. This is impacting positively on children living with DA.</p>
<p>ii) Present analysis of local Multi-Agency Risk Assessment Conferences (MARAC) cases in the context of the child's experience to the CTB.</p>	<p>To undertake the analysis and impact known to the system.</p>	<p>MARAC looking at high risk cases. IES medium/low cases.</p> <p>Navigate Safer Team – perpetrators of DA</p> <p>Pilot link with Halton Borough Council re: young male perpetrators</p>	<p>High risk domestic abuse cases are discussed at MARAC – there were 458 cases discussed July 2013-14 relating to 349 individuals. Approximately 5% of MARAC cases are for victims aged 16-17.</p> <p>The Cheshire West Domestic Abuse Family Support Unit (DAFSU) works with victims of abuse aged 16 and over. In 2013/14 there were 443 high risk cases referred to the DAFSU. Over a 5 month period 3.7% of cases referred were 16-17.</p> <p>COCH rep at CWAC and Flintshire MARACs.</p>

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Activity	Milestone	Review	Evidence
<p>iii) Commission refreshed intervention model of preventative service plus model for intensive intervention for children - links with Living Well.</p>	<p>Cross reference with early intervention parenting service specification.</p> <p>Identify resources for work with children and young people in schools/universal settings to explore the issue of abusive relationships.</p>	<p>Taken place. DA Strategy with Cheshire West Domestic Abuse Partnership Group for final approval and to be launched in March 2015 (Strategy 2015-2018)</p> <p>Public Health: Support around building healthy relationships is included in the 5-19 Healthy Child Programme service specification.</p> <p>Young People's Services – additional investment has been agreed to support youth provision with a specific focus on enhancing health and wellbeing – this will include safe relationships.</p> <p>As part of the 0-5 Healthy Child Programme the Family Nurse Partnership Programme works with teenage parents and tackles issues related to healthy relationships and empowerment around abusive relationships.</p>	<p>Ran 2 victim focus groups and stakeholder events during consultation.</p>
<p>Voice of the child in DA.</p>	<p>Experience survey to be undertaken and results analysed to inform future commissioning rounds.</p>	<p>Services provided by Quarriers.</p>	<p>Feedback results in April 2015</p>

Activity	Milestone	Review	Evidence
Priority 4 – Narrowing the Gap for children who live in more disadvantaged areas by ensuring that children make at least the expected progress and achieve in accordance with their potential in high quality schools and settings.			
<p>i) Narrow the attainment gap for children in care.</p>	<p>Improve the outcomes of looked after children at all key stages through: increasing the % of quality of Personal Education Plans (PEPs) with SMART targets and through coherent working through education (LA and schools) and social care.</p> <p>Multi agency care planning meetings demonstrate evidence of impact in terms of outcomes for looked after children.</p> <p>Governors, foster carers, designated teacher/practitioner/social workers access high quality training and support.</p> <p>Continue to develop the monitoring and tracking of the progress of looked after children so that early intervention can be put in place to improve educational outcomes.</p>	<p>2013 improvement but 2014 widened.</p> <p>Appointed Virtual School Head.</p> <p>Streamlined PEPs now reviewed termly.</p> <p>Closer working relationship CiC Education Team and Children's Social Care.</p> <p>Pupil Premium Plus introduced.</p> <p>Objective: 100% PEPs to be completed and quality of PEPs to be of consistent good quality.</p> <p>Improvement in planning meetings.</p> <p>Training on-going. Held conference in 2013. Sharing good practice.</p> <p>Improving quality of PEPs and monitoring. PEPs now reviewed on a termly basis rather than annually.</p>	<p>2014</p> <p>KS2 – Percentage gap with Peers</p> <p>Reading 35%</p> <p>Writing 41%</p> <p>Maths 37%</p> <p>Pupils achieving 5 GCSEs A* to C – 19.4% 2013 (2014 not available at time of review)</p>
<p>ii) Narrow the attainment gap for children on free school meals (FSM).</p>	<p>Schools and settings where attainment of free school meal (FSM) children is lower than attainment of non FSM children have been identified and shared with individual schools, head teachers and governors.</p> <p>Schools identify and implement intervention and support which improves the progress of children on FSM.</p> <p>Identify and share good practice around strategies that work to improve the educational outcomes for children on FSM; appropriate CPD made available to children's centres, PVI settings and schools.</p> <p>Work with schools to improve approaches to analysing the data on children on FSMs, identifying targets for accelerated progress and effective monitoring and tracking.</p>	<p>There has been a significant improvement in Early Years. Primary and Secondary slow improvement. This is a priority area for improvement. This issue was raised as a concern for CWAC in the annual Ofsted report in 2013 but not in 2014. Effective use of Pupil Premium is not often raised as an issue in the inspections of individual schools.</p> <p>Schools are regularly reminded about the importance of Narrowing the Gap and the effective use of Pupil Premium. This is done through conferences, head teacher meetings, governor forum and regular communications to schools.</p> <p>Achieved through an Action Research project in 2013, through conferences and through the establishment of primary network meetings.</p> <p>Data is shared with schools. School Improvement Advisers monitor and challenge schools that are part of our targeted/specialist support. Pupil Premium Reviews are brokered according to need.</p>	<p>2014</p> <p>KS2 – Percentage gap with Peers achieving L4 or above</p> <p>Reading – 15%</p> <p>Writing – 22%</p> <p>Maths – 17%</p> <p>Pupils achieving 5 GCSEs A* to C – 38.5% compared to those not eligible for FSM 72.9%</p>

Activity	Milestone	Review	Evidence
<p>iii) Narrow the attainment gap for boys.</p>	<p>Schools and settings where attainment of boys is lower than girls have been identified and shared with individual schools, head teachers and governors.</p> <p>Schools identify and implement intervention and support which improves the progress of boys.</p> <p>Identify and share good practice around strategies that work to improve the educational outcomes for boys; appropriate CPD made available to children's centres, PVI settings and schools.</p>	<p>Figures are monitored each year. Improvements in gender gap have been mixed.</p> <p>Data is shared with schools. School Improvement Advisers monitor and challenge schools that are part of our targeted/specialist support.</p> <p>Good practice is shared via head teacher meetings and through training offered by advisers and Quality Learning Partners (QLP).</p>	<p>2014</p> <p>KS2 – Percentage gap with Girls achieving L4 or above</p> <p>Maths – 1%</p> <p>Reading – 2%</p> <p>Writing – 9%</p> <p>Pupils achieving 5 GCSEs A* to C – 62.1% Boys compared to 77.5% Girls</p>
<p>iv) Continue to improve the performance of our Early Years Foundation Stage (EYFS) profile particularly as it impacts on school readiness in more disadvantaged communities.</p>	<p>Monitor performance trends in EYFS and continue dialogue with Primary School Heads via CWAPH forum.</p>	<p>Performance has improved significantly. CWAC figures now above national average</p>	<p>In 2012/13 by the end of reception year 52.4% of children achieved a good level of development. (England average 51.7%)</p> <p>In 2014 61% of reception children reached a Good Level of Development. (National - 60%)</p> <p>The FSM gap narrowed in 2014 by 4%, from 26% to 22%.</p>

Activity	Milestone	Review	Evidence
<p>Priority 5 – Improved health and well-being outcomes for children and young people in the borough.</p>			
<p>i) Increasing breastfeeding rates at 6-8 weeks.</p>	<p>Deliver two peer support programmes producing 20 new Bosom Buddies to support existing team.</p>	<p>The peer support training was delivered as planned and regular training is offered in order to maintain the levels of volunteer peer supporters in the CWaC area. There are currently 20 peer supporters in the area.</p> <p>There are two infant feeding advisor posts funded within the CWaC area.</p> <p>There are social marketing events organised in CWaC to promote breastfeeding delivered in collaboration with CHAMPs (Communities and Hospitals Advancing Maternity Practices). This included delivery of the 'Breast Milk It's Amazing' campaign and local initiatives such as 'Picnic in the Park'.</p> <p>Additional funds have been allocated to the Bosom Buddies Programme 2014-15. Further investment has been agreed 2015-16 to support best beginnings programme CWaC has been selected as the North West participant – this will be part of a (University of Central Lancashire) UCLAN led research programme.</p>	<p>2013/14 Proportion of mothers initiating breastfeeding at birth in CWaC was 65.3% compared to the England rate of 73.9%.</p> <p>At 6-8 weeks the proportion of babies being breastfed fell to 35.1% compared to the national average of 45.9%. Ellesmere Port and Neston has the lowest breastfeeding rates.</p> <p>COCH actively involved in this agenda within the Maternity Unit and community.</p>
	<p>Peer support delivered in Community Hospital settings.</p>	<p>Delivered.</p> <p>Breast feeding support groups and peer support based in the community and hospital settings available across CWaC. There are a range of breastfeeding groups run across CWaC these utilise community based infant feeding advisers and peer supporters. The breastfeeding support groups are also supported by midwifery partners and will refer to the hospital based infant feeding team if there are complex feeding problems requiring additional interventions.</p> <p>There is additional support offered through a social media group set up by the Bosom Buddies peer support group,</p> <p>The range of services being offered by peer support supporters is being expanded with a telephone support service.</p>	

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Activity	Milestone	Review	Evidence
<p>i) Increasing breastfeeding rates at 6-8 weeks continued.</p>	<p>Audit of breastfeeding Support Groups</p>	<p>Completed.</p> <p>This was undertaken as part of the Child Weight Management Strategy. The audit outlined the need to develop clear pathways. Support for breastfeeding has been identified in the CWAC Obesity Strategy as a high impact intervention.</p> <p>The level of support is being reviewed by the Health Improvement Team within Public Health and findings will be presented to the Public Health Governance Group.</p> <p>Breast feeding is a core element in the National Health Visiting specification and has been further developed in the local specification for the new service which is to be tendered from 1 April 2015.</p>	
	<p>Ensure providers have sustainability plans to achieve/maintain Baby Friendly Initiative (BFI) commitments.</p>	<p>In order to ensure ongoing sustainability this will form a key strand of the 0-5 Healthy Child Programme service specification and is included in the Obesity Strategy and Early Years Policy Commission recommendations. The current provider is applying for the level II UNICEF baby friendly initiative.</p>	

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Activity	Milestone	Review	Evidence
<p>ii) Increase childhood healthy weight.</p>	<p>Delivery of Health Exercise and Nutrition for the Really Young (HENRY) Core Training programme to Health Practitioners and Early Years Practitioners across CWAC. Two courses leading to a maximum of 32 practitioners trained.</p>	<p>HENRY training completed and evaluated. Current options for this service are being reviewed alongside the specifications for the new 0-5 Healthy Child Programme.</p>	<p>4-5 year olds - In 2012/13 just less than one quarter of CWAC children in their school reception year were an unhealthy weight. 8.9% of children in this age group were obese compared to 9.3% for England. 15.1% were overweight compared to national average of 13%.</p> <p>10-11 year olds – in 2012/13 just under a third of CWAC children were an unhealthy weight (31%). Lower than the national average.</p>
	<p>Review initial impact of procurement of child weight management service for school age children and young people.</p>	<p>The current commissioned service from Bridgewater Community Trust covers primary school children. Current performance has been reviewed as a consequence the current contract has been extended with a more targeted service and a revised set of performance targets and will include a pre-school pilot element.</p> <p>The newly commissioned 5-19 Health and Wellbeing Service incorporates healthy weight.</p> <p>Child weight management is being reviewed as part of the 0-5 Healthy Child Programme specification.</p>	

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Activity	Milestone	Review	Evidence
<p>iii) Develop a common illness self-care programme for parents/carers in order to reduce hospital admissions in the under 5's.</p>	<p>Develop a discussion paper for key meetings. Secure agreement for funding. Commission programme. Implement programme. Monitor and review.</p>	<p>Delivered.</p> <p>Pathways for clinicians and discharge and advice sheets have been developed to use for bronchiolitis and fever and guidelines have been produced for GPs for lower respiratory tract infections and for the wheezy child in the West Cheshire CCG area.</p> <p>The self-care programme has been developed by LA (Public Health) and key health partners – Procured a self-care resource for parents and young people from Sense Interactive which has now been implemented and is in circulation.</p> <p>Common Conditions/Illness Resource for 0-11 and 12-19 year olds in booklet and e mail form a link to access the online resource and booklets included in the Red Book. This is now subject to a further review and update. There is also a mobile application for 12-19 age range suitable for mobile phone use.</p> <p>Distribution has been via new birth packs (commenced January 2014). 12-19 guide via all high schools (December 2013).</p> <p>Enabling self-care is a core principle within both the 0-5 and 5-19 Healthy Child Programme services.</p>	<p>In 2013/14 there were 678 emergency admissions for an injury among CWAC children under the age of 15. Of the 678 admissions 46% were children aged under 5 years which is significantly higher than the England average – over half of the injuries occurred in the home (52%) and were most commonly head injuries caused by a fall, accidental poisoning accounted for 12% and 4% transport accidents.</p>

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Activity	Milestone	Review	Evidence
<p>iii) Develop a common illness self-care programme for parents/carers in order to reduce hospital admissions in the under 5's continued.</p>		<p>Reducing hospital admissions due to injury – West Cheshire CCG working with CWaC lead commissioner and key health and early years providers to explore collaborative commissioning opportunities to reduce hospital admissions due to injury -</p> <p>Public Health (as lead commissioner) presented a report to the West Cheshire and Young People's Health Strategy Group at its March 2014 meeting on hospital admissions for injuries to 0-19 year olds and a proposal to commission a home safety scheme. The Group agreed that the appropriate governance arrangements for this work should be considered by the Health and Well Being Board – general consensus that a new service is not required as improvements could be secured by working with and training existing staff to provide advice and guidance to parents.</p> <p>The Early Intervention Policy Commission's Health sub group made a recommendation to the Council's Executive on 4 February 2015, to explore the establishment of a home safety scheme and train existing workforce to provide advice and guidance to parents of 0-5 year olds on safety in the home to enable and support a reduction in burns, falls and ultimately attendance at Accident and Emergency. The findings were noted and officers asked to act on the recommendations.</p>	
<p>iv) Develop an Integrated Children's Investment Team.</p>	<p>Integrated Investment and Outcome vision paper developed and agreed by key partners.</p> <p>Integrated Investment and Outcome Delivery Plan developed.</p> <p>Operational frameworks agreed, staffing agreed.</p>	<p>This has been superseded by the creation of a shared Strategic Commissioning Service for children with Halton Borough Council. A Joint Strategic Commissioning Framework has been developed and approved by the Children's Trust.</p>	

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Activity	Milestone	Review	Evidence
<p>v) Develop an integrated and assessment and decision making process for children with disabilities, complex needs and additional health care needs linked to the Access to Resources Team (ART).</p>	<p>Scoping phase with key partners. Development of an integrated discussion and decision making process. Implementation of an agreed integrated discussion and decision making process.</p>	<p>As above. Superseded by Education Health and Care Plans (EHCP). Not all children will have EHC Plan so development of an integrated process to support planning and resource /funding requirements undertaken. Will be supported through the re-commission of the 5-19 Healthy Child Programme and future 0-5 Healthy Child programme.</p>	
<p>vi) Develop an integrated commissioning approach to services for children with disabilities, including community equipment.</p>	<p>Children with disabilities health issues multi agency workshop. Delivery Plan developed. Delivery plan implemented.</p>	<p>This is included in the Joint Commissioning Plan.</p>	<ul style="list-style-type: none"> • Short breaks provider forum implemented involving Commissioned and community groups • All Short breaks commissioned contracts have a Performance Management Framework report – reports quarterly followed by formal reviews • Short Breaks statement just about to be reviewed • Developing a SEND Joint Commissioning plan – Commissioning group meeting monthly
<p>vii) Stop the inflow of young people recruited as smokers, to motivate and assist every smoker to quit and to protect families and communities from tobacco related harm</p>	<p>Deliver a comprehensive Tobacco control action plan in order to reduce smoking rates among 15 year olds to 12% or less by the end of 2015.</p>	<p>Note: New data not available until October 2015. This is a targeted area within the Integrated Wellbeing Service. Providers have been asked to collect data in relation to this target. The Public Health team are taking part in a peer review process on tobacco control which will identify key areas for development. The Integrated Wellbeing Service includes young people as a target group – the new service will be available to 13+. Smoking is also a key area in the delivery of the 5-19 Health and Wellbeing offer. The Public Health Improvement Team have completed work around the Smoke Free Playground Initiative and are awaiting final sign-off within the Council. This is anticipated to be launched in May 2015.</p>	<p>Model based estimates (2013) suggest that around 3.6% of 11-15 year olds in Cheshire West and Chester are regular smokers compared to 4% nationally, and a further 1.7% are occasional smokers. Prevalence across wards varies between 1% and 6%. At age 15 smoking prevalence increases to 9.8% for regular smokers in CWAC compared to 8.7% nationally. Smoking prevalence is 16.4% for regular smokers aged 16-17 years old in CWAC.</p>

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Activity	Milestone	Review	Evidence
<p>viii) Develop a toolkit for young carers re: death, dying and loss.</p>	<p>Carry out 2 x focus groups with young carers to identify their needs.</p> <p>Resource development sub group of Cheshire Living Well Dying Well Partnership to support development of a toolkit in response to need.</p> <p>Toolkit to be endorsed by Cheshire Living Well Dying Well Partnership.</p> <p>Toolkit to be piloted with group of young carers.</p>	<p>Actioned – two focus groups took place in December 2012.</p> <p>Toolkit for those that work with young people due to be developed by the Cheshire Living Well, Dying Well Programme Team.</p>	
<p>ix) Reduce hospital admissions for alcohol, substance misuse.</p>	<p>YP Providers forum reinstated.</p> <p>Review and refresh pathways for young people available with a focus on universal and lower threshold support.</p> <p>Ensure universal staff can screen and refer young people for lower threshold support.</p> <p>Ensure training on brief advice – information available for universal services.</p> <p>Provide/design marketing materials with local schools, prevention.</p> <p>Redesign and commission of integrated lower threshold and treatment services.</p> <p>Review Anti-Social Behaviour (ASB) process and interface with Youth Offending Service (YOS) and drug/alcohol services.</p> <p>Ensure pathway with Multisystemic Therapy (MST) programme have robust linkages with drug and alcohol services.</p>	<p>Now incorporated into the newly commissioned drugs and alcohol service. The new 5-19 Health and Wellbeing service also includes a set of indicators that will contribute to this reduction.</p> <p>The Early Intervention Policy Commission made a recommendation to ensure the roll out of a universal drug and alcohol screening and referral tool for the children's workforce which was agreed by Executive 4 February 2015.</p> <p>Capacity has been created in the newly commissioned drugs and alcohol service to facilitate and support brief intervention training.</p> <p>Brief intervention about drugs and alcohol is part of the 5-19 Health and Wellbeing offer.</p> <p>Now incorporated into the newly commissioned drugs and alcohol service.</p> <p>Completed – the bridge to these services is Early Support Access Team (ESAT). ASB referrals go through ESAT and picked up.</p> <p>MST Programme ceased. Now incorporated into the newly commissioned drugs and alcohol service.</p>	<p>The under 18 rate of hospital admissions for alcohol specific conditions in CWAC is 54 per 100,000 higher than the England rate of 45 per 100,000. In 2011-12 15-24 year olds made up 28% of all alcohol related accident and emergency attendees and 44% of attendees for alcohol related assault.</p>

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Activity	Milestone	Review	Evidence
<p>x) Reduce hospital admissions for injury and self-harm.</p>	<p>Develop a comprehensive needs assessment to highlight key issues and gaps. Action plan developed. Action plan implemented.</p>	<p>Preliminary work on hospital admissions due to self-harm completed. This will be addressed through the Council's Mental Health Needs Assessment which is currently in progress. Emotional wellbeing and interventions to prevent, recognise, refer and support children who are at risk of self-harming behaviour is included in the newly commissioned 5-19 Healthy Child Programme. Family home safety training is being developed with the new Fire and Rescue Service Safety Centre. CAMHS review being undertaken. Looking at establishing a children's mental health board.</p>	<p>In 2013/14 there were 500 emergency hospital admissions for an injury among CWAC young people aged between 15 and 24. Per head of population the admission rate is lower than the England average. A large proportion 41% of injury admissions in young people were for a deliberate injury, most commonly self-harm by poisoning.</p>
<p>xi) Reduce road traffic accidents in young people</p>	<p>Focus on pathways for risky sexual behaviour and ensure interface with lower threshold drug and alcohol services. Communications programme of action developed to promote the new young people's services. Implementation of Young People Friendly Initiative. Condom distribution scheme. Implementation of young people's sexual health outreach project.</p>	<p>Now incorporated into the newly commissioned sexual health service. Sexual health is a core strand of the 5-19 Healthy Child Programme. An overarching Sexual Health Strategy Group is to be established to further develop this work including risk taking behaviour – link to CSE (Child Sexual Exploitation). Actioned. Now incorporated into the newly commissioned sexual health service. Will include a structured marketing and communication strategy. Forms part of the newly commissioned sexual health service Actioned. Distribution has included GPs and Pharmacies. Going forward this forms part of the newly commissioned sexual health service Actioned. Forms part of the newly commissioned sexual health service. Established within the 5-19 Health and Wellbeing offer.</p>	<p>There were 516 conceptions to women aged under 18 between 2010 and 2012. This equated to a rate of 30.3 per 1,000 women aged 15-17. Ellesmere Port had the highest rate of 41 per 1,000 – higher than the England average</p>

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Activity	Milestone	Review	Evidence
<p>xiii) Reduce Chlamydia in 16-24 year olds.</p>	<p>Implementation of young people's sexual health outreach project.</p>	<p>Actioned. Forms part of the newly commissioned sexual health service. Established within the 5-19 Health and Wellbeing offer.</p>	<p>The most common sexually transmitted infections diagnosed in CWAC are Chlamydia and Genital Warts. In CWAC in 2012 the 20-24 age band have the highest overall prevalence (3,800 per 100,000 population) with 15-19 age band having the second highest prevalence (2,272 per 100,000). Prevalence among females is over three times than in males. Public Health England recommends that local areas should be achieving 2,300 Chlamydia diagnoses per 100,000 15-24 year old resident population annually. CWAC has a lower rate.</p>
<p>xiv) Reduce alcohol use in young people.</p>	<p>Targeted social marketing campaigns.</p> <p>Focus group with young people to understand alcohol trends/misuse.</p> <p>Link with key agencies to address intergenerational transfer of addiction risks.</p> <p>Ensure school training programmes cover risk for alcohol misuse and cross use with drugs; legal highs, cannabis and steroids.</p> <p>Scope training offered to schools by statutory agencies; Police, Fire, Health and commissioned providers.</p> <p>Monitor and review performance of commissioned providers. Focus on TOPs and exits.</p>	<p>New data available October 2015. The integrated wellbeing service offers brief interventions around drugs and alcohol. Alcohol is one of the core priority areas for the Public Health Improvement Team 2015-16.</p> <p>This has been incorporated into the newly commissioned drugs and alcohol service.</p> <p>This has been incorporated into the newly commissioned drugs and alcohol service.</p> <p>Incorporated into the 5-19 Health and Wellbeing offer.</p> <p>Incorporated into the 5-19 Health and Wellbeing offer.</p> <p>The new Cheshire Fire and Rescue Service Safety Centre are developing training for school aged children and young people, parents and professionals.</p> <p>This has been incorporated into the newly commissioned drugs and alcohol service.</p> <p>Contract performance monitoring measures this.</p>	

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Activity	Milestone	Review	Evidence
<p>xv) Safeguarding protocol in place between Children's Social Care and Drug and Alcohol Services.</p>	<p>Produce drug and alcohol safeguarding protocol for agreement by local safeguarding board. Launch safeguarding protocol.</p>	<p>Protocol produced. Hidden Harm document produced by LSCB. Protocol is part of the specification for the new provider.</p>	
<p>xvi) Ensure strategic connection in managing the transition from childhood to adulthood across the borough.</p>		<p>New Transition Team set up. Next step to collectively look at evidenced models of integrated teams for children and young people with SEND. Also link with work on development of PHB</p>	
<p>xvii) Improve emotional health and well-being in children and young people</p>	<p>Work with schools, children's services staff to raise awareness of emotional health and well-being and how they can support children and young people to have good mental health.</p>	<p>Priority moving forward to produce a joint multi-agency strategy. EHWP ISNA should inform this and support development of commissioning plans. This has been incorporated into the newly commissioned 5-19 Healthy Child Programme. Public Health is also funding a portion of the Young People's Service that will include targeted interventions in relation to emotional health and wellbeing.</p>	<p>The Children's Society manages a Youth Inclusion Project for young people in the Northwich and Winsford areas. Referred for issue based work in groups of C&YP 7-15 years plus school mentoring in 5 schools throughout the year. Emotional health and well-being is a priority and C&YP are referred into the service for a 12 week programme covering emotional health and wellbeing, sexual health, drug and alcohol use. We use the evidence from our national studies of our wellbeing work and youth at risk work.</p>

Activity	Milestone	Review	Evidence
Priority 6 – Families Together.			
i) Child's attendance at school.	Child in family has had fewer than 3 fixed exclusions and less than 15% of unauthorised absences in the last 3 school terms.	Good performance.	27.1% and 9.6% respectively has been achieved against 709 individual outcomes which equates to 477 families. Evidence from school attendance certificates and exclusions from Education database.
ii) Reduction in anti-social behaviour across the family	A 60% reduction in anti-social behaviour across the family in the last 6 months.	Good.	12.1% has been achieved against 709 individual outcomes which equates to 477 families. Evidence from IDOX database from ASB Unit and NICHE from Police.
iii) Reduction in Youth Offending in the family.	Offending rate by all minors in the family reduced by at least 33% in the last 3 months.	Good.	34.1% has been achieved against 709 individual outcomes which equates to 477 families. Evidence from NICHE via Police.
iv) Improved opportunities for members of the family to enter work.	One adult in the family has either volunteered for the programme or attached to the European Social Fund (ESF) provision in the last 6 months.	Improving.	13.7% has been achieved against 709 individual outcomes which equates to 477 families. Evidence from DWP data matching returns.
	At least one adult in the family has moved off out of work benefits into continuous employment in the last 6 months (and is not on the ESF provision or work programme).	Improving.	3.4% has been achieved against 709 individual outcomes which equates to 477 families. Evidence from caseworker.